Assessment Training

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Course Overview

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Course Overview

Course description

This is the first course that will provide in depth knowledge and application of the Strategic Prevention Framework. In this training, participants will go through a series of activities that will assist them in identifying avenues that can be used to collect data.

This data will be examined and used to create a consequence driven logic model that will guide community level change. Participants will see how data is incorporated into every part of the logic model, which will serve as the foundation for all consequent steps of the Strategic Prevention Framework.

The goal of this course is to obtain a basic understanding of the assessment phase of the Strategic Prevention Framework which can then be used in each participant's respective community.

Course objectives

Upon the conclusion of this training, participants will be able to:

1. Identify needed data elements and sources of data for completing an assessment of problems.
2. Use assessment data to create a logic model which focuses on consequences at the community/population level.
3. Identify strategies for completing a resource assessment.
4. Identify tools for assessing community readiness.

Strategic Prevention Framework

The Strategic Prevention Framework (SPF) will serve as a planning model for communities to address identified substance abuse related consequences. The assessment phase of this framework is the foundation for all future work that will occur, and therefore must be approached with an appreciation of its importance.

The SPF requires a data-driven and systemic approach both at the state level and community level to address the most critical needs as identified by a State Epidemiological Workgroup (SEW). Once substance abuse related consequences are identified, a prioritization process determines which consequence(s) will be focused on. The SPF further requires a collaborative approach to address this selected consequence, encouraging every facet of a community to become involved in decreasing the identified consequence.

Though assessment is the step the work begins with, it is important to keep in mind that the SPF is a circular process, in which every step occurs within every step. For example, you can not begin the assessment phase if you don't have the capacity or a plan to look at data. Further, implementation occurs as data gathering, analysis, and prioritization take place.

Goals of the SPF SIG include:

- Preventing the onset and reducing the progression of substance abuse, including underage drinking.
- Reducing substance-related problems in communities.
- Building prevention capacities and infrastructure at state and community levels.
- Implementing a process of infusing data across all SPF steps for improved decision-making.

SPF steps and community goals

The five steps that comprise SAMHSA's Strategic Prevention Framework (SPF) will enable States and communities to build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are essential to the validity of the process.

1. Profile population needs, resources, and readiness to address the problems and gaps in service delivery
   - Compile data that can be used to identify community level substance abuse related consequences/problems.
   - Assess data and identify priority consequence.
   - Assess the usage patterns related to identified substance abuse related consequence using epidemiological data provided by the State as well as other local data.
   - Develop a set of intervening variables that link with substance use patterns.
   - Use data to determine contributing factors of each identified Intervening Variable.
   - Cultural considerations are identified through every data collection process.
   - Develop a logic model for creating evidence-based strategies that will address the intervening variables.
   - Communities must also assess community assets and resources, gaps in services and capacity and readiness to act for each Intervening Variable.

2. Mobilize and/or build capacity to address needs
   - Build capacity around identified contributing factors.
   - Participate in existing community planning efforts where they exist, and broaden these to include all related program initiatives and stakeholders.
   - Engage key stakeholders at the State and community levels.
   - Key tasks may include, convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and service providers; organizing agency networks; leveraging resources; and engaging stakeholders to help sustain the activities.
   - Encompasses all cultures represented in the community.

3. Develop a comprehensive implementation plan
   - Articulates a vision for the prevention activities and strategies based on the community's developed logic model.
   - Focuses on addressing Intervening Variables identified by each community.

SPF steps and community goals, Continued

Develop a comprehensive implementation plan continued…….

- Is based on documented needs, build on identified resources/strengths, set measurable objectives and include the performance measures and baseline data against which progress will be monitored.
- Are flexible and can be adjusted as the result of ongoing needs assessment and monitoring activities.
- Addresses the issue of sustainability by creating a long-term strategy to sustain policies, programs and practices.
- Takes into account and respects the cultures in which it will be implemented.

4. Implement evidence-based prevention programs and infrastructure development activities

   - Local stakeholders will use the findings of their needs assessments to guide selection and implementation of policies, programs and practices proven to be effective in research settings and communities to address contributing factors.
   - Ensure that culturally competent adaptations are made without sacrificing the core elements of the program.

5. Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail

   - Provide performance data to the State on a regular basis, so that the State can monitor, evaluate, sustain and improve the Strategic Prevention Framework activities.

Cultural Competency

Cultural Competency can be defined as "A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations," from HRSA/DHHS *Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile.* Lewin Group, Inc., April 2002.)

Cultural competence is a major component of the Strategic Prevention Framework. The CSAP Prevention Fellows Program Competencies which relate to the incorporation of cultural competency within the SPF are as follows:

Assessment:

- Assemble culturally competent groups of experts and stakeholders to analyze and interpret data.
- Understand the role of culture, race, ethnicity, and gender as they relate to assessment strategies and needs of populations

Capacity Building:

- Understand community mobilization from a fiscal, human, and material resources perspective with culturally appropriate strategies.
- Create new fiscal, material, and human resources ensuring cultural representation (e.g., gender, age, language, disability).
- Implement a mechanism for providing continuing training and education to promote cultural competence, readiness, leadership and evaluation.

Planning:

- Identify necessary program adaptations for defined populations and community environment.

Implementation:

- Identify necessary program adaptations for defined populations and community environment

Evaluation:

- Use data collection methods that are culturally responsive and appropriate.

Courtesy of Marie Cox, Southwest Center for Applied Prevention Technologies

Introduction, Continued

Sustainability

Sustainability is another concept central to the SPF. Sustainability is "the *process* of ensuring an adaptive and effective substance abuse prevention *system* that achieves *long term results* that benefit a target population" (Johnson, Hays, Center and Daley, 2004). Note here that we emphasize an interdependent working system that is adaptive and effective, achieves *long term results*, and benefits a target population. Sustainability is a process, not an event and requires good strategic planning and hard work.

Planning for sustainability requires more than planning for funding. Planning for sustainability should be geared toward maintaining positive outcomes and should involve focusing on elements of the prevention system that need to be maintained/strengthened to meet the needs of a target population with *effective prevention interventions*. Sustainability is ultimately about outcomes, not programs.

Courtesy of Marie Cox, Southwest Center for Applied Prevention Technologies

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Assessment Basics

Steps and Accomplishments of Assessment Training

1. Review Data
   - State Epidemiology Reports
   - Identify Local Data Sources
2. Select Consequences based on data
   - Will have clearly defined consequence(s)
3. Prioritize Identified Consequences
   - Identify prioritization criteria
   - Identification of who will complete prioritization process
   - Identify top priority
4. Develop logic model using identified consequence
5. Resource Assessment
6. Community Readiness Assessment

*Cultural Competence will be interwoven through each step.

The Public Health Model and Substance Abuse Prevention

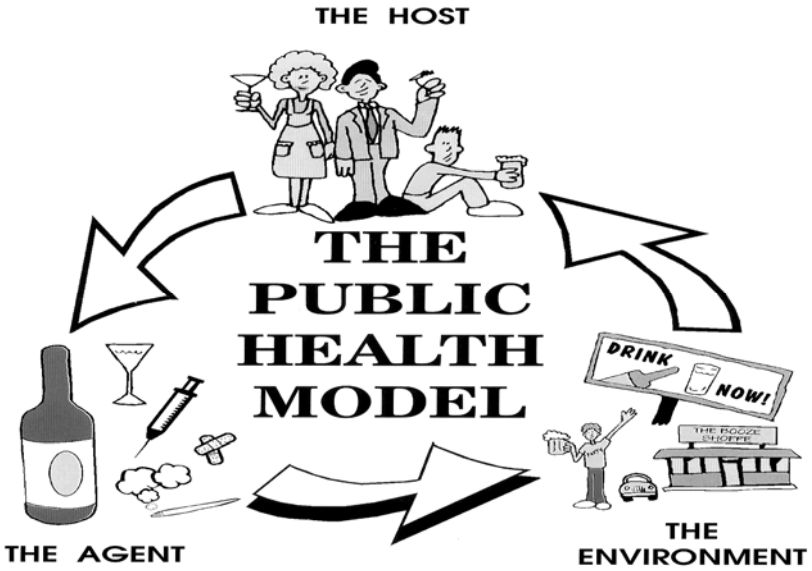
Public Health Model & Substance Abuse Prevention

Until recently, substance abuse prevention measured success on an individual basis. Evidence-based programs were based on the change in use, perception of harm, and other individual based measurements. Success was seen as measurable change within participants of a strategy or activity.

With the transition to a public health approach, success will now be seen as a change in **population level indicators** opposed to only those who received a direct prevention service.

The public health approach considers an entire range of factors that can affect health. These factors go beyond the traditional Risk and Protective Factor Theory substance abuse preventionists have become accustomed to. They require the use of programs, practices, or policies that impact the population as a whole, not just those participating in a program. The measure of success now becomes the change of consequences or indicators at the community level.

One of the most appealing approaches of the Public Health Model is that is embraces a comprehensive approach to community change. Various prevention activities and strategies are needed to impact the whole community. This has the potential to open doors the prevention community has not traditionally knocked on and form partnerships that have a wider impact.



Definitions

PUBLIC HEALTH: The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards. (http://www.answers.com/topic/public-health)

EPIDEMIOLOGIC TRIAD: the traditional model of infectious disease causation, which has three components: an external agent, a susceptible host agent, and an environment that brings the host and agent together so that disease occurs.

HOST: a person or other living organism that is susceptible to an infectious agent under natural conditions.

AGENT: a factor that is essential for a disease. Examples of agents include microorganisms, chemical substances, forms of radiation, and, in the case of injury, physical force. Agents can cause a health problem by either by being introduced, being present in excess, or being present at deficient levels.

ENVIRONMENT: an extrinsic factor, such as geology, climate, insects, sanitation, or health services, that affects an agent and the opportunity for exposure.

University of Minnesota: Epidemiology Terminology: http://www.umncphp.umn.edu/Surveillance/epief.htm

Outcomes Based Prevention

What is outcome based prevention?

We are starting with the end in mind. In the assessment phase, which is the critical step for outcome based prevention; you are identifying a consequence that will be changed with prevention efforts. In identifying the consequence we are simultaneously identifying the outcome our efforts will create.

After, and only after, the consequence has been identified through data, can planning and implementation begin. All efforts are geared to change the consequence using evidence-based, data driven, logical connections between Substance Use, Intervening Variables, and Strategies.

Capacity needs are also determined by the consequence. People who can make a difference in the consequence and its related Intervening Variables are more easily identified once the consequence has been established.

Examining Substance Abuse Related Consequences

What you should know about Substance Abuse Related Consequences

Definition:
The social, economic, and health problems associated with the use of alcohol, tobacco and illicit drugs. Any social, economic, or health problem can be defined as substance use problem if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring.

A simple way to think about Substance Abuse Related Consequences is they are the ultimate result of substance use. They are the problems caused by substance use/abuse.

When examining possible Substance Abuse Related Consequences, ask yourself:

What human issues does my community care about that are caused by substance use/abuse?

Examining Substance Abuse Related Consequences

Directions: In small groups, identify possible substance abuse related consequences for alcohol, tobacco, and other drugs. Write them down.

Examples:
- Alcohol related traffic crashes
- Lung cancer is increased by long-term, heavy smoking.

Alcohol:

Tobacco:

Other Drugs:

Data Collection

State Level

New Mexico has one of the best functioning Epidemiology workgroups in the nation. This workgroup is responsible for gathering statewide indicators related to substance abuse. One of their key products is an epidemiology profile. This profile is used by both the state and communities. The state may use it to determine funding priorities. It is also useful in identifying which substances are of greatest concern. The data is broken down at the county level.

Community Level

At the community level, there are many sources data can be collected from. Examples of these are on pages 15-21.

Factors to consider when looking at data

When analyzing data, one must consider many factors when looking to establish a Substance Abuse Related Consequence. Below is a description of the factors the state is promoting communities to explore.

Rate: An expression of the frequency with which an event occurs in a defined population. (http://www.cdc.gov/Reproductivehealth/EpiGlossary/glossary.htm#R)

Burden: A general term used in public health and epidemiological literature to identify the cumulative effect of a broad range of harmful disease consequences on a community, including the health, social, and economic costs to the individual and to society……
(Connecticut Department of public Health. http://www.dph.state.ct.us/OPPE/sha99/glossary.htm)

A simple way to think about Burden is it is the raw number of incidents or sheer number that occurs.

Severity: The seriousness of a hazard. www.shellfishquality.ca/glossary.htm

A simple way to think of severity is the counties rank compared to the state or per 100,000 if county comparison is not available.

Trend: A direction demonstrated through observation of data and/or indicators over time. indicators.top10by2010.org/glossary.cfm

Examples of data collection sources for alcohol related consequences

Activity	Data collected	Logic Model
Youth & Young Adult Community Monitoring Survey	Telephone survey of self-reported unintentional injuries, alcohol consumption, beverage sales, marketing exposure, risk activities and BAC knowledge	Substance Use
Traffic Crash Data	Collection of archival and current data for alcohol-involved and single-vehicle nighttime traffic accidents.	Substance Related Consequence
Mortality Data	Collection of archival and current coroner's data for alcohol-involved fatalities.	Substance Related Consequence
Hospital Discharge Data	Collection of archival injury data.	Substance Related Consequence
Trauma Data	Collection of archival trauma center data	Substance Related Consequence
Police Data	Collection of archival and current data for violent crimes, juvenile arrests, liquor law violations, drug-related charges, drug busts, and alcohol-involved arrests plus data on police enforcement activities.	Intervening Variables
DUI arrests	Collection of archival DMV-DOJ DUI arrest data	Intervening Variables
RBS On-Premise Survey	Survey of on-premise alcohol establishments.	Intervening Variables
RBS Pseudo Patron Observations	Observation of beverage sales and service responses to apparently intoxicated patron.	Intervening Variables
RBS Manager Training Evaluation	Pre/post training, survey of management policies and server training	Intervening Variables
RBS Server Training Evaluation	Pre/post training, survey of beverage servers for knowledge of liability (formal regulation and control), BAC, and content of the training.	Intervening Variables
Off-Premise Survey	Survey of off premise alcohol retail establishments	Intervening Variables
Underage Decoy Purchase Survey	Documentation of the opportunity for off-sale retail alcohol purchase by young looking adults.	Intervening Variables
Responsible Retail Clerk Training Evaluation	Pre/post training, survey of retail clerks for knowledge of liability (formal regulation and control), BAC, and content of the training.	Intervening Variable
Alcohol Outlet Density Monitoring	Analysis of present and historical location and density of retail alcohol outlets.	Intervening Variable
Process Data	Collection and documentation of development of coalition and intervention activities plus community and neighborhood demographic information	Strategy
*Prosecution Rates	Number of cases prosecuted and dismissed by District Attorney.	Intervening Variable.
*Court Deposition Data		Intervening Variable

Adapted from: Prevention Research Center. *(N.D). SNAPP Data Manager's Manual*. Berkley, CA.
*Added data sources not contained in original document

Data Sources for Assessment

Substance Abuse Related Reports on the Web

Youth Risk and Resiliency Survey:
The New Mexico Youth Risk and Resiliency Survey is a survey of New Mexico public high school students. Topics covered are alcohol, drug, and tobacco use; personal safety; suicidal ideation and suicide attempts; behaviors associated with violence; sexual activity; nutrition; physical activity; and resiliency (protective) factors.

1. State Report
The 2003 NM YRRS state report is available at:
http://www.health.state.nm.us/pdf/YRRS2003FinalReport.pdf,
OR
go to http://www.health.state.nm.us/, then click on 'Health Data' at the right of the banner along the top, then under 'Data Menu', go to 'Health Behaviors/Youth'.

2. County Reports
2003 NM YRRRS county reports are available at: http://www.health.state.nm.us/yrrs.html
OR
go to http://www.health.state.nm.us/, then click on 'Data Menu / County Data / Substance Abuse', and click on the county you are interested in.

Behavioral Risk Factor Survey:
The NM Behavioral Risk Factor Survey is a statewide telephone survey of adults age 18 and over. Topics covered are alcohol use, tobacco use, and other behaviors that put people at risk of injury, disease, and premature death.
Go to http://www.health.state.nm.us/hdata.html, then click on then under 'Data Menu', go to 'Health Behaviors/Adult'.

Social Indicator Report:
The Social Indicator Report presents direct and indirect indicators of substance abuse at the state and county levels.
http://www.health.state.nm.us/pdf/Social_Indicator_NM_2004.pdf

Burden of Substance Abuse in New Mexico:
Discussion of substance abuse in New Mexico.
http://www.health.state.nm.us/pdf/2004_Burden_Substance_Abuse.pdf

Drug Abuse Patterns and Trends in New Mexico: Proceedings of the New Mexico State Epidemiology Workgroup, September 2004:
Presentations on drug abuse in New Mexico from various perspectives, including public health, law enforcement and academia.
http://www.health.state.nm.us/pdf/SEWG_NM_2004_FULL_REPORT.pdf

Data Sources Courtesy of Dan Green, Epidemiology and Response Division/NM Dept. of Health

Data Sources for Assessment Continued

Substance Abuse Related Reports on the Web

OR

go to http://www.health.state.nm.us/hdata.html, then click on 'Data Menu / Reports & Publications / A-Z Report Listing / Drug Abuse Patterns and Trends in New Mexico

Division of Government Research, University of New Mexico:
Excellent website with much information on traffic crashes and DWI. Presents information at the state, county, and municipal levels.
http://www.unm.edu/~dgrint/

Website: Division of Government Research, University of New Mexico

DGR focuses primarily on conducting contract and grant funded applied research projects and is a part of UNM's **Institute for Applied Research Services (IARS)** . DGR currently specializes in providing computer based **data integration**, **data analysis**, and Geographic Information Systems **(GIS)** services to government agencies and private companies within New Mexico and other states.

The DGR website is a rich source of information on traffic safety and DWI statistics. Information is presented at the state, county, and municipal levels. The website also features an interactive mapping tool of traffic crash sites. It is recommended that all participants in the SPF-SIG project become familiar with this website.

Main DGR page: http://www.unm.edu/~dgrint/

Reports: http://www.unm.edu/~dgrint/tcd.html#report

District and County Reports: Include information on demographics, general crash information, alcohol-related crash information, crash specifics, characteristics of people in crashes, road segments with the most crashes, intersections with the most crashes, DWI arrests and convictions, and more. Includes useful charts, tables, and text.
http://www.unm.edu/~dgrint/TSB_main_web/Districts.htm

DWI Reports:
http://www.unm.edu/~dgrint/dwi.html

Least Safe Intersections Report:
http://www.unm.edu/~dgrint/WorstInt/wor04001.html

Maps: http://www.unm.edu/~dgrint/tcd.html#gis

Choose a geographical area, and then scroll down that page until you get to the map listings. Some maps are prepared and some are interactive. Different items can be chosen for the interactive maps (crash locations, alcohol-involved crash locations, pedestrian involved crashes, etc.) This page takes some work, but has lots of information.

Data Sources Courtesy of Dan Green, Epidemiology and Response Division/NM Dept. of Health

Data Collection continued….

These are suggested data indicators using the traditional Risk and Protective Factor framework. These could assist with data to identify Substance Abuse Related Consequence, Substance Use, and contributing factors of Intervening Variables.

Community Domain

Risk Factor	Indicators
Availability of Drugs	Perceived Availability of Drugs
	Trends in Exposure to Drug Use
	Per Capita Consumption of Alcohol
	Sales of Alcoholic Beverages
	Licensed Tobacco Outlets
	Liquor Sales Outlets
	Narcotics Arrests
Availability of Firearms	Firearms Sales
	Firearms in Home
	Perceived Availability of Firearms
Community Laws and Norms Favorable to Drug Use, Firearms, and Crime	Exposure to ATOD (Alcohol, Tobacco, and Other Drugs) Use Scale
	Community Norms Favorable to Use
	Local Ordinances That Prohibit Underage ATOD Use
	Juvenile referrals for Drug Law Violations
	Juvenile referrals for Violent Crimes
	Juvenile referrals for Curfew, Vandalism and Disorderly Conduct
	Disposition of Juvenile Referrals Cases
	Adult Drunken Driving Arrests
	Average Length of Prison Sentence
	Sentencing Below Federal Guidelines
	Quantity of Drugs Seized
	Areas Targeted by Law Enforcement for Drug Cleanup
	School Discipline for Behavior Problems
	Schools with Student Assistance Programs
	Attitudes Favoring Gun Control
Transitions and Mobility	Existing Home Sales
	New Home Construction
	Rental Residential Properties
	Rental Unit Turnover
	Utility Connections
	Student Movement In and Out of School
	Net Migration
Low Neighborhood Attachment and Community Disorganization	Percent of Population Voting in Elections/Not Registered to Vote
	Rental Housing Vacancy Rates
	Homeowners Unit Vacancy Rates

Data Collection continued….

Community Domain Continued…

Risk Factor	Indicators
Extreme Economic and Social Deprivation	Number of Churches & Synagogues
	Prisoners in State Correction Systems
	Low Neighborhood Attachment Scale
	Survey of neighborhood programs
	Persons/Families/Children Living Below Poverty Level
	Unemployment Rates
	Exhausted Unemployment Benefits
	AFDC Recipients
	Food Stamp Recipients
	AFDC and Food Stamp Benefits As a Percentage of Poverty Level
	Free and Reduced Lunch Program
	Single Female Head of Household As a Percentage of All Households

School Domain

Risk Factor	Indicators
Early and Persistent Anti-Social Behavior	Elementary School Disciplinary Problems
	Special Education Classes for Students with Behavior Disorders
	Elementary School Students Diagnosed with Behavioral Disorders
	Anti-social Behavior Scale Juvenile Arrests for Curfew, Vandalism, and Disorderly Conduct, age 10-17
Academic Failure	Grade Repetition
	ACT Test Scores
	SAT Test Scores
	Reading Proficiency
	Math Proficiency
	Science Proficiency
	GED/Diplomas Issued
Lack of Commitment to School	School Enrollment
	Average Daily Attendance
	Truancy Rates
	High School Completion Rates
	Suspensions/Expulsions

Individual and Peer Domain

Risk Factor	Indicators
Friends who Engage in Problem Behavior	Reported use of drugs and alcohol by friends
	Adolescents in juvenile system
	Adolescent treatment
	Adolescents diagnosed with STD's
	Adolescent pregnancies
Alienation, Rebelliousness, and Lack of Social Bonding	Self-Inflicted Injury Profile under age 15
	Rebelliousness risk factor scale
	Adolescent suicides
	Reported gang involvement
	Reported vandalism and graffiti damage
Favorable Attitudes Toward the Problem Behavior	Peer attitudes favorable to ATOD use risk factor scale
Early Initiation of the Problem Behavior	Age of first alcohol use, cigarette use and marijuana use
	Crime Index Analysis
	Age of initial sexual activity
	School reports of disciplinary problems
	Dropouts prior to 9th grade
	Drug or alcohol related arrests (ages 10-14)
	Violence arrest (ages 10-14)
Early and Persistent Anti-Social Behavior	Juvenile referrals for curfew, vandalism, and disorderly conduct
	Juvenile referrals for alcohol violations
	Anti-social behavior scale
Extreme Economic and Social Deprivation	Unemployment rate
	# in Free and Reduced Lunch Program
	Percentage of population at 100% below the poverty line
	Transfer payments
	Average per capita income
	Adults without High School Diploma
	Single Parent Family Households

Data Collection continued….

Family Domain

Risk Factor	Indicators
Family History of High Risk Behavior	Adults in ATOD treatment program
	Prisoners in state correction systems
	Family use of ATOD scale
	Liver cirrhosis deaths
	Educational attainment of adults
	Adult illiteracy
Family Management Problems	Child abuse and neglect cases
	Children living away from parents
	Runaway reports
	Children living in foster care
	Alcohol-related out-of-home placements
	Average daily attendance (K-8)
	Poor family management scale
Family Conflict	Divorce
	Single parent family households
	Domestic violence arrests
	High family conflict scale
Parental Attitudes and Involvement in Crime and Drugs	Adult violent crime arrests
	Adult property crime arrests
	Adult DUI/DWI and drug arrests
	ATOD use during pregnancy
	Parental attitudes favorable to ATOD use scale

Adapted from: ACT Missouri 1.877.ACT NOW.0 www.actmissouri.org

Data Collection continued….

More About Local Data Not all possible data sources have been identified. Each community has other data sources they could potentially tap into. In preparing to gather data, it is important to have a plan of all the possibilities.

Group Activity

Directions: In your groups, list as many data sources available in communities as possible in 5 minutes. Record your answers. Answers will be shared with the larger group.

Prioritizing Data

Selecting the Consequence

Part One
Directions: Review epidemiology report with your group. Identify the top three consequences (indicators) for your county. Write them down.

1.

2.

3.

Prioritizing Data continued…

Prioritizing the Consequence

Part Two

Directions: You will now identify the one indicator you will use for the rest of the training. Your group will complete a prioritization process in the following order:

1. Fill in the identified consequences on page 24 in the Consequence/Problem row.

2. Rate each consequence using the following scale:

Priority Rating Scale:

3= High 2=Medium 1=Low

A description of each criterion considered in the prioritization worksheet is provided below.

3. Record your selected consequence.

Criteria	Description
Severity	**County Ranking**: Where does your county rank in this consequence compared to other counties? **Rate per 100,000**: Based on the rate alone, what is its priority level?
Burden	**Number/size of problem:** Raw number provided by data **Economic impact:** Estimated hospital, enforcement, judicial, property, insurance, tourism costs in addition to any other economic consequences the problem causes. **Social impact:** Social consequence including affect on families, schools, and community. The impact on people.
Trend	If there is an increase, decrease, stabilization of the consequence – It can be compared to state trend.
Preventability/ Changeability	Is this a consequence that can be prevented or changed considering funding, time, and resources?
Capacity/ Resources	Based off of knowledge from current resource assessments, community grants, state initiatives the community is involved in, and community efforts.
PERCEIVED GAP BETWEEN CAPACITY/ RESOURCES AND NEED	Respondent estimates known resources and compares to estimated gaps and needs for services.
Readiness/ Political Will/Public Concern	Estimates the political climate and public opinion of consequence.

Prioritizing Data continued…

Directions: For each prioritization domain (e.g., severity, burden, preventability/changeability) give a rate from 3-1. A score of 3 indicates a high score (e.g., 3 means high severity). A score of 1 indicates a low score (e.g., 1 means low burden).

Consequence/Problem:		Consequence/Problem:		Consequence/Problem:	
Comments:	SCORE	Comments:	SCORE	Comments:	SCORE
Primary Considerations		**Primary Considerations**		**Primary Considerations**	
Criteria 1a: Severity (County Ranking within State)		Criteria 1a: Severity (County Ranking within State)		Criteria 1a: Severity (County Ranking within State)	
Criteria 1b: Severity (Rate per 100,000)		Criteria 1b: Severity (Rate per 100,000)		Criteria 1b: Severity (Rate per 100,000)	
Criteria 2a: Burden (number/size of problem)		Criteria 2a: Burden (number/size of problem)		Criteria 2a: Burden (number/size of problem)	
Criteria 2b: Burden (economic impact)		Criteria 2b: Burden (economic impact)		Criteria 2b: Burden (economic impact)	
Criteria 2c: Burden (social impact)		Criteria 2c: Burden (social impact)		Criteria 2c: Burden (social impact)	
Criteria 3: Trend characteristics (increasing, decreasing, stable – compared to state trend)		Criteria 3: Trend characteristics (increasing, decreasing, stable – compared to state trend)		Criteria 3: Trend characteristics (increasing, decreasing, stable – compared to state trend)	
Secondary Considerations		**Secondary Considerations**		**Secondary Considerations**	
Criteria 4: Preventability/Changeability		Criteria 4: Preventability/Changeability		Criteria 4: Preventability/Changeability	
Criteria 5: Capacity/Resources		Criteria 5: Capacity/Resources		Criteria 5: Capacity/Resources	
Criteria 6: Perceived Gap between Capacity/Resources and Need		Criteria 6: Perceived Gap between Capacity/Resources and Need		Criteria 6: Perceived Gap between Capacity/Resources and Need	
Criteria 7: Readiness/Political Will/Public Concern		Criteria 7: Readiness/Political Will/Public Concern		Criteria 7: Readiness/Political Will/Public Concern	
Sum of each column		**Sum of each column**		**Sum of each column**	
Total Score		**Total Score**		**Total Score**	

Prioritizing Data continued…

Important considerations when prioritizing data

The prioritization process is much more than a formality to identify a Substance Abuse Related Consequence. It is important to know the prioritization process is subjective. People will answer based on their knowledge and feelings. Just because it is a subjective process does not take away from its value however. It is important to include crucial leaders and decision makers in the process in addition to ordinary citizens, as this can set the stage and create buy in from all facets of the community. It also creates the opportunity for dialog and can be a catalyst for community mobilization.

State Requirements

Block Grant and General Fund sub-recipients will be required to complete the prioritization process in their respective communities.

Developing an Outcome Based Logic Model

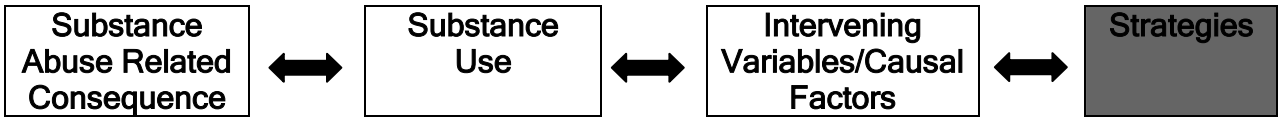
Logic Model Basics

What is a logic model?

- A **simplified picture** of a program, initiative, or intervention that is a response to a given situation.
- Shows the **logical relationships** among the resources that are invested, the activities that take place, and the benefits or changes that result.
- **Core** of program planning, evaluation, program management and communications.
- Logic models can be used at outcome and strategy levels.

The logical connections

This model requires a focus on the prioritized indicator or consequence. Once the consequence has been identified, the next task is to identify data and research that can tell us what use patterns are connected with the consequence. Third, an identification of a broad range of behaviors, circumstances, times and locations, norms, policies, risk and protective factors, etc., that collectively are known as intervening variables that promote the use patterns are identified. Lastly, strategies that will address these intervening variables will be listed. It is important to note strategies will not be discussed until the planning phase.



Terms in the Logic Model

Substance Related Consequences: The social, economic, and health problems associated with the use of alcohol, tobacco and illicit drugs. Any social, economic, or health problem can be defined as substance use problem if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring.

Substance Use: The way in which people drink, smoke, and use drugs is linked to particular substance-related consequences.

Intervening Variables: Factors that have been identified as being strongly related to and influence the occurrence and magnitude of substance use and related risk behaviors and their consequences.

Strategy: Program, practice, or policy that addresses factors strongly related to and influencing the occurrence and magnitude of substance use and related risk behaviors and their consequences.

Substance Use and the Identified Substance Abuse Related Consequence

Consequences and Use Data

Consequences:
In addition to going through data to identify a consequence, there is more data needed in the consequence portion of the logic model. There are three questions that data can examine. Those include:

1. Who is involved?
2. Where is the consequence occurring?
3. When does the consequence occur?

By answering these questions, our efforts to prevent the consequence get even more refined. These questions also assist us in identifying substance use patterns associated with the consequence.

Substance Use:
Data sources that reveal substance use patterns are essential in identifying the behavior(s) that contributes to the consequence. Without a clear picture of the behavior contributing to the consequence, Intervening Variables may not be appropriately identified.

Substance use data is usually gathered through self-reporting surveys collected at the national, state, county, or community level.

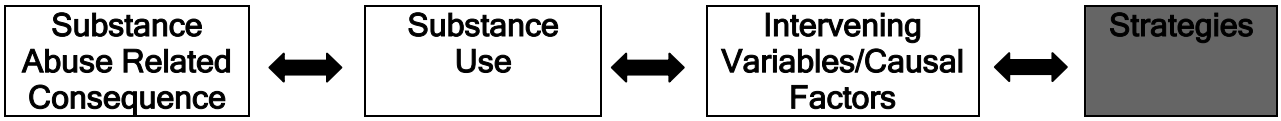
Examples of Use Patterns

- Binge Drinking
- Drinking and driving
- Recreational marijuana use
- Drug use at raves
- Using methamphetamine to stay awake
- Past 30 day use
- Chronic use of ATOD

Substance Use and the Identified Substance Abuse Related Consequence

Practice logical connection #1:

Directions: Begin to develop a logic model using the **consequence** your group identified. Identify possible **substance use** patterns that contribute to the consequence.



Intervening Variables

Introduction

Intervening Variables is the generic term for all of the underlying conditions that contribute to substance use. J. Birckmayer; H. Holder; G. Yacoubian; & K. Friend (2004) have identified six environmental Causal Factors and one individual Casual Factor currently supported by research that contribute to alcohol, tobacco, and other drug (ATOD) use. These include:

Intervening Variable/Causal Factor	Definition	Findings
Economic Availability	The price that must be paid to obtain ATODs.	There is strong evidence to support price is strongly associated with ATOD uses and problems. Higher prices are associated with lower use for alcohol, tobacco and other drugs.
Retail Availability	ATODs are bought and sold through retail markets.	When retail restrictions are placed on alcohol and tobacco, consumption and associated problems decrease.
Social Availability:	Obtaining ATOD through social sources, like friends, family, and relatives.	Support from this comes mostly from surveys that show ATODs are commonly obtained through social sources.
Promotion	Retailers attempts to increase demand through the promotion of their products.	Higher levels of exposure to alcohol and tobacco advertising are associated with increased consumption and problems.
Community Norms	The acceptability or unacceptability of certain behaviors including substance use.	There is evidence to support the relationship between community norms and ATOD use and consequences. It is difficult for researchers to define and measure norms and little research directly addresses the relationship between norms and use.
Enforcement	Enforcement of formal ATOD policies. The mere existence of regulations, laws, and administrative restrictions can influence ATOD use and associated problems, but if there is known consequences, that increases the magnitude of effect	Enforcement of policies result in reduction of alcohol and tobacco consumption, but seem to have little, if any, impact on illicit drug use.
Individual-Level	Individual level factors that influence ATOD use and associated problems including: Biological, social control, social learning, and general strain.	ATOD use can be changed directly by manipulating individual factors that increase one's natural inclination toward ATOD use.

Intervening Variables continued…

Intervening Variables and the Outcomes Based Logic Model

Using the research sited on the previous page, an evidence-based approach to filling in the Intervening Variable portion of the logic model would be to consider the following Causal Factors:

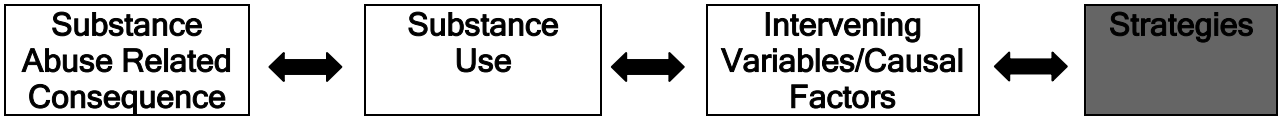
- Economic Availability
- Retail Availability
- Social Availability
- Promotion
- Community Norms
- Enforcement
- Individual-Level

Another Intervening Variable identified by New Mexico is:

- Perceived Risk

Group Activity

Directions: Identify Intervening Variables for your consequence. Be prepared to defend why you chose the Intervening Variables you selected.



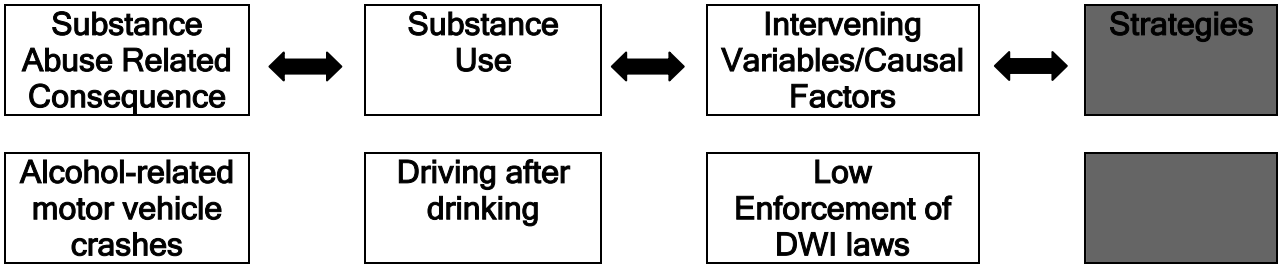
Intervening Variables/Causal Factors continued…

Contributing Factors

The identification of Intervening Variables is only the beginning of the work that will need to be conducted in this column of the logic model. Each Intervening Variable is made up of **contributing factors**. These contributing factors are the data points communities will use to find out what makes of a particular Intervening Variable in their particular community. Below is an example of contributing factors of an Intervening Variable.

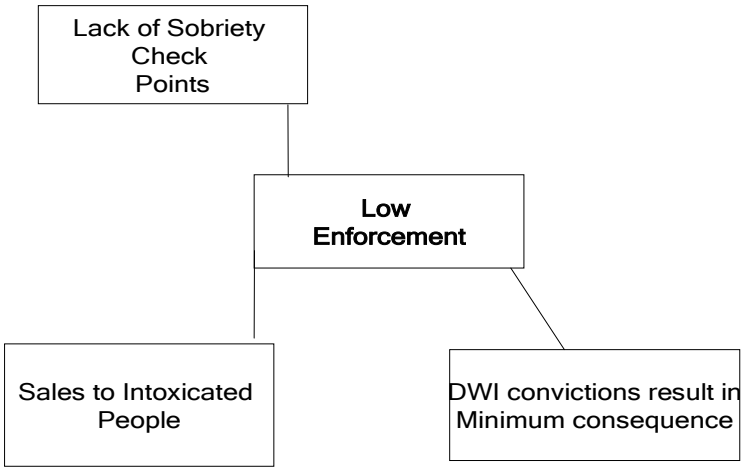
Example

This example uses motor vehicle crashes as the identified consequence and drinking while driving as a substance use pattern that contributes to the consequence. The Intervening Variable Causal Factor is low enforcement.



Example continued...

In order to find out exactly how low enforcement contributes to substance use, and ultimately the consequence, communities must identify data that supports contributing factors. In this example, the communities gathered number of sobriety check points, DWI convictions, and monitored people coming out of alcohol establishments that appeared obviously intoxicated.



Intervening Variables continued…

Group Activity

Directions: For each intervening variable you identified, list of ways you can establish contributing factors at the community level. Record your answers below.

Review possible data sources pages (15-21). Also consider other sources:

- Focus groups
- Bar surveys
- Observation

Resource Assessments

What is a resource assessment?

A systemic approach to identify existing resources for a specific defined service.

Below is a process one can follow to complete a resource assessment. The information was adapted from the Western Center for Applied Prevention Technologies (WCAPT) website.
(see http://casat.unr.edu/bestpractices/racollect.htm)

Process Step	Suggestions
1. Determine what type of resources will be reviewed	▪ Substance abuse prevention only or generic prevention as well? ▪ Direct and indirect services? ▪ Formal and informal programs? ▪ Only publicly-funded programs? ▪ Will state, county, and local programs be included, or only local?
2. Determine how you will assess the potential resources	▪ Develop or choose a standardized worksheet
3. Determine how sources will be identified	▪ Listings of 501 (c) 3 agencies (non-profit) in community ▪ Key Informants (people who work in and around the prevention field) ▪ Telephone directories ▪ Helpline directories ▪ State agency records ▪ Religious institutions and ministry association ▪ Jail Administrators ▪ Community action councils ▪ Community foundations ▪ City halls (especially in small towns) ▪ Food Banks
4. Determine how the data will be collected	▪ Facilitated meeting ▪ Mail survey ▪ Telephone survey ▪ Personal interviews ▪ Record interview (using existing information such as grant applications and contracts)
5. Determine who the respondents will be	▪ State-level staff (e.g. the Single state agency responsible for substance abuse prevention) ▪ Agency directors ▪ Program staff ▪ Records (e.g. grant applications, contracts, MOAs)
6. Collect the data	
7. Analyze the data	There is another process detailed process for data analysis. It is not covered in this table.
*8. Complete a report for stakeholders	Develop a document that demonstrates findings.

Western Center for Applied Prevention Technologies (WCAPT) (http://casat.unr.edu/bestpractices/racollect.htm)
*Not contained in original document

Directions Review the list and check which sources will be beneficial in your quest for information and could be potential resources. The involved column can assist you in thinking about coalition capacity as well.

Potential Data Sources

GOVERNMENT	Involved	Available; crucial	Available; not crucial
Elected Officials/Tribal Government			
Mayor or City/County Council			
Substance Abuse Prevention			
Substance Abuse Treatment			
Department of Public Health			
Local Health Departments			
Community Health Clinics			
• Local Health Departments			
• Community Health Clinics			
Department of Recreation			
Driver's Licensing Agencies			
Public Works Department			
Armed Forces - All Branches			
Other:			

LAW ENFORCEMENT COMMUNITY	Involved	Available; crucial	Available; not crucial
Office of Chief of Police			
Local and State Police/Sheriffs			
• Alcohol Unit/Traffic Safety Unit			
• Community Relations/Affairs			
Alcohol Beverage Control Agency			
DWI Council			
Other:			

Adapted from: National Association of Governors' Highway Safety Representatives. (2001). Coalition membership checklist. *Community how to guide on . . . coalition building (DOT HS 809 209, Appendix 1).* Washington, DC: National Highway Traffic Safety Administration. Retrieved July 21, 2003, from http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/PDFs/CB_Appen1.pdf

Courtesy of Karen Abrams, NE State Liaison: Southwest Center for Applied Prevention Technologies

EDUCATION	**Involved**	Available; crucial	Available; not crucial
Education (K-12)			
• School Superintendent(s)			
• Principals			
• Athletic Directors			
• Coaches			
Prevention Coordinator(s)			
• High Schools			
• Middle Schools			
• PTA Organizations			
• School Resource Officer(s)			
Colleges and Universities (if in the community)			
• Administration			
• Student Affairs			
• Resident Managers			
• Substance Abuse Prevention			
• Judicial Review			
• Campus Police			
• Fraternities and Sororities			
• Athletic Directors			

Health Care Community	**Involved**	Available; crucial	Available; not crucial
Hospitals/Trauma Centers			
Physicians			
Pediatricians			
Medical Association			
Nurses			
Emergency Dept. Physicians & Nurses			
Health Maintenance Organizations			
Health Insurance Companies			
Emergency Medical Technicians and Paramedics			

Youth and Youth Organizations	**Involved**	Available; crucial	Available; not crucial
SADD Organizations			
Boys and Girls Clubs			
Boy Scouts/Girl Scouts			
YMCA			
4-H Clubs			
Substance Abuse Prevention Groups			
Religious Groups/Faith Organizations			
Other:			

Businesses/Employers	**Involved**	Available; crucial	Available; not crucial
Businesses Employing Underage Youth			
• Fast Food			
• Movie Theatres			
• Amusement Parks			
Alcohol Industry			
• Bars			
• Restaurants			
• Liquor Stores			
• Beer Distributors			
• Liquor and Wine Wholesalers			
Insurance Companies			
Chambers of Commerce			
Labor Unions			
Local Major Employers			
Arenas			
Record and Video Sales			
Media			
• Television Stations			
• Radio Stations			
• Newspapers			
Other:			

Community	**Involved**	Available; crucial	Available; not crucial
Parent Groups			
Faith Community			
Citizen Activist Groups			
• MADD Chapters			
• Civic Groups			
• Kiwanis/Lions/Rotary			
• Junior League			
• Other:			
Neighborhood Associations			
Minority/Culturally Specific Orgs.:			
Citizens			
County Health Councils			
Other:			

Community Readiness

Introduction: Community readiness has been identified as one of the first steps that need to be taken to effectively create change. Often, strategies are implemented in a community who isn't ready for such strategies, leading to failed efforts. By gauging the readiness of the community, capacity can be built to increase readiness and strategies can be identified that fit the community's current stage, and ultimately lead to community buy in and change. When using the outcomes based approach, it is important to gauge readiness at identified Intervening Variable also.

Definition: The capacity of a community to implement programs, policies and other changes that are designed to reduce the likelihood of substance use.

How is Community Readiness Determined?

1. Identify the issue
2. Define the community
3. Conduct key respondent interviews
4. Score interviews to determine level of readiness.
5. Develop strategies based on level of readiness and conduct workshops or trainings.

Community Readiness Assessment

There are several examples of assessments available. These include:

1. CSAP: *Prevention Platform*
2. Community Partner Institute: *Community Prevention Readiness Index*
3. Tri-Ethnic Center: *Community Readiness Model*
4. Goodman and Wandersman: *Community Key Leader Survey*
5. Minnesota Institute of Public Health: *Community Readiness Survey*

Stages of Readiness Although there are several instruments available to measure community readiness, all of the have common stages. Below are the stages of community readiness identified through the scoring process of the community readiness assessment.

Stage and Name	Description
1. Community Tolerance/No Knowledge	Substance abuse is generally not recognized by the community or leaders as a problem. "It's just the way things are" is a common attitude. Community norms may encourage or tolerate the behavior in social context. Substance abuse may be attributed to certain age, sex, racial, or class groups.
2. Denial	There is some recognition by at least some members of the community that the behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include "It's not my problem" or "We can't do anything about it."
3. Vague Awareness	There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists, or leadership is not encouraged.
4. Preplanning	There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea of how to progress.
5. Preparation	The community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are being sought and allocated.
6. Initiation	Data are collected that justify a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic as few problems or limitations have occurred.
7 Institutionalization/ Stabilization	Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable, and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.
8. Confirmation/ Expansion	Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data are regularly collected and used to drive planning.
9.Professionalization	The community has detailed, sophisticated knowledge of prevalence and risk and protective factors. Universal, selective, and indicated efforts are in place for a variety of focus populations. Staff is well trained and experienced. Effective evaluation is routine and used to modify activities. Community involvement is high.

Strategies to Increase Readiness

Below are suggested strategies to move communities from a lower stage to a higher one. It is important to keep in mind that it is not suggested that communities try to skip stages. For example, if you find your community is in stage 1, do not try to force it into stage 5. Change must happen through preparation and process, not coercion. These will be addressed in capacity and planning trainings.

Stage 1: Community Tolerance/No Knowledge

STRATEGIES:

- Small-group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use
- Small-group and one-on-one discussions with community leaders on the health, psychological, and social costs of substance abuse to change perceptions among those most likely to be part of the group that begins development of programs

Stage 2: Denial

STRATEGIES:

- Educational outreach programs to community leaders and community groups interested in sponsoring local programs focusing on the health, psychological, and social costs of substance abuse
- Use of local incidents in one-on-one discussions and educational outreach programs that illustrate harmful consequences of substance abuse

Stage 3: Vague Awareness

STRATEGIES:

- Educational outreach programs on national and State prevalence rates of substance abuse and prevalence rates in communities with similar characteristics, including use of local incidents that illustrate harmful consequences of substance abuse
- Local media campaigns that emphasize consequences of substance abuse

Stage 4: Preplanning

STRATEGIES:

- Educational outreach programs to community leaders and sponsorship groups that communicate the prevalence rates and correlates or causes of substance abuse
- Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles
- Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming

Stage 5: Preparation

STRATEGIES:

- Educational outreach programs open to the general public on specific types of prevention programs, their goals, and how they can be implemented
- Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements, and other startup aspects of programming
- A local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse

Stage 6: Initiation

Strategies:

- In-service educational training for program staff (paid and volunteer) on the consequences, correlates, and causes of substance abuse and the nature of the problem in the local community
- Publicity efforts associated with the kickoff of the program
- A special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities

Stage 7: Institutionalization/Stabilization

Strategies:

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Local publicity efforts associated with review meetings and recognition events

Stage 8: Confirmation/Expansion

Strategies:

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Presentation of results of research and evaluation activities of the prevention program to the public through local media and public meetings

Stage 9: Professionalization

Strategies:

- Continued in-service training of staff
- Continued assessment of new drug-related problems and reassessment of targeted groups within community
- Continued evaluation of program effort
- Continued update on program activities and results provided to community leaders and local sponsorship groups, and periodic stories through local media and public meetings

National Institute on Drug Abuse. (1997). *Community readiness for drug abuse prevention: Issues, tips and tools.* Rockville, MD: National Institute on Drug Abuse.

Community Readiness continued….

Tool	Dimensions covered	Where is data collected?	Instrument Considerations
CSAP *Prevention Platform* http://preventionplatform.samhsa.gov	Based on Strategic Prevention Framework: ▪ Assessment ▪ Capacity ▪ Planning ▪ Implementation ▪ Evaluation	▪ Coalitions ▪ Leadership ▪ Organizations (No minimum or maximum # indicated)	▪ Prevention Platform is under constant reconstruction ▪ Survey seems to be geared to an organization opposed to a community ▪ Verbiage would need to be adapted if given to a non-Preventionists # of Questions: 50 Implementation training: no
Community Partner Institute *Community Prevention Readiness Index* *http://p2001.health.org/Cti01/suhopm4e.htm*	▪ Conceptual Clarity ▪ Policy Development ▪ Strategic Planning ▪ Networking ▪ Evaluation ▪ State/Local Collaboration ▪ Technical Assistance ▪ Funding Commitment ▪ Program Models ▪ Data ▪ Leadership ▪ Educational Support	▪ Individuals in the community ▪ Coalitions ▪ Leadership ▪ Organizations (No minimum or maximum # indicated)	▪ Questions may need to be added under each dimension ▪ Sample "Questions to Enrich Consideration" of dimensions available. ▪ Questions can be adapted for representatives from all areas of the community. ▪ Tabulation of scoring appears to be relatively easy ▪ You can get an overall picture from survey as well as by dimension. # of Questions: 12 (More can be added) Implementation Training: no
Tri-Ethnic Center *Community Readiness Model* http://triethniccenter.colostate.edu/index.cfm	▪ Existing Prevention Efforts ▪ Community Knowledge of Prevention Efforts ▪ Leadership ▪ Community Climate ▪ Knowledge About the Problem ▪ Resources for Prevention	▪ Identify four to six individuals in community who are connected to the issue. ▪ Try to find people who represent different segments of community.	▪ Issue specific-In the initial phases of the SPF SIG implementation, will an issue be identified? ▪ May have difficulties at county level b/c community needs to be well defined ▪ Time: 6 interviews-1 hour Scoring-aprox.30 hours ▪ 3 people needed for entire process ▪ You can get an overall picture from survey as well as by dimension # of Questions: 35 Implementation Training: Available

Community Readiness continued….

Community readiness assessment tools, continued….

Tool	Dimensions covered	Where is data collected?	Instrument Considerations
Goodman and Wandersman *Community Key Leader Survey* http://www.secapt.org/flash/science1.html	▪ Awareness ▪ Concern ▪ Action across community levels	▪"Key Leaders" (No minimum or maximum # indicated)	▪ Key leaders are the only source data is collected from, may not give an accurate picture of community readiness ▪ Questions are asked about leader's organization and personal opinion # of Questions: 48 Implementation Training: no
Minnesota Institute of Public Health *Community Readiness Survey* www.miph.org	▪ Perception of ATOD Problem within the community ▪ Permissiveness of attitudes Toward ATOD use ▪ Support for ATOD Policy and Prevention ▪ Adolescent Access to Alcohol and Tobacco ▪ Perception of Community Commitment	Scientific random sample of 600 adults in community	▪ Costs $4,900: covers all survey components from start to finish ▪ 4-6 weeks to complete ▪ Survey is meant to be implemented at community level; county level implementation must meet certain prescribed criteria. # of Questions: 52 Must be implemented through the Minnesota Institute of Public Health

Other Sources of Information about Community Readiness:

Identifying Community Resources & Assessing Community Readiness http://www.dmhas.state.ct.us/sig/commresources/default.htm	*Community Readiness: A Tool for Effective Community-Based Prevention* http://www.tpronline.org/community_readiness:_a_too
Community Readiness: A Promising Model for Community Healing http://64.233.167.104/search?q=cache:R9H6MzN1STYJ:ccan.ouhsc.edu/Comm-Readiness.pdf+community+readiness&hl=en	*Communities That Care Key Leader Survey* http://captus.samhsa.gov/western/resources/bp/step1/crassess.cfm
Organizational Readiness for Change Assessment http://www.ibr.tcu.edu/pubs/datacoll/Forms/orc-sa.pdf	*McKinsey Capacity Assessment Grid* http://vppartners.org/learning/reports/capacity/assessment.pdf

Resources

Creating Expert/ Stakeholder Advisory Groups

Introduction: Our first step in creating culturally competent or diverse groups or organizations is often to attempt to gather a representative sample of all of the different types of people who might be involved in the relevant project or program. While this is a start, it carries with it some assumptions that we must carefully examine if we are to achieve our goal of **inclusion:** *the practice of intentionally working to ensure right of all of a community's diverse populations to participate fully and equally in decision-making, policy development, and implementation of programs, policies and practices.*

Not working through this process can result in a group with representation (or even tokenism) instead of inclusion. Inclusion goes beyond representation by leveraging the talents of all types of individuals in an organization. Bringing all participants and their views to the table to contribute to the organization's success is the goal of inclusion. A multi-cultural organization values diversity, going beyond simply containing many different cultural groups to fully integrating people into both its formal structure and informal networking.

How do we create successful cross-group collaborations?

The first assumption that we must examine is a widely held belief often called the Contact Hypothesis) that increased contact between groups leads to better relations. Extensive research (Pettigrew & Tropp 2000) shows that inter-group contact is only productive when the following conditions are also present:

1) equal status between the members/groups in the situation;
2) common goals;
3) no competition between the members/groups; and
4) authority sanction for the collaboration.

Who do we include?

The question of who to include must actually be answered after it is decided what tasks the group will accomplish. However it is useful to start thinking and discussing early on some questions that will increase the likelihood of inclusion rather then representation:

1. What is the relationship between the characteristics of the groups or individuals we seek to include and the goals and objectives we are trying to accomplish?
2. What criteria other then percentage share of the overall population are we using to determine the need to involve different groups and individuals?
3. What is our expectation of any given group member's ability to speak for other members of the community?

Courtesy of Marie Cox, Southwest Center for Applied Prevention Technologies

Resources

Below is a questionnaire that could assist when examining data for substance abuse related consequences.

Directions Use the following questions to guide you in recognizing data sources your group can use to identify where, when, and who is involved in the identified consequence.

- Is there a specific age, ethnic, or other distinguishable group affected more than others?

- When does this consequence occur most often? (Time of day, time of year)

- Where does this consequence occur most often?

- How are you going to find this information out in your community? (police, hospital staff, EMS, interviews, existing data)

- How are you going to ensure all populations will be looked at equally and fairly? (Stay away from personal perceptions, stigmas, self fulfilled prophecies etc...)

- What cultural considerations do you need to take into account when looking at this consequence and gathering data?

- How are you going to examine data if you are addressing multiple communities?

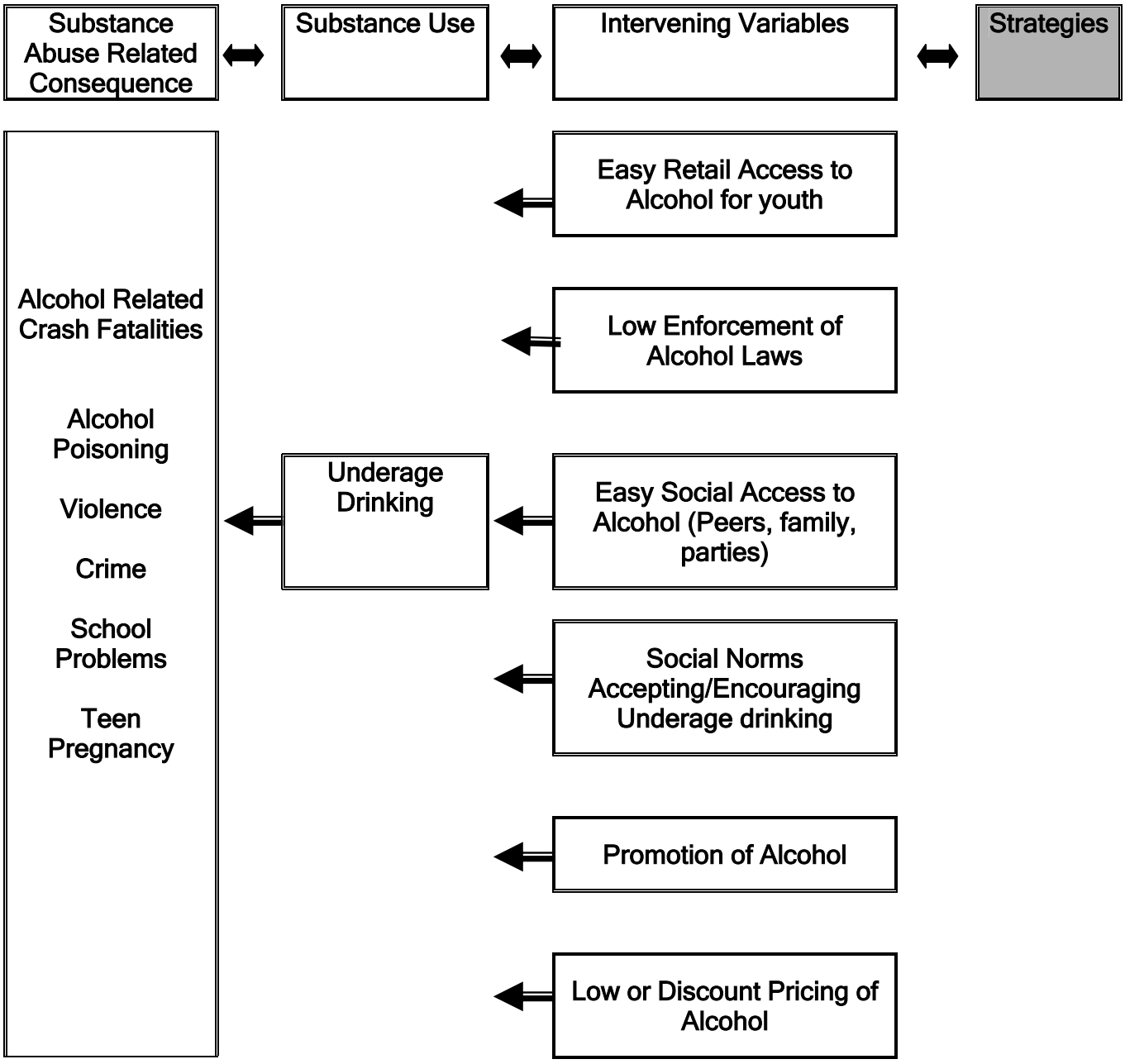
Data Collection Plan

Directions Use this worksheet to record identified data sources for all of today's activities. This will assist you in developing a data collection plan for your community.

LOGIC MODEL DOMAIN	IDENTIFIED SOURCES	INFORMATION TO BE GATHERED	NOTES
Substance Related Consequences			
Substance Use			
Intervening Variables			

Resources, Continued

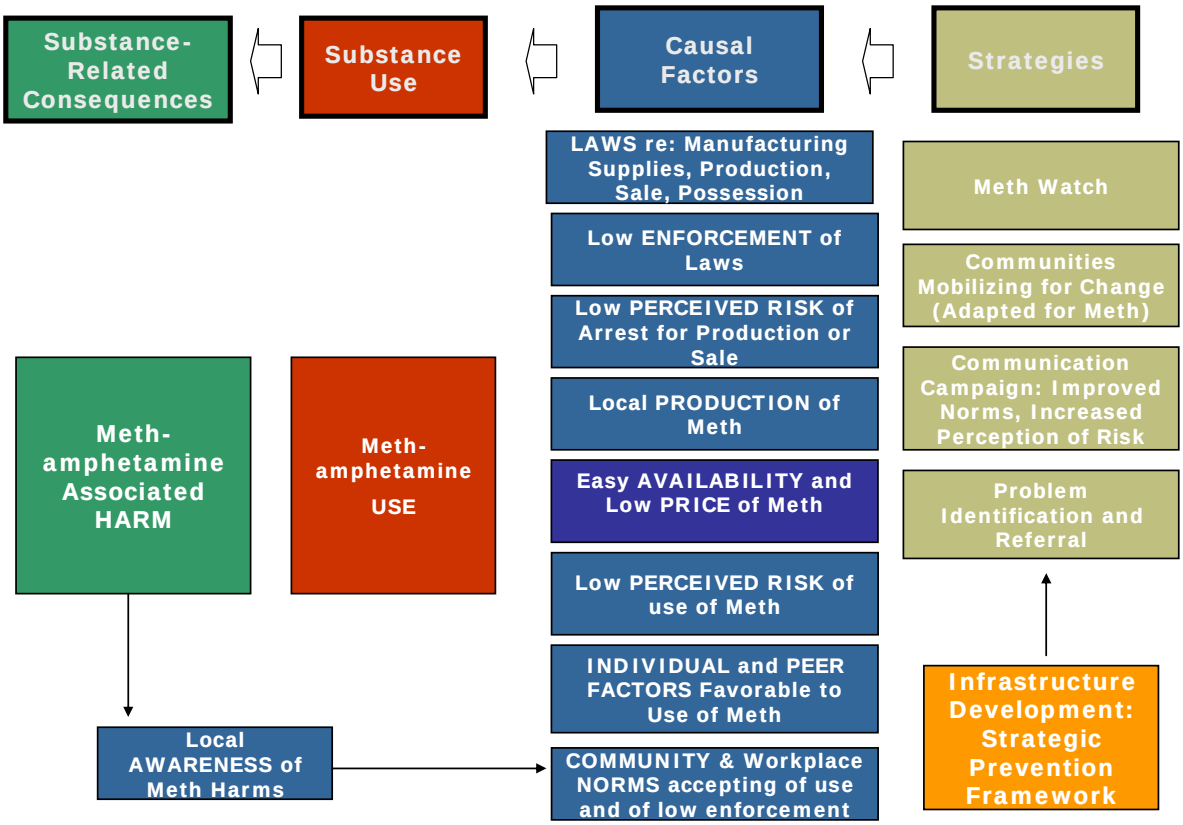
Below is a consequence logic model that addresses consequences associated with underage drinking.



Example developed by PIRE (Pacific Institute for Research and Evaluation)

Resources, Continued

Below is a consequence logic model that addresses consequences associated with methamphetamine use.



Below is a table to assist in the data collection plan. It examines consequence, use, and Intervening Variable data and helps guide who, how and when data will be collected.

Community Assessment Process and Timelines
NEW MEXICO SPF SIG

Component	How will you collect this data?	Who is responsible for doing it?	When will it be completed?
Alcohol related Motor Vehicle Deaths and Crashes			
Drinking and Drinking			
Binge Drinking			
Youth Focus Groups			
Bar Assessment			
Community Alcohol Assessment Tool			
Enforcement Survey			
Community Survey			
Community Forums			

STRATEGIC PREVENTION FRAMEWORK: ASSESSMENT
Community Perception Survey

DIRECTIONS: Utilize these questions as a paper survey that can be tabulated, and as a beginning point for a documented community dialogue about the issues covered by this survey. Include representatives from multiple sectors of your community, including, at least: youth and youth organizations, health care organizations or providers, businesses and employers, law enforcement, local government, and education. Parents and faith community leaders should also be represented. Except for very small communities, at least fifty (50) paper surveys should be collected and tabulated. Your results should be described comprehensively in your progress report.

Describe from whom and how you collected this information

_____

COMMUNITY SURVEY

We plan to talk tonight about the high rate of alcohol related motor vehicle crashes among youth and young adults in our community. Before beginning the discussion, we would appreciate you answering the following question. Please circle the response that you feel best fits the question. Your individual responses will be kept anonymous, and only utilized to aggregate the responses of the entire group.

1. How wrong would most adults in your community think it is to binge drink?

   Very wrong Wrong A little bit wrong Not wrong at all

2. How wrong would most adults in your community think it is to drink and drive?

   Very wrong Wrong A little bit wrong Not wrong at all

3. How wrong would most adults in your community think it is for underage youth to drink?

   Very wrong Wrong A little bit wrong Not wrong at all

4. How easy or difficult is it for underage youth to obtain alcohol from the following people in your community?

   a. Older siblings : Very difficult Difficult Easy Very Easy

   b. Parents : Very difficult Difficult Easy Very Easy

   c. Friends : Very difficult Difficult Easy Very Easy

   d. Adult strangers: Very difficult Difficult Easy Very Easy

5. How easy or difficult do you think it would be for underage youth to get beer, wine, wine coolers, or liquor from home without their parents knowing it?

   Very difficult Difficult Easy Very Easy

6. How often do you think parents in your community provide alcohol at parties their children host?

Very serious problem Serious problem Somewhat of a problem Not a problem at all

7. How serious a problem is alcohol consumption by underage youth (15-20 years old) at unsupervised, informal gatherings (e.g., parties, at friend's houses) in your community?

Very serious problem Serious problem Somewhat of a problem Not a problem at all

8. How serious a problem are alcohol related motor vehicle crashes in your community?

Very serious problem Serious problem Somewhat of a problem Not a problem at all

9. Please describe at least two reasons why there are a high number or rate of alcohol related car crashes in your community.

STRATEGIC PREVENTION FRAMEWORK: ASSESSMENT – COMMUNITY ACCESS ASSESSMENT TOOL

DIRECTIONS: You will need to do a tour of your community to answer the questions on the first page of this tool. If you have a large community, you might only look at a sample of bars and stores in your community. If you are in a small community and have no retail source in one of the categories below for alcohol, note that in RA2 and skip the remainder of the column. Discuss the best approach with your evaluator prior to beginning data collection for all of the information on this tool.

RETAIL AVAILABILITY: This section addresses how alcohol is bought and sold in your community.

	Bars	**Restaurants**	**Liquor Stores**	**Convenience Stores**	**Grocery Stores**
RA1. Is alcohol sold in these outlets in your community?	Yes No	Yes No	Yes No	Yes No	Yes No
RA2. How many of these alcohol outlets are there in your community?					
RA3. How many days a week are they open?					
RA4. How many hours a day are they open?					
RA5. Are there restrictions on where they can be? (e.g., proximity to schools)	Yes No	Yes No	Yes No	Yes No	Yes No
RA5a. Describe these restrictions.					
RA6. Are there restrictions on how many outlets can be in your community?	Yes No	Yes No	Yes No	Yes No	Yes No
RA6a. Describe these restrictions.					
RA7. Do they sell high strength alcohol?	Yes No	Yes No	Yes No	Yes No	Yes No
RA8. Do they sell alco-pops?	Yes No	Yes No	Yes No	Yes No	Yes No
RA9. Do they sell single unit sales (e.g., single cans of beer)	Yes No	Yes No	Yes No	Yes No	Yes No

Community Access Tool continued…

For the questions that require a Yes/No response, please circle the appropriate answer. In your report, please clearly describe how you collected this information. For the remaining pages, please convene your coalition or planning group and answer the questions based on the input of the group.

DIRECTIONS: For the questions that require a Yes/No response or provide a range of responses, please circle the appropriate answer. For the open-ended questions, please provide as much detailed information as possible.

Describe from whom and how you collected this information_____

RA9. Are there other outlets where alcohol is sold in your community? Yes [Go to RA9a] No [Skip to RA10]

RA9a. What are these outlets?

RA9b. What kind of alcohol do they sell?

RA10. Is there home brewed alcohol (moonshine) available in your community? Yes [Go to RA10a] No [Skip to RA11]

RA10a. From what type of sources(s) is moonshine available?

RA10b. How easy is it to get moonshine? Very easy Easy Difficult Very difficult

RA11. Is there home brewed "ocean" (alcohol-based) available in your community? Yes [Go to RA11a] No [Skip to RA12]

RA11a. From what type of sources(s) is ocean available?

RA11b. How easy is it to get ocean? Very easy Easy Difficult Very difficult

Resources, continued….

Community Access Tool continued…

RA12. Do underage youth from your community cross the border to Mexico to drink alcohol? Yes No

RA13. Do young adults (21-24 years old) from your community cross the border to Mexico to drink alcohol? Yes No

RA14. How big of a problem is cross-border drinking in your community? A big problem Somewhat of a problem Not a problem

RA14a. If youth or young adults cross the border to drink, please describe the problem.

RA15. Are there dry communities in your community (i.e., areas where alcohol cannot be legally sold)? Yes No [Skip to PR1]

RA16. Who/Where are they (e.g. name of county, reservation, township, etc.)_____

RA17. Do underage youth travel from these dry communities to places where alcohol is sold to buy/drink alcohol? Yes No

RA18. Do young adults (21-24 years old) travel from these dry communities to places where alcohol is sold to buy/drink alcohol? Yes No

RA19. How big a problem is traveling from dry communities to places where alcohol is sold in your community?

A big problem Somewhat of a problem Not a problem

RA19a. If youth or young adults travel from dry communities to buy or drink alcohol in other communities, please describe the problem.

Community Access Tool continued…

PROMOTION: The next several questions address where underage youth or young adults hear or see alcohol advertising in your community. For the questions that require a Yes/No response, circle the appropriate answer. For the open-ended questions, please provide as much information as possible.

Describe from whom and how you collected this information_____

	Describe how alcohol is portrayed:	**Are youth targeted?**	**Are specific groups targeted? (e.g., young women, Hispanics, etc.)**
PRO1. on the radio		Yes No	Yes Which group(s)? No
PRO2. on billboards		Yes No	Yes Which group(s)? No
PRO3. on store fronts		Yes No	Yes Which group(s)? No
PRO4. at community events		Yes No	Yes Which group(s)? No
PRO5. at sporting events		Yes No	Yes Which group(s)? No
PRO6. in the newspaper		Yes No	Yes Which group(s)? No
PRO7. on TV commercials		Yes No	Yes Which group(s)? No
PR08. OTHER (Describe)		Yes No	Yes Which group(s)? No

Community Access Tool continued…

COMMUNITY NORMS: The next several questions ask about the availability of alcohol at community events. For the questions that require a Yes/No response or provide a range of responses, please circle the most appropriate answer.

Describe from whom and how you collected this information_____

	Is it acceptable to get drunk at:		Do people drive home drunk from:		Is it acceptable for underage youth to drink at:	
CN1. Graduation parties	Yes	No	Yes	No	Yes	No
CN2. Baptisms	Yes	No	Yes	No	Yes	No
CN3. Births/funerals	Yes	No	Yes	No	Yes	No
CN4. Festivals/fairs	Yes	No	Yes	No	Yes	No
CN5. Sporting events	Yes	No	Yes	No	Yes	No
CN6. Other community rituals	Yes	No	Yes	No	Yes	No
CN7. Other [please describe]:						
CN8. Other [please describe]:						
CN9. Other [please describe]:						
CN10. Other [please describe]:						
CN11. Summarize what the group said about this issue.						

STRATEGIC PREVENTION FRAMEWORK: ASSESSMENT – ENFORCEMENT ASSESSMENT TOOL

DIRECTIONS: Please collect this information from a law enforcement/judicial source(s). For the questions that require a Yes/No response or provide a range of responses, circle the most appropriate answer. For E4, E6, E8, and E10 on page 2 of this tool, include information on efforts to catch people breaking the law, efforts to punish people and the severity of the penalties associated with the offense, which should also be collected from a law enforcement/judicial source(s). Include as much information as is available about these issues. Finally, for E5, E7, E9, and E11 on page 2 of this survey, please conduct a meeting of your coalition, stakeholder group, and/or other interested project participants in your community and lead a discussion in this group about these issues. At the end of the discussion, rate whether your community is very effective, effective, ineffective, or very ineffective at enforcing those laws, and document major issues and concerns that arose during the discussion.

Describe from whom and how you collected this information _____

ENFORCEMENT: These questions ask about the enforcement of alcohol-related laws in your community.

	Sales of alcohol to minors	Adults buying alcohol for minors	Drinking and driving	Sales to intoxicated patrons
E1. How many violations have been issued in your community in the past year for:				
E2. Is this an increase or decrease from the last 2 years?	Increase Decrease No Change	Increase Decrease No Change	Increase Decrease No Change	Increase Decrease No Change
E3. What is the punishment for the:				
E3a. First offense:				
E3b. Second offense:				
E3c. Third offense:				

Enforcement Assessment Tool continued…

DIRECTIONS: As described in the directions on page 1, please obtain information about the specifics of E4, E6, E8, and E10 from law enforcement or judicial source(s) about the efforts currently underway in your community. Then convene a group of coalition members and/or stakeholders to lead a discussion about the effectiveness of these measures, rating in E5, E7, E9, and E11 whether your community is very effective, effective, ineffective, or very ineffective at enforcing those laws, and document the major issues and concerns that resulted from the discussion.

ENFORCEMENT EFFECTIVENESS: These questions ask about the effectiveness of enforcement activities in your community. Effective enforcement of laws has 3 key components. People need to feel 1) that there is a reasonable chance of being caught, 2) that if they are caught they will be punished, and 3) that the punishment is severe enough to be a meaningful deterrent.

	Very effective	Effective	Ineffective	Very ineffective
E4. What specific measures are being taken to enforce laws against drinking and driving?				
E5. How effective is your community at enforcing laws against drinking and driving?				
E6. What specific measures are being taken to enforce laws against adults buying alcohol for minors?				
E7. How effective is your community at enforcing laws against adults buying alcohol for minors?				
E8. What specific measures are being taken to enforce laws against sales of alcohol to minors?				
E9. How effective is your community at enforcing laws against sales of alcohol to minors?				
E10. What specific measures are being taken to enforce laws against sales to intoxicated persons?				
E11. How effective is your community at enforcing laws against sales to intoxicated persons?				

STRATEGIC PREVENTION FRAMEWORK: ASSESSMENT – BAR ASSESSMENT TOOL

DIRECTIONS: You will need to do a tour of your community to answer the following questions. If you have a large community, you might only look at a sample of bars. As a general rule, if you have less than 10 bars visit all of them. If you have more than 10 visit at least 10-20 and provide a justification for your choice of bars. Discuss the best approach with your evaluator prior to beginning data collection. For the questions that require a Yes/No response, please circle the appropriate answer. For the open-ended questions, please provide as much detail as possible. Made as many copies of this form as needed.

Number of Bars Visited_____ Number of Bars in Community_____

RETAIL AVAILABILITY: This section addresses how alcohol is bought and sold at bars in your community.

	Bar #1	**Bar #2**	**Bar #3**	**Bar #4**	**Bar #5**
RA1. What is the name of the bar?					
RA2. What is the bar's address?					
RA3. How many days a week is the bar open?					
RA4. How many hours a day is the bar open?					
RA5. What type of alcohol does the bar sell? [CIRCLE ALL THAT APPLY]	a. Beer b. Wine c. Coolers d. Liquor	a. Beer b. Wine c. Coolers d. Liquor	a. Beer b. Wine c. Coolers d. Liquor	a. Beer b. Wine c. Coolers d. Liquor	a. Beer b. Wine c. Coolers d. Liquor
RA6. Does the bar sell single units of alcohol (e.g., a can of beer, glass of wine, etc.)?	Yes No	Yes No	Yes No	Yes No	Yes No
RA7. Does the bar sell high strength alcohol?	Yes No	Yes No	Yes No	Yes No	Yes No
RA8. Does the bar sell alco-pops?	Yes No	Yes No	Yes No	Yes No	Yes No
RA9. Does the bar sell moonshine?	Yes No	Yes No	Yes No	Yes No	Yes No

Bar Assessment Tool continued…

PRICE: The next several questions are related to the price of alcohol. For the questions that require a Yes/No response, please circle the appropriate answer.

	Bar #1	**Bar #2**	**Bar #3**	**Bar #4**	**Bar #5**
PR1. Are happy hours with discounted drinks offered at this bar?	Yes No	Yes No	Yes No	Yes No	Yes No
PR2. Do prices increase to their normal level after happy hour is over?	Yes No	Yes No	Yes No	Yes No	Yes No
PR3. Are "all you can drink" specials offered at this bar?	Yes No	Yes No	Yes No	Yes No	Yes No
PR4. Are "two for one" drink specials offered at this bar?	Yes No	Yes No	Yes No	Yes No	Yes No

PROMOTION: The next several questions address advertising at each bar. For the questions that require a Yes/No response, circle the appropriate answer.

	Bar #1	**Bar #2**	**Bar #3**	**Bar #4**	**Bar #5**
PRO1. Is alcohol advertising visible from the outside of the store (e.g., neon signs)?	Yes No	Yes No	Yes No	Yes No	Yes No
PRO2. Is there alcohol advertising on the inside of the store?	Yes No	Yes No	Yes No	Yes No	Yes No
PRO3. Does the bar offer free alcohol-related merchandise or promotional gifts?	Yes No	Yes No	Yes No	Yes No	Yes No
PRO4. Are there "no sales to minors" signs posted?	Yes No	Yes No	Yes No	Yes No	Yes No
PRO5. How does this bar typically advertise?					
PRO6. Does this bar sponsor community events?	Yes No	Yes No	Yes No	Yes No	Yes No

STRATEGIC PREVENTION FRAMEWORK: ASSESSMENT – Community Forums

DIRECTIONS: Please convene at least two community meetings to survey participants and discuss the following questions, documenting the discussion and any group consensus. Include representatives from multiple sectors of your community, including, at least: parents, health care organizations or providers, businesses and employers, groups that work with youth, law enforcement, local government, faith community leaders, and education. The discussion should be described comprehensively in your progress report.

Suggestions for Process: Start the community forum with a review of data on the alcohol related motor vehicle crashes in your community. Explain to the community members that you are holding to meeting to explore with them what they think are the primary causes of these alcohol related car crashes especially among youth and young adults in your community. Explain that over time, the project will be working on ways to reduce alcohol related crashes in your community but for the discussion tonight, we are seeking first to understand why we have such a big problem with drinking and driving and alcohol related crashes.

Questions

1. You have just seen data showing that a large number of youth and young adults in your community are drinking and driving or riding in cars with drinking drivers. Drinking and driving as you know puts people at high risk of a car crash. Why do you think there are such high rates of alcohol related car crashes in your community?

2. Is it acceptable to drink and drive in your community? Do you think it is a problem in your community? How wrong do most adults think it is to drink and drive?

3. Is it acceptable to drink until you are drunk in your community? Do you think it is a problem in your community? How wrong do most adults think it is to drink until you are drunk?

4. Is it acceptable for underage youth to drink in your community? Do you think it is a problem in your community? How wrong do most adults think it is for underage youth to drink?

5. Where do you think underage youth in your community are getting alcohol? From stores? Bars? Their homes? Other adults? Their friends?

6. Where do you think underage youth and young adults in your community are drinking alcohol? Are they more likely to drink and then drive from any of these places?

7. How are laws against drinking and driving enforced in your community? How effective do you think your community is at enforcing laws against drinking and driving?

8. How are laws against selling alcohol to underage youth enforced in your community? How effective do you think your community is at enforcing laws against selling alcohol to underage youth?

STRATEGIC PREVENTION FRAMEWORK: ASSESSMENT
YOUTH FOCUS GROUP QUESTIONS (15 to 24 Year Olds)
Retail Availability, Social Availability, Perception of Risk, Social Norms

Directions: Convene <u>at least</u> 6 focus groups with youth in your communities to discuss the following questions. Focus groups generally work best with 6-8 participants. Conduct at least one focus group with 15-17 year olds (in high school), one with 18-20 year olds (underage for buying alcohol and of college age), one with 21-24 year olds (of legal age), at least one group with Hispanic males and, if a substantial portion of the population of your community is Native American, one group with Native American males.

INSTRUCTIONS TO READ TO PARTICIPANTS: I am going to ask you some questions around drinking alcohol. You will not be asked questions about your own behavior, but rather your views about what people your age in your community think and do.

1. When you think about people your age, where do you think that they usually obtain alcohol?
   PROMPTS
   a) a liquor store?
   b) a grocery store?
   c) a bar?
   d) a restaurant?
   e) Friends?
   f) Parents?
   g) other family members?
   h) Strangers?

2. How easy would it be for people your age to get alcohol from those sources:
   PROMPTS: Reflect sources they mentioned in Q1

3. If people your age in your community drink alcohol, how likely do you think it would be that people would find out:
   PROMPTS
   a) parents
   b) other family member
   c) the police
   d) teachers at school (if applicable)
   e) your employer (if applicable)

Youth Focus Groups *continued**…***

4. How much do you think that people would disapprove if people your age were to drink?
    PROMPTS
    a) your parents
    b) other family members
    c) your friends
    d) teachers at school (if applicable)
    e) your employer (if applicable)

5. How much do you think that drinking and driving is a problem for people your age?

6. How much do you think that people would disapprove if people your age were to drink and drive?
    PROMPTS
    a) parents
    b) other family members
    c) your friends
    d) teachers at school (if applicable)
    e) your employer (if applicable)

7. If you were to drink and drive what do you think would happen to you?
    PROMPTS
    a) the police would catch you
    b) you would get a ticket and pay a fine
    c) (FOR MINORS) your parents find out and punish you in some way (such as taking away your car?)
    d) anything else?

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