#### **ICPSR 28921**

### Strategic Prevention Framework State Incentive Grant (SPF SIG) National Cross-Site Evaluation [Restricted Use]

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Substance Abuse Prevention

Data Collection Instrument for Quarterly Report Data File

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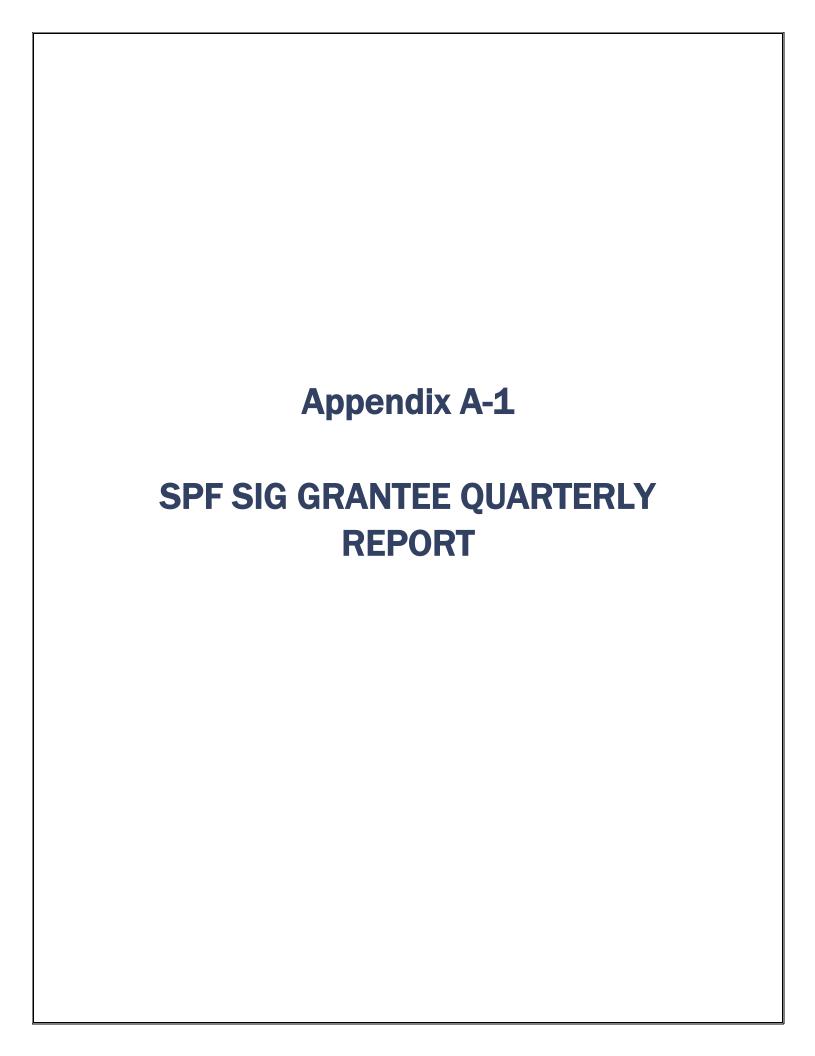
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#### Dear SPF SIG Project Director:

This letter transmits the revised Strategic Prevention Framework State Incentive Grant (SPF SIG) Quarterly Report Format (QRF). This version of the QRF was revised based on additional comments received from SPF SIG Project Directors and State Project Evaluators.

Please use this format for developing your submissions for the next quarterly report, due on January 31, 2006. The Center for Substance Abuse Prevention will continue to review the Quarterly Report Format throughout Year 2 of the grant and revise as needed to enhance both ease of use by the grantees and quality of information received from the grantees.

As a reminder, please attach a copy of the minutes of each Advisory Council meeting held during the reporting period.

CSAP values your feedback and invites you to submit comments and suggestions related to the QRF to Mr. Dave Robbins, National Project Coordinator, at <a href="mailto:david.robbins@samhsa.hhs.gov">david.robbins@samhsa.hhs.gov</a>. For questions regarding the QRF, please contact your Prevention State Project Officer.

Sincerely,

Rose C. Kittrell, Director Division of State and Community Assistance Center for Substance Abuse Prevention

#### SPF SIG GRANTEE QUARTERLY REPORT

### December 2005 Instructions

Please use this format to report SPF SIG accomplishments achieved between **October 1** and **December 31, 2005:** 

**Sections A-D** ask for basic information about grant management, organizational structure, and Advisory Council and State Epidemiology and Outcomes Workgroup (SEOW) accomplishments.

**Section E** asks about technical assistance you requested and received.

**Section F** asks about your progress in achieving systems change in the state-wide delivery of prevention services related to each component of the Strategic Prevention Framework (SPF).

Fields for entering your responses—indicated by shaded blocks—are inserted throughout the form. These fields are known as toggle fields. You can cut material from another document and paste it into a toggle field. In contrast, with the exception of page 29, you cannot paste text into other areas of the form. These areas are "protected." Table shells also are provided throughout the form as an alternative format for recording your information.

#### **COMMON QUESTIONS**

- **Q:** Who should complete the report?
- A: The SPF SIG Project Director should use this MS Word template to complete the report and should attach it to an e-mail to <a href="mailto:carlosarieira@westat.com">carlosarieira@westat.com</a> on or before **January 31**, **2006**. The report should be also sent to the CSAP Project Officer assigned to your state. A paper copy should also be sent to William Reyes at the Grants Management Office:

William Reyes

SAMHSA / OPS / Division of Grants Management

Room 7-1095

1 Choke Cherry Road

Rockville, MD 20857

- Q: Who can answer questions about specific report items?
- A: Questions should be directed to the CSAP Project Officer assigned to your state. In addition, we have provided a section on page 28 where you can note comments or concerns. Your comments are most welcome. They will help us develop an efficient reporting process that is minimally burdensome.
- Q: How do I add tables and text that do not fit in this form?
- A: Create an MS Word document containing the material that will not fit into the QRF. Attach both the MS Word document and your QRF to an e-mail and submit to Westat. As an alternative you may also add tables or other information at the end of this form (page 29). This area is not password-protected.

#### **Identification Information** A.

| 1. Name of SPF SIG Grantee: |  |
|-----------------------------|--|
|-----------------------------|--|

| 2. | Award Number: |  |
|----|---------------|--|
|    |               |  |

Phone Number:

4.

| 5. | Name of person | completing the report: |  |
|----|----------------|------------------------|--|
|----|----------------|------------------------|--|

- Title: \_\_\_\_ Agency: \_\_\_\_ Work Phone Number: \_\_\_\_ a.
- b.
- c.
- E-Mail Address: \_\_\_\_\_ d.
- e. Fax: \_\_\_\_\_ Date the report is completed (mm/dd/yyyy): \_\_\_\_\_ f.
- Select the appropriate reporting period. 6.

| Reporting Period            | <b>Due Date</b>  |
|-----------------------------|------------------|
| Oct 1, 2005 - Dec 31, 2005  | January 31, 2006 |
| Jan. 1, 2006 - Mar 31, 2006 | April 30, 2006   |
| Apr 1, 2006 - June 30, 2006 | July 31, 2006    |
| July 1, 2006 - Sep 30, 2006 | October 31, 2006 |

#### **B.** Staffing Information

Please respond to the questions in the spaces provided below or, if you prefer, use Table 1 to record your responses to questions 7 through 10. Please remember to answer question 11 in the space below even if you decide to use Table 1 for your other responses.

7. Enter the names of individuals who hold each position. If a position is vacant, please enter the word "vacant" in place of a name.

8. List staff position titles for each name.

9. For each position, indicate whether or not it is a contractor position.

10. For each staff position, enter the approximate number of hours worked per week.

If you indicated any vacancies, please answer question 11 below.

11. For vacant positions, describe plans for filling the position.

\_\_\_\_

#### Table 1 STAFFING INFORMATION

For each person on the SPF SIG staff, please record his or her name, the staff position title, whether or not it is a contractor position, and the approximate number of hours worked per week. If a position is vacant, please enter the word "vacant" in place of a name. **If you indicate vacancies, please remember to answer question 11.** 

| 7. Name | 8. Staff position title | 9. Is this a contractor position? Yes No | 10. Approximate<br>number of hours<br>worked per week |
|---------|-------------------------|--|---|
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|         |                         |  |   |

#### **Table 1 Continued**

For each person on the SPF SIG staff, please record his or her name, the staff position title, whether or not it is a contractor position, and the approximate number of hours worked per week. If a position is vacant, please enter the word "vacant" in place of a name. **If you indicate vacancies, please remember to answer question 11.** 

| 7. Name | 8. Staff position title | 9. Is this a contractor position? Yes No | 10. Approximate<br>number of hours<br>worked per week |
|---------|-------------------------|--|---|
|         |                         |  |   |
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|         |                         |  |   |

#### C. SPF SIG Advisory Council

12. For each SPF SIG Advisory Council membership slot, please indicate the name of the organization being represented and code its type based on the list below. Please DO NOT provide the names of individual members. If you select "other" (37), please describe the type of organization. If you prefer, you may use Table 2 to provide this information.

#### Types of organizations:

| 01 = SAMHSA/CSAP representative | 20 = State law enforcement |
|---------------------------------|----------------------------|
|                                 |                            |

$$07 = Governor's office$$
  $26 = State advocacy organization$ 

$$09 =$$
State Dept. of Health  $28 =$ Local government official  $10 =$ State Dept. of Mental Health  $29 =$ Local substance abuse agency

| 16 = State Dept. of Juvenile Justice | 35 = Local advocacy organization |
|--------------------------------------|----------------------------------|
| 17 = State Dept. of Education        | 36 = Faith-based organization    |

13. If your Advisory Council has formed committees, list them and describe the activities of each. Please use the categories listed below when answering this question. If you select "other," please describe the type of committee your Advisory Council has formed. You may use Table 3, if you prefer.

#### Types of committees:

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

- Public Relations
- Data Collection
- Training
- Prevention Strategies
- Other

<sup>19 =</sup> State Dept. of Labor

#### Table 2 SPF SIG ADVISORY COUNCIL MEMBERSHIP INFORMATION

For each SPF SIG Advisory Council membership slot, please indicate the name of the organization being represented and code its type based on the list below. Please **DO NOT** provide the names of individual members. If you select "other" (37), in addition to the organization's name, please describe its type within the organization name field.

|     | ORG. | Organization Name |     | ORG.<br>CODE | Organization Name |     | ORG.<br>CODE | Organization Name |
|-----|------|-------------------|-----|--------------|-------------------|-----|--------------|-------------------|
| 1.  |      | Chair             | 2.  |              |                   | 3.  |              |                   |
| 4.  |      |                   | 5.  |              |                   | 6.  |              |                   |
| 7.  |      |                   | 8.  |              |                   | 9.  | _            |                   |
| 10. |      |                   | 11. |              |                   | 12. | _            |                   |
| 13. |      |                   | 14. |              |                   | 15. |              |                   |
| 16. |      |                   | 17. |              |                   | 18. |              |                   |
| 19. |      |                   | 20. |              |                   | 21. |              |                   |
| 22. |      |                   | 23. |              |                   | 24. |              |                   |
| 25. |      |                   | 26. |              |                   | 27. | _            |                   |
| 28. |      | <del></del>       | 29. |              | <del></del>       | 30. |              |                   |

- 01 = SAMHSA/CSAP representative
- 02 = National advocacy organization
- 03 = National non-governmental youth agency/org
- 04 = National Guard
- 05 = DEA demand reduction coordinator
- 06 = Tribal organization
- 07 = Governor's office
- 08 = State legislature
- 09 = State Dept. of Health
- 10 = State Dept. of Mental Health
- 11 = State Dept. of Substance Abuse
- 12 = State Dept. of Mental Health/Substance Abuse
- 13 = State Dept. of Justice

- 14 = State Dept. of Human Services
- 15 = State Dept. of Children and Families
- 16 = State Dept. of Juvenile Justice
- 17 = State Dept. of Education
- 18 = State Dept. of Public Safety/Corrections
- 19 = State Dept. of Labor
- 20 =State law enforcement
- 21 = State Attorney General's Office
- 22 = State lead agency on underage drinking
- 23 = State non-governmental youth agency/org
- 24 = SEOW chair
- 25 = State evaluator

- 26 = State advocacy organization
- 27 = University/college
- 28 = Local government official
- 29 = Local substance abuse agency
- 30 = Local education agency
- 31 = Local nongovernmental health agency/org
- 32 = Local nongovernmental social services
- 33 = Local law enforcement
- 34 = Local non-governmental youth agency/org
- 35 = Local advocacy organization
- 36 = Faith-based organization
- 37 = Other

#### **Table 2 Continued**

For each SPF SIG Advisory Council membership slot, please indicate the name of the organization being represented and code its type based on the list below. Please **DO NOT** provide the names of individual members. If you select "other" (37), in addition to the organization's name, please describe its type within the organization name field.

| 12. <u>ORG.</u><br>CODE | Organization Name |     | ORG.<br>CODE | Organization Name |     | ORG.<br>CODE | Organization Name |
|-------------------------|-------------------|-----|--------------|-------------------|-----|--------------|-------------------|
| 31                      |                   | 32. |              |                   | 33. | _            |                   |
| 34                      |                   | 35. | _            |                   | 36. |              |                   |
| 37                      |                   | 38. |              |                   | 39. |              |                   |
| 40                      |                   | 41. |              |                   | 42. | _            |                   |
| 43                      |                   | 44. | _            |                   | 45. | _            |                   |
| 46                      |                   | 47. |              |                   | 48. | _            |                   |
| 49                      |                   | 50. |              |                   | 51. | _            |                   |
| 52                      |                   | 53. |              |                   | 54. | _            |                   |
| 55                      |                   | 56. |              | <del></del>       | 57. |              |                   |
| 58                      |                   | 59. |              | <del></del> -     | 60. |              |                   |

- 01 = SAMHSA/CSAP representative
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- 03 = National non-governmental youth agency/org
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- 05 = DEA demand reduction coordinator
- 06 = Tribal organization
- 07 = Governor's office
- 08 = State legislature
- 09 = State Dept. of Health
- 10 = State Dept. of Mental Health
- 11 = State Dept. of Substance Abuse
- 11 State Dept. of Substance Abuse
- 12 = State Dept. of Mental Health/Substance Abuse
- 13 = State Dept. of Justice

- 14 = State Dept. of Human Services
- 15 = State Dept. of Children and Families
- 16 = State Dept. of Juvenile Justice
- 17 = State Dept. of Education
- 18 = State Dept. of Public Safety/Corrections
- 19 = State Dept. of Labor
- 20 =State law enforcement
- 21 = State Attorney General's Office
- 22 = State lead agency on underage drinking
- 23 = State non-governmental youth agency/org
- 24 = SEOW chair
- 25 = State evaluator

- 26 = State advocacy organization
- 27 = University/college
- 28 = Local government official
- 29 = Local substance abuse agency
- 30 = Local education agency
- 31 = Local nongovernmental health agency/org
- 32 = Local nongovernmental social services
- 33 = Local law enforcement
- 34 = Local non-governmental youth agency/org
- 35 = Local advocacy organization
- 36 = Faith-based organization
- 37 = Other

# Table 3 SPF SIG ADVISORY COUNCIL COMMITTEES

If your Advisory Council has formed committees, indicate which types are represented and describe the activities of each. If you select "other," please describe the type of committee your Advisory Council has formed.

| 13. | Check types of committees that have been formed | Describe committee activities |
|-----|---|-------------------------------|
|     | Legislative Affairs                             |                               |
|     | Funding   |                               |
|     | Evaluation                                      |                               |
|     | Partner Communities                             |                               |
|     | Youth Involvement                               |                               |
|     | Public Relations                                |                               |
|     | Data Collection                                 |                               |
|     | Training  |                               |
|     | Prevention Strategies                           |                               |
|     | Other   |                               |

14. What is the planned schedule of meetings for your Advisory Council?

Please remember to attach a copy of the minutes for each Advisory Council meeting held during this reporting period.

15. Please discuss your accomplishments related to the formation of the SPF SIG Advisory Council and the Council's activities during this reporting period. Your response should address the questions listed below as applicable:

#### FORMATION OF SPF ADVISORY COUNCIL

- Has your SPF SIG Advisory Council been established? If your Council has not been established, what is the time table for completing this task?
- Is this a newly formed Council or is it a reconstituted former SIG Advisory Council?
- Has the governor appointed the chairperson?

#### SPF SIG ADVISORY COUNCIL STRUCTURE AND ACTIVITIES

- Do Council members represent:
  - The Office of the Governor?
  - A core group of drug and alcohol-related agencies identified by the state (including but not limited to public health, education, criminal justice, behavioral/mental health)?
  - A demand reduction coordinator from the drug enforcement administration who has responsibility for the state?
  - The state agency identified by the applicant as the lead agency on underage drinking? (SAMHSA/CSAP encourages governors to designate a lead agency for preventing underage drinking if one does not currently exist)
  - A SAMHSA/CSAP representative (i.e., A SAMHSA/CSAP State Project Officer)?
  - Representatives from other state, community and non-profit organizations that work in substance abuse prevention and mental health promotion/early intervention?
- What are your plans for structuring the work of the Council (e.g., topical work groups, committees)?
- How do the Advisory Council work groups support the implementation of the strategic prevention framework in your state?

### COMMUNICATION AND COLLABORATION AMONG MEMBERS (AND SPF SIG STAFF)

- What is the relationship between key SPF SIG staff and the Council?
- What processes have been established to facilitate communication and collaboration among Advisory Council members?

Insert your discussion in the toggle field below.

#### D. State Epidemiology and Outcomes Workgroup

16. List the name of each State Epidemiology and Outcomes Workgroup (SEOW) member, the workgroup position he/she holds, and his/her professional job title. In addition, please indicate the name of the organization he/she represents and code its type based on the list below. If you select "other" (37), please describe the type of organization being represented. (You may record the information here or you may use Table 4.)

#### Types of organizations:

01 = SAMHSA/CSAP representative 20 = State law enforcement

02 = National advocacy organization 21 = State Attorney General's Office

03 = National non-governmental youth agency/org 22 = State lead agency on underage drinking

04 = National Guard 23 = State non-governmental youth agency/org

05 = DEA demand reduction coordinator 24 = Advisory Council chair

06 = Tribal organization 25 = State evaluator

07 = Governor's office 26 = State advocacy organization

08 = State legislature 27 = University/college

09 = State Dept. of Health 28 = Local government official 10 = State Dept. of Mental Health 29 = Local substance abuse agency

11 = State Dept. of Substance Abuse 30 = Local education agency

12 = State Dept. of Mental Health/Substance Abuse 31 = Local nongovernmental health agency/org

13 = State Dept. of Justice 32 = Local nongovernmental social services agency/org

14 = State Dept. of Human Services 33 = Local law enforcement

15 = State Dept. of Children and Families 34 = Local non-governmental youth agency/org

16 = State Dept. of Juvenile Justice 35 = Local advocacy organization 17 = State Dept. of Education 36 = Faith-based organization

18 = State Dept. of Public Safety/Corrections 37 = Other

19 = State Dept. of Labor

17. Where is the SEOW administratively housed?

18. What is the planned schedule of meetings for your SEOW?

\_\_\_\_

### Table 4 STATE EPIDEMIOLOGY AND OUTCOMES WORKGROUP MEMBERS

For each SPF SIG Epidemiological and Outcomes Workgroup member, please enter his or her name, workgroup position, and job title. In addition, indicate the name of the organization he/she represents and code its type based on the list below. If you select "other" (37), in addition to the organization's name, please describe its type within the organization name field.

| 16. | Name | Position on workgroup | Job title | Organization Name | Organization Code |
|-----|------|-----------------------|-----------|-------------------|-------------------|
|     |      | Chairperson           |           |                   | _                 |
|     |      |                       |           |                   | _                 |
|     |      |                       |           |                   | _                 |
|     |      |                       |           |                   | _                 |
|     |      |                       |           |                   | _                 |
|     |      |                       |           |                   | _                 |
|     |      |                       |           |                   | _                 |
|     |      |                       |           |                   | _                 |
|     |      |                       |           |                   | _                 |
|     |      |                       |           |                   |                   |

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- 06 = Tribal organization
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- 08 = State legislature
- 09 = State Dept. of Health
- 10 = State Dept. of Mental Health
- 11 = State Dept. of Substance Abuse
- 12 = State Dept. of Mental Health/Substance Abuse
- 13 = State Dept. of Justice

- 14 = State Dept. of Human Services
- 15 = State Dept. of Children and Families
- 16 = State Dept. of Juvenile Justice
- 17 = State Dept. of Education
- 18 = State Dept. of Public Safety/Corrections
- 19 = State Dept. of Labor
- 20 =State law enforcement
- 21 = State Attorney General's Office
- 22 = State lead agency on underage drinking
- 23 = State non-governmental youth agency/org
- 24 = Advisory Council chair
- 25 = State evaluator

- 26 = State advocacy organization
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- 30 = Local education agency
- 31 = Local nongovernmental health agency/org
- 32 = Local nongovernmental social services
- 33 = Local law enforcement
- 34 = Local non-governmental youth agency/org
- 35 = Local advocacy organization
- 36 = Faith-based organization
- 37 = Other

#### **Table 4 Continued**

For each SPF SIG Epidemiological and Outcomes Workgroup member, please enter his or her name, workgroup position, and job title. In addition, indicate the name of the organization he/she represents and code its type based on the list below. If you select "other" (37), in addition to the organization's name, please describe its type within the organization name field.

| 16. | Name | Position on workgroup | Job title | Organization Name | Organization Code |
|-----|------|-----------------------|-----------|-------------------|-------------------|
|     | -    |                       |           |                   | _                 |
|     | -    |                       |           |                   | _                 |
|     | -    |                       |           |                   | _                 |
|     | -    |                       |           |                   | _                 |
|     | -    |                       |           |                   | _                 |
|     | -    |                       |           |                   | _                 |
|     | -    |                       |           |                   | _                 |
|     | -    |                       |           |                   | _                 |
|     | -    |                       |           |                   | _                 |
|     | _    |                       |           |                   | _                 |

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- 10 = State Dept. of Mental Health
- 11 = State Dept. of Substance Abuse
- 12 = State Dept. of Mental Health/Substance Abuse
- 13 = State Dept. of Justice

- 14 = State Dept. of Human Services
- 15 = State Dept. of Children and Families
- 16 = State Dept. of Juvenile Justice
- 17 = State Dept. of Education
- 18 = State Dept. of Public Safety/Corrections
- 19 = State Dept. of Labor
- 20 =State law enforcement
- 21 = State Attorney General's Office
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- 25 = State evaluator

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- 30 = Local education agency
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- 32 = Local nongovernmental social services
- 33 = Local law enforcement
- 34 = Local non-governmental youth agency/org
- 35 = Local advocacy organization
- 36 = Faith-based organization
- 37 = Other

Please discuss your accomplishments related to the formation of the State Epidemiology and Outcomes Workgroup (SEOW) and the SEOW activities during the reporting period.

Your responses should address the questions and issues listed below as applicable:

#### STRUCTURE AND FUNCTION

- Has your SPF SIG SEOW been established? If your SEOW has not been established, what is the time table for completing this task?
- Is this a newly formed SEOW or is it based on a previous or currently existing group?
- Has the chairperson been selected?
- What is the relationship between key SPF SIG staff and the SEOW?
- How does the SEOW support the implementation of the strategic prevention framework in your state, especially in terms of needs assessment, program implementation, and program monitoring?

#### **ACCOMPLISHMENTS**

- Developing a set of indicators to describe the magnitude and distribution of the state's alcohol, tobacco, and other drug-related consequences and use patterns
- Organizing substance use-related data indicators into a state 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.

| 19. | What were your most important accomplishments during this quarter?   |
|-----|--|
|     |  |
| 20. | What are the most important challenges that your SEOW continues to face related to the goals of the SPF SIG?   |
|     |  |
| 21. | Please discuss any support and technical assistance that might facilitate your SEOW efforts to identify and utilize data for planning, implementation, and ongoing monitoring. |
|     |  |
| 22. | Describe the SEOW procedures for ensuring that sufficient data on underage alcohol consumption are collected, reported, and interpreted.                                       |
|     |  |
|     |  |

#### E. Technical Support

23. For each SPF SIG milestone for which you requested support this reporting period, describe the type of training/technical assistance requested, the date you initiated the request, the assistance provider, and the delivery mechanism (e.g., face-to-face). Typical assistance providers could include your regional Center for the Application of Prevention Technology (CAPT), a CSAP Project Officer, the CSAP web site, the Coalition Institute, your epidemiology workgroup TA contractor, and/or other sources.

(You may describe your use of technical support in paragraph form in this text field or you may use Table 5 to record this information.)

24. For each request you made, please tell us how you would assess the timeliness of the response and the adequacy of the support.

(You may describe your assessment of the technical support you received in this text field or you may use the comments section in Table 5 to record this information.)

# Table 5 TECHNICAL SUPPORT

For each SPF SIG milestone for which you requested support this reporting period, describe the type of training/technical assistance requested, the date you initiated the request, the assistance provider, and the delivery mechanism (e.g., face-to-face). Typical assistance providers could include your regional Center for the Application of Prevention Technology (CAPT), a CSAP Project Officer, the CSAP web site, the Coalition Institute, your epidemiology workgroup TA contractor, and/or other sources.

In the comments section, please tell us how you would assess the timeliness of the response and the adequacy of the support.

|   | Technical Assistance   |                     |                                   |  |  |  |  |
|---|--|---------------------|-----------------------------------|--|--|--|--|
| 23. SPF SIG<br>Program Milestone          | Type of training/ technical assistance requested                                   | Date of request     | Provider of requested assistance  | Delivery<br>mechanism (e.g.,<br>face-to-face,<br>telephone, web-<br>based) | 24. Comments on timeliness/adequacy of the support |  |  |
| Example:<br>Form/reconstitute the<br>SEOW | Example: Guidance about individuals in state who would be appropriate SEOW members | Example: 07/01/2005 | Example:<br>SEOW TA<br>contractor | Example:<br>Face-to-face   |  |  |  |
|   |  |                     |                                   |  |  |  |  |
|   |  |                     |                                   |  |  |  |  |
|   |  |                     |                                   |  |  |  |  |
|   |  |                     |                                   |  |  |  |  |
|   |  |                     |                                   |  |  |  |  |

#### F. Progress Implementing the Strategic Prevention Framework

For each component (step) of the Strategic Prevention Framework, please report your goals, milestones, accomplishments, and any obstacles encountered.

Strategic Prevention Framework Step 1: <u>Profile population needs, resources, and readiness</u> to address needs and gaps. (For question 25 insert your responses in the toggle field or use Table 6.)

- 25. List each Year 2 goal related to step 1. For each goal, please list the following:
  - The objectives related to each goal
  - The milestones for meeting each objective
  - The target completion date for each milestone
  - The accomplishments achieved during this reporting period for each milestone
  - Any obstacles encountered in achieving each milestone

#### As applicable, consider the following:

- Development and implementation of the State Epidemiology and Outcomes Workgroup (SEOW)
- Assessment of the magnitude of substance abuse and related mental health disorders in the state
- 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 SEOW 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 state, as well as other local data
- Ensuring that communities also assess community assets and resources, gaps in services, and capacity and readiness to act.

Next, please provide the following information (insert responses in the toggle fields):

- 26. Describe your procedures for ensuring <u>cultural competence</u> as you implement this SPF step.
- 27. Describe the step 1 activities specific to identifying <u>underage alcohol consumption</u> problems.
- 28. Describe your plans to sustain step-related activities.

# Table 6 SPF STEP 1: YEAR 2 GOALS, OBJECTIVES, MILESTONES AND ACCOMPLISHMENTS

List each Year 2 goal related to step 1. For each goal, please list the following:

- The objectives related to each goal
- The milestones for meeting each objective
- The target completion date for each milestone
- The accomplishments achieved during this reporting period for each milestone
- Any obstacles encountered in achieving each milestone

| 25. SPF SIG<br>Goals                          | Objectives  | Milestones   | Target<br>Completion<br>Dates | Accomplish-<br>ments  | Obstacles   |
|---|---|--|-------------------------------|---|---|
| Example: 1. Form/reconstitute the state SEOW. | Example: 1. Obtain representation from public health, criminal justice, education, behavioral health, | Example: 1. Contact potential members by email and/or telephone. | Example: 1. 04/05/05          | Example: 1. SEOW membership has been established. 26 members recruited. | Example: 1. Establishing membership of SEOW was challenging.    |
|   | and research and statistics.  | 2. Conduct initial meeting of the SEOW.                          | 2. 05/15/05                   | 2. First meeting was held 05/15/05.                                     | Some potential members could not join due to prior commitments. |
|   |   |  |                               |   |   |
|   |   |  |                               |   |   |
|   |   |  |                               |   |   |
|   |   |  |                               |   |   |
|   |   |  |                               |   |   |

#### Strategic Prevention Framework Step 2: Mobilize and/or build capacity to address needs.

(For questions 29 and 30 insert your responses in the toggle fields or use Table 7.)

- 29. List each Year 2 **state-level** goal related to step 2. For each goal, please list the following:
  - The objectives related to each goal
  - The milestones for meeting each objective
  - The target completion date for each milestone
  - The accomplishments achieved during this reporting period for each milestone
  - Any obstacles encountered in achieving each milestone

#### As applicable, consider the following:

- Engagement of stakeholders across the state as a complement to parallel engagement activities occurring within the target communities that are selected for implementation activities
- Convening leaders and stakeholders
- Building coalitions
- Training state stakeholders, coalitions, and service providers
- Organizing agency networks
- Leveraging resources
- Engaging stakeholders to help sustain the activities.

# 30. List each Year 2 **community-level** goal related to step 2. For each goal, please list the following:

- The objectives related to each goal
- The milestones for meeting each objective
- The target completion date for each milestone
- The accomplishments achieved during this reporting period for each milestone
- Any obstacles encountered in achieving each milestone

#### 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.

Next, please provide the following information (insert responses in the toggle fields):

31. Describe your procedures for ensuring <u>cultural competence</u> as you implement this SPF step.

32. Describe your procedures for ensuring that <u>underage alcohol consumption</u> problems are addressed in this step.

33. Describe your plans to sustain step-related activities.

\_\_\_\_

# Table 7 SPF STEP 2: YEAR 2 GOALS, OBJECTIVES, MILESTONES AND ACCOMPLISHMENTS

List each Year 2 **STATE-LEVEL** goal related to step 2. For each goal, please list the following:

- The objectives related to each goal
- The milestones for meeting each objective
- The target completion date for each milestone
- The accomplishments achieved during this reporting period for each milestone
- Any obstacles encountered in achieving each milestone

|  | STATE-LEVEL   |   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| 29. SPF SIG<br>Goals                                 | Objectives  | Milestones                                      | Target<br>Completion<br>Dates                  | Accomplish-<br>ments   | Obstacles                                    |  |  |
| Example: 1. Reduce substance abuse related problems. | 1. Engage stakeholders from across the state.  1. Convene Advisory Council (AC) on a monthly basis.  1. Ongoi | Example: 1. Ongoing                             | Example:<br>1. Held AC meeting<br>on 10/20/05. | Example: 1. Due to transition in the Governor's Office, several AC |  |  |  |
|  |   | _, _,   | 2. As needed                                   | 2. Formed Prevention Strategies and Training committees.           | positions are open<br>and need to be filled. |  |  |
|  | 2. Leverage state-level resources.  | 1. Transition SAPT Block<br>Grant funds to SPF. | 1. 06/05                                       | 1. Developed a plan to transition the funds.                       | 1. None.                                     |  |  |
|  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
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|  |   |   |  |  |  |  |  |

#### **Table 7 continued**

#### SPF STEP 2: YEAR 2 GOALS, OBJECTIVES, MILESTONES AND ACCOMPLISHMENTS

List each Year 2 **COMMUNITY-LEVEL** goal related to step 2. For each goal, please list the following:

- The objectives related to each goal
- The milestones for meeting each objective
- The target completion date for each milestone
- The accomplishments achieved during this reporting period for each milestone
- Any obstacles encountered in achieving each milestone

| COMMUNITY-LEVEL                                  |   |   |                               |  |           |  |  |
|--|---|---|-------------------------------|--|-----------|--|--|
| 30. SPF SIG<br>Goals                             | Objectives  | Milestones                                  | Target<br>Completion<br>Dates | Accomplish-<br>ments   | Obstacles |  |  |
| Example:   | Example:  | Example:                                    | Example:                      | Example:   | Example:  |  |  |
| Reduce     substance abuse     related problems. | Build community capacity through the provision of technical assistance. | 1. Hold TA workshops on<br>a regular basis. | 1. Ongoing                    | 1. Held TA<br>workshop on the<br>selection of<br>evidence-based<br>practices for funded<br>communities on<br>05/06/06. | 1. None.  |  |  |
|  |   |   |                               |  |           |  |  |
|  |   | <u> </u>                                    |                               |  |           |  |  |
|  |   |   |                               |  |           |  |  |
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|  |   |   |                               |  |           |  |  |
|  |   |   |                               |  |           |  |  |
|  | <del></del>   |   |                               |  |           |  |  |
|  | <del> </del>  |   |                               |  |           |  |  |
|  |   |   |                               |  |           |  |  |
|  |   |   |                               |  |           |  |  |

**Strategic Prevention Framework Step 3:** <u>Develop a comprehensive strategic plan.</u> (For question 34 insert your responses in the toggle field or use Table 8.)

- 34. List each Year 2 goal related to step 3. For each goal, please list the following:
  - The objectives related to each goal
  - The milestones for meeting each objective
  - The target completion date for each milestone
  - The accomplishments achieved during this reporting period for each milestone
  - Any obstacles encountered in achieving each milestone

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 statewide needs assessment in the development of the strategic plan
- Identification of the priorities that will be targeted in the state's strategic prevention framework
- 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 and specifies 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
- Monitoring the development and implementation of community-level strategic plans.

Next, please provide the following information (insert responses in the toggle fields):

- 35. Describe your procedures for ensuring <u>cultural competence</u> as you implement this SPF step.
- 36. Describe your procedures for ensuring that <u>underage alcohol consumption</u> problems are priority elements in the strategic plan.
- 37. Describe your plans to sustain step-related activities.

# Table 8 SPF STEP 3: YEAR 2 GOALS, OBJECTIVES, MILESTONES AND ACCOMPLISHMENTS

List each Year 2 goal related to step 3. For each goal, please list the following:

- The objectives related to each goal
- The milestones for meeting each objective
- The target completion date for each milestone
- The accomplishments achieved during this reporting period for each milestone
- Any obstacles encountered in achieving each milestone

| 34. SPF SIG<br>Goals                                | Objectives  | Milestones  | Target<br>Completion<br>Dates | Accomplish-<br>ments                       | Obstacles   |
|---|---|---|-------------------------------|--|---|
| Example: 1. Develop a comprehensive strategic plan. | Example: 1. Engage AC members in the development of the plan. | Example: 1. Establish an AC committee to assist in drafting the plan. | Example: 1. 10/05             | Example: 1. AC has met and drafted a plan. | Example: 1. Awaiting products from the SEOW before plan can be completed. |
|   |   |   |                               |  |   |
|   |   |   |                               |  |   |
|   |   |   |                               |  |   |
|   |   |   |                               |  |   |
|   |   |   |                               |  |   |

Strategic Prevention Framework Step 4: <u>Implement evidence-based prevention programs</u>, <u>policies</u>, <u>and practices</u>. *APPLICABLE AFTER CSAP APPROVES THE STRATEGIC PLAN*. (For question 38 insert your responses in the toggle field or use Table 9.)

- 38. List each Year 2 goal related to step 4. For each goal, please list the following:
  - The objectives related to each goal
  - The milestones for meeting each objective
  - The target completion date for each milestone
  - The accomplishments achieved during this reporting period for each milestone
  - Any obstacles encountered in achieving each milestone

As appropriate, incorporate 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.

Next, please provide the following information (insert responses in the toggle fields):

| 39. | Describe your procedures for ensuring <u>cultural competence</u> as you implement this SPF |
|-----|--|
|     | step.  |
|     |  |

- 40. Describe your procedures for identifying and implementing evidence-based programs to combat <u>underage alcohol consumption</u>. Note special problems encountered in identifying and implementing programs that focus on underage alcohol consumption.
- 41. Describe your plans to sustain step-related activities.

# Table 9 SPF STEP 4: YEAR 2 GOALS, OBJECTIVES, MILESTONES AND ACCOMPLISHMENTS

List each Year 2 goal related to step 4. For each goal, please list the following:

- The objectives related to each goal
- The milestones for meeting each objective
- The target completion date for each milestone
- The accomplishments achieved during this reporting period for each milestone
- Any obstacles encountered in achieving each milestone

| 38. SPF SIG<br>Goals                                   | Objectives  | Milestones  | Target<br>Completion<br>Dates | Accomplish-<br>ments   | Obstacles  |
|--|---|---|-------------------------------|--|--|
| Example: 1. Reduce the progression of substance abuse. | Example: 1. Identify effective program, practice and policy options in response to SEOW analysis. | Example: 1. Select three appropriate EBPS to address problems identified by SEOW. | Example: 1. 10/05             | Example: 1. Identified 2 EBP programs for underage drinking. | Example: 1. One promising environmental strategy lacks strong evidence of effectiveness. |
|  |   |   |                               |  |  |
|  |   |   |                               |  |  |
|  |   |   |                               |  |  |
|  |   |   |                               |  |  |

Strategic Prevention Framework Step 5: <u>Monitor, evaluate, sustain, and improve or replace policies/programs/practices that fail.</u> (For question 42 insert your responses in the toggle field or use Table 10.)

- 42. List each Year 2 goal related to step 5. For each goal, please list the following:
  - The objectives related to each goal
  - The milestones for meeting each objective
  - The target completion date for each milestone
  - The accomplishments achieved during this reporting period for each milestone
  - Any obstacles encountered in achieving each milestone

As applicable, incorporate 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.

Next, please provide the following information (insert responses in the toggle fields):
43. Describe your procedures for ensuring <u>cultural competence</u> as you implement this SPF step.
44. Describe your procedures for assessing the implementation fidelity and impact of your programs to reduce <u>underage alcohol consumption</u>. Note specific problems encountered when assessing the implementation fidelity and impact of these programs.

45. Describe your plans to sustain step-related activities.

\_\_\_\_

#### Table 10 SPF STEP 5: YEAR 2 GOALS, OBJECTIVES, MILESTONES AND ACCOMPLISHMENTS

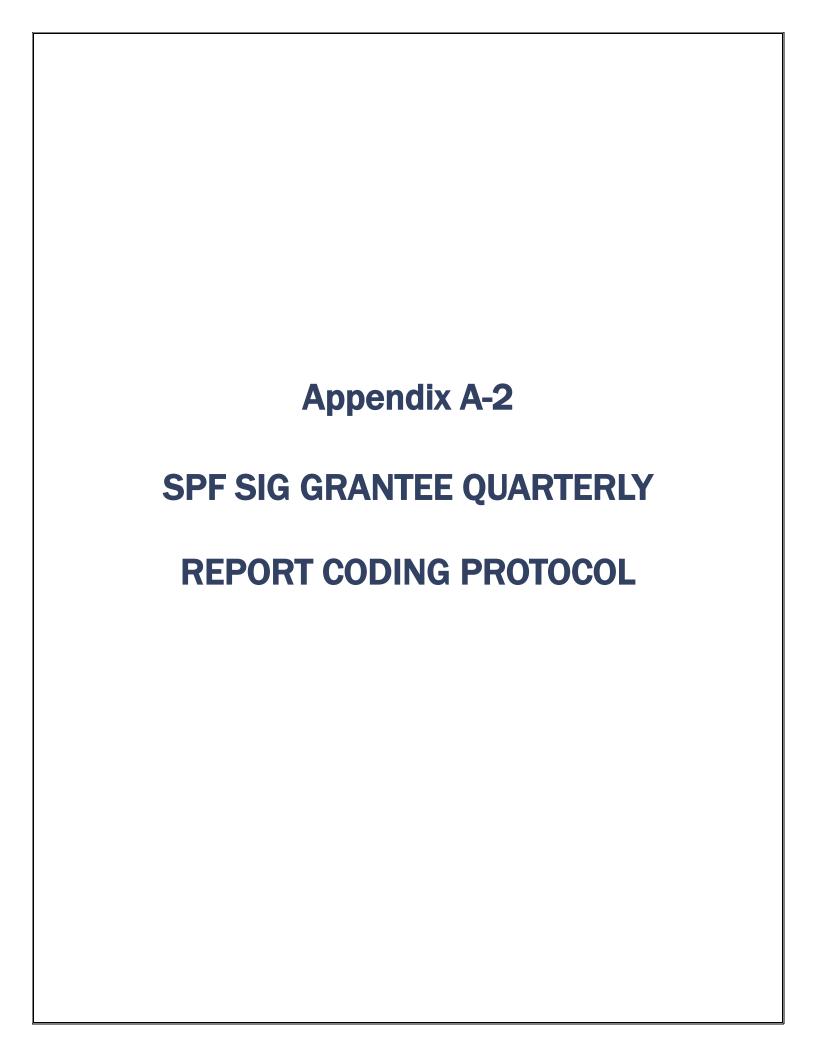
List each Year 2 goal related to step 5. For each goal, please list the following:

- The objectives related to each goal
- The milestones for meeting each objective
- The target completion date for each milestone
- The accomplishments achieved during this reporting period for each milestone
- Any obstacles encountered in achieving each milestone

| 42. SPF SIG<br>Goals  | Objectives  | Milestones  | Target<br>Completion<br>Dates | Accomplish-<br>ments                          | Obstacles                           |
|---|---|---|-------------------------------|---|-------------------------------------|
| Example:<br>Sustain effective<br>policies/programs/<br>practices. | Example: 1. Identify funding opportunities to help sustain efforts. | Example: 1. Inventory Foundation funding sources. | Example: 1. 10/05             | Example: 1. AC committee completed inventory. | Example: 1. Few sources identified. |
|   |   |   |                               |   |                                     |
|   |   |   |                               |   |                                     |
|   |   |   |                               |   |                                     |
|   |   |   |                               |   |                                     |
|   |   |   |                               |   |                                     |
|   |   |   |                               |   |                                     |

| Please add comments or suggestions for your project officers in the toggle field below.  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!  |
|  |
|  |

If you want to add comments, tables, graphs, or anything else in an open (unprotected) field you may use the space below. Thank You!



### Appendix A-2 SPF SIG GRANTEE QUARTERLY REPORT CODING PROTOCOL

| Q# | Qx Text  | Codes   | Scales/New Variables   | Code Q1-Q4?<br>Yes or No | Notes            |
|----|--|---|--|--------------------------|------------------|
| 1  | Name of SPF SIG Grantee:   | State Abbreviations: AZ, AR, CO, CT, FL, GU, IL, IN, KY, LA, ME, MI, MO, MT, NV, NH. NM, NC, PW, RI, TN, TX, VT, WA, WV, WY   | n/a  | n/a                      | n/a              |
| 2  | Award Number:  | n/a   | n/a  | n/a                      | n/a              |
|    | Mailing Address:   | n/a   | n/a  | n/a                      | n/a              |
| 4  | Phone Number:  | n/a   | n/a  | n/a                      | n/a              |
|    | Name of person completing the report:  | n/a   | n/a  | n/a                      | n/a              |
|    | Title:   | n/a   | n/a  | n/a                      | n/a              |
|    | Agency:  | n/a   | n/a  | n/a                      | n/a              |
|    | Work Phone Number:   | n/a   | n/a  | n/a                      | n/a              |
|    | E-Mail Address   | n/a   | n/a  | n/a                      | n/a              |
|    | Fax:   | n/a   | n/a  | n/a                      | n/a              |
|    | Date the report is completed (mm/dd/yyyy)  | n/a   | n/a  | n/a                      | n/a              |
|    | Enter the names of individuals who hold each position. If a position is vacant, please enter the | 1: Oct 1, 2004 - Dec 31, 2004 2: Jan. 1, 2005 - Mar 31, 2005 3: Apr 1, 2005 - June 30, 2005 4: July 1, 2005 - Sep 30, 2005 5: Oct 1, 2005 - Dec 31, 2006 6: Jan. 1, 2006 - Mar 31, 2006 7: Apr 1, 2006 - June 30, 2006 8: July 1, 2006 - Sep 30, 2006 9: Oct 1, 2006 - Dec 31, 2006 10: Jan. 1, 2007 - Mar 31, 2007 11: Apr 1, 2007 - June 30, 2007 12: July 1, 2007 - Sep 30, 2007 13: Oct 1, 2007 - Dec 31, 2007 14: Jan. 1, 2008 - Mar 31, 2008 15: Apr 1, 2008 - June 30, 2008 16: July 1, 2008 - Sep 30, 2008 17: Oct 1, 2008 - Dec 31, 2008 18: Jan. 1, 2009 - Mar 31, 2009 19: Apr 1, 2009 - June 30, 2009 20: July 1, 2009 - Sep 30, 2009 | n/a  | n/a                      | n/a              |
|    | word "vacant" in place of a name.  | number of vacant leadership positions/number of leadership positions<br>number of vacant non-leadership positions/number of non-leadership positions  | see Q10  | No                       | Look at Q6 only. |
| 8  | List staff position titles for each name.  | n/a   | n/a  | n/a                      | n/a              |
| 9  | For each position, indicate whether or not it is a contractor position.                          | n/a   | n/a  | n/a                      | n/a              |
| 10 | For each staff position, enter the approximate number of hours worked per week.                  | Total leadership hours  Total non leadership hours  | 1) Total staff time (leadership and non-leadership) 2) Total vacancies/total number of staff positions 3) Total leadership time 4) Total leadership time/total staff hours | No                       | Look at Q6 only. |
| 11 | For vacant positions, describe plans for filling the position.                                   | n/a   | n/a  | n/a                      | n/a              |

09/05/06

|   | 09/05/06   |  |                          |  |
|---|--|--|--------------------------|--|
| Q# Qx Text  | Codes  | Scales/New Variables   | Code Q1-Q4?<br>Yes or No | Notes  |
| organization being represented and code its type based on the list below. Please DO NOT provide the names of individual members. If you select "other" (37), please describe the type of organization. If you prefer, you may use Table 2 to provide this information.  Types of organizations: | List of organization codes:  1. SARP representative  2. National advocacy organization  3. National Inches governmental youth agencylory  4. National Guard  5. National Counced  5. Total organization  6. Frind a organization  6. Frind a organization  7. Since Dept. of Health  10. Since Dept. of Mealth  11. Since Dept. of Substance Abuse  12. Since Dept. of Substance Abuse  12. Since Dept. of Substance Abuse  13. Since Dept. of Substance Abuse  14. Since Dept. of Substance Abuse  15. Since Dept. of Substance Abuse  17. Since Dept. of Substance Abuse  18. Since Dept. of Substance Abuse  19. Local Indigenomental Ministry  19. Local Indigenomental Ministry  19. Local Indigenomental Abuse  19. Local In | 1) Count of members 2) Number of orgs 3) Measure of quality/clout of AC: in Q12, code 7 (governor's office) and code 8 (state legislature) and governor involvement in AC in Q15  0 points if code 7 (governor's office) AND code 8 (state legislature) = no  1 point if code 7 (governor's office) OR code 8 (state legislature) = yes  2 points if code 7 (governor's office) AND code 8 (state legislature) = yes | No                       | Need to revisit scale b/c added governor involvement in AC from Q15.  Additional points will not be given even if more than one rep. from governor's office or state legislature sits on AC.  May want to do a dump of 37-other and reclassify them. |

| <b>Q</b> # | Qx Text  | Codes  | Scales/New Variables   | Code Q1-Q4?<br>Yes or No | Notes  |
|------------|--|--|--|--------------------------|--|
|            | If your Advisory Council has formed committees, list them and describe the activities of each.  Please use the categories listed below when answering this question. If you select "other," please describe the type of committee your Advisory Council has formed. You may use Table 3, if you prefer.  Types of committees:  Legislative Affairs Funding Evaluation Partner Communities Youth Involvement Public Relations Data Collection Training Prevention Strategies Other  | 1: Legislative Affairs (0: No, 1: Yes) 2: Funding (0: No, 1: Yes) 3: Evaluation (0: No, 1: Yes) 4: Partner Communities (0: No, 1: Yes) 5: Youth Involvement (0: No, 1: Yes) 6: Public Relations (0: No, 1: Yes) 7: Data Collection (0: No, 1: Yes) 8: Training (0: No, 1: Yes) 9: Prevention Strategies (0: No, 1: Yes) 10: Cultural Competence (0: No, 1: Yes) 11: Underage Drinking (0: No, 1: Yes) 12: RFP Development (0: No, 1: Yes) 13: Quarterly Report (0: No, 1: Yes) 14: Strategic Plan (0: No, 1: Yes) 15: Prevention Infrastructure (e.g., workforce development, prevention resources) (0: No, 1: Yes) 16: Sustainability (0: No, 1: Yes) 17: Other-Specify   | Yes or No, have committees been formed yet.  | Yes                      | Keep in mind there may be certain committees we should report on individually (underage drinking, cultural competence, sustainability)   |
|            | How many times has your Advisory Council met this quarter?  Please remember to attach a copy of the minutes for each Advisory Council meeting held during this reporting period.   | Total number of times the AC met during the reporting period  Were meeting minutes attached? (0: No, 01: Yes)  If yes, did you review the attached minutes? (0: No, 01: Yes)  Did you use information contained in the minutes to modify how you coded a response? (0: No, 01: Yes)  If yes, please make sure you document this information in the "comments" box next to the response you altered.  | 1) Sum from Q1-Q6 by state   | Yes                      | To obtain an approximation from Q1-Q4, we will count the number of AC meeting minutes attached each quarter. It is likely we are underreporting the # of meetings b/c Q14 was not asked in Q1-Q4.      |
|            | Please discuss your accomplishments related to the formation of the SPF SIG Advisory Council and the council's activities during this reporting period. Your response should address the questions listed below as applicable:  FORMATION OF SPF ADVISORY COUNCIL  * Has your SPF SIG Advisory Council been established? If your council has not been established, what is the time table for completing this task?  * Is this a newly formed council or is it a reconstituted former SIG Advisory Council?  * Has the governor appointed the chairperson?  SPF SIG ADVISORY COUNCIL STRUCTURE AND ACTIVITIES  * Do council members represent:  - The Office of the Governor?  - A core group of drug and alcohol-related agencies identified by the state (including but not limited to public health, education, criminal justice, behavioral/mental health)?  - A demand reduction coordinator from the drug enforcement administration who has responsibility for the state?  - The state agency identified by the applicant as the lead agency on underage drinking?  (SAMHSA/CSAP encourages governors to designate a lead agency for preventing underage drinking if one does not currently exist)  - SAMHSA/CSAP encourages governors to designate a lead agency for preventing underage drinking if one does not currently exist)  - SAMHSA/CSAP encourages governors to designate a lead agency for preventing underage drinking if one does not currently exist)  - SAMHSA/CSAP encourages governors to designate a lead agency for prevention of the strategic prevention?  - What are your plans for structuring the work of the council (e.g., topical work groups, committees)?  - What are your plans for structuring the work of the council (e.g., topical work groups, committees)?  - How do the advisory council work groups support the implementation of the strategic prevention framework in your state?  COMMUNICATION AND COLLABORATION AMONG MEMBERS (AND SPF SIG STAFF)  - What is the relationship between key SPF SIG staff and the Council?  - What processes have been established to facilit | Please note, to answer these questions you may need to refer to QRFs submitted during previous quarters.  Was the AC formed this reporting period? (0: No, 1: Yes)  If provided, on what date was the AC formed (i.e., date of the inaugural/kick-off meeting)? (mm/day/year)  Instruction to coder: If a day is not provided, please enter the number 15.  Is the SPF SIG Advisory Council a reconstituted former SIG Advisory Council (e.g., State Incentive Planning and Development Grant (P-SIG), State Incentive Enhancement Grant (E-SIG), State Incentive Grant for Treatment of Persons with Co-Occurring Substance Related and Mental Disorders (Co-SIG))? (0: No/Can't tell, 1: Yes)  Is the SPF SIG Advisory Council a preexisting group that has assumed SPF SIG duties (i.e., non-SIG)? (0: No/Can't tell, 1: Yes)  AC Formation/Clout:  a. Governor involvement in AC (e.g., governor appointed chair, governor or representative attended a meeting) (0: No/Can't tell, 1: Yes)  Activities:  a. Signed Memorandum of Understanding between partners (0: No/Can't tell, 1: Yes)  b. Worked with the SEOW (e.g., reviewing materials, determining priorities based on recommendations)  (0: No/Can't tell, 1: Yes)  c. Worked on community selection/notification process (0: No/Can't tell, 1: Yes)  d. Provided recommendations on strategic plan (0: No/Can't tell, 1: Yes)  e. Input into policies and procedures to promote sustainability (0: No/Can't tell, 1: Yes)  g. Input into policies and procedures to reduce underage drinking (0: No/Can't tell, 1: Yes)  h. Working on the evaluation (0: No/Can't tell, 1: Yes) | 1) Activities- Add up a-h 2) Governor involment in AC becomes part of quality/clout measure in Q12 | Yes                      | Coders should revisit governor involvement in AC to make sure they are coding it correctly.  As a validation for baseline coding, Joe will review responses to the questions above AC formation/clout. |

| Q# | Qx Text   | Codes   | Scales/New Variables                | Code Q1-Q4? | Notes            |
|----|---|---|-------------------------------------|-------------|------------------|
|    |   |   |                                     | Yes or No   |                  |
|    | the name of the organization he/she represents and code its type based on the list below. If you select "other" (37), please describe the type of organization being represented. (You may record the information here or you may use Table 4.) | 16: State Dept. of Juvenile Justice 17: State Dept. of Education 18: State Dept. of Public Safety/Corrections 19: State Dept. of Labor 20: State Wenforcement 21: State Attorney General's Office 22: State lead agency on underage drinking 23: State non-governmental youth agency/org 24: Advisory Council chair 25: State evaluator 26: State advocacy organization 27: University/college 28: Local government official 29: Local substance abuse agency 30: Local education agency 31: Local nongovernmental health agency/org 33: Local nongovernmental social services agency/org 33: Local law enforcement 34: Local non-governmental youth agency/org   | Count of members     Number of orgs | No          | Look at Q6 only. |
|    |   | 35. Local advocacy organization 36. Faith-based organization 37. Other-Specify. 38. Department of Transportation 39. CAPT 40. Local nongovernmental health agency 41. State nongovernmental health research agency 42. Regionally based prevention TA 43. Division of Motor Vehicles 44. Regional Office for federal department (e.g., USDHHS, Office of Minority Health, Region VIII) 45. Advisory Council member 46. State agency on developmental disabilities 47. Addiction Technology Transfer Center (ATTC) 48. Local/community coalition 49. Student/youth 50. Consultant/consulting firm 51. State court 52. County/city court 53. Federal legislature 54. Liquor Control Board (Alcohol Beverage Control) 55. Other state agency 56. Other Federal agency 57. Other local government organization 60. DEA Count of members |                                     |             |                  |
| 17 | Where is the SEOW administratively housed?  Appendix A-2_QRPT_R0_RUF1_PROT_xls  | (Develop additional codes later)  a. SSA (0: No/Can't tell, 1: Yes)  b. HHS (not the SSA) (0: No/Can't tell, 1: Yes)  c. University (0: No/Can't tell, 1: Yes)  d. Governor's office (0: No/Can't tell, 1: Yes)  e. Other-Specify   | 1) Run frequencies                  | No          | Look at Q6 only. |

|            |   | 07/03/00  |   |                          |   |
|------------|---|---|---|--------------------------|---|
| <b>Q</b> # | Qx Text   | Codes   | Scales/New Variables  | Code Q1-Q4?<br>Yes or No | Notes   |
| 18         | How many times has your SEOW met this quarter?  | Total number of times the SEOW met during the reporting period.   | 1) Sum from Q1-Q6 by state  | Yes                      | To obtain an approximation from Q1-Q4, we will count the number of SEOW meeting minutes attached each quarter. It is likely we are underreporting the # of meetings b/c Q18 was not asked in Q1-Q4. |
|            | Please discuss your accomplishments related to the formation of the State Epidemiology and Outcomes Workgroup (SEOW) and the SEOW activities during the reporting period.  What were your most important accomplishments during this quarter?  STRUCTURE AND FUNCTION  **Has your SPF SIG SEOW been established? If your SEOW has not been established, what is the time table for completing this task?  **Is this a newly formed SEOW or is it based on a previous or currently existing group?  **Has the chairperson been selected?  **What is the relationship between key SPF SIG staff and the SEOW?  **How does the SEOW support the implementation of the strategic prevention framework in your state, especially in terms of needs assessment, program implementation, and program monitoring?  **ACCOMPLISHMENTS**  **Developing a set of indicators to describe the magnitude and distribution of the state's alcohol, tobacco, and other drug-related consequences and use patterns  **Organizing substance use-related data indicators into a state 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. | Is the SPF SIG SEOW a preexisting group that has assumed SPF SIG duties? (0: No/Can't tell, 1: Yes)  SEOW Formation/Functioning:  a. Dedicated SPF SIG staff on SEOW (0: No/Can't tell, 1: Yes)  b. Drafted tasks and milestones (0: No/Can't tell, 1: Yes)  c. Added new members with additional expertise (0: No/Can't tell, 1: Yes)  d. Formed SEOW subcommittees/management groups (0: No/Can't tell, 1: Yes) | 1) Formation date of SEOW vs. start date of SPF SIG=time it took to form SEOW | Yes                      | We may use these codes as supplementary information for Q25-A to help solidify ambiguities.   |
|            | What are the most important challenges that your SEOW continues to face related to the goals of the SPF SIG?  | a. Difficulty identifying members (0: No/Can't tell, 1: Yes) b. Difficulty convening members (0: No/Can't tell, 1: Yes) c. Difficulty balancing efficiency vs. inclusiveness (0: No/Can't tell, 1: Yes) d. Staff issues (e.g. conflict of interest, inadequate staff) (0: No/Can't tell, 1: Yes)  | 1) Run frequencies  | Yes                      |   |
|            | Please discuss any support and technical assistance that might facilitate your SEOW efforts to identify and utilize data for planning, implementation, and ongoing monitoring.  | n/a   |   |                          |   |
|            | Describe the SEOW procedures for ensuring that sufficient data on underage alcohol consumption are collected, reported, and interpreted.  | Instruction to coder: Please code the response to this question in Q27.   | see Q27   | see Q27                  | see Q27   |
|            | For each SPF SIG milestone for which you requested support this reporting period, describe the type of training/technical assistance requested, the date you initiated the request, the assistance provider, and the delivery mechanism (e.g., face-to-face). Typical assistance providers could include your regional Center for the Application of Prevention Technology (CAPT), a CSAP Project Officer, the CSAP web site, the Coalition Institute, your epidemiology workgroup TA contractor, and/or other sources.  (You may describe your use of technical support in paragraph form in this text field or you may use Table 5 to record this information.)   | n/a   |   |                          |   |

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|            | 09/05/06  |   |  |                          |  |  |
|------------|---|---|--|--------------------------|--|--|
| <b>Q</b> # | Qx Text   | Codes   | Scales/New Variables   | Code Q1-Q4?<br>Yes or No | Notes  |  |
|            | For each request you made, please tell us how you would assess the timeliness of the response and the adequacy of the support.  (You may describe your assessment of the technical support you received, in this text field or you may use the comments section in Table 5 to record this information.)  List each Year 2 goal related to step 1. For each goal, please list the following:  • The objectives related to each goal  | ACCOMPLISHMENTS  Data Infrastructure:  Created (avenued a indicator detabase (e.g., ani data), (f): No (Capit tall, I.; Vac)  | Readiness scale- Add up the following:   |                          |  |  |
|            | <ul> <li>The milestones for meeting each objective</li> <li>The target completion date for each milestone</li> <li>The accomplishments achieved during this reporting period for each milestone</li> <li>Any obstacles encountered in achieving each milestone</li> <li>As applicable, consider the following: <ul> <li>Development and implementation of the State Epidemiology and Outcomes Workgroup (SEOW)</li> <li>Assessment of the magnitude of substance abuse and related mental health disorders in the state</li> <li>Assessment of risk and protective factors associated with substance abuse and related mental health disorders in the state</li> <li>Assessment of community assets and resources</li> <li>Identification of gaps in services and capacity</li> <li>Assessment of readiness to act</li> <li>Identification of priorities based on the epidemiological analyses, including the identification of target communities to implement the Strategic Prevention Framework</li> <li>Specification of baseline data against which progress and outcomes of the Strategic Prevention Framework can be measured</li> <li>If the state was already engaged in needs assessment efforts prior to award, use of the SEOW to enhance and supplement the current process and its findings</li> <li>Monitoring of communities to ensure they accurately assess their substance abuse-related problems using epidemiological data provided by the state, as well as other local data</li> <li>Ensuring that communities also assess community assets and resources, gaps in services, and capacity and readiness to act.</li> </ul> </li> </ul> | a. Created/expanded indicator database (e.g., epi data) (0: No/Can't tell, 1: Yes) b. Developed/expanded Management Information System (MIS) (e.g., KIT Solutions) (0: No/Can't tell, 1: Yes) c. Created/expanded data dissemination infrastructure (e.g., website) (0: No/Can't tell, 1: Yes)  Data Assessment:  Assessed the following types of data (availability and usefulness): a. State substance abuse/use data (0: No/Can't tell, 1: Yes) b. Sub-state substance abuse/use data (0: No/Can't tell, 1: Yes) c. State consequences (0: No/Can't tell, 1: Yes) d. Sub-state consequences (0: No/Can't tell, 1: Yes) e. Community assets and resources (0: No/Can't tell, 1: Yes) g. Assessed current data in general (0: No/Can't tell, 1: Yes) h. State assets and resources (0: No/Can't tell, 1: Yes) i. State readiness (0: No/Can't tell, 1: Yes) Data Acquisition: Acquired the following data (sets): a. State substance abuse/use data (0: No/Can't tell, 1: Yes) b. Sub-state substance abuse/use data (0: No/Can't tell, 1: Yes) c. State consequences (0: No/Can't tell, 1: Yes) d. Sub-state consequences (0: No/Can't tell, 1: Yes)  | Data Assessment: e and f Data Acquisition: e and f  2) Indicators scale- Add up the following: Data Infrastructure: a, b, c Data Assessment: a, b, c, d, g, h, i Data Acquisition: a, b, c, d, g, h, i, j Data Analyses: a, b, c  3) Data Analyses: I have a note about reporting all the items separately, but also creating a scale from (1) haven't started to (2) in process to (3) completed.  4) Additional presentations and reports scale- Add up the following: | Yes                      | Could present this information in a stacked bar chart.  Could aggregate the codes and have a step 1 accomplishments scale. |  |
|            |   | e. Community assets and resources (0: No/Can't tell, 1: Yes) f. Community readiness (0: No/Can't tell, 1: Yes) g. Acquired data (sets) in general (0: No/Can't tell, 1: Yes) h. Collected new survey data (e.g., population-based data on consequences and consumption) (0: No/Can't tell, 1: Yes) i. State assets and resources (0: No/Can't tell, 1: Yes) j. State readiness (0: No/Can't tell, 1: Yes)  Data Analyses: a. Discussion about methods, how to use data (0: No/Can't tell, 1: Yes) b. Geo-coded data/mapped data using GIS (0: No/Can't tell, 1: Yes) c. Analyzed data in general (0: No/Can't tell, 1: Yes) d. Completed analyses to support prioritization (0: No/Can't tell, 1: Yes)  Work Products: a. Created Epi profile (0: No/Can't tell, 1: Yes) b. Made presentations to Advisory Council (0: No/Can't tell, 1: Yes) c. Made presentations to some other decision-making body (e.g., Governor's office) (0: No/Can't tell, 1: Yes) (if "c"=1 then) Specify d. Made presentations to communities (0: No/Can't tell, 1: Yes) e. Developed report (to disseminate to schools, community, stakeholders) (0: No/Can't tell, 1: Yes) f. Provided guidance to communities (0: No/Can't tell, 1: Yes) g. Provided recommendations on strategic plan (0: No/Can't tell, 1: Yes) | Work Products: c, d, e, f, g  5) Report a (created epi profile) under Work Products separately  6) Report b (made presentations to Advisory Council) under Work Products separately  7) Recommendations and Prioritization- report a (Identified priorities or made recommendations) separately  |                          |  |  |
|            |   | Recommendations and Prioritization:  a. Identified priorities or made recommendations (e.g., selected communties, substance use priorities) (0: No/Can't tell, 1: Yes)  |  |                          |  |  |

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| Q# | Qx Text   | Codes  | Scales/New Variables   | Code Q1-Q4?<br>Yes or No | Notes   |
|----|---|--|--|--------------------------|---|
| 25 | see question above  | Data Infrastructure:  a. Limited capacity/infrastructure (e.g., difficulty integrating data systems, technological accessibility of data, lack of cooperation across agencies) (0: No/Can't tell, 1: Yes)  c. Difficulty identifying/developing instrumentation (0: No/Can't tell, 1: Yes)  Resources:  a. Staff issues (e.g., conflict of interest, inadequate staff) (0: No/Can't tell, 1: Yes)  b. Leadership issues (0: No/Can't tell, 1: Yes)  c. Inadequate funds (0: No/Can't tell, 1: Yes)  d. Inadequate time (0: No/Can't tell, 1: Yes)  e. Bureaucratic red tape (0: No/Can't tell, 1: Yes)  Data Quality:  General data quality issues (e.g., utility, adequacy, completeness):  a. Availability of data to conduct subgroup analyses (e.g., inadequate sample size) (0: No/Can't tell, 1: Yes)  b. Availability over time (e.g., longitudinal, one time survey) (0: No/Can't tell, 1: Yes)  d. Data not available for a particular problem area (0: No/Can't tell, 1: Yes)  e. Variation in data definitions or data collection procedures (0: No/Can't tell, 1: Yes)  f. Other data issues (0: No/Can't tell, 1: Yes)  g. Recruitment issues (identifying and scheduling participants) (0: No/Can't tell, 1: Yes)  b. Lack of variability of data (0: No/Can't tell, 1: Yes)  c. Difficulty reducing data in useful ways (0: No/Can't tell, 1: Yes)  b. Lack of variability of data (0: No/Can't tell, 1: Yes)  c. Difficulty interpreting indicators (e.g., meaning of law enforcement data) (0: No/Can't tell, 1: Yes)  Recommendations and Prioritization:  a: Pressures to prioritize based on non-data driven planning (0: No/Can't tell, 1: Yes) | 1) Data Infrastructure- Add up a-c 2) Resources-Add up a-e 3) Data Quality- Add up a-g 4) Data Analyses- Add up a-c, then yes or no 5) Recommendations and Prioritization-report a (pressures to prioritize based on nondata driven planning) separately | Yes                      |   |
| 26 | Describe your procedures for ensuring cultural competence as you implement this SPF step. | Bringing the Right People to the Table:  a. Relied on diverse and inclusive SEOW membership as a strategy to ensure cultural competence in step 1 (0: No/Can't tell, 1: Yes)  b. Relied on diverse and inclusive AC membership as a strategy to ensure cultural competence in step 1 (0: No/Can't tell, 1: Yes)  c. Cultural competence expertise on SEOW (0: No/Can't tell, 1: Yes)  d. Cultural competence expertise on AC (0: No/Can't tell, 1: Yes)  e. Formed a group on SEOW focusing on cultural competence (0: No/Can't tell, 1: Yes)  f. Partnered with organization/consultant w/cultural competence expertise (0: No/Can't tell, 1: Yes)  Activities:  a. Identified potential data sources (0: No/Can't tell, 1: Yes)  b. Assessed adequacy of data to examine issues of culture competence (region, race/ethnicity, underserved populations, language, gender, disability, sexual orientation) (0: No/Can't tell, 1: Yes)  c. Assessed community readiness to provide culturally competent services (0: No/Can't tell, 1: Yes)  d. Collected data on historically underserved groups (region, race/ethnicity, language, gender, disability, sexual orientation) (0: No/Can't tell, 1: Yes)  e. Analyzed data by region, race/ethnicity, underserved populations, language, gender, disability, sexual orientation (0: No/Can't tell, 1: Yes)  f. Assessed cultural competence of SPF SIG state-level activities (e.g., AC and SEOW meetings) (0: No/Can't tell, 1: Yes)   | 1) Bringing the Right People to the Table-Add up a-f  2) Activities- Add up a-f  | Yes                      | Need to clarify code "e" under bringing the right people to the table and make sure coders realize that the group on cultural competence is specific to the SEOW. |

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|            |   | 09/03/00  |  |                          |   |
|------------|---|---|--|--------------------------|---|
| <b>Q</b> # | Qx Text   | Codes   | Scales/New Variables   | Code Q1-Q4?<br>Yes or No | Notes   |
| 27         | Describe the step 1 activities specific to identifying underage alcohol consumption problems.   | Bringing the Right People to the Table:  a. Formed a group/designated a specialist focusing on underage drinking (0: No/Can't tell, 1: Yes)  b. Have working relationship with policy-making group(s) (0: No/Can't tell, 1: Yes)  c. Have working relationship with groups/individuals with specialized knowledge (0: No/Can't tell, 1: Yes)  d. Underage drinking expertise on SEOW (0: No/Can't tell, 1: Yes)  e. Underage drinking expertise on AC (0: No/Can't tell, 1: Yes)  Activities:  a. Identified potential data sources (0: No/Can't tell, 1: Yes)  b. Identified criteria for selecting target substance use indicators (0: No/Can't tell, 1: Yes)  c. Examined epi data (e.g., consumption, consequences, perceptions) (0: No/Can't tell, 1: Yes)  d. Conducted own needs assessment (0: No/Can't tell, 1: Yes)  e. Assessed laws, ordinances, and policies (i.e., collecting and analyzing) (0: No/Can't tell, 1: Yes)  f. Assessed resources/services gaps (e.g., funding, programs) (0: No/Can't tell, 1: Yes)   | Bringing the Right People to the Table-Add up a-e      Activities- Add up a-f  | Yes                      | Deleted "g" under activities.   |
| 28         | Describe your plans to sustain step-related activities.   | n/a   | n/a  | n/a                      | n/a   |
|            | List each Year 2 state-level goal related to step 2. For each goal, please list the following:  • The objectives related to each goal  • The milestones for meeting each objective  • The target completion date for each milestone  • The accomplishments achieved during this reporting period for each milestone  • Any obstacles encountered in achieving each milestone  As applicable, consider the following:  • Engagement of stakeholders across the state as a complement to parallel engagement activities occurring within the target communities that are selected for implementation activities  • Convening leaders and stakeholders  • Building coalitions  • Training state stakeholders, coalitions, and service providers  • Organizing agency networks  • Leveraging resources  • Engaging stakeholders to help sustain the activities. | ACCOMPLISHMENTS  State Organizational Activities (i.e., authority, group planning, decision-making): a. State-level stakeholders obtained education/training for themselves (0: No/Can't tell, 1: Yes) b. Convened meetings/workshops/summits with key stakeholders, coalitions, and service providers (0: No/Can't tell, 1: Yes) c. Participated in meetings/workshops/summits with key stakeholders, coalitions, and service providers (0: No/Can't tell, 1: Yes) d. Established a workgroup on capacity building (0: No/Can't tell, 1: Yes) e. Conducted other outreach to coalitions (0: No/Can't tell, 1: Yes) f. Conducted other outreach to communities (0: No/Can't tell, 1: Yes) g. Organized agency/grassroots networks (0: No/Can't tell, 1: Yes) h. Provided SPF SIG training to communities (0: No/Can't tell, 1: Yes) i. Leveraged funds (0: No/Can't tell, 1: Yes) i. Leveraged funds (0: No/Can't tell, 1: Yes)  Workforce Development (i.e., determining standards for credentialing; training of trainers; Substance Abuse Prevention Specialist Training; development of skills such as media relations, social marketing, etc.): a. Conducted workforce assessment (0: No/Can't tell, 1: Yes) b. Created workforce development plan (0: No/Can't tell, 1: Yes) c. Coordinated with academic institutions and professional associations to develop ATOD prevention curricula for use in higher education (0: No/Can't tell, 1: Yes) d. Created deucation opportunities (0: No/Can't tell, 1: Yes) c. Created mechanisms for career advancement in ATOD prevention (0: No/Can't tell, 1: Yes) f. Organized coaching or mentoring programs for ATOD personnel (0: No/Can't tell, 1: Yes) h. Increased efforts and resources to reduce turnover among the prevention workforce, including salary adjustments (0: No/Can't tell, 1: Yes) i. Developed opportunities for multidisciplinary cross training and networking (0: No/Can't tell, 1: Yes) | 1) State Organizational Activities (community)- Add up e-h  2) State Organizational Activities (state)-Add up a-d  3) Leveraged funds- report i (leveraged funds) under state organizational activities separately  4) Run freq's on Workforce Developement (see how it comes out) If low, may not be worth reporting. | Yes                      | Clarify with coders that code "h" under state org. activities means provided SPF SIG training to communities. |

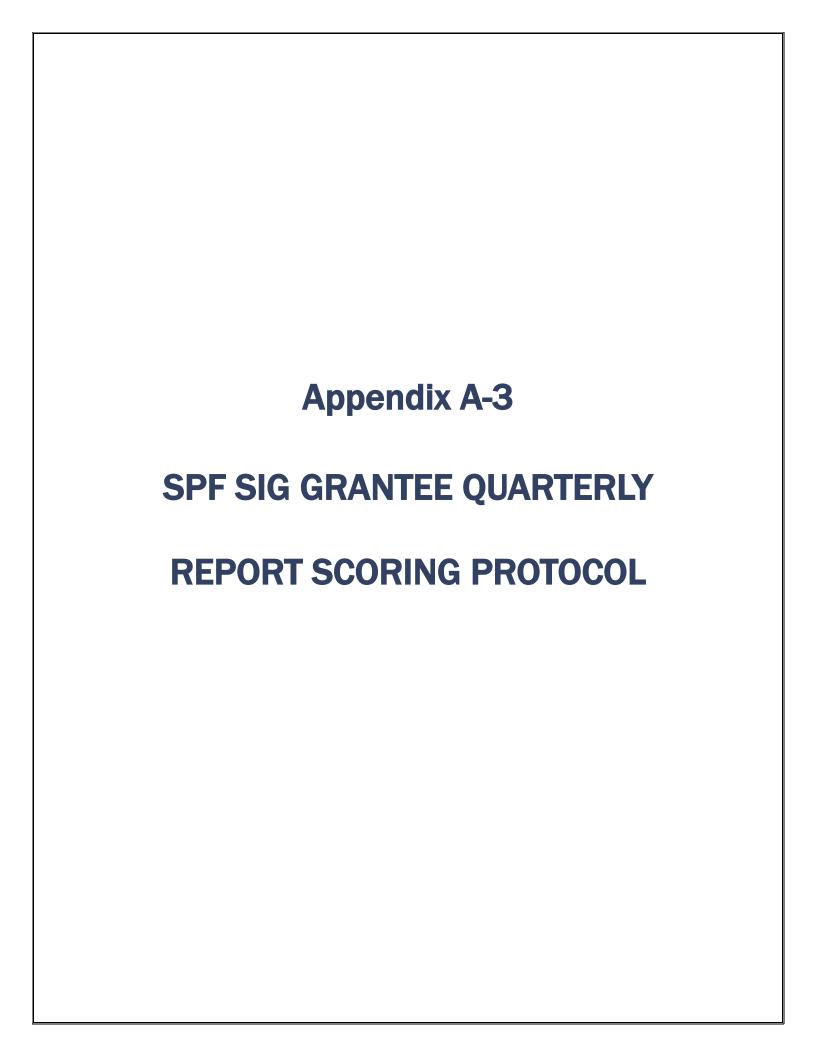
| Q# | Qx Text  | Codes  | Scales/New Variables   | Code Q1-Q4?<br>Yes or No | Notes  |
|----|--|--|--|--------------------------|--|
| 29 | see question above   | State Organizational Activities (i.e., authority, group planning, decision-making):  a. State laws governing state agency missions, policies, or regulatory authority too restrictive (0: No/Can't tell, 1: Yes)  b. State legislature is not in session often or long enough (0: No/Can't tell, 1: Yes)  c. Inadequate support from the Governor's office (0: No/Can't tell, 1: Yes)  d. Coordinating schedules (0: No/Can't tell, 1: Yes)  e. Staff issues (e.g., conflict of interest, inadequate staff) (0: No/Can't tell, 1: Yes)  f. Leadership issues (0: No/Can't tell, 1: Yes)  g. Inadequate funds (0: No/Can't tell, 1: Yes)  ii. Bureaucratic red tape (0: No/Can't tell, 1: Yes)  j. Prevention is not a high priority (e.g., with the state, with the legislature) (0: No/Can't tell, 1: Yes)  k. Too-many turf battles among state-level agencies (0: No/Can't tell, 1: Yes)  l. Balancing state and community levels of the initiative (0: No/Can't tell, 1: Yes)  m. Coordinating TA and evaluation activities (0: No/Can't tell, 1: Yes)  Workforce Development (i.e., determining standards for credentialing; training of trainers; Substance Abuse Prevention Specialist Training; development of skills such as media relations, social marketing, etc.):  a: Staff issues (e.g., conflict of interest, inadequate staff) (0: No/Can't tell, 1: Yes)  b. Leadership issues (0: No/Can't tell, 1: Yes)  c. Inadequate funds (0: No/Can't tell, 1: Yes)  d. Inadequate funds (0: No/Can't tell, 1: Yes)  d. Inadequate funds (0: No/Can't tell, 1: Yes)  e. Bureaucratic red tape (0: No/Can't tell, 1: Yes) | Look at obstacles individually.  1) Run frequencies (workforce dev items may drop out) | Yes                      | Clarify that coders are not coding inadequate time, fundsacross steps even when the grantee only reports these obstacles under one step. |
| 30 | List each Year 2 community-level goal related to step 2. For each goal, please list the following:  • The objectives related to each goal  • The milestones for meeting each objective  • The target completion date for each milestone  • The accomplishments achieved during this reporting period for each milestone  • Any obstacles encountered in achieving each milestone  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. |  |  |                          |  |
| 31 | Describe your procedures for ensuring cultural competence as you implement this SPF step.  | Activities:  a. Formed a workgroup that will address cultural competence and capacity building (0: No/Can't tell, 1: Yes)  b. Relied on diverse AC to guide capacity development in a culturally competent manner (0: No/Can't tell, 1: Yes)  c. Consulted expert panel/consultant/diverse communities on issues of cultural competence (0: No/Can't tell, 1: Yes)  d. Obtained staff/state level stakeholder education/training/TA on cultural competence (0: No/Can't tell, 1: Yes)  e. Held retreat (0: No/Can't tell, 1: Yes)  f. Provided education/training/TA to communities on cultural competence (0: No/Can't tell, 1: Yes)  g. Prepared training curricula on issues of cultural competence (0: No/Can't tell, 1: Yes)  h. Piloted policies, procedures, and guidelines with diverse communities (0: No/Can't tell, 1: Yes)  i. Revised policies, procedures, and guidelines based on feedback (0: No/Can't tell, 1: Yes)  j. Improved efforts to increase the diversity of the prevention workforce (0: No/Can't tell, 1: Yes)   | 1) Add up a-j  | Yes                      |  |
| 32 | Describe your procedures for ensuring that underage alcohol consumption problems are addressed in this step.  Appendix A-2. ORPT RUBURUEL PROUXIS  | a. Formed workgroup that will address underage drinking and capacity building (0: No/Can't tell, 1: Yes) b. Convened meetings and workshops with key stakeholders, coalitions, and service providers with underage drinking expertise (0: No/Can't tell, 1: Yes) c. Participated in meetings and workshops with key stakeholders, coalitions, and service providers with underage drinking expertise (0: No/Can't tell, 1: Yes) d. Obtained staff/state level stakeholder education/training/TA on underage drinking (0: No/Can't tell, 1: Yes) e. Provided education/training/TA to communities on underage drinking (0: No/Can't tell, 1: Yes) f. Other-Specify  | 1) Add up a-e  | Yes                      |  |

| Q# | Qx Text  | Codes  | Scales/New Variables   | Code Q1-Q4?<br>Yes or No | Notes   |
|----|--|--|--|--------------------------|---|
| 33 | Describe your plans to sustain step-related activities.  | n/a  | n/a  | n/a                      | n/a   |
|    | List each Year 2 goal related to step 3. For each goal, please list the following:  The objectives related to each goal  The milestones for meeting each objective  The target completion date for each milestone  The accomplishments achieved during this reporting period for each milestone  Any obstacles encountered in achieving each milestone  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 statewide needs assessment in the development of the strategic plan  Identification of the priorities that will be targeted in the state's strategic prevention framework  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 and specifies timelines for implementation  Identification/coordination/allocation of resources and sources of funding for the plan  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  Monitoring the development and implementation of communitis level strategic plans | (Not coding accomplishments for step 3)  (Develop additional codes as QRFs are coded in the future.)  Obstacles  a. Under review by CSAP (0: No/Can't tell, 1: Yes)  b. Making revisions based on CSAP feedback (0: No/Can't tell, 1: Yes)  c. Review process is confusing/cumbersome (0: No/Can't tell, 1: Yes)  d. Other-Specify  Did you use information contained in the SPO interview to modify how you coded this response? (0: No, 1: Yes)  If yes, please make sure you document this information in the "comments" box next to this question.   | 1) Run frequencies   | Yes                      |   |
| 35 | Describe your procedures for ensuring cultural competence as you implement this SPF step.  | State-level procedures to ensure cultural competence:  a. Consulted previous work and recommendations to inform the strategic plan around issues of cultural competence (0: No/Can't tell, 1: Yes)  b. Received input/recommendations on strategic plan from cultural competence experts/groups (0: No/Can't tell, 1: Yes)  c. Specified strategic planning process that is responsive to diverse needs of communities (0: No/Can't tell, 1: Yes)  d. Specified goals and objectives to ensure that the needs of minority/underserved populations are addressed (0: No/Can't tell, 1: Yes)  e.Relied on diverse and inclusive AC membership as a strategy to ensure cultural competence in step 2 (0: No/Can't tell, 1: Yes)  Did you use information contained in the SPO interview to modify how you coded this response? (0: No, 1: Yes)  If yes, please make sure you document this information in the "comments" box next to this question. | State-level procedures to ensure cultural competence- Add up a-e | Yes                      | Will code RFP/funding plan to determine the procedures used to ensure that communities address cultural competence.  Deleted the section "developed procedures to ensure that communities address cultural competence."  Clarify the code "AC membership is diverse and inclusive." |
|    | Describe your procedures for ensuring that underage alcohol consumption problems are priority elements in the strategic plan.  | a. Consulted previous work and recommendations to inform the strategic plan around issues of underage drinking (0: No/Can't tell, 1: Yes) b. Received input/recommendations on strategic plan from underage drinking experts/groups (0: No/Can't tell, 1: Yes) c. Other-Specify  Did you use information contained in the SPO interview to modify how you coded this response? (0: No, 1: Yes)  If yes, please make sure you document this information in the "comments" box next to this question.  | 1) Add up a and b  | Yes                      | Delete code c. (Get by coding RFPs)   |
| 37 | Describe your plans to sustain step-related activities.  | n/a  | n/a  | n/a                      | n/a   |

| <b>Q</b> # | Qx Text  | Codes  | Scales/New Variables | Code Q1-Q4?<br>Yes or No | Notes |
|------------|--|--|----------------------|--------------------------|-------|
| 38         | List each Year 2 goal related to step 4. For each goal, please list the following:  • The objectives related to each goal  • The milestones for meeting each objective  • The target completion date for each milestone  • The accomplishments achieved during this reporting period for each milestone  • Any obstacles encountered in achieving each milestone  As appropriate, incorporate 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.   | DEVELOP CODES LATER List accomplishments   | n/a                  | n/a                      | n/a   |
|            |  | DEVELOP CODES LATER List obstacles in Text field   | n/a                  | n/a                      | n/a   |
| 39         | Describe your procedures for ensuring cultural competence as you implement this SPF step.  | DEVELOP CODES LATER List procedures in Text field  | n/a                  | n/a                      | n/a   |
| 40         |  | DEVELOP CODES LATER List procedures in Text field  | n/a                  | n/a                      | n/a   |
| 41         | Describe your plans to sustain step-related activities.  | n/a  | n/a                  | n/a                      | n/a   |
| 42         | List each Year 2 goal related to step 5. For each goal, please list the following:  • The objectives related to each goal  • The milestones for meeting each objective  • The target completion date for each milestone  • The accomplishments achieved during this reporting period for each milestone  • Any obstacles encountered in achieving each milestone  As applicable, incorporate 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. | DEVELOP CODES LATER List accomplishments in Text field Codes to keep in mind: Efforts to build evaluation capacity in the prevention workforce | n/a                  | n/a                      | n/a   |
| 42         |  | DEVELOP CODES LATER List obstacles in Text field   | n/a                  | n/a                      | n/a   |

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|    |  | 09/03/00  |                      |                          |       |
|----|--|---|----------------------|--------------------------|-------|
| Q# | Qx Text  | Codes   | Scales/New Variables | Code Q1-Q4?<br>Yes or No | Notes |
| 43 | Describe your procedures for ensuring cultural competence as you implement this SPF step.  | DEVELOP CODES LATER List procedures in Text field   | n/a                  | n/a                      | n/a   |
|    | Describe your procedures for assessing the implementation fidelity and impact of your programs to reduce underage alcohol consumption. Note specific problems encountered when assessing the implementation fidelity and impact of these programs. | DEVELOP CODES LATER List procedures in Text field List problems encountered in Text field | n/a                  | n/a                      | n/a   |
| 45 | Describe your plans to sustain step-related activities.  |   |                      |                          |       |
|    |  | n/a   | n/a                  | n/a                      | n/a   |
| 46 | Is underage drinking a state-wide, SPF SIG priority?   | 0: No, 1: Yes   | n/a                  | n/a                      | n/a   |
| 47 | Are SPF SIG non-monetary resources dedicated to underage drinking?   | 0: No, 1: Yes   | n/a                  | n/a                      | n/a   |
| 48 | Are non-SPF SIG State non-monetary resources dedicated to underage drinking?   | 0: No, 1: Yes   | n/a                  | n/a                      | n/a   |
| 49 | Are SPF SIG grant funds dedicated to underage drinking?  | 0: No, 1: Yes   | n/a                  | n/a                      | n/a   |
| 50 | Are non-SPF SIG State grant funds dedicated to underage drinking?  | 0: No, 1: Yes   | n/a                  | n/a                      | n/a   |
| 51 | Estimate the proportion of your SPF SIG grant funds dedicated to underage drinking.  | Enter percentage%   | n/a                  | n/a                      | n/a   |
|    | Has the grantee funded communities?  | 0: No, 1: Yes   | n/a                  | n/a                      | n/a   |
|    | If yes, on what date were the communities funded?  | mm/day/year   | n/a                  | n/a                      | n/a   |
|    | How many communities have been funded?   | Enter number  | n/a                  | n/a                      | n/a   |
|    | What dollar amount has been/will be provided to each community?  | Text field  | n/a                  | n/a                      | n/a   |
|    | If provided, please record any other useful information regarding the funding of communities.  | Text field  | n/a                  | n/a                      | n/a   |
|    | State Expert comments to pass along to interviewers (e.g., external events)  | Text field  | n/a                  | n/a                      | n/a   |



# Appendix A-3 SPF SIG GRANTEE QUARTERLY REPORT SCORING PROTOCOL

| Variable Name   | Variable Label   | QNum   | Reporting Period used |
|-----------------|--|--------|-----------------------|
| STATE           | STATE IDENTIFIER   | ADM1   | NA                    |
|                 | STATE IDENTIFIER   | ADM1   | NA                    |
| Q_STAFFTIME     | AMOUNT OF STATE-LEVEL SPF STAFF TIME SPENT<br>(HOURS)  | SI1    | 8                     |
| Q_NUMSTAFF      | NUMBER OF STATE-LEVEL SPF STAFF  | SI2    | 8                     |
|                 | NUMBER OF VACANT STATE-LEVEL SPF STAFF   |        | 8                     |
| Q_TOTVAC        | POSITIONS BY STATE   | SI3    | Ü                     |
| Q_LDRTIME       | AMOUNT OF STATE-LEVEL SPF LEADERSHIP TIME<br>SPENT (HOURS)   | SI4    | 8                     |
| Q_NUM_AC_MEM    | NUMBER OF ADVISORY COUNCIL MEMBERS   | AC1    | 8                     |
| Q_AC_COM_FORMED | ADVISORY COUNCIL WAS FORMED DURING THIS REPORTING PERIOD   | AC2    | 8                     |
|                 | ORGANIZATION TYPE ON SPF SIG ADVISORY  |        | 8                     |
| Q_Q12_01        | COUNCIL: CSAP REPRESENTATIVE   | Q12_01 | Ö                     |
| Q_Q12_02        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: NATIONAL ADVOCACY ORGANIZATION                   | Q12_02 | 8                     |
| Q_Q12_03        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: NATIONAL NON-GOVERNMENTAL YOUTH<br>AGENCY/ORG    | Q12_03 | 8                     |
| Q_Q12_04        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: NATIONAL GUARD                                   | Q12_04 | 8                     |
| Q_Q12_05        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: DEA DEMAND REDUCTION COORDINATOR                 | Q12_05 | 8                     |
| Q_Q12_06        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: TRIBAL ORGANIZATION                              | Q12_06 | 8                     |
| Q_Q12_07        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: GOVERNOR'S OFFICE                                | Q12_07 | 8                     |
| Q_Q12_08        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE LEGISLATURE                                | Q12_08 | 8                     |
| Q_Q12_09        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE DEPT. OF HEALTH                            | Q12_09 | 8                     |
| Q_Q12_10        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE DEPT. OF MENTAL HEALTH                     | Q12_10 | 8                     |
| Q_Q12_11        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE DEPT. OF SUBSTANCE ABUSE                   | Q12_11 | 8                     |
| Q_Q12_12        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE DEPT. OF MENTAL<br>HEALTH/SUBSTANCE ABUSE  | Q12_12 | 8                     |
| Q_Q12_13        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE DEPT. OF JUSTICE                           | Q12_13 | 8                     |
| Q_Q12_14        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE DEPT. OF HUMAN SERVICES/SOCIAL<br>SERVICES | Q12_14 | 8                     |
| Q_Q12_15        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE DEPT. OF CHILDREN AND FAMILIES             | Q12_15 | 8                     |
| Q_Q12_16        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE DEPT. OF JUVENILE JUSTICE                  | Q12_16 | 8                     |
| Q_Q12_17        | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: STATE DEPT. OF EDUCATION                         | Q12_17 | 8                     |

|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  |   |
|----------------------|--|------------------|---|
|                      | COUNCIL: STATE DEPT. OF PUBLIC           |                  | 8 |
| Q_Q12_18             | SAFETY/CORRECTIONS                       | Q12_18           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  | 8 |
| Q_Q12_19             | COUNCIL: STATE DEPT. OF LABOR            | Q12_19           | 0 |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  | 8 |
| Q_Q12_20             | COUNCIL: STATE LAW ENFORCEMENT           | Q12_20           | 0 |
|                      |  |                  |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  | 8 |
| Q_Q12_21             | COUNCIL: STATE ATTORNEY GENERAL'S OFFICE | Q12_21           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  |   |
|                      | COUNCIL: STATE LEAD AGENCY ON UNDERAGE   | 0.12 22          | 8 |
| Q_Q12_22             | DRINKING                                 | Q12_22           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  |   |
| 0.012.22             | COUNCIL: STATE NON-GOVERNMENTAL YOUTH    | 010.00           | 8 |
| Q_Q12_23             | AGENCY/ORG                               | Q12_23           |   |
| 0.012.24             | ORGANIZATION TYPE ON SPF SIG ADVISORY    | 010.04           | 8 |
| Q_Q12_24             | COUNCIL: SEOW CHAIR                      | Q12_24           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    | 012.25           | 8 |
| Q_Q12_25             | COUNCIL: STATE EVALUATOR                 | Q12_25           |   |
|                      |  |                  |   |
| 0.010.01             | ORGANIZATION TYPE ON SPF SIG ADVISORY    | 012.5            | 8 |
| Q_Q12_26             | COUNCIL: STATE ADVOCACY ORGANIZATION     | Q12_26           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  | 8 |
| Q_Q12_27             | COUNCIL: UNIVERSITY/COLLEGE              | Q12_27           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  | 8 |
| Q_Q12_28             | COUNCIL: LOCAL GOVERNMENT OFFICIAL       | Q12_28           | 8 |
|                      |  |                  |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  | 8 |
| Q_Q12_29             | COUNCIL: LOCAL SUBSTANCE ABUSE AGENCY    | Q12_29           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  | 8 |
| Q_Q12_30             | COUNCIL: LOCAL EDUCATION AGENCY          | Q12_30           | 8 |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  |   |
|                      | COUNCIL: LOCAL NON-GOVERNMENTAL HEALTH   |                  | 8 |
| Q_Q12_31             | AGENCY/ORG                               | Q12_31           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  |   |
|                      | COUNCIL: LOCAL NON-GOVERNMENTAL SOCIAL   |                  | 8 |
| Q_Q12_32             | SERVICES AGENCY/ORG                      | Q12_32           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  | 8 |
| Q_Q12_33             | COUNCIL: LOCAL LAW ENFORCEMENT           | Q12_33           | 8 |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  |   |
|                      | COUNCIL: LOCAL NON-GOVERNMENTAL YOUTH    |                  | 8 |
| Q_Q12_34             | AGENCY/ORG                               | Q12_34           |   |
|                      |  |                  |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  | 8 |
| Q_Q12_35             | COUNCIL: LOCAL ADVOCACY ORGANIZATION     | Q12_35           |   |
| 0.012.24             | ORGANIZATION TYPE ON SPF SIG ADVISORY    | 012.25           | 8 |
| Q_Q12_36             | COUNCIL: FAITH-BASED ORGANIZATION        | Q12_36           |   |
| 0.012.27             | ORGANIZATION TYPE ON SPF SIG ADVISORY    | 012.27           | 8 |
| Q_Q12_37             | COUNCIL: OTHER                           | Q12_37           |   |
|                      | 000000000000000000000000000000000000000  |                  |   |
| 0.012.22             | ORGANIZATION TYPE ON SPF SIG ADVISORY    | 012.20           | 8 |
| Q_Q12_38             | COUNCIL: DEPARTMENT OF TRANSPORTATION    | Q12_38           |   |
| 0.012.22             | ORGANIZATION TYPE ON SPF SIG ADVISORY    | 012.22           | 8 |
| Q_Q12_39             | COUNCIL: CAPT                            | Q12_39           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  |   |
| 0.010.10             | COUNCIL: LOCAL NON-GOVERNMENTAL MENTAL   | 012 ::           | 8 |
| Q_Q12_40             | HEALTH AGENCY                            | Q12_40           |   |
|                      | ORGANIZATION TYPE ON SPF SIG ADVISORY    |                  |   |
| 0.010.11             | COUNCIL: STATE NON-GOVERNMENTAL HEALTH   | 012 ::           | 8 |
| Q_Q12_41             | RESEARCH AGENCY                          | Q12_41           |   |
|                      |  |                  |   |
|                      | A  |                  |   |
| 0.010.40             | ORGANIZATION TYPE ON SPF SIG ADVISORY    | 012 42           | 8 |
| Q_Q12_42             | COUNCIL: REGIONALLY BASED PREVENTION TA  | Q12_42           | 8 |
| Q_Q12_42<br>Q_Q12_43 |  | Q12_42<br>Q12_43 | 8 |

|          | ORGANIZATION TYPE ON SPF SIG ADVISORY   |        |     |
|----------|---|--------|-----|
| Q_Q12_44 | COUNCIL: REGIONAL OFFICE FOR FEDERAL DEPARTMENT                                 | Q12_44 | 8   |
|          | ORGANIZATION TYPE ON SPF SIG ADVISORY   | ` _    | 8   |
| Q_Q12_45 | COUNCIL: SEOW MEMBER ORGANIZATION TYPE ON SPF SIG ADVISORY                      | Q12_45 |     |
| 0.010.15 | COUNCIL: STATE AGENCY ON DEVELOPMENTAL  | 010 15 | 8   |
| Q_Q12_46 | DISABILITIES ORGANIZATION TYPE ON SPF SIG ADVISORY                              | Q12_46 |     |
| Q_Q12_47 | COUNCIL: ATTC   | Q12_47 | 8   |
| Q_Q12_48 | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: LOCAL/COMMUNITY COALITION     | Q12_48 | 8   |
| 0.012.40 | ORGANIZATION TYPE ON SPF SIG ADVISORY   | 012 40 | 8   |
| Q_Q12_49 | COUNCIL: STUDENT/YOUTH ORGANIZATION TYPE ON SPF SIG ADVISORY                    | Q12_49 |     |
| Q_Q12_50 | COUNCIL: CONSULTANT/CONSULTING FIRM ORGANIZATION TYPE ON SPF SIG ADVISORY       | Q12_50 | 8   |
| Q_Q12_51 | COUNCIL: STATE COURT  | Q12_51 | 8   |
| Q_Q12_52 | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: COUNTY/CITY COURT             | Q12_52 | 8   |
| Q_Q1Z_3Z | ORGANIZATION TYPE ON SPF SIG ADVISORY   | Q12_32 |     |
| Q_Q12_53 | COUNCIL: FEDERAL LEGISLATURE  | Q12_53 | 8   |
|          | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: LIQUOR CONTROL BOARD (ALCOHOL |        | 8   |
| Q_Q12_54 | BEVERAGE CONTROL)   | Q12_54 |     |
| Q_Q12_55 | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: OTHER STATE AGENCY            | Q12_55 | 8   |
| 0.012.56 | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: OTHER FEDERAL AGENCY          | 012.56 | 8   |
| Q_Q12_56 | ORGANIZATION TYPE ON SPF SIG ADVISORY   | Q12_56 |     |
| 0.012.57 | COUNCIL: OTHER LOCAL NON-SUBSTANCE ABUSE AGENCY                                 | 012.57 | 8   |
| Q_Q12_57 | ORGANIZATION TYPE ON SPF SIG ADVISORY   | Q12_57 |     |
| Q_Q12_58 | COUNCIL: DHHS   | Q12_58 | 8   |
|          | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: OTHER LOCAL GOVERNMENT        |        | 8   |
| Q_Q12_59 | ORGANIZATION  | Q12_59 |     |
| Q_Q12_60 | ORGANIZATION TYPE ON SPF SIG ADVISORY<br>COUNCIL: DEA                           | Q12_60 | 8   |
| Q_Q13_01 | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED:<br>LEGISLATIVE AFFAIRS               | Q13_01 | 1-8 |
| Q_Q13_01 | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED:                                      | Q13_01 | 1.0 |
| Q_Q13_02 | FUNDING   | Q13_02 | 1-8 |
| Q_Q13_03 | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED: EVALUATION                           | Q13_03 | 1-8 |
| Q_Q13_04 | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED: PARTNER COMMUNITIES                  | Q13_04 | 1-8 |
| Q_Q13_04 | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED:                                      | Q13_04 | 1.0 |
| Q_Q13_05 | YOUTH INVOLVEMENT TYPE OF ADVISORY COUNCIL COMMITTEE FORMED:                    | Q13_05 | 1-8 |
| Q_Q13_06 | PUBLIC RELATIONS  | Q13_06 | 1-8 |
| Q_Q13_07 | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED: DATA COLLECTION                      | Q13_07 | 1-8 |
| Q_Q13_0/ | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED:                                      | Q13_07 | 1.0 |
| Q_Q13_08 | TRAINING TYPE OF ADVISORY COUNCIL COMMITTEE FORMED:                             | Q13_08 | 1-8 |
| Q_Q13_09 | PREVENTION STRATEGIES   | Q13_09 | 1-8 |
| Q_Q13_10 | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED: CULTURAL COMPETENCE                  | Q13_10 | 1-8 |
|          | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED:                                      |        | 1-8 |
| Q_Q13_11 | UNDERAGE DRINKING TYPE OF ADVISORY COUNCIL COMMITTEE FORMED:                    | Q13_11 | 1-0 |
| Q_Q13_12 | RFP DEVELOPMENT   | Q13_12 | 1-8 |
| Q_Q13_13 | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED: QUARTERLY REPORT                     | Q13_13 | 1-8 |
|          | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED:                                      |        | 1-8 |
| Q_Q13_14 | STRATEGIC PLAN  | Q13_14 | 10  |

| Q_Q13_15      | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED: PREVENTION INFRASTRUCTURE  | Q13_15 | 1-8 |
|---------------|---|--------|-----|
| Q_Q13_16      | TYPE OF ADVISORY COUNCIL COMMITTEE FORMED: SUSTAINABILITY   | Q13_16 | 1-8 |
| Q_NUM_AC_MEET | NUMBER OF TIMES ADVISORY COUNCIL MET  | Q14    | 1-8 |
| Q_Q15_01      | ACCOMPLISHMENTS RELATED TO THE FORMATION OF THE ADVISORY COUNCIL: SIGNED MEMORANDUM OF UNDERSTANDING BETWEEN PARTNERS               | Q15_01 | 1-8 |
| Q_Q15_02      | ACCOMPLISHMENTS RELATED TO THE FORMATION OF THE ADVISORY COUNCIL: WORKED WITH THE SEOW  | Q15_02 | 1-8 |
| Q_Q15_03      | ACCOMPLISHMENTS RELATED TO THE FORMATION OF THE ADVISORY COUNCIL: WORKED ON COMMUNITY SELECTION/NOTIFICATION PROCESS                | Q15_03 | 1-8 |
| Q_Q15_04      | ACCOMPLISHMENTS RELATED TO THE FORMATION OF THE ADVISORY COUNCIL: PROVIDED RECOMMENDATIONS ON STRATEGIC PLAN                        | Q15_04 | 1-8 |
| Q_Q15_05      | ACCOMPLISHMENTS RELATED TO THE FORMATION OF THE ADVISORY COUNCIL: INPUT INTO POLICIES AND PROCEDURES TO PROMOTE CULTURAL COMPETENCE | Q15_05 | 1-8 |
| Q_Q15_06      | ACCOMPLISHMENTS RELATED TO THE FORMATION OF THE ADVISORY COUNCIL: INPUT INTO POLICIES AND PROCEDURES TO PROMOTE SUSTAINABILITY      | Q15_06 | 1-8 |
| Q_Q15_07      | ACCOMPLISHMENTS RELATED TO THE FORMATION OF THE ADVISORY COUNCIL: INPUT INTO POLICIES AND PROCEDURES TO REDUCE UNDERAGE DRINKING    | Q15_07 | 1-8 |
| Q_Q15_08      | ACCOMPLISHMENTS RELATED TO THE FORMATION OF THE ADVISORY COUNCIL: WORKING ON THE EVALUATION   | Q15_08 | 1-8 |
| Q_Q15_09      | ACCOMPLISHMENTS RELATED TO THE FORMATION OF THE ADVISORY COUNCIL: GOVERNOR INVOLVEMENT IN ADVISORY COUNCIL                          | Q15_09 | 1-8 |
| Q_Q16_01      | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: SAMHSA/CSAP<br>REPRESENTATIVE  | Q16_01 | 8   |
| Q_Q16_02      | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: NATIONAL ADVOCACY<br>ORGANIZATION  | Q16_02 | 8   |
| Q_Q16_03      | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: NATIONAL NON-<br>GOVERNMENTAL YOUTH AGENCY/ORG                               | Q16_03 | 8   |
| Q_Q16_04      | STATE EPIDEMIOLOGY AND OUTCOMES WORKGROUP INCLUDES: NATIONAL GUARD STATE EPIDEMIOLOGY AND OUTCOMES                                  | Q16_04 | 8   |
| Q_Q16_05      | WORKGROUP INCLUDES: DEA DEMAND REDUCTION COORDINATOR  | Q16_05 | 8   |
| Q_Q16_06      | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: TRIBAL ORGANIZATION  | Q16_06 | 8   |
| Q_Q16_07      | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: GOVERNOR'S OFFICE  | Q16_07 | 8   |
| Q_Q16_08      | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: STATE LEGISLATURE  | Q16_08 | 8   |
| Q_Q16_09      | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: STATE DEPT. OF HEALTH  | Q16_09 | 8   |

|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       |   |
|----------|--|---------------------------------------|---|
|          | WORKGROUP INCLUDES: STATE DEPT. OF MENTAL  |                                       | 8 |
| Q_Q16_10 | HEALTH   | Q16_10                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       |   |
|          | WORKGROUP INCLUDES: STATE DEPT. OF   |                                       | 8 |
| Q_Q16_11 | SUBSTANCE ABUSE  | Q16_11                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       |   |
|          | WORKGROUP INCLUDES: STATE DEPT. OF MENTAL  |                                       | 8 |
| Q_Q16_12 | HEALTH/SUBSTANCE ABUSE   | Q16_12                                |   |
|          |  |                                       |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       | 8 |
| Q_Q16_13 | WORKGROUP INCLUDES: STATE DEPT. OF JUSTICE   | Q16_13                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       |   |
| 0.016.14 | WORKGROUP INCLUDES: STATE DEPT. OF HUMAN   | 016.14                                | 8 |
| Q_Q16_14 | SERVICES/SOCIAL SERVICES   | Q16_14                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       | _ |
| 0.016.15 | WORKGROUP INCLUDES: STATE DEPT. OF CHILDREN  | 016 15                                | 8 |
| Q_Q16_15 | AND FAMILIES   | Q16_15                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       |   |
| 0 016 16 | WORKGROUP INCLUDES: STATE DEPT. OF JUVENILE JUSTICE  | 016 16                                | 8 |
| Q_Q16_16 |  | Q16_16                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: STATE DEPT. OF  |                                       | 0 |
| Q_Q16_17 | EDUCATION  | Q16_17                                | 8 |
| Q_Q10_17 | STATE EPIDEMIOLOGY AND OUTCOMES  | Q10_17                                |   |
|          | WORKGROUP INCLUDES: STATE DEPT. OF PUBLIC  |                                       | 0 |
| Q_Q16_18 | SAFETY/CORRECTIONS   | Q16_18                                | 8 |
| Q_Q10_10 | SALETT/CORRECTIONS   | Q10_10                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       | 8 |
| Q_Q16_19 | WORKGROUP INCLUDES: STATE DEPT. OF LABOR   | Q16_19                                | O |
| 4_4.0_1. | Working to Experience and Experience | Q10_1>                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       | 8 |
| Q_Q16_20 | WORKGROUP INCLUDES: STATE LAW ENFORCEMENT  | Q16 20                                | Ü |
| C_C 1_ 1 | STATE EPIDEMIOLOGY AND OUTCOMES  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |   |
|          | WORKGROUP INCLUDES: STATE ATTORNEY   |                                       | 8 |
| Q_Q16_21 | GENERAL'S OFFICE   | Q16_21                                | Ü |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       |   |
|          | WORKGROUP INCLUDES: STATE LEAD AGENCY ON   |                                       | 8 |
| Q_Q16_22 | UNDERAGE DRINKING  | Q16_22                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       |   |
|          | WORKGROUP INCLUDES: STATE NON-   |                                       | 8 |
| Q_Q16_23 | GOVERNMENTAL YOUTH AGENCY/ORG  | Q16_23                                |   |
|          |  |                                       |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       | 8 |
| Q_Q16_24 | WORKGROUP INCLUDES: ADVISORY COUNCIL CHAIR   | Q16_24                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       | 8 |
| Q_Q16_25 | WORKGROUP INCLUDES: STATE EVALUATOR  | Q16_25                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       |   |
| 0.016.06 | WORKGROUP INCLUDES: STATE ADVOCACY   | 046.06                                | 8 |
| Q_Q16_26 | ORGANIZATION   | Q16_26                                |   |
|          | GEATE EDIDENIOLOGY AND OVERGONES   |                                       |   |
| 0.016.27 | STATE EPIDEMIOLOGY AND OUTCOMES  | 016.27                                | 8 |
| Q_Q16_27 | WORKGROUP INCLUDES: UNIVERSITY/COLLEGE   | Q16_27                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES  |                                       | _ |
| 0.016.29 | WORKGROUP INCLUDES: LOCAL GOVERNMENT OFFICIAL  | 016 29                                | 8 |
| Q_Q16_28 |  | Q16_28                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES WORKGROUP INCLUDES: LOCAL SUBSTANCE ABUSE  |                                       |   |
| Q_Q16_29 | AGENCY   | Q16_29                                | 8 |
| X_V10_2) |  | V10_23                                |   |
|          | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: LOCAL EDUCATION   |                                       | 0 |
| Q_Q16_30 | AGENCY   | Q16_30                                | 8 |
| ~_~10_30 | STATE EPIDEMIOLOGY AND OUTCOMES  | Z10_30                                |   |
|          | WORKGROUP INCLUDES: LOCAL  |                                       | 8 |
| Q_Q16_31 | NONGOVERNMENTAL HEALTH AGENCY/ORG  | Q16_31                                | 0 |
|          |  | ×                                     |   |

|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|-----------------------|--|---------------------|---|
|                       | WORKGROUP INCLUDES: LOCAL  |                     | 8 |
|                       | NONGOVERNMENTAL SOCIAL SERVICES  |                     | 0 |
| Q_Q16_32              | AGENCY/ORG   | Q16_32              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: LOCAL LAW  |                     | 8 |
| Q_Q16_33              | ENFORCEMENT  | Q16_33              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: LOCAL NON-   |                     | 8 |
| Q_Q16_34              | GOVERNMENTAL YOUTH AGENCY/ORG  | Q16_34              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: LOCAL ADVOCACY                                     |                     | 8 |
| Q_Q16_35              | ORGANIZATION   | Q16_35              | 0 |
| C_C                   | STATE EPIDEMIOLOGY AND OUTCOMES  | C                   |   |
|                       | WORKGROUP INCLUDES: FAITH-BASED  |                     | 0 |
| 0 016 36              | ORGANIZATION   | Q16_36              | 8 |
| Q_Q16_36              |  | Q10_30              |   |
| 0.046.05              | STATE EPIDEMIOLOGY AND OUTCOMES  | 0.1.6.05            | 8 |
| Q_Q16_37              | WORKGROUP INCLUDES: OTHER  | Q16_37              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: DEPARTMENT OF                                      |                     | 8 |
| Q_Q16_38              | TRANSPORTATION   | Q16_38              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     | _ |
| Q_Q16_39              | WORKGROUP INCLUDES: CAPT   | Q16_39              | 8 |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: LOCAL NON-   |                     | 8 |
| Q_Q16_40              | GOVERNMENTAL MENTAL HEALTH AGENCY                                      | Q16_40              | 8 |
| Q_Q10_10              | GO VERTINEI VIER VITE HER EITH NOEM CT                                 | Q10_10              |   |
|                       | GTATE EDIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     | 8 |
| 0.016.41              | WORKGROUP INCLUDES: STATE NON-   | 016 41              |   |
| Q_Q16_41              | GOVERNMENTAL HEALTH RESEARCH AGENCY                                    | Q16_41              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: REGIONALLY BASED                                   |                     | 8 |
| Q_Q16_42              | PREVENTION TA  | Q16_42              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: DIVISION OF MOTOR                                  |                     | 8 |
| Q_Q16_43              | VEHICLES   | Q16_43              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: REGIONAL OFFICE FOR                                |                     | 8 |
| Q_Q16_44              | FEDERAL DEPARTMENT   | Q16_44              | 0 |
| Q_Q10_11              | STATE EPIDEMIOLOGY AND OUTCOMES  | Q10_11              |   |
| Q_Q16_45              | WORKGROUP INCLUDES: SEOW MEMBER  | Q16_45              | 8 |
| Q_Q10_ <del>4</del> 3 |  | Q10_ <del>4</del> 3 |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
| 0.016.46              | WORKGROUP INCLUDES: STATE AGENCY ON                                    | 016.46              | 8 |
| Q_Q16_46              | DEVELOPMENTAL DISABILITIES   | Q16_46              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     | 8 |
| Q_Q16_47              | WORKGROUP INCLUDES: ATTC   | Q16_47              | o |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: LOCAL/COMMUNITY                                    |                     | 8 |
| Q_Q16_48              | COALITION  | Q16_48              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
| Q_Q16_49              | WORKGROUP INCLUDES: STUDENT/YOUTH                                      | Q16_49              | 8 |
| C= C - Z -            | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: CONSULTANT/CONSULTING                              |                     | 0 |
| Q_Q16_50              | FIRM   | Q16_50              | 8 |
| ₹_610 <sup>7</sup> 20 |  | A10_20              |   |
| 0.016.51              | STATE EPIDEMIOLOGY AND OUTCOMES  | 016.51              | 8 |
| Q_Q16_51              | WORKGROUP INCLUDES: STATE COURT  | Q16_51              |   |
|                       |  |                     |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     | 8 |
| Q_Q16_52              | WORKGROUP INCLUDES: COUNTY/CITY COURT                                  | Q16_52              |   |
|                       |  |                     |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     | 8 |
| Q_Q16_53              | WORKGROUP INCLUDES: FEDERAL LEGISLATURE                                | Q16_53              |   |
|                       | STATE EPIDEMIOLOGY AND OUTCOMES  |                     |   |
|                       | WORKGROUP INCLUDES: LIQUOR CONTROL BOARD                               |                     | 8 |
| Q_Q16_54              | (ALCOHOL BEVERAGE CONTROL)   | Q16_54              | Ü |
|                       |  | <u> </u>            |   |
|                       | GTATE EDIDEMIOLOGY AND OUTCOMES  | [                   | 8 |
|                       |  |                     | × |
| Q_Q16_55              | STATE EPIDEMIOLOGY AND OUTCOMES WORKGROUP INCLUDES: OTHER STATE AGENCY | Q16_55              | o |

| Q_Q16_56              | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: OTHER FEDERAL AGENCY   | Q16_56                           | 8   |
|-----------------------|---|----------------------------------|-----|
| Q_Q16_57              | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: OTHER LOCAL NON-<br>SUBSTANCE ABUSE AGENCY   | Q16_57                           | 8   |
| Q_Q16_58              | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: DHHS   | Q16_58                           | 8   |
| Q_Q16_59              | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: OTHER LOCAL<br>GOVERNMENT ORGANIZATION   | Q16_59                           | 8   |
| Q_Q16_60              | STATE EPIDEMIOLOGY AND OUTCOMES<br>WORKGROUP INCLUDES: DEA  | Q16_60                           | 8   |
| Q_ADMIN_LOC           | ADMINISTRATIVE LOCATION OF SEOW   | Q17                              | 8   |
| Q_NUM_SEOW_MEE<br>T   | NUMBER OF PLANNED MEETINGS FOR SEOW   | Q18                              | 8   |
| Q_Q20_01              | MOST IMPORTANT CHALLENGES THAT YOUR SEOW CONTINUES TO FACE: DIFFICULTY IDENTIFYING MEMBERS  | Q20_01                           | 1-8 |
| Q_Q20_02              | MOST IMPORTANT CHALLENGES THAT YOUR SEOW CONTINUES TO FACE: DIFFICULTY CONVENING MEMBERS  | Q20_02                           | 1-8 |
| Q_Q20_03              | MOST IMPORTANT CHALLENGES THAT YOUR SEOW<br>CONTINUES TO FACE: DIFFICULTY BALANCING<br>EFFICIENCY VS. INCLUSIVENESS                                     | Q20_03                           | 1-8 |
| Q_Q20_04              | MOST IMPORTANT CHALLENGES THAT YOUR SEOW CONTINUES TO FACE: STAFF ISSUES  | Q20_04                           | 1-8 |
| Q_Q20_05              | MOST IMPORTANT CHALLENGES THAT YOUR SEOW CONTINUES TO FACE: INADEQUATE FUNDS  | Q20_05                           | 1-8 |
| Q_Q20_06              | MOST IMPORTANT CHALLENGES THAT YOUR SEOW CONTINUES TO FACE: INADEQUATE TIME   | Q20_06                           | 1-8 |
| Q_Q20_07              | MOST IMPORTANT CHALLENGES THAT YOUR SEOW<br>CONTINUES TO FACE: CONFLICTING PERSPECTIVES   | Q20_07                           | 1-8 |
| Q_Q20_08              | MOST IMPORTANT CHALLENGES THAT YOUR SEOW<br>CONTINUES TO FACE: LEADERSHIP ISSUES  | Q20_08                           | 1-8 |
| Q_NUM_SEOW_MEM        | NUMBER OF SEOW MEMBERS  | _MEM                             | 8   |
| Q_Q25_ACC_INF_01      | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA INFRASTRUCTURE:<br>CREATED/EXPANDED INDICATOR DATABASE       | Q25_AC<br>C_INF_0<br>1           | 1-8 |
| Q_Q25_ACC_INF_02      | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA INFRASTRUCTURE:<br>DEVELOPED/EXPANDED MIS                    | Q25_AC<br>C_INF_0<br>2           | 1-8 |
| Q_Q25_ACC_INF_03      | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA INFRASTRUCTURE: CREATED/EXPANDED DATA DISSEMINATION INFRASTRUCTURE | Q25_AC<br>C_INF_0<br>3           | 1-8 |
| Q_Q25_ACC_ASMT_0<br>I | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA ASSESSMENT: STATE SUBSTANCE<br>ABUSE/USE DATA ASSESSED       | Q25_AC<br>C_ASMT<br>_01          | 1-8 |
| Q_Q25_ACC_ASMT_0<br>2 | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA ASSESSMENT: SUB-STATE<br>SUBSTANCE ABUSE - USE DATA ASSESSED | Q25_AC<br>C_ASMT<br><b>Z</b> .02 | 1-8 |

|                                      | •  |  |     |
|--------------------------------------|--|--|-----|
| Q_Q25_ACC_ASMT_0                     | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA ASSESSMENT: STATE CONSEQUENCES<br>ASSESSED  | -                                      | 1-8 |
| Q_Q25_ACC_ASMT_0                     | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA ASSESSMENT: SUB-STATE<br>CONSEQUENCES ASSESSED                                      | Q25_AC<br>C_ASMT<br>_04                | 1-8 |
| Q_Q25_ACC_ASMT_0                     | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ASSESSMENT: COMMUNITY ASSETS AND RESOURCES  | Q25_AC<br>C_ASMT<br>_05                | 1-8 |
| Q_Q25_ACC_ASMT_0                     | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ASSESSMENT: COMMUNITY READINESS ASSESSED  | Q25_AC<br>C_ASMT<br>_06                | 1-8 |
| Q_Q25_ACC_ASMT_0                     | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ASSESSMENT: ASSESSED CURRENT DATA IN GENERAL  | Q25_AC<br>C_ASMT<br>_07                | 1-8 |
| Q_Q25_ACC_ASMT_0                     | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA ASSESSMENT: STATE ASSETS AND<br>RESOURCES ASSESSED                                  | Q25_AC<br>C_ASMT<br>_08                | 1-8 |
| Q_Q25_ACC_ASMT_0                     | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ASSESSMENT: STATE READINESS ASSESSED  | Q25_AC<br>C_ASMT<br>_09                | 1-8 |
| Q_Q25_ACC_ACQ_01                     | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ACQUISITION: STATE SUBSTANCE ABUSE/USE DATA ACQUIRED                                      | Q25_AC<br>C_ACQ_<br>01                 | 1-8 |
| Q_Q25_ACC_ACQ_02                     | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ACQUISITION: SUB-STATE SUBSTANCE ABUSE/USE DATA ACQUIRED                                  | Q25_AC<br>C_ACQ_<br>02                 | 1-8 |
| Q_Q25_ACC_ACQ_03                     | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ACQUISITION: STATE CONSEQUENCES ACQUIRED  |  | 1-8 |
| Q_Q25_ACC_ACQ_04                     | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ACQUISITION: SUB-STATE CONSEQUENCES ACQUIRED  | Q25_AC<br>C_ACQ_<br>04                 | 1-8 |
| Q_Q25_ACC_ACQ_05                     | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ACQUISITION: COMMUNITY ASSETS AND RESOURCES ACQUIRED                                      | Q25_AC<br>C_ACQ_<br>05                 | 1-8 |
|                                      | SPF STEP 1 (NEEDS ASSESSMENT)  |  |     |
| Q_Q25_ACC_ACQ_06                     | ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ACQUISITION: COMMUNITY READINESS ACQUIRED   | Q25_AC<br>C_ACQ_<br>06                 | 1-8 |
| Q_Q25_ACC_ACQ_06<br>Q_Q25_ACC_ACQ_07 | PERIOD: DATA ACQUISITION: COMMUNITY READINESS ACQUIRED  SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING  | C_ACQ_<br>06<br>Q25_AC                 | 1-8 |
|                                      | PERIOD: DATA ACQUISITION: COMMUNITY READINESS ACQUIRED  SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ACQUISITION: ACQUIRED DATA (SETS) | C_ACQ_<br>06<br>Q25_AC<br>C_ACQ_<br>07 |     |

| Q_Q25_ACC_ACQ_10      | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ACQUISITION: STATE READINESS ACQUIRED  | Q25_AC<br>C_ACQ_<br>10  | 1-8 |
|-----------------------|---|-------------------------|-----|
| Q_Q25_ACC_ALYS_0      | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: DATA ANALYSES: DISCUSSION ABOUT METHODS, HOW TO USE DATA                          | Q25_AC<br>C_ALYS<br>_01 | 1-8 |
| Q_Q25_ACC_ALYS_0      | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA ANALYSES: GEO-CODED<br>DATA/MAPPED DATA USING GIS                      | Q25_AC<br>C_ALYS<br>_02 | 1-8 |
| Q_Q25_ACC_ALYS_0      | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA ANALYSES: ANALYZED DATA IN<br>GENERAL                                  | Q25_AC<br>C_ALYS<br>_03 | 1-8 |
| Q_Q25_ACC_ALYS_0      | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: DATA ANALYSES: COMPLETED ANALYSES<br>TO SUPPORT PRIORITIZATION              | Q25_AC<br>C_ALYS<br>_04 | 1-8 |
| Q_Q25_ACC_PROD_0      | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: WORK PRODUCTS: CREATED EPI PROFILE  | Q25_AC<br>C_PROD<br>_01 | 1-8 |
| Q_Q25_ACC_PROD_0<br>2 | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: WORK PRODUCTS: MADE PRESENTATIONS<br>TO ADVISORY COUNCIL                    | Q25_AC<br>C_PROD<br>_02 | 1-8 |
| Q_Q25_ACC_PROD_0      | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: WORK PRODUCTS: MADE PRESENTATIONS<br>TO SOME OTHER DECISION-MAKING BODY     | Q25_AC<br>C_PROD<br>_03 | 1-8 |
| Q_Q25_ACC_PROD_0      | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: WORK PRODUCTS: MADE PRESENTATIONS<br>TO COMMUNITIES                         | Q25_AC<br>C_PROD<br>_04 | 1-8 |
| Q_Q25_ACC_PROD_0<br>5 | SPF STEP 1 (NEEDS ASSESSMENT)<br>ACCOMPLISHMENTS ACHIEVED DURING REPORTING<br>PERIOD: WORK PRODUCTS: DEVELOPED REPORT   | Q25_AC<br>C_PROD<br>_05 | 1-8 |
| Q_Q25_ACC_PROD_0      | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: WORK PRODUCTS: PROVIDED GUIDANCE TO COMMUNITIES                                   | Q25_AC<br>C_PROD<br>_06 | 1-8 |
| Q_Q25_ACC_REC_01      | SPF STEP 1 (NEEDS ASSESSMENT) ACCOMPLISHMENTS ACHIEVED DURING REPORTING PERIOD: RECOMMENDATIONS AND PRIORITIZATION: IDENTIFIED PRIORITIES OR MADE RECOMMENDATIONS | Q25_AC<br>C_REC_<br>01  | 1-8 |
| Q_Q25_OBS_INF_01      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA INFRASTRUCTURE: LIMITED<br>CAPACITY/INFRASTRUCTURE/STARTING FROM<br>SCRATCH                          | Q25_OB<br>S_INF_0<br>1  | 1-8 |
| Q_Q25_OBS_INF_02      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA INFRASTRUCTURE:<br>FRAGMENTED DATA INFRASTRUCTURE  | Q25_OB<br>S_INF_0<br>2  | 1-8 |
| Q_Q25_OBS_INF_03      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA INFRASTRUCTURE:<br>DIFFICULTY IDENTIFYING/DEVELOPING<br>INSTRUMENTATION                              | Q25_OB<br>S_INF_0<br>3  | 1-8 |
| Q_Q25_OBS_RES_01      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: RESOURCES: STAFF ISSUES   | Q25_OB<br>S_RES_0       | 1-8 |

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| Q_Q25_OBS_RES_02      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: RESOURCES: LEADERSHIP ISSUES   | Q25_OB<br>S_RES_0<br>2  | 1-8 |
| Q_Q25_OBS_RES_03      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: RESOURCES: INADEQUATE FUNDS  | Q25_OB<br>S_RES_0<br>3  | 1-8 |
| Q_Q25_OBS_RES_04      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: RESOURCES: INADEQUATE TIME   | Q25_OB<br>S_RES_0<br>4  | 1-8 |
| Q_Q25_OBS_RES_05      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: RESOURCES: BUREAUCRATIC RED<br>TAPE  | Q25_OB<br>S_RES_0<br>5  | 1-8 |
| Q_Q25_OBS_QUAL_0      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA QUALITY: AVAILABILITY OF<br>DATA TO CONDUCT SUBGROUP ANALYSES   | Q25_OB<br>S_QUAL<br>_01 | 1-8 |
| Q_Q25_OBS_QUAL_0      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA QUALITY: AVAILABILITY AT<br>NECESSARY SUB-STATE LEVEL   | Q25_OB<br>S_QUAL<br>_02 | 1-8 |
| Q_Q25_OBS_QUAL_0      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA QUALITY: AVAILABILITY<br>OVER TIME  | Q25_OB<br>S_QUAL<br>_03 | 1-8 |
| Q_Q25_OBS_QUAL_0      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA QUALITY: DATA NOT<br>AVAILABLE FOR A PARTICULAR PROBLEM AREA  | Q25_OB<br>S_QUAL<br>_04 | 1-8 |
| Q_Q25_OBS_QUAL_0      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA QUALITY: VARIATION IN<br>DATA DEFINITIONS OR DATA COLLECTION<br>PROCEDURES  | Q25_OB<br>S_QUAL<br>_05 | 1-8 |
| Q_Q25_OBS_QUAL_0      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA QUALITY: OTHER DATA<br>ISSUES   | Q25_OB<br>S_QUAL<br>_06 | 1-8 |
| Q_Q25_OBS_QUAL_0<br>7 | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA QUALITY: RECRUITMENT<br>ISSUES  | Q25_OB<br>S_QUAL<br>_07 | 1-8 |
| Q_Q25_OBS_ALYS_01     | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA ANALYSES: DIFFICULTY<br>REDUCING DATA IN USEFUL WAYS  | Q25_OB<br>S_ALYS<br>_01 | 1-8 |
| Q_Q25_OBS_ALYS_02     | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA ANALYSES: LACK OF<br>VARIABILITY OF DATA  | Q25_OB<br>S_ALYS<br>_02 | 1-8 |
| Q_Q25_OBS_ALYS_03     | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: DATA ANALYSES: DIFFICULTY<br>INTERPRETING INDICATORS   | Q25_OB<br>S_ALYS<br>_03 | 1-8 |
| Q_Q25_OBS_REC_01      | SPF STEP 1 (NEEDS ASSESSMENT) OBSTACLES<br>ENCOUNTERED: RECOMMENDATIONS AND<br>PRIORITIZATION: PRESSURES TO PRIORITIZE BASED<br>ON NON-DATA DRIVEN PLANNING  | Q25_OB<br>S_REC_<br>01  | 1-8 |
| Q_Q26_PPL_01          | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: BRINGING THE<br>RIGHT PEOPLE TO THE TABLE: RELIED ON DIVERSE<br>AND INCLUSIVE SEOW MEMBERSHIP                                 | Q26_PPL<br>_01          | 1-8 |
| Q_Q26_PPL_02          | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE AS YOU<br>IMPLEMENT THIS SPF STEP: BRINGING THE RIGHT<br>PEOPLE TO THE TABLE: RELIED ON DIVERSE AND<br>INCLUSIVE AC MEMBERSHIP | Q26_PPL<br>_02          | 1-8 |
| Q_Q26_PPL_03          | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: BRINGING THE<br>RIGHT PEOPLE TO THE TABLE: CULTURAL<br>COMPETENCE EXPERTISE ON SEOW   | Q26_PPL<br>_03          | 1-8 |

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| Q_Q26_PPL_04 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: BRINGING THE<br>RIGHT PEOPLE TO THE TABLE: CULTURAL<br>COMPETENCE EXPERTISE ON AC   | Q26_PPL<br>_04 | 1-8 |
| Q_Q26_PPL_05 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: BRINGING THE<br>RIGHT PEOPLE TO THE TABLE: FORMED A GROUP ON<br>SEOW FOCUSING ON CULTURAL COMPETENCE  | Q26_PPL<br>_05 | 1-8 |
| Q_Q26_PPL_06 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR ENSURING CULTURAL COMPETENCE: BRINGING THE RIGHT PEOPLE TO THE TABLE: PARTNERED WITH ORGANIZATION/CONSULTANT WITH CULTURAL COMPETENCE EXPERTISE                                | Q26_PPL<br>_06 | 1-8 |
| Q_Q26_ACT_01 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: ACTIVITIES:<br>IDENTIFIED POTENTIAL DATA SOURCES  | Q26_AC<br>T_01 | 1-8 |
| Q_Q26_ACT_02 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: ACTIVITIES:<br>ASSESSED ADEQUACY OF DATA TO EXAMINE ISSUES<br>OF CULTURE COMPETENCE   | Q26_AC<br>T_02 | 1-8 |
| Q_Q26_ACT_03 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: ACTIVITIES:<br>ASSESSED COMMUNITY READINESS TO PROVIDE<br>CULTURALLY COMPETENT SERVICES   | Q26_AC<br>T_03 | 1-8 |
| Q_Q26_ACT_04 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: ACTIVITIES:<br>COLLECTED DATA ON HISTORICALLY<br>UNDERSERVED GROUPS   | Q26_AC<br>T_04 | 1-8 |
| Q_Q26_ACT_05 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR ENSURING CULTURAL COMPETENCE: ACTIVITIES: ANALYZED DATA BY REGION, RACE/ETHNICITY, UNDERSERVED POPULATIONS, LANGUAGE, GENDER, DISABILITY, SEXUAL ORIENTATION                   | Q26_AC<br>T_05 | 1-8 |
| Q_Q26_ACT_06 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: ACTIVITIES:<br>ASSESSED CULTURAL COMPETENCE OF SPF SIG<br>STATE-LEVEL ACTIVITIES  | Q26_AC<br>T_06 | 1-8 |
| Q_Q27_PPL_01 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL CONSUMPTION PROBLEMS: BRINGING THE RIGHT PEOPLE TO THE TABLE: FORMED A GROUP/DESIGNATED A SPECIALIST FOCUSING ON UNDERAGE DRINKING         | Q27_PPL<br>_01 | 1-8 |
| Q_Q27_PPL_02 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL CONSUMPTION PROBLEMS: BRINGING THE RIGHT PEOPLE TO THE TABLE: HAVE WORKING RELATIONSHIP WITH POLICY-MAKING GROUP(S)                        | Q27_PPL<br>_02 | 1-8 |
| Q_Q27_PPL_03 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL CONSUMPTION PROBLEMS: BRINGING THE RIGHT PEOPLE TO THE TABLE: HAVE WORKING RELATIONSHIP WITH GROUPS/INDIVIDUALS WITH SPECIALIZED KNOWLEDGE | Q27_PPL<br>03  | 1-8 |

|              | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES   |                |     |
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| Q_Q27_PPL_04 | SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL<br>CONSUMPTION PROBLEMS: BRINGING THE RIGHT<br>PEOPLE TO THE TABLE: UNDERAGE DRINKING<br>EXPERTISE ON SEOW                                    | Q27_PPL<br>_04 | 1-8 |
| Q_Q27_PPL_05 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL CONSUMPTION PROBLEMS: BRINGING THE RIGHT PEOPLE TO THE TABLE: UNDERAGE DRINKING EXPERTISE ON AC      | Q27_PPL<br>_05 | 1-8 |
| Q_Q27_ACT_01 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL CONSUMPTION PROBLEMS - ACTIVITIES: IDENTIFIED POTENTIAL DATA SOURCES                                 | Q27_AC<br>T_01 | 1-8 |
| Q_Q27_ACT_02 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL CONSUMPTION PROBLEMS - ACTIVITIES: IDENTIFIED CRITERIA FOR SELECTING TARGET SUBSTANCE USE INDICATORS | Q27_AC<br>T_02 | 1-8 |
| Q_Q27_ACT_03 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES<br>SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL<br>CONSUMPTION PROBLEMS - ACTIVITIES: EXAMINED<br>EPI DATA  | Q27_AC<br>T_03 | 1-8 |
| Q_Q27_ACT_04 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES<br>SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL<br>CONSUMPTION PROBLEMS - ACTIVITIES:<br>CONDUCTED OWN NEEDS ASSESSMENT                           | Q27_AC<br>T_04 | 1-8 |
| Q_Q27_ACT_05 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES<br>SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL<br>CONSUMPTION PROBLEMS - ACTIVITIES: ASSESSED<br>LAWS, ORDINANCES, AND POLICIES                  | Q27_AC<br>T_05 | 1-8 |
| Q_Q27_ACT_06 | SPF STEP 1 (NEEDS ASSESSMENT) ACTIVITIES SPECIFIC TO IDENTIFYING UNDERAGE ALCOHOL CONSUMPTION PROBLEMS - ACTIVITIES: ASSESSED RESOURCES/SERVICES GAPS                                  | Q27_AC<br>T_06 | 1-8 |
| Q_Q29_ACC_01 | SPF STEP 2 (CAPACITY BUILDING) ACCOMPLISHMENTS ACHIEVED: STATE-LEVEL STAKEHOLDERS OBTAINED EDUCATION/TRAINING FOR THEMSELVES   | Q29_AC<br>C_01 | 1-8 |
| Q_Q29_ACC_02 | SPF STEP 2 (CAPACITY BUILDING) ACCOMPLISHMENTS ACHIEVED: CONVENED MEETINGS/WORKSHOPS/SUMMITS WITH KEY STAKEHOLDERS, COALITIONSAND SERVICE PROVIDER                                     | Q29_AC<br>C_02 | 1-8 |
| Q_Q29_ACC_03 | SPF STEP 2 (CAPACITY BUILDING)<br>ACCOMPLISHMENTS ACHIEVED: PARTICIPATED IN<br>MEETINGS/WORKSHOPS/SUMMITS  | Q29_AC<br>C_03 | 1-8 |
| Q_Q29_ACC_04 | SPF STEP 2 (CAPACITY BUILDING)<br>ACCOMPLISHMENTS ACHIEVED: ESTABLISHED A<br>WORKGROUP ON CAPACITY BUILDING  | Q29_AC<br>C_04 | 1-8 |
| Q_Q29_ACC_05 | SPF STEP 2 (CAPACITY BUILDING)<br>ACCOMPLISHMENTS ACHIEVED: CONDUCTED<br>OTHER OUTREACH TO COALITIONS  | Q29_AC<br>C_05 | 1-8 |
| Q_Q29_ACC_06 | SPF STEP 2 (CAPACITY BUILDING)<br>ACCOMPLISHMENTS ACHIEVED: CONDUCTED<br>OTHER OUTREACH TO COMMUNITIES   | Q29_AC<br>C_06 | 1-8 |
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| Q_Q29_ACC_07 | SPF STEP 2 (CAPACITY BUILDING)<br>ACCOMPLISHMENTS ACHIEVED: ORGANIZED<br>AGENCY/GRASSROOTS NETWORKS  | Q29_AC<br>C_07 | 1-8 |
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| Q_Q29_ACC_08 | SPF STEP 2 (CAPACITY BUILDING)<br>ACCOMPLISHMENTS ACHIEVED: PROVIDED SPF SIG<br>TRAINING TO COMMUNITIES  | Q29_AC<br>C_08 | 1-8 |
| Q_Q29_ACC_09 | SPF STEP 2 (CAPACITY BUILDING)<br>ACCOMPLISHMENTS ACHIEVED: LEVERAGED FUNDS  | Q29_AC<br>C_09 | 1-8 |
| Q_Q29_OBS_01 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: STATE LAWS GOVERNING STATE<br>AGENCY MISSIONS, POLICIES, OR REGULATORY<br>AUTHORITY TOO RESTRICTIVE          | Q29_OB<br>S_01 | 1-8 |
| Q_Q29_OBS_02 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: STATE LEGISLATURE IS NOT IN<br>SESSION OFTEN OR LONG ENOUGH  | Q29_OB<br>S_02 | 1-8 |
| Q_Q29_OBS_03 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: INADEQUATE SUPPORT FROM<br>THE GOVERNOR'S OFFICE   | Q29_OB<br>S_03 | 1-8 |
| Q_Q29_OBS_04 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: COORDINATING SCHEDULES   | Q29_OB<br>S_04 | 1-8 |
| Q_Q29_OBS_05 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: STAFF ISSUES   | Q29_OB<br>S_05 | 1-8 |
| Q_Q29_OBS_06 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: LEADERSHIP ISSUES  | Q29_OB<br>S_06 | 1-8 |
| Q_Q29_OBS_07 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: INADEQUATE FUNDS   | Q29_OB<br>S_07 | 1-8 |
| Q_Q29_OBS_08 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: INADEQUATE TIME  | Q29_OB<br>S_08 | 1-8 |
| Q_Q29_OBS_09 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: BUREAUCRATIC RED TAPE  | Q29_OB<br>S_09 | 1-8 |
| Q_Q29_OBS_10 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: PREVENTION IS NOT A HIGH<br>PRIORITY   | Q29_OB<br>S_10 | 1-8 |
| Q_Q29_OBS_11 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: TURF BATTLES AMONG STATE-<br>LEVEL AGENCIES  | Q29_OB<br>S_11 | 1-8 |
| Q_Q29_OBS_12 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: BALANCING STATE AND<br>COMMUNITY LEVELS OF THE INITIATIVE  | Q29_OB<br>S_12 | 1-8 |
| Q_Q29_OBS_13 | SPF STEP 2 (CAPACITY BUILDING) OBSTACLES<br>ENCOUNTERED IN: COORDINATING TA AND<br>EVALUATION ACTIVITIES   | Q29_OB<br>S_13 | 1-8 |
| Q_Q31_01     | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: FORMED A<br>WORKGROUP THAT WILL ADDRESS CULTURAL<br>COMPETENCE AND CAPACITY BUILDING      | Q31_01         | 1-8 |
| Q_Q31_02     | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: RELIED ON<br>DIVERSE AC TO GUIDE CAPACITY DEVELOPMENT IN<br>A CULTURALLY COMPETENT MANNER | Q31_02         | 1-8 |

| Q_Q31_03 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: CONSULTED<br>EXPERT PANEL/CONSULTANT/DIVERSE<br>COMMUNITIES ON ISSUES OF CULTURAL<br>COMPETENCE   | Q31_03 | 1-8 |
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| Q_Q31_04 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: OBTAINED<br>STAFF/STATE LEVEL STAKEHOLDER<br>EDUCATION/TRAINING/TA ON CULTURAL<br>COMPETENCE  | Q31_04 | 1-8 |
| Q_Q31_05 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: HELD<br>RETREAT   | Q31_05 | 1-8 |
| Q_Q31_06 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: PROVIDED<br>EDUCATION/TRAINING/TA TO COMMUNITIES ON<br>CULTURAL COMPETENCE  | Q31_06 | 1-8 |
| Q_Q31_07 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: PREPARED<br>TRAINING CURRICULA ON ISSUES OF CULTURAL<br>COMPETENCE  | Q31_07 | 1-8 |
| Q_Q31_08 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: PILOTED<br>POLICIES, PROCEDURES AND GUIDELINES WITH<br>DIVERSE COMMUNITIES  | Q31_08 | 1-8 |
| Q_Q31_09 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: REVISED<br>POLICIES, PROCEDURESAND GUIDELINES BASED ON<br>FEEDBACK  | Q31_09 | 1-8 |
| Q_Q31_10 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING CULTURAL COMPETENCE: IMPROVED<br>EFFORTS TO INCREASE THE DIVERSITY OF THE<br>PREVENTION WORKFORCE  | Q31_10 | 1-8 |
| Q_Q32_01 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING THAT UNDERAGE ALCOHOL<br>CONSUMPTION PROBLEMS ARE ADDRESSED:<br>FORMED WORKGROUP THAT WILL ADDRESS<br>UNDERAGE DRINKING AND CAPACITY BUILDING  | Q32_01 | 1-8 |
| Q_Q32_02 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR ENSURING THAT UNDERAGE ALCOHOL CONSUMPTION PROBLEMS ARE ADDRESSED: CONVENED MEETINGS AND WORKSHOPS WITH KEY STAKEHOLDERS, COALITIONSAND SERVICE PROVIDERS WITH UNDERAGE DRINKING EXPERTISE                       | Q32_02 | 1-8 |
| Q_Q32_03 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING THAT UNDERAGE ALCOHOL<br>CONSUMPTION PROBLEMS ARE ADDRESSED:<br>PARTICIPATED IN MEETINGS AND WORKSHOPS WITH<br>KEY STAKEHOLDERS, COALITIONSAND SERVICE<br>PROVIDERS WITH UNDERAGE DRINKING EXPERTISE | Q32_03 | 1-8 |

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| Q_Q32_04 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING THAT UNDERAGE ALCOHOL<br>CONSUMPTION PROBLEMS ARE ADDRESSED:<br>OBTAINED STAFF/STATE LEVEL STAKEHOLDER<br>EDUCATION/TRAINING/TA ON UNDERAGE DRINKING       | Q32_04 | 1-8 |
| Q_Q32_05 | SPF STEP 2 (CAPACITY BUILDING) PROCEDURES FOR<br>ENSURING THAT UNDERAGE ALCOHOL<br>CONSUMPTION PROBLEMS ARE ADDRESSED:<br>PROVIDED EDUCATION/TRAINING/TA TO<br>COMMUNITIES ON UNDERAGE DRINKING                      | Q32_05 | 1-8 |
| Q_Q35_01 | SPF STEP 3 (STRATEGIC PLANNING) PROCEDURES FOR ENSURING CULTURAL COMPETENCE: CONSULTED PREVIOUS WORK AND RECOMMENDATIONS TO INFORM THE STRATEGIC PLAN AROUND ISSUES OF CULTURAL COMPETENCE                           | Q35_01 | 1-8 |
| Q_Q35_02 | SPF STEP 3 (STRATEGIC PLANNING) PROCEDURES<br>FOR ENSURING CULTURAL COMPETENCE: RECEIVED<br>INPUT/RECOMMENDATIONS ON STRATEGIC PLAN<br>FROM CULTURAL COMPETENCE EXPERTS/GROUPS                                       | Q35_02 | 1-8 |
| Q_Q35_03 | SPF STEP 3 (STRATEGIC PLANNING) PROCEDURES<br>FOR ENSURING CULTURAL COMPETENCE: SPECIFIED<br>STRATEGIC PLANNING PROCESS THAT IS<br>RESPONSIVE TO DIVERSE NEEDS OF COMMUNITIES  | Q35_03 | 1-8 |
| Q_Q35_04 | SPF STEP 3 (STRATEGIC PLANNING) PROCEDURES<br>FOR ENSURING CULTURAL COMPETENCE: SPECIFIED<br>GOALS AND OBJECTIVES TO ENSURE THAT THE<br>NEEDS OF MINORITY/UNDERSERVED POPULATIONS<br>ARE ADDRESSED                   | Q35_04 | 1-8 |
| Q_Q35_05 | SPF STEP 3 (STRATEGIC PLANNING) PROCEDURES<br>FOR ENSURING CULTURAL COMPETENCE: RELIED<br>ON DIVERSE AND INCLUSIVE AC MEMBERSHIP   | Q35_05 | 1-8 |
| Q_Q36_01 | SPF STEP 3 (STRATEGIC PLANNING) PROCEDURES<br>FOR ENSURING THAT UNDERAGE ALCOHOL<br>CONSUMPTION PROBLEMS ARE PRIORITY ELEMENTS<br>IN THE STRATEGIC PLAN: CONSULTED PREVIOUS<br>WORK AND RECOMMENDATIONS              | Q36_01 | 1-8 |
| Q_Q36_02 | SPF STEP 3 (STRATEGIC PLANNING) PROCEDURES FOR ENSURING THAT UNDERAGE ALCOHOL CONSUMPTION PROBLEMS ARE PRIORITY ELEMENTS IN THE STRATEGIC PLAN: RECEIVED INPUT/RECOMMENDATIONS FROM UNDERAGE DRINKING EXPERTS/GROUPS | Q36_02 | 1-8 |