

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

## CONTRACT A

Dates: November 1, 2016 – July 31, 2017

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) throughout the vendor's service area.

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

Vendor shall 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.

- By December 31, 2016, vendor shall submit name, contact information and job description for full time position equivalent staff. If position is split between multiple individuals, vendor shall provide estimated percentage of work dedicated to this project for each individual.
- Vendor shall notify the state within 5 business days of any staff change by submitting name(s) contact information(s) and job description(s) to the State.
  - ▶ Vendor shall coordinate with the State to ensure new staff receive orientation training.
- By June 15, 2017, vendor shall ensure primary staff completes the Substance Abuse Prevention Specialist Training (SAPST).
  - ▶ Certificates of completion shall be submitted to the State within 5 business days of the completion date.

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 shall identify or establish a coalition to serve as the local advisory/work group to the community's Partnership for Success (PFS) project.

- By December 31, 2016, vendor shall submit the *Coalition Information* form to the State.
- By June 15, 2017, vendor shall submit the *Coalition Orientation* packet to the State. Guidance provided by the State.
- Vendor shall build the capacity of the coalition by providing a minimum of three presentations/trainings to the coalition. 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 provide notice to the State prior to presentation/training.
  - ▶ Vendor shall submit presentation/training material(s), meeting minutes (including the date and time), and meeting sign-in sheet to State no later than 10 days following the presentation/training.

By February 15, 2017, vendor shall collaborate with coalition and other key stakeholders in order to complete and submit the *Needs Assessment Workbook* to the State.

By April 15, 2017, vendor shall collaborate with coalition and other key stakeholders in order to complete the *Capacity Building Workbook* provided and submit to the State.

- Following State approval of the *Capacity Building Workbook*, vendor shall implement the capacity-building efforts identified in the approved *Capacity Building Workbook*.

By June 15, 2017, vendor shall collaborate with coalition and other key stakeholders in order to complete and submit the *Strategic Planning Workbook* to the State.

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 TTA onsite visits with State TTA staff

- Attendance at required in-person trainings:
  - ▶ Orientation/Assessment Training: 2 days; November 8-9, 2016
  - ▶ Substance Abuse Prevention Specialist Training (SAPST): 4 days (TBD)
  - ▶ Capacity, Strategic Planning and Evidence-Based Strategies: 3 days (TBD)
  - ▶ Evaluation Requirements: 2 days (TBD)
    - Vendor's primary fiscal manager is required to attend this training
- Participation in webinars, virtual meetings and/or conference calls as directed by the State.
- 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.

NORTH DAKOTA PFS  
**Contract A: Community Monthly Report**

Month:		Year:	
Vendor:			
Contract #:			

**1. Describe any new data gathered to inform efforts.**

*Example: Any efforts made or data gathered that is quantitative, qualitative, or identifies any local conditions.*

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

*Example: Had coffee with chamber president and discussed data gathered on underage drinking; Meeting occurred with the chief of police at the police department to discuss the possibility of implementing Cops in Shops. Data was shared about retail access and stipends were offered for overtime pay.*

**3. 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, briefly summarize what was presented/discussed.

*Example: A PowerPoint presentation was delivered about the different prevention strategies for underage drinking. Local data was shared, including the YRBS data. The coalition discussed possible strategies for the strategic plan.*

**4. Describe efforts to increase coalition involvement or membership.**

*Example: An action-oriented agenda was implemented so members have action steps to follow rather than simply sharing information with each other; Our coalition created a sub-committee to help complete the needs assessment.*

**5. Describe any communication and/or media efforts completed this month.**

*Example: Communication of data/messages to increase community readiness/efforts of coalition; Communicate with policy-makers; letter to the editor; press release; presentations to community group; distribution of print material; newsletter; social media posts; radio; email trees; etc.*

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

*Example: Coalition members completed self-assessments about their ideas of culture in the community. The results were discussed as a group in order to identify possible groups to invite to join the coalition.*

**7. 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.**

*Example: We reached out several times to meet with a stakeholder and he/she has not responded. We are going to go to a meeting that he/she already attends and try to start conversation.*

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

*Example: We learned that meeting in person works better than trying to just send emails.*

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

*Example: We would like some guidance on the best ways to plan our capacity building timeline.*

**10. How have you utilized the **community prevention** Facebook **[hyperlink]** or ND prevention website **[www.prevention.nd.gov]** this month?**

*Example: We asked the Facebook group about the ways they have seen success in motivating coalition members to consistently attend and participate. A thread was started as a result. We plan to apply some of the advice we received as we plan our next coalition meetings.*

**11. Describe your planned activities for next month.**

*Example: The next coalition meeting is planned for next month. We will review local data and identify related local conditions. The coalition will assist with filling in the Needs Assessment Workbook; We have scheduled meetings with each school principal/administration staff to discuss the Youth Survey.*

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

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Any changes in primary staff? Yes  No

- If yes, submit this form: **XXXX**.

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**Contract A Deadlines:**

- **December 31, 2016**
  - Submit PFS position information: name, contact information and job description for full time position equivalent staff. If position is split between multiple individuals, vendor shall provide estimated percentage of work dedicated to this project for each individual.
  - Submit the *Coalition Information* form
- **February 15, 2017**
  - Submit the *Needs Assessment Workbook*
- **April 15, 2017**
  - Submit the *Capacity Building Workbook*
- **June 15, 2017**
  - Submit SAPST certificate of attendance for all primary PFS staff
  - Submit the *Coalition Orientation* packet
  - Submit the *Strategic Planning Workbook*
- **Complete all federal and state evaluation requirements as outlined in Attachment B of the Contract.**

## PFS EVALUATION REQUIREMENTS

### OVERVIEW

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

<b>CLI-R Submission Timeline</b> <i>(example of an expected typical community; timeline can change if there is staff turnover or reports aren't being completed sufficiently)</i>												
Fiscal Year	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2016-2017			X	X		X		*			X	
2017-2018		*			X			*			X	
2018-2019		*			X			*			X	
2019-2020		*			X			*			X	
2020		*										

**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

**\*** = (federal reporting deadline months) CLI-R data entry due by the 1<sup>st</sup> of the month; PFS evaluation team data review, verification and submission to SAMHSA following federal requirements

#### 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 2016-2017 School Year*
- *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>● November 2018</li> <li>● May 2020</li> </ul>	<ul style="list-style-type: none"> <li>● March 2017</li> <li>● March 2018</li> <li>● March 2019</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.*

#### Prescription Drug Related Consequence Data

Community grantees should 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.*

## 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.

The North Dakota PFS communities will be expected to update the CLI-R on a regular basis of not less than once per quarter. Ideally, the communities will update the CLI-R as the prevention strategies are implemented. However, the frequency at which data submissions will be monitored by the evaluation team varies based on the experience of the community and/or the community's project staff. At the beginning of the project, and whenever there is significant staff turnover, the monitored data submissions will be monthly. This will then be extended to bi-monthly (every other month) monitored data submissions, and then quarterly monitored data submissions. The evaluation team may ask the community grantee to have more or less frequent data entry depending up how comfortable the community is with using the CLI-R and how accurately the community is completing the CLI-R. More frequent data entry with the evaluation team is for training purposes to improved data quality and provide the support to enable the community to complete the CLI-R on their own. As necessary these due dates for the monitored data submissions will be adjusted to accommodate the federal CLI-R data reporting deadlines.

The following timeline serves as an example of an expected typical community. Specifically, this would be a community who begins the project in November 2016, and then does not have any turnover in the positions for the rest of the project. The community also demonstrates to the satisfaction of the evaluation team they can successfully enter the required information into the CLI-R. Under this situation, the community grantee would have the following CLI-R data submission schedule.

### CLI-R Submission Deadlines

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

**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

**\*** = (federal reporting deadline months) CLI-R data entry due by the 1<sup>st</sup> of the month; PFS evaluation team data review, verification and submission to SAMHSA following federal requirements

## 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.

Community Requirements	PFS Evaluation Team Support
<ul style="list-style-type: none"><li>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.</li><li>Obtain any local IRB approval (if applicable)</li></ul>	<ul style="list-style-type: none"><li>Develop and provide all survey materials, administration instructions, administration support, data entry, analysis, and reporting</li><li>Obtain Institutional Review Board (IRB) approval from the University of Wyoming and the North Dakota Department of Human Services.</li><li>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).</li></ul>

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 2016-2017 School Year
  - 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

<b>Prevention Coordinator Interviews</b>	<b>Stakeholder Consensus Building Focus Groups</b>	<b>Coalition survey</b>
<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, middle 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 15 minutes to complete.</li> <li>• The survey will be repeated each year of the grant.</li> </ul>

### Capacity Assessment Timeline

<b>Prevention Coordinator Interviews</b>	<b>Stakeholder Consensus Building Focus Groups</b>	<b>Coalition survey</b>
<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>• November 2018</li> <li>• May 2020</li> </ul>	<ul style="list-style-type: none"> <li>• March 2017</li> <li>• March 2018</li> <li>• March 2019</li> <li>• March 2020</li> </ul>



## 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. After looking at the possible prescription drug related consequences available at the local level, the evaluation team has decided to focus on obtaining and reporting prescription drug related hospital emergency room (ER) visits, hospital admissions, or hospital discharges with a diagnosis related to prescription drug abuse. These data are not currently compiled across hospitals in North Dakota.

To obtain these data, the PFS community grantees 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.