



The 2010 SPF SIG Programming Evaluation Report

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Table of Contents

Preface to the First SPF SIG	
Programming Evaluation Report	1
Introduction to the SPF SIG	3
Report Highlights	13
Indiana's SPF SIG Timeline	37
Community-Level	91
Appendices	199

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PREFACE TO THE FIRST SPF SIG PROGRAMMING EVALUATION REPORT

Historically, when prevention leaders made decisions about substance abuse prevention programming implemented in their town, city, or state, they based their decisions on such things as past experience, anecdotal reports, the preferences of providers, and the ease with which programs could be implemented. When the Department of Health and Human Service's Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA/CSAP) conceived of the Strategic Prevention Framework State Incentive Grant (SPF SIG) initiative, their goal was to bring about a shift in how prevention programming was approached at federal, state, and local levels.

SAMHSA/CSAP wanted prevention programming decisions to be systematic and data driven. To reach this goal, the agency incorporated a five-step planning framework into the SPF SIG initiative. The planning framework steps consist of assessment, capacity building, strategic planning, implementation, and evaluation. Built into the framework are two overarching principles: cultural competence and sustainability. SAMHSA/CSAP expected that the planning framework would be used at the federal, state, and local level of the grant, and that its steps and principles would be interconnected and continuous.

SAMHSA/CSAP made grant awards under the SPF SIG initiative during federal fiscal years 2004, 2005, 2006, and 2009. As each group of states began working through the planning framework, SAMHSA/CSAP gathered data regarding each state's planning process and outcomes. SAMHSA/CSAP then used that data to determine what was challenging, what went well, and what

changes needed to be made to refine the SPF SIG initiative for each subsequent group of funded states.

As Indiana was funded in 2005, the vision for the SPF SIG was still in its emergent stages. For this reason, SAMHSA/CSAP gave states a significant amount of freedom in implementing the grant. While this freedom provided Indiana the ability to be innovative, it also meant that SPF SIG leaders and technical assistance providers had to gain new skills and knowledge and be willing to learn from the mistakes they made and the feedback they received. When Indiana funded its first set of 12 SPF SIG communities in 2007, Mr. Kim Manlove, Indiana's SPF SIG Project Director, was very open with the fact that the SPF SIG process was new, that it would be challenging, and that the state, the technical assistance staff, and the evaluation staff would not have all the answers. With this understanding in mind, Mr. Manlove encouraged communities to communicate about the problems they were having as well as the strategies they developed to overcome these problems.

As expected, the first 12 SPF SIG communities initially did experience a number of obstacles as they worked to meet the requirements mandated by the state. Using communities' feedback, state-level SPF SIG staff and technical support providers were able to make adjustments to their operating procedures so that when Indiana funded an additional set of eight communities in 2008, the process ran much more smoothly. Ultimately, all communities that received SPF SIG funds have succeeded in reaching the goals laid out for them by the state.

This 2010 SPF SIG Programming Evaluation Report focuses primarily on



Indiana's SPF SIG activity from July 2004 through June 2009. Much of the available community-level data, however, only covers community-level startup activity from July 2007 through December 2008. Communities experienced the most challenges during this time period, thus

much of the community-level feedback in this current report describes those challenges. The authors expect that subsequent versions of this report will highlight the numerous state and community-level successes brought about by the SPF SIG grant.



INTRODUCTION TO THE SPF SIG

WHAT IS THE SPF SIG?

The Strategic Prevention Framework State Incentive Grant (SPF SIG) program is a five-year cooperative agreement between the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA/CSAP) and the Office of the Governor. The goals of the SPF SIG are to reduce substance use and abuse and associated consequences across the lifespan while building capacity and strengthening local prevention infrastructure.

The SPF SIG initiative was built on an earlier collaborative effort between the Department of Health and Human Services, Public Health Service (DHHS/PHS), and SAMHSA/CSAP, known as the State Incentive Grant (SIG) program. The purpose of the SIG program was to help states build their local grassroots prevention infrastructure in order to allow citizens, not just organizations and agencies, the opportunity to participate in setting priorities for reducing substance abuse. Indiana was one of 21 states that received a \$7.5 million SIG grant in 1999. The grant, in part, was to be used for increasing Indiana's prevention effectiveness—while avoiding prevention gaps and duplication of services. The grant focused on the following aspects of the substance abuse prevention system, intending to:

- establish a system for coordinating a reassessment of Indiana's prevention policies and redirecting prevention efforts toward proven, evidence-based strategies
- fund 16 new local community-level Grassroots Prevention Coalitions that would reengage parents, youth, and private citizens in community programs to implement evidence-based prevention strategies at the local level

- provide local leadership and training to encourage various governmental and nongovernmental prevention funding sources to redirect energies, efforts, and funding toward proven, evidence-based strategies (Indiana Division of Mental Health and Addiction, 2009)

The SPF SIG differed from the original SIG initiative in that the SPF SIG incorporated a new, five-step planning framework encouraging recipients to collect and use data about substance use and substance use-related consequences in decision making about prevention efforts. Additionally, the SPF SIG required recipients to focus on using evidence-based programs, procedures, and practices as their primary methods for prevention of substance use, abuse, and substance use-related consequences. The five steps of the strategic planning framework are (Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention, 2009):

- **Assessment**—Recipients conduct a thorough needs assessment of their community to determine local substance use/abuse problems, assess the most problematic substance abuse consequences, and determine the most affected groups. Using this data, communities are to develop a series of data-driven prevention priorities. Additionally, communities are to complete a thorough review of available prevention services to identify existing strengths and areas of need.
- **Capacity Building**—Using the data developed from the needs assessment, communities are to seek ways to strengthen their prevention infrastructure to better address the consumption and consequence patterns identified in the prevention priorities.
- **Strategic Planning**—During this phase, recipients are to consider



which evidence-based programs, policies, and procedures would best address the consumption patterns, consequence patterns, and populations outlined in the data-based prevention priorities.

Communities in this phase are also required to develop a logic model describing the factors driving the targeted substance abuse issues.

- **Implementation**—Having assessed the problem, built capacity, and developed appropriate strategies, communities work to put their selected strategies into action.
- **Evaluation**—In this step of the planning process, recipients collect data on the process and outcomes of their prevention strategies and determine the impact of their strategies on the targeted consumption behaviors or consequences. This information is then fed back into the ongoing assessment, and the cycle starts again.

Associated with the five planning steps are two overarching tenets that should be included within each piece of the planning framework:

- **Cultural competence**—All steps of the planning process need to take into account the demographic, cultural, ethnic, and other diversity in the funded site.
- **Sustainability**—All funded sites are required to consider ways to maintain their newly developed prevention infrastructure and associated programs, policies, and procedures after the funds from the SPF SIG have been exhausted.

SAMHSA/CSAP made SPF SIG awards in fiscal years 2004, 2005, 2006, and 2009. Indiana was part of the group of states that received a SPF SIG award in 2005. As of July 24, 2009, a total of 46

states, 8 territories, 12 tribes, and the District of Columbia have received awards (Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention, 2009).

Indiana made two sets of SPF SIG awards. In May 2007, the Indiana Division of Mental Health and Addiction (IDMHA) selected 12 local communities (known as cohort 1) to receive a three-year SPF SIG grant. In June 2008, IDMHA provided one year of SPF SIG funding to eight additional communities (known as cohort 2).

THE SPF SIG EVALUATION PROGRAMMING REPORT

For Indiana and other states that were funded in 2005, SAMHSA/CSAP developed a three-part evaluation plan:

- a national-level process and outcome assessment
- a state/tribe/territory process evaluation
- a local community-level outcome evaluation

The first part of SAMHSA/CSAP's evaluation plan is the completion of an in depth assessment of the SPF SIG project on a national level. The national evaluation is exploring implementation of the SPF SIG across all funded communities and tribes within the United States. Additionally, the national evaluation will assess the impact of various SPF SIG interventions on substance use consumption patterns and consequences across the funded states, tribes, and territories.

The second part of the SAMHSA/CSAP plan requires each funded state, territory, or tribe to complete a state-level, territory-level, or tribe-level evaluation. These evaluations are to focus



on the overall SPF SIG implementation across the state, territory or tribe.

The third part of the SAMHSA/CSAP plan is the community- or local-level evaluation. All locally-funded communities are required to complete an outcome evaluation. The local-level outcome evaluation is intended to determine the effectiveness of the SPF SIG funded strategies and interventions put in place to address substance consumption and/or consequences.

In order to meet the SAMHSA/CSAP evaluation requirements for the SPF SIG, IDHHA contracted with the Indiana University Purdue University Indianapolis (IUPUI) Center for Health Policy (CHP) to complete Indiana's state-level evaluation. The state-level SPF SIG evaluation has two goals:

- To meet the federally mandated requirements for completing a state-level process evaluation, describing how the SPF SIG was implemented in Indiana.
- To go beyond the federally mandated requirements and determine whether any significant state-level change occurred in the alcohol or illicit drug use patterns targeted by the SPF SIG grant.

METHODS

The 2010 SPF SIG Programming Evaluation Report describes the implementation and current status of the SPF SIG grant in Indiana as well as the baseline data being used to track state-level SPF SIG-related outcomes. The data used for the report come from a number of sources that cover both state-level and community-level SPF SIG activities, as follows:

- state-level workgroup meetings minutes

- Annual SPF SIG Satisfaction Survey
- SPF SIG Meeting Evaluation Form
- Site Visit Assessment Form
- Organizational Readiness Assessment
- State Epidemiology and Outcomes Workgroup Survey
- Community Level Instrument
- SPF SIG Fidelity Rating Scale
- key informant interviews

The data sources provide a combination of qualitative (text) data and quantitative (numerical) data and will be described in more detail below. The research team analyzed quantitative data using Predictive Analytics Software (PASW; SPSS, Inc. 2010) statistical software. Where appropriate, researchers analyzed qualitative data using Atlas TI, a software application that aids with organization and analysis of text-based documents. The use of both qualitative and quantitative data for the report provided the researchers with a more well-rounded perspective of the implementation process.

The analyses completed for the report are descriptive in nature and serve to present a picture of how the SPF SIG process unfolded at the state level. Although some data used comes from community-level respondents, the researchers focused their analyses on overall patterns and trends that cut across communities rather than providing detailed descriptions of individual communities. The research team chose to look at the SPF SIG from two levels: the planning and decision-making process that took place at the state government level and the planning and decision-making process that took place at the local community level.



SPF SIG EVALUATION DATA SOURCES

The data for this report were gathered from various sources, such as:

- data regularly collected at state-level meetings
- data collected during the grant application process
- data provided by the 20 SPF SIG communities
- data provided by local evaluators working with the 20 SPF SIG communities

The availability of data from local SPF SIG communities varies due to the staggered nature of the funding process. Communities funded in 2007 were able to provide more data for the evaluation than communities funded in 2008. Additionally, communities funded in 2007 are required to implement interventions within their communities, while those funded in 2008 are not. Consequently, communities funded in 2008 have fewer data reporting requirements.

The following list provides a detailed description of each data source used for the SPF SIG Evaluation Programming Report.

State-level workgroup meeting minutes

Description: State-level evaluation staff reviewed minutes taken during SPF SIG workgroup meetings to help identify key decisions, events, and dates in the state's planning process.

Sponsoring Organization/Source: IDMHA

SPF SIG Coverage Level: State-level activity

Type of Data: Process data

Availability: Meeting minutes are available for all workgroups upon request from IDMHA.

Strengths/Weaknesses: Meeting minutes provide a significant amount of qualitative data about issues discussed and decisions made by workgroups over time. However, the quality of the data is only as good as the quality of the notes taken. The level of detail found in meeting minutes varied from workgroup to workgroup and from meeting to meeting.

Annual SPF SIG Satisfaction Survey

Description: CHP evaluators developed a web-based Annual SPF SIG Satisfaction Survey as part of the ongoing evaluation of the SPF SIG. Evaluators designed the survey to assess satisfaction with SPF SIG-related activities over time. The survey covers a variety of areas, including the general SPF SIG process, each step of the SPF SIG planning framework, and the performance of key individuals and workgroups involved in the grant. CHP evaluators have added or removed items from the survey from year to year to reflect new activities and activities that are no longer taking place.

Respondents: State-level personnel involved with the SPF SIG have been asked to complete the survey during each administration. Community-level personnel were eligible to complete the survey starting in the second year of administration (State fiscal year 2007/2008).

Sponsoring Organization/Source: IUPUI Center for Health Policy

SPF SIG Coverage Level: State- and community-level activity

Local Communities Reporting Data: Communities funded in 2007 (FY 2007/2008, FY 2008/2009), communities funded in 2008 (FY 2008/2009).

Type of Data: Process data



Availability: Data are available from the CHP upon request.

Trend: State fiscal years 2006/2007, 2007/2008, 2008/2009

Strengths/Weaknesses: The survey provides a quantitative measure of satisfaction with the SPF SIG process. The response rate for the survey has been quite low at both the state and local level. The satisfaction survey has not been validated through formalized research and testing.

SPF SIG State-Level Workgroup Meeting Evaluation Forms

Description: CHP evaluators along with the SPF SIG Evaluation Workgroup developed the workgroup meeting evaluation form as a way to obtain feedback from individuals participating in state-level SPF SIG-related meetings. The form is composed of 11 items that cover different aspects of meeting process and meeting satisfaction. Items are answered using a scale as follows: 6 = Excellent; 5 = Very Good; 4 = Good; 3 = Fair; 2 = Poor; and 1 = Very Poor. Meeting evaluation forms are to be completed after every SPF SIG-related meeting

Sponsoring Organization/Source: SPF SIG Evaluation Workgroup and CHP

SPF SIG Coverage Level: State-level activity

Type of Data: Process data

Availability: Data are available from the CHP upon request.

Trend: 2006 to 2009

Strengths/Weaknesses: The meeting evaluation forms provide a quantitative record of participant satisfaction with workgroup meetings over time. Workgroup chairs did not distribute the

forms consistently, resulting in significant missing data for several workgroups. The satisfaction form has not been validated through formalized research and testing.

Site Visit Assessment Forms

Description: The SPF SIG Project Coordinator, working with the Indiana Prevention Resource Center's (IPRC) SPF SIG Evaluation Director, developed a site visit assessment form which was to be used to help state- and local-level technical assistance providers plan for the technical assistance each SPF SIG community would need. The site visit form covers the following domains:

- Organization
- Sustainability
- Cultural competence
- Evaluation
- Needs and Resource Assessment
- Capacity Building
- Strategic Plan Development

A site visit team composed of state- and local-level technical assistance providers and state- and local-level evaluators rated communities on the domains. Each domain was evaluated using a scale where the presence of the indicator was scored on a 4-point scale as follows: 1= Does not Exist; 2 = Weakly Present; 3 = Moderately Present; 4 = Strongly Present. The level of effort to change the indicator was also assessed using a 4-point scale in which 1 = Very little effort needed; 2 = Some effort needed; 3 = A lot of effort needed; 4 = Overwhelming effort needed. The site visit team completed the ratings based on presentations made by the SPF SIG staff who would be coordinating the local SPF SIG activity.



Sponsoring Organization/Source: IDMHA and IPRC

SPF SIG Coverage Level: Community-level activity

Local Communities Reporting Data: Communities funded in 2007 only

Type of Data: Process data

Availability: Data are available from the CHP upon request.

Trend: 2007

Strengths/Weaknesses: The site visit evaluation form provided a review of community functioning in various areas of the SPF SIG deemed important by state and local technical assistance providers. Site visit ratings were only completed once, making it impossible to determine whether communities improved in the areas assessed. The validity of the ratings was questionable as they were based solely on oral presentations made by community-level SPF SIG staff. These presentations varied in their level of quality and detail. The site visit evaluation form has not been validated through formalized research or testing.

Organizational Readiness Assessment (ORA)

Description: The Indiana Office of Faith-Based and Community Initiatives developed the ORA as a way to measure an organization's capacity to operate a high-quality government-funded program. The 51 questions in the ORA cover the following areas:

- organizational mission
- strategic planning and operation
- needs assessment, program design, and implementation
- program alignment
- performance measurement

- use of technology
- financial management
- human resources
- partnership and collaboration
- sustainability
- governance and operations

Local community representatives completed the ORA as part of the application process for local SPF SIG funding. All questions on the ORA were answered using a yes/no format. The ORA provides a total readiness score calculated by summing the number of questions to which communities answered "yes." The Office of Faith-Based and Community Initiatives suggests the following guide to determine overall readiness:

- Total score of 45-51—an organization likely has the capacity to successfully operate a state or government program
- Total score of 35-44—an organization may need to make a few improvements in capacity and planning in order to succeed
- Total score of 34 or less—an organization may have a significant need to build its capacity before trying to operate a state or federally-funded program.

Sponsoring Organization/Source: IDMHA

SPF SIG Coverage Level: Community-level activity

Local Communities Reporting Data: Data are available for 19 of 20 communities that received SPF SIG funding.

Type of Data: Process data

Availability: Data are available from IDMHA upon request.

Trend: 2007



Strengths/Weaknesses: The ORA provides a baseline measure of organizational readiness for each of Indiana's SPF SIG communities. The ORA was not completed by independent raters; it was completed by representatives from organizations applying for an SPF SIG grant. Thus ratings may be skewed in an overly positive direction. The validity of the ORA has not been established through formalized research or testing.

State Epidemiology and Outcomes Workgroup Survey

Description: The State Epidemiology and Outcomes Workgroup (SEOW), in partnership with the IUPUI Survey Research Center (SRC), developed the State Epidemiology and Outcomes Workgroup Survey as a means of tracking both state-level and community-level change in Indiana's substance use trends. The SEOW survey is based on the SAMSHA / CSAP National Outcomes Measures (NOMs) for prevention. The NOMs serve as a standardized measure of substance use and attitudes towards use. Typical questions from the NOMs ask respondents to indicate their lifetime and 30-day use of various substances, including alcohol, marijuana, and tobacco. The NOMs also address perceptions of the risk of using various legal and illegal drugs. To complement the NOMs, the SEOW included a series of items to help assess problem drinking and drug abuse. The questions used for this purpose came from the Michigan Alcoholism Screening Test – Short Form (SMAST) and the Drug Abuse Screening Test – Short Form (SDAST). Both of these scales are widely used to assess the presence or absence of alcohol and drug abuse and dependence. The survey also contained questions regarding demographics and place of residence.

Sponsoring Organization/Source: SEOW

SPF SIG Coverage Level: State and community level

Local Communities Providing Data: Data were collected for all 20 SPF SIG communities.

Type of Data: Outcome data

Availability: Data are available from the CHP upon request.

Trend: 2008

Strengths/Weaknesses: The SEOW Survey provides baseline community-level estimates for alcohol and other drug use for each of Indiana's 20 SPF SIG counties. The survey will be administered again in 2011 to allow the state and local communities to determine whether any measureable change has occurred in substance use or consequences over time. The baseline survey did not include individual questions regarding methamphetamine or cocaine use, making it impossible to determine the rate of use of these substances. Additionally, the SRC had significant difficulty contacting and completing interviews with respondents between the ages of 18 and 25, making the validity of substance use estimates for this age group somewhat questionable.

Community Level Instrument (CLI)

Description: In cooperation with CSAP representatives, researchers from Mayatech and Westat, two federal SPF SIG evaluation contractors, designed the CLI. The CLI is used to collect community-level process information in a uniform manner from all SPF SIG-funded sites throughout the US and its territories. The CLI is completed semi-annually. The submission of CLI reports follows the federal fiscal year, with one report covering community-level activity from



July 1 through December 31, and one covering activity from January 1 through June 30. CLI questions address community-level activities across all five SPF SIG steps, as well as cultural competence and sustainability.

Sponsoring Organization/Source: Westat, Mayatech, CSAP

SPF SIG Coverage Level: Community level

Local Communities Providing Data: At the time of the writing of this report, data were only available for the 12 communities funded in 2007.

Type of Data: Process data

Availability: Data are available from the CHP upon request.

Trend: 2007/2008, 2008/2009

Strengths/Weaknesses: The CLI provides process-level data on Indiana's SPF SIG communities in a uniform format, allowing for comparisons across communities. The CLI can be used to describe changes both within and across SPF SIG communities over time. The CLI is not designed to be used for drawing conclusions about how well or how poorly communities are performing.

SPF SIG Fidelity Rating Scale

Description: As part of the national SPF SIG evaluation, federal-level evaluators created a series of rating scales to help local-level evaluators, technical assistance providers, and/or community members determine how closely their site was adhering to the ideal methods for implementing each planning step. A workgroup composed of federal evaluation staff, experts in prevention, evaluation, and the SPF process, developed each rating scale. Decisions about the final rating scales

for each SPF step were reached by workgroup consensus. Items on each rating scale were scored as follows: 0 = missing; 1 = weak fidelity; 2 = moderate fidelity; and 3 = strong fidelity. In Indiana, each local SPF SIG community evaluator completes fidelity ratings on an annual basis and reports the ratings to evaluators at the CHP.

Sponsoring Organization/Source: Westat

SPF SIG Coverage Level: Community level

Local Communities Providing Data: Fidelity ratings are available for all five steps of the SPF SIG for the 12 communities funded in 2007. Fidelity ratings are available for the first three steps of the SPF SIG for the eight communities funded in 2008.

Type of Data: Process data

Availability: Data are available from the CHP upon request.

Trend: Fiscal years 2007/2008, 2008/2009

Strengths/Weaknesses: The SPF SIG fidelity ratings provide data on how communities are going about implementing the SPF model over time. As the SPF SIG Fidelity Rating Scale is still under development, Westat representatives have cautioned communities and evaluators to use results only for descriptive and technical assistance purposes.

Key informant interviews

Description: The state-level SPF SIG evaluation coordinator conducted 41 key informant interviews to better understand both the challenges and the successes associated with community-level implementation of the SPF SIG. Informants for the interviews were



primarily SPF SIG staff at each of the 20 SPF SIG communities. All interviews were conducted by telephone; the typical interview lasted approximately 40 minutes. The interview covered topics related to the various steps of the SPF SIG and included questions regarding startup issues, establishment of workgroups, completion of the epidemiological profile, capacity-building activities, strategic planning, opinions of technical assistance, impact of the SPF, and lessons learned. The evaluation coordinator reviewed respondents' answers to each interview question and identified common themes. Based on the identified themes, the evaluation coordinator developed a series of codes, which were then applied to the text of each interview. The purpose of the coding was to highlight issues frequently experienced by SPF SIG communities.

Sponsoring Organization/Source: CHP

SPF SIG Coverage Level: Community level

Local Communities Providing Data: A CHP evaluator completed interviews with representatives from all 20 SPF SIG communities.

Type of Data: Process data

Availability: Data are held by CHP but not available for dissemination.

Trend: 2009

Strengths/Weaknesses: The key informant interviews provide the perspectives of individuals involved with the SPF SIG project at the community level. The data represent the views of the specific people interviewed and may not accurately reflect what is happening within each local community. The interview transcripts do provide a source of information from which to draw out specific concerns, challenges, and

successes that are common across the various communities.

Contents of the SPF SIG Programming Evaluation Report

The current SPF SIG Programming Evaluation Report is divided into three main parts. The first part of the document is a summary of highlights abstracted from the larger report. The second part of the document provides a narrative timeline of SPF SIG activities within Indiana. The timeline covers state-level SPF SIG activity from July 2004 through June 30, 2009, encompassing the period during which Indiana initially applied for the SPF SIG grant, through the end of the fourth year of grant activity. The narrative timeline also provides a summary of process data related to state-level satisfaction with the SPF SIG process and state-level ratings of community-level technical assistance needs.

The third part of the document focuses on implementation of the SPF SIG at the community level. This section of the report is divided into a series of sections, each covering different parts of the SPF SIG process. The data presented in each section come from information supplied by community-level SPF SIG representatives and community-level evaluators. The purpose of this part of the report is to describe how the SPF SIG process evolved across the funded communities. Within each section, the data are typically presented in aggregate form. The outcome data from the SEOW Survey are included as part of Section 2: Organizational and Community Level Needs Assessment.



BACKGROUND ON THE SPF SIG

The Strategic Prevention Framework State Incentive Grant (SPF SIG) program is a five-year cooperative agreement between the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA/CSAP) and the Office of the Governor. The goals of the SPF SIG are to reduce substance use and abuse and associated consequences across the lifespan while building capacity and strengthening local prevention infrastructure.

The SPF SIG differs from other substance abuse prevention grants offered by SAMHSA/CSAP in that the SPF SIG incorporates a new, five-step planning framework encouraging recipients to collect and use data about substance use and substance use-related consequences in making prevention-related decisions. Additionally, the SPF SIG requires recipients to focus on using evidence-based programs, procedures, and practices as their primary methods for substance use prevention. The five steps of the planning framework are:

- **Assessment** – Recipients conduct a thorough needs assessment of their community to determine local substance use/abuse priorities, determine existing gaps in infrastructure, and determine existing community-level strengths.
- **Capacity Building** – Communities are required to seek ways to strengthen their prevention infrastructure to better address the consumption and consequence patterns identified in their assessment.
- **Strategic Planning** – Recipients are to consider which evidence-based programs, policies, and procedures would best address the substance abuse problems in their community, using the data from the assessment as a guide.

- **Implementation** – Recipients are to put their plan into action by implementing the strategies they have selected.
- **Evaluation** – Recipients are required to collect data on the process and outcomes of their prevention strategies and determine the impact on the consumption patterns and consequences they chose to target.

Associated with the five planning steps are two overarching tenets that are to be addressed within each piece of the planning framework:

- **Cultural competence** – All steps of the planning process need to take into account the demographic, cultural, ethnic, and other diversity in the funded site.
- **Sustainability** – All funded sites are required to consider ways to maintain their newly developed prevention infrastructure and associated programs, policies, and procedures after SPF SIG funds have been exhausted.

METHODS

The 2010 SPF SIG Programming Evaluation Report describes the implementation and current status of the SPF SIG grant in Indiana as well as the baseline data being used to track state-level SPF SIG-related outcomes. The data used for the report come from a number of qualitative and quantitative sources that cover both state-level and community-level SPF SIG activities, as follows:

- state-level workgroup meeting minutes
- Annual SPF SIG Satisfaction Survey
- SPF SIG Meeting Evaluation Form
- Site Visit Assessment Form
- Organizational Readiness Assessment
- State Epidemiology and Outcomes Workgroup Survey



- Community Level Instrument
- SPF SIG Fidelity Rating Scale
- key informant interviews

All data were analyzed using analysis software appropriate for quantitative or qualitative data.

INDIANA'S SPF SIG TIMELINE

INITIAL APPLICATION AND AWARD OF FEDERAL FUNDS TO INDIANA

(JULY 2004–JULY 2005)

- Representatives from the Indiana Division of Mental Health and Addiction (IDMHA) and the Indiana Prevention Resource Center (IPRC) at Indiana University prepared and submitted the SPF SIG application to SAMHSA/CSAP
- The Office of the Governor of Indiana was officially awarded the SPF SIG on July 1, 2005.

CREATION OF WORKGROUPS AND HIRING OF PRIMARY PROGRAM STAFF

(DECEMBER 2005–SEPTEMBER 2006)

- IDMHA was given oversight of the SPF SIG grant in December 2005.
- The main state-level government workgroups were established as follows: Governor's Advisory Council (GAC), GAC Executive Committee (GAC-EX), State Epidemiology and Outcomes Workgroup (SEOW), State Evaluation Workgroup, State Training and Outreach Workgroup, and State Cultural Competence Workgroup.
- An SPF SIG Project Officer and Project Coordinator were hired in April and June of 2006, respectively.

STATE-LEVEL NEED ASSESSMENT PROCESS

(APRIL 2006–JULY 2006)

- The SEOW reviewed the data available on substance use and substance use consequences in Indiana.
- The SEOW published its first annual epidemiological report, titled *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile*.
- The epidemiological report included seven prevention priorities, of which six could be addressed with SPF SIG funding:
- To prevent and reduce underage drinking and binge drinking among 18- to 25-year-olds.
- To prevent the first use of tobacco among 12- to 17-year-olds and reduce tobacco use among 18- to 24-year-olds, blacks, and individuals with lower incomes and/or less than a high school education.
- To prevent the first use of marijuana among 12- to 17-year-olds and reduce the use of marijuana among 18- to 25-year-olds.
- To prevent the first use and reduce the use of cocaine among 18- to 25-year-olds.
- To prevent and reduce the abuse of prescription drugs among 12- to 55-year-olds.
- To prevent and reduce the use of methamphetamine among black youth and among white women and men 18 to 44 years of age.
- The GAC voted to approve the prevention priorities on July 21, 2006.

STATE-LEVEL STRATEGIC PLANNING

(AUGUST 2006–DECEMBER 2006)

- The SPF SIG Project Officer and Project Coordinator along with members from the SEOW prepared



and submitted to SAMHSA/CSAP an initial strategic plan draft in September 2006.

- Reviewers at SAMHSA/CSAP asked that Indiana revise its strategic plan by reducing the number of priorities to be addressed, by developing a data-driven method for selecting which communities would be eligible for funding, and by removing the requirements that asked communities applying for funds to have already completed a needs assessment and strategic plan.
- SEOW team members, in collaboration with state-level SPF SIG staff, revised Indiana's strategic plan in accordance with SAMHSA/CSAP's recommendations.
- The revised plan included three prevention priorities:
- To prevent and reduce underage drinking and binge drinking among 18- to 25-year-olds.
- To prevent the first use and reduce the use of cocaine among 18- to 25-year-olds.
- To prevent and reduce the use of methamphetamine among black youth and among white women and men 18 to 44 years of age.

- Communities would be eligible to apply for SPF SIG dollars based on their level of need as calculated by the SEOW, using data from the Uniform Crime Report, the Treatment Episode Data Set, and the Vehicle Crash Record System.
- The revised plan was approved on January 30, 2007.

INITIAL IMPLEMENTATION – FIRST GROUP OF LOCAL COMMUNITIES (INDIANA'S "COHORT 1")

(FEBRUARY 2007–JULY 2007)

- The state-level SPF SIG staff members prepared the Request for Services.
- The state-level SPF SIG staff, in collaboration with Indiana Prevention Resource Center staff, conducted four informational conferences.
- Twenty-six communities submitted applications for SPF SIG funding.
- A multi-agency review panel selected 12 applications for funding (see Table 1). Awards were announced May 5, 2007, with SPF SIG activity officially beginning on July 1, 2007.

Table 1: Communities Receiving SPF SIG Awards on May 5, 2007

Organization	Community	Priority	Organization	Community	Priority
Drug and Alcohol Consortium of Allen County	Allen County	Alcohol	Coalition for a Safe and Drug Free Tippecanoe County	Tippecanoe County	Alcohol
Delaware County Coordinating Council	Delaware County	Alcohol	Vigo County Local Coordinating Council	Vigo County	Alcohol
Lake County Drug Free Alliance	Lake County	Alcohol	Geminus	East Chicago, IN	Cocaine
Drug Free Marion County	Marion County	Alcohol	Healthy Communities Initiative of St. Joseph County	St. Joseph County	Cocaine
Asset Building Coalition of Monroe County	Monroe County	Alcohol	Partnership for a Drug Free Wayne County	Wayne County	Cocaine
Porter-Starke Services	Porter County	Alcohol	Southeast Indiana Meth Alliance	Daviess and Greene Counties	Methamphetamine



POST GRANTEE AWARD ACTIVITIES-SITE VISITS

(JULY 23, 2007–AUGUST 18, 2007)

A team composed of representatives from the state-level SPF SIG staff, state-level evaluation staff, local technical assistance providers, and local evaluators completed a site visit with each of the 12 funded communities. The goal of the site visits was to gather information from the communities that would be helpful in planning technical assistance needs. Unfortunately, it became apparent to both state-level and local-level technical assistance providers very early in the project that communities would need far more technical assistance than was estimated from the site visits.

OTHER YEAR 3 POST AWARD ACTIVITIES

(AUGUST 18, 2007–JUNE 30, 2008)

During this period, state-level SPF SIG staff, in collaboration with the IPRC and the IUPUI Center for Health Policy, provided a series of mandatory training sessions for funded communities. Communities completed two key activities during this time period:

- March 1, 2008 – Local-level epidemiological reports due
- June 1 to June 30, 2008 – Final strategic plans due

YEAR 4 – IMPLEMENTATION OF COHORT 2 AND CONTINUATION OF COHORT 1 ACTIVITY

(JULY 1, 2008–JUNE 30, 2009)

During the spring of 2008, IDMHA, with the approval of SAMHSA/CSAP, developed a plan to fund an additional eight SPF SIG communities (Indiana “Cohort 2”) using funds that had not been spent during state fiscal year 2005/2006. The state would award one year of

funding to each community and require them to complete an epidemiological report and strategic plan. IDMHA selected the eight cohort 2 sites from the list of communities that had applied for SPF SIG funding in 2007.

Using feedback from cohort 1, the state-level SPF SIG directors made revisions to the budget and operating procedures for cohort 2 as follows:

- Cohort 2 communities were not required to hire a dedicated SPF SIG Project Director and administrative assistant; existing organizational staff could be used to fill these roles.
- Cohort 2 communities were assigned a technical assistance provider and evaluator by the state. Funding for these services was withheld from subgrantee funds.
- The budget for cohort 2 communities set aside funds for the community to hire a writer for their epidemiological report.
- The budget for cohort 2 communities set aside funds for each site’s Indiana Criminal Justice Institute (ICJI) community consultant to help write certain sections of the strategic plan.
- Cohort 2 communities were asked to use their Local Coordinating Council (LCC) as their Local Advisory Council. Funds were set aside in the proposed budget to support extra work by the LCC.

During the fourth year of the grant, cohort 1 communities completed the following activities:

- Communities completed their second epidemiological report.
- Communities reviewed and made amendments to their strategic plan.
- Communities began implementing their prevention strategies as outlined in their strategic plans.



STATE-LEVEL SATISFACTION WITH SPF SIG ACTIVITY

Starting in September of 2007, state-level evaluators with the Indiana University Purdue University - Indianapolis (IUPUI) Center for Health Policy (CHP) asked individuals involved with the SPF SIG grant to complete a satisfaction survey. The survey asked participants to rate their level of satisfaction with general SPF SIG activities and activities on each planning step in the SPF framework. The survey also had respondents rate their satisfaction with the SPF SIG's commitment to cultural competence and sustainability. Overall, respondents rated SPF SIG activities

positively across each year of the survey (see Table 2).

SUMMARY OF MEETING EVALUATION FORMS – YEARS 2-4

In September 2006, the SPF SIG Evaluation Workgroup developed an evaluation form to be completed after each SPF SIG-related meeting. The GAC implemented the form in November 2006. The Evaluation Workgroup subsequently revised the form and introduced a shortened version in June 2007. The form asked participants to rate their level of satisfaction with different aspects of meeting function and process. On average, SEOW meetings had the highest

Table 2: Summary of State-Level Satisfaction with SPF SIG Activity

	Dec. 2006-Jun. 2007 A great extent		Jul. 2007-Jun. 2008 A great extent		Jul. 2008-Jun. 2009 A great extent	
	N	(%)	N	(%)	N	(%)
To what extent has epidemiological data been used to guide SPF SIG decision making over the past year?	28	(68.3)	56	(63.6)	50	(68.5)
To what extent is there agreement among the SPF SIG project members about the project's overall priorities?	22	(52.4)	37	(42.0)	47	(66.2)
To what extent do you agree with the SPF SIG project's alcohol, tobacco, and other drug (ATOD) prevention priorities?	24	(60.0)	48	(54.4)	53	(70.7)
To what extent do you agree with the process used to allocate SPF SIG funds to individual communities?	21	(52.5)	37	(48.1)	39	(55.7)
To what extent is cultural competence integral to the SPF SIG project's vision/mission?	18	(45.0)	32	(36.4)	32	(43.2)
To what extent is the SPF SIG leadership supportive and committed to cultural competence?	18	(45.0)	38	(48.1)	46	(62.2)
To what extent is the concept of sustainability integral to the SPF SIG project's vision and mission?	21	(51.2)	42	(53.2)	38	(53.5)
	Satisfied		Satisfied		Satisfied	
	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the SPF SIG needs assessment efforts completed over the past 12 months?	24	(85.0)	68	(85.0)	52	(74.3)
Overall, how satisfied are you with the SPF SIG capacity-building activities completed over the past 12 months?	29	(72.5)	56	(72.7)	42	(66.7)
Overall, how satisfied are you with the strategic plan developed (by the state) for the SPF SIG?	34	(87.2)	n/a	n/a	n/a	n/a
Overall, how satisfied are you with the implementation activities which have occurred over the past 12 months?	34	(83.0)	50	(65.7)	46	(69.7)
Overall, how satisfied are you with the evaluation activities that have been planned over the past 12 months?	34	(89.4)	n/a	n/a	41	(66.2)



overall satisfaction scores (Mean = 5.53) and GAC meetings the lowest (Mean = 4.75). Still, regardless of the group, meetings were generally rated as being good to very good, with little or no change in ratings over time (see Figure 1).

SUMMARY OF STATE-LEVEL ACCOMPLISHMENTS AND SUCCESSES

ACCOMPLISHMENTS

The IDMHA began work on the SPF SIG with the writing of the original grant application in July 2004. Since the award of SPF SIG funds to the state in July 2005, a significant amount of work has gone into the project:

- Partnerships have been established between IDMHA and other state agencies involved in substance abuse in order to create an SPF SIG governing body and workgroups.
- IDMHA has partnered with CHP to complete an annual epidemiological report on substance abuse in Indiana and to complete a state-level evaluation of the SPF SIG.

- State agencies involved in the SPF SIG prepared a strategic plan for substance abuse prevention targeting three substance abuse prevention priorities.
- State agencies involved in the SPF SIG awarded SPF SIG funds to 20 communities throughout Indiana.
- Funded communities have all produced local-level epidemiological reports and strategic plans.
- Funded communities are currently implementing or working to implement evidence-based strategies to deal with the prevention priority they selected.
- Funded communities have partnered with local evaluators and are currently implementing or working to implement a local-level evaluation of outcomes for their strategies.

Over the course of the coming year, the state will continue to work with funded communities to ensure that strategies are effectively implemented and that communities are able to find methods for sustaining their prevention activities after funds from the SPF SIG have been depleted.

Figure 1. Total Meeting Scores by Meeting Type





STATE-LEVEL SUCCESSES

The SPF SIG has had and continues to have a tremendous impact on Indiana's prevention infrastructure.

Since Indiana received the SPF SIG grant in July of 2005, the following state-level successes have occurred:

- The state SPF SIG leaders understood that the one key component of the Strategic Prevention Framework that had to be in play from the beginning was the ongoing assessment of the effectiveness of project decisions. This meant that it was incumbent upon SPF SIG leadership to evaluate ALL decisions regarding program policies, procedures, technical assistance and training in light of what worked and what did not work. Adjustments could then be made to improve what was effective and modify or discard what was not. SPF SIG leaders often characterized the first 18 months to 2 years of the project as a time when we "were making it up as we were going along", which at times caused frustrations for the project team, contractors and sub-recipients alike. However, the decision to adjust on the fly rather than make changes after capacity building, strategic planning and implementation had been completed became a strength of the project rather than a liability. The Indiana SPF SIG Project emerged from the first two years of the grant with innovative programs and model deliverables as a direct result of our willingness to think creatively and act decisively from the beginning.
- The work of the SEOW and the CHP at IUPUI has been outstanding, dramatically changing the landscape of decision making with regard to substance abuse issues as they relate to prevention, treatment and criminal justice. The foundation that was laid by the SEOW in the first half of the Indiana SPF SIG is, in the opinion of the SPF SIG Project Director, the single greatest achievement of the project and will have a lasting effect on the State of Indiana. The SEOW's influence will continue to expand as State Epidemiological Profiles are produced annually beyond the grant funding assuring that the days of anecdotal decision making are at an end.
- Indiana was blessed at the beginning of the project with a significant prevention infrastructure stemming from the existence of Substance Abuse Prevention Local Coordinating Councils (LCC) in all 92 Counties of the State. However the capacity of these LCCs was at best uneven and their work and communication with each other fragmented and poorly coordinated. The Indiana SPF SIG significantly enhanced the capacity of these councils during the first half of the grant period and laid the ground work for continued improvement during the remaining period of funding.
- Finally there is no question that the capacity of the Indiana Prevention Resource Center at Indiana University, which has served as the primary contractor for technical assistance and local evaluation, benefited greatly from their involvement with the Indiana SPF SIG. In the first half of the project they were constantly challenged to create new trainings, develop new expertise, models, and competencies while adjusting quickly and decisively to changing needs of the project and the sub-recipients. Their creative spirit and willingness to be innovative has become a hallmark of strength for the project and continues to serve the needs of the project and the communities extremely well.



COMMUNITY BACKGROUND AND STARTUP ACTIVITIES

COMMUNITY ORGANIZATIONS RECEIVING AN SPF SIG GRANT

The 20 agencies that received oversight of SPF SIG grants were made up of 13 local coordinating councils (community coalitions), three nonprofit organizations, one non-youth-serving local grassroots community organization, and one school district; two were described as “another type of organization.”

Community coalitions that were part of cohort 1 reported that their most important activities were collecting and organizing data, conducting needs assessments, and planning or implementing process or outcome evaluations of interventions. Community coalitions funded as part of cohort 2 indicated that the activities most important to their coalitions were collecting and organizing data, educating others about needed changes in substance

abuse policy, and leveraging funds from sources other than the SPF SIG.

The main source of funds for the two SPF SIG cohorts varied somewhat. Cohort 1 respondents related that their organizations relied most often on county or municipal funds as well as Drug Free Communities funds. Cohort 2 respondents reported that their funds came primarily from state funds, county or municipal funds, and Drug Free Communities funds.

ORGANIZATIONAL CULTURAL COMPETENCE POLICIES AND PRACTICES

Cultural competence is an integral part of the SPF SIG planning framework. Grantees are encouraged to address issues of cultural competence at all levels of their organization through the development of formal, written policies and practices. Data provided by cohort 1 communities indicate that over time, organizations are showing a trend toward implementing formal, written cultural competence policies and practices (see Table 3).

Table 3: Areas Where Communities Have Formal, Written Cultural Competence Policies

	Wave 1 ¹		Wave 2		Wave 3		Cohort 2	
	N	(%)*	N	(%)*	N	(%)*	N	(%)*
Organizational administration	4	(33.3)	5	(41.7)	7	(58.3)	1	(12.5)
Board representation	3	(25.0)	5	(41.7)	6	(50.0)	1	(12.5)
Training and staff development	2	(16.7)	3	(25.0)	5	(41.7)	1	(12.5)
Language and internal and external communication	1	(8.3)	2	(16.7)	4	(33.3)	0	(0.0)
Service approach	0	(0.0)	0	(0.0)	1	(8.3)	1	(12.5)
Evaluation design	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)
Data collection	3	(25.0)	5	(41.7)	7	(58.3)	1	(12.5)
Other area	0	(0.0)	0	(0.0)	1	(8.3)	0	(0.0)
We are aware that cultural competence is an issue but we have not developed formal, written policies yet or these policies are currently being developed.	4	(33.3)	3	(25.0)	3	(25.0)	4	(50.0)
Not Applicable – no formal, written policies and not currently being developed.	3	(25.0)	2	(16.7)	0	(0.0)	2	(25.0)

*Percentages reflect all 12 cohort 1 communities and all 8 cohort 2 communities.

¹Cohort 1 communities had three reporting periods: July through December 2007 (Wave 1), January through June 2008 (Wave 2), and July to December 2008 (Wave 3).



ORGANIZATIONAL READINESS ASSESSMENT

The state required that all communities applying for an SPF SIG grant complete the Organizational Readiness Assessment (ORA). The ORA is a 51-item questionnaire that measures an organization's capacity to operate a high-quality government-funded program. The questions are answered using a "yes/no" format. The ORA provides a total readiness score calculated by summing the number of questions to which communities answered "yes."

Based on respondents' answers to the questions, the average total organizational readiness score for the 19 funded communities for which data were available was 44.5 (SD = 7.3). A score of 44.5 would indicate that the typical funded organization had nearly all the capacity necessary to run a federal grant successfully.

CHALLENGES ASSOCIATED WITH STARTUP ACTIVITIES

Data from in depth interviews with key informants from each SPF SIG community indicate that communities experienced the following startup-related challenges:

- There were state-level delays in getting SPF SIG funding streams started.
- Community-level SPF SIG staff had difficulty understanding the SPF SIG process and expectations, and were unsure how to go about meeting the expectations.
- Communities, especially in cohort 1, reported unclear or incomplete guidance from the state and technical assistance providers at the beginning of the project.
- Communities had difficulty identifying and hiring qualified SPF SIG project staff at the local level.

- Community-level staff found it difficult to effectively communicate the needs of the SPF SIG grant to current or potential stakeholders in order to get buy-in to the process.

CHALLENGES ASSOCIATED WITH CREATING WORKGROUPS

Along with the general administrative startup activities, the first main requirement of the SPF grant was for each site to establish a set of workgroups that would serve as governing bodies for the grant. Communities reported the following challenges communities when establishing their workgroups:

- Community SPF SIG staff had problems finding qualified, interested individuals who had the time to serve on workgroups.
- SPF SIG staff had difficulty communicating the importance of specific workgroups to stakeholders.
- Cohort 1 communities felt pressure from the state to get the required workgroups established very early in the project.
- Community-level staff had problems getting commitments from workgroup members to attend meetings and complete tasks.

SUCCESSES ASSOCIATED WITH CREATING WORKGROUPS

Even though SPF SIG communities faced difficulties in organizing their administrative and workgroup structure, they all experienced the following successes:

- Communities were able to, in some cases, use existing groups to serve as a workgroup.
- Communities merged the activities of two workgroups into one or more than one group.
- Communities relied on local experts or "champions" to serve as advisors.



- Communities were all able to establish a workgroup structure that enabled them to produce the state-required deliverables for SPF SIG.

SATISFACTION OF COMMUNITIES WITH THEIR WORKGROUPS

During the fall of 2008 and 2009, state-level evaluators asked community members involved in the SPF SIG to rate the overall performance of their local SPF SIG workgroups. Typically, most respondents believed their local workgroups were performing at a level that was very good or excellent (see Table 4).

LESSONS LEARNED FROM COHORT 1 START UP ACTIVITIES

Based on the feedback from cohort 1 communities, the state made changes to the workgroup requirements for cohort 2 as follows:

- The state asked that cohort 2 communities use their Local Coordinating Council as their Local Advisory Council.
- The state encouraged cohort 2 communities to establish their Local Epidemiology and Outcomes Workgroup first, and establish other workgroups later in the process.

Table 4: Community-Level Satisfaction with the Overall Performance of Workgroups

	Fall 2008 Survey Very Good or Excellent		Fall 2009 Survey Very Good or Excellent	
	N	(%)	N	(%)
Local Advisory Committee	34	(65.4)	38	(64.4)
Local Advisory Committee Executive Committee	30	(71.4)	31	(66.0)
Local SPF SIG support staff	44	(74.6)	47	(75.8)
Local Epidemiology and Outcomes Workgroup	35	(66.1)	36	(65.5)
Local Evaluation Workgroup	20	(52.6)	24	(52.2)
Local Training and Outreach Workgroup	20	(64.5)	26	(60.5)
Local Cultural Competence Workgroup	18	(58.1)	17	(40.5)
Local Youth Advisory Council	20	(54.0)	23	(56.7)



ORGANIZATIONAL AND COMMUNITY-LEVEL NEEDS ASSESSMENT AND EPIDEMIOLOGICAL REPORT

During the 2007/2008 fiscal year, the state required all cohort 1 communities to complete a community-level needs and resources assessment and submit a local-level epidemiological (epi) report. The needs and resources assessments varied from site to site in terms of the types of community needs and resources assessed. The two community-level needs most

frequently assessed by funded sites in cohort 1 were the substance use rates and substance use consequences of the potential target populations (see Table 5).

Community-level SPF SIG staff reported using a number of data sources in preparing their needs and resources assessment. The most frequently used sources were student school surveys, public health statistics, census data, and law enforcement data (see Table 6).

Table 5: Areas Assessed in Community Needs and Resources Assessments

Community Need/Resource Area	N	(%)
Data on populations not typically included in assessments (e.g., homeless, undocumented workers)	2	(16.7)
Prevention resources (e.g., call centers and trained counselors)	6	(50.0)
Cultural competence	4	(33.3)
Partnerships within the community	6	(50.0)
Substance use rates of the potential target populations	10	(83.3)
Substance use consequences in potential target population (e.g., alcohol-related mortality)	10	(83.3)
Factors that might cause, lead to, or promote substance use	8	(66.7)
Experience within the community of working with the potential target population (e.g., previous encounters with the target population, perhaps in serving members with prevention services or in conducting outreach to this population)	2	(16.7)
Community readiness	9	(75.0)
Workforce training issues within the community (e.g., not enough slots in a community-college training program)	0	(0.0)

Table 6: Data Sources Used by Communities to Complete Local Needs and Resources Assessments

Data Source	N	(%)
Student school survey data	12	(100.0)
School achievement data	8	(66.7)
Community surveys	11	(91.7)
Public health statistics	12	(100.0)
Census data	12	(100.0)
Interviews and/or focus groups	4	(33.3)
Public meetings or forums	8	(66.7)
Law enforcement data	12	(100.0)
Department of Justice data	6	(50.0)
Public safety data	10	(83.3)
Social norms data	10	(83.3)
Other	4	(33.3)



CHALLENGES WITH THE COMMUNITY LEVEL NEEDS ASSESSMENT AND EPI REPORT.

Community-level SPF SIG staff members reported the following challenges when completing their needs assessments and epidemiological reports:

- Communities found the timeline set by the state for completing the epidemiological report to be very tight.
- Cohort 1 communities reported a lack of guidance, examples, and templates from the state and from technical assistance staff for how to complete the assessment and epidemiological report.
- Community-level staff were unable to access data from specific local sources, particularly the school system and law enforcement.
- Community level staff had difficulty finding local data on 18- to 25-year-olds, the main population of interest
- Community level staff encountered resistance from agencies to release data for the assessment.
- Local-level staff had problems finding individuals who had the skills, the time, and the interest to serve as local epidemiological workgroup members.
- Community-level staff had difficulty understanding which pieces of data were relevant locally and which pieces were not.

SUCCESSES ASSOCIATED WITH THE COMMUNITY LEVEL NEEDS ASSESSMENT AND EPI REPORT

Community members reported that the following successes were due to the needs assessment and epi writing process:

- Communities all successfully completed a needs assessment and prepared an epi report within the required timeline.
- SPF SIG staff gained new skills related to data collection and data analysis.
- The needs assessment and epidemiological report helped raise community awareness about substance abuse issues.
- The epi reports helped combat misconceptions community members held about substance use and its consequences.
- The epi reports helped organizations enhance their interagency relationships.
- The epi reports served as a catalyst for change around substance abuse issues.
- The data in the epi report helped local agencies apply for grant funding.

LESSONS LEARNED

Based on feedback from cohort 1 communities, the state and technical assistance staff made changes to the needs assessment and epi writing process for cohort 2 as follows:

- The budget for cohort 2 was restructured so that each community could hire an epi writer.
- Templates, examples, and additional data-related resources were made available to all communities before funding started.
- Training on data collection and analysis methods was provided within a month after funding began.



CAPACITY BUILDING

The second step in the SPF planning framework is capacity building. The goal of this step is for communities to address gaps in their local prevention infrastructure that may limit their ability to deal with the local-level substance abuse problems outlined in their epidemiological report. Capacity-building activities could include hiring or replacing staff, expanding organizational resources, raising community awareness, and building relationships with other organizations.

STAFF TURNOVER

Staff turnover was a significant problem for several of the SPF SIG communities funded in 2007. In communities where staffing issues arose, agency leaders had

to devote significant amounts of time and resources to find and train replacement staff people to run the project. To avoid staff turnover, other communities chose to reorganize their administrative structure to ensure that the SPF SIG project would always have appropriate leadership.

ORGANIZATIONAL RESOURCES

In order to properly meet the requirements of the grant, many of the organizations overseeing SPF SIG funds had to improve their organizational resources. The four areas organizations addressed with the most frequency were: identifying key organizational or coalition activities or goals, hiring and training of staff, coordinating data collection, and enhancing cultural competence (see Table 7).

Table 7: Data Sources Used by Communities to Complete Local Needs and Resources Assessments

Activity	Wave 1		Wave 2		Wave 3	
	Number who engaged in activity	(%)	Number who engaged in activity	(%)	Number who engaged in activity	(%)
Wrote, reviewed, or rewrote organizational or coalition mission/vision	10	(83.3)	4	(33.3)	3	(25.0)
Identified key organizational or coalition activities and goals	11	(91.7)	7	(58.3)	8	(66.7)
Hired staff	12	(100.0)	3	(25.0)	5	(41.7)
Trained staff	11	(91.7)	4	(33.3)	7	(58.3)
Identified coalition leader(s)	12	(100.0)	2	(16.7)	1	(8.3)
Improved cultural competence	10	(83.3)	5	(41.7)	4	(33.3)
Identified or secured physical space	9	(75.0)	1	(8.3)	3	(25.0)
Coordinated or improved technical resources	10	(83.3)	1	(8.3)	5	(41.7)
Coordinated data collection and/or management information systems plans	8	(66.7)	7	(58.3)	5	(41.7)
Other	0	(0.0)	0	(0.0)	1	(8.3)



COMMUNITY AWARENESS

Most SPF SIG communities engaged in community awareness-raising efforts during the first 18 months of grant activity. The issues most commonly addressed in awareness-raising campaigns were those related to the rates of substance use and the negative consequences associated with substance

use. The groups most frequently targeted by communities in their awareness campaigns were those who had the most contact with youth and young adults, such as schools, parents and caregivers, youth-serving organizations, and faith-based organizations (see Table 8).

Table 8: Topics Addressed by Communities in their Awareness-Raising Efforts

Issue	Cohort 1					
	Wave 1		Wave 2		Wave 3	
	N	(%)*	N	(%)*	N	(%)*
Substance use rates or trends	9	(100.0)	11	(100.0)	9	(90.0)
Consequences related to substance use	7	(77.8)	11	(100.0)	6	(60.0)
Intervening variables associated with substance use and consequences	6	(66.7)	6	(54.5)	5	(50.0)
Coordination among agencies	6	(66.7)	6	(54.5)	6	(60.0)
Funding for substance abuse prevention	5	(55.6)	1	(9.1)	1	(10.0)
Legislation/policy which affects substance use	0	(0.0)	0	(0.0)	1	(10.0)

*Percentages are based on the number of communities who were raising awareness during each assessment period.



RELATONSHIP BUILDING

Staff from all SPF SIG communities indicated that they had identified key stakeholders, partners, and partner organizations they would like to work with on SPF SIG intervention activities. Many of the stakeholders and agencies identified were ones that were not currently involved with the organization coordinating the SPF SIG grant. In order to engage uninvolved stakeholders, SFP SIG staff members tried several approaches:

- SPF SIG staff met one-on-one with stakeholders to address questions and concerns.
- SPF SIG staff invited agency directors to attend coalition and SPF SIG events.

- SPF SIG staff included organization leaders in all informational and educational mailings.
- SPF SIG staff used the community epi reports to outline the benefits the data could have for the organization.

Over their first 18 months of activity, SPF SIG communities have shown a trend toward increasing partnerships with a number of organizations, including youth groups, the business community, the media, schools, youth-serving organizations, and faith-based organizations (see Table 9).

Table 9: Ability of Communities to Establish Partnerships with Various Groups

Stakeholder	Actually Partnered		Actually Partnered		Actually Partnered	
	N	(%)	N	(%)	N	(%)
Youth groups	9	(75.0)	10	(83.3)	10	(83.3)
Parent/family groups	5	(41.7)	5	(41.7)	5	(41.7)
Business community	7	(58.3)	8	(66.7)	8	(66.7)
Media	7	(58.3)	11	(91.7)	11	(91.7)
Schools/school districts	8	(66.7)	9	(75.0)	9	(75.0)
Youth-serving organizations	9	(75.0)	10	(83.3)	11	(91.7)
Law enforcement	12	(100.0)	11	(91.7)	12	(100.0)
Local or state courts	8	(66.7)	11	(91.7)	10	(83.3)
Department of justice	1	(8.3)	1	(8.3)	1	(8.3)
Local or state jails/prisons	6	(50.0)	6	(50.0)	7	(58.3)
Faith-based organizations	9	(75.0)	10	(83.3)	11	(91.7)
Civic organizations	6	(50.0)	6	(50.0)	7	(58.3)
Healthcare professionals	11	(91.7)	10	(83.3)	11	(91.7)
State government agencies	11	(91.7)	11	(91.7)	11	(91.7)
Local, village, tribal agencies	9	(75.0)	8	(66.7)	7	(58.3)
Other agencies	6	(50.0)	6	(50.0)	5	(41.7)



STRATEGIC PLANNING

The third major requirement for all funded communities was to create a strategic plan using the data from the needs assessment. The plan was intended to lay out a framework for employing evidence-based and other strategies to prevent or reduce the use of the targeted substance within the community.

Community informants described strategic planning as a collaborative process that took place between SPF SIG staff and other agency leaders. On average, SPF SIG staff worked with eight outside groups when preparing the strategic plan. The organizations most commonly engaged during the strategic planning process were law enforcement agencies and state or local government agencies (see Table 10).

To develop the plan, SPF SIG staff and agency representatives reviewed the epidemiological report to determine the specific issues in the community that appeared to be driving the targeted, local-level substance abuse problem, and to

determine the local-level service gaps that needed to be filled in order to best address the problem. Once the planning group agreed on the key variables, they developed strategies to address service gaps; they also reviewed evidence-based policies, practices, and procedures (EBPPPs) for the targeted substance. Based on their review, staff and planning members then selected the EBPPPs that would be most appropriate for the community.

Because of the broad nature of the strategic planning process, communities addressed a number of topics in their plans. The most commonly addressed topics were:

- data indicators on substance abuse
- data on factors causing, leading to, or promoting substance use
- connection of the local SPF SIG initiative with the state-level SPF SIG initiative
- a logic model
- a plan to evaluate the relationships, activities, and outcomes illustrated in the logic model

Table 10: Agencies Collaborating on Local-Level Strategic Plans

Group/Organization	Number of communities who collaborated with each agency type	(%)
Law enforcement agencies	10	(83.3)
State, local, village or tribal government agencies	10	(83.3)
Schools/school districts	9	(75.0)
Local evaluator	9	(75.0)
Healthcare professionals	8	(66.7)
Business community	7	(58.3)
Youth-serving organizations	7	(58.3)
Civic or volunteer organizations	7	(58.3)
Parents/family/caregiver groups	6	(50.0)
Youth	5	(41.7)
Advocacy volunteers	5	(41.7)
Faith-based organizations	5	(41.7)
Other	3	(25.0)
Media	2	(16.7)



CHALLENGES WITH THE STRATEGIC PLANNING PROCESS

Community-level SPF SIG staff members reported having to overcome the following obstacles as they prepared their strategic plans:

- The very tight timeline imposed on communities by the state did not give the people involved in the planning process sufficient time to adequately review the data in their epi reports.
- Community-level SPF SIG staff from cohort 1 reported that at least initially, they received a lot of conflicting guidance from the state about what to include in their strategic plans.
- Community-level SPF SIG staff from cohort 1 felt that the training on strategic planning came too late in the process to be helpful.
- Community representatives from both cohort 1 and cohort 2 had difficulty determining the best strategies for their local area. This challenge was especially true for communities that chose to address cocaine and methamphetamine.
- Community-level SPF SIG staff also described difficulties getting input and feedback on the plan from stakeholders and community members. SPF SIG staff believed the lack of input kept plans from being true community-level plans.

SUCCESSES WITH THE STRATEGIC PLANNING PROCESS

Although communities did have to deal with a number of challenges when developing their strategic plans, they did report the following successes due to the planning process:

- Each community developed a strategic plan that was linked to the community's epi report.

- The planning process was another way communities were able to raise awareness about local substance abuse problems.
- The planning process helped bring agencies together to talk about substance use.
- The plan served to create a common framework for local-level substance abuse prevention activities.

LESSONS LEARNED FROM THE STRATEGIC PLANNING PROCESS

Feedback, especially from the cohort 1 communities, provided the state and technical assistance providers with valuable information on how to improve the planning process. The feedback helped planning run more smoothly for cohort 2 communities. Improvements to the process included the following:

- Based on requests from cohort 1 communities early in their planning process, the state prepared a template that communities could use for completing their strategic plans.
- Training on strategic planning and selecting of evidence-based strategies was provided much sooner to cohort 2 communities.
- Due to difficulties cohort 1 communities had in sorting through their epi data and linking it to evidence-based strategies and measureable outcomes, IPRC staff developed a logic model matrix to help communities link data to strategies and strategies to outcomes.
- The state allowed communities that elected to focus on methamphetamine or cocaine greater flexibility in their choice of prevention strategies.



TECHNICAL ASSISTANCE AND TRAINING

Due to the complexity of the SPF SIG grant, communities in cohort 1 were required to contract with a technical assistance provider for the first year of their grant award; they were also mandated to work with an evaluation contractor for all three years of the grant. The purpose of the technical and evaluation assistance was to help communities develop an epidemiological report and design and carry out a comprehensive evaluation of their SPF SIG activities.

Eleven cohort 1 communities contracted with the IPRC for both technical assistance and evaluation support. The Vigo County Local Coordinating Council contracted with providers at Indiana State University for technical assistance and evaluation support. The startup period of the grant proved to be challenging for the IPRC due to administrative policies at Indiana University. The issues faced by IPRC were:

- An inability to hire staff prior to the disbursement of grant funds to Indiana University.
- Existing staff were required to take on additional duties until new staff could be hired.
- In-person contact with communities was initially limited due to hiring constraints and long driving times to several locations.
- Training of technical assistance staff had to proceed concurrently with provision of technical assistance to communities.
- Only being able to offer applicants a one-year contract hindered IPRC in finding qualified staff with the flexibility for a one-year post.
- Fees associated with TA and evaluation services were taken out of

the portion of funds disbursed to the grantees, rather than being issued as a separate contract between DMHA and IPRC based on a portion of each community's monies withheld for evaluation and TA.

The challenges faced by IPRC during the startup period of the grant disrupted rapport building and led to mixed reviews about technical assistance during this early phase of the grant. Communities described the following concerns about their contracted providers:

- The fee being charged for technical assistance was too high.
- Community SPF SIG staff felt they weren't getting the services they needed from their technical assistance provider.
- Some community SPF SIG staff expressed that they didn't get the level of contact they would have liked from their technical assistance provider.
- Some community SPF SIG staff expressed concerns that the technical assistance staff were not sufficiently trained to provide support.

Although some SPF SIG communities expressed negative opinions, many communities described the following positive experiences with their providers:

- Community SPF SIG staff reported that their contracted providers offered them good support and helped move their process along.
- Community SPF SIG staff described their contracted providers as being responsive to their needs.
- Local SPF SIG staff reported that providers had good communication with their community.



In order to address the issues which occurred during the startup of the grant and to better serve their contracted communities, the IPRC took the following steps:

- The IPRC restructured staff duties to give oversight of evaluation and technical assistance to one person, Dr. Jeanie Alter. Dr. Alter was to be in charge of all evaluators and technical assistance personnel and ensure that issues with communities were resolved.
- The IPRC worked to integrate critical TA services (e.g., data, training, and assistance with a sustainability plan) into the duties provided by evaluators to ensure that communities continued to be successful.
- Face-to-face rapport-building meetings were conducted by Dr. Alter, Dave Bozell, and Kim Manlove to discuss communities' issues and develop plans to ensure positive working relationships.
- The IPRC worked to improve communication among all SPF SIG

communities by providing conference calls, attending community meetings, giving presentations at local SPF SIG-related meetings, providing telephone consultations to community staff, providing regular in-person consultations, and working closely with state-level SPF SIG staff and state-level evaluators.

- The IPRC developed an SPF SIG policy and procedures manual for all grantees.
- The IPRC began providing monthly service summaries to each grantee, listing each service provided to the community in the preceding month.
- The IPRC implemented a biannual customer satisfaction survey as another method for getting community-level feedback.

The most recent satisfaction survey results released by IPRC indicate that respondents in SPF SIG communities typically rated the IPRC's services as excellent (see Table 11).

Table 11: SPF SIG Community Satisfaction with IPRC Services as of September 2009

	Excellent		Good		Adequate		Poor		Unsatisfactory	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
How prompt was our staff in fulfilling your needs?	16	(57.1)	4	(14.3)	1	(3.6)	5	(17.9)	2	(7.1)
How were you treated by IPRC staff?	19	(67.9)	6	(21.4)	2	(7.1)	0	(0.0)	1	(3.6)
How knowledgeable and competent was our staff?	14	(50.0)	7	(25.0)	6	(21.4)	1	(3.6)	0	(0.0)
How courteous and helpful was our staff?	18	(64.3)	5	(17.9)	4	(14.3)	1	(3.6)	0	(0.0)
Overall how would you rate our service?	16	(57.1)	5	(17.9)	4	(14.3)	3	(10.7)	0	(0.0)



IMPLEMENTATION

Implementation of EBPPPs and other strategies began at the community level upon approval of the community's strategic plan. Due to the differences across the various communities, implementation began earlier in some communities and later in others. Because of the varying startup dates, data on implementation were limited. A discussion of intervention implementation will be included in the 2011 SPF SIG Programming Evaluation Report, after data become available for all communities.

A large portion of each community's strategic plan was devoted to detailing the prevention strategies that would be implemented within their community. One of the guiding requirements from CSAP was that communities had to emphasize prevention activities that were evidence-based programs, procedures, policies, and/or practices (EBPPP). A review of the strategic plans and amendments submitted by cohort 1 communities as of June 30, 2009, showed that the following EBPPPs are being or will be implemented across the state:

- Communities Mobilizing for Change on Alcohol (CMCA) – five communities
- Strengthening Families Program (SFP) – four communities
- Project Alert (PA) – three communities
- Too Good for Drugs (TGD) – two communities
- Life Skills (LS) – one community
- Michigan Model for Health (MMH) – one community
- Alcohol Edu. (AE) – one community

Communities could also choose to supplement EBPPPs with additional

strategies that were not evidence-based.

Typically, those non-EBPPP strategies were used as a way to increase awareness in individual communities about the consequences of alcohol and/or drug use. Nine communities have awareness-raising and media campaigns in the works.

SUMMARY OF INTERVENING VARIABLES ADDRESSED BY COMMUNITIES

Local evaluators, in collaboration with the SPF SIG Project Director and Project Coordinator, reviewed each community's logic model planning matrix, which was part of the strategic plan to determine the antecedent and intervening variables being addressed by the community. The most frequently addressed intervening variable across all the communities involved community norms about substance use, with 11 of the 12 cohort 1 communities focusing on this variable. The second most frequently targeted intervening variable involved family, peer, and school influence on substance use. Ten communities chose to address this variable.

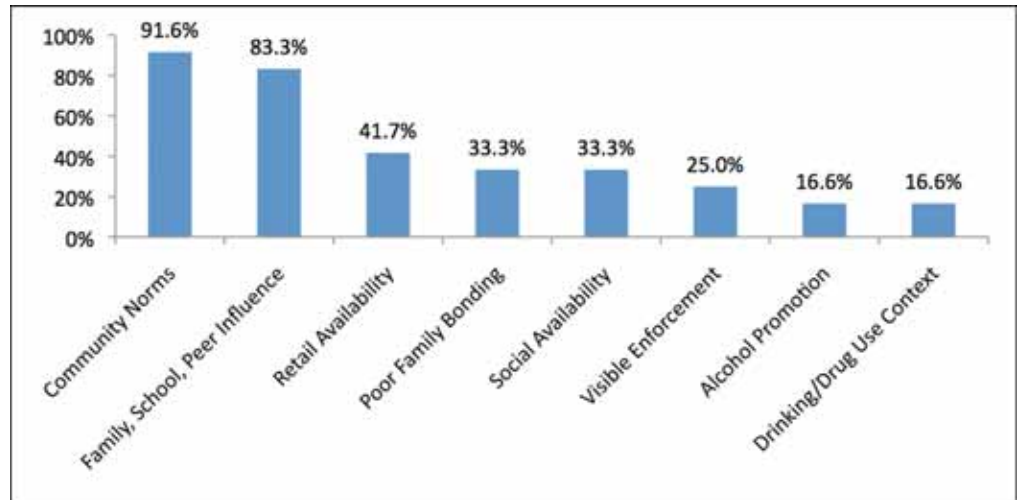
In reviewing their needs assessments, five communities decided that to decrease the problems associated with their priority substance; they should target poor family bonding. Four communities selected social availability of the substance as a target for prevention. Visible enforcement of substance-related laws was highlighted in the strategies of three communities. Three communities decided to reduce retail availability of alcohol to minors as a way to decrease underage and binge drinking. Two communities proposed targeting alcohol promotion, and two grantees determined their communities would benefit by focusing on the drinking/drug use context.



Neighborhood disorganization, early onset of drug use, poor life skills, drinking/drug use beliefs, community concern about harm from drugs,

perceived risk of arrest, and the supply of drugs for sale were each addressed by one community (see Figure 2).

Figure 2. Intervening Variables Most Commonly Targeted by SPF SIG Cohort 1 Communities





EVALUATION

A requirement of the SPF SIG grant was that all cohort 1 sites complete a process and outcome evaluation. As implementation activities at most sites were still in their infancy, little outcome evaluation activity had taken place at the local level at report completion time. Local evaluators had primarily worked with sites to develop data collection tools and evaluation plans that would be used once strategies were fully in place. Evaluation-related activities will be discussed in more depth in the 2011 SPF SIG Programming Evaluation Report.

SUSTAINABILITY

One of the overarching tenets of the SPF planning process is that of sustainability. Communities who receive SPF SIG funding are asked to look for ways to ensure that their infrastructure and interventions continue once SPF funds are depleted.

Communities that reported working on sustainability primarily focused their activities on developing a sustainable coalition structure. Several communities also tried to find ways to incorporate the strategies outlined in the strategic plan into the mission, goals, and activities of other organizations (see Table 12).

Table 12: Methods Used by Communities to Ensure Sustainability

	Cohort 1					
	Wave 1		Wave 2		Wave 3	
Strategy	Number using strategy	(%)*	Number using strategy	(%)*	Number using strategy	(%)*
Leveraged other funding sources	2	(50.0)	0	(0.0)	0	(0.0)
Worked to ensure that intervention activities are incorporated into the missions/goals and activities of other organizations	1	(25.0)	2	(66.7)	6	(100.0)
Worked to implement local-level laws, policies or regulations to guarantee the continuation of intervention activities	0	(0.0)	0	(0.0)	1	(16.7)
Worked on developing coalition structure to ensure sustainability	4	(100.0)	3	(100.0)	5	(83.3)
Other	0	(0.0)	1	(33.3)	0	(0.0)



CHALLENGES WITH SUSTAINABILITY

When asked during interviews to discuss sustainability, community-level SPF SIG staff indicated that it was a topic they had talked about quite a bit, but had not pursued it as actively as they would have liked for the following reasons:

- Many communities had just recently decided upon their intervention strategies so had not had time to focus on sustainability.
- Staff members did not know how to go about soliciting funds from agencies or organizations in their community, especially given the current economic climate.
- Staff members needed help coming up with ways to ensure sustainability that did not involve money.

SUCCESES WITH SUSTAINABILITY

Even though many communities had not addressed sustainability to a great extent, there were some communities that had started moving forward in this area:

- Several communities had established relationships with local experts who would help maintain the epi report process after the grant ended.
- Several communities had incorporated the strategic plan's strategies into their existing comprehensive community plan for substance abuse prevention.
- Several communities were exploring evidence-based strategies that fit the community's needs and were free of charge.
- A number of communities were working on sustainability by enhancing their infrastructure through building better relationships with current stakeholders and reaching out to other community organizations.

IMPACT OF SPF ON LOCAL COMMUNITIES

Local-level SPF SIG staff members were asked to describe the impact of the SPF SIG grant had made in their community. SPF SIG staff members reported a number of positive effects:

- The SPF SIG grant had led to an increase in community awareness of substance abuse. The publication of epi reports, media reports about the SPF SIG, and public events had brought community attention to the issue of substance use and abuse.
- The SPF SIG grant helped raise interest in substance abuse; many local SPF SIG staff indicated that community members were asking questions about what was happening with the grant and what plans were being put in place to address the issue.
- Community-level SPF SIG staff noted that the needs assessment and strategic planning processes had improved interagency communication and helped bring stakeholders to the table.
- Another impact of the SPF noted by local-level SPF SIG staff was an increased awareness of and use of data and evaluation to make decisions about substance abuse prevention.
- Community-level SPF SIG staff also reported that the grant was pushing them to identify gaps in their local-level data and develop methods for filling those gaps.
- In several communities, SPF SIG staff credited the grant with giving their organization a better planning framework and a more solid direction on where to focus their prevention efforts.





INDIANA'S SPF SIG TIMELINE

INITIAL APPLICATION AND AWARD OF FEDERAL FUNDS TO INDIANA (JULY 2004–JULY 2005)

State-Level Grant Application and Grant Oversight

During the first six months of 2004, representatives from the Indiana Division of Mental Health and Addiction (IDMHA) and the Indiana Prevention Resource Center (IPRC) at Indiana University prepared an application in response to SAMHSA/CSAP's request for applications for SPF SIG funding. IDMHA submitted the application to SAMHSA/CSAP on July 1, 2004. After a lengthy review process, Indiana was selected to be one of five grantees, along with Montana, North Carolina, Vermont, and Arkansas, to receive SPF SIG funding during fiscal year 2005. The Office of the Governor of Indiana was officially awarded the SPF SIG on July 1, 2005.

Initially, the Governor's Office granted oversight of the SPF SIG to the Indiana Criminal Justice Institute (ICJI); however, because the author of the grant had been IDMHA and because the federal government views IDMHA as the Single State Authority (SSA) for prevention in Indiana, oversight of the grant shifted to IDMHA in December 2005. Once oversight of the grant was placed under IDMHA, work began on establishing an infrastructure that would help the state to complete the required SPF SIG deliverables.

CREATION OF WORKGROUPS AND HIRING OF PRIMARY PROGRAM STAFF (DECEMBER 2005–SEPTEMBER 2006)

Creation of Main Governing Workgroups

As required by CSAP/SAMHSA, all SPF SIG awardees were to develop an

administrative infrastructure that would oversee the administration of the grant. While some decisions about the infrastructure's setup were left to the state, CSAP/SAMHSA mandated that all recipients develop an advisory council and epidemiology and outcomes workgroup.

Governor's Advisory Council

(GAC)—The GAC was created in December 2005 as the main governing body of the SPF SIG. SAMHSA/CSAP provided the Office of the Governor with a recommended list of agencies to consider for inclusion in the GAC. Using the list as a guide, the Office of the Governor asked agency directors to appoint representatives to the GAC. The initial chair of the GAC, Sheriff Mark Frisbee, was appointed directly by the Governor. The GAC was composed of 42 members, each representing an agency with some connection to substance abuse prevention such as the Indiana Department of Education (IDOE), the Drug Enforcement Agency (DEA), the Indiana Coalition to Reduce Underage Drinking (ICRUD), Indiana Tobacco Prevention and Cessation Agency (ITPC), the Indiana Department of Corrections (IDOC), and the IPRC, among others.

GAC Executive Committee (GAC-

EX)—The GAC-EX was a subgroup of the GAC also created in December 2005. The GAC-EX was composed of the GAC chair, the GAC co-chair, a division director of IDMHA, and the chair of the State Epidemiology and Outcomes Workgroup (SEOW). The purpose of the GAC-EX committee was to discuss administrative and implementation issues and to make preliminary decisions about what to present to the larger GAC. The GAC-EX also had the authority to make decisions regarding the SPF SIG when time did not



allow for the matter to be presented to the larger group.

State Epidemiology and Outcomes Workgroup (SEOW)—In January 2006, Dr. Eric R. Wright, the Director of the IUPUI Center for Health Policy (CHP), was asked by IDMHA to serve as the chair of the SEOW. Dr. Wright agreed and spent the next two months working with GAC members to obtain the names of individuals who had knowledge or access to data related to substance use and abuse. The SEOW had its initial meeting on April 7, 2006. The agencies represented in the initial meeting included IDMHA, Indiana Department of Health, the ITPC, the IDOE, the IDOC, Medicaid, and the IPRC. The SEOW's initial task was to complete a needs assessment of substance use and abuse in Indiana and develop a prevention priority or priorities to target with the SPF SIG funds. The SEOW has met regularly since January 2006.

Hiring of Program Staff

In order to administer the SPF SIG, the IDMHA created two new positions, a Project Director and a Project Coordinator, to oversee the day-to-day operations of the grant. An administrative assistant was added to the SPF SIG staff during the third year of funding.

Hiring of Project Director—In April 2006, Kim Manlove was hired as the SPF SIG Project Director for Indiana. Mr. Manlove is a contract employee through Fairbanks Hospital. Mr. Manlove is responsible for overseeing all SPF SIG-related activities as well as providing technical assistance and support to subgrantees.

Hiring of Project Coordinator—In June 2006, Marcia French was hired as the SPF SIG Project Coordinator for Indiana.

Ms. French was a contract employee through Fairbanks Hospital. During her tenure with the SPF SIG project, Ms. French was responsible for developing SPF SIG-related procedures, providing technical assistance and support to subgrantees, and coordinating the SPF SIG workgroups. Ms. French left the SPF SIG project in July 2009. IDMHA administrators revised the duties of the SPF SIG Project Coordinator after Ms. French's departure. Mr. John Long was hired in September 2009 as the new Project Coordinator.

Creation of Additional SPF SIG Workgroups

As the state-level SPF SIG infrastructure was developed, three additional workgroups were created between July and September 2006 to help with specific areas of the grant.

State Evaluation Workgroup—The State Evaluation Workgroup was established to oversee the evaluation-related activities of the SPF SIG and provide recommendations or suggestions to the GAC. The Evaluation Workgroup was composed of volunteers with an interest in evaluation and included representatives from ICJI, DOE, IPRC, and Indiana University-Purdue University Indianapolis (IUPUI). The Evaluation Workgroup has been meeting on a regular basis since July 10, 2006.

Training and Outreach Workgroup—The State Training and Outreach Workgroup was established to develop and provide training on the SPF SIG to the state and subgrantees. The Training and Outreach Workgroup has been responsible for developing and carrying out SPF SIG-related workshops, presentations, and educational events. This workgroup was



filled by volunteers from various agencies associated with the GAC. The Training and Outreach Workgroup has met regularly since July 19, 2006.

Cultural Competence—The State Cultural Competence Workgroup was established to ensure that issues of cultural competence were appropriately addressed within the SPF SIG initiative. Membership on the Cultural Competence Workgroup is composed of volunteers from agencies participating in the GAC. The Cultural Competence Workgroup has been actively meeting since September 14, 2006.

STATE-LEVEL NEEDS ASSESSMENT PROCESS (APRIL 2006 THROUGH JULY 2006)

Once the basic SPF SIG infrastructure was in place, the next step in the process was for the state to complete a needs assessment of substance use and abuse patterns and associated consequences; this information would be used to develop the prevention priorities to be addressed with SPF SIG funds. Dr. Wright and the SEOW began the needs assessment process in April 2006. SEOW members used the SEOW meetings in April, May, and June 2006 to review the available substance use/abuse-related data in Indiana and determine how data were to be analyzed.

The review of available data sources yielded a list of over 100 potential data sets. However, the GAC needed to have priorities proposed by July 21, 2006, and access to agency-specific datasets would require establishing memoranda of understanding between Dr. Wright and the agencies. Therefore, attendees at the June 2006 meeting decided that the initial needs assessment would be completed using publicly available data sets (e.g., the Uniform Crime Record, Treatment

Episode Data Set, IDOE records, National Survey of Drug Use and Health, etc.). Members determined that the analysis plan would involve comparing data for Indiana to data for the rest of the nation. Areas where Indiana was higher (worse) than the nation would be highlighted and additional comparisons would be made across gender, racial, educational, and income categories. The goal of these analyses was to determine specific populations, or “hot spots,” that could be targeted with SPF SIG dollars.

Using the approach approved in June, Dr. Wright and his team prepared a series of draft chapters for Indiana’s first epidemiological report as well as a set of preliminary prevention priorities:

- To prevent and reduce underage drinking and binge drinking among 18- to 25-year-olds.
- To prevent the first use of tobacco among 12- to 17-year-olds and reduce tobacco use among 18- to 24-year-olds, blacks, and individuals with lower incomes and/or less than a high school education.
- To prevent the first use of marijuana among 12- to 17-year-olds and reduce the use of marijuana among 18- to 25-year-olds.
- To prevent the first use and reduce the use of cocaine among 18- to 25-year-olds.
- To prevent and reduce the abuse of prescription drugs among 12- to 55-year-olds.
- To prevent and reduce the use of methamphetamine among black youth and among white women and men 18 to 44 years of age.
- To prevent the first use and reduce the use of heroin among 12- to 18-year-olds and reduce the use of heroin among longer-term injectors between the ages of 45 and 54.



The draft chapters and initial prevention priorities were presented to the SEOW on July 7, 2006. During that meeting, SEOW members decided that heroin use was an event which occurred much farther along in an individual's drug use career and that prevention efforts would be better focused on more gateway-type drugs such as alcohol, tobacco, and marijuana. Based on this discussion, the SEOW chose to drop heroin from the list of prevention priorities.

A second outcome of the July 7 meeting was to group the priorities into what were initially termed *statewide priorities* and *areas of concern*. Statewide priorities covered substances that affected large numbers of individuals across the state (i.e., alcohol, tobacco, and marijuana). Areas of concern focused on drugs that were used by more specific racial or ethnic groups or were constrained to more rural or more urban areas. The drugs considered areas of concern for Indiana were cocaine, prescription drugs, and methamphetamine. During this same meeting, the members ranked the priorities and areas of concern based on the number of people affected, the capacity in the state available to deal with the problem, and the changeability of the particular behavior. The rank order of the priorities was: 1) alcohol, 2) tobacco, 3) marijuana, 4) cocaine, 5) prescription drugs, and 6) methamphetamine.

Dr. Wright presented the three priorities and three areas of concern along with the data used to develop them to the GAC on July 21, 2006. During this meeting, GAC members questioned the use of priorities versus areas of concern. Members believed the wording deemphasized the impact prescription drugs, cocaine, and methamphetamine had on communities and users. Based on this

discussion, the GAC voted to change the proposed categorization to *state-level priorities* and *local-level priorities*. The state-level priorities were viewed as those affecting people across the entire state (i.e., alcohol, tobacco, and marijuana). The local-level priorities were conceptualized as those affecting smaller numbers of people based on racial group, gender, or geography. The GAC voted to accept the three state and three local-level priorities as the prevention issues to be addressed through SPF SIG funding.

The approved priorities and revised draft chapters were combined into Indiana's first epidemiological profile, titled *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile*, released by the SEOW in September 2006.

STATE-LEVEL STRATEGIC PLANNING (AUGUST 2006 THROUGH DECEMBER 2006)

Initial Strategic Plan Submission— September 2006

With the completion of the needs assessment and development of the prevention priorities, the next step in the SPF SIG process for Indiana was to complete a statewide strategic plan. The work on the state plan was completed primarily by Mr. Manlove, Ms. French, and Dr. Wright. The original version of the plan was completed and submitted to SAMHSA in late September 2006. In the original plan, the state explained that communities interested in receiving SPF SIG funds would have the opportunity to address one or more of the six priorities from the GAC-approved list.

The original submission provided for three distinct types of applications:



capacity-building grants, local implementation grants, and statewide implementation grants. Communities that were interested in a grant but had a level of capacity that was rated as low both by the community and by outside raters could apply for a capacity-building grant. Communities receiving a capacity-building grant would be awarded an average of \$20,000 for one year to work on raising their local prevention infrastructure to a point where implementation of evidence-based programs would be possible. Capacity-building grants would also require communities to partner with a high capacity mentor community. At the end of the capacity-building year, communities could then apply to receive full implementation-level funding. The state planned to award up to five capacity-building grants.

Implementation grants would be awarded to communities that had the infrastructure in place to immediately implement evidence-based prevention programming. Communities interested in implementation funding would be required to present an application which contained a data-based argument for why they believed they had a high need in a given priority or priorities, a description of how they intended to address the priority or priorities, and a list of potential evidence-based programs, practices, or procedures which would be implemented by the community. The state planned to award a total of 10 to 15 implementation grants, with annual funding for each community based on the number of applications selected. It was estimated that communities would receive \$100,000 on average annually for three years.

Statewide implementation grants could be awarded to an organization or

agency that wanted to address one of the state-level priorities throughout the state. The criteria used to evaluate statewide implementation grants would be identical to those for evaluating more localized implementation grants. Funding for a statewide implementation grant was not specifically outlined, although IDMHA anticipated that agencies or organizations could receive from \$75,000 to \$750,000 annually. The state planned on funding no more than one statewide implementation grant.

Revised Strategic Plan Submission— December 2006

The original strategic plan was reviewed by CSAP members and returned with suggestions for improvement. CSAP's primary concerns with the plan were the inclusion of too many priorities, the lack of a clear, data-driven method for selecting high need communities, the lack of a well-defined allocation strategy, and the requirement that communities complete the planning process prior to receiving funds. The state's strategic planning group reconvened and worked to address the issues raised by CSAP.

Prevention Priorities—The first step in revising the plan was to review and reduce the number of prevention priorities to be addressed with SPF SIG funding. This task fell to the SEOW. Using a three-point rating system developed by Dr. Wright, SEOW members were asked to evaluate each of the six priorities as weak, moderate, or strong on three criteria:

- the level of current capacity to address the priority
- the level of preventability and changeability of the priority
- the community's readiness or political will to deal with the priority



Table 1 provides a breakdown of how the SEOW rated each priority.

Table 1. SEOW Scoring of Indiana's Initial Six Prevention Priorities

Priority	Existing Capacity/ Resources	Preventability and Changeability	Community Readiness/ Political Will
Alcohol	Weak	High	High
Tobacco	Strong	High	High
Marijuana	Weak	Low	Low
Cocaine	Weak	Modest/Low	High
Methamphetamine	Weak to Moderate	Modest	High
Prescription Drugs	Weak	Low	Low

The SEOW determined that the tobacco priority was receiving significant funding from several areas and that the small amount of dollars available from the SPF SIG would produce little added benefit. Therefore, the tobacco priority was dropped from the potential funding list. The workgroup perceived that few resources existed to address the marijuana prevention priority. However, SEOW members also believed that little evidence existed on effective treatments for use and that there was little readiness or interest in the community around marijuana prevention. The SEOW decided to remove marijuana from the list of SPF SIG-funded priorities. Finally, the group elected to remove prescription drugs from the list of potential SPF SIG priorities due to the lack of available information on how to effectively work with prescription drug abuse and the lack of readiness to address the problem. The revised SPF SIG prevention priorities were underage and binge drinking, cocaine, and methamphetamine. The revisions to the priorities were approved by the GAC.

Ranking of Communities—

SAMHSA/CSAP asked the SEOW to review the available data in the

epidemiological report and propose a method for prioritizing communities eligible to apply for funding. Dr. Wright and his staff proposed that prioritizing be done at the county level as data were not available for smaller population units. Once the SEOW agreed, Dr. Wright developed a highest contributor/highest need ranking system. Using specific indicators of substance use consequences, Indiana's counties were evaluated according to the number of people experiencing the consequence as well as the rate of the consequence within the county.

The alcohol rankings were developed using six indicators:

- 1) number of alcohol-related fatal auto accidents
- 2) rate of alcohol-related fatal auto accidents
- 3) number of alcohol-related crashes
- 4) rate of alcohol-related crashes
- 5) number of arrests for public intoxication
- 6) rate of public intoxication arrests

Counties that fell into the top 10th percentile for an indicator were assigned a



score of 4; those that fell into the top 15th percentile received a score of 3; those in the top 25th percentile were assigned a score of 2; and counties in the top 50th percentile for an indicator were assigned a score of 1. The scores were totaled and the list of counties was then sorted according to the total score. Total scores could range

from zero to 24. The SEOW decided that counties with an alcohol priority score of 10 or higher would automatically be eligible to apply for SPF SIG funding under the alcohol priority. Table 2 shows the list of Indiana counties that were considered automatically eligible for the alcohol priority.

Table 2. Communities Identified as “High Need” for Alcohol-Related SPF SIG Funding

COUNTY	ALCOHOL PRIORITY SCORE	COUNTY	ALCOHOL PRIORITY SCORE
Lake	21	Porter	14
Tippecanoe	20	Elkhart	13
Marion	19	Shelby	13
Allen	18	Wayne	12
La Porte	17	Delaware	11
St. Joseph	17	Jasper	10
Vanderburgh	17	Kosciusko	10
Floyd	16	Marshall	10
Vigo	15	Monroe	10
Madison	14	Newton	10

The indicators used to rank counties as high need for cocaine or methamphetamine came from the 2004 Uniform Crime Reporting (UCR) program, as follows:

- 1) the rate of arrests for cocaine/methamphetamine possession
- 2) the number of arrests for cocaine/methamphetamine possession

A county was considered eligible to apply for cocaine funding if its rate of arrest for cocaine or the number of arrests for cocaine fell into the top 10th percentile. Similarly, counties that fell into the top 10th percentile for methamphetamine arrests or rate of methamphetamine arrests were automatically eligible to apply for methamphetamine funding. Table 3 shows the counties that were automatically eligible for either cocaine or methamphetamine funding.

Table 3. Communities Identified as “High Need” (HN) or “High Contributor” (HC) for Cocaine and Methamphetamine SPF SIG Funding

COCAINE	METHAMPHETAMINE
Marion (HN/HC)	Gibson (HN)
Wayne (HN/HC)	Bartholomew (HN/HC)
St. Joseph (HN/HC)	Vigo (HN/HC)
Howard (HN/HC)	Daviess (HN)
Allen (HN/HC)	Warrick (HN/HC)
Grant (HC)	Greene (HN)
Elkhart (HN/HC)	Vanderburgh (HN/HC)
Lake (HC)	Tippecanoe (HC)
Tippecanoe (HC)	Elkhart (HC)
	Hamilton (HC)



Allocation Strategy—The SEOW also recommended a more concrete allocation scheme. Of the three remaining priorities, alcohol was the only state-level priority, while cocaine and methamphetamine were both local-level priorities. Because alcohol affects a greater percentage of Indiana residents, the SEOW proposed that 60% of the SPF SIG funding be allocated to alcohol, with the remaining 40% of the funds being split equally between cocaine and methamphetamine.

Planning Requirements—The strategic planning committee revised the application requirements for communities interested in SPF SIG funds. The application would no longer ask counties to complete any needs assessment or planning activities prior to submitting an application or receiving funding. Counties would now be automatically eligible to apply for a grant if they were considered to be high need as outlined by the SEOW's ranking system. Counties not on the list would be able to apply if they had more current, comparable data that could be scored using the SEOW's methodology to demonstrate that the community fit the high need category. The revised application would require applicants to:

- describe their organization and its experience in prevention
- provide information on why the particular substance for which they were applying was a concern in their area
- have a working agreement with a technical assistance and evaluation provider
- agree to engage in the SPF SIG process of assessment, capacity building, planning, implementation, and evaluation

The revised strategic plan was submitted to SAMHSA/CSAP in late November 2006. CSAP approved the revised plan on January 30, 2007.

INITIAL IMPLEMENTATION—FIRST GROUP OF LOCAL COMMUNITIES (INDIANA'S "COHORT 1") (FEBRUARY 2007 THROUGH JULY 2007)

Once the strategic plan was approved, a number of activities took place at the state level to prepare for the selection of communities that would receive SPF SIG funding.

Preparation of Request for Services (February 2007)

During the month of February 2007, the SPF SIG Program Coordinator prepared a Request for Services (RFS) in conjunction with the Indiana Department of Administration. The RFS provided an outline to communities on how to apply for an SPF SIG grant and listed the information required for a complete application.

Informational Conferences (March 1, 6, 8, and 9, 2007)

The RFS and application procedure were officially introduced to potential applicants during four informational conferences. The sessions on March 1 and March 9, 2007 were held at the Indiana Government Center in Indianapolis while the ones on March 6 and March 8, 2007 were held in New Albany and South Bend, Indiana, respectively. The purpose of the conferences was to describe the SPF SIG process, provide applicants with instructions for how to complete an application, and review the timeline for making submissions. The timeline was as follows:

- Letters of intent were due to IDMHA by March 12, 2007.
- All questions were due to FSSA by March 15, 2007.
- All questions would receive responses by March 19, 2007.
- All applications were due to IDMHA on March 29, 2007.



Review of Applications (April 9–April 16, 2007)

Twenty-six applications were received from organizations throughout the state by the March 29, 2007 deadline. The application review process took place between April 9 and April 23, 2007. The initial review of the applications was completed by the Indiana Department of Administration (IDOA). IDOA reviewed all applications for completeness and format. Applications which adequately met the criteria outlined in the RFS were forwarded to an expert review panel composed of GAC members. Twenty-five applications were forwarded to the expert review panel.

The expert review panel evaluated each application using a rating system developed with guidance from IDOA. An overall score was assigned to each application. Applications were grouped according to priority and then ranked from highest to lowest. Applications were selected for funding based on the quality of the application and the allocation strategy. Consideration was also given to each applicant's level of capacity. Since part of the goal of the SPF SIG was to improve Indiana's prevention infrastructure, the review team decided to select at least two low-capacity communities to receive funding.

Based on the review of applications, the allocation strategy, and assessed level of capacity, 12 communities received SPF SIG funding. Out of the 12 communities, eight applied to work on alcohol, three on

cocaine, and one on methamphetamine. Of the 12 funded communities, three were considered low capacity communities.

Pre-Contract Interviews (April 17–April 23, 2007)

Once communities had been selected, representatives from each site were asked to come to Indianapolis to meet with the Project Director and Project Coordinator. The purpose of these meetings was to discuss administrative, budget, and funding details associated with the grant. After the interviews, communities were asked if they were still interested in continuing with the SPF SIG grant.

Official Announcement of Grantees (May 5, 2007)

The official announcement of grant awards was made during a special meeting of the GAC on May 5, 2007. The 12 communities that officially received an SPF SIG grant on this date have become known as "Indiana's cohort 1 communities" as they were the first group of communities that received SPF SIG dollars. Table 4 lists the communities that received an SPF SIG award in May 2007. Grantees were officially funded for a period of three years, beginning July 1, 2007, and terminating June 30, 2010, with a no-cost extension year ending on June 30, 2011. The no-cost extension year would allow communities to continue their SPF SIG activities by using any unspent federal funds that remained after June 30, 2010.



Table 4. Communities Receiving SPF SIG Awards on May 5, 2007

Organization	Community	Priority	Organization	Community	Priority
Drug and Alcohol Consortium of Allen County	Allen County	Alcohol	Coalition for a Safe and Drug Free Tippecanoe County	Tippecanoe County	Alcohol
Delaware County Coordinating Council	Delaware County	Alcohol	Vigo County Local Coordinating Council	Vigo County	Alcohol
Lake County Drug Free Alliance	Lake County	Alcohol	Geminus	East Chicago, IN	Cocaine
Drug Free Marion County	Marion County	Alcohol	Healthy Communities Initiative of St. Joseph County	St. Joseph County	Cocaine
Asset Building Coalition of Monroe County	Monroe County	Alcohol	Partnership for a Drug Free Wayne County	Wayne County	Cocaine
Porter-Starke Services	Porter County	Alcohol	Southeast Indiana Meth Alliance	Daviess and Greene Counties	Methamphetamine

Pre-Funding Activities (May 5, 2007–June 30, 2007)

During the months of May and June 2007, SPF SIG project staff worked on developing contracts for each of the funded communities, securing required signatures from the agencies that would oversee the project, and walking the contracts through the IDOA. Also during this time, the SPF SIG Project Director and Project Coordinator divided the 12 funded communities into two groups: the northern tier communities (i.e., Lake County, East Chicago, Porter County, Allen County, St. Joseph County, and Tippecanoe County) and the southern tier (Daviess/Greene Counties, Delaware County, Marion County, Monroe County, Vigo County, and Wayne County). The Project Director would serve as the primary state contact for the southern tier communities while the Project Coordinator would be the state-level contact for the northern tier communities.

STATE-LEVEL SATISFACTION WITH SPF SIG ACTIVITY (JANUARY 2006 TO JUNE 2007)

In August 2007, the Center for Health Policy developed a web-based survey to gauge overall satisfaction with the work that had been completed on the SPF SIG during the first 18 months of activity on the grant. The survey included questions regarding respondent satisfaction with:

- general state-level performance on the SPF SIG grant
- the state-level needs assessment activity
- the state's SPF SIG-related capacity building efforts
- the state's SPF SIG-related strategic planning activities
- the state's SPF SIG-related implementation activities
- the state-level evaluation plan developed by the CHP
- the performance of key SPF SIG leaders
- the performance of key SPF SIG workgroups

The CHP sent invitations to complete the survey to individuals who appeared on the mailing lists of the following SPF SIG-related groups: the Governor's Advisory Committee, the GAC Executive Committee, the SEOW, the Evaluation Workgroup, the Training and Outreach Workgroup, the Cultural Competence Workgroup, and the Grant Review Workgroup. A total of 88 e-mail invitations were sent. From the 88 invitations, 48 individuals completed the satisfaction survey; this represents a response rate of 54.4%.



General Performance Questions— Year 1 and 2

The survey asked a series of 12 questions adapted from the federal State-Level Interview. It asked survey participants to consider issues such as data-driven decision making, the selection of prevention priorities, the allocation of funds, cultural competence and sustainability.

When asked to what extent they felt epidemiological data had been used to guide SPF SIG decision making over the past year, the majority of survey respondents believed epidemiological data had been used to either a great extent (68.3%) or some extent (29.3%). Survey participants believed that project members agreed with one another to a great extent when it came to the SPF's general priorities (52.4%), and most respondents said

Table 5. Overall SPF SIG Related Performance from January 2006 through June 2007

	Very Well		Somewhat Well		Somewhat Poorly		Very Poorly	
	N	(%)	N	(%)	N	(%)	N	(%)
How well does the SPF SIG project membership reflect the diverse demographic and cultural sub-populations in Indiana?	13	(31.0%)	23	(54.8%)	6	(14.3%)	42	(0.0%)
	A great extent		Some extent		A small extent		Not at all	
	N	(%)	N	(%)	N	(%)	N	(%)
To what extent has epidemiological data been used to guide SPF SIG decision making over the past year?	28	(68.3)	12	(29.3)	1	(2.4)	0	(0.0)
To what extent is there agreement among the SPF SIG project members about the project's overall priorities?	22	(52.4)	20	(47.6)	42	(0.0)	0	(0.0)
To what extent do you agree with the SPF SIG project's alcohol, tobacco, and other drug (ATOD) prevention priorities?	24	(60.0)	13	(32.5)	3	(7.5)	0	(0.0)
To what extent do you agree with the process used to allocate SPF SIG funds to individual communities?	21	(52.5)	17	(42.5)	1	(2.5)	1	(2.5)
To what extent is cultural competence integral to the SPF SIG project's vision/mission?	18	(45.0)	15	(37.5)	7	(17.5)	0	(0.0)
To what extent is the SPF SIG leadership supportive and committed to cultural competence?	18	(45.0)	18	(45.0)	3	(7.5)	1	(2.5)
To what extent is the concept of sustainability integral to the SPF SIG project's vision and mission?	21	(51.2)	16	(39.0)	3	(7.3)	1	(2.4)
Over the past 12 months, to what extent have individuals involved in SPF SIG been able to meet important deadlines?	30	(71.4)	9	(21.4)	3	(7.1)	0	(0.0)
Over the past 12 months, to what extent have SPF SIG-related meetings been productive?	21	(50.0)	21	(50.0)	0	(0.0)	0	(0.0)
Over the past 12 months, to what extent have individuals and groups involved with the SPF SIG focused on the goals of the SPF SIG?	28	(68.3)	13	(31.7)	0	(0.0)	0	(0.0)
Over the past 12 months, to what extent has there been a sense of cooperation and inclusion among individuals/groups/organizations/agencies involved in the SPF SIG?	21	(52.5)	14	(35.0)	5	(12.5)	0	(0.0)



that they agreed to a great extent with the selected alcohol, tobacco, and other drug prevention priorities (60.0%). In regards to the process used to allocate funds to communities, most respondents said they agreed with it to either a great extent (52.5%) or to some extent (42.5%), with only a very small percentage of participants agreeing with the process either to a small extent (2.5%) or not at all (2.5%).

Three questions asked survey respondents to consider issues related to cultural competence. Most survey respondents (85.8%) said that SPF SIG project membership reflected the diverse demographic and cultural subpopulations in Indiana either somewhat (54.8%) or very well (31.0%). Similarly, the majority of survey participants indicated that cultural competence was integral to the SPF SIG project's vision and mission to either a great (45.0%) or some extent (37.5%). Most respondents stated that the SPF SIG leadership was supportive and committed to cultural competence to at least some (45.0%) or a great extent (45.0%), with only a small percentage of respondents (10.0%) believing that the SPF SIG leadership showed little or no support or commitment to cultural competence.

Regarding the extent to which sustainability was seen as integral to the SPF SIG vision and mission, survey participants typically perceived it to be integral to a great extent (51.2%). In terms of the overall performance of the SPF SIG membership, the majority of survey respondents believed that individuals in the SPF SIG were able to meet deadlines to a great extent (71.4%); perceived meetings to be productive to a great extent (50.0%); said that individuals and groups focused on the goals of the SPF SIG to a great extent (68.3%); and were cooperative and inclusive to a great extent (52.5%; see Table 5).

Needs Assessment—Year 1 and 2

The survey asked a set of seven questions regarding respondents' satisfaction with the needs assessment and the first annual epidemiological report completed by the SEOW during 2006. When asked whether the needs assessment provided a thorough description of the substance abuse problems in the state, most respondents said they agreed (42.5%) or strongly agreed (47.5%) that it did. Similarly, survey participants either agreed (57.5%) or strongly agreed (27.5%) that the priorities outlined in the needs assessment were the ones of greatest concern to Indiana. Still, some respondents agreed that the SEOW's needs assessment had ignored certain substance abuse priorities (17.5%). Survey respondents showed somewhat mixed opinions regarding whether or not the needs assessment had overlooked problems faced by minority populations in Indiana. Over one-quarter of the respondents agreed that minority-specific problems had been overlooked (27.5%), while just under one-third of respondents (30%) were unsure about the issue.

In terms of whether the data used for the state epidemiological report was appropriate, respondents generally agreed (65.0%) or strongly agreed (22.5%) that it was appropriate. Survey participants also agreed (37.5%) or strongly agreed (45.0%) that state policymakers would be able to use the information in the SEOW's epidemiological report to make effective funding decisions. Overall, 85% of survey participants were either satisfied (40.0%) or very satisfied (45.0%) with the SEOW's needs assessment (see Table 6).

Capacity Building—Year 1 and 2

The survey included seven questions to measure respondents' satisfaction with the



Table 6. Satisfaction with Needs Assessment-Related Activities from January 2006 through June 2007

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Needs assessment provided a thorough description.	19	(47.5)	17	(42.5)	4	(10.0)	0	(0.0)	0	(0.0)
Priorities in assessment were ones of greatest concern.	11	(27.5)	23	(57.5)	4	(10.0)	2	(5.0)	0	(0.0)
Needs assessment overlooked problems faced by minorities.	2	(5.0)	9	(22.5)	12	(30.0)	16	(40.0)	1	(2.5)
Data used for needs assessment were appropriate.	9	(22.5)	26	(65.0)	5	(12.5)	0	(0.0)	0	(0.0)
Needs assessment ignored priorities.	0	(0.0)	7	(17.5)	8	(20.0)	18	(45.0)	7	(17.5)
State policymakers will be able to use information for funding decisions.	18	(45.0)	15	(37.5)	6	(15.0)	1	(2.5)	0	(0.0)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the SPF SIG needs assessment efforts completed over the past 12 months?	18	(45.0)	16	(40.0)	6	(15.0)	0	(0.0)	0	(0.0)

state from early 2006 through July 2007. The majority of survey participants agreed (39.0%) or strongly agreed (22.0%) that the state of Indiana had done a good job enhancing the SPF SIG project's internal capacity. Seventy-five percent of survey participants also agreed that the inter-agency coalitions being created for the SPF SIG project would help it succeed. In terms of leveraging resources for the SPF SIG project, the majority of survey respondents agreed (41.5%) or strongly agreed (22.0%) that the state had done a good job in this regard over the past year.

When asked whether they believed the state should have offered more training on the SPF SIG project to stakeholders and communities, over 40% of respondents agreed (36.6%) or strongly agreed (7.3%) that more training should have been provided by the state. Less than 25% of survey participants believed that sufficient training had been given (24.4%).

building efforts completed by the state so far had taken into account Indiana's various cultural subpopulations, only 45% agreed that it had. Over half of the survey respondents were either undecided about whether cultural subpopulations had been taken into account during capacity-building efforts (25.0%) or believed cultural subpopulations had not been taken into account (30.0%). In spite of these concerns, very few survey participants (7.5%) agreed that Indiana would be unable to implement the SPF SIG. In general, most survey respondents were either satisfied (52.5%) or very satisfied (20.0%) with the SPF SIG-related capacity-building activities completed over the survey period (see Table 7).

Strategic Planning—Year 1 and 2

The survey asked participants' opinions on the previous year's strategic planning process resulting in the state's strategic



Table 7. Satisfaction with Capacity-Building Activities from January 2006 through June 2007

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
The state has done a good job in enhancing the SPF SIG project's internal capacity.	9	(22.0)	16	(39.0)	11	(26.8)	5	(12.2)	0	(0.0)
The state should have offered more training on the SPF SIG to stakeholders and communities.	3	(7.3)	15	(36.6)	13	(31.7)	10	(24.4)	41	(0.0)
The capacity building completed so far takes into account Indiana's various cultural subpopulations.	1	(2.5)	17	(42.5)	10	(25.0)	12	(30.0)	0	(0.0)
The interagency coalitions being created will help the SPF SIG succeed.	8	(20.0)	22	(55.0)	10	(25.0)	0	(0.0)	0	(0.0)
Despite the efforts made to build capacity, the ability of Indiana to implement the SPF SIG is questionable.										
	1	(2.5)	2	(5.0)	6	(15.0)	24	(60.0)	7	(17.5)
To date, the leaders of the SPF SIG have done a good job in leveraging resources.	9	(22.0)	17	(41.5)	11	(26.8)	3	(7.3)	1	(2.4)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the SPF SIG capacity-building activities completed over the past 12 months?	8	(20.0)	21	(52.5)	8	(20.0)	3	(7.5)	0	(0.0)

2007. Respondents stated the extent to which they agreed or disagreed with a series of seven statements regarding the strategic planning process.

When asked their opinion of the strategic plan, most respondents agreed (59.0%) or strongly agreed (20.5%) that the strategic plan was well developed. In terms of whether important people were left out of the planning process, the typical survey respondents disagreed (43.6%) or strongly disagreed (7.7%) with this statement.

Survey respondents were also positive in their beliefs that the strategic plan would provide a solid foundation for future substance abuse prevention efforts in Indiana. Over two-thirds of survey

additional 15.4% strongly agreed that the plan would provide a solid foundation for prevention efforts. Similarly, survey participants agreed (53.8%) or strongly agreed (25.6%) that by following the plan, the state would be able to effectively implement the SPF SIG project. Still, when asked if they believed the state's strategic plan would be impossible to implement as currently conceived, 10.3% agreed it would be impossible to implement, while an additional 10.3% were undecided.

The majority of respondents (59.0%) agreed that the strategic plan took into account Indiana's cultural subpopulations; however, 20.5% were unsure as to whether cultural subpopulations had been taken



into account and an additional 20.5% believed the plan had not taken cultural subpopulations into account. When asked how satisfied they were with the strategic

plan developed for the SPF SIG, respondents said they were either satisfied (59.0%) or very satisfied (28.2%) with the plan (see Table 8).

Table 8. Satisfaction with Strategic Planning Activities from January 2006 through June 2007

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
The state's strategic plan for implementing the SPF SIG was well developed.	8	(20.5)	23	(59.0)	7	(17.9)	1	(2.6)	0	(0.0)
By following the strategic plan, the state will be able to effectively implement the SPF SIG framework.	10	(25.6)	21	(53.8)	8	(20.5)	0	(0.0)	0	(0.0)
Important people/agencies/groups were left out of the strategic planning process.	1	(2.6)	8	(20.5)	10	(25.6)	17	(43.6)	3	(7.7)
The state's strategic plan takes into account Indiana's various cultural subpopulations.	2	(5.1)	21	(53.8)	8	(20.5)	8	(20.5)	0	(0.0)
As currently conceived, the state's strategic plan will be impossible to implement.	0	(0.0)	4	(10.3)	4	(10.3)	23	(59.0)	8	(20.5)
The strategic plan provides a solid foundation for future substance abuse prevention efforts in Indiana.	6	(15.4)	26	(66.7)	7	(17.9)	0	(0.0)	0	(0.0)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the strategic plan developed for the SPF SIG?	11	(28.2)	23	(59.0)	5	(12.8)	0	(0.0)	0	(0.0)

Implementation—Year 1 and 2

The survey included eight questions regarding the implementation activities completed by the state during the past year. The questions covered the selection of priorities to be funded with SPF SIG dollars, the RFS application and review process, and the allocation strategy used to award funds to communities.

When asked about the three priorities selected to receive SPF SIG dollars, underage and/or binge drinking, cocaine use, and methamphetamine use, the majority of survey respondents agreed (51.3%) or strongly agreed (25.6%) that these were the right priorities.

In terms of the RFS application process, although 40% of survey participants disagreed that data-related requirements had kept needy communities from applying, over a quarter of the respondents agreed (17.5% agree, 10% strongly agree) that the data-related restrictions placed on the RFS had indeed prevented the neediest communities in the state from submitting applications for funding. Survey participants responded similarly when asked about the impact of the RFS application timeline on the neediest communities in the state. While 35% of respondents disagreed that the timeline had prevented needy communities from applying, one-quarter of survey



respondents either agreed (15.0%) or strongly agreed (10.0%) that the timeline had discouraged the neediest communities from submitting applications for SPF SIG dollars. In spite of the time and data restrictions, the majority of survey participants agreed (46.2%) or strongly agreed (17.9%) that the training provided by the state on the RFS made the application process easier.

When considering the grant review process, most survey respondents believed that the process had been data-driven (62.5% agreed, 20.0% strongly agreed) and

that grants had been awarded fairly (47.4% agreed, 31.6% strongly agreed). In spite of these positive opinions, one-quarter of survey participants agreed (20.5%) or strongly agreed (5.1%) that the allocation strategy ensured that funds went to communities in the state that always got funding. In regards to their overall satisfaction with the SPF SIG implementation activities over the past 12 months, respondents were typically satisfied (53.7%) or very satisfied (29.3%) with what had taken place (see Table 9).

Evaluation—Year 1 and 2

Table 9. Satisfaction with Implementation-Related Activities from January 2006 through June 2007

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Priorities selected were the right ones.	10	(25.6)	20	(51.3)	5	(12.8)	4	(10.3)	0	(0.0)
Data-related restrictions prevented neediest communities from applying.	4	(10.0)	7	(17.5)	13	(32.5)	13	(32.5)	3	(7.5)
Allocation was a data-driven process.	8	(20.0)	25	(62.5)	6	(15.0)	1	(2.5)	0	(0.0)
Timeline for RFS discouraged neediest communities from applying.	4	(10.0)	6	(15.0)	16	(40.0)	13	(32.5)	1	(2.5)
Training related to the RFS made process easier.	7	(17.9)	18	(46.2)	12	(30.8)	1	(2.6)	1	(2.6)
The review process ensured that grants were awarded fairly.	12	(31.6)	18	(47.4)	7	(18.4)	1	(2.6)	0	(0.0)
The allocation strategy ensured that funds went to communities that always get funds.	2	(5.1)	8	(20.5)	11	(28.2)	17	(43.6)	1	(2.6)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the implementation activities which have occurred over the past 12 months?	12	(29.3)	22	(53.7)	5	(12.2)	2	(4.9)	0	(0.0)



The survey asked participants a set of six questions regarding the evaluation activities proposed for the SPF SIG project.

Survey participants generally agreed (51.3%) or strongly agreed (46.2%) that there was a strong commitment to using evaluation to monitor the activities of the SPF SIG. When asked about the design of the SPF SIG evaluation, respondents typically agreed (50.0%) or strongly agreed (26.3%) that it was of high quality. Additionally, participants believed that the proposed evaluation would provide the state with useful information (50.0% agreed, 36.8% strongly agreed). Most respondents

disagreed (55.3%) when asked if they thought the proposed evaluation would be overly burdensome for communities. Similarly, survey participants disagreed (44.7%) or strongly disagreed (15.8%) with the idea that the proposed evaluation would provide communities with little insight on whether their substance abuse prevention efforts were successful.

In terms of overall satisfaction with the evaluation, survey respondents were typically satisfied (52.6%) or very satisfied (36.8%) with the evaluation activities that had been developed over the previous 12 months (see Table 10).

Table 10. Satisfaction with Evaluation-Related Activities from January 2006 through June 2007

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
There is a strong commitment to use evaluation to monitor SPF SIG activities.	18	(46.2)	20	(51.3)	1	(2.6)	0	(0.0)	0	(0.0)
The proposed evaluation will provide the state with useful information about SPF SIG activities.	14	(36.8)	19	(50.0)	5	(13.2)	0	(0.0)	0	(0.0)
The proposed evaluation appears to be overly burdensome for communities.	0	(0.0)	2	(5.3)	15	(39.5)	19	(50.0)	2	(5.3)
The evaluation design is of high quality.	10	(26.3)	19	(50.0)	9	(23.7)	0	(0.0)	0	(0.0)
The proposed evaluation will provide communities with little insight on whether their substance abuse prevention efforts are successful.	0	(0.0)	5	(13.2)	10	(26.3)	17	(44.7)	6	(15.8)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the evaluation activities that have been planned over the past 12 months?	14	(36.8)	20	(52.6)	4	(10.5)	0	(0.0)	0	(0.0)



SPF SIG Leadership—Year 1 and 2

The survey asked respondents their opinions on the SPF SIG state-level leadership's overall performance during the period from December 2006 through June 30, 2007, including key personnel and key decision-making bodies and workgroups.

When rating the performance of key SPF SIG personnel, survey participants were asked to consider the individual's effectiveness in completing SPF SIG-related activities, his/her communication skills, and his/her overall ability in working toward the goals of the SPF SIG. Survey participants were also asked to provide feedback on areas for improvement for each individual mentioned (see Table 11). The first group that respondents were asked to rate was made up of individuals primarily involved with managing the overall SPF SIG process: Sheriff Mark Frisbee, GAC chair; Mr. Jason Hutchens, GAC co-chair; Mr. Kim Manlove, SPF SIG Project Director; and Ms. Marcia French, SPF SIG Project Coordinator. Survey participants had positive opinions of these four individuals.

Sheriff Mark Frisbee—Most respondents rated Sheriff Frisbee's performance during the previous year as being either good (25.7%), very good (20.0%), or excellent (5.7%). Survey participants expressed concerns regarding Sheriff Frisbee's absence from most GAC meetings and would have liked to have seen him take a more active role in the SPF SIG process. Survey respondents also commented that Sheriff Frisbee's focus was often too biased towards law enforcement, and they would have liked him to be more open-minded.

Mr. Jason Hutchens—Survey participants indicated that overall, the performance of Mr. Hutchens as co-chair of the GAC during the previous year was

good (37.1%), very good (20.0%), or excellent (11.4%). Survey respondents believed Mr. Hutchens would have been more effective had he been able to attend more GAC meetings. Additionally, respondents expressed concerns regarding Mr. Hutchens' strong support of both law enforcement and criminal justice perspectives. Survey participants believed the issues addressed by the SPF SIG required a broader frame of reference.

Mr. Kim Manlove—Respondents to the survey rated Mr. Manlove's performance on the SPF SIG during the past year as typically being good (18.9%), very good (35.1%), or excellent (32.4%). Survey participants appreciated Mr. Manlove's low-key and open leadership style. Participants did express a desire for Mr. Manlove to be more active in helping to build the GAC and in developing more open lines of communication between the various groups that serve on the GAC.

Ms. Marcia French—Survey respondents stated that Ms. French's performance on the SPF SIG during the previous year had on the whole been good (15.8%), very good, (28.9%), or excellent (47.4%). Comments provided by survey participants indicated that Ms. French had taken on a great deal of responsibility and managed to really move the SPF SIG process forward. Some participants expressed concerns that Ms. French appeared to take on too many tasks and needed to develop more effective ways to turn some of the project management responsibilities over to others, especially as the project continued to grow over time.

The second group of individuals rated by survey participants encompassed the chairs of the various SPF SIG workgroups: Dr. Eric Wright, chair of the SEOW; Dr. Bob Levy, chair of the Evaluation Workgroup; Ms. Paula Parker-Sawyer, chair of the



Training and Outreach Workgroup; Ms. Maggie London-Lewis; chair of the Cultural Competence Workgroup; and Mr. Jeffrey Barber, chair of the Grant Review Committee.

Dr. Eric Wright—When asked to assess Dr. Wright’s overall performance as head of the SEOW, the majority of survey respondents said it was good (5.1%), very good (25.6%), or excellent (66.7%). Those participants who provided comments said that Dr. Wright did a good job staying neutral on the issues, was able to discuss epidemiological data in laymen’s terms, and was not concerned about any political agendas members of the GAC or SEOW may have. Additionally, participants indicated that his calm, reasonable approach to his role and the presentation of data helped reduce and eliminate conflict in the GAC.

Dr. Bob Levy—Survey respondents rated Dr. Levy’s overall performance as the head of the Evaluation Workgroup as good (33.3%), very good (36.4%), or excellent (30.3%). Survey participants reported that they appreciated Dr. Levy’s frankness and candor during evaluation meetings and his ability to put evaluation tools in place for the both the GAC and other workgroups. Respondents said they would like to see Dr. Levy have a more central role in the governance of the GAC.

Ms. Paula Parker-Sawyer—As the head of the Training and Outreach Workgroup, Ms. Parker-Sawyer’s performance was rated by survey participants as typically being good (29.4%), very good (38.2%), or excellent (26.5%). Respondents stated that Ms. Parker-Sawyer’s experience and background had been vital to the workgroup and that she was able to bring members to consensus regarding the mission and responsibilities of the workgroup.

Ms. Maggie London-Lewis—Survey participants reported that as the head of the Cultural Competence Workgroup, Ms. London-Lewis’ performance had overall been good (27.6%), very good (24.1%), or excellent (27.6%). Citing the fact that the Cultural Competence Workgroup had only recently been established at the time of the survey, participants stated that they were unable to make any comments regarding Ms. London-Lewis’ performance.

Mr. Jeffrey Barber—Ratings for the performance of Mr. Jeffrey Barber, the head of the Grant Review Workgroup, were typically good (20.6%), very good (26.5%), or excellent (50.0%). Survey respondents appreciated that Mr. Barber was able to complete the grant review process in a timely, fair, and professional manner. Participants also indicated that Mr. Barber was effective in keeping communication open during the grant review process and helped bring the GAC to consensus on issues related to the selection of grant recipients and the size of the grant awards.

The final set of eight questions asked survey respondents to rate the overall performance of the various governing bodies and workgroups associated with the SPF SIG project. These groups were: the GAC Executive Committee, the GAC, the SPF SIG Project Director and Project Coordinator, the SEOW, the Evaluation Workgroup, the Training and Outreach Workgroup, the Cultural Competence Workgroup, and the Grant Review Workgroup (see Table 12).

In general, survey participants gave positive ratings to all the groups involved with the SPF SIG. Most respondents said the overall performance of the GAC was either good (38.9%), very good (30.6%), or excellent (17.6%). Similarly, when rating the GAC Executive Committee’s performance, respondents said it was good (44.1%), very



Table 11. Ratings of Overall Performance of the SPF SIG Leadership from January 2006 through June 2007

SPF SIG Leader	Excellent		Very Good		Good		Fair		Poor	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Sheriff Mark Frisbee	2	(5.7)	7	(20.0)	9	(25.7)	10	(28.6)	7	(20.0)
Mr. Jason Hutchens	4	(11.4)	7	(20.0)	13	(37.1)	10	(28.6)	1	(2.9)
Mr. Kim Manlove	12	(32.4)	13	(35.1)	7	(18.9)	4	(10.8)	1	(2.7)
Ms. Marcia French	18	(47.4)	11	(28.9)	6	(15.8)	2	(5.3)	1	(2.6)
Dr. Eric Wright	26	(66.7)	10	(25.6)	2	(5.1)	1	(2.6)	0	(0.0)
Dr. Bob Levy	10	(30.3)	12	(36.4)	11	(33.3)	0	(0.0)	0	(0.0)
Ms. Paula Parker-Sawyer	9	(26.5)	13	(38.2)	10	(29.4)	2	(5.9)	0	(0.0)
Ms. Maggie London-Lewis	8	(27.6)	7	(24.1)	8	(27.6)	6	(20.7)	0	(0.0)
Mr. Jeffrey Barber	17	(50.0)	9	(26.5)	7	(20.6)	1	(2.9)	0	(0.0)

good (23.5%), or excellent (17.6%). The SPF SIG support team's performance during the previous 12 months was described by respondents as generally very good (41.7%) or excellent (38.9%). Survey respondents described the SEOW's performance for the assessment period to be very good (28.9%) or excellent (57.9%). When asked about the performance of the evaluation workgroup, most respondents believed it had performed at a level that was either very good (50.0%) or excellent (26.5%). Ratings

for the performance of the Training and Outreach Workgroup were primarily very good (45.7%) or excellent (31.4%). Survey respondents rated the overall performance of the Cultural Competence workgroup similarly to the other workgroups, with most rating it good (33.3%), very good (27.3%), or excellent (24.2%). Finally, survey participants stated that the Grant Review Workgroup's overall performance was very good (35.3%) or excellent (47.1%).

Table 12. Ratings of Overall Performance of SPF SIG Governing Bodies and Workgroups from January 2006 through June 2007

SPF SIG Governing Body or Workgroup	Excellent		Very Good		Good		Fair		Poor	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Governor's Advisory Committee	6	(16.7)	11	(30.6)	14	(38.9)	3	(8.3)	2	(5.6)
GAC Executive Committee	6	(17.6)	8	(23.5)	15	(44.1)	4	(11.8)	1	(2.9)
SPF SIG Support Team	14	(38.9)	15	(41.7)	5	(13.9)	2	(5.6)	0	(0.0)
SEOW	22	(57.9)	11	(28.9)	4	(10.5)	1	(2.6)	0	(0.0)
Evaluation Workgroup	9	(26.5)	17	(50.0)	7	(20.6)	1	(2.9)	0	(0.0)
Training and Outreach Workgroup	11	(31.4)	16	(45.7)	6	(17.1)	2	(5.7)	0	(0.0)
Cultural Competence Workgroup	8	(24.2)	9	(27.3)	11	(33.3)	4	(12.1)	1	(3.0)
Grant Review Workgroup	16	(47.1)	12	(35.3)	5	(14.7)	1	(2.9)	0	(0.0)



POST GRANTEE AWARD ACTIVITIES—SITE VISITS (JULY 23, 2007 TO AUGUST 18, 2007)

The third year of the SPF SIG grant began on July 1, 2007. Much of the activity in Indiana was focused on working with the new grantee communities. The first activity to take place was the completion of a site visit with each funded community.

All site visits were conducted by a team composed of the community's state liaison, local technical assistance provider, local evaluation provider, and at least one state-level evaluation team member. The purpose of the site visits was for each funded organization to give an informal presentation about their community, their organization, and their experience working within each of the SPF SIG steps. The presentations were to include a discussion of how the organization addressed issues of cultural competence in its day-to-day operations. The SPF SIG Project Coordinator gave each funded organization an outline to follow to ensure that all presentations used a similar format. Following the site visit, the team met, discussed the presentation, reviewed their notes, and then scored the organization on each of the sections in the Site Visit Assessment Form. The site visit assessment form included indicator items that fell into each of the following categories:

- Organization
- Sustainability
- Cultural Competence
- Evaluation
- Needs and Resource Assessment
- Capacity Building
- Strategic Plan Development

A Table listing the entire questionnaire and aggregated ratings can be found in Appendix A. The individual summary reports that were prepared from each

community's presentation can be found in Appendix B.

Organization—Each of the agencies that would oversee local-level SPF SIG activities was rated on five organizational indicators. The team judged over half (58.3%) of the funded sites as having a strong organizational structure, as evidenced by a board of directors and clearly delineated lines of authority. The team believed most (66.7%) of the funded communities would require very little technical assistance to improve their organizational structure. Communities were typically seen as having either a moderate (33.3%) or strong (41.7%) level of non-SPF SIG funding sources and consequently would need very little (33.3%) or only some (41.7%) assistance in this area.

Raters tended to perceive the diversity of programming and activities in which agencies were involved to be moderate (41.7%) or weak (33.3%). Consequently, organizations were deemed as being likely to need some (41.7%) to a lot (25.0%) of technical assistance to improve programming. The relationship of the funded organizations to the community was typically viewed as strong (58.3%) by the site visit team. Raters believed that 75% of funded organizations would require very little to some assistance in enhancing community relationships.

Finally, the organization was evaluated on how it would incorporate the SPF SIG into its structure and activities. Half the sites (50%) expressed a strong vision for the SPF SIG within their organization, with the remaining describing a moderate (33.3%) or weak (16.7%) role for the SPF SIG. The raters determined that most funded organizations would require some (41.7%) or a lot (33.3%) of technical support to more fully incorporate the SPF SIG into their day-to-day operations.



Sustainability—The site visit team next reviewed four indicators related to sustainability. First, the raters were interested in the sources of funds currently coming into the organization as well as any additional sources of funds organizations were seeking. Most organizations were seen by the raters as having weak (41.7%) or moderate (33.3%) levels of sustainable funds. Consequently, the site visit team felt that communities would likely need some (41.7%) or a lot (33.3%) of technical support in acquiring and sustaining funding. Raters felt that most organizations were moderate (41.7%) to strong (33.3%) in their level of stakeholder participation and in their ability to increase participation of new stakeholders. Raters agreed that the average community would require some technical assistance (Mean [M] = 2.1, Standard Deviation [SD] = .9) to improve stakeholder and community participation and buy-in.

Next, the site visit team considered human resource factors, such as turnover, staff expertise, and available technology. The communities varied on this domain: one (8.3%) had practically no human resources, while one-quarter (25%) of the communities had strong human resources. The site visit team concluded that 50% of the communities would need very little support while the remaining 50% would need at least some technical support to improve their human resource capabilities.

The last sustainability indicator concerned the organization's plan to use the SPF SIG to increase local prevention infrastructure. Most communities had moderate (16.7%) to strong plans (41.7%) for using the SPF SIG in improving the local prevention infrastructure. Still, five communities (41.7%) were perceived during the site visit as having no plan or only a weak plan for incorporating the SPF SIG into the local prevention infrastructure.

Training for communities in this area was expected to be very light for some communities (41.7%) and very intensive for others (41.6%).

Cultural Competence—The organization's initial level of cultural competence was evaluated on three indicators: the organizational plan to create a cultural competency workgroup, identification and monitoring of the target audience(s), and the organization's plan for inclusiveness (e.g., religious, familial, language, cultural, etc.). Regarding plans for cultural competency workgroups, the feeling of the site visit team was that most organizations had weak (41.7%) or moderate (33.3%) plans. The level of assistance organizations would need to improve their plans was split equally between very little (33.3%), some (33.3%), and a lot (33.3%).

In considering the plans for identifying and working with organizations' target audience(s), raters viewed one-quarter of communities as having no plan, one third as having a weakly developed plan, and another quarter of organizations as having a moderately developed plan, with the remaining organizations having a strongly developed plan (16.7%). Half of the organizations (50%) were expected to need a lot of technical assistance to ensure adequate identification, monitoring, and inclusion of the target audience. Finally, in terms of plans for incorporating diversity, the typical community fell somewhere between having a moderate (33.3%) and a strong plan (25.0%; M = 2.8, SD = 1.0). The site visit team expected the average community would need very little (41.7%) to some (25.0%) support in dealing with issues of cultural diversity.

Evaluation—The site visit team members rated each organization's experience with evaluation on five



indicators. First, the team considered each organization's previous experiences conducting program evaluations. Based on the ratings for all communities, the average organization was viewed as having weak (25.0%) or moderate (33.3%) experience conducting program evaluations ($M = 2.7$, $SD = 1.1$). Raters expected that most communities (58.3%) would require a lot of technical support in understanding how to complete program evaluations.

The second indicator assessed was the diversity of reasons for completing program evaluations. Raters judged most organizations as weak (41.7%) or moderate (16.7%) in their levels of diversity regarding reasons or motivations to conduct program evaluations. Raters expected that the bulk of organizations (66.7%) would need a lot of training regarding the importance of program evaluations.

Third, the site visit team considered who completed each organization's evaluations, whether the evaluator was part of the organization, and to what extent the evaluator's findings were included in decision making. The site visit team determined that most had weak (41.7%) or moderate (25.0%) evaluator support and involvement. Again, raters expected that most organizations (66.7%) would require a lot of help to improve evaluator capacity and involvement.

Fourth, the site visit team rated the types of data collected and types of data analyses completed. As with the other evaluation indicators, most communities were judged to have weak (41.7%) or moderate (33.3%) levels of data diversity and data analysis experience. Raters felt that the majority of sites (66.7%) would require a lot of technical assistance on collecting and analyzing data.

Finally, the site visit team assessed the level to which organizations used outcomes from evaluations in their decision making. The site visit team estimated that half the communities lacked a process for using evaluation outcomes to inform decisions. Raters anticipated that a lot of technical support would be needed by most organizations (66.7%) to enhance their ability to incorporate evaluation outcomes into their day-to-day operations.

Needs and Resource Assessment—

The site visit team next directed their attention to each organization's experience completing needs and resource assessments. Ten indicators were reviewed in this section, covering a range of factors associated with completing a needs assessment, including experience with the process, availability of data, ability to access data, knowledge of risk, and protective factors, among others. The indicators were:

- **Needs assessment analysis:** The site visit team considered the availability of data in the community pertaining to the targeted priority and population. On average, the communities reviewed had weak or moderate levels of data related to the priority substance and population ($M = 2.5$, $SD = 1.1$). The site visit team indicated that most communities required some (36.4%) or a lot (45.5%) of training in this area.
- **Obtaining required skills:** Next, the site visit team evaluated how willing organizations were to expand their skills or resources in order to gain skills to complete the needs and resource assessment. Based on the information shared by organizations, the team believed most communities had a moderate (25.0%) to strong (41.7%) commitment to do what was necessary in gaining required skills. The level of required support to improve organizations' ability to get the needed skills was split equally, with one-third



of organizations anticipated to need a lot of support, one-third to need some support and one-third to need very little support.

- **Acquiring pertinent data:** In rating the acquisition of pertinent data, the site visit team considered each organization's previous experience completing assessments, and their overall access to data. One-third of the organizations were rated as having weak skills with data acquisition, one-third were rated as having moderate skills, and the remaining third was rated as having strong data acquisition skills. Similarly, in terms of estimated assistance, one-third of organizations were expected to need very little assistance, one-third some assistance, and the remaining third a lot of assistance to understand how to complete assessments and acquire data.
- **Data Analysis:** The site visit team rated organizations on their experience conducting data analyses and using data analysis software. Overall, communities were judged as weak in this area ($M = 2.3$, $SD = 1.2$). The site visit team assessed that 75% of the communities would need some or a lot of training and support in the areas of data analysis and analysis software.
- **Targeting issues from needs assessment:** The team next considered communities' degrees of experience with understanding results of needs assessments and using the results to narrow their focus to specific issues. The raters concluded that the bulk of the communities had weak (33.3%) or moderate (25.0%) levels of experience working with needs assessment results. The team surmised that half the communities would need a lot of training on using needs assessment data; the other half would need some or very little assistance.
- **Identification of gaps:** The site visit team next examined how well organizations were able to use needs assessment data to identify areas where their infrastructure needed to be enhanced or areas in the community requiring additional services. On average, communities fell somewhere between weak and moderate on their ability to identify organizational and service gaps ($M = 2.3$, $SD = 0.6$). The site visit team estimated that communities would need some (41.7%) or a lot (58.3%) of guidance to better understand how to identify gaps.
- **Assessment of community readiness:** Ratings of each organization's level of readiness were based on the number and diversity of an organization's partners, as well as its plan for including or attracting new collaborators. Readiness was judged as nonexistent in three (25.0%) communities, with the remaining communities having weak (33.3%), moderate (25.0%), or strong (16.7%) levels of organizational readiness. The typical organization was expected to need some assistance in improving its level of readiness to address the targeted priority ($M = 2.3$, $SD = 0.8$).
- **Completion of epidemiological profile:** When rating the completion of the epidemiological profile, the site visit team considered how much information was available to each organization and how much of the information had already been compiled into some type of epidemiological report. The report was rated as nonexistent in eight communities, while four organizations were believed to have a weak start on a report. Based on the information presented by the organizations, raters believed that the majority of them would need some (41.7%) or a lot (41.7%) of help in putting an epidemiological profile together.
- **Risk and protective factors identified.** The site visit team next assessed the extent to which organizations had identified the risk and protective factors associated with substance use and abuse in their community. Fifty percent of the organizations had weak or moderate knowledge of risk or



protective factors while one-third were rated as having no knowledge. The remaining two organizations were assessed as having strong knowledge of risk and protective factors.

Organizations were expected to need somewhere between some and a lot ($M = 2.2$, $SD = 0.8$) of technical assistance in this area.

- **Outcomes expectation:** The last indicator rated was the organization's understanding of the impact of evidence-based policies, practices, and procedures (EBPPPs) and other programs on the risk and protective factors identified in their community. The typical community had a weak understanding ($M = 2.0$, $SD = 1.0$) of the impact of programs on risk and protective factors. In keeping with other evaluation-related indicators, the anticipated training and support needs for the majority of communities were either some training (33.3%) or a lot of training (41.7%).

Capacity Building—Each organization's experience with capacity-building activities, such as closing gaps, developing workgroups, and decision making, was reviewed by the site visit team, specifically:

- **Closing gaps/eliminating redundancies.** Using the information from the presentations, the site visit team rated organizations' identification of programming overlaps, identification of areas where programs needed to be developed, and their incorporation of EBPPPs. The raters determined that the majority of the communities had no experience (25.0%) or were weak (50%) in their experience with closing gaps, eliminating overlapping programming, and incorporating EBPPPs. Most organizations (66.7%) were expected to need a lot of support to better understand how to identify service gaps and overlaps.

- **Roles and responsibility of each council and workgroup.** The site visit team next rated organizations on their progress with planning their SPF SIG-related workgroups and with identifying key people to serve on them. Overall, the site visit team viewed organizations as having made a weak to moderate level of progress in forming their workgroups ($M = 2.5$, $SD = 1.2$). The level of technical assistance for establishing workgroups was split equally across the communities, with one-third expected to need very little help, one-third potentially needing some help, and one-third likely to need a lot of help.
- **Coalition structure and process.** The rating of coalition structure and process was based on how formalized the decision-making process was within each organization and the extent to which board members were included in decision making. Using the information provided by the organizations, the team viewed most as having either a moderately defined decision-making process (25.0%) or a strongly defined process (41.7%). Consequently, when considering training needs, raters deemed the largest percent of communities (50.0%) likely to need very little assistance in improving their coalition structure and process.
- **Youth/young adult leader and roles.** The site visit team next considered the level of youth and young adult involvement within the organization. The typical organization was determined to have a moderate level of youth and young adult involvement ($M = 3.1$, $SD = 1.2$). The site visit team expected organizations' technical assistance needs around involving youth and young adults to vary between some to very little assistance ($M = 1.7$, $SD = 0.8$).
- **Systems analysis/key stakeholder organizations.** The raters subsequently reviewed how well organizations had identified key stakeholder agencies in



their community with whom they could partner. Two-thirds of the organizations provided information that led the site visit team to see them as having a moderate (33.3%) to strong (33.3%) understanding of groups within their local area with whom they could partner. The site visit team determined that most organizations would need some support ($M = 2.0$, $SD = 0.9$) to help them determine which agencies in their community to approach for partnerships.

- **Societal support.** The last indicator of capacity building that the site visit team assessed was societal support. Societal support referred to the response of the community at large to the local substance abuse prevention needs and to the SPF SIG-funded organization's activities and programs. Based on their site visit presentations, raters deemed most organizations to have either moderate (41.7%) or weak (33.3%) support from their local communities. To improve societal support, the site visit team expected to provide a lot of support to the average SPF SIG organization ($M = 2.3$, $SD = 0.8$).

Strategic Plan Development—The site visit team assessed each organization's ability to complete the required SPF SIG strategic plan using a set of nine indicators. The team assumed that organizations that were Local Coordinating Councils (LCCs) would have had some experience with strategic planning and may have already had parts of the plan or strategies for completing the plan in place. LCCs are required to complete comprehensive community plans outlining prevention priorities and strategies to be implemented in their local area. The nine indicators were:

- **Vision, data, outcomes, and evaluation.** The site visit team's initial indicator encompassed the extent to which each organization had established a specific vision for

prevention activities; the extent to which each organization had completed evaluations of their programs; and the extent to which each organization had used the outcome data from their evaluations for program planning. The average experience communities had with this indicator was rated as being somewhere between moderate and weak ($M = 2.5$, $SD = 0.9$). Raters believed that a lot of technical assistance would be needed for most organizations (58.3%) to bring them to a level necessary to complete an effective strategic plan.

- **Logic Models.** The raters evaluated the logic models indicator by considering whether organizations had ever developed a logic model to guide their programming, or whether that expertise was available to the organization. Using the organization's presentation as a guide, the site visit team determined that most communities (58.3%) had moderate experience or expertise in developing and using logic models. Still, one-third of the organizations had never used logic models to guide their planning. Raters expected that technical assistance in the area of logic models would need to be moderately (41.7%) to highly intensive (50.0%) for most organizations.
- **State Priorities.** Next, the team reviewed how well the organization reflected the priority substance and target audience in its vision. The typical organization's presentation showed a weak to moderate understanding of the state priority and target audience ($M = 2.6$, $SD = 0.7$). Although organizations somewhat understood the state priorities and target audiences, the site visit team still anticipated that most communities would need at least some technical assistance to get a solid enough understanding of the priorities and target audiences before being able to write a viable strategic plan ($M = 2.0$, $SD = 0.6$).



- **Infrastructure Needs.** The site visit team evaluated the indicator of infrastructure needs by considering how well each organization was able to recognize its areas of weakness. In keeping with other indicators of strategic planning, most organizations had a weak (41.7%) or moderate (33.3%) understanding of their internal weaknesses. The site visit team expected that to enable organizations to better understand their infrastructure needs, most (58.3%) would require a lot of training.
 - **Evaluation of EBPPPs.** In assessing EBPPPs, the site visit team considered whether organizations were using EBPPPs in their programming currently and how much experience each organization had in evaluating EBPPPs. The team concluded that the majority of organizations either had no experience (41.7%) using and evaluating EBPPPs or a weak level of experience (33.3%). The site visit team concluded that in order for organizations to be able to effectively incorporate EBPPPs into their strategic plans, most would require a lot of technical assistance (66.7%).
 - **Cultural appropriateness.** The cultural appropriateness indicator assessed whether organizations had a plan for inclusiveness and the extent to which they recognized diversity within their community. Most organizations were seen by the site visit team as being moderately culturally appropriate (58.3%). In order to bring organizations up to a level where they would be able to effectively include diversity into their strategic plan, the raters believed the majority would need at least some training (58.3%).
 - **Monitoring and evaluation.** The site visit team rated monitoring and evaluation by considering the amount of experience each organization had in monitoring implementation of programs and in evaluating outcomes. The site visit team found that the average organization's amount of experience with monitoring and evaluation was somewhere between weak and moderate ($M = 2.5$, $SD = 1.1$). For organizations to effectively craft a strategic plan, the team expected most organizations (50.0%) to require a lot of technical support in the area of evaluation and monitoring.
 - **Sustainability.** To rate sustainability, the site visit team reviewed how well the organization was able to maintain itself over time and how well it was able to maintain staff persons. The majority of organizations were judged by the reviewers to have moderate (25.0%) to strong (33.3%) levels of sustainability. However, the site visit team viewed two organizations as having no plan for sustainability while one-quarter of the organizations only had weak plans. Consequently, the level of support to improve sustainability ranged from a need for overwhelming support for one community to a need for very little support for five communities (41.7%).
 - **Submission of plan.** The final indicator for strategic plan development was the submission of the plan. To evaluate this indicator, the site visit team assessed each organization's readiness to write a plan, including whether the organization had a plan in existence that could serve as an outline for the SPF SIG strategic plan. Based on the information provided by the organizations during the visit, the site visit team determined that 11 communities had no plan. One community was believed to have the start of weak plan. The site visit team anticipated that to help organizations prepare a good strategic plan, most (58.3%) would need a lot of technical support.
- Although the goal of the site visits was to give state and local technical assistance staff detailed guidelines for focusing their support efforts, as staff began to work closely with the funded organizations, they found that the ratings did not adequately



reflect where sites would and would not need assistance. In fact, state and local technical assistance and evaluation staff often found that low capacity communities fared better than higher capacity communities due to the latter's rigidity and resistance to change. Because the data from the site visit ratings could not be effectively used for planning purposes, state and local technical assistance staff decided to drop these measures from future site visits.

Other Year 3 Post-Award Activities (August 18, 2007–June 30, 2008)

After the completion of the site visits, communities gradually began to receive their funding and were able to start work on the SPF SIG requirements. The first task for each community was to establish its SPF SIG infrastructure. Each site was asked to create an internal structure that paralleled the one established at the state level. During this first year of funding, grantee sites were also required to attend trainings, complete federally mandated reporting forms, complete their needs assessments and epidemiological reports, and draft their strategic plans. The significant events and dates for the first year of community-level funding included:

- September 24 and 25, 2007—Mandatory grantee meeting, Indianapolis, IN
- November 13, 2007—Local Epidemiology and Outcomes Workgroup Training, Indianapolis, IN
- February 15, 2007—First Community-level Instrument submission due
- January 17, 2008—Logic Models and Environmental Strategies Training, Kokomo, IN
- March 1, 2008—Local-level epidemiological reports due
- March 20, 2008—Logic Model Training, Kokomo, IN
- April 23, 2008—Bridging the Gap: Epi

Profile to Intervention Selection, Bloomington, IN

- May 15, 2008 (approximately)—Draft Strategic Plans Due
- June 1 to June 30, 2008 (approximately)—Final Strategic Plans Due
- August 15, 2008—Second Community-level Instrument submission due

One significant personnel change occurring early in Year 3 was the resignation of Sheriff Mark Frisbee, GAC Chair, from the GAC. Sheriff Frisbee's replacement, Sheriff Matt Strittmatter of Wayne County, was appointed by the governor. Sheriff Strittmatter took over as GAC chair in November 2007. Another change during Year 3 was the creation of a state-level Youth Advisory Council. The youth serving on this council became involved in several other SPF SIG workgroups to bring a youth voice into the project.

STATE-LEVEL SATISFACTION WITH SPF SIG ACTIVITY (JULY 1, 2007 THROUGH JUNE 30, 2008)

In September 2008, the state-level evaluation team invited 396 people to complete the Annual SPF SIG Satisfaction Survey. The invitees were composed of individuals who had been involved with SPF SIG activities at either the state or local level. Three changes were made to the survey for its second administration.

First, CHP evaluators included the federally-developed Fidelity Rating Scale items so that community respondents could provide local-level ratings for their needs assessment process, their capacity building activities, and their strategic plan. Second, community-level respondents were asked to provide performance ratings for their local-level workgroups and local-level personnel. Third, to reduce the length of the



survey, and because outcomes from the previous survey were positive, the questions regarding state-level evaluation were omitted for the second administration.

A total of 87 surveys were at least partially completed, representing a response rate of 22.0%. Due to the low response rate and lack of representation from all funded sites, the fidelity questions could not be analyzed. The local-level feedback on personnel and workgroups will be discussed in Sections 1 and 5 of the community-specific section of this report.

General Performance Questions—Year 3

As in the previous year, survey respondents were asked a series of 12 questions derived by federal evaluators. These questions covered a number of issues, including cultural competence, data-driven decision making, and the process used to allocate funds to communities.

As in the first year, most respondents believed that the SPF SIG project did very well (19.7%) or somewhat well (54.5%) in terms of having a membership representative of the demographic and cultural subpopulations found in Indiana. While rating it slightly lower than the previous year, most survey participants continued to indicate that they believed cultural competence was integral to the SPF SIG project's vision and mission to at least some extent (79.6%). As in the previous year, most respondents also believed that the leadership was supportive and committed to cultural competence to some extent (39.2%) or a great extent (48.1%).

The majority of survey participants expressed that there was agreement among SPF SIG project membership, at least to some extent (80.6%), regarding the project's overall priorities, and at least to some extent regarding the SPF SIG's ATOD prevention priorities (84.0%). When asked if they agreed with the ATOD prevention priorities, the percentage who disagreed (10.2%) was slightly higher than in the previous year.

Survey respondents continued to report that epidemiological data had been used either to a great extent (63.6%) or to some extent (21.6%) in SPF SIG decision making. When asked whether they still agreed with the process used to allocate funds to communities, most survey participants continued to agree with the process at least to some extent (84.5%).

In keeping with the previous year's results, survey participants believed individuals involved in the SPF SIG were typically able to meet important deadlines (87.1%) and were generally focused on the goals of the SPF SIG (81.9%). The meetings that took place from July 1, 2007 through June 30, 2008 were judged by most survey participants as productive to some extent (46.8%) or to a great extent (35.1%). Cooperation and inclusion among individuals, groups, organizations, and agencies were deemed to be present to some (33.3%) or a great extent (44.4%) by the majority of survey respondents (see Table 13).



Table 13. Overall SPF SIG Related Performance from July 2007 through June 2008

	Very Well		Somewhat Well		Somewhat Poorly		Very Poorly	
	N	(%)	N	(%)	N	(%)	N	(%)
How well does the SPF SIG project membership reflect the diverse demographic and cultural subpopulations in Indiana?	13	(19.7)	36	(54.5)	13	(19.7)	4	(6.1)
	A great extent		Some extent		A small extent		Not at all	
	N	(%)	N	(%)	N	(%)	N	(%)
To what extent has epidemiological data been used to guide SPF SIG decision making over the past year?	56	(63.6)	19	(21.6)	5	(5.7)	1	(1.1)
To what extent is there agreement among the SPF SIG project members about the project's overall priorities?	37	(42.0)	34	(38.6)	6	(6.8)	3	(3.4)
To what extent do you agree with the SPF SIG project's ATOD prevention priorities?	48	(54.5)	26	(20.5)	6	(6.8)	3	(3.4)
To what extent do you agree with the process used to allocate SPF SIG funds to individual communities?	37	(48.1)	28	(36.4)	7	(9.1)	5	(6.5)
To what extent is cultural competence integral to the SPF SIG project's vision/mission?	32	(36.4)	38	(43.2)	11	(12.5)	1	(1.1)
To what extent is the SPF SIG leadership supportive and committed to cultural competence?	38	(48.1)	31	(39.2)	8	(10.1)	2	(2.5)
To what extent is the concept of sustainability integral to the SPF SIG project's vision and mission?	42	(53.2)	24	(30.4)	11	(13.9)	2	(2.5)
Over the past 12 months, to what extent have individuals involved in SPF SIG been able to meet important deadlines?	30	(39.0)	37	(48.1)	10	(13.0)	0	(0.0)
Over the past 12 months, to what extent have SPF SIG-related meetings been productive?	27	(35.1)	36	(46.8)	10	(13.0)	4	(5.2)
Over the past 12 months, to what extent have individuals and groups involved with the SPF SIG focused on the goals of the SPF SIG?	42	(53.2)	28	(35.4)	8	(10.1)	1	(1.3)
Over the past 12 months, to what extent has there been a sense of cooperation and inclusion among individuals/groups/organizations/agencies involved in the SPF SIG?	36	(44.4)	27	(33.3)	12	(14.8)	5	(6.6)

Needs Assessment—Year 3

The survey next asked participants to consider the state-level needs assessment and epidemiological report completed for 2008. Overall, survey responses were very similar to those of the first administration of the survey. Most survey respondents were familiar with the epidemiological profile, having at least skimmed it or read the executive summary (84.5%). Participants generally agreed (92.8%) that the 2008 report provided a thorough description of the substance abuse problems facing

Indiana. Respondents also agreed (90.0%) that the priorities addressed in the 2008 report were the ones of greatest concern to the state. Similarly, very few participants (23.7%) believed that the 2008 needs assessment ignored certain substance abuse priorities.

In terms of the data used by the SEOW to complete the 2008 needs assessment, respondents agreed that they were appropriate (87.1%). In considering whether the 2008 needs assessment had overlooked the substance abuse concerns of certain



minority or ethnic groups in the state, over one-third (38.3%) of respondents said they were unsure, while an additional one-third (33.3%) agreed the report indeed had ignored the needs of certain minority and ethnic groups. Despite the report's perceived limitations, 85.5% of respondents

agreed that policymakers would be able to use the report in order to make effective funding decisions. Overall, most survey participants were either satisfied (60.0%) or very satisfied (25.0%) with the state's 2008 needs assessment and epidemiological report (see Table 14).

Table 14. Satisfaction with Needs Assessment-Related Activities from July 2007 through June 2008

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Needs assessment provided a thorough description.	29	(41.4)	36	(51.4)	5	(7.1)	0	(0.0)	0	(0.0)
Priorities in assessment were ones of greatest concern.	22	(31.4)	41	(58.6)	4	(5.7)	3	(4.3)	0	(0.0)
Needs assessment overlooked problems faced by minorities.	3	(5.0)	17	(28.3)	23	(38.3)	11	(18.3)	6	(10.0)
Data used for needs assessment were appropriate.	18	(25.7)	43	(61.4)	9	(12.9)	0	(0.0)	0	(0.0)
Needs assessment ignored priorities.	2	(3.4)	12	(20.3)	20	(33.9)	18	(30.5)	7	(11.9)
State policymakers will be able to use information for funding decisions.	22	(31.9)	37	(53.6)	9	(13.0)	1	(1.4)	0	(0.0)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the SPF SIG needs assessment efforts completed over the past 12 months?	20	(25.0)	48	(60.0)	5	(6.3)	3	(3.8)	4	(5.0)

Capacity Building—Year 3

A set of seven questions polled respondents regarding the capacity-building activities that took place from July 1, 2007 through June 30, 2008. Responses to the questions during the second survey administration were typically similar to those of respondents from the previous year. Survey participants typically agreed (87.4%) that the state had done a good job of continuing to enhance the SPF SIG project's internal capacity. Most respondents also agreed (49.3%) or strongly agreed (23.9%) that the interagency coalitions being established would help the SPF SIG succeed. The

majority of survey participants similarly agreed (70.4%) that the SPF SIG leadership continued to do a good job in leveraging resources. When asked whether the state should have offered more SPF SIG-related training to stakeholders and the funded communities, respondents had mixed opinions, with 44.7% agreeing that more training was needed, while an additional 27.6% were uncertain whether more training should have been done.

In terms of cultural competence, 45.7% agreed that the capacity-building activities completed during Year 2 took into account the various cultural subpopulations in the state, while the remainder of the



respondents were either unsure (34.3%) or believed capacity-building activities had not taken these differences into account (20.0%).

Finally, respondents were ambivalent regarding whether the capacity building already completed would allow Indiana to continue implementing the SPF SIG. While 43.2% of survey participants reported that Indiana would be able to continue implementing the SPF SIG, 29.7% were

uncertain, and nearly a quarter (24.1%) believed that with the capacity building completed to date, Indiana would have difficulty with implementation. Overall, survey respondents were generally satisfied (57.1%) or very satisfied (15.6%) with the capacity-building efforts completed by the state during the period from July 1, 2007 through June 30, 2008 (see Table 15).

Table 15. Satisfaction with Capacity-Building Activities from July 2007 through June 2008

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
The state has done a good job in enhancing the SPF SIG project's internal capacity.	17	(23.9)	38	(53.5)	13	(18.3)	2	(2.8)	1	(1.4)
The state should have offered more training on the SPF SIG to stakeholders and communities.	15	(19.7)	19	(25.0)	21	(27.6)	20	(26.3)	1	(1.3)
The capacity building completed so far takes into account Indiana's various cultural subpopulations.	7	(10.0)	25	(37.7)	24	(34.3)	13	(18.6)	1	(1.4)
The interagency coalitions being created will help the SPF SIG succeed.	17	(23.9)	35	(49.3)	17	(23.9)	1	(1.4)	1	(1.4)
Despite the efforts made to build capacity, the ability of Indiana to implement the SPF SIG is questionable.	3	(4.1)	17	(23.0)	22	(29.7)	24	(32.4)	8	(10.8)
To date, the leaders of the SPF SIG have done a good job in leveraging resources.	14	(19.7)	36	(50.7)	16	(22.5)	4	(5.6)	1	(1.4)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the SPF SIG capacity-building activities completed over the past 12 months?	12	(15.6)	44	(57.1)	12	(15.6)	7	(9.1)	2	(2.6)



State-Level Strategic Planning—Year 3

Because the state's strategic plan was not revised between July 1, 2007 and June 30, 2008, the state-level evaluation team decided to omit these questions for this administration period to reduce the length of the survey.

Implementation—Year 3

Questions regarding implementation covered only those state-level activities completed from July 1, 2007 through June 30, 2008. This section of the survey concerned the contract and funding process for communities and the completion of local-level epidemiological reports and strategic plans.

When asked whether the contract and funding process made implementation difficult for communities, 46.3% of respondents agreed that this was the case.

Regarding whether communities received sufficient support to complete their epidemiological reports, the majority of respondents agreed (37.8%) or strongly agreed (29.7%) that they had. Similarly, when questioned about the level of support funded sites received for completing their strategic plans, most survey participants agreed (79.5%) that sites did get enough support. Although the timeline given to communities for turning in their epidemiological reports and strategic plans was rather ambitious, less than a quarter of the survey respondents believed the timeline was inappropriate (23.2%).

When considering the overall implementation activities that took place from July 1, 2007 through June 30, 2008, survey participants were typically satisfied (52.6%) or very satisfied (13.2%) with what had occurred (see Table 16).

Table 16. Satisfaction with Implementation Activities from July 2007 through June 2008

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
The contract and funding process made implementation difficult for communities.	15	(22.4)	16	(23.9)	21	(31.3)	14	(20.9)	1	(1.5)
Communities received sufficient support from the state in order to complete their epidemiological reports.	22	(29.7)	28	(37.8)	13	(17.6)	11	(14.9)	0	(0.0)
Communities received sufficient support from the state for completing or revising their strategic plans.	19	(26.4)	31	(43.1)	13	(18.1)	7	(9.7)	2	(2.8)
The timeline for completing the epidemiological report and strategic plan was appropriate.	12	(16.4)	35	(47.9)	9	(12.3)	15	(20.5)	2	(2.7)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the state-level implementation activities which have occurred over the past 12 months?	10	(13.2)	40	(52.6)	19	(25.0)	4	(5.3)	3	(3.9)



State-Level Evaluation—Year 3

In order to reduce the length of the survey, the state evaluation team elected to remove the questions regarding state-level evaluation activities for the current administration period.

SPF SIG Leadership—Year 3

The survey asked respondents their opinions on the SPF SIG state-level leadership's overall performance during the period from July 1, 2007 through June 30, 2008, including key personnel and key decision-making bodies and workgroups (See Tables 17 and 18).

When rating the performance of key SPF SIG personnel, survey participants were again asked to consider the individual's effectiveness in completing SPF SIG-related activities, his/her communication skills, and his/her overall ability in working toward the goals of the SPF SIG during the preceding 12 months. The first group that respondents were asked to rate was made up of individuals primarily involved with managing the overall SPF SIG process: Sheriff Matt Strittmatter, GAC chair; Mr. Jason Hutchens, GAC co-chair; Mr. Kim Manlove, SPF SIG Project Director; and Ms. Marcia French, SPF SIG Project Coordinator. Survey participants were also asked to provide feedback on areas for improvement for each individual mentioned; however, as almost all respondents chose not to provide feedback, that information is not available. On the whole, survey participants had positive opinions of these four individuals.

Sheriff Matt Strittmatter—Most respondents rated Sheriff Strittmatter's performance during the period from July 1, 2007 through June 30, 2008 as being

either good (36.4 %), very good (21.2%), or excellent (30.3%).

Mr. Jason Hutchens—Survey participants indicated that overall, the performance of Mr. Hutchens during the previous year as co-chair of the GAC was good (36.4%), very good (12.1%), or excellent (21.2%).

Mr. Kim Manlove—Respondents to the survey rated Mr. Manlove's performance on the SPF SIG during the previous year as typically good (21.1%), very good (33.3%), or excellent (36.8%).

Ms. Marcia French—Survey respondents stated that Ms. French's performance on the SPF SIG during the previous year had on the whole been good (19.6%), very good, (23.2%), or excellent (50.0%).

The second group of individuals rated by survey participants encompassed the chairs of the various SPF SIG workgroups: Dr. Eric Wright, chair of the SEOW; Dr. Bob Levy, chair of the Evaluation Workgroup; Ms. Lisa Hutcheson, chair of the Training and Outreach Workgroup; Dr. Barbara Seitz de Martinez, chair of the Cultural Competence Workgroup; Mr. Jeffrey Barber, chair of the Strategic Plan Review Committee; and Mr. Weston Bush, chair of the Youth Advisory Council. Workgroup leaders typically received positive ratings from survey respondents. Although respondents were asked to comment on the performance of the individual workgroup chairs, very few chose to do so; thus, specific strengths or weaknesses of each chair could not be discussed.

Dr. Eric Wright—Respondents rated Dr. Wright's performance overall as either good (21.8%), very good (18.2%), or excellent (54.5%).



Dr. Bob Levy—Survey participants indicated that over the past 12 months, Dr. Levy's performance on the SPF SIG was typically good (27.8%), very good (27.8%), or excellent (36.1%).

Ms. Lisa Hutcheson—Ms. Hutcheson's performance was seen by most survey respondents as being good (41.9%), very good (29.0%), or excellent (19.4%) for the assessment period.

Dr. Barbara Seitz de Martinez—Survey respondents indicated that overall, Dr. Seitz de Martinez's performance on the SPF SIG had been good (40.6%), very

good (31.3%), or excellent (12.5%).

Mr. Jeff Barber—Mr. Barber's performance over the assessment period was viewed by survey participants as being good (30.6%), very good (25.0%), or excellent (36.1%).

Mr. Weston Bush—Survey participants rated Mr. Bush's performance on the SPF SIG as typically good (56.0%), very good (12.0%), or excellent (20.0%).

Table 17. Ratings of Overall Performance of the SPF SIG Leadership July 2007 through June 2008

SPF SIG Leader	Excellent		Very Good		Good		Fair		Poor	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Sheriff Matt Strittmatter	10	(30.3)	7	(21.2)	12	(36.4)	2	(6.1)	2	(6.1)
Mr. Jason Hutchens	7	(21.2)	4	(12.1)	12	(36.4)	6	(18.2)	4	(12.1)
Mr. Kim Manlove	21	(36.8)	19	(33.3)	12	(21.1)	4	(7.0)	1	(1.8)
Ms. Marcia French	28	(50.0)	13	(23.2)	11	(19.6)	2	(3.6)	2	(3.6)
Dr. Eric Wright	30	(54.5)	10	(18.2)	12	(21.8)	2	(3.6)	1	(1.8)
Dr. Bob Levy	13	(36.1)	10	(27.8)	10	(27.8)	1	(2.8)	2	(5.6)
Ms. Lisa Hutcheson	6	(19.4)	9	(29.0)	13	(41.9)	2	(6.5)	1	(3.2)
Dr. Barbara Seitz de Martinez	4	(12.5)	10	(31.3)	13	(40.6)	3	(9.4)	2	(6.3)
Mr. Jeffrey Barber	13	(36.1)	9	(25.0)	11	(30.6)	1	(2.8)	2	(5.6)
Mr. Weston Bush	5	(20.0)	3	(12.0)	14	(56.0)	2	(8.0)	1	(4.0)



SPF SIG Governing Bodies and Workgroups

The final set of nine questions asked survey respondents to rate the overall performance of the various state-level governing bodies and workgroups associated with the SPF SIG project, specifically: the GAC Executive Committee, the GAC, the SPF SIG support team, the SEOW, the Evaluation Workgroup, the Training and Outreach Workgroup, the Cultural Competence Workgroup, the Strategic Plan Review Workgroup, and the Youth Advisory Council (see Table 18).

In general, survey participants gave positive ratings to all the groups involved with the SPF SIG. Most respondents said the overall performance of the GAC was either good (51.1%), very good (31.1%), or excellent (8.9%). Similarly, when rating the GAC Executive Committee's performance, respondents said it was good (42.1%), very good (39.5%), or excellent (7.9%). The SPF SIG support team's performance during the assessment period was

described by respondents as generally good (26.2%), very good (32.8%), or excellent (37.7%). Survey respondents described the SEOW's performance for the 12-month rating period to be good (25.0%), very good (30.8%), or excellent (40.4%). When asked about the performance of the evaluation workgroup, most respondents believed it had performed at a level that was at least good (93.5%). Ratings for the performance of the Training and Outreach Workgroup were primarily good (42.2%), very good (35.6%), or excellent (17.8%). Survey respondents rated the overall performance of the Cultural Competence workgroup similarly to the other workgroups, with most rating it good (41.0%), very good (25.6%), or excellent (15.4%). Survey participants stated that the Strategic Plan Review Workgroup's overall performance was very good (35.3%) or excellent (47.1%). Finally, respondents described the performance of the Youth Advisory Council as good (31.3%), very good (28.1%), or excellent (18.8%).

Table 18. Ratings of Overall Performance of SPF SIG Governing Bodies and Workgroups from July 2007 through June 2008

SPF SIG Governing Body or Workgroup	Excellent		Very Good		Good		Fair		Poor	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Governor's Advisory Committee	4	(8.9)	14	(31.1)	23	(51.1)	3	(6.7)	1	(2.2)
GAC Executive Committee	3	(7.9)	15	(39.5)	16	(42.1)	2	(5.3)	2	(5.3)
SPF SIG Support Team	23	(37.7)	20	(32.8)	16	(26.2)	1	(1.6)	1	(1.6)
SEOW	21	(40.4)	16	(30.8)	13	(25.0)	0	(0.0)	2	(3.8)
Evaluation Workgroup	11	(23.9)	16	(34.8)	16	(34.8)	2	(4.3)	1	(2.2)
Training and Outreach Workgroup	8	(17.8)	16	(35.6)	19	(42.2)	1	(2.2)	1	(2.2)
Cultural Competence Workgroup	6	(15.4)	10	(25.6)	16	(41.0)	6	(15.4)	1	(2.6)
Strategic Plan Review Workgroup	9	(19.6)	15	(32.6)	16	(34.8)	4	(8.7)	2	(4.3)
Youth Advisory Council	6	(18.8)	9	(28.1)	10	(31.3)	3	(9.4)	4	(12.5)



YEAR 4—IMPLEMENTATION OF COHORT 2 AND CONTINUATION OF COHORT 1 ACTIVITY (MARCH 2008 TO JUNE 30, 2009)

In March 2008, IDMHA reported that because SPF SIG activity did not start until January 2006, the state had one year's worth of unspent grant funds. At that point in time, discussions began between IDMHA and CSAP/SAMHSA to develop a way to spend the funds. As a way to expand Indiana's SPF SIG infrastructure, IDMHA suggested that the unspent monies be used to fund a second group of SPF SIG sites. The new funding would be limited to one fiscal year but would allow additional sites to complete a needs assessment, prepare an epidemiological report, create a strategic plan, and complete a process evaluation. In May 2008, SAMHSA/CSAP approved Indiana's plan to use the unspent monies to fund additional SPF SIG communities.

Rather than post a new RFS, IDMHA proposed to the GAC that the new sites be selected from the counties whose initial applications for an SPF SIG grant were not approved. The GAC supported this proposal. In reviewing the funds available, IDMHA determined that sufficient monies existed to fund eight new communities. The expert review panel who had made the initial award decisions reconvened to review the remaining communities' scores, all of whom had applied for alcohol and cocaine (only one application was submitted for methamphetamine). The panel selected the eight communities with the highest remaining scores.

The selected communities, known as cohort 2 communities as they were the second set to receive an SPF SIG grant, were contacted by the Project Coordinator and asked whether they would be interested in accepting the award. Of the

eight communities approached, one declined to accept the award. The community that declined the award was replaced with the next highest scoring community, which chose to accept the funding. Of the eight sites selected, seven communities had applied to work on the alcohol priority and one had applied to work on the cocaine priority.

Based on experiences working with the original 12 communities, and given the limited time communities would have to complete their requirements, the SPF SIG Project Director and Project Coordinator made the following revisions to the SPF SIG contracts for the cohort 2 communities:

- Cohort 2 communities were not required to hire a dedicated SPF SIG Project Director and administrative assistant; existing organizational staff could be used to fill these rolls.
- Cohort 2 communities were assigned a technical assistance provider and evaluator by the state. Funding for these services was withheld from subgrantee funds.
- The budget for cohort 2 communities set aside funds for the community to hire a writer for their epidemiological report.
- The budget for cohort 2 communities set aside funds for each site's Indiana Criminal Justice Institute (ICJI) community consultant to help write certain sections of the strategic plan.
- Cohort 2 communities were asked to use their Local Coordinating Council as their Local Advisory Council. Funds were set aside in the proposed budget to support extra work by the LCC.

IDOA approved contracts for the cohort 2 communities in June 2008, with funding scheduled to start on October 1, 2008. The cohort 2 communities were



awarded a total of \$148,750.00. The SPF SIG Project Coordinator agreed to serve as the state-level liaison for all cohort 2 communities.

During August 2008, initial site visits were completed with each new community. The site visit team consisted of the Project Coordinator, the lead local-level evaluator, the state-level SPF SIG epidemiologist, and the state-level evaluation coordinator. Based on feedback from cohort 1 communities about initial site visits, during cohort 2 communities' site visits, the site visit team provided information about the grant requirements, the timeline, the needs assessment process, and the evaluation requirements. Cohort 2 communities were also provided with a resource CD containing links to data sets and templates that could be used for preparation of the epidemiological report and strategic plan. Cohort 2 communities were not rated on their preexisting abilities nor on their potential technical assistance needs. The basic timeline for the cohort 2 communities was as follows:

- August 2008—Site visit with each community
- October 2008—Funding stream started for most communities
- December 13 and 14, 2008—Local Epidemiology and Outcomes Workgroup (LEOW) Training and Media Campaign Training, Indianapolis, IN
- December 21, 2008—Focus Group Training, Indianapolis, IN
- March 1, 2009—Draft epidemiological reports due
- April through June 2009—Final, revised epidemiological reports due
- June through August 2009—Draft strategic plans due
- August through October 2009—Final strategic plans due

Training Opportunities—Year 4

Both cohort 1 and cohort 2 communities were provided with additional training opportunities, including:

- February 24, 2009—Identifying and Selecting Evidence-Based Interventions, Indianapolis, IN
- May 4, 2009—Networking and Sustainability Training, Indianapolis, IN

Continuation of Work with Cohort 1 Communities—Year 4

For the cohort 1 communities, their second year of funding included the following activities:

- July 1, 2008 and ongoing—Begin implementation of strategies outlined in the strategic plan.
- July 1, 2008 to Fall 2009—Prepare a second epidemiological report.
- July 1, 2008 and ongoing—Work with local evaluators to begin collecting outcome data related to strategies.
- July 1, 2008 to Fall 2009—Review the strategic plan, make necessary adjustments, and provide a strategic plan amendment to IDMHA.

During fiscal year 2008/2009, several significant personnel changes occurred within IDMHA. It is unclear what impact these changes may have in the final two years of the SPF SIG project:

- In November 2008, Diana Williams replaced John Viernes as Deputy Director for Addiction and Emergency Services.
- In February 2009, Gina Eckart replaced Cathy Boggs as Director of IDMHA.
- In May 2009, Dave Bozell, Director of Prevention, was put in charge of overseeing the SPF SIG grant.
- In June 2009, Marcia French left her position as Project Coordinator for the SPF SIG.



STATE-LEVEL SATISFACTION WITH SPF SIG ACTIVITY (JULY 1, 2008 THROUGH JUNE 30, 2009)

In October 2009, individuals who had been involved with the SPF SIG at both the state and local level from July 1, 2008 through June 30, 2009 were asked to complete the Annual SPF SIG Satisfaction Survey. A total of 442 e-mail invitations were sent to potential respondents. Of these invitations, 132 were returned due to invalid e-mail addresses. Despite repeated follow-ups, only 80 individuals chose to complete the survey, representing a response rate of 25.8%. Due to the low response rate and lack of representation from both state and local SPF SIG participants, the results of the survey should be interpreted with caution.

General Performance Questions—Year 4

During the third administration of the Annual Satisfaction Survey, respondents were again asked their opinions on several overarching aspects of the SPF SIG grant. As in the previous two administrations of the survey, participants reported generally positive perceptions of the SPF SIG's attempts to be culturally competent. Most participants reported that cultural competence continued to be integral to the SPF SIG's vision and mission to some degree (37.8%) or to a great extent (43.2%). Similarly, participants said that the composition of the SPF SIG project membership reflected Indiana's various demographic and cultural subpopulations at least somewhat well (87.8%). Most respondents indicated that the leadership of the SPF SIG continued to be supportive and committed to cultural competence to a great extent (62.2%).

The survey respondents perceived that SPF SIG project members continued to agree on the project's overall priorities to either some (28.2%) or a great extent (66.2%). Regarding the SPF SIG's prevention priorities, most respondents still reported agreement to a great extent (70.7%). Most survey participants continued to show agreement with the process used for allocating SPF SIG funds to individual communities to at least some extent (83.3%). During the period from July 1, 2008 through June 30, 2009, the majority of respondents believed that epidemiological data had guided SPF SIG-related decisions to a great extent (68.5%). As in previous administrations of the survey, most participants still viewed sustainability as integral to the SPF SIG's vision to a great extent (53.5%).

Survey respondents described meetings during the assessment period as productive either to a great extent (48.6%) or to some extent (36.1%). Survey participants believed that the individuals involved with the SPF SIG had been able to meet important deadlines to a great extent (60.0%).

In keeping with responses from 2007 and 2008, survey respondents believed that the individuals and groups involved with the SPF SIG focused to a great extent (60.3%) on the goals of the SPF SIG. Additionally, as in other years, respondents generally saw a great extent (53.9%) of cooperation and inclusion among individuals, groups, organizations, and agencies involved in the SPF SIG (see Table 19).



Table 19. Overall SPF SIG-Related Performance from July 2008 through June 2009

	Very Well		Somewhat Well		Somewhat Poorly		Very Poorly	
	N	(%)	N	(%)	N	(%)	N	(%)
How well does the SPF SIG project membership reflect the diverse demographic and cultural subpopulations in Indiana?	23	(34.8)	35	(53.0)	5	(7.6)	3	(4.5)
	A great extent		Some extent		A small extent		Not at all	
	N	(%)	N	(%)	N	(%)	N	(%)
To what extent has epidemiological data been used to guide SPF SIG decision making over the past year?	50	(68.5)	16	(21.9)	6	(8.2)	1	(1.4)
To what extent is there agreement among the SPF SIG project members about the project's overall priorities?	47	(66.2)	20	(28.2)	3	(4.2)	1	(1.4)
To what extent do you agree with the SPF SIG project's ATOD prevention priorities?	53	(70.7)	15	(20.0)	6	(8.0)	1	(1.3)
To what extent do you agree with the process used to allocate SPF SIG funds to individual communities?	39	(55.7)	20	(28.6)	8	(11.4)	3	(4.3)
To what extent is cultural competence integral to the SPF SIG project's vision/mission?	32	(43.2)	38	(37.8)	13	(17.6)	1	(1.4)
To what extent is the SPF SIG leadership supportive and committed to cultural competence?	46	(62.2)	15	(20.3)	11	(14.9)	2	(2.7)
To what extent is the concept of sustainability integral to the SPF SIG project's vision and mission?	38	(53.5)	18	(25.4)	12	(16.9)	3	(4.2)
Over the past 12 months, to what extent have individuals involved in SPF SIG been able to meet important deadlines?	42	(60.0)	19	(27.1)	6	(8.6)	3	(4.3)
Over the past 12 months, to what extent have SPF SIG-related meetings been productive?	35	(48.6)	26	(36.1)	6	(8.3)	5	(6.9)
Over the past 12 months, to what extent have individuals and groups involved with the SPF SIG focused on the goals of the SPF SIG?	44	(60.3)	22	(30.1)	5	(6.8)	2	(2.7)
Over the past 12 months, to what extent has there been a sense of cooperation and inclusion among individuals/groups/organizations/agencies involved in the SPF SIG?	41	(53.9)	26	(34.2)	5	(6.4)	4	(5.3)

Needs Assessment—Year 4

The survey next asked participants a set of questions regarding the epidemiological profile completed by the SEOW during the July 1, 2008 and June 30, 2009 assessment period. The pattern of responses was largely unchanged from that of the previous two years. Most survey respondents said that they had at least skimmed the state's report or read the executive summary (77.3%). Survey participants continued to agree (91.6%)

that the SEOW's report and other publications provided a thorough description of the substance abuse problems in Indiana.

As in previous years, the majority of respondents agreed (85.3%) that the priorities addressed in the current SEOW report were the ones of greatest concern to the state. Similarly, most respondents disagreed (48.1%) that the SEOW's report and publications ignored specific substance abuse priorities. Survey



participants also agreed (56.4%) or strongly agreed (25.5%) that the data used for the SEOW report were appropriate.

As in the previous two administrations of the survey, respondents were unsure how well the report captured the problems faced by certain ethnic or minority groups in the state. Asked whether the report ignored issues faced by some ethnic or minority groups in the state, over one-quarter of respondents (26.7%) agreed or strongly agreed, while the remaining respondents were either unsure (35.7%) or disagreed (36.5%).

In terms of the report's utility, respondents agreed (46.6%) or strongly agreed (41.1%) that the 2008 SEOW report would help policymakers make effective funding decisions. In keeping with opinions expressed in previous years, most survey participants were either satisfied (40.0%) or very satisfied (34.3%) with the needs assessment efforts of the SEOW during the assessment period (see Table 20).

Table 20. Satisfaction with Needs Assessment Related Activities from July 2008 through June 2009

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Needs assessment provided a thorough description.	26	(43.3)	29	(48.3)	5	(8.3)	0	(0.0)	0	(0.0)
Priorities in assessment were ones of greatest concern.	22	(36.1)	30	(49.2)	8	(13.1)	1	(1.6)	0	(0.0)
Needs assessment overlooked problems faced by minorities.	4	(7.1)	11	(19.6)	20	(35.7)	20	(35.7)	1	(1.8)
Data used for needs assessment were appropriate.	14	(25.5)	31	(56.4)	9	(16.4)	1	(1.8)	0	(0.0)
Needs assessment ignored priorities.	2	(3.8)	10	(19.2)	15	(28.8)	21	(40.4)	4	(7.7)
State policymakers will be able to use information for funding decisions.	24	(41.4)	27	(46.6)	4	(6.9)	3	(5.2)	0	(0.0)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the SPF SIG needs assessment efforts completed over the past 12 months?	24	(34.3)	28	(40.0)	13	(18.6)	4	(5.7)	1	(1.4)



Capacity Building—Year 4

When asked to consider the capacity-building activities completed by the state from July 1, 2008 through June 30, 2009, participants provided responses that were generally positive and consistent with those given during previous administrations of the Annual Satisfaction Survey. Survey participants agreed (66.2%) that the state was continuing to do a good job with enhancing the SPF SIG's internal capacity. They agreed that SPF SIG leaders were still doing a good job in leveraging resources (77.6%). Further, they agreed that capacity-building efforts took into account the state's cultural diversity (50.0%). As in the earlier two administrations of the survey, most

participants agreed that the interagency coalitions the state was creating would continue to help the SPF SIG succeed (72.1%).

Despite the generally positive outlook, a larger percentage of respondents than in previous survey administrations agreed (30.7%) that even with Indiana's capacity-building efforts, the state's ability to continue to implement the SPF SIG was questionable. Still, when asked to consider their overall satisfaction with the capacity-building activities completed from July 1, 2008 through June 30, 2009, most respondents said they were either satisfied (52.4%) or very satisfied (14.3%) with what had taken place (see Table 21).

Table 21. Satisfaction with Capacity-Building Activities from July 2008 through June 2009

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
The state has done a good job in enhancing the SPF SIG project's internal capacity.	13	(20.0)	30	(46.2)	16	(24.6)	5	(7.7)	1	(1.5)
The state should have offered more training on the SPF SIG to stakeholders and communities.	9	(13.2)	23	(33.8)	21	(30.9)	14	(20.6)	1	(1.5)
The capacity building completed so far takes into account Indiana's various cultural subpopulations.	5	(8.3)	25	(41.7)	19	(31.7)	8	(13.3)	3	(5.0)
The interagency coalitions being created will help the SPF SIG succeed.	13	(21.3)	31	(50.8)	13	(21.3)	2	(3.3)	2	(3.3)
Despite the efforts made to build capacity, the ability of Indiana to implement the SPF SIG is questionable.	5	(7.7)	15	(23.1)	16	(24.6)	23	(35.4)	6	(9.2)
To date, the leaders of the SPF SIG have done a good job in leveraging resources.	13	(22.4)	32	(55.2)	11	(19.0)	1	(1.7)	1	(1.7)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the SPF SIG capacity-building activities completed over the past 12 months?	9	(14.3)	33	(52.4)	14	(22.2)	4	(6.3)	3	(4.8)



State-Level Strategic Planning—Year 4

Because the state did not revise its strategic plan between July 1, 2008 and June 30, 2009, the state evaluation team elected to omit these questions from the survey for the current assessment period.

Implementation—Year 4

Respondents were asked to consider the implementation activities that took place during the assessment period. These activities included the funding of the eight cohort 2 communities and the preparation or revision of epidemiological reports and strategic plans. In general, respondents' opinions changed little from previous survey administrations. Most survey

participants (40.3%) agreed that the contract and funding process had made implementation difficult for communities. Most respondents agreed that the support the state had provided to help communities complete or update their epidemiological reports (83.6%) and strategic plans (70.8%) had been sufficient. As in the previous administrations, few communities agreed that the timeline for submitting epidemiological reports and strategic plans was inappropriate (17.2%). Overall, respondents said they were satisfied (53.0%) or very satisfied (16.7%) with the state-level implementation activities that took place during July 1, 2008 through June 30, 2009 (see Table 22).

Table 22. Satisfaction with Implementation Activities from July 2008 through June 2009

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
The contract and funding process made implementation difficult for communities.	8	(12.9)	17	(27.4)	19	(30.6)	17	(27.4)	1	(1.6)
Communities received sufficient support from the state in order to complete their epidemiological reports.	18	(26.9)	38	(56.7)	4	(6.0)	7	(10.4)	0	(0.0)
Communities received sufficient support from the state for completing or revising their strategic plans.	15	(23.1)	31	(47.7)	10	(15.4)	8	(12.3)	1	(1.5)
The timeline for completing the epidemiological report and strategic plan was appropriate.	11	(15.7)	38	(54.3)	9	(12.9)	10	(14.3)	2	(2.9)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the state-level implementation activities which have occurred over the past 12 months?	11	(16.7)	35	(53.0)	11	(16.7)	9	(13.6)	0	(0.0)



State-Level Evaluation—Year 4

The survey requested participants' responses on a set of four questions regarding the SPF SIG-related evaluation activities that had taken place from July 1, 2008 through June 30, 2009. Respondents agreed (85.1%) that there was a strong commitment to use evaluation to monitor SPF SIG activities. Similarly, most respondents agreed (86.4%) that the evaluation

activities would provide the state with useful information about the SPF SIG. Very few respondents agreed (24.6%) that the evaluation requirements of the SPF SIG would be a burden to the funded communities. Overall, the majority of survey participants were either satisfied (46.8%) or very satisfied (19.4%) with the SPF SIG-related evaluation activities that had occurred during the assessment period (see Table 23).

Table 23. Satisfaction with Evaluation-Related Activities from July 2008 through June 2009

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
There is a strong commitment to use evaluation to monitor SPF SIG activities.	27	(40.3)	30	(44.8)	4	(6.0)	4	(6.0)	2	(3.0)
The proposed evaluation will provide the state with useful information about SPF SIG activities.	20	(30.3)	37	(56.1)	5	(7.6)	3	(4.5)	1	(1.5)
The proposed evaluation appears to be overly burdensome for communities.	3	(4.9)	12	(19.7)	20	(32.8)	19	(31.1)	7	(11.5)
	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Overall, how satisfied are you with the evaluation activities that have been planned over the past 12 months?	12	(19.4)	29	(46.8)	14	(22.6)	6	(9.7)	1	(1.6)



SPF SIG Leadership—Year 4

The survey asked respondents their opinions on the SPF SIG state-level leadership's overall performance during the period from July 1, 2008 through June 30, 2009, including key personnel and key decision-making bodies and workgroups (see Tables 24 and 25).

When rating the performance of key SPF SIG personnel, survey participants were asked to consider the individual's effectiveness in completing SPF SIG-related activities, his/her communication skills, and his/her overall ability in working toward the goals of the SPF SIG during the preceding 12 months. The first group that respondents were asked to rate was made up of individuals primarily involved with managing the overall SPF SIG process: Sheriff Matt Strittmatter, GAC chair; Mr. Jason Hutchens, GAC co-chair; Mr. Kim Manlove, SPF SIG Project Director; and Ms. Marcia French, SPF SIG Project Coordinator. Survey participants were also asked to provide feedback on areas for improvement for each individual mentioned; however, as almost all respondents chose not to provide feedback, that information is not available. On the whole, survey participants had positive opinions of these four individuals.

Sheriff Matt Strittmatter—Most respondents rated Sheriff Strittmatter's performance during the period from July 1, 2008 through June 30, 2009 as being either good (40.0 %), very good (33.3%), or excellent (20.0%).

Mr. Jason Hutchens—Survey participants indicated that overall, the performance of Mr. Hutchens during the previous year as co-chair of the GAC was good (37.5%), very good (25.0%), or excellent (18.8%).

Mr. Kim Manlove—Respondents to the survey rated Mr. Manlove's performance on the SPF SIG during the previous year as typically good (25.0%), very good (38.6%), or excellent (27.3%).

Ms. Marcia French—Survey respondents stated that Ms. French's performance on the SPF SIG during the previous year had on the whole been good (18.6), very good, (25.6%), or excellent (44.2%).

The second group of individuals survey participants rated encompassed the chairs of the various SPF SIG workgroups: Dr. Eric Wright, chair of the SEOW; Dr. Bob Levy, chair of the Evaluation Workgroup; Ms. Lisa Hutcheson, chair of the Training and Outreach Workgroup; Dr. Barbara Seitz de Martinez, chair of the Cultural Competence Workgroup; Mr. Jeffrey Barber, chair of the Strategic Plan Review Committee; and Mr. Weston Bush, chair of the Youth Advisory Council. Workgroup leaders typically received positive ratings from survey respondents. Although respondents were asked to comment on the performance of the individual workgroup chair people, very few chose to do so; thus, specific strengths or weaknesses of each chair could not be discussed.

Dr. Eric Wright—Respondents rated Dr. Wright's performance overall as either good (27.0%), very good (29.7%), or excellent (37.8%).

Dr. Bob Levy—Survey participants indicated that over the past 12 months, Dr. Levy's performance on the SPF SIG was typically good (19.0%), very good (38.1%), or excellent (28.6%).

Ms. Lisa Hutcheson—Ms. Hutcheson's performance was seen by most survey respondents as being good (34.5%), very good (34.5%), or excellent (27.6%) for the assessment period.



Dr. Barbara Seitz de Martinez—

Survey respondents indicated that overall, Dr. Seitz de Martinez's performance on the SPF SIG had been good (34.6%), very good (26.9%), or excellent (19.2%).

Mr. Jeff Barber—Mr. Barber's

performance over the assessment period

was viewed by survey participants as being good (26.3%), very good (31.6%), or excellent (31.6%).

Mr. Weston Bush—Survey

participants rated Mr. Bush's performance on the SPF SIG as typically good (30.0%), very good (30.0%), or excellent (20.0%).

Table 24. Ratings of Overall Performance of the SPF SIG Leadership from July 2008 through June 2009

SPF SIG Leader	Excellent		Very Good		Good		Fair		Poor	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Sheriff Matt Strittmatter	3	(20.0)	5	(33.3)	6	(40.0)	1	(6.7)	0	(0.0)
Mr. Jason Hutchens	3	(18.8)	4	(25.0)	6	(37.5)	3	(18.8)	0	(0.0)
Mr. Kim Manlove	12	(27.3)	17	(38.6)	11	(25.0)	4	(9.1)	0	(0.0)
Ms. Marcia French	19	(44.2)	11	(25.6)	8	(18.6)	5	(11.6)	0	(0.0)
Dr. Eric Wright	14	(37.8)	11	(29.7)	10	(27.0)	2	(5.4)	0	(0.0)
Dr. Bob Levy	6	(28.6)	8	(38.1)	4	(19.0)	3	(14.3)	0	(0.0)
Ms. Lisa Hutcheson	8	(27.6)	10	(34.5)	10	(34.5)	1	(3.4)	0	(0.0)
Dr. Barbara Seitz de Martinez	5	(19.2)	7	(26.9)	9	(34.6)	5	(19.2)	0	(0.0)
Mr. Jeffrey Barber	6	(31.6)	6	(31.6)	5	(26.3)	2	(10.5)	0	(0.0)
Mr. Weston Bush	2	(20.0)	3	(30.0)	3	(30.0)	1	(10.0)	1	(10.0)



SPF SIG Governing Bodies and Workgroups—Year 4

The final set of nine questions asked survey respondents to rate the overall performance of the various governing bodies and workgroups associated with the SPF SIG project, specifically: the GAC Executive Committee, the GAC, the SPF SIG support team, the SEOW, the Evaluation Workgroup, the Training and Outreach Workgroup, the Cultural Competence Workgroup, the Strategic Plan Review Workgroup, and the Youth Advisory Council.

In general, survey participants gave positive ratings to all the groups involved with the SPF SIG. Most respondents said the overall performance of the GAC was either good (37.0%), very good (22.2%), or excellent (14.8%). Similarly, when rating the GAC Executive Committee's performance, respondents said it was good (26.1%), very good (21.7%), or excellent (17.4%). The SPF SIG support team's performance during the assessment period was described by

respondents as generally good (30.8%), very good (25.0%), or excellent (36.5%). Survey respondents described the SEOW's performance for the 12-month rating period to be good (26.2%), very good (35.7%), or excellent (33.3%). When asked about the performance of the Evaluation Workgroup, most respondents believed it had performed at a level that was good (29.7%), very good (32.4%), or excellent (21.6%). Ratings for the performance of the Training and Outreach Workgroup were primarily good (39.5%), very good (31.6%), or excellent (15.8%). Survey respondents rated the overall performance of the Cultural Competence Workgroup similarly to the other workgroups, with most rating it good (30.0%), very good (23.3%), or excellent (16.7%). Survey participants stated that the Strategic Plan Review Workgroup's overall performance was good (38.2%), very good (20.6%), or excellent (20.6%). Finally, respondents described the performance of the Youth Advisory Council as good (26.1%), very good (34.8%), or excellent (13.0%).

Table 25. Ratings of Overall Performance of SPF SIG Governing Bodies and Workgroups from July 2008 through June 2009

SPF SIG Governing Body or Workgroup	Excellent		Very Good		Good		Fair		Poor	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Governor's Advisory Committee	4	(14.8)	6	(22.2)	10	(37.0)	4	(14.8)	3	(11.1)
GAC Executive Committee	4	(17.4)	5	(21.7)	6	(26.1)	6	(26.1)	2	(8.7)
SPF SIG Support Team	19	(36.5)	13	(25.0)	16	(30.8)	4	(7.7)	0	(0.0)
SEOW	14	(33.3)	15	(35.7)	11	(26.2)	1	(2.4)	1	(2.4)
Evaluation Workgroup	8	(21.6)	12	(32.4)	11	(29.7)	3	(8.1)	3	(8.1)
Training and Outreach Workgroup	6	(15.8)	12	(31.6)	15	(39.5)	2	(5.3)	3	(7.9)
Cultural Competence Workgroup	5	(16.7)	7	(23.3)	9	(30.0)	6	(20.0)	3	(10.0)
Strategic Plan Review Workgroup	7	(20.6)	7	(20.6)	13	(38.2)	5	(14.7)	2	(5.9)
Youth Advisory Council	3	(13.0)	8	(34.8)	6	(26.1)	3	(13.0)	3	(13.0)



SUMMARY OF MEETING EVALUATION FORMS (YEARS 2-4)

Background and Development of the Evaluation Form

In September 2006, the SPF SIG Evaluation Workgroup discussed the need to have a simple rating scale that could be used to track how well SPF SIG meetings were functioning over time. The group proposed creating a meeting evaluation form that could be used at all SPF SIG-related meetings. Members also saw the form as a way to provide feedback to group chairs about potential adjustments to their meeting process. The SPF SIG state evaluation coordinator developed a draft evaluation form and distributed it to workgroup members via e-mail. At the October 2006 Evaluation Workgroup meeting, members reviewed and revised the form. The Evaluation Workgroup and the GAC approved the finalized form, which contained 22 items. The items covered those aspects of meeting process which Evaluation Workgroup members felt were important to monitor and included satisfaction with the scheduling of the meeting, satisfaction with cooperation between members, perception of one's ability to participate in the meeting, etc. Meeting participants answered items using a six-point scale of "Excellent," "Very Good," "Good," "Fair," "Poor," or "Very Poor." The GAC voted to implement the evaluation form in all SPF SIG meetings starting in November 2006.

Feedback from participants in meetings that took place between November 2006 through March 2007

indicated that they felt the form was too long. In April 2007, state-level evaluators analyzed the data collected using the 22-item form between November 2006 and March 2007. State evaluators completed a factor analysis of the data, a statistical technique designed to group items which measure similar things together. The results indicated that the 22-item scale was measuring two components of meeting process: (1) participant cooperation and respect and (2) movement towards goals. Appendix C shows the original 22 items and their associated factor loadings, or how strongly each item is associated with the overall dimension it is measuring.

Using the information from the factor analysis, the Evaluation Workgroup condensed the meeting evaluation form to 11 items, choosing six items to represent each factor. Questions 1 and 5 from the "movement towards goals" factor were combined into one item by the workgroup. The new form was introduced to the workgroups in June 2007 and has been used by meeting participants since that time.

All data presented in this report is based on the short form of the questionnaire, shown below in Table 26. For meetings that were evaluated using the 22-item scale, only those items used in the 11-item version of the form were included in the analyses. An average of items Q1 and Q5 was used to represent the combined version of these questions found in the short form.



Table 26. Questions and Factor Loadings for Factors of Participation Cooperation/Respect and Movement Towards Goals

	Participant Cooperation & Respect	Movement Towards Goals
q6.	The openness to ideas participants showed at today's meeting was...	.820
q12.	The cooperation among members at today's meeting was...	.800
q11.	The care with which members listened to each other during today's meeting was....	.776
q22.	The overall quality of today's meeting was...	.632
q20.	The opportunities members had to provide input in today's meeting were...	.623
q19.	The level of engagement of other members in today's meeting was...	.614
q3.	The content of today's meeting was...	.796
q16.	The amount of work accomplished at today's meeting was...	.790
q10.	The focus in today's meeting on the most important issues was...	.675
q17.	My level of engagement in today's meeting was...	.645
q1.	The timing/scheduling of today's meeting was...	.595
q5.	The length of today's meeting was...	.525

Assessment of Meeting Functioning

Although the goal of the evaluation form was to provide feedback on every SPF SIG-related meeting, in actual practice, meeting facilitators often neglected to

distribute forms, and participants often did not complete them. Table 27 shows the number of meetings evaluated by each workgroup from November 2006 through August 18, 2009.

Table 27. Meeting Evaluations from November 2006 through August 2009

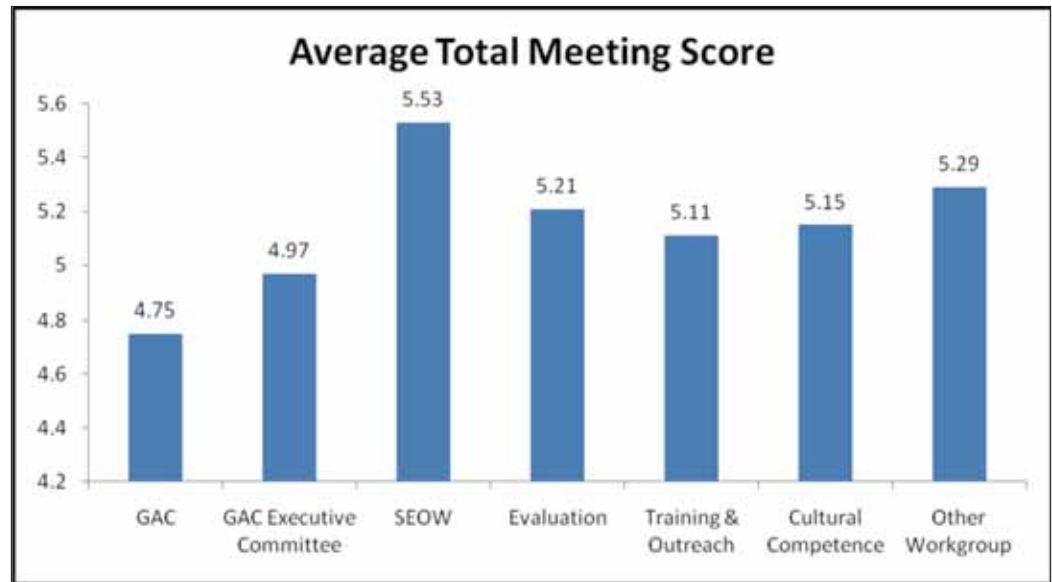
SPF SIG Group	Total Meetings from 11/2006 to 08/2009	Number Evaluated	Percent Evaluated
GAC	13	13	100.0
GAC Executive Committee	13	12	92.3
SEOW	15	5	33.3
Evaluation Workgroup (EW)	28	23	82.1
Training & Outreach Workgroup (TOW)	42	18	42.9
Cultural Competence Workgroup (CCW)	16	5	31.3
Other Workgroup	6	6	100.0



A total average meeting score was computed for each group across all time periods. The average total meeting score regardless of the type of meeting was 5.1 (SD = 0.45). A mean score of 5.1 would indicate that the typical meeting was viewed by participants as being “very good.” Overall meeting scores varied somewhat across the different types of

meetings. The group with the highest overall meeting score was the SEOW. The group with the lowest total meeting score was the GAC. Despite the low score, the typical GAC meeting was rated by participants as being “good.” Figure 1 and Table 28 show the overall meeting scores for the various SPF SIG groups.

Figure 1. Total Meeting Scores by Meeting Type





A mean score for each item on the evaluation form was calculated using data from all available meetings. Overall, mean item scores ranged from a low of 4.6 to a high of 6.0. Scores in this range would indicate that participants felt most aspects of the meeting were either “Good” or “Excellent.”

A mean score for both factors was computed across all meetings. Average scores for participant respect and

cooperation ranged from 4.8 to 5.6. In general, meeting participants seemed to indicate that they perceived a good to very good sense of cooperation and respect among group members. The average scores for the second subscale, movement towards goals, ranged from a low of 4.7 to a high of 5.5. Again, attendees typically viewed the progress being made at meetings as good to very good. Table 29 provides mean scores for the two factors for each type of group.

Table 28. Average Item Scores for Revised Meeting Evaluation Form

	GAC		GAC-EX		SEOW		TOW		EW		CCW		Other	
	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
The timing/scheduling and length of today's meeting was...	4.8	0.4	5.0	.4	5.5	.3	4.8	.4	5.2	.3	5.0	.5	5.1	.6
The content of today's meeting was...	4.7	0.5	5.0	.4	5.6	.2	5.1	.3	5.2	.4	5.0	.5	5.2	.7
The openness to ideas participants showed at today's meeting was...	4.7	.9	5.1	.4	5.6	.2	5.2	.2	5.4	.4	5.4	.4	5.3	.9
The respect shown for attendees at today's meeting was...	5.0	.6	4.7	1.5	5.7	.1	5.3	.2	5.2	1.2	5.5	.4	5.5	.3
The focus in today's meeting on the most important issues was...	4.8	.5	5.0	.4	5.6	.2	5.0	.3	5.1	.4	5.2	.4	5.5	.4
The care with which members listened to each other during today's meeting was...	4.9	.5	5.1	.4	5.5	.2	5.1	.4	5.4	.4	5.2	.3	5.3	.7
The cooperation among members at today's meeting was...	4.9	.6	5.3	.4	5.6	.1	5.2	.3	5.5	.4	5.4	.3	5.5	.4
The amount of work accomplished at today's meeting was...	4.6	.6	4.5	1.5	5.4	.2	5.1	.4	4.9	1.1	5.0	.5	5.3	.6
My level of engagement in today's meeting was...	4.6	.3	4.5	1.6	5.2	.2	5.0	.4	4.8	1.1	4.7	.3	5.1	.9
The opportunities members had to provide input in today's meeting were...	4.7	.9	5.3	.4	5.5	.2	5.2	.3	5.3	.4	5.0	.7	5.2	.9
The overall quality of today's meeting was...	4.8	.6	5.2	.4	6.0	.2	5.1	.3	5.4	.3	5.7	.5	5.3	.6

Table 29. Average Subscale Scores for Meeting Evaluation Form

	GAC		GAC-EX		SEOW		TOW		EW		CCW		Other	
	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Participant Respect & Cooperation	4.8	.6	5.1	.4	5.6	.1	5.1	.2	5.4	.4	5.3	.3	5.3	.6
Movement Towards Goals	4.7	.4	4.8	.6	5.5	.1	5.0	.3	5.0	.5	5.0	.4	5.2	.6



When evaluators examined the results of meeting rating forms over time, there was little variation in how groups rated their meetings. In most groups, there were at least one or two meetings that members rated somewhat lower than other meetings. A meeting with an uncharacteristically low score may reflect discussion of a highly contentious topic, conflict among participants, or a poorly run meeting. Despite the occasional low scores, ratings of most meetings across all groups fell somewhere between “good” and “very good,” regardless of the point in time when the meeting took place.

State-Level Successes from the SPF SIG

The IDMHA began work on the SPF SIG with the writing of the original grant application in July 2004. Since the award of SPF SIG funds to the state in July 2005, a significant amount of work has gone into the project:

- Partnerships have been established between IDMHA and other state agencies involved in substance abuse in order to create an SPF SIG governing body and workgroups.
- IDMHA has partnered with CHP to complete an annual epidemiological report on substance abuse in Indiana and to complete a state-level evaluation of the SPF SIG.
- State agencies involved in the SPF SIG prepared a strategic plan for substance abuse prevention targeting three substance abuse prevention priorities.
- State agencies involved in the SPF SIG awarded SPF SIG funds to 20 communities throughout Indiana.
- Funded communities have all produced local-level epidemiological reports and strategic plans.
- Funded communities are currently implementing or working to implement evidence-based strategies

to deal with the prevention priority they selected.

- Funded communities have partnered with local evaluators and are currently implementing or working to implement a local-level evaluation of outcomes for their strategies.

Over the course of the coming year, the state will continue to work with funded communities to ensure that strategies are effectively implemented and that communities are able to find methods for sustaining their prevention activities after funds from the SPF SIG have been depleted.

The SPF SIG has had and continues to have a tremendous impact on Indiana’s prevention infrastructure. Since Indiana received the SPF SIG grant in July of 2005, the following state-level successes have occurred:

- The state SPF SIG leaders understood that the one key component of the Strategic Prevention Framework that had to be in play from the beginning was the ongoing assessment of the effectiveness of project decisions. This meant that it was incumbent upon SPF SIG leadership to evaluate ALL decisions regarding program policies, procedures, technical assistance and training in light of what worked and what did not work. Adjustments could then be made to improve what was effective and modify or discard what was not. SPF SIG leaders often characterized the first 18 months to 2 years of the project as a time when we “were making it up as we were going along”, which at times caused frustrations for the project team, contractors and sub-recipients alike. However, the decision to adjust on the fly rather than make changes after capacity building, strategic planning and implementation had been completed became a strength of the project rather than a liability. The



Indiana SPF SIG Project emerged from the first two years of the grant with innovative programs and model deliverables as a direct result of our willingness to think creatively and act decisively from the beginning.

- The work of the SEOW and the CHP at IUPUI has been outstanding, dramatically changing the landscape of decision making with regard to substance abuse issues as they relate to prevention, treatment and criminal justice. The foundation that was laid by the SEOW in the first half of the Indiana SPF SIG is, in the opinion of the SPF SIG Project Director, the single greatest achievement of the project and will have a lasting effect on the State of Indiana. The SEOW's influence will continue to expand as State Epidemiological Profiles are produced annually beyond the grant funding assuring that the days of anecdotal decision making are at an end.
- Indiana was blessed at the beginning of the project with a significant prevention infrastructure stemming from the existence of Substance Abuse Prevention Local Coordinating Councils (LCC) in all 92 Counties of the State. However the capacity of

these LCCs was at best uneven and their work and communication with each other fragmented and poorly coordinated. The Indiana SPF SIG significantly enhanced the capacity of these councils during the first half of the grant period and laid the ground work for continued improvement during the remaining period of funding.

- Finally there is no question that the capacity of the Indiana Prevention Resource Center at Indiana University, which has served as the primary contractor for technical assistance and local evaluation, benefited greatly from their involvement with the Indiana SPF SIG. In the first half of the project they were constantly challenged to create new trainings, develop new expertise, models, and competencies while adjusting quickly and decisively to changing needs of the project and the sub-recipients. Their creative spirit and willingness to be innovative has become a hallmark of strength for the project and continues to serve the needs of the project and the communities extremely well.



SECTION 1. COMMUNITY BACKGROUND AND STARTUP ACTIVITIES

As described in the previous section, a total of 20 Indiana communities comprised two cohorts of grantees, cohort 1 and cohort 2. Cohort 1 communities were awarded funding for a three-year period so that they could complete all steps of the SPF SIG process, while cohort 2 communities received one year's worth of funding to enable them to complete a needs assessment, epidemiological report ("epi"), and strategic plan. Cohort 1 and cohort 2 communities were typically very similar to one another.

Section 1 will provide some general background about the sites that received SPF SIG funding, as well as issues they faced during the initial startup period of the grant. The information for this section comes from three sources: the Community Level Instrument (CLI), the Organizational Readiness Assessment (ORA), and the in depth interviews completed with community representatives.

COMMUNITY ORGANIZATIONS RECEIVING AN SPF SIG GRANT

According to CLI data provided by communities, 10 of the cohort 1 organizations that received a grant were local coordinating councils (LCC). One organization described itself as a nonprofit administrative organization, while another organization indicated it was a non-youth-serving local grassroots community organization. Of the cohort 2 communities funded in 2008, three described themselves as community coalitions; one as a youth-focused community-based organization, one as a school district, and one as another type of organization. Non-coalition organizations in both cohort 1 and cohort 2 established partnerships with their local coordinating councils.

Community coalitions serve many important roles related to substance abuse prevention and program implementation. Cohort 1 site respondents indicated that the most important coalition activities were collecting and organizing data (91.7%), conducting needs assessments (91.7%), planning and implementing evaluations for interventions (91.7%), and educating the public about any changes needed in local substance abuse policy (91.7%). Over the three time periods for which CLI data were available, the coalitions' role was increasingly critical in planning and implementing interventions and in ensuring that interventions were culturally competent. The one role seen as less important over time was in setting substance abuse policy at the organizational, local, or state level.

Based on the one submission of cohort 2 sites, the importance of coalition activities was somewhat different for cohort 2. Respondents saw the most important activity as leveraging funds from sources other than the SPF SIG (85.7%), followed by collecting and organizing data (71.4%), educating others about needed changes in substance abuse policy (71.4%), and training community members in substance abuse prevention (57.1%). Less than half the respondents (42.9%) saw planning and implementing interventions and ensuring the cultural appropriateness of SPF SIG-funded interventions as a relevant coalition activity.

The differences between the two cohorts may be due to the short time that cohort 2 communities had worked within the SPF SIG paradigm prior to having to complete their first CLI. The importance of specific activities may come closer to those seen in cohort 1 in subsequent submissions.



Table 1-1. Importance of Coalition Activities

	Cohort 1				Cohort 2			
	Wave 1 ¹		Wave 2		Wave 3			
	N=12	(%)*	N=12	(%)*	N=11	(%)*	N=8	(%)*
Collect and organize data	11	(91.7)	11	(91.7)	10	(90.9)	5	(71.4)
Conduct needs assessments	11	(91.7)	11	(91.7)	10	(90.9)	3	(42.9)
Plan and/or implement process or outcome evaluations of interventions	11	(91.7)	11	(91.7)	11	(100.0)	3	(42.9)
Educate others about needed changes in substance abuse policy at the organizational, local, or state level	11	(91.7)	11	(91.7)	10	(90.9)	5	(71.4)
Leverage funds from sources other than the SPF SIG	10	(83.3)	10	(83.3)	10	(90.9)	6	(85.7)
Train community members in substance abuse prevention	9	(75.0)	10	(83.3)	9	(81.8)	4	(57.1)
Plan and/or implement interventions	9	(75.0)	10	(83.3)	11	(100.0)	3	(42.9)
Ensure SPF SIG-funded interventions address issues related to cultural competence	9	(75.0)	11	(91.7)	11	(100.0)	3	(42.9)
Set substance abuse policy at the organizational, local, or state level	6	(50.0)	5	(41.7)	4	(36.4)	1	(14.3)
Other role	1	(8.3)	1	(8.3)	1	(9.1)	0	(0.0)

*Percentages are based on total respondents required to answer this question.

Sources of Funding

Based on the CLI, 10 of the 12 cohort 1 communities received additional substance abuse prevention funds from sources other than the SPF SIG grant. The non-SPF SIG funds that communities received are listed in Table 1-2. The two most common non-SPF SIG sources of funds reported by communities were Drug Free Communities grants and county / municipal funds. The number of

communities reporting additional funding from specific sources changed very little over the three observation periods.

Seven cohort 2 communities indicated that they received monies from sources other than the SPF SIG grant. In contrast to cohort 1 communities, these communities most commonly reported state funds as the funding source. Drug Free Communities grants and county / municipal funds were also common sources of non-SPF SIG monies within cohort 2.

Table 1-2. Sources of Coalition Funds

	Wave 1		Wave 2		Wave 3		Cohort 2	
	N=12	(%)*	N=12	(%)*	N=12	(%)*	N=8	(%)*
State funds	2	(20.0)	3	(30.0)	4	(40.0)	4	(57.1)
County or municipal funds	5	(50.0)	5	(50.0)	6	(60.0)	3	(42.9)
Foundation funds	1	(10.0)	1	(10.0)	2	(20.0)	2	(28.6)
Private contributions from individuals	3	(30.0)	3	(30.0)	4	(40.0)	2	(28.6)
Corporate contributions	3	(30.0)	3	(30.0)	4	(40.0)	2	(28.6)
Weed & Seed	1	(10.0)	1	(10.0)	1	(10.0)	0	(0.0)
Federal Substance Abuse Prevention and Treatment Block Grant funds	2	(20.0)	2	(20.0)	2	(20.0)	1	(14.3)
Drug Free Communities funds	6	(60.0)	6	(60.0)	6	(60.0)	3	(42.9)
Safe & Drug Free Schools funds	0	(0.0)	2	(20.0)	1	(10.0)	1	(14.3)
SIG Funds from Indiana's SIG 1 grant	1	(10.0)	2	(20.0)	3	(30.0)	0	(0.0)
SIG planning funds	0	(0.0)	1	(10.0)	1	(10.0)	1	(14.3)
Department of Justice, Office of Juvenile Justice and Delinquency Prevention funds	1	(10.0)	1	(10.0)	1	(10.0)	0	(0.0)
Other federal funds	0	(0.0)	1	(10.0)	0	(0.0)	0	(0.0)
Other Source	2	(20.0)	2	(20.0)	2	(20.0)	1	(14.3)



Coalition Structure and Function

The CLI asks respondents to provide information about the structure and function of their community coalition. Of the 12 cohort 1 communities funded, 10 respondents considered their SPF SIG-funded group to be a coalition. Informants from eight of these coalitions described their organization as the LCC for their county. One informant described the local SPF coalition as being composed of two grassroots organizations and two LCCs. Another informant described the local SPF coalition as being made up of the members of their local advisory council (LAC), representing a diverse group of stakeholders from the local community.

Within the cohort 2 communities, of the three sites that described themselves as coalitions, two are local LCCs and one is a local 501-C3 nonprofit group.

In both cohort 1 and cohort 2 sites, the SPF SIG-funded organization typically was the agency with financial

responsibility for the coalition. All coalition-based SPF SIG project directors had been employees of the coalition's lead agency prior to taking on the SPF SIG director position. Almost all coalitions had an identifiable leader; however, this person was not necessarily paid for being the coalition leader (See Table 1-3).

Most CLI informants in cohort 1 believed that their coalition had a clear vision and focus, a collaborative leadership structure, and a broad-based, diverse membership. There was less agreement among cohort 1 respondents as to whether responsibilities within the coalition were fairly and effectively delegated and whether the coalition had a process to track its decisions. Coalitions were not viewed by most respondents as having too much talk and too little action, as needing more structure in order to be effective, as hampered by community apathy and denial about substance abuse problems, or as failing to monitor follow through on decisions.

Table 1-3. Coalition Structure

	Wave 1		Wave 2		Wave 3		Cohort 2	
	N *	(%)**	N*	(%)**	N*	(%)**	N*	(%)**
Does this agency have financial responsibility for the coalition?	9	(90.0)	8	(80.0)	8	(88.9)	3	(100.0)
Does the community coalition have a funding source?	9	(90.0)	9	(90.0)	9	(100.0)	3	(100.0)
Does the project director for the SPF SIG work for the coalition's lead agency?	8	(80.0)	8	(80.0)	8	(88.9)	2	(66.7)
Does the community coalition have an identifiable leader?	8	(80.0)	10	(100.0)	9	(100.0)	3	(100.0)
Is the leader of the coalition a paid position?	6	(60.0)	6	(60.0)	6	(66.7)	2	(66.7)

*The number of sites describing themselves as coalitions varied slightly from assessment period to assessment period.

**Percentages are based on the number of communities that described themselves as coalitions.



The opinions of the three cohort 2 communities that responded to the coalition-related questions were generally similar to those of cohort 1, except that

only one of the three coalitions was described as having a broad-based diverse membership (see Table 1-4).

Table 1-4. Coalition Function

	Wave 1		Wave 2		Wave 3		Cohort 2	
	N who agreed *	(%)**	N who agreed *	(%)**	N who agreed *	(%)**	N who agreed *	(%)**
The coalition has a clear vision and focus.	9	(90.0)	9	(100.0)	9	(100.0)	3	(100.0)
The community coalition has collaborative leadership.	8	(80.0)	9	(100.0)	8	(80.0)	2	(66.6)
Responsibilities among coalition members are fairly and effectively delegated.	5	(55.6)	6	(60.0)	7	(77.8)	3	(100.0)
The coalition has a broad-based, diverse membership.	8	(88.9)	9	(90.0)	9	(100.0)	1	(33.3)
There is too much talking and not enough follow-through with actions.	2	(22.2)	2	(20.0)	1	(11.1)	0	(0.0)
The coalition has a process of tracking decisions.	6	(66.7)	7	(70.0)	6	(66.7)	3	(100.0)
The coalition does not monitor whether or not there is follow-through on decisions.	4	(44.4)	2	(20.0)	2	(22.2)	0	(0.0)
The coalition needs more structure to be effective.	3	(33.3)	4	(40.0)	2	(22.2)	1	(33.3)
Denial and apathy among community members toward local substance use issues is a major barrier to our coalition's effectiveness.	4	(44.4)	3	(30.0)	3	(33.3)	3	(100.0)

*The number of sites describing themselves as coalitions varied slightly from assessment period to assessment period.

**Percentages are based on the number of communities that described themselves as coalitions.



Organizational Cultural Competence Policies and Practices

Cultural competence is an integral part of the SPF SIG planning framework.

Grantees are encouraged to address issues of cultural competence at all levels of their organization through the development of formal, written policies and practices. The CLI asks communities to indicate in which areas their organization has formal, written policies and practices related to cultural competence. During the first six months of SPF SIG activity, less than 50% of the cohort 1 communities reported having specific cultural competence policies in any of the organizational areas of interest.

The number of organizations reporting formal cultural competence policies has increased over time in cohort 1. By December 2008, over half of the communities reported having formal cultural competence policies regarding organizational administration, board representation, and data collection. The

number of communities reporting policies in other areas also increased. Two areas where communities may need additional support for implementing cultural competence policies and procedures are in their service approach and in evaluation design. As of December 2008, no cohort 1 communities had official policies regarding cultural competence and evaluation, while only one community had written policies related to cultural competence and their service approach.

According to information submitted by respondents to the one available CLI for cohort 2 communities, most sites appear to need additional support in the cultural competence arena. Very few sites appear to have formal, written policies regarding cultural competence in any area of their organization. At the time of the CLI submission, 50% of cohort 2 communities were working to develop written policies related to cultural competence; however, 50% had not begun to address the issue (see Table 1-5).

Table 1-5. Areas Where Communities Have Formal, Written Cultural Competence Policies

	Wave 1		Wave 2		Wave 3		Cohort 2	
	N	(%)*	N	(%)*	N	(%)*	N	(%)*
Organizational administration	4	(33.3)	5	(41.7)	7	(58.3)	1	(12.5)
Board representation	3	(25.0)	5	(41.7)	6	(50.0)	1	(12.5)
Training and staff development	2	(16.7)	3	(25.0)	5	(41.7)	1	(12.5)
Language and internal and external communication	1	(8.3)	2	(16.7)	4	(33.3)	0	(0.0)
Service approach	0	(0.0)	0	(0.0)	1	(8.3)	1	(12.5)
Evaluation design	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)
Data collection	3	(25.0)	5	(41.7)	7	(58.3)	1	(12.5)
Other area	0	(0.0)	0	(0.0)	1	(8.3)	0	(0.0)
We are aware that cultural competence is an issue but we have not developed formal, written policies yet or these policies are currently being developed.	4	(33.3)	3	(25.0)	3	(25.0)	4	(50.0)
Not Applicable—no formal, written policies and not currently being developed.	3	(25.0)	2	(16.7)	0	(0.0)	2	(25.0)

*Percentages reflect all 12 cohort 1 communities and all 8 cohort 2 communities.



Organizations lacked a consistent method for monitoring compliance with cultural competence policies and procedures. Initially, some respondents said their organizations did not monitor compliance with cultural competence policies and procedures, whereas other organizations said compliance was monitored by either the organization's director or by some other person within the organization. The frequency of monitoring also varied from site to site, with some monitoring once a year or less, while others monitored compliance two or more times a year. By the third administration period, all communities with formal cultural competence policies and procedures were performing some type of compliance checks at least annually.

Based on the initial data submitted by respondents in cohort 2 communities, currently only one organization monitors compliance with cultural competence policies. This monitoring is done on an annual basis or less frequently (see Table 1-6).

Training/Technical Assistance on Cultural Competence

The state has worked to address cultural competence in all the trainings it has

provided to SPF SIG communities. Additionally, all sites should have received one-on-one technical assistance on cultural competence from either their state liaison or contracted technical assistance provider, or both, when necessary. Across the three administration periods, most respondents said they had received some type of training in cultural competence (66.7%, Wave 1; 75.0%, Wave 2; 58.3%, Wave 3; 87.5%, Cohort 2). All respondents who received training said they were either somewhat likely or very likely to use what they learned from the training and technical assistance they received in their future SPF SIG activities.

ORGANIZATIONAL READINESS ASSESSMENT

Another source of information on the organizations receiving SPF SIG grants was the ORA. Since communities completed the ORA as part of the original RFS application process, the data are not broken down by cohort. Although all communities who received an SPF SIG grant in both cohort 1 and cohort 2 completed the ORA, researchers could not obtain scores from one of the funded organizations, despite multiple requests for the information.

Table 1-6. Methods Used By Communities To Monitor Cultural Competence

	Wave 1		Wave 2		Wave 3		Cohort 2	
	N	(%)*	N	(%)*	N	(%)*	N	(%)*
Compliance is not monitored at all.	1	(20.0)	2	(28.6)	0	(0.0)	7	(87.5)
Compliance is monitored once a year or less frequently by a director, executive, or administrator.	1	(20.0)	1	(14.3)	2	(22.2)	1	(12.5)
Compliance is monitored twice a year or more often by a director, executive, or administrator.	1	(20.0)	2	(28.6)	3	(33.3)	0	(0.0)
Compliance is monitored once a year or less frequently by someone other than a director, executive, or administrator.	0	(0.0)	0	(0.0)	1	(11.1)	0	(0.0)
Compliance is monitored twice a year or more often by someone other than a director, executive, or administrator.	1	(20.0)	1	(14.3)	3	(33.3)	0	(0.0)
Don't know if compliance is monitored or don't know how compliance is monitored.	1	(20.0)	1	(14.3)	0	(0.0)	0	(0.0)

*Percentages are based on organizations that had formal, written cultural competence policies.



Organizational Mission

Based on the survey results, all 19 communities had a written mission statement providing a clear explanation of the reason for the organization's existence (see Table 1-7). Respondents in all communities said their mission was understood by all stakeholders within the organization. Only one community (5.3%) indicated that the mission of the organization was not regularly referenced in messages, annual planning, etc.

Strategic Planning and Operation

In terms of strategic planning, all but one organization said that a clear, coherent, written plan for the future existed within the organization (see Table 1-8). Most organizations (84.2%) believed that their

plan had well-defined goals that were measureable and achievable. Respondents from organizations with a plan all believed that their plan was linked to the overall mission, vision, and goals of the organization. Only one respondent (5.3%) believed that the organization's staff and board did not fully understand the strategic plan. Two additional respondents (10.5%) were unsure how well their plans were understood by their organization's staff and board members. The majority of respondents (78.9%) reported that their organization's strategic plan was supported with a realistic and detailed annual plan, including a specific outline for work to be accomplished. Finally, only 21.1% of survey respondents said that their annual plan was not regularly used at all organizational levels to direct operations.

Table 1-7. Description of Organizational Mission Statement

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Does the organization have a written mission statement?	19	(100.0)	0	(0.0)	0	(0.0)
Does the mission statement provide a clear expression of the organization's reason for existence?	19	(100.0)	0	(0.0)	0	(0.0)
Is the mission understood by ALL stakeholders within the organization?	19	(100.0)	0	(0.0)	0	(0.0)
Is the mission frequently referred to (e.g., in messages, in annual planning)?	18	(94.7)	1	(5.3)	0	(0.0)

Table 1-8. Organizational Strategic Planning

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Does the organization have a clear and coherent written plan for the future (i.e. 3-10 years' strategic plan)?	18	(94.7)	1	(5.3)	0	(0.0)
Does the strategic plan have well-defined goals and action steps with timeframes? AND are the goals measurable and achievable?	16	(84.2)	2	(10.5)	1	(5.3)
Is the strategic plan linked to the overall mission, vision, and overarching goals of the organization?	18	(94.7)	1	(5.3)	0	(0.0)
Is the strategic plan well-known and understood by the staff and board?	16	(84.2)	1	(5.3)	2	(10.5)
Has the strategic plan been supported with a realistic and detailed annual plan that outlines the specific work to be accomplished?	15	(78.9)	3	(15.8)	1	(5.3)
Is the annual plan consistently used at all levels of the organization to direct operations?	15	(78.9)	3	(15.8)	1	(5.3)



Needs Assessment, Program Design and Implementation

Respondents from 16 (84.2%) of the funded communities related that their organization conducted frequent assessments of their community's needs (see Table 1-9). Regardless of whether assessments were done on a frequent basis, organizations that completed assessments used the results to implement changes. When asked if their organization had the ability to grow and create new, innovative programs to meet community needs, respondents unanimously said yes. When asked if their organization had the ability to shut down programs no longer appropriate for the community, only one organization's

respondent indicated that it lacked this ability. All respondents believed that their organization had a track record of success with its programming.

Program Alignment

In terms of each organization's programming, 100% of respondents believed that their organization's programs and services were well-defined and fully aligned with the organizational mission, goals, and strategic plan (see Table 1-10). When asked if organizations turned down good opportunities that were not aligned with an overall strategy, only one respondent (5.3%) said no, while one respondent was not sure (5.3%).

Table 1-9. Organizational Experience with Needs Assessment, Program Design and Implementation

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Does the organization conduct frequent assessments of the community need?	16	(84.2)	2	(10.5)	1	(5.3)
Does the organization analyze the results of needs assessments and implement changes?	18	(94.7)	1	(5.3)	0	(0.0)
Does the organization have the ability to grow and/or create new and innovative programs to meet the needs of the community?	19	(100.0)	0	(0.0)	0	(0.0)
Does the organization have the ability to close a program that is no longer needed or relevant?	18	(94.7)	1	(5.3)	0	(0.0)
Does the organization have a track record of success with its programs?	19	(100.0)	0	(0.0)	0	(0.0)

Table 1-10. Organizational Experience with Program Alignment

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Are the organization's programs and services well-defined?	19	(100.0)	0	(0.0)	0	(0.0)
Are the programs fully aligned with the organization's mission, goals, and overall strategy?	19	(100.0)	0	(0.0)	0	(0.0)
Does your organization say no to opportunities, which are good, but which are not part of the overall strategy?	17	(89.5)	1	(5.3)	1	(5.3)



Performance Measurement

The ability of organizations to evaluate their programs was a concern shared by several respondents (see Table 1-11). Over one-third (36.8%) of respondents were either not sure or said their organization did not have a well-developed, comprehensive evaluation system in place to measure the social impact of programming. Still, all respondents agreed that organizations did regularly collect data to measure performance and progress. Similarly, all respondents indicated that the data collected was analyzed and related to stakeholders on a regular basis, such as in an annual report. Most organizations (84.2%) were believed by respondents to conduct frequent assessments of program

effectiveness, including identifying areas for improvement. Nearly all respondents (89.5%) said their organization conducted ongoing assessments of internal operations to assess efficiency and effectiveness.

Use of Technology

Respondents at most funded sites reported having networked computers with up-to-date software (84.2%) (see Table 1-12). They further indicated that every staff member had access to computers and current software (89.5%), that all staff members had access to the internet and e-mail (89.5%), and that all staff members were competent and comfortable using their computers (84.2%).

Table 1-11. Organizational Experience with Performance Measurement

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Does the organization have a well-developed and comprehensive evaluation system used to measure the social impact of its programs and services?	12	(63.2)	5	(26.3)	2	(10.5)
Does the organization collect data to measure performance and progress on a continual basis?	19	(100.0)	0	(0.0)	0	(0.0)
Is the data analyzed and communicated to stakeholders on a regular basis (e.g., annual report)?	19	(100.0)	0	(0.0)	0	(0.0)
Does the organization conduct frequent assessments of existing programs' effectiveness in meeting recipient needs AND identify areas for improvement?	16	(84.2)	2	(10.5)	1	(5.3)
Does the organization conduct continual assessment of internal operations to assess efficiency and effectiveness?	17	(89.5)	1	(5.3)	1	(5.3)

Table 1-12. Organizational Experience with Technology

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Does the organization have networked computers with up-to-date software?	16	(84.2)	3	(15.8)	0	(0.0)
Does every key staff member have access to a computer with up-to-date software?	17	(89.5)	2	(10.5)	0	(0.0)
Does every key staff member have internet access and e-mail capabilities?	17	(89.5)	1	(5.3)	1	(5.3)
Are all staff competent and comfortable using their computers?	16	(84.2)	1	(5.3)	2	(10.5)



Financial Management

Financial management was an area where a slight majority of organizations had capacity-building needs at the time of their application (see Table 1-13). Over a fourth (26.3%) of organizations had never managed a federal or state grant. Similarly, over a fourth (26.3%) of respondents said their organization lacked a computerized accounting system. Respondents from most funded organizations (94.7%) said their organization did produce and review regular financial statements. Very few respondents (10.5%) said that their organization lacked formal internal controls governing all financial operations. Similarly, only two organizations (10.5%) were described as not having sufficient cash flow for normal operations. When asked if their organization had enough

cash to operate the grant on an arrears basis, 84.2% of respondents believed their organization did have sufficient funds to do so.

Respondents from 16 sites reported regular audits by independent auditors. Most organizations (89.5%) were described as having a strategic budgeting process reflecting the needs and objectives of the organization. All respondents said that their organizational budget was closely and regularly monitored. When asked about their fundraising strategies, over half of the communities (52.6%) said they did not have any kind of fundraising strategy in place. Still, the majority of respondents (78.9%) believed that if the grant would require cash and in-kind matching of funds, their organization would be able to meet this requirement.

Table 1-13. Organizational Experience with Financial Management

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Has the organization previously managed a federal or state grant?	14	(73.7)	5	(26.3)	0	(0.0)
Does the organization have a computerized accounting system?	14	(73.7)	5	(26.3)	0	(0.0)
Does the organization produce and review financial statements regularly?	18	(94.7)	1	(5.3)	0	(0.0)
Are there formal internal controls governing all financial operations?	17	(89.5)	2	(10.5)	0	(0.0)
Does the organization have adequate cash flow for normal operations?	17	(89.5)	2	(10.5)	0	(0.0)
Does your organization have sufficient cash flow to operate a grant on an arrears basis? Both the federal and state governments rarely, if ever, pay grant money in advance. Payments are made 30-60 days after submission of invoices by programs.	16	(84.2)	3	(15.8)	0	(0.0)
Are financial operations of the organization audited annually by an independent auditor?	16	(84.2)	3	(15.8)	0	(0.0)
Does the organization utilize a strategic budgeting process that reflects the organizational needs and objectives?	17	(89.5)	1	(5.3)	1	(5.3)
Is the budget closely and regularly monitored?	19	(100.0)	0	(0.0)	0	(0.0)
Does the organization have a fundraising plan in place?	8	(42.1)	10	(52.6)	1	(5.3)
Does the organization have specific plans to meet any cash and in-kind matches required by the grant?	15	(78.9)	2	(10.5)	2	(10.5)



Human Resources

When discussing their human resources capacities, most respondents presented favorable pictures of their organization (see Table 1-14). Most organizations were seen as having a well-planned process to recruit, develop, and retain staff (78.9%). They also scored themselves high on providing regular training to staff and board members (84.2%), performing consistent and fair employee appraisals (78.9%), having a commitment to recruiting the best employees (78.9%), and having a solid plan for recruiting, developing, and retaining volunteers (78.9%).

Partnership/Collaboration

All organizational respondents believed that their organization did well in the area

of collaborating and partnering with other agencies or groups (see Table 1-15). All indicated regularly communicating and cooperating with government agencies, private foundations, and faith-based institutions. Similarly, all respondents believed that these partnerships had led to mutually beneficial collaborations.

Sustainability

When evaluating the topic of sustainability, over one-third (36.9%) of respondents either didn't know or said that their organization lacked diversified funding from multiple sources (see Table 1-16). Most respondents (84.2%) did, however, express that their organization had a group of dedicated people willing to provide financial support and volunteer their time.

Table 1-14. Organizational Experience with Human Resources

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Does the organization have a well-planned process to recruit, develop, and retain employees?	15	(78.9)	3	(15.8)	1	(5.3)
Does the organization provide relevant and regular training for staff and board members?	16	(84.2)	3	(15.8)	0	(0.0)
Are employee performance appraisals conducted on a consistent and fair basis?	15	(78.9)	3	(15.8)	1	(0.0)
Does the organization have a commitment to recruiting the best employees?	16	(84.2)	3	(15.8)	0	(0.0)
Does the organization have a well-planned process to recruit, develop, and retain volunteers?	15	(78.9)	4	(21.1)	0	(0.0)

Table 1-15. Organizational Experience with Human Resources

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Does the organization participate in partnerships with other groups?	19	(100.0)	0	(0.0)	0	(0.0)
Does the organization regularly communicate or cooperate with government agencies, private foundations, or faith-based institutions?	19	(100.0)	0	(0.0)	0	(0.0)
Have these relationships led to mutually beneficial collaboration?	19	(100.0)	0	(0.0)	0	(0.0)

Table 1-16. Organizational Experience with Sustainability

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Does the organization have diversified funding from multiple sources?	12	(63.2)	6	(31.6)	1	(5.3)
Does the organization have a group of dedicated people who believe in the mission and are willing to provide financial support and volunteer their time?	16	(84.2)	3	(15.8)	0	(0.0)



Governance and Operations

In describing their organizational governance, all but two respondents (89.5%) said that their organization had an active, independent board of directors or similar governing body (see Table 1-17). Most respondents (73.7%) indicated that their organization provided staff and volunteers with written job descriptions and the resources necessary for them to complete their tasks. Lastly, survey respondents from nearly all organizations funded (84.2%) related that their organization did have written policies and procedures, including a conflict of interest policy, for both employees and directors.

Total Organizational Readiness

Based on respondents' answers to the questions, the average total organizational

readiness score for the 19 funded communities was 44.5 (SD = 7.3). A score of 44.5 would indicate that the typical funded organization had nearly all the capacity necessary to run a federal grant successfully. When the scores provided by cohort 1 respondents were compared with those provided by cohort 2 respondents, it was noted that cohort 2 sites rated themselves as having a slightly higher level of organizational readiness (Mean = 46.4, SD = 4.0) than did cohort 1 sites (Mean = 43.4, SD = 8.6). The difference in organizational readiness across the two cohorts was not statistically significant ($t = -.863$, $p = 0.40$). Table 1-18 shows the total organizational readiness score for each community based on the ratings provided by the applying organization.

Table 1-17. Organizational Governance and Operations

	Yes		No		Not Sure	
	N	(%)	N	(%)	N	(%)
Does your organization have an active and independent board of directors and/or other governing body? (Independent is defined as a majority of board members who are neither employees of the organization nor family members of employees or other board members.)	17	(89.5)	1	(5.3)	1	(5.3)
Does the organization provide staff and volunteers with written job descriptions and the necessary resources to carry out duties appropriately?	14	(73.7)	3	(15.8)	2	(10.5)
Does the organization have written policies and procedures, including a conflict of interest policy for employees and directors?	16	(84.2)	2	(10.5)	1	(5.3)



Table 1-18. Total Self-Rated Organizational Readiness Score by Community

Organization	Community	Score	Cohort
Our Place, Inc.	Floyd County	51	2
Lake County Drug Free Alliance	Lake County	51	1
Porter-Starke Mental Health Center	Porter County	51	1
Hoosier Uplands	Lawrence County	50	2
Family Services Association	Howard County	49	2
Batesville Community School Corp. Drug Free Task Force	Franklin and Ripley Counties	48	2
Geminus Corporation	East Chicago, IN	48	1
Drug Free Marion County	Marion County	48	1
Healthy Communities Initiative of St. Joseph County	St. Joseph County	47	1
Partnership for a Drug Free Wayne	Wayne County	47	1
Delaware County Coordinating Council	Delaware County	46	1
Asset Building Coalition	Monroe County	46	1
Drug Free Allen County	Allen County	45	1
Health Tobacco Free Madison County	Madison County	44	2
Substance Abuse Council	Vanderburgh County	42	2
LaPorte County Drug Free Partnership	LaPorte County	41	2
Coalition for a Safe & Drug Free Tippecanoe	Tippecanoe County	38	1
Southeast Indiana Methamphetamine Coalition	Greene and Daviess Counties	32	1
Vigo Local Coordinating Council	Vigo County	22	1

KEY INFORMANT INTERVIEWS— STARTUP OF SPF SIG ACTIVITIES

Once communities received a grant award, they generally began to engage in some basic startup activities. These activities typically included submitting paperwork to get the grant funding stream started; hiring staff people to fill the roles of a program director and administrative assistant in cohort 1 communities or reorganizing staff responsibilities so that SPF SIG activities could be covered in cohort 2 communities; purchasing computers and other supplies; getting office space established; and completing other administrative requirements. One very important task which community members had to undertake early on was simply learning the SPF process and understanding the requirements well enough to explain them to potential collaborators. Data from in depth interviews with site representatives highlight the challenges both cohort 1 and cohort 2 communities faced during the early part of the grant process

Community respondents who completed interviews were asked to

consider the challenges faced during the initial startup period of their community's SPF SIG grant. Four common struggles were discussed by respondents. One issue that emerged several times during the interviews for both cohort 1 and cohort 2 communities was that of getting their funding stream started. The lack of funding was sometimes a state-level issue, but in at least two cases, it was related to community-level bureaucracy. The cause notwithstanding, without money, communities were often unable to purchase supplies, hire staff, or begin other activities for the grant, as indicated in the following comments:

"One big challenge was the money didn't come and so I couldn't get any equipment...I didn't have a computer so it is very difficult in this day and age to work without one."

"...It took so long to get the money and the whole timeline thing and we needed everything done, it seemed like yesterday, but at the same time, we didn't get money like for forever."



The funding delays created considerable frustration for communities, with at least two of them resorting to taking out short-term loans in order to cover expenses and get started with necessary activities:

"I was asked to hire a person as the project coordinator but we didn't have funding yet. On the one hand, they (the state) expected us to get a, b, c, and d done on the other hand, we haven't been given any dollars. We actually had to take out a 90-day loan and that was difficult..."

The second major issue that respondents in both cohorts often discussed was simply trying to understand the SPF SIG process, what was expected of them, and how to go about doing it:

"...The SPF SIG process was new to our community, but once the staffing issue was resolved and we learned more about SPF, those challenges dissipated."

"When I started, the challenges were getting our community, including our LCC, to understand the process...even myself to understand the process."

"...The challenge was that we seemed to be running while tying our shoes...we were asked to engage in the process while simultaneously we learned about the process."

For many cohort 1 communities, the challenge of understanding the SPF SIG was compounded due to a perceived lack of guidance (or guidance seen as too far behind what was needed) from the state, as well as from the technical assistance providers with whom they had contracted:

"Waiting to find out what was expected, what the workgroups would be charged with...That seemed to take a little bit of time."

"Some of that had to do with just the state kind of bringing things on board as they were kind of creating it as they went."

"I'm kind of a self-starter...had I been waiting on the state to tell me that, it would have been several months. Our consultants (were behind)...It wasn't their fault because I think they were learning as I was learning."

Hiring qualified SPF SIG project staff was a challenge for at least three cohort 1 communities. The main problem faced by these communities was identifying a person who was a good fit for the job or the community, or both:

"So, then, we started the process and...there was a problem with personnel to be honest. I think the wrong person was hired to lead the effort...I don't think that person had project management skills."

"Initially, I think the challenges that they had was staffing. The first person that they hired thought that she wanted that type of position, but realized after a month or two that that just wasn't a good fit so staff changes has been the biggest challenge."

Those communities who experienced hiring difficulties indicated that the lack of a strong leader impeded their ability to move forward with SPF SIG-related activities:

"And that (person) really set us back six to eight months...We all wanted to make it work, it is not one person's fault, I think I have to be careful here, but just, I don't think that person had the management skills..."

"...We had established some workgroups in the beginning when our first project director was there and the



second one comes on (board) and those people, the workgroup people have no clue who she is, and so we spend the first whole three meetings getting to know our new project director, and then she is gone and then again we have this big gap before we get a new one in..."

"So, if some more care and time had gone in on the front end in terms of finding the right person for the job, that might have minimized some of the turnover which would have helped I think move us along more quickly."

The fourth startup-related challenge, mentioned by at least three communities, was effectively communicating the needs of the SPF SIG grant to current or potential stakeholders and getting stakeholder buy-in to the process. Stakeholder buy-in is essential for the SPF process, because data collection and prevention activities need to be carried out with the support and cooperation of local agencies and the community at large. If stakeholders fail to understand the process, they may be less willing to share data or assist in the successful implementation of prevention strategies. This challenge was expressed in a number of ways:

"...The most challenging was just actually explaining SPF, explaining the process and getting people to realize how important it was. After we did, we got a lot of positive feedback and buy-in too."

"It seemed like no one really knew, people kind of knew what to do but not how to do it. And, so, it was hard for us to explain to our community what we were trying to do and also to even to get the community on board that there even was an underage drinking problem here."

"We did have community meetings, we did have state people come in, IPRC was there too, we were trying to educate the public on what the whole process is. Even then, I don't know if people really bought in and I think they were a little skeptical."

Apart from the challenges discussed above, informants typically reported few issues associated with the general startup of the SPF SIG within their community.

Creation of Workgroups

Along with the general administrative startup activities, the first main requirement of the SPF grant was for each site to establish a set of workgroups that would serve as the governing bodies for the grant. The state had requested that communities mirror the workgroup structure in existence at the state level. This meant establishing a Local Advisory Council, Local Epidemiology and Outcomes Workgroup, Local Evaluation Workgroup, Local Cultural Competence Workgroup, Local Training and Outreach Workgroup, and a Local Youth/Young Adult Workgroup. Unlike the state-level workgroup makeup, sites were instructed to also form a Local Policies, Practices, and Procedures Workgroup and a Local Sustainability Workgroup. Communities were given the option of creating specific teams of individuals to serve on each workgroup or having individual experts in each area serve as "champions" for that particular workgroup. They could also use a mixture of both approaches.

To explore how well communities were able to meet the state's request for workgroups, respondents were asked to describe the workgroups they had established and to discuss what challenges they had faced in setting up their workgroups.



In actual practice, not all communities were able to establish the entire range of workgroups; they often developed their own community-specific methods of dealing with each workgroup area. For example, rather than forming a specific Cultural Competence Workgroup, several communities opted to involve speakers as needed:

“What we ended up doing for cultural competency was just inviting various speakers to come to the LAC and give...us some brief explanation of who they are and what they do or just whatever way in which they were associated with a particular cultural competency piece we wanted to highlight, and...then allow the group to interact with them, and that worked very well for us”

Another approach used for addressing cultural competence by at least one community was:

“What we have done is...taken one person from the LAC, one from the LEOW, one from Training and Outreach, and they are all responsible for cultural competency...Our bases are covered no matter what group is meeting.”

Similarly, rather than creating a new Youth and Young Adult Workgroup, several communities were able to involve youth who were already active in local school systems, colleges, or other social service agencies. As an example, one community reported:

“We have done well there...We had a young man (who) is a teacher at the High School. He...saw the value in what we were doing and he has really helped us work with the youth. We were able to do a focus group with his students. His students were the groups that

reviewed our epi report before it was sent to print and so they could critique it for us. That was very, very helpful.”

One sparsely populated community approached creating its workgroups in a unique way:

“It just kind of worked out that whoever was at that lunch was our workgroup for that day or for the whole thing. We had many people over the months that have come to almost every meeting and we have had many that only came once or twice...Our workgroups were whoever showed up at a meeting.”

Communities reported facing a number of obstacles while trying to establish their workgroups. These obstacles help to account for the fact that some SPF SIG communities were unable to form all the required workgroups. One of the most frequently cited challenges in setting up the workgroups was simply finding qualified, interested individuals who had the time to serve on them. Respondents commonly reported that:

“Trying to get some of those people involved has kind of been a struggle, stepping away from the normal volunteers and trying to get some new people involved as well as...those who are very vested, I guess recruitment was a little difficult.”

“...We laughed about it. I said at one point in time when we passed around the signup sheet at one of the LCC meetings, I said it went faster through the group than the communion plate at church on Sundays. And, I think it is just because people are overwhelmed, you know. They have their own jobs; they are overwhelmed in their own jobs and I think they saw this as one more thing.”



“That was a significant challenge too based on what I’ve mentioned. Some of these people have devoted their life to substance abuse issues on other coalitions or other committees and to get them to ask for them to attend meetings for two different coalitions...was a little bit difficult to form those committees at first.”

Sometimes the challenge of finding workgroup members was centered on specific workgroups:

“We have not been able to get anyone to want to do the evaluation workgroup. Even though we had a training from the Indiana Prevention Resource Center (IPRC) by Randy Zaffuto who tried to make it sound less intimidating.”

“We tried (to have a youth group). We had some work with youth but...youth are so transient here, we hooked up with some college students for a while here at the university but it is hard to get a long-term buy-in.”

Other times, the challenge was getting people from a specific institution or agency to serve on a workgroup:

“We are a college town...we thought oh, we’ve got all these people who can help us with evaluation, we’ve got all these college professors that can do this and they can do that, but we didn’t have people lined up to say ‘oh yes, let me help,’ you know what I mean?”

Another obstacle respondents reported was trying to get buy-in from stakeholders or from their LAC about the workgroups. Many reported difficulties communicating the importance of all or specific workgroups:

“I mean typically, you know the thing is kind of get these people to kind

of understand the challenge, to get the buy-in, because the last thing people want to do is sit in another meeting...We have to get their boss to see how important it is.”

“Cultural competency was hard to put in place. The reason being that I think it is a very touchy situation for some people. I had actually met a lady that all she does is cultural competency...My team stalled on that. They didn’t think we needed a cultural competency workgroup. It just dragged on and on and on without ever hiring her. They never wanted to meet with her, they said ‘hey, we get enough of this in our job anyway, our coalition doesn’t really need this.’”

A third challenge described by many communities in both cohorts was a sense of pressure from the state to get all the required workgroups established very early on in project:

“...You were required to have those pretty much up and running in a pretty short period of time, and there were a lot of workgroups, and trying to get a person to chair every workgroup and then recruit members and make sure we were representing our community in basically each workgroup that they were balanced workgroups...”

“The other thing that really was a little bit frustrating...how they were demanding at the state level that you have all these workgroups because of the simple reason that if you are really going to have all these workgroups, to meet every month, my god they wanted us to do 7 or 8 of them, really, how were you going to get anything done? I mean that was a little bit much.”

“It was difficult to set up and...probably the workgroups, I think in the



very beginning may not have been all that relevant yet because we just didn't have the data."

The result of this pressure, according to the respondents, was that when some workgroups were created, the SPF SIG staff had no specific tasks for the group to do. Consequently, respondents said that members of these less involved workgroups lost interest in participating and often dropped out of the group. As several respondents put it:

"One of the feedback statements I heard repeatedly was that there were these workgroups but they didn't have tasks really to do and so then, at that point, all the excitement is gone...and then there is really nothing moving forward."

"We were told that we had to have certain committees, but it was difficult to find a purpose for some of those at the beginning and I think that what happened was that the committees were developed and then there was nothing for them to do. And that is not healthy."

"I guess the other things that have happened because they were focusing so much on data, there wasn't anything, there was no specific thing for the LAC to do. We had a good group, had some good discussions, but then I think they started to kind of disperse if you will."

"I guess the challenge wasn't as much in identifying people but as in understanding what we needed from them specifically at that point. For example, like training and outreach...The difficulty was more in identifying their role at that stage in the game."

A final challenge expressed by respondents was that once they got members on a workgroup, it was sometimes difficult getting members to commit to doing things. For example:

"We have had trouble getting people to take ownership. Folks are interested in the project; they are willing to provide advice and recommendations, not so willing to say 'I will do that.'"

"The biggest challenge was just getting physical involvement you know? They helped me with a few things but a lot of time I wanted them to be more involved than they were."

"...They were not active at all except for the chairperson...Others would come, but not active participants, weren't bringing in data or helping us analyze it."

"I had a problem with one of my groups actually doing what they were assigned to do. Every month I would say you need to come prepared with this information...Every month nobody came prepared and would ask 'what is it we were supposed to do?'"

Despite the challenges discussed by respondents, each community was able to establish a workgroup structure that allowed it to function and produce the state-required deliverables for the SPF SIG grant. Table 1-19 provides a breakdown of the workgroup representation within each community, regardless of how communities decided to define the workgroup.

One difference in the workgroup makeup between cohort 1 and cohort 2 was that the state asked cohort 2 communities to have their Local



Table 1-19. Current Workgroup Structures by County

Community	LEOW*	LAC	LTOW	LCCW	LEW	LSW	LYAW	LPPPW
Allen	X	X		X				
Daviess/Greene	X	X						
Delaware	X	X	X	X	X		X	X
East Chicago	X	X	X	X	X		X	X
Floyd	X	X						X
Franklin/Ripley	X	X	X	X	X		X	X
Howard	X	X		X			X	X
Lake	X	X						
LaPorte	X	X		X				
Lawrence	X	X	X	X	X		X	X
Madison	X	X		X			X	
Marion	X	X		X			X	
Monroe	X	X	X	X	X		X	X
Newton	X	X		X			X	
Porter	X	X	X	X	X			
St. Joseph	X	X	X		X		X	X
Tippecanoe								
Vigo	X	X		X	X			
Vanderburgh	X	X	X		X		X	X
Wayne	X	X	X	X	X		X	X

LEOW = Local Epidemiology and Outcomes Workgroup; LAC = Local Advisory Council; LTOW = Local Training and Outreach Workgroup; LCCW = Local Cultural Competence Workgroup; LEW = Local Evaluation Workgroup; LSW = Local Sustainability Workgroup; LYAW = Local Youth/Young Adult Workgroup; LPPPW = Local Programs, Policies, and Practices Workgroup

Coordinating Council (LCC) serve as their LAC. Cohort 1 communities were not given this requirement. To see what cohort 2 communities thought of this decision by the state, respondents from cohort 2 were asked to discuss their experience of having had their LCC serve as their LAC. Overall, cohort 2 respondents were very positive in their remarks. Most believed having the LCC serve as the LAC made establishing the LAC easier, because it eliminated the need to find new people to serve on a new workgroup. It also allowed for sustainability, as the LCC was an organization that was expected to exist within a community after the SPF SIG dollars disappeared. The following quotes express the general sentiment of respondents regarding the issue:

“That worked out really for me and I would say for the most part the ones who are on my LCC were the ones who I would have wanted as members of the LAC because they had knowledge about substance use in our community...”

“It worked very well. If we had to have a separate committee or a separate group of people, I think we would be lost.”

“I think it was good. It was an already established group...and I think being involved with this grant has helped the LCC become stronger because they have really learned a lot...”



SATISFACTION OF COMMUNITIES WITH THEIR WORKGROUPS

As part of the Annual SPF SIG Satisfaction survey completed in 2008 and 2009, communities were asked to rate their satisfaction with their local-level workgroups. Across both years,

respondents held similar opinions about their local workgroups' performance (see Table 1-20). Generally most survey participants rated all of their local workgroups as performing at a level that was either very good or excellent.

Table 1-20. Community-Level Satisfaction with Local Level Workgroup Performance

	2008		2009	
	N	(%)	N	(%)
How would you rate the overall performance of your...				
Local Advisory Committee				
Excellent	13	(25.0)	19	(32.2)
Very Good	21	(40.4)	19	(32.2)
Good	9	(17.3)	15	(25.4)
Fair	4	(7.7)	2	(3.4)
Poor	5	(9.6)	4	(6.8)
Local Advisory Committee Executive Committee				
Excellent	11	(26.2)	18	(38.3)
Very Good	19	(45.2)	13	(27.7)
Good	6	(14.3)	11	(23.4)
Fair	4	(9.5)	1	(2.1)
Poor	2	(4.8)	4	(8.5)
Local SPF SIG Support Staff				
Excellent	22	(37.3)	34	(54.8)
Very Good	22	(37.3)	13	(21.0)
Good	9	(15.3)	8	(12.9)
Fair	4	(6.8)	4	(6.5)
Poor	2	(3.4)	3	(4.8)
Local Epidemiology and Outcomes Workgroup				
Excellent	17	(32.1)	20	(36.4)
Very Good	18	(34.0)	16	(29.1)
Good	12	(22.6)	15	(27.3)
Fair	5	(9.4)	4	(7.2)
Poor	1	(1.9)	0	
Local Evaluation Workgroup				
Excellent	7	(18.4)	11	(23.9)
Very Good	13	(34.2)	13	(28.3)
Good	11	(28.9)	13	(28.3)
Fair	4	(10.5)	7	(15.2)
Poor	3	(7.9)	2	(4.3)

(continued on next page)



Table 1-20. Community-Level Satisfaction with Local Level Workgroup Performance
(continued from previous page)

	2008		2009	
	N	(%)	N	(%)
Local Training and Outreach Workgroup				
Excellent	9	(29.0)	11	(25.6)
Very Good	11	(35.5)	15	(34.9)
Good	7	(22.6)	10	(23.3)
Fair	2	(6.5)	6	(14.0)
Poor	2	(6.5)	1	(2.3)
Local Cultural Competence Workgroup				
Excellent	6	(19.4)	5	(11.9)
Very Good	12	(38.7)	12	(28.6)
Good	8	(25.8)	15	(35.7)
Fair	2	(6.5)	8	(19.0)
Poor	3	(9.7)	2	(4.8)
Local Youth/Young Adult Workgroup				
Excellent	7	(18.9)	10	(27.2)
Very Good	13	(35.1)	13	(29.5)
Good	10	(27.0)	8	(18.2)
Fair	4	(10.8)	9	(20.5)
Poor	3	(8.1)	4	(9.1)
Local Policies, Procedures, Practices Workgroup				
Excellent	n/a	n/a	8	(20.0)
Very Good	n/a	n/a	10	(25.0)
Good	n/a	n/a	10	(25.0)
Fair	n/a	n/a	11	(27.5)
Poor	n/a	n/a	1	(2.5)
Other Local Workgroup				
Excellent	n/a	n/a	3	(18.8)
Very Good	n/a	n/a	5	(31.3)
Good	n/a	n/a	4	(25.0)
Fair	n/a	n/a	3	(18.8)
Poor	n/a	n/a	1	(6.3)



SECTION 2. ORGANIZATIONAL AND COMMUNITY-LEVEL NEEDS ASSESSMENT AND EPIDEMIOLOGICAL REPORT

Once sites had established their basic administrative and workgroup structure, communities' next task was to complete their local-level needs assessment and prepare an epidemiological report. To help local communities with the task, the SEOW developed a template and list of data sources that local SPF SIG staff could use as a guide when developing their needs assessment and epidemiological report.

Cohort 1 and cohort 2 communities approached the writing of their needs assessments and epidemiological reports in different fashions. For cohort 1, specific funds were not carved out of the budget to allow for the hiring of an outside epidemiologist who could conduct the needs assessment and write the epidemiological report. The state assumed that SPF SIG staff at each cohort 1 site would conduct the assessment and write the report with support from their contracted technical assistance provider. In attempting to implement this approach, several cohort 1 communities expressed significant dissatisfaction with their technical assistance providers. Communities' main concern was that the people with whom they contracted could not provide the level or type of support that was really necessary to complete the assessment and report. Because of their dissatisfaction, several cohort 1 communities asked to be released from their technical assistance contracts so they could use those funds to hire someone in their local area to complete the needs assessment and epidemiological report. After considerable negotiation, the GAC allowed cohort 1 communities the option

of terminating their technical assistance contracts and retaining six months of technical assistance funds to use as they wished in order to complete the assessment and report. Three communities chose to terminate their technical assistance contracts.

Due to these and other difficulties encountered by cohort 1 sites in completing their needs assessments and epidemiological reports, budgets for cohort 2 had a specific allocation for the hiring of individuals to complete their needs assessment and epidemiological reports.

The data on how communities went about completing their reports comes from the CLI and the in depth interviews completed with site representatives. Due to the delay in the availability of CLI data, the CLI data presented below only cover cohort 1 communities. Additional data on the needs assessment process are available from fidelity ratings completed by evaluators for all 20 communities.

ORGANIZATIONAL NEEDS AND RESOURCES ASSESSMENT

Although communities were not specifically asked to complete an organizational-level needs assessment, based on CLI data, most cohort 1 communities chose to do so. An organizational needs and resources assessment allows organizations managing an SPF SIG grant to review their infrastructure and identify gaps they need to fill before they can implement certain areas of the SPF SIG; it also helps identify strengths upon which they can build.

By the end of the first year of funding, CLI data showed that 11 cohort 1 sites had completed an organizational level needs and resources assessment. CLI



respondents were asked to describe the areas of their organization that were reviewed for the assessment (see Table 2-1). The areas reviewed most frequently by

sites were their technical resources, their level of knowledge of current substance abuse prevention issues, their human resources, and their infrastructure.

Table 2-1. Areas Reviewed for Organizational Needs and Resources Assessments

Area	Number Assessing this Area	(%)*
Mission/Vision	7	(63.6)
Leadership Ability	7	(63.6)
Cultural Competence	7	(63.6)
Human Resources	8	(72.7)
Technical Resources	9	(81.8)
Infrastructure	8	(72.7)
Funding Sources	6	(54.5)
Organizational Experience	6	(54.5)
Up-to-date knowledge of substance abuse prevention	8	(72.7)

Communities were asked to describe the specific needs and resources identified in the assessment areas listed in Table 2-1. Respondents appeared to have difficulty identifying specific needs and/or resources present within their organization for each main area reviewed.

Mission/Vision

Communities assessing their organization's mission and vision reported a need for developing mission and vision statements for their SPF SIG-related workgroups and governing committees. Several communities also said that their organization's mission and vision needed to be amended in order to include the SPF SIG goals. When asked to identify resources, one organization reported having a mission and vision that was clearly understood by its members.

Leadership Ability

The most common need respondents reported was that of recruiting strong leaders for the SPF SIG from various

sectors within their community, such as business, research, prevention, and government. Survey respondents typically did not report leadership resources; however, one site acknowledged that their organization had active, longstanding leaders from various parts of the community.

Cultural Competence

When discussing the area of cultural competence, respondents reported few needs. One community reported reviewing policies and making adjustments. Another community respondent emphasized the need to address the growing Latino population within their county. Similarly, one community described the need to hire a data analyst who had experience working with different cultures, again due to the high number of Latinos within that part of the state. Several communities did report having a culturally diverse coalition and workgroup membership with representation from minority and



ethnic organizations. Additionally, one community emphasized that all the agencies working with the organization operated under the state and federal guidelines for nondiscriminatory practices with employment and service provision, demonstrating a commitment to inclusiveness.

Human Resources

The organizations that addressed human resource gaps indicated their needs involved open positions for SPF SIG staff and administrative staff. They also identified a need for better recruitment practices to ensure retention of staff and volunteers. Respondents did not discuss existing human resource assets.

Infrastructure

Infrastructure needs were not well-described. Two communities reported requiring and subsequently finding new office space. One organization reported the need to start developing a basic infrastructure. One respondent indicated that the organization needed to develop written policies.

Funding Sources

In terms of funding needs, communities that assessed this area noted that their organization and/or community would require additional funding sources to sustain strategies. Available funding resources were not discussed by respondents.

Organizational Experience

CLI respondents did not discuss specific needs in regards to organizational

experience. Two respondents described the strengths of their organizations, indicating that they were well-established and well-respected in the community, and were seen locally as the leaders in the area of alcohol and substance abuse prevention.

COMMUNITY-LEVEL NEEDS AND RESOURCES ASSESSMENT

By the end of the second CLI administration period, all cohort 1 communities had completed their first community-level needs and resources assessments and submitted their initial local-level epidemiological reports. The needs and resources assessments varied in terms of the types of community needs and resources assessed, the data sources used, and whether or not a community readiness assessment had been completed.

The two community-level needs most frequently assessed by funded sites were the substance use rates and consequences of the potential target populations (see Table 2-2). Ten communities (83.3%) reported information on both rates and consequences of substance use. Two-thirds (66.7%) of cohort 1 sites assessed community-level factors that might cause or promote substance use. The inability of communities to provide information on all need and resource areas was likely due to the limited amount of readily available county-level data and the rather restrictive timetable provided to communities for completing their initial report.

Community Needs and Resources—Respondents were asked to describe the community needs and resources identified through their assessments. Responses to this question were generally brief and varied significantly from



Table 2-2. Areas Assessed in Community Needs and Resources Assessments

Community Need/Resource Area	N	(%)
Data on populations not typically included in assessments (e.g., homeless, undocumented workers)	2	(16.7)
Prevention resources (e.g., call centers and trained counselors)	6	(50.0)
Cultural competence	4	(33.3)
Partnerships within the community	6	(50.0)
Substance use rates of the potential target populations	10	(83.3)
Substance use consequences in potential target population (e.g., alcohol-related mortality)	10	(83.3)
Factors that might cause, lead to, or promote substance use	8	(66.7)
Experience within the community of working with the potential target population (e.g., previous encounters with the target population, perhaps in serving members with prevention services or in conducting outreach to this population)	2	(16.7)
Community readiness	9	(75.0)
Workforce training issues within the community (e.g., not enough slots in a community-college training program)	0	(0.0)

community to community. Some informants did not really address needs and resources, but rather described their data collection steps, such as forming partnerships, establishing an LEOW, developing a logic model, and distributing surveys.

Other respondents provided more specific information regarding findings. For example, several CLI participants discussed creating a working list of prevention resources in their community, while other participants described gathering data from area youth-serving agencies on the rates and consequences of use. Still other respondents provided very specific information on gaps they identified within their community, such as a lack of data for 16- to 25-year-olds, a lack of drug-free workplace initiatives, a lack of treatment programs for adolescents, or a lack of prevention professionals trained specifically to work with young adults.

Readiness Assessment—Nine communities (75.0%) completed some type of assessment of their level of readiness for substance abuse prevention

efforts. Of these nine communities, three assessed community readiness using the Goodman and Wandersman Community Readiness Survey; two used the Community Key Leader Survey; and one used the IU County Readiness Survey. Three communities did not report the name of the survey used to assess readiness.

Participants were asked to summarize the results of their readiness assessment. Responses to the question varied from site to site. Of the participants who discussed the local level of community readiness, the consensus was that communities had some awareness that a substance abuse problem existed and that communities believed something needed to be done about the problem. Based on the quality of the responses, it was not clear to what degree community members and local organizations were willing to engage in prevention initiatives.

Data Sources

CLI participants were asked to indicate the types of data sources they used in preparing their needs and resources



assessment. Of the data sources listed, the most frequently used were student school surveys, public health statistics, census data, and law enforcement data. All 12 communities reported using data from these sources. Other commonly used data sources were community surveys completed either by the state or by communities themselves (91.7%), public safety data, (83.3%), and social norms data (83.3%). On average, each site used nine data sources ($SD = 1.4$) to complete their initial needs and resources assessment (see Table 2-3).

Based on the data that were collected and analyzed for the needs assessment, all 12 communities indicated that they had identified a consumption pattern or patterns that they were going to target for

substance abuse prevention. Table 2-4 outlines the consumption patterns identified by each funded community.

All CLI participants indicated that their site would be focusing on the priority for which their community was funded. Several communities, however, reported that their assessment had revealed a need for prevention efforts for other substances as well.

Eight sites stated that based on their needs assessment, they had identified substance abuse-related consequences needing attention in their community. Due to the nature of the question, it was unclear whether these consequences were to be targeted directly or indirectly through SPF SIG activities (see Table 2-5).

Table 2-3. Data Sources Used by Communities to Complete Local Needs and Resources Assessments

Data Source	N	(%)
Student school survey data	12	(100.0)
School achievement data	8	(66.7)
Community surveys	11	(91.7)
Public health statistics	12	(100.0)
Census data	12	(100.0)
Interviews and/or focus groups	4	(33.3)
Public meetings or forums	8	(66.7)
Law enforcement data	12	(100.0)
Department of Justice data	6	(50.0)
Public safety data	10	(83.3)
Social norms data	10	(83.3)
Other	4	(33.3)



Table 2-4. Consumption Patterns Targeted By Cohort 1 Sites

Community	Funded Priority	Under-age Use of Alcohol	Any use of alcohol	Heavy use of alcohol	Binge drinking	Any use of Tobacco under age 18	Any use of tobacco 18 years of age or older	Any use of illegal drugs	Other consumption pattern(s)
Allen	Binge/ Underage Drinking	X			X				
Delaware	Binge/ Underage Drinking	X	X	X	X				
East Chicago	Cocaine	X	X			X		Marijuana, Ecstasy, Cocaine, Crack Cocaine	Inhalant use, cocaine or crack use, methamphetamine use
Greene - Daviess	Methamphetamine							X	First-time use of methamphetamine
Lake	Binge/ Underage Drinking	X	X		X			Marijuana, Cocaine	
Marion	Binge/ Underage Drinking	X							
Monroe	Binge/ Underage Drinking	X		X	X				
Porter	Binge/ Underage Drinking	X			X				
St. Joseph	Cocaine							Cocaine and Crack Cocaine	
Tippecanoe	Binge/ Underage Drinking	X							Alcohol consumption by 18- to 25-year-olds
Vigo	Binge/ Underage Drinking	X			X				
Wayne	Cocaine							Cocaine and Crack Cocaine	

Table 2-5. Consequences from Substance Use Needing Attention in Local Communities

Community	Motor vehicle crashes	Crime	Dependence or abuse	Alcohol-related mortality	Tobacco-related mortality	Drug-related mortality
Delaware			X			
Greene-Daviess			X			
Lake	X	X		X		X
Monroe	X	X	X	X		
Porter	X		X	X		
Tippecanoe	X					
Vigo	X	X	X	X		
Wayne		X	X			X



Eleven of the cohort 1 communities indicated they had identified specific populations that would be targeted with SPF SIG-funded substance abuse prevention efforts (see Table 2-6). Because of the nature of the question, it was not clear if communities were reporting actual populations driving the substance abuse problem in their area or if respondents were indicating the people who would be reached by the strategies planned. For example, did the SPF SIG staff in Delaware County perceive all residents as contributing to the binge and underage

drinking problem in their community, and thus all residents needed to be targets for intervention; or did the staff believe their intervention would impact all residents, regardless of whether they were considered to be part of the problem? The most frequently cited target population was young adults between 18 and 25 years of age, followed by young people under 18, middle school students, and high school students. These populations are consistent with the age ranges specified in the state-level priorities.

Table 2-6. Populations Targeted by SPF SIG-Funded Prevention Efforts

Community	African-American	White	Hispanic	Elementary School Students	Middle School Students	High School Students	College Students	Under 18	Under 21	18- to 25-year-olds	Other Population
Allen								X		X	
Delaware					X						Delaware County residents
East Chicago											Mentally Ill, Dual Diagnosis
Greene-Daviess	X							X			White women and men 18-44, fast-food/blue collar workers, youth in probation system
Lake	X	X	X	X	X	X	X	X	X	X	
Marion					X	X	X	X		X	
Monroe										X	
Porter					X	X	X	X	X	X	
Tippecanoe										X	
Vigo				X	X	X	X			X	
Wayne					X	X		X		X	All citizens of Wayne County



Training on Needs and Resource Assessments

When asked whether they had received SPF SIG-funded guidance, training, or technical assistance with regards to conducting a needs and resources assessment, all 12 cohort 1 sites reported that they had. All respondents reported that it was either likely (8.3%) or very likely (91.7%) that they would use the training they received in their SPF SIG activities.

Challenges

CLI informants were asked to discuss the challenges they encountered in completing their needs and resources assessment. The issues brought out by informants were similar across communities. The most frequently cited challenge was that of finding data that could be used for the needs assessment. Respondents indicated that data on 18- to 25-year-olds and other populations either did not exist or required significant effort to obtain. Participants also reported difficulties in identifying, partnering with, and communicating with local agencies that had data. Cooperation difficulties arose as the SPF SIG grant was unfamiliar to most service agencies, and there were concerns about why the data were needed and how the data would be used.

At least two communities faced challenges with finding qualified staff locally with the skills necessary for coordinating the various SPF SIG activities. Three community respondents indicated having trouble getting adequate and timely training or technical assistance on how to complete a needs and resources assessment.

Scheduling meetings was seen as problematic for several respondents, as most attendees were typically volunteers

and already had full-time jobs and other responsibilities. Finally, simply understanding the SPF SIG process and the requirements of each step was cited by several informants as a challenging task that slowed their progress.

Successes

CLI respondents were also asked to discuss successes they experienced while conducting their needs and resource assessments. Communities reported similar types of successes. Informants indicated that the needs assessment process had helped bring new partners into their coalition. The need for data served as an impetus for coalition members to reach out to different groups and agencies that were not part of the coalition, tell them about the SPF, and invite them to be a part of the process. Respondents reported that the addition of new partnerships had helped improve their coalition's infrastructure.

Another success highlighted by several respondents was the discovery of substance abuse data that no one knew existed. These types of discoveries occurred as SPF SIG and coalition staff discussed the process with service providers throughout their community. The final overarching success reported by informants was that the needs assessment process and the circulation of the epidemiological report had increased community awareness and interest in substance use and prevention issues.

KEY INFORMANT INTERVIEWS—NEEDS ASSESSMENT & EPIDEMIOLOGICAL REPORT

A second piece of data on the community-level needs and resources assessment comes from the in depth interviews completed with community representatives. A



CHP evaluator completed interviews with representatives from both cohort 1 and cohort 2 communities. As part of the interview, respondents described the process they used for gathering data and completing their epidemiological report, discussed the challenges they faced in completing them, and described the successes they experienced from doing the assessment and preparing the report. The themes that emerged during the in depth interviews were consistent with those apparent in the CLI.

When discussing how they approached completing the needs assessment process in their community, most respondents described a methodology very similar to the one used in the following excerpt:

"We kind of blitzed data. We got online early on and figured out lots and lots of data from pretty much any source that we could think of. Then we presented that to the LEO in a two-hour working lunch and divided that up. We put all the data in binders, not only the data that we got from IPRC, but things that we had found online, as well as our local health department data, things like that. We gave the binders to the group and then they were to split off into subgroups and each subgroup had a certain amount of data that they would look at and they would analyze that and make it into smaller, more useable chunks and decide what was significant to the priority and what information was going to be necessary for our epi and they would also...see where the gaps were and...if at all possible we went and got the rest of that data...That's pretty much (how) the data for our first epi came into play. We just sat down and did everything and got it all together and took recommendations from the group."

As they were working on their needs assessment, respondents did report encountering several challenges. The first challenge reported by respondents was simply the timeline they had been given by the state to complete the report:

"...We started so late, we felt like a rush to gather all the data and get it put together...I would say that was really my only challenge..."

"...The challenge was the timeline between data gathering and to have your epi draft written."

"I would say the biggest challenge would just be the time frame, you know, it was just so crunched together."

The most frequently encountered difficulty was simply getting data for the epidemiological reports. The types of data that were hardest to obtain varied from community to community, but most described issues getting data from certain agencies, such as law enforcement or the school system. Others reported problems finding data for the age group that had been targeted for their community by the State Epidemiology and Outcomes Workgroup. Some example quotes highlight the issues brought forth by the communities:

"We tried contacting various places. No one was able to give us any statistics especially if it had to do with any minors—we couldn't get any of that."

"...We had data issues. We had a lot of issues with getting data from law enforcement."

"A lot of it was regionalized...The regionalized data is not very helpful because our county is very different from neighboring counties in terms of population, so when you are looking at regional data nothing can be drawn from it."



"A lot of people we found could not easily get access to data or didn't have the data that we were looking for. It seems with a community as large as ours you could ask somebody for information and they would have it and (that) just simply was not the case."

"Our challenges were some agencies don't have data collection systems."

"So, that is something I wish I could have got was ER information. And then, (on) some of the data from law enforcement, there wasn't enough specific data. The data system was not really that organized, you know?"

"We only had two of the five school corporations participate in any type of youth substance survey and they were two of the smallest corporations, and so I don't feel like the data that we have in the epi is a representative sample of the youth in our county."

"One other challenge from data that was hard to find...It was hard to get information (on) 18- to 25-year-olds. Trying to get people to fill out surveys in that age bracket area is not easy."

Communities typically conducted surveys and manual searches of data in their efforts to gather data from more difficult sources or for more difficult populations. Examples of the methods employed by communities are highlighted in the following interview excerpts:

"Because we couldn't get any information for the age group of 18 to 25, we set money aside this year for data collection. We hired two grad students...and they designed a survey that includes cocaine, family dynamics, and a mental health piece."

"So, we developed...several surveys. We did a youth survey, a parent survey, a law enforcement survey, and I believe we did one for the medical community."

"We actually surveyed the entire population from 12 and up so we had young adult surveys as well as adult surveys, and we even did a geriatric survey on perception."

"We take the 'eat' sheet, the sheet that they give to the chef for the county jail, and it has the charge on it for the individual. We...pick out the cocaine cases and then we e-mail central booking at the Sheriff's Department because we learned that law enforcement always arrests and always detains on a cocaine arrest. So we knew that every arrest for cocaine in the county was going to go to the jail and it has to go through central booking. So, we get the cocaine arrest from central booking and then we ask central booking to give us the address of arrest, the address of residence and clearly specify the charges. So we are getting that information from the jail. It is manual, it is not automated, so it is rather cumbersome and time consuming."

"We had to be creative with how we could survey the youth because they didn't want us into the schools. So, we did...my Afternoons Rock programs; I could survey all of them in the Rock Program. In the agencies, five of the schools that had kids we could survey them, and then we sat at the movie theatre for two nights surveying kids as they came in."

While communities often struggled with finding data, many reported a sense of feeling overwhelmed by the volume of



data they did obtain. They realized they needed to focus on what was most important for their community:

"You are just overwhelmed with all of this information and all of it is so fascinating...so I just had tons of stuff that I kept thinking I have to focus."

"Our struggle is that our community is so large it took us a while to find the appropriate lowest common denominator."

"Hardest part in year one was whittling down what we had because it was so much and we really wanted to focus the report."

"...We got so much information; we almost had too much information to try to deal with...It was good because we've got it but it was trying to figure out...how do we filter it down to what we actually need to use."

Ultimately, all the communities were able to take the data, narrow it down, and produce an epidemiological report. Despite the challenges they faced in finding and compiling data, respondents realized a number of positive consequences from completing the needs assessment process and creating an epidemiological report for their community.

For one thing, informants reported that local agencies saw the epidemiological report as a resource they could use when trying to understand their community and when applying for grants:

"It's had a huge impact. People were very surprised with the statistics that we had in the report. Not-for-profit agencies here in our county loved the report. People have called and requested a report so that they can use the data that is in the report. So, it has been very successful."

"I think that...a lot of people are excited that in one location there is that much data. It is a true snapshot and profile of our community."

"I think...it is data that they can use in their own grant writing efforts."

Informants reported that the epidemiological report had helped raise the public's awareness about the substance abuse issues in their community. The report also helped to combat misconceptions the community held about substance use and abuse:

"...There had been the theory (in our community) that (drug activity) had only been happening in certain areas; what we found was it was happening everywhere throughout the whole city even like right next to schools."

"I think it brought our community together and actually helped them be more aware of what was really going on. I think everyone has in the back of their mind what they think they need, but looking at the data it is like oh gosh, we really need to get together and make a difference and everybody really started to come together at that point."

"It has been in the newspaper. Each of the local libraries wanted a copy of the epi so they could keep it on hand if somebody wanted to read it. So, I think it has really gotten people to realize that it is a countywide issue and not just a school issue or not just one city's issue."

"Well, one of the things that we learned from the epi and this whole process was it...got people kind of talking about the issue and people seemed to like the report."

Respondents also related that the needs assessment process and the



epidemiological report had helped their organization with networking, improving their interagency relationships:

“One of the things that stood out for me was that it opened up dialog that wasn’t (there) in the past. It brought individuals together from different sectors in the community that hadn’t talked on a regular basis. I think the networking was a real positive of putting the epi together.”

“...The project director also got all the schools to agree to submit their data to the state where in the past they weren’t doing that. So that was very helpful because like I said, we didn’t have good data. Also, he was working to get more information. We only have one hospital in the county so he seems to be have been successful in getting their involvement.”

“...Just going through the process brought a lot of people in our community together and when we had our lunch...meetings, it did bring people together as we were walking through that process and kept them updated on what we were trying to accomplish, and then people will say, ‘You need to talk to this one or you need to talk to that one,’ so we just slowly kept getting new names and new faces and such and it was a good connection activity for us.”

“It actually has really been great...At our epi rollout, we had some school personnel from different school corporations...that we haven’t seen at any LCC meetings, (they) haven’t really been involved in the ATOD [alcohol, tobacco, and other drug] issue, (but) they were there.”

Finally, a few respondents indicated that the epi process and report seemed to

serve as a catalyst for change around substance abuse issues in their community:

“I guess it is wonderful that we have this document now so that we can plan to make a difference in our community and hopefully our epi report can look a little better.”

“But seeing all the information that we collected, a lot of people are excited and kind of disgruntled to know this information, but they want to find out how they can bring prevention more into the county with it.”

The interviewer asked cohort 2 respondents to comment on the state’s decision to revise the community-level SPF SIG budget in a way that allowed them to hire an epi writer. Cohort 2 informants’ comments were overwhelmingly positive regarding contracting with an epi writer, as the following quote illustrates:

“Yes, I think if we had not had the alternative, we would have done it ourselves. But, I cannot imagine having done that epi report. Certainly we would not have done it in three or four months like we did...but again, that would have been something that was totally foreign to me. I would not have known where to start. And, to do all of that my goodness, I can’t imagine...I don’t know where we would have been.”

FIDELITY RATINGS OF THE NEEDS ASSESSMENT PROCESS—FIRST EPIDEMIOLOGICAL REPORT

The level of fidelity with which communities completed their needs assessment was assessed using 10 items in the Westat-developed SPF SIG Fidelity Rating Scale. The items covered various aspects of the needs assessment process, including how data were collected and



analyzed, who completed the data collection and analysis, who was in charge of overseeing the needs assessment, and so on.

Based on answers to the 10 needs assessment questions, the total scores across the 20 cohort 1 and cohort 2 communities ranged from a low of 16 to a high of 28 ($M = 24.4$, $SD = 3.3$). The total needs assessment score for cohort 1 ranged from 16 to 27 ($M = 23.3$, $SD = 3.3$),

while scores for cohort 2 ranged from 21 to 28 ($M = 25.9$, $SD = 2.9$). The mean total scores for each community are not statistically different from one another. Table 2-7 shows the questions used to rate how closely communities adhered to the ideal methods for the needs assessment process. It also shows the number of communities falling within each level of fidelity.

Table 2-7. Number of Communities Receiving each Fidelity Score for Needs Assessment, Year 1

Item	Missing	Weak	Moderate	Strong
Has an entity been authorized to carry out needs assessment activities on behalf of the community project? Has the entity been charged with needs assessment activities in each of the six core data areas (i.e., 1. Consequences, 2. Consumption patterns, 3. Geographic/target population differences, 4. Intervening variables, 5. Prevention resources and infrastructure, and 6. Community readiness)?	1	0	1	18
Does the entity possess the requisite skills with regards to needs assessment data collection, management and analysis? Does the needs assessment entity have the requisite skills with regards to local substance abuse data and cultural issues? Does the entity develop its membership to address gaps in expertise?	0	0	7	13
Were data obtained on each of the six core data areas specified by the Framework: (i.e., 1. Consequences, 2. Consumption patterns, 3. Geographic/target population differences, 4. Intervening variables, 5. Prevention resources and infrastructure, and 6. Community readiness)? Are the acquired data of sufficient quality to reach solid conclusions about community needs and to inform strategic planning? Were gaps in available information and/or data limitations identified? Were new data sources identified to address these gaps? Were new data acquired as a result of identifying data limitations and new sources of data?	0	3	8	9
Were data analyses conducted to examine the relationship between causes, consumption, and consequences? Does the data and research support the types of relationships examined and conclusions drawn?	0	2	5	13
Were target issues specified based on needs assessment results, or did other factors (not data-based) enter into the consideration? Were needs assessment results used to prioritize the different issues identified?	0	0	7	13
Was a target geographic area or population identified based on needs assessment results, or did other factors (not data-based) enter into the consideration? Were needs assessment results used to prioritize different target geographic areas or populations?	0	2	11	7
Were results used to identify and specify target intervening variables (i.e., causal or contributing factors), or did other factors (not data-based) enter into the consideration? Were needs assessment results used to prioritize different intervening variables?	0	4	5	11
Were results used to identify gaps in substance abuse prevention resources and infrastructure, or did other factors (not data-based) enter into the consideration?	0	3	4	13
Were results used to identify gaps in community readiness to address the target issue(s), or did other factors (not data-based) enter into the consideration? Were readiness assessment results used to prioritize community prevention needs and resources?	1	1	7	11
Are needs assessment activities ongoing? Are results updated on a regular basis?	0	1	17	1



On the whole, very few communities were rated as having either missing or weak fidelity on the needs assessment criteria. On all the items, more than 50% of communities were said to have moderate to strong fidelity. Areas where communities had the most difficulty in the needs assessment process (scored as weak) included gathering a wide range of useful data to address the six core data areas specified by the SPF (15%), specifying target intervening variables

(20%), and using the results to identify gaps in substance abuse prevention resources and infrastructure (15%).

An alternate way to determine where communities did well overall and where communities had difficulties is to compare a community's score on each fidelity item to the overall mean for that item. Table 2-8 presents how communities compared to the mean for each needs assessment item. The mean evaluator ratings of fidelity for each question was somewhere between

Table 2-8. Comparison of Cohort 1 SPF SIG Communities to the Mean on Needs Assessment Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	Mean	(SD)	Allen	Delaware	East Chicago	Greene-Daviess	Lake	Marion
Has an entity been authorized to carry out needs assessment activities on behalf of the community project?	2.8	(0.7)	↑	↑	↑	↑	↓	↑
Does the entity possess the requisite skills with regards to needs assessment data collection, management and analysis?	2.7	(0.5)	↑	↓	↑	↑	↓	↑
Were data obtained on each of the six core data areas specified by the Framework?	2.3	(0.7)	↑	↑	↑	↓	↓	↑
Were data analyses conducted to examine the relationship between causes, consumption, and consequences?	2.6	(0.7)	↑	↓	↑	↓	↑	↑
Were target issues specified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.7	(0.5)	↑	↓	↑	↑	↓	↑
Was a target geographic area or population identified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.3	(0.6)	↑	↑	↓	↑	↑	↓
Were results used to identify and specify target intervening variables (i.e., causal or contributing factors), or did other factors (not data-based) enter into the consideration?	2.4	(0.8)	↓	↓	↓	↑	↓	↓
Were results used to identify gaps in substance abuse prevention resources and infrastructure, or did other factors (not data-based) enter into the consideration?	2.5	(0.8)	↓	↑	↑	↑	↓	↓
Were results used to identify gaps in community readiness to address the target issue(s), or did other factors (not data-based) enter into the consideration? Were readiness assessment results used to prioritize community prevention needs and resources?	2.4	(0.8)	↑	↓	↑	↑	↑	↓
Are needs assessment activities ongoing? Are results updated on a regular basis?	2.0	(0.3)	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓

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moderate to strong fidelity (Min. = 2.0, Max = 2.8). In most cases when communities scored below the mean, their fidelity score was moderate. Communities scoring above the mean on an item typically had a strong fidelity score.

When comparing the 20 communities in this fashion, four areas emerged where at least half or nearly half of the communities scored below the mean:

- Thirteen communities (65%) experienced slightly more issues in identifying the “hot spots” or specific subpopulation or geographic area driving the substance abuse problem in their community.
- Eleven communities (55%) had slightly more difficulty gathering data on all six of the core data areas of consumption, consequences, intervening variables, geographic or subpopulation variation, prevention resources, and community readiness.

Table 2-8. (continued) Comparison of Cohort 1 SPF SIG Communities to the Mean on Needs Assessment Fidelity Items, Year 1 (↑=above mean, ↓=below mean, /=at mean)

	Mean	(SD)	Monroe	Porter	St. Joseph	Tippecanoe	Vigo	Wayne
Has an entity been authorized to carry out needs assessment activities on behalf of the community project?	2.8	(0.7)	↑	↑	↑	↑	↓	↑
Does the entity possess the requisite skills with regards to needs assessment data collection, management and analysis?	2.7	(0.5)	↓	↑	↑	↑	↓	↓
Were data obtained on each of the six core data areas specified by the Framework?	2.3	(0.7)	↓	↓	↓	↓	↓	↓
Were data analyses conducted to examine the relationship between causes, consumption, and consequences?	2.6	(0.7)	↑	↓	↓	↑	↓	↑
Were target issues specified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.7	(0.5)	↑	↓	↓	↑	↓	↑
Was a target geographic area or population identified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.3	(0.6)	↓	↓	↑	↑	↓	↑
Were results used to identify and specify target intervening variables (i.e., causal or contributing factors), or did other factors (not data-based) enter into the consideration?	2.4	(0.8)	↓	↓	↑	↑	↓	↓
Were results used to identify gaps in substance abuse prevention resources and infrastructure, or did other factors (not data-based) enter into the consideration?	2.5	(0.8)	↓	↓	↑	↓	↓	↑
Were results used to identify gaps in community readiness to address the target issue(s), or did other factors (not data-based) enter into the consideration? Were readiness assessment results used to prioritize community prevention needs and resources?	2.4	(0.8)	↓	↓	↑	↓	↓	↓
Are needs assessment activities ongoing? Are results updated on a regular basis?	2.0	(0.3)	↑/↓	↑/↓	↓	↑/↓	↓	↑

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- Nine communities (45%) fell below the mean in having data or using data to identify the specific intervening or causal variables associated with the targeted substance in their community.
- Nine communities (45%) experienced somewhat more difficulty using the data they collected to identify gaps in the community's readiness to address the targeted substance.

Table 2-8. (continued) Comparison of Cohort 1 SPF SIG Communities to the Mean on Needs Assessment Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	Mean	(SD)	Floyd	Franklin-Ripley	Howard	LaPorte	Lawrence	Madison	Newton	Vanderburgh	Total % Above	Total % Below
Has an entity been authorized to carry out needs assessment activities on behalf of the community project?	2.8	(0.7)	↑	↑	↑	↑	↑	↑	↑	↑	(90.0)	(10.0)
Does the entity possess the requisite skills with regards to needs assessment data collection, management and analysis?	2.7	(0.5)	↑	↑	↓	↑	↑	↑	↓	↑	(65.0)	(35.0)
Were data obtained on each of the six core data areas specified by the Framework?	2.3	(0.7)	↑	↑	↓	↑	↓	↓	↑	↑	(45.0)	(55.0)
Were data analyses conducted to examine the relationship between causes, consumption, and consequences?	2.6	(0.7)	↑	↑	↓	↑	↓	↑	↑	↑	(65.0)	(35.0)
Were target issues specified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.7	(0.5)	↑	↑	↓	↑	↓	↑	↑	↑	(65.0)	(35.0)
Was a target geographic area or population identified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.3	(0.6)	↓	↓	↓	↓	↓	↓	↓	↓	(35.0)	(65.0)
Were results used to identify and specify target intervening variables (i.e., causal or contributing factors), or did other factors (not data-based) enter into the consideration?	2.4	(0.8)	↑	↑	↑	↑	↑	↑	↑	↑	(55.0)	(45.0)
Were results used to identify gaps in substance abuse prevention resources and infrastructure, or did other factors (not data-based) enter into the consideration?	2.5	(0.8)	↑	↑	↑	↑	↑	↑	↑	↑	(65.0)	(35.0)
Were results used to identify gaps in community readiness to address the target issue(s), or did other factors (not data-based) enter into the consideration? Were readiness assessment results used to prioritize community prevention needs and resources?	2.4	(0.8)	↑	↑	↓	↑	↑	↓	↑	↑	(55.0)	(45.0)
Are needs assessment activities ongoing? Are results updated on a regular basis?	2.0	(0.3)	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	↓	↓	↑/↓	(5.0)	(20.0)

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Table 2-8. (continued) Comparison of Cohort 1 SPF SIG Communities to the Mean on Needs Assessment Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	Mean	(SD)	Monroe	Porter	St. Joseph	Tippecanoe	Vigo	Wayne
Has an entity been authorized to carry out needs assessment activities on behalf of the community project?	2.8	(0.7)	↑	↑	↑	↑	↓	↑
Does the entity possess the requisite skills with regards to needs assessment data collection, management and analysis?	2.7	(0.5)	↓	↑	↑	↑	↓	↓
Were data obtained on each of the six core data areas specified by the Framework?	2.3	(0.7)	↓	↓	↓	↓	↓	↓
Were data analyses conducted to examine the relationship between causes, consumption, and consequences?	2.6	(0.7)	↑	↓	↓	↑	↓	↑
Were target issues specified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.7	(0.5)	↑	↓	↓	↑	↓	↑
Was a target geographic area or population identified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.3	(0.6)	↓	↓	↑	↑	↓	↑
Were results used to identify and specify target intervening variables (i.e., causal or contributing factors), or did other factors (not data-based) enter into the consideration?	2.4	(0.8)	↓	↓	↑	↑	↓	↓
Were results used to identify gaps in substance abuse prevention resources and infrastructure, or did other factors (not data-based) enter into the consideration?	2.5	(0.8)	↓	↓	↑	↓	↓	↑
Were results used to identify gaps in community readiness to address the target issue(s), or did other factors (not data-based) enter into the consideration? Were readiness assessment results used to prioritize community prevention needs and resources?	2.4	(0.8)	↓	↓	↑	↓	↓	↓
Are needs assessment activities ongoing? Are results updated on a regular basis?	2.0	(0.3)	↑/↓	↑/↓	↓	↑/↓	↓	↑

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Table 2-8. (continued) Comparison of Cohort 1 SPF SIG Communities to the Mean on Needs Assessment Fidelity Items, Year 1 (↑=above mean, ↓=below mean, / =at mean)

	Mean	(SD)	Floyd	Franklin-Ripley	Howard	LaPorte	Lawrence	Madison	Newton	Vanderburgh	Total % Above	Total % Below
Has an entity been authorized to carry out needs assessment activities on behalf of the community project?	2.8	(0.7)	↑	↑	↑	↑	↑	↑	↑	↑	(90.0)	(10.0)
Does the entity possess the requisite skills with regards to needs assessment data collection, management and analysis?	2.7	(0.5)	↑	↑	↓	↑	↑	↑	↓	↑	(65.0)	(35.0)
Were data obtained on each of the six core data areas specified by the Framework?	2.3	(0.7)	↑	↑	↓	↑	↓	↓	↑	↑	(45.0)	(55.0)
Were data analyses conducted to examine the relationship between causes, consumption, and consequences?	2.6	(0.7)	↑	↑	↓	↑	↓	↑	↑	↑	(65.0)	(35.0)
Were target issues specified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.7	(0.5)	↑	↑	↓	↑	↓	↑	↑	↑	(65.0)	(35.0)
Was a target geographic area or population identified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.3	(0.6)	↓	↓	↓	↓	↓	↓	↓	↓	(35.0)	(65.0)
Were results used to identify and specify target intervening variables (i.e., causal or contributing factors), or did other factors (not data-based) enter into the consideration?	2.4	(0.8)	↑	↑	↑	↑	↑	↑	↑	↑	(55.0)	(45.0)
Were results used to identify gaps in substance abuse prevention resources and infrastructure, or did other factors (not data-based) enter into the consideration?	2.5	(0.8)	↑	↑	↑	↑	↑	↑	↑	↑	(65.0)	(35.0)
Were results used to identify gaps in community readiness to address the target issue(s), or did other factors (not data-based) enter into the consideration? Were readiness assessment results used to prioritize community prevention needs and resources?	2.4	(0.8)	↑	↑	↓	↑	↑	↓	↑	↑	(55.0)	(45.0)
Are needs assessment activities ongoing? Are results updated on a regular basis?	2.0	(0.3)	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	↓	↓	↑/↓	(5.0)	(20.0)



Needs Assessment Fidelity—Second Epidemiological Report

During year 2, cohort 1 communities were more likely to be scored in the moderate fidelity category in most needs assessment areas (see Table 2-9). The year 2 scores suggest four areas where communities may have experienced challenges with their second needs assessment.

The first challenge was collecting data that addressed the six core data areas specified by the SPF model. All 12 communities scored as weak or moderate on this criterion. The second area where communities may have struggled more was in the ability to use data from their needs assessment to identify gaps in their local substance abuse prevention infrastructure. The 12 communities were

rated as being moderate, weak, or missing in this area. The third area of difficulty was identifying the level of community readiness to work on the targeted prevention priority. The 12 communities received either moderate or weak fidelity scores on this criterion. Lastly in year 2, many cohort 1 communities may have had trouble using their needs assessment data to identify specific geographic areas or populations as “hot spots” driving the community’s substance abuse problem. While two communities were scored as strong in this area, the remaining 10 had either moderate or weak fidelity.

Communities’ year 2 problems with these areas may have stemmed from many factors, including a lack of sufficient local-level data or a change in the community’s capacity level.



Table 2-9. . Number of Cohort 1 Communities Receiving each Fidelity Score for Needs Assessment, Year 2

Item	Missing	Weak	Moderate	Strong
Has an entity been authorized to carry out needs assessment activities on behalf of the community project? Has the entity been charged with needs assessment activities in each of the six core data areas (i.e., 1. Consequences, 2. Consumption patterns, 3. Geographic/target population differences, 4. Intervening variables, 5. Prevention resources and infrastructure, and 6. Community readiness)?	0	1	4	7
Does the entity possess the requisite skills with regards to needs assessment data collection, management and analysis? Does the needs assessment entity have the requisite skills with regards to local substance abuse data and cultural issues? Does the entity develop its membership to address gaps in expertise?	0	1	5	6
Were data obtained on each of the six core data areas specified by the Framework: (1) Causes (also intervening variables), (2) Consequences, (3) Consumption patterns, (4) Variation by subpopulations and/or geographic regions, (5) Prevention resources and (6) Community readiness? Are the acquired data of sufficient quality to reach solid conclusions about community needs and to inform strategic planning? Were gaps in available information and/or data limitations identified? Were new data sources identified to address these gaps? Were new data acquired as a result of identifying data limitations and new sources of data?	0	3	9	0
Were data analyses conducted to examine the relationship between causes, consumption, and consequences? Does the data and research support the types of relationships examined and conclusions drawn?	0	1	7	4
Were target issues specified based on needs assessment results, or did other factors (not data-based) enter into the consideration? Were needs assessment results used to prioritize the different issues identified?	0	0	12	0
Was a target geographic area or population identified based on needs assessment results, or did other factors (not data-based) enter into the consideration? Were needs assessment results used to prioritize different target geographic areas or populations?	0	3	7	2
Were results used to identify and specify target intervening variables (i.e., causal or contributing factors), or did other factors (not data-based) enter into the consideration? Were needs assessment results used to prioritize different intervening variables?	0	0	10	2
Were results used to identify gaps in substance abuse prevention resources and infrastructure, or did other factors (not data-based) enter into the consideration?	1	2	9	0
Were results used to identify gaps in community readiness to address the target issue(s), or did other factors (not data-based) enter into the consideration? Were readiness assessment results used to prioritize community prevention needs and resources?	0	6	6	0
Are needs assessment activities ongoing? Are results updated on a regular basis?	2	1	1	8



Table 2-10 presents the communities ranked against the mean for each needs assessment fidelity criterion. The rankings reveal four needs assessment areas where at least 50% of cohort 1 sites scored below the mean. Three-quarters of the grantee communities scored below the mean on using their needs assessment data to identify the intervening variables that were causing or contributing to the substance abuse problems in their communities. Eight communities (66.7%)

fell below the mean on analyzing needs assessment data to determine the relationship between substance use causes and consumption/consequence patterns. Half the sites scored below the mean on having an entity in their community with the skills to collect, manage, and analyze data. Half the sites were ranked below the mean in using the results of their needs assessment to identify gaps in the community's readiness to address the funded substance abuse issue.

Table 2-10. Comparison of Cohort 1 SPF SIG Communities to the Mean on Needs Assessment Fidelity Items, Year 2 (=above mean, =below mean, / =at mean)

	Mean	(SD)	Allen	Delaware	East Chicago	Greene-Daviess	Lake	Marion
Has an entity been authorized to carry out needs assessment activities on behalf of the community project?	2.5	(.7)	↓	↓	↓	↑	↓	↑
Does the entity possess the requisite skills with regards to needs assessment data collection, management and analysis?	2.4	(.7)	↓	↓	↓	↓	↓	↑
Were data obtained on each of the six core data areas specified by the Framework?	1.8	(.5)	↓	↑	↓	↑	↓	↑
Were data analyses conducted to examine the relationship between causes, consumption, and consequences?	2.3	(.6)	↓	↓	↓	↓	↓	↑
Were target issues specified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.0	(.0)	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓
Was a target geographic area or population identified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	1.9	(.7)	↑	↓	↑	↓	↑	↑
Were results used to identify and specify target intervening variables (i.e., causal or contributing factors), or did other factors (not data-based) enter into the consideration?	2.2	(.4)	↓	↓	↓	↓	↓	↓
Were results used to identify gaps in substance abuse prevention resources and infrastructure, or did other factors (not data-based) enter into the consideration?	1.7	(.7)	↓	↑	↑	↑	↓	↑
Were results used to identify gaps in community readiness to address the target issue(s), or did other factors (not data-based) enter into the consideration? Were readiness assessment results used to prioritize community prevention needs and resources?	1.5	(.5)	↓	↑	↑	↓	↓	↑
Are needs assessment activities ongoing? Are results updated on a regular basis?	2.3	(1.21)	↓	↑	↓	↑	↓	↑

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Table 2-10. (continued) Comparison of Cohort 1 SPF SIG Communities to the Mean on Needs Assessment Fidelity Items, Year 2 (=above mean, =below mean, / =at mean)

	Mean	(SD)	Monroe	Porter	St. Joseph	Tippecanoe	Vigo	Wayne	Total % Above	Total % Below
Has an entity been authorized to carry out needs assessment activities on behalf of the community project?	2.5	(.7)	↑	↑	↑	↑	↓	↑	58.3	41.7
Does the entity possess the requisite skills with regards to needs assessment data collection, management and analysis?	2.4	(.7)	↑	↑	↑	↑	↓	↑	50.0	50.0
Were data obtained on each of the six core data areas specified by the Framework?	1.8	(.5)	↑	↑	↑	↑	↓	↑	66.7	33.3
Were data analyses conducted to examine the relationship between causes, consumption, and consequences?	2.3	(.6)	↓	↓	↑	↑	↓	↑	33.3	66.7
Were target issues specified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	2.0	(.0)	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	0.0	0.0
Was a target geographic area or population identified based on needs assessment results, or did other factors (not data-based) enter into the consideration?	1.9	(.7)	↑	↓	↑	↑	↑	↑	75.0	25.0
Were results used to identify and specify target intervening variables (i.e., causal or contributing factors), or did other factors (not data-based) enter into the consideration?	2.2	(.4)	↓	↓	↓	↑	↑	↑	25.0	75.0
Were results used to identify gaps in substance abuse prevention resources and infrastructure, or did other factors (not data-based) enter into the consideration?	1.7	(.7)	↑	↑	↑	↑	↓	↑	75.0	25.0
Were results used to identify gaps in community readiness to address the target issue(s), or did other factors (not data-based) enter into the consideration? Were readiness assessment results used to prioritize community prevention needs and resources?	1.5	(.5)	↓	↓	↑	↑	↑	↓	50.0	50.0
Are needs assessment activities ongoing? Are results updated on a regular basis?	2.3	(1.21)	↑	↑	↓	↑	↑	↑	66.7	33.3



STATE-LEVEL SEOW SURVEY OF SUBSTANCE USE

The state is using data from the first SEOW survey completed in 2008 as a baseline for tracking change in the targeted priorities of binge drinking, cocaine use, and methamphetamine use, both at the state level and at the community level. The SEOW survey is seen as a supplement to the annual state-level epidemiological assessment and associated report published by the SEOW. The data presented in this section reflect community-level findings for binge drinking and illicit drug use.

Results—SPF SIG Alcohol Priority

The results discussed below reflect data obtained from the surveys completed by 18- to 25-year-olds for the state overall and for the 15 SPF SIG communities funded to address the alcohol priority. While every effort was made to make the survey sample within each county representative of the local population, due to the relatively small numbers of 18- to 25-year-olds researchers could survey, the results need to be interpreted and used with extreme caution. Additionally, because of the small sample sizes, analyses of racial and gender differences could not be completed for this age group.

Demographics—The IUPUI Survey Research Center (SRC) completed 1,029 interviews of 18- to 25-year-olds throughout Indiana. Of the people interviewed, 53.4% were males and 46.6% were females. Racially, most respondents were white (79.5%), with the remaining participants being black (7.1%) or of another or unknown race (13.4%). The average age of the respondents in the survey was 21.3 years of age ($SD = 2.4$). Most respondents said they were single and had never been married (73.4%).

Survey participants were typically employed at some level, with most respondents (67.7%) reporting currently working for pay. Educationally, nearly two-thirds of the sample (65.9%) had at least received a high school diploma or GED.

The respondents in the alcohol priority SPF communities were similar to the state. A total of 627 18- to 25-year-olds were interviewed in the 15 communities. Males composed 50.6% of the respondents and females 49.4% of the respondents. The majority of the survey participants were white (75.6%) with the remaining participants being black (9.6%) or of another or unknown race (14.8%). The typical respondent was 21.4 years of age on average ($SD = 2.5$). Most of the respondents said they were single and had never been married (71.4%). The majority of the participants said they were employed at some level (70.3%). Most of the young people interviewed had received at least a high school diploma or GED (65.2%).

Alcohol Use, Past 12 Months—As part of the interview, respondents were asked whether they had consumed alcohol in any amount over the past year. At the state level, the majority of 18- to 25-year-olds (69.4%) reported using alcohol to some degree during the past 12 months. Within the 15 SPF SIG communities funded for alcohol, a slightly higher percentage of 18- to 25-year-olds reported alcohol use in the past 12 months (71.4%).

Alcohol Use, Past 30 Days—When asked about their alcohol use in the past 30 days, just under half (49.6%) of 18- to 25-year-olds in the state said they had consumed alcohol. The percentage of 18- to 25-year-olds admitting to using alcohol in the past 30 days in the SPF SIG communities was only slightly higher than state levels, at 51.9%.



Binge Drinking, Past 12 Months—

When asked whether they had engaged in binge drinking in the past 12 months, 36.8% of 18- to 25-year-olds at the state level admitted to binge drinking. Of the young people in the SPF SIG alcohol priority communities, 43.6% said they had participated in binge drinking in the past year.

Binge Drinking, Past 30 Days—A

smaller number (21.9%) of 18- to-25-year-

olds at the state level admitted to binge drinking in the past 30 days. As with the other measures of alcohol consumption, the 18- to 25-year-olds living in SPF SIG communities indicated a slightly higher rate of binge drinking in the past 30 days (23.9%). Table 2-11 shows the rate of both past year and past 30-day alcohol use and binge drinking for each of the 15 SPF SIG alcohol priority communities.

Table 2-11. Percentage of 18- to 25-Year-Olds Who Reported Alcohol Use and Binge Drinking in the Past 12 Months and 30 Days

	Alcohol Use Past 12 Months	CI-1	CI+	Alcohol Use Past 30 Days	CI-	CI+	Binge Drinking Past 12 months	CI-	CI+	Binge Drinking Past 30 Days	CI-	CI+
State of Indiana	69.4	67.2	71.6	49.6	47.2	52.0	36.8	34.4	39.2	21.9	19.5	24.3
Allen	72.5	63.8	81.2	54.9	46.2	63.6	37.3	28.6	46.0	21.6	11.9	31.3
Delaware	61.5	58.4	64.6	44.2	41.1	47.3	28.8	25.7	31.9	15.4	12.2	18.6
Floyd	81.0	77.4	84.6	71.4	67.8	75.0	52.4	48.8	56.0	23.8	19.7	27.9
Franklin and Ripley	64.4	61.1	67.7	40.8	37.5	44.1	35.6	32.3	38.9	12.0	8.6	15.4
Lake County	74.1	72.4	75.8	55.2	53.5	56.9	34.5	32.8	36.2	24.1	22.2	26.0
LaPorte	78.6	76.4	80.8	46.4	44.2	48.6	60.7	58.5	62.9	35.7	33.0	38.4
Lawrence	50.0	47.1	52.9	29.2	26.3	32.1	37.5	34.6	40.4	25.0	22.3	27.7
Madison	63.2	60.1	66.3	36.8	33.7	39.9	36.8	33.7	39.9	21.1	18.0	24.2
Marion	70.0	68.6	71.4	50.0	48.6	51.4	31.1	29.7	32.5	20.0	18.5	21.5
Monroe	80.7	79.3	82.1	59.6	58.2	61.0	52.6	51.2	54.0	28.1	26.4	29.8
Newton	77.3	75.0	79.6	50.0	47.7	52.3	40.9	38.6	43.2	22.7	19.9	25.5
Porter	71.2	69.7	72.7	51.9	50.4	53.4	42.3	40.8	43.8	25.0	23.3	26.7
Tippecanoe	71.2	69.8	72.6	57.7	56.3	59.1	48.1	46.7	49.5	25.0	23.5	26.5
Vanderburgh	75.0	73.2	76.8	60.7	58.9	62.5	42.9	41.1	44.7	32.1	30.1	34.1
Vigo	77.6	76.3	78.9	61.2	59.9	62.5	59.2	57.9	60.5	28.6	27.1	30.1



Alcohol Problems—As part of the statewide survey, respondents were asked to complete the short form of the Michigan Alcoholism Screening Test (SMAST). The SMAST is a 12-item measure designed to assess whether or not a person has a drinking problem. The 12 questions ask the respondent to consider their alcohol consumption during the past six months. Answers are given in a yes/no format. The SMAST is scored by adding up the total number of problem items to which a person answered yes. Scores of 2 or less indicate that the person does not have problems with alcohol. A score of 3 is indicative of a borderline problem with alcohol. Individuals reporting yes to 4 or more questions on the SMAST are considered to have a problem with alcohol abuse.

For the targeted age group at the state level, 45.7% of respondents who used

alcohol in the last six months were considered to have no alcohol-related problems; 29.2% received a score indicative of a borderline alcohol problem; and 25.1% of 18- to 25-year-olds in the state had a SMAST rating showing potential alcohol abuse.

Within the alcohol priority SPF SIG communities, 45.8% of 18- to 25-year-olds who had consumed alcohol in the previous six months had no alcohol problems as reported by the SMAST; 30.7% of participants received a rating indicative of a borderline alcohol problem; and the remaining 23.5% of respondents had a SMAST score associated with potential alcohol abuse. Table 2-12 shows the frequency of individuals at the state and local level responding “yes” to the SMAST questions. Due to sample size, responses for individual communities are not shown.



Table 2-12. Responses to SMAST Questions by 18- to 25-year-olds Who Had Consumed Alcohol in the Past Six Months.

	State	SPF SIG Alcohol Communities
	% Who Agreed	% Who Agreed
Do you think you are a normal drinker?*	52.3	51.9
Does your spouse/partner or other family members worry or complain about your drinking?	6.1	6.5
Do you ever feel bad about your drinking?	12.0	13.5
Do friends or relatives think you are a normal drinker?*	53.4	54.6
Are you always able to stop drinking when you want to?*	95.5	95.6
Have you ever attended Alcoholics Anonymous?	9.3	8.7
Has drinking ever created problems between you and your spouse/partner or other family members?	13.6	14.0
Have you ever gotten into trouble at work or school because of drinking?	6.5	7.9
Have you ever neglected your obligations, your family, or your work or school for two or more days in a row because you were drinking?	5.3	4.5
Have you ever gone to anyone for help about your drinking?	4.5	3.7
Have you ever been in the hospital because of drinking?	3.0	3.7
Have you ever been arrested even for a few hours because of drinking?	12.5	14.2
Have you ever been arrested for drunk driving or driving after drinking?	4.3	6.4
Have you ever been so reckless when drinking that either you or someone else could have been hurt?	14.3	17.8
Have you ever gotten into physical fights when drinking?	17.8	19.1
Have you had contact with Child Protective Services or had your children removed from your home because of your drinking?	0.2	0.8
Have you ever been in very vulnerable situations, such as a situation in which you could have been hurt and/or date raped when drinking?	19.3	19.4
Have you engaged in risky sexual behavior such as having unprotected sex or sex with someone you just met because you were drinking?	23.5	23.7
*These items were reverse scored, with answers of no indicating a problem.		

Results—Ilicit Drug Use Priorities

The SEOW outlined several priorities related to illicit drugs, two of which were subsequently approved for funding by the Governor’s Advisory Council:

- Prevent the first use and reduce the use of cocaine among 18- to 25-year-olds.
- Prevent and reduce the use of methamphetamine among black youth and among white women and men 18 to 44 years of age.

Due to the lack of available data in the SEOW survey regarding use of either cocaine or methamphetamine, the rate of use for these drugs could not be determined. Thus, illicit drug use is being used as a proxy measure for both cocaine and methamphetamine use. Illicit drug use will be discussed in regards to both targeted age groups.

Demographics—The demographic characteristics of 18- to 25-year-olds were described previously. At the state level 4,060



respondents fell within the 18- to 44-year-old age group. Most of the respondents in this age group were female (54.8%), with 45.2% being male. In the 18- to 44-year-old age range, respondents at the state level were overwhelmingly white (85.8%), with the remaining participants being black (6.1%) or from some other or an unknown race (8.1%). The average age of survey respondents in this age group was 32.5 years of age (SD = 8.1). At the state level, survey respondents were generally married (57.6%) or single/ never married (27.7%). Just over three-quarters of the respondent (75.9%) were employed. Educationally, the majority of 18- to 44-year-olds in the state sample had at least completed high school (49.4%), with an additional 30.7% having earned a two- or four-year college degree.

In the community focusing on methamphetamine use, only 162 individuals between the ages of 18 and 44 completed surveys. Of these individuals, the majority (56.2%) were females, with the rest being male (43.8%). Respondents were overwhelmingly white (94.4%) with the remaining participants being of some other or an unknown race (5.6%). The average age of the participants in the 18- to 44-year-old sample was 30.2 years of age (SD = 8.5). Most of the participants were married (53.7%) or single, having never been married (34.0%). The majority of survey participants from this community (77.2%) reported working for pay. Educationally, 50% of 18- to 44-year-olds in this community had completed high school, while an additional 32.1% reporting earning either a two- or four-year college degree.

Illicit Drug Use, Past 12 Months—

When respondents were asked about their use of illicit drugs in the past 12 months, 1.5% of 18- to 25-year-olds and 3.5% of those 18 to 44 years old reported having used at least one illicit drug during that

time period. At the community level, 3.4% of respondents in SPF SIG grantee sites focusing on cocaine use in 18- to 25-year-olds said they had used an illicit drug in the past 12 months. In the SPF SIG community targeting methamphetamine use in 18- to 44-year-olds, 2.2% of survey respondents said they had used an illicit drug in the past 12 months (see Table 2-13).

Illicit Drug Use, Past 30 Days—

Regarding use of illicit drugs during the past 30 days, at the state level 0.5% of participants in the age range of 18 to 25 and 1.5% of those 18 to 44 said they had used illicit drugs in the past month. In SPF SIG sites working on cocaine, 0.7% of 18- to 25-year-olds said they had used an illicit substance in the past month. No participants reported using illicit drugs in the past 30 days in the SPF SIG community targeting methamphetamine use (see Table 2-13).

Substance Abuse Problems—In order to develop an estimate of the level of substance abuse problems in the state, survey respondents completed the short form of the Drug Abuse Screening Test (SDAST). The SDAST is a 12-item questionnaire developed to determine the presence and severity of substance abuse problems based on an individual's use of illicit drugs over the past six months. Questions are answered in a yes/no format. Higher scores on the questionnaire indicate higher levels of problems with drug use. A score of zero indicates the person has no problems with drugs. A score of 1 or 2 on the SDAST indicates the respondent may have a low-level drug problem. SDAST scores from 3 to 5 represent a moderate drug problem. Scores in the range of 6 to 8 indicate a substantial level drug problem. Individuals scoring 9 or higher on the SDAST are said to have a severe level drug problem.



Because only one community was focusing on illicit drug use in the 18- to 44-year-old age range and only a very small number of participants reported illicit drug use in that community, scores on the SDAST are only reported for the larger group of counties that targeted 18- to 25-year-olds (see Table 2-14).

For the targeted age group of 18 to 25 at the state level, 1.8% of those who had used illicit drugs in the past month had

SDAST scores that would indicate they did not have a drug problem. Most state-level respondents who had used illegal drugs (46.9%) had an SDAST score indicating a low-level problem with drugs. Illicit drug users with a substantial drug problem accounted for 15.7% of the illicit drug users in the state sample. Severe drug problems were reported by 4.9% of respondents who had used illicit drugs.

Table 2-13. Percentage of Individuals Using Illicit Drugs

	Illicit Drug Use 12 Mos 18- to 25-year-olds	CI-	CI+	Illicit Drug Use 30 Days 18- to 25-year-olds	CI-	CI+
State of Indiana	1.5	-7.9	10.9	0.5	-2.6	3.6
Howard	6.2	3.3	9.1	0.0		
Lake	1.9	-2.7	6.5	0.0		
St. Joseph	2.2	-1.1	5.5	2.2	-0.5	4.9
Wayne	4.3	2.5	6.1	0.0		

Table 2-14. Responses to SDAST Questions by 18- to 25-year-olds Who Had Consumed Illicit Drugs in the Past Six Months

	State	SPF SIG Cocaine Communities*
	% who agreed	% who agreed
Have you used drugs other than those required for medical reasons?	87.6	85.1
Do you abuse more than one drug at a time?	31.5	46.8
Are you unable to stop using drugs when you want to?	29.1	24.9
Have you ever had blackouts or flashbacks as a result of drug use?	29.7	33.1
Do you ever feel bad or guilty about your drug use?	33.1	26.7
Does your spouse/partner or other family members ever complain about your involvement with drugs?	32.7	45.6
Have you neglected your family because of your use of drugs?	19.8	18.0
Have you engaged in illegal activities in order to obtain drugs?	36.4	27.4
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	24.8	25.7
Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	12.5	8.2



SECTION 3. CAPACITY BUILDING

The second step in the SPF planning framework is capacity building. The goal of this step is for communities to review the data in their organizational and local-level needs assessments; they will use this data to address gaps in their local prevention infrastructure that may limit their ability to deal with the local-level substance abuse problems outlined in the epidemiological report. Data on how communities approached capacity building comes from three sources: the CLI, the in depth interviews with key informants, and the fidelity ratings completed by local-level evaluators. Due to the delay in the availability of CLI data and the limited amount of information on cohort 2 in the CLI, only cohort 1-related CLI data is discussed below.

DIMENSIONS OF CAPACITY BUILDING

The CLI asks respondents to consider a number of organizational issues: staff turnover, organizational resources, community awareness, and relationship building.

Staff Turnover

Staff turnover is an issue that can have an enormous impact on the progress on SPF SIG projects. As part of the grant requirements, cohort 1 communities were asked to hire a dedicated SPF SIG Program Manager and Administrative Assistant. Communities had the flexibility to contract with other types of staff members as necessary for different parts of the project. During the first 18 months of the grant, two communities had to replace their Program Manager once while three communities had to replace their Program Manager three times. One community chose to rearrange its SPF SIG

management responsibilities in such a way as to eliminate the need for a Program Manager. In regard to the Administrative Assistant position, two communities have replaced their assistant one time, while one community has elected to eliminate this position.

Organizational Resources

CLI informants were asked if their community had worked to improve organizational and/or coalition resources such as writing mission or vision statements, identifying goals and activities, hiring and training staff, identifying leaders, obtaining physical space for interventions, and so on. During each of the three reporting periods, all 12 cohort 1 sites stated that they had engaged in some type of capacity-building related to organizational resources. The level of capacity-building activities directed toward enhancing organizational resources was greatest during the first six months of funding and declined in all areas over the next year. The areas where communities tended to report the most work were in identifying coalition activities and goals, hiring and training of staff, coordinating data collection, and enhancing cultural competence (see Table 3-1).

All community respondents said that their site had received training on enhancing organizational resources during the first six months of the grant. Fewer CLI participants said that they had received training or technical assistance in this area during the second (83.3%) and third assessment periods (66.7%). Of those respondents receiving training, most reported that they would be likely or very likely to use their training when engaging in future SPF SIG activities (91.7%, Wave 1; 100%, Wave 2; 100%, Wave 3).



Table 3-1. Organizational Resources Addressed by Communities through Local-Level Capacity Building

	Wave 1		Wave 2		Wave 3	
	Number who engaged in activity	(%)	Number who engaged in activity	(%)	Number who engaged in activity	(%)
Wrote, reviewed, or rewrote organizational or coalition mission/vision	10	(83.3)	4	(33.3)	3	(25.0)
Identified key organizational or coalition activities and goals	11	(91.7)	7	(58.3)	8	(66.7)
Hired staff	12	(100.0)	3	(25.0)	5	(41.7)
Trained staff	11	(91.7)	4	(33.3)	7	(58.3)
Identified coalition leader(s)	12	(100.0)	2	(16.7)	1	(8.3)
Improved cultural competence	10	(83.3)	5	(41.7)	4	(33.3)
Identified or secured physical space	9	(75.0)	1	(8.3)	3	(25.0)
Coordinated or improved technical resources	10	(83.3)	1	(8.3)	5	(41.7)
Coordinated data collection and/or management information systems plans	8	(66.7)	7	(58.3)	5	(41.7)
Other	0	(0.0)	0	(0.0)	1	(8.3)

Challenges—As challenges were expected to arise in regards to organizational capacity building, CLI informants were asked to discuss any difficulties they faced in this area. Sites faced several common struggles.

Respondents in a third of the sites related that during the first reporting period, they had problems getting their funds, which led to delays in hiring, obtaining equipment, or securing office space. These problems were resolved by the second reporting period. A third of the sites experienced challenges with maintaining or finding appropriate office space from which to run the project. Turnover in project leadership was an issue that delayed progress on grant-related activities in a third of the sites at some point over the first 18 months of the grant. A quarter of the sites struggled with getting training about the SPF SIG that they felt was useful, timely, and high quality.

The most common challenge confronting nearly all communities was that of establishing their SPF SIG

organizational infrastructure. Several respondents commented that finding interested, knowledgeable people who had free time to serve on workgroups or committees was very difficult and required a lot of searching and one-on-one meetings with staff at local agencies and organizations. Related to the challenge of finding qualified advisors was the challenge of getting community organizations and other well-established coalitions to see the relevance of SPF SIG; it was difficult to demonstrate to these agencies that approaching prevention from a data-driven perspective would help the local area. Again, informants related that addressing these concerns and getting community-level buy-in was a time-consuming process requiring a lot of presentations and meetings with local agency staff members. Ultimately, all communities did establish their SPF SIG infrastructure; however, several sites reported that turnover in advisors, workgroup members, or other agency contacts were common and typically held up progress to some degree until a replacement was found.



Successes—When asked to comment on any successes, respondents described similar experiences. The most common success was being able to establish partnerships with new and different organizations. These partnerships were developed through requests for data, through community events, and through one-on-one meetings with key individuals throughout the local area. CLI participants also reported that the grant had assisted their organization in building capacity by allowing SPF SIG and non-SPF SIG staff to attend trainings presented by Community Anti-Drug Coalitions of America (CADCA) and other prevention organizations. Other successes noted by informants related to the hiring of staff members with special skills such as marketing, statistical analysis, and youth coalition-building, as well as the development of effective local epidemiology and outcomes workgroups and other SPF SIG-related workgroups.

Community Awareness

CLI informants were asked to report on community awareness-raising efforts they had completed during each reporting

period. Most respondents indicated that their organization had been involved in community awareness efforts across each reporting period (75.0%, Wave 1; 91.7%, Wave 2; 83.3%, Wave 3). Respondents who stated that efforts had been made to raise community awareness were asked to report on the issues for which they were trying to raise awareness. Across the three time periods, the topics around which most communities tried to raise awareness were substance use rates or trends and the consequences associated with substance use (see Table 3-2).

CLI participants were asked to indicate the audience(s) they were trying to reach through their awareness-raising efforts. Across the three assessment periods, the most frequently targeted groups were those who had the most contact with youth and young adults, such as schools, parents and caregivers, youth-serving organizations, and faith-based organizations. Most communities also reported directing awareness efforts toward their overall local community and toward local media (see Table 3-3).

Table 3-2. Topics Addressed by Communities in their Awareness-Raising Efforts

Issue	Cohort 1					
	Wave 1		Wave 2		Wave 3	
	N	(%)*	N	(%)*	N	(%)*
Substance use rates or trends	9	(100.0)	11	(100.0)	9	(90.0)
Consequences related to substance use	7	(77.8)	11	(100.0)	6	(60.0)
Intervening variables associated with substance use and consequences	6	(66.7)	6	(54.5)	5	(50.0)
Coordination among agencies	6	(66.7)	6	(54.5)	6	(60.0)
Funding for substance abuse prevention	5	(55.6)	1	(9.1)	1	(10.0)
Legislation/policy which affects substance use	0	(0.0)	0	(0.0)	1	(10.0)

*Percentages are based on the number of communities who were raising awareness during each assessment period.



Table 3-3. Target Audience(s) For Awareness-Raising Efforts

	Cohort 1					
	Wave 1		Wave 2		Wave 3	
	N	(%)*	N	(%)*	N	(%)*
The general public	7	(77.8)	9	(81.8)	8	(80.0)
Youth	8	(88.9)	9	(81.8)	8	(80.0)
Parents/family/caregiver groups	6	(66.7)	9	(81.8)	9	(90.0)
Business community	6	(66.7)	5	(45.5)	6	(60.0)
Media	8	(88.9)	6	(54.5)	6	(60.0)
Schools	9	(100.0)	8	(72.7)	6	(60.0)
Youth-serving organizations other than schools	6	(66.7)	7	(63.6)	5	(50.0)
Law enforcement agencies	9	(100.0)	9	(81.8)	6	(60.0)
Local or state courts	4	(44.4)	6	(54.5)	6	(60.0)
Department of Justice	2	(22.2)	1	(9.1)	1	(10.0)
State and/or local jails and prisons	4	(44.4)	3	(27.3)	1	(10.0)
Faith-based organizations	7	(77.8)	6	(54.5)	5	(50.0)
Civic or volunteer organizations	4	(44.4)	5	(45.5)	3	(30.0)
Healthcare professionals	7	(77.8)	5	(45.5)	4	(40.0)
State and/or local and/or tribal government agencies	5	(55.6)	3	(27.3)	2	(20.0)
Other organization or group	0	(0.0)	3	(27.3)	0	(0.0)

*Percentages are based on the number of communities who were raising awareness during each assessment period.

CLI respondents were asked to outline the activities they used in their awareness-raising efforts. The most popular method of awareness-raising across all three assessment periods was face-to-face outreach at health fairs, classroom visits, and town hall meetings,

as well as hosting/attending other community events. Media-related activities like public service announcements on television, radio, or in the newspaper were also regularly used by communities (see Table 3-4).

Table 3-4. Activities Used by Communities in their Awareness-Raising Efforts

Awareness-Raising Activities	Cohort 1					
	Wave 1		Wave 2		Wave 3	
	N	(%)*	N	(%)*	N	(%)*
Media activities	6	(66.7)	9	(81.8)	6	(60.0)
Internet activities	5	(55.6)	4	(36.4)	7	(70.0)
Direct mailings	2	(22.2)	1	(9.1)	3	(30.0)
Face-to-face outreach	8	(88.9)	11	(100.0)	8	(80.0)
Other activity	2	(22.2)	1	(9.1)	0	(0.0)

*Percentages are based on the number of communities who were raising awareness during each assessment period.



Challenges in Raising Community

Awareness—Respondents were asked to contemplate the community awareness activities that had taken place during each assessment period and to discuss any challenges they may have faced. Three challenges were reported most frequently. First, several informants indicated they had difficulties getting the local media interested in reporting on the SPF SIG and on substance abuse issues. Although several communities related that media did report on SPF SIG activities, two indicated that the media presented the issue in a negative light, which was not particularly helpful.

The second challenge was associated with communicating messages about substance use and prevention activities in a way that would attract the target audience. Respondents reported that they had difficulty connecting with their target population; they believed that in order to do so, their message would need to be revised so it would be fresh, catchy, and appealing. Finally, many respondents struggled with communicating the SPF SIG process and goals to stakeholders in other agencies in a way that would be easily understood and in a way that would counter the resistance many agencies had to approaching prevention in a completely different way.

Successes in Raising Community

Awareness—CLI participants were asked to describe any successes they had in their communities regarding awareness-raising activities. Overall, participants reported on hosting individual activities or events that went well. For example, several communities sponsored community rollout events for their epidemiological reports, inviting local government representatives, stakeholders, the media, and community members. These rollout events were generally well-attended and

well-received by community members. Informants also described other successes, such as the development of local SPF SIG websites, getting positive media attention for SPF SIG activities, and the development of newsletters and other types of print media that had been successfully used to reach out to the community at large. Many respondents also described successes in collaborating with agencies that had previously been uninvolved with local substance-abuse issues.

Relationship Building

The CLI asked a series of questions regarding identification of potential partners and the involvement of these partners in prevention intervention activities.

All community respondents indicated that they had identified key stakeholders, partners, and partner organizations to participate in SPF SIG intervention activities. Most also stated that there were stakeholders or partners who should be involved in intervention activities but were not (91.7%, Wave 1; 91.7%, Wave 2; 83.3%, Wave 3). When asked what they were doing to engage stakeholders who should be involved, respondents typically reported meeting one-on-one with the stakeholder to address any concerns. Another typical method was to have current coalition members who worked with a particular stakeholder invite the group or individual to attend a coalition meeting or SPF SIG event. Communities also used the epidemiological report as a tool to outline the benefits of data; they described how the data in the report and involvement in the coalition could help stakeholders improve their organizations by allowing them to apply for a wider range of grants. Finally, several respondents reported using newsletters and other mailings to keep uninvolved stakeholders informed about



SPF SIG activities in the hopes that they would eventually become involved.

CLI participants were asked to report whether they felt it was important for their organization to partner with a series of specific stakeholder groups such as youth groups, the media, businesses, etc. With the exception of the Department of Justice and miscellaneous agencies not included in the list, most CLI respondents said it was important for their organization to form partnerships with each stakeholder group listed. When asked whether they actually had partnered with each of the stakeholders groups mentioned, responses indicated that communities were having difficulty establishing relationships with certain groups more than others.

For example, while nearly all CLI respondents believed it was important for

their organization to partner with parent/caregiver/family groups, less than half the communities were able to establish these partnerships. Similarly, although 100% of cohort 1 informants said that collaborating with civic groups was important, only 50.0% to 60.0% of communities were able to engage these organizations. The media was the group with which CLI participants experienced the most successful partnerships. In the initial reporting period (Wave 1), seven (58.3%) of the communities had a working partnership with media organizations. By the end of June, 2008 (Wave 2), 11 (91.7%) of the funded sites had developed relationships with media organizations. A moderate improvement was also noted in the ability of sites to develop partnerships with their local faith-based and youth-serving organizations (see Table 3-5).

Table 3-5. Ability of Communities to Establish Partnerships with Various Groups

Stakeholder	Cohort 1											
	Wave 1				Wave 2				Wave 3			
	Important to Partner		Actually Partnered		Important to Partner		Actually Partnered		Important to Partner		Actually Partnered	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Youth Groups	11	(91.7)	9	(75.0)	11	(91.7)	10	(83.3)	11	(91.7)	10	(83.3)
Parent/Family Groups	10	(83.3)	5	(41.7)	12	(100.0)	5	(41.7)	11	(91.7)	5	(41.7)
Business Community	12	(100.0)	7	(58.3)	12	(100.0)	8	(66.7)	12	(100.0)	8	(66.7)
Media	12	(100.0)	7	(58.3)	12	(100.0)	11	(91.7)	12	(100.0)	11	(91.7)
Schools/School Districts	12	(100.0)	8	(66.7)	11	(91.7)	9	(75.0)	12	(100.0)	9	(75.0)
Youth-serving Organizations	11	(91.7)	9	(75.0)	11	(91.7)	10	(83.3)	12	(100.0)	11	(91.7)
Law Enforcement	12	(100.0)	12	(100.0)	12	(100.0)	11	(91.7)	12	(100.0)	12	(100.0)
Local or State Courts	12	(100.0)	8	(66.7)	12	(100.0)	11	(91.7)	12	(100.0)	10	(83.3)
Department of Justice	5	(41.7)	1	(8.3)	6	(50.0)	1	(8.3)	6	(50.0)	1	(8.3)
Local or State Jails/Prisons	10	(83.3)	6	(50.0)	10	(83.3)	6	(50.0)	10	(83.3)	7	(58.3)
Faith-Based Organizations	12	(100.0)	9	(75.0)	12	(100.0)	10	(83.3)	12	(100.0)	11	(91.7)
Civic Organizations	12	(100.0)	6	(50.0)	12	(100.0)	6	(50.0)	12	(100.0)	7	(58.3)
Healthcare Professionals	12	(100.0)	11	(91.7)	12	(100.0)	10	(83.3)	12	(100.0)	11	(91.7)
State Government Agencies	12	(100.0)	11	(91.7)	12	(100.0)	11	(91.7)	12	(100.0)	11	(91.7)
Local, Village, Tribal Agencies	11	(91.7)	9	(75.0)	11	(91.7)	8	(66.7)	11	(91.7)	7	(58.3)
Other Agencies	6	(50.0)	6	(50.0)	6	(50.0)	6	(50.0)	5	(41.7)	5	(41.7)



CLI respondents were then asked to indicate the number of groups within a particular category with which they partnered during each assessment period. Overall, the trend was for communities to have worked with a larger number of organizations within each group over time. CLI informants were then asked to rate the

level of participation for each organization with which they partnered. Regardless of the time period, informants typically rated the organizations they worked with as either being valuable and active participants or as contributing at an appropriate level for their role (see Table 3-6).

Table 3-6. Participation Level of Partner Organizations

Stakeholder Participation Level	Cohort 1							
	Wave 1		Wave 2		Wave 3			
	N	(%)	N	(%)	N	(%)		
Youth Groups	30		41		37			
Valuable and active participant		8 (26.7)		16 (39.0)		17 (46.0)		
Contributes appropriately		18 (60.0)		23 (56.1)		17 (46.0)		
Rarely/never participants		4 (13.3)		2 (4.9)		3 (8.0)		
Parent/Family Groups	9		13		11			
Valuable and active participant		2 (22.2)		5 (38.5)		4 (36.4)		
Contributes appropriately		5 (55.6)		5 (38.5)		5 (45.5)		
Rarely/never participants		2 (22.2)		3 (23.1)		2 (18.1)		
Business Community	29		32		96			
Valuable and active participant		4 (13.8)		5 (15.6)		6 (6.3)		
Contributes appropriately		19 (65.5)		20 (62.5)		84 (87.5)		
Rarely/never participants		6 (20.9)		7 (21.9)		6 (6.3)		
Media	23		35		42			
Valuable and active participant		6 (26.1)		7 (20.0)		10 (23.8)		
Contributes appropriately		16 (69.6)		27 (77.1)		30 (71.4)		
Rarely/never participants		1 (4.3)		1 (2.9)		2 (4.8)		
Schools	58		110		132			
Valuable and active participant		13 (22.4)		16 (14.5)		22 (16.7)		
Contributes appropriately		38 (65.5)		90 (81.8)		110 (83.3)		
Rarely/never participants		7 (12.1)		4 (3.6)		0 (0.0)		
School Districts	31		45		53			
Valuable and active participant		9 (29.0)		12 (26.7)		13 (24.5)		
Contributes appropriately		20 (64.5)		30 (66.7)		38 (71.7)		
Rarely/never participants		2 (6.5)		3 (6.6)		2 (5.3)		
Youth-serving Organizations	66		77		77			
Valuable and active participant		15 (22.7)		19 (24.7)		18 (23.4)		
Contributes appropriately		47 (71.2)		53 (68.8)		54 (70.1)		
Rarely/never participants		4 (6.1)		5 (6.5)		5 (6.5)		
Law Enforcement	52		56		67			
Valuable and active participant		27 (51.9)		32 (57.1)		32 (47.8)		
Contributes appropriately		15 (28.8)		16 (28.6)		19 (28.4)		
Rarely/never participants		10 (19.2)		8 (14.3)		16 (23.9)		

(continued on next page)



Table 3-6. (continued) Participation Level of Partner Organizations

Stakeholder Participation Level	Cohort 1							
	Wave 1		Wave 2		Wave 3			
	N	(%)	N	(%)	N	(%)		
Local or State Courts	18		26		23			
Valuable and active participant		6 (33.3)		5 (19.2)		5 (21.7)		
Contributes appropriately		10 (55.6)		19 (73.1)		16 (69.6)		
Rarely/never participants		2 (11.1)		2 (7.7)		2 (8.7)		
Department of Justice	1		1		4			
Valuable and active participant		0 (0.0)		0 (0.0)		1 (25.0)		
Contributes appropriately		1 (100.0)		1 (100.0)		3 (75.0)		
Rarely/never participants		0 (0.0)		0 (0.0)		0 (0.0)		
Local or State Jails/Prisons	7		7		9			
Valuable and active participant		5 (71.4)		4 (57.1)		4 (44.4)		
Contributes appropriately		2 (28.6)		3 (42.9)		5 (55.6)		
Rarely/never participants		0 (0.0)		0 (0.0)		0 (0.0)		
Faith-Based Organizations	25		35		32			
Valuable and active participant		9 (36.0)		11 (31.4)		9 (28.1)		
Contributes appropriately		13 (52.0)		18 (51.4)		17 (53.1)		
Rarely/never participants		3 (12.0)		6 (17.1)		6 (18.8)		
Civic Organizations	13		19		21			
Valuable and active participant		7 (53.8)		8 (42.1)		7 (33.3)		
Contributes appropriately		5 (38.5)		8 (42.1)		11 (52.4)		
Rarely/never participants		1 (7.7)		3 (15.8)		3 (14.3)		
Healthcare Professionals	40		36		36			
Valuable and active participant		11 (27.5)		11 (30.6)		10 (27.8)		
Contributes appropriately		18 (45.0)		18 (50.0)		19 (52.8)		
Rarely/never participants		11 (27.5)		7 (19.4)		7 (19.4)		
State Government Agencies	30		29		32			
Valuable and active participant		13 (43.3)		11 (37.9)		12 (37.5)		
Contributes appropriately		12 (40.0)		12 (41.4)		11 (34.4)		
Rarely/never participants		5 (16.7)		6 (20.7)		6 (18.8)		
Local, Village, Tribal Agencies	18		22		23			
Valuable and active participant		4 (22.2)		6 (27.3)		7 (30.4)		
Contributes appropriately		12 (66.7)		14 (63.6)		14 (60.9)		
Rarely/never participants		2 (11.1)		2 (9.1)		2 (8.7)		
Other Agencies	25		23		22			
Valuable and active participant		9 (36.0)		8 (34.8)		7 (31.8)		
Contributes appropriately		15 (60.0)		14 (60.9)		14 (63.6)		
Rarely/never participants		1 (4.0)		1 (4.3)		1 (4.5)		

Across all three reporting periods, most CLI respondents indicated that their communities had received training or technical support on relationship building (58.3%, Wave 1; 75.0%, Wave 2; 58.3%, Wave 3). Of those who received training, the majority said they were likely or very

likely to use the training when carrying out SPF SIG activities (85.7%, Wave 1; 77.8%, Wave 2; 100.0%, Wave 3).

Challenges with Relationship Building—CLI respondents were asked to describe both the challenges and successes they faced when trying to build



relationships within their communities. In terms of challenges, four issues emerged in the responses provided by community informants. The most common was that of time. Because of the quick turnaround necessary for the first needs assessment, epidemiological report, and strategic plan, several participants said they simply did not have enough time to meet with potential partners and work to engage them in the SPF SIG project. Time was also an issue for the organizations with which partnerships were desired. Respondents said that organizations often reported that they just didn't have the time available to work with any more people.

The second point raised was trust. Respondents said many organizations were somewhat hesitant to establish a partnership as they were uncertain about the SPF SIG goals; there was also a lack of clarity about how SPF SIG partnering would impact an organization. Partnership formation was also hindered by waning interest in the SPF. A few respondents said that during the first 6 to 12 months of the project, there was a lot of excitement in their communities about the grant, but over time, the excitement had faded as a lot of partners were not seeing an immediate outcome or change in the problem.

Finally, staffing issues affected partnership building. In two communities, the project manager resigned, which put a temporary stop to all partnership-development activities until a replacement was found. A third community reported that they simply didn't have enough staff with available time to meet with potential partners.

Successes with Relationship Building—Regarding successes, most CLI respondents provided similar information.

Respondents stated that the biggest success they had during the various reporting periods was simply being able to get specific key leaders or key organizations to partner with the SPF SIG. Participants typically did not describe the techniques or strategies they used to establish these partnerships.

KEY INFORMANT INTERVIEWS—CAPACITY BUILDING

As part of the key informant interviews, representatives at each cohort 1 and cohort 2 site were asked to discuss the capacity-building activities their site had undertaken from the start of the grant to the time of their interview. Much of the information in the key informant interviews was similar across cohort 1 and 2 sites and consistent with what informants reported in the CLI. After reviewing the responses to the question, a CHP evaluator classified communities' capacity-building activities into four main categories:

- providing education to stakeholders or the community
- attending trainings
- reaching out to and meeting with potential partners
- establishing new community partnerships

Capacity-building activities under the category of providing education to stakeholders or the community typically involved hosting or participating in community meetings where the SPF project and substance abuse prevention issues were discussed:

"...Last summer, I completed a year 2 kickoff event which we held at the hospital. We invited a lot of people and told them where we were (in the process), what we were doing, and where we were headed..."



“...Some town hall meetings where they give away a lot of information...”

“...Anytime that there is a community event where we can go have a table we have been (there).”

“We did outreach and education for all the various constituencies where we did events.”

Other community or stakeholder education activities involved providing training to the community through speakers, server trainings, or lunch-and-learn opportunities:

“We brought an expert from New York who is a national speaker that worked with substance abuse issues to give two presentations.”

“...Lisa Hutcheson has come in to talk about environmental approaches and legislative initiatives; Officer Todd from the Police Athletic League has come in to talk about what they are doing with young people in the community...”

“We offered an alcohol server training and we had 103 people attend from 23 establishments...That was awesome.”

“...We do a lunch and learn series as part of the LCC...Those are open to the public and are advertised...”

Many communities also worked to train their LCC and other organizations in the SPF process so that the process could be used correctly, consistently, and broadly throughout a community:

“...The staff has been trained and then we carried that on when we have LAC meetings, we have educational moments.”

“...Every organization that is affiliated with us now will align themselves with the SPF process that our overall capacity was enhanced because all...our individual organizational resources are there on the issue...We did that by having monthly meetings with the LCC...(to) keep them in the loop.”

“...The training of the LCC has been kind of a big deal. We have trained them in the strategic prevention planning process so they have been trained in that.”

“With our LCC...all of our board and most of our community members are trained in the SPF process.”

Many respondents reported that the internal capacity of the SPF SIG staff was enhanced through training they received from the state, from conferences, or through other avenues:

“We have learned all kinds of things about how server laws (work) and everything that they do, so I know the staff went through the server training just like the regular people do in restaurants.”

“We’ve trained our youth, we took them down to CADCA, they actually went to the National Youth Leadership Initiative so they got that training.”

“...We also sent four people to the CADCA training that was in Cincinnati. Our chair of our epi committee has been coming to the training that the state did too.”

Another method SPF SIG staff used to build capacity was to connect with agencies or individuals who could be potential partners for SPF-related



prevention activities. The majority of communities approached this activity the same way, through face-to-face contact with community leaders:

“...At Christmas time, we had a card made with the coalition picture and rather than mailing it out, we had the LAC pick four different people, it had to be stakeholders, and they had to go hand deliver it and talk to somebody about it (SPF SIG) and then give them the Christmas card...”

“We tried to talk to the physicians at the local emergency department to improve communication, because there was a communication gap...”

“...I have gone out to do presentations to organizations, both youth-serving and adults with addictions, a lot of churches...even day care centers, so I’m kind of going from one end of the spectrum to the other...”

“We have done a lot of capacity building as far as meeting one-on-one with key leaders and community members.”

“...We have made and are making continual overtures to the business community to tie in the future workforce issues. We have tried to show the business community that the workforce is coming from this pool (of young adults)...”

The last method commonly used to build capacity consisted of the SPF SIG staff establishing new relationships to help further the mission of the grant. These new relationships typically involved bringing representatives of new agencies, such as law enforcement officials or school superintendents, into the coalition that had received the SPF SIG funds. New

relationships also evolved from expanding the organization’s diversity and making connections with SPF communities in the same region:

“...The social capacity building, bringing some people on board, people who were never in this world before...”

“We had a one-on-one meeting with a law enforcement official and he comes to our LAC meetings now. We’ve had meetings with a local charity organization and they are involved with our LAC meetings. We’ve had meetings with the public library and their Community Outreach Coordinator is a member of our LAC. We’ve had a meeting with the Children’s Bureau and now one of their employees is a member of our LAC...”

“...We built a relationship with...the local school system. Our contact sees the value in compiling the data and that new grant money would be available if the epi would be used in the correct way.”

“We developed a relationship with the local community college which really had not been there before.”

“The LAC was 95% Caucasian, middle-aged, middle income men...When I came in I brought in other members, like from the ministerial association, a couple of superintendents, brought in an African-American woman from the school system, a young female who is an excise police officer...tried to bring in other cultures to get diversity on the LCC.”

“...Working with other counties, Porter, Lake, and LaPorte...we have taken kind of the lead on regionalizing the approach.”



FIDELITY RATINGS OF CAPACITY BUILDING—FIRST YEAR OF ACTIVITY FOR COHORT 1 AND COHORT 2

Each community's local evaluator completed fidelity ratings that covered the first year of capacity-building activity. The fidelity of communities' first year of capacity-building activities was assessed using nine items. The items encompass the following:

- appropriately addressing and eliminating the service gaps and redundancies identified in the needs assessment
- developing partnerships
- seeking guidance and information from the target population
- structuring of the coalition
- setting up sustainability of the project and outcomes

A total capacity-building score was computed by summing each community's ratings on the nine capacity-building items. Total fidelity scores for capacity building ranged from a low of 9 to a high of 24, with the average capacity-building score across all 20 communities being 18.0

(SD = 4.3). When comparing the cohorts to one another, researchers found that cohort 2 communities had a significantly higher total fidelity score on capacity building ($M = 21.1$, $SD = 3.0$) than cohort 1 communities ($M = 15.9$, $SD = 3.7$). Table 3-7 provides a breakdown of the number of communities that received each fidelity rating.

Most communities were rated as having either moderate or strong fidelity on each capacity-building criteria. At least a third of the communities were rated as weak in two areas: identifying and recruiting missing partners (35.0%) and establishing coalition meeting infrastructure (40.0%).

In order to compare communities to one another, the average score for each capacity-building item was computed. Communities were then ranked as to whether they scored above or below the mean on that particular item. As most mean scores were within the moderate range of fidelity, communities scoring above the mean had strong fidelity scores while those scoring below the mean had fidelity scores which could have been

Table 3-7. Number of Communities Receiving each Fidelity Score for Capacity Building, Year 1

	Missing	Weak	Moderate	Strong
Are capacity-building efforts directed at resource gaps and redundancies identified in the resource assessment?	1	3	7	9
Are capacity-building efforts clearly documented?		5	9	6
Are community education and recruitment efforts directed at weaknesses identified in the readiness assessment?	3	2	6	9
Are community education and recruitment efforts clearly documented?	1	4	9	6
Are missing partners systematically identified and recruited?	0	7	4	9
Are formal recruitment and membership procedures established and observed?	0	5	12	3
Is coalition meeting infrastructure established, including identified procedures for communication, decision making, conflict resolution, and leadership?	0	8	1	11
Is guidance from target populations sought and used in planning and implementation?	0	1	7	12
Are the prevention project and outcomes sustainable?	0	5	10	5



missing, weak, or moderate. The rankings are used only as a way to determine what capacity-building issues may have been more challenging for communities during their first year of operation. The community rankings are included in Table 3-8.

As shown in Table 3-8, at least half of the communities were ranked below the mean in five areas. The area where grantees struggled the most was in documenting their capacity-building activities, with 70% of communities falling below the average. Sixty percent of the communities fell below the mean on building capacity-to

address the resource gaps and redundancies outlined in the needs assessment. Scores for 11 communities (55%) indicated some level of difficulty in building capacity to address the community-level weaknesses identified in the needs assessment. Fifty-five percent of grantees also were rated as experiencing challenges in identifying and recruiting missing partners. Finally, the ranking for 10 sites (50%) showed they may have had some difficulty in developing their coalition meeting infrastructure.

Table 3-8. Comparison of SPF SIG Communities to the Mean on Capacity-Building Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	M	(SD)	Allen	Delaware	East Chicago	Greene-Daviess	Lake	Marion
Are capacity-building efforts directed at resource gaps and redundancies identified in the resource assessment?	2.2	.9	↓	↓	↑	↓	↓	↓
Are capacity-building efforts clearly documented?	2.1	.8	↓	↓	↓	↓	↓	↓
Are community education and recruitment efforts directed at weaknesses identified in the readiness assessment?	2.1	1.1	↓	↓	↓	↓	↓	↓
Are community education and recruitment efforts clearly documented?	2.0	.9	↓	↓	↓/↑	↑	↓/↑	↓
Are missing partners systematically identified and recruited?	2.1	.9	↓	↓	↓	↓	↓	↓
Are formal recruitment and membership procedures established and observed?	.9	.6	↑	↑	↑	↓	↑	↑
Is coalition meeting infrastructure established, including identified procedures for communication, decision making, conflict resolution, and leadership?	2.2	1.0	↓	↓	↓	↑	↓	↑
Is guidance from target populations sought and used in planning and implementation?	2.6	.6	↓	↓	↑	↑	↓	↓
Are the prevention project and outcomes sustainable?	2.0	.7	↓	↓	↑/↓	↓	↑/↓	↑/↓

Table 3-8. (continued) Comparison of SPF SIG Communities to the Mean on Capacity-Building Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	M	(SD)	Monroe	Porter	St. Joseph	Tippecanoe	Vigo	Wayne
Are capacity-building efforts directed at resource gaps and redundancies identified in the resource assessment?	2.2	.9	↓	↑	↓	↓	↓	↓
Are capacity-building efforts clearly documented?	2.1	.8	↓	↓	↓	↓	↓	↑
Are community education and recruitment efforts directed at weaknesses identified in the readiness assessment?	2.1	1.1	↓	↓	↑	↑	↓	↓
Are community education and recruitment efforts clearly documented?	2.0	.9	↓	↓/↑	↓/↑	↓/↑	↓/↑	↑
Are missing partners systematically identified and recruited?	2.1	.9	↑	↓	↓	↓	↓	↑
Are formal recruitment and membership procedures established and observed?	.9	.6	↑	↑	↑	↑	↑	↑
Is coalition meeting infrastructure established, including identified procedures for communication, decision making, conflict resolution, and leadership?	2.2	1.0	↑	↓	↓	↓	↑	↑
Is guidance from target populations sought and used in planning and implementation?	2.6	.6	↑	↓	↑	↑	↓	↑
Are the prevention project and outcomes sustainable?	2.0	.7	↓/↑	↓/↑	↑	↑	↓/↑	↓/↑

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Table 3-8. (continued) Comparison of SPF SIG Communities to the Mean on Capacity-Building Fidelity Items, Year 1 (↑=above mean, ↓=below mean, / =at mean)

	M	(SD)	Floyd	Franklin-Ripley	Howard	LaPorte	Lawrence	Madison	Newton	Vanderburgh	Total % above	Total % below
Are capacity-building efforts directed at resource gaps and redundancies identified in the resource assessment?	2.2	.9	↑	↑	↓	↓	↑	↑	↑	↑	(40.0)	(60.0)
Are capacity-building efforts clearly documented?	2.1	.8	↑	↓	↑	↑	↓	↓	↑	↑	(30.0)	(70.0)
Are community education and recruitment efforts directed at weaknesses identified in the readiness assessment?	2.1	1.1	↑	↑	↑	↑	↑	↓	↑	↑	(45.0)	(55.0)
Are community education and recruitment efforts clearly documented?	2.0	.9	↑	↑	↓/↑	↓/↑	↑	↓	↓/↑	↑	(30.0)	(25.0)
Are missing partners systematically identified and recruited?	2.1	.9	↑	↓	↑	↑	↑	↑	↑	↑	(45.0)	(55.0)
Are formal recruitment and membership procedures established and observed?	.9	.6	↑	↓	↑	↑	↓	↑	↑	↓	(80.0)	(20.0)
Is coalition meeting infrastructure established, including identified procedures for communication, decision making, conflict resolution, and leadership?	2.2	1.0	↓	↓	↑	↑	↓	↑	↑	↑	(50.0)	(50.0)
Is guidance from target populations sought and used in planning and implementation?	2.6	.6	↑	↓	↑	↑	↑	↓	↑	↑	(60.0)	(40.0)
Are the prevention project and outcomes sustainable?	2.0	.7	↑	↓	↓	↑/↓	↑	↑/↓	↑/↓	↑	(25.0)	(25.0)

Capacity Building—Second Year of Activity for Cohort 1

Based on evaluator ratings, cohort 1 communities appeared to have experienced more difficulties with capacity-building activities during year 2. The evaluator ratings would suggest that over half the

communities struggled in nearly all the capacity-building criteria assessed. However, in year 2 most communities did well in two areas: seeking and using guidance from the target population and creating projects and outcomes that would be sustainable (see Table 3-9).

Table 3-9. Number of Communities Receiving each Fidelity Score for Capacity Building, Year 2

	Missing	Weak	Moderate	Strong
Are capacity-building efforts directed at resource gaps and redundancies identified in the resource assessment?	0	7	5	0
Are capacity-building efforts clearly documented?	0	6	5	1
Are community education and recruitment efforts directed at weaknesses identified in the readiness assessment?	0	9	3	0
Are community education and recruitment efforts clearly documented?	3	5	2	2
Are missing partners systematically identified and recruited?	1	10	1	0
Are formal recruitment and membership procedures established and observed?	8	4	0	0
Is coalition meeting infrastructure established, including identified procedures for communication, decision making, conflict resolution, and leadership?	1	10	0	1
Is guidance from target populations sought and used in planning and implementation?	1	0	10	1
Are the prevention project and outcomes sustainable?	0	1	10	1



Table 3-10. Comparison of SPF SIG Communities to the Mean on Capacity-Building Fidelity Items, Year 2 (=above mean, =below mean, /=at mean)

	M	(SD)	Allen	Delaware	East Chicago	Greene-Daviess	Lake	Marion
Are capacity-building efforts directed at resource gaps and redundancies identified in the resource assessment?	1.4	(0.5)	↓	↑	↓	↓	↑	↑
Are capacity-building efforts clearly documented?	1.6	(0.7)	↑	↑	↑	↓	↑	↑
Are community education and recruitment efforts directed at weaknesses identified in the readiness assessment?	1.3	(0.5)	↓	↑	↓	↓	↓	↑
Are community education and recruitment efforts clearly documented?	1.3	(1.1)	↑	↓	↑	↓	↓	↓
Are missing partners systematically identified and recruited?	1.0	(0.4)	↓/↑	↓/↑	↓/↑	↓/↑	↓/↑	↓/↑
Are formal recruitment and membership procedures established and observed?	0.3	(0.5)	↑	↓	↓	↓	↑	↓
Is coalition meeting infrastructure established, including identified procedures for communication, decision making, conflict resolution, and leadership?	1.1	(0.7)	↓	↓	↓	↓	↓	↓
Is guidance from target populations sought and used in planning and implementation?	1.9	(0.7)	↑	↑	↑	↑	↑	↑
Are the prevention project and outcomes sustainable?	2.0	(0.4)	↓/↑	↓/↑	↓/↑	↓/↑	↓/↑	↓/↑

Table 3-10. (continued) Comparison of SPF SIG Communities to the Mean on Capacity-Building Fidelity Items, Year 2 (=above mean, =below mean, /=at mean)

	M	(SD)	Monroe	Porter	St. Joseph	Tippecanoe	Vigo	Wayne	Total % Above	Total % Below
Are capacity-building efforts directed at resource gaps and redundancies identified in the resource assessment?	1.4	(0.5)	↓	↑	↓	↓	↓	↑	(41.7)	(58.3)
Are capacity-building efforts clearly documented?	1.6	(0.7)	↓	↓	↓	↓	↓	↑	(50.0)	(50.0)
Are community education and recruitment efforts directed at weaknesses identified in the readiness assessment?	1.3	(0.5)	↓	↓	↓	↓	↑	↓	(25.0)	(75.0)
Are community education and recruitment efforts clearly documented?	1.3	(1.1)	↑	↓	↑	↓	↓	↓	(33.3)	(66.7)
Are missing partners systematically identified and recruited?	1.0	(0.4)	↓/↑	↓/↑	↓	↓	↓	↑	(8.3)	(25.0)
Are formal recruitment and membership procedures established and observed?	0.3	(0.5)	↑	↓	↓	↓	↓	↓	(25.0)	(75.0)
Is coalition meeting infrastructure established, including identified procedures for communication, decision making, conflict resolution, and leadership?	1.1	(0.7)	↓	↓	↓	↑	↓	↓	(8.3)	(91.7)
Is guidance from target populations sought and used in planning and implementation?	1.9	(0.7)	↑	↑	↑	↑	↓	↑	(91.7)	(8.3)
Are the prevention project and outcomes sustainable?	2.0	(0.4)	↓/↑	↓/↑	↓/↑	↓/↑	↓	↑	(8.3)	(8.3)



SECTION 4. STRATEGIC PLANNING

The third major SPF SIG requirement for all funded communities was to create a strategic plan using the data from the needs assessment. The plan was to lay out a framework for employing evidence-based and other strategies to prevent or reduce use of the targeted substance within the community. Data on the strategic planning process was available from four sources: the CLI, key informant interviews, fidelity assessments, and the logic model matrices used to outline the proposed strategies and their community-level impact.

CLI data is only available for the strategic planning processes that took place in cohort 1. Due to the delay in the availability of CLI data, cohort 2's CLI data could not be included in this report. Information on cohort 2 strategic planning was available from the remaining data sources.

DIMENSIONS OF THE STRATEGIC PLANNING PROCESS

The CLI asked respondents to consider a number of areas related to strategic planning, including collaborators in the planning process, topics addressed in the local-level plan, and revisions to their strategic plan.

Collaborators

CLI respondents were asked to provide information on those people or agencies in the community with whom they collaborated on developing their strategic plan. The number of organizations consulted by grantees ranged from a low of two to a high of 11. On average, funded sites in cohort 1 consulted with approximately eight outside groups ($M = 7.75$, $SD = 3.2$). The organizations most commonly engaged during the strategic planning process were law enforcement agencies and state or local government agencies (see Table 4-1).

Table 4-1. Agencies Collaborating on Local-Level Strategic Plans

Group/Organization	Number of communities who collaborated with each agency type	(%)
Law enforcement agencies	10	(83.3)
State, local, village or tribal government agencies	10	(83.3)
Schools/school districts	9	(75.0)
Local evaluator	9	(75.0)
Healthcare professionals	8	(66.7)
Business community	7	(58.3)
Youth-serving organizations	7	(58.3)
Civic or volunteer organizations	7	(58.3)
Parents/Family/caregiver groups	6	(50.0)
Youth	5	(41.7)
Advocacy volunteers	5	(41.7)
Faith-based organizations	5	(41.7)
Other	3	(25.0)
Media	2	(16.7)



Topics Addressed

Informants were then asked to describe whether their community's strategic plan had addressed several key topics that federal evaluators deemed important. Individual communities were not expected to address all topics, since some topics may have been irrelevant or impossible to address in the community's first strategic plan.

Overall, more than 50% of the plans addressed each of the strategic plan topics of interest. All communities reported addressing the data indicators that dealt with substance abuse and the causes of substance abuse. Similarly, all funded sites stated that they had connected their local strategic plan to the state-level SPF SIG initiative. Also, as required by the state, all community respondents said their strategic plan included a logic model.² All informants reported that their strategic

plan included a plan to evaluate the relationships, activities, and outcomes outlined in the logic model.

Two areas were addressed less frequently. Only half the funded sites included a discussion of the barriers they might encounter when trying to implement their plan. Slightly more than half reported that their strategic plan contained a discussion of potential adjustments to their plan once initial outcome information was available (see Table 4-2).

Revision of Strategic Plans

All strategic plans were reviewed by an expert panel selected from various state-level workgroups. The panel provided feedback to communities, including areas of strength and areas that needed additional work or clarification. During the second and third reporting periods, a total

Table 4-2. Topics Addressed in Local-Level Strategic Plans

Topic	N	(%)
Data indicators on substance abuse	12	(100.0)
Data on factors causing, leading to, or promoting substance use	12	(100.0)
Underage drinking initiative	9	(75.0)
Cultural competence	10	(83.3)
Connection with state SPF SIG initiative	12	(100.0)
Current community resources/strengths	11	(91.7)
Identification of conditions outside the scope of the intervention	8	(66.7)
Logic model	12	(100.0)
Plan to evaluate the relationships, activities, and outcomes illustrated in logic model	12	(100.0)
Necessary infrastructure development	10	(83.3)
Role of stakeholders	8	(66.7)
Appropriate interventions selected to match target outcomes	9	(75.0)
Barriers to implementation	6	(50.0)
Measurable objectives	9	(75.0)
Identification of available data sources to measure objectives	9	(75.0)
Data collection plans	9	(75.0)
Data monitoring plans	9	(75.0)
Data analysis plans	9	(75.0)
Sustainability	9	(75.0)
Opportunity for adjustments based on initial outcomes	7	(58.3)

²A logic model sets out how an intervention (such as a project, a program, or a policy) is understood or intended to produce particular results. The SPF SIG logic models outlined substance abuse risk factors, intervening variables (variables which could be modified), and outcomes (problematic consumption patterns or behavioral consequences).



of six communities indicated that they had spent time reworking their strategic plan and making revisions (see Table 4.3). The most common reason cited for the changes was the “other” category. Respondents who selected this category indicated that adjustments to the plan were made due to comments from the state-level reviewers.

The six informants who said they had to make adjustments to their plan were asked to list the specific parts of their plan that had to be modified after the review.

The most frequently revised topic area was the discussion of a community’s existing resources and strengths. Other areas addressed by at least half of the communities (see Table 4-4) included:

- data on factors causing, leading, or promoting substance abuse
- discussion of measureable objectives for change in consumption patterns of the targeted substance
- discussion of the potential barriers to implementation within the community

Table 4-3. Reasons for Strategic Plan Revisions

	Number who revised plan for this reason*	(%)
New data indicated a new priority area	0	(0.0)
Political considerations	2	(33.3)
New technology made additional surveillance or evaluation methods available	0	(0.0)
Funding changes increased or decreased the scope of intervention activities	1	(16.7)
Other	5	(83.3)

*Respondents could select more than one reason for making a change.

Table 4-4. Areas Revised in Community Strategic Plans

Topic	Number revising topic area	(%)*
Data indicators on substance abuse	2	(33.3)
Data on factors causing, leading to, or promoting substance use	3	(50.0)
Underage drinking initiative	0	(0.0)
Cultural competence	0	(0.0)
Connection with state SPF SIG initiative	0	(0.0)
Current community resources/strengths	5	(83.3)
Identification of conditions outside the scope of the intervention	1	(16.7)
Logic model	2	(33.3)
Plan to evaluate the relationships, activities, and outcomes illustrated in logic model	0	(0.0)
Necessary infrastructure development	2	(33.3)
Role of stakeholders	1	(16.7)
Appropriate interventions selected to match target outcomes	3	(50.0)
Barriers to implementation	4	(66.7)
Measurable objectives	3	(50.0)
Identification of available data sources to measure objectives	1	(16.7)
Data collection plans	2	(33.3)
Data monitoring plans	2	(33.3)
Data analysis plans	2	(33.3)
Sustainability	1	(16.7)
Opportunity for adjustments based on initial outcomes	1	(16.7)

*Percentages are based on those who had to make revisions; communities could select more than one topic area that needed revision.



Five community informants indicated that within the second and/or third CLI reporting periods, they needed to revise their local-level logic models for one or more reasons. One community reported that changes were made to the logic model as new data had become available that indicated new priority areas. One community made revisions to their logic model due to political considerations. Another CLI participant reported that the community changed their logic model to reflect new technology that made additional surveillance or evaluation methods available. Three community informants said their logic models were adjusted for several reasons, including comments from reviewers, the inclusion of community norms to the model, and the addition of the impact of capacity-building efforts on the logic model.

Training and Technical Assistance on Strategic Planning

CLI participants reported having received training and technical assistance on the topic of strategic planning during all three CLI reporting periods. The amount of training varied over time. The least amount of training was reported for the first six months of the grant, with 33.0% of community respondents receiving training. Nearly all CLI participants (91.7%) said their community received strategic planning training during the second six-month reporting period. During the third CLI reporting period, fewer informants stated their community received training or technical assistance on strategic planning (66.7%). Of the communities who received training, all indicated they would be either likely or very likely to use the training they received when completing future SPF SIG activities.

Challenges in Strategic Planning

Respondents were asked to discuss the challenges they faced when developing their strategic plans. Several challenges were expressed by communities that provided information. These challenges were similar to those discussed by participants in the key informant interviews. The timeline imposed on the communities by the state was seen as too short. Many communities felt they had to rush from completing the epidemiological report to completing the strategic plan. Respondents believed a little more time for planning could have resulted in higher quality plans.

A second challenge for communities was related to the lack of local-level data. As the strategic plan was supposed to be based on local data, planning was difficult for communities that had limited local data. While respondents did mention the need to improve data collection for subsequent years, they acknowledged that their initial plan was limited due to insufficient data.

At least two community respondents reported difficulties with finding evidence-based interventions that fit their community's population and/or targeted substance.

Finally, respondents related that due to the timeline and other community-level factors, they were unable to get the level of feedback and input from stakeholders or workgroups that they would have liked. Respondents believed that plans could have been stronger if more feedback from the community had been available.

Successes in Strategic Planning

Community informants completing the CLI were asked to discuss any successes they had experienced during the strategic



planning process. Comments from participants varied significantly from community to community and included positive experiences such as incorporating the views of drug users into their plan. Also cited were the benefits of obtaining data from a local-level telephone survey, having good community-level participation, and receiving templates from the state for completing the strategic plan.

KEY INFORMANT INTERVIEWS— STRATEGIC PLANNING

As part of the interview, respondents were asked to describe the process they used for developing their community's strategic plan, including challenges they faced in completing the plan. They were also asked to indicate any positives that had emerged from completing the planning process and putting the strategic plan in place.

When discussing the process of developing the strategic plan, respondents in most of the cohort 1 and cohort 2 communities reported using similar strategies to create their plan. Typically, SPF SIG staff members, the LEOW, the LAC, potentially other workgroup members, and local-level evaluators or technical assistance providers started the planning process by reviewing the community's epidemiological report. The purpose of the review was twofold: to determine the specific issues in the community that appeared to be driving the targeted, local-level substance abuse problem, and to determine the local-level service gaps that needed to be filled in order to best address the problem. Once the key variables were agreed upon, staff and workgroup members developed strategies to address service gaps; they also reviewed evidence-based policies, practices, and procedures (EBPPPs) for the targeted substance. Based on their review, staff and workgroup members then selected those EBPPPs that would be most

appropriate for their community. The following quotes illustrate the community-level planning process:

"We had a couple of trainings, what we called strategic planning sessions here; we brought in our LEOW, LAC, all our workgroup members and we had two four-hour strategic planning sessions which was developing the vision, mission, and goals. We identified evidence-based strategies, high risk areas, and discussed risk factors. When everyone left the second session they left with a task: to review the epi with their top three problems they felt were in our communities. We compiled everyone's ideas and came back together. That is when the LEOW chose what programs they wanted to go with and how we would go forth for our strategic plan."

"After the epi was written, the Policy and Advocacy Workgroup, Evaluation, and Budget Workgroups looked at it and pulled out hot spots. All three groups agreed we needed to focus on social and retail access. So, that part we took back to the LAC and these are the areas we wanted to focus on and they agreed that that was the direction we needed to take. That part went smoothly."

"...Probably like everybody else across the state saw it, you know, out of the epi flows your strategic plan, it's not rocket science to look at it and see where your problem areas are. Then (it was a matter of) just coming up with the specific activities that you want to use to try to address those problem areas..."

Communities did experience several obstacles during the planning process. One common challenge several participants reported was the timeframe



imposed by the state for completing the strategic plan:

“The strategic plan I think... came too soon right after epi. People need to be given just a little bit more time.

You're always assessing the data as you are putting your epi together but once it is all together then you need time to look at it and think about it before you put together the problem.”

“I don't mean to be redundant, but again, the challenge was gathering data, writing the epi, and then the strategic plan shortly after that, what we felt was a limited time for planning.”

“Well, one of the biggest challenges was because of the time crunch. We were actually trying to develop part of the strategic plan almost before we had the epi done. You know, trying to work from a not completed epi to try to see what was coming out of that and trying to work on that. So, a lot of it was timeframe...”

A second issue which respondents frequently discussed was difficulty selecting appropriate prevention strategies for their community:

“...The hardest part has been the specific strategies that we are going to do. Those have been more of a challenge because we want the strongest impact so it has taken a lot of discussion and time and I wouldn't say there has been conflict around it, just what has taken the longest is picking specific strategies.”

“Some difficulties I would say was to get everyone as far as the LAC to agree for our strategic plan and even you know trying to figure out which strategy would be the best and would be the most effective...”

Problems selecting strategies led some communities to propose one strategy or prevention approach and later make adjustments to their plan and select a different strategy:

“Well I think once we switched course to Communities Mobilizing for Change on Alcohol (CMCA) things seemed to flow better. So, I don't see there have been any major challenges with that.”

“...Their logic model initially had life skills as one of their strategies and they replaced that with CMCA so I know that that is a big change from the initial strategic plan that they had with what they are going to implement.”

Another challenge associated with the strategic planning process was getting enough input and collaboration from stakeholders or community members so that the plan would reflect the opinions and ideas of as much of the community as possible:

“I don't know that we got everybody's perspective. I think we got our workgroups' perspectives, but not necessarily everybody we should have on board. That didn't go so well I'd say.”

“What we should have been able to do was to take the epi to the targeted neighborhoods, share data with those individuals, talk with the individuals, do some focus groups, or roundtable discussions, so that kind of community-level participation we were not able to get to and we are doing now.”

“...Unfortunately...I had to do the majority of the strategic planning process by myself without a lot of input from other people, which is not the way that I wanted it because it is supposed to be a community-wide process and just didn't end up that way.”



Another stumbling block voiced by participants in regards to the strategic planning process was the guidance they received from the state and other sources. Several informants reported that they didn't receive sufficient guidance, or that they received conflicting guidance from different sources:

"Again...we were told what to write, what they wanted and then we were told that was wrong..."

"...At times there were mixed messages that we received. I'm talking specifically in terms of the technical assistance side of the strategic planning process..trying to feel like you are moving forward, making some progress and told go ahead with sort of your best ideas on some things at this point and then getting so far down the road and then feeling like someone was coming back and telling you, 'well, why did you do that?' That sort of was a mixed message."

"...For us it was probably the guidance. Nobody sitting, like none of the people working in our office in terms of our administrative assistant or myself, and our old project director, had ever written a strategic plan before so we really didn't know where to begin when we were writing it...A lot of people would say just take your logic model and write your plan. Well, half the time we didn't understand our logic model so we had no clue how to write."

Although strategic planning training was provided, some respondents reported that the training they got from the state or their technical assistance providers was not useful when it came to writing their plans:

"..We found it helpful, but again, it was one of those kinds of things it was helpful after the fact. I sort of felt that

we could have been where we ended up three to six months earlier if there had been a clearer understanding on exactly the process we were supposed to go through and a better outline laid out for what we were trying to achieve through doing that..."

"That was one of the challenges...every time we thought we were going to a strategic planning training, it turned out to be something completely different...I guess a template would have been the most helpful thing to just say this is what we need in your strategic plan...so that every county's was the same."

"There was not consistency with the IPRC and what evidence-based programs and practices. They kept telling us everything needed to be a program, they wanted to lump everything under a program and my thing was no, when you lump everything under a program, it doesn't go as well. There are practices that we can use too, so they really told everybody that you make sure that you use CMCA."

Finally, a handful of communities reported that one problem they encountered when trying to create their strategic plan was the lack of funds that could be used to implement programs:

"...In the beginning, we were all under a misassumption that if we did this whole planning process that there was going to be some dollars to be used for implementation of projects and when it finally sunk in that it was really just a planning process...that additional dollars were not going to be available from the state, that was a letdown and I think that was part of when we started losing people."



Even with the challenges they encountered, all communities were able to complete and submit a strategic plan. When discussing the impact the strategic plan had had on their community, participants described several positive outcomes from the planning process. First, respondents said that much like the epidemiological report, the strategic plan was a helpful tool for raising awareness about substance abuse within the community as well as giving SPF SIG leaders a clear message for stakeholders about the nature of the problems and how they planned to address them:

"And we...understood as a result of going through the process that we had internal issues that we needed to address, that really it wasn't just about availability but also about our thinking so I think that was the strongest point, giving us the opportunity to really assess our community."

"...Just being involved and going through the past year...I feel a lot more positive in that when I go talk to the community...I know what I'm talking about and I know what I want to say...to people when I met with them."

"...I think that the community is more aware where the needs and our gaps are."

Informants appreciated that the strategic planning process helped bring agencies together to talk about substance abuse prevention and to create a framework for community-level prevention activities with which everyone agreed:

"I think ultimately that once the different pieces were put into the strategic plan and thought through and the group came up with an end

product, they felt pretty good about it and they could see how this is going to guide us for the next year, two or three years, as we are thinking how this is going to unfold here in our community."

"We are in a great situation, it should be a win-win situation, because all minds are united for a common cause and it is just making sure that we are doing it with fidelity so that is just the main piece of the strategic plan now...we are just kind of working our way through that process."

"But we were able to get on the same page and say yes, we need controlled beverage service, we do need compliance checks and different things like that."

"A lot of times, you know, you have various agencies and groups and organizations that...end up getting on their own, so diverge, whereas this kind of brought us all back together, how can we work together, and now it has kind of given us...a path...in which we can kind of come together and work on some things that will have a bigger impact."

"...We were able to see that it doesn't necessarily have to be one agency project but if we have various agencies working on the plan because it is for our community. If we have other agencies or organizations taking part, we can have a greater impact...Also, we've got others that are invested to make sure that our alcohol rates are reduced for our community and so we've got various levels of individuals and leaders working towards this, so I think it really strengthens the work that we've been able to do."



FIDELITY OF THE STRATEGIC PLANNING PROCESS

Fidelity of Year 1 Strategic Planning Process for Cohorts 1 and 2

To determine the fidelity of the initial strategic planning process at each funded site, evaluators considered eight items. These items addressed the issues believed by WESTAT to be critical for effective strategic planning, specifically, the community's:

- prevention vision
- use of needs and capacity assessment results
- incorporation of state-level prevention priorities
- selection of prevention strategies
- plan for monitoring outcomes
- plan for addressing cultural competence and sustainability

Each community's total strategic planning score for year 1 was computed by summing the ratings assigned to each item. The strategic planning scores for the 20 grantee sites ranged from a low of 13 to a high of 24. The average strategic planning score was 19.1 (SD = 2.8). Although the average strategic planning score of cohort 1 (M = 18.3, SD = 2.8) was slightly lower than that of cohort 2 (M = 20.4, SD = 2.4), this difference was not statistically significant ($t = -1.7$, $p = .098$). Table 4-5 provides a breakdown of the scoring for the strategic planning items.

Table 4-5. Number of Communities Receiving each Fidelity Score for Strategic Planning, Year 1

	Missing	Weak	Moderate	Strong
To what extent does the community strategic plan (SP) include a vision for prevention activities at the community?	1	1	7	11
To what extent does the community strategic plan use assessment results?	0	0	4	16
To what extent does the community strategic plan include the state's priorities for prevention?	0	0	1	19
To what extent are there measures of community capacity and infrastructure accompanied by plans to increase capacity and infrastructure, where needed?	1	1	0	18
To what extent does the plan identify appropriate (i.e., logically connected) evidence-based strategies for addressing the community priorities?	0	2	2	16
To what extent is there discussion of how the community will implement culturally appropriate strategies with competence?	5	6	7	2
To what extent are there methods and measures for monitoring community level outcomes?	0	1	0	19
To what extent is there a discussion of how the community will develop a plan for sustaining the strategies after SPF SIG funding has been depleted?	7	4	5	4



Two areas may have been more difficult for communities. Eleven communities had missing or weak fidelity scores regarding community discussions of implementing culturally appropriate strategies. Sustainability of strategies after SPF SIG funding ended was not addressed sufficiently or at all in the strategic planning process of 55% of the communities. Despite these challenges, most grantee sites were rated as having moderate or strong fidelity on the strategic planning criteria.

Communities were also compared by determining how each ranked when compared to the mean for each strategic

planning item. Table 4-6 presents the rankings for all 20 funded communities. Only one area appeared to have created significant challenges for communities. Over half (55.0%) of sites were below the mean on the item rating cultural competence. It appears communities may have struggled in their planning process with ways to effectively address the cultural diversity present in their area. Also difficult for just under half of the grantees (45.0%) were the criteria of using the establishing a vision for prevention and creating a sustainability plan for their prevention efforts (45.0%).

Table 4-6. Comparison of SPF SIG Communities to the Mean on Strategic Planning Fidelity Items, Year 1 (=above mean, =below mean, /=at mean)

	M	(SD)	Monroe	Porter	St. Joseph	Tippecanoe	Vigo	Wayne
To what extent does the community strategic plan (SP) include a vision for prevention activities at the community?	2.4	(0.8)	↓	↓	↓	↓	↓	↓
To what extent does the community strategic plan use assessment results?	2.8	(0.4)	↓	↑	↑	↑	↓	↑
To what extent does the community strategic plan include the state's priorities for prevention?	2.9	(0.2)	↑	↑	↑	↑	↑	↑
To what extent are there measures of community capacity and infrastructure accompanied by plans to increase capacity and infrastructure, where needed?	2.8	(0.8)	↓	↑	↑	↑	↓	↑
To what extent does the plan identify appropriate (i.e., logically connected) evidence-based strategies for addressing the community priorities?	2.7	(0.7)	↑	↑	↓	↑	↓	↑
To what extent is there discussion of how the community will implement culturally appropriate strategies with competence?	1.3	(1.0)	↓	↓	↓	↓	↓	↑
To what extent are there methods and measures for monitoring community level outcomes?	2.9	(0.4)	↑	↑	↑	↑	↑	↑
To what extent is there a discussion of how the community will develop a plan for sustaining the strategies after SPF SIG funding has been depleted?	1.3	(0.2)	↓	↓	↑	↓	↓	↑

(continued on next page)



Table 4-6. (continued) Comparison of SPF SIG Communities to the Mean on Strategic Planning Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	M	(SD)	Monroe	Porter	St. Joseph	Tippecanoe	Vigo	Wayne
To what extent does the community strategic plan (SP) include a vision for prevention activities at the community?	2.4	(0.8)						
To what extent does the community strategic plan use assessment results?	2.8	(0.4)						
To what extent does the community strategic plan include the state's priorities for prevention?	2.9	(0.2)						
To what extent are there measures of community capacity and infrastructure accompanied by plans to increase capacity and infrastructure, where needed?	2.8	(0.8)						
To what extent does the plan identify appropriate (i.e., logically connected) evidence-based strategies for addressing the community priorities?	2.7	(0.7)						
To what extent is there discussion of how the community will implement culturally appropriate strategies with competence?	1.3	(1.0)						
To what extent are there methods and measures for monitoring community level outcomes?	2.9	(0.4)						
To what extent is there a discussion of how the community will develop a plan for sustaining the strategies after SPF SIG funding has been depleted?	1.3	(0.2)						

Table 4-6. (continued) Comparison of SPF SIG Communities to the Mean on Strategic Planning Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	M	(SD)	Floyd	Franklin-Ripley	Howard	LaPorte	Lawrence	Madison	Newton	Vanderburgh	Total % above	Total % below
To what extent does the community strategic plan (SP) include a vision for prevention activities at the community?	2.4	(0.8)	↑	↑	↑	↑	↑	↑	↑	↑	(55.0)	(45.0)
To what extent does the community strategic plan use assessment results?	2.8	(0.4)	↑	↑	↓	↑	↑	↓	↑	↑	(80.0)	(20.0)
To what extent does the community strategic plan include the state's priorities for prevention?	2.9	(0.2)	↑	↑	↑	↑	↑	↑	↑	↑	(95.0)	(5.0)
To what extent are there measures of community capacity and infrastructure accompanied by plans to increase capacity and infrastructure, where needed?	2.8	(0.8)	↑	↑	↑	↑	↑	↑	↑	↑	(90.0)	(10.0)
To what extent does the plan identify appropriate (i.e., logically connected) evidence-based strategies for addressing the community priorities?	2.7	(0.7)	↑	↑	↑	↑	↑	↑	↑	↑	(80.0)	(20.0)
To what extent is there discussion of how the community will implement culturally appropriate strategies with competence?	1.3	(1.0)	↑	↑	↓	↓	↓	↓	↓	↑	(45.0)	(55.0)
To what extent are there methods and measures for monitoring community level outcomes?	2.9	(0.4)	↑	↑	↑	↑	↑	↑	↑	↑	(95.0)	(5.0)
To what extent is there a discussion of how the community will develop a plan for sustaining the strategies after SPF SIG funding has been depleted?	1.3	(0.2)	↑	↑	↓	↓	↑	↓	↓	↑	(55.0)	(45.0)



Fidelity of Year 2 Strategic Planning Process for Cohort 1

During year 2, cohort 1 communities were required to review their strategic plan and submit an amendment. The amendment was to summarize all planned strategies, state how the strategies were related to the needs assessment, and list intervening variables from the logic model that the strategies were to address. Communities also needed to discuss any changes made to their strategies from what was proposed in their original plan and the reasons for these modifications.

Local evaluators based their fidelity scores on planning activities associated with the strategic plan amendments. Fidelity scores on the eight criteria placed most communities in the moderate to strong category. Communities were given the lowest overall score in their discussion of how they would develop a plan for

sustaining the strategies implemented in their community when SPF SIG funds were no longer available (see Table 4-7).

Strategic plan fidelity criterion ratings were averaged and grantee sites were ranked according to whether they fell below or above the item average. In general, the majority of communities were above the mean on most strategic planning items. There were two items where at least half the sites ranked below the mean. Fifty percent of communities fell below the mean in how well they incorporated results from the needs assessment into their strategic planning process. Two-thirds of the communities scored below the average on the extent to which their planning process reflected methods and measures for monitoring community level outcomes. The rankings for the strategic planning items are shown in Table 4-8.

Table 4-7. Number of Cohort 1 Communities Receiving each Fidelity Score for Strategic Planning, Year 2

	Missing	Weak	Moderate	Strong
To what extent does the community strategic plan (SP) include a vision for prevention activities at the community?	0	1	10	1
To what extent does the community strategic plan use assessment results?	0	0	6	6
To what extent does the community strategic plan include the state's priorities for prevention?	0	1	3	8
To what extent are there measures of community capacity and infrastructure accompanied by plans to increase capacity and infrastructure, where needed?	0	2	1	9
To what extent does the plan identify appropriate (i.e., logically connected) evidence-based strategies for addressing the community priorities?	0	1	10	1
To what extent is there discussion of how the community will implement culturally appropriate strategies with competence?	1	1	10	0
To what extent are there methods and measures for monitoring community level outcomes?	0	3	5	4
To what extent is there a discussion of how the community will develop a plan for sustaining the strategies after SPF SIG funding has been depleted?	1	10	1	0



Table 4-8. Comparison of Cohort 1 SPF SIG Communities to the Mean on Strategic Planning Fidelity Items, Year 2 (=above mean, =below mean, / =at mean)

	M	(SD)	Allen	Delaware	East Chicago	Greene-Daviess	Lake	Marion
To what extent does the community strategic plan (SP) include a vision for prevention activities at the community?	2.0	(0.4)	↓/↑	↓/↑	↓/↑	↓/↑	↓/↑	↓/↑
To what extent does the community strategic plan use assessment results?	2.5	(0.5)	↓	↑	↓	↑	↓	↑
To what extent does the community strategic plan include the state's priorities for prevention?	2.6	(0.7)	↑	↓	↑	↑	↓	↑
To what extent are there measures of community capacity and infrastructure accompanied by plans to increase capacity and infrastructure, where needed?	2.6	(0.8)	↓	↑	↑	↑	↑	↑
To what extent does the plan identify appropriate (i.e., logically connected) evidence-based strategies for addressing the community priorities?	2.0	(0.4)	↓/↑	↓/↑	↓/↑	↓/↑	↓	↓/↑
To what extent is there discussion of how the community will implement culturally appropriate strategies with competence?	1.8	(0.6)	↓	↑	↑	↑	↑	↑
To what extent are there methods and measures for monitoring community level outcomes?	2.1	(0.8)	↓	↑	↓	↓	↓	↓
To what extent is there a discussion of how the community will develop a plan for sustaining the strategies after SPF SIG funding has been depleted?	1.0	(0.4)	↓/↑	↓/↑	↓/↑	↓/↑	↓/↑	↓/↑

Table 4-8. (continued) Comparison of Cohort 1 SPF SIG Communities to the Mean on Strategic Planning Fidelity Items, Year 2 (=above mean, =below mean, / =at mean)

	M	(SD)	Monroe	Porter	St. Joseph	Tippecanoe	Vigo	Wayne	Total % Above	Total % Below
To what extent does the community strategic plan (SP) include a vision for prevention activities at the community?	2.0	(0.4)	↑	↓/↑	↓/↑	↓/↑	↓	↓/↑	(8.3)	(8.3)
To what extent does the community strategic plan use assessment results?	2.5	(0.5)	↑	↓	↓	↓	↑	↑	(50.0)	(50.0)
To what extent does the community strategic plan include the state's priorities for prevention?	2.6	(0.7)	↑	↑	↓	↑	↑	↓	(58.3)	(41.7)
To what extent are there measures of community capacity and infrastructure accompanied by plans to increase capacity and infrastructure, where needed?	2.6	(0.8)	↓	↑	↑	↑	↓	↑	(75.0)	(25.0)
To what extent does the plan identify appropriate (i.e., logically connected) evidence-based strategies for addressing the community priorities?	2.0	(0.4)	↓/↑	↓/↑	↓/↑	↑	↓/↑	↓/↑	(8.3)	(8.3)
To what extent is there discussion of how the community will implement culturally appropriate strategies with competence?	1.8	(0.6)	↑	↑	↑	↑	↓	↑	(83.3)	(16.7)
To what extent are there methods and measures for monitoring community level outcomes?	2.1	(0.8)	↑	↓	↓	↑	↑	↓	(33.3)	(66.7)
To what extent is there a discussion of how the community will develop a plan for sustaining the strategies after SPF SIG funding has been depleted?	1.0	(0.4)	↓/↑	↓/↑	↓/↑	↓/↑	↓	↑	(8.3)	(8.3)



SECTION 5. TECHNICAL ASSISTANCE AND TRAINING

KEY INFORMANT INTERVIEW – TECHNICAL ASSISTANCE AND TRAINING

Due to the complexity of the SPF SIG grant, communities in cohort 1 were required to contract with a technical assistance provider for the first year of their grant award; they were also mandated to work with an evaluation contractor for all three years of the grant. Because of the limited time period in which cohort 2 communities had to complete their SPF SIG deliverables, the state assigned each community a technical assistance provider and an evaluator. The purpose of the technical and evaluation assistance was to help communities develop an epidemiological report and design and carry out a comprehensive evaluation of their SPF SIG activities.

Challenges Faced by Technical Assistance and Evaluation Assistance Providers

Eleven cohort 1 communities chose to contract with the IPRC for both technical assistance and evaluation support. One community contracted with technical assistance and evaluation providers in their local community. The startup period of the grant proved to be particularly challenging for the IPRC. The issues faced by IPRC were:

- Due to Indiana University policy, the IPRC was not able to hire staff until grant funds were disbursed to the university, which did not take place until late August of 2007.
- Existing IPRC staff were required to take on additional duties until new staff could be hired, limiting the amount of assistance that could be provided to communities.

- In person contact with communities was initially limited due both to hiring constraints and long driving times to several locations.
- Training of technical assistance staff had to proceed concurrently with provision of technical assistance to communities.
- Only being able to offer applicants a one year contract hindered IPRC in finding qualified staff with the flexibility for a one year post.
- Fees associated with TA and evaluation services were taken out of the portion of funds disbursed to the grantees rather than being issued as a separate contract between DMHA and IPRC based on a portion of each communities monies being set aside (withheld) for evaluation and TA.

The challenges faced by IPRC during the startup period of the grant disrupted rapport building between communities and IPRC staff and led to concerns about technical assistance during the early phase of the grant.

Local-Level Technical Assistance and Evaluation Assistance

Likely due to the start up issues which affected IPRC, there were several negative opinions expressed of both the technical assistance and evaluation assistance. Many respondents felt that the price of the technical and evaluation assistance was too expensive for what they were receiving:

“It is a little pricey. I think it would be less expensive to do some of this stuff with the universities up here.”

“We had some interesting meetings that first year about that fact that it was expected that everybody put X amount of dollars in for the TA and the evaluation pieces and we weren’t



always terribly comfortable and I don't think we were getting the best bang for our buck."

"They didn't get a lot of one-to-one contact; it was more telephone contact and they felt a lot of their grant money was going towards that technical assistance and they just didn't feel like they were getting what they needed."

"Hmm, I like my technical assistance person, the individual is really, really nice, but I don't feel like I got my \$5,000 worth of help from them."

Respondents also commented that they oftentimes felt that they were not getting what they needed from their technical assistance provider:

"...We were expecting a much greater level of assistance with the epi...There was quite a bit of frustration and our expectation of technical assistance and they weren't willing to help with that..."

"Quite frankly, they wanted to meet often but didn't bring a lot to the table and at one point I personally said stop wanting to meet with us, I've got work to do. You wanted them to be helpful...but those meetings were not useful."

"...We really felt like oftentimes it was a day late and a dollar short. It wasn't the assistance that we needed."

Some respondents also reported that their evaluator often failed to provide the services that were needed or wanted:

"As far as support at evaluating us and what we are doing and if what we are doing works...and if we should change it up or you know, support like that, I don't think we have been getting very much support on our process here in our county."

"I had one evaluator from October through evidently June and...it was absolutely useless and that is being nice, really."

"I personally feel that there should have been some more process evaluation going on throughout...we have been doing the process evaluation on our own, but not doing it with the assistance of our evaluator."

Informants in some communities expressed that the TA providers they used didn't seem to know much about the SPF SIG process:

"The TA provider was excellent, and again, I don't think it was her fault but she was a day late and a dollar short. I think it was because she was coming on learning it at the same time I was...I don't fault her for that, it just didn't help me tremendously."

"And then to have contracted an organization to provide technical assistance that knew less about the SPF process than half of the communities that they funded didn't make a lot of sense to me..."

"I think we had a lot of issues with our providers just because it was like they were sitting in trainings next to us and here they are the ones that are supposed to be providing the assistance, but it was like they didn't know anything we knew."

Respondents in some communities also indicated that they weren't getting the level of contact or feedback from their evaluators or technical assistance providers that they would have liked:

"We didn't see our TA provider very often. That is when big things were going on in another county and she was focusing really over



there... There were some difficulties and frustrations with that. Having questions and not getting phone calls back."

"... We have had issues with our evaluator. Usually late when she comes here. She... has issues with e-mailing us back in a reasonable amount of time. A lot of... communication differences."

"I'm not sure what our options are at this point (for evaluation), if we had the option we would definitely go with someone else... I feel that we are doing a good job here and I would just like a little more proactive feedback with saying this is how you could be doing it better, and based on expertise, this would make your project stronger, instead of me having to ask for what I need since I don't know what it is."

"So, we could have used more technical assistance. We could have used more one-on-one and maybe that is not so for some counties... I felt like we were paying the big bucks... when we need someone for our needs to have that person there and to be able to communicate."

Although not a widespread concern, a few interview respondents perceived that their contracted providers were too controlling of the SPF process and were not supportive of their community's efforts or level of ability:

"I felt sometimes a little pressured... you finally get to a point and you are moving forward and you are working pretty well and then you come back and you meet as a group and your technical assistance person seems to kind of as we said it here 'poo-poo in your cornflakes.'... You always felt like what you were doing wasn't

good enough... To feel like we were feeling like 'wow, we have really accomplished something' and then to have that either overlooked or downplayed or 'it is still not good enough' kind of conversations was very discouraging."

"It seemed like the technical assistance provider was trying to move us away from strategies and just do programs, which is just not a practice that will work... The federal government is actually going towards strategies or evidence-based but environmental strategies. So, that was a direct contradiction to what I was teaching in a class and what I was being told under this project."

"Currently, our challenge I would say is that our evaluator would like us to change our priority to underage drinking... Frankly I'm against that and we took it to our LAC and the board of directors... and they were against making any changes because we have created this momentum and this sense of urgency around this problem and I think if we go and say 'oh, forget that, we are doing underage drinking now, that's easier'... changing our priority takes away all credibility..."

Because of the experiences some communities had with their TA and evaluation support people, they chose, when possible, to contract with different providers who they felt would be more connected to their community:

"That is the reason we changed TA consultants this year. Our TA consultant is also our Indiana Criminal Justice Institute community consultant and she is working very closely with the partnership who is our oversight



group and so it just made sense for her to be our consultant too and to pull that a little closer together and she knows our community very well since she has been involved here for several years.”

“Going into the second year, we have our own TA consultant who is more knowledgeable about our particular community. Knowing the situation we are coming from has helped, our TA is a community consultant for the Indiana Criminal Justice Institute. She has been able to help.”

“We had a local evaluator who we wanted, who we had identified to do our local epi report and so we had the dollars released from that (the TA contract) to be able to get him to start writing that epi report.”

Communities who expressed negative opinions about their technical assistance providers were typically part of cohort 1, generally reflecting experiences these communities had very early in the grant process. Respondents who had concerns regarding evaluation assistance came from both cohorts. These concerns were resolved with personnel changes.

Even though there were communities that reported negative opinions of their technical assistance and evaluation providers, many respondents reported positive experiences with their contractors.

Respondents reported that overall their contracted providers offered them sound support:

“As far as evaluation, I couldn’t be happier with that. I can call our evaluation person and he is really responsive and gives me information I

need and information I don’t always feel I need, but it always is helpful and it really brings me back down and it makes me look at something very differently... We are at the point where we couldn’t evaluate without his help, so to me this is still an integral piece...”

“Our technical assistance, we really haven’t had any problems with that.”

“I cannot say anything but good about everything that I have received... The technical assistance has been wonderful, I really don’t think that we could have made it this far without our TA provider (who) went above and beyond. I went ahead and renewed the contract and I meet with her once a month and if I need anything more than once a month, I e-mail her and she is wonderful in getting back with me.”

“Evaluation I believe has gone well. Our interactions with our evaluator have been positive. Our evaluator has been flexible and helpful.”

“We had excellent help. I just cannot say enough how good everybody was to us. There were so much information there was no way we could use it all.”

Respondents also described their technical assistance providers as being responsive and having good communication with their community:

“Well, they are always very pleasant and cooperative and they get back to you right away. You don’t have to wait for any answers on anything.”

“It was a different story with our TA person because you know she had outcomes and outputs and kept us on time and was able to share about the other communities, what they are



working on and where they are, and 'I've had these meetings (with them) and this is what they are looking at,' and she helped us tremendously with our strategic plan."

"I enjoy talking with our evaluator and he is on the road all the time but we talk, we are always on the cell phone and if I have a question or something that I don't understand I can call him or his supervisor or his colleague, even though she is not our person."

IPRC Response to Community Concerns

The IPRC did take the concerns of communities quite seriously. During the first year of working with communities, the IPRC took the following steps to address the start up issues and improve collaboration:

- The IPRC restructured staff duties to give oversight of evaluation and technical assistance to one person, Dr. Jeanie Alter. Dr. Alter supervises all evaluators and technical assistance personnel and works closely with community representatives to address concerns as they arise.
- The IPRC worked to integrate critical TA services (e.g., data, training, and assistance with a sustainability plan) into the duties provided by evaluators

to ensure that communities continued to be successful.

- In person, rapport building meetings were conducted by Dr. Alter, Dave Bozell, and Kim Manlove to discuss issues which communities had and develop plans to ensure positive working relationships.
- The IPRC worked to improve communication among all SPF SIG communities by providing conference calls, attending community meetings, giving presentations at local SPF SIG-related meetings, providing telephone consultations to community staff, providing regular in person consultations, and working closely with state-level SPF SIG staff and state-level evaluators.
- The IPRC developed a SPF SIG policy and procedures manual for all grantees
- The IPRC began providing monthly service summaries to each grantee listing each service provided to the community in the preceding month
- Implemented a biannual customer satisfaction survey as another method for getting community-level feedback.

The most recent satisfaction survey results released by IPRC indicate that respondents in SPF SIG communities typically rated the IPRC's services as excellent (See Table 5-1).

Table 5-1. SPF SIG Community Satisfaction with IPRC Services as of September 2009

	Excellent		Good		Adequate		Poor		Unsatisfactory	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
How prompt was our staff in fulfilling your needs?	16	(57.1)	4	(14.3)	1	(3.6)	5	(17.9)	2	(7.1)
How were you treated by IPRC staff?	19	(67.9)	6	(21.4)	2	(7.1)	0	(0.0)	1	(3.6)
How knowledgeable and competent was our staff?	14	(50.0)	7	(25.0)	6	(21.4)	1	(3.6)	0	(0.0)
How courteous and helpful was our staff?	18	(64.3)	5	(17.9)	4	(14.3)	1	(3.6)	0	(0.0)
Overall how would you rate our service?	16	(57.1)	5	(17.9)	4	(14.3)	3	(10.7)	0	(0.0)



The impact of the changes made by IPRC to their operating procedures will likely be apparent in the 2011 SPF SIG Programming Evaluation Report.

State-Level Staff Support & Technical Assistance

Two state-level staff people also provided technical assistance to the SPF SIG communities. One staff person was responsible for the six cohort 1 communities in the southern half of the state, while the other staff person was responsible for six cohort 1 communities in the northern half of the state as well as all eight cohort 2 communities. Community respondents were asked to provide their opinions on working with their state-level contact.

Interview participants related that overall, state-level staff members were knowledgeable about the SPF and helpful to their community:

"...Again very positive. Very knowledgeable and supportive of the local communities, knowing some of the challenges we faced in that first year and continuing to kind of stick by us and see ways out of the tunnel."

"She was great. She was always there to help us and very responsive to us and then, if she didn't know an answer, which was hardly ever, she was always quick to find it out for us."

"You know when we called on him and certainly asked him to do things and give us some input, he has been very timely, cooperative, and very good to work with, and so that was pretty much what we expected anyway."

"I have been pleased with that. I think he has been very professional and responsible and tried to give a lot of support."

Respondents also said the state-level staff were responsive and provided good suggestions and feedback to their community:

"...Readily available, always gets back to me and gets answers to me whether it is an e-mail or phone call."

"(Helps us) to get out and move forward, very supportive, offering very good suggestions."

"Now when I send an e-mail, it is maybe a half hour before I get an e-mail back, she is usually right on top with me, and we meet once a month and she is very good."

"...He has always been available to us, always returned calls quickly, has made many site visits to see us...I do know that he likes to please people and doesn't like to upset people and he is very calm and reassuring and all those things."

Interview participants also appreciated that the state-level support staff took a supportive, flexible, and strengths-based perspective when dealing with their community:

"And the state support staff in its entirety to say 'yeah, you know, go ahead and do that, make sure it's right,' just the supportive nature of the whole thing and the understanding that each community is at its own pace has been really helpful."

"Very uplifting at times when I was down and out trying to make final decisions without a program director and you know, they really helped me through all those times and anytime I've ever needed anything,"

"I think they have done a good job of communicating what the decisions are and also giving us freedom to do



things that are going to do well locally. So, it hasn't been heavy handed but at the same time just enough guidance."

"Our state person was our cheerleader...She works from a strengths-based kind of a philosophy so whatever progress we made was in her eyes outstanding."

The amount of personal, one-on-one contact that communities had with their state-level support person was an area where opinions differed. Cohort 1 communities located in the southern part of the state saw their support person as more "hands off," with some reporting they wanted more one-on-one contact:

"There were times where we thought perhaps he could have been a little more hands on..."

"He is certainly very passionate about the whole thing; there is no doubt about that...very knowledgeable, but yeah, kind of a hands-off leader."

"I just wish that we had more contact, I wish that he would come to our county once a month."

Respondents from the remaining communities related that they appreciated the regular, in-person contact they received from their state-level support staff person:

"There was a point in time when we felt that the site visits that even once a month was too much but at the same time, after she would leave, I would be able to actually look back at the day and say I'm really glad she came because I really learned something...At the end of the day, it was definitely worthwhile..."

"It was such an overwhelming process...It was so helpful to have her come up monthly and be able to say

okay, where are we, this is what we need to do for next time. I didn't feel like in any way it was treating me like a baby, I felt like it was just helping to make the process run more smoothly."

Training and Technical Assistance/Training Recommendations

Over the course of the grant period, the state and other organizations have provided training to the SPF SIG communities on various topics such as data collection and analysis for the needs assessment, focus groups, logic models, strategic planning, media campaigns, and sustainability. Community informants were asked to discuss their opinions of the trainings they attended and to provide suggestions for training or other kinds of information or support they would like to receive. Interview respondents generally said that the trainings they attended were good:

"I thought the trainings were good last year; we needed them."

"I think the trainings that the state and IPRC provided were good. They provided much needed information."

"...I felt like all the trainings that the state provided were excellent and continue to be and (are) definitely helpful, especially to our Project Director and our LEOW Chairperson."

Some informants believed the trainings should have come sooner in the process than they did:

"Typically, I wish they (the trainings) had come a month earlier than when we received them..."

"They were great trainings, I just that they were given to us before they were because we could have used the information in the beginning."



"You know, that is a little bit late...as we already have our epi almost done and have started on our strategic plan. That would have been better discussion to have in October of last year..."

Participants made suggestions for trainings that would be useful to them. They wanted to see SPF SIG process training or information provided not only to SPF SIG staff but to coalitions. They suggested providing more opportunities for networking across communities. Training related to writing good surveys, with an emphasis on web-based survey development, was also suggested, along with training on capacity and coalition building. Although the state has provided two trainings on sustainability, respondents reported that additional training on this topic was necessary:

"The only training that was kind of questionable was the last one we had, the first part of it...I thought it was going to be on sustainability and how to sustain and I didn't feel like I got that."

"A couple of months ago we went to Indianapolis and the training was on sustainability and we left there and we were talking on the way home and I'm like 'we got no sustainability training...'"

LOCAL LEVEL SATISFACTION WITH TECHNICAL ASSISTANCE AND EVALUATION PROVIDERS

As part of the Annual SPF SIG Satisfaction Survey in 2008 and 2009, community-level respondents were asked to report on their level of satisfaction with the performance of their local level support. Due to the low response rate from community participants, data regarding technical assistance providers and evaluators had to be combined.

During both administrations, most community-level survey participants rated the performance of their state liaison as being good, very good, or excellent. Similarly, respondents who had contact with individuals in the IPRC leadership rated their performance as good, very good, or excellent across both administrations of the survey. The performance of the technical assistants and evaluators from IPRC was viewed by most respondents as good, very good, or excellent.

In terms of service providers who were not associated with the IPRC, there was some shift from the results in 2008 to those of 2009. In 2008, a much larger percentage rated these service providers as being either fair (33.3%) or poor (13.3%) in their performance. In 2009, only 9.3% of participants reported that service providers from places other than IPRC had fair or poor performance. It should be noted that in 2009, there were many more service providers involved in the SPF SIG who were not associated with the IPRC. These service providers typically worked with cohort 2 communities (see Table 5-2).



Table 5-2. Community-Level Satisfaction with SPF SIG Service Providers

	2008		2009	
	N	(%)	N	(%)
How would you rate the overall performance of...in working with your local community?				
State-Level Liaison Kim Manlove				
Excellent	16	(42.1)	10	(31.3)
Very Good	11	(28.9)	11	(34.4)
Good	8	(21.1)	8	(25.0)
Fair	2	(5.3)	3	(9.4)
Poor	1	(2.6)	0	(0.0)
State-Level Liaison Marcia French				
Excellent	23	(65.7)	15	(46.9)
Very Good	7	(20.0)	10	(31.3)
Good	3	(8.6)	5	(15.6)
Fair	1	(2.9)	2	(6.3)
Poor	1	(2.9)	0	(0.0)
IPRC Leadership (i.e., Ruth Gassman, Barbara Seitz de Martinez, Jeanie Alter)				
Excellent	6	(17.6)	8	(32.0)
Very Good	11	(32.4)	3	(12.0)
Good	11	(32.4)	6	(24.0)
Fair	5	(14.7)	7	(28.0)
Poor	1	(2.9)	1	(4.0)
IPRC Technical Assistance/Evaluation Providers (i.e., Eric Martin, Roger Cavazos, Katherine Sadler, Randy Zaffuto, Marcia Dias, Rosie King)				
Excellent	19	(27.5)	16	(24.2)
Very Good	22	(31.9)	17	(25.8)
Good	17	(24.6)	19	(28.8)
Fair	8	(11.6)	9	(13.6)
Poor	3	(4.3)	5	(7.6)
Non-IPRC Technical Assistance/Evaluation Providers (e.g., Indiana State University, Roosevelt University, IU Southeast, Diehl Consulting, Anderson University, Dr. John Hagan, etc.)*				
Excellent	1	(6.7)	27	(50.0)
Very Good	5	(33.3)	16	(29.6)
Good	2	(13.3)	6	(11.1)
Fair	5	(33.3)	5	(9.3)
Poor	2	(13.3)	0	(0.0)



Section 6. Implementation

Implementation of EBPPPs and other strategies began at the community level upon approval of the community's strategic plan. Due to the differences across the various communities, implementation began earlier in some communities and later in others. Because of the varying startup dates, data on implementation were limited. According to CLI data, intervention implementation did not begin for any community until the third reporting period. During the third reporting period, eight CLI informants said that they had begun implementing interventions at their site. A discussion of intervention implementation as outlined by the CLI will be included in the 2011 SPF SIG Programming Evaluation Report, after data become available for the fourth reporting period, at which time; all communities will have provided information on implementation activities.

Similarly, at the time key informant interviews were completed, most communities had not finalized their strategies or were in the process of reworking the strategies they wanted to implement. A discussion of implementation from the perspective of key informants in each community will be included in the 2011 report, once data become available.

For this report, the primary sources of implementation-related data were the cohort 1 logic models and the fidelity ratings completed by local evaluators. Data on implementation for cohort 2 communities was not available; at the time of data collection, these communities had not completed their strategic plans. Only limited data will be available for cohort 2 on implementation activities in the future as these communities did not receive SPF SIG funds for implementation.

COHORT 1 LOGIC MODEL SUMMARY

A large portion of each community's strategic plan was devoted to detailing the prevention strategies that would be implemented within their community. One of the guiding requirements from CSAP was that communities had to emphasize prevention activities that were evidence-based programs, procedures, policies and/or practices (EBPPP). A review of the strategic plans and amendments submitted by cohort 1 communities as of June 30, 2009, showed that the following EBPPPs are being or will be implemented across the state:

- Communities Mobilizing for Change on Alcohol (CMCA)—five communities
- Strengthening Families Program (SFP)—four communities
- Project Alert (PA)—three communities
- Too Good for Drugs (TGD)—two communities
- Life Skills (LS)—one community
- Michigan Model for Health (MMH)—one community
- Alcohol Edu. (AE)—one community

Communities could also choose to supplement EBPPPs with additional strategies that were not evidence-based. Typically, those non-EBPPP strategies were used as a way to increase awareness in individual communities about the consequences of alcohol and/or drug use. Nine communities have awareness-raising and media campaigns in the works.

The selection of prevention strategies was to be guided by the use of a substance-specific logic model provided to the communities by the state. The logic models were initially developed by the Pacific Institute for Research and Evaluation (PIRE), a federal-level technical



assistance provider for the SPF SIG. The logic models developed by PIRE outline specific, research-based intervening variables that have been linked to substance use and substance use consequences.

Alcohol Logic Model

PIRE reviewed the literature and determined the intervening variables with the strongest evidence of relatively immediate impact on underage alcohol use and consequences, as follows:

- retail availability of alcohol to youth
- social availability of alcohol to youth
- price of alcohol
- a community's underage drinking laws
- visible enforcement of drinking laws

Variables with some research to support a less immediate impact on underage and binge drinking include family, school, and peer influence; alcohol promotion; and drinking context. The variables in the model with the least research support for an immediate impact on underage and binge drinking include community norms and beliefs about alcohol use (Birckmayer, Boothroyd, Fisher, Grube, & Holder, 2008). PIRE concluded that focusing prevention strategies on alcohol-related norms and beliefs is important, but they emphasized that it takes a considerable amount of time for community-level norms and beliefs to change. Therefore, such strategies would not result in measureable differences in the rates of use of a substance and negative consequences for a long time (Birckmayer, et al., 2008).

The state expanded the logic models to include antecedent or precursor variables, called risk and protective

factors, that are linked to eventual substance use problems, particularly for young people (Hawkins, Catalano, & Miller, 1992). The risk and protective factors, while important to address, also require a significant amount of time to bring about a change in the prevalence of substance use.

Cocaine and Methamphetamine Logic Model

Considerably less research is available on the use of cocaine, methamphetamine, and other illicit drugs. Consequently, the logic model that PIRE developed to address these substances was less well tested and more theoretical in nature (Birckmayer, Holder, Yacoubian, & Friend, 2004; Yacoubian, 2007).

The three most significant intervening variables associated with illicit drug use are the price of the drug, availability of the drug, and perceived risk of arrest for using the drug. The intervening variables with a smaller impact on use of and consequences from illicit drugs include the laws concerning the drug, enforcement of the illicit drug laws, and the ability to produce the drug. Community norms, attitudes, and beliefs about drug use and the perceived risk of harm are also believed to impact use and consequences to some degree. Whether focusing on beliefs and attitudes will bring about significant change quickly is unclear (Yacoubian, 2007).

As with the alcohol logic model, the SEOW, in consultation with other workgroups, decided to include a series of risk and protective factors that appear to be correlated with illicit drug use (Hawkins, et al., 1992). Focusing on the risk and protective factors for illicit drug use, while helpful, will bring about



change in use and consequences over a longer period of time.

Summary of Intervening Variables Addressed by Communities

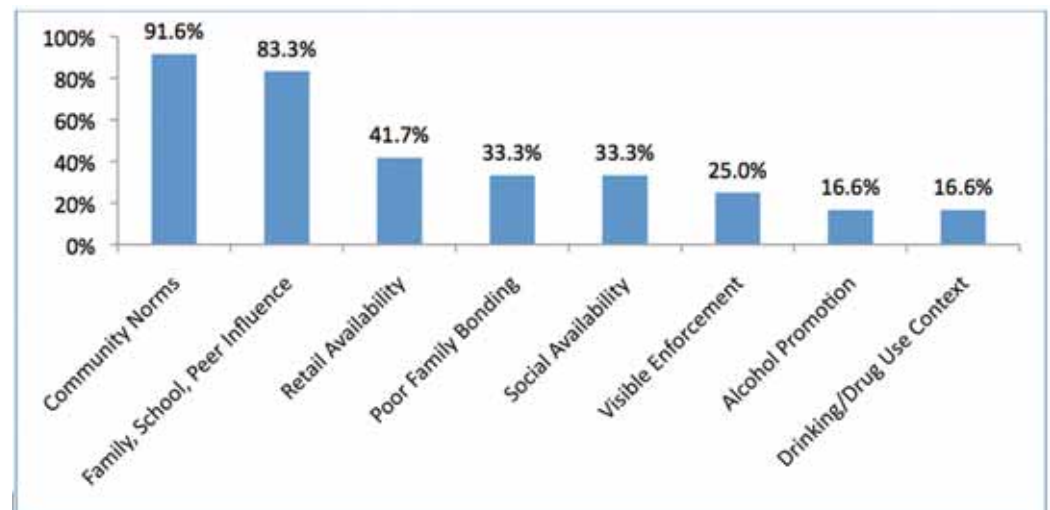
Local evaluators in collaboration with the SPF SIG Project Director and Project Coordinator reviewed each community's logic model planning matrix, which was part of the strategic plan to determine the antecedent and intervening variables being addressed by the community. The most frequently addressed intervening variable across all the communities involved community norms about substance use, with 11 of the 12 cohort 1 communities focusing on this variable. The second most frequently targeted intervening variable involved family, peer, and school influence on substance use. Ten communities chose to address this variable.

In reviewing their needs assessments, five communities decided that to decrease

the problems associated with their priority substance, they should target poor family bonding. Four communities selected social availability of the substance as a target for prevention. Visible enforcement of substance-related laws was highlighted in the strategies of three communities. Three communities decided to reduce retail availability of alcohol to minors as a way to decrease underage and binge drinking. Two communities proposed targeting alcohol promotion, and two grantees determined their communities would benefit by focusing on the drinking/drug use context.

Neighborhood disorganization, early onset of drug use, poor life skills, drinking/drug use beliefs, community concern about harm from drugs, perceived risk of arrest, and the supply of drugs for sale were each addressed by one community (see Figure 6-1).

Figure 6-1. Intervening Variables Most Commonly Targeted by SPF SIG Cohort 1 Communities





FIDELITY RATING OF COHORT 1 IMPLEMENTATION—SELECTION OF EBPPPS

Evaluators determined implementation fidelity ratings based on six items. These items asked raters to consider how well a community used its needs assessment data to select EBPPPs and how well the selected EBPPPs fit into the community's logic model. Evaluators also assessed the credibility of the EBPPP's source.

Additionally, the scale asked raters to consider non-EBPPPs being implemented and whether they were designed to address the community's needs, whether resources were available in the community to effectively implement the proposed EBPPPs and other strategies, and whether appropriate cultural adaptations had been made to a community's proposed strategies.

Because cohort 2 communities had not received funding for implementation, implementation fidelity ratings were only completed for cohort 1 communities. The average total implementation score for cohort 1 communities was 12.3 (SD = 3.8). Individual community scores ranged from a low of six to a high of 16. Table 6-1 displays the frequency of fidelity scores across the six criteria.

Based on the frequency with which scores were assigned, most communities received moderate or strong ratings on all but one item. Three-quarters of the communities (75.0%) had either missing or weak fidelity when it came to adapting their EBPPPs and other strategies for different cultural populations or for other community-specific issues.

To further explore community-level fidelity, mean scores were computed for all implementation items, and communities were ranked according to whether they fell above or below the mean for each question. The community standings can be found in Table 6-2. Most of the means were between moderate and strong fidelity, indicating that most communities scored within these two levels of fidelity. There are three areas where at least 50% of communities fell below the mean. Choosing EBPPPs from a credible source may have been more difficult for 50% of the communities. Two-thirds (66.7%) of communities may have had challenges in providing sufficient evidence of their ability to implement their selected strategies. Three-quarters of the communities (75.0%) struggled to some degree in adapting their strategies to accommodate cultural and other community-specific issues.

Table 6-1. Number of Cohort 1 Communities Receiving each Fidelity Score for Implementation

	Missing	Weak	Moderate	Strong
Results of needs assessment are used to identify potential EBPPPs.*		2	2	7
Identification of EBPPPs is consistent with overarching logic model.*		3	0	8
The EBPPPs identified are selected from credible sources.*		1	5	5
Other (non-EBPPP) programs selected or designed are consistent with assessed needs, identified target populations and current prevention theory.	1	2	2	7
Implementation requirements (training, materials, logistics) were considered in selecting EBPPPs and other prevention programs.		1	7	4
Needed adaptations in EBPPP implementation (cultural or otherwise) were determined and planned for.	3	6	2	1
*For one community, the local evaluator was unable to provide a rating for this question.				



Table 6-2. Comparison of Cohort 1 SPF SIG Communities to the Mean on Implementation Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	M	(SD)	Allen	Delaware	East Chicago	Greene-Daviess	Lake	Marion
Results of needs assessment are used to identify potential EBPPPs.	2.5	(0.8)	↑	↑	↓	↑	↑	↑
Identification of EBPPPs is consistent with overarching logic model.	2.5	(0.9)	↑	↑	↓	↑	↑	↑
The EBPPPs identified are selected from credible sources.	2.4	(0.7)	↓	↑	↓	↑	↓	↑
Other (non-EBPPP) programs selected or designed are consistent with assessed needs, identified target populations and current prevention theory.	2.3	(1.1)	↑	↑	↓	↑	↓	↑
Implementation requirements (training, materials, logistics) were considered in selecting EBPPPs and other prevention programs.	2.3	(0.6)	↓	↑	↓	↑	↓	↑
Needed adaptations in EBPPP implementation (cultural or otherwise) were determined and planned for.	1.1	(0.9)	↓	↓	↓	↓	↑	↓

Table 6-2. (continued) Comparison of Cohort 1 SPF SIG Communities to the Mean on Implementation Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	M	(SD)	Monroe	Porter	St. Joseph	Tippecanoe	Vigo	Wayne	Total % Above	Total % Below
Results of needs assessment are used to identify potential EBPPPs.	2.5	(0.8)	↑	↓	↓	↑	↓	n/a	(58.3)	(33.3)
Identification of EBPPPs is consistent with overarching logic model.	2.5	(0.9)	↑	↓	↓	↑	↑	n/a	(66.7)	(25.0)
The EBPPPs identified are selected from credible sources.	2.4	(0.7)	↑	↓	↓	↑	↓	n/a	(41.7)	(50.0)
Other (non-EBPPP) programs selected or designed are consistent with assessed needs, identified target populations and current prevention theory.	2.3	(1.1)	↑	↓	↓	↑	↓	↑	(58.3)	(41.7)
Implementation requirements (training, materials, logistics) were considered in selecting EBPPPs and other prevention programs.	2.3	(0.6)	↓	↓	↓	↑	↓	↓	(33.3)	(66.7)
Needed adaptations in EBPPP implementation (cultural or otherwise) were determined and planned for.	1.1	(0.9)	↓	↓	↑	↓	↑	↓	(25.0)	(75.0)



SECTION 7. EVALUATION AND MONITORING

As implementation activities at most sites were still in their infancy, little outcome evaluation activity had taken place at the local level at report completion time. Local evaluators had primarily worked with sites to develop data collection tools and evaluation plans that would be used once strategies were fully in place. Still, limited data were available on evaluation from the CLI and from fidelity ratings completed by local-level evaluators. Data from the CLI only includes responses from cohort 1 communities; due to the delay in the processing of CLI data, only limited information was available for cohort 2 communities.

GENERAL ISSUES WITH EVALUATION AND MONITORING

While the state provides general oversight and monitoring of both local-level implementation and evaluation activities, each grantee community was required to contract with a local-level evaluator to complete a local-level outcome evaluation. As of the third reporting period, eight CLI informants reported that their community had completed an evaluation plan. Of the plans that had been developed, five reported that they had to make revisions to their plan. The three most common changes made to the evaluation plans included changing the intermediate outcomes (60.0%), changing the instruments or assessment tools being used (60.0%), and changing the points in time that data would be collected (60.0%). Two community informants (40.0%) said they had to adjust the immediate outcomes discussed in their evaluation plan.

During the third reporting period, three CLI participants indicated that their

site had provided information from their evaluation to key stakeholders or key informants in their community. In all three communities, local SPF SIG leaders presented the evaluation information to stakeholders and key informants at a stakeholders' meeting. According to informants, stakeholders used the information presented at the meeting for several purposes, including changing the local substance abuse priorities (33.3%), recruiting additional partners for the project (33.3%), encouraging cooperation among agencies (66.7%), and increasing their knowledge about local substance abuse issues (100.0%).

Training and Technical Support for Evaluation and Monitoring—Asked whether their community received training and technical assistance regarding evaluation activities, 66.7% of CLI participants said they had during the first six-month reporting period of the grant, while 83.3% indicated receiving support during the second and third reporting periods. Across all three reporting periods, all informants who received training also said that they would be either likely or very likely to use the information they received in future SPF SIG-related activities.

Challenges with Evaluation and Monitoring—CLI informants were asked to discuss the challenges they faced with regards to intervention evaluation. Most respondents indicated that interventions were either still being planned or had not yet been fully implemented. Therefore, most CLI participants had little to report regarding challenges. The one community informant who experienced difficulties indicated that the main problem with evaluation was that the evaluator was not local; that had made it difficult for the evaluator to assess the community's and



coalition's needs for evaluation. The informant indicated that the coalition has had to develop many of its own evaluation tools.

Successes with Evaluation and

Monitoring—When CLI participants were asked to describe any successes they may have experienced regarding intervention evaluation, all participants said that it was too soon in the process to provide this type of information.

FIDELITY RATINGS OF EVALUATION

Fidelity ratings for the community-level evaluation activities were completed for nine criteria. These criteria encompassed several aspects of the evaluation process, including logic model development, establishing a relationship with an evaluator, and having a plan for outcome evaluation and feedback. As cohort 2 communities only had a one-year contract and were not required to have fully developed evaluation plans, fidelity

ratings were only completed for cohort 1 communities. The overall total mean evaluation fidelity score for the 12 cohort 1 grantee sites was 24.0 (SD = 1.5). The total scores ranged from 27.8 to 29.0. The frequency for fidelity ratings for each question was calculated and is shown in Table 7-1.

Using the data from Table 7-1, it appears that communities do not currently have any major difficulties addressing the evaluation requirements of the SPF SIG. On nearly all criteria, most communities were scored as having either moderate or strong fidelity. Due to federal and state requirements for the grant, all recipients were mandated to hire or contract with an evaluator to perform a local-level evaluation. Additionally, logic models were required of all communities as part of their strategic plan. These requirements are reflected in the strong fidelity scores for all communities on these two items.

Table 7-1. Number of Cohort 1 Communities Receiving each Fidelity Score for Evaluation

	Missing	Weak	Moderate	Strong
To what extent has a logic model been developed?	0	0	0	12
Has the community hired or consulted with an evaluator?	0	0	0	12
To what extent does the local community understand the relationships between local and state priorities and federal outcomes?	0	0	4	8
To what extent are the measures identified for local and state priorities and federal outcomes appropriate?	0	0	7	5
To what extent are outcome data collection procedures developed?	0	2	10	0
To what extent are fidelity data collection procedures developed?	0	1	11	0
To what extent is evaluation capacity developed?	0	0	1	11
To what extent are implementation plans developed for local evaluation procedures?	0	0	3	9
To what extent are plans developed for feedback from evaluator to community?	0	1	4	7
To what extent does the community intend to use feedback to inform future prevention programming?	0	2	9	1
To what extent is process identified for monitoring five SPF steps (using the CLI as much as possible)?	0	0	1	11



A mean fidelity score was calculated for each item and communities were ranked according to whether their score was above or below the mean. The community comparisons are presented in Table 7-2. Over half the sites fell below the

mean on one item. It appears communities may have had more difficulty in the area of developing appropriate outcome measures for their strategies than they had in other evaluation-related areas.

Table 7-2. Comparison of Cohort 1 SPF SIG Communities to the Mean on Evaluation Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	M	(SD)	Allen	Delaware	East Chicago	Greene - Daviess	Lake	Marion	Monroe
To what extent has a logic model been developed?	3.0	(0.0)	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓
Has the community hired or consulted with an evaluator?	3.0	(0.0)	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓
To what extent does the local community understand the relationships between local and state priorities and federal outcomes?	2.7	(2.4)	↓	↑	↑	↑	↓	↑	↑
To what extent are the measures identified for local and state priorities and federal outcomes appropriate?	2.4	(0.5)	↓	↑	↓	↑	↓	↑	↑
To what extent are outcome data collection procedures developed?	1.8	(0.4)	↑	↓	↑	↑	↑	↑	↑
To what extent are fidelity data collection procedures developed?	1.9	(0.3)	↑	↓	↑	↑	↑	↑	↑
To what extent is evaluation capacity developed?	2.9	(0.3)	↑	↑	↑	↑	↑	↑	↑
To what extent are implementation plans developed for local evaluation procedures?	2.8	(0.5)	↑	↑	↑	↑	↑	↓	↑
To what extent are plans developed for feedback from evaluator to community?	2.5	(0.7)	↑	↑	↑	↓	↑	↓	↓
To what extent does the community intend to use feedback to inform future prevention programming?	1.9	(0.5)	↑	↑	↑	↑	↑	↓	↑
To what extent is process identified for monitoring five SPF steps (using the CLI as much as possible)?	2.9	(0.3)	↑	↑	↑	↑	↑	↑	↑

Table 7-2. (continued) Comparison of Cohort 1 SPF SIG Communities to the Mean on Evaluation Fidelity Items, Year 1 (=above mean, =below mean, / =at mean)

	M	(SD)	Porter	St. Joseph	Tippecanoe	Vigo	Wayne	Total % Above	Total % Below
To what extent has a logic model been developed?	3.0	(0.0)	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	N/A	N/A
Has the community hired or consulted with an evaluator?	3.0	(0.0)	↑/↓	↑/↓	↑/↓	↑/↓	↑/↓	N/A	N/A
To what extent does the local community understand the relationships between local and state priorities and federal outcomes?	2.7	(2.4)	↓	↑	↑	↓	↑	(66.7)	(33.3)
To what extent are the measures identified for local and state priorities and federal outcomes appropriate?	2.4	(0.5)	↓	↓	↓	↓	↑	(41.7)	(58.3)
To what extent are outcome data collection procedures developed?	1.8	(0.4)	↑	↑	↑	↓	↑	(83.3)	(16.7)
To what extent are fidelity data collection procedures developed?	1.9	(0.3)	↑	↑	↑	↑	↑	(91.7)	(8.3)
To what extent is evaluation capacity developed?	2.9	(0.3)	↑	↑	↑	↓	↑	(91.7)	(8.3)
To what extent are implementation plans developed for local evaluation procedures?	2.8	(0.5)	↑	↑	↑	↓	↓	(75.0)	(25.0)
To what extent are plans developed for feedback from evaluator to community?	2.5	(0.7)	↑	↑	↑	↓	↓	(58.3)	(41.7)
To what extent does the community intend to use feedback to inform future prevention programming?	1.9	(0.5)	↑	↑	↑	↑	↓	(83.3)	(16.7)
To what extent is process identified for monitoring five SPF steps (using the CLI as much as possible)?	2.9	(0.3)	↑	↑	↑	↓	↑	(91.7)	(8.3)



SECTION 8. SUSTAINABILITY

One of the overarching tenets of the SPF planning process is that of sustainability. Communities who receive SPF SIG funding are asked to look for ways to ensure that their infrastructure and interventions continue once SPF funds are depleted. Data on communities' approaches to sustainability were available from the CLI for cohort 1 only and from key informant interviews with representatives from all funded sites.

SUSTAINABILITY PLANNING

During the first two reporting periods, the number of cohort 1 communities who reported actively working on sustainability was small, but by Wave 3, 50% reported working on this issue (33.3%, Wave 1; 25.0%, Wave 2; 50.0%, Wave 3). Despite the increase in the number of communities working on sustainability issues, it appears more effort may be needed from the state and communities to ensure that infrastructure and initiatives can remain in place at the end of the grant period.

Participants who stated that their community had worked on sustainability were asked to indicate the techniques they had used. The most commonly reported strategy was working on developing a sustainable coalition structure. The second most commonly used approach was working to incorporate proposed strategies into the mission, goals, and activities of other organizations. The percentage using this approach has increased steadily over the three reporting periods (see Table 8-1).

CLI participants reported that very little sustainability training was provided during the first six months of the grant, with only 25% saying they received training. During the subsequent two reporting periods, a higher percentage of participants said their community received training (75.0%, Wave 2; 58.3%, Wave 3). Respondents who indicated that their community received training typically reported that their community was likely or very likely to use what they gained from the training for future SPF SIG activities (100%, Wave 1; 100%, Wave 2; 100%, Wave 3).

Table 8-1. Methods Used by Communities to Ensure Sustainability

Strategy	Cohort 1					
	Wave 1		Wave 2		Wave 3	
	Number using strategy	(%)*	Number using strategy	(%)*	Number using strategy	(%)*
Leveraged other funding sources	2	(50.0)	0	(0.0)	0	(0.0)
Worked to ensure that intervention activities are incorporated into the missions/goals and activities of other organizations	1	(25.0)	2	(66.7)	6	(100.0)
Worked to implement local-level laws, policies or regulations to guarantee the continuation of intervention activities	0	(0.0)	0	(0.0)	1	(16.7)
Worked on developing coalition structure to ensure sustainability	4	(100.0)	3	(100.0)	5	(83.3)
Other	0	(0.0)	1	(33.3)	0	(0.0)

*Percentages are based on communities who reported working on sustainability.



Challenges with Sustainability—CLI informants who reported that their communities had worked on sustainability were asked to discuss the challenges their communities faced in dealing with this issue. Many communities reported that they understood that sustainability was part of the grant, but at least during the first year, they had devoted very little time to the topic, since interventions had yet to be selected. Still, some respondents stated that the current economic situation of the county and the country was a challenge as less money was available from local, state, and federal agencies. Other informants reported that sustainability efforts had been hampered by staff turnover and the inability to establish solid partnerships with organizations funding prevention work locally.

Successes with Sustainability—Communities stating that they had addressed sustainability to some degree also said it was too soon in the process to tell whether their efforts had been successful. Respondents did indicate that they believed future sustainability efforts would be helped by the partnerships they were forming, the dissemination of their epidemiological profiles, and the continuing presence of the SPF SIG at community events, in the media, and in other areas.

KEY INFORMANT INTERVIEWS—SUSTAINABILITY

Respondents were asked to discuss what they had done in their communities to address the issue of sustainability. The majority of respondents acknowledged the importance of sustainability and indicated that they are discussing it with their workgroups and coalition members.

The responses presented in the key informant interviews were generally consistent with those given in the CLI:

“We have discussed it and we are constantly on the lookout... That is a topic of discussion every month. We know this grant has an end date, you know. We know that we want to keep this going...”

“We have talked about that we need to talk about sustainability and that is about as far as it has gotten.”

“Not a great deal. We did at our last lunch, actually our last two... That is basically what was talked about; now that we have the (epi) report, instead of putting it on the shelf, we have got to work at finding resources and making plans to make it happen.”

Regarding specific strategies, interview respondents said they would like to find a way to sustain the epidemiological report in order to see what progress is made locally in regards to substance abuse prevention. The most common plan put forth by respondents was to partner with an organization that is data rich and has experience with epidemiological analysis:

“... We would like to sustain our epi report through our local university. We haven’t gotten too far on that but our plan is to hopefully add it to a classroom curriculum.”

“Yeah, we are hoping that we might find a partnership with the professors at the university in a statistics class or some other kind of class that would take over some of the tasks that would go along with data collection or data analysis.”



“...Our LAC is going to be coming to a vote sometime soon that we propose to them that we unite efforts and that perhaps the epi could find a permanent home in our community with United Way.”

In terms of sustaining the SPF SIG in more general terms, such as the prevention strategies and the SPF model itself, interview respondents discussed several approaches that are being considered or used within their communities. Many informants said their coalition was working to find and apply for grants to secure long-term funding for their SPF-related prevention programming:

“...As of right now, we are possibly thinking about applying for a DFC grant...”

“...We also have applied for several grants, both local and national ones...”

“We are also looking at some various grants that we can go after to try and implement some of our strategies.”

Some communities reported that rather than pursue strategies that required considerable funding to implement, they were trying to develop and/or use strategies that would bring about change with little or no funds:

“One last thing on sustainability...is that our awareness campaign, we designed it so that organizations can (take our materials)and run the campaign themselves.”

“We have some ideas, but I think a lot of our focus on SPF SIG is making environmental changes, and we hope

that to sustain that it is not going to take a lot of money.”

“Well, I think part of the majority of the strategies that we selected aren’t going to require a huge amount of additional funding...”

Informants in some communities related that in order to sustain the SPF SIG activities within their community, they were considering incorporating pieces of the SPF SIG strategic plan into their everyday local coordinating council activities or comprehensive community plan:

“I know that the comprehensive plan with the LCC, they are writing a new plan this fall and it is going to reflect all of the strategies that are in the plan...”

“You know, I think that is going to kind of be embedded in our LCC and in another coalition that focuses only on youth. So, I think that we will be able to see that continue through those two community coalitions.”

“We would like to use some of our LCC dollars to sustain...the process... We also want to allocate some of the dollars to do our implementation.”

Lastly, interview informants said that to sustain their efforts, they were working to improve the relationships they had with their current stakeholders while reaching out to other community organizations:

“We have different people like the probation department that have some type of program, it is not specifically family-based, but they would possibly implement this and keep it going when our money is gone.”



“(We are) continuing to talk with local legislators, we actually just had a meeting with our mayor, to make sure (we) establish political clout, which will have some influence on funding down the road.”

“Our capacity has actually grown because we began communicating with (the schools) about ideas around graduated driver’s licensing...how information is provided to parents of

kids entering both school and the high school, etc. So, the capacity analysis sort of pointed to some of those gaps and then in the last several months we have really begun to communicate with them...”

“We tried to include community members as well as the business community so they can have buy-in to support our efforts.”



SECTION 9. OTHER TOPICS OF CONCERN

The CLI and key informant interviews both asked respondents to consider other topics associated with the SPF SIG. These topics included: system factors, contextual factors, the impact of the SPF SIG on the local community, and lessons learned.

SYSTEMS FACTORS

As part of the CLI, respondents were asked to discuss issues related to their community's local prevention system. The prevention system was defined as the entire set of agencies, organizations, and people contributing to efforts to prevent substance abuse and related problems within the community.

CLI participants were asked if their community had a specific plan or vision/mission statement about substance abuse prevention that guided the community's substance abuse prevention planning process. Of the 12 cohort 1 sites, 10 informants (83.3%) indicated that a community-level plan or vision/mission statement existed. In cohort 2, respondents in five sites (62.5%) said there was a specific community-level vision or mission statement. Respondents who indicated that there was a community-wide plan or vision/mission statement were asked to briefly describe these. Overall, CLI informants provided similar responses. The typical community vision/mission statement emphasized creating an environment that enhanced and nurtured healthy lifestyles while working to prevent and reduce the use of and negative consequences of alcohol, tobacco, and other drugs. The community plans discussed by respondents varied from site to site, but typically emphasized decreasing by a certain amount the use of specific types of licit and illicit drugs. Community plans also often contained

goals for improving data collection, evaluation, and agency collaboration.

When asked if their community had a written, documented process for making substance abuse prevention-related decisions, four informants in each cohort (33.3%, cohort 1; 50%, cohort 2) said that a documented process was in place. The communities with formal decision-making processes were all formal coalitions that were run according to a specific set of guidelines established by the Indiana Criminal Justice Institute. Each coalition has a governing board composed of members representing law enforcement, treatment, and prevention. The board meets regularly to review applications for funding and then makes decisions based on how closely each application meets the coalition's overarching substance abuse prevention goals. Applications in line with the overall goals of the coalition are the ones typically selected for funding.

CLI respondents were asked if multiple organizations and agencies in their community worked together to collect, manage, and organize community ATOD data. Ten cohort 1 respondents (83.3%) and six cohort 2 respondents (75.0%) said that community organizations and agencies worked together in this way. Informants who said that agencies collaborated to gather, manage, and organize data were asked to describe the types of community data collected. The responses provided by informants varied considerably; some communities had access to a substantial amount of community-level data while others had very limited access. The most commonly cited sources of community data included school survey data, school expulsion data, law enforcement data, census data, hospital admission and discharge data, and vehicle crash data.



When CLI informants were asked if a primary organization or agency was responsible for management of ATOD data, five cohort 1 communities (41.7%) and three cohort 2 communities (37.5%) responded that this was true for their community. Participants who indicated that a primary organization was responsible for managing ATOD data were asked to discuss how this organization had been selected. In cohort 1, only three respondents provided a clear reason for why the organization managing the ATOD data had been selected. One respondent said that the organization was selected because it was a university that had agreed to provide this service. Another respondent reported that her coalition volunteered to take on the role because it wanted to become the local clearinghouse for all ATOD-related data. The third informant stated that since her organization was responsible for developing the community-level plan, it made sense that her organization should be the one to manage all local ATOD data. Responses from cohort 2 communities indicated that agencies managing ATOD data had been selected by the IDMHA or the Indiana Criminal Justice Institute, or had unofficially been selected by the community to fulfill this role.

CLI informants were asked if their organizations had access to prevention data systems. Respondents in 10 (83.3%) cohort 1 communities reported that their organizations had access to prevention data systems while respondents in six (75.0%) cohort 2 communities reported access. When asked to describe the types of data systems to which their organizations had access, informants provided a list of data sources which included school-based data, law enforcement data, hospital data, census

data, and data from the Indiana Prevention Resource Center among other sources.

CONTEXTUAL FACTORS

Individuals completing the CLI were asked to address the impact of contextual factors on their local SPF process. Contextual factors exist outside the scope of intervention activities but can affect the SPF process and intervention delivery. For the purposes of the CLI, contextual factors were broken down into four categories: demographic factors, cultural factors, community factors, and environmental/systems factors. CLI informants were asked to discuss how each of these four factors impacted their local SPF process.

Demographic Factors

Although the demographic characteristics that respondents felt might impact the SPF process varied from community to community, some common themes emerged. Several informants reported the impact of transient populations on their community. For some sites, the transient population was made up of college students who entered the community at the beginning of the school year and left when classes were finished. Other sites discussed individuals who visited their community from a neighboring state or county in order to gamble at local casinos.

Ethnic and racial groups were also cited as demographic factors that could impact the SPF. At least three communities cited the increasing Latino population as a group who would require new services. Another county cited a very large Burmese population that could eventually create new local-level challenges. Finally, one county discussed the extreme rural nature of its population which was often



hard to access. This county also has a high number of Amish residents, a group which is often quite difficult to reach. Other informants cited high rates of poverty, unemployment, single-parent households, and illiteracy as issues that could impact the local SPF process.

Respondents were asked to discuss their communities' plans to address the demographic characteristics that were highlighted as possible challenges. Most respondents did not provide specific plans, other than indicating that they would be working with representatives from these various groups to address potential problems.

Cultural Factors

Respondents cited various cultural factors as potentially impacting the SPF SIG process; these could be grouped into general categories. Several respondents, especially those living in communities with larger universities, cited a "town and gown" culture. Community members not associated with the university were described as having more conservative views towards substance use while community members working for the university were seen as holding more liberal views about alcohol and drug use.

Informants from several communities considered the growing Latino population in their area a cultural factor that could impact the SPF. These informants related that their organization knew little about Latino culture and were quickly discovering that the individuals who comprise this group are coming not just from Mexico, but from many Central and South American countries, as well as the Caribbean.

Similarly the youth culture, which is believed to have a liberal view on alcohol

and drug use, was cited by respondents as another group where more information on current beliefs, behaviors, and attitudes was needed.

Two communities discussed geographic barriers (e.g., rivers) that split their region into two distinct parts, each with its own views and cultures. Activities that worked in one area often failed in the other due to this cultural divide.

Several CLI informants reported a culture of mistrust of law enforcement in their communities. The informants felt that people in their community did not believe law enforcement was really interested in drug and alcohol issues and thus tended not to believe what law enforcement officials told them.

Finally, CLI participants whose communities were trying to work on alcohol-related issues reported a culture of acceptance in regards to underage drinking, heavy drinking, and binge drinking. Respondents stated that community members, especially parents, viewed underage drinking as a rite of passage. This was especially true in college communities where CLI informants said the cultural norm was to view underage drinking as a normal part of the college lifestyle.

CLI respondents did not provide specific details as to how they planned to address these cultural factors. Most respondents indicated that they were working on gathering more information and would incorporate the information into their ongoing planning process.

Community Factors

CLI respondents were asked to describe any community factors that might impact their local SPF process. The issue respondents discussed most frequently



was that of community norms. Most informants said that people in their community did not perceive alcohol use as being a serious problem. In fact, respondents said that members of their community viewed alcohol use by young people as a rite of passage. Similarly, several respondents said that alcohol and social events are strongly tied together in their community. Event sponsors rely on the presence of alcohol retailers to attract attendees, and attendees believe the only way to enjoy events is with alcohol.

Regarding illicit drugs, CLI participants reported that community members are often aware of problems, but are not interested in doing anything about them. At least one community respondent said that in her community, people were not all that concerned about using illicit drugs, as they did not believe law enforcement was interested in arresting users.

A second community factor cited by several respondents was the lack of local-level data on substance use and the consequences of substance use. The reasons for the lack of data included a lack of interest in the community to collect data; suspicion in the local community about how data would be used; and a lack of understanding about the benefits of data-driven decision making.

A third community factor mentioned by respondents was fragmentation in their local prevention system. Respondents reported that rather than collaborating to tackle substance use problems, local organizations and coalitions competed with one another to acquire funding and establish interventions. Details on how communities were planning on tackling community factors were limited.

Respondents who mentioned community norms indicated that they were in the process of collecting detailed data on local attitudes toward substance use and that this data would then be incorporated into media campaigns and other interventions. CLI participants who discussed data collection issues reported that they were working with local agencies and organizations to better understand what would help them collect and use data. Once this information is gathered, it can be incorporated into the strategic planning process. Finally, respondents in communities with fragmented prevention systems indicated that they were trying to work with prevention providers to bring everyone under the SPF framework. Specific details on how communities were encouraging cooperation were not provided.

Environmental Factors

CLI participants were asked to discuss any environmental factors that could potentially impact their local SPF process. Environmental factors were defined as state or local laws, policies, or regulations; organizational policies; coordination among organizations; access to policy makers; or resources. The environmental factors cited by respondents varied. CLI participants in some communities discussed an absence of social hosting laws, which made it easier for young people to obtain alcohol. Other informants emphasized the liberal approach the legislature takes on awarding liquor licenses, which increases minors' direct and indirect access to alcohol. Still other informants emphasized the lack of cooperation among prevention agencies in their community, which has hindered the implementation of any consistent substance abuse prevention initiative.



Two respondents reported that in their communities, schools and law enforcement have shouldered the burden of prevention activities, which has led to a lack of involvement by other organizations and agencies that could provide additional resources. One respondent discussed the lack of a useful computerized data collection system in her community to track alcohol and drug-related arrests.

In regards to how communities were dealing with environmental factors, respondents provided limited details. Respondents who discussed alcohol policy issues indicated that they were incorporating interventions in their strategic plan to address issues of social hosting, social access, and alcohol outlet density. CLI informants who cited fragmented prevention systems described using the SPF framework with prevention providers to get everyone on the same page. In communities where most prevention work is done by law enforcement and /or the schools, CLI participants reported trying to increase communication among agencies to make everyone aware of what different groups can bring to the prevention table. Finally, in communities where the data collection systems were problematic, respondents indicated that they were working with agency officials to improve data collection protocols and data collection systems.

KEY INFORMANT INTERVIEWS— CONTEXTUAL FACTORS

The theme of contextual factors was also addressed in the key informant interviews. Respondents were asked to think about their local community and discuss aspects of it that may have hindered or helped implementation of the SPF SIG. The much less structured nature of this question elicited responses that

differed from those found in the CLI. Two areas of particular concern emerged across the communities. The first was that many respondents had difficulties getting certain sectors of their community involved or committed to the SPF process:

“People that didn’t cooperate. We had trouble getting into the southern end of the county’s schools. They really don’t think that there is a problem and so, they don’t want to have anything to do with us.”

“There are those that are hard to get to in the process. Even though we worked well with those that have already been to LCC meetings, getting new partners or members to the table is hard just because in this particular town, even though everybody talks about collaboration, it is really hard to consistently collaborate.”

“I would say that we don’t have enough community leaders at our disposal serving on committees or serving as advisors.”

The second challenge described by several respondents when trying to implement the SPF was trying to overcome or address the entrenched attitudes towards substance abuse in the community:

“Just some of the competition with some of the culture that we have because of university students who think that underage drinking is okay. I don’t think it has affected the SPF process, but maybe it has made it a little more difficult.”

“Well, I think our biggest challenge...is just that the cultural climate for binge drinking is so pervasive with the university here...We have a big hill to climb, it is



just what college kids expect to do and that permeates our culture here.”

“I think that...some people have put blinders on the whole alcohol issue, that it’s really not that bad.”

“...The norms in this community have made it extremely difficult for people to really take notice and say ‘oh yeah, underage drinking is a problem.’”

Similarly, respondents reported difficulties due to their community’s negative attitudes towards change and new ideas:

“I think the extreme level of poverty that is here and the culture of poverty that is here has had a negative impact on people’s expectations for change... We are always going to be second class...a kind of pessimism...the movers and shakers in town are kind of that attitude...a sort of resistance to change.”

“One thing we have in the county is a desperate clinging to the past. New ideas and new information are not accepted. It’s a generalization, but it applies to a lot of the county so that’s difficult.”

“There is an underlying level of distrust of cultural diversity. It is hidden and that has been frustrating in the process...just not wanting to expose themselves to the various members of the communities...resistant with some form of communities.”

In terms of community aspects that helped with the implementation of the SPF SIG, interview participants described three things. Many respondents believed that SPF SIG was helped by their community having a strong coalition for

substance abuse prevention:

“I think the fact that we had two very strong coalitions already in our community and then having those coalitions come together helped; it was a very good strength for us.”

“I think the fact that we already had a strong coalition that has been around for 12 years now that was closely linked to schools...chamber of commerce...the university...local business...we can talk the talk and hit the ground running.”

“A positive or something that helps them is that strong group that they had built initially, you know, the 40-member board.”

Hand-in-hand with a strong coalition, respondents reported that having citizens really invested in improving the community was a helpful asset:

“...We have a lot of really vested people. I think that getting this far, and sometimes I feel ahead of other communities because we have so many vested people...”

“...So you have those individuals that come out and really put their best foot forward and in a sense try and get the community involved and it seems it is the same individuals all the time that really care about the community...”

“Just the culture of everyone being sort of service oriented. That is prevalent in our businesses and there are a lot of people who are very concerned about these issues and want to be involved and give us some time.”

Though mentioned by just a very small number of communities, a



community-level attitude of wanting change around substance abuse was described as a positive by respondents:

"What's made it a little easier is...the sense that people want change. They want to see the community succeed."

"...I think people are ready now to acknowledge the problem and make some changes."

KEY INFORMANT INTERVIEWS — LESSONS LEARNED

One important goal of the evaluation is to find out from communities what could be done differently by the state or other groups or agencies the next time Indiana receives a grant similar to the SPF SIG. Data that may help to answer this question comes from the interviews completed with key informants. At the end of each respondent's interview, participants were asked to consider the SPF SIG process as a whole and discuss any lessons learned that they would like to share with other communities or the state. The lessons learned/suggestions were diverse and included:

- Communities need to perform careful hiring:
 - o "I think anything that can be done at the front end to make sure that you have the right person for the job...to avoid the kind of turnover that we had."
- Communities need to use all available resources:
 - o "In putting your epi together utilize all of your resources...go to the trainings, feel free to call other communities.
 - o "...If you don't understand something, just ask someone, there is someone out there that will help you with it."
- Communities need and want one-on-one guidance and support:
 - o "I think maybe if we had a consultant from the state that was assigned to the community that...they could have given us more guidance..."
 - o "...I think the meetings we had were excellent, we...really liked our state person, that's important...if you can get someone else like that person."
- Communities should establish workgroups when they are needed and will have a purpose:
 - o "I would say make sure that everybody who is on a committee has an identity."
 - o "...The other thing would be not to do your committees until you are ready for them."
 - o "...Be very realistic, especially when forming your workgroups. I would suggest later rather than too early."
- Communities need good TA at the very beginning of the process:
 - o "I just hope they would never structure another grant with how they did TA...I hope they learned a lesson from that."
 - o "I would say when doing something like the SPF, lots of training needs to be given in the very beginning, not just throw people out there with very little information and say 'here you go, do this.'"
 - o "It seemed like we would start an idea, we would start a project then it would stop. Like when we were writing the epi, we were always dependent on waiting for guidance, that slowed us down and when we got the guidance, it either came too late or it wasn't what we needed."



- Communities need to find a good mix of diverse, vested people for their workgroups:
 - o "...It takes time trying to find the right individuals that are in it for the right reasons."
 - o "...Pull as many people from different areas as you can. Like, you know, for instance, our LEOW is full of people from all different places."
 - o "...Go out and attend existing groups, don't expect everyone to come to you. It is just an ongoing recruiting process, recruiting and training."

KEY INFORMANT INTERVIEWS— IMPACT OF SPF

Respondents were then asked to consider what impact, if any, having gone through at least part of the SPF SIG process had on their organization and on their community. Interview participants discussed a number of positive things which had resulted from the process. The most frequently cited outcome was increased community awareness of and community interest in substance abuse issues:

"I actually show them in the report so that they get a good look at it and they are like wow and some people are actually putting it together, you know, like the poverty in our community has a direct correlation with an individual using drugs or alcohol so I think, you know, people are starting to put that together and think along those terms, along those lines of what in our community affects people negatively or positively, that kind of thing."

"...I think it has definitely brought it to the forefront in the community, because alcohol is a serious issue and I can be in the grocery store and people I don't even know will come up to me

and say, 'Hey we saw that article about alcohol, what are we doing? How are we making a difference?'"

"It certainly increased the level of awareness and I think has put us in front of the people as an organization that we would not have been in front of before."

"...Just the interest and bringing a new knowledge to the community."

A second outcome respondents noted was that the SPF process had helped improve interagency communication and bring more stakeholders to the table:

"Bringing people to the table to work on that and work on it correctly and working with each other. I do see some change there..."

"Had a really positive impact on the coalition. It has definitely been impacted, membership has gone up dramatically (with) a lot more people who are involved than just coming to meetings and sitting there."

"It has helped there to be more...clear communication and some more common direction of effort in our work, so I think that has been helpful within our organization for sure."

"Just (the LCC) being able to pull more of the organizations in, you know you get a light bulb on...I would say just playing that role in being a more of a link."

A third outcome noted by informants in a few communities was an increased interest in substance abuse prevention activities:

"Community organizations have started to look at Drug Free Marion County as a resource and are interested in how to put those kinds of things



together, so we are working on creating...a remonstrations handbook for community organizations."

"Oh, one thing that happened...it probably has nothing to do with us, but one of our coalition members, you know we had talked about how we had conducted the focus groups from last year and how the neighborhoods were all disorganized...some community-organized neighborhood watch groups have started and they are connecting with each other as well. We have new Crime Watch things and the one thing they have done culturally competently that is really interesting to me is that a lot of the elderly in East Chicago were afraid to report crime. They were afraid of retaliation happening so they have these neighborhood watch groups that have started. They have a system now where the elderly person could call somebody else on the coalition who will report the crime for them."

"We have a church that is actually developing a prevention program...around the data that has come out so that is kind of exciting. As well as our hospital has taken the epi profile and is going to start doing some programming around...the findings."

A fourth impact of the SPF reported by some interview informants was an increased awareness and use of data and evaluation in making substance abuse prevention-related decisions:

"As far as the community goes, the cultural competency piece that has helped our LCC and has been very beneficial and I would say there has grown a greater awareness and emphasis on assessment...For our organization, it really has helped us do evaluation kinds of things better across

the board. So, it has put that more firmly on our radar."

"We have been a community that for years we know where the problems are, but we didn't have any data to support that. Well, now, this is really pushing us into that here is our huge gaps in data."

"Yes, and I think some of the...smaller agencies...have not really thought about being data driven and using data for program planning...Knowing how to use it for different things in their organizations, I think that it has (influenced) what they are doing and then how they view data and how they look at evaluation and...measuring outcomes, and things like that."

Finally, a small number of respondents believed that the SPF had helped their organization by giving them a better planning framework and more solid direction of where to focus their efforts:

"...Agency-wise I think we have used the SPF process to create a more collaborative unit. Everyone is very receptive of it and in that sense I would probably say that it made a huge impact as far as the service agency side; now it is just us getting the results back to see if there has been a difference from the actual target population."

"...Our organization, we have a Drug Free Communities Grant and an ITPC grant and so our organization has kind of adopted the SPF as a common method or language..."

"As far as our LCC, I think it made them feel that they had a greater purpose, you know? I think a lot of the people came to the meetings because



they wanted money and didn't really feel other than giving out money that the LCC had a lot of value in our community. So I think having this (grant) gave us more credibility, maybe

a stronger voice, that we are not just giving out money, we are also about evaluating the problem and working on the problem."



APPENDIX A

Appendix A. SUMMARY OF RESULTS OF INITIAL SITE VISITS WITH COHORT 1 COMMUNITIES

	Present			Effort						
Indicator		N	(%)		N	(%)	Mean	(Standard Deviation)	Mean	(Standard Deviation)
Organization										
Structure							3.4	.8	1.5	.8
		0	(0.0)	Very Little	8	(66.7)				
	Weak	2	(16.7)	Some	2	(16.7)				
	Moderate	3	(25.0)	A lot	2	(16.7)				
	Strong	7	(58.3)	Overwhelming	0	(0.0)				
Funding							3.2	.8	1.9	.8
	Does not Exist	0	(0.0)	Very Little	4	(33.3)				
	Weak	3	(25.0)	Some	5	(41.7)				
	Moderate	4	(33.3)	A lot	3	(25.0)				
	Strong	5	(41.7)	Overwhelming	0	(0.0)				
Activities/Programs							2.9	.8	2.1	.8
	Does not Exist	0	(0.0)	Very Little	3	(25.0)				
	Weak	4	(33.3)	Some	5	(41.7)				
	Moderate	5	(41.7)	A lot	4	(33.3)				
	Strong	3	(25.0)	Overwhelming	0	(0.0)				
Role in community							3.3	.9	1.8	.9
	Does not Exist	0	(0.0)	Very Little	6	(50.0)				
	Weak	3	(25.0)	Some	3	(25.0)				
	Moderate	2	(16.7)	A lot	3	(25.0)				
	Strong	7	(58.3)	Overwhelming	0	(0.0)				
Role of SPF SIG							3.3	.8	2.1	.8
	Does not Exist	0	(0.0)	Very Little	3	(25.0)				
	Weak	2	(16.7)	Some	5	(41.7)				
	Moderate	4	(33.3)	A lot	4	(33.3)				
	Strong	6	(50.0)	Overwhelming	0	(0.0)				
Sustainability										
Identifying funding sources							2.8	.8	2.1	.8
	Do not Exist	0	(0.0)	Very Little	3	(25.0)				
	Weak	5	(41.7)	Some	5	(41.7)				
	Moderate	4	(33.3)	A lot	4	(33.3)				
	Strong	3	(25.0)	Overwhelming	0	(0.0)				
Stakeholder/Community buy-in							3.1	.8	2.1	.9
	Does not Exist	0	(0.0)	Very Little	4	(33.3)				
	Weak	3	(25.0)	Some	3	(25.0)				
	Moderate	5	(41.7)	A lot	5	(41.7)				
	Strong	4	(33.3)	Overwhelming	0	(0.0)				

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Appendix A. (continued) SUMMARY OF RESULTS OF INITIAL SITE VISITS WITH COHORT 1 COMMUNITIES

	Present			Effort						
Indicator		N	(%)		N	(%)	Mean	(Standard Deviation)	Mean	(Standard Deviation)
Sustainability (continued)										
Human resources							2.7	1.0	1.8	.9
	Does not Exist	1	(8.3)	Very Little	6	(50.0)				
	Weak	5	(41.7)	Some	3	(25.0)				
	Moderate	3	(25.0)	A lot	3	(25.0)				
	Strong	3	(25.0)	Overwhelming	0	(0.0)				
Prevention infrastructure development							3.2	.8	1.9	.8
	Does not Exist	3	(25.0)	Very Little	5	(41.7)				
	Weak	2	(16.7)	Some	2	(16.7)				
	Moderate	2	(16.7)	A lot	4	(33.3)				
	Strong	5	(41.7)	Overwhelming	1	(8.3)				
Cultural Competency										
Organizational Plan							2.0	.9	2.3	1.1
	Does not Exist	1	(8.3)	Very Little	4	(33.3)				
	Weak	5	(41.7)	Some	4	(33.3)				
	Moderate	4	(33.3)	A lot	4	(33.3)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				
Identification and monitoring of target audience							2.3	1.1	2.3	.8
	Does not Exist	3	(25.0)	Very Little	2	(16.7)				
	Weak	4	(33.3)	Some	4	(33.3)				
	Moderate	3	(25.0)	A lot	6	(50.0)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				
Inclusiveness							2.8	1.0	1.9	.9
	Does not Exist	1	(8.3)	Very Little	5	(41.7)				
	Weak	2	(33.3)	Some	3	(25.0)				
	Moderate	3	(33.3)	A lot	4	(33.3)				
	Strong	4	(25.0)	Overwhelming	0	(0.0)				
Evaluation										
Previous program evaluations							2.7	1.1	2.3	1.0
	Do not Exist	2	(16.7)	Very Little	4	(33.3)				
	Weak	3	(25.0)	Some	1	(8.3)				
	Moderate	4	(33.3)	A lot	7	(58.3)				
	Strong	3	(25.0)	Overwhelming	0	(0.0)				
Purpose of evaluations							2.5	1.1	2.4	.9
	Does not Exist	2	(16.7)	Very Little	3	(25.0)				
	Weak	5	(41.7)	Some	1	(8.3)				
	Moderate	2	(16.7)	A lot	8	(66.7)				
	Strong	3	(25.0)	Overwhelming	0	(0.0)				

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Appendix A. (continued) SUMMARY OF RESULTS OF INITIAL SITE VISITS WITH COHORT 1 COMMUNITIES

	Present			Effort						
Indicator		N	(%)		N	(%)	Mean	(Standard Deviation)	Mean	(Standard Deviation)
Evaluation (continued)										
Evaluator							2.4	1.0	2.4	.9
	Does not Exist	2	(16.7)	Very Little	3	(25.0)				
	Weak	5	(41.7)	Some	1	(8.3)				
	Moderate	3	(25.0)	A lot	8	(66.7)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				
Data collected							2.3	.9	2.5	.8
	Does not Exist	2	(16.7)	Very Little	2	(16.7)				
	Weak	5	(41.7)	Some	2	(16.7)				
	Moderate	4	(33.3)	A lot	8	(66.7)				
	Strong	1	(8.3)	Overwhelming	0	(0.0)				
Outcomes							2.0	1.2	2.7	.8
	Does not Exist	6	(50.0)	Very Little	1	(8.3)				
	Weak	2	(16.7)	Some	3	(25.0)				
	Moderate	2	(16.7)	A lot	7	(58.3)				
	Strong	2	(16.7)	Overwhelming	1	(8.3)				
Needs and Resource Assessment										
Needs assessment analysis							3.0	.9	2.0	.9
	Does not Exist	3	(27.3)	Very Little	2	(18.2)				
	Weak	2	(18.2)	Some	4	(36.4)				
	Moderate	4	(36.4)	A lot	5	(45.5)				
	Strong	2	(18.2)	Overwhelming	0	(0.0)				
Obtaining required skills							3.0	1.0	2.0	.9
	Does not Exist	1	(8.3)	Very Little	4	(33.3)				
	Weak	3	(25.0)	Some	4	(33.3)				
	Moderate	3	(25.0)	A lot	4	(33.3)				
	Strong	5	(41.7)	Overwhelming	0	(0.0)				
Acquiring pertinent data							3.0	.9	2.0	.9
	Do not Exist	0	(0.0)	Very Little	4	(33.3)				
	Weak	4	(33.3)	Some	4	(33.3)				
	Moderate	4	(33.3)	A lot	4	(33.3)				
	Strong	4	(33.3)	Overwhelming	0	(0.0)				
Data analysis							2.3	1.2	2.1	.8
	Does not Exist	4	(33.3)	Very Little	3	(25.0)				
	Weak	2	(16.7)	Some	5	(41.7)				
	Moderate	4	(33.3)	A lot	4	(33.3)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				

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Appendix A. (continued) SUMMARY OF RESULTS OF INITIAL SITE VISITS WITH COHORT 1 COMMUNITIES

	Present			Effort						
Indicator		N	(%)		N	(%)	Mean	(Standard Deviation)	Mean	(Standard Deviation)
Needs and Resource Assessment (continued)										
Targeting issues from needs assessment							2.3	1.1	2.3	.9
	Does not Exist	3	(25.0)	Very Little	3	(25.0)				
	Weak	4	(33.3)	Some	3	(25.0)				
	Moderate	3	(25.0)	A lot	6	(50.0)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				
Identification of gaps							2.3	.6	2.6	.5
	Does not Exist	1	(8.3)	Very Little	0	(0.0)				
	Weak	7	(58.3)	Some	5	(41.7)				
	Moderate	4	(33.3)	A lot	7	(58.3)				
	Strong	0	(0.0)	Overwhelming	0	(0.0)				
Assessments of community readiness							2.0	1.2	2.7	.8
	Does not Exist	3	(25.0)	Very Little	2	(16.7)				
	Weak	4	(33.3)	Some	5	(41.7)				
	Moderate	3	(25.0)	A lot	5	(41.7)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				
Completion of eidemiological profile							1.3	.5	2.3	.8
	Does not Exist	3	(27.3)	Very Little	2	(18.2)				
	Weak	2	(18.2)	Some	4	(36.4)				
	Moderate	4	(36.4)	A lot	5	(45.5)				
	Strong	2	(18.2)	Overwhelming	0	(0.0)				
Risk and protective factors identified							2.3	1.1	2.1	.7
	Does not Exist	4	(33.3)	Very Little	2	(16.7)				
	Weak	3	(25.0)	Some	7	(58.3)				
	Moderate	3	(25.0)	A lot	3	(25.0)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				
Outcomes expectation							2.0	1.0	2.2	.8
	Do not Exist	4	(33.3)	Very Little	3	(25.0)				
	Weak	5	(41.7)	Some	4	(33.3)				
	Moderate	2	(16.7)	A lot	5	(41.7)				
	Strong	1	(8.3)	Overwhelming	0	(0.0)				
Capacity Building										
Closing gaps/eliminating redundancies							2.2	1.0	2.5	.8
	Does not Exist	3	(25.0)	Very Little	2	(16.7)				
	Weak	6	(50.0)	Some	2	(16.7)				
	Moderate	1	(8.3)	A lot	4	(66.7)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				

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Appendix A. (continued) SUMMARY OF RESULTS OF INITIAL SITE VISITS WITH COHORT 1 COMMUNITIES

	Present			Effort						
Indicator		N	(%)		N	(%)	Mean	(Standard Deviation)	Mean	(Standard Deviation)
Capacity Building (continued)										
Roles/responsibility of councils/workgroups							2.5	1.2	2.0	.9
	Does not Exist	4	(33.3)	Very Little	4	(33.3)				
	Weak	1	(8.3)	Some	4	(33.3)				
	Moderate	4	(33.3)	A lot	4	(33.3)				
	Strong	3	(25.0)	Overwhelming	0	(0.0)				
Coalition structure and process							3.0	1.0	2.0	1.1
	Does not Exist	1	(8.3)	Very Little	6	(50.0)				
	Weak	3	(25.0)	Some	1	(8.3)				
	Moderate	3	(25.0)	A lot	4	(33.3)				
	Strong	5	(41.7)	Overwhelming	1	(8.3)				
Youth/young adult leader and roles							3.1	1.2	1.7	.8
	Does not Exist	2	(16.7)	Very Little	6	(50.0)				
	Weak	1	(8.3)	Some	4	(33.3)				
	Moderate	3	(25.0)	A lot	2	(16.7)				
	Strong	6	(50.0)	Overwhelming	0	(0.0)				
System analysis/key stakeholder organizations							2.9	1.0	2.0	.9
	Does not Exist	1	(8.3)	Very Little	4	(33.3)				
	Weak	3	(25.0)	Some	4	(33.3)				
	Moderate	4	(33.3)	A lot	4	(33.3)				
	Strong	4	(33.3)	Overwhelming	0	(0.0)				
Societal support							2.7	.9	2.3	.8
	Does not Exist	1	(8.3)	Very Little	2	(16.7)				
	Weak	4	(33.3)	Some	4	(33.3)				
	Moderate	5	(41.7)	A lot	6	(50.0)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				
Strategic Plan Development										
Vision, data outcomes and evaluation							2.5	.9	2.3	1.0
	Do not Exist	2	(16.7)	Very Little	4	(33.3)				
	Weak	3	(25.0)	Some	1	(8.3)				
	Moderate	6	(50.0)	A lot	7	(58.3)				
	Strong	1	(8.3)	Overwhelming	0	(0.0)				
Logic models							2.3	1.0	2.4	.7
	Does not Exist	4	(33.3)	Very Little	1	(8.3)				
	Weak	1	(8.3)	Some	5	(41.7)				
	Moderate	7	(58.3)	A lot	6	(50.0)				
	Strong	0	(0.0)	Overwhelming	0	(0.0)				

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Appendix A. (continued) SUMMARY OF RESULTS OF INITIAL SITE VISITS WITH COHORT 1 COMMUNITIES

	Present			Effort						
Indicator		N	(%)		N	(%)	Mean	(Standard Deviation)	Mean	(Standard Deviation)
Strategic Plan Development (continued)										
State priorities							2.6	.7	2.0	.6
	Does not Exist	0	(0.0)	Very Little	2	(16.7)				
	Weak	6	(50.0)	Some	8	(66.7)				
	Moderate	5	(41.7)	A lot	2	(16.7)				
	Strong	1	(8.3)	Overwhelming	0	(0.0)				
Infrastructure needs							2.6	.9	2.03	.9
	Does not Exist	1	(8.3)	Very Little	3	(25.0)				
	Weak	5	(41.7)	Some	2	(16.7)				
	Moderate	4	(33.3)	A lot	7	(58.3)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				
Evaluation of EBPPs							1.8	.8	2.6	.7
	Does not Exist	5	(41.7)	Very Little	1	(8.3)				
	Weak	4	(33.3)	Some	3	(25.0)				
	Moderate	3	(25.0)	A lot	8	(66.7)				
	Strong	0	(0.0)	Overwhelming	0	(0.0)				
Cultural appropriateness							2.8	.8	2.3	.6
	Does not Exist	1	(8.3)	Very Little	1	(8.3)				
	Weak	2	(16.7)	Some	7	(58.3)				
	Moderate	7	(58.3)	A lot	4	(33.3)				
	Strong	2	(16.7)	Overwhelming	0	(0.0)				
Monitoring and evaluation							2.5	1.1	2.7	1.0
	Does not Exist	3	(25.0)	Very Little	2	(16.7)				
	Weak	2	(16.7)	Some	2	(16.7)				
	Moderate	5	(41.7)	A lot	6	(50.0)				
	Strong	2	(16.7)	Overwhelming	2	(16.7)				
Sustainability							2.58	1.1	2.1	1.1
	Do not Exist	2	(16.7)	Very Little	5	(41.7)				
	Weak	3	(25.0)	Some	2	(16.7)				
	Moderate	3	(25.0)	A lot	4	(33.3)				
	Strong	4	(33.3)	Overwhelming	1	(8.3)				
Submission of plan							1.1	.3	2.3	1.0
	Does not Exist	11	(91.7)	Very Little	4	(33.3)				
	Weak	1	(8.3)	Some	1	(8.3)				
	Moderate	0	(0.0)	A lot	7	(58.3)				
	Strong	0	(0.0)	Overwhelming	0	(0.0)				



APPENDIX B

B. INDIVIDUAL COMMUNITY LEVEL REPORTS FROM 2007 SITE VISITS

Drug and Alcohol Consortium of Allen County (DAC)

Initial Site Visit Summary – July 27th, 2007

INTRODUCTION

The following summary report is based on the presentation given by Jerri Lerch, the Project Director, and Kimbra, a DAC council member on July 27, 2007 to Marcia French, the SPF-SIG Project Manager; Dr. Jeanie Alter, and Eric Martin, the IPRC evaluation and technical assistance contractors; and Dr. Eric Wright and Harold Kooreman of the state SPF-SIG evaluation team. The purpose of the report is to provide a baseline description of the Drug and Alcohol Consortium of Allen County project as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization e.g., board of directors, lines of authority). DAC is the Local Coordinating Council for Allen County. As required by the State of Indiana, the DAC has a Board of Directors and several committees which include: the Executive Committee, made up of officers from the Board of Directors; the Finance Committee, made up of CFOs and business people; the Intervention Committee, made up of persons from organizations which provide any form of intervention; the Justice Committee, which includes members involved with law enforcement and criminal justice; the Prevention Committee, which is made up of members who provide prevention education services; and a Public Policy

and Research Committee, which is made up of individuals involved in the public policy arena as well as individuals from local universities and other organizations involved in research and evaluation activities. Ms. Lerch indicated that DAC has 130 organizational members and over 200 individual members who participate.

Funding (What is/are your funding source(s))? As a Local Coordinating Council, DAC receives user fees from the court which are made up of fines paid by individuals involved in drug-related offenses. Additionally, Ms. Lerch reported that DAC receives funds from the Drug Free Indiana, Drug Free Communities, and a Center for Substance Abuse Prevention Faith-Based grant. Ms. Lerch mentioned that DAC will be reapplying for the Faith-Based Grant, a CSAP Re-entry Grant, and a Communities Empowering Youth grant, although she did not anticipate being able to get all three grants.

Activities/Programs (With what activities/programs is your organization involved)? Ms. Lerch reported that DAC's coalition partners are involved in a number of ATOD activities throughout Allen County. Examples of these activities include: treatment scholarships for residents who do not have health insurance, a faith-based program to deal with ATOD and HIV issues in the African-American community, the Meth Watch program, the Drug Dog program, annual educational programs with schools and church groups, training on evidence-based practices with grassroots organizations, no-alcohol-no-drug programs in schools and colleges, educational events with college-level sports teams, an annual drug quiz bowl, youth worker programs, and etc.



Role in community (How does your organization relate to your community)?

Ms. Lerch indicated that DAC has been in place for at least 4 years. It serves as a builder of coalitions for Allen County and helps determine and facilitate ATOD priorities. DAC is the recognized evaluator on ATOD issues for Allen County and are the clearing house for ATOD issues.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization?

According to Ms. Lerch, the Drug Free Indiana dollars do not help cover research and data collection. Therefore, the SPF-SIG grant will provide resources to help with data generation and creation of logic models. SPF-SIG will also help with a good planning process for dealing with ATOD issues in the community and bringing more partners to the table.

What precautions are being taken to assure that SPF-SIG funded staff members are devoted solely to the efforts of the SPF-SIG project? This issues was not discussed by Ms. Lerch during her presentation.

SUSTAINABILITY

Identifying funding sources

What are your sources of direct and in-kind funding? As mentioned above, DAC receives user fees from substance-abuse-related arrests. Additionally DAC receives Drug Free Indiana funds, Drug Free Community Funds, and CSAP funds from the Faith-Based grant. Ms. Lerch did not mention any specific in-kind funding.

Is there other funding available that your organization has not sought? Why not? Ms. Lerch described several grants of which they are aware. They have or plan to apply for these grants, but do not anticipate getting all of them. The

organization is active in seeking out and applying for grant-related funding.

Stakeholder/Community buy-in

Who are your stakeholders? Although Ms. Lerch did not address DAC's stakeholders directly, she did indicate a number of community partners which include Tobacco Free Allen County, CADCA, Hoosier Advocates for a Drug Free Indiana, Northeast Regional Advisory Board, ACOE Youth Workers Brown Bag Project, Indiana University – Purdue University Fort Wayne Substance Abuse Task Force, CLOE, the Not-for-Profit Association, school leaders, faith-based community, law enforcement community, business community, etc.

What strategies do you have in place to increase participation of the stakeholders/community? Ms. Lerch did not discuss strategies that are currently in place to increase participation of stakeholders / community.

Human Resources (How would you describe your human resources e.g., staff expertise, turnover rate, facilities/technology)?

Ms. Lerch did not directly address this point. She did indicate that she herself has had many years of experience working in all areas of drug treatment and prevention. The newly hired SPF-SIG program director, Roslyn Wayne, reported that she had more than 15 years of experience working in social services. She has a degree from IPFW in Human Services and Psychology and a Master's Degree from Indiana Wesleyan. She has done community work, social service work, work serving young people, work with adult offenders, work with children of offenders, has been in the faith community, and worked with Big Brothers and Big Sisters. Ms. Wayne has done both leadership and community work. The



administrative assistant team of Amy and Angie also has a great deal of experience with DAC and has a strong background in grant writing. Ms. Lerch did not address turnover, but the staff to date has only been composed of the DAC director and an administrative assistant. DAC is in the process of moving into a new facility in order to accommodate the growth associated with the SPF-SIG grant.

Prevention Infrastructure development (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development, that will carry on beyond the funding period)? As indicated above, Ms. Lerch sees the SPF-SIG as a way to increase DAC's ability to collect and analyze ATOD-related data and make better data-driven decisions about where prevention efforts are most needed in Allen County. Ms. Lerch alluded to bringing more partners to the table with the SPF-SIG project. Later in the presentation, Ms. Lerch indicated that they will conduct a gap analysis to see where they need to add services.

CULTURAL COMPETENCY

Organizational Plan (What is your plan for creating a cultural competency workgroup?) Ms. Lerch did not specifically address any plans that DAC currently had to develop a cultural competency workgroup. She did indicate that we will address cultural competency along the way, that DAC always does that. Ms. Lerch indicated that they have the resources to do that and will continue to grow those resources as needed. They have experts who are ready and willing to help with cultural competency.

Identification and Monitoring of Target Audience.

What is your plan for identifying your target audience? Ms. Lerch did not mention a specific plan for identifying the target audience. She did allude to the need to complete a thorough assessment to determine who the actual target of any interventions would be.

What is your plan for involving your target audience? Ms. Lerch did not mention a specific plan for involving the target audience.

Inclusiveness (What is your plan for incorporating inclusiveness e.g., religious, familial, language, cultural, into the SPF-SIG process?) Ms. Lerch did not mention a specific plan for incorporating inclusiveness, but did indicate that DAC has numerous resources that they can access to ensure that they are operating in a cultural competent manner.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated)? Ms. Lerch related that DAC has done federal evaluations on other grants they have received.

Purpose (Why were the program evaluations performed e.g., required by funder, determination of program expansion, sustainability, modification, and/or elimination)? Ms. Lerch did not discuss the nature or reason of the previous evaluations completed by DAC.

Evaluator

Who performed the program evaluations? Ms. Lerch did not discuss who has performed their previous evaluations. Ms. Lerch and the administrative assistants working on



the project have all conducted evaluations and have experience in this area.

What is the role of the board in program evaluation? Ms. Lerch did not discuss the role of the board in past DAC evaluations. Ms. Lerch did indicate that they are reworking the responsibilities of the Public Policy and Research Committee by splitting the committee in two. The goal is that the Research Committee will become the LEOW for the SPF-SIG.

Data Collected

What types of data were collected? Ms. Lerch did not discuss the type of data collected during previous DAC evaluations.

What statistical expertise does your staff possess? Ms. Lerch and the two administrative assistants have conducted evaluations and have significant statistical expertise. Ms. Lerch also reported that they have numerous contacts in the community that have the necessary evaluation and statistical skills that they will require throughout the SPF-SIG process.

Outcomes

What were the outcomes of the program evaluations? Ms. Lerch did not discuss the outcomes of any past DAC evaluations.

How do you foresee that SPF-SIG will change your organization's evaluation capacity? Ms. Lerch did not discuss how SPF-SIG will change the organization's evaluation capacity.

NEEDS & RESOURCE ASSESSMENT

Needs assessment analysis. Ms. Lerch did not discuss any past needs assessment analyses completed by DAC.

Obtaining required skills. Ms. Lerch did indicate that they have a lot of great tools. As indicated previously Ms. Lerch and other staff members have experience

conducting evaluations and have numerous contacts with IPFW through their Public Policy and Research Committee.

Acquiring pertinent data. Ms. Lerch did not directly discuss this point, but indicated that DAC has a strong relationship with the Community Research Institute. The Community Research Institute is the data center for Allen County who has all the data that DAC would need to get for doing a community assessment.

Data Analysis. Ms. Lerch and her staff have data analysis experience as do many members of the various DAC Committees. Data analysis expertise can be accessed through DAC's connections with IPFW and other organizations.

Targeting Issues from Needs

Assessment. Ms. Lerch did not discuss the level of experience DAC has with targeting issues from any past needs assessments that they may have completed.

Identification of gaps. Ms. Lerch reported that as part of their community assessment, they will be completing a gaps assessment to determine what DAC will need to add in order to implement the SPF-SIG most effectively.

Assessment of community readiness.

Ms. Lerch did not discuss doing a community readiness assessment.

Completion of epi-profile. Ms. Lerch did not discuss completion of the epi-profile during her presentation.

Risk & protective factors identified. Ms. Lerch did not directly discuss this point in her presentation. Ms. Lerch did point out some risk factors which affect Allen County and these include parental permissiveness when it comes to alcohol



as well as inadequate punishments for adults who allow their children to serve alcohol at parties.

Outcomes expectation. Ms. Lerch would like to see Allen County become a state and national benchmark community for collaboratively and effectively impacting drug and alcohol issues.

CAPACITY BUILDING

Closing gaps/eliminating redundancies.

Ms. Lerch indicated that the issues of gaps and redundancies are important to the collation and that they will be looking closely at the results of their gaps analysis as they do their planning process.

Roles and responsibility of each council

and workgroup. Ms. Lerch indicated that they have spent some time thinking about the LEOW and the goal currently is to make their Public Policy and Research Committee into the LEOW. Ms. Lerch did not discuss other workgroup plans.

Coalition structure & process. Ms. Lerch did not discuss coalition structure and process in regards to capacity building.

Youth/Young adult leader and roles. Ms. Lerch did not directly address this point in her presentation but did indicate that DAC is aware that it needs to build youth coalitions.

Systems analysis/key stakeholder

organizations. Ms. Lerch did not address a systems analysis. Ms. Lerch did indicate that DAC has many connections throughout Allen County with a diverse group of organizations which include law enforcement, schools, universities, faith-based, youth-serving, data-related, etc.

Societal support. Ms. Lerch did not discuss issues related to capacity building and societal support.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes and evaluation.

Ms. Lerch did report that the overall vision of the strategic plan was to make Allen County a benchmark community for effectively and collaboratively impacting ATOD issues. Ms. Lerch did report having access to data related to ATOD issues as well as access to many individuals with skills in assessment and evaluation.

Logic models. Ms. Lerch and her staff are familiar with logic models, but due to financial limitations, have been unable to collect the data necessary to complete a good logic model for Allen County. The SPF-SIG funds will help DAC do this.

State Priorities. Ms. Lerch is familiar with the state priorities including the targeted priority for Allen County of binge drinking. DAC has many programs in place currently which target underage alcohol consumption.

Infrastructure Needs. Ms. Lerch reported that DAC needs to build both faith-based and youth-based coalitions.

Evaluation of evidence based policies, practices, principles, and programs. Ms. Lerch indicated that DAC works to bring information on evidence-based policies, practices, principles, and programs to organizations throughout Allen County including grassroots organizations. DAC has a strong commitment to enhancing knowledge and use of EBPPPs.

Cultural appropriateness. Ms. Lerch indicated that DAC has many contacts with organizations that can provide expertise in the areas of cultural appropriateness and that this issue will definitely be adequately addressed in all aspects of the SPF-SIG process.



Monitoring & Evaluation. Ms. Lerch and her staff have a strong background in evaluation and have contacts with various experts in the local area to assist with both monitoring and evaluation if necessary.

Sustainability. Ms. Lerch believes that getting good data which is community-based, coordinated, and evaluated will be valuable to the community and help enhance collaboration. More collaboration is part of DAC's sustainability plan as is working closely with their community partners.

Submission of plan. The DAC has not yet submitted a strategic plan.

Delaware County Coordinating Council (DCCC)

Initial Site Visit Summary – August 8th, 2007

INTRODUCTION

The following summary report is based on the presentation given by Ms. Pat Hart, the Coalition Director. Also present were Jennifer Meyer, the SPF-SIG Project Director; Megan Walrdath, the SPF-SIG Administrative Assistant, and several coalition representatives. The presentation was made to Kim Manlove, the SPF-SIG Project Manager; Dr. Jeanie Alter, and Eric Martin, the IPRC evaluation and technical assistance contractors; Harold Kooreman of the state SPF-SIG evaluation team; and Tom Johnson of Indiana State University, the Vigo County evaluator. The purpose of the report is to provide a baseline description of the Delaware County Coordinating Council site as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization e.g., board of directors, lines of authority?) DCCC is made up of an Executive Board which contains a Treatment Task Force, Prevention/Education Task Force, and Law Enforcement Task Force. The DCCC Executive Director reports to the Board and coordinates the activities of the PRIDE Team, the SPF-SIG Project, and Needs Assessment and Education. The newly hired SPF-SIG administrative assistant will report to the SPF-SIG Project Director.

Funding (What is/are your funding sources?) DCCC is funded by local Drug Free Communities funds as well as monies from community donations, fundraising projects, and other grants.

Activities/Programs (With what activities/programs is your organization involved?) Ms. Hart listed the following activities: PRIDE Team in the schools, the No To Dope campaign, educational campaigns to promote alcohol free hosting, Student Action Teams at Ball State, and grants related to prevention/education, treatment/intervention, and justice/law enforcement.

Role in community (How does your organization relate to your community?) Ms. Hart did not address DCCC's role in the community during her presentation.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization? Ms. Hart would like to use SPF-SIG to help DCCC become more aware of the 18-25-year-old age group and ensure that it is included in prevention efforts.



What precautions are being taken to assure that SPF-SIG funded staff members are devoted solely to the efforts of the SPF-SIG project? Ms. Hart indicated that staff members will be 100% dedicated to the SPF-SIG as outlined in the grant application and contract requirements.

SUSTAINABILITY

Identifying funding sources

What are your sources of direct and in-kind funding? Ms. Hart did not mention any additional funding over and above what DCCC receives through the Drug Free Communities grant.

Is there other funding available that your organization has not sought? Why not? Ms. Hart did not discuss any additional funding that would be available that DCCC has not sought.

Stakeholder/Community Buy-in

Who are your stakeholders? DCCC's stakeholders include educational institutions (e.g., Ball State, Ivy Tech, Beauty Schools, Indiana Business College, 8 school corporations, etc.), the faith-based community, law enforcement, Delaware County Community Corrections, Meridian Services, Youth Opportunity Center, the justice system (e.g., prosecutor's office, city court judge, public defender), the media, liquor store owners/providers, parents, and youth.

What strategies do you have in place to increase participation of stakeholders/community? Ms. Hart said that DCC will work to bring the issue of underage drinking and binge drinking to the forefront and demonstrate how serious it is for the community. DCCC will form alliances with various segments of the community through networking efforts to ensure diverse and thorough inputs/suggestions on the issue.

Human Resources (How would you describe your human resources e.g., staff expertise, turnover rate, facilities/technology)? Pat did not discuss issues of human resources, expertise, turnover, etc., during her presentation.

Prevention Infrastructure development (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development) that will carry on beyond the funding period)?

Ms. Hart related that the SPF-SIG process will allow DCCC to form partnerships, allow DCCC to evaluate evidence-based programs that will work best in Delaware County, allow DCCC to see what Delaware County's needs are, allow DCCC to provide training, and allow DCCC to increase staff expertise now and in the future.

CULTURAL COMPETENCY

Organizational plan (What is your plan for creating a cultural competency workgroup?)

Ms. Hart did not describe specific plans for developing a cultural competency workgroup. DCCC does plan to work with Ms. DiLynn Phelps, a school representative who specializes in diversity and Mr. Terrance Bridges a minister from Union Missionary Baptist Church, to help ensure cultural competence.

Identification and monitoring of target audience

What is your plan for identifying your target audience? Ms. Hart did not describe a specific plan for identifying the target audience, however, did indicate they hope to get some of this information from the needs assessment.

What is your plan for involving your target audience? Ms. Hart did not present a



specific plan for involving the target audience.

Inclusiveness (What is your plan for incorporating inclusiveness e.g., religious, familial, language, cultural, into the SPF-SIG process). Ms. Hart did not present a plan for incorporating inclusiveness as part of her presentation.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated?)

Ms. Hart indicated that DCCC requires each agency which receives money to provide evaluation data covering the number of people served and a report describing the perceived effectiveness of the program. DCCC has performed pre- and post-test evaluations with the PRIDE team project.

Why were the program evaluations performed (required by funder, determination of program expansion, sustainability, modification, and/or elimination?). Ms. Hart did not discuss the reason for the evaluations conducted by DCCC.

Evaluator

Who performed the program evaluations? Ms. Hart did not specify who performed the program evaluations that were completed by DCCC.

What role is the role of the board in program evaluations? Ms. Hart did not discuss the role of the board in regards to program evaluation.

Data collected

What types of data were collected? Ms. Hart stated that DCCC has collected surveys, gotten data from the Uniform Crime Report, and pre- and post-test-type data. DCCC has acquired data from sources

within the community that have done their own data collection, such as the judicial system. DCCC also receives data from IPRC on an annual basis through the ATOD school survey.

What statistical expertise does your staff possess? Ms. Hart reported that the SPF-SIG Project Director and Administrative Assistant have both had statistical classes as part of their degree programs.

Outcomes

What were the outcomes of the program evaluations? Ms. Hart did not discuss the outcomes of the program evaluations completed by DCCC.

How do you foresee that SPF-SIG will change your organization's evaluation capacity? Ms. Hart did not discuss how SPF-SIG would change the organization's evaluation capacity.

NEEDS & RESOURCE ASSESSMENT

Needs assessment analysis. Ms. Hart did not discuss any past experience DCCC has had with completing or analyzing needs assessments.

Obtaining required skills. Ms. Hart did not discuss from where DCCC could access the skills necessary to complete the needs and resource assessment. Ms. Hart did indicate that IPRC would be helping in completing the assessment.

Acquiring pertinent data. Ms. Hart did report that DCCC does have relationships with the Delaware County Justice system and that the prosecutor's office has much of the data relevant to the needs assessment. Ms. Hart did express some concerns regarding being able to access this data.

Data analysis. Ms. Hart indicated that the SPF-SIG staff members have had



university-level statistics courses. Ms. Hart reported that IPRC will be helping with this aspect of the needs assessment.

Targeting issues from needs assessment.

Ms. Hart did not describe any past experience that DCCC has had with using needs assessments for developing priorities.

Identification of gaps. Ms. Hart reported that the gaps she sees are a lack of community involvement, a lack of awareness about the consequences of alcohol consumption, and issues associated with alcohol-related laws. Ms. Hart also indicated that parental attitudes towards alcohol consumption are too permissive.

Assessment of community readiness.

Ms. Hart did not discuss completing a community readiness assessment.

Completion of epi profile. The DCCC has to date not completed its epi profile.

Risk & protective factors. Ms. Hart mentioned several potential risk factors including parental attitudes, lack of community awareness, lack of enforcement of alcohol laws. Potential protective factors cited by Ms. Hart included: youth serving agencies, public and private schools, places of worship, libraries, and community centers.

Outcomes expectation. Ms. Hart expressed that DCCC would like to see a reduction in arrests associated with binge drinking and underage drinking in the targeted age group. Also, DCCC would like the community to have a better understanding of the problem and that the issue is being addressed.

CAPACITY BUILDING

Closing gaps/eliminating redundancies.

Ms. Hart did not discuss any current plans for identifying and/or closing gaps

or eliminating redundancies.

Roles and responsibility of each council and workgroup.

Ms. Hart expressed a desire for additional support from IPRC and the state on developing the roles and responsibilities of the various workgroups.

Coalition structure & process. Ms. Hart did not discuss the coalition structure and process in regards to capacity building.

Youth/young adult leader & roles. Ms. Hart reported that they had selected a youth representative from Ball State to be the young adult leader for the project. Ms. Hart did not outline this individual's specific duties.

Systems analysis/key stakeholder organizations. Ms. Hart did not discuss completing a systems/key stakeholder analysis in regards to capacity building.

Societal support. Ms. Hart did not discuss improving or increasing societal support in regards to capacity building. She did indicate that the community does need to be made aware of the problem of binge and underage drinking and how to deal with it.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes and evaluation.

Ms. Hart did not discuss the development of the strategic plan. DCCC has identified some sources of data which they feel will be useful when they start the needs assessment.

Logic models. Ms. Hart did not discuss any experience DCCC has had with using logic models for program planning.

State priorities. Ms. Hart is aware of the targeted priority for Delaware County, however, reported that they will need to explore the issue more thoroughly when they do their needs assessment.



Infrastructure needs. Ms. Hart did not discuss infrastructure needs in regards to the strategic plan.

Evaluation of evidence-based policies, practices, principles and programs. Ms. Hart did not discuss any use of EBPPPs or any experience DCCC has had with evaluating EBPPPs. DCCC does operate an Afternoons Rock program, which is an EBP.

Cultural appropriateness. Ms. Hart did not discuss cultural appropriateness in regards to strategic plan development.

Monitoring and Evaluation. Ms. Hart did not discuss any potential plans for monitoring and/or evaluation in regards to the strategic plan.

Sustainability. Ms. Hart did not discuss issues related to sustainability in regards to the strategic plan.

Submission of plan. DCCC has not submitted its strategic plan.

Geminus Corporation—East Chicago

Initial Site Visit Summary – July 25th, 2007

INTRODUCTION

The following summary report is based on the presentation given by Tanika, the Administrative Assistant hired for the SPF-SIG project. Present at the meeting were several members of Geminus' staff. The presentation was made to Marcia French, the SPF-SIG Project Manager; Dr. Jeanie Alter, and Eric Martin, the IPRC evaluation and technical assistance contractors; and Dr. Eric Wright and Harold Kooreman of the state SPF-SIG evaluation team. The purpose of the report is to provide a baseline description

of the Geminus Corporation project in Lake County as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization, e.g., board of directors, lines of authority)? Geminus Corporation is a management group that offers comprehensive support services, human resources, communications, purchasing, accounting, finance, client billing, and management information systems for behavioral health care providers and human service organizations. Geminus Prevention Services Department provides oversight for a variety of evaluations for prevention programs and strategies. East Chicago Substance Abuse Coalition aims to reduce substance abuse among adolescents in East Chicago, Indiana and overtime, among adults by addressing the factors in the community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance use.

Funding Sources. Geminus Corporation receives funding through Tri-City Comprehensive Community Mental Health Center, South Lake Center for Mental Health, Indiana Division of Family and Children, Indiana Division of Mental Health and Addiction, Indiana Tobacco Prevention and Cessation Agency, U.S. Department of Health and Human Services Child Mental Health Initiative, U.S. Department of Health and Human Services Administration for Children and Families, and U. S. Department of Health and Human Services Drug Free Communities Support Program.

Activities/Program (With what activities/programs is your organization involved)? Tanika provided the following list of programs: Community



Behavioral Health Network, child Care and Development Fund Voucher Program, Circle Around Families, Geminus Head Start XXI, Geminus Prevention Services, Afternoons Rock in Indiana, East Chicago Substance Abuse Coalition, Lake County Tobacco Prevention and Cessation Coalition, and the LEAD Initiative.

Role in community (How does your organization relate to your community).

This point was not directly covered in the presentation, however, Geminus does have a wide network of community partners that operate within the East Chicago area.

Role of SPF SIG

How do you see SPF-SIG influencing other activities within your organization? SPF-SIG funding will be used to fund staffing as outlined by the RFP to exclusively address the issue of cocaine prevention among 18-25 year olds.

What precautions are being taken to assure that SPF-SIG funded staff members are devoted solely to the efforts of the SPF-SIG project? Key staff will be 100% FTE. Staff will be responsible for entering daily activities in a Service Activity Log (SAL), which allows supervisor to track where they spend their time.

SUSTAINABILITY

Identifying funding sources

What are your sources of direct and in-kind funding. Tanika provided a list of contributors which include: Toni Smith who will provide connections to local government and businesses; Nora Cheek, who will assist with in-kind donations of parent and youth trainings; the East Chicago School System, which will allow access to Parent-Teacher Associations and permit schoolwide ATOD surveys; Steve Segurio, will provide in-kind donations of

media-related services; Rosemarie Joiner, will provide in-kind donations of training for youth serving agencies and help in finding funding streams to sustain efforts; Ernest Signars will support the coalition by helping to make contacts with local businesses and finding business sponsors to support coalition efforts; Rev. Charles Blakely, will provide in-kind donation of services to help with faith-based organizations; Geminus Corporation will be able to provide staffing and office space and equipment in-kind.

Is there other funding available that your organization has not sought? Why not? Tanika indicated that Geminus has looked to various foundations and other organizations for support. These include the East Chicago Community Development Foundation and the Twin City Education Foundation, the Lake County Drug Free Alliance, the Indiana Youth Institute, and Grants.gov. Tanika did not indicate whether Geminus has applied for and/or received grants from any of these sources in the past.

Stakeholder/Community Buy-In

Who are your stakeholders? Per information provided by Tanika, Geminus has a large number of stakeholders that include local government agencies, youth serving organizations, youth groups, civic organizations, law enforcement, schools, business groups, religious organizations, healthcare organizations, the media, and other substance abuse prevention organizations and programs.

What strategies do you have in place to increase participation of the stakeholders/community? Tanika reported that the coalition plans to retain membership by providing meaningful opportunities to contribute to the initiative and provide appropriate recognition



whenever possible. Each sector representative will develop a Capacity Enhancement and Expansion Plan to be included in the comprehensive strategic plan that will be used to recruit new membership. The CEEP will detail development objectives for the sector creating new opportunities for meaningful involvement.

Human Resources (How would you describe your human resources e.g., staff expertise, turnover rate,

facilities/technology)? Tanika related that the Prevention Department has a staff of 14 Certified Prevention Professionals serving over 38 counties in ATOD prevention initiatives. Geminus staff has participated in several training programs provided by SAMHSA in order to meet model program status on the National Registry of Effective Programs and Practices.

Prevention Infrastructure Development (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development, that will carry on beyond the funding period?)

Tanika related that Geminus Corporation has provided administrative oversight to the East Chicago Substance Abuse Coalition, funded through the Drug Free Communities Support Grant since its onset in 2001. Initially, the DFC grant infrastructure consists of 80% direct services. In year 5 of the grant, we started focusing on 80% indirect services. Through Lake County's pre-identification as a high need community by the SEOW, the coalition is committed to addressing this issue in the City of East Chicago and in partnership with the Lake County Drug-Free Alliance (LCC). The ECSAC

has a history of using data and implementing strategies that effect reducing the onset of drug use among youth. With the support of SIG funding, the ECSAC will add to its current prevention efforts the planning and necessary coalition components to address cocaine use in our community. Once again, sustainability planning is ongoing.

CULTURAL COMPETENCY

Organizational plan (What is your plan for creating a cultural competency

workgroup)? Per Tanika, the coalition will host a cultural competency committee that will review all strategies and activities for cultural competency. The committee will be training in the principles of cultural competency by local experts and facilitate professional development opportunities specific to issues of cultural competency in prevention programming. All prevention programming will be responsive to the social and cultural context.

Identification and monitoring of target audience

What is your plan for identifying your target audience? This issue was not directly discussed by Tanika during the presentation. There was discussion later that indicated that Geminus would be looking at the issue of cocaine use particularly in the Hispanic population as this was the group that shows the highest rate of use according to the SEOW report.

What is your plan for involving your target audience? This issue was not mentioned by Tanika during the presentation.

Inclusiveness (What is your plan for incorporating inclusiveness e.g., religious, familial, language, cultural into the SPF-SIG process)? Tanika did



not directly address this topic, however, Geminus appear to have a strong focus on cultural competence and their coalition partners cover a wide range of groups which represent the diversity of the East Chicago area.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated)?

According to Tanika, Geminus Corporation Prevention Services provides oversight for a variety of evaluations for prevention programs and strategies. Specific evaluations were not discussed.

Purpose (Why were the program evaluations performed)? Tanika did not discuss specific program evaluations nor the purpose of these evaluations.

Evaluator

Who performed the program evaluations? Tanika did not describe any specific evaluations nor the individuals involved in completing these evaluations. Tanika did indicate that many members of the coalition have had extensive training in completing evaluations through the Communities that Care Research Training.

What role is the role of the board in program evaluations? Geminus Corporation Prevention Services provides oversight for evaluation activities.

Data Collected

What types of data were collected?

Tanika did not discuss any specific program evaluations. Tanika did refer to a community assessment which Geminus completed. The data included in the assessment included data on ATOD use, life skills, expulsions, vandalism rates, etc.

What statistical expertise does your staff possess? Tanika did not discuss the statistical expertise of the staff. Geminus

staff have received training regarding evaluation and data collection, but the level of training was not described.

Outcomes

What were the outcomes of the program evaluations? Tanika did not discuss any specific outcomes related to program evaluations.

How do you foresee that SPF-SIG will change your organization's evaluation capacity? Tanika did not discuss how SPF-SIG will change Geminus' evaluation capacity.

NEEDS & RESOURCE ASSESSMENT

Needs assessment analysis. Tanika reported that Geminus has completed a community needs assessment in the past. This needs assessment included data from several sources such as school surveys, GPRA data, the Botvin Life Skills Program, data from law enforcement crime statistics, etc.

Obtaining required skills. Geminus staff members have had extensive training in data collection through the Communities that Care Research Training. The Project Director for the East Chicago Substance Abuse Coalition also sits on the SPF-SIG Executive Board further ensuring appropriate resources are available to guarantee accuracy of the original community assessment.

Acquiring pertinent data. Geminus staff have received extensive training in data collection through the Communities that Care Research Training and have been able to collect data in the past when completing community-level assessments.

Data analysis. Tanika did not describe the level of data analysis skill available to Geminus staff. The information provided in the presentation was descriptive in nature.



Targeting issues from needs assessment.

Geminus has used past community assessments to identify areas of ATOD-related concerns for the East Chicago area such as tobacco use, alcohol use, and marijuana use.

Identification of gaps. Tanika did not describe any current plans for a gaps analysis.

Assessment of community readiness. Tanika did not describe any current plans for a community readiness assessment.

Completion of epi-profile. Tanika reported that Geminus has developed an action plan to complete the needs and resource assessment and required epi-profile. To date, the profile has not been completed.

Risk and protective factors identified. Geminus corporation has completed community assessments in the past. Risk and protective factors identified in those assessments included: extreme economic deprivation, academic failure beginning in late elementary school, availability of drugs, family history of substance abuse, the need to strength family bonds, the need to increase healthy beliefs, the need for clear culturally competent standards pertaining to substance abuse, and the need to promote and reward healthy youth, parent, and community behaviors.

Outcomes expectation. Outcomes expectations regarding the needs assessment were not directly addressed, however, Tanika did discuss that the SPF-SIG will be used to better understand cocaine-related issues in East Chicago.

CAPACITY BUILDING

Closing gaps/eliminating redundancies.

Tanika indicated that the continued integration and partnership with the LCC and County representatives to

comprehensively plan for cocaine prevention activities and other ATOD initiatives will aid in closing gaps and eliminating redundancies.

Roles and responsibility of each council and workgroup. Tanika reported that coalition staff will work with key stakeholders to maintain existing and recruit new partnerships specifically in under represented populations to ensure cultural competency. In addition, regularly scheduled meetings will provide a venue for reporting progress, reviewing data, and responding as needed. Coalition members will participate in local and national training designed to improve ability to respond to the SPF. Tanika did not describe the development of the various SPF-SIG workgroups. She did mention the LEOW and the role youth would play in the process.

Youth/Young adult leader and roles. Tanika related that youth and young adult leaders will learn and implement the SPF process through improving the collection of county and school level data for the LEOW. They will also support and share the learning and implementing of the SPF process through the efforts of established youth organizations with a focus on building leadership of East Chicago youth, and support the efforts of youth organizations in the state of Indiana that are committed to abstinence of illegal substance abuse.

Systems analysis/key stakeholder organizations. Tanika did not discuss a systems analysis or analysis of key stakeholder organizations.

Societal Support. Tanika did not discuss societal support, however, the list of coalition members indicates a wide range of organizations that represent the various sectors within the East Chicago area.



STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes & evaluations.

Tanika indicated that the vision of the East Chicago Substance Abuse Coalition is a safe and healthy community. The East Chicago Community will be the nation's most youth friendly community. Every member of the community will be personally involved in supporting and guiding our youth as they move from infancy to adulthood. As indicated in the section on Needs Assessment, Geminus has access to various sources of data and training in data collection. Information on Geminus' past evaluation experience was not provided.

Logic models. Tanika did not discuss Geminus' experience with using logic models.

State priorities. Tanika did indicate that Geminus will focus on understanding cocaine use within the East Chicago area.

Infrastructure needs. Tanika did not discuss any infrastructure needs in regards to the strategic plan.

Evaluation of evidence-based policies, practices, principles and programs.

Tanika reported that Geminus staff members have received training in the Service to Science initiative through SAMHSA to develop prevention evaluation techniques to meet model program status on the National Registry of Effective Programs and Practices. No other details regarding evaluation of EBPPPs were provided.

Cultural appropriateness. While cultural competency was not directly addressed in this section, Geminus corporation will have a cultural competency committee which will review all aspects of the SPF-SIG and this would include the strategic plan.

Monitoring and evaluation. Geminus staff have received training in evaluation and data collection methods and are familiar with this process.

Sustainability. Geminus Corporation is working to ensure sustainability and has completed some initial planning to ensure that the SPF-SIG continues after the end of the funding period.

Submission of plan. Geminus Corporation has as of this date not submitted their strategic plan.

Daviess and Greene Counties – Southeast Indiana Meth Alliance

Initial Site Visit Summary – August 17th, 2007

The following summary report is based on the presentation given by two representatives of Greene United Against Meth (GUAM): Nancy Cummings and Christa. Ms Cummings provided the information on Daviess County as well. The presentation was made to Kim Manlove, the SPF-SIG Project Director; Dr. Jeanie Alter and Eric Martin of the IPRC, the evaluation and technical assistance contractors; and Harold Kooreman of the state SPF-SIG evaluation team. The purpose of the report is to provide a baseline description of the Greene-Daviess County site as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization (e.g., board of directors,

lines of authority?) Ms. Cummings

indicated that GUAM is a grassroots organization that was formed in Greene County to deal with the methampheta-



mine prevention. Ms. Cummings is the Chair and Christa is the Assistant Chair. Both Ms. Cummings and Christa are volunteers. Ms. Cummings reported that their partner in Daviess County is the MAIN team. Per Ms. Cummings MAIN appears to be more organized as they have enough money to provide their director with a salary.

Funding (What is/are your funding source(s)?)

GUAM's only source of funding is from its local coordinating council. MAIN does not receive LCC funds but operates through private donations and fund raising.

Activities/Programs (With what activities/programs is your organization involved?)

GUAM conducts an annual Meth Awareness Week which includes educational presentations to the community about meth use. GUAM also coordinates a Mad About Meth day which specifically targets businesses and provides information precursor chemicals used in making methamphetamine. GUAM has also had a meth awareness poster contest. MAIN conducts similar types of awareness events, however, Ms. Cummings did not provide details on the form of these events.

Role in Community (How does your organization relate to your community?)

GUAM is known as the major drug awareness and information provide for Greene County. GUAM is represented on the LCC and Greene County Alliance. GUAM works closely with the local law enforcement in order to plan events and determine appropriate interventions. According to Ms. Cummings the MAIN team has a larger pool of resources than GUAM as many of the people involved in MAIN have families who have been directly affected by Meth. MAIN is

working to reach out to the Amish community in their county as meth labs have been found on Amish land recently.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization? Ms. Cummings only spoke on GUAM's perspective of SPF-SIG. GUAM would like to see SPF-SIG be used as a way to build strong networks between Greene and Daviess County and potential other counties that are dealing with methamphetamine. All of the groups involved in meth prevention are working in a similar fashion so bring them together would be very helpful.

What precautions are being taken to assure that SPF-SIG funded staff members are devoted solely to the efforts of the SPF-SIG project? No staff people have been hired for the project and Ms. Cummings did not discuss how effort will be monitored.

SUSTAINABILITY

Identifying funding sources

What are your sources of direct and in-kind funding. As indicated above, GUAM receives direct funding from the local coordinating council. In-kind funding for GUAM comes in the form of free office space and utilities provided by the Greene County Court. MAIN receives funding from private donations and its own fund raising efforts.

Is there other funding available that your organization has not sought? Why not? Ms. Cummings indicated that no additional funding currently exists in Green County. Ms. Cummings does have connections with the Lilly Foundation and the Lilly Foundation does provide information on potential grants and will provide support to GUAM in the form of doing research



for, and critiquing and reading drafts of grant proposals. Ms. Cummings did not mention other funding available for Daviess County.

Stakeholder/Community Buy-in

Who are your stakeholders? Ms. Cummings did not discuss GUAM's stakeholders or MAIN's stakeholders in the presentation.

What strategies do you have in place to increase participation of stakeholders/community? Ms. Cummings did not discuss GUAM's plans nor MAIN's plans for increasing participation of stakeholders or the community.

Human Resources (How would you describe your human resources, e.g., staff expertise, turnover rate,

facilities/technology?) Ms. Cummings reported that GUAM is run by volunteers. Both she and Christa have been involved in social service organizations and social activism for many years. Ms. Cummings indicated that neither she nor Christa are terribly familiar with using computers and would need help in figuring out what types of technology they would need. GUAM gets free office space in the former Boys' and Girls' Club which also has free wireless internet and free utilities. No decision has been made as to where any hired staff will be placed. Ms. Cummings did not discuss what may be available in Daviess County.

Prevention infrastructure development (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure, e.g., increase services, staff development and expertise, partner/coalition development that will carry on beyond the funding period?)

Ms. Cummings did not address prevention infrastructure development but did indicate that GUAM and MAIN applied

for the SPF-SIG grant in order to improve the connections between their two counties to better deal with the methamphetamine problems both counties are experiencing.

CULTURAL COMPETENCY

Organizational plan (What is your plan for creating a cultural competency workgroup?)

Ms. Cummings indicated that GUAM currently has no plan in place for dealing with cultural competency. Ms. Cummings did not report on what MAIN may or may not be doing.

Identification and monitoring of target audience

What is your plan for identifying your target audience? Ms. Cummings reported not having a plan in place for identifying the target audience. Ms. Cummings expressed a need for support to determine how to deal with cultural diversity that comes in atypical forms such as living on one side or the other of the river, levels of poverty, families with nontraditional caregivers, etc.

What is your plan for involving your target audience? Ms. Cummings reported that GUAM currently does not have a plan in place for involving the target audience and would need support and technical assistance in order to complete this task.

Inclusiveness (What is your plan for incorporating inclusiveness e.g., religious, familial, language, cultural, into the SPF-SIG process?)

Ms. Cummings reported not having a plan for inclusiveness. Ms. Cummings and Christa provided examples of the types of diversity within both counties (e.g., rural poor, Amish, illiterate, etc.) but requested technical assistance for how to include these populations in the SPF-SIG process.



EVALUATION

Previous program evaluations (Have your projects/programs been evaluated?)

Ms. Cummings indicated that GUAMs projects have not been evaluated. Ms. Cummings did not provide information on whether MAIN has completed any evaluations on their projects/programs.

Purpose (Why were the program evaluations performed?) GUAM has not performed any program/project evaluations. The purpose of any evaluations completed by MAIN was not discussed by Ms. Cummings.

Evaluator

Who performed the program evaluations? GUAM has not completed any program/project evaluations. Ms. Cummings did not provide information on MAIN's experience with evaluation and/or evaluators.

What role is the role of the board in program evaluations? GUAM has not completed any program/project evaluations. Ms. Cummings did not provide information on MAIN's experience with evaluation.

Data Collected

What types of data were collected? GUAM has not completed any program/project evaluations. Ms. Cummings did not provide information on MAIN's experience with evaluation.

What statistical expertise does your staff possess? Ms. Cummings did not describe the statistical expertise of the GUAM staff or the MAIN staff.

Outcomes

What were the outcomes of the program evaluations? GUAM has not completed any program/project evaluations. Ms. Cummings did not provide information on MAIN's experience with evaluation.

How do you foresee that SPF-SIG will change your organization's evaluation capacity? Ms. Cummings reported that GUAM will need considerable technical assistance in understanding how to properly perform program evaluations. Ms. Cummings was unable to address what MAIN would like to see SPF-SIG do for their organization's evaluation capacity.

NEEDS AND RESOURCE ASSESSMENT

Needs assessment analysis. GUAM has never completed a needs assessment and Ms. Cummings reported that their organization will need considerable support to accomplish this task. Ms. Cummings did not describe MAIN's experience with needs assessment.

Obtaining required skills. Ms. Cummings requested assistance in finding people or organizations that would be able to provide her organization with the required skills. Ms. Cummings could not comment on the level of skill available in the MAIN organization.

Acquiring pertinent data. Ms. Cummings indicated that she has asked law enforcement and other agencies in the county for data and they have provided it. Ms. Cummings did ask for help with determining what type/s of data she would need to have in order to effectively complete the needs assessment. The ability of MAIN to acquire data was not discussed during the presentation.

Data Analysis. GUAM has never completed a needs assessment and Ms. Cummings reported that their organization will need considerable support to accomplish this task. Ms. Cummings did not describe MAIN's experience with needs assessment.



Targeting issues from needs assessment.

GUAM has never completed a needs assessment and Ms. Cummings reported that their organization will need considerable support to accomplish this task. Ms. Cummings did not describe MAIN's experience with needs assessment.

Identification of gaps. GUAM has never completed a needs assessment and Ms. Cummings reported that their organization will need considerable support to accomplish this task. Ms. Cummings did not describe MAIN's experience with needs assessment.

Assessment of community readiness.

GUAM has never completed a community readiness assessment and Ms. Cummings reported that their organization will need considerable support to accomplish this task. Ms. Cummings did not describe MAIN's experience with readiness assessment.

Completion of epi-profile. Neither GUAM nor MAIN have completed an epi profile and both organizations will require considerable support to complete the profile.

Risk and protective factors identified.

Ms. Cummings did not discuss any risk or protective factors that have been identified for her community. She indicated that her organization will need considerable technical assistance in completing this portion of the needs assessment. The risk and protective factors possibly identified by MAIN were not discussed.

Outcomes expectations. Ms. Cummings did not discuss any outcomes expectations that GUAM had for the needs assessment. Ms. Cummings did not report on any possible outcomes expectations that MAIN may have for the needs assessment.

CAPACITY BUILDING

Closing gaps/eliminating redundancies.

Ms. Cummings mentioned that Greene-Daviess would need help with capacity building as the two counties have never worked together and neither group is sure how to coordinate all the details.

Roles and responsibility of each council and workgroup.

Ms. Cummings reported that both Greene and Daviess counties would need considerable help in planning the council and workgroups and encouraging cooperation between the two organizations.

Coalition structure and process.

Ms. Cummings reported that both MAIN and GUAM would require significant technical assistance to develop a solid structure and process as the two counties have never worked together in the past.

Youth/young adult leader & roles.

Ms. Cummings did not discuss any youth/young adult leaders during her presentation. She did not report on any youth involvement that may be present in Daviess County.

Systems analysis/key stakeholder organizations.

Ms. Cummings did not address a systems analysis or key stakeholder analysis during her presentation. Ms. Cummings did not discuss key stakeholders or any type of systems analysis completed by Daviess County.

Societal support.

Although, not directly address in the presentation, Ms. Cummings reported that the GUAM organization does have support from local law enforcement, who is pleased with what the organization is trying to do. GUAM has also worked with the school system who would like to see more meth-related education in earlier grade levels. Businesses have also been willing to allow



posters to be put in windows and have participated in meth awareness training. The support MAIN has in the Daviess County community was not addressed by Ms. Cummings.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes and evaluations.

Ms. Cummings reported that both organizations will need significant technical assistance with this part of the strategic plan.

Logic models. Ms. Cummings did not address any experience that GUAM or MAIN has had working with logic models to address the meth issues in their community.

State priorities. GUAM and MAIN are both aware of the priority for which their organizations received funding and are willing to work towards developing a strategic plan to address it.

Infrastructure needs. Ms. Cummings believes that GUAM and MAIN have significant infrastructure needs and will need considerable technical assistance in order to improve cooperation and collaboration between the two counties. The counties have not worked together in the past.

Evaluation of evidence based policies, practices, principles and programs.

Neither GUAM nor MAIN have worked with or evaluated EBPPPs.

Cultural appropriateness. Ms. Cummings reported difficulty in identifying ways to deal with the cultural diversity which exists in the two rural counties as it is not the typical race-related diversity found in most areas. Ms. Cummings did identify issues such as poverty, illiteracy, non-traditional

caregiving as possible areas that need to be addressed in Greene County. The Amish are a group which will need to be address in Daviess County per Ms. Cummings.

Monitoring and Evaluation. Neither GUAM nor MAIN have completed monitoring or evaluation activities and Ms. Cummings believes both organizations will need considerable technical assistance in order to complete these portions of the strategic plan.

Sustainability. Ms. Cummings did not discuss any current sustainability plans that are in place for either GUAM or MAIN in regards to the SPF-SIG strategic plan.

Submission of plan. The Greene-Daviess site has not submitted the strategic plan as of this date.

Lake County Drug Free Alliance (LCDFA)

Initial Site Visit Summary - July 25, 2007

INTRODUCTION

The following summary report is based on the presentation given by Sheriff John Key on July 25, 2007 to Marcia French, the SPF-SIG Project Manager; Dr. Jeanie Alter, and Eric Martin, the IPRC evaluation and technical assistance contractors; and Dr. Eric Wright and Harold Kooreman, the state SPF-SIG evaluation coordinators. The purpose of the report is to provide a baseline description of the Lake County Drug Free Alliance as it begins its first year of SPF-SIG funding.



ORGANIZATION

Structure (What is the structure of your organization e.g., board of directors, lines of authority)?

LCDFA is a Local Coordinating Council (LCC) for Lake County. They have the typical LCC organizational structure which includes a board of directors and three local coordinating committees which focus on treatment, law enforcement, and prevention. Any actions which LCDFA wish to take need to be approved by the council and by the city government—which can be a lengthy process. LCDFA is currently headed by John Key, the Lake County Sheriff. As Sheriff Key is an elected official, his position as the head of LCDFA is dependent upon his reelection as Sheriff.

Funding (What is/are your funding sources)?

Funding sources were not discussed during the presentation, as an LCC, however, LCDFA receives “user fees” from the court system which are generated from drug offenses. Sheriff Key reported that the SPF-SIG grant is the first grant that LCDFA has ever received.

Activities/Program

The current activities/programs funded by LCDFA were not discussed during the presentation.

Role in Community

The LCDFA’s current role in the community was not discussed during the presentation.

Role of SPF-SIG

Influence of SPF-SIG in your organization. Sheriff Key would like to use SPF-SIG to promote the idea that Lake County has CLASS: Clean Living and Staying Sober. SPF-SIG will serve as an impetus for data

collection and data-driven planning for substance abuse issues, especially binge drinking for youth between the ages of 18-25. The SPF-SIG will allow LCDFA to fund the High & Dry Survey Campaign to collect substance use data on college campuses and to fund a school youth survey for middle and high school students. Other data gathering efforts funded by the SPF-SIG will be focus groups of professionals and individuals from the various cultural groups in Lake County. Additionally, the SPF-SIG will allow LCDFA to work more closely with individuals in the Hispanic community as drug and alcohol use is a serious concern for that population.

Precautions to assure SPF-SIG funded staff are devoted solely to SPF-SIG. Sheriff Key did not address this point as the Project Director and Administrative Assistant positions had not been filled at the time of the site visit.

SUSTAINABILITY

Identifying Funding Sources

What are your sources of direct and indirect funding? Sheriff Key did not discuss either direct or indirect funding. As LCDFA is the LCC for Lake County it does receive user fees from the court system for drug-related offenses. The SPF-SIG will also provide a source of funding for the LCDFA.

Other funding that has not been sought. Sheriff Key did not mention any additional sources of potential funding.

Stakeholder/Community By-In

Who are your stakeholders? The stakeholders that Sheriff Key mentioned included schools, universities, law enforcement, treatment providers, and various cultural groups in Lake County. Sheriff Key wants to encourage all



individuals in Lake County to practice clean living and staying sober (Lake County has CLASS).

Strategies in place to increase participation of the stakeholders/community? Sheriff Key did not discuss the strategies that are currently in place to increase participation of stakeholders or the community. Sheriff Key would like the stakeholders involved in the SPF-SIG to develop their own mission, vision, and goals for the project to help with buy-in. If the groups establish their own goals, they are more willing to work towards accomplishing them. Sheriff Key did indicate that he wants to create an ad/marketing campaign to highlight the SPF-SIG throughout Lake County. Part of the ad campaign will include the use of Hielo Services to market the SPF-SIG message to Lake County's Hispanic community.

Human Resources

How would you describe your human resources (e.g., staff expertise, turnover rate, facilities/technology)? Sheriff Key was a congressional staffer and served as an assistant to John Ashcroft. Sheriff Key was in the armed services. He has worked at the municipal and state level of government and oversaw the state system for Worker's Compensation. Renae Brantley, who will likely chair the LEOW, has served as a community consultant for the Governor's Commission for a Drug Free Indiana. Renae has been involved in healthcare through Health Visions Midwest, a grassroots health-care organization. Renae has served on local community and local minority prevention councils. Renae has served on the Indiana Strategic Planning Committee and has trained projects around the country on how to complete their strategic prevention

plans. Renae has worked for Lake County government and her responsibilities included health, transportation, and economic development. Renae's career background has generally focused on resource development, developing organizations, and developing capacity within organizations. Hielo Services is a minority-owned business that is an advertising, marketing, translation, and interpretive service provider. Hielo works closely with the Hispanic Community and has helped many organizations reach this underserved population through both newspaper and radio campaigns. Hielo Services can help generate support for the SPF-SIG from both the Hispanic and white business sectors so there will be sustainability at the end of the grant.

Prevention Infrastructure Development

Do you have a plan for using the SPF-SIG process to increase prevention infrastructure that will carry on beyond the funding period? Sheriff Key would like to use the SPF-SIG as a vehicle for collecting more data on substance use and then use the data to develop a targeted prevention program for the communities/populations who are most in need. Sheriff Key did not address how the SPF-SIG will change the prevention infrastructure.

CULTURAL COMPETENCY

Organizational Plan (What is your plan for creating a cultural competency workgroup?). Sheriff Key did not discuss the development of a cultural competency workgroup. He did mention that focus groups will be completed with members of various community groups including latino, black, white, youth, parents, etc. Additionally, LCDFA will be partnering heavily with Hielo Services to reach the Latino community.



Identification and Monitoring of Target

Audience. Sheriff Key indicated that the target of the SPF-SIG will be determined through collecting data at the university and middle and high school levels. Additionally data will be collected through focus groups with representatives from various sectors of Lake County.

Inclusiveness (What is your plan for incorporating inclusiveness into the SPF-SIG Process?). Apart from the focus groups, Sheriff Key did not discuss a plan for incorporating different religious, familial, language, or cultural groups into the SPF-SIG process.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated?).

Sheriff Key did not discuss any previous program evaluations completed by LCDFA.

Purpose of evaluations. Sheriff Key did not mention any previous program evaluations completed by LCDFA.

Evaluator. Sheriff Key did not mention any previous program evaluations completed by LCDFA.

Data Collected. Sheriff Key did not mention any previous program evaluations completed by LCDFA.

Outcomes. Sheriff Key did not mention any previous program evaluations completed by LCDFA.

NEEDS & RESOURCE ASSESSMENT

Needs Assessment Analysis. Sheriff Key did not mention any previous experience that LCDFA has had with completing needs and resource assessments.

Obtaining Required Skills. Sheriff Key indicated that Renae Brantley will likely be the LEOW chair. Renae will provide

assistance in selecting LEOW members from various organizations that reflect the diversity of Lake County and who have the appropriate analytic skills. Renae will be working to get representatives from Calumet and other local universities to participate on the LEOW.

Acquiring Pertinent Data. Sheriff Key did not mention any past experience that the LCDFA has had with acquiring epidemiological data. Sheriff Key did describe plans to conduct at least two surveys: one aimed at university-level students and one aimed at middle and high school students. Additionally, LCDFA plans on conducting a series of focus groups with various stakeholder groups. The goal of both the surveys and focus groups is to understand the substance use patterns in Lake County, which communities are at most risk, what issues are facing these communities, and what approaches may be most successful for working within these communities. Additionally, Sheriff Key indicated that the first place they will start the needs assessment is by working with the datasets discussed in the State Epidemiological Report.

Data Analysis. Sheriff Key will be working with Renae Brantley to engage individuals in the community that have the necessary data analysis skills.

Targeting issues from needs assessments. Sheriff Key did not mention any past experience that the LCDFA has had with using data from needs assessments for targeting substance-abuse related issues.

Identification of Gaps. Sheriff Key did not mention any past experience with using needs assessments to target gaps in services, data collection, etc.

Assessment of Community Readiness. Sheriff Key did not mention any past



experience that LCDFA has had with assessing community readiness.

Completion of Epidemiological Profile.

Sheriff Key did not mention any past experience that LCDFA has with completing epidemiological profiles. The required SPF-SIG epidemiological profile has not been initiated.

Risk and Protective Factors Identified.

Sheriff Key did not mention any specific risk or protective factors that LCDFA has identified as targets for the SPF-SIG. Sheriff Key believes these will be determined as the needs assessment process gets underway and in particular with the completion of the focus groups.

Outcomes Expectation. Sheriff Key did not discuss specific outcomes. The general expectation for Lake County is that its residents will live a clean, sober, substance-free life.

CAPACITY BUILDING

Closing gaps/eliminating redundancies.

Sheriff Key did not discuss gaps or redundancies that currently exist in the LCDFA or how these would be eliminated. There was no discussion during the presentation on what process would be used to determine where gaps and redundancies existed.

Roles and responsibility of each council and workgroup. At the time of the initial site visit, LCDFA had not created any of the suggested workgroups. Sheriff Key was working closely with Renae Brantley to develop a list of individuals who could possibly serve on the LEOW and the LAC. Sheriff Key would like each workgroup to set its own goals and create its own mission and vision statement.

Coalition Structure & Process. Sheriff Key will oversee the SPF-SIG project. As with all LCDFA activities, any decisions related to the SPF-SIG will have to be approved by coalition board and the city government.

Youth/Young Adult Leader & Roles.

Sheriff Key did introduce the group to one of the youth representatives who will be part of the youth/young adult workgroup. Felicia Henderson, the youth representative would like the youth to provide information to policy makers on what is going on in neighborhoods and schools, and what issues are of most concern to young people.

Systems Analysis/Key Stakeholder

Organizations. Sheriff Key did not discuss a systems analysis. Key stakeholders that were mentioned were law enforcement, treatment providers, prevention workers, schools, and youth.

Societal Support. Sheriff Key pointed out the importance of getting community support for making the SPF-SIG work. To that end, he is trying to develop a marketing campaign that will be attractive to the residents of Lake County. Hielo Services will be helping to market SPF-SIG to businesses and policy makers as well as to the Latino community.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes, and evaluations.

Sheriff Key did not discuss any past experience that the LCDFA has had with strategic planning. They have not begun the required SPF-SIG strategic planning process.

Logic Models. Sheriff Key did not mention any past experience that LCDFA has had with using logic models.



State Priorities. Sheriff Key was clear that the SPF-SIG funds would be used to target binge drinking in 18-25-year olds.

Infrastructure Needs. Sheriff Key did not mention any specific infrastructure needs.

Evaluation of evidence based policies, practices, principles and programs. Sheriff Key did not discuss any past experience that LCDFA may have had with the use of or evaluation of evidence based policies, practices, principles, and programs.

Cultural appropriateness. Sheriff Key mentioned that the SPF-SIG project will be guided by the results of the needs assessment and will target the population who is at most risk. Sheriff Key acknowledged that they will be working with the various cultural groups within Lake County throughout the process.

Monitoring and Evaluation. Sheriff Key did not discuss any plans that LCDFA may currently have for monitoring and evaluation of the SPF-SIG.

Sustainability. Sheriff Key briefly mentioned that Hielo Services will be working with local business and state government to find ways to sustain the program at the end of the funding period.

Submission of Plan. LCDFA has not started the strategic planning process.

Drug Free Marion County (DFMC)

Initial Site Visit Summary – August 15th, 2007

The following summary report is based on the presentation given by Randy Miller, the LCC Director and Nancy Beals, the

SPF-SIG Project Director. Also at the meeting were Lynn Allen, the SPF-SIG Administrative Assistant; Charlotte Pontius, the Chair of the Drug Free Marion County Board of Directors; Heather Perez, part of Crime Control Research; and Maggie Lewis, the community consultant for Marion County. The presentation was made to Kim Manlove, the SPF-SIG Project Manager; Dr. Jeanie Alter, and Eric Martin, the IPRC evaluation and technical assistance contractors; and Harold Kooreman of the state SPF-SIG evaluation team. The purpose of the report is to provide a baseline description of the Drug Free Marion County site as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization e.g., board of directors, lines of authority)? Mr. Miller indicated that as the LCC for Marion County, Drug Free Marion County has up until recently had the required set up of a Board of Directors with committees for Treatment, Prevention, and Law Enforcement. Currently, DFMC is in a transition process. Mr. Miller stated that they are streamlining their board from 25 members representing key constituency groups to 18 members which will not be assigned to represent constituency groups. Additionally, DFMC is combining the prevention, treatment and law enforcement committees into one with the goal of improving communication between representatives from these groups. DFMC will be separating the Finance and Development Committee into two separate committees in order to allow for a committee which will focus specifically on how DFMC can grow and change over the next 5 years.



Funding (What is/are your funding

source(s)?) As the LCC, DFMC receives money from county user fees. User fees come from fines imposed on individuals who commit substance abuse related offenses. In the past, DFMC has also received money from a Drug Free support grant; however, this grant was not renewed for 2007.

Activities/Programs (With what activities/programs is your organization

involved?) Mr. Miller described several activities programs which have been coordinated by DFMC. These programs include: the Command Treatment Grant, a project to categorize substance abuse related services available in Marion County, an annual Community at Risk needs assessment, the Start Talking Before They Start Using project, university-based alcohol screening surveys, training programs for prevention professionals, etc.

Role in community (How does your organization relate to your community?)

Mr. Miller indicated that DFMC would like to find its niche in the community and figure out what it can do as the only drug coalition in Marion County.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization? Mr. Miller hopes that the SPF-SIG will help build up the structure and components of DFMC so that it can be in a better position to get other grants like and Drug Free support grant. Mr. Miller also hopes to integrate the strategic planning process into the organization. With the SPF-SIG, Mr. Miller is looking forward to being able to work with a population which DFMC has not had the opportunity to work with i.e., college-aged individuals.

SUSTAINABILITY

Identifying funding sources

What are your sources of direct and in-kind funding. Mr. Miller did not provide any additional information on direct funding. DFMC receives in-kind funding in the form of office and meeting space from Mental Health America and other organizations with which they partner.

Is there other funding available that your organization has not sought? Why not? Mr. Miller did not discuss any additional funding which may be available to DFMC other than the Drug Free support grant funds.

Stakeholder/Community Buy-In

Who are your stakeholders? Mr. Miller did not discuss DFMC's stakeholders during the presentation.

What strategies do you have in place to increase participation of the stakeholders/ community? Mr. Miller did not discuss strategies which are currently in place to increase participation of stakeholders or the community. Mr. Miller did identify this as an area where they are trying to improve and have recently started training programs for prevention professionals.

Human Resources (How would you describe your human resources e.g., staff expertise, turnover rate, facilities/ technology?)

Ms. Beals related to the group that there are a total of 3 full-time equivalents (Mr. Miller, Ms. Allen, and herself). With the addition of the SPF-SIG project, DFMC will be hiring a part-time Administrative Assistant to take over Ms. Allen's former responsibilities. Ms. Beals has been working in the prevention field for over 18 years. Mr. Miller has been the leader of the LCC for 9 years and Ms. Allen has worked for DFMC for over 3



years. Ms. Allen also has worked for the city of Indianapolis and for various non-profit organizations.

Prevention infrastructure development (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development that will carry on beyond the funding period?) Ms. Beals believes the SPF-SIG will allow DFMC to work more closely with the local colleges and neighborhoods. The SPF-SIG will require that DFMC develop relationships with the major drinking sections of town and get bars and drinking establishments on board with any interventions. Ms. Beals also acknowledges that the SPF-SIG will require DFMC to make relationships with organizations that serve the Hispanic population, as they may also be at risk for binge drinking and little is known about them. The faith-based community is another community which DFMC will have to partner with more strongly as part of the SPF-SIG process. Ms. Beals would like to attract known community leaders to serve on the LAC, especially in the position of LAC chair. Finally, Ms. Beals would like to see the SPF-SIG improve DFMC's evaluation and data reporting capacity.

CULTURAL COMPETENCY

Organizational plan (What is your plan for creating a cultural competency workgroup?) Ms. Beals reported that DFMC is planning to invite members from various populations including Hispanic, African-American, gay, bisexual, faith-based, and higher education to participate in the workgroup.

Identification and monitoring of target audience

What is your plan for identifying your target

audience? Ms. Beals expects that DFMC will rely on the data gathered by the LEOW to identify hot spots within individual communities.

What is your plan for involving your target audience? Ms. Beals reported that as DFMC plans its intervention efforts, they will be paying attention to targeting their materials to specific populations.

Inclusiveness (What is your plan for incorporating inclusiveness e.g., religious, familial, language, cultural, into the SPF-SIG process). As indicated above, Ms. Beals said that DFMC plans to invite members from various populations such as Hispanic, African-American, gay, bisexual, faith-based, and higher education to participate in the process.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated?)

Mr. Miller reported that DFMC has worked with Hudson Institute on the evaluation for the Drug Free Communities Grant and DFMC also does the annual Community Snap Shot needs assessment. DFMC is able to get some data from the IPRC's annual ATOD survey. DFMC also conducts a National Health Screening Day at the local college campuses.

Purpose (Why were the program evaluations performed e.g., required by funder, determination of program expansion, sustainability, modification and/or elimination?) Ms. Beals reported that most of the evaluations completed have been required by funders.

Evaluator

Who performed the program evaluations? Crime Control Research, an external evaluator, has worked on the Drug Free Communities evaluation and also on the Community Snap Shot.



What role is the role of the board in program evaluations? Ms. Beals reported that as part of the change in DFMC's structure, a Grant Review Committee will be created which will review local grants, review data and reports on grants which are in place, and provide feedback on where additional data would be needed and where adjustments could be made.

Data collected

What types of data were collected? Ms. Beals reported that currently, the data is number of units served.

What statistical expertise does your staff possess? Ms. Beals did not discuss the statistical expertise of the staff. DFMC does have a relationship with Crime Control Research and is looking to develop relationships with IUPUI and/or other local universities in order to get individuals with the required skills onto the LEOW.

Outcomes

What were the outcomes of the program evaluations? Outcomes of program evaluations were not discussed by either Mr. Miller or Ms. Beals.

How do you foresee that SPF-SIG will change your organization's evaluation capacity? Mr. Miller and Ms. Beals indicated that they would like to use the SPF-SIG to increase the partnerships they have with local universities.

NEEDS & RESOURCE ASSESSMENT

Needs assessment analysis. DFMC currently completes a Community Snap Shot needs assessment on an annual basis. This Snap Shot could be the beginning of the SPF-SIG needs assessment.

Obtaining required skills. Mr. Miller reported needing considerable technical assistance for completing the assessment. DFMC is looking to IPRC to provide the

skills necessary for completing the assessment.

Acquiring pertinent data. DFMC has collected substance abuse-related data on an annual basis for the Community Snap Shot report. Mr. Miller and Ms. Beals are both concerned about gathering data from youth who are not in school, who drop out of school, from the Hispanic groups, and from non-residential universities. These are institutions and groups which DFMC has not worked with in the past and the type of data they may have is not known.

Data Analysis. Neither Ms. Beals nor Mr. Miller discussed data analysis in regards to the needs and resource assessment.

Targeting issues from needs assessment. Neither Ms. Beals nor Mr. Miller discussed any past experience DFMC may have had on using the results of needs assessment to substance-abuse-related issues.

Identification of gaps. Neither Mr. Miller nor Ms. Beals discussed the identification of gaps in regards to the needs and resource assessment.

Assessment of community readiness. Neither Mr. Miller nor Ms. Beals discussed completing an assessment of community readiness as part of the overall needs assessment.

Completion of epi profile. DFMC has not completed its SPF-SIG epi profile.

Risk and protective factors identified. Ms. Beals indicated they cannot speculate on risk and protective factors until after the needs assessment is completed.

Outcomes expectation. Neither Mr. Miller nor Ms. Beals discussed the outcomes they expected from the needs assessment other than they expect to learn more about the issue of binge drinking within Marion County.



CAPACITY BUILDING

Closing gaps/eliminating redundancies.

Neither Mr. Miller nor Ms. Beals discussed closing gaps or eliminating redundancies during the presentation.

Roles and responsibilities of each council and workgroup.

Ms. Beals reported that she has been working with Karen Kennedy, a business consultant, to identify specific workgroups, identify the functions of the workgroups, and identify potential partners to populate the workgroups. Ms. Beals has identified the initial tasks of the workgroups, the data that will be collected, the tools that will be used, and the kind of reports that each workgroup will be required to prepare.

Coalition structure and process. Neither Mr. Miller nor Ms. Beals discussed coalition structure and process in regards to capacity building.

Youth/young adult leader & roles. Ms. Beals indicated she is aware of the need to create a youth workgroup, however, she feels it is more important to get the LEOW set up first and work on developing this piece later on in the process.

Systems analysis/key stakeholder organizations. Neither Mr. Miller nor Ms. Beals discussed completing a systems/key stakeholder analysis. DFMC has identified several partners which they would like to bring into the coalition as part of SPF-SIG (e.g., Hispanic community, nightclub/bar associations, neighborhood associates, schools, universities, etc.).

Societal Support. Neither Mr. Miller nor Ms. Beals discussed societal support in regards to capacity building during the presentation.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes and evaluations.

Ms. Beals believes the strategic plan will come in time and that getting and analyzing the data is essential before any planning is done.

Logic models. There was no discussion of logic models during the presentation.

State priorities. Mr. Miller and Ms. Beals are aware of the funded priority and are ensuring it will be the focus of the plan.

Infrastructure needs. Ms. Beals reported that DFMC needs to find respected community leaders who are willing to serve on the LAC and qualified representatives to serve on the LEOW.

Evaluation of evidence-based programs, policies, practices, and principles. DFMC does not have experience working with EBPPPs.

Cultural appropriateness. There was no discussion of cultural appropriateness in regards to the strategic plan. Per Mr. Miller and Ms. Beals, they will be looking to invite members of diverse groups to work on the SPF-SIG project.

Monitoring and evaluation. There was no discussion of monitoring and/or evaluation plans in regards to the strategic plan. DFMC is looking to develop partnerships with universities in order to access these services.

Sustainability. There was no discussion of sustainability in regards to the strategic plan as part of the presentation.

Submission of plan. DFMC has not submitted its SPF-SIG strategic plan.



Asset Building Coalition (ABC) – Monroe County

Initial Site Visit Summary – August 14th, 2007

The following summary report is based on the presentation given by Ms. Linda Hanek, the SPF-SIG Project Director. Also present from ABC were Robin Donaldson of the Youth Service Bureau of Monroe County; Nancy Gagle, the Administrative Assistant for SPF-SIG; Karl Eagleman, the Youth Network Coordinator; Jennifer Staab, Monroe County Community Schools; and Susan Forney, Director of the Asset Building Coalition. The presentation was made to Kim Manlove, the SPF-SIG Project Manager; Dr. Jeanie Alter, Eric Martin, and Mari Kermit-Canfield, the IPRC evaluation and technical assistance contractors; and Harold Kooreman of the state SPF-SIG evaluation team. The purpose of the report is to provide a baseline description of the Asset Building Coalition site as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization e.g., board of directors, lines of authority?)

ABC is the prevention arm of the Bloomington Cares Board, the Local Coordinating Council (LCC) for Monroe County. ABC is a 501-C-3 organization. The ABC has a board composed of 12 members that meet monthly. The activities of the ABC are handled by the board officers as well as paid staff. The ABC has a number of well developed committees and workgroups. Membership currently is 34% youth serving, 9% health organization, 14% schools, 8% concerned citizens, 9% government, 5% parents, 3% business, 3% senior-serving agencies, 2% law

enforcement, 2 % family services, and 1% faith-based organizations.

Funding (What is/are your funding

source(s)? Monroe County government has provided in-kind contributions of office and meeting space, office equipment, and administrative support through the Youth Services Bureau. Funding also comes from the CSAP Youth Grant.

Activities/Programs (With what activities/programs is your organization involved?)

ABC is involved in holding resource fairs and conducting trainings. Examples provided by Ms. Hanek included educational events with Big Brothers and Big Sisters, Homeward Bound walks, Lifeskills classes, youth conferences and youth summits funded by the CSAP youth grant, small things like having bulletin boards to post substance-free events, the Teen Connection Project - discount cards that youth can use to go to substance free activities during the week, parent-teen newsletters, Health Awareness events, etc.

Role in community (How does your organization relate to your community?)

Ms. Hanek indicated that ABC partners with many organizations in the community and have strong support for their programs from the local government.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization?

Ms. Hanek related that the SPF-SIG will help ABC continue the work they do with a new group of people, specifically the 18-25-year-old population. These are individuals going through a lot of transitions in their lives and ABC looks forward to being able to work with them.



SUSTAINABILITY

Identifying funding sources

What are your sources of direct and in-kind funding? As indicated above, Ms. Hanek reported that ABC receives in-kind funding in the form of office space, meeting space, equipment, and administrative support from the Youth Services Bureau. Additional funding comes from a CSAP Youth grant and now the SPF-SIG grant.

Is there other funding available that your organization has not sought? Ms. Hanek did not address other sources of potential funding.

Stakeholder/Community buy-in

Who are your stakeholders. Ms. Hanek did not directly address stakeholders, however as described above in the section on organizational structure, ABC is composed of a wide variety of stakeholder groups from throughout the Monroe County community.

What strategies do you have in place to increase participation of stakeholders/community. Ms. Hanek reported that they are informing various organizations that work with the 18-25-year-old population about the SPF-SIG and ABC. Some organizations are eager to get on board, such as healthcare providers, while others are unfamiliar with the coalition, such as Workforce Development, so more education will be needed for these groups to become comfortable with joining the coalition.

Human Resources (How would you describe your human resources e.g., staff expertise, turnover rate, facilities/technology?) Ms. Hanek did not provide details on her background or the educational background of the Administrative Assistant.

Prevention Infrastructure Development (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development, that will carry on beyond the funding period?) Ms. Hanek did not address this directly but ABC does have plans to increase its partners/coalition members by reaching out to agencies that work with the 18-25-year-old population.

CULTURAL COMPETENCY

Organizational Plan (What is your plan for creating a cultural competency workgroup?)

Ms. Hanek reported that ABC will include a workgroup made up of key stakeholders representing the culture of Monroe County as well as the targeted demographic. Ms. Hanek said that ABC has contacts with the Family Resource Department which will help with the Latino population and they also have contacts within the LGBT community.

Identification and monitoring of target audience

What is your plan for identifying your target audience? Ms. Hanek did not provide a specific plan for identifying the target audience, but did indicate that they will be involving the 18-25-year-old population in their work group.

What is your plan for involving your target audience? Ms. Hanek related that ABC will be involving the 18-25-year-old population in the cultural competency workgroup and also partnering with agencies that have contact with this population such as Workforce One and Planned Parenthood.



Inclusiveness (What is your plan for incorporating inclusiveness e.g., religious, familial, language, cultural, into the SPF-SIG process?) Ms. Hanek did not provide a specific plan for inclusiveness, but reported that ABC always tries to be inclusive in their work.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated?)

Ms. Hanek stated that ABC has done the CSAP Comet Reports, the 2006 Center for Evaluation and Education Policy evaluation, and the CARES semi-annual grant evaluation.

Purpose (Why were the program evaluations performed e.g., required by funder, determination of program expansion, sustainability, modification, and/or elimination) The evaluations completed by ABC were required by funders.

Evaluator

Who performed the program evaluations? Ms. Hanek reported that the 2006 Center for Evaluation and Education Policy evaluation was done by an outside evaluator. Ms. Hanek did not discuss who completed the remaining evaluations.

What role is the role of the board in program evaluations? Ms. Hanek did not discuss the role of the board in program evaluation during her presentation.

Data Collected

What types of data were collected? Ms. Hanek did not describe the type of data which was collected in the evaluations completed by ABC.

What statistical expertise does your staff possess? Ms. Hanek did not describe the statistical expertise of the staff. Ms. Hanek

is looking to develop a relationship with Indiana University to help with the SPF-SIG which would provide the organization with statistical resources.

Outcomes

What were the outcomes of the program evaluations? Ms. Forney stated that the outcomes were typically discussions of what ABC had done over the past year, how the organization has grown, and what the various sectors are. Ms. Donaldson added that information on increased information, decreased acceptance of use have been collected and that outcomes-type data are in the CSAP report.

How do you foresee that SPF-SIG will change your organization's evaluation capacity? Ms. Hanek said that SPF-SIG will bring growth in stakeholder membership and participation and particularly creating the LEOW will increase ABC's evaluation capacity.

NEEDS & RESOURCE ASSESSMENT

Needs assessment analysis. ABC has performed needs and resource assessments on an annual basis. Ms. Hanek related that ABC has planned to gather archival data, statistical data, anecdotal data, and complete key informant surveys/focus groups as part of the SPF-SIG assessment.

Obtaining required skills. Ms. Hanek and other members of ABC are working to increase the coalition membership by partnering with organizations that could serve on the LEOW. Ms. Hanek listed several university contacts at Indiana University and Ivy Tech which would have the necessary skills.

Acquiring pertinent data. Ms. Hanek did not discuss data acquisition procedures during the presentation. Based on other



information presented by Ms. Hanek, ABC does have relationships with many organizations throughout the Monroe County community that would have the data necessary for the needs assessment (e.g., universities, law enforcement, schools, hospitals, etc.).

Data analysis. Ms. Hanek did not discuss data analysis requirements or skills in regards to the needs and resource assessment.

Targeting issues from needs assessment. Ms. Hanek did not discuss any past experience which ABC may have had in targeting issues from needs assessments.

Identification of gaps. Ms. Hanek did not describe a plan to conduct a gaps analysis or any experience ABC may have had in doing such an analysis.

Assessment of community readiness. Ms. Hanek did not discuss any plans that ABC may have to do a community readiness assessment.

Completion of epi profile. ABC has not completed their SPF-SIG required epi profile but have completed needs assessments in the past.

Risk and protective factors identified. Ms. Hanek did not discuss any specific risk and protective factors related to the SPF-SIG priorities.

Outcomes expectation. Ms. Hanek did not discuss any outcomes expectations related to the needs and resource assessment.

CAPACITY BUILDING

Closing gaps/eliminating redundancies. Ms. Hanek did not discuss plans which ABC may have for closing gaps and/or eliminating redundancies.

Roles and responsibility of each council and workgroup. Ms. Hanek did provide the group with a list of the potential individuals that could serve on the LAC, the LEOW, and the cultural competency and evaluation workgroups. Ms. Hanek did not discuss what the roles and responsibilities of these groups would be.

Coalition structure/process. Ms. Hanek did not discuss the coalition structure/process in regards to capacity building except to say that the goal is to build the coalition to incorporate more agencies which work with the 18-25-year-old age group.

Youth/young adult leader and roles. Ms. Hanek did report that she and ABC are aware of the need to include youth/young adults and are working on ways to best incorporate this group of individuals.

Systems analysis/key stakeholder organizations. Ms. Hanek did not discuss any plans that ABC may have to complete a systems/key stakeholder analysis. Ms. Hanek did identify organizations in the community which ABC would like to approach for inclusion into the coalition (e.g., Planned Parenthood, Ivy Tech, Workforce One) as these groups work with the target population.

Societal Support. Ms. Hanek did not discuss societal support in regards to capacity building.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes and evaluations. Ms. Hanek said that the council will be making the choices regarding vision, data, outcomes, and evaluations.

Logic models. Ms. Hanek indicated that it is too soon in the process to start developing a logic model, that will have to come later, after the assessment is completed.



State priorities. Ms. Hanek did not discuss the state priorities in regards to the strategic plan, however, ABC is aware of the targeted priority for which they received funding and will be gearing their process around it.

Infrastructure needs. Ms. Hanek is looking to strengthen and increase the infrastructure.

Evaluation of evidence based policies, practices, principles and programs. Ms. Hanek did not discuss evaluation of EBPPPs other than to say that they will be looking at science-based programming. It was unclear the extent of experience ABC has with EBPPPs.

Cultural appropriateness. Ms. Hanek did not discuss cultural appropriateness in regards to the strategic plan.

Monitoring and evaluation. Ms. Hanek did not discuss any detailed plans for monitoring and evaluation, however, ABC is developing an evaluation workgroup that will work with and advise the Local Advisory Council.

Sustainability. Ms. Hanek did indicate that ABC would like for the program that is selected for SPF-SIG to be sustained after the grant expires. Ms. Hanek hopes to work with Indiana University to get marketing and other services that could help sustain the program.

Submission of plan. ABC has not submitted its strategic plan.

Porter County/Porter-Starke Mental Health Center

Initial Site Visit Summary – July 26th, 2007

INTRODUCTION

The following summary report is based on the presentation given by David Franco on July 26, 2007 to Marcia French, the SPF-SIG Project Manager; Dr. Jeanie Alter, and Eric Martin, the IPRC evaluation and technical assistance contractors; and Harold Kooreman of the state SPF-SIG evaluation team. The purpose of the report is to provide a baseline description of the Porter County project as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization e.g., board of directors, lines of authority)? Mr. Franco indicated that Porter-Starke has a board of directors and various Vice-Presidents. It is set up like any typical organization. Porter-Starke has an Operations Division, Patient Services Division, Program Services Division, a Division of Clinical Services, and a Human Resources Division. Porter-Starke has been a community mental health center since 1975.

Funding (What is/are your funding sources(s))? Porter-Starke operates on an annual budget of \$12,000,000. Mr. Franco indicated that as a community mental health center, Porter-Starke gets funding from the state and the county to provide services to consumers with all levels of need.



Activities/Programs (With what activities/programs is your organization involved)?

Porter-Starke provides comprehensive mental health care services to citizens of both Porter and Starke Counties. They offer outpatient and inpatient mental health and substance abuse treatment. Porter Starke also offers children's mental health services including residential services. Mr. Franco described a new program at Hilltop Clinic which offers psychiatric and mental health services at this local community health care setting. Additionally, Mr. Franco indicated that Porter-Starke is involved in running a local alternative school.

Role in Community (How does your organization relate to your community)?

Per Mr. Franco, Porter-Starke is heavily involved in the community in areas such as substance abuse councils, the Coalition for Affordable Housing, domestic violence centers, health centers, schools, the local Chamber of Commerce, and the United Way.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization? Mr. Franco indicated that Porter –Starke will work with foundations and organizations/groups (e.g., schools, clergy, civic groups) to do the five-step process. The organizations will come together when Porter-Starke gets into capacity building. Mr. Franco indicated that SPF will change the lines of communication within the community. Porter-Starke will be looking for direct involvement with adult services and treatment programs that are already going on in the community and also look to work with people in chemical addictions program and community consultants who are already doing this type of work. According to Mr. Franco, Human

Resources and will help by ensuring that qualified people are hired and appropriately compensated. Mr. Franco reported that marketing will be important in getting the word out on the SPF-SIG to the community and to the Board of Directors of Porter-Starke.

What precautions are being taken to assure that SPF-SIG funded staff members are devoted solely to the efforts of the SPF-SIG project? This issue was not directly addressed during Mr. Franco's presentation, however, given his response that Human Resources would oversee hiring and salaries, there is likely a plan in place to monitor the activities of individuals hired for the SPF-SIG.

SUSTAINABILITY

Identifying Funding Sources

What are your sources of direct and in-kind funding? Apart from the discussion of funding presented above, Mr. Franco did not list any additional direct or in-kind funding sources in his presentation.

Is there other funding available that your organization has not sought and if so, why not? Mr. Franco did not address any funding sources that may be available to the organization which it has not sought.

Stakeholder/Community By-In

Who are your stakeholders? Mr. Franco did not directly address who Porter-Starke's current stakeholders are. In previous parts of the presentation he did mention organizations such as schools, clergy, civic groups, and the consumers of Porter-Starke's services. Mr. Franco reported that the community is very supportive of Porter-Starke and what it does and the community in general goes to great lengths to support the initiatives that it has.



What strategies do you have in place to increase participation of the stakeholders/ community? Mr. Franco reported that improving communication would be important for increasing participation and indicated marketing would be helpful in this. Mr. Franco indicated that Porter-Starke will need to show the community that the SPF-SIG project is of value to them so outcomes will be particularly persuasive in getting funding from the community. Mr. Franco reported that there are 170 programs and initiatives going on in the community that have to do with substance abuse. Porter-Starke plans to tap into these initiatives and use the SPF-SIG to enhance what may currently be available.

Human Resources (How would you describe your human resources e.g., staff expertise, turnover rate, facilities/ technology). Mr. Franco did not address human resources as part of his presentation. At the time of the meeting, Porter-Starke had just hired their Project Director, Robert Nagan, and their Administrative Assistant, Amanda Root. As indicated above, as Porter-Starke is a mental health center, it does have staff that is trained in all areas of mental health and substance abuse treatment.

Prevention Infrastructure (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development, which will carry on beyond the funding period?). Mr. Franco reported that one goal of the SPF-SIG is to increase communication and information sharing with various organizations such as schools, clergy, civic groups, etc. Additionally, as described above, Mr. Franco would like to work closely with the existing network of 170 programs

which deal with substance abuse which already exist within their community. Again, as indicated previously, Mr. Franco has indicated that marketing will be essential in getting the message out about SPF-SIG and informing the community that this process is happening. Mr. Franco would like the marketing to increase the number of communication channels within the community. Mr. Franco did not state how sustainable these communication channels would be.

CULTURAL COMPETENCY

Organizational Plan (What is your plan for creating a cultural competency workgroup?)

Mr. Franco reported that Porter-Starke wants to design a workgroup made up of people who represent the community and who are involved in the community. Both primary and secondary consumers would be part of the workgroup.

Identification and Monitoring of Target Audience

What is your plan for identifying your target audience? Mr. Franco did describe a specific plan for identifying the target audience. He did report on some data he had received from the coroner's office which dealt with suicides in the 18-25 year old age group within Porter-Starke counties.

What is your plan for involving your target audience? Mr. Franco did not describe a specific plan for involving the target audience.

Inclusiveness (What is your plan for incorporating inclusiveness – religious, familial, language, cultural – into the SPF-SIG process. Apart for describing their desire to have a workgroup made up of community members who represent the diversity in the community, no specific



inclusiveness plan was outlined in the presentation.

EVALUATION

There was little direct discussion on the topic of evaluation. Mr. Franco did indicate that there are several areas they would like to evaluate including access to services, effectiveness of services, and satisfaction with services. How these areas would be evaluated was not addressed.

Previous program evaluations (Have your projects/programs been evaluated?)

Mr. Franco did not report on any past projects/program evaluations.

Purpose (Why were the program evaluations performed?) Mr. Franco did not report on any past projects/program evaluations.

Evaluator (Who performed the program evaluations? What role is the role of the board in program evaluations?) Mr. Franco did not report on any past project/program evaluations.

Data Collected. Mr. Franco did not report on any past project/program evaluations.

Outcomes. Mr. Franco did not report on any past project/program evaluations.

NEEDS & RESOURCE ASSESSMENT

Needs assessment analysis. During his presentation, Mr. Franco did not describe any current needs assessment activities related to the SPF-SIG. He did indicate that he had gotten some substance-abuse related data from the corner which pertained to the suicide rate in the county/counties.

Obtaining required skills. No discussion was provided on how skills would be obtained.

Acquiring pertinent data. No discussion was provided on how data would be gathered, although Mr. Franco did indicate that they were aware data would need to be collected in order for the process to move forward.

Data analysis. No mention was made during the presentation regarding data analysis.

Targeting issues from needs assessment. Apart from the discussion about suicides, Mr. Franco did not describe any past experience on the part of Porter-Starke in targeting issues from needs assessments.

Identification of gaps. No discussion on gaps was provided during the presentation, however, Mr. Franco did indicate that there are 170 programs in the community that have some type of substance-abuse related component.

Assessment of community readiness. No discussion on assessing community readiness was made during the presentation.

Completion of Epi Profile. Mr. Franco indicated that Porter-Starke was aware that an assessment and profile would need to be completed. They have not started this process.

Risk and Protective Factors Identified. No formal process has been set up to identify risk and protective factors. Mr. Franco did allude to some factors such as employment status.

Outcomes Expectation. Mr. Franco did not discuss any specific outcomes expectations related to the needs assessment during the presentation. Mr. Franco did indicate that they would like to use what data they collect to set objectives from which they can proceed with implementation and evaluation.



CAPACITY BUILDING

Closing gaps/eliminating redundancies.

Mr. Franco indicated that they would like to build a good prevention initiative in Porter County and to do so, they would need to build a good network. Mr. Franco did not specifically address gaps and redundancies.

Roles and responsibility of each council and workgroup.

Mr. Franco did not discuss the roles and responsibilities of the various councils and/or workgroups.

Coalition structure & process. Mr. Franco did not discuss the coalition structure or process in regards to capacity building.

Youth/Young adult leader & roles. Mr. Franco did not discuss the youth/young adult leader and/or roles.

Systems analysis/key stakeholder organizations. Mr. Franco did not discuss a systems analysis or information regarding key stakeholder organizations in regards to capacity building.

Societal support. Apart from the points Mr. Franco made about community buy-in previously, no further information was presented in regards to societal support as it related to capacity building.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes, and evaluation.

Mr. Franco indicated that the questions they have to ask are: What is out there? What are we going to do? What are best practices? What is working and not working? He would like to put together a marketing plan to sell the SPF to the community, to use the tried and true, and get buy in from the community.

Logic models. Mr. Franco did not discuss logic models during the presentation.

State priorities. Mr. Franco did not directly address the state priorities.

Infrastructure needs. Mr. Franco did not discuss infrastructure needs.

Evaluation of EBPPPs. Mr. Franco did not discuss evaluation of evidence-based practices, policies, and procedures.

Cultural appropriateness. Cultural appropriateness in regards to strategic planning was not mentioned by Mr. Franco.

Monitoring and Evaluation. Mr. Franco indicated that evaluation would be very important to understand what impact the SPF-SIG would have in the community. He would like to complete evaluations of access to services, the services themselves, and the satisfaction consumers have with services. He reported that having data that shows they are doing something effective will help with buy-in and future funding. No concrete plans were presented on how this would be accomplished.

Sustainability. No discussion was presented on sustainability in regards to the development of the strategic plan.

Submission of Plan. The plan has not been submitted.

Healthy Communities Initiative – St. Joseph County

Initial Site Visit Summary – July 26th, 2007

INTRODUCTION

The following summary report is based on the presentation given by Marilyn Eber, the Project Director and Beth Baker, the SPF-SIG Program Director on July 26, 2007 to Marcia French, the SPF-SIG Project Manager; Dr. Jeanie Alter, and Eric Martin,



the IPRC evaluation and technical assistance contractors; and Dr. Eric Wright and Harold Kooreman of the state SPF-SIG evaluation team. The purpose of the report is to provide a baseline description of the Health Communities project as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization, e.g., board of directors, lines of authority)? Ms. Eber indicated that Healthy Communities Initiative of St. Joseph County (HCI) has a Board of Directors which includes representatives from the local hospitals, city leaders, business, media, grassroots people, the schools, and etc. The staff of HCI is answerable to the Board of Directors who, in turn, is answerable to the community.

Funding (What is/are your funding source(s))? Ms. Eber reported that HCI administers several grants and in the past has gotten money from the federal government, state government funds, local government funds, money from other not-for-profits, foundations, corporate money, and individual money. Ms. Eber cited the Indiana Tobacco Prevention Cessation funds as the source of dollars for their tobacco project and noted that HCI has also received Health Resources and Services Administration (HRSA) funds for other projects. HCI received some non-restricted dollars from local government and corporate individuals.

Activities/Programs (With what activities/programs is your organization involved)? Ms. Eber reported that the major focus for HCI is on programs that focus on youth, tobacco, drugs, alcohol, strengthening families, and access to health care. HCI is a Drug Free Community and has an LCC designation.

HCI also has activities funded through ITPC. HCI has worked with HRSA funds to develop a program to provide healthcare to the uninsured.

Role in Community (How does your organization relate to your community)? Ms. Eber related that HCI relates very well to the community because it is a community-based organization. People become part of HCI through other organizations or through personal interests. HCI has several councils and people are always welcome to join. HCI's meetings are open to the public. Ms. Eber indicated that HCI has a very solid reputation in the community as someone to call if you need information. HCI serves as a primary point of information for the local media.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization? Ms. Eber reported that the SPF-SIG will be a phenomenal asset to the organization and community as it will allow HCI to do a year-long assessment of issues revolving around alcohol, tobacco, and other drugs. The grant will allow HCI to build capacity and help the community move forward. Ms. Eber believes the groundwork HCI already has in place will be enhanced by the addition of the SPF-SIG and vice-versa.

What precautions are being taken to assure that SPF-SIG funded staff members are devoted solely to the efforts of the SPF-SIG project? Ms. Eber indicated that they will do periodic time-effort studies to verify exactly what people are doing.

SUSTAINABILITY

Identifying Funding Sources

What are your sources of direct and in-kind funding? Ms. Eber said that there is a lot



of social capital from the community, from the various drug prevention and treatment areas, from the city, and from the universities. Ms. Eber indicated that one of their board members provides marketing services to HCI and that they also receive in-kind contributions from the newspaper, radio, tv stations, and experts in the community in general.

Is there other funding available that your organization has not sought? Why not?

According to Ms. Eber, there are many grants related to drug and alcohol and youth available. Some, HCI has sought out and not received, others HCI has chosen not to pursue. HCI is a small organization and doesn't have the capacity to take on too many additional activities. Also, Ms. Eber said that the Board does not want the organization to spread out too much, but rather try and focus more deeply on issues that are already being addressed.

Stakeholder/Community Buy-In

Who are your stakeholders? Ms. Eber reported that HCI's stakeholders include much the same people that serve on the Board of Directors and the community in general. The HCI stakeholders include both traditional and nontraditional partners and representatives from minority communities.

What strategies do you have in place to increase participation of stakeholders/community? Ms. Eber said that HCI always tries to welcome people to join its groups. HCI brings people on as part of subcommittees which include prevention, treatment, and criminal justice.

Additionally, Ms. Eber said they have an Ad Hoc Committee and a Membership/Sustainability Committee. Trainings have been done by these two committees to

reach out to the community and this training has increased participation. The council is represented by people from hospitals, users of the service, the uninsured, schools, members of Narcotics Anonymous, etc., everyone in the community is well represented.

Human Resources (How would you describe your human resources e.g., staff expertise, staff turnover rate, facilities/technology)?

Ms. Eber indicated that their financial director, David, has a Master's Degree from Notre Dame. Individuals involved at the program level all have college degrees and have worked in their field for a number of years. Turnover, per Ms. Eber, has been relatively nonexistent. According to Ms. Eber, the facilities and technology which HCI has are good and that the organization is probably at the top in the non-profit world as far as technology goes.

Prevention Infrastructure Development (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development that will carry on beyond the funding period)?

Ms. Eber said that to increase the infrastructure, HCI will provide training to committee members and also that the infrastructure will increase due to the value of the information that will be collected during the first year. Ms. Eber believes the assessment pieces and the information the community will receive from that will play a large role in increasing the infrastructure. With training, HCI hopes to build the capacity of staff, partners, and individuals who are going to be serving on committees and contributing to making the SPF-SIG a success.



CULTURAL COMPETENCE

Organizational Plan (What is your plan for creating a cultural competency workgroup)?

Beth Baker reported that she has interviewed a couple of individuals who are good candidates to serve as the chair of a Cultural Competence workgroup for the SPF-SIG.

Identification and monitoring of target audience

What is your plan for identifying your target audience? No discussion was provided by Ms. Eber or Ms. Baker on identification of the target audience other than stating they would like to tap into the 18-25 year old population in order to make the project a success.

What is your plan for involving the target audience? No discussion was provided by Ms. Eber or Ms. Baker on their plan for involving the target audience other than stating they would like to tap into the 18-25 year old population in order to make the project a success.

Inclusiveness (What is your plan for incorporating inclusiveness – religious, familial, language, cultural) into the SPF-SIG process.

Ms. Eber reported that HCI has been looking at cultural competence for a long time. HCI was one of the first communities in the nation to adopt the World of Difference program. All staff at HCI receives training in cultural competence through this model. Ms. Baker reported that HCI will really look at and dissect all the different communities within the county including gay, African-American, Hispanic, elderly, faith-based, and youth. Ms. Baker believes HCI will be able to work with all those groups as cultural competence is one of HCI's strengths.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated)?

Ms. Eber reported that HCI's previous programs have had a number of evaluations, both formal and informal.

Purpose (Why were the program evaluations performed, e.g., required by funder, determination of program expansion, or sustainability, modification, and/or elimination)?

Ms. Baker indicated that when they were involved in the Drug Free grant, they were required to participate in an evaluation which included four core measures. Ms. Baker reported that HCI has worked with IPRC to involve St. Joseph County's schools in the ATOD School survey. Additionally, HCI has done informal evaluations such as focus groups with police officers, community forums, town hall meetings, etc. Ms. Baker said that HCI has conducted a Strengthening Families program which include pre and post surveys conducted by a local evaluator. Ms. Eber added that the evaluations which they completed were of different types. Some were required, some were informal, and some were used to make a case for sustainability of a program.

Evaluator

Who performed the program evaluations? Ms. Baker reported that evaluations were completed by HCI, IPRC, and John Hagan, a local evaluator from Health Strategies. Additionally, Ms. Eber reported that HCI has worked on evaluations with the University of Notre Dame and IU South Bend on the Access to Care Program. HCI has also contracted with out-of-state evaluators on other grants. The United Ways has also helped HCI completed surveys and evaluations.



What is the role of the board in program evaluations? Ms. Eber indicated that results of evaluations are reported back to the Board who then help to determine what direction to go.

Data Collected

What types of data were collected? While Ms. Eber did not directly address this point, based on her discussion of evaluation, the types of data collected were satisfaction data, attitude-type data, number of people served by specific programs, data on ATOD use, and data on ATOD attitudes. Most data appeared to have been collected through means of formalized surveys or more informal methods such as focus groups.

What statistical expertise does your staff possess? Ms. Eber reported that the statistical expertise of HCI is not very good. Ms. Eber reports that she knows how to read the analyses that other people send and is familiar with some of the statistics used, but would like training in this area.

Outcomes

What were the outcomes of the program evaluations? There was no discussion on the outcomes of the program evaluations; however, based on the information provided by Ms. Eber, it appears that HCI uses the outcomes of the evaluations they conduct to guide their future programming.

How do you foresee that SPF-SIG will change your organization's evaluation capacity? Ms. Eber believes the SPF-SIG will help improve and increase HCI's evaluation capacity by helping HCI take a better look at the issues in the community and make better cases with either the community and/or funders.

NEEDS & RESOURCE ASSESSMENT

Needs Assessment Analysis. Ms. Eber reported that as a community, they have done a number of community assessments. HCI has not started doing a needs assessment specifically for the SPF-SIG.

Obtaining Required Skills. Ms. Eber did indicate that they would like help on how to get the appropriate information for the needs analysis and also with data analysis. Ms. Eber does have resources in the community and on her board that may be able to provide this type of support.

Acquiring Pertinent Data. Ms. Eber reported that in the past, they had been able to request data from their law enforcement officials whenever they needed it. There is support in the community for data gathering.

Data Analysis. Ms. Eber has worked with evaluators in the local area in the past and has access to individuals at both Notre Dame and IU South Bend who may be able to provide this service.

Targeting issues from needs assessments.

Ms. Eber did not discuss any past experience which HCI has had with using information from needs assessments.

Identification of gaps. Ms. Eber did not discuss any gap assessments conducted specifically for SPF-SIG, however, she did report that HCI has completed surveys to assess this and is familiar with what some of their gaps are. HCI is familiar with how to complete such an analysis.

Assessment of community readiness.

Ms. Eber did not discuss any type of readiness assessment in her presentation.

Completion of epi profile. Ms. Eber did not discuss having completed an epi profile for the SPF-SIG. HCI has started discussing what the SPF-SIG epi profile will look like and their goal is to model it



after the SEOW report but with a stronger county-level focus that looks at problems from a geographic, socioeconomic, and racial perspective.

Risk and protective factors identified.

Ms. Eber did not mention any specific risk or protective factors. The goal is to identify these during the needs assessment.

Outcomes expectations. Ms. Eber reported that the goal of the epi profile is to learn as much as possible about ATOD issues in St. Joseph County and how these differ across geographic, socioeconomic, and racial variables.

CAPACITY BUILDING

Closing gaps/eliminating redundancies.

HCI appears to be familiar with some of its gaps, however, no discussion was presented on how HCI has approached closing these gaps or eliminating redundancies.

Roles and responsibilities of each

council and workgroup. There was some discussion by Ms. Baker on getting members from the local universities to serve on the LEOW. Ms. Baker has made contact with several individuals and they do have a specific person in mind for the head of this group.

Coalition structure and process. As indicated above, HCI does have a Board of Directors and also has several committees which deal with issues of treatment, law enforcement, prevention, etc. Ms. Baker believes that capacity building is a strength of HCI and reported that they have a very good cross-representation of the various sectors in their community on all of their councils and the board. HCI also has a strong network across all levels of government including federal, state, and local levels.

Youth/Young adult leader & roles. Ms. Baker said that HCI does have a good relationship with the Youth Development Council, which is one of their coalitions. She also reported that they have a big pool of youth who are interested and who are leaders and participants in all of HCI's initiatives. Neither Ms. Baker nor Ms. Eber mentioned a specific person or person/s who would be in charge of a youth/young adult workgroup.

Systems analysis/key stakeholder organizations. No direct discussion was provided by either Ms. Eber or Ms. Baker on this topic, however, based on what was said, HCI does have a strong relationship with a diverse set of organizations throughout the county and the state.

Societal Support. Both Ms. Baker and Ms. Eber indicated at various points that HCI consistently gets strong support from the community for all of its projects and programs and this is a strength for their organization.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes, and evaluation.

Ms. Eber reported that HCI has looked at the vision, mission, etc., but they do not want to put it in stone. Ms. Eber would like members of the workgroup and advisory council to have real input on determining the final vision of what they want and what the community wants. No mention was made of data, outcomes or evaluations in Ms. Eber's discussion of this point.

Logic models. Ms. Eber and Ms. Baker both have experience working with logic models and have created them for other projects. These will be created for SPF-SIG as the process moves forward.



State priorities. Ms. Baker reported having gone through the SEOW report and noting that St. Joseph County has issues in several areas including the targeted priority of cocaine. They are eager to learn more on this topic as it is a new focus for them.

Infrastructure needs. Neither Ms. Baker nor Ms. Eber pointed out any specific infrastructure needs. They did both voice a desire for more assistance in how to generate questions that will provide useful information as they begin their needs assessment. Additionally, both asked for more assistance with statistical analysis, interpretation of data, and insight into the best sources of data within their community.

Evaluation of Evidence Based Practices. There was no discussion of evidence-based practices by either Ms. Eber or Ms. Baker.

Cultural appropriateness. There was no direct discussion of cultural appropriateness in regards to the strategic plan. However, HCI has had a great deal of training and experience with cultural competence and expressed that cultural competence would be incorporated into all phases of the SPF-SIG process.

Monitoring and evaluation. There was no direct discussion of a plan for monitoring or evaluation.

Sustainability. There was no discussion by Ms. Eber or Ms. Baker in regards to sustainability as it relates to the strategic plan.

Submission of plan. To date, the plan has not been started.

Coalition for a Safe and Drug Free Tippecanoe County (CSDFTC)

Initial Site Visit Summary – July 30th, 2007

INTRODUCTION

The following summary report is based on the presentation given by Karah Rawlings, the Coalition Director. Also present from the Coalition were Rebecca, who will be sharing the SPF-SIG Project Director role with Karah and Karen who will be the Administrative Assistant. The presentation was made to Marcia French, the SPF-SIG Project Manager; Dr. Jeanie Alter, and Eric Martin, the IPRC evaluation and technical assistance contractors; Harold Kooreman of the state SPF-SIG evaluation team; and Tom Johnson of Indiana State University, the Vigo County evaluator. The purpose of the report is to provide a baseline description of the Coalition for A Safe and Drug Free Tippecanoe County site as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization e.g., board of directors,

lines of authority?) Ms. Rawlings reported that CSDFTC is not formally incorporated. CSDFTC has an Executive Committee of volunteers and Ms. Rawlings is the only paid staff member. The coalition has a Chair, Vice-Chair, Legislative Chair, Executive Chair, Secretary, Treasurer, a Plan Oversight Chair, and an Advocacy Chair. The coalition members govern the coalition. The members vote on every actionable thing that the coalition does. Per Ms. Rawlings, CSDFTC has 25-30 voting members.



Funding (What is/are your funding source(s)?)

Ms. Rawlings stated that CSDFTC receives the majority of its funding from the county but also receive some funding from donations and sponsorship. CSDFTC also has a Drug Free grant.

Activities/Programs (With what activities/programs is your organization involved?)

Ms. Rawlings related that CSDFTC is involved in several activities/programs such as a YES Fair for 5th graders, an Our Kids Our Community Board, and programs in cooperation with the Tobacco Free Partnership.

Role in Community (How does your organization relate to your community?)

Per Ms. Rawlings, the coalition is the funder of the other agencies, which is why a lot of people get involved with the coalition. Ms. Rawlings indicated that there are coalition members who do not have funding and that CSDFTC will seek these members out to get their expertise and help in developing the coalition's community plan.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization? Ms. Rawlings said that at this point in time, CSDFTC is not sure how SPF-SIG will influence the organization. CSDFTC is looking to see what happens overtime as SPF-SIG gets incorporated.

What precautions are being taken to assure SPF-SIG funded staff members are devoted solely to the efforts of the SPF-SIG project? Ms. Rawlings related that in order to ensure SPF-SIG funded staff people are devoted only to SPF-SIG, there will be oversight by the Coalition Director and SPF-SIG staff will not be assigned coalition tasks. SPF-SIG staff will have meetings twice a week to review what

they are doing and to make sure that they are spending their time in the right place.

SUSTAINABILITY

Identifying funding sources

What are your sources of direct and in-kind funding? Ms. Rawlings indicated that the majority of their funding comes from the County measure fees. In the past, they also received funds through the Drug Free Communities grant program.

Is there other funding available that your organization has not sought? Why not? Ms. Rawlings said that they chose not to reapply for a Drug Free grant as she felt the original grant lacked focus. The coalition decided it would be better to use the SPF-SIG to get a better focus for the coalition before reapplying. Ms. Rawlings also reported that they may be able to get additional funding if coalition would become a non-profit, however, at this time, Ms. Rawlings would prefer that the coalition not compete with the agencies it serves for funds.

Stakeholders

Who are your stakeholders? Ms. Rawlings stated that CSDFTC's stakeholders include local government, such as the City and County Council, the Sheriff's Office, the Lafayette Police Department, West Lafayette Police Department, Purdue Police Department, schools corporations, Purdue, etc.

What strategies do you have in place to increase participation of stakeholders/community? According to Ms. Rawlings, agencies have to attend at least half of the monthly coalition meetings per year to remain members. Ms. Rawlings and the Executive Committee have spoken with agency representatives from agencies that don't request funds to find out what brings them regularly to the table. Ms.



Rawlings would like to ensure the right people are involved and believes the SPF-SIG will help with this.

Human Resources (How would you describe your human resources e.g., staff expertise, turnover rate, facilities/technology)?

Ms. Rawlings has been at CSDFTC for two years. At the time of her arrival, there had been quite a bit of turnover, but that has stopped. Per Ms. Rawlings there is a high level of expertise in the staff. All the staff are very educated and have good ties to the community. Rebecca, the co-SPF-SIG Director, has worked in children's services and county government. She has a strong background in developing new programs within the community and ensuring that the programs use evidence-based and best practices. The Administrative Assistant, Karen, has worked at the Lafayette Corrections Center for 2 years, has worked as a rape advocate, and as a crisis counselor. Karen also volunteers at a women's shelter. Karen has a great deal of experience working with and compiling needs-related statistics for the Tippecanoe County community. Ms. Rawlings has also worked in children's services, has been the Director of the Northwestern Nonprofit Resource Center, and is very familiar with many of the agencies in the local area. In terms of technology, Ms. Rawlings stated they will be purchasing some new computers to replace outdated ones.

Prevention Infrastructure Development (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development) that will carry on beyond the funding period?)

Ms. Rawlings provided that the coalition is currently just keeping an open mind to

see what comes out of the data that is collected.

CULTURAL COMPETENCY

Organizational Plan (What is your plan for creating a cultural competency workgroup?)

Ms. Rawlings indicated that the coalition does not currently have a plan in place for creating their cultural competency workgroup.

Identification and monitoring of target audience

What is your plan for identifying your target audience? Ms. Rawlings did not discuss a plan for identifying the target audience.

What is your plan for involving your target audience? Ms. Rawlings did not discuss a plan for involving the target audience.

Inclusiveness (What is your plan for incorporating inclusiveness e.g., religious, familial, language, cultural

into the SPF-SIG?) Ms. Rawlings said that she is aware that Tippecanoe County does not have a lot of racial diversity, so they will have to look beyond race and focus on other types of diversity that may exist. Ms. Rawlings pointed out that they do need to increase the level of faith-based and business representation in the coalition.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated?)

Ms. Rawlings indicated that CSDFTC has had its programs evaluated in the past, particularly when they had the Drug Free Communities grant. Ms. Rawlings reported that the coalition does evaluate the programs it funds at least twice a year and that she is encouraging outcomes-based reports from these programs. Ms. Rawlings said that the coalition regularly evaluates its community plan to see where adjustments need to be made.



Purpose (Why were the program

evaluations performed?) Ms. Rawlings related that CSDFTC has done evaluations because they were required by funders, because the community requested them to better understand how well service were working, because CSDFTC wanted to see how they could streamline services, and because CSDFTC did not want to duplicate services.

Evaluator

Who performed the program evaluations?

Program evaluations have been performed by Ms. Rawlings, the coalition's grant writer, and professional evaluators from Purdue.

What role is the role of the board in program evaluations? Per Ms. Rawlings, the coalition's Executive Committee is very involved in gathering data and encouraging agencies with data to provide it.

Data Collected

What types of data were collected? Ms. Rawlings reported that CSDFTC has collected arrest records, court records, survey data from students and families, resource referrals, program and service use data, demographic data, and etc.

What statistical expertise does your staff possess? Ms. Rawlings reported that the CSDFTC staff is involved in data collection and analysis and that she and Rebecca have had Master's level statistical training.

Outcomes

What were the outcomes of the program evaluations? Ms. Rawlings indicated that the outcomes of program evaluations have led to an increase in the use of evidence-based practices, an increase in the mobilization of services for the school

system, and adjustments to the community plan and funding priorities.

How do you foresee that SPF-SIG will change your organization's evaluation capacity? Ms. Rawlings believes SPF-SIG will help increase their capability and ability to obtain and analyze data. Working with IPRC Ms. Rawlings believes will improve CSDFTC's ability to ask better questions before going out to try and find data.

NEEDS & RESOURCE ASSESSMENT

Needs assessment analysis. Ms.

Rawlings did report that CSDFTC has completed a community needs assessment in the past, however, the coalition has not really done a great deal of planning in regards to the SPF-SIG needs assessment to date.

Obtaining required skills. Ms. Rawlings and the coalition staff have considerable experience in collecting epidemiological data and also have solid contacts from within their coalition should they need additional help/expertise.

Acquiring pertinent data. Ms. Rawlings reported that the coalition has strong support from law enforcement and other agencies which collect data related to substance abuse. The coalition members have always been willing to provide data when necessary.

Data analysis. Ms. Rawlings and her staff possess a high level of data analysis skill and the coalition has members that can provide additional support/expertise if necessary.

Targeting issues from needs assessment.

Ms. Rawlings has used data from evaluations and needs assessments in the past to assess the organization and make adjustments in order to determine priorities and funding.



Identification of gaps. Ms. Rawlings and her staff have used data from community assessments and evaluations to determine where they have insufficient services or where duplication of services exist. Ms. Rawlings did not specifically discuss a method of assessing gaps as part of the SPF-SIG assessment.

Assessment of Community Readiness. Ms. Rawlings did not discuss how CSDFTC will assess community readiness.

Completion of epi profile. Ms. Rawlings has not completed an epi profile for the SPF-SIG to date.

Risk & protective factors identified. Ms. Rawlings did not discuss risk and/or protective factors in regards to any needs assessments that CSDFTC has completed in the past.

Outcomes expectation. Ms. Rawlings did not discuss any desired outcomes/expectations in regards to the needs assessment other than wanting to understand more about what is going on in the Tippecanoe County community.

CAPACITY BUILDING

Closing gaps/eliminating redundancies.

Ms. Rawlings did not address this point directly but indicated previously that CSDFTC does evaluate its services to determine where they need to add services or where they have overlapping services.

Roles and responsibility of each council and workgroup. Ms. Rawlings did not discuss the SPF-SIG related workgroups in much detail. The goal of CSDFTC is to get the Local Advisory Council established first and then work to establish other workgroups later on in the process.

Coalition structure & process. Ms.

Rawlings indicated that CSDFTC has a good start with the people currently in the coalition but that a good deal of time will be spent building up the structure and talking with agencies that are already involved.

Youth/Young adult leader & roles. Ms. Rawlings did not discuss youth/young adult leaders or their roles.

Systems analysis/key stakeholder organizations. Ms. Rawlings did not discuss doing a systems analysis or analysis of key stakeholder organizations. She did, however, note that faith-based and business organizations are needed in the coalition.

Societal support. Ms. Rawlings did not discuss the level of societal support available to the coalition or how this would be increased or improved.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes, and evaluation.

Ms. Rawlings did not describe a vision for the strategic plan. The current and newly hired staff people have experience with data collection, outcomes, and evaluation.

Logic models. Ms. Rawlings did not discuss whether CSDFTC is familiar with logic models.

State priorities. Ms. Rawlings did not discuss the state priorities in regards to the development of the strategic plan.

Infrastructure needs. Ms. Rawlings did not discuss infrastructure needs during her presentation.

Evaluation of evidence-based policies, practices, principles and programs. Ms. Rawlings and her staff have experience working with and evaluating evidence-based policies, practices, principles, and programs.



Cultural appropriateness. Ms. Rawlings did not discuss cultural appropriateness in regards to the strategic plan.

Monitoring and evaluation. Ms. Rawlings did not discuss monitoring and evaluation in regards to the strategic plan. Ms. Rawlings and her staff do have experience with evaluation and data collection.

Sustainability. Ms. Rawlings did not discuss sustainability in regards to the strategic plan.

Submission of plan. CSDFTC has not submitted its strategic plan.

Vigo County Local Coordinating Council (VCLCC)

Initial Site Visit Summary – August 8th, 2007

The following summary report is based on the presentation given by several members of the Vigo County LCC including Myra, the LCC Director and Louise, Bernie, Brandon, and Niella, LCC committee members. Also present at the meeting was Elaine Pastorie, the newly hired SPF-SIG Project Director. The presentation was made to Kim Manlove, the SPF-SIG Project Manager; Dr. Tom Johnson, Dr. Tom Steiger, and Dr. Yashenka Peterson of ISU; and Harold Kooreman of the state SPF-SIG evaluation team. The purpose of the report is to provide a baseline description of the Vigo County Local Coordinating Council site as it begins its first year of SPF-SIG funding.

ORGANIZATION

Structure (What is the structure of your organization, e.g., board of directors,

lines of authority). VCLCC is the local coordinating council for Vigo County. VCLCC has been in operation for 17-18 years. The VCLCC has the mandated structure of a Board of Directors and three main committees targeting prevention, treatment, and law enforcement.

Funding (What is/are your funding source(s)?) VCLCC receives funds from state user fees. The user fees are fines paid to the court by individuals charged with substance-abuse-related offenses. VCLCC receives no other funding.

Activities/Programs (With what activities/programs is your organization involved?) Myra and other committee members reported that VCLCC works with Chances for Youth, the Drug Court, Junior Achievement's Let's Get Real program, the Riley Lions Club which works with the young people at the Fairbank's School, and provides prevention programming for elementary school children from kindergarten through 7th Grade. VCLCC also has an Afternoons Rock program.

Role in Community (How does your organization relate to your community?) The role of VCLCC in the community was not discussed during the presentation.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization? Niella indicated that the hope was that SPF-SIG would help VCLCC come together as a legal entity that could then apply for other grants. Louise would like to see SPF-SIG help VCLCC improve its use of data for driving decision making and also push VCLCC to become a 501-c-3.

What precautions are being taken to assure that SPF-SIG funded staff members are devoted solely to the efforts of the SPF-SIG



project? Myra indicated that the SPF-SIG project will be an agenda item at all meetings and Elaine will be responsible for providing updates on her progress. Elaine's activity will be overseen by VCLCC's director.

SUSTAINABILITY

Identifying funding sources

What are your sources of direct and in-kind funding? Chances for Youth will provide office space for Elaine and the Administrative Assistant. Other sources of direct and in-kind funding were not discussed.

Is there other funding available that your organization has not sought? Why not? Louise is hoping to bring people into the advisory council that will have knowledge of additional funds that VCLCC can pursue to help with sustainability.

Stakeholder/Community Buy-In

Who are your stakeholders? There was no discussion regarding stakeholders during the presentation.

What strategies do you have in place to increase participation of the stakeholders/community? VCLCC members would like to bring some additional universities (e.g., Rose Hulman, Ivy Tech, Indiana Business College), schools, the business community, the faith-based community, individuals in recovery, individuals in city government, and youth on board. There was no discussion of a plan in place to bring these additional groups into the coalition.

Human resources (How would you describe your human resources e.g., staff expertise, turnover rate, facilities/technology?) There was no discussion during the presentation regarding human resources, staff expertise, turnover rate, or facilities/technology.

Prevention infrastructure (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development that will carry on beyond the funding period?) Various members indicated they would like to see the SPF-SIG lead to the creation of VCLCC as a 501-c-3 which would bring together people from law enforcement, treatment, prevention, etc., and have everyone collaborate and share money and resources.

CULTURAL COMPETENCY

Organizational Plan (What is your plan for creating a cultural competency workgroup?)

Louise reported that VCLCC has talked a lot about cultural competency but have not done much about it. VCLCC has identified people they would like for the workgroup. Members have identified groups such as Hispanics, African-Americans, university students, families affected by substance abuse, families affected by poverty, and young people in the workforce as groups to include.

Identification and monitoring of target audience

What is your plan for identifying your target audience? There was no discussion of a current plan for identifying the target audience.

What is your plan for involving your target audience? There was no discussion of a current plan for involving the target audience.

Inclusiveness (What is your plan for incorporating inclusiveness e.g., religious, familial, language, cultural) into the SPF-SIG process? Though the members of VCLCC did express an awareness of some of the diversity within



the community, there was no discussion of a specific plan to include these groups into the SPF-SIG process.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated)?

Myra reported that they completed an evaluation on the first SIG grant they received. VCLCC has also completed evaluations on their Life Skills in the Schools program, the Too Good for Drugs program, interventions for people with chronic mental illness, and Afternoons Rock.

Why were the program evaluations performed (required by funder, determination of program expansion, sustainability, modification, and/or elimination?) VCLCC's evaluations have been done to meet funder requirements.

Evaluator

Who performed the program evaluations?

Myra reported that much of the evaluation activity of VCLCC is done in house. VCLCC did work with an external evaluator for the Life Skills in School program.

What role is the role of the board in program evaluation? There was no discussion of the role of the board in VCLCC's evaluations.

Data Collected

What types of data were collected? There was no discussion on the specific type of data which was collected for the evaluations. Myra reported that as VCLCC is a United Way organization, they are required to complete evaluations of their programs and VCLCC has relied heavily on evaluation to find out the assets and needs in the community.

What statistical expertise does your staff possess? There was no discussion of

statistical expertise during the presentation. Myra reported that evaluation is not VCLCC's area of expertise.

Outcomes

What were the outcomes of the program evaluations? Myra did not report on the outcomes of specific evaluations. She did indicate that evaluation data has been used to point out gaps in services.

How do you foresee that SPF-SIG will change your organization's evaluation capacity?

There was no discussion of how the SPF-SIG will change VCLCC's evaluation capacity.

NEEDS & RESOURCE ASSESSMENT

Needs assessment analysis. Louise reported that some VCLCC members have been involved in needs assessment in the past. VCLCC did participate in a meth task force which required a community assessment of methamphetamine use in Vigo County.

Obtaining required skills. There was no discussion on obtaining skills for the needs and resource assessment, however, VCLCC has partnered with evaluators for Indiana State University to aide them in completing this piece of the SPF-SIG process.

Acquiring pertinent data. VCLCC has performed needs assessments in the past and members are familiar with some of the data sources available in the community. There was no specific discussion during the presentation on how VCLCC would acquire the data.

Data analysis. There was no discussion of data analysis for the needs and resource assessment. However, VCLCC has partnered with ISU to help with completing the data analysis for the needs assessment.



Targeting issues from needs assessments.

There was no discussion on VCLCC's experience with targeting issues from previous needs assessments. VCLCC has partnered with ISU to help with completing the needs assessment process.

Identification of gaps. There was no discussion of performing a gaps analysis as part of the needs assessment.

Assessment of community readiness.

Louise indicated that many segments of the community are aware of the binge drinking problems; however, she also said that parents, the school, and many bars have very permissive attitudes about drinking and are not eager to make changes to behavior patterns which they see as cultural norms. There was no discussion of completing a specific assessment of community readiness as part of the needs and resource assessment.

Completion of epi-profile. VCLCC has not completed its SPF-SIG required epi profile.

Risk and protective factors identified.

VCLCC has not identified specific risk and protective factors related to its stated priority. As indicated above permissive attitudes regarding underage drinking are common in the area and many people see binge drinking as a normal behavior.

Outcomes expectation. There was no discussion on outcomes from the needs assessment during the presentation.

CAPACITY BUILDING

Closing gaps/eliminating redundancies.

There was no discussion regarding plans for closing gaps or eliminating redundancies during the presentation.

Roles and responsibility of each council and workgroup.

There was no discussion regarding the roles and responsibilities of

the various SPF-SIG related councils and workgroups.

Coalition structure and process. Apart from wanting to obtain 501-C-3 status for VCLCC and increasing the collaboration among partners, there was no additional discussion regarding coalition structure and process during the presentation.

Youth/young adult leader and roles.

Myra and other members indicated they would like to get youth into the coalition, however, are having difficulty doing so because the coalition meets in the morning when youth are in class.

Systems analysis/key stakeholder

organizations. There was no discussion of completing a systems or key stakeholder analysis during the presentation.

Societal support. Niella indicated that VCLCC is struggling with the area of societal support, especially in regards to binge drinking. There are individuals who acknowledge that a problem exists and would like to see something done about it, however, there is also a strong tradition of permissiveness towards underage drinking and binge drinking which will be difficult to change.

STRATEGIC PLAN DEVELOPMENT

Vision, data, outcomes & evaluations.

There was no discussion of the vision, data, outcomes, or evaluations related to the strategic plan during the presentation.

Logic models. There was no discussion of any experience VCLCC may have had using logic models during the presentation.

State priorities. The VCLCC is aware of their funded priority and will be working with ISU evaluators in order to address it appropriately.



Infrastructure needs. There was no discussion of infrastructure needs in regards to strategic plan development during the presentation.

Evaluation of evidence-based policies, practices, principles, and programs.

There was no discussion of the nature of experience VCLCC may have had with EBPPPs during the presentation.

Cultural appropriateness. While VCLCC members are aware that their activities need to be cultural appropriate, there was no discussion regarding cultural appropriateness in regards to the strategic plan.

Monitoring and evaluation. VCLCC members are aware that evaluation is not an area of expertise for their organizations, however, they have partnered with ISU to ensure that they receive appropriate support and skills to complete the required evaluation.

Sustainability. There was no discussion of sustainability in regards to the strategic plan during the presentation.

Submission of plan. VCLCC has not submitted their strategic plan.

Drug Free Wayne County

Initial Site Visit Summary – August 16th, 2007

INTRODUCTION

The following summary report is based on the presentation given by Josie Seybold, the director of Drug Free Wayne County (DFWC). Also present were Jean Cates, the newly hired SPF SIG project coordinator, the SPF SIG administrative assistant; Ron Chappelle, the President of

the DFWC's Board; Kim Manlove, the SPF SIG Project Director; Vivian Ashwami, Director of Communities in Schools; Harold Kooreman with the IUPUI Center for Health Policy; Dr. Jeanie Alter with the Indiana Prevention Resource Center, and Mr. Eric Martin the Technical Assistance Supervisor with the Indiana Prevention Resource Center.

ORGANIZATION

Structure (What is the structure of your organization e.g., board of directors, lines of authority?) Ms. Seybold indicated that DFWC is not a 501-C3 but exists under the county commissioner's umbrella and there is a Board of Directors. Ron Chappelle is the President of the board. Jose stated she is a paid representative of the partnership.

Funding (What is/are your funding source(s)?) Funding for DFWC comes from the court-ordered counter-measure fees for people who are arrested. These fees are collected by the Clerk of Courts and 25% goes to the state and 75% goes to the drug free fund. Drug free funds are used to support a number of programs throughout Wayne County.

Activities/Programs (With what activities/programs is your organization involved?) Ms. Seybold listed a number of programs which receive support from DFWC. These are a marijuana prevention initiative (missed name), the Richmond Canine Initiative, Hope House, a treatment facility on the grounds of Richmond State Hospital; Noah's Ark, a grassroots, faith-based project; Dunn Mental Health Center's Safe Program which is an early intervention program for kids who have been arrested for a first-time drug or alcohol offense; Teen Intervene, a kind of second-step program; the Safe Program, which is more of an



education program related to drugs; funded “after proms” for a few schools; Clemons Camp, which is used for DARE Camp; Youth as Resources, which helps build youth leadership; Wayne County Peer Educators in the schools; help with Girl’s Inc., help with the Peer Information Center, and help with the Wayne County school system.

Role in Community (How does your organization relate to your community?)

Ms. Seybold indicated that the people who are funded are required to participate in the partnership and reporting back and networking with each other. Funded groups have to attend 6 meetings a year. Groups are required to provide a basic quarterly statistical report. Ms. Seybold reported that she is trying to move groups towards data collection, however, some groups are more prepared than other. Ms. Seybold indicated that DFWC really tries to support a lot of sectors on the community through treatment, prevention, and enforcement initiatives.

Role of SPF-SIG

How do you see SPF-SIG influencing other activities within your organization?

What precautions are being taken to assure SPF-SIG funded staff members are devoted solely to the efforts of the SPF-SIG project?

SUSTAINABILITY

Identifying funding sources

What are your sources of direct and in-kind funding? Ms. Seybold indicated that the funding sources for DFWC come from the counter measure fees.

Is there other funding available that your organization has not sought? Why not? Ms. Seybold pointed out the Wayne County Foundation as an agency which takes

applications for grants and things that will make an impact. DFWC has not interfaced with them much per MS. Seybold. Ms. Seybold also mentioned Community Corrections as an organization that has interest in prevention and which has funds that could be redirected. Ms. Seybold also pointed out the Department of Child Services as a potential source of funds, as they have an interest in drug abuse as it relates to young people.

Stakeholders

Who are your stakeholders? Ms. Seybold reported that DFWC as a diverse set of stakeholders including employers, justice, law enforcement, treatment, medical, all the social service agencies, and the schools among others. Ms. Seybold also mentioned Reed Hospital, the Tobacco Coalition, and the Health Department as stakeholder groups.

What strategies do you have in place to increase participation of stakeholders/community? Ms. Seybold did not address any strategies that were currently in place to increase participation of stakeholders or the community.

Human Resources (How would you describe your human resources e.g., staff expertise, turnover rate, facilities/technology)? Ms. Seybold did not address human resources.

Prevention Infrastructure Development (Do you have a plan for using the SPF-SIG process to increase prevention infrastructure e.g., increase services, staff development and expertise, partner/coalition development) that will carry on beyond the funding period?) Ms. Seybold did not address prevention infrastructure development.



CULTURAL COMPETENCY

Organizational Plan (What is your plan for creating a cultural competency workgroup?) Ron Chappelle spoke regarding cultural competence. Mr. Chappelle discussed a number of issues which would need to be addressed such as culture, minority issues, religious and family differences, class differences, literacy differences, etc. Mr. Chappelle indicated that he was still trying to sort out all the issues related to cultural competence and how it relates to the drug culture in Wayne County. To that end, Mr. Chappelle has started working with experience-based advisors who have gone through the treatment process and who are still struggling with recovery. Mr. Chappelle hopes that these individuals will bring a new dynamic to the board meetings. Mr. Chappelle did not discuss any current plans in place for forming a cultural competency workgroup.

Identification and monitoring of target audience

What is your plan for identifying your target audience? Mr. Chappelle did not discuss any current plans in place for identifying the target audience.

What is your plan for involving your target audience? Mr. Chappelle is currently working with experience-based advisors to get input from individuals in recovery.

Inclusiveness (What is your plan for incorporating inclusiveness e.g., religious, familial, language, cultural into the SPF-SIG?) Mr. Chappelle did not address any specific plan related to inclusiveness but did address a wide range of issues related to cultural competence that he believes will need to be addressed by the project.

EVALUATION

Previous program evaluations (Have your projects/programs been evaluated?)

Vivian Ashawmi describe the organization's evaluation experience. Ms. Ashawmi reported that Wayne County had been involved in large needs assessment related to youth. This needs assessment involved looking at risk and protective factors within the community. The Wayne County Schools all participate in the ATOD survey conducted by the IPRC so that is a valuable source of data for the county. Ms. Ashwami reported that she had worked with the Evaluation Center at IU East. Ms. Ashwami did not describe any evaluation activities that DFWC were currently completing nor any specific projects that DFWC had completed. As indicated above, Ms. Seybold reported that programs funded by DFWC are required to report some statistics to the Board.

Purpose (Why were the program evaluations performed?) This topic was not addressed by Ms. Ashwami.

Evaluator

Who performed the program evaluations? This topic was not addressed other than that Ms Ashwami said she had worked with the IU East Evaluation Center.

What role is the role of the board in program evaluations? This topic was not discussed by Ms. Ashwami.

Data Collected

What types of data were collected? The county has had experience collecting data regarding risk and protective factors.

What statistical expertise does your staff possess? Statistical expertise was not addressed by Ms. Ashawami.



Outcomes

What were the outcomes of the program evaluations? Outcomes of evaluation were not discussed.

How do you foresee that SPF-SIG will change your organization's evaluation capacity? Ms. Ashawmi did not address this point in her discussion.

NEEDS & RESOURCE ASSESSMENT

Needs assessment analysis. Ms. Seybold reported that Ms. Ashwami's presentation covered the experience Wayne County has had in regards to needs assessment. The primary needs assessment involved the youth-related project which did use steps similar to the SPF SIG and required a detailed assessment of data related to risk and protective factors within the community.

Obtaining required skills. Not addressed.

Acquiring pertinent data. Not addressed.

Data analysis. Not addressed.

Targeting issues from needs assessment. Not addressed.

Identification of gaps. Not addressed.

Assessment of Community Readiness. Not addressed.

Completion of epi profile. The community has completed a similar document for the youth-related grant that the county received.

Risk & protective factors identified. The community does have experience identifying risk and protective factors.

Outcomes expectation. Not addressed.

CAPACITY BUILDING

Closing gaps/eliminating redundancies.

Ms. Seybold indicated that the community will have to assess both its strengths and weaknesses before making recommendations regarding gaps and how to address them.

Roles and responsibility of each council and workgroup.

Ms. Seybold would like to pool people together and get them to work together in new ways. She would like everyone to have a shared vision. Ms. Seybold would like to integrate experience-based advisors into the workgroups. Ms. Seybold did report that Beth Herrick would chair their evaluation committee; Sheriff Matt Strittmatter would chair the LEOW; Ms. Linda King would assist with evaluation; Ms. Vivian Ashwami and Ms. Mary Jo Warren would work to establish youth groups; Ms. Catherine Whittington will chair the program and policy workgroup and Ron Chappelle will chair the cultural competence committee .

Coalition structure & process. Ms. Seybold did not discuss coalition structure and process.

Youth/Young adult leader & roles. Ms. Seybold envisions having a separate youth council and young adult council. The Partnership for Drug Free Wayne County has already put a youth group in place and will use the same methods for gathering youth and young adults for SPF SIG related groups.

Systems analysis/key stakeholder organizations. Ms. Seybold indicated that



there were a number of key groups in the community that she would like involved in the SPF SIG such as:

- Law enforcement
- Courts
- Probation
- the local methadone clinic
- Aurora Mental Health
- Hope House
- Sunshine House
- Private providers
- Economic development
- The mayor, county commissioner and people concerned with economic stability
- CEO of the CMHC
- Youth organizations
- Schools
- Faith-based organizations
- Civic groups

Societal support. Ms. Cates reported that many of these individuals will not come to the table on their own but will need a one-on-one meeting to encourage them to come.

STRATEGIC PLAN DEVELOPMENT

Ms. Cates discussed the strategic planning process. At the time of the visit, Ms. Cates reported that there was not a lot she could say about the plan other than it is something that the community will build together. She sees the plan coming out of the needs assessment and an evaluation of risk and protective factors.





APPENDIX C

Appendix c. SUMMARY OF RESULTS OF INITIAL SITE VISITS WITH COHORT 1 COMMUNITIES

		Participant Cooperation & Respect	Movement Towards Goals
Q8	The respect shown for attendees at today's meeting was...	.834	
Q6	The openness to ideas participants showed at today's meeting was...	.820	
Q7	The support of members and partners during the meeting was...	.804	
Q12	The cooperation among members at today's meeting was...	.800	
Q11	The care with which members listened to each other during today's meeting was....	.776	
Q9	The freedom with which members were able to contribute to the discussion in today's meeting was...	.744	
Q14	The outcomes from any conflicts which occurred in today's meeting were...	.742	
Q13	The consensus reached by members on the issues addressed in today's meeting was...	.725	
Q22	The overall quality of today's meeting was...	.632	
Q20	The opportunities members had to provide input in today's meeting were...	.623	
Q21	The extent to which council members were focused in today's meeting on what is in the best interest of Indiana's citizens was...	.618	
Q19	The level of engagement of other members in today's meeting was...	.614	
Q3	The content of today's meeting was...		.796
Q15	The progress made in today's meeting in the SPF SIG process was...		.795
Q16	The amount of work accomplished at today's meeting was...		.790
Q18	My current level of understanding of the SPF SIG process after today's meeting is...		.688
Q4	The clarity of today's meeting agenda and objectives were...		.682
Q10	The focus in today's meeting on the most important issues was...		.675
Q17	My level of engagement in today's meeting was...		.645
Q1	The timing/scheduling of today's meeting was...		.595
Q5	The length of today's meeting was...		.525
Q2	The communication I received about today's meeting was...		.523