

Appendices

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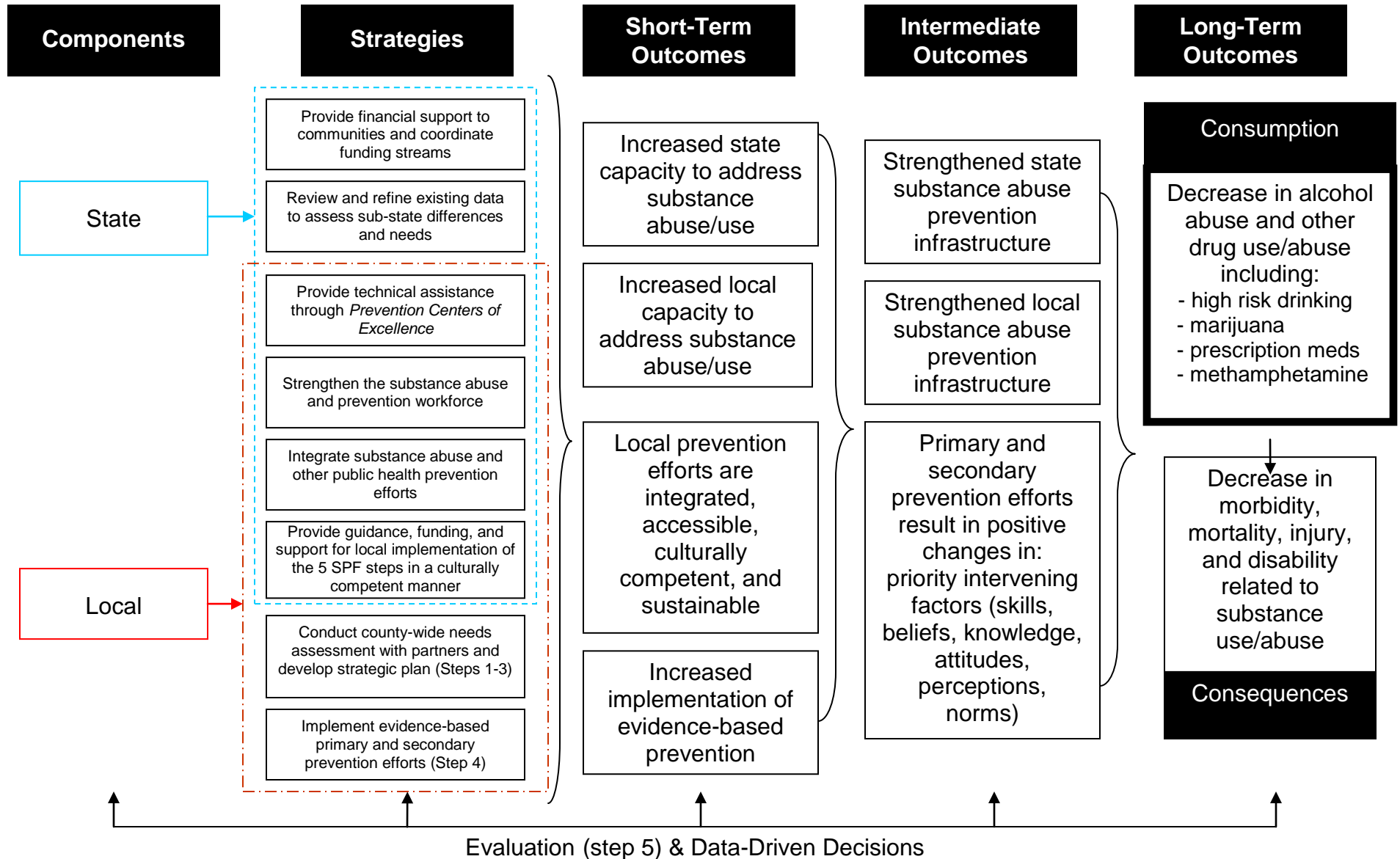
Appendix E: Strategic Plan Rating Matrix (SPRM)

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Appendix A. Maine Strategic Prevention Framework (SPF) Logic Model



Appendix B. Community Infrastructure Assessment⁴¹
Maine Strategic Prevention Framework State Incentive Grant

- 1 County/District:
- 2 Date:
- 3 Interviewees:

Organizational Structure

4 Does a group of county/district level decision makers convene to integrate ATOD prevention efforts?

- Yes (Specify: _____)
 No (if no, skip to Question 7)

5 How often does this group convene?

- Monthly
 Quarterly
 Annually
 Other:

6 How often do members of this group:

a Share information

- not at all sometimes routinely or always

b Engage in broad based strategic planning

- not at all sometimes routinely or always

c Plan for specific prevention activities

- not at all sometimes routinely or always

d Combine existing funding sources for prevention activities

- not at all sometimes routinely or always

e Seek prevention resources jointly

- not at all sometimes routinely or always

7 Do you have written guidelines for decision making?

- Yes No

⁴¹ Adapted from the Infrastructure Index Scoring Guide – DRAFT 8.4 – 9/13/06

8 To what extent do you incorporate input from community stakeholders when making major substance abuse prevention-related decisions (e.g., setting priorities, allocating resources)?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
There is little to no incorporation of input	Incorporation of input takes place but is inconsistent or modest	Input is used consistently

Notes:

9 To what extent do you involve or solicit state-level input for major prevention-related decisions?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
There is little to no incorporation of input	Incorporation of input takes place but is inconsistent or modest	Input is used consistently

Notes:

Planning

10 Is there a county/district-wide mission and vision for substance abuse prevention?

Yes No

Notes:

11 Describe the mission and vision.

Notes:

12 To what extent was there input from community stakeholders in the development of the mission and vision?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Little input	Some	A lot

Notes:

13 How would you characterize the current level of support for a county/districtwide strategic plan among the various stakeholders?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Little support (stakeholders do not appear to support a county/districtwide plan)	Many stakeholders support a county/districtwide plan, but some withhold full support	All or nearly all appear to support a county/districtwide plan

Notes:

14 How has the strategic plan influenced prevention practices? (will not be applicable at first site visit)

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Little evidence that the plan influenced practices	Some evidence that the plan influenced practices	Substantial evidence that the plan influenced practices

Notes:

15 How has your county/district strategic plan influenced the allocation of prevention funding locally?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Little evidence that the plan was used in funding allocation	Some evidence that the plan was used in funding allocation	Substantial evidence that the plan was used in funding allocation

Notes:

16 How often are data used to identify target populations and needs?

- Annually
- Every 2 years
- Every 3 years
- Every 4-5 years
- Other:

17 Other than SPF SIG funding, what other resources are available specifically for strategic planning?

Notes:

18 Is staff time allocated for substance abuse prevention planning? (answer will be yes at first 2 site visits; goal is to have planning become a permanent part of prevention work)

- Yes No

19 Is outside technical assistance available for planning if needed?

- Yes No

Notes:

20 Describe the mechanisms for linking state and county/district planning efforts.

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Does not appear to be a mechanism	Some linkage but no mechanism	Mechanism for linking state and county/district planning which is routinely used

Notes:

Data Systems

21 How would you describe your capacity to maintain data systems (e.g., KIT Solutions; access databases; COMET)?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
No staff with data systems expertise	At least one staff with data system expertise, but greater need	Staffing is adequate for all data system needs

Notes:

22 How would you characterize funding available for building data system capacity relative to your need?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
No funds allocated specifically for data systems expertise	Funds have been allocated for data system maintenance, but there is greater need	Funds allocated are adequate for all data system needs

Notes:

23 Please describe the degree to which the State and local grantees share epidemiological data.

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
No evidence of epi data sharing	At least one activity or product has been shared, but data sharing is not routine	Epi data are routinely shared

Notes:

24 What guidance is provided by the State on how to interpret epi data?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
State does not play a role in providing epi guidance	Evidence that State has engaged in some activities to provide guidance	State provides substantial and continuing guidance on how to interpret epi data

Notes:

Workforce Development

25 Do you have a formal written professional development plan or policy?

Yes No

a If yes, for whom?

26 Does the State offer sufficient workforce development opportunities?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Too few opportunities	Some opportunities are available, but there should be more	A lot of opportunities

Notes:

27 Are the workforce development opportunities accessible?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
They are not accessible	Some opportunities are accessible, but there are barriers to attendance	In general, most opportunities are accessible

Notes:

28 In the past year, what types of professional development opportunities have you or other key staff participated in?

Notes:

29 What workforce development opportunities would you like to see made available which have not been provided?

Notes:

Evidence-based Programs, Policies and Practices

30 Are the criteria for defining evidence-based programs, policies and practices consistent across state and local prevention entities?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
No criteria that is consistently used	Criteria are inconsistent	Most criteria for defining EPBs are consistent across state and substate

Notes:

31 Describe resources available (e.g., training, TA, materials) to assist program providers in the selection of evidence-based practices.

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Resources and TA unavailable	Some resources and TA are available, but are limited	Substantial resources and TA available

Notes:

32 Describe resources available (e.g., training, TA, materials) to assist program providers in the implementation of evidence-based practices.

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Resources and TA unavailable	Some resources and TA are available, but are limited	Substantial resources and TA available

Notes:

33 Describe resources available (e.g., training, TA, materials) to assist program providers in the adaptation of evidence-based practices.

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Resources and TA unavailable	Some resources and TA are available, but are limited	Substantial resources and TA available

Notes:

Cultural Competence

34 Does the State provide guidance on what cultural competence means within the context of substance abuse prevention?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
No guidance provided	Some guidance provided but more is needed	Substantial guidance provided

Notes:

35 Describe the degree to which the State supports the selection and implementation of culturally appropriate prevention practices.

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
There is no evidence of State support (funding, policies, TA)	Some evidence of state level support, but more is needed	Substantial support for culturally competent strategies

Notes:

36 Has anyone in the county/district developed written formal policies on how to ensure cultural competence in substance abuse prevention efforts?

Yes No

Notes:

37 Is there a process in place in your county/district to assess and monitor cultural competence in prevention planning and practices?

Yes No

Notes:

Evaluation and Monitoring

38 How would you characterize the availability of evaluation expertise (e.g., academic institutions, private research organizations) to your coalition?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
No expertise has been identified as available	Some expertise has been identified as available, but there is a greater need for resources	Identified evaluation expertise is adequate to meet needs

Notes:

39 Do you have an evaluator on staff or through a contract who provides evaluation services and technical assistance?

Yes No

Notes:

40 How do you use evaluation data (process, outcome, fidelity)?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
No evidence that evaluation data is used	There have been some occasions on which evaluation data have been used, but use is not routine	Evaluation data are used regularly/periodically

Notes:

41 In what ways does the State monitor your activities and performance? Is feedback provided to you?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Little monitoring occurs	Some monitoring occurs, but results are not regularly fed back	Regular monitoring occurs and feedback is provided as a result

Notes:

42 To what extent are State reporting requirements streamlined?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Not at all, different requirements for each funding source	Two to three programs use the same reporting requirements	Substantial streamlining of reporting requirements

Notes:

Sustainability

43 Describe any efforts in the past six months to diversify funding streams to sustain prevention work.

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Prevention efforts are supported by a single source	Prevention efforts supported by two or three sources but are not coordinated	Prevention efforts are supported multiple sources which are coordinated

Notes:

44 Please describe the extent of involvement in prevention efforts of the different communities in your county/district.

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Few to none	Some	Almost all or all

Notes:

45 How, if at all, are prevention sustainability efforts reviewed?

Notes:

46 How often are the sustainability efforts reviewed?

- Annually
- Every 2 years
- Every 3 years
- Every 4-5 years
- Other:

47 What are some obstacles, if any, that have been identified during these reviews and how did you identify them?

Notes:

48 When obstacles are identified, how are plans made to address them?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Obstacles are not identified or not addressed	Potential obstacles are identified but do not receive detailed analysis and/or detailed plan to address them	Obstacles receive a thorough analysis and a detailed plan to address them

Notes:

49 Describe the process the State uses to solicit your input on prevention sustainability.

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Input is not sought	Input is minimal	Input is substantial; shared responsibility exists

Notes:

External Events

50 In the past 12 months, what external events or incidents have taken place that may have an impact on ATOD prevention activities in your county/district (e.g., legislation, funding, administrative changes, local events)?

Notes:

Appendix C. Community Site Visit Protocol Maine's Strategic Prevention Framework State Incentive Grant

Agenda

- Overview and Introductions (5 min)
- Evaluation Update & Activities (20 min)
- Young Adult Drug and Alcohol Use Survey (15 min)
- Local Implementation: Updates and Report Out (SPF Step 4) (35 min)
- Community Infrastructure Assessment – Round 3 (50 min)

Discussion Questions for Implementation (SPF SIG Step 4)

1. Who have you involved in implementing your strategies? How has this changed since the previous site visit?
2. What have been your biggest accomplishments to date?
3. What has been the most difficult thing to overcome in the past year? How did you approach this?
4. What challenges do you face going forward?
5. How has being involved in the SPF SIG grant affected or impacted your coalition?

Appendix D: Key Stakeholder Interviews

SPF SIG State-level Evaluation 2006 Interview Questions

Name:

Date:

Hornby Zeller Associates, Inc. is conducting interviews with members of the committees which have guided the SPF SIG project thus far. The information you provide will be reported so that your responses will not be personally identified. We appreciate your willingness to participate.

1. Which of the following groups do you serve on?
 - Executive Management Team
 - SHY (Strategies for Health Youth)
 - SEW (State Epidemiological Work Group)

The SPF SIG Project has engaged in the first three stages of the Strategic Prevention Framework thus far: needs assessment, capacity assessment, and planning. We would like your opinion about each of these, and how well the project is progressing.

a. Needs Assessment

The needs assessment consisted of activities such as: epidemiological analysis; collection of National Outcome Measure baseline data, key informant interviews; and cultural sub-population grants.

2. Did this needs assessment process result in the identification of prevention needs?
3. What would you say were the strengths of the needs assessment?
4. What aspects would you like to have seen done better?
5. Do you have any advice for ongoing needs assessment activities?

b. Capacity Assessment

The capacity assessment consisted of activities such as: a study of Unified Governance Structures; development of Prevention Centers of Excellence; GIS Mapping; a system capacity workshop sponsored by SHY to assess prevention and health promotion for youth; and a data inventory.

6. Did this process result in a thorough assessment of resources and capacity?
(Follow-up) Why or why not?

The national evaluators for SPF identified nine components of infrastructure. The next set of questions asks you to rate the degree to which Maine’s capacity assessment addressed each of those components.

7. First, using a scale of 1 to 5, (1 being low), how well did the capacity assessment examine the state prevention structure?
8. Using the same scale, to what extent was planning capacity addressed in the assessment?
9. Again using the same scale, to what extent were data systems assessed?
10. What about workforce development?
11. To what degree was the cultural competence of the current prevention structure assessed?
12. ... the statewide capacity for monitoring and evaluation?
13. ... the use of evidence-based practices around the State?
14. To what extent were financial resources for prevention examined?
15. Lastly, to what extent did the project assess the sustainability of the current prevention system?
16. What would you say were the greatest strengths of the capacity assessment?
17. What aspects would you like to have seen done better?
18. Moving forward, what advice do you have for ongoing capacity assessment?

c. Planning

The Planning process resulted in a draft State Strategic Prevention Plan and a Request for Proposals for assessment and planning as well as the implementation of environmental strategies at the local level.

19. Do you think that the Strategic Plan incorporates the findings of the statewide needs and capacity assessments? Why or why not?
20. What would you say are the strengths of the plan?
21. What aspects would you like to have seen done better?
22. How well do you think the RFP reflects the goals laid out in the strategic plan?

d. Summary

23. Given all that we've discussed, what is working well in the SPF SIG project thus far?

24. Going forward, what recommendations do you have for the project?

25. Is there anything else you'd like to add?

Thank you very much for your time.

The information that you shared will not be reported in a way in which you can be identified.

SPF SIG State-level Evaluation 2010 Interview Questions

State Level Implementation

The following questions ask your opinions about the state level implementation of SPF SIG.

1. What has been your role in the SPF SIG project? For how long have you been involved? In what capacity?
2. Over the course of the SPF SIG (since 2005), what do you feel have been the most critical accomplishments in Maine's **infrastructure and capacity** to deliver prevention programming? (For example, improvements in organizational structures, planning and data capacity or sustainability.)
 - a. What were the most challenging aspects?
 - b. What barriers did Maine face?
 - c. What about delivering prevention programming to special cultural populations?
3. What **other accomplishments** were achieved through the SPF SIG initiative?
4. What **accomplishments are being sustained**? To what degree do you think those will sustain in the future? Why do you say this?
5. Do you feel that Substance Abuse Prevention & Planning at the state level is more **data driven** now than it was 6 years ago when SPF began? Why do you say this?
 - a. What has been the role of the State Epidemiological Outcomes Workgroup (SEOW) and Community Epidemiology Surveillance Network (CESN) in this work?
6. What has been the role of the SPF SIG Advisory Board in the overall project? Has this changed over time? In what way(s)?
7. At the state level (not including Project Officer work – we will ask about that later), please describe how the Office of Substance Abuse (OSA) **supported coalitions** in their work. Are there any areas where you feel Substance Abuse Specialists (SAPs) could have been supported differently?

Local-level implementation: Project Officers

The following questions ask about your observations as a Project Officer during SPF SIG Implementation.

8. What districts did you oversee as a project officer? Please describe your role as project officer.
9. To what degree do you feel the SPF SIG enhanced **capacity** at the local level to conduct substance abuse prevention work?
 - a. Did the communities you oversaw follow the five-step SPF model (Assess, Mobilize, Plan, Implement, Evaluate)? Why or why not?
 - b. To what extent was the work driven by the community needs assessment and strategic plan?
10. As project officer, what do you think were the most successful aspects/accomplishments of the SPF SIG at the **local level**? (For example, collaborations, implementing new strategies or using data/media).
 - a. What were the most challenging aspects?
 - b. What barriers did communities face?
 - c. What do you think will be sustained?
11. On a scale of 1 to 5, with one being not at all and 5 being very much, how involved would say the Healthy Maine Partnership (HMP) Executive Director was in Substance Abuse Prevention in the districts you oversaw? Why do you say this?
 - a. In what ways do you think this level of involvement affected Substance Abuse prevention work in the district?

Overall Wrap Up

12. Given everything we have talked about at both the state and local levels, to what degree do you feel that the implementation of SPF SIG in Maine reached its intended **outcomes**? Why or why not?
 - a. Is there anything you wish had been accomplished during this grant that was not?
 - b. Why do you think this is important and why do you think it was not accomplished?
13. Knowing what you know now, what would you do differently over these past 5 years and why?
14. Is there anything else you would like to tell me about the SPF SIG initiative either at the state or local levels?

Those are all of the questions I have for you today. Thank you for your time!

Appendix E: Strategic Plan Rating Matrix (SPRM)

Purpose: This document will be used by Hornby Zeller Associates, Inc., SPF SIG evaluator, as one means of assessing the Phase 1 grantees of Maine’s SPF SIG project. HZA will assess the Strategic Plans submitted by the grantees in partial fulfillment of their Phase 1 grants in relation to the criteria described herein, most of which has been discussed in the Guide to Assessment and Planning as well as the Learning Communities. Each component will be ranked from 1, low to 5, high. Grantees who receive less than a 3 may work with OSA during contracting to specify and refine that section of the plan.

Component	Criteria	Rank (1 low, 5 high)	Comments
Geographic Areas Covered	Overall plan covers countywide population (demonstrated by towns/communities in which current prevention activities are conducted, or in which activities are planned over the next 3-5 years)		
Scope of Community Participation	Planning includes key partners, organizations, institutions, individuals, and population groups (e.g. parents, youth, general public).		
	Implementation plan involves key partners, organizations, institutions, and individuals.		
Priorities Identified (next 3 to 5 years)	Identifies specific priorities		
	Identifies priority target populations		
	Priorities are consistent with needs identified in Assessment Report (data driven)		

Explanation of Rating Scale

1: No evidence that criteria are met
2: Little evidence that criteria are met

3: Some evidence that criteria are met
4: Criteria are adequately addressed
5: Criteria are met in an exemplary way

Component	Criteria	Rank (1 low, 5 high)	Comments
Selection of “Best Fit” Strategies	Demonstrate conceptual fit (relevant to needs and target populations)		
	Demonstrate practical fit (consistent with community readiness)		
	Demonstrate evidence of effectiveness (evidence-based)		
Comprehensive Approach	Plan demonstrates an understanding of comprehensive strategies		
Capacity, Resources and Readiness	Includes plans to build relevant resources and capacity where needed.		
	Prioritization and strategy selection demonstrate consideration of readiness.		
Detailed Action Plan for Implementation	Action plan is specific, gives timeframes and responsible parties for each strategy or activity.		
	Planned activities aim to reach sufficient portion of target audience		
	Planned activities consider dosage and saturation toward population-level impact		
Measurable Outcomes	Plan includes preliminary benchmarks against which progress can be monitored.		
Sustainability (next 3 to 5 years)	Plan shows how group will obtain the funding and other resources needed to implement the priorities		
	Plan includes mechanisms for continuing the collaborative planning process		
Cultural Competency	Plan considers cultural competency issues		

Explanation of Rating Scale

- 1: No evidence that criteria are met
- 2: Little evidence that criteria are met

- 3: Some evidence that criteria are met
- 4: Criteria are adequately addressed
- 5: Criteria are met in an exemplary way

6. How often, if ever, have you used the following substances in the past 30 days? (Note: One serving of alcohol equals 12 oz beer, 4 oz wine or 1 oz liquor.)

	Once or twice per month	Once per week	A few days per week	Every day	Not in last 30 days	Never used
Alcohol (1-2 servings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol (3-4 servings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol (5+ servings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painkillers (OxyContin, Vicodin, Demerol, Dilaudid, Morphine, Percocet) <i>in order to get high.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizers/sedatives (Xanax, Valium, and Seconal) <i>in order to get high.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (pot, hash, weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you wanted the following substances, how hard would it be for you to get some?

	Very Hard	Sort of Hard	Sort of Easy	Very Easy	Unsure
Alcohol (beer, wine and/or hard liquor if under age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If you have used alcohol during the past 30 days, where did you get it? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I have not consumed alcohol | <input type="checkbox"/> I stole it from a store |
| <input type="checkbox"/> I bought it at a store | <input type="checkbox"/> I stole it from my parents/relative |
| <input type="checkbox"/> I bought it at a bar/restaurant | <input type="checkbox"/> It was at a party that I attended |
| <input type="checkbox"/> An older friend bought it for me | <input type="checkbox"/> Other (Please describe): |
| <input type="checkbox"/> A parent/relative bought it for me | _____ |

9. If you have taken a prescription drug in the last 30 days in order to get high, where did you get it? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I have not taken a prescription drug in order to get high | <input type="checkbox"/> Given to me by friend/family member |
| <input type="checkbox"/> Prescribed to me by a doctor | <input type="checkbox"/> Bought from dealer or other person |
| <input type="checkbox"/> Stolen from friend/family member | <input type="checkbox"/> Other (Please describe): |
| <input type="checkbox"/> Stolen from someone I don't know | _____ |

10. If you have used marijuana in the last 30 days, where did you get it? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I have not used marijuana | <input type="checkbox"/> Bought from dealer or other person |
| <input type="checkbox"/> Stolen from friend/family member | <input type="checkbox"/> Other (Please describe): |
| <input type="checkbox"/> Stolen from someone I don't know | _____ |
| <input type="checkbox"/> Given to me by friend/family member | |

11. On average, how much alcohol do you drink during the following times of the week? (Note: One serving of alcohol equals 12 oz beer, 4 oz wine or 1 oz liquor.)

I do not drink alcohol

	None	1 -2 drinks	5 or more drinks
Weekdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weeknights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Do the bars, taverns and/or restaurants near you offer specials on alcohol?

- | | |
|--|--|
| <input type="checkbox"/> Yes, all the time | <input type="checkbox"/> No, not usually |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> No, never |
| <input type="checkbox"/> Neutral | <input type="checkbox"/> I don't know |

13. How often do you go to one of these establishments because of their drink specials?

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> About once per week |
| <input type="checkbox"/> Less than one time per month | <input type="checkbox"/> A few times per week |
| <input type="checkbox"/> On average once per month | <input type="checkbox"/> Daily |
| <input type="checkbox"/> A few times per month | |

14. Do you believe your local police department enforces alcohol laws and policies?

- | | |
|--|--|
| <input type="checkbox"/> Yes, always | <input type="checkbox"/> No, not regularly |
| <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> No, never |
| <input type="checkbox"/> Neutral | <input type="checkbox"/> Unsure |

15. How willing are you to provide alcohol to someone under 21 years of age?

- | | |
|---|---|
| <input type="checkbox"/> Very willing | <input type="checkbox"/> Somewhat unwilling |
| <input type="checkbox"/> Somewhat willing | <input type="checkbox"/> Very unwilling |
| <input type="checkbox"/> Neutral | |

16. How likely do you think it is that someone from your town would face legal consequences if he or she served or provided alcohol to someone under the age of 21?

- | | |
|--|--|
| <input type="checkbox"/> Highly likely | <input type="checkbox"/> Somewhat unlikely |
| <input type="checkbox"/> Somewhat likely | <input type="checkbox"/> Highly unlikely |
| <input type="checkbox"/> Neutral | |

17. How harmful do you think the following are to your health? (Note: One serving of alcohol equals 12 oz beer, 4 oz wine or 1 oz liquor.)

	Very Harmful	Somewhat Harmful	A Little Harmful	Not Harmful	Unsure
Drinking 1-2 alcoholic drinks a few times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking 5 or more alcoholic drinks in one sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using prescription drugs <i>in order to get high</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trying marijuana once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking marijuana regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Are you currently employed?

- Yes, full-time
- Yes, part-time
- Yes, day labor/seasonal/irregular
- Not employed

19. During the past year, have any of the following affected your professional career/employment and if so, how? (Check all that apply)

	No, did not affect employment	Yes, I missed a day of work	Yes, I missed more than 1 day of work	Yes, I was in significant trouble at work	Yes, I lost my job	Have not used in the past year
Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. To your knowledge, does your employer have an alcohol and/or drug policy?

- Yes
- No
- I don't know
- I am not employed

21. Which of the following best describes your gender?

- Male
- Female
- Transgender
- Other

22. Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other (please describe): _____

23. Which of the following best describes your race and ethnicity? (Check all that apply)

- White non-Hispanic
- Black non-Hispanic
- Hispanic or Latino/a?
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native
- Other

24. What is your monthly income?

- Less than \$500
- \$500-\$1,000
- \$1,001-\$2,000
- \$2,001-\$3,000
- \$3,001 or more

Appendix G: SPF SIG Local Logic Model Sample

SPF SIG LOCAL LOGIC MODEL

Problem Statement (SPF Steps 1-2)			Strategies (SPF Step 3)	Activities (SPF Step 4)	Outcomes (SPF Step 5)		
Problem	But why? (Intervening Variables)	But why here? (Contributing Factors)	What are we doing to address the contributing factors?	What are we doing to do implement the strategy?	Short-Term	Intermediate	Long-Term ⁴²
					How are we implementing the strategy?	What behaviors will we change?	Are we meeting our long-term goals?
Underage Drinking	Youth do not think they will be caught by police		Work with PDs to: enhance enforcement of underage drinking, zero tolerance, furnishing and hosting laws; adopt model policy; implement party patrols (3.1a, 3.1b, 3.1c, 3.1g) Use media to publicize incidents and penalties (3.1e)		Select indicators from KIT	Perceptions of getting caught (MYDAUS) Willingness to furnish (YADAUS, HEAPP)	Measure: Rate of Past Month Alcohol Use by Youth (MYDAUS)
	Youth do not think they will be caught by parents		Build social marketing campaign with OSA Parent Media Kit; education parents on modeling; educate organizations on how to use Parent Media materials (3.2a, 3.2b, 3.2c)		Select indicators from KIT	Perceptions of getting caught (MYDAUS) Family has clear rules (MYDAUS)	
	Youth think alcohol is easy to obtain		Organize RBS training, implement public awareness campaign; help retailers develop policy; implement awareness campaign; implement sticker shock (3.3b, 3.3c, 3.3e, 3.3i)		Select indicators from KIT	Perceptions that alcohol is easy to obtain (MYDAUS) Willingness to furnish (YADAUS, HEAPP)	
	Youth do not think they will be caught by school		Help schools communicate substance abuse policy to community (3.5a, 3.5c)		Select indicators from KIT	Been drunk or high at school (MYDAUS)	
	Parent/adult role models		Educate parents about effects of modeling behaviors (3.7b)		Select indicators from KIT	Parents think use is wrong (MYDAUS)	

⁴² The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities. BRFSS and YADAUS are available at the District level only; HEAPP available at the state level only.

SPF SIG LOCAL LOGIC MODEL

Problem Statement (SPF Steps 1-2)			Strategies (SPF Step 3)	Activities (SPF Step 4)	Outcomes (SPF Step 5)		
Problem	But why? (Intervening Variables)	But why here? (Contributing Factors)	What are we doing to address the contributing factors?	What are we doing to do implement the strategy?	Short-Term	Intermediate	Long-Term ⁴³
					How are we implementing the strategy?	What behaviors will we change?	Are we meeting our long-term goals?
Young Adult High Risk Drinking	High risk drinking is not seen as harmful		Through the Worksite Framework: distribute information about assessment, programs and/or “self-help”; help employers provide information regarding Drug-Free Workplace policy (3.10a, 3.16c) Work with college and university student health centers to implement AUDIT (3.12p)		Select indicators from KIT	Perception that binge drinking is risky (YADAUS, HEAPP) Employer has an alcohol and/or drug policy (YADAUS)	Measure: Rate of Past Month High Risk Alcohol Use (YADAUS, BRFSS, HEAPP)
	Promotions and pricing encourage high risk drinking		Help colleges develop/ plan policies and strategies (3.11e)		Select indicators from KIT	Young adults responding to specials (YADAUS, HEAPP) Perception that binge drinking is risky (YADAUS, HEAPP)	

⁴³ The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities. BRFSS and YADAUS are available at the District level only; HEAPP available at the state level only.

<i>SPF SIG LOCAL LOGIC MODEL</i>							
Problem Statement (SPF Steps 1-2)			Strategies (SPF Step 3)	Activities (SPF Step 4)	Outcomes (SPF Step 5)		
Problem	But why? (Intervening Variables)	But why here? (Contributing Factors)	What are we doing to address the contributing factors?	What are we doing to do implement the strategy?	Short-Term	Intermediate	Long-Term ⁴⁴
					How are we implementing the strategy?	What behaviors will we change?	Are we meeting our long-term goals?
Prescription Drug Misuse	Prescription drugs are not perceived as risky		Help employers provide information regarding Drug-Free Workplace policy (3.16c)		Select indicators from KIT	Perception that using prescription drugs to get high is risky (YADAUS) Employer has an alcohol and/or drug policy (YADAUS)	Measure: Rate of Past Month Misuse of Prescription Drugs (YADAUS, HEAPP)

⁴⁴ The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities. BRFSS and YADAUS are available at the District level only; HEAPP available at the state level only.

Appendix H: Crosswalk of Indicators

HIGH SCHOOL STUDENTS		
Indicator	Source	Question
Past month use of alcohol	MYDAUS/ MIYHS	During the past 30 days, on how many days did you have at least one drink of alcohol?
Binge drinking in the past two weeks	MYDAUS/ MIYHS	Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?
Perception that they will be caught by parents	MYDAUS/ MIYHS	If you drank some alcohol without your parents' permission, would you be caught by your parents?
Perception that they will be caught by police	MYDAUS/ MIYHS	If a kid drank some alcohol in your neighborhood, would he or she be caught by the police?
Family has clear rules around alcohol and drugs	MYDAUS/ MIYHS	Do you agree or disagree with the following statement: "My family has clear rules about alcohol and drug use."?
Perception that alcohol is easy to obtain	MYDAUS/ MIYHS	If you wanted to get some alcohol, how easy would it be for you to get some?
Perception that parents think alcohol use is wrong	MYDAUS/ MIYHS	How wrong do your parents feel it would be for you to drink alcohol regularly?
Perception that regular use of alcohol is harmful	MYDAUS/ MIYHS	How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of alcohol nearly every day?
Drinking before age 14 (age of onset)	MYDAUS/ MIYHS	How old were you when you had your first drink of alcohol other than a few sips?

YOUNG ADULTS		
Indicator	Source	Question
Binge drinking among 18-24 year olds	BRFSS	Considering all types of alcoholic beverages, how many times during the past 30 days did you have (5 or more drinks for men or 4 or more drinks for women) on an occasion?
Prescription drug use among 18-24 year olds	YADAUS	When was the most recent time that you used the following: Painkillers (OxyContin, Vicodin, Demerol, Dilaudid, Morphine, Percocet) or Tranquilizers/Sedatives (Xanax, Valium, and Seconal) <i>in order to get high</i> .
Perception that alcohol is easy to obtain	YADAUS	If you wanted the following substances, how hard would it be for you to get some: Alcohol
Willingness to furnish alcohol to minors	YADAUS	How willing are you to provide alcohol to someone under 21 years of age?
Perceived risk of harm from binge drinking	YADAUS	How harmful do you think the following are to your health: Drinking 5 or more alcoholic drinks in one sitting
Source of alcohol	YADAUS	If you have used alcohol during the past 30 days, where did you get it?