STRATEGIC PREVENTION FRAMEWORK (SPF) IMPLEMENTATION INTERVIEW PROTOCOL

SPF SIG NATIONAL CROSS-SITE EVALUATION

DATE:  |___|___| / |___|___| / |___|___|___|___|

INTERVIEWER NAME:_____________________________________________________

RESPONDENT NAME:_____________________________________________________

RESPONDENT TITLE/POSITION:____________________________________________

RESPONDENT ORGANIZATIONAL AFFILIATION:________________________________

STATE: |___|___|

INTERVIEW START TIME: [____] : [____]

Public reporting burden of this collection of information is estimated to average 3 hours per response. Send all comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0279.
Hello, this is (name) from the National SPF SIG Cross-Site Evaluation Team. Joining me for this call is (name), another member of the Cross-Site Team. Thank you for agreeing to participate in this interview. As you know, this interview focuses on the implementation of the five steps of the Strategic Prevention Framework in your state.

Please understand that your participation in this interview is completely voluntary. You may choose to end this interview at any time, or not answer a specific question without any effect on your role in the project. Additionally, we will make every effort to keep your answers confidential. Your name and position will not be connected with any of your responses. All responses will be combined and individual responses will not be identified in the reporting of results.

If you have no objections, we would like to tape record this conversation. This will help us check our notes and ensure that we are accurately capturing your responses. The tapes will not be transcribed and will be erased once all the interviews have been analyzed. Is it OK if we turn the tape on? (If yes, proceed with interview. If no, say “That’s OK, we’ll proceed without the tape recorder.”)

Is it OK for us to proceed with the interview?

___ YES
___ NO
SPF SIG PROJECT MEMBERSHIP

I’m going to start by asking you a few questions about the SPF SIG project membership in your state.

1. How well does the Strategic Prevention Framework State Incentive Grant (SPF SIG) project membership reflect the diverse demographic and cultural subpopulations in your state? (Read all response options.)
   __Very well
   __Somewhat well
   __Somewhat poorly
   __Very poorly

2. Where are the gaps?

3. To what extent is there agreement among the SPF SIG project members about the project’s overall priorities? (Read all response options.)
   __A great extent
   __Some extent
   __A small extent
   __Not at all

4. What, if any, are the major areas of disagreement about overall project priorities?

5. Before the SPF SIG project began, were there people with epidemiological data skills designated to participate in data-driven ATOD prevention planning?
   __Yes
   __No
6.  Are there currently people with epidemiological data skills designated to participate in SPF SIG activities?

__Yes  
__No (Skip to question 8.)

7.  Please specify the time commitment to the project of these designated individuals.  (*List the time commitment for each individual.*)

8.  Describe how the State Epidemiological and Outcome Workgroup (SEOW) works with the State Advisory Council (SAC).

DATA-DRIVEN PLANNING AND NEEDS ASSESSMENT ACTIVITIES

These next questions are about data-driven planning and the project’s needs assessment activities.

9.  Who has primary responsibility for examining Alcohol Tobacco and Other Drug (ATOD) data?

10. What data inclusion criteria does the project use? (*Probe for each of the following and check all that apply.*)

__No specified criteria  
__Available at the state level  
__Available at the community level  
__Collected at least every 2 years  
__Available for at least the past 5 years  
__Sensitivity to change  
__Demonstrated validity  
__Includes risk and protective factor indicators  
__Includes NOMS indicators  
__Includes information about major subpopulations in the state  
__Other (Please specify.)  _________________________________________________________

11. Please describe any data security protocols your project is using. (*Probe for each of the following and check all that apply.*)
12. Does the project have data-use agreements or Memoranda of Understanding with other groups?

__Yes
__No (Skip to question 14.)

13. Please describe these data-use agreements or Memoranda of Understanding with other groups.

14. What has the SPF SIG project done to assess ATOD prevention capacity at the state level?

15. What areas have been identified for capacity enhancement?
16. How does the SPF SIG project plan to enhance or continue needs assessment and capacity assessment activities?

17. Who will be responsible for these activities?

PRIORITIZATION PROCESS

These next questions are about the project’s process of prioritizing ATOD prevention issues.

18. States and territories use various criteria to prioritize their ATOD prevention issues. Please tell me what criteria, if any, the SPF SIG project has used to prioritize ATOD prevention issues. (Probe for each of the following and check all that apply.)

- NA: The state has not begun its prioritization of ATOD prevention issues. (Skip to question 22 if this line is checked.)
- Absolute size/magnitude of the problem
- Severity (for example, level and extent of the associated illness)
- Time trends (for example, a problem has increased over time)
- Comparison with national rates
- Comparison with rates of other states
- Economic cost of the problem
- Social cost of the problem
- Preventability
- Changeability
- Capacity/resources to address the problem
- Awareness, concern, or interest in the problem by state level organizations
- Awareness, concern, or interest in the problem by community level organizations
- Awareness, concern, or interest in the problem by the general public
- Other (Please specify.)

19. Who has been involved in prioritizing ATOD prevention issues?

20. Of the factors that have influenced the project’s ATOD prevention priorities, which have been the most important and why?
21. To what extent do the SEOW and SAC agree with the SPF SIG project’s ATOD prevention priorities? *(Read all response options.)*

__A great extent__
__Some extent__
__A small extent__
__Not at all__

22. What, if any, are the major areas of disagreement concerning the SPF SIG project’s ATOD prevention priorities?

**CULTURAL COMPETENCE**

These next questions are about cultural competence.

23. Prior to the SPF SIG, were cultural competence concepts incorporated in ATOD prevention?

24. How has the SPF SIG project addressed cultural competence?

25. To what extent is cultural competence integral to the SPF SIG project vision/mission? *(Read all response options.)*

__A great extent__
__Some extent__
__A small extent__
__Not at all__

26. To what extent is the SPF SIG leadership supportive and committed to cultural competence? *(read all response options)*

__A great extent__
__Some extent__
__A small extent__
__Not at all__

27. Does the project have an advisory group or committee for cultural competence?

__Yes__
__No *(Skip to question 29.)*

28. Please describe the group’s composition and role in the project.
29. Which of the following types of resources have been designated for SPF SIG cultural competence activities? (Probe for the following and check all that apply.)

__ Staff time (Please describe.)

__ Financial resources (Please describe.)

__ Training/technical assistance (Please describe.)

__ Other types of resources (Please specify.)

30. What, if any, barriers are there to cultural competence in ATOD prevention in your state?
Now, I would like to ask you some questions related to prevention capacity building.

What kinds of capacity-building activities has the SPF SIG project engaged in during the past 12 months? (Probe for each of the following activities, ask the respondent to describe what was done, ask whether they were conducted at the state or community level, and list the individual or group responsible.)

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>a. Activity Not Conducted</th>
<th>b. Level at which the Activity was Conducted</th>
<th>c. Individual/Group Responsible</th>
<th>d. Description of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(1) State Level</td>
<td>(2) Community Level</td>
<td>(1) State Level</td>
</tr>
<tr>
<td>31.</td>
<td>Enhancing the project’s internal capacity</td>
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<td>32.</td>
<td>Engaging stakeholders (besides SPF SIG staff, SAC and SEOW members)</td>
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<tr>
<td>33.</td>
<td>Convening stakeholders (besides SPF SIG staff, SAC and SEOW members)</td>
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<tr>
<td>34.</td>
<td>Training stakeholders (besides SPF SIG staff, SAC and SEOW members)</td>
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<td>35.</td>
<td>Building coalitions</td>
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<td>36.</td>
<td>Leveraging resources</td>
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<td>37.</td>
<td>Other (Please specify.)</td>
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___________
38. Does the project work with or provide assistance to communities?

__No (Skip to question 47.)__

__Yes__

39. Please describe how the project works with or provides assistance to communities.

Does the project provide assistance to communities for the following types of activities? (Read each of the following activities and check all that apply. Describe the individual or group responsible for each of the checked activities.)

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>a. Assistance Provided</th>
<th>b. Individual/Group Responsible</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>40. Assessing ATOD epidemiological data</td>
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<td>41. Assessing capacity and/or resources</td>
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<td></td>
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<tr>
<td>42. Building capacity and/or resources</td>
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<tr>
<td>43. Prioritizing ATOD prevention issues</td>
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<td>44. Establishing community epidemiological workgroups</td>
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<td>45. Monitoring and evaluating SPF SIG activities</td>
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<td>46. Other (Please specify.)</td>
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</table>

47. How does the project plan to enhance or continue the capacity-building activities it has performed at both the state and community levels? (If there is no plan to enhance and/or continue capacity building activities, skip to question 49)
48. Who will be responsible for these capacity-building activities? (List activities and the individual or group responsible for each activity.)

49. What are the training and professional development needs of the SPF SIG project staff, including SAC and SEOW members? (Note response verbatim.)

50. To what extent have SPF SIG project staff, including SAC and SEOW members, been able to obtain the technical assistance needed to carry out the SPF SIG? (Read all response options.)

___ A great extent
___ Some extent
___ A small extent
___ Not at all

51. What other (non-SPF SIG) sources of funding (actual dollars, not in-kind), if any, have been utilized for SPF SIG activities during the past 12 months?

52. What types of in-kind resources (staff time, copying, etc.) have been utilized for SPF SIG activities during the past 12 months?
STRATEGIC PLAN

These next questions are about your Strategic Plan or components that may be specified in the plan.

53. What criteria has the project used for defining evidence-based policies, programs and practices? (Probe for each of the following and check all that apply.)

- NA: The state has not completed its strategic plan
- No criteria
- Listed in National Registry of Effective Programs and Practices (NREPP)
- Listed on some other federal agency or national organization’s list of “effective programs”
- Found to be effective in a peer-reviewed journal article
- Found to be effective in non-peer-reviewed source (monograph, brochure)
- Based on a theory or conceptual model
- Implemented in a similar community
- CSAP recommendation
- Evaluator recommendation
- Other (Please specify.)

54. What model does/will the project use to allocate SPF SIG funds to communities? (Probe for each of the following and check all that apply.)

- NA: The state has not completed its strategic plan.
- Largest Contributors Model - Identified priority problems in the state and then selected communities that contribute the most to the overall state level of these problems.
- High Need Communities Model - Selected communities with high levels of problems and then communities work on community-specific problems.
- High Competence Communities Model - Identified priority problems in the state and then selected communities with the best plans and highest capability to effectively use SPF SIG funds to deal with these problems.
- Low Capacity Communities Model - Identified priority problems in the state and then selected communities with low current capacity to deal with these problems.
- Equity Model - Identified priority problems in the state and then allocated resources equally to all communities in the state.
__Other (Please specify.)

55. Who has been/will be responsible for selecting which model(s) to use to allocate SPF SIG funds to communities?

56. To whom has/will the State Strategic Plan been/be disseminated?

PROJECT PROGRESS

Now I would like to ask you about factors that may have influenced the progress of the project.

57. What factors have contributed the most to project progress?

58. What factors have been the biggest barriers to project progress?
EXTERNAL EVENTS

These last three questions are about external events that may have occurred in your state or territory recently. These could be things like significant changes in prevention funding sources or levels, new legislation, economic changes, or even natural disasters. The three questions are quite similar, but they ask about three different impacts external events may have had.

59. In the past 12 months, what external events or incidents have taken place that may have an impact on the SPF SIG process in your state? For each event, please describe how it has impacted or may impact your state's SPF SIG process.

60. In the past 12 months, what external events or incidents have taken place that may have an impact on ATOD consumption in your state? For each event, please describe how it has impacted or may impact your state's ATOD consumption.

61. In the past 12 months, what external events or incidents have taken place that may have an impact on ATOD-related consequences in your state? For each event, please describe how it has impacted or may impact your state's ATOD-related consequences.

INTERVIEW END TIME: |___|___| : |___|___|
INTERVIEW LENGTH (in minutes): |___|___|___|