

FY 08 SPF/SIG IMPLEMENTATION STATUS REPORT

Instructions

This Implementation Status Report (ISR) is a semi-annual report of community-level SPF/SIG accomplishments achieved during each six month period. Reports should be numbered sequentially (e.g. Oct 1, 2007 thru Mar 31, 2008 would be SPF/SIG Progress Report #1, Mar 31 thru Sep 30, 2008 will be SPF/SIG Progress Report #2). Over the life of the grant there will be a total of six (6) community-level reports. The ISR is divided into the following sections:

Sections A-D ask for updated information about grant management, organizational structure, Community Epidemiological Workgroup (CEW) and Community Strategic Prevention Planning Collaborative (CSPPC) accomplishments.

Section E asks about your progress in achieving systems change at the community or regional level of prevention services related to each component of the Strategic Prevention Framework (SPF) and asks you to report on your progress meeting the SPF/SIG “benchmarks”

Section F asks about allocation of resources to Childhood and Underage Drinking (CUAD).

Section G asks about procedures to ensure cultural competence as you implement the SPF/SIG steps.

Section H asks about technical assistance you requested and received.

COMMON QUESTIONS

Q: Who should complete the report?

A: The SPF/SIG Sub-Contract Project Manager should use this MS Word template to complete the report and should attach it to an e-mail to:

Merrilee Keller, Prevention Coordinator
Pathways/NorthCare Network
706 Chippewa Square, Suite 101
Marquette, MI 49855
mkeller@up-pathways.org
(906) 226-0031

Q: Who can answer questions about specific report items?

A: A copy of the report and any questions should be directed to Merrilee Keller at mkeller@up-pathways.org .

Q: What if I have not started an activity mentioned in the report?

A: Note in your answer that the question is not applicable to this phase of your grant. Provide a brief explanation (1 sentence or paragraph).

SECTION A: Grantee Information

| | |
|--------------------------------|---|
| Name of SPF/SIG Grantee: _____ | Phone Number: _____ |
| | Agency Name (if different from grantee): _____ |
| Mailing Address: _____ | Who can we contact about this report? |

Check Appropriate Box to choose reporting period

| Reporting Period | Reporting Period Dates | Due Date |
|--------------------------|-------------------------------------|------------------|
| <input type="checkbox"/> | June 1, 2008 – September 30, 2008 | October 10, 2008 |
| <input type="checkbox"/> | October 1, 2008 – December 30, 2008 | January 10, 2009 |
| <input type="checkbox"/> | January 1, 2009 – March 31, 2009 | April 10, 2009 |
| <input type="checkbox"/> | April 1, 2009 – June 30, 2009 | July 10, 2009 |
| <input type="checkbox"/> | July 1, 2009 – September 30, 2009 | October 10, 2009 |

SECTION B: Staffing Information

1. Please list below or attach a current list of SPF/SIG staff. (Agency & contractual)

2.

| Was there a loss of any key staff since last reporting period? | If Yes, please include their name and title below. | If yes, what are your plans for filling the position(s)? |
|--|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |

3.

| Were there any NEWLY hired staff during this reporting period? | If yes, please include their name and title below. | Name of Organization they represent (if applicable). |
|--|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |

During your site visit you will be asked for documentation of job descriptions.

SECTION C: Community Epidemiological Workgroup (CEW)

1. How many times has your CEW met this quarter?
Please Check one: One Two Three Four or more times

2. Please discuss the CEW's activities and accomplishments during the reporting period.

As applicable, consider the following:

- Coordination with Community Strategic Prevention Planning Collaborative (CSPPC)
- Developing a set of indicators to describe the magnitude and distribution of the Community's alcohol, tobacco, and other drug-related consequences and use patterns
- Organizing substance use-related data indicators into a Community profile
- Contributing to decisions to allocate resources to target populations and/or priority areas based on an analysis of substance use-related data indicators
- Contributing to decisions regarding the selection and implementation of effective prevention strategies that address data-driven priorities
- Tracking substance use-related data indicators over time
- Using ongoing data regarding changes in substance use-related consequences and patterns of consumption to assess progress and improve prevention efforts.

3. What are the challenges that the CEW faces related to the goals of the SPF/SIG?

4. Please discuss any support and technical assistance that might facilitate your CEW efforts to identify and utilize data for planning, implementation, and ongoing monitoring.

5. **Please attach or list below your current SPF/SIG CEW members. [If there has been no change since the previous report period you may simply note "No Change" in the field below.]**

SECTION D: SPF/SIG CEW, CSPPC(s) and other Workgroups

1.

| | | |
|--|---|--------------------------------------|
| Were there any NEWLY appointed members of the Community Epidemiological Workgroup (CEW), Community Strategic Prevention Planning Collaborative (CSPPC) | If yes, please categorically (by workgroup) include their name and title below. | Name of Organization they represent. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |

2.

| | | |
|---|---|--------------------------------------|
| Were there any members of the Community Epidemiological Workgroup (CEW), Community Strategic Prevention Planning Collaborative (CSPPC) who left during this reporting period? | If yes, categorically (by workgroup) please include their name and title below. | Name of Organization they represent. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |

3. How many times has your CSPPC met this quarter?

Please Check one: One Two Three Four or more times

4. Please discuss the CSPPC’s activities and accomplishments during the reporting period.

5. Please attach current lists of CSPPC members. [If there has been no change since the previous report period you may simply note “No Change” in the field below.]

During your site visit you may be asked to randomly explain how various members enhance your CEW, CSPPC and/or other workgroups. You will also be asked about committee needs and/or membership gaps.

6. Please use the categories listed below when answering this question. If you select “other,” please describe the type of committee your community has formed.

| Were there any NEW workgroups or committees formed during this reporting period? | If yes, what are they called? | What is the function of each NEW committee? |
|---|-------------------------------|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |

7.

| Were there any members of auxiliary SPF/SIG workgroups who left during this reporting period? | If yes, categorically (by workgroup) please include their name and title below. | Name of Organization they represent. |
|---|---|--------------------------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ |

Examples of types of committees:

- Legislative Affairs
- Funding
- Evaluation
- Partner Communities
- Youth Involvement
- Public Relations

- Data Collection
- Training
- Prevention Strategies
- Other

8. Indicate how many times has your CSPPC and other workgroups met during this reporting period?

Please Check one:

CSPPC: One Two Three Four or more times

Other:

_____ One Two Three Four or more times

_____ One Two Three Four or more times

_____ One Two Three Four or more times

_____ One Two Three Four or more times

_____ One Two Three Four or more times

[You may add additional attachments if necessary]

During your site visit you will be asked to provide a copy of the minutes and attendance records for each meeting held during this reporting period.

SECTION E: Progress Implementing the Strategic Prevention Framework (SPF)

PROGRESS IN MEETING SPF/SIG BENCHMARKS

| | |
|---|--|
| Has your SPF/SIG Plan been submitted to ODCP for review and approval? | Has your SPF/SIG Plan been approved by ODCP? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, date of submission: ___ / ___ /200__ | If yes, date of approval: ___ / ___ /200__ |
| If no, projected date of submission: ___ / ___ /200__ | If no, projected date of approval: ___ / ___ /200__ |

- Does your Community have a project evaluation plan in place? Yes No ;
 If yes, has the Community established baseline outcome measures? Yes No ;
 If yes, have sub-recipient communities established baseline outcome measures? Yes No

ATTACHMENT - C

2. Have sub-recipients been funded? Yes No , If yes, please complete the following information:

| Name of Sub-recipient | Organization Name | Name of community/coalition represented by sub-recipient | Amount Awarded per year | Briefly describe where each sub-recipient is in the SPF process and their accomplishments to date. |
|-----------------------|-------------------|--|-------------------------|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

For each component (step) of the Strategic Prevention Framework (SPF), please report or as applicable UPDATE your *accomplishments* and any *obstacles* encountered during *this reporting period*. If not applicable to the report period type N/A (do not leave blank).

SPF Step 1: Profile population needs, resources, and readiness to address needs and gaps.

1. Please list the **accomplishments** you achieved **during this reporting period** related to Step 1:

2. Please list the **obstacles** you encountered **during this reporting period** related to step 1.

As applicable, consider the following:

- Functioning of the Community Epidemiological Workgroup (CEW)
- Assessment of the magnitude of substance abuse and related mental health disorders in the Community or targeted population.
- Assessment of risk and protective factors associated with substance abuse and related mental health disorders in the state
- Assessment of community assets and resources
- Identification of gaps in services and capacity
- Assessment of readiness to act
- Identification of priorities based on the epidemiological analyses, including the identification of target communities to implement the Strategic Prevention Framework
- Specification of baseline data against which progress and outcomes of the Strategic Prevention Framework can be measured
- If the state was already engaged in needs assessment efforts prior to award, use of the CEW to enhance and supplement the current process and its findings
- Monitoring of communities to ensure they accurately assess their substance abuse-related problems using epidemiological data provided by the Community, as well as other local data
- Ensuring that communities also assess their assets and resources, gaps in services, and capacity and readiness to act.

During your site visit documentation of reports and activities will be requested.

SPF Step 2: Mobilize and/or build capacity to address needs.

1. Please list the **community-level accomplishments** you achieved **during this reporting period** related to step 2.

2. Please list the **community-level obstacles** you encountered **during this reporting period** related to step 2.

As applicable, consider the following:

- Engagement of stakeholders within the target communities that are selected for implementation activities
- Convening leaders and stakeholders
- Building coalitions

- Training community stakeholders, coalitions, and service providers
- Organizing agency networks
- Leveraging resources
- Engaging stakeholders to help sustain the activities.

During your site visit you will be asked for Memorandum of Understanding and other proofs of partnerships.

SPF Step 3: Develop a comprehensive strategic plan.

1. Please list the **accomplishments** you achieved **during this reporting period** related to step 3.

2. Please list the **obstacles** you encountered **during this reporting period** related to step 3. (If you have made efforts to revisit, adjust, revise or refine your strategic plan, please indicate this in your response.)

As applicable, consider the following:

- Use of data from the State and Community needs assessment in the development of the SPF/SIG plan
- Identification of the priorities that will be targeted in the State’s/Tribe’s SPF/SIG
- Articulation of a vision for prevention activities to address critical needs
- Description of necessary infrastructure development and/or evidence-based policies, programs and practices (or a process for selection) to be implemented within the broader service system with timelines for implementation
- Identification/coordination/allocation of resources and sources of funding for the plan
- Identification of appropriate funding mechanism(s) to allocate resources to targeted communities
- Identification of any training required
- Establishment of key policies and relationships among stakeholders
- Involvement of public and private service systems in creating a seamless continuum of planning and services
- Inclusion of plans for sustaining the infrastructure and services that are implemented
- Identification of key milestones and outcomes against which to gauge performance, thereby allowing for system improvement and accountability of all parties involved
- Inclusion of plans for making adjustments based on on-going needs assessment activities

SPF Step 4: Implement evidence-based prevention programs, policies, and practices.

APPLICABLE AFTER ODCP APPROVES THE SPF/SIG PLAN.

1. Please list the **accomplishments** you achieved **during this reporting period** related to step 4.

2. Please list the **obstacles** you encountered **during this reporting period** related to step 4.

As appropriate, consider the following:

- Selection of evidence-based
 - Policies
 - Programs
 - Practices
- Evidence that selected programs are proven to be effective in research settings and communities (e.g., NREP programs)
- Adaptations are:
 - Culturally competent
 - Preserve core program elements.
- Monitoring the development and implementation of community-level strategic plans.

SPF Step 5: Monitor, evaluate, sustain, and improve or replace policies/programs/practices that fail.

1. Please list the **accomplishments** you achieved **during this reporting period** related to step 5.

2. Please list the obstacles you encountered during this reporting period related to step 5

As applicable, consider the following:

- Monitor and evaluate all SPF/SIG activities
- The development and implementation of community-level evaluation and performance
- Assess program effectiveness
- Ensure service delivery quality
- Identify successes
- Encourage needed improvement
- Promote sustainability of effective policies, programs and practices.

Please report your progress on collecting and reporting National Outcome Measures (NOMs). As a reminder, the NOMs requirements for Cohorts I and II are listed below:

The NOMs protocol for Cohort I and II is as follows:

State Level NOMs: Demographics, Cost, and Evidence Based Practices provided by the State. All other NOMs will be generated from the National Survey on Drug Use and Health (NSDUH) or archival data collected unless the State requests and receives approval for using data from an alternative source.

Community Level NOMs: These will be collected from the sub-recipient community organizations (via the state/funded community) that are funded under the SPF/SIG state project. Sites will collect relevant community NOMs measures as selected by the community and approved by the State and will map data from these community measures to the NOMS prevention domains and report them to ODCP.

Program Level NOMs: NOT REQUIRED FOR THESE COHORTS

SECTION F: Childhood and Underage Drinking

Please report all Childhood and Underage Drinking (CUAD) related activities and accomplishments that were undertaken or completed in this reporting period:

| <i>CUAD Activities in this reporting period</i> | <i>Noted results of CUAD activities</i> |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please respond to the following questions about the SPF/SIG and non-SPF/SIG resources your community is dedicating to underage drinking:

1. Is underage drinking a Community-level SPF/SIG priority?

Yes No

2. Are SPF/SIG non-monetary resources dedicated to underage drinking?

[SPF/SIG non-monetary resources include in-kind support, such as training and technical assistance, information dissemination, program materials, staff allocation, and implementation assistance to support interventions aimed at reducing underage drinking. Can also include inter-agency collaboration (e.g., with Enforcing Underage Drinking Laws (EUDL) project staff), but excludes sub-grantee awards.]

Yes No

3. Are non-SPF/SIG Community-level non-monetary resources being utilized to address underage drinking?

Yes No

4. Are SPF/SIG grant funds being utilized to address underage drinking?

Yes No

5. Are non-SPF/SIG Community-level grant funds being utilized to address underage drinking?

Yes No

6. Please estimate the proportion of your SPF/SIG grant funds (and provide estimated dollar amounts to date for this grant year) being utilized to address underage drinking.

_____ % \$ _____

Example: the epidemiology profile for State X clearly indicates that alcohol-related injury deaths as a result of DWI crashes are the highest priority consequence.

Section G: Cultural Competence

1. How did you ensure cultural competence-related activities were infused into your activities in this reporting period? Please give examples of community-level activities.

If applicable, consider the following:

- Meetings
- Document development, including policy statements
- Information dissemination
- Training
- Technical assistance
- Data collection

Section H: Technical Support

| List each SPF/SIG milestone for which training/TA was requested. | Training/TA Delivery Mechanism (i.e. face-to-face, phone, internet, etc) | Training/TA provider (i.e. CAPT, ODCP, PIRE, other) | Was Training/TA provided in a <u>timely</u> and <u>effective</u> manner? If no, please give a brief explanation. |
|--|--|---|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

What kind of training/TA can the state further provide?

Please add comments or suggestions for ODCP.

Comments:

Please take a few minutes to review the report to make sure you have answered all questions that apply to you.

Thank you for completing this form!