OMB CLEARANCE PACKAGE

FOR

DRUG FREE COMMUNITIES SUPPORT PROGRAM NATIONAL EVALUATION

Supported by:

Executive Office of the President
Office of Administration
Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20006-4607

Government Project Officer:
Kenneth Shapiro
kshapiro@ondcp.eop.gov
(202) 395-4681 phone
(202) 395-6711 fax

September 2008

Table of Contents

LIST OF EXHIBITS

LIST OF ATTACHMENTS:

A. Justification

A.1. Circumstances Making the Collection of Information Necessary

The Drug Free Communities Program (DFC) was created by the Drug Free Communities Act, (June) 1997 (Public Law 105-20), reauthorized through the Drug Free Communities Reauthorization Act of 2001 (Public Law 107-82) and reauthorized again through the Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109-469). The latest reauthorization (see **Attachment 1**) extended the program for an additional five years until 2012. The DFC-authorizing statute (21 USC §1521 – 1535) provides that community anti-drug coalitions can receive federal grant funds and that the amount of each DFC grant award shall not exceed $125,000 annually. This package is also intended to cover the Substance Abuse and Mental Health Services Administration's (SAMHSA) Sober Truth on Preventing Underage Drinking (STOP Act) Program, which will fund current and past DFC grantees. The STOP Act Program will be evaluated based on the same data already being collected for the Office of National Drug Control Policy (ONDCP) DFC Program. STOP Act grants are authorized under the Public Health Service (PHS) Act (42 U.S.C. 290bb-25b), Section 519B.

As the lead agency for setting US drug control policy and strategy, the ONDCP funds the DFC to build community capacity to prevent substance abuse among our nation's youth. The DFC has two primary goals. The first is to reduce substance abuse among youth by addressing local risk and protective factors to minimize the likelihood of subsequent substance abuse in the community. The second is to support community anti-drug coalitions by establishing, strengthening, and fostering collaboration among public and private nonprofit agencies, as well as federal, state, local, and tribal governments to prevent and reduce substance abuse. An important objective of the DFC Program is to assist community coalitions in becoming self-sufficient.

The purpose of the STOP Act program is to prevent and reduce alcohol use among youth in communities throughout the United States. The program was created to strengthen collaboration among communities, the federal government, and state, local, and tribal governments; to enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth; to serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of a community that first demonstrates a long-term commitment to reducing alcohol use among youth; and to disseminate to communities timely information regarding state-of-the-art practices and initiatives that have proved to be effective in preventing and reducing alcohol use among youth.

The National Evaluation of the DFC Program makes use of a single data collection instrument to gather information. The Monitoring and Tracking Questionnaire (online tool) serves as a semi-annual report to support both the evaluation of the DFC Program and the STOP Act Program.

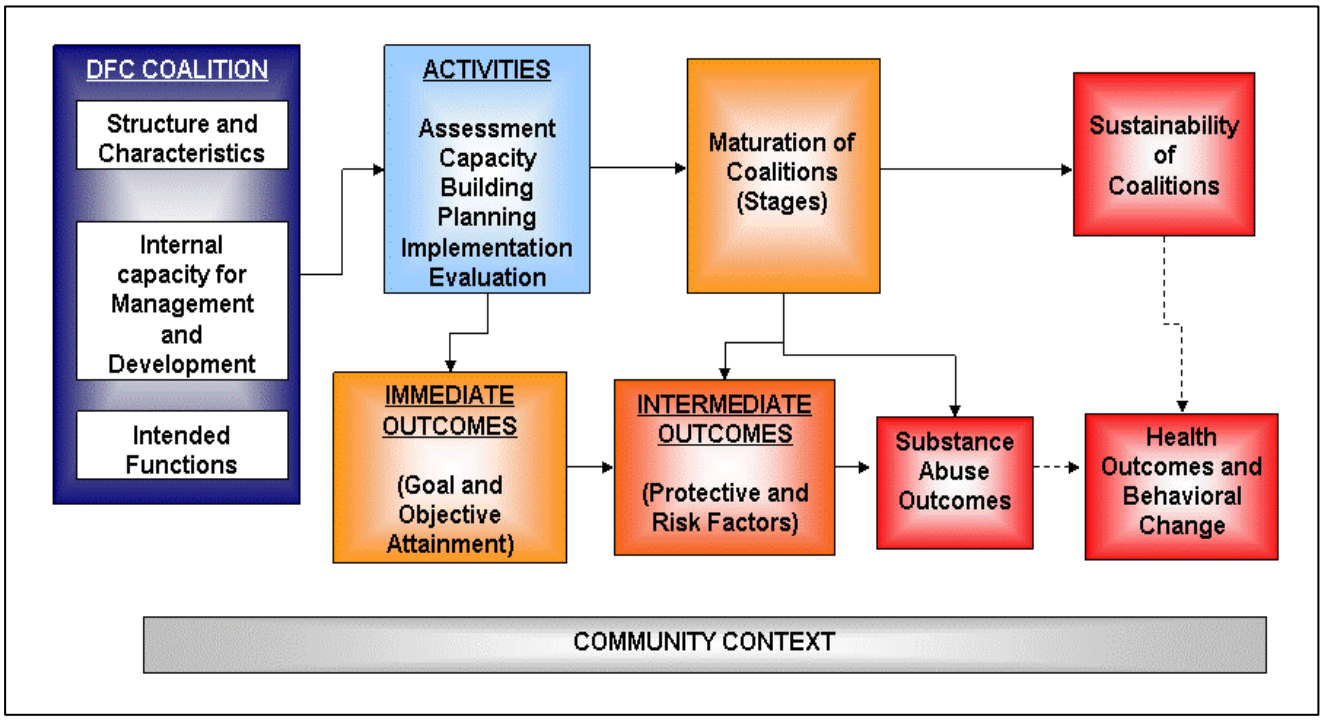
The DFC Support Program funded five cohorts (FY1998 – FY2002) of community anti-drug coalitions in its first five-year grant cycle; funded an additional five cohorts (FY2003 – FY2007) in its second five-year grant cycle; and recently began its third five-year cycle, covering the period from FY2008 through FY2012. There are currently 769 community anti-drug coalitions receiving DFC grants. The DFC program anticipates awarding approximately 90 additional grants each year through FY2012.

In the reauthorization legislation (21 USC §1702), Congress specifically authorized the Administrator of ONDCP to "(a)(3) assess and certify the adequacy of National Drug Control Programs; and (a)(4) evaluate the effectiveness of the national drug control policy and the National Drug Control Program." A National Evaluation of the DFC Support Program commenced in September 2004. The evaluation aims to assess the program's implementation and effectiveness in reducing substance abuse among youth and supporting community anti-drug coalitions.

The cornerstone of the framework for the evaluation is a scheme for classifying community coalitions along a continuum of organizational development and maturation. The four stages are: (i) establishing, (ii) functioning, (iii) maturing, and (iv) sustaining coalitions. The typology recognizes that DFC coalitions at different stages of development are characterized by different processes, capacities, and outcomes. Successful movement through the stages of development is determined by the coalition's capacity to perform requisite functions for each stage. These functions are defined in detail in **Attachment 2**, Evaluation Design Document. Rather than focus exclusively on changes in substance abuse outcomes, the framework measures DFC coalitions against goals appropriate to their stage-of-development. For example, only in later stages of development, are goals including changes in community-level substance abuse outcomes most appropriate, whereas goals in earlier stages focus on risk and protective factors. Furthermore, the framework (**Exhibit 1**) specifically recognizes that DFC coalitions are conditioned by a community context – specifically, those social, cultural, and environmental factors affecting influence within communities. Environmental factors are of great importance to the DFC evaluation as these factors include, among other things, technical assistance, training, and mentoring of DFC coalitions as provided by ONDCP and its partners – SAMHSA, the National Community Anti-Drug Coalition Institute (the Coalition Institute), and the National Institute on Drug Abuse (NIDA).

The development and appropriateness of the typology are described in Attachment 2, Evaluation Design Document.

Exhibit 1. DFC Support Program National Evaluation – Evaluation Framework



At the time of the original submission of this OMB package in June 2005, ONDCP grantee coalitions were providing routine, quarterly progress reports that were used to monitor and track progress on their grants. While providing useful and necessary information, these progress reports were not sufficient to support a National Evaluation effort. Therefore, two additional requests for information were proposed (and have since been implemented) to be provided by ONDCP grantees. First, data obtained via a web-based questionnaire completed by the director of the coalition are used to provide information necessary to classify coalitions into a particular stage-of-development. This tool is referred to as the Coalition Classification Tool or CCT. Second, supplemental progress reporting information to support the evaluation is being requested along with other required grantee progress report information on a semi-annual basis.

To reduce the reporting burden on coalitions, to enhance the quality of the data, and to facilitate the monitoring and tracking of grantee progress, a new web-based system was developed (and continues to undergo enhancements) that integrates all requests for information from grantees into a single system, the Coalition On-line Management and Evaluation Tool (COMET). This system also provides a mechanism for providing training and technical assistance to ONDCP grantees.

A.2. Purpose and Use of the Information

The DFC Support Program – an integral component of the National Drug Control Strategy and a requirement of *Healthy People 2010* – supports the President's pledge to reduce America's drug use by 25 percent in five years. The collection of this information is necessary to conduct a rigorous evaluation of the overall progress and effectiveness of the DFC Support Program in meeting its primary goals. Although the Federal Code language authorizing the DFC program does not specifically mandate an evaluation of its effectiveness, the specificity of the code language authorizing an evaluation leaves

little doubt about Congressional intent. This information is also necessary to inform and support future improvements or initiatives to strengthen the program.

The overall goal of the National Evaluation is to assess the DFC program's implementation and effectiveness. Three primary objectives of the evaluation are to (1) assess whether the DFC program has reduced substance abuse and/or related risk factors, attitudes, and beliefs among persons at risk for substance abuse (referred to as "substance abuse outcomes") at the community, state, and national levels; (2) identify specific factors that are associated with increased efficacy of substance abuse prevention efforts; and (3) assess whether the DFC program has increased the capacity and effectiveness of substance abuse coalitions. Within these broad objectives, the evaluation addresses a series of specific questions and hypotheses which are discussed in Section A.16, Time Schedule, Analysis Plans, and Publication, and in Attachment 2, Evaluation Design Document.

The evaluation examines both direct and indirect linkages between measures of DFC Program effectiveness and changes in drug abuse outcomes in coalition communities. First, the strategies, initiatives, and activities of DFC coalitions are examined to determine whether they have a direct impact on substance abuse outcome measures of interest, such as the proportion of youth who report using tobacco in the last 30 days. However, the evaluation focuses this outcome analysis primarily on mature or sustaining coalitions where impacts to substance abuse outcomes would be expected. Second, the indirect impact of the DFC program on enhancing the capacity of grantee coalitions to influence change in the community is assessed by evaluating the degree to which coalitions participating in the DFC Program mature (defined operationally as progressing to "maturing" and "sustaining" coalitions). If coalitions that participate in the DFC program advance to the status of mature coalitions, and if mature coalitions favorably alter substance abuse outcomes, this finding would support the hypothesis that the DFC program is effective in reducing substance abuse outcomes:

- *directly* among mature and sustaining coalitions and
- *indirectly* among less mature coalitions, by fostering their advancement to the status of mature coalitions.

A.3. Use of Information Technology and Burden Reduction

A web-based information system referred to as the Coalition On-line Management and Evaluation Tool (COMET) is being used to collect all data for this project. This system, described further in Section B.2, is software-independent, requiring only that users have a web browser and access to the Internet. Users are able to enter data freely, closing and opening the system as they wish, with data being saved and maintained by the system. For example, a user can begin entering data on a computer at work, close the application, and return to the application on their home computer.

COMET is an integrated grant management and evaluation information system consisting of three primary components. Information for the evaluation is being requested from all DFC coalitions through the Coalition Classification Tool or CCT (see **Attachment 3b**) and the on-line Semi-Annual Progress Report (see **Attachment 3a**). Information collected for the purpose of managing DFC grants is also used in the evaluation.

Compared with the paper reports previously submitted by grantees, use of COMET as the data collection mechanism for this evaluation has significantly reduced the reporting burden on respondents. Advantages of using COMET include:

1. *Adaptation from existing software already being used by many coalitions.* The platform from which COMET was developed was the Performance Management and Measurement System (PMMS) – a commercially available application that has been extensively tested and streamlined as a stand-alone for management reporting for DFC coalitions in Florida, Maine, Nashville, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, and Washington. The commercial package was too expensive for all DFC coalitions to purchase directly. Nevertheless, it does provide a tested and streamlined foundation for implementation with a national program and was therefore chosen as the model platform for development of the COMET system.

2. *Integrated data collection.* Once respondents input information into COMET, information can then be propagated to appropriate fields throughout the system.

   SAMHSA's Prevention Platform (a voluntary web-based tool for coalitions – https://www.preventionplatform.SAMHSA.gov) has undergone significant re-development since the original OMB package was submitted in 2005. With re-development complete, COMET and the Prevention Platform have been integrated, such that grantees can easily access the COMET system via the Prevention Platform. This eliminates the burden of having to keep track of a separate entry portal in order to gain entry to COMET.

   Integrating the data collection activities required by the evaluation and those needed for grant management reduces the overall burden on grantees by providing a one-stop-shopping source of information. This integrated system represents a forum where government project officers and grantees can view identical information in real time and proactively answer questions of and about grantees.

   The majority of coalitions have Internet access and are therefore able to access and utilize COMET. However, for coalitions without Internet access, the SAMHSA project officer is able to generate a blank "report" version to capture the progress reporting and evaluation information in hard copy and then enter the information into the system on behalf of the coalition.

3. *Reducing reporting burden for grant management.* Currently, DFC grantees are required to submit semi-annual reports to ONDCP. Originally, grantees were required to submit a paper report to their Project Officers, which was time consuming and required on a quarterly basis. COMET captures and retains semi-annual report information automatically. Coalitions are able to enter or edit information and report accomplishments to ONDCP throughout the year, thus spreading the reporting burden over a longer period. Additionally, much of this information is retained in the system and propagated from reporting period to reporting period, thus eliminating the need to re-enter information that has not changed during a given reporting period. Finally, because the information can be captured throughout the year (i.e., proactively) by coalitions and immediately shared with Project Officers as needed, the official reporting

requirements for grant monitoring and tracking were changed to a semi-annual rather than a quarterly schedule.

4. *Enhancing a coalition's ability to succeed.* COMET is intended to be a training tool as well as a data collection mechanism. For example, data collection is organized around the Strategic Prevention Framework (SPF) steps of Assessment, Capacity, Planning, Implementation, and Evaluation. Coalitions are naturally led through the SPF as they enter data. The SPF was initiated by SAMHSA in April 2004, as a science-based mechanism for increasing the effectiveness of substance abuse prevention in the United States. The five-step SPF process was designed to increase the effectiveness of substance abuse prevention on both the state and local level through collaborative interagency planning, youth development, reduction in risk-taking behaviors, building upon community assets, and preventing problem behaviors. This process is grounded in six underlying principles that are, in turn, based upon scientific research:

    1) Prevention is an ordered set of steps along a continuum to promote individual, family, and community health, prevent mental and behavioral disorders, support resilience and recovery, and prevent relapse.
    2) The common components of effective prevention for the individual, family, or community within a public health model are the same regardless of the focus of the prevention.
    3) Common risk and protective factors exist for many mental health and substance use problems.
    4) Resilience is built by developing assets in individuals, families, and communities through evidenced-based health promotion and prevention strategies.
    5) Systems of prevention services work better than service silos.
    6) Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and effective prevention efforts.

    Through requiring that coalitions report grant progress in terms of the five-step SPF process, ONDCP reinforces SAMHSA's message to coalitions on the processes and capabilities needed to succeed as a coalition and be effective in substance abuse prevention.

    Also, COMET will provide coalitions with an effective tool for promoting the work of the coalition through the ability to generate real-time progress reports from the information that is contained in the system for their coalition. This immediate reporting and feedback mechanism will provide coalitions with the ability to quickly summarize their progress and report accomplishments to stakeholders, community leaders, and coalition members.

A.4. Efforts to Identify Duplication and Use of Similar Information

The evaluation team conducted a feasibility assessment (see Attachment 7) to determine if consistent and reliable community and school-level data on the four core measures could be collected at the state and/or national level. Several data sources exist, but none of these sources meets all the specific needs of the proposed evaluation nor do they encompass all of the DFC coalitions. The following sources include some of the required information:

- SAMHSA's Center for Substance Abuse Prevention (CSAP) supports the *Prevention Platform*, a web-based online resource that collects some of the same data elements. The Prevention Platform is being revised so that data elements that are also required for COMET will not have to be entered a second time. Commitments previously made concerning the confidentiality of organizational data voluntarily maintained in the Prevention Platform preclude the use of these data in connection with this evaluation. Currently, SAMHSA does not attempt to register or track users of the Prevention Platform. That is, there is no way to link information to a specific coalition. In the future, DFC grantees will be given the option to import their data from the Prevention Platform into COMET.

- *State programs.* Several states and individual coalitions employ a similar reporting system, including the commercially available system upon which COMET is based. However, the majority of the 769 coalitions are not using these systems, and these systems do not collect the data necessary to appropriately classify a coalition into a particular stage-of-development.

- *National surveys.* Several large-scale surveys collect outcome information that is relevant for the evaluation. These surveys are:
  - National Survey on Drug Use and Health (NSDUH)
  - Youth Risk Behavior Survey (YRBS)
  - Parents' Resource Institute for Drug Education (PRIDE)
  - Monitoring the Future (MTF)

No new community-level outcome data is being collected in connection with the National Evaluation. Rather, data from these surveys is used extensively in one of the five principal analyses for the National Evaluation (i.e., comparing outcomes in DFC communities to outcomes in non-DFC communities). However, these national surveys generally do not collect sufficient information that can be associated with a specific community targeted by a coalition. Moreover, these surveys do not collect the detailed information needed to classify coalitions into a stage-of-development. Thus, the design for the National Evaluation requires additional data collection in these two areas.

In summary, no other source or combination of sources includes all the data needed to evaluate the DFC Program.

A.5 Impact on Small Businesses or Other Small Entities

Data for the CCT and the Semi-Annual Progress Report are collected from funded DFC coalitions, some of which may be small entities, as defined by the statute. Compared with early paper-based reporting requirements, the web-based data collection system (COMET) streamlines access to and submission of coalition data, and thus reduces the paperwork burden on these small entities (see Section A.3 for a full discussion of use of information technology and burden reduction). COMET includes detailed instructions and a Help function in the event that technical difficulties are encountered. Finally, a Helpline number is provided should respondents need additional assistance in using the system or completing the instruments. No significant impact on small entities is expected.

A.6. Consequences of Collecting the Information Less Frequently

The proposed data collection supports multiple purposes as described in Section A.2, including grant progress reporting, support of developmental progress, and evaluation.

Grantee progress report data are collected to assess a coalition's performance in meeting program goals and objectives and to ensure coalitions receive the technical assistance they need to meet goals and objectives. ONDCP and SAMHSA policies require that these data now be collected semi-annually, a requirement clearly spelled out in the terms and conditions of the grant award and in the request for proposals. Thus, the fact that this schedule is being reduced from quarterly to semi-annual reporting in connection with the National Evaluation actually represents a *reduction* in required reporting.

While grantee progress report data is captured semi-annually, the CCT is completed annually. These two components of COMET cannot be completed less frequently without adversely affecting the quality and reliability of evaluation data. Anecdotal evidence indicates that coalition capabilities and capacities can develop and expand substantially over the period of a year. Administering the CCT less frequently than annually risks missing these developmentally important changes. Similarly, data from the Semi-Annual Progress Report cannot be collected less frequently without impairing ONDCP's capacity to assess the effectiveness of the program as a whole.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This information collection is consistent with the provisions 5 CFR 1320.5(d)(2). Specifically:

- Grantees *are not* required to report information to the agency more often than quarterly. Progress reports are due semi-annually and the CCT is due annually.
- Grantees *are not* required to prepare a written response to the collection of information in fewer than 30 days.
- Grantees *are not* required to submit more than one original and two copies of any document. Grantee's report submissions are done on-line so there is rarely a need to generate hard copy reports.
- Grantees *are not* required to retain records for more than 3 years.
- All information collection *has been* designed to produce valid and reliable results that can be generalized to the universe of the study.

- Statistical data classification *will not* occur in the absence of review and approval by OMB.
- Information collection *will not* be conducted in a manner that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use.
- Grantees *are not* required to submit proprietary trade secrets or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

A.8. Federal Register Notice and Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on Friday, July 18, 2008 (FR vol. 73, no.139, pp. 41382 - 41384, see **Attachment 4**). No comments were received in response to the notice.

The evaluation design for the National DFC Support Program – including the classification typology, data collection tools, and data analytic strategies – was initially reviewed by the DFC Expert Review Group (ERG) on October 7, 2004. Since this original review group was convened, the evaluation's analytic strategies and data collection tools have undergone ongoing scrutiny by the ERG. The ERG was formally convened in Washington, DC, on January 13 and 14, 2005, and again on February 1 and 2, 2007. A special session of the ERG was convened on May 31, 2007, to review and provide feedback on the subtraction methodology proposed as a means of comparing DFC to non-DFC coalitions. A final, formal gathering of the ERG will take place in the final year of the current evaluation contract and is anticipated to be scheduled early in 2009. Also, the members of the ERG are often consulted, depending on the need and the ERG member's expertise, on an ad hoc basis to review and comment on specific aspects of the evaluation plan as they unfold.

The ERG comprises representatives of federal agencies and others with expertise in the field of substance abuse prevention research and evaluation. Information resulting from the discussion among the participants has been included in final drafts of the evaluation design and analysis plans (see **Attachment 5** for a full list of current ERG members).

ONDCP consulted with the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the Substance Abuse and Mental Health Services Administration, and the National Institute on Drug Abuse. OJJDP provided substantial financial resources to support the first year of the evaluation contract. SAMHSA is providing both financial and technical support for development of the data collection system (COMET), while NIDA detailed an employee with evaluation expertise to assist in development of the evaluation design and implementation.[1]

[1] Shakeh Kaftarian, Ph.D.
Health Scientist Administrator, Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse, National Institutes of Health
Bethesda, MD 20892-9589
e-mail: jkaftari@nida.nih.gov, telephone: (301) 443-8892

A.9. Explanation of Any Payment or Gift to Respondents

No payments are made to respondents.

A.10. Assurance of Confidentiality Provided to Respondents

The information to be collected pertains solely to DFC coalitions (e.g., their characteristics, activities, functions, and community-level outcomes). No outcome data for any individual persons (e.g., youth who participate in DFC coalition activities) are sought. Names and contact information for individual persons in their official capacities as coalition leaders or representatives of organizations comprising the coalition are captured. This information is routinely provided in the course of grant application and administration. All personal contact information is treated in a confidential manner. No narratives gathered as part of the information collection activities will be attributed to a specific individual in any reports. Below we describe the handling and reporting procedures employed in order to maintain the privacy of individuals who provide data in their capacities as coalition representatives.

- Every DFC coalition participating in the National Evaluation is assigned a unique identification number by the Battelle evaluation team. This ID number is used to monitor the DFC coalition's status throughout the evaluation.
- Access to identifying information is limited to the Battelle evaluation team and ONDCP staff who need to review survey response and data quality.
- Coding documents and computer files of survey data refer to DFC coalitions by their ID numbers. No name or institutional identifiers other than ID numbers appear on computer forms.
- Individual data bases and computer files are protected by passwords or other techniques to restrict access to staff involved in data analysis.
- No data will be reported by ONDCP or the Battelle team in any form that can be traced back to individual DFC coalitions.
- Coalitions are not asked to provide individual-level outcome information or any outcome information for subgroups that could be used to identify responses of individuals.

Battelle has sought and received internal clearance for the protection of human subjects (see **Attachment 6**) in order to comply with 45 CFR 46.

A.11. Justification for Sensitive Questions

No questions are asked that are of a sensitive nature.

A.12. Estimates of Hour Burden Including Annualized Hourly Costs

The time required by coalition leaders to complete the CCT was estimated through the use of a pilot test (see Section B.4). Nine coalition leaders completed the pilot questionnaire in an average of 55 minutes. Four coalition leaders indicated that it took 60 to 90 minutes to complete the pilot

questionnaire. Two leaders indicated that it took 45 to 60 minutes to complete the pilot questionnaire. Two leaders indicated that it took 30 to 45 minutes to complete the pilot questionnaire, and one leader completed it in 20 minutes. For the purposes of estimating burden, an average of 60 minutes per response was assumed.

The Semi-Annual Progress Report was not formally pilot tested with a group of coalition members. Rather, the COMET development team and the evaluation team along with representatives from ONDCP and SAMHSA tested and provided feedback on the content of the Semi-Annual Progress Report to ensure that only those items essential to progress reporting and supporting the evaluation were included as required fields in the system. Further, the design of the COMET system is intended to allow for daily access and data entry on the part of the coalition and is also intended to serve as a management tool to help lessen the level of effort associated with day-to-day coalition oversight activities. Therefore, it is anticipated that except for a coalition's initial access to COMET, time will be spent in brief spurts throughout the reporting periods for a total of no more than 3 hours in any semi-annual report period devoted to COMET reporting.

Exhibit 2. Estimates of Hour Burden

Type of Respondents	Number of Respondents	Frequency of Response	Average Time per Response	Total Annual Burden (in hours)
Instrument – Coalition Classification Tool				
DFC Grantee* Program Directors	769	1	1	769
Instrument – Semi-Annual Progress Report				
DFC Grantee* Program Directors	769	2	3	4,614
STOP Act (Prior DFC) Grantee Program Directors**	16	2	3	96
Total				5,479

*** includes approximately 64 STOP act grantees who are also DFC grantees**

**** includes approximately 16 STOP act grantees who were prior DFC grantees**

Exhibit 3. Annualized Cost to Respondents

Type of Respondents	Number of Respondents	Frequency of Response	Hourly Wage Rate	Respondent Cost
Instrument – Coalition Classification Tool				
DFC Grantee*Program Directors	769	1	$24.00	$18,456
Instrument: Semi-Annual Progress Report				
DFC Grantee* Program Directors	769	2	$24.00	$36,912
STOP Act (Prior DFC) Grantee Program Directors**	16	2	$24.00	$768
Total				$56,136

*** includes approximately 64 STOP act grantees who are also DFC grantees**

**** includes approximately 16 STOP act grantees who were prior DFC grantees**

A.13. Estimate of Other Total Annual Cost Burden to Respondents or Record keepers

There are no capital/start-up or operational/maintenance of services costs to the respondents associated with this evaluation.

A.14. Annualized Cost to the Federal Government

The annualized contract cost for development of the data collection system and instruments, data collection, data processing, and analysis is $1.3M. In addition, one federal employee will be involved for approximately 25% and two additional employees (including a Senior Executive Service staff person) for approximately 5% of their time over the five years of the project. Annual costs to the government for federal staff to oversee and support this project are $30,000 for each year, resulting in a total cost of approximately $150,000 for five years.

A.15. Explanation for Program Changes or Adjustments

The collection of information to support grant management (Semi-Annual Progress Reports) is an existing data collection activity. However, the CCT represents an additional data collection activity, as does the integration of the progress report and the CCT into a web-based reporting system. Again, these additional data collection activities are needed to support the National Evaluation. The CCT captures additional information that will be used to identify the appropriate stage-of-development for a coalition. The Semi-Annual Progress Report captures additional information to support the evaluation and the reporting of Government Performance and Results Act (GPRA) measures.

A.16. Time Schedule, Analysis Plans and Publication

Time Schedule

The data collection for the evaluation will occur throughout the five-year period of the contract. A specific time schedule is provided in **Exhibit 4** and has been and will continue to be dependent on the evaluation team's access to COMET data following each of the semi-annual report cycles.

Exhibit 4. Project Time Schedule

Activity	Time Schedule
Letters sent to respondents	2 weeks after OMB approval
Semi-Annual Progress Reporting Protocol	Ongoing across the five years (semi-annually)
Coalition Classification Tool Protocol	1 month after OMB approval then annually for five years
Data analysis: Includes classification, data quality assessment, and cross-sectional analyses	6 months after OMB approval, then ongoing for five years
Submit Annual Report	12 months after OMB approval then ongoing across the five years (annually)
Conduct longitudinal data analysis	Ongoing across the five years
Submit final report	52 months after OMB approval
Publish national findings on evaluation	52 months after OMB approval

Analysis Plans and Publication

During the past 20 years, community coalitions have typically been evaluated against ultimate substance abuse outcomes (such as the reduction in 30-day use of tobacco by youth), rather than against processes, capacity, and other immediate and intermediate outcomes appropriate to their developmental stages; thus, only modest impacts of these community-based efforts were found (Merzel and D'Afflitti 2003; Berkowitz 2001). To address this challenge, the evaluation framework views DFC coalitions as embedded in a developmental process that can be tracked across certain dimensions and different developmental stages to implement prevention interventions; to attain immediate outputs, intermediate outcomes, and substance abuse outcomes; and to achieve sustainability and long-term health and behavioral impact. Further, the framework recognizes that the actions, activities, outcomes, and impacts of DFC coalitions are conditioned by social, cultural, and environmental factors within communities, including technical assistance, training, and mentoring provided by ONDCP and others. DFC community coalitions at different stages of development produce different processes, capacities, and outcomes. The degree of success of a DFC community coalition should thus be evaluated against its ability to achieve targeted goals relative to its stage-of-development (i.e., goal attainment).

Similar to previous evaluation efforts, the activities, initiatives, strategies, etc. of DFC coalitions that have an impact on substance abuse outcome measures of interest (such as 30-day use of tobacco) will be examined. However, the greatest warrant for estimating the efficacy of the program will come from an outcomes analysis focused on those mature and sustaining coalitions (i.e., those coalitions that are

expected to have impacted substance abuse outcomes). The impact of DFC coalitions on substance abuse prevention will also be examined, but using an indirect approach because it may not be reasonable to evaluate a direct linkage for less advanced coalitions that have not sufficiently organized, built capacity, and had sufficient time to impact their community to the extent that it can be successfully measured through substance abuse outcomes. However, if the DFC program can be found to be an important factor in helping coalitions mature into advanced coalitions (i.e., if characteristics related to advancement in development can be identified as components of the DFC Program), and if the link between advanced coalitions and substance abuse outcomes can be established, then it would be logical and scientifically appropriate to conclude that the DFC program is effective in reducing substance abuse outcomes; directly for advanced coalitions and indirectly by fostering an environment where less advanced coalitions can become advanced coalitions.

Trends in substance abuse outcomes in communities targeted by DFC coalitions will be compared to the corresponding trends in communities that are not specifically targeted by a DFC coalition, and this will be done indirectly using state- and national-level data. This analysis differs from an approach where comparison communities are selected and matched to DFC coalition communities and a direct comparison is conducted between the two different types of communities. Employing a comparison-community type approach has significant challenges and barriers to obtaining quality and comprehensive information. These include the need to identify appropriate comparison communities that can be determined to be "similar" to a DFC coalition community, the need to identify key informants to provide community information (a significant challenge in communities that do not have a coalition), convincing local contacts to continue to provide this detailed information throughout the evaluation, and the questionable quality of the outcome information that could be obtained. Due to these limitations and resource constraints, the current approach relies on extracting indirect surrogates for substance abuse outcomes for communities not targeted by a DFC coalition from existing national and state surveys to serve as a comparison to DFC communities.

Although, this approach will limit the number of explanatory factors available for advanced modeling, it has a decided advantage in that it does not rely on a direct data collection activity conducted as part of this evaluation effort. Unfortunately, publicly available information is typically only available at a broad geographic level, which prohibits specific community-to-community comparisons.

In January, 2007 the evaluation team concluded a Feasibility Assessment (see **Attachment 7**), conducted to determine if community-level information could be obtained from some of the established national surveys. The results of this assessment follow.

- *Adequate data are not available from all states and therefore not all DFC coalitions could be included in the same investigation using state-collected data.* The primary design of the DFC National Evaluation and GPRA reporting require data on all DFC program grantees and their communities. Therefore, under current conditions, the use of state-collected data or sources other than grantees is not feasible at this time.

- *Data from the National YRBS is only available at the state level.* Data for the National YRBS are collected at the school level, but school identifiers are removed when states send the data to the CDC. The data can be used to compare states or region; otherwise, it has limited use to the

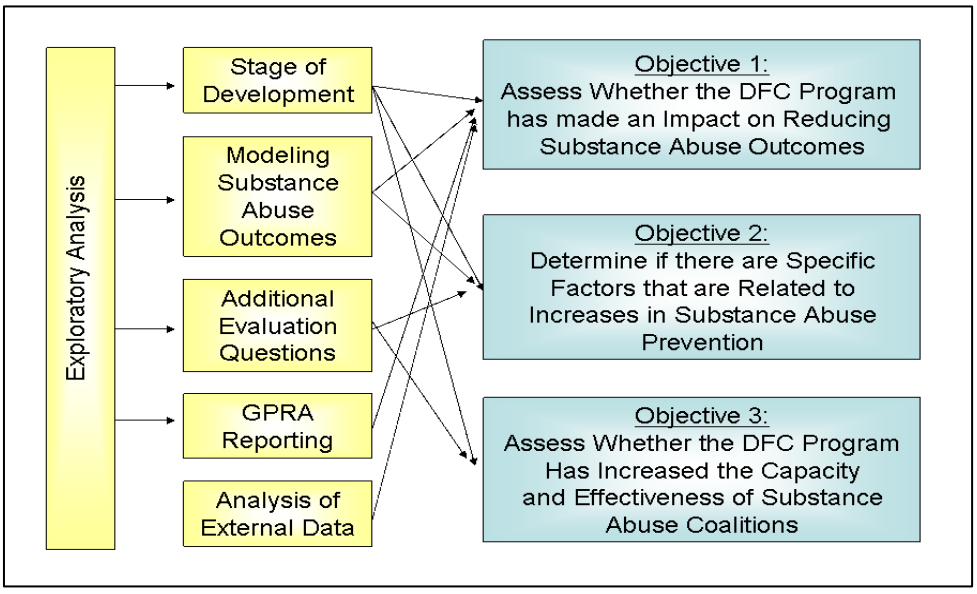
DFC National Evaluation (i.e., as a comparison for core measure trends. The National Evaluation could also consider city/county comparisons using the data from the 23 YRBS participants in local communities for secondary analysis purposes. However, the YRBS only adequately includes two of the four core measures.

- *Some states administer different questionnaires to different populations in their states, some with overlapping participants.* The use of multiple questions and questionnaires would require an extensive data coordination and cleaning task if state-collected data were to be used.

- *Frequency of data collection across and within states is so varied that only comparisons of trends would be possible*. Dates of data collection and the intervals between them are inconsistent (e.g., two or three years apart). Having diverse data collection times limits the opportunity to look at absolute changes (i.e., a net change between two times) in local, state, and youth substance abuse. The National Evaluation would have to compare trends instead, requiring the collection of multiple data points. Comparing trends would allow the evaluation to indicate how many DFC coalitions report change, the average change they report, and difference in trends between DFC communities and national, state, or local communities. However, the evaluation would not be able to quantify the actual net change that DFC coalitions have on their communities from 2004 to 2009. Grantee-provided data faces the same challenge.

Within the evaluation framework, six different statistical analyses will be conducted as part of the core evaluation effort: **(1) preliminary analyses, (2) assessment of stage-of-development, (3) modeling substance abuse outcomes, (4) assessment of additional evaluation questions and hypotheses, (5) analyses to support GPRA reporting, and (6) Analysis of External Data to Enhance Substance Abuse Outcome Information.** The combination of these five analyses will be used to assess whether the DFC program is, directly or indirectly, reducing substance abuse in the communities where it operates. **Exhibit 5** illustrates the relationships between the proposed analyses and the evaluation objectives.

Exhibit 5. Cross-link Between Evaluation Analysis Objectives



This section describes our proposed statistical approach for each analytical task in relatively broad terms. Additional detail, including statistical formulae, is provided in Attachment 2, Evaluation Design Document.

1. Preliminary analysis. One implicit objective of this evaluation is to provide information regarding the status of the DFC program and the characteristics of the participating coalitions. This information will represent a useful context and background for the remaining analyses. It will also provide an initial overview of how the coalitions' characteristics (e.g., size, structure, degree of formalization, etc.) change over time. This information is important for refining the overall evaluation framework and stage-of-development typology.

Statistical approach. This component of the evaluation will use descriptive statistics to describe the coalitions participating in the DFC Program by summarizing such elements as:

- Number of coalitions
- Current and historical classification of coalitions
- Geographic representation of communities served
- Total population served by DFC coalitions
- Ratio of number of DFC coalitions to number of all substance abuse coalitions
- Describe basic characteristics (i.e. capacities, context, etc.) of the coalition

As with the overall program, the features and characteristics of coalitions are expected to change over time. The responses to each component of the data collection instruments will be summarized using frequency distributions and other descriptive statistics. To facilitate characterization of the relationship between coalition characteristics and outcomes, both cross-sectional (single point in time) and longitudinal (measures across time for the same coalitions) summaries will be constructed.

Cross-sectional and longitudinal analyses will be conducted annually following each phase of data collection. Simple descriptive summaries will describe the outcome data and other potential explanatory variables among the population of DFC coalitions. Side-by-side box plots, bar and line charts and simple descriptive statistical summary tables will be prepared to illustrate and summarize the distribution of substance abuse outcome measures as a function of community type (urban/inner city, suburban, rural), stage-of-development, and grade of school, gender, and race. As appropriate, the summary statistics provided in the tables will include sample size (number of communities), mean, standard deviation, minimum, 10^{th} percentile, 25^{th} percentile, median, 75^{th} percentile, 90^{th} percentile, and maximum. For the outcome measures, summary statistics may be provided for the whole community, as well as for each community type, stage-of-development, school grade, gender, and race. Summary statistics will also be used to describe the distribution of covariates by community type and stage-of-development.

2. Assessing stage-of-development. After the initial analyses to understand the basis capacities and characteristics were conducted, the evaluation team set out to develop a typology for coalitions' Stage

of Development, or maturation over time. Using the information collected through the CCT modules of COMET, DFC coalitions have been classified into one of four stages of development (**Exhibit 6**). This section describes the methodology used to develop the coalition classification scheme and the validation of the approach selected.

Coalitions are classified along a dimension of less mature to fully mature and sustaining. The coalition typology framework used by the evaluation team was developed from the existing research literature and the experience of practitioners. It merges three main themes in the literature: maturation (coalitions get better over time); coalition processes (e.g., SAMHSA's Strategic Prevention Framework) and coalition capacities (e.g., knowledge, skills, resources, and relationships needed to meet goals and achieve functions). This typology rests upon a conceptualization of coalitions moving through four *stages of development*: (1) Establishing, (2) Functioning, (3) Maturing, and (4) Sustaining. As shown in **Exhibit 6**, as coalitions move through these stages, they acquire greater sophistication with respect to their organizational structure, capacity, and focus of efforts as well as in their levels of competency to perform vital functions necessary to impact change.

The model recognizes, however, that developmental progression may not be linear; coalitions may progress and regress through developmental stages and change over the course of the evaluation. For example, a Functioning coalition that loses a key coalition leader may regress to an Establishing coalition while the coalition rebuilds, then become a Functioning coalition again at a later date. Therefore, when assessing whether the DFC Program has had an impact on the stage-of-development for the grantee coalitions, it is important to assess the overall trend, recognizing the often cyclical nature of coalition development.

Exhibit 6. Stages of Development for Prevention Coalitions

Stage of Development	Establishing (i)	Functioning (ii)	Maturing (iii)	Sustaining (iv)
Description	Initial formation with small leadership core working on mobilization and direction	Follows the completion of initial activities, focus on structure and more long-range programming	Stabilized roles, structures, and functions. Confronted with conflicts to transform and "growing pains."	Established organization and operations, focus on higher level changes and institutionalizing efforts
Level of Competency to Perform Functions	Primarily learner	Achieving proficiency; still learning and developing mastery	Achieved mastery; learning new areas; proficient in others	Mastery in primary functions; capacities in the community are sustainable and institutionalized

Statistical approach. The CCT contains four six-item scales measuring coalition capacity and functions (see Attachment 3b, questions 2, 20, 22 and 25). Items are coded on a 5-point scale as follows: "Novice" (or a score of 1 on the 5-point scale) indicates that the respondent feels the coalition is still learning how to perform the functions in various areas and could therefore benefit from assistance from others; "Proficient" (or a score of 3 on the 5-point scale) indicates that the respondent feels the

coalition is competent in performing the function; and, "Mastery" (or a score of 5 on the 5-point scale) indicates that the respondent believes the coalition is at an expert level of performance in the areas and could train or be of assistance to others in performing these functions. No labels are associated with scores of 2 or 4, but the intention of the scales was that a 2 represents a score between Novice and Proficient and a 4 represents a score between Proficient and Mastery. **Exhibit 7** shows each of the items included in the scale of coalition maturation. See Attachment 3b for the full text on each dimension.

Exhibit 7. Questions Included on the CCT Measuring Stage-of-Development Dimensions (Four Scale Items and 6 Sub-Items within Each Scale)

Activity/ Functional Areas (Sub-items)	Stage-of-Development Dimension (Item text has been abbreviated) *Question Labels Novice=1; 3=Proficient; 5=Mastery*			
	Coalition Development and Maintenance	**Coordination of Prevention Program/Services**	**Environmental Strategies**	**Intermediary or Community Support Organization**
Assessment Scale (1-5)	Deciding which skills and resources will be needed, assessing which organizations and/or individuals to recruit	Compiling prevalence and risk and protective factor data, prioritizing needs	Determining retail and social sources of substance availability to underage youth, knowledge of community compliance with local ordinances	Understanding current knowledge and skills among community leaders, staff, and residents on prevention strategies
Capacity (1-5)	Building member participation skills, providing desired training and technical assistance to develop coalition structure	Building a solid knowledge base (e.g., familiarity with evidence-based programs and services) and required skills in program design, activity planning	Developing a solid knowledge base (e.g., definition, rationales, and evidence for environmental strategies)	Leveraging the capacity of other organizations, community leaders, and residents by recruiting highly skilled staff and consultants
Planning (1-5)	Building consensus around coalition mission, developing a mission statement and general goals	Analyzing and selecting programs, services, and activities that provide a best "fit" with community conditions	Identifying a range of potential policy changes and enforcement activities, selecting the best "fit" with current community conditions	Designing learning systems, communications and marketing plans, integrated technical assistance and training plans
Implementation (1-5)	Establishing the coalition structure and operating procedures…	Arranging settings for program delivery (e.g., school, community-based organization), creating public awareness, recruiting strategies…	Develop experience in carrying out a sequenced social marketing campaign..	Advertising, recruiting for, and conducting a series of workshops, developing resource centers or web site for the distribution of information, and brokering resources from state and national resources

Activity/ Functional Areas (Sub-items)	Stage-of-Development Dimension (Item text has been abbreviated) *Question Labels Novice=1; 3=Proficient; 5=Mastery*			
	Coalition Development and Maintenance	**Coordination of Prevention Program/Services**	**Environmental Strategies**	**Intermediary or Community Support Organization**
Evaluation (1-5)	Assessing member satisfaction, skill development….	Conducting process and outcome evaluations to refine or eliminate programs	Monitoring enforcement or documenting changes in social indicators to measure policy change	(For example, training, technical assistance/consul-tation, educational program, and material, etc.) Monitoring satisfaction and evaluating changes in knowledge skills and resources.
Planning for Sustainability (1-5)	Planning for changes in leadership, standardizing operating procedures….	"Institutionalization" or incorporation of an evidence-based program as part of ongoing organizational operations in your community	Arranging for regular prevention columns in local newspapers or securing line items in organizations' budgets that institutionalize prevention strategies	Planning for sustainability of capacity building functions. Securing ongoing funding or institutionalizing services into the ongoing operations of other community-based organizations.

Classification Methodology and Empirical Validation of Typology

A. *Classification Methodology Statistical approach.* The statistical approach to this analysis involves two steps: (a) creating the classification algorithm and (b) validation. To create the coalition typology, we calculated a mean score across each of the items in each dimension and overall for each coalition. In addition, mean scores were calculated for each of the three survey waves of the CCT. Coalitions reporting average overall scores that were between 1 – 1.999 (novice average rating) were categorized as Establishing; coalitions reporting average scores between 2 – 2.9999 (novice to proficient average rating) were categorized as Functioning; coalitions reporting average scores between 3 – 3.9999 (proficient average rating) were categorized as Maturing; and coalitions reporting average scores between 4 – 5 (highly proficient to mastery average rating) were categorized as Sustaining.

Results

The distribution (percentages and means) of the coalitions as a function of the stage-of-development typology for each of the CCT waves is shown below in **Exhibit 8**. As shown in Wave 1, 11.5% of the DFC coalitions are categorized as Establishing, 43.3% as Functioning, 38.7% as Maturing, and 6.5% as Sustaining. The mean score across all 26 items for the establishing coalitions was 1.7; for functioning coalitions the mean score is 2.6; for maturing coalitions the mean score is 3.4; and for sustaining coalitions the mean score is 4.3. Percentages for each of the subdomains are also shown in Exhibit 8. These results show that according to this method of categorizing the coalitions, the vast majority are categorized as either Functioning or Maturing; and many fewer as Sustaining or Establishing. Similar

results are shown for the other two survey waves. It does appear that over time fewer coalitions are categorized as Establishing and more as Sustaining, indicating some level of maturation over time. However, there are different coalitions in each of the three waves so the results over time are not directly comparable. (In a later section of this package, the sample is restricted to only those coalitions that were in all three survey waves.)

Exhibit 8. Distribution of DFC Coalitions across Survey Waves and by the 4 Dimensions

	Proposed Typology			
	Establishing	**Functioning**	**Maturing**	**Sustaining**
Wave 1 (N=719)				
Percentage	**11.5%**	**43.3%**	**38.7%**	**6.5%**
Mean	**1.7**	**2.6**	**3.4**	**4.3**
Subdomains:				
Coalition Development and Maintenance	5.29%	36.86%	43.67%	14.19
Coordination of Prevention Program/Services	7.23%	30.88%	44.37%	17.52
Environmental Strategies	17.66%	41.59%	31.71%	9.04%
Intermediary or Community Support Organization	16.83%	44.09%	31.02%	8.07%
Wave 2 (N=729)				
Percentage	**7.1%**	**42.4%**	**40.1%**	**10.4%**
Mean	**1.7**	**2.6**	**3.4**	**4.4**
Coalition Development and Maintenance	4.66%	31.28%	48.70%	15.36%
Coordination of Prevention Program/Services	3.57%	32.37%	43.21%	20.85%
Environmental Strategies	12.62%	41.15%	31.96%	14.27%
Intermediary or Community Support Organization	12.21%	44.03%	30.59%	13.17%
Wave 3 (N=745)				
Percentage	**5.9%**	**40.3%**	**41.5%**	**12.4%**
Mean	**1.6**	**2.6**	**3.4**	**4.3**
Coalition Development and Maintenance	4.16%	31.28%	46.58%	17.99%
Coordination of Prevention Program/Services	4.17%	28.40%	43.34%	24.09%
Environmental Strategies	10.51%	38.81%	37.06%	13.61%
Intermediary or Community Support Organization	10.78%	41.37%	34.77%	13.03%

B. Empirical validation of typology. To validate the typology, the evaluation team used available data from other items on the CCT and data collected by COMET. First, they looked for internal consistency with the additional items on the CCT. If the CCT is a robust tool for categorizing the coalitions, then other similar question items on the survey should be consistent with the stage-of-development

typology. Second, they used data from an external source (COMET) to examine whether the leveraging of funding, an indicator of coalition maturation, was related to the proposed stage-of-development coalition typology. Below are the results of each of these analyses.

Exhibits 9, 10, and 11 below show the stage-of-development typology across the three CCT survey waves for four validating items on the CCT (see Attachment 3b, questions 27, 3, 16, and 18). These four items were selected because they represent other "global" measures of the coalitions' stage-of-development and could be used as a means to check the reliability of the new typology measure with other related items on the survey. Results indicated that these additional measures of global competency were positively correlated with the typology, resulting in correlation coefficients ranging from .55 to .71 ($p<.0001$).

Exhibit 9. Percentage of DFC Coalitions responding to various CCT items by Stage-of-Development Typology (Wave 1 CCT).

Rate your coalition on its capacity to perform key functions (Q27)				
Proposed Stage of Development Typology	**Coalition is learning how to perform key functions**	**Coalition achieving proficiency**	**Coalition achieved mastery in most but cannot sustain**	**Coalition achieved mastery and is sustainable/ institutionalized**
Establishing	75.9%	24.1%	0%	0%
Functioning	24.2%	68.2%	7.1%	.6%
Mature	2.5%	53.4%	39.7%	4.3%
Sustaining	0%	14.9%	68.1%	17.0%

Exhibit 10. Percentage of DFC Coalitions responding to various CCT items by Stage-of-Development Typology (Wave 1 CCT).

How would you best describe your coalition? (Q.3)				
Proposed Stage of Development Typology	**Loosely organized group whose main goal is information sharing**	**A semi-formal group of organizations who have begun to work together on prevention programs and strategies**	**Formal group of organizations who plan and act together to implement prevention programs and strategies**	**A highly formal arrangement with most organizations having a clear role in the planning and implementation of community wide strategies**
Establishing	8.4%	65.1%	24.1%	2.4%
Functioning	.3%	39.9%	57.2%	2.6%
Mature	0%	12.2%	75.9%	11.9%
Sustaining	0%	2.1%	55.3%	42.5%

Exhibit 11. Percentage of DFC Coalitions responding to various CCT items by Stage-of- Development Typology (Wave 1 CCT).

Proposed Stage of Development Typology	Your coalition has established a reputation for "being able to get things done" related to the area of substance abuse prevention (Q16a) (percent agree/strongly agree)	Do you think your coalition will be able to sustain itself in the community for the next ten years? (Q17) (percent yes)
Establishing	38.5%	55.4%
Functioning	68.5%	60.0%
Mature	92.4%	76.9%
Sustaining	97.9%	84.8%

COMET Data – Percentage of DFC Funding

When we examined the relationship between the percentage of DFC funding (collected in COMET) and the stage-of-development typology, we found that the more likely the coalition is to rely on DFC funding only, the less likely they are to be in a "higher" category in the typology (e.g., sustaining) because more mature/sustaining coalitions are better able to leverage other resources. This finding supports the validation of the typology since the relationship was in the expected direction and was statistically significant (-.23 and $p<.0001$).

Maturation of the Coalitions over Time

To investigate whether the typology would show that the DFC coalitions were "maturing" over time, we re-ran the analysis for each of the three CCT survey waves (see Table 3 above) by restricting the sample to only those coalitions that participated in all three waves. As shown in **Exhibit 12**, the percentage of coalitions classified as Establishing decreased from 12.3% in Wave 1 to 3.5 % in Wave 3, while the percentage of coalitions classified as Sustaining increased from 6.3% in Wave 1 to 14.6% in Wave 3. When we investigated coalition advancement between Wave 1 and Wave 3, with the same subset of coalitions, we found that 85% of the Establishing coalitions at Wave 1 advanced to Functioning or above by Wave 3; 51% of the Functioning coalitions advanced to Maturing or above (46% remained the same); 21% of the Maturing coalitions became Sustaining coalitions (58% remained the same); and 66% of the Sustaining coalitions remained Sustaining in Wave 3.

Exhibit 12. Distribution of the DFC Coalitions by Stage-of-Development Typology by CCT Waves*

CCT	Proposed Typology			
	Establishing	Functioning	Maturing	Sustaining
Wave 1	12.3%	43.7%	37.7%	6.3%
Wave 2	4.7%	42.2%	42.0%	11.1%
Wave 3	3.5%	36.1%	45.9%	14.6%

* Sample restricted to only those coalitions participating in all three waves; N= 602.

Descriptive analyses were then conducted on the typology as a function of grade level and outcome, without any imputation procedures. The results of these analyses show that between 2006 and 2007 past 30-day use rates declined for all three drugs and for all four grades. Furthermore, when examining

the outcomes as a function of maturity (i.e., by collapsing Maturing with Sustaining and Establishing with Functioning), Maturing/ Sustaining coalitions had lower use rates compared to Establishing/ Functioning coalitions for all three drugs and for all four grades in 2007 (see **Exhibits 13 through 16**).

Exhibit 13. Distribution of DFC Coalition Measures by Typology and by Year of Outcome Data Collection—9th Graders

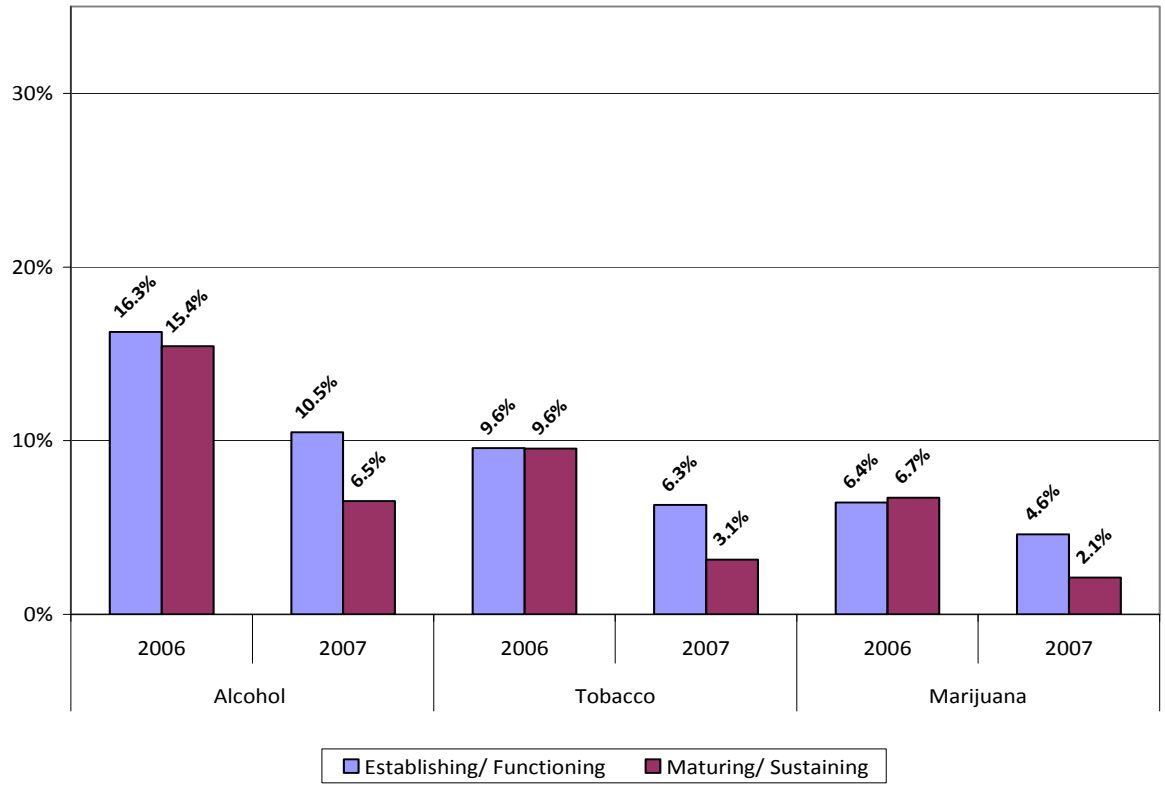


Exhibit 14. Distribution of DFC Coalition Measures by Typology and by Year of Outcome Data Collection—10th Graders

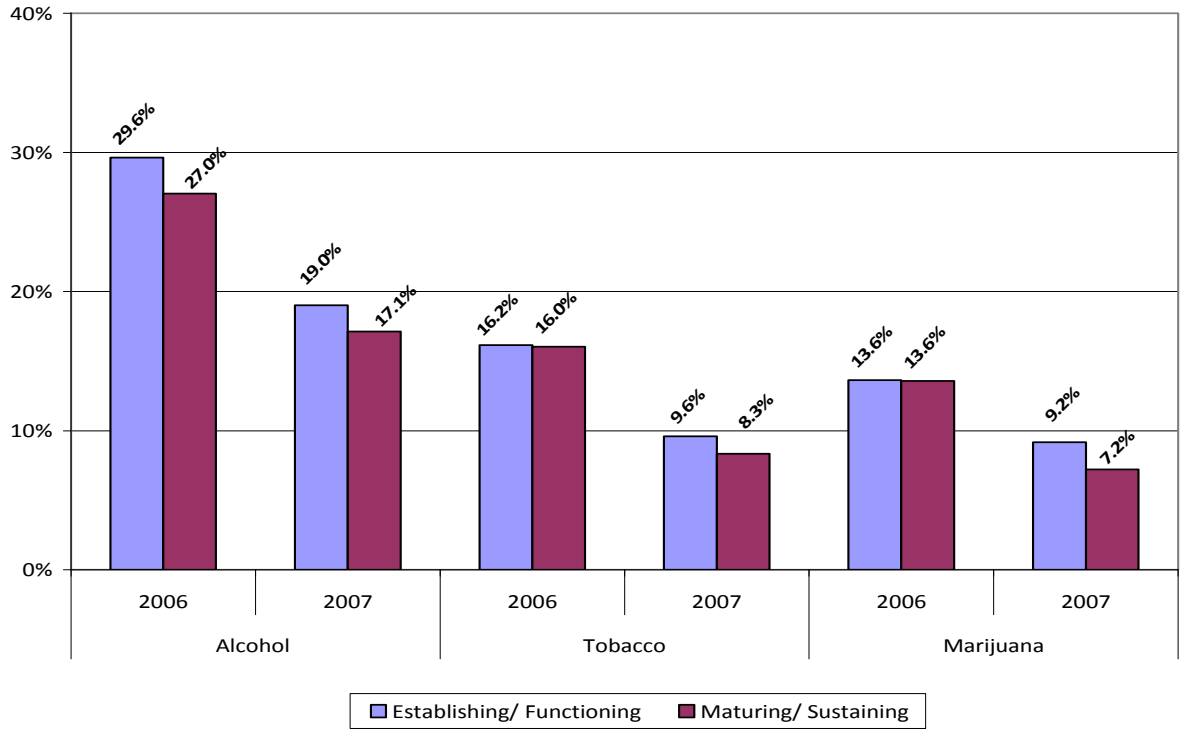


Exhibit 15. Distribution of DFC Coalition Measures by Typology and by Year of Outcome Data Collection—11th Graders

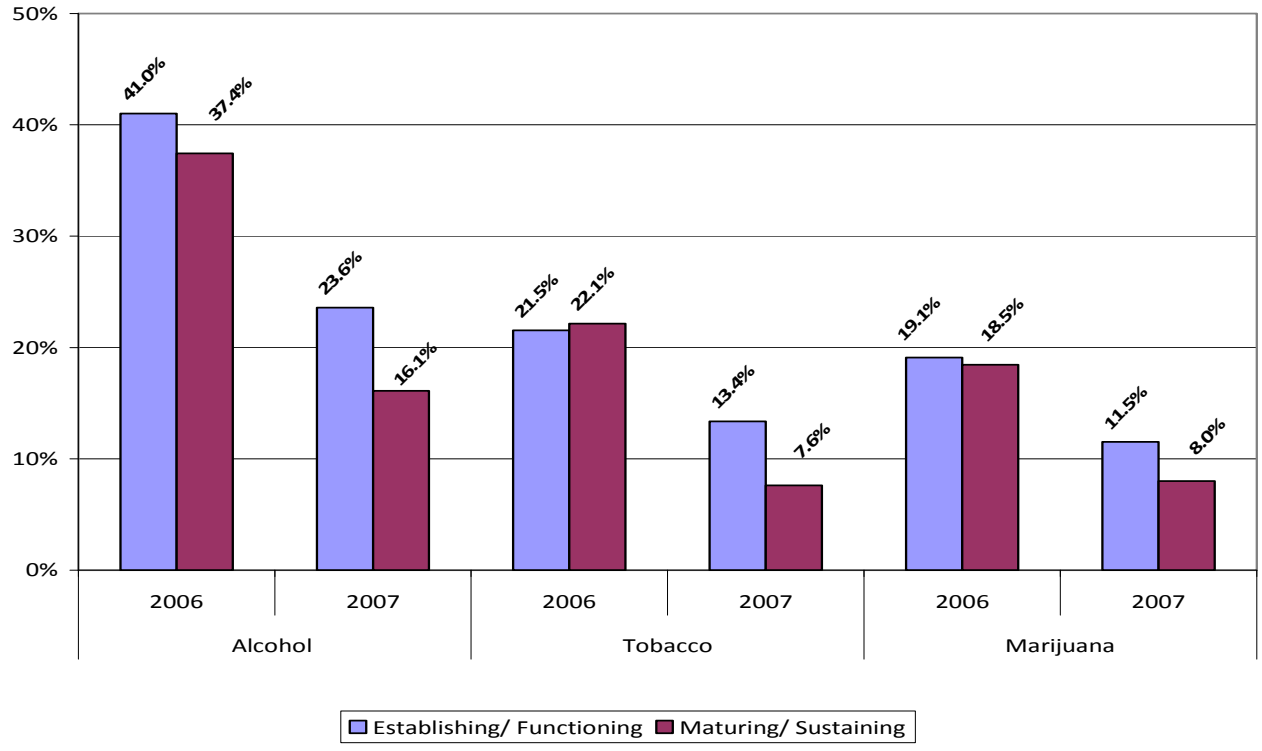
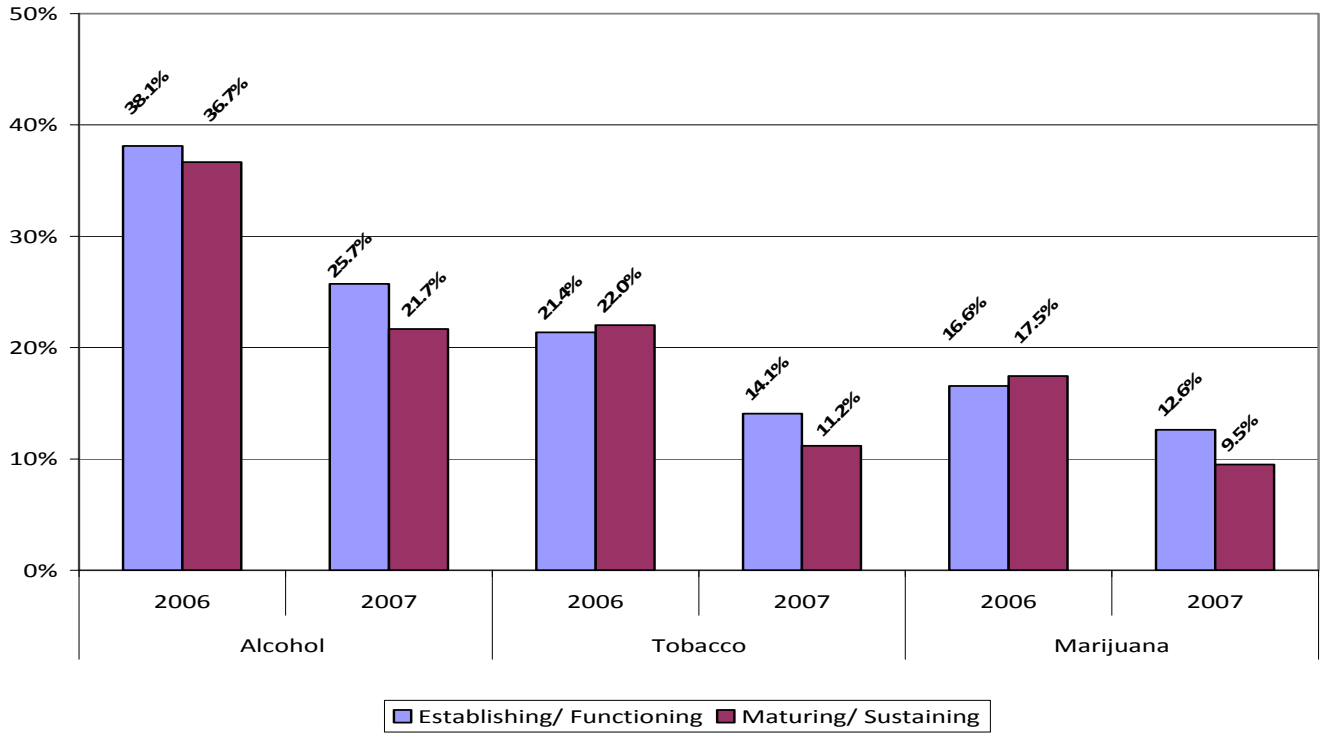


Exhibit 16. Distribution of DFC Coalition Measures by Typology and by Year of Outcome Data Collection—12th Graders



In 2006, there were few differences between coalition type and use rates for marijuana and tobacco. However, past 30-day use rates of alcohol were lower for alcohol in both 2006 and 2007 for Maturing/Sustaining DFC coalitions compared to Establishing/ Functioning coalitions.

Overall, the results suggest that among DFC coalitions, trends of decreasing use rates have been found over time and that when examined as a function of grade and coalition maturity over time, Maturing/Sustaining coalitions report lower use rates than Establishing/Functioning coalitions. Although there were no statistical tests of significance conducted due to limited sample sizes across the years, grades, and drugs, more sophisticated analyses such as these will be conducted in the future, as additional data are collected.

These results demonstrate that the coalition typology is robust and provides a theory-supported tool for categorizing coalitions. Further, when mapped against past 30-day coalition substance use rates, these findings provide support for the theory that maturing and sustaining coalitions will be more effective in reducing past 30-day substance use than establishing and functioning coalitions. The coalition typology provides a valuable tool for tracking coalition development over time and provides empirical support for a developing theory of the determinants of coalition effectiveness. As more coalitions progress through the typology, the DFC National Evaluation can expect to see increasing coalition effectiveness in reducing youth substance use.

3. Modeling substance abuse outcomes. Since the typology has been established as a valid and reliable indicator of maturation, it is important to examine outcome measures as they relate to stage-of-development. Significant predictors of favorable changes in substance abuse outcomes will be identified by statistical modeling as our first step in the analysis. For example, we will assess whether the presence of a DFC coalition classified as Maturing or Sustaining is associated with a decrease in the proportion of youth who report using alcohol in the last 30 days. This analysis will be conducted both for specific time points and using longitudinal models so that trends over time can be assessed.

In addition to comparing trends directly, trends in substance abuse outcomes in communities targeted by DFC coalitions will be indirectly compared—using state- and national-level data—to the corresponding trends in communities that are not specifically targeted by a DFC coalition. For this evaluation, communities with DFC coalitions cannot be compared directly to matched communities that do not have DFC coalitions. As a result, the evaluation will rely on surrogate measures of substance abuse outcomes in communities not targeted by DFC coalitions as the benchmark or index against which DFC communities will be compared. These surrogate measures will be derived from large-scale surveys that are designed to estimate outcome and risk-factor prevalence at the state and national levels. A significant limitation of this approach is that data for many explanatory factors will not be available for non-DFC communities. On the other hand, derivation of these indirect measures does not require that data for comparison communities be collected as part of this evaluation effort. This matched comparison approach was considered but was determined to be infeasible for this evaluation because of logistical considerations, concerns about whether an appropriate contact person could be identified, and concerns about recruitment and retention of comparison communities.

Statistical approach. The association between key explanatory covariates and substance abuse outcomes in DFC communities will be modeled using fixed and random effects inverse variance weighted regression using natural log transformed proportions. Key covariates will likely include the coalition stage-of-development, coalition capacity, extent of activities, and environmental strategies employed. Longitudinal regression models will be fitted using a GEE approach to account for the anticipated positive correlation in substance abuse outcome measures on the same community over time. Specifically, the regression models will express the proportion of beneficial responses within a community as a function of a number of covariates. Forced entry regression will be used to identify covariates that are significantly associated with substance abuse outcomes after adjusting for the presence of other covariates. Stage of development and length of time that the coalition has existed will be retained in the model regardless of their statistical significance. If a preliminary analysis indicates that two variables are highly correlated, only the most theory-defensible variable will be tested first and retained if significant. Additionally, data reduction techniques such as principal components may be used to reduce the dimensionality of the data.

In addition to examining substance abuse trends among DFC coalitions, we propose using surrogates for national benchmarks against which to judge DFC findings. Several large national surveys collect substance abuse outcome data for states and for some large subdivisions of states (counties, metropolitan areas) (see **Exhibit 17**). For the purposes of the evaluation, states (or other geopolitical subdivisions) can be seen as comprising two kinds of communities—those that have DFC coalitions (DFC communities) and those that do not (non-DFC communities). At the state level, the prevalence of substance abuse outcomes at any point in time is the weighted average of the outcome prevalence across both types. By extension, trends in the prevalence of these outcome measures over a follow-up

period (say, five years) form two sets of curves, one for DFC communities and one for non-DFC communities. For the state, the trend in prevalence of the outcome measures is the sum of the curves for DFC and non-DFC communities. Assuming that appropriate weights are available, the prevalence of substance abuse outcomes in non-DFC communities can be estimated if outcome prevalence for DFC communities and the state are known. **Exhibit 18** illustrates the use of prevalence estimates for substance abuse outcomes in states and in DFC communities to evaluate the impact of the DFC program over a follow-up period. The statistical methods for the comparison are given in detail in Attachment 2, Evaluation Design Document. Separate analyses will be conducted to investigate the other four evaluation questions that focus on coalition capacity.

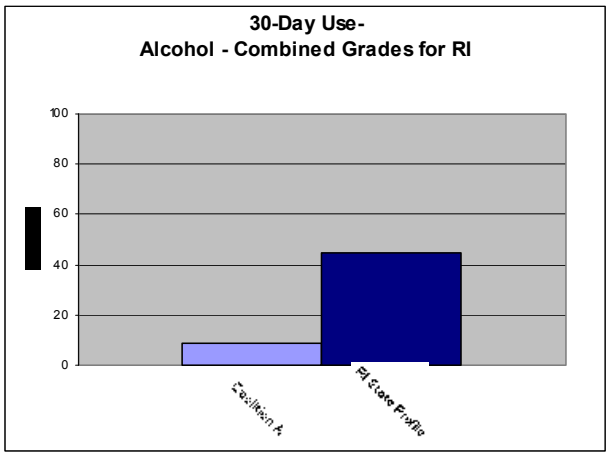
4. Assessment of additional evaluation questions and hypotheses. Seven additional evaluation questions that complement the primary objectives of the evaluation are laid out in the evaluation plan (see Section A.2 and Attachment 2, Evaluation Design Document). Three of these questions focus on the relationship between potential explanatory variables (coalition composition and degree of collaboration, geographical focus of coalition, and effectiveness of environmental strategies) and past 30-day substance abuse outcomes (i.e., percent of youth who report using of alcohol, tobacco, and marijuana in the previous 30 days). The remaining four questions focus on facets of coalition capacity (use of evidence-based strategies, sustainability, national capacity and impact of technical assistance) and how these factors relate to substance use outcomes. Separate analyses on these relationships will be examined.

Exhibit 17. Summary of Substance Abuse Outcome Information Available from Three Large, Ongoing Surveys

Outcome	PRIDE[1]			YRBS[2]			NSDUH[3]		
	A*	T#	M§	A	T	M	A	T	M
30-day Use	N	N	N	Y	Y	Y	Y	Y	Y
Perception of Risk	Y	Y	Y	N	N	Y	Y	Y	Y
Perception of Parental Disapproval	Y	Y	Y	N	N	N	Y	Y	Y
Age of Onset	Y	Y	Y	Y	Y	Y	Y	Y	Y
Perceived Peer Approval	Y	Y	Y	N	N	N	Y	Y	Y
Perceived Norms and Beliefs	Y	Y	Y	N	N	N	Y	Y	Y
Perceived Availability	Y	Y	Y	N	N	N	N	N	Y
Availability of Measures by Grade	Yes			Yes			Yes		
Availability of Measures by Gender	Yes			Yes			Yes		
Respondents' Age Range	8 to13+ 14 to 18			12-18			12+		
Respondents' Grade Range	4-6 graders, 6-12 graders			9th-12th			All		
Geographic Data Available	Fee-based			State			Conducted in All States		

[1] Parents Resource Institute for Drug Education survey; [2] Youth Risk Behavior Survey;
[3] National Survey on Drug Abuse and Health (formerly the National Household Survey of Drug Abuse).
*A = alcohol; #T = tobacco; §M = marijuana.

Exhibit 18. Illustration of Calculating Non-DFC Community Substance Abuse Outcomes Using State Profiles; Rhode Island Used as Model



- RI – YRBS State Profile for 30-day Alcohol Use = 45%
- 1 Coalition, 30-day alcohol use = 10%
- Suppose Community Targeted by DFC Coalition = 5% of population in RI, then
- Non-DFC Comparison Community 30-day alcohol use =

45% = 5% (0.1) + 95% * (X) ➔ X = 46.8%

So, Non-DFC Communities in RI 30-day Use is 46.8%

An additional evaluation question concerns the effectiveness of ONDCP's Mentoring program, which is relatively small—31 of the 769 funded coalitions participate. This sample size is too small to identify significant relationships between mentoring or support activities and changes in capacity or level of effort among the mentored coalitions. Nonetheless, we will attempt to assess the impact of this program quantitatively by coding support activities of the mentoring coalitions to develop categories of activities (i.e., a measure of mentoring "exposure").

Statistical approach. The three evaluation questions that are related to the role of explanatory variables in substance abuse outcomes will be addressed by forcing these measures or indicator variables as covariates into the substance abuse outcome models. Separate models will be developed for each of the remaining four evaluation questions focused on coalition capacity. Generally, these models will consist of a family of general linear models with repeated measures to account for multiple observations from the same coalitions over time. As appropriate, analyses of outcome data (e.g., past 30-day substance use) will be weighted by confidence in the finding as represented by the inverse variance weight of the community outcome estimate. The specific form of each model will depend on the nature of the outcome variable—Poisson regression for modeling outcomes that are counts; logistic and polytomous logistic regression models for categorical outcomes; and linear regression models for continuous outcomes. The evaluation questions have been translated into specific hypotheses of interest that can be tested using statistical models. **Exhibit 19 and Exhibit 20** summarizes the specific modeling technique that is anticipated for each evaluation question and related hypotheses.

For the coalitions in the Mentoring program, summary statistics and logistic regression models will be used to examine the relationship between "mentoring exposure" or effort and coalition capacity outcomes.

Exhibit 19. Analysis Approach for Additional Evaluation Questions Regarding Relationships to Substance Abuse Outcomes

Evaluation Question	Study Hypotheses	Analysis Method
Composition/collaboration. What mix of agencies and types of collaboration are most associated with improvements in community substance use as well as risk and protective factor outcomes?	A. There are specific activities and/or collaborations that are associated with substance abuse outcomes and risk/protective factors.	Variables Included as covariates in substance abuse outcome models
Outcomes vs. geography and socio-economic status. What evidence, if any, illustrates an association between differences in outcomes and such factors as geographic location (urban/rural/ suburban) or socioeconomic status?	A. There are specific relationships between geography and socioeconomic status and substance abuse outcomes and risk/protective factors.	
Effectiveness of strategies. What are the most effective strategies? What mix of strategies led to positive community changes? Is there any relationship to type, level, and coordination of outside funding streams?	A. There are specific relationships between use of specific strategies and substance abuse outcomes and risk/protective factors. B. There are specific relationships between type, level, and coordination of outside funding and substance abuse outcomes and risk/protective factors.	

Exhibit 20. Analysis Approach for Capacity-Related Evaluation Questions.

Evaluation Question	Study Hypotheses	Analysis Method
Increase in evidence-based programs, policies, and strategies. What evidence exists to demonstrate an increase in evidence-based programs, policies, and strategies in coalition communities?	A. DFC Grantees have increased their use of evidence-based programs. B. DFC grantees have had an increase in their impact on substance abuse policies. C. DFC grantees have increased the use of environmental strategies to reduce substance abuse.	Poisson regression, logistic regression
Sustainability. What evidence exists that demonstrates the sustainability of DFC coalitions?	A. DFC coalitions become (are) sustainable.	Logistic regression, linear regression
Increased national capacity. To what extent has the number of communities with established coalitions increased (a Healthy People 2010 objective)?	A. The DFC grant program has increased the number of communities with established coalitions. B. DFC coalitions that have received funding advance in development (i.e., become more established).	Poisson regression Hypothesis B will be examined through the stage-of-development analysis

Evaluation Question	Study Hypotheses	Analysis Method
Impact of technical assistance on data collection, application, and implementation of environmental strategies. What evidence exists that supports or negates an association between the provision of technical assistance and increased data collection and application and/or use of evidence-based strategies by coalitions? Does receiving technical assistance increase the likelihood that a new coalition will subsequently obtain new DFC funding? Do these relationships vary with the source of the technical assistance?	A. Coalitions' receipt of technical assistance is positively correlated with stage-of-development (i.e., more technical assistance results in higher stages of development). B. Some sources/types of technical assistance are more effective than others. C. Technical assistance results in increased data collection. D. Technical assistance results in increased use of evidence-based strategies.	Hypothesis A will be examined through stage-of-development analysis Logistic regression

5. Analyses to support GPRA reporting. ONDCP is required to submit a Government Performance and Results Act report to Congress annually regarding the DFC Grant Program. **Exhibit 21** lists the 2008 GPRA goals and objectives. Information on accomplishments toward these goals and objectives will primarily be captured through COMET.

Statistical approach for establishing targets. Targets for annual GPRA performance were established by calculating the upper 95% confidence interval for each baseline proportion and for each successive year's target value. That is, the upper 95% boundary value for each baseline proportion became the second program year's target value. The upper 95% boundary value for the second year's target, was selected as the third year's target, and so on.

The 95% confidence interval was calculated using Logit transformed proportions (see Formula 1) with the standard error of the proportion calculated using Formula 2 and an assumed sample size of 700 (the approximate number of coalitions in the first year of DFC-funding). The actual upper boundary of the confidence interval was calculated using Formula 3 and transformed back into its associated proportion using Formula 4.

Calculating the logit transformed proportion

$$ES_L = \log_e\left[\frac{p}{1-p}\right] \qquad \text{Formula 1}$$

Where $\log_e$ = the natural log and p = the proportion of subjects in the category of interest (i.e., the baseline or current target).

Calculating the standard error

$$SE_L = \sqrt{\frac{1}{np} + \frac{1}{n(1-p)}} \qquad \text{Formula 2}$$

Where n = 700 and p = the proportion of subjects in the category of interest.

Calculating the upper 95% confidence interval

$$T = ES_L + (1.96 * SE_L) \qquad \text{Formula 3}$$

Where T = the new target expressed as a logit, ES_L is the logit transformed target, and SE_L is the standard error for the logit transformed target.

Transforming the logit target (T) back into its associated proportion

$$p = \frac{e^{ES_L}}{e^{ES_L} + 1} \qquad \text{Formula 4}$$

Where e^{ES_L} is the base of the natural logarithm raised to the power of the logit transformed proportion.

Because DFC outcomes are collected on alternating years, the target values calculated using this method are ambitious in that they project statistically significant change in DFC coalition performance between each anticipated wave of coalition reporting. Because the number of funded DFC coalitions is expected to grow, the assumption of 700 coalitions contributing data is conservative for estimating upper 95% confidence intervals.

Statistical approach for estimating GPRA actuals. Actual performance of the DFC coalitions on the GPRA outcome measures is calculated by estimating the cumulative performance of coalitions on each GPRA measure over baseline relative to the total number of coalitions for which performance could be calculated. That is, only coalitions providing two or more years of performance data for the same grade respondents are eligible to contribute to the estimate.

All calculations for GPRA performance measures follow the same basic logic: the number of programs demonstrating success on a performance measure is divided by the total number of DFC funded programs that provided a baseline estimate and some follow-up estimate for each measure. For the non-past 30-day use items (Age Of Onset, Parental Disapproval or Perception of Risk) a coalition is counted as successful if there is any improvement from baseline (i.e., a later measured outcome indicates improvement in performance over baseline). For past 30-day substance use measures the same basic logic is employed, except that it involves a calculation in addition to the logical rule. If past 30-day substance use decreases by 5% or more in two or more grades, then a coalition is counted as successful.

As each coalition provides its own baseline, the 5% reduction necessary to be identified as successful is calculated according to Formula 5, the value representing a 5% reduction in the proportion of users over baseline for each substance and grade. A coalition is counted as successful when two or more grades within the coalition provide subsequent past 30-day use proportions that are less than or equal to each grade and substance's referent criterion proportion.

Calculating each grade by substance 5% reduction criterion value

$$C_A = p_B * .95 \qquad \text{Formula 5}$$

Where C_A is the criterion to be met or exceeded for success and p_B is the baseline performance for each grade and substance within a coalition.

The proportion of successful coalitions for each GPRA measure is calculated as the number of successful coalitions divided by the total number of coalitions providing two or more waves of data (see Formula 6).

Calculating the proportion of successful coalitions

$$p_{SC} = \frac{S_C}{T_C}$$ Formula 6

Where S_C is the number of coalitions meeting or exceeding the performance criterion and T_C is the total number of coalitions providing two or more waves of data.

Exhibit 21. ONDCP's FY2008 GPRA Goals and Objectives

GPRA Goals	Primary Objectives
Goal 1 – Improve Coalition Effectiveness	*Enhance and strengthen infrastructure* ▪ Increase citizen participation in prevention efforts ▪ Improve coalition capabilities ▪ Increase intergovernmental and interagency collaboration in coalitions ▪ Ensure prevention efforts are more comprehensive and evidence-based and consistent with identified needs
	Enhance prevention efforts ▪ Strengthen coalitions in their prevention efforts to decrease risk factors in the community ▪ Strengthen coalitions in their prevention efforts to increase protective factors ▪ Strengthen coalitions in their prevention efforts to decrease substance abuse indicators
Goal 2 – Strengthen technical assistance to community coalitions	Implement and assess strategies of the National Community Anti-Drug Coalition Institute
	Implement and assess the efficacy of a mentoring coalition demonstration program

6. Analysis of External Data to Enhance Substance Abuse Outcome Information

Several national surveys collect information about substance abuse outcomes of interest to ONDCP (see **Exhibit 17**). Many DFC coalitions rely on these surveys for outcome measures that they then provide via their Semi-Annual Progress Report. Unfortunately, the public data sets associated with these efforts do not contain community level data. Therefore, the evaluation team assessed the feasibility of obtaining this community-level information directly from the organizations that conduct the national surveys in an effort to enhance the internal consistency and reliability of the substance abuse outcome information. See Section A.16 of this report for a summary of findings from the Feasibility Assessment. A detailed report on the Feasibility Assessment is included in Attachment 7.

Reporting results

During the five-year period, the evaluation team will develop and submit a total of five annual reports and one final report. In addition, upon request from ONDCP, ad hoc analyses and reports will be prepared during the five-year period of the National Evaluation.

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

No exemption from displaying the expiration date is requested.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions (see **Attachment 8**).

B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling

Respondents

DFC grantees. The respondent universe consists of all funded DFC coalitions beginning in FY2000 through FY2008 (n=769) with approximately 90 additional grantees per year being added throughout the evaluation. Information will be used to estimate substance use rates among youth in DFC communities and compare trends in these rates with trends in non-DFC communities. Data for non-DFC communities will be abstracted from national- or state-level surveys (i.e., without the need for additional primary data collection or sampling). Unfortunately, community-level information is not available from the sponsors of these surveys. Even if it were, this information would not be expected to provide sufficient longitudinal coverage for DFC-funded communities as separate probability-based cross-section samples are selected with each survey wave. However, a surrogate outcome measure of past 30-day substance use for non-DFC communities will be extracted by assuming that the state average can be considered to be a weighted average of the outcomes by population size of all communities in the state and solving the equation for the unknown rates of substance use in non-DFC communities.

B.2. Procedures for the Collection of Information

The formal process of data collection began with a letter from the Deputy Director of the Office of National Drug Control Policy to all DFC coalition directors in February, 2005, to provide information about the evaluation. Specifically, this letter introduced the new web-based COMET (referred to as PMMS at the time this communication was made) interface; provided a password and instructions to access the system; and outlined a timetable for submission of data. After receiving the initial letter, coalitions were notified electronically and through the DFC listserv of dates to access the system to submit data for the instruments. In all subsequent years, the Terms and Conditions that accompany grantees' Notice of Awards at the beginning of the grant award years have contained specific information about the reporting requirements. This information is also posted on the Drug Free Communities Program's website.

- *The DFC CCT, a data collection module in COMET based on the four-stage coalition typology developed for the National Evaluation and outlined in the framework introduced above.*[2] This instrument is used to collect information on coalition composition/structure, characteristics,

[2] The four stages are Establishing Coalition (I), Functioning Coalition (II), Maturing Coalition (III), and Sustaining Coalition (IV).

capacity, functions, and activities. These data are being used to classify coalitions into different stages of development for the evaluation. The typology can also be used to prioritize technical assistance and training activities. The director or assistant director of the grantee organization completes and submits the CCT information online to ONDCP annually (see Attachment 3a).

- The *Semi-Annual Progress Report* serves as a progress report for the DFC grantees. Intended primarily as a management tool for SAMHSA Project Officers, the data elements include information pertaining to progress, accomplishments, capacity, planning, implementation, and self-evaluation. The director, assistant director, or staff delegates of the grantee organization submit the information online to SAMHSA semi-annually (see Attachment 3b) through COMET, although information can be entered into the system as often as desired.

  Information obtained for progress reporting will be used by SAMHSA and ONDCP to:

  - Assess grantees' progress in meeting program objectives.
  - Identify needs and target resources for technical assistance and training.
  - Satisfy federal reporting requirements such as those mandated by the Government Performance and Results Act.

  The Semi-Annual Progress Report has replaced the interim quarterly report previously required of grantees and collects data for management and oversight of grantees by SAMHSA. The Semi-Annual Progress Report is less time-consuming and more flexible for coalitions and more effective as a management tool for SAMHSA.

Data quality is a particular concern on this project because the primary data for the evaluation are self-reported, and the DFC coalitions are responsible for identifying and reporting community-level outcome data. Thus, community-level outcome measures may be affected by reporting and selection biases. This issue is inherent in all self-reported data. Data quality will be improved through the use of vetted survey items and training and technical assistance in responding to survey items. In addition, at each stage in data collection, data quality assessment (DQA) will be undertaken prior to conducting any statistical analysis.

One focus of the DQA will be on the outcome measures, because they represent response variables for the study. As noted, the outcome measures will be community-level statistics obtained from surveys that are conducted independently of this evaluation. Coalitions will be responsible for identifying the appropriate data source, locating the data corresponding to the outcomes and strata requested in this evaluation, and entering them accurately into the data collection instrument. This process may potentially lead to data that are below the minimum data quality standards needed to conduct an unbiased evaluation. Deficiencies may be indicated by, among other things, (1) significant amounts of missing or invalid data, (2) evidence of inaccurate data, and (3) the use of unreliable methods by coalitions for collecting outcome measures.

Evidence of potentially inaccurate data will be identified using a number of quality checks, including:

- Identical responses across multiple categories within the same strata and year.

- Identical responses in large numbers of cells over time.
- Discrepancies in sample sizes or estimated proportions across different levels of aggregation (e.g., the total number of respondents summed across grade levels does not equal the total number of respondents summed across gender; or the number of respondents changes radically from year to year).
- Performing a formal, statistically based outlier analysis for reported outcomes.
- Establishing criteria that may be indicative of potentially invalid or inaccurate responses, such as the reporting of 100% or 0% of youth for a particular outcome.

Coalitions are asked to report outcome measures, but are not mandated as to how they obtain the requisite information. That is, each coalition may choose to employ a different survey technique to obtain this information. Therefore, there is the potential that some coalitions may rely on techniques that are known to be biased. As part of the information collected from coalitions, data on the instrument used for collecting outcome measures will be requested. For example, coalitions will be asked to indicate the source of their outcome data – state survey, established community survey, or custom survey, for example.

Outcome measures using an established state or community survey are more likely to yield scientifically valid and representative results for the community. Outcome measures collected using other methods (e.g. use of custom surveys) are more likely to be biased or nonrepresentative, and additional information will be sought from coalitions that report using these methods to evaluate the validity of the reported outcomes. If grantees indicate the use of a custom survey, they must have the survey reviewed by the evaluation team and approved by their Project Officer.

If data quality issues cannot be resolved by DFC Project Officers in conjunction with the coalition, data from that coalition may be excluded from the statistical analyses, which will reduce the effective sample sizes and resulting statistical power of hypothesis tests for the evaluation.

Data Management

Data will be routinely downloaded from COMET, sent to the evaluation contractor, and backed up to a separate data system controlled by the evaluation team. In addition to regularly scheduled downloads, data will be downloaded after submission of each Semi-Annual Progress Report and each submission of the CCT.

Data extracted from COMET will be compiled into a SQL Server database by the evaluation team, which will be stored on a secure server without outside access. This SQL Server database will serve as the main repository of data for the evaluation. As such, only permanent changes and corrections will be made to this database. Data for specific analyses will be automatically extracted and manipulated for statistical analysis using SAS®. Changes made to the data for a particular analysis will not be made in the SQL data unless this change will be applied to every analysis. Otherwise, data changes and modifications will be "soft-coded" into the analysis SAS® code. Each coalition's grantee ID will be used as a unique identifier for all coalition records.

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

A 100% response rate among the DFC coalitions is expected for both the CCT and the Semi-Annual Progress Report, since this is considered a reporting requirement of the grant award.

In addition, our anticipation of a high response rate among DFC coalitions is based on benefits garnered by coalitions in using the COMET platform. COMET will allow coalitions to generate analytic information to assess their own coalition's performance and target efforts to improve sustainability. For example, a critical function of the CCT will be to assist coalitions in identifying areas where additional technical assistance and training may be required to further improve the performance of the coalition.

Non-respondents will be contacted by their project officers and encouraged to complete either the semi-annual report or the CCT. Incentives in the form of "Quick Facts" and other ad-hoc analyses/ summaries of the collected information will be provided to participating coalitions. ONDCP's partners, particularly the Coalition Institute, will be asked to emphasize the benefits of understanding the stage-of-development of a coalition and will begin to organize training and technical assistance around this issue.

Non-respondent grantees will be made aware that they face an escalating response from their government project officer. There are three progressive discipline actions that can be taken that are in accordance with DFC Statutes.

(1) High-risk status;

(2) Suspension;

(3) Termination.

1. High-Risk Process

When a DFC grant recipient is placed on high risk status, they are notified of additional requirements that are being placed upon them and what actions are required of them to no longer be on High Risk. They are also informed that failure to respond to the corrective action detailed in the high-risk notification letter may result in suspension or termination of the grant. The notification letter will include the SAMHSA DFC appeals process for suspension and termination. The SAMHSA DFC Grant Specialist and Project Officer provides guidance to the grant recipient in making corrections.

2. Suspension Process

Suspension is the second step in the progressive discipline process. Suspension is an action that temporarily withdraws the agency's financial assistance under an award, pending corrective action by the recipient or pending a decision to terminate the award" (45 CFR 74.2).

3. Termination Process

The third step in the progressive discipline process is grant termination. Termination is "the cancellation of awarding agency sponsorship, in whole or in part, under an agreement at any time prior to the date of completion" (45 CFR 74.2).

B.4. Test of Procedures or Methods to be Undertaken

The core COMET platform is built around an existing system that has been successfully used by a number of coalitions. Significant internal testing and review of COMET took place and continues to occur on a daily basis as part of the software development process and as grantees use the system and come across issues/improvement suggestions.

A stratified sample of 20 DFC coalitions was selected to participate in a pilot test of the CCT. Coalitions were stratified based upon a subjective assessment of their approximate stage-of-development: (1) Establishing, (2) Functioning, (3) Maturing, (4) Sustaining. A random sample of five coalitions was selected in each stratum. Establishing and Functioning coalitions were only considered for selection into the sample if they had previously reported data for two outcome measures. Maturing and Sustaining coalitions were considered to be candidates for selection if they had reported data for all outcome measures. Finally, although not part of the formal stratification, diversity was sought in the geographic areas targeted by the coalitions in the sample to enhance representativeness of the population of grantees. The selected coalitions included eight coalitions targeting urban areas, five coalitions targeting suburban areas, and seven coalitions targeting rural areas.

All 20 DFC coalitions were contacted and asked to participate in the pilot test. Eight of the coalition leaders contacted were willing and able to participate in the pilot test within the allotted time frame. A ninth coalition leader volunteered for the pilot through the ONDCP Community Prevention listserv. The coalition leaders were asked to review the CCT and present their feedback during a follow-up telephone call. Coalition leaders willing and able to participate in the pilot were scheduled for a follow-up telephone call and sent an electronic copy of the CCT as well as a copy of the discussion questions. Follow-up telephone conversations with the coalition leaders participating in the pilot were conducted over a three-day period. One coalition leader also provided handwritten comments on the CCT.

The follow-up questions included:

1. What is your overall impression of the Coalition Classification Tool's clarity and organization?
    a. Does the description of coalition development on page 1 make sense to you? Why or why not?
    b. Do the coalition functional areas listed on page 1 make sense to you? Why or why not?
    c. Do the General Rating questions make sense to you? Why or why not?
2. What is your overall impression of the Coalition Classification Tool?
3. How long did it take you to complete the Tool?
4. How do you think the Coalition Classification Tool can be useful for coalitions?
    a. In what ways can the Coalition Classification Tool be made more useful?

   b. How would you use the Coalition Classification Tool internally, within your coalition? What kinds of reports/information would you want to know about your coalition?

5. What additional information about coalitions would you like to see included in the Coalition Classification Tool?
6. Do you have any other comments about the Coalition Classification Tool?

Pilot participants' feedback on the CCT was generally positive. The CCT's overall clarity and organization was described as "good," "understandable," "usable," and "comprehensive." Most participants affirmed that the description of coalition development, the coalition functional areas, and the general rating questions made sense to them. Regarding the CCT's use, pilot participants felt it would be a useful management tool for coalitions—"to gauge progress and set goals," use it "as part of our strategic plan," and use it "as a needs assessment." Suggested improvements included adding better definitions for the terminology used in the CCT, using more consistent terminology throughout the CCT, and adding examples of the CCT's utility to coalitions on the first page so that respondents are convinced immediately of the importance of the instrument. Pilot participants further suggested creating a glossary of terms for easy reference while completing the CCT as well as a manual of resources for coalitions interested in making needed improvements in areas of development. One participant also recommended incorporating questions about sustainability and cultural competence throughout the CCT.

The CCT was revised to incorporate the feedback of pilot participants. To clarify terminology associated with the general rating questions, definitions of the rating scale response options (mastery, proficient, and novice) and the term global rating were incorporated in the descriptive narrative of the CCT. The CCT was reviewed and revised to ensure consistent use of terminology. An area for participant comments was added to allow participants to explain their responses and provide feedback about their experiences and concerns with the CCT. Efforts were also made to include the ideas of sustainability and cultural competence in the first four sections of the CCT and to clarify the purpose of the tool by adding additional narrative to the first page of the questionnaire. There were several question-by-question comments and efforts were made to address commonly identified areas for improvement.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Michael Ponder, Ph.D., Consultant
Applied Social Research and Evaluation
11098 SW Lynnvale Drive
Portland, OR 97225
Phone: 503-644-8371
Fax: 503-526-9260
Email: PonderASRE@aol.com

Paul Florin, Ph.D., Professor
Community Research & Services Team
University of Rhode Island
Providence Campus, Room 236
80 Washington Street
Providence, RI 02903
Phone: 401-277-5302
Fax: 401-277-5486
Email: pflorin@uri.edu

David Chavis, Principal Investigator
Association for the Development of Community
312 South Frederick Avenue
Gaithersburg, MD 20877
Phone: 301-519-0722
Fax: 301-519-0724
Email: dchavis@capablecommunity.com

Ben Pierce, M.S., Senior Analyst
Battelle
505 King Avenue
Columbus, Ohio 43201
Phone: 614-424-3905
Fax: 614-458-3905
Email: pierceb@battelle.org

Warren Strauss, Sc.M., Task Leader
Battelle
505 King Avenue
Columbus, Ohio 43201
Phone: 614-424-4275
Fax: 614-458-4275
Email: strauss@battelle.org

James Derzon
Battelle
2101 Wilson Blvd, Suite 800
Arlington, VA 22201
Phone: 703-248-1640
Fax: 703-527-5640
Email: Derzonj@battelle.org

Fred Dong
Battelle
1100 Dexter Avenue North, Suite 400
Seattle, WA 98109
Phone: 206-528-3120
Fax: 206-528-3550
Email: dong@battelle.org

Jennifer Malson
Battelle
6115 Falls Road, Suite 200
Baltimore, MD 21204
Phone: 410-372-2724
Fax: 410-377-6802
Email: malsonj@battelle.org

Jeanine Christian
Battelle
6115 Falls Road, Suite 200
Baltimore, MD 21204
Phone: 410-372-2751
Fax: 410-377-6802
Email: christianj@battelle.org

Mary Kay Dugan
Battelle
1100 Dexter Avenue North, Suite 400
Seattle, WA 98109
Phone: 206-528-3142
Fax: 206-528-3550
Email: dugan@battelle.org