

**NORTH DAKOTA PARTNERSHIP FOR SUCCESS (SPF-PFS)**  
***High-Need Community (HNC) Contract Deliverables***

## **CONTRACT B**

August 1, 2017 – August 31, 2018 (yearly extensions through August 31, 2020)

Vendor shall utilize the successful prevention systems and structures put in place through their completed SPF SIG grant to implement the Strategic Prevention Framework (SPF), guiding evidence-based efforts targeting underage drinking (among those age 12-20).

Vendor shall collaborate with existing substance abuse prevention organizations and programs in order to maximize benefit, avoid duplication and leverage, redirect and realign resources.

Vendor must ensure all efforts are culturally-relevant and addressing behavioral health disparities.

Vendor must ensure an equivalent of one full time position is dedicated to carrying out the deliverables of this project, not split among more than three people.

- Vendor shall notify the state within 5 business days of any staff changes by submitting name(s) contact information(s) and job description(s).
  - ▶ Within two weeks of hire, vendor is responsible for coordinating with the State to assist with providing training/orientation for any new staff, including but not limited to:
    - Contract and evaluation requirements
    - Materials from previous trainings
    - Coalition Orientation packet
  - ▶ Within six months of hire, vendor shall ensure any new primary staff completes the Substance Abuse Prevention Specialist Training (SAPST).
    - Certificates of completion shall be submitted to the State within 30 business days of the completion date.

Vendor shall continue working with the identified coalition to serve as the local advisory/work group to the community's PFS project implementation.

- Vendor shall build the capacity of the coalition by providing a minimum of four presentations/trainings. Topics may include: SPF framework and principles, substance abuse prevention 101, community organizing, evidence-based underage drinking strategies, or other information gained from state trainings.
  - ▶ Vendor shall submit presentation/training material(s), meeting minutes (including the date and time), and meeting sign-in sheet (or list of attendees) to State no later than 10 days following the presentation/training.

Vendor shall continue implementation of capacity-building activities, to include what was outlined in the approved *Capacity-Building Workbook*.

Vendor shall implement the strategies and activities as outlined in the approved *Strategic Planning Workbook*.

- Vendor shall receive approval from the State to edit Strategic Plan. Major revisions to these plans must be submitted and approved by the State before being implemented. Major revisions include any changes (additions or deletions) to strategies, any new or different activities for a specific strategy, activity completion dates being pushed back by more than thirty (30) days, and/or any deletion of activities from the Action Plans.

By December 31, 2017 and June 30, 2018, the Vendor shall review and re-submit their *Capacity Building Workbook* and *Strategic Planning Workbook* to the State to ensure ongoing project assessment and evaluation of implementation.

Vendor shall collect, review and utilize any new/updated data relevant to the project to guide implementation.

Vendor's primary project staff shall participate in required Training and Technical Assistance (TTA) provided throughout the project. This includes, but is not limited to:

- Participation in at least one TTA on-site visit with State TTA staff per year
- Attendance at required in-person trainings:
  - ▶ *TENTATIVE: October 11-12, 2017, Bismarck, ND*
  - ▶ *TENTATIVE: January 10-11, 2018, Bismarck, ND*
  - ▶ *TENTATIVE: April 11-12, 2018, Bismarck, ND*
  - ▶ *TENTATIVE: July 11-12, 2018, Bismarck, ND*
- Participation in webinars, virtual meetings and/or conference calls as directed by the State, including but not limited to:
  - ▶ *TENTATIVE: September 6, 2017; 10:00 – 11:30am CDT*
  - ▶ *TENTATIVE: December 13, 2017; 10:00 – 11:30am CDT*
  - ▶ *TENTATIVE: March 14, 2018; 10:00 – 11:30am CDT*
  - ▶ *TENTATIVE: June 13, 2018; 10:00 – 11:30am CDT*
- Participation in peer networking opportunities

Vendor shall present/provide updates on community efforts at trainings, stakeholder meetings, and other events as directed by the State.

Vendor shall submit monthly contract monitoring reports by the 10<sup>th</sup> of each month. See Attachment A for reporting form.

Vendor shall complete all federal and state evaluation requirements as outlined in Attachment B.

*By September 30, 2019, vendor shall collaborate with coalition and other key stakeholders in order to complete and submit the Sustainability Plan Workbook to the State.*

# Attachment A: Monthly Report

Month:		Year:	
Vendor:			

**1. Describe efforts worked on/completed this month.**

Cover the following:

- Activities on approved **Strategic Plan** for each identified strategy
- Activities on approved **Capacity Building Plan**
- Other activities **NOT** identified on either of the above plans

**2. Describe planned activities for next month.**

**3. Upload Action and Capacity Plan PFS - Monthly Reporting Excel document.**

**4. Describe any meetings, networking or collaboration that occurred with stakeholders, community champions, policy-makers or other partners. And, identify any new partnerships.**

**5. Did your community coalition meet this month? Yes  No**

- If yes, attach minutes.

- If yes, did you provide a presentation/training at this meeting? Yes  No

- ▶ If yes, attach the presentation material(s)
- ▶ If yes, attach meeting sign-in sheet or list of attendees
- ▶ If yes, briefly summarize what was presented/discussed.

**6. Describe any new quantitative or qualitative data gathered to inform efforts.**

*e.g. information provided by stakeholders, partners, or others from your community, new data sources not previously collected, updated data sources*

**7. Describe any efforts to address health disparities and cultural relevance.**

**8. Describe any barriers encountered this month. How did this barrier impact implementation of your project timeline and describe how you are updating your timeline to accommodate this barrier. Describe your plans to overcome these barriers.**

**9. Describe any lessons learned this month.**

**10. Describe any capacity/TTA needs.**

**11. Provide any other feedback or comments.**

**12. Have you identified any new or different local conditions? Yes  No  OR have you identified a new or different strategy? Yes  No**

- **If yes, to either of the above, provide summary below.**

*These revisions must be submitted and approved by the State before being implemented. You will be requested to submit other documentation prior to approval, including but not limited to the following: updated strategic plan, logic model and evaluation plan.*

**13. Have you identified any new or different activities within a strategy? Yes  No  OR have you had to delete or push back activity completion dates by more than 30 days? Yes  No**

- **If yes, to either of the above, provide summary below.**

*These revisions must be submitted and approved by the State before being implemented. You will be requested to submit other documentation prior to approval, including but not limited to the following: updated action plan and evaluation plan.*

**14. Any changes in *primary staff*? Yes  No**

- **If yes, submit this form: [Position Information Form](#).**

# Attachment B: Evaluation Requirements

## OVERVIEW

### Community-Level Instrument-Revised (CLI-R)

**CLI-R Submission Timeline** *(example of an expected typical community; timeline can change if there is staff turnover or reports aren't being completed sufficiently)*

Fiscal Year	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2016-2017							X				*	
2017-2018	X						X				*	
2018-2019	X						X				*	
2019-2020	X						X				*	
2020	X						X				X	

X = CLI-R data entry due by the last business day of the month; PFS evaluation team will schedule online meeting to go over CLI-R with community

\* = CLI-R data entry will need to be completed in August in cases of non-renewal for the next funding year, and before the end of the grant period.

### PFS Youth Survey

- Recruit schools and district to participate in this survey. The community grantees will be expected to use their local connections, and networks to support the survey as much as possible.
- Obtain any local IRB approval (if applicable)
- The PFS Youth Survey will be conducted in the following time-points.
  - Spring Semester of the 2017-2018 School Year
  - Spring Semester of the 2018-2019 School Year
  - Spring Semester of the 2019-2020 School Year

### Community Capacity Assessment

Prevention Coordinator Interviews*	Stakeholder Consensus Building Focus Groups**	Coalition survey***
<ul style="list-style-type: none"> <li>March 2017</li> <li>October 2018</li> <li>March 2020</li> </ul>	<ul style="list-style-type: none"> <li>April 2017</li> <li>April 2020</li> </ul>	<ul style="list-style-type: none"> <li>March 2017</li> <li>October 2018</li> <li>March 2020</li> </ul>

\* The PFS coordinator will be expected to participate in an interview. Each interview is expected to take approximately one hour and will be conducted by telephone with the evaluation team.

\*\* The PFS coordinator is expected to set up and host the stakeholder focus groups in their own community (including arranging meeting space and inviting community stakeholders. This will include coordinating with the evaluation team to determine a mutually agreeable time to hold the focus groups.

\*\*\*The PFS coordinator in each community will be expected to encourage all coalition/taskforce members to take the time to participate and complete the survey. He/she will also need to provide the names and emails of all potential survey respondents.

### Local Condition Evaluation

- Community grantee will identify one priority local condition that will receive a complete evaluation. The community grantees will be expected to work with the evaluator to design an evaluation plan for this local condition, including identifying the measure(s) that will be used, the data collection, analysis, and reporting expectations.

- Community grantee will work with the data evaluation team to implement the local condition evaluation, this may include being responsible for data collection, data entry and compilation of the measures identified in the local condition evaluation plan.

### **Prescription Drug Related Consequence Data (Optional)**

- Community grantees have the option to work with the local hospitals to obtain these data:
  - *Hospital ER Visits: The percentage of hospital ER visits that are related to prescription drug use*
  - *Hospital Admissions: The percentage of hospital admissions that are related to prescription drug use, either as a primary or secondary diagnosis*
  - *Hospital Discharge Diagnoses: The percentage of hospital discharges that had a primary and/or secondary diagnosis related to prescription drug use.*
- **The evaluation team will work with the PEP-C to obtain and use the Poison Control data to satisfy this community outcome data requirement for prescription drug abuse consequence data from SAMHSA.**

## Community Level Instrument-Revised

The CLI-R represents the primary data collection tool to understand the process of the PFS in the funded communities. It also represents the primary federal data reporting requirements for the PFS project. Frequent and accurate data collection is the only way to capture this process.

Ideally, the communities will update the CLI-R as the prevention strategies are implemented. However, data submission is only required and monitored by the evaluation team at the two required reporting deadlines each year. The evaluation team will provide technical assistance for the CLI-R data submissions. The following timeline serves as an example of an expected typical community. If a community does not continue funding into the next funding year, the CLI-R must be completed in August before the contract period ends.

### CLI-R Submission Deadlines

Fiscal Year	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2016-2017							X				*	
2017-2018	X						X				*	
2018-2019	X						X				*	
2019-2020	X						X				*	
2020	X						X				X	

**X** = CLI-R data entry due by the 15<sup>th</sup> of the month; PFS evaluation team will schedule online meeting to go over CLI-R with community

**\*** = CLI-R data entry will need to be completed in August in cases of non-renewal for the next funding year, and before the end of the grant period.

# PFS Youth Survey

The primary outcome measures from the PFS at the community level will come from a short student survey that will be administered in the community schools during the PFS project. The results for this survey will satisfy all local outcome data requirements from SAMHSA. The survey will be given to **middle and high school students** in each PFS funded grantee community.

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## • Community Requirements

- Recruit schools and district to participate in this survey. The community grantees will be expected to use their local connections, and networks to support the survey as much as possible.
- Obtain any local IRB approval (if applicable)

## • PFS Evaluation Team Support

- Develop and provide all survey materials, administration instructions, administration support, data entry, analysis, and reporting
- Obtain Institutional Review Board (IRB) approval from the University of Wyoming and the North Dakota Department of Human Services.
- Provide support to the community grantee to obtain the local IRB approval (helping write the IRB proposal with grantees, providing evidence of the IRB approval from other institutions, and providing copies of all the survey materials that will be used in the project).

The following bullet points describe important details about the survey:

- It is two-pages long and will take no longer than 15 minutes to complete.
- It will use a similar survey administration methodology as the North Dakota Youth Risk Behavior (YRBS) survey.
- It is both anonymous and voluntary. Parents can return a form that will be provided them, which will opt their child out of participating in the survey. Students will be able to skip any questions and stop the survey at any time. No names or personal identifiers will be used on the survey, and all surveys will be returned in a common data collection envelop that allows for anonymous survey submission.
- In most cases, it will be given to all middle and high school students in the PFS community schools. Very large communities may be able to use a random sample of students rather than giving the survey to all of the students. The decision to use a sample will need to be made in collaboration with the PFS evaluation team.
- The federal PFS cross-site evaluation has a response rate goal of 70% or better for any surveys conducted as part of this project.
- Participating school districts will receive their own results that they can use in planning and evaluation.
- Schools will be given a survey window of nearly the entire Spring Semester beginning mid-January through mid-May to choose the best date to survey their students.
- School recruitment will be active in October, November and December, though extensions may be considered.
- The PFS Youth Survey will be conducted in the following time-points.
  - Spring Semester of the 2017-2018 School Year
  - Spring Semester of the 2018-2019 School Year
  - Spring Semester of the 2019-2020 School Year

# Community Capacity Assessment

A goal of the PFS is to increase the capacity of the community grantees to conduct and sustain evidence based substance use prevention strategies. In conjunction with PFS evaluation teams in Oregon and Wyoming, the North Dakota PFS Evaluation team has designed a new community capacity assessment that will be used in this project. The capacity assessment uses three components to measure capacity, which includes:

- Structured phone interviews with the prevention coordinator in each community,
- A consensus building focus groups of key stakeholders in each community, and
- A community coalition or taskforce survey.

The primary goal of each of these components is have the participants rate their own understanding of the community's capacity and provide different perspectives of how effective the community's substance abuse prevention efforts are meeting the needs.

The PFS evaluation team will be in charge of administering all parts of the community capacity measurements. They will be conducting the interviews, facilitating the actual focus groups, and administering the web-based coalition/taskforce survey. They will also be in charge of notetaking, transcription, analysis and reporting of the results during and after the data has been collected.

## Capacity Assessment Community Expectations

Prevention Coordinator Interviews	Stakeholder Consensus Building Focus Groups	Coalition survey
<ul style="list-style-type: none"> <li>• The community prevention coordinator for each PFS community grantee will be expected to participate in the interview.</li> <li>• Each interview is expected to take approximately one hour and will be conducted by telephone with the evaluation team.</li> <li>• The interview will be repeated at the beginning, middle, and end of the grant period.</li> </ul>	<ul style="list-style-type: none"> <li>• The community grantees will be expected set up and host the stakeholder focus groups in their own community. This will include coordinating with the evaluation team to determine a mutually agreeable time to hold the focus groups. They will be expected to arrange for a meeting space to conduct the focus group, and extend invitations to the identified stakeholders to have them participate in the meeting.</li> <li>• The choice of who to include in the focus groups will be based on the guidance the evaluation team will provide. Typically, focus groups will involve 8 to 10 stakeholders from the community and will last two hours.</li> <li>• The prevention coordinator will not be involved in the actual focus groups, because he/she will have provided information as part of the interview process.</li> <li>• The focus groups will be repeated at the beginning, and end of the grant.</li> </ul>	<ul style="list-style-type: none"> <li>• The PFS coordinator in each community should encourage all coalition/taskforce members to take the time to participate and complete the survey.</li> <li>• He/she will also need to provide the names and emails of all potential survey respondents.</li> <li>• The evaluation team will then use that information to send the survey invitations by email to the coalition/taskforce members. The coalition members will then have two weeks to respond to the online survey.</li> <li>• The survey will take approximately 30 minutes to complete.</li> <li>• The coalition survey will be repeated at the beginning, middle, and end of the grant.</li> </ul>

## Capacity Assessment Timeline

Prevention Coordinator Interviews	Stakeholder Consensus Building Focus Groups	Coalition survey
<ul style="list-style-type: none"> <li>• March 2017</li> <li>• October 2018</li> <li>• March 2020</li> </ul>	<ul style="list-style-type: none"> <li>• April 2017</li> <li>• April 2020</li> </ul>	<ul style="list-style-type: none"> <li>• March 2017</li> <li>• October 2018</li> <li>• March 2020</li> </ul>

## Local Condition Evaluation

As part of the PFS needs assessment and strategic planning process, community grantees are asked to identify the intervening variables and local conditions that are driving the problems of underage alcohol use in their communities. They then choose prevention strategies that address the local conditions and seek to change that local condition. Throughout that process, community grantees are asked about which data they are basing their decisions, and which data they will use to identify when the local condition has changed. They are also asked to set goals of how much they expect each of the local condition measures to change based on their planned prevention efforts.

As part of the overall local PFS evaluation, each community grantee will be expected to identify one priority local condition, and develop a plan (in collaboration with the evaluation team) to evaluate the change that occurs in the local condition as they implement the PFS strategies addressing that local condition. The evaluation plan for that priority local condition will identify the process measures and the outcome measures associated with that local condition.

The evaluation plan for the prioritized local condition will identify the specific data measures that will be used, who will collect the data and on what timeframe the data will be collected. The community grantee will then be expected to implement the evaluation plan for that local condition, including using the data measures identified in the plan, collecting the data based on the time line identified in the plan, performing data entry and providing the data back to the evaluation team in an analyzable form. The evaluation team will then analyze the data and include the results in the community evaluation reports.

# Prescription Drug Related Consequence Data

The PFS, as issued from the Substance Abuse and Mental Health Services Administration (SAMHSA), allowed states to focus on two issues: (1) underage alcohol use and/or (2) prescription drug abuse. Based on the available data, North Dakota chose to focus on underage alcohol use because it was the larger of the two problems. However, the cross-site evaluation for the PFS set requires specific data measures from all PFS funded states and communities. As part of those requirements, PFS grantees have to provide annual data results for both underage drinking and prescription drug abuse in the areas of consumption, consequence and intervening variables. The inclusion of the youth survey along with already existing data sources will allow the North Dakota evaluation to provide all but one of these outcome data requirements. Specifically, North Dakota has no systematic reporting of any prescription drug related consequences.

The exception to this lack data are service calls to the Poison Control System. The federal cross-site evaluation team for the PFS (PEP-C) has contracted with Poison Control to provide the number and types of opioid-related service calls that they receive. They are providing these data for each of the PFS community grantees based on the zip codes of each of the calls. The evaluation team provided to the PEP-C the zip codes corresponding to each of the PFS grantees service areas. Based on this information, Poison Control expects to provide the data that satisfies the data reporting requirement for prescription drug related consequence data for the remainder of the grant.

However the evaluation team recognizes that prescription drug overdoses may be a measure that the community grantee wants to monitor as part of the PFS evaluation. **In such cases, community grantees have the option, as part of the evaluation support and planning of working with their local hospitals to obtain and report data related to prescription drug related overdoses.** Specifically, communities have the option working with their hospitals to obtain the number of prescription drug related hospital emergency room (ER) visits, hospital admissions, or hospital discharges with a diagnosis related to prescription drug abuse. The evaluation team will support these efforts.

If a community grantee chooses to monitor this issue as part of the PFS project, they will need to work with their local hospitals and request annual summary data. The data may include some of the following pieces of information. The bullet points in bold represent one of the cross-site evaluation's standard measures.

- Hospital ER Visits
  - Total number of hospital ER visits
  - Number of hospital ER visits that are related to prescription drug use
  - **The percentage of hospital ER visits that are related to prescription drug use**
- Hospital Admissions
  - Total number of hospital admissions
  - Number of hospital admissions that are related to prescription drug use, either as a primary or secondary diagnosis
  - **The percentage of hospital admissions that are related to prescription drug use, either as a primary or secondary diagnosis**
- Hospital Discharge Diagnoses
  - Total number of hospital discharges
  - Number of hospital discharges that had a primary or secondary diagnosis related to prescription drug use.
  - **The percentage of hospital discharges that had a primary and/or secondary diagnosis related to prescription drug use.**

Community grantees should work with the local hospitals to obtain these data. To standardize the data pulls, the evaluation team will provide the diagnostic codes that can be used pull the data from the hospital's electronic data systems. To comply with HIPPA regulations, community grantees should only receive anonymized summary data for these measures.