

## ABSTRACT

### **The Maryland Strategic Prevention Framework Program**

To prevent and reduce substance abuse problems (including underage drinking), Maryland will partner with other state and local agencies implement the five steps of the Strategic Prevention Framework (SPF). This will include building and sustaining a cross-system data infrastructure, implementing a comprehensive prevention planning process, and expanding state and local capacity for the provision of culturally competent prevention services.

MSPF will operate through a partnership consisting of the Governor's Office, the Alcohol and Drug Abuse Administration (ADAA), the Center for Substance Abuse Research (CESAR) at the University of Maryland, and State and Local Drug and Alcohol Abuse Councils. ADAA will be the lead agency for receipt and administration of the proposed SPF funds.

Maryland is fully committed to implementing the steps of the SPF in accordance with Substance Abuse and Mental Health Services (SAMHSA) funding guidelines, and plans to infuse 85-98% of the SPF funding into competitively-bid community-based prevention services over the five years of funding. Approximately 287,000 Marylanders aged 12 or older report past month use of illicit drugs and 2.5 million report past month use of alcohol, yet only 211,000 individuals were reached by prevention services during SFY 2007. To build a foundation for effective prevention strategies Maryland initiated Step 1 of the SPF process (profiling population needs and resources) through the State Epidemiological Outcomes Workgroup (SEOW), and included requirements for evidence-based prevention practices into the conditions of award for SAPT-BG dollars. The CESAR coordinates SEOW's management and analysis of extensive data sets to define the scope and severity of consumption patterns and related consequences. The SEOW Epidemiologic Profile, published in 2007 and updated in 2008, is used to establish outcome objectives and monitor changes in consumption and consequence indicators.

The State Drug and Alcohol Abuse Council, established in July 2008 by Executive Order of the Governor, will implement the SPF Advisory Council as one of its subcommittees, and will task it with developing comprehensive, data-driven cross-system priorities and strategies to be included in the Council's plan governing the delivery and funding of prevention, intervention, and treatment services. Existing State law also requires each jurisdiction to have a local council that uses data to identify priorities and develop strategies at the community level. The ADAA has established a local prevention coordinator system to improve communication between state and local agencies and meet the training and technical assistance needs of jurisdictions. Through these partnerships, Maryland has instituted a conceptual "roadmap" for developing and implementing its statewide strategic plan for successful prevention outcomes, expanding capacity for culturally competent prevention services, and sustaining this new SPF process for years to come through integration with block grant and other resources. State and local process and outcome evaluations will be conducted to assess Maryland's progress on these goals.

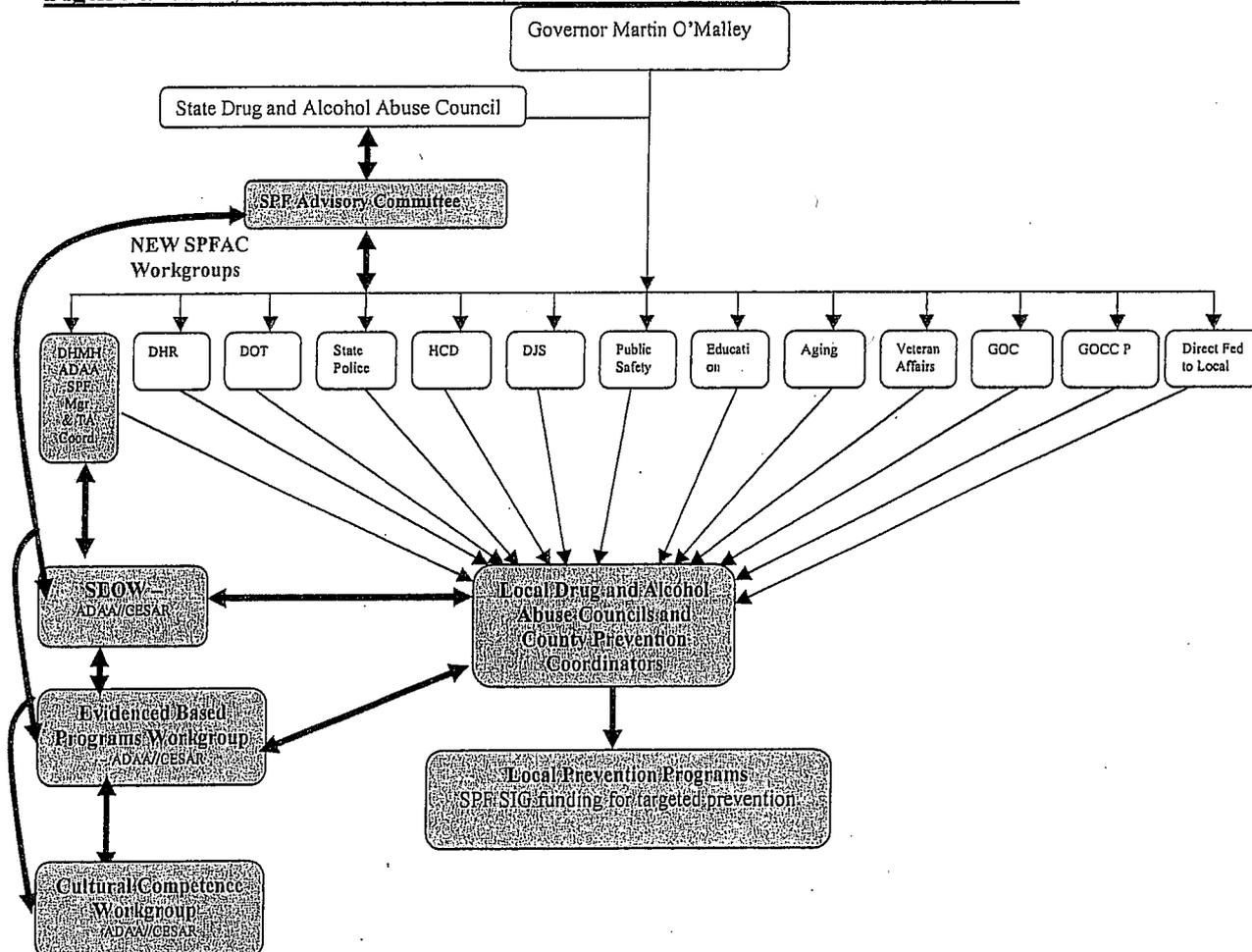
**SECTION B: PROPOSED APPROACH**

**Purpose:** The overarching goals of the project are to 1) prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; 2) reduce substance abuse-related problems; and 3) build prevention capacity and infrastructure at the State- and community-levels. To accomplish these goals, MSPF will create and support a statewide, cross-system prevention infrastructure that will help communities across Maryland:

- Implement the five-step SPF planning process at the State- and community-level;
- Build sustainability and cultural competence into each of the five steps of the process;
- Implement evidence-based and culturally competent prevention programs, policies and practices based on epidemiological analysis/needs assessment;
- Evaluate results and communicate them to policymakers and the public;
- Efficiently coordinate multiple streams of prevention funding in order to achieve the targeted outcomes linked to each funding source, and maintain accountability; and
- Achieve changes in the substance abuse related problems, consumption patterns, and causal factors selected at the State- and community-level.

The proposed structure of the MSPF is depicted in Figure 1. This structure was designed to coordinate currently fragmented funding streams by focusing on the principles of the SPF.

**Figure 1: Maryland’s SPF: A New, Sustainable Prevention Infrastructure**



**How Proposed Project Will Build upon the 6 Principles of the SPF:** The project will build upon the six principles of the Strategic Framework and will implement the five required steps of the SPF at the State- and local level. Cultural competence will be integrated throughout MSPF with the guidance of the Cultural Competence subcommittee. Once the statewide strategic plan has been developed and approved (within the first 6-9 months of funding), the Maryland Drug and Alcohol Abuse Council (DAAC) will facilitate the remaining four steps of the process through the MSPF Advisory Council-SPFAC. The local drug and alcohol abuse councils (LDAACs) will mirror the five steps to implement a parallel five-step process at local- and community- levels as described in the following section.

(1) MSPF will promote a systems-based approach to substance abuse prevention in Maryland to assist local communities and prevention providers in the development of a system to achieve long- and short-term effects on consumption and consequence indicators. It will support collaborations between community-based agencies at the local-level, and between State and federal agencies at the State-level, as well as lead to improved linkages between the local prevention offices and the ADAA. (2) MSPF will support capacity expansion by infusing 85-98% of SPF-SIG funding into Special Initiatives developed to address particular needs identified by the SEOW process and the consensus of the members of the SPFAC. Through the MSPF, Maryland will sustain a culturally-competent infrastructure by addressing the prevention needs of diverse populations; continuing to support training and supervision for a culturally competent workforce; soliciting feedback about programming and policies from vulnerable populations via surveys and focus groups; providing for representation of minority populations on committees including the DAAC, LDAACs and SPFAC; ensuring that hiring practices include recruitment of minority professionals; and building in expectations for cultural competence into the Special Initiatives RFPs, Conditions of Award, and evaluation instruments. (3) MSPF enhances outcomes-based prevention services in Maryland. Its well-established SEOW already systematically collects, analyzes and interprets epidemiological findings at the State- and community level. MSPF enhancements will lead to refinements in data collection and analyses to monitor outcomes for targeted populations. (4) MSPF will increase the uptake of evidence-based prevention programs (EBP), policies and practices. Maryland currently requires jurisdictions to implement at least one EBP in its prevention services, but the ADAA will require that all new SPF-SIG funded prevention programs be EBPs. The MSPF-funded Technical Assistance (TA) Coordinator will assist jurisdictions in gradually transitioning all of their prevention services to EBPs, including those services funded by the SAPT-BG set-aside or other resources. (5) MSPF will support community-level change by establishing the MSPF-funded TA Coordinator position (100% FTE). This position will consistently provide more technical assistance, training, monitoring and oversight to the local prevention coordinators and LDAACs, and will serve as the liaison between the LDAACs and the DAAC. The MSPF TA Coordinator will help local communities focus on population-level changes (changes among groups that have one or more personal or environmental characteristics in common), utilize SEOW data for program planning, and develop effective strategies to address local need. (6) MSPF will address substance abuse issues across the lifespan. The SPFAC and ADAA MSPF staff will assist communities in utilizing SEOW data and a participatory, collaborative process to develop community-based prevention services for children and adolescents as well as adults and senior citizens.

*The following sections list the Goals and Objectives and describe how Maryland will implement the five required steps of the SPF at the State- and community-levels. Please refer also to the Timeline (Section C) where we describe, by SPF Step, how and when each of the objectives will be achieved..*

**MSPF Goals and Objectives:**

**Goal #1: Develop a comprehensive, cross-system statewide strategic PLAN**

**Objectives:** (# 1.1-1.8 = *SPF Step ⑤*)

- 1.1-Expand vision, mission and prevention definitions to include population level outcomes;
- 1.2-Identify processes for ongoing assessment of statewide resource needs and gaps;
- 1.3-Identify strategies for workforce development and program sustainability;
- 1.4-Identify opportunities for state agencies to collaborate for common outcomes;
- 1.5-Identify opportunities for state agencies to maximize fiscal resources for prevention;
- 1.6-Obtain consensus about template for State- and local- logic models;
- 1.7-Actively involve private and public service systems;
- 1.8-Identify & select culturally competent evidence-based programs/policies/practices.

*Responsibility—ADAA, SPF Advisory Committee (SPFAC), SPF Manager*

**Goal #2: Collect & utilize statewide SEOW needs assessment DATA, including tobacco access/control data, for prevention planning at the ADAA and jurisdictional levels**

**Objectives:** (# 2.1-2.4 = *SPF Step ①*; #2.5 = *Step ②*; # 2.6-2.7 = *Step ⑤*)

- 2.1-Conduct jurisdictional level underage drinking assessment to identify and target risk factors and resource needs;
- 2.2-Conduct analysis of SEOW consequence indicators (demographic breakdowns and identification of target populations);
- 2.3-Perform assessment/GIS mapping of resources for service provision;
- 2.4-Perform assessment of needs/resources for veterans and other special populations;
- 2.5-Conduct annual trainings for local prevention and addiction services coordinators;
- 2.6-Perform prioritization of consequences of underage drinking and other drug use;
- 2.7-Prepare, submit and present reports to SPFAC and other policy-makers.

*Responsibility—SEOW/CESAR*

**Goal #3: Determine targeted population OUTCOMES for ADAA and jurisdictions utilizing SEOW-collected data**

**Objectives:** (# 3.1-3.2 = *SPF Step ①*; # 3.3 = *Step ②*; #3.4, 3.5 and 3.8 = *Step ⑤*;  
# 3.6-3.7 = *Step ⑤*)

- 3.1-Facilitate review of data collection tools by focus groups and translate them into appropriate languages to ensure cultural sensitivity and that the needs of diverse populations are adequately represented in needs assessments and outcome evaluations;
- 3.2-Expand analysis of SEOW consequence indicators (demographic breakdowns and identification of target populations);
- 3.3-Conduct SEOW regional data reviews with local prevention coordinators and other local prevention professionals;
- 3.4-Utilize regional data review information to identify outcomes measures for priority consequences and target populations;
- 3.5-Identify and assess target population outcomes and prepare community/county profiles;

- 3.6-Identify community and state outcome measures for underage drinking;
- 3.7-Identify and assess substance-related risk indicators and outcomes measures for returning military veterans at risk of post-traumatic stress, traumatic brain injuries and related disorders;
- 3.8-Prepare, submit and present reports to SPFAC and other policy-makers.

*Responsibility—SEOW/CESAR, SPFAC, SPF Manager, SPF TA Coordinator*

**Goal # 4: Expand CAPACITY to address specific prevention needs in jurisdictions**

**Objectives:** (# 4.1-4.6 = *SPF Step 2 & 4*)

- 4.1-Revise instructions for SAPT-BG sub-recipient applications and language in Conditions of Award to reflect ADAA expectations that jurisdictional grantees engage in local SPF stakeholder coalition activities and needs assessment/planning processes, and that the prevention services that they deliver are evidence-based and culturally appropriate;
- 4.2-Provide regional trainings in six SPF principles/five steps, cultural competence and EBPs for all local prevention coordinators and staff;
- 4.3-Provide specialized trainings for MSPF-funded special initiatives that target specified vulnerable populations and needs;
- 4.4-Infuse 85-98% of SPF-SIG funding into prevention services at the local (jurisdictional), regional and statewide levels over the 5 years of SPF funding;
- 4.5-Increasingly align SAPT-BG prevention (set-aside) funding with SEOW needs assessment;
- 4.6-Increasingly coordinate/utilize cross-system resources to address specific needs identified.

*Responsibility—ADAA, SEOW/CESAR, SPF Manager, SPF TA Coordinator*

**Goal #5: Measure/document population-level IMPACT at State- and jurisdictional-levels**

**Objectives:** (# 5.1 = *SPF Step 1*; # 5.2 = *Step 2*; # 5.3 = *Step 3*; # 5.4 = *Steps 4 & 5*; # 5.5-5.6 = *Step 5*)

- 5.1-Develop management information system (MIS) for SPF evaluation data;
- 5.2-Train MSPF program staff and prevention coordinators to collect SPF evaluation data;
- 5.3-Complete evaluation plan, including use of CSAP survey tools;
- 5.4-Establish mechanism for monitoring fidelity of implementation of evidence-based programs;
- 5.5-Develop Requests for Proposals (RFPs) for MSPF Special Initiatives, to include conditions of award and requirements for data collection and evaluation;
- 5.6-Prepare annual state profile of survey results and assessed population-level changes in consumption and consequence indicators;

*Responsibility—SEOW/CESAR, ADAA*

**Goal #6: Develop State- and jurisdictional-level prevention services INFRASTRUCTURE**

**Objectives:** (# 6.1-6.8 = *SPF Steps 4 & 5*)

- 6.1-Perform statewide workforce needs assessment;
- 6.2-Prepare workforce development plan and incorporate it into statewide SPF plan;
- 6.3-Widely disseminate Statewide SPF strategic plan;
- 6.4-Provide ongoing SPF training for DAAC, SPFAC and LDAAC members and prevention coordinators;
- 6.5-Develop and utilize ADAA protocols and contracting/monitoring/data reporting tools and processes to evaluate the effectiveness of prevention services and conformance to SPF principles and steps;
- 6.6-Establish mechanism for performance measurement/performance-based funding decisions;

- 6.7-Gradually increase the numbers of other State- and local- agencies that utilize SPF methodology for allocating resources based on epidemiological data;
- 6.8-SPF sustainability achieved by gradually transitioning SEOW contract and key SPF project staff positions to the SAPT-BG prevention set-aside over the 5 year course of the project.  
*Responsibility—ADAA, SEOW/CESAR, SPF Manager, SPF TA Coordinator*

**How Proposed Project Will Implement the 5 Required Steps of the SPF:**

<b>Step 1: Assess need and address problems and gaps (Goals #2, 3, and 5)</b>	
<b>State Level</b>	<b>Local Level</b>
<ul style="list-style-type: none"> <li>• Conduct Statewide needs assessment to identify service gaps and priority needs, assess readiness to implement SPF, and specify data by which the SPFAC and the SSA can measure progress and outcomes;</li> <li>• Contract with CESAR to build on the prior work of the SEOW and to perform epidemiological analyses and GIS mapping to identify underserved geographic areas and substance-related health disparities of specific sub-populations of Marylanders;</li> <li>• Perform statewide audit of resources to identify opportunities for integration;</li> <li>• Identify specific problems to be addressed at the jurisdictional level through the Special SPF Initiatives competitive RFP process;</li> </ul>	<ul style="list-style-type: none"> <li>• Perform local assessment and audit of system resources to identify underlying causes associated with the priority needs identified by the SEOW and the SPFAC, relative to impact on consumption patterns and consequences;</li> <li>• Perform local epidemiologic analysis and GIS mapping to identify underserved geographic areas and substance-related health disparities of specific sub-populations at the local level;</li> <li>• Perform local audit of resources to identify opportunities for integration;</li> <li>• Identify specific problems that can be addressed through competitive proposals for Special SPF Initiative funding;</li> </ul>

The SEOW will be the primary resource for completing the activities in Step 1. The SEOW was created in March 2006 by ADAA and CESAR, with funding from SAMHSA, to guide the development of a state-of-the-art empirically based system for monitoring the use of alcohol, tobacco, and other drugs and the consequences of their use in Maryland and setting priorities for the state’s substance abuse prevention activities. To achieve this end the MD SEOW oversees the collection, interpretation, and dissemination of data through a variety of reports. The core membership of the MD SEOW is comprised of state agency representatives, researchers, and policymakers.

MSPF will utilize SEOW data to focus Maryland’s fragmented system on strategic planning to address identified needs and will enable Maryland to develop and implement a data-driven prevention network to link State- and local agencies; generate integrated prevention strategies; support evidence-based programs by monitoring needs and gaps in services; exchange information between State agencies, evaluators and service providers; and sustain and coordinate the efforts of key stakeholders. This approach will provide options for communities to implement programs or approaches that are known to be effective, and to document outcomes and results.

<b>Step 2: Mobilize and/or build capacity (Goals #2, 3, 4 and 5)</b>	
<b>State Level</b>	<b>Local Level</b>
<ul style="list-style-type: none"> <li>• Continue and maintain the Statewide Drug and Alcohol Abuse Council (DAAC);</li> <li>• Form SPF Committee of the DAAC ("SPF Advisory Council," SPFAC) and its three workgroups including: (1) SEOW; (2) EBP Implementation Workgroup; and (3) Cultural Competence Workgroup.</li> <li>• Engage key stakeholders at the statewide level and coordinate with other State agencies, programs and related committees;</li> <li>• Infuse 85-98% of SPF-SIG funding into "Special Initiatives" to target specific needs identified by SEOW.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue and maintain the Local Drug and Alcohol Abuse Council (LDAAC) and serve as a conduit of information to and from the Statewide DAAC;</li> <li>• Engage in MSPF-sponsored planning, technical assistance, training and support activities sponsored by MSPF;</li> <li>• Engage key stakeholders at the local level and coordinate with other local agencies, programs and related committees;</li> <li>• Apply for SPF-SIG funding through the competitive RFP process to address specific needs identified by SEOW.</li> </ul>

MSPF will utilize the State and local DAACs to mobilize Maryland's resources and stakeholders to implement the needed infrastructure enhancements. As mandated by Executive Order of the Governor, the DAAC is comprised of the following voting members or their designee: Secretaries of Health and Mental Hygiene (chair), Public Safety and Correctional Services (DPSCS), Juvenile Services, Human Resources, Budget and Management, Housing and Community Development, and Transportation; the Superintendent of Schools; the Executive Directors of the Governor's Office for Children (GOC) and the Governor's Office of Crime Control and Prevention (GOCCP); a member of the Maryland Senate and House of Delegates; 2 representatives of the Maryland Judiciary, one from District and one from the Circuit court; and 8 other members who represent different geographical regions, at-risk populations, experienced professionals, present or former consumers, family members, prevention and treatment providers, and persons active on substance abuse issues. Additional non-voting members include the Directors of ADAA, Mental Hygiene Administration, Parole and Probation; the Assistant Secretary of DPSCS Treatment Services; and the President of the Maryland Addiction Director's Council (MADC). Per Maryland law, LDAACs must include the following or their designee: the Health Officer; directors of local social services, juvenile services, parole and probation; State's Attorney and Public Defender; Chief of Police or Sheriff; president of Local Board of Education; County Executive, Commissioner or Mayor; Administrative Judge for the Circuit and District Courts; a treatment services consumer; 2 substance abuse providers (one experienced with co-occurring disorders); substance abuse prevention provider; an individual knowledgeable of substance abuse issues affecting the county; local correctional facility warden or director; and at least one other individual knowledgeable about substance abuse, including civic or health care organizations, chamber of commerce or the clergy.

The DAAC will form the MSPF Advisory Council (SPFAC) as one of its committees. The SPFAC will provide ongoing advice and guidance and will implement the three workgroups responsible for accomplishing the required steps of the SPF: (1) **SEOW** (already in place X 2 years); (2) the **EBP Implementation Workgroup**; and (3) the **Cultural Competence Workgroup**. The DAAC and the SPFAC will consult or involve other pertinent committees or task forces and the CSAP Project Officer. Key individuals representing target communities or having specific expertise will be appointed to the SPFAC and its workgroups, such as local

prevention coordinators; representatives of the LDAACs, the Maryland Association of Prevention Professionals and Advocates (MAPPA), community-based organizations serving African-American, Hispanic, Asian, and Native American populations; and representatives from universities in the State, including Historically Black Colleges and Universities (HBCUs). The ADAA currently funds 4 regional university-based ATOD prevention centers. Two are HBCUs which serve as our point of contact with the remaining HBCUs within the State. Additionally, the Dean of the University of Maryland's College of Behavioral and Social Sciences is a respected expert in the field of cultural competency and has agreed to help organize this workgroup.

MSPF is the vehicle by which Maryland will coordinate and leverage prevention resources to expand prevention capacity in the State. As per SAMHSA's SPF-SIG funding requirements, shortly after CSAP approval of the Statewide Strategic Prevention Plan, MSPF will begin infusing a minimum of 85% of its SPF-SIG funding into State- and local- prevention services that will address specific needs identified by SEOW. MSPF will gradually increase the proportion of SPF-SIG funding available for prevention services from 85% in Year 1 to 98% in Year 5. While a small portion of the Services Category funding will be designated for the MSPF TA Coordinator position, MSPF staff for travel to local jurisdictions to provide TA and training, and prevention coordinators travel to MSPF trainings, the vast majority of the Services Category funding will go into "Special Initiatives" (Year 1 = \$1,786,564; Year 2 = \$1,596,058; Year 3 = \$1,691,738; Year 4 = \$1,797,439; Year 5 = \$1,888,512). The SPFAC will approve the MSRF evaluation criteria used to review the jurisdictions' applications. The **MSPF Sustainability Plan** calls for transitioning funding for the MSPF administrative /infrastructure-building functions to the Substance Abuse Prevention and Treatment Block Grant (SAPT-BG) 20% Prevention Set-Aside at a rate of 25% per year. By Year 5 of SPF-SIG funding, the SAPT-BG 20% Set Aside will accommodate (without decreases in existing Set-Aside awards to jurisdictions) SEOW funding at 100% and the 3 new MSPF positions (full-time Manager, TA Coordinator and Prevention Secretary) at 100%.

<b>Step 3: Develop comprehensive Strategic Plan (Goals #1, 2, 3 and 5)</b>	
<b>State Level</b>	<b>Local Level</b>
<ul style="list-style-type: none"> <li>• Develop the State's logic model template that lays out consequences, consumption patterns, causal factors and possible strategies, based on SEOW data;</li> <li>• Develop Statewide Strategic Plan;</li> <li>• Develop a "menu" of evidence-based programs (EBPs) and common tools for use by local prevention grantees;</li> <li>• Provide guidance to jurisdictions piloting instruments for validity and reliability with specific populations and materials for cultural appropriateness.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop local program level logic model(s) to address consequences, consumption patterns, causal factors and possible strategies, based on SEOW data;</li> <li>• Develop/refine Local Strategic Plans to address the measures and strategies in the logic model and gaps in readiness and capacity through implementation of culturally-competent EBPs;</li> <li>• Pilot instruments for validity and reliability with specific populations and materials for cultural appropriateness.</li> </ul>

ADAA and CESAR will assist the SPFAC and its 3 workgroups in developing a logic model for Maryland's SPF and Statewide Strategic Prevention Plan which will address prevention priorities identified through SEOW data and plans for the delivery of services (See Figure 2). This will facilitate coordination of funding and delivery of services. To date, local plans have focused

largely on treatment and criminal justice priorities. Implementing MSPF will ensure that prevention planning serves a prominent role, and that when new State- or local- resources become available, data will be used to determine prevention priorities. Proposals submitted to the ADAA for the MSPF Special Initiatives (see Step 4) will be based on these plans, will utilize strategies from the menu of EBPs developed by the EBP Implementation Workgroup, and will be reviewed by members of the SPFAC and its three workgroups.

<b>Step 4: Evidence-based policies/programs/practices &amp; infrastructure (Goals #4, 5 and 6)</b>	
<b>State Level</b>	<b>Local Level</b>
<ul style="list-style-type: none"> <li>• Implement the coordinated Statewide Strategic Plan;</li> <li>• Implement changes to Conditions of Award to require culturally-competent, EBPs for all new prevention funding, and to encourage the incremental transition of those conditions for prevention services funded with existing resources.</li> <li>• Announce the RFPs and make awards to jurisdictions that successfully compete for MSPF Special Initiative funding.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop proposals for SPF-SIG funded Special Initiative programs, in accordance with the Local Strategic Plan and local level needs identified through the SEOW;</li> <li>• Select, pilot and implement culturally-competent EBPs in all SPF-SIG funded prevention services;</li> <li>• Use a continuous quality improvement strategy to transition existing prevention resources to culturally-competent EBPs that meet the needs of specific populations across the lifespan.</li> </ul>

Infrastructure enhancement to support the implementation of EBPs will be accomplished through the development and implementation of the SPFAC and its three Workgroups with assistance and oversight provided by the ADAA staff to be hired with SPF-SIG funding. The Office of the Governor has designated the Secretary of Health and Mental Hygiene, John M. Colmers to be the Chair of the DAAC, and assigned him the authority to appoint Suzan Swanton, the Executive Director of the DAAC, as the Chair of the SPFAC. She will direct the MSPF Manager to coordinate the development of the two new SPFAC subcommittees: the EBP Implementation and the Cultural Competence Workgroups. The DAAC will report annually on SPF accomplishments on a set date to the Governor and prepare and submit other reports as required. The SPFAC and its two new workgroups (EBP and CC) will meet monthly to monitor progress, complete identified tasks and report back to the DAAC. The SPFAC and its workgroups will rely heavily on the MSPF Project Manager and TA Coordinator for State- and local-level coordination.

Ms. Eugenia Conolly, Maryland's National Prevention Network (NPN) Representative and Director of ADAA Community Services, will supervise the MSPF Project Manager and the Manager will supervise the TA Coordinator. The MSPF Project Manager and TA Coordinator will communicate vertically and horizontally to address day-to-day issues. They will be responsible for monitoring implementation and progress towards goal attainment; communicating with other levels of State government; ensuring compliance with State- and federal regulations and other grantee requirements; monitoring sub-recipient grants and contracts and appropriate utilization of funds. The TA Coordinator will be responsible for communicating the State's Strategic Plan to the LDAACs, local prevention coordinators, community-based organizations and stakeholders. The ADAA Deputy/Acting Director (K. Rebbert-Franklin) serves as the Director of the SEOW; the MSPF Manager and TA Coordinator will provide assistance to the SEOW and the two new SPFAC workgroups.

The **EBP Implementation Workgroup** will be comprised of prevention experts who represent diverse populations in terms of geography and race/ethnicity (see Step 2). It will prepare an inventory of existing EBPs at the State and national level, and develop and/or approve policies, programs, practices and plans under which SPF sub-recipients and Special Initiatives grantees will operate, in accordance with CSAP's "*Identifying and Selecting Evidence-Based Interventions*" document and other CSAP guidance. Its members will work with MSPF's TA Coordinator to (1) improve the ratio of programs at the jurisdictional level that demonstrate effectiveness using scientific standards and research methodologies; (2) ensure that guidance provided to the jurisdictions and LDAACs adheres to the guidelines; and (3) ensure that local plans are based on logic models that identify and map local SA problems and associated patterns of use and consumption identified by the SEOW. The **Cultural Competence Work Group (CCWG)** will be responsible for ensuring culture, disability, age, race/ethnicity, sexual orientation, language, and gender competence issues are addressed and/included throughout each step at the State- and local- levels. It will conduct an inventory of plans and strategies designed to help Maryland implement evidence-based, culturally competent policies and programs that are respectful of traditions and understanding of cultural variations in behavior, will assist in the development of materials/tools appropriate for the language and literacy levels of various target populations, and encourage recruitment of staff and council membership that is reflective of the racial/ethnic composition of the community.

Local MSPF "Special Initiatives": After CSAP approval of the Strategic Plan (Year 1), the ADAA and its MSPF staff will work with CESAR/SEOW and the SPFAC to utilize SEOW data to target particular geographic regions of the State in need of prevention funding for specific problems such as underage drinking, substance-related risks of returning veterans, and/or other use/consequence conditions. These are referred to as MSPF "Special Initiatives." In subsequent years, we will "drill down" SEOW data to further classify prevention priority areas and target Special Initiatives funds to the county- and community-level (towards specific jurisdictions or sub-jurisdictions and populations/subpopulations). MSPF staff will utilize input from the SPFAC to develop specific criteria and Conditions of Award and develop consensus for the Special Initiatives. MSPF will publicize related Requests for Proposals (RFPs) to inform jurisdictions and programs about the availability of the targeted funding.

The three SPFAC workgroups will facilitate a review process whereby proposals are evaluated for the extent to which they utilize SEOW data to address targeted needs using epidemiological data, conform to science-based methodologies, implement programs with fidelity, support evaluations, and are culturally appropriate. Successful applicants will conform to SAMHSA's *Guidelines for Assessing Cultural Competence* (track record with target population, training, language, materials, community representation, etc.) and demonstrate compliance with *Guidelines for Consumer and Family Participation* (involvement of consumers and families in design and implementation, through focus groups or other methods). ADAA and the MSPF Special Initiatives recipients will recruit for staff from pools of appropriately prepared minority professionals that approximate the race/ethnicity of individuals to be served. ADAA/CESAR will ensure that the rights of human participants in the evaluation are protected as per Section D.

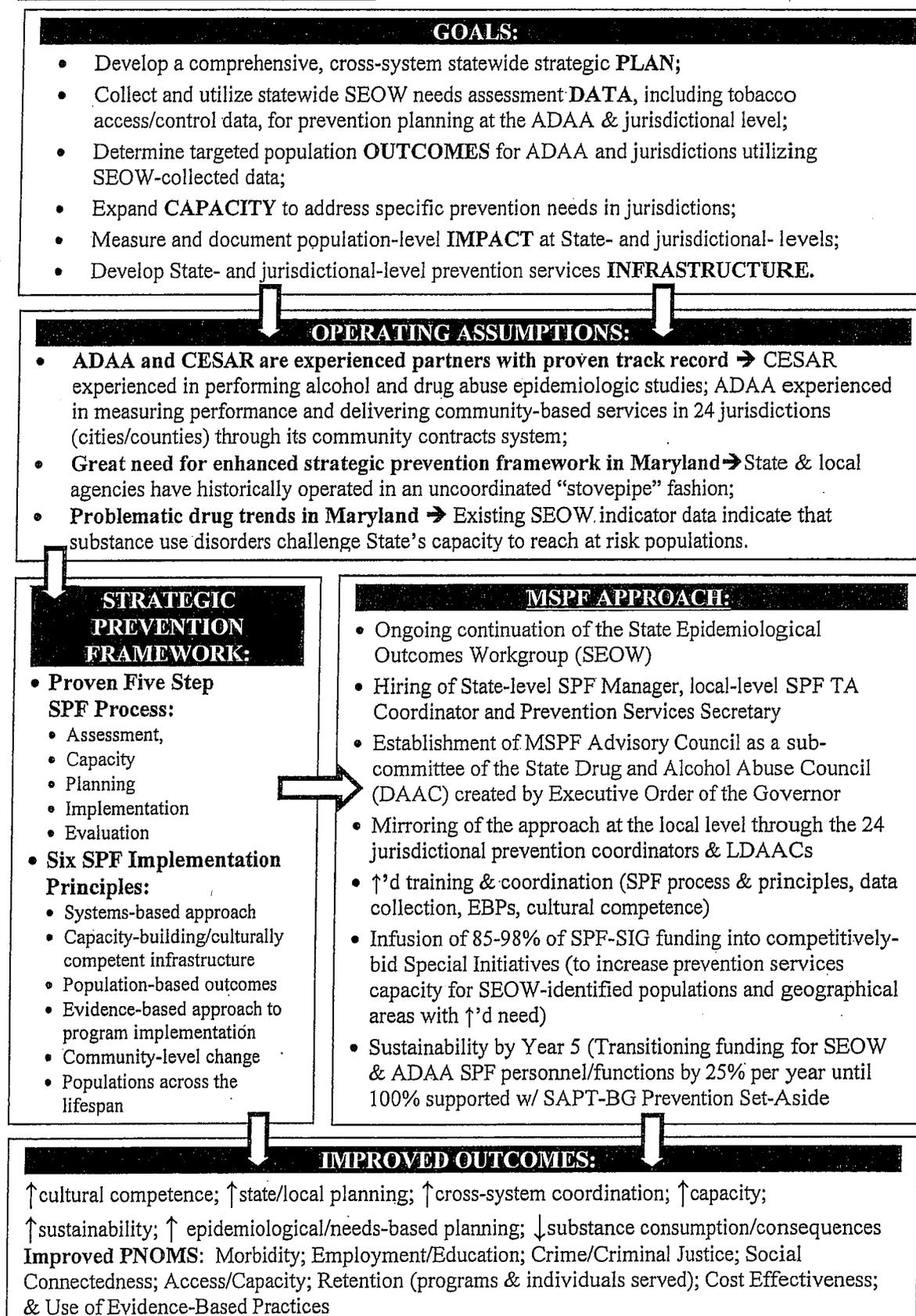
<b>Step 5: Monitor, evaluate and sustain (Goals # 3 and #5)</b>	
<b>State Level</b>	<b>Local Level</b>
<ul style="list-style-type: none"> <li>• Perform process evaluation to evaluate State-level progress on implementation of Steps 1-4;</li> <li>• Evaluate improvement in statewide infrastructure &amp; outcomes;</li> <li>• Revise Statewide Strategic Plan and plans for SPF-SIG Special Initiatives accordingly.</li> </ul>	<ul style="list-style-type: none"> <li>• Perform process evaluation to evaluate local-level progress on implementation of Steps 1-4;</li> <li>• Evaluate improvement in local infrastructure &amp; outcomes;</li> <li>• Revise Local Strategic Plan and local services programming accordingly.</li> </ul>

The ADAA Community Services Division staff serve as the main liaison between ADAA and prevention services coordinators and providers in Maryland. Staff provide onsite monitoring, training, technical assistance and fiscal management for publicly-funded drug and alcohol prevention, intervention and treatment services; they are responsible for program compliance with all State- and federal-requirements.

Multiple demands and competing priorities tend to create an environment in which prevention services take a backseat to treatment services, but with SPF-SIG funding, the ADAA will assign 2 designated full-time staff (the Manager and the TA Coordinator) towards addressing the needs of the State's prevention community. The MSPF Manager will oversee MSPF implementation. The TA Coordinator will work in conjunction with the regional teams to provide technical support and monitoring necessary to ensure that sub-recipient communities are successful in implementing the 5 steps of the SPF. The TA Coordinator will make at least quarterly visits to each funded site to monitor program implementation and determine technical assistance needs regarding EBP adaptation fidelity and cultural competence issues. The position will work with the ADAA Prevention MIS Coordinator and SEOW to ensure appropriate collection of data. MSPF will utilize SEOW data to address specific needs, and the program's impact will be measured via the evaluation efforts described in Section D. All SPF-SIG sub-recipient agencies will be required to participate in the MDS data reporting system and MSPF evaluation efforts.

**Roles and Responsibilities of Organizations that Will Participate in MSPF:** In addition to the Office of the Governor, the Secretary of DHMH and the DAAC, the MSPF project enjoys the support and commitment of the Maryland Association of Prevention Professionals and Advocates (MAPPA) as well as the Prevention Coordinators from the 24 jurisdictions (*See support letters, Appendix 1*). These relationships, along with the SPFAC and the SEOW, EBP and Cultural Competence Workgroups, are portrayed in *Figure 1, page 9*. Note that the white boxes indicate existing structures, and that shaded boxes represent new structures that will be created or enhanced with SPF-SIG funding.

**Figure 2: MSPF LOGIC MODEL**



**Section C: Staff, Management, Relevant Experience and Timeline (25 points)**

**Table 1: State, Community, and Local Activities and Milestones**

<b>KEY to Responsible Staff: A = ADA/MSPF Staff; C = CESAR/SEOW; B = Both</b>																							
ACTIVITIES		Year 1				Year 2				Year 3				Year 4				Year 5					
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
<b>I. ADMINISTRATIVE TASKS</b>																							
Meet with CSAP Project Officer-To be determined by CSAP (TBD)—	B																						
CSAP Grantees' Meetings (TBD)	B																						
Cross-Site Evaluation (TBD)	B																						
Hire New MSPF Project Staff	A	x	x																				
Contract evaluator/SEOW coordinator	A	x				x				x				x					x				
<b>II. IMPLEMENTATION OF MSPF PROCESS</b>																							
<b>Step 1: Assess need and address problems and gaps</b>																							
DAAC - SPF Advisory Council (SPFAC)	A	x	x																				
2 New SPFAC Workgroups (EBP & CC)	A	x	x																				
SEOW Needs Assessment refined	C	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Statewide Audit of Resources	B	x	x																				
Focus groups review data tools/processes	B		x				x				x				x						x		
Measures: Under-age drinking & veterans	C	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Identify processes for ongoing assessment	B	x	x				x				x				x						x		
Consensus for logic model template	B			x	x																		
Menu of culturally competent EBPs	A			x	x		x				x				x						x		
<b>Step 2: Mobilize and/or build capacity</b>																							
Mechanism for sub-recipient funding	A		x	x																			
SPF "Special Initiatives" RFA/conditions	A			x	x		x				x				x						x		
Regional SEOW data reviews & training	C	x	x			x	x			x	x			x	x			x	x				
Ongoing Trainings-DAAC, SPFAC, local prevention staff, and communities	B		x		x		x		x		x		x		x		x		x		x		
<b>Step 3: Develop comprehensive Strategic Plan</b>																							
Sustainability incorporated in State Plan	A		x	x	x	x			x				x				x					x	
State Strategic Plan approved/updated	A		x	x					x				x				x					x	
Sub-recipient Strategic Plans/updates	A					x	x					x				x						x	
SPFAC reports to DAAC/policymakers	A		x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
<b>Step 4: Evidence-based policies/programs/practices &amp; infrastructure development</b>																							
SPFAC & 3 workgroups review proposals	B			x	x			x				x				x						x	
Awards to sub-recipients	A				x	x			x				x				x					x	
Sub-recipient grantees training	B				x	x		x		x		x		x		x		x		x		x	
Implement culturally-competent EBPs	A				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
MSPF TA Coordinator fidelity checks	C						x				x				x					x		x	
<b>Step 5: Monitor, evaluate and sustain</b>																							
GPRA/PNOMS reported 2 X / year	B		x			x			x			x			x			x			x		
MSPF process & outcome evaluation	B				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Incremental transition of administrative functions to SAPT-BG 20% set-aside	A								x					x								x	
			0%					25%					50%								75%		100%

**Capabilities of Applicant Organization and Participating Partner Agency:**

*Maryland Alcohol and Drug Abuse Administration (ADAA):* The ADAA is the Single State Authority (SSA) for the provision, coordination, and regulation of the statewide network of substance abuse prevention, intervention and treatment services. In FY 2007, the ADAA served approximately 211,000 individuals in prevention programs and approximately 47,000 individuals in ADAA-funded treatment programs. ADAA serves as the initial point of contact for TA and regulatory interpretation for all Maryland Department of Health and Mental Hygiene (DHMH) prevention and certified treatment programs. The management staff at ADAA collectively possesses considerable experience in managing and administering substance abuse prevention programs at the State- and local-levels. Most staff have > 20 years of experience in project development, administration, and fiscal management, hold advanced degrees, and are either certified or licensed in their respective fields. All have attended a variety of courses on cultural issues, and the agency has achieved a high level of cultural diversity and competence, as evidenced by the planning and implementation of programs such as preschool programs for Spanish-speaking communities.

The ADAA Community Service Division provides assistance on implementation of special projects and program management. Its regional teams bring together a variety and depth of experience in order to provide support, TA and consultation to funded programs in Maryland. The Management Services Division provides expertise on data collection, research and implementation of the State of Maryland Automated Record Tracking (SMART) for treatment services and Minimum Data Set (MDS) for prevention services. ADAA uses CSAP's MDS system to collect demographic data for persons served at the program level. The Quality Assurances Division supplies training and compliance expertise.

ADAA staff, the Prevention Coordinators of Maryland's 24 jurisdictions, and other prevention specialists have participated in numerous training activities to prepare them for implementation of culturally appropriate, evidence-based services using the SPF conceptual framework. The ADAA Office of Education and Training for Addiction Services (OETAS) provides ongoing advanced training opportunities for experienced prevention and treatment professionals in partnership with the Northeast CAPT Training and Technical Assistance Services; it provides CEUs through the Maryland Association for Prevention Professionals and Advocates (MAPPA). Between June-Aug. 2008, OETAS conducted 24 courses for prevention and treatment professionals through the summer residential program offered at Salisbury University on the Eastern Shore of Maryland. Between Aug. 04 and Aug. 07, OETAS and the Northeast CAPT delivered 93 prevention-specific TA services and conducted 23 prevention-specific educational events. Topics have included "Involving Youth and Families in Prevention" (4 parts); "Integrating Prevention and Treatment" (4 parts); "Selecting Appropriate Prevention Programs Through Feasibility Assessment"; "Understanding the Dynamics of Fidelity and Adaptation"; "Evidence-Based Prevention Approaches" (parts 1 & 2); and several Strategic Prevention Framework courses (Overview, two Training of Trainers courses, and three SPF Assessment Training Courses), among others. In addition, the DHMH provides cultural competence orientation to all employees and maintains contracts for both language and sign services in the event they are needed to insure effective communication with citizens.

*Center for Substance Abuse Research (CESAR) at the University of Maryland in College Park*  
In 1990, CESAR was established as an interdisciplinary research center within the College of Behavioral and Social Sciences. One of CESAR's primary missions is to work with state and

local agencies on developing policy research within the context of a State-university partnership. Since its inception, CESAR has attracted a research team that includes persons from diverse subspecialties within the social sciences and public health fields. Sociologists, psychologists, criminologists, statisticians, anthropologists, economists, and physicians have all participated in CESAR's projects. CESAR has made great strides in inventorying and interpreting the various indicators of drug use and treatment needs throughout Maryland. CESAR conducts policy-relevant research and evaluation studies, disseminates statistical and other information, provides technical assistance to agencies and organizations, and uses current web technology to help people access information about prevention and other services in their area. CESAR produces and distributes the weekly *CESAR Fax*, a one-page summary of recent substance abuse research, to more than 4,100 locations worldwide. CESAR also produces and distributes CESAR Briefings to guide policy makers in prioritizing and planning treatment and prevention strategies.

*Epidemiological Studies.* CESAR has managed SEOWs for Maryland and DC since their inception in 2006, as well as numerous other epidemiology workgroups. In 1992, CESAR launched Maryland's first Statewide Epidemiologic Work Group (SEWG). Modeled after NIDA's Community Epidemiology Workgroup (CEWG), its purpose was to track, monitor, and analyze trends and patterns for legal and illegal substances throughout Maryland, with detailed focus on SEWG member counties and Baltimore City. CESAR also coordinated Maryland's Drug Early Warning System (DEWS) for eight years. DEWS enabled Maryland officials to quickly identify new drug trends, such as the use of club drugs by youth, ensured that the information collected was promptly distributed to people at the state, county, and community levels, and worked with state agencies to develop action plans to address these trends.

*Drug Prevention Studies.* CESAR completed an evaluation of the CSAP-funded State Incentive Grant for prevention for Maryland. At the state level, key state agency prevention representatives participating in the development of the state prevention strategy were interviewed. At the local level, members of youth strategies planning committees were interviewed to determine whether the initiative led to changes in collaboration, the use of research-based prevention programs, the service delivery infrastructure, and to other relevant factors. Other prevention studies conducted by CESAR staff include the Maryland Student Assistance Program and Second Step.

**Key Personnel: ADAA Staff**

Kathleen Rebbert-Franklin, LCSW-C, Deputy Director of the ADAA, has served as the **Acting Director** since September 2008. In her primary capacity as the agency's **Deputy Director**, Ms. Rebbert-Franklin was responsible for the day-to-day operations of the ADAA Management Services, Community Services, Information Services, and Quality Assurance Divisions. She directs the ADAA internal quality assurance program, recommends business process improvements, represents the ADAA on intra- and inter-governmental work groups and task forces, and provides testimony to legislative committees and local elected officials regarding addiction programming issues. Prior to coming to the ADAA, she was Chief of the Baltimore County Department of Health Bureau of Substance Abuse, the 4<sup>th</sup> largest jurisdiction in the Maryland's community-based system of care. In that capacity, she managed a comprehensive array of substance abuse services including prevention services, initiated and implemented a pay-for-performance system based on outcomes, coordinated provider agreements, and administered a grants management system of over \$10 million. Her role will include administrative oversight of the MSPF program at 3% effort (In-Kind).

Eugenia Conolly, M.Ed., CPP will continue to serve as the **Division Director for Community Services**, a leadership position she has held since 1994. In that capacity, Ms. Conolly plans, administers, coordinates and supervises Maryland's community-based addiction treatment and prevention services. She is a Certified Prevention Professional (CPP) through the Maryland Association of Prevention Professionals and Advocates (MAPPA); she serves as the ADAA's representative on the National Prevention Network (NPN) and as a member of the Northeast CAPT Technical Experts Group. She will supervise the MSPF Project Manager ("Project Director") position and her role will be expanded to serve MSPF at **25% effort (In-Kind)**.

Erik Gonder coordinates the ADAA prevention data management process and will serve as the **MSPF Prevention Data Coordinator**. He is currently responsible for maintaining the MDS data system, monitoring data collection, cleaning and validating data used for the SEOW data analysis, and reporting to CSAP regarding prevention services funded by the SAPT-BG (20% Set Aside). Mr. Gonder provides training and TA to county prevention coordinators and program providers, and prepares data downloads/reports for jurisdictions and other entities that need to report to local legislators, policy-makers and program planners. His role will be expanded to continue these duties for the MSPF program at **25% effort (In-Kind)**.

**Key Personnel: Center for Substance Abuse Research (CESAR) Staff**

Eric D. Wish, Ph.D., will serve as the **SEOW Epidemiologist and Principal Investigator** of the CESAR tasks at 5% effort on the evaluation tasks and 5% on the SEOW. He will be responsible for overseeing the successful completion of all of CESAR's tasks under this project. He will manage the SEOW, data collection and analysis, and other evaluation activities at CESAR with the assistance of Ms. Erin Artigiani and will review all reports and products. Dr. Wish received his Ph.D. in psychology from Washington University in St. Louis in 1977 and completed post doctoral training in psychiatric epidemiology. Dr. Wish is currently the Director of CESAR and a tenured professor in the Department of Criminology and Criminal Justice at the University of Maryland. He has extensive experience in managing multi-site epidemiologic studies of substance use. He was the CESAR PI on ADAA's SAMHSA-funded multi-year studies of treatment needs and outcomes in Maryland, the SEOW, and the recent treatment needs assessment study commissioned by the state General Assembly. He is currently the MD/DC representative for NIDA's CEWG, which is the model for the SEOW.

Erin Artigiani, M.A., will serve as **Co-Principal Investigator** of the CESAR tasks at 25% effort on the evaluation and 25% on the SEOW. Ms. Artigiani has an M.A. in Sociology from the University of California at Los Angeles and a B.A. in Sociology and Psychology from Wellesley College. She is CESAR's Deputy Director for Policy and Governmental Affairs. Ms. Artigiani worked with Dr. Wish to oversee the State and local systems change evaluation of the Maryland SIG. She served as Co-P.I. for DEWS for 8 years and currently manages the DC SEOW as well as the Maryland SEOW with Dr. Wish. In these positions she has maintained substance abuse indicators for all 24 jurisdictions and assisted local health departments and other agencies in assessing current drug trends and identifying prevention priorities. She recently co-taught with the Northeast Center for the Application of Prevention Technologies (NECAPT) a prevention class on utilizing data to identify priorities, risk and protective factors, and evidence-based strategies. Along with Dr. Wish, Ms. Artigiani will assist ADAA staff with the maintenance of the SEOW and manage the development of training and technical assistance programs, evaluation plans, evaluation instruments, etc.

Cheryl Rinehart, B.A. (doctoral candidate in social psychology at George Washington University), will serve as the **Evaluation Task Manager** at 60% effort. Ms. Rinehart is currently the SEOW project director and will continue to assist with data analysis and report preparation. In the past, she administered the Juvenile Offender Population Urinalysis Screening project and served as the DEWS coordinator. Her primary task as DEWS Coordinator was to administrate the Student Drug Research surveys to a panel of local college students. Ms. Rinehart also performs data analysis of epidemiological data for various projects at CESAR.

Margaret Hsu, M.H.S. in demography, will be an **SEOW Analyst** at 60% effort. Ms. Hsu has 15 years of experience in providing data collection, analysis, management, and project management services to federal and state agencies in the areas of substance abuse and AIDS research. She recently conducted extensive analyses of Maryland SEOW data as part of the treatment needs assessment study. In addition, she completed extensive analyses of the MAS data as part of DEWS that led to the identification of nine warning signs of early marijuana use and improved our understanding of underage drinking in Maryland.

#### **Section D: Data Collection and Evaluation**

***I. General abilities to collect and report data from last application:*** In addition to monitoring NOMs and other process and outcome measures internally, ADAA will contract with CESAR, a highly respected research center at the University of Maryland with extensive evaluation and epidemiological experience, to conduct the evaluation and provide the resources and expertise necessary to collect and report on the required performance measures. CESAR staff utilize a combination of best practices and current technology to ensure that evaluations are conducted in accordance with all OMB and university IRB requirements, and will result in useful and practical reports that will assist in the planning and implementation of SPF programs and strategies throughout the funding cycle.

***II. Plans for data collection, management, analysis, interpretation &, reporting:*** The ADAA will set aside up to 20 percent of MSPF Special Initiatives funding (see page 26 of announcement SP-09-001) to contract with CESAR to support this evaluation. This model will ensure that data will be collected in a culturally appropriate, consistent, scientifically valid manner across all program sites, and will enable CESAR to aggregate program-level data across sites, make site comparisons, increase our ability to have adequate sample sizes to statistically test effectiveness, and will foster evaluation skills among community program staff.

Maryland will rely on CESAR staff's expertise to move beyond the measures already assessed by the SEOW to assess systems changes initiated by the MSPF on State- and local-levels. Evaluation goals are to determine if desired outcomes have been achieved, to assess the effectiveness and quality of funded programs and strategies, and to provide regular feedback to the State and local councils to ensure that appropriate technical assistance is provided throughout the MSPF process. Implementation plans will be adjusted to reflect this feedback, to address weaknesses/barriers, and to disseminate information about successes in a timely manner. Rigorous accountability and continuous program feedback and improvements will help to sustain the strategic prevention framework in the future.

The evaluation will consist of both process and outcomes components and will be conducted at the State- community-, and program-levels. Performance data including both process and outcome measures will be reported to SAMHSA in May and November as required. Maryland will utilize a centralized model to conduct this evaluation. CESAR will train program staff and

collect, manage, analyze, and report on the data collected, and will expand on processes already in place for collecting and monitoring SEOW data. CESAR currently maintains all hardware and software necessary for managing the evaluation data. Surveys, such as the OMB approved community and program surveys, will be collected and e-mailed or faxed to CESAR by program staff utilizing current technology such as Teleforms. This will enable the survey responses to be automatically entered into an SPSS database, and will save substantial time and expense for data entry and cleaning efforts. Additional spreadsheet and graphics software to be utilized as needed include Excel, PowerPoint, and mapping programs.

**III. Process Evaluation:** Maryland's state level process evaluation will address the five steps of the SPF and the goals and objectives discussed in Section B (Proposed Approach). Data will be collected to answer the six questions required by SAMHSA and five additional questions identified by the state: (1) Has the SEOW been established? (2) Has the MSPF Advisory Council (SPFAC) been established? (3) Have necessary needs assessments been completed? (4) Has a Strategic Plan been developed and submitted to SAMHSA for review? (5) Has the Strategic Plan been approved by SAMHSA? (6) Have evidence-based programs, policies, and practices been implemented based on the SPF process? (7) How closely did implementation match the Strategic Plan? (8) What types of deviations, if any, occurred? (9) Why did these deviations occur? (10) What impact did these deviations have on the intervention and evaluation? (11) Who provided what services, to whom, in what context, and at what cost?

These questions will be assessed on state, community, and program levels utilizing a variety of techniques based on the activities and milestones described in the Timeline (Section C).

Expected techniques include surveys of key state and community stakeholders, document reviews, and quarterly program progress reports. Surveys utilized by CESAR as a part of the systems change evaluation of the original SIG grant will be modified and used for the surveys of key players (see instruments in Appendix 2). Document reviews may include meeting minutes and key reports. Performance measures for answering the process questions and assessing the activities and milestones include: number of county profiles completed, number of special assessments completed (i.e. underage drinking, veterans), number of committee/ workgroup meetings held (SPF-SIG Advisory committee, SEOW, Evidence-based programs workgroup), number of local prevention programs funded, number of local prevention programs participating in evaluations, number of program staff and local prevention professionals trained, and number of surveys collected.

**IV. Outcome Evaluation:** Outcome evaluations at the State-, community-, and program-levels will collect data to measure changes in NOMs and the relationship between changes in NOMs and MSPF implementation. Data will be collected to answer six questions, four identified by SAMHSA and two by the state: (1) What was the effect of MSPF on service capacity and other infrastructure objectives? (2) What was the effect of the interventions on the participants? (3) Did MSPF project achieve its intended goals? (4) What program/contextual factors were associated with outcomes? (5) What individual factors were associated with outcomes? (6) How durable were the effects?

The ultimate goal of the MSPF is to overcome the current silo system and to create and support a unified state prevention infrastructure that will be used to identify and fund prevention services in communities based on needs assessment and epidemiological analysis, as reflected in local prevention strategies to implement evidence-based and culturally competent prevention programs. These programs, in turn, will improve prevention outcomes by decreasing substance

use and abuse and increasing protective factors. The evaluation will utilize qualitative interviews with key informants, observations, surveys, archival data (i.e. education and arrest/crime data), and objective, standardized tools such as the Minimum Data Set (MDS), Maryland Adolescent Survey, Youth Risk Behavior Survey, and National Survey on Drug Use and Health. (See Appendix 2.) Table 2 lists the specific outcome measures and data sources related to Maryland's goals and objectives and the NOMs. Maryland will report on community and program-level NOMs measures that are relevant to the priority programs, policies, and practices implemented through MSPF.

**Table 2: State-, Community- and Program-Level Outcome Data**

NOMS Measures	State-Level Data Source	Community/Tribal Level Data Source	Program-Level Data Source
<i>Abstinence From Drug Use/Alcohol Abuse</i>			
30-day Substance	Prepopulated	SAMHSA Survey or MAS	NOMs Questionnaire
Age of First Substance Use	Prepopulated	SAMHSA Survey or MAS	NOMs Questionnaire
Perception of Disapproval/Attitude	Prepopulated	SAMHSA Survey or MAS	NOMs Questionnaire
Perceived Risk/Harm Use	Prepopulated	SAMHSA Survey or MAS	NOMs Questionnaire
<i>Increased/Retained Employment or Return to/Stay in School</i>			
Perception of Workplace Policy	Prepopulated	SAMHSA Survey or NSDUH	NOMs Questionnaire
School Attendance and Enrollment	Prepopulated	Local School District(s)	Not-Required
<i>Decreased Criminal Justice Involvement</i>			
Alcohol Related Car Crashes and Injuries	Prepopulated	State Highway Administration	NOMs Questionnaire
Alcohol and Drug related crime	Prepopulated	Maryland State Police	Not Required
<i>Increased Access to Services (Service Capacity)</i>			
Number of Persons Served by Age, Gender, Race, and Ethnicity	Aggregate of Community Data	MDS	Program providers
<i>Increased Retention in Service Programs – Substance Abuse</i>			
Total Number of Evidence-based Programs, Policies and Practices	Aggregate of Community Data	MDS	Program providers
Youth Seeing, Reading, Watching, or Listening to a Prevention Message	Prepopulated	MDS	Program providers
<i>Increased Social Support/Social Connectiveness</i>			
Family Communication Around Drug Use	Prepopulated	SAMHSA Community Survey or NSDUH	NOMs Questionnaire
Cost efficiency of Services	Aggregate of Community Data	MDS	Program Providers

Special conditions of the state RFP managed by ADAA will further require that a specific program staff be identified to work with CESAR and conduct pre- and post participant surveys utilizing the standard program surveys provided by SAMHSA. Within four weeks of the funding awards, CESAR and ADAA staff will convene a grantees meeting with these staff and provide data collection training. This training will address informed consent, survey preparation, survey dissemination, and submission of completed to CESAR. All evaluation protocols and instruments will be approved by the University Institutional Review Board prior to the initiation of any evaluations. In addition, ADAA will seek SAMHSA's approval to substitute data collected through existing surveys, such as the MAS, in lieu of the SMAHSA community survey when appropriate.

*V. Existing data collection systems:* Three major data collection systems are used to track process and outcome measures in Maryland. The **Minimum Data Set (MDS)** collects and monitors process data through program progress reports on an ongoing basis. The **Maryland Adolescent Survey (MAS)** is a bi-annual survey of public school students in grades 6, 8, 10, and 12. The **Youth Risk Behavior Survey (YRBS)** is a bi-annual survey of risky behaviors of middle and high school youth. The SEOW also utilizes a number of **existing data sets** to monitor the consumption of ATOD and its consequences. Three of these indicators – arrests, mortality and hospital discharges – were put through a stringent assessment as part of a treatment needs assessment study and were found to have substantial reliability and validity.

Minimum Data Set (MDS): All prevention programs operating under this grant will report on their services and clients using MDS. All individuals taking part in the programs funded by this grant will appear in aggregate form in this data set. The MDS was developed to provide an economical, efficient, and user-friendly database management information system (MIS) to State, sub-state, and local substance abuse prevention agencies and providers. It was developed to capture, organize, and report information on substance abuse prevention programs. All reporting is done utilizing a core set of services and uniform coding for information-sharing at the local, sub-state, State, and national levels. The data collected includes type of service, target population, activities provided, dates the service was performed, applicable CSAP strategy, demographics of each program participant, and cost effectiveness. The system can be easily customized to meet other data collection needs that may arise as part of MSPF. The data provided via this collection mechanism is presented in the form of "counts." This process data requires no additional analysis beyond summary reports. The counts can be analyzed for programmatic review purposes. The software allows for a variety of reports to be run from the aggregate data. These reports can be used to document characteristics of participants, parental involvement, and the types of services being provided.

Maryland Adolescent Survey (MAS): In the 2004 MAS, participants were drawn from the 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> in Maryland's public middle and high schools, using a multi-stage, stratified cluster sampling procedure. This method allows the generalization of results for each grade at both the local school system and State levels and ensures the comparability of the data to previous MAS surveys. In 2004, the survey was completed by 34,529 students, which represented 13 to 15 percent of the State's enrollment at each of the surveyed grade levels and an 84 percent overall response rate. Certain special schools, such as home and hospital schools and evening schools, were not included in the study nor were schools with less than 10 students in the sampled grades. Schools were selected differently depending on the size of the county. The 2004 MAS report includes a complete description of the sample design, procedures and data

collection methods. Teachers or other school personnel administered the forms and were instructed to assure students of the voluntary nature of their participation and the confidentiality of their responses.

The survey contains three forms (form #1 administration to 6<sup>th</sup> graders, #2 for 8<sup>th</sup> and 10<sup>th</sup> graders, and #3 for 12<sup>th</sup> graders). All three forms included sections on students' background characteristics; drug knowledge, attitudes, and use patterns; family relationships; drug availability; and perceived safety. Students completing Forms 2 and 3 were asked about negative effects of substance use; parental and peer approval of substance use; and estimates of degrees of risk associated with substance use. Twelfth graders completing Form 3 were asked additional questions about alcohol, drugs, and driving. Form 3 is included in Appendix 2.

The survey was designed to assist state and local prevention professionals to plan and evaluate the impact of Maryland's prevention efforts. Prevalence measures on both the State and county level are assessed. Data were weighted to represent the public school population using United States Census data from 2000. In addition, raw data sets are regularly provided to CESAR. This enables Maryland to conduct more in-depth analyses of risk and protective factors related to substance abuse. Analyses of 2002 and 2004 have been used to identify nine warning signs of early marijuana use and to assess the impact of underage drinking on other risky behaviors.

Youth Risk Behavior Survey (YRBS): The YRBS is currently a required source for NOMs prevention data, and it will be used in addition to the surveys described above to assess state and community outcomes for youth. This national survey currently includes 39 states (5 unweighted), 5 territories and 22 districts including Baltimore. It was developed by the CDC in 1991 to monitor risky behaviors by youth such as unintentional injuries and violence, tobacco, alcohol, and other drug use, and sexual behavior. In 2007, > 14,000 high school students across the country completed the survey. Parental permission is obtained for participation in the survey and responses are voluntary and anonymous. Many studies have been conducted to assess the reliability and validity of this survey. Two test-retest reliability studies and a validity study, for instance, have been conducted on the YRBS questionnaire by the CDC, and it was found to be reliable. A 2003 literature review conducted by CDC found that self reports can be affected by both cognitive and situational factors. Understanding the differences in how these factors impact the validity of self reports is an important part of analyzing the results. (MMWR, Methodology of the Youth Risk Behavior Surveillance System, 9/24/04, vol. 53, No. PR-12) In general, research has shown that this type of information can be collected as credibly from adolescents as from adults. Internal reliability checks are run to detect false answers.

Maryland has conducted the survey statewide 3 times – 1991, 2005, and 2007. The survey has been conducted in Baltimore since 1995. The Maryland survey is conducted by the State Department of Education (MSDE) from February through May of each odd numbered year. Survey results are presented on the CDC web site in a searchable database that allows for a variety of queries to be run including comparisons of data for multiple years, comparisons of multiple sites, and demographic assessments. Data presented are weighted to allow for estimates of drug use by the entire student population. Weighted data are available for Maryland and Baltimore for 2005 and 2007 only. CESAR will work through contacts at MSDE to acquire the raw data sets for these two years with weighted and unweighted variables to allow for additional analyses to assess the impact of alcohol, tobacco, and other drug use on other risky behaviors.

**VI. Ability to Access Target Populations:** The evaluation will utilize MDS data for all funded programs. The MAS and YRBS will be utilized to capture information substance abuse by middle school and high school students. NSDUH will be used to monitor substance abuse in the general population. The YRBS and NSDUH will also be utilized to assess risk and protective factors.

**VII. Tracking of the Data:** Data culled from the MDS program will be analyzed on an ongoing basis, particularly in the beginning stages of programming. As this data is updated on a monthly basis, it will be available to inform the SEOW and other committees on a regular schedule. The MAS and YRBS data will be analyzed by CESAR and disseminated to members of the SEOW, EBP Workgroup, and SPFAC, and grantees as it is received from the State Department of Education. The next datasets are expected in November 2008. Initial analyses should be available to support the initiation of the SPF SIG.

**VIII. Community Level Data Collection Capacity:** All ADAA-funded prevention program staff are currently trained in using the MDS system. ADAA staff will be responsible for coordinating and providing future MDS training for new staff at the jurisdictional and community level to ensure that local prevention programs provide valid and useful data for analysis. Ongoing TA from ADAA staff will facilitate data collection. Local prevention programs have ongoing access to their data allowing them to make programmatic decisions and track impact, and the data are included in ADAA's annual *Outlooks and Outcomes* report that facilitates state level decision-making. Local communities will aid in the collection of the pre- and post-program surveys for outcome evaluation per recommendation of the SPF-SIG evaluator. Necessary trainings and technical assistance will be provided. Targeted communities may be required to participate in the collection of community NOMS depending on the strategies funded through MSPF.

**IX. Commitment to Participate in Evaluation:** Maryland is committed to participate in, and meet the requirements of, the SPF-SIG Cross Site Evaluation, conducted by CSAP, including any required forms, data and reports related to the Cross Site Evaluation.