

TABLE OF CONTENTS

I. SOUTH DAKOTA PFS GOALS	3
A. Overview of the Evaluation Plan	3
Figure 1: Project goals and objectives by level of the evaluation	3-4
II. EVALUATION QUESTIONS	4-5
1. General Evaluation Questions	4
2. Process Evaluation Questions	4
3. Outcome Evaluation Questions	5
III. REQUIRED PERFORMANCE MEASURES	5-7
Figure 2: Required Process Measures to be Reported	6-7
IV. REQUIRED OUTCOME MEASURES	7-8
1. Grantee-Level Measures for PFS	7
2. Sub-Recipient (community coalition)-Level Measures for PFS	7-8
V. MEASUREMENT	8-15
Figure 3: Grantee-Level Measures for PFS	8-9
Figure 4: Sub-Recipient (community coalition)	9-11
Community Level Measures for PFS	
Figure 5: Sub-Recipient (community coalition)	11-13
Community Level Survey Data	
Figure 6: Evaluation Data Collection Timeline	13-14
Figure 7: Evaluation Data Collection Details	14-15
VI. BEHAVIORAL HEALTH DISPARITIES	15-17
1. Subpopulation	15-16
Figure 8: Proposed Numbers to be Served	16
2. Implementation of Interventions to Decrease Behavioral Health Disparities	16-17

VII. ANALYSIS PLAN	17-19
1. Process Evaluation Questions	17-18
A. Analysis of Process Evaluation Questions	18
2. Outcome Evaluation Questions	18-19
A. Grantee-Level Outcome Evaluation	18
B. Sub-Recipient (community coalition) Level Outcome Evaluation	18-19
VIII. PARTICIPATION IN THE PFS NATIONAL CROSS-SITE EVALUATION	20
IX. REPORTING PLAN	20
X. B CONSULTING, LLC EVALUATION FUNCTIONS	20-21
1. Training and Technical Assistance	20-21

I. South Dakota PFS Goals

The South Dakota PFS will prevent the onset and reduce the progression of underage drinking in adolescents and young adults (ages 12-20). The strategies chosen by the sub-recipients (community coalitions) will influence the evaluation as we move forward. However, a majority of sub-recipients (community coalitions) will implement both individual-focused strategies (e.g. school-based programs) and environmental strategies (e.g. social access policies); the evaluation team will collect the appropriate data for each strategy that is implemented by the sub-recipient (community coalition). The second goal is to improve the substance about infrastructure in the state and funded communities. Specifically:

- 1) Implement the SPF process at the state and community levels;
- 2) To reduce underage drinking (ages 12-20) and consequences by using a data-driven decision-making process (SPF) and implementing evidenced-based prevention programs;
- 3) To enhance and sustain prevention system capacity to implement EBP to reduce underage drinking; and
- 4) Leverage substance abuse prevention resources and align statewide funding streams to improve efficiency.

A. Overview of the Evaluation Plan

The SPF PFS initiative is a complex effort to change the substance abuse system at the national, state and local levels. The goals and objectives at these three project levels are detailed in **Figure 1** below. It includes extensive data collection by the state and sub-recipients (community coalitions), which are reported via the mandated PEP-C reporting system and community outcomes that are appropriate to the state and community.

Figure 1: Project goals and objectives by level of the evaluation			
Levels of evaluation	GOALS	PROCESS OBJECTIVES	OUTCOME OBJECTIVES
National SPF-PFS	<ol style="list-style-type: none"> 1. Improve Prevention infrastructure and capacity in the states through the SPF Process. 2. Reduce incidences and consequences of underage drinking. 	Cross-Site Evaluation: collection of evaluation data: GLI-R, CLI-R (PEP-C), quarterly reporting, and Community Outcomes.	PFS Outcome Measures related to substance use, intervening variables, and consequences.
South Dakota SPF-PFS	<ol style="list-style-type: none"> 1. Improve Prevention infrastructure and capacity in South Dakota through the SPF Process. 2. Reduce incidences and consequences of underage drinking (age 12-20). 3. To streamline prevention funding and resources across the state of South Dakota. 	<ol style="list-style-type: none"> 1. Implement 5-step SPF process for state. 2. Maintain and update data infrastructure. 3. Provide training and technical assistance to address gaps in the current substance abuse prevention systems. 4. Develop a plan to streamline funding resources. 	<ol style="list-style-type: none"> 1. Reduce the incidence and consequences of underage drinking among youth ages 12 to 20 years. 2. Collect alcohol-related arrests for entire state.

<p>Sub-Recipients SPF-PFS Coalitions</p>	<p>1. Reduce underage drinking (ages 12-20).</p>	<p>1. Increase coalition capacity. 2. Implement 5-step SPF process. 3. Choose and implement EBPs. 4. Change community outcomes.</p>	<p>1. Consumption: 30-day use of alcohol and binge drinking. 2. Intervening variables: Perception of harm for alcohol use. 3. Consequences: alcohol related arrests</p>
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II. Evaluation Questions

1. General Evaluation Questions

B Consulting, LLC will conduct the outcome evaluation to answer three primary questions:

- 1) Was implementation of PFS evidenced programs associated with a reduction in underage drinking?
- 2) Did South Dakota achieve outcome objectives set forth by South Dakota Prevention Team and National Cross-Site Evaluation Team? and
- 3) Was prevention capacity and infrastructure at the state and sub-recipients (community coalition) levels improved?

2. Process Evaluation Questions

How well the PFS was implemented at the state and sub-recipient (community coalition) levels? This question will be addressed through collection and analysis of records, participant observations, PEP-C reporting, EBP fidelity tool, community surveys, GLI, coalition capacity checklist, sub-recipient (community coalition) annual work plans, and sub-recipient (community coalition) evaluation plans (see **Figure 2 in Section III for detailed performance measure collections**). This qualitative and quantitative data are relevant to five sub-questions:

- 1) Did the implementation of the SPF PFS match the plan;
- 2) What deviations from the plan occurred and what led to the deviations;
- 3) How was fidelity of EBP ensured;
- 4) What impact did the deviations have on the intervention and evaluation; and
- 5) Who provided what services to whom in what context and at what cost?
- 6) Does dosage of EBPs have an effect on outcome measures?

3. Outcome Evaluation Questions

- 1) Was underage drinking and its related problems, especially those regarding consumption, intervening variables, and consequences, prevented or reduced;
- 2) Did SD achieve the outcome objectives (see section 1 goals and objectives) and;
- 3) Was prevention capacity and infrastructure at the state and sub-recipient (community coalition) levels improved?

The first two questions will be addressed through collection and analysis of quantitative data; the third question through a multi-method approach. All data will be relevant to three outcome sub-questions:

- a) What was the effect of the PFS on service capacity and other system outcomes;
- b) Did the PFS project achieve the intended project **goals; and**
- c) What program/contextual factors were associated with outcomes?

(See Section IV for detailed Outcome Measures and collection methods)

III. REQUIRED PERFORMANCE MEASURES

The South Dakota SPF PFS encompasses the grantee, State of South Dakota Department of Social Services: Prevention Program, and 14 sub-recipients (community coalitions) that span across the whole state. Multiple tools will be utilized to collect data needed for the evaluation plan and the mandated performance measures that are located in the PEP-C. Below is a list of tools that will be utilized to collect said measures.

1) Key stakeholder interviews (KSI) semi structured interviews of a representative state and community program staff. The interview protocol will assess general progress in implementing improved programming. The information collected will include:

The implementation of the project at both the state and community levels for adherence to or deviation from work plans, reasons for implementation changes, impact of deviations, prevention activities supported by leveraging resources;

- Updated work plans based on implementation and evaluation efforts;
- Needs and gaps in the service system; and
- Cultural appropriateness and reach.

2) Coalition Capacity Checklist (CCC) the Coalition Capacity Checklist, designed to measure prevention capacity and infrastructure development in South Dakota at the coalition level, and will be the main data source for answering the primary evaluation question, “Was prevention capacity and infrastructure at the coalition levels improved.” And secondarily, “What was the effect of the SPF on service capacity and other system outcomes.” To answer those questions the B Consulting evaluators will compare the data from the pretest (Fall 2014) with the post-test scheduled for the summer of 2019.

This assessment tool will solicit the views of each community grantee’s coalition coordinator and coalition members about the structure and operation of the coalition. It is intended to gauge the current capacity of the coalition to function effectively in implementing the five steps of the SPF-PFS process. Information gained is intended to be helpful to coalitions in assessing their current capabilities, identifying areas that may need enhancement and used to inform statewide evaluation efforts with respect to the goal of building prevention capacity and infrastructure at the community level.

3) Population-level epidemiological data (ED) will be tracked using national surveillance datasets (NSDUH, BRFSS, and YRBS) and NOMS data indicators (specifically alcohol use in the past 30-days by youth 12 to 20). Since the project will include two counties with significant Native American populations and three counties with significant African American populations,

particular attention will be paid to outcomes in populations for which data are not typically available.

4) Participant observations (PO) will be made by evaluation staff on an ongoing basis to provide important qualitative data on State and sub-recipients (community coalitions) - level organizational and structural change. Standardized forms will not be used for data collection. South Dakota Prevention team is also requiring that sub-recipients (community coalitions) who use individual EBPs must have their participants complete a pre and post South Dakota Participant-Level Survey (SD PLI). The SD-PLI is very similar in nature to the PLI that was required by SPF-SIG; however, this survey has been modified to ask the participant questions that are relevant to South Dakota’s population.

5) Program records and archives (RA) documenting the work of the SPF-PFS Advisory Committee and state prevention staff will track progress in infrastructure, capacity building, and environmental changes. Standardized forms will not be used for data collection. We will collect process data specific to process evaluation questions through records and observations, document and policy content analyses, and secondary data sets including archival records.

6) Fidelity assessment (FA) sub-recipients (community coalitions) will complete fidelity assessments of their EBPs. This assessment will be based on the National Implementation Research Network at the University of North Carolina at Chapel Hill. Accessed April 8, 2014 from www.implementation.fpg.uncat.edu.

7) Project management data reporting system (MRS) - South Dakota uses a customized version of MOSAIX data reporting system to manage all substance abuse prevention programs funded by the state. This data will provide a rich source of management data to supplement PEP-C reports. Information that is collected from the sub-recipients (community coalitions) includes: number of participants served, EBPs, cost of services, demographics of participants, coalition meetings, trainings, and additional activities performed.

Figure 2 below describes an overview of the indicators related to the required process measures and the instruments that will be utilized to collect this information.

Figure 2: Required Process Measures to be Reported			
Indicators	Instruments	Indicators	Instruments
# Of training and technical assistance activities per funded community.	PEP-C, PO & KSI	# Of active collaborators supporting the community’s comprehensive prevention approach.	CCC
Reach of the training and technical assistance provided by the state (numbers served).	GLI, CLI-R, PO & KSI	# of people served or reached by IOM category, six strategies and demographic group.	PO, PEP-C & MRS
% of communities that have increased the number and % of EBPs provided.	MRS & PEP-C	# Of EBPs implemented in the community.	PEP-C & MRS
% of communities that report an increase in prevention activities supported by leveraging resources.	SKI & CCC	# Of prevention activities that are supported by collaboration and leveraging funding streams.	KSI & RA
% of communities that submit data to the grantee data system.	PEP-C, MRS	#, type and duration of EBPs by prevention strategy implemented in the community.	PEP-C, KSI & RA
*See above for definitions.			

IV. REQUIRED OUTCOME MEASURES

1. Grantee-Level Measures for PFS

The State of South Dakota does not have a state survey used to measure substance use and this has provided a challenge to collect substance use and intervening variables (risk and protective factors) across the state. However, the state has an extensive Uniform Crime Reporting system that allows the state to collect alcohol-related arrests at the city level (Police Department) and county level (Sheriff Office). This data was an effective measurement tool to assess sub-recipients (community coalition) and the state in the South Dakota SPF SIG. The State of South Dakota will be collecting the following outcome consequence measure:

- 1) Alcohol-related crime; and

2. Sub-Recipient (community coalition) -Level Measures for PFS

The sub-recipients (community coalitions) have several methods of how they will collect outcome measures. First, sub-recipients (community coalitions) will be utilizing their community-level surveys, and secondly, the South Dakota PLI (SD-PLI) for participants who participate in individual prevention education EBPs.

- 1) Community-Level Survey: Each sub-recipient (community coalition) has a community level survey that collects substance use and intervening variables along with demographics and additional information. This data is collected on an annual basis. Eleven (11) of the fifteen (15) sub-recipients (community coalitions) have above a 70% response rate. Technical assistance has been requested for the four (4) sub-recipients (community coalitions) that have below the 70% response rate.
- 2) South Dakota Participant-Level Instrument (SD-PLI): The State of South Dakota is requiring that their sub-recipients (community coalitions) collect participant level data on individuals who participate in prevention education EBPs. This instrument is similar in nature to the PLI that was required in SPF SIG; however, participants will not be matched and will only take a pre and post survey.

Sub-recipients (community coalitions) will be required to collect the following outcome measures at both the community level and at the participant level to be reported to the national cross-site evaluation team:

Substance Use

1. Past 30-day alcohol use
2. Binge drinking

Intervening Variables (Risk and Protective Factors)

3. Perceived risk or harm of use for alcohol

Consequences (Community and County Level)

4. Alcohol-related crime

V. Measurement

The required outcome measures in **Section IV** will be measured in multiple ways. At the grantee (**figure 3**) and sub-recipient (community coalition) level (**figure 4**) each measures is illustrated

by the indicator, the measure, outcome, source of data, the frequency it is collected, and the method of collection. The sub-recipient (community coalition) community surveys are also important. **Figure 5** defines each community survey, their population, response rate, need for technical assistance, and data collection methods. Finally, the evaluation data collection is time lined and shows details of how it will be collected in **figure 6 and 7**.

- 1) Grantee-Level measures (**figure 3**)
- 2) Sub-Recipient (community coalition) community measures (**figure 4**)
- 3) Sub-Recipient (community coalition) community surveys (**figure 5**)
- 4) Evaluation data collection timeline (**figure 6**)
- 5) Evaluation Data collection details (**figure 7**)

Figure 3: Grantee-Level Measures for PFS							
Indicator	Measure	Outcome	Sample Size	Source	Frequency Collected	Method of Collection	Level of Data
Alcohol-Related Crime*	Measure calculation: The number of alcohol-related arrests divided by the total number of arrests and multiplied by 100	Measure calculation: # of alcohol-related arrests divided by the total number of arrests and x100	Approx. of 6,000 total juvenile arrests per year with an average of 1,300 alcohol related arrests	Uniform Crime Reporting (UCR) Program	Annual (summer)	Administrative Data	State
*Alcohol-related arrests include the following Uniform Crime Reporting [UCR] categories: DUI and Liquor Law Violations.)							

Figure 4: Sub-Recipient (community coalition) Community-Level Measures for PFS							
Indicator	Measure	Measure Response	Outcome	Source	Frequency Collected	Method of Collection	Level of Data
Substance use: Past 30 day alcohol use	During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?	A number between 0 and 30	Percent who reported having used alcohol during the past 30 days (i.e., percent who responded 1 or more days)	School Survey	Annual	In-person collection in sub-recipient (community coalition) schools.	Community

Figure 4: Sub-Recipient (community coalition) Community-Level Measures for PFS

Indicator	Measure	Measure Response	Outcome	Source	Frequency Collected	Method of Collection	Level of Data
Substance use: Binge drinking	During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?	A number between 0 and 30	Percent who reported having binge drank during the past 30 days (i.e., percent who responded 1 or more days)	School Survey	Annual	In-person collection in sub-recipient (community coalition) schools	Community
Perception of Harm: Alcohol	How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?	No risk, Slight risk, Moderate risk, Great risk	Percent reporting moderate or great risk (i.e., percent reporting “moderate risk” and percent reporting “great risk” combined)	School Survey	Annual	In-person collection in sub-recipient (community coalition) schools	Community
Alcohol-Related Crime*	Measure calculation: The number of alcohol-related arrests divided by the total number of arrests and multiplied by 100	N/A	Measure calculation: The number of alcohol-related arrests divided by the total number of arrests and multiplied by 100	Uniform Crime Reporting (UCR) Program	Annual (summer)	Administrative Data	Community and/or County

*Alcohol-related arrests include the following Uniform Crime Reporting [UCR] categories: DUI and Liquor Law Violations.)

Figure 5: Sub-Recipient (community coalition) Community Level Survey Data

Sub-Recipient (community coalition) Name	Survey Name	Population	Sample Size	Response Rate	TA Needed	Data collection
1. Aberdeen Roundtable Coalition	Pride	Grades 6 th -12 th	2195	85% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in Grades 6 th -12 th on the day the survey is administrated.
2. Action for a Betterment of the Community	Meade Survey	Grades 6 th , 8 th , 10 th , and 11 th	708	73% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in grades 6 th , 8 th , 10 th , and 12 th on the day the survey is administrated.
3. Aliive-Roberts County	Pride	Grades 6 th -12 th .	850	90.80% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in Grades 6 th -12 th on the day the survey is administrated.
4. Coalition for a Drug Free South Dakota	Safety Survey	Grades 9 th -10 th	3557	74.10% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in Grades 9 th -10 th on the day the survey is administrated.
5. Coalition for Drug Free Yankton	Yankton School District Survey	Grades 5 th -8 th	573	93.40% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in Grades 5 th -8 th on the day the survey is administrated.
	Yankton School District Survey	Grades 9 th -12 th	875	83.40% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in Grades 9 th -12 th on the day the survey is administrated.
6. EMPOWER Coalition of Southern Hills	Pride	Grades 6 th -12 th	433	79.7% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in Grades 6 th -12 th on the day the survey is administrated.
7. Lemmon SAFE Communities	Lemmon SAFE survey	Grades 6 th -12 th	213	95% Calculated by total number of surveys divided by the	NO	Census of students in Grades 6 th -12 th on the day the survey is administrated.

Sub-Recipient (community coalition) Name	Survey Name	Population	Sample Size	Response Rate	TA Needed	Data collection
				enrollment population.		
8. Lifeways Rapid City Coalition	Rapid City Alcohol Survey	Grades 6 th -9 th and 11th	5126	50.70% Calculated by total number of surveys divided by the enrollment population.	YES	Census of students in Grades 6th-9 th and 11 th on the day the survey is administrated.
9. NSU Campus Community Coalition	NSU student Survey	NSU students	327	97.50% Calculated by the total number of responses divided by the total number of participants in the stratified group.	NO	Stratified group of random students.
10. Oyate Okolakiciye Coalition	Community Health and Well-being Survey	Ages 11-adulthood in Rapid City Ward 4-2 and 4-3.	500	8.20% Calculated by the total number of responses divided by the total number of randomly selected participants.	YES	Randomly selected individuals located in the population group.
11. Rural Sioux Empire Coalition for Youth	Carroll Institute Survey	Grades 6 th -12th	4434	82.20% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in Grades 6th-12 th on the day the survey is administrated.
12. Spink Coalition	Pride	Grades 7 th -12th	550	77% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in Grades 7th-12 th on the day the survey is administrated.
13. Watertown Healthy Youth Coalition	Pride	Grades 7 th -12th	1785	80% Calculated by total number of surveys divided by the enrollment population.	NO	Census of students in Grades 7th-12 th on the day the survey is administrated.
14. Wicozani Patintanpi	Wicozani Patintanpi Community Use Survey	Ages 11- Adult	500	20% Calculated by the total number of surveys divided by the number	YES	Census of individuals at the SGU Founders Day and Spring POW WOW.

Sub-Recipient (community coalition) Name	Survey Name	Population	Sample Size	Response Rate	TA Needed	Data collection
				individuals at the 2 events.		

Figure 6: Evaluation data collection timeline

Instrument	Contents	Who completes?	Frequency
CCC	Coalition Capacity Checklist	Coalition managers and local evaluators	Beginning of SPF-PFS and year 5.
KSI	Key Stakeholder Interview	State evaluation staff conducts with state and coalition stakeholders	Year one and in year five.
NOMs	National Outcome Measures	Existing population data, unless unavailable	Submitted to PEP-C in November annually
ED	Population-level epidemiological data	SEOW for state data and local evaluators for coalition data (community outcomes)	As available
FA	Fidelity assessment	Coalition managers and local evaluators	Beginning of EBP implementation and annually
MRS	South Dakota’s project management system	Staff of the funded coalitions	Monthly
PO	Participant observations & observations	State evaluation staff	Ongoing
PR	Program records and archives	State evaluation staff analyzes data from Kits Solution records	Ongoing
SD-PLI	Individual-level surveys	Individual participants (IF AVAILABLE)	Pre and Post of EBP

Figure 7: Evaluation Data collection details

Ongoing Data Collection	Purpose	Frequency/Schedule	Format	Who enters data	Access to the data
Coalition Capacity Check list	Require by South Dakota SPF PFS project as part of the state-level evaluation.	Twice. Pretest is completed (2014) and Post (2019).	Pre and Post-test are web-based.	B Consulting, LLC	Coalitions maintain own records of data supplied to B Consulting, LLC.
South Dakota Participant-Level Instrument (SD PLI)	SD Prevention is requiring coalitions to collect data on all persons participating in an individually-focused program.	Pretest and Post of individual based EBP. Coalition Evaluators must submit an excel document to B Consulting, LLC at least 1x per year with survey data.	Coalitions will decide based on resources if survey will be conducted by paper or via web.	Coalition evaluators will submit excel files to B Consulting.	The State of South Dakota, State Evaluators, and State Epidemiologist will have access to all data.

Figure 7: Evaluation Data collection details

Ongoing Data Collection	Purpose	Frequency/Schedule	Format	Who enters data	Access to the data
Community-Level Instruments, Revised (CLIR)	CSAP requires data about the Coalition, its progress in implementing the project and its progress going through the Strategic Prevention Framework.	Annually, however most will not change from year to year. The exception is the section on demographics which are reported every quarter.	PEP-C defined format.	Coalitions, State of South Dakota Prevention Staff and B Consulting, LLC.	Coalition Directors have access to this data within 24-hours depending on the functioning of the PEP-C system.
Community Outcome Data	CSAP required information on the impact of EBPs (interventions) on priorities for the entire service area: the data is parallel to the coalition’s service area.	At least twice. The baseline data will be from a period prior to implementing the EBP (Spring 2015) and will be updated as it becomes available.	Pre- defined format. Fillable Excel document sent in Summer. Two forms: one for surveillance or event data and one for community surveys.	B Consulting, LLC from data provided by the local evaluators with input from Coalitions.	Coalitions maintain own records of data supplied to B Consulting, LLC.

VI. BEHAVIORAL HEALTH DISPARITIES

1. Subpopulation

South Dakota’s geography consists of a mix of urban, sub-urban, small towns, rural, and frontier landscape spread across over 75,000 square miles and home to approximately 833,354 residents. A large number of counties in the state have a population base of five persons or less per square mile. The enormous challenge is providing statewide services to ensure all citizens have access to needed services, including prevention and intervention services for substance abuse and mental health services. Sioux Falls (159,908) and Rapid City (69,854) are the largest cities. Nine towns have 10,000 to 30,000 residents and five communities have 5,000 to 10,000 residents. The remainder of the citizens are spread out across wide stretches of agricultural and prairie lands dotted by farms and small communities.

The population of South Dakota is 86.2% Caucasian. American Indians make up 8.9% of the population within the state that includes nine tribal reservations. Other racial groups comprise 4.9% of the population and are a mix of Black, Hispanic, Asian, and minority immigrants from Africa, Eastern Europe and Southeast Asia.

It should be noted that the dichotomy of our population varies depending on the location. For example, the mid-section of the state, which includes a number of Native American Reservations, is approximately 25% Native American, although the population density is rather low. While other portions of the state is 90-95% White with other races and ethnic groups making up the balance in small percentages. A strong immigrant tradition continues in the state,

which has become home to small sub-groups of Somalian, eastern European, and the Karen from Southeast Asia.

Overall, the South Dakota SPF-PFS grant is projecting to reach directly over 51% of the 12 to 20 year old population of the state. The South Dakota SPF-PFS grant will also reach a majority of racial and ethnically diverse youth age 12 to 20. The only group other than the White 12 to 20 years old for which the South Dakota SPF-PFS grant will reach less than 60% of the population is for American Indians. The South Dakota SPF-PFS grant will reach 40% of the American Indian youth, but there are other SPF funded grantees that are operating within the largest American Indian communities and will also be providing services to Native youth and young adults.

The numbers in the **figure 8** below reflects the proposed numbers of individuals to be served during the grant period through the projects services and all identified subpopulations in the grant service area.

Figure 8					
Proposed Numbers to be Served *					
	Grant	Grant	Grant	Grant	Grant
	Year 1	Year 2	Year 3	Year 4	Year 5
Direct Services: Number to be served	53,097	53,628	54,164	54,706	55,253
By Race/Ethnicity					
African American	1,745	1,762	1,780	1,798	1,816
American Indian/Alaska Native	4,907	4,956	5,006	5,056	5,106
Asian	963	973	982	992	1,002
White (non-Hispanic)	40,307	40,710	41,117	41,528	41,944
Hispanic or Latino (not including Salvadoran)	3,118	3,149	3,181	3,212	3,245
Native Hawaiian/Other Pacific Islander	31	31	32	32	32
Two or more Races	2,026	2,046	2,067	2,087	2,108
By Gender					
Female	25,500	25,755	26,013	26,273	26,535
Male	27,597	27,873	28,152	28,433	28,718

*Based on annual 1% increase estimation.

2. Implementation of Interventions to Decrease Behavioral Health Disparities

The South Dakota's SPF-PFS is proposing a systems wide approach to target youth and reduce underage drinking in South Dakota. The project's interventions will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community in which the services are occurring. The project will contract with local community sub-recipients (community coalitions) who are familiar with the local culture and will collaborate with the community leaders in planning the design and implementation of program activities to ensure the cultural and linguistic needs of participants in community-based programs are effectively addressed, particularly the disparate populations.

The project will use a continuous quality improvement approach to assess and monitor key GPRA performance indicators as a mechanism to ensure high-quality and effective program operations. Data collected will be used to monitor and manage program services and outcomes by race and ethnicity status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program services.

A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff, sub-recipients (community coalitions) and youth and families; formative evaluation findings will be integrated into program planning and management on an ongoing basis (a formative evaluation). For example, program participation data will be collected by sub-recipients (community coalitions) staff and reported to state staff on an ongoing basis, including analyses and discussions of who may be more or less likely to enroll and complete the program (and possible interventions). The sub-recipients (community coalitions) will utilize the expertise of local evaluators to meet on a regular basis with the sub-recipients (community coalitions) and project team, providing an opportunity for staff to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success. Outcomes for all services and supports will be monitored across race and ethnicity to determine the grant's impact on behavioral health disparities.

Our quality improvement plan will support and ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

- 1) Diverse cultural health beliefs and practices training and hiring protocols will be implemented to support the culture and language of the South Dakota population;
- 2) Preferred languages Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into the preferred language of choice for the participant; and
- 3) Health literacy and other communication needs of all sub-populations identified in the proposal. All services programs will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.

VII. ANALYSIS PLAN

1. Process Evaluation Questions

- 1) Did the implementation of the SPF PFS match the plan;
Analysis will be conducted by reviewing Grantee and sub-recipient (community coalition) strategic plan and evaluation plan. Detailed assessment of activities will be conducted annually to track changes in their plans.
- 2) What deviations from the plan occurred and what led to the deviations;
Analysis of deviations from the plan will be reviewed annually.

- 3) How was fidelity of EBP ensured;

The fidelity assessment document will be utilized by the sub-recipients (community coalitions) at the beginning of implementation of their EBP and annually. Fidelity tool will also pay special attention to the dosage of the designed EBP and the dosage of implementation.

- 4) What impact did the deviations have on the intervention and evaluation; and

Qualitative analysis will be utilized to discuss the impacts of the interventions and activities.

- 5) Who provided what services to whom in what context and at what cost?

Quantitative and qualitative analysis will be conducted to evaluate services provided and the cost of services.

- 6) Dosage of EBP interventions will be reported and monitored in the CLI-R along with detailed report kept by sub-recipients (community coalitions). Dosage will be analyzed with outcome measures to determine if dosage was a significant factor.

A. Analysis of Process Evaluation Questions (See Performance Measures located in Section III for details of measures)

- 1) Key stakeholder interviews (KSI): Qualitative analysis will be conducted to evaluate implementation.
- 2) Coalition Capacity Checklist (CCC): Quantitative and Qualitative analysis will be utilized to evaluate the capacity of the sub-recipients (community coalitions) between their pre and post surveys.
- 3) Participant observations (PO): Qualitative data on State and sub-recipients (community coalitions) - level organizational and structural change will be collected.
- 4) Program records and archives (RA): Qualitative analysis of the documented work of the SPF-PFS Advisory Committee and state prevention staff will be analyzed to evaluate infrastructure, capacity building, and environmental changes.
- 5) Fidelity assessment (FA): Pre-FA and annual FA will be analyzed to evaluate EBP implementation and dosage of EBP.
- 6) Project management data reporting system (MRS): Quantitative analysis will be conducted to report changes in the number of participants served, EBPs, cost of service, demographics of participants, coalition meetings, trainings, and additional activities performed.

2. Outcome Evaluation Questions

- 1) Was underage drinking and its related problems, especially those regarding consumption, intervening variables, and consequences, prevented or reduced;
- 2) Did SD achieve the outcome objectives (**See section IV**) and;
- 3) Was prevention capacity and infrastructure at the state and sub-recipient (community coalition) levels improved?

The first two questions will be addressed through collection and analysis of quantitative data and the third question through a multi-method approach. All data will be relevant to three outcome sub-questions:

- a) What was the effect of the PFS on service capacity and other system outcomes;
- b) Did the PFS project achieve the intended project **goals; and**
- c) What program/contextual factors were associated with outcomes?

A. Grantee-Level Outcome Evaluation

1. Alcohol-related crime: Quantitative analysis will be conducted with this data. Trend data will be analyzed from 2010 to present.

B. Sub-Recipient (community coalition) Level Outcome Evaluation

Substance Use

1. Past 30-day alcohol use
2. Binge drinking

Intervening Variables (Risk and Protective Factors)

3. Perceived risk or harm of use for alcohol

Outcomes 1-3 will be analyzed two different ways. First, 1-3 will be analyzed from sub-recipient (community coalition) community surveys. These community surveys vary in sample sizes depending on the population of the community. Communities also have trend data in regards to 30 day alcohol use, binge drinking, and perceived risk or harm for alcohol that goes back at least 4 years. Quantitative analysis will be conducted to evaluate these measures. Secondly, sub-recipients (community coalitions) will collect all three measures through the SD-PLI. This data will consist of pre and post data and quantitative analysis will also be conducted.

Consequences (Community and County Level)

4. Alcohol-related crime: Quantitative analysis will be conducted with this data. Trend data will be analyzed from 2010 to present.

In general, the evaluation staff will analyze program participant outcome data using analysis of variance (ANOVA) and analysis of covariance (ANCOVA) to determine whether the targeted changes in prevalence of substance use, age of onset, underage drinking outcomes, risk and protective factors have occurred. Local systems-level change data will be analyzed both quantitatively (i.e. with Student's t-test) and qualitatively, as appropriate. Geographic Information Systems or Spatial Dynamic Models may also be used to analyze data collected to evaluate environmental approaches to prevention as appropriate.

Qualitative data specific to answering process and some of the outcome evaluation questions using interview protocols that follow standardized qualitative methods will be collected (Tashakorri and Teddlie 2003; Campbell and Russo 2001; Denzin and Lincoln 2000; Creswell 1998; Patton 1997). Process data analysis will include content analysis, chronology of events, secondary data sets, frequency tables and an overall systems analysis of each county's ATOD prevention system. We will use content analysis to integrate the findings of the sub-recipients' (community coalitions) proposals and annual reports into the state level reports (Miles and

Huberman1994; Patton 1990; Gruenewald 1997). Software for qualitative data analysis (Atlas t.i.) will be another available resource for managing and analyzing text and interview data.

Unfortunately, South Dakota does not have access to a control or comparison communities to provide another level of data analysis.

VIII. PARTICIPATION IN THE PFS NATIONAL CROSS-SITE EVALUATION

Throughout the evaluation plan, the evaluation team has been very cognizant of the data requirements from the National Cross-Site Evaluation Team. The evaluation team will adhere to all PEP-C reporting requirements and timelines. In addition, sub-recipients (community coalitions) will be collecting the following data.

- 1) Past 30-day nonmedical use of prescription drugs
- 2) Perceived risk or harm of use for nonmedical use of prescription drugs
- 3) Prescription drug-related emergency room visits (Collected at Grantee and Sub-Recipient (community coalition) level)

IX. REPORTING PLAN

The grantee and sub-recipients (community coalitions) will report annual updates and findings to their key stakeholders at the Annual Prevention Conference. The evaluation team has weekly contacts with grantee and monthly contacts sub-recipients (community coalitions). The grantee also has at least monthly contacts with sub-recipients (community coalitions) if not more frequently.

The evaluation team will submit a final evaluation report to PEP-C at the end of SPF PFS per PEP-C requirement.

X. B CONSULTING, LLC EVALUATION FUNCTIONS

Three major functions of the South Dakota PFS evaluation:

1. Provide data to the national cross-site instruments and schedule for federal data collection;
2. Conduct an evaluation of the state PFS project in the State of South Dakota;
3. Provide technical assistance and guidance to local evaluators for individual sub-recipients (community coalitions) evaluations; and
4. Additional tasks:
 - Participate in South Dakota's PFS management team;
 - Cooperate with national cross-site evaluation team to further refine evaluation methods and design;
 - Participate in the South Dakota PFS Advisory Council; and

- Attend required CSAP meetings for state staff and evaluators.

1. Training and Technical Assistance

A major focus of the South Dakota SPF PFS will be training and technical assistance for the funded sub-recipients (community coalitions). These activities can be broken into four types:

- Learning about the requirements of the SPF PFS and the State contracting;
- How to implement the five steps of the SPF process;
- How to evaluate sub-recipients (community coalitions) efforts and the implementation of EBPs; and
- Training on implementing specific EBPs.

The state evaluation team, from B Consulting, LLC, will conduct an Evaluation Training and Technical Assistance Needs Assessment Survey in late 2014 to early 2015 to prepare the most appropriate training for the South Dakota SPF PFS sub-recipients (community coalitions).

Throughout the course of SPF PFS, B Consulting, LLC staff will be actively involved with each of the sub-recipients (community coalitions). Sub-recipient (community coalition) directors and evaluators will have monthly and weekly contact with B Consulting, LLC staff via email, phone, and in - person. B Consulting, LLC staff will help directors develop their evaluation plans that included measureable goals and objectives along with helping them establish community outcome measures that could be utilized to measure their programs and efforts.

B Consulting, LLC staff will also provide a substantial amount of technical assistance with the PEP-C data reporting requirements. Assistance ranged from trouble shooting the PEP-C system to how a sub-recipient (community coalition) needs to accurately report data on their EBPs in the PEP-C system.