SPF SIG Cross-Site Evaluation (Cohorts 1 and 2)

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EVALUATION BRIEF #1: Substance Abuse Prevention Infrastructure at Baseline

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PURPOSE OF THE EVALUATION COMPONENT
At the time of this project, very little research existed about the infrastructure and capacity of state substance abuse prevention systems. The national cross-site evaluation team developed the State-Level Infrastructure Instrument (SLII) to assess state substance abuse prevention system infrastructure and capacity with the goals of (a) measuring state prevention infrastructure and capacity at the beginning of the SPF-SIG project, (b) assessing change over time and the SPF-SIG's role in that change, (c) and examining the relationship between state infrastructure and prevention-related outcomes. This first paper described the development of this instrument and summarized findings from its baseline administration.

METHODS
The evaluation team developed, pilot-tested, and administered a 113-item, comprehensive interview protocol (the State-Level Infrastructure Instrument or SLII) to assess seven domains considered to be critical for successful functioning of state-level substance abuse prevention systems. These domains were organizational structure; strategic planning; data systems; workforce development; evidence-based programs, policies, and practices (EBPPPs); evaluation and monitoring; and cultural competence. Interview teams conducted semi-structured telephone interviews with state experts on each domain. A total of 182 interviews were conducted with 455 domain experts across the 26 states. The interview teams then coded the interview responses to reach consensus on whether the state demonstrated no/low infrastructure capacity, moderate infrastructure capacity, or high infrastructure capacity at the item level. Responses were aggregated to the domain level, whereby an infrastructure score was calculated for each state for each domain, ranging from 1 – 3 (no/low capacity to high capacity).

KEY FINDINGS
- We identified common traits of state prevention systems. (See Figure EB 1.1.)
- Across the six domains that were assessed using numeric ratings (numeric ratings were not calculated for organizational structure) , states scored highest on data systems and lowest on strategic planning. (See Figure EB 1.2.)

- Through post hoc analyses, we identified two dimensions of prevention infrastructure that help describe the nature of prevention infrastructure: horizontal and vertical integration. Horizontal Integration refers to the extent of cooperation and coordination among state-level agencies that are responsible for substance abuse prevention. Vertical integration refers to how well the various levels of the prevention system work together. Mean horizontal and vertical integration scores are presented in Figure EB 1.2.
- Positive inter-correlations were observed among these domains, indicating that states with high capacity on one domain generally had relatively high capacity on other domains as well.
- States with interagency coordinating bodies had a higher overall infrastructure score than states without such a coordinating body.

Figure EB 1.1. Common Prevention Infrastructure Traits
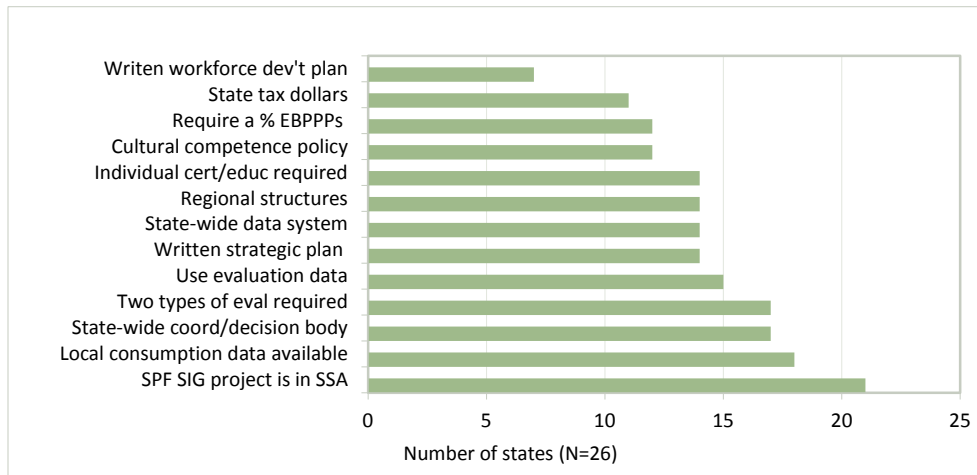
Figure EB 1.2. Mean Domain Scores and Scores for Vertical and Horizontal Integration
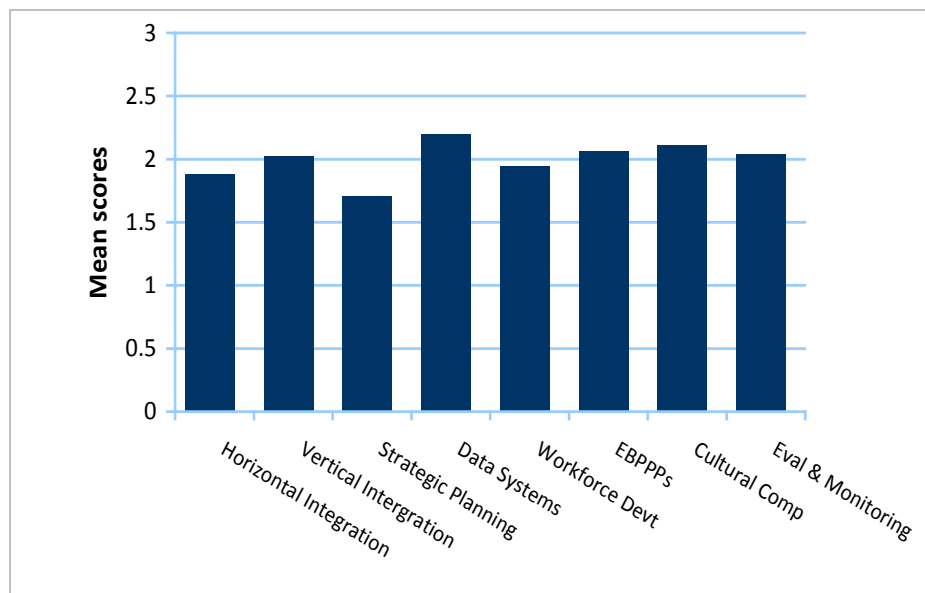
Piper, D., Stein-Seroussi, A., Flewelling, R., Orwin, R.G., & Buchanan, R. (2012). Assessing state substance abuse prevention infrastructure through the lens of CSAP's Strategic Prevention Framework. *Evaluation and Program Planning*, 35, 66-77.

Westat. (2008). *SPF SIG national cross-site evaluation: Year Three Report* (Task Order Number 270-03-6003). Rockville, MD: Substance Abuse and Mental Health Services Administration.

EVALUATION BRIEF #2: Substance Abuse Prevention Infrastructure Change Over Time

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PURPOSE OF THE EVALUATION COMPONENT

Following up on the evaluation component described in Evaluation Brief #1, this component was aimed at assessing (a) changes over time in states' substance abuse prevention infrastructure and (b) the extent to which successful implementation of the SPF-SIG contributed to those changes.

METHODS

The evaluation team slightly modified the prevention infrastructure interview protocol to reduce the number of items (113 to 93) and to reorganize the items to allow for a more fluid interview (e.g., cultural competence items were embedded into other relevant domains, rather than being a stand-alone interview). As with the first round of interviews (R1), the second round of interviews (R2) collected data on seven domains considered to be critical for successful functioning of state-level substance abuse prevention systems: organizational structure; strategic planning; data systems; workforce development; evidence-based programs, policies, and practices (EBPPPs); evaluation and monitoring; and cultural competence. Interview teams conducted 130 semi-structured telephone interviews with state experts on each domain. The process for coding R2 was conducted as before and domain scores were generated ranging from 1 – 3 (no/low capacity to high capacity).

In addition to R2 infrastructure interviews, the evaluation team conducted separate implementation interviews with state SPF-SIG project directors, state epidemiological outcomes workgroup chairs, and state evaluators. These interviews were developed to track progress on, and quality of, SPF-SIG implementation efforts. Data from these interviews, together with data from each state's strategic plan, were used to create implementation scores for each state which, in turn, subjected to regression models to evaluate the extent to which SPF-SIG implementation contributed to infrastructure change.

KEY FINDINGS

- From R1 to R2, states made statistically significant increases in three of five infrastructure domains (Strategic Planning, Workforce Development, and EBPPP) and nominal increases in a fourth (Data Systems). There was consistent improvement across all five domains among the lowest capacity states. (See Figure EB 2.1.)
- With respect to Horizontal and Vertical Integration, both showed increases. The increase in Horizontal Integration seems to have been driven by increases in state-level groups that meet to integrate prevention across agencies, as well as cross-agency strategic plans and criteria for evidence-based prevention. The increase in Vertical Integration seems to have been driven by increases in state support to sub-state agencies regarding the selection and implementation of EBPPPs, sharing of epidemiological data for sub-state planning, and guidelines/requirements for sub-state entities such as workforce competency requirements and criteria for defining EPPPPs.
- There were changes in the Organizational Structure of some states during the SPF-SIG project. Specifically, the number of SPF-SIG states with a coordinating body to help integrate substance abuse prevention efforts across state agencies, regional entities to provide TA and training to

community organizations and providers, and a line-item in their state budgets for substance abuse prevention all increased between R1 and R2.

- The regression models indicated that SPF-SIG implementation did not seem to influence changes in prevention infrastructure, except in the case of Evaluation/Monitoring, where higher implementation scores predicted higher change scores in Evaluation/Monitoring.
- Many state respondents explicitly indicated that the SPF SIG contributed positively to aspects of their prevention infrastructures beyond the bounds of the grant itself. In particular, respondents indicated that planning, use of data to establish priorities, and community/provider training for their Substance Abuse Prevention and Treatment (SAPT) block grants had, indeed, improved as a result of the SPF-SIG. They acknowledged that the SPF-SIG gave them a planning process to follow, increased their awareness of (and knowledge about) the data they processed, and drove them to increase the capacity of prevention stakeholders across their states.

Figure EB 2.1. Changes in Mean Domain Scores from R1 to R2
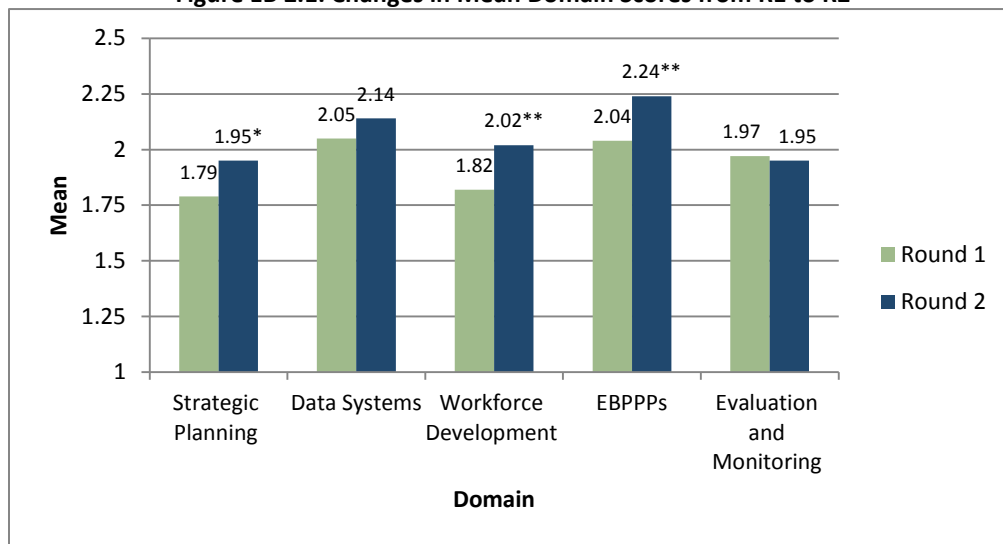
*p < .10, paired t-test, two-tailed
**p < .05, paired t-test, two-tailed

Orwin, R.G., Stein-Seroussi, A., Edwards, J.M., Landy, A.L., & Flewelling, R.L., (in press). Effects of the Strategic Prevention Framework State Incentives Grant (SPF SIG) on state prevention infrastructure in 26 states. *Journal of Primary Prevention*.

Buchanan, R.M., Edwards, J.M., Flanagan, S.P., Flewelling, R.L., Kowalczyk, S.M., Sonnefeld, L.J., Stein-Seroussi, A.D., & Orwin, R.G. (2010). *SPF SIG national cross-site evaluation: Phase I Final Report* (Task Order Number 270-03-6003). Rockville, MD: Substance Abuse and Mental Health Services Administration.

EVALUATION BRIEF #3: Substance Abuse Prevention Infrastructure Sustainability

PURPOSE OF THE EVALUATION COMPONENT

Following up on the evaluation components described in Evaluation Briefs #1 and #2, this Brief describes our assessment of the status of states' substance abuse prevention systems after the Cohort I and II SPF SIGs ended, and whether capacity levels in states' substance abuse prevention systems observed during the SPF SIG were sustained one year after the project ended.

METHODS

The evaluation team conducted a third round (R3) of individual telephone interviews with state prevention decision-makers (typically the director of substance abuse prevention) in each of the 26 participating states one year after the SPF SIG ended. The R3 interviews differed from the previous interviews in that only one interview was conducted with each state (as opposed to one interview per domain), using a much briefer version of the State-Level Infrastructure Instrument (SLII). In addition, because the R3 interview also focused on sustainability, items were added to the SLII to aid in understanding whether key SPF elements had been maintained as part of the state prevention system and the extent to which the SPF SIG influenced features of the current prevention system. Thus, the R3 interview consisted of fewer prevention infrastructure domain items, but also included the addition of sustainability items.

Item and domain scores for R3 were generated in a similar manner as R1 and R2. That is, interview team members coded responses, and item-level responses were aggregated to domain scores, ranging from 1 – 3 (no/low capacity, moderate capacity, high capacity). The R3 interview, like the previous interview rounds, also generated qualitative data through open-ended questions. The qualitative data were analyzed to identify overall themes, which were used for illustrative purposes and as a complement to the quantitative data.

KEY FINDINGS

- The mean scores for all domains reflected at least a moderate level of capacity, with three domains being at a high level of capacity. States had the highest mean score on the EBPPPs domain, followed by Strategic Planning and Data Systems. The lowest mean score was for Workforce Development, followed by Evaluation and Monitoring. (See Table EB 3.1.)
- Descriptive statistics on items that were common among R1, R2, and R3 revealed apparent increases in prevention infrastructure over time in all domain scores. (See Figure EB 3.1.)
- We tested whether prevention infrastructure was sustained one year after the SPF SIG ended by comparing R2 scores with R3 scores (using common items only); we found significant increases in prevention infrastructure in all domains. (See Figure EB 3.1.)

Table EB 3.1. Prevention Infrastructure Domain Scores from R3 of SPF SIG State Infrastructure Interviews (N=26)

Domain	R3 Mean (SD)
Strategic Planning	2.52 (0.59)
Data Systems	2.55 (0.47)
Workforce Development	2.00 (1.02)
EBPPPs	2.69 (0.55)
Evaluation and Monitoring	2.11 (0.43)

Figure EB 3.1. Infrastructure Domain Scores at Rounds 1, 2, and 3 Using Common Items
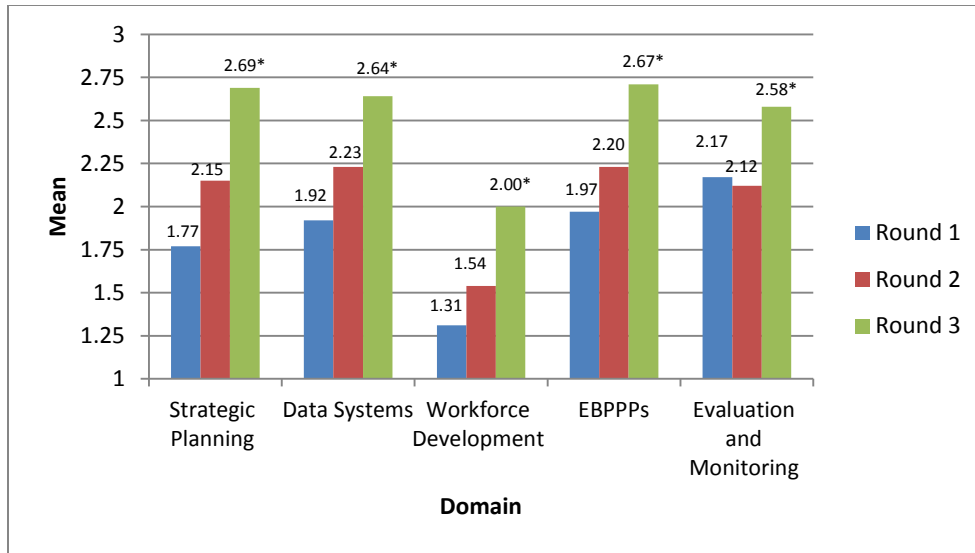
*$p < .05$, paired t-test, two-tailed, comparing R2 and R3 means

Edwards, J.M., Stein-Seroussi, A., Flewelling, R.L., Orwin, R.G., & Zhang, L. (under review). Sustainability of state-level substance abuse prevention infrastructure after the completion of the SPF SIG.

EVALUATION BRIEF #4: Data-Driven Decision-Making

PURPOSE OF THE EVALUATION COMPONENT
The SPF SIG promotes data-driven decision-making (DDDM), with an emphasis on using epidemiological data to help select prevention priorities and to allocate prevention resources. This part of the evaluation examined how well Cohorts I and II implemented DDDM, and explored which factors facilitated and hindered the process.

METHODS
The evaluation team reviewed and coded aspects of states' strategic plans, and conducted interviews with state project directors, evaluators, and epidemiological workgroup chairs. The evaluation team developed a coding scheme to assess the extent to which each strategic plan followed guidelines developed for states by CSAP. A critical component of each state strategic plan was the description of the selected state priorities and the process by which those priorities were chosen. Ultimately, this description illustrated the degree to which the states engaged in DDDM. To assess the fidelity of the decision-making process, we scored the process as low, medium, or high, depending on its transparency and whether the priorities that were chosen were supported by available evidence. We employed a similar procedure to rate the fidelity of the community funding process with the SPF model—i.e., the extent to which community funding criteria were data-driven.

To supplement these coded outcomes, we also used information that we gathered through semi-structured telephone interviews with state project directors, evaluators, and epidemiological workgroup chairs regarding the implementation of the SPF SIG project. The content of the SPF implementation interview instrument covered the five steps of the SPF model, as well as cross-cutting questions

pertaining to cultural competence, sustainability, and state-level contextual factors potentially affecting substance consumption, consequences, or SPF SIG project implementation. Semi-structured and open-ended questions explored different aspects of the DDDM process carried out by each grantee, including facilitators and barriers encountered during the project.

KEY FINDINGS
- On selecting prevention priorities, 81% of states received high or medium fidelity scores on all their priorities selected.
- On allocating prevention resources to communities, 85% of the states received a high or medium score fidelity score.
- Facilitators of DDDM included collaboration among stakeholders, training and technical assistance, and efforts of epidemiological workgroups and evaluators.
- States that lacked established data systems for prevention (e.g., to conduct a thorough needs assessment) were at a decided disadvantage in implementing the model.

Orwin, R.G., Edwards, J.M., Buchanan, R.M., Flewelling, R.L., & Landy, A.L., (2012). Data-driven decision-making in the prevention of substance-related harm: Results from the Strategic Prevention Framework State Incentive Grant Program. *Contemporary Drug Problems, 39,* 73-106.

Buchanan, R.M., Edwards, J.M., Flanagan, S.P., Flewelling, R.L., Kowalczyk, S.M., Sonnefeld, L.J., Stein-Seroussi, A.D., & Orwin, R.G. (2010). *SPF SIG national cross-site evaluation: Phase I Final Report* (Task Order Number 270-03-6003). Rockville, MD: Substance Abuse and Mental Health Services Administration.

EVALUATION BRIEF #5: Intervening Variables Outcomes

PURPOSE OF THE EVALUATION COMPONENT
This Brief describes the use of logic models by communities that were funded through the SPF SIG. Funded communities were encouraged to develop logic models that linked priority problems, categories of intervening variables (IVs) and more specific contributing factors (CFs), and consumption/ consequences. We examined how communities used their logic models and the extent to which outcomes were related to the logic models. In particular, we tested three hypotheses: (1) the majority of targeted communities will see positive changes in their CFs, (2) positive changes in CFs will be greater for SPF SIG communities than comparison communities, and (3) communities that experience positive changes in their CFs will be more likely to experience positive changes in consumption/consequences.

METHODS
The evaluation team obtained contributing factor (CF) and consumption/consequence data that had been collected by each state evaluator. Data were obtained for funded communities and non-funded communities that states identified as comparisons. Outcome data sources included items drawn from the Youth Risk Behavior Survey (YRBS), National Survey on Drug Use and Health (NHSDUH), and Behavior Risk Factor Surveillance System (BRFSS), as well as national data systems that consist of local- and state-level data, such as the Fatality Analysis Reporting System (FARS). Not all states collected CF data, as it was not a requirement of the grant.

For Hypothesis 1, 11 states provided sufficient pre-and post-test CF data for analysis, including a total of 163 communities that targeted 65 CFs. Pre- and post-intervention estimates were examined to determine whether nominal improvement in the CF occurred in each targeting community. For each

state, a CF was classified as changing positively, negatively, or not at all, depending on whether the majority of communities targeting the CF demonstrated nominal improvement.

Five states provided data necessary to examine Hypothesis 2, which contrasts nominal improvement in targeting communities to improvements in comparison communities. Two types of comparison data were used for this component of the evaluation. The first consisted of data from funded communities, but for which different CFs were targeted (referred to as funded, non-targeting comparisons). The second consisted of communities that did not receive SPF SIG funds (referred to as non-funded, matching comparisons). Three states reported pre- and post-intervention estimates for (non-funded) matching communities and two states provided data on (funded) non-targeting communities. To test this hypothesis, we calculated pre-post intervention change scores for targeting and comparison communities. For each state, as well as overall, we then compared the number of nominal changes that favored targeted communities to those that favored comparison communities.

Hypothesis 3 posits that, as predicted by the logic models, positive changes in IVs will be associated with positive changes in prevention outcomes. To test this hypothesis, categorical variables were formed from both CF and outcome change scores. The targeting communities for each CF in a state were categorized as nominally increasing or nominally decreasing. For proportional outcome variables (e.g., substance use prevalence rates), z-scores were used to categorize communities into positive, negative, and no statistically significant change groups. For population-based outcomes (e.g., crash rates), communities were categorized as nominally increasing or nominally decreasing. The strength of the association between the categorical CF and outcome variables was tested using Somer's d. Given the relatively small sample sizes of communities per state, significant results at $p < .10$ are reported. Ten states provided CF data with sufficient variance to test a total of 118 outcome associations.

KEY FINDINGS

Hypothesis 1
- Somewhat mixed findings were observed when the findings across states are considered. Youth Attitudes and Norms was the most frequently targeted priority area and also the area where the greatest improvements were observed. For this IV, over half of the CFs showed improvement. Perceived Harm and Easy Access were also commonly selected by states. In these two IV domains, nearly equal numbers of CFs had nominal improvements and declines. For Adult Attitudes and Norms, slightly more undesired than desired changes were observed. Finally, all three states with a CF focusing on Early Initiation saw net improvement. (See EB 5.1.)
- Notably, some states achieved success on a greater proportion of CFs than did others. For six states, the majority of communities experienced CF changes in the desired direction. Approximately equal numbers of communities experienced positive, negative and no CF change in four states. Only in one state did the majority of communities experience undesirable CF changes.

Hypothesis 2
- Mixed findings were observed regarding with Hypothesis 2. Relative to comparison communities, targeting communities were most successful in changing adult attitudes and norms and easy access. Communities also made steps in changing beliefs about the perceived harm due to alcohol and other drugs. Youth attitudes and norms were more resistant to change although two states made improvements in this domain. Across all states combined, 11 CFs in the targeting communities outperformed comparison communities compared with 10 in

comparison communities suggesting differences between targeted and non-targeted communities were negligible.

Hypothesis 3
- Overall, the findings revealed that communities with desired changes in youth and adult attitudes and norms, easy access, perceived harm, and early initiation were also likely to see improvements in underage alcohol abuse and underage and youth binge drinking (see Table EB 5.3). Positive associations between IVs and youth marijuana use and ATOD consequences were also observed.
- The number and pattern of correlations that were observed provide support for the underlying hypothesis. Of the 118 tests, 24 (20.3%, substantially more than the 10% that might be predicted by chance) were in the hypothesized direction (desired changes in IV leading to improvements in outcomes) and only 5 (or 4.2%) were in the opposite direction. Examination by IV domain shows that the highest proportion of positive correlations occurred for adult attitudes and norms (8 of 26 tests; 31%), early initiation (2 of 7 tests; 28%), and easy access (5 of 22 tests; 23%).
- The presence of these hypothesized relationships should be considered in light of any negative associations also observed and the degree to which both positive and negative associations were clustered within states. Only positive IV-outcome associations were observed for easy access, early initiation, and perceived harm; and mainly positive associations were noted for adult attitudes and norms (eight positive, one negative). On the other hand, youth attitudes and norms had nearly as many negative (four) as positive (five) associations. The five negative correlations were observed in two states; only positive associations were observed in six states; and no significant associations were noted in two states (each with fewer than 10 tested correlations).

Table EB 5.1 Nominal Net Changes in IV Priorities from Pre- to Post-intervention (number of CFs)

Intervening Variable Priority	Improvement	No change	Decline
Youth Attitudes & Norms	10	2	5
Adult Attitudes & Norms	6	1	9
Easy Access	6	2	7
Perceived Harm	8	0	6
Early Initiation	3	0	0

Table EB 5.2. Net Improvement in Targeting and Comparison Communities by Intervening Variable Domain

Intervening Variable	Targeting Favored # of CFs	Contrasts Favored # of CFs
Youth Attitudes & Norms	2	4
Adult Attitudes & Norms	3	1
Easy Access	2	1
Perceived Harm	3	3
Early Initiation	1	1

Table EB 5.3. Number of Statistically Significant Positive Associations Between Intervening Variable and Outcome Priorities

Intervening Variables (correlations tested)	Outcomes			
	Underage Alcohol Use	Binge Drinking	Marijuana Use	ATOD Consequences
Youth Attitudes & Norms (n=40)	2	2	0	1
Adult Attitudes & Norms (n=26)	2	3	0	3
Easy Access (n=22)	3	1	0	1
Perceived Harm (n=23)	1	2	1	0
Early initiation (n=7)	1	0	0	1

Waller, M.W., Claus, R.E., Flewelling, R.L., & Orwin, R.G. (under review). Summary Outcomes and Intervening Variable Analysis from the Strategic Prevention Framework State Incentive Grant Cross-site Evaluation, Cohorts I and II.

EVALUATION BRIEF #6: Coalition Capacity and Its Association with Outcomes

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PURPOSE OF THE EVALUATION COMPONENT
In this Brief, we describe the relationship between coalition capacity, as reported by local coalition coordinators, and relative reductions in prevalence rates for two behavioral outcomes targeted by those coalitions. Because one goal of the SPF SIG was to increase state and community capacity, we also examined whether measures of local coalition capacity increased over the life of their SPF-funded projects, regardless of which outcomes were targeted.

METHODS
A total of 450 communities in 26 states provided data for the cross-site evaluation. Of those, 318 communities in 24 states (mean per state = 13.3, SD = 7.6) had a formal coalition that planned and implemented intervention activities in the community. It is these 318 communities that provide the sample N for the present analyses. For assessing the associations between capacity measures and outcomes, the sample was further restricted to coalitions that provided both pre- and post-intervention measures on selected outcomes. For this part of the evaluation, the two most common outcome measures were assessed, in order to provide sufficient Ns for the analyses. Specifically, 129 community grantees operating as coalitions provided baseline and follow-up measures for 30-day alcohol use among youth, while 100 coalitions did so for binge alcohol use among youth.

Community grantees submitted extensive process evaluation information to the cross-site evaluation twice a year, beginning in the spring of 2008, through a web-based data collection tool referred to as the Community Level Instrument (CLI). The CLI included a "coalition sub-form," which contained capacity measures specific to community coalitions and was completed only by community grantees that self-identified as coalitions. Coalition capacity domains included mission/vision, organizational structure, leadership, tracking and follow through, community connections, data infrastructure, cultural competence, and sustainability.

For each community, we constructed a baseline and follow-up measure for each item. Baseline values were computed as the value from the first round for which a valid response was provided, as long as a valid response was also provided in at least one subsequent round. Likewise, follow-up values were determined by using the value from the last round for which data were available, provided that community provided a valid response on at least one previous round. The majority of coalitions (61%) provided capacity measures for all six rounds of the CLI.

The community-level outcome data analyzed for this component of the evaluation were derived from student surveys conducted in middle and/or high schools. Because the survey data in many states are not publically accessible, or require specialized knowledge and procedures to extract the data, the cross-site project relied on the SPF SIG evaluators from each state to obtain, assemble, and submit their state's data. Outcome measures were reported either annually or bi-annually, depending on the student survey used. The student survey measures were based on items inquiring about any use of alcohol in the past 30 days (any use) and about whether five or more drinks were consumed on a single occasion within the past 30 days (binge use). Slight variations in the wording of the items were noted across the various surveys used, although many of the states did use standard items from the YRBS. The measures were then aggregated across years in order to produce a single pre-intervention data value and a single post-intervention value for each community. Pre-intervention years were defined as the two most recent data points up to and including the year in which community residents were first exposed to any SPF SIG interventions. Post-intervention years were defined as the two data points following the first year of exposure to any interventions. Because communities even within a state often varied with respect to when interventions were implemented, the years defining pre- and post-intervention periods also varied across communities examined in these analyses. Change scores for the two outcomes of interested were calculated as the pre-intervention value minus the post-intervention value, thereby making higher positive change scores desirable.

KEY FINDINGS
- The mean capacity scores moved in a favorable direction from baseline to follow-up for all measures examined. Additionally, the changes were statistically significant in all cases except one. (See Table EB 6.1.)
- Of the 32 associations for individual items examined, 29 were positive (13 of which were statistically significant), thereby depicting a consistent pattern of positive associations between higher capacity and larger decreases in current and binge alcohol use over time. Of the three negative correlations, all were small and non-significant. In general, the results were similar for both changes in current and binge use. (See Table EB 6.2.)
- The results suggest that the capacity characteristics that most strongly related to favorable changes in at least one of the two outcomes were: having a clear vision and focus, having a broad-based and diverse membership, having a sufficient internal structure, monitoring follow-through, the number of key partners in the community, number of community groups targeted for raising awareness, use of multiple communication channels to raise awareness, and having funding from sources other than the SPF SIG. Collectively, these attributes suggest the

importance of organizational structure (as reflected in both broad-based membership and internal governance), connections with other community organizations, and community outreach.

Table EB 6.1. Changes in Capacity Scores Over Time

Capacity Domain	Measure	Mean difference (post minus pre)
Mission/vision	Has a clear vision and focus	0.17***
Organizational structure	Broad-based, diverse membership	0.10**
	Needs more structure to be effective	0.13**
	Responsibilities are fairly and effectively delegated	0.17***
Leadership	Leader is a paid position (%)	0.32
	Has collaborative leadership	0.09**
Tracking and follow-through	Not enough follow-through	0.20***
	Has a process for tracking decisions	0.16***
	Does not monitor whether there is follow-through	0.15***
Community connections/outreach	Number of key partners	1.10***
	Number of total partners	1.85***
Cultural competence	Has a written cultural competence policy (%)	13.84***
Funding and sustainability	Has funding from other sources (%)	8.20***

*p<.10 **p<.05 ***p<.01

Table EB 6.2. Correlations between Follow-up Capacity Scores and Changes in Current and Binge Alcohol Use Prevalence

Capacity Domain	Measure	Current Use Std β[a]	Binge Use Std β[a]
Mission/vision	Has a clear vision and focus	0.18**	0.15*
Organizational structure	Broad-based, diverse membership	0.20**	0.22***
	Needs more structure to be effective	0.17*	0.20**
	Responsibilities are fairly and effectively delegated	-0.01	0.12
Leadership	Leader is a paid position	0.02	0.12
	Has collaborative leadership	0.12	0.07
Tracking and follow-through	Not enough follow through	0.14	0.02
	Has a process for tracking decisions	0.11	0.09
	Does not monitor whether there is follow-through	0.23***	0.19**
Community connections and outreach	Number of key partners	0.14	0.14*
	Number of total partners	0.09	0.13
	Number of groups targeted for raising awareness	0.19**	0.11
	Number of mediums used to raise awareness	0.16*	0.07
Data infrastructure	Number of data sources used for assessment	-0.08	0.07
Cultural competence	Has a written cultural competence policy	0.05	-0.02
Funding and sustainability	Has funding from other sources	0.15*	0.17**

*p<.10 **p<.05 ***p<.01
[a] Standardized beta from mixed model regression with single predictor.

Flewelling, R.L., Hanley, S. & Pankratz, M. (in preparation). Examining Community Coalition Capacity and its Association with Successful Outcomes in the Context of the SPF SIG.

EVALUATION BRIEF #7: Community-Level Fidelity to the SPF and Its Association with Outcomes

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PURPOSE OF THE EVALUATION COMPONENT
In this Brief, we discuss the extent to which communities adhered to the five steps of the SPF and the relationship between community-level fidelity and population-based outcomes.

METHODS
The SPF theory of change posits that faithful adherence to the five SPF steps will lead to the selection and implementation of evidence-based interventions which, in turn, will lead to reductions in substance use related problems. To evaluate the extent to which SPF SIG funded communities adhered to the five steps, the evaluation team (in collaboration with a working group of state evaluators) developed the Implementation Fidelity (IF) assessment tool. To accomplish this, the evaluation team and the state evaluators (a) identified and defined the core aspects of each SPF step, (b) developed rating scales and scoring rubrics for each aspect, and (c) created a User's Guide for those administering the IF tool to help ensure consistent data collection across communities and states. Each item on the IF tool used a four-point rating scale: 0 (missing or not done), 1 (present, but weak), 2, (present, and moderately strong), and 3 (present and very strong). The SPF SIG did not require communities to measure community-level fidelity; therefore, the evaluation team requested that state evaluators voluntarily collaborate with local communities to complete the IF tool and submit data to the evaluation team. Typically, state evaluators made the ratings based on their observations about the project, their review of project documents, and interviews with community representatives. Subsequently, the cross-site evaluation team received IF

scores from 282 communities in 19 states. IF scores were then generated for each SPF step, and composite scores were generated for steps 1 – 3 and steps 1 – 5.

To further evaluate the extent to which community-level fidelity may have influenced population-based outcomes, the IF scores were correlated with change scores of outcome measures that were collected by many of the communities: underage alcohol use in the past 30 days and underage binge drinking.

KEY FINDINGS
- The internal validity (Cronbach's alpha) of the IF tool was acceptable, with alphas for the SPF steps and the composites ranging from .71 to .89.
- The mean fidelity levels ranged from 2.01 to 2.23, indicating that fidelity was, on average, present and moderately strong.
- The IF scores for SPF step 3 (strategic planning), SPF step 5 (evaluation/monitoring), the step 1 – 3 composite, and the step 1 – 5 composite were all significantly correlated with changes in underage binge drinking (with r's ranging from .23 to .47). Thus, higher levels of fidelity were associated with reductions in underage binge drinking.
- The IF scores were not significantly correlated with changes in underage drinking.

Sonnefeld, J. (2013). SPF implementation fidelity measures at the community level. Paper presented at the 26th Annual National Prevention Network (NPN) Research Conference, Oklahoma City, OK.

EVALUATION BRIEF #8: Restricted Use File

PURPOSE OF THE EVALUATION COMPONENT
The evaluation team developed the SPF SIG Cross-Site Evaluation Restricted Use File (SPF SIG RUF) which is accessible to researchers who want to capitalize on the wealth of state- and community-level data collected for this project. The SPF SIG RUF is an excellent resource for researchers to develop and test new analytical techniques for prevention research. New prevention research using the SPF SIG RUF will further inform the field and help states and communities better allocate funds to evidence-based programs, policies, and practices.

The SPF SIG national cross-site evaluation data offer opportunities for research and knowledge development beyond the evaluation itself. SAMHSA and NIDA are committed to leveraging their investment in the evaluation to improve future prevention policy, programs, and practices. To that end, the evaluation team created the SPF SIG Cross-Site Evaluation Restricted Use File (SPF SIG RUF) which makes the evaluation data available for analysis and research. The data can provide valuable information to assist states and communities with current and future research projects.

The SPF SIG RUF is an excellent resource for academic researchers who are interested in using existing data to develop and test new analytical techniques and methods for prevention research. Access to the SPF SIG RUF is available from the National Addiction and HIV Data Archive Program (NAHDAP), managed by the Inter-University Consortium for Political and Social Research (ICPSR). ICPSR regularly collects, manages, and distributes datasets for ongoing use by researchers and hosts a wealth of prevention research resources in addition to the SPF SIG RUF. To ensure that the data are protected and properly used, researchers may access the SPF SIG RUF by creating an ICPSR account and applying for access to

the RUF. Creating an ICPSR account is a simple online process that can be handled through the SPF SIG ICPSR page located at the NAHDAP website (www.icpsr.umich.edu/icpsrweb/NAHDAP). (See the Sources sidebar for a direct link to the SPF SIG RUF.) The application process can be completed online and involves entering basic information about the research team, the proposed research topic, the data being requested, the preferred data file format, the approach to data security, and the plan to work with an Institutional Review Board. SAMHSA and NIDA have developed a "User's Guide for the Strategic Prevention Framework State Incentive Grant Restricted User Files" (the User's Guide). The User's Guide describes in detail data sources, methods, file structures, and general conventions regarding the RUF data. The Guide also presents an overview of the SPF SIG program, the design of the national cross-site evaluation, and the connections between the SPF SIG and SAMHSA's mission and Strategic Initiatives. Finally, the Guide describes the data files included in the RUF; summarized the data sources and data collection methods, including file descriptions for each data source and explains how to link the data files included in the data release.

The SPF SIG RUF can be used as comparative data for a new data collection and evaluation effort or as the basis for an entirely new analysis. The SPF SIG RUF contains records at two geographic levels—state and community. The SPF SIG RUF is formatted to allow researchers to perform vertical and horizontal analyses of the RUF data. This data structure provides maximum flexibility for further analysis and makes the data well suited for comparative use.

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