

Strategic Prevention Framework – State Incentive Grant

Presented to the California Department of
Health Care Services

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ii. Executive Summary

The Substance Abuse Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework State Incentive Grant (SPF SIG) program seeks to improve states' substance abuse prevention systems and enhance the quality of prevention interventions in their communities. The SPF is a five-step prevention planning model that promotes data-driven decision-making, and approaches prevention from a population-based perspective. The steps include assessment, capacity building, planning, implementation, and evaluation, joined by attention to cultural competence and sustainability.

The California SPF SIG targeted underage and excessive drinking among 12 to 25 year-olds. The primary challenge of the project was to achieve a community-level (whole population) reduction in underage and excessive drinking within one or two years, and demonstrate the effect via rigorous evaluation. To meet that challenge, a team from the Prevention Research Center (PRC), a division of the Pacific Institute of Research and Evaluation (PIRE) worked with the California Department of Health Care Services (DHCS) to develop a community-level randomized trial involving 24 cities throughout the state, all selected at random, half of which were randomly-assigned to the intervention condition.

To achieve population-level effects in a short time, the SPF SIG promoted environmental prevention approaches. In California, this meant the adoption of such evidence-based alcohol control measures as enhanced enforcement of laws against serving or selling alcohol to minors, driving under the influence (DUI) enforcement, greater enforcement of social host or nuisance party ordinances, and a focus on reducing alcohol service to intoxicated patrons. These interventions were presented to the intervention communities in the context of logic models (one for underage drinking, one for DUI reduction) and a summary table of the prescribed intervention components. The hope was that by being specific about the given interventions, communities would be able to accelerate implementation.

Community prevention presents a number of predictable hurdles including widespread ambivalence regarding underage drinking, an assumption that prevention should only focus on "problem" drinkers, low perceived efficacy of environmental prevention strategies, and common logistical and bureaucratic barriers to collaboration across agencies and organizations. Emphasis on the logic models and work plans was meant to overcome or at least minimize these expected hazards to implementation.

A process evaluation was designed to document implementation and to better understand how well it was done and how it could be improved in future community prevention efforts. Qualitative interviews during the planning phase and later at the end of the project were supplemented by a web-based survey of community participants. A primary finding was that many felt that the SPF SIG objectives were unclear or even confusing at the start, despite overt efforts to make those explicit. This lack of clarity was addressed in the course of drawing up work plans and especially once implementation was under way. In many, but not all communities, there were some initial problems with coordination between prevention agencies and local police departments, but participants reported that these were dealt with successfully.

Given conventional wisdom in community prevention, there was concern that the project might be perceived as overly-prescriptive. This fear proved unfounded as participants viewed it as helpful and would, in fact, have appreciated even more direction in places. Finally, there was near-unanimous agreement that the SPF SIG had met its objectives by the end of the funding period.

The outcome evaluation was designed to maximize the ability to show any impact the SPF SIG might have. The 24 cities in the randomized design were between 50,000 and 450,000 in population, which were then roughly matched before being randomly assigned to condition. The use of existing (archival) data was based on a desire to demonstrate how communities or counties could utilize existing data at low cost compared to original data collection. Random digit-dialed telephone household surveys, for instance, run into the hundreds of thousands of dollars for a project such as SPF SIG.

The use of archival data comes with one major handicap, and that is that they only become available after a considerable lag of one to two years, typically. In this final report, data from the California Healthy Kids Survey (CHKS) seemed to suggest a reduction in 30-day “binge” drinking among high school students in intervention communities relative to the control cities.

Data from the California Statewide Integrated Traffic Reporting System (SWITRS) likewise suggested a reduction in the proportion of DUI crashes with injuries over total crashes in the intervention communities for the year after initial implementation of SPF SIG activities.

Finally, data from the California Monthly Arrest and Citation Registry (MACR) showed a similar pattern of relative reductions in the rates of aggravated assaults, sexual assaults, and violent crimes, but these data are only available as annual rates, and are thus difficult to interpret with precision.

Given the provisional nature of all these outcomes (i.e., limited data only from immediate year of implementation), further data collection and analysis will be needed to have confidence that these apparent findings are real. The PRC evaluators will be able to pursue this in the months ahead.

Looking to the future, key materials and supplemental text were brought together to build an on-line “toolkit” for disseminating the SPF SIG experience to anyone who may have an interest in all or part of the project. The toolkit encourages the viewer to browse at whatever level of detail they wish, from starting with a broad overview of the SPF SIG intervention, through details about any of its components, to a selection of materials developed by the participating communities. It is hoped and expected that the toolkit will be improved upon as input from others is given.

In retrospect, the SPF SIG may have been overly ambitious in recruiting communities at random to participate, as this may have included communities with lower motivation to implement the project. A general concern about lack of clarity for project objectives at the start of the project is puzzling, given how much detail was provided at the orientation and starting materials, but it is something to be attentive to in any future project.

Specifying the “dosage” or intensity of preventive interventions is still an issue for community prevention, as research has not kept up with the need for direction by prevention specialists. For the outcome evaluation, existing archival data is an attractive option for communities, except for the problem that such measures are often not available in a timely manner.

Being much more prescriptive in approach did not seem to be as difficult as some would have guessed and, in fact, could have been even more specific. Finally, most, if not all of the community collaborators felt that SPF SIG had been successfully implemented in their cities and regarded the experience as a positive one.

1. BACKGROUND¹

Substance Abuse Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework State Incentive Grant (SPF SIG) program seeks to improve states' substance abuse prevention systems and enhance the quality of prevention interventions in their communities. The SPF is a five-step prevention planning model that promotes data-driven decision-making and approaches prevention from a population-based perspective. The underlying hypothesis is that faithful implementation of the SPF—with attention to cultural competence and sustainability in each of the five steps—will build State and community substance abuse prevention capacity, lead to the selection of effective and appropriate prevention interventions, and ultimately reduce detrimental consumption patterns and related problems.

The five SPF steps are:

Assessment

The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to:

- Understand a population's needs
- Review the resources that are required and available
- Identify the readiness of the community to address prevention needs and service gaps.

Capacity

Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical aspects of building capacity. The California SPF SIG team, backed by SAMHSA support, will provide training and technical assistance (TA) to fill readiness gaps and facilitate the adoption of science-based prevention policies, programs, and practices.

Planning

Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community. During this phase, organizations develop logic models and corresponding evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

Implementation

The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

¹ Much of the general background information here is taken directly from SAMHSA materials

Evaluation

Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.



Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

Sustainability

Sustainability refers to the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term.

Cultural Competence

Cultural competence is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.

Distinctive Features of the SPF

Though the steps of the SPF will be familiar to most prevention practitioners, the framework has four distinctive features:

- It is driven by the concept of **outcome-based prevention**. Increasingly, funders require evidence that communities have defined and achieved their prevention outcomes. For example, many funders have threatened to discontinue drug-free zone programs at schools because there is no tangible proof that they work. The SPF drives people toward defining the specific results they expect to accomplish with their prevention plan.
- It focuses on **population-level change**. Earlier prevention models usually measured success by looking at individual program outcomes or changes among small groups. For example, a prevention program aimed at middle-school students might look for individual increases in resiliency or changes across one grade level. Under the SPF, a community must implement policies, programs and practices which could collectively produce more broad-scale change across the whole population.
- It focuses on **prevention across the lifespan**. Traditionally, prevention has focused on adolescent consumption patterns. The SPF challenges prevention practitioners to look at substance abuse among other populations which are often overlooked, such as 18- to 25-year-olds and adults over 65. In California, we are targeting excessive drinking among 12 to 25 year-olds.
- **It emphasizes data-driven decision-making**. States, jurisdictions, tribes and communities are expected to collect data on consumption and consequence patterns. They are also expected to use data to describe their community, as well as their community's capacity to address identified problems. Finally, communities are required to identify policies, programs and practices whose effectiveness is supported by data.

2. THE CALIFORNIA SPF SIG

The California Department of Health Care Services (DHCS) was awarded the SPF SIG from SAMHSA in 2010. The overall goal of the grant was to improve community prevention efforts by developing a systematic approach to prevention that would facilitate the adoption of evidence-based prevention strategies and their effective implementation.

The project was comprised of the SPF components, of course. In addition, the grant extended support of the State Epidemiological Workgroup (SEW) which identified the target for the SPF SIG grant: **reducing excessive drinking among 12 to 25 year olds**. The SEW will go on to develop relevant alcohol and other drug data sources for statewide needs assessment, planning, and implementation beyond the life of the SPF SIG grant. The project also received advice and guidance from the Interagency Prevention Advisory Council (IPAC). The Prevention Research Center (Pacific Institute for Research & Evaluation) was responsible for guiding prevention planning and implementation, as well as the evaluation, with the assistance of the Center for Community Action & Training (CCAT) and the Center for Applied Research Solutions (CARS).

Here are key features of the SPF SIG grant:

- It focused on reducing excessive drinking among 12 to 25 year-olds with priority given to those whose drinking creates the greatest risk to the community.
- The grant required a focus on what would achieve community-level change in one or two years.
- Those changes (reductions) would be documented via community-level archival records, for example, alcohol-related traffic crashes, injuries, and crimes (especially assaults).

It is important to emphasize that achieving these objectives is not trivial, and in fact, focuses the project on the kinds of alcohol control measures that have been proven capable of effecting community-level change. Examples of evidence-based interventions that address those ages and can achieve reductions in a matter of months include:

- Enhanced DUI enforcement,
- Responsible Beverage Service (using both training and enforcement),
- Party Patrols targeting nuisance parties and/or where social host is providing alcohol to minors,
- Enhanced enforcement of laws against selling to minors (decoy operations).

The plan was to meet the SPF SIG requirements by taking communities through a guided process of selecting evidence-based interventions in light of local conditions and existing prevention interventions. This initial planning period helped the communities determine the structure and stakeholders needed for effective implementation.

Selection and Recruitment of SPF SIG Intervention Communities

The Prevention Research Center (PRC), along with the SPF SIG implementation team, developed a process for identifying high-need communities for project participation. The primary criteria for such communities included the following:

- That there would be a reasonable chance of effective implementation of the components of the community prevention;
- That the communities would be sufficiently large enough to produce outcome measures suitable for evaluation of the intervention, along with an infrastructure to support data collection; and
- That the communities would be reasonably diverse and representative geographically and demographically, and not in some way narrowly chosen only for specific suitability to the SPF SIG project.

An initial set of cities of between 50,000 and 500,000 in population were identified, with the idea that smaller cities may not have sufficient alcohol-related problems (e.g., motor vehicle crashes) to use for evaluation, and that in larger cities, it may be too difficult to implement a community-wide prevention intervention. There were 138 such cities in the 2000 census. Among those, over half were in the four largest counties: Los Angeles (36), Orange (18), San Bernardino (11) and San Diego (11). In order to form a short list of manageable size, and to reduce the dominance of the largest counties, a subset of 50 cities was created through a process of random selection, modified to avoid selecting two adjoining cities. The resulting 50 communities were distributed throughout the state. Demographic, survey, and archival records for the 50 communities were consolidated in order to determine candidates for selection based on need, in other words, with the prevalence of alcohol-related problems (high consumption,

alcohol-related crashes, underage drinking) in the upper-half of the sample. The focus was on alcohol-related problems because the State Epidemiological Workgroup (SEW) had already identified the project target as underage and excessive drinking among youth and young adults 12 to 25 years old. Following this step, 12 pairs of cities were chosen from the original set to facilitate an experimental design for the SPF SIG evaluation. Cities were paired via a combination of demographic characteristics (population size, ethnic composition) and the alcohol problem indicators. The final set of intervention communities were chosen through random selection of one from each of the 12 pairs. Table 1 lists the cities that were thus chosen as intervention communities.

Table 1. SPF SIG Intervention Cities

| | | |
|------------|---------------|------------------|
| Antioch | Folsom | Huntington Beach |
| Livermore | Merced | Redlands |
| San Rafael | Santa Barbara | Santa Monica |
| Santa Rosa | Ventura | Walnut Creek |

Early Steps Toward Implementation

After intervention communities had been selected, several steps were taken to launch the project:

1. Reconnaissance – The purpose of the reconnaissance phase was to locate local resources, and to find a “center of gravity” such as an existing coalition, a community agency, or possibly an office in city government, where there were resources best suited to deal with the focus of the project.
2. Identify a local project coordinator – During the reconnaissance, a lead person was identified. This person may or may not have been an existing employee of a community agency or coalition, however, it was important that this person be local to the community, have knowledge of the project focus, and have strong relations to local resources involved in alcohol issues, e.g., law enforcement. The project coordinator needed to commit at least 50% of their time to SPF SIG.
3. An initial planning budget was developed by the project coordinator with the help of PRC and DHCS. This budget was to facilitate the very early SPF SIG activities in the community.
4. A core group was identified – The project coordinator, in collaboration with PRC, identified members for a core group that would have the task of organizing the project, including setting priorities, budgeting, being involved in implementing activities, and oversight. Ideally, the core group would consist of 4 to 5 local key persons, including a representative from law enforcement.

5. Review logic model – PRC reviewed the logic model with the core group, helping the group outline an action plan for the community. The plan included assessment and capacity-building tasks in light of the logic model. As an example, a community coalition could be recruited (or adopted) if the action plan included a need to demonstrate public support (e.g., for greater enforcement or a new local ordinance).
6. An action plan – Based on and extending the logic model, an action plan was developed locally. The need for TA were also reviewed and a TA and training plan was produced.
7. Line item budget – Again with guidance from PRC, the core group developed a line item budget for the project in their particular community.
8. Ongoing coaching – Coaching was available to the community as needed. After the initial work described above, PRC continued to check in with the project coordinator and core group on a frequent basis to offer TA where appropriate.

Implementation Strategy

The SPF is a codification of what most would consider best practices for adopting evidence-based prevention. It shares a view that what communities need are well-articulated steps to follow joined with a menu of prevention strategies found to be effective (e.g., SAMHSA’s National Registry of Evidence-based Programs and Practices – NREPP). The need for flexibility to accommodate to community differences and values is acknowledged as well.

There are, however, a variety of forces that are rarely acknowledged and that compete with evidence-based prevention strategies. Among these obstacles are:

- The implicit assumption that the only prevention “target” is high-risk drinkers. This assumption underlies the dominant perspective of the prevention field. It essentially equates “problem drinking” with “problem drinkers” and leads to efforts to identify high-risk drinkers so that something can be directed at changing their behavior. From the population-level or public health perspective, however, light and moderate drinkers, by sheer numbers, generate more problems (injuries, assaults, etc.) than the heaviest drinkers. The SPF SIG grant takes the population perspective and this can prove difficult in certain circumstances.
- Ambivalence about underage drinking. Attitudes about youthful drinking have evolved over the past couple of decades, in large part due to increased attention to alcohol-impaired driving. Nevertheless, preventionists, especially if promoting universal, alcohol control measures, have to overcome a level of complacency about the risks and resistance to efforts that may appear “too harsh.”
- Low perceived efficacy of preventive interventions. Perhaps related to the assumption of focusing on the heaviest drinkers, too many are pessimistic about the efficacy of universal strategies and will assume that drinking behavior is too strongly motivated to be influenced by such measures.
- Emphasis on “process” over “objectives.” This is a subtle issue, but many coalitions formed to support prevention strategies will give a lot of attention to issues such as recruiting and

maintaining stakeholders, developing relationships, and building favorability within the community, all very good objectives, but not if they come to dominate the agenda. For example, when prevention strategies are not well-formed, recruiting stakeholders can result in bringing people on board who don't support the evidence-based prevention intervention, as such, "capacity building" does not proceed in a strategic manner. In addition, a desire for universal approval may work against adopting effective prevention strategies.

- Prevention staff likely trained in education, awareness strategies. Again, the dominant approach to prevention over the last half-century has been linked with prevention education or health promotion, and the development of various messages aimed at individual behavior. This reduces the likelihood that preventionists will have experience with adopting formal alcohol control policies of the sort found to be effective in whole-population prevention.
- Challenges of coordination and resource allocation. These are more mundane and universal challenges to any kind of public health community-level initiative. Still, technical assistance and training may overlook key issues in the management of prevention projects.

While there exists no simple strategy for addressing, much less overcoming, these obstacles, PRC staff felt that the likelihood of a successful SPF SIG implementation would be enhanced by developing a more "prescriptive" approach to community prevention than is done conventionally. Fortunately, PRC's parent organization, the Pacific Institute for Research and Evaluation (PIRE), had published an extensive review of the literature on reducing underage drinking and another on reducing alcohol-impaired driving (the major risk of injury and death for the targeted age group in the SPF SIG). More important, PIRE colleagues had produced a type of logic model that summarized the major influences on the prevalence of underage drinking and impaired driving. These models could be used not only to inform community members, but also to identify the major objectives for the SPF SIG (e.g., reduce retail availability of alcohol to minors). In addition, the same models could be used to show how a small set of intervention components would work to address the key targets for prevention.

Figure 2a shows the logic model for underage drinking used for SPF SIG and Figure 2b shows how the prescribed interventions "mapped" onto the logic model. Figures 3a and 3b are the logic models for DUI interventions.

Figure 2a: Logic Model for Prevalence of Underage Drinking

Underage Drinking: Basic Research

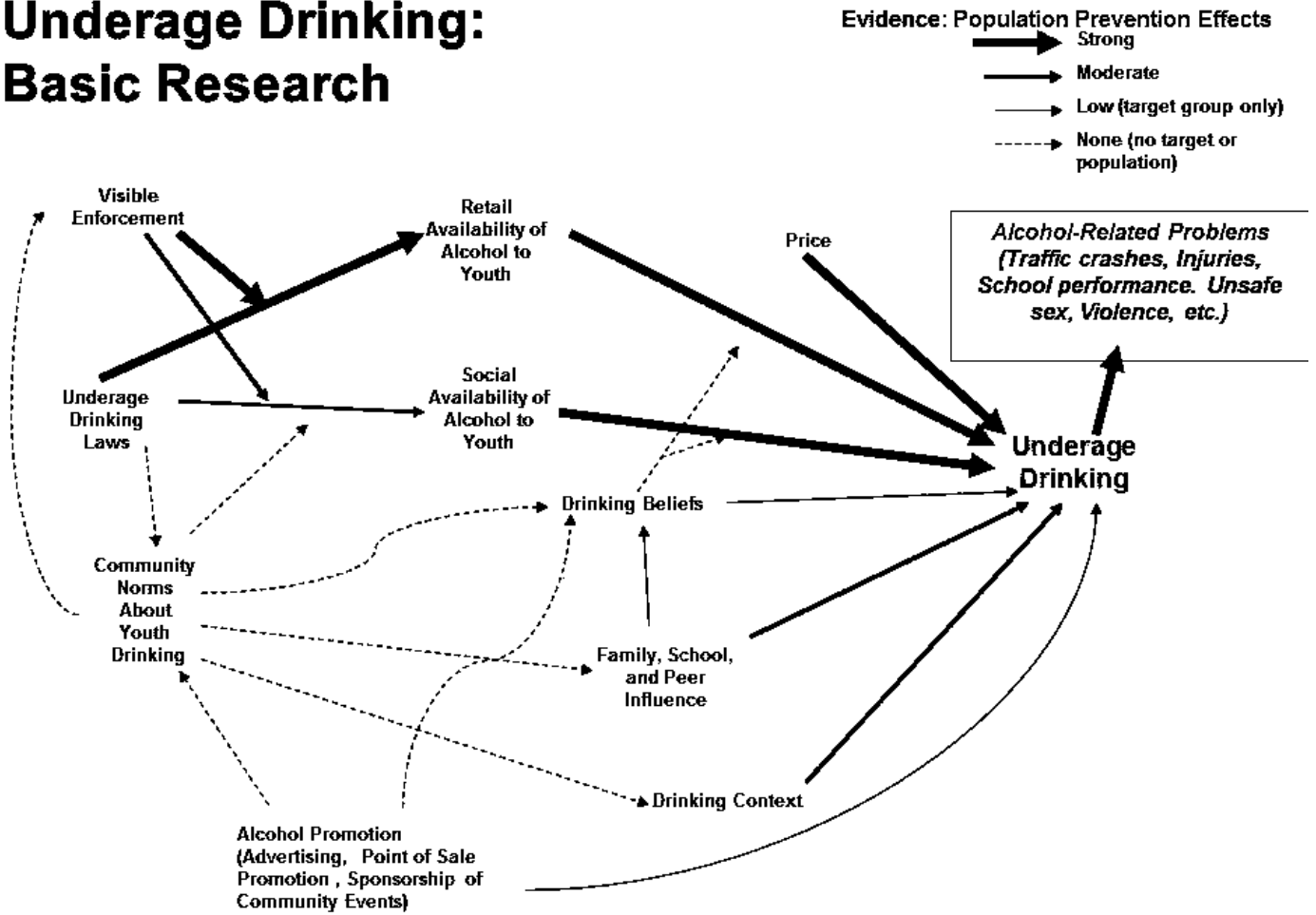


Figure 2b: Logic Model for Prevalence of Underage Drinking with Interventions

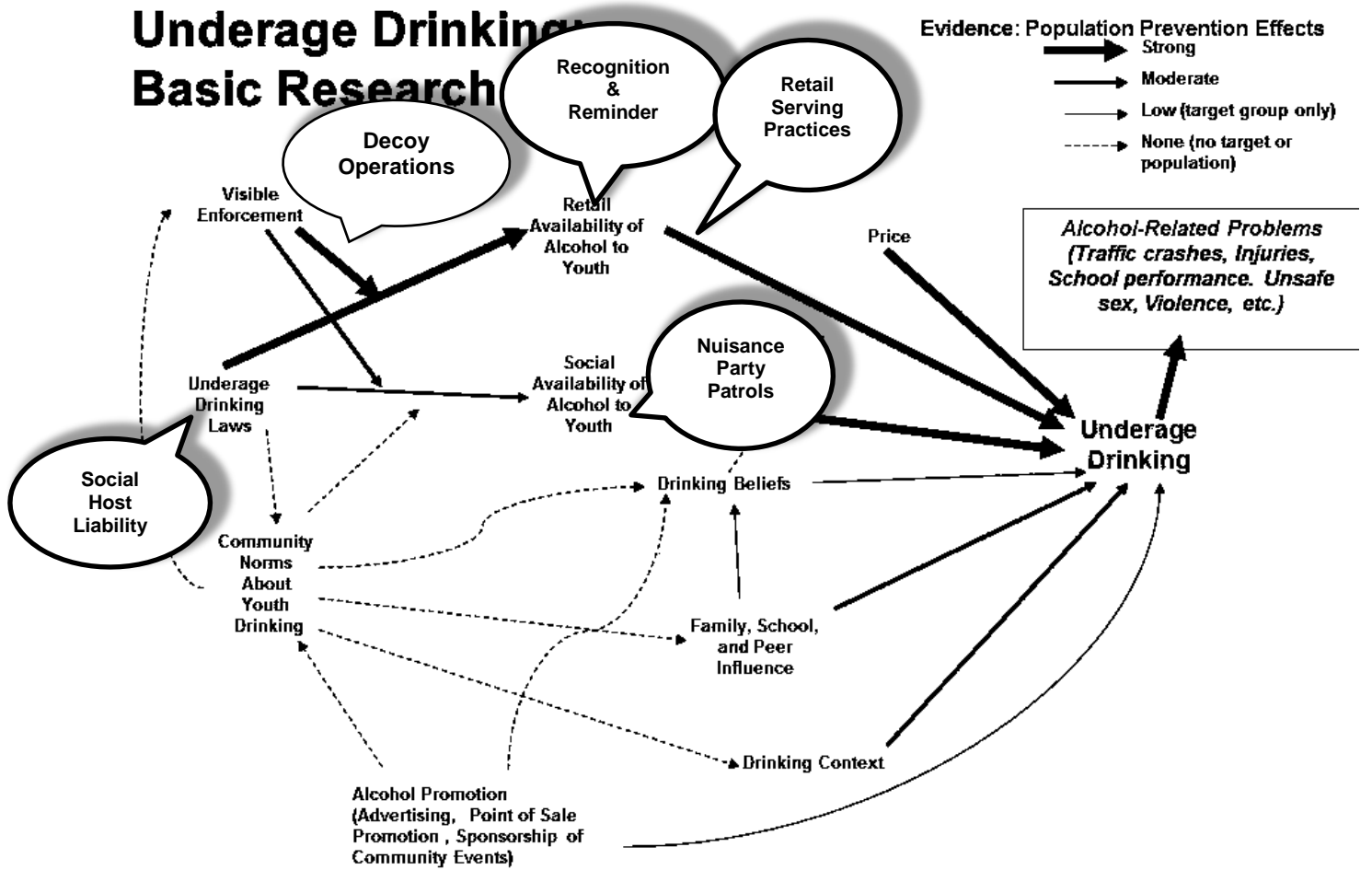


Figure 3a: Logic Model for Prevalence of Alcohol-Impaired Driving

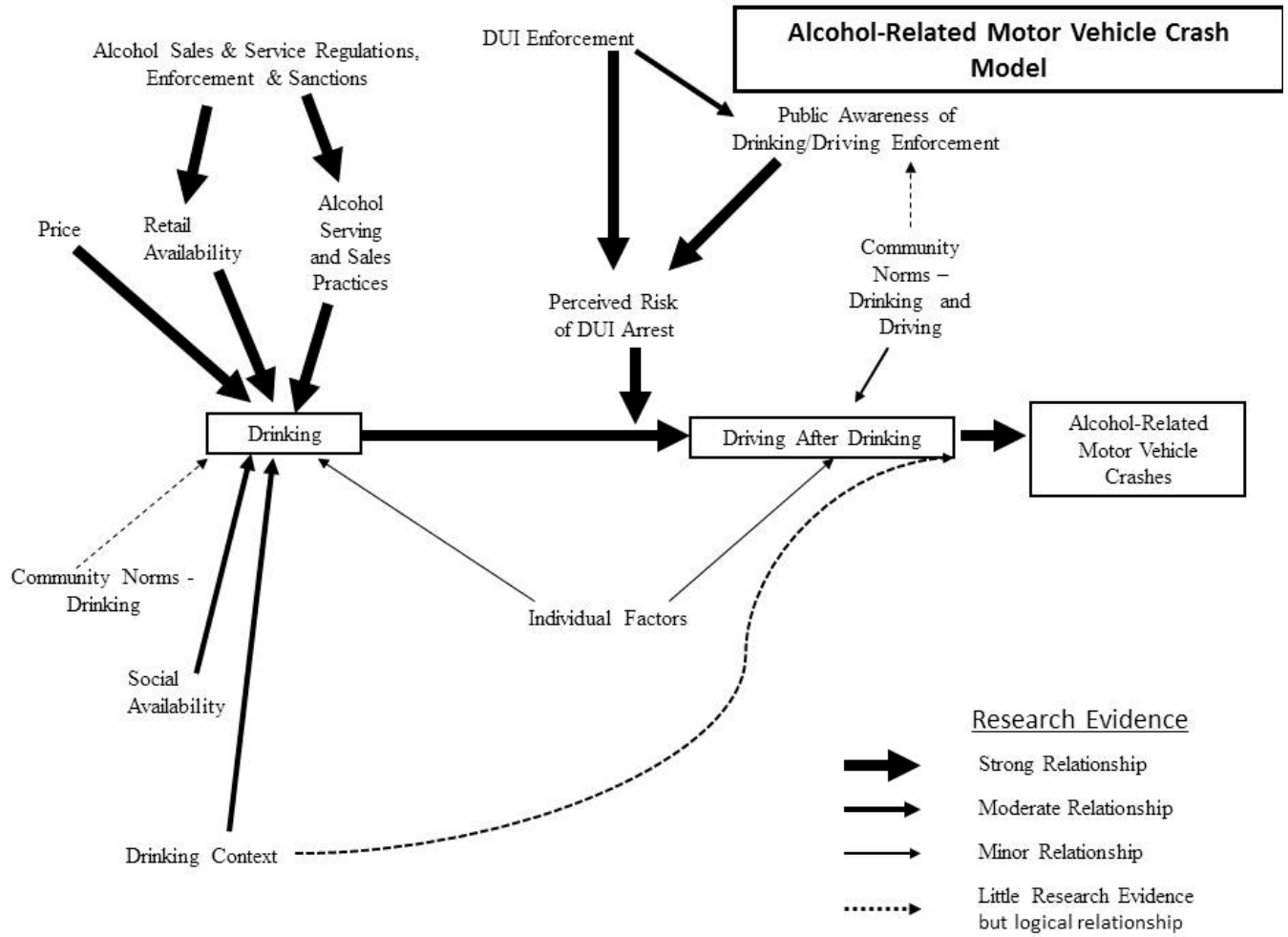
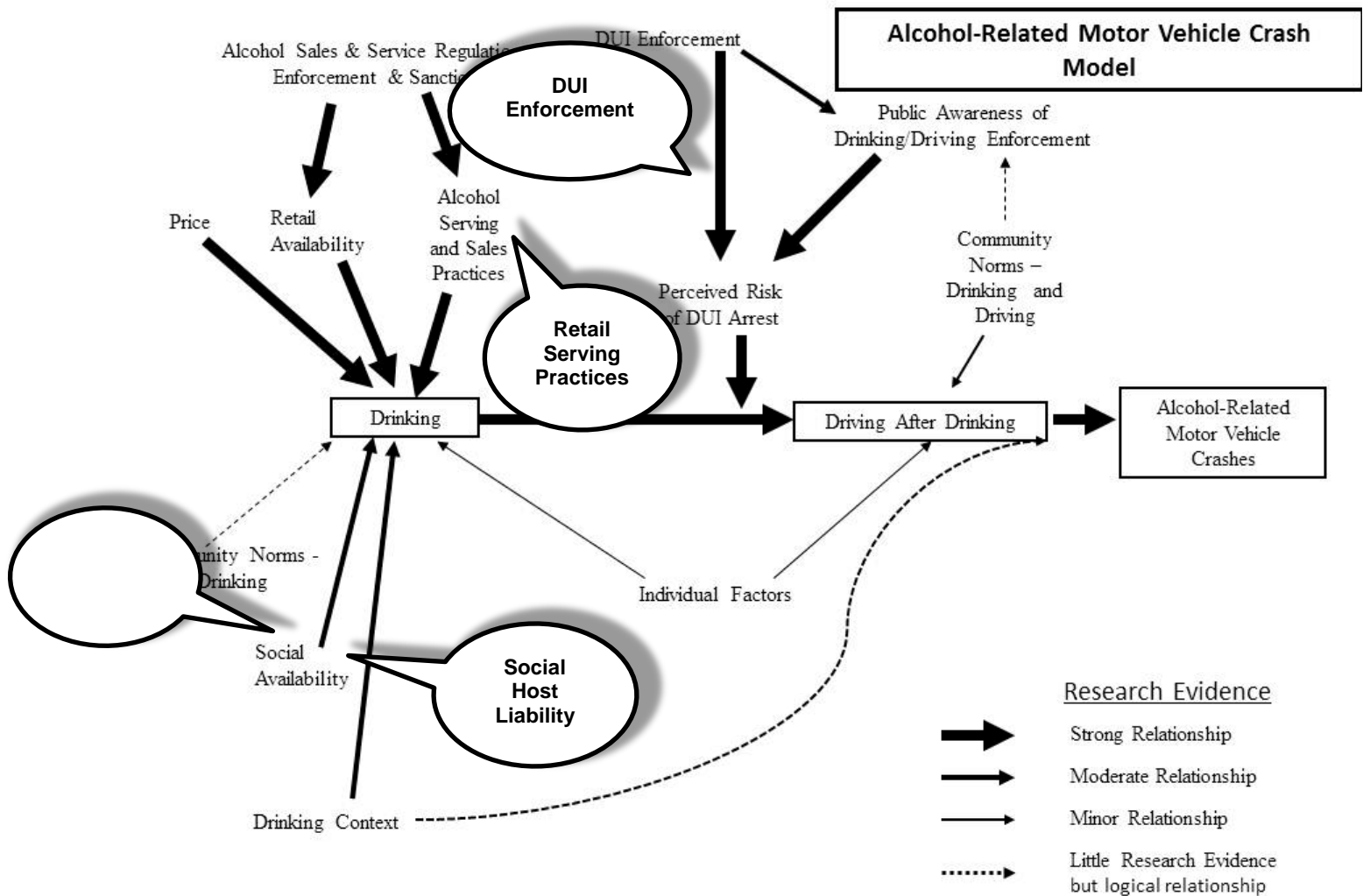


Figure 3b: Logic Model for Prevalence of Alcohol-Impaired Driving with Interventions



Supplementing the logic models was a summary table with brief descriptions of the components of the overall community intervention (Table 2). The intervention components were selected to fit with the key influences given in the logic models and, at the same time, to offer a limited number of options for cases in which a parallel component might prove difficult to implement. As an example, the “Recognition and Reminder Program” could be used in cases where formal law enforcement for a decoy operation was either rarely or not possible.

Table 2. Major Evidence-Based Interventions for SPF SIG Project

These interventions are organized by headings that correspond to the logic models for the SPF SIG project. In addition, these interventions are the most likely to achieve a population-level change, and do so in one to two years.

| Intervention | Description | Pros | Cons | Comments |
|-----------------------------------|---|---|--|---|
| Reduce Retail Availability | | | | |
| Decoy Operations | Server is cited if he or she sells alcohol to an underage youth working with law enforcement. Licensee is also penalized | Standard operating procedures are very well developed | Requires team of enforcement officers and recruiting youths | Very effective when done relatively frequently |
| Recognition and Reminder Program | Young-looking but legal-age people attempt to buy alcohol to see if they are asked for identification. If yes, a small reward is given, if no, a reminder is given. | <ul style="list-style-type: none"> -No legal consequences, so seen more favorably by some -Does not require enforcement professionals, so more places can be visited more often -Can provide local data on retailer compliance | <ul style="list-style-type: none"> -Volunteers need to be recruited -May be less effective than enforcement option | <ul style="list-style-type: none"> -No reason that this can't be used together with Decoy operation. -Rewards should not be "permanent" (e.g., stickers on windows) -Primarily used in tobacco control |
| Social Availability | | | | |
| Nuisance Party Patrols | Citation given to host(s) of large, noisy parties. Aim is to reduce number of such parties or for host to keep them small and quiet. | <ul style="list-style-type: none"> -Especially welcome if nearby neighbors are complaining -Covers teens and young adults -Citation and adjudication are quick | <ul style="list-style-type: none"> -In some cases, officers may feel they need a complaint in order to approach a party. -If participants are young, parents may have to be called | |

| Intervention | Description | Pros | Cons | Comments |
|---|---|--|---|---|
| Social Host Ordinance | Citation given to owner of property where underage youth are drinking | More directly targets underage drinking than nuisance party ordinances | Often unenforced | Often used to prosecute host following an alcohol-related crash of an underage person |
| Retail Serving Practices (onsite and off-site licenses) | | | | |
| Responsible Beverage Service (RBS) | | | | |
| RBS Training | Gives servers training on serving laws and some skills to identify and refuse service to minors and intoxicated patrons | -On-line training is cost-effective and easily obtained -Usually supported by retailers and community | Training alone is unlikely to be effective (but could be an important part of a larger effort) | -Can be offered with relatively low effort -Can include standards beyond meeting state law |
| RBS Enforcement | To enforce state laws prohibiting service to minors and/or intoxicated patrons. | Visible enforcement is more likely to change server/seller behavior than training alone | - Alcoholic Beverage Control (ABC) has limited enforcement capabilities -Local enforcement may lack resources to implement -Training required | Most effective when supplemented by local alcohol control measures |
| Local Regulation of Alcohol Outlets | | | | |
| Conditional Use Permits (CUP) | Uses local zoning authority to establish criteria for approval, and conditions of operation for new alcohol establishments. | Helps communities define the type of alcohol environment they want through approval standards and operating conditions | -Recommendation for approval may be through the planning (or other) department not trained in alcohol license issues -Only applies to new businesses -Some desired conditions pre-empted by state law | City exercises its local control over <i>how many</i> alcohol licenses can operate and <i>where</i> and <i>how</i> they operate |

| Intervention | Description | Pros | Cons | Comments |
|---------------------------|--|--|--|--|
| Deemed Approved Ordinance | Establishes specific performance /nuisance standards for existing licensed establishments who would otherwise be “grandfathered in” to new standards established by CUP ordinances | -Can bring problem licenses into compliance with specific operating conditions and performance standards -Provides a mechanism to hold problem licenses accountable | - CUP ordinance must be in place -Steps to enforce accountability must be specific and not cumbersome for law enforcement. -Realistically, requires fee or some other type of funding structure. | -Can only be used in conjunction with CUPs or enacted simultaneously with a CUP. |
| Drinking & Driving | | | | |
| Roadside DUI Checkpoints | Drivers are selected at random along major roadways and screened and breath-tested where indicated | Very effective deterrence | -Full-size Checkpoints can be labor-intensive -Requires publicity | -Can create synergy when combined with RBS interventions -Small-scale version is a good alternative |
| DUI Saturation Patrols | Dedicated team(s) patrol streets looking for DUI | -Less labor-intensive -Often favored since team can be redirected quickly in an emergency | -Team may be pulled away easily -Far less visible to public than roadside checkpoints | High visibility of saturation patrols <i>may</i> increase deterrent effect especially as part of a larger DUI strategy |

The logic models and table of interventions were designed to be a starting point toward building specific work plans in each community. Prevention research identified what to do, but local knowledge was required to weigh the limited options and plan how to implement the specified intervention components. The early phases of implementation involved coordinated efforts by DHCS prevention analysts on behalf of the SPF SIG implementation team, the PRC team, and key members of each intervention community to develop work plans that directly linked to the logic models and were budgeted realistically to maximize potential effect.

Evaluation of the SPF

A major priority of the SPF SIG was the requirement to show community-level reduction of the targeted outcome. In California, it meant showing a reduction in excessive drinking among those 12 to 25 years

of age. This challenge was met by implementing effective interventions, but also by adopting an evaluation design that had the greatest chance of detecting change at the community level. SAMHSA's SPF SIG training materials include a note that randomized controlled trials (RCT) represent the most powerful design for evaluating SPF communities, but then acknowledges that RCTs are very difficult to implement for a variety of technical, administrative, and even political reasons.

Fortunately, DHCS its partners supported an RCT design. After 50 cities were randomly selected among those with a population between 50,000 and 450,000, 12 matching pairs were selected with an effort to focus on those where alcohol-related problem indicators (e.g., alcohol-impaired crashes, prevalence of underage drinking) were above the median (i.e., more problems than the other half below the median). Matching was approximate, and was based on population size and demographics, as well as general level of alcohol-related problems. A random number generator was used to select one city from each pair as an intervention city. The other 12 cities served as comparison cities.

One of the objectives of the evaluation was to develop ways in which key data could be used as outcome measures for other communities that wish to replicate the project in the future. The plan was to focus on alcohol-related injuries (or proxy measures of same), police incident reports (not just those that result in arrests), and alcohol-related traffic crashes. These measures were expected to be relatively non-reactive to the intervention (e.g., not affected by increased awareness of alcohol problems in the community) and of sufficient volume to be relatively stable, with less of the low numbers and variability that one might find, for example, in alcohol-related traffic fatalities for each community. In order to cover underage drinking, 30-day prevalence of drinking data from the California Healthy Kids Survey (CHKS) were included, even though the survey represents a subset of the targeted population (12 to 25 years old).

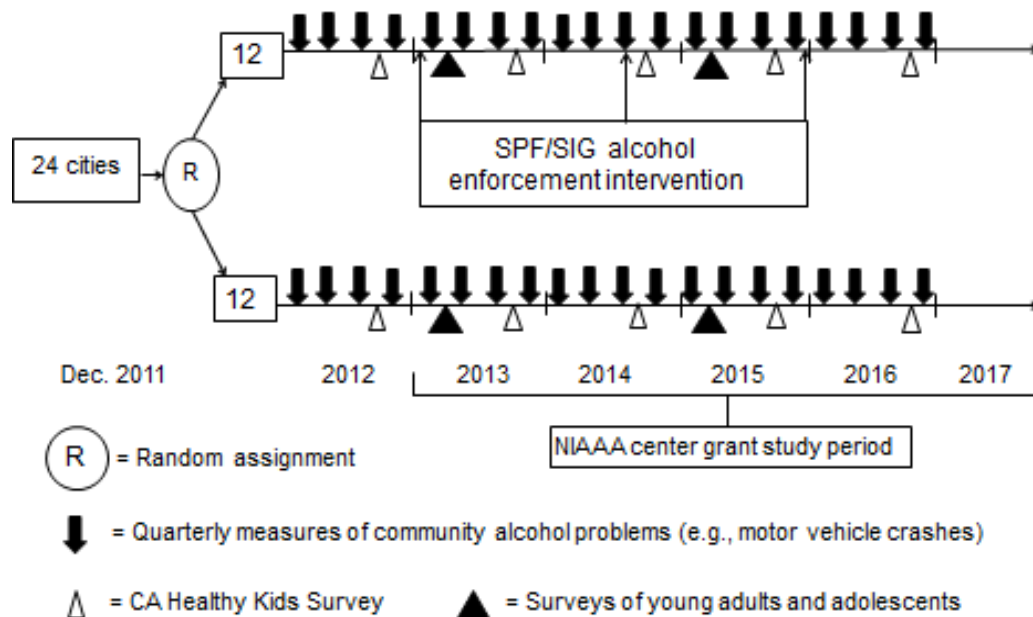
These primary outcome data were supplemented by those obtained by telephone household surveys (with outside funding from the National Institute on Alcohol Abuse and Alcoholism). Random samples of approximately 100 people between 18 and 30 years from each of the 24 cities were surveyed at baseline and again at the end of the grant with the purpose of helping to see whether the interventions could have had an effect on perceptions of residents that would link intervention activities (e.g., DUI enforcement) via changes in perceived risk of being caught to alcohol-impaired crashes as an outcome.

For the process evaluation, it was critical to know what interventions were actually accomplished at each of the intervention sites, for at least two reasons. First, it allowed for control of differences in implementation "dosage" or intensity across the 12 cities, and second, it facilitated better understanding of the forces that support or obstruct the prevention interventions.

The primary process measures were identified in the logic model alongside the prevention intervention under consideration (e.g., for decoy operations, the number of businesses visited during an operation and the frequency of decoy operations in that city). Similarly, we collected information on DUI enforcement, party patrols, and enforcement tied to serving laws at on-premise establishments. We also asked local coordinators to report on whichever efforts were made to make those enforcement operations visible to both the specific target of enforcement (e.g., alcohol servers) and the public at large. These were obtained via on-line monthly reports that were designed to be simple and specific.

The control communities would be expected to engage in some of the same enforcement operations, of course, but it is unlikely that all 12 of them would be implementing the same set of operations and publicity that the intervention sites will. Since the outcome evaluation consolidates across all 24 cities (half as intervention cities), ad hoc intervention operations on the control sites are not too large a concern, and the fact that they occur lends support to the value of the evaluation in the end (i.e., the control condition was not an artificial “no intervention” condition).

Figure 4: Overview of SPF SIG Evaluation Design



3. PROCESS EVALUATION

The aim of the process evaluation was to document implementation and better understand the paths to success and why initiatives in some of the participating communities worked better than initiatives in others. Furthermore, the process evaluation was a discovery process with the goal to identify factors that either helped the project along or have presented barriers to it. The overall objective was to gather information that would lead to recommendations for other communities wanting to replicate similar interventions with modifications as necessary.

The model for the process evaluation was found in the Consolidated Framework for Implementation Research (CFIR). This framework was developed on the basis of a systematic review of existing published implementation theories. The objective was to “identify constructs based on strength of conceptual or empirical support for influence on implementation, consistency in definitions, alignment with our (the authors’) own findings, and potential for measurement” (Damschroder et al., 2009, p. 1). The CFIR comprises five major domains that interact with each other and thereby influence the effectiveness of implementation. These domains are: 1) intervention (actual actions and the foundation

for these), 2) inner setting (the system within which the interventions are introduced), 3) outer setting (the context within which the interventions take place), 4) the individuals involved (the people who are carrying out the different tasks of the project), and 5) the process of implementation (the different phases of the project). The CFIR describes the different phases of an implementation much like those in the SPF SIG. Thus, we found this framework to be ideal to guide the process evaluation of the two phases of this project: 1) planning and 2) implementation. It is important to note that the phases did overlap, i.e., planning continued throughout the life of the project.

Data Collection Strategy

We used different data sources and collection methods for the two phases. The data for the planning phase consist of in-person group interviews with research/management and analyst staff at ADP/DHCS, various notes from planning meetings, and telephone interviews with key participants in the participating communities. For the implementation phase, the data consist of monthly reports from the communities reported online, a brief questionnaire that was sent out to everybody who had been involved in the project in the communities, and telephone interviews with the same local key informants as in the planning phase.

3.a. Planning Phase

Planning the Project

This phase was characterized by close cooperation between DHCS, IPAC, and PRC. At PRC, a research and planning group was established, and through IPAC, a SPF SIG implementation team was formed that included IPAC members, DHCS management and prevention analysts, and the SEW. In addition to securing the collection and submission of all relevant information to SAMHSA to launch the project, the planning phase was characterized by a number of very specific tasks. The project had been designed as a RCT with matched pairs of communities. The focus of the planning phase was to:

- Select communities and assign them to intervention and control sites.
- Develop the framework for roles and expectations of the participating entities.
- Conduct reconnaissance in communities, including identifying local key personnel.
- Develop a strategy for working with the communities on their work plans.

The questions we wanted the process evaluation to answer for us about the planning phase were:

1. Was the process of selecting communities appropriate?
2. Were the materials developed for this stage of the project appropriate?
3. How did these materials perform?
4. How did the collaboration between the participating entities work?
5. Did the reconnaissance produce the information needed to develop a strategy for working with the communities on their work plans?
 - a. What went well?
 - b. What barriers were encountered during this phase?

Interviews

Qualitative interviews were conducted with DHCS personnel to evaluate the planning phase of the project. Interview questions were designed to determine the appropriateness of the documents that were

developed, the appropriateness of the strategies used to select the communities, the appropriateness of the communication strategy with the counties and communities, and issues relating to the collaboration between DHCS and PRC. The interviews were conducted as two group interviews, one with management staff, and one with prevention analysts who act as daily liaisons for counties and communities. One key person was not able to attend the group interview with management, so an individual interview was conducted a week after the original group interview. Interviews lasted about 1 ½ hours, and were taped on a digital recorder. In the process of listening to the interviews several times, notes were taken about the main issues as defined by the interview guides and about significant themes raised by the participants that were not covered by the interview guides. The notes were put together in a narrative covering all main themes being discussed in the interviews.

Findings

Documents

During this phase of the project a number of decisions had to be made about the selection procedure and parameters, how to approach counties and communities, what information to collect, and expectations and roles of players in the project. To that purpose, PRC developed a number of documents that were discussed among the SPF SIG implementation team. These documents included various statistical materials about potential communities – profiles of alcohol-related problems, demographic profiles, etc., to be used for selecting participating communities – and interview guides and protocols for interviews with local project coordinators. DHCS in collaboration with PRC, developed a document describing roles and expectations pertaining to all players in the project: PRC staff, local project coordinators and staff, and project collaborators (i.e., police). The purpose of this document was to clarify expectations for each of the participating entities including who would be responsible for different aspects of the project. The document outlined what roles PRC, the local project coordinator, and local participants had throughout the different phases of the project.

The general finding was that the documents were appropriate. However, even though the documents were assessed to be appropriate, the actual use of them fell short of expectations. The documents pertaining to county interviews and protocols were used as intended, and the documents used for selecting communities for participation were used for that purpose, but the document outlining roles and expectations of the different players largely wasn't referred back to in the planning process.

Collaboration

In order to understand the question of collaboration between PRC and the SPF SIG implementation team, it is necessary to distinguish between different phases of the planning process because the roles of the players changed according to the focus of these phases. In the first phase of the planning process PRC was the main provider of data necessary to make informed decisions about which specific communities to select for participation. Furthermore, PRC provided the project design, which represented a significant departure from existing working relationships between DHCS and counties (the administrative level) as well as previous grant projects (the program level). Hence, the role of PRC could be defined as “experts” on project design and as project managers including informing State personnel about the project while providing the necessary information for selecting communities. While maintaining fiscal responsibility of the project, DHCS contributed information about the ability of

potential counties and communities to implement evidence-based environmental prevention interventions, and to be fiscally responsible.

Once the selection of communities was finalized, DHCS took the lead on the next task, which was to contact the counties and communities that had been selected to start the local planning and implementation phases. They became the experts due to their longstanding collaboration with local and county personnel.

The selection of local communities included numerous data analyses and presentations. Two different strategies were defined for implementation, and final telephone interviews with representatives from counties with communities that had been selected for implementation. Hence, the process took about a year from finalizing all SAMHSA planning requirements to the final selection of communities. The selection process – high-need communities identified through data – constituted a significant change in the DHCS’s way of awarding funds for local projects. This change led to criticism among some counties, a criticism that was put forward in institutionalized collaborative entities between the State and counties. All these changes led to some confusion and frustrations among DHCS staff involved with the project.

One of the frustrations pertained to the length of the selection process as well as uncertainty about the whole process. But even so, the selection process was also experienced as exciting. Another issue pertaining to the selection process was the question of responsibility over different aspects of the project. State personnel are used to being in charge of grant projects, and as expressed in the interviews, handing over “control” to an external entity was disconcerting. The issue of lost control was also closely related to the established working relations between DHCS and the counties. These relations had been built over years including well-defined roles and expectations. Introduction of the SPF SIG, and PRC as responsible for implementation and program oversight, tested the existing structures. The role of PRC as implementer caused some stir in the existing relations, and in some cases led counties to complain to DHCS about PRC.

The problems described here may be referred back to the missing division of labor between DHCS and PRC in the “Roles and Expectations” document. Because the document did not define specific roles and expectations between the DHCS and PRC, traditional communication channels between the DHCS and counties were used to express dissatisfaction with elements of the programmatic side of the project that were the responsibility of PRC. A clearer definition of the roles and expectations between DHCS and PRC may have helped prevent some of those issues raised by the counties.

Most of the problems experienced by DHCS staff could be referred back to two issues, 1) the missing clarification of DHCS and PRC roles in the “Roles and Expectations” document, and 2) inflexibility in the existing system of working relationships between the State and counties and communities. Despite these issues, the working relationship between DHCS and PRC remained good and trusting throughout the planning phase.

Planning the Implementation

The second part of the planning phase focused on developing a work plan for the first year of implementation, and creating an understanding among local participants of the relatively narrow focus of the interventions. The phase started with a kick-off meeting in Sacramento. Participants were

representatives from the SPF SIG implementation team, counties, and the intervention communities. The purpose of the meeting was to inform the participants of the project, present the logic models guiding the work, and prepare them for the next steps of the project. The work conducted in this phase consisted of planning meetings between PRC and local key personnel, representatives from police, and in some instances representatives from the counties. The focus of the work in this phase was to:

- Involve relevant local and county key persons in the project
- Develop logic models to guide the implementation in each of the communities
- Develop work plans that reflected the logic models.
- Develop budgets that reflected the work plans and logic models
- Prepare for implementation of the interventions in each of the communities

The questions we wanted the process evaluation to answer for us about this phase were:

- Who were the participants and what was their role in developing the logic models and work plans?
- What materials were developed for the different stages of this phase?
- How did these materials perform?
- How did the collaboration between the participating entities work?
- Did this process produce logic models and work plans that reflect the problems identified in each of the communities and guide the work on solutions to those problems?
 - What went well?
 - What barriers were encountered during this phase?

Data

Data for this phase of the project was collected from 18 semi-structured telephone interviews with local key personnel. Two interviews were conducted per participating community: one interview with representatives from the local police departments (PD), and one interview with representatives from the subrecipient (i.e., organizations involved in implementing the project locally). In two communities, the PD had been the sole recipient of the grant, and in one county there were two participating communities with only one subrecipient, leading to a total of 21 interviews. Three representatives from participating PDs never responded to our request for an interview, so a total of 18 interviews were conducted. Although the intention was to avoid having PRC personnel interview participants from the communities they had worked with, two interviews had to be done that way due to scheduling problems. As such, there were 11 interviews with individuals and 7 interviews with two participants together. All interviews were conducted by phone and recorded. All interviews were coded by the process evaluator according to the coding manual created by that same person.

Findings

There were two main areas of interest for the evaluation: 1) perceived issues that helped the process towards implementation of local activities, and 2) perceived barriers to that process. As the project was based on a very prescriptive approach, there was a focus on three issues: 1) communication among partners with a special emphasis on communication with PRC; 2) clarity of various issues pertaining to the project, i.e., roles of partners, goals and strategies of the project, and allocation of funds; and 3) perception of the prescriptiveness of the project. This focus led to an analysis of the following themes and conclusions.

Communication from PRC

Despite the use of logic models and a table of intervention components to be used in SPF SIG, there was a sentiment among participants that the communication from PRC concerning the project had not been very clear. Many participants stated that PRC was not clear from the beginning about the project being about enforcement and visibility of these enforcement activities. Many were left with the impression that they could do whatever they were already doing, and it wasn't until later in the process that they realized what exactly was expected of them. Some participants felt that there was a lot of inconsistency in communication from PRC, and even that the focus changed over time. There are also statements about PRC not knowing a lot about local issues, and that there was some surprise about PRC managing the project, as PRC staff were not seen as experts in programming. However, a few people also stated that PRC staff were very good at clarifying things for them, and that they did a great job explaining what the project was about and what was expected of them.

Were the right people involved locally?

In general, people felt that the right people were involved. There was also a suggestion that more people were involved initially but left the project relatively quickly as it became clear what the project was about. There were also some frustrations about changes in staffing, particularly in the police and in some counties with changes in priorities as a consequence.

Logic models

For some participants, the logic models made a lot of sense. It seems that the people who are more used to working with logic models benefitted the most from them. For others, it seemed to be confusing. In combination with the logic model software (DoView), there seemed to be a perception of an expansion of the focus because the software included so many other areas and potential partners that it became confusing. Some participants stated that it would have been better if PRC had just told them what was wanted and when, and they could have coped with that.

DoView software

In the planning process, PRC used software that depicted the elements of the logic models to help clarify the important aspects of the project and develop local work plans. There seems to be two opposite opinions about the DoView. Either people liked it and stated that it helped them understand the project, or thought it was a waste of time and confusing. This may have reflected differences in how PRC staff used the software, or differences among the community members themselves, or both.

Clarity of goals

There was some confusion in the beginning among many of the participants about the project goals and means to get there. They stated that it may have been due to the fact that they did not attend the first introductory meeting and were not properly informed about the project by people who did. But some also stated that the communication from PRC was not clear in the beginning. Others who did attend the first meeting in Sacramento also expressed some confusion. For some, the goals and strategies were clear. In general, it seems that it was easier for the police to understand the goals and what was expected of them. This may have to do with the fact that in many communities they were only responsible for enforcement, and the activities listed in the project did not differ from what they already did. It was indicated by some interviewees that the biggest confusion pertained to the expectations about visibility and the connection between enforcement and visibility. One issue of specific importance was that

confusion about goals and strategies among some of the local subrecipients impacted the recruitment of other partners in the community, including the police, as the subrecipients felt that they were not able to explain the project clearly enough.

Clarity of roles

The roles of the different players generally seem to have been quite unclear to everybody involved. For some, clarification came through the planning meetings while others were at a loss for a long time. The role of PRC and DHCS and the separation of roles between these two entities were not clear at all. Only one community reported that they were clear about the roles of the different partners. Some of the participants questioned the role of PRC as program implementers.

Clarity of allocation of funds

For most of the participating PDs, the availability of funds to pay for officers' overtime was crucial for their participation. However, for some communities, the allocation of funds seemed to be unclear far into the planning phase. Particularly in communities where the county was involved, there was confusion about funds, perhaps because there were more stakeholders involved. With the creation of the first work plan, it became clearer for most, and the project started running more smoothly after that. The confusion about the project goals and the allocation of funding may have caused delays in getting the project rolling in some communities. In one community where allocation of funds was openly discussed in the meetings, local participants reported that there had been no issues or confusion.

Working with local partners

Collaboration with law enforcement on this project was impacted by the existing relationship between the local prevention agency and the local PD. In communities where there had already been an established working relationship, the collaboration worked more smoothly than in communities where there was no existing relationship. That being said, it is also clear that the PD often did not understand why the county was involved and felt it did not bring anything specific to the table. Furthermore, most PDs were used to having their own funds and being in charge of projects, which took a little adjustment. In many communities there was very little manpower at the PD to carry out the desired activities. However, the funding for officers' overtime did help. Also, it helped that the prevention agency had the possibility of doing some "substitution activities," like the Recognition and Reminder strategy. In general, the relationships between the PD and the prevention agencies seemed to improve over time.

Perception of prescriptiveness

In general, participants felt that the project was not too prescriptive; some participants actually would have liked it to be more prescriptive. Apparently, people involved in the project liked being told what they were expected to do. That being said, many participants also felt that despite the prescriptiveness, the project still allowed for flexibility for them to pursue specific/local areas of interest or strategies.

The general impression of information from the interviews about the planning phase was that there was confusion about the project in the beginning, but that everything became clearer once the first work plan was established. There is definitely room for a significant improvement in launching projects like this in the future to speed up the process and the quality of interventions. Some of those issues are listed in the "Recommendations" section later in this report.

3.b. Implementation Phase

3.b.i. Summary of Implementation Activities (Monthly Reports)

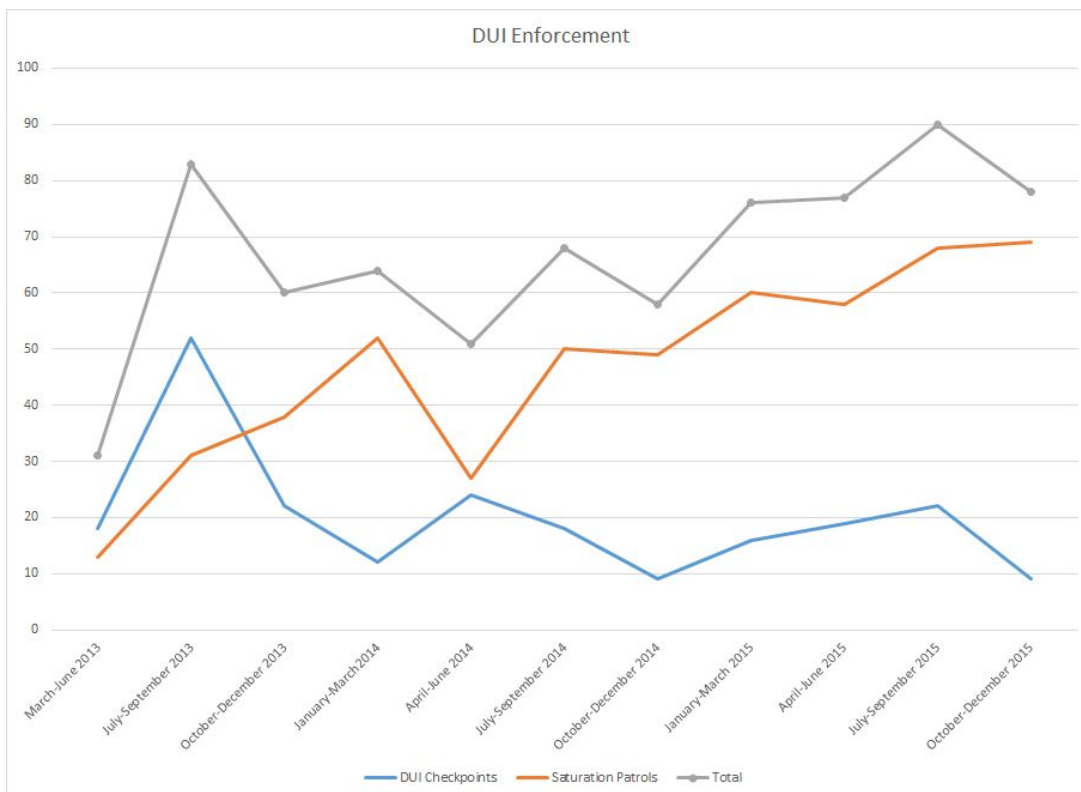
The fundamental question for a process evaluation is whether the communities implemented the interventions. Monthly reports that had been designed to focus on the specific interventions prescribed by PRC, showed how frequently the specified components of the SPF SIG project were conducted.

Perhaps the easiest component to record was DUI enforcement. There were two versions of this intervention. First, roadside random checkpoints, where drivers would be directed off the road for a brief interview, and if appearing impaired, would be asked for a breath sample and then cited if above the legal limit (.08% Blood Alcohol Concentration or BAC). These checkpoints were labor intensive, sometimes requiring a dozen officers and a period of setup to ensure safety for both drivers and officers as well as to comply with laws pertaining to legal search and seizure procedures.

The second version of DUI enforcement is called a “saturation patrol,” in which one or more patrol officers in cars are sent to cruise throughout the jurisdiction with special attention given to spotting possible impaired drivers. This form of DUI enforcement is greatly preferred by most police departments because the patrolling officers, unlike the roadside checkpoints, can be quickly available should there arise any other urgent need for the officers.

As we can see in Figure 5, after an initial burst of effort to conduct roadside checkpoints, their frequency declined over the course of the project, while saturation patrols became more prevalent over the same time. When added together, we see a “bump” at the start, followed by a gradual climb in the number of

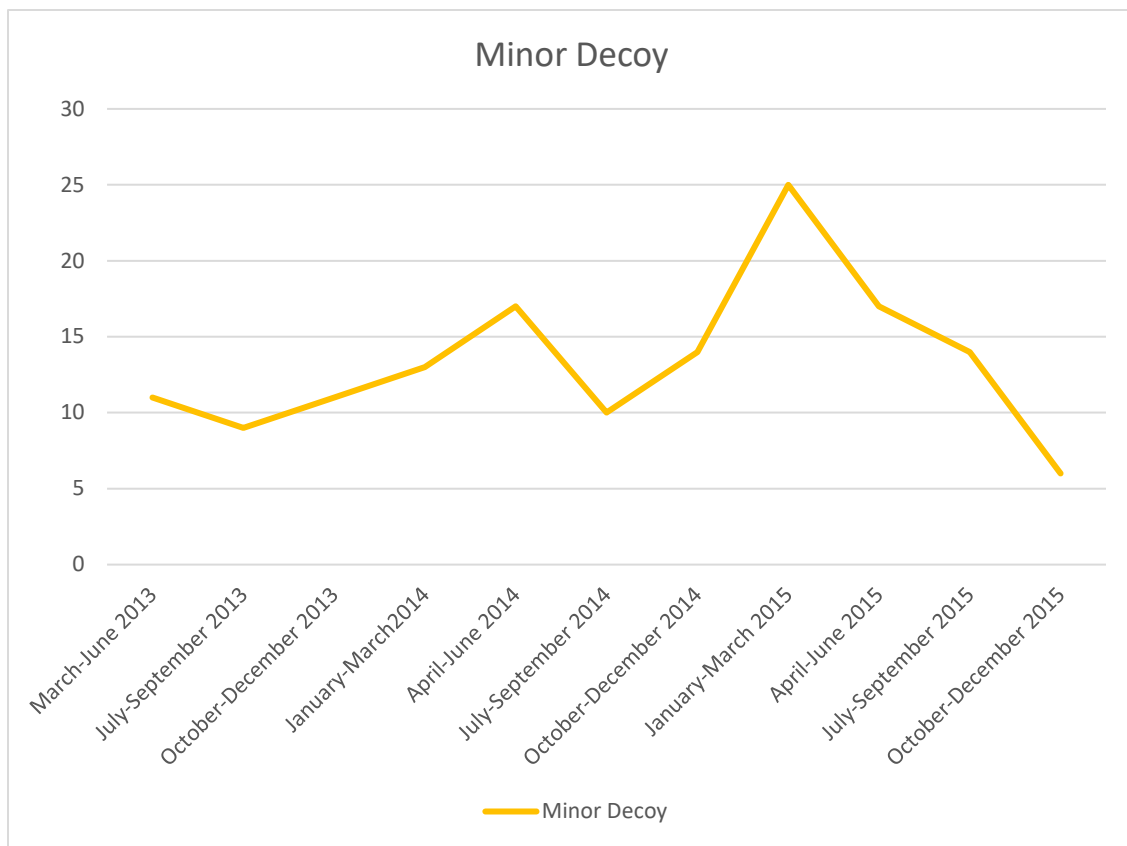
Figure 5: Number of DUI Enforcement Operations by Quarter



DUI operations over time and just a slight trailing off in the final quarter of the project. At the peak level of activity (close to the end), the 12 cities conducted 90 operations in the quarter. Obviously, there were differences across cities, but in the aggregate this represents a significant effort.

Another key component, aimed at reducing retail availability to minors, was the use of minor decoys to check retailer compliance with laws prohibiting alcohol sales to minors. Similar to DUI enforcement, this is an operation that has been widely used by many police departments, and so is familiar to them. In Figure 6, we see that minor decoy operations were more or less steady across the project period with an exceptional peak in early 2015. Overall, it appears that communities each conducted a bit over one minor decoy operation every month.

Figure 6: Number of Minor Decoy Operations by Quarter

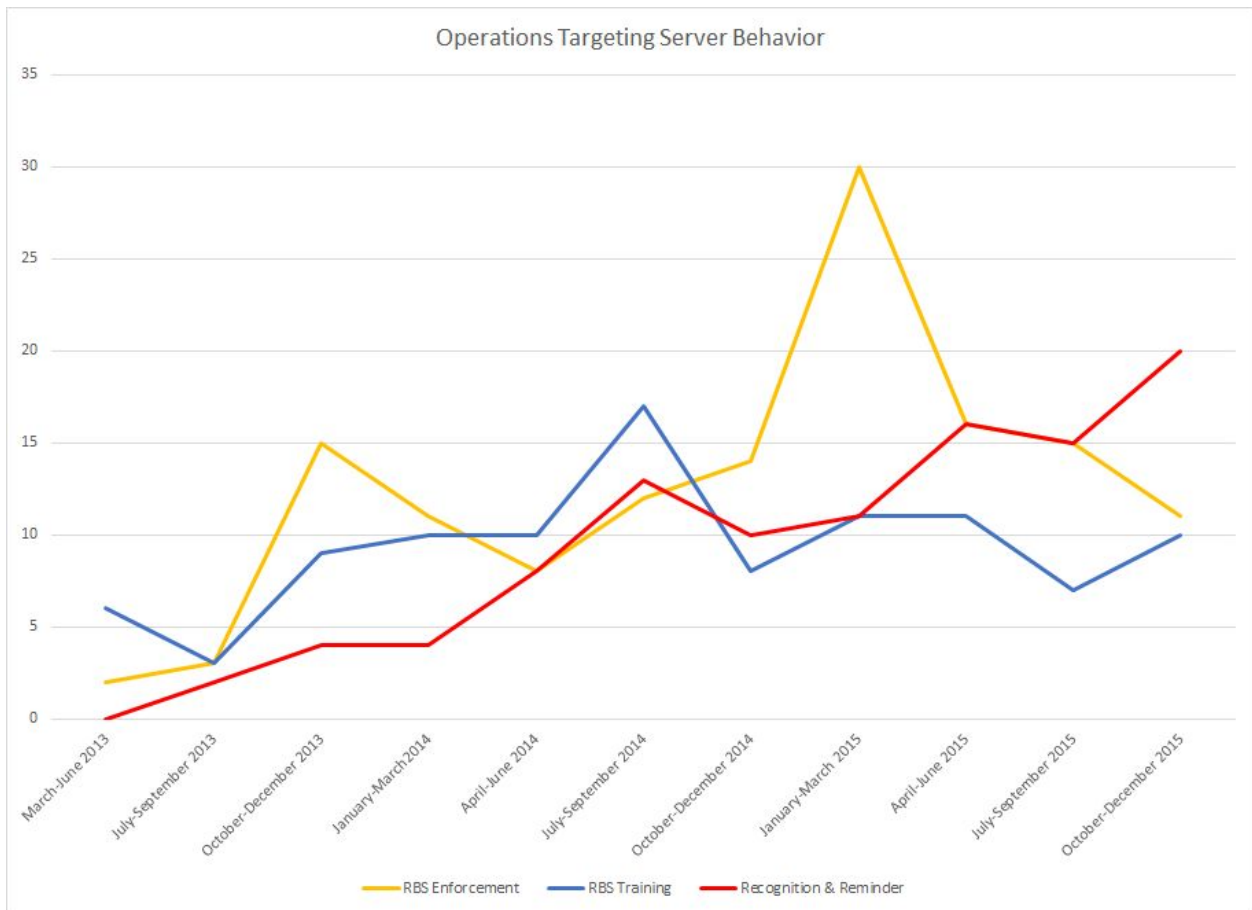


Interventions aimed at improving server behavior at bars and restaurants (on-premise outlets) are far less common or standardized than DUI or minor decoy enforcement operations. Anticipating that police departments would be uncertain about how best to enforce responsible serving laws (i.e., laws against serving intoxicated patrons), the project included complementary components that could be adopted if the enforcement operations were deemed infeasible or used infrequently. Thus, responsible beverage service (RBS) training was offered in some places, and a non-enforcement “recognition and reminder” program was adopted by some communities. This latter program involved the use of associates who would enter a bar or restaurant while appearing intoxicated and then order an alcoholic beverage. Depending on whether the staff served the drink or not, the associate would give the server either a

“reminder” that they should not have served the drink, or “recognition” of their compliance with the law, with thanks for doing so.

As can be seen in Figure 7, there was an upward trend in the use of all of these options for improving server behavior (with a spike in direct RBS enforcement in early 2015). Overall, the monthly reports equate to about one of each operation or activity per quarter for each community.

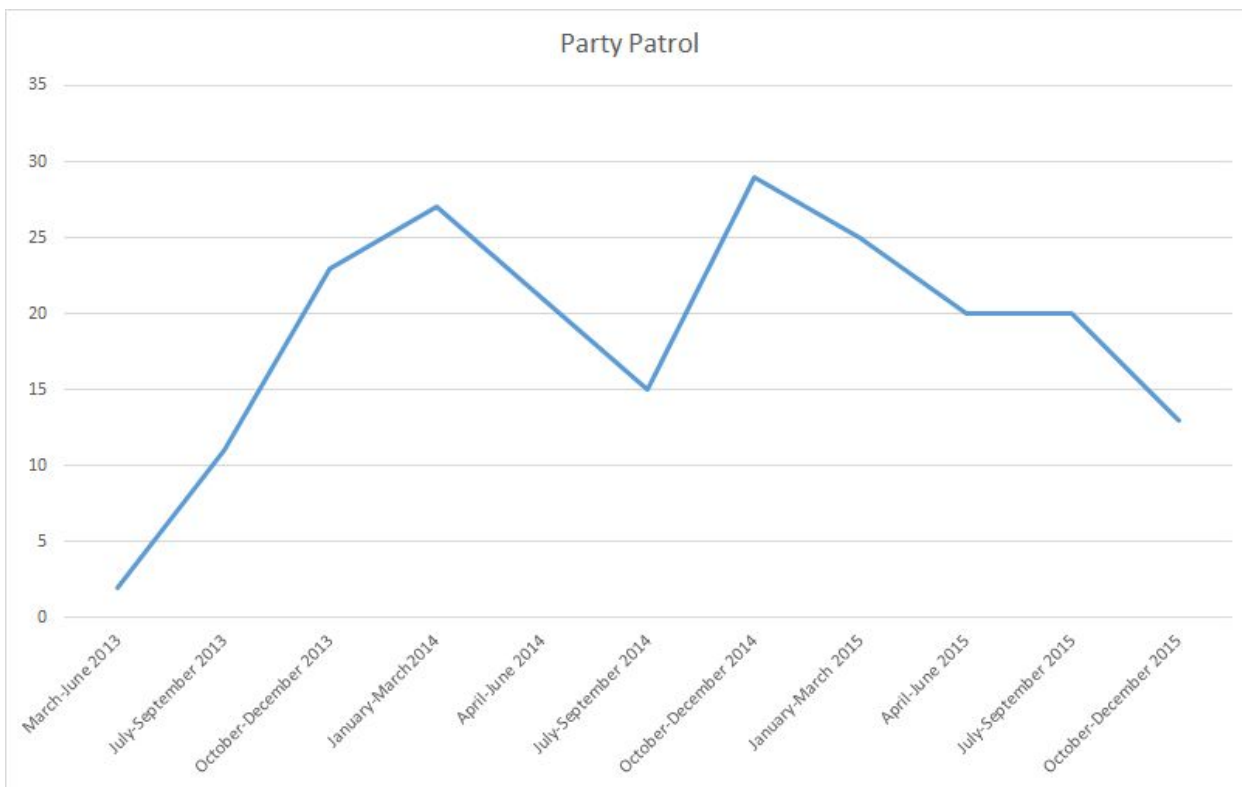
Figure 7: Number of Operations Targeting Server Behavior by Quarters



Party patrols (Figure 8) were not viewed as favorably by enforcement agencies, who more commonly respond to complaints when investigating potential nuisance parties or parties that may have underage drinkers (see qualitative process evaluation, below). Nevertheless, reports indicated that, after a bit of start-up time, such patrols were conducted almost 20 times per quarter, or about 1.5 times per community on average.

Perhaps the most difficult aspect of the SPF SIG implementation to measure was the “visibility” that turned the various alcohol control measures into more powerful deterrents of excessive drinking and subsequent harm. The significant challenges of quantifying the level of intervention (or “dosage”) are: 1) determining the “unit” of visibility, and 2) determining when a message of some kind is truly amplifying the enforcement activity it is linked with.

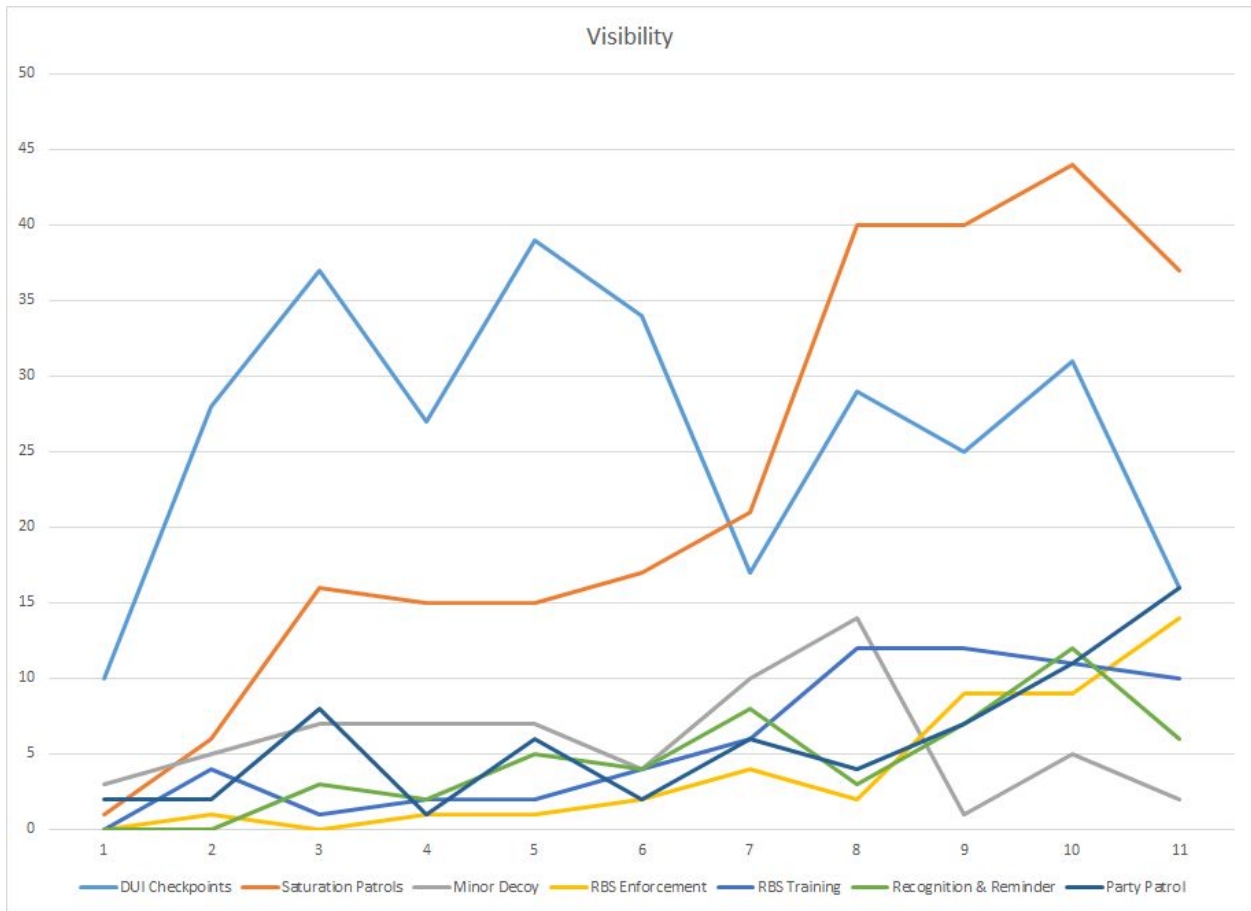
Figure 8: Number of Party Patrols by Quarter



The problem of “units” can be illustrated when thinking about the diversity of visibility activities available to communities. In an ideal world, we would be able to take each of the message channels and determine how many people were exposed to the message. How is it possible to compare, for instance, a roadside marquee announcing “DUI Patrol Tonight” with a Facebook page with the same (or different) message? There are ways to measure “hits” on a web site, but not practically with the precision to know how many were from people in the target city. Likewise, it may be possible to generate a count of drivers who pass the marquee, but even that would miss the number of passengers and the uncertainty of whether the driver even saw the message. Our practical solution was to treat any message as a unit, whether it was for one day (marquee) or posted on a web site for a full month. This still affords us a sense of the level of activity across the life of the project.

Determining whether a message was “on task” was difficult, of course. In a webinar presented to participants, PRC stressed that messages were meant to inform the public or other targeted audiences (e.g., alcohol servers) about the enforcement operations. Messages aimed at otherwise changing behavior (e.g., “Don’t drink and drive”) are not as effective. Nevertheless, it is completely understandable that people will use messages that are, for SPF SIG, “off track.” PRC staff did their best to use a very light hand in determining which messages were relevant to the SPF SIG intervention. Some messages, were not included in the counts shown in Figure 9.

Figure 9: Amount of “Visibility” by Quarter



The figure shows the number of messages tied to each of the intervention components. Clearly, there were many more for the two main DUI enforcement components (checkpoints and saturation patrols). This may reflect general familiarity with such messaging. In comparison, visibility messages for the other components were less prevalent, but trended upward over the course of the project (which is easier to see if the DUI lines are excluded and the scale adjusted accordingly). One can also see that visibility activities trended down in the final quarter as the SPF SIG project wound down to a close.

In general, the monthly reports describe a very good level of effort aligned with the SPF SIG objectives. Community-level prevention is not so common as to have established “benchmarks” for adequate levels of intervention activities or dosage, but in no case do we see any kind of implementation failure as viewed across the intervention communities in the aggregate. Anecdotally, when considering some of the more notable examples of community prevention of alcohol problems, these reports compare very favorably as far as the number of components, and the frequency with which they were engaged.

3.b.ii. Implementation from the Community Perspective (Qualitative Interviews)

The work in the implementation phase focused on the following:

- Conducting specific enforcement operations according to work plans
- Providing visibility operations in conjunction with enforcement operations in a timely manner according to the work plans
- Tracking and reporting all enforcement and visibility operations
- Adjusting work plans and logic models if necessary

The questions to answer in the process evaluation were:

- Were all enforcement operations carried out as planned?
- Were all visibility operations carried out in conjunction with enforcement operations?
- Who took responsibility for the different parts of the interventions?
- What channels of communication were used for visibility operations?
- Did the visibility operations reach their audience?

One of the key issues for the work in the implementation phase was the coordination of enforcement and visibility operations. This coordination relied heavily on collaboration between different participants (e.g., the police, project coordinators, and local key personnel). The qualitative interviews focused on these themes:

- How did the collaboration between participating entities work?
- Were all enforcement operations well-coordinated with visibility efforts?
- What were the perceptions of successes and barriers?

Data

Data for the qualitative part of the process evaluation of this phase of the project consisted of the same semi-structured interviews as formed the foundation for the evaluation of the planning phase.

Findings

There were two main issues of interest for the implementation phase: 1) the actual implementation of enforcement activities and visibility efforts in the communities, and 2) collaboration with partners in this process. Furthermore, we were interested in participants' perception of the demands for reporting. PRC had created an online reporting tool that could be accessed by each community to report monthly activities, and we were interested in knowing how this tool had worked for the communities. Also, DHCS required each participating subrecipient to produce quarterly reports about local activities, including descriptions of how funds were spent.

Challenges

The first area of interest was the challenges that participants had been confronted with in implementing the interventions that were required for the project. Challenges were many and varied a lot among the participating communities. For some, it was to figure out what was really expected of them, for others it was figuring out what everyone's roles were, and for the last group it was to figure out staffing and who

to partner with. It is interesting to note that there was a general tendency in communities where PRC had contacted the PD first to have problems getting the police onboard. In communities where the local subrecipient contacted the PD, it worked better. And yet, some police officers reported that it would have been a lot easier if PRC had contacted the police directly rather than going through local organizations. It is difficult to interpret these seemingly conflicting points.

Clarity of enforcement

The expectations as to which specific enforcement activities were needed were for the most part clear. However, there was some confusion about the dosage, which was defined later. The biggest challenge for some communities was to plan ahead because of the nature of police work. It also helped when the prevention workers could do Recognition and Reminder operations or pseudo-intoxicated patron activities to help out. Some PDs had a different understanding of over-service enforcement than what PRC was promoting. However, it appears that the two PDs that tried pseudo-intoxicated patron activities were happy about those operations. Party patrols were a problem for most.

Clarity of visibility

Almost all participants who worked on visibility were confused. To alleviate some of the confusion, PRC arranged two webinars to clarify their understanding of visibility messages and how they should be presented. The first webinar about visibility had helped a lot. There were some problems with the messages as some communities did not like messages that could impact businesses or paint a specific (negative) picture of the community. Some of the participants had problems turning away from the schools for visibility but once they understood that the target audience for the project was adults and alcohol providers (servers), they felt that they had a better understanding of the role of visibility. Difficulty with visibility likely arose from the novelty of messages having to be tied to enforcement activities instead of messages aimed at changing behavior directly (e.g., “Don’t drink and drive”).

Communication with PRC

In general, participants were satisfied with the communication between them and PRC. There were a couple of incidents that had provided some problems, but none were major. Participants reported that their contacts at PRC had been very accessible and responsive if there were any problems. One community reported that the role of PRC still remained a little unclear, and a PD reported that they felt that they could not contact PRC directly but had to go through the project coordinator.

Technical assistance

Most participants felt they got the TA they needed if they asked for it. One community felt they got some information a little too late and that they could have benefitted from getting it earlier in the project.

Communication with DHCS

All communities except one had good experiences working with DHCS during project implementation.

Communication with project partners

All participants stated that the Learning Community training events were very successful in terms of exchanging ideas and experiences. A few communities had contacted other participating communities based on inspiration from the Sacramento meetings. However, most of them worked by themselves. There were some reports of problems with the counties because of misunderstandings about the project. Some PDs reported that it was nice that the project coordinator would take care of all the invoicing and refunds.

During the implementation phase, most of the participants reported good working relationships between the police and the community prevention workers. There were a few kinks, but all in all, it did work well. In one community there were issues in the cooperation between police and the project coordinator. These issues were never really solved resulting in very few enforcement activities for a very long time. Towards the end of the project, some of the issues were resolved and there was more activity.

Reporting

In general, the online reporting tool worked fine but some participants felt that it was too simplistic to capture the complexity of community work, and some were frustrated that they were not able to go back and edit some of the previous entries. Everybody felt that it was quite easy to work with and did not pose too many demands for reporting. In combination with the quarterly reports to the State, most participants felt that the demands for reporting were quite reasonable.

Success in the community

Finally, we asked participants about their perception of the success or failure of the project in their community. All participants in the interviews rated the project as a success in their community. Most point to the new collaborative relations that were built between police and local prevention workers but others also pointed to the visibility around the communities of the enforcement efforts and an increase in followers of their web-sites. Many also felt they learned something new and helpful in preventing alcohol problems among the target age group. Furthermore, some participants felt that some of the activities will be sustained although it remains a concern whether most of the activities can be sustained in other communities.

Conclusions

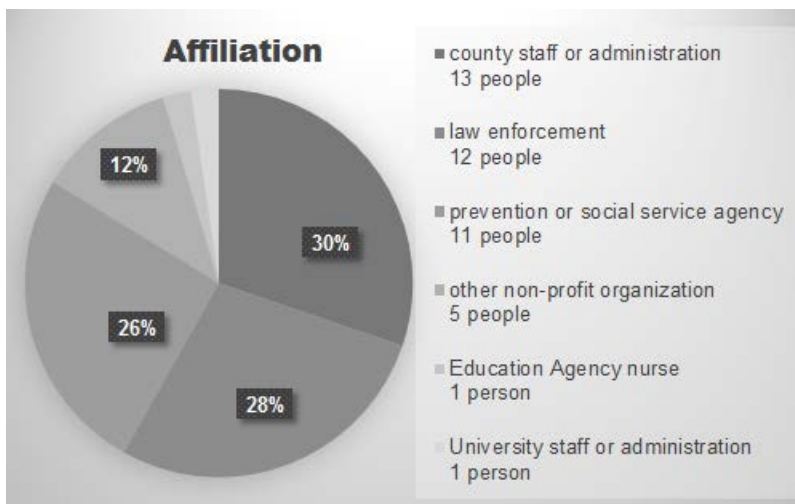
Based on the findings from the qualitative interviews presented here, a few important conclusions can be made:

- 1) With a prescriptive approach as in this project, it is essential to conduct a very structured planning process that focuses on the tasks at hand and leads the local prevention staff in the right direction.
- 2) It is essential for the process and implementation of a project like this that the roles of all participants are clear to them and to all others.

- 3) It is essential that all participants understand the goals and strategies of the project as early as possible in the process to prevent any kind of miscommunication and misunderstandings that can hold up the implementation of the interventions.
- 4) To secure local participation and “buy-in,” it is important to give the communities some flexibility to determine which interventions they want to focus on during implementation to fit their specific needs, but these would still need to be addressing the same objective (e.g., improving alcohol serving practices).

3.b.iii. SPF-SIG Process Survey

To collect additional SPF SIG participants’ perceptions of important aspects of the project, a survey was administered that included questions about the clarity of the purpose of SPF SIG, performance expectations for participants, difficulties in planning and initiating the intervention activities, implementation of interventions, challenges with collaboration, as well as length of involvement with the project, professional affiliation, and suggestions for future projects or studies.



Forty-six participants responded to the survey, however, three of them indicated that they never worked on the project, so their surveys were not included in this analysis. The greatest number of respondents were county staff or administrators (13), followed closely by municipal or county law enforcement (12), and prevention or social service agency staff (11). Five people identified as being from another non-profit organization and one as a local education agency nurse. The vast majority of the respondents worked on

the SPF SIG project more than two years (70%), while almost one-third were with the project between one and two years. Only one person worked on the project one year or less.

An orientation, development of logic models, and a list of evidence-based interventions were used to assist SPF SIG participants in gaining understanding of project objectives and expectations and to assist in planning and implementing the interventions. Several survey questions were included to identify participants’ feelings about clarity of objectives and expectations and whether the orientation, logic models, and list of interventions were helpful in providing clarity and developing plans. Generally, most respondents answered that project expectations of participants and the objectives of SPF SIG were made clear during the orientation or planning phase.

Since 25 survey respondents did not attend the orientation, analysis was limited to 18 responses. Interestingly, the majority of survey respondents who did not attend the orientation worked on the project more than two years. Survey respondents who attended the orientation perceived the essential

aspects of the SPF SIG project were clear. Specifically, 76% of responses to related questions said that essential aspects of SPF SIG were clear or very clear, while 16% of respondents said project objectives and expectations were unclear/very unclear. Another 9% reported being unable to remember. Of the 18 survey respondents who attended the orientation, 17 of 18 respondents thought the target of excessive drinking among 12 to 25 year-olds was made clear or very clear, 12 found the emphasis on evaluation of impact clear or very clear, 15 found the involvement of law enforcement clear or very clear, 10 thought it was clear or very clear that continued funding would depend on conforming to prescribed evidence-based interventions, and 10 of 18 found it clear or very clear that all communities would have to do similar interventions.

A series of questions included in the survey were designed to identify the type of difficulties and gauge the degree of difficulty during the planning phase and at the start of implementation of interventions and whether the planning tools provided were helpful. When asked about the helpfulness of developing logic models and being provided a list of evidence based interventions, 60% of respondents agreed or strongly agreed that the logic models and list of interventions were helpful in clarifying expectations and objectives of SPF SIG. However, 32% of the respondents did not agree that the logic models and list of interventions clarified expectations and objectives and 8% did not answer.

The results also generally show a significant number of respondents had some difficulties during the planning phase and early implementation: 33% strongly agreed and 33% agreed that they experienced some difficulties in the early weeks of implementation, and 48% of respondents indicated that collaboration between the PD and prevention agencies was challenging at the start of SPF SIG.

Although a majority of respondents reported challenges at the outset, a majority did not seem to attribute these difficulties to having too little time to plan. Sixty percent of respondents agreed there was sufficient time to plan. In addition, most respondents did not report unhappiness with SPF SIG objectives, nor did most report that the objectives were too prescriptive. Twenty-one people (49%) disagreed that the objectives of SPF SIG were too prescriptive, however, 17 people (39%) of respondents agreed or strongly agreed that the objectives were too prescriptive. Another 12% did not answer. It does not appear that any one professional affiliation was more associated with perceptions that the objectives were too prescriptive. Six of those people agreeing that the objectives were too prescriptive were county staff or administrators, five were law enforcement and six worked for nonprofits, prevention agencies, or a university.

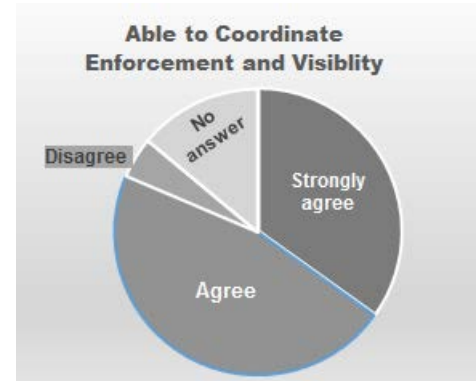
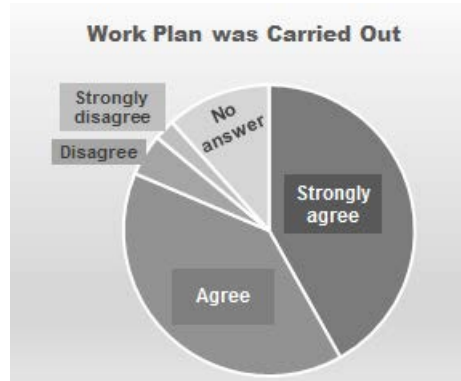
Participants were asked to identify persons or organizations that should have been part of the planning process but were not. Only 18 of 43 survey respondents answered this question, with nine stating that no others should have been included in planning. Other respondents listed: probation department, city manager or city council members, local hospitals, community members, and, interestingly, law enforcement as those who should have been involved in planning.

Survey items were included to determine if participants felt that difficulties in planning and initiation of interventions were overcome as the project progressed and if respondents felt implementation of interventions was successful. As mentioned above, a majority of survey respondents felt there were difficulties to overcome during planning and some respondents experienced difficulties in starting to implement interventions. However, the responses to questions about the implementation phase clearly demonstrate that the survey respondents perceived that implementation of their work plans and coordination of interventions were successful. There were 77% who agreed that on the whole SPF SIG

was a success in their community with only 7% disagreeing with this statement. Further, 79% answered that most of the early difficulties were solved or reduced. In addition, 82% of respondents agreed or strongly agreed they were able to carry out most of their work plans and were able to coordinate interventions.

Participants were also asked if they thought that others should have been involved during the implementation phase who were not. There were 13 of 43 respondents who answered this question and 9 of the 13 said no. No respondent listed a specific person or organization that should have been included during implementation but was not.

Survey items were also included to ascertain the level of perceived challenges in the reporting process. Most did respond that reporting SPF SIG information was difficult with 30% agreeing that it was difficult to consolidate reports and 26% stating the reporting requirements were burdensome.



In order to obtain information about the experiences and challenges of implementing a comprehensive intervention through collaboration between law enforcement and prevention staff, a series of items were included on the survey. Although as many as 35% of participants agreed that collaboration was new in their communities, the results showed most perceived collaboration was efficacious. For example, 82% agreed that by the end of SPF SIG collaboration was working smoothly. Some 54% of participants disagreed or strongly disagreed that organizational differences posed difficulties, with 33% reporting challenges with organizational differences. The challenges did not appear associated with SPF SIG demands specifically, with only 16% (7 people) agreeing that SPF SIG demanded too much coordination of the different agencies. Although less than a majority, the chief collaboration challenge reported by respondents was bringing people together to coordinate or plan, 14% agreeing it was very difficult, and 30% agreeing it was difficult. Another 42% disagreed that common planning and coordination was a problem.

Finally, the survey asked SPF SIG participants to consider important aspects or features for developing future projects. There was not a consensus about who should take the lead on future SPF SIG projects. Fifteen participants (35%) responded that the County Office of Alcohol/Drug Programs or Behavioral Health agencies should take the lead, 23% felt local prevention agencies, 19% responded with local law enforcement agencies, and 16% did not answer. Nearly half of respondents said that it was very important and 28% said it was important (77% in total) to have a prevention agency with existing working relationships with the police. Also, a large majority, 67% of respondents, said it was very important or important to have someone familiar with social media campaigns, 63% felt it was important for SPF SIG projects to have relationships with local schools, a large majority of 61% responded having a coalition with broad community representation was very important or important. Similarly, 60% thought having an existing prevention coalition in the community was important. There were 48% who

responded that it was important having someone able to write letters to the editor and/or opinion editorials for the local paper, and finally, fewer people thought that it was important to have active county agency oversight (37%) of future projects.

The final two questions were open ended. The first asked what participants thought would be important for a future version of SPF SIG. Responses were as follows:

A clear idea of what is to be done

A grant director should be clearly named with clear task/responsibility Committees established

Clear expectations from the beginning.

Clear roles for each agency

Clearer direction regarding what was being looked for with visibility efforts

Community readiness needs to be considered - some communities will need more of a ramp up period than others

Consistent funding periods and amounts from the county

Consistent reporting across the state - our county required monthly reports whereas other counties required quarterly reports. Monthly was too burdensome for our partners within PD

County representative brought nothing to the table and was still paid out of the grant.

That was a waste of money.

Don't have coalitions direct enforcement activity

Increase in funding

More funding to support law enforcement activities

non at this time

Overtime funding for local police departments

Relationship with law enforcement

Revisit communities that had already implemented the SPF SIG so we leverage existing relationships.

School Involvement

Stress with law enforcement the importance of providing data on a monthly basis. Who is responsible for gathering the data and submitting it on a timely basis. We struggled with this in HB.

You need to look at Police Departments individually and not lump all police together.

I think you quickly learned that what works in one city doesn't work in another.

Clear authority to use financial resources

Clearinghouse of tools and best practices

Contact info for the other involved cities

County support in building program

I appreciated the prescriptive nature of SPF SIG over time. I would keep this but make sure it is communicated from the start.

It doesn't matter who you use to work with Law Enforcement as long as they are experienced in prevention and have a great working relationship with law enforcement. It could be the County, a CBO or a coalition and it likely to be different in different communities.

More flexibility in the timeline

More lead time in planning activities

Realistic expectations for L.E. based upon current staffing

Relationship with the media

Specific recommendations around sustainability.

You can't expect the same programs, buy-in and results in each city.

The final question asked participants “to expand on any of these questions or raise another topic related to the SPF SIG project.” The following responses were given:

I felt it was well-managed and appreciated the somewhat prescriptive nature of the implementation. We have very much enjoyed working on SPF SIG.

It would have been great to know from the very beginning that the PRIMARY evidenced-based interventions would be enforcement and visibility.

Just to reiterate we really didn't have the personnel or time to participate and would not have ever applied for this grant because of it. Maybe in a few years when we have more staffing. The officers resented being forced to work these overtime details.

The learning communities were useful as it was interesting to hear what others were doing in their projects. Staff provided to support the local programs were knowledgeable and helpful.

4. OUTCOME EVALUATION

It is important to stress that, at the time of this report, only limited post-intervention data are available. This means that the outcomes shown here must be regarded as provisional and subject to change as more data become available. This situation is one of the limitations of using archival data for evaluation, but it is balanced by the fact that such data are so much less expensive to use than collecting original data over a number of cities.

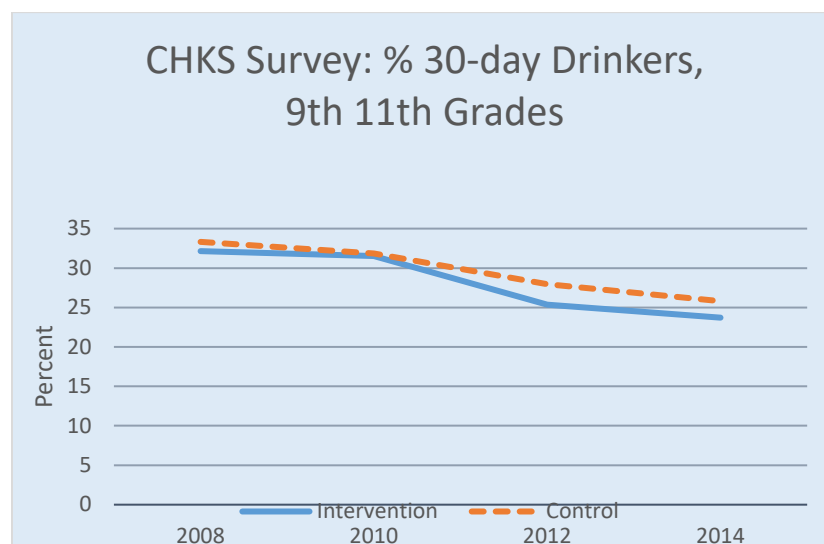
4.a. (Preliminary) Survey Data from the CHKS

The CHKS is a statewide survey of adolescents via school-based administration of paper questionnaires. The survey is used in grades 4 through 12, though for SPF SIG, we focused on data from high school students (grades 9 and 11). The survey is comprised of several domains related to health behavior, including alcohol, tobacco, and other drug use. The main outcome measures of interest were prevalence of consuming alcohol (a full drink) in the past 30 days (before the survey), and the prevalence of drinking five or more drinks in a row (sometimes called “binge drinking”) in the past 30 days.

While the CHKS used to be required of school districts in order to be eligible for federal education funding, it has been administered as a voluntary survey more recently. Historically, districts were allowed to participate every two years, and that practice has continued to the present (some districts or schools collect data in the “off years,” but these are not included here). One intervention city and two comparison cities discontinued their participation over the span of the baseline years, and thus produced no data after the intervention began. Those cities were not included in the outcome analysis.

Figure 10 shows the changes in 30-day consumption of alcohol for both the intervention and control cities. Data from high schools in each city were averaged first, and the figure shows the group average of those averages. Note that the years listed are for academic years, so that “2012” covers the academic year 2012/2013. This means that the SPF SIG intervention began in the middle of the data shown for 2012.

Figure 10: Prevalence of Alcohol Use in Past 30-days by Experimental Condition



In Figure 10, we see a general trend toward lower reported alcohol use in both conditions, but with a slightly greater decrease after the intervention began in the intervention group. This is not likely statistically significant, but we will conduct the statistical testing once additional data become available.

Figure 11: Prevalence of “Binge” Drinking in Past 30-days by Experimental Condition

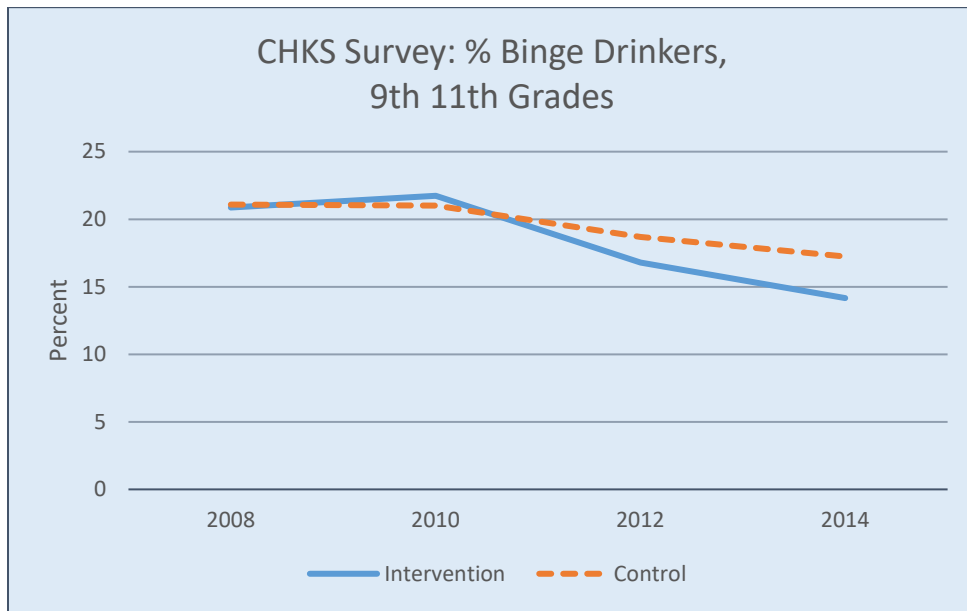


Figure 11 is the trend for 30-day “binge” drinking. Here, the divergence of the intervention and control conditions is greater, suggesting that the intervention may have reduced the likelihood of the heavier drinking among high school students. Again, we will await more survey data before conducting a statistical test of this difference.

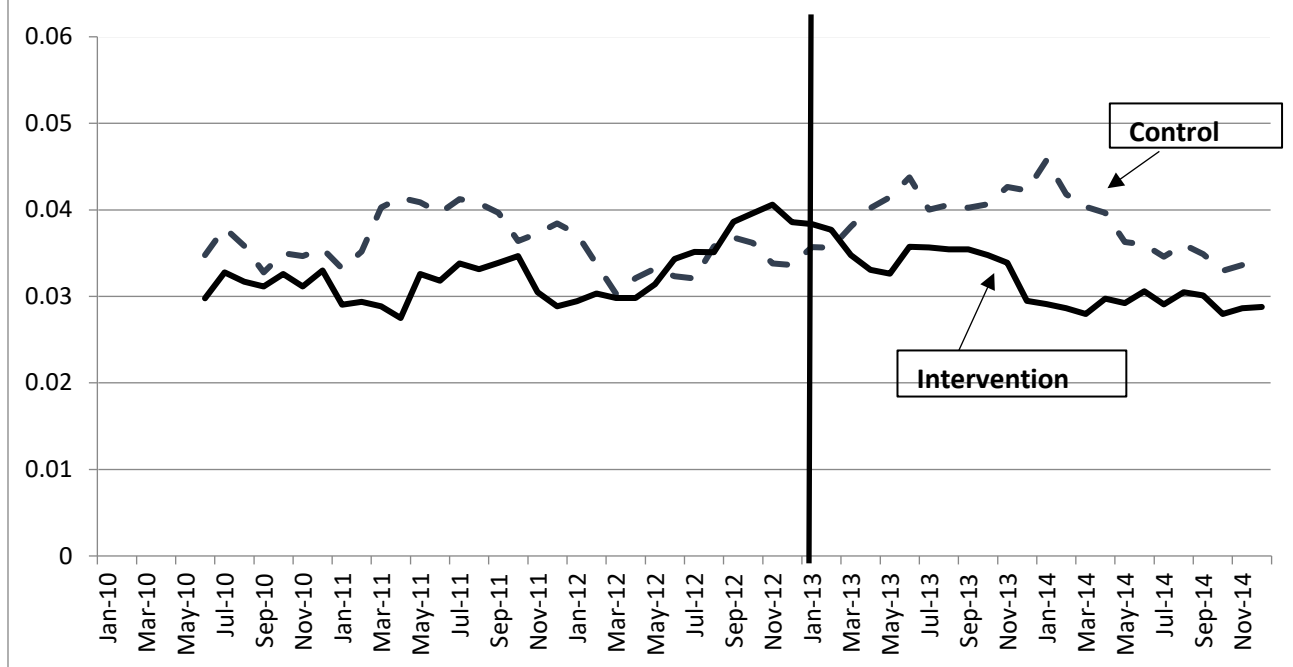
4.b. Alcohol-Related Crashes

One of the better measures of project impact is the prevalence of alcohol-related vehicle crashes. For large populations, the best measure would be the prevalence of alcohol-related fatalities, since direct blood alcohol measures are nearly always conducted after such events. For communities, the number of such fatalities, while significant, is not large enough to overcome problems with low numbers when we want to look for differences between the intervention cities and the controls.

Instead, we turn to data from the California Statewide Integrated Traffic Reporting System (SWITRS). These are reports consolidated at the state level from reports sent by police departments and other law enforcement agencies throughout the state. The dataset includes all reported crashes, even those that only entail property damage (when they come to the attention of law enforcement). Each crash report also includes such data as the officer’s judgement of whether the driver “had been drinking,” and whether a DUI citation was issued.

The limitation of these data is that they depend on the officer’s judgement of the driver’s level of impairment, as opposed to a direct measure of BAC, unless a field breathalyzer test was given or

Figure 12. DUI Injury Crash Rate by SPF SIG Intervention Condition, 2010-2014



conducted shortly after the crash. The officer’s judgement of alcohol involvement may also be differentially affected by the very community prevention project (SPF SIG) itself, as the various activities may raise the likelihood of an officer deciding that alcohol was a factor in the crash.

To limit the risk of such a reactive measure, we constructed an outcome measure based on those crashes in which there was an injury, as well as involving the issuance of a DUI citation. The fact that someone was injured eliminates more trivial crashes where judgement may be more influenced, as well as increases the attention of all parties knowing that an injury is more likely to result in criminal or civil liability investigations. The DUI citation further “formalizes” the response and official record of the event and makes it more likely that the crash was truly alcohol-related.

Using the SWITRS data, we constructed measures of monthly rates for DUI crashes that involved an injury (injury DUI crashes/total crashes) for the 24 cities, and then computed 6-month moving averages to reduce volatility in trends. As shown in Figure 12, the DUI injury crash rate was consistently lower in SPF SIG intervention cities relative to controls after intervention activities began in 2013. This difference was statistically significant in multi-level regression models, adjusting for variance attributable to the correlation of repeated observations within cities and time trends, as well as heterogeneity of parameter estimates. Pre-intervention levels of injury DUI rates from 2010 to 2012 alternated between intervention and control communities, suggesting that short-term post-intervention differences are likely to be attributable to the alcohol enforcement operations and related visibility activities. We note that DUI crashes with injuries are less likely than all DUI arrests to be influenced by level of enforcement or possible bias in determination of alcohol involvement. We will include 2015 SWITRS data in additional analyses in the future.

4.c. Violent Crimes

Using data from the California Monthly Arrest and Citation Registry (MACR), we computed annual rates of aggravated assaults and other types of violent crime per 1,000 in population to examine possible short-term intervention effects on these outcomes. As shown in Figure 13, the mean rate of aggravated assaults decreased in intervention cities after 2013, while increasing in control cities. The rate of sexual assaults appeared to increase in control cities after 2013 while there was little or no change in intervention cities (Figure 14). The rate of total violent crimes also increased in control cities after 2013 while decreasing in intervention cities (Figure 15). We recognize that observed post-intervention differences in these outcomes may be related to pre-intervention trends, indicating the need for additional post-intervention data from MACR and appropriate multi-level analyses to account for the correlation between repeated observations within cities over time.

Figure 13: Aggravated Assaults per 1000

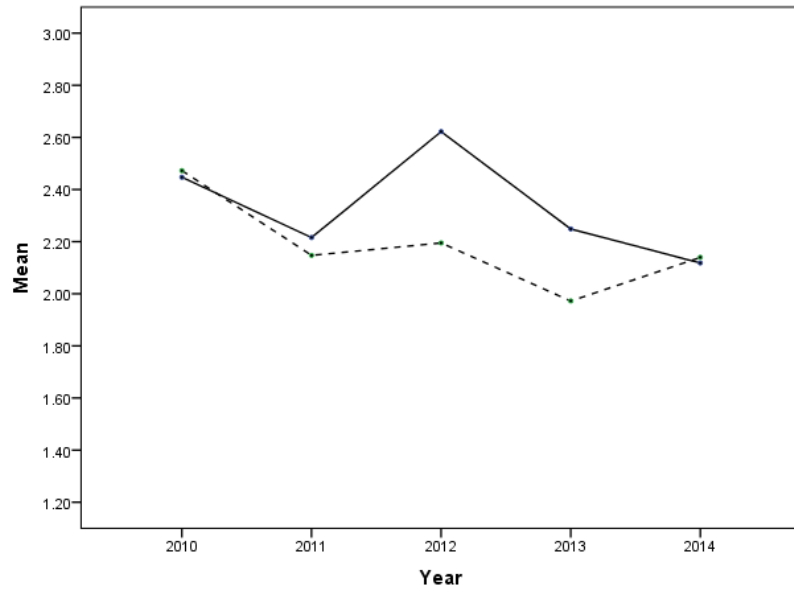


Figure 14: Violent Crimes per 1000

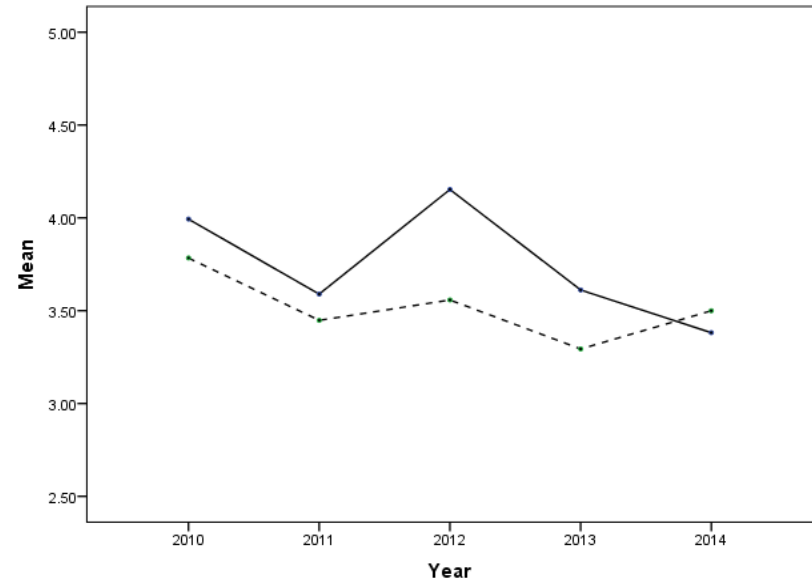
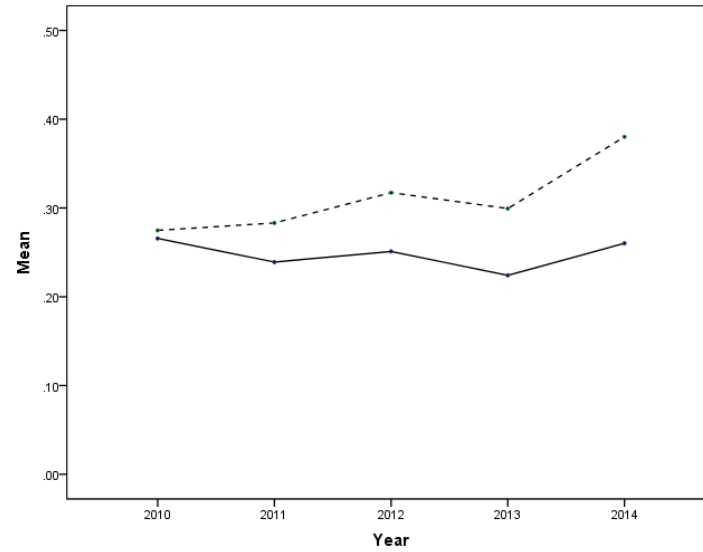


Figure 15: Sexual Assaults per 1000



4.d. Future Plans for Outcome Evaluation

The PRC team sought modest supplemental funding for continued analysis of the outcome data beyond the life of the SPF SIG. This will provide post-intervention data from the sources above, but also examine injury data from hospital discharge databases as well as emergency medical services (EMS) data. These additional sources raise some difficulties because of requirements to protect the confidentiality of patient data. For instance, obtaining specific kinds of injury data by zip code may result in so-called “masked” counts where the incidence of such injuries is low and thus risking disclosure of information that could allow identification of patients. Requests for such data have already been submitted and discussions underway regarding the maximum level of “resolution” that is available to the evaluation.

A supplement to this report will be created and submitted to DHCS when the new data are able to be incorporated into the analyses.

5. DISSEMINATION PLAN

The SPF SIG project has always kept in mind the desire to facilitate improved practice where possible in future prevention efforts. The prescriptive approach, with emphasis on logic models, work plans, and specific prevention interventions lends itself to the development of a “toolkit” that captures not only the major elements of the SPF SIG project, but also materials generated by the participating communities.

Rather than building a “binder” of these materials, we have developed a toolkit so that it can be browsed electronically (either on-line or by downloading the equivalent set of files and hyperlinks). The advantage with such a design is that an unfamiliar viewer can see the basic structure of the SPF SIG right away without having to look at greater levels of detail. Then, more information about each of the intervention components (e.g., “recognition and reminder”) can be explored as desired. Finally, examples of materials generated by the SPF SIG communities are included for others to either use directly or as inspiration for novel messages or strategies elsewhere.

Working with DHCS, the PRC team will collaborate with a designated vendor to make the toolkit available to all through the internet. It is expected that the toolkit will be enhanced not only by the vendor’s expertise in posting web-based materials, but also via feedback from the SPF SIG participants at first, and later by staff from other agencies that may find the toolkit useful. There is no reason (other than available resources) why the toolkit could not be evaluated by potential users more systematically, who could be asked for ways in which it could be improved. The growing adoption of the SPF may accelerate this process of improving the toolkit, and may even expand its scope if others express an interest.

6. CONCLUDING THOUGHTS AND RECOMMENDATIONS

Rather than reiterating points made above, this section will take a step back and consider some of the major features of the California SPF SIG. This will comprise “lessons learned” as well as recommendations for future community prevention efforts. These comments must be somewhat tentative, with some deserving of more discussion and debate.

Recruiting Communities

As noted before, communities for the SPF SIG project were selected at random from across the state. This meant that counties, agencies, and organizations had to be persuaded to participate in the project. In some cases, this was easier than others. In other states, it was more common for an announcement to be made about the availability of funds for SPF SIG activities along with a call for applications for the funding. This would certainly assure that someone in a county or community was interested in participating, but would have also required more time for developing the announcement, allowing time for responding, and then time for reviewing the applications. It may have also been likely that applications would have been sent in by a subset of counties or cities that were not representative of areas throughout the state (though that is arguable). Some may argue that this alternative process would have ensured a level of “readiness” for any participating community, but that, too, is arguable for a couple of reasons.

First, several measures of readiness are based on the idea that, 1) it should reflect a recognition that there is a problem needing preventive attention, and 2) that there is some infrastructure (most commonly an existing prevention coalition) that has a record of experience in prevention. In the case of SPF SIG and its targeting excessive drinking of 12 to 25 year olds, there is little reason to expect large differences across communities in their perception of the risks. Second, a well-developed prevention coalition does not guarantee that it would be willing to adopt a different prevention approach than it had been pursuing over a long time. Given SPF SIG’s emphasis on environmental prevention at the community level, it may have been just as easy starting from scratch than with an infrastructure that might be set in its ways. Still, one should always appreciate the skills and talents of any coalition or agency that can also adapt to unfamiliar strategies, and selecting communities at random may have been overly-ambitious.

In terms of an evaluation, the two approaches to recruiting communities amount to the difference between evaluating whether the prevention interventions can make a difference in any community vs. whether the interventions could make a difference where there was interest and resources already in place. Either is a legitimate question and ideally, both questions should be pursued in the future.

Prevention Target

Preventing underage and excessive drinking among 12 to 25 year-olds is simultaneously well-justified and quite ambitious. Having to achieve reductions in a year or two only boosts the challenge. While communities are very familiar with school-based prevention programs aimed at delaying onset of alcohol use by middle and younger high school students, older teens and young adults are not so accessible as a group, even if there existed programs for young adults (which is debatable). This was why SPF SIG focused on social host parties and alcohol servers in conjunction with community DUI enforcement. Enhanced application of alcohol-control measures take effect almost immediately, when accompanied by publicity (visibility). For a community with a longer time line than available to SPF SIG, one might imagine a combination of programs for younger audiences (over several years) alongside coordinated enforcement operations with developed channels for communicating the existence of those operations to the public.

Prescriptive Approach

In prevention, it is common practice for training and TA to be essentially “reactive.” A (usually large) menu of prevention options is provided, perhaps some case studies or examples of what other communities have done, and from there, the TA provider usually responds to questions or problems that community members may have about the best way to proceed. This approach is popular because it can be very helpful to communities, depending on the talents of the TA provider and the prevention coordinators. It also has the advantage that it places low demands on the recipient of the TA. Help is offered when requested, and usually not without the understanding that the community or coalition will ultimately decide for itself what advice to take and which to ignore. All in all, the potential for conflict between funder and recipient is minimized.

For the SPF SIG, however, this approach carries some liabilities. Foremost among them being the very real likelihood that each community would decide on something quite different from the others. The result is that evaluation would be made impossible, or at best, would become an evaluation of the simple fact of supplying a number of dollars to a community. In fact, this situation was not uncommon among other SPF SIG states. One can see that if this arrangement becomes the norm (beyond the SPF SIG itself), little progress in identifying effective community prevention will ever be made.

The other major motivation for being prescriptive was outlined above when describing the various common obstacles for adoption of evidence-based prevention. These include the emphasis on adolescents, educational messages, “problem” drinkers, and inevitable, if understandable, preferences all agencies have for continuing to do what they have done before. In sum, something more than a suggested large menu of options needs to be brought into the picture.

For the California SPF SIG, the PRC team developed the logic models and accompanying table of interventions thinking that the objectives would thus be quite explicit. In addition, DHCS contributed further clarifications by working with the PRC team to develop a statement on “Roles and Responsibilities” in anticipation of likely questions about where direction for SPF SIG would come from.

As described in the process evaluation, many (not all) community members felt that the SPF SIG objectives were nevertheless vague or unclear until later in the grant period. This was surprising to the PRC team, especially in light of the concern, at the start of the SPF SIG, that the degree of prescriptiveness may be seen as “going too far” by some community members. What might account for the initial reaction?

First, it may have arisen as a result of the gap in time between recruiting a county/community and holding the orientation meeting for all the communities together. While not exceptionally long in duration, the time between recruiting a community and holding the meeting may have led some to make plans in advance and without full understanding of what the project would entail. Some description and overview was provided at the very start, of course, but not in very much detail. The gap in time was sufficient, however, for some counties/communities to begin contracting with providers who themselves may have had little information about the SPF SIG.

Second, it may be possible that the orientation’s overview of the intervention components did not sufficiently emphasize the role of law enforcement operations in the mix of intervention activities. It

might seem that it had to be obvious when interventions included enhanced enforcement of laws prohibiting sale of alcohol to minors, or DUI enforcement, but perhaps counties/communities did not initially appreciate that they were to work out the coordination of those activities with others that would make the enforcement “visible” to the whole community. Given that incorporating law enforcement agencies in prevention is uncommon in California (with transfers of funding highly restricted in most cases), the challenges may not have been apparent early on. In some communities, it became necessary for TA and DHCS staff to stress the need for enforcement operations, possibly indicating that it took a while for some communities to recognize the SPF SIG’s departure from “business as usual.”

Finally, it could be the case that some community agencies understood what was being prescribed and yet wanted to pursue other activities. Here, what may have been vague or unclear was that communities would actually be expected to adopt the evidence-based interventions given by the logic models and accompanying table of interventions. This was less of an issue among law enforcement agencies, as they are used to quite specific guidelines for how grant funds are to be used (e.g., in holiday DUI enforcement campaigns, or in Grant Assistance Programs, “GAP” grants). For counties and prevention agencies, however, the SPF SIG level of specificity may have been novel and possibly optional. The PRC team was informed by several sources that common practice in the past was to stand back from being as prescriptive.

SPF SIG Division of Labor

As noted above, the incorporation of law enforcement into a community prevention grant was generally novel. With the exception of two communities where the subrecipients were police departments directly, most subrecipients were either county or community agencies who were then required to develop a work plan that included law enforcement as well as more traditional prevention activities. It seemed increasingly clear, over the course of the SPF SIG, that an optimal partnership could be coupling enforcement activities (DUI, sales to minors) done by one or more law enforcement agencies, with efforts by prevention agencies to give those operations “high visibility.” This worked in some cases, but did not develop in others. Obstacles included ordinary bureaucratic delays (e.g., having to obtain approval of funding arrangements from county Boards of Supervisors) to difficulties in finding local agencies capable of designing and implementing publicity campaigns aimed at different audiences (whole population vs. retail managers and servers). There was also an understandable reluctance by subrecipients to share any of the limited dollars with another organization. In retrospect, it may have been better to identify (if possible) both types of agencies and fund them individually from the start, although this may have raised other problems (e.g., the funding for each in the hypothetical case may then be too low to attract participation).

Dosage

Even as the SPF SIG was based on research, there were times when research offered very limited guidance. One of those was related to the question of “dosage,” in other words, the question of how many law enforcement operations with accompanying publicity are needed to achieve measurable population-level changes in “underage and excessive drinking.” This obviously applies as well to the quality and quantity of the “visibility” activities. The field has known for some time that it is the “visibility” of law enforcement operations that creates the deterrent effect. Enforcement without publicity has limited, if any effect. On the other hand, the public seems to know when publicity is created without enforcement, and again, no deterrence occurs. How much enforcement and visibility is

necessary, then? There is insufficient evidence to say. From a variety of studies, however, it does appear that enforcement does not have to be “overwhelming” or even “intense,” but rather “noticeable.” This is why roadside random breath testing may be so effective. Even without supplementary visibility, the operation itself is very noticeable, and when conducted on a major thoroughfare, comes into contact with many drivers (and their passengers). It should be noted that such operations are not known for “catching” many alcohol-impaired drivers (who often can turn around in advance of being stopped). The operation, along with publicity, is nevertheless effective.

The uncertainty about necessary “dosage” is compounded by the difficulty of measuring “visibility.” SPF SIG resources could not allow a close monitoring of both the messaging and the reach of the various activities aimed at producing publicity. As noted above, there is an understandable desire for communities to publicize the existence of a grant and to describe its aims. Likewise, there is conventional practice of disseminating messages aimed at publicizing the dangers of consuming alcohol or the risk of injuries. For SPF SIG, these messages competed with the objective of making the enforcement activities themselves more visible to the general population and to specific groups (e.g., bar and restaurant employees). Ideally, one would like to examine each message (radio or newspaper ads, news items, website messages, signage, school assembly messaging, etc.) and score its adherence to the objective of visibility.

Yet this is only half of the equation, because we are also concerned with how many people see and attend to the messages, the reach of the message. One can imagine trying to calculate reach by such tactics as counting “hits” on a web site or estimated audience for a radio ad, but for SPF SIG, such numbers would have to be identified for the specific city, which is usually only a fraction of the media market. Even more difficult would be measuring the reach of a portable road sign parked on the side of a main street. One could count vehicles that drove by the sign, but even this would be a crude measure of noticing the sign and estimating how many unique drivers and passengers may have seen it. Obviously, more research on implementation strategies is needed to address “visibility” more directly.

Using Existing Data Sources for Evaluation

California’s SPF SIG was designed to use and assess existing (archival) data sources as outcomes. Even well-funded National Institutes of Health research studies are becoming more difficult to conduct because of the prohibitive costs of data collection. Random digit dial telephone surveys for a project like SPF SIG can run hundreds of thousands of dollars, and if this is becoming difficult for stand-alone research projects, then it is completely out of the question for communities or counties to afford.

The promise of archival data for evaluation is still short of ideal, however. Each data source has its limitations. Traffic crash data from SWITRS are very useful in general, but they do not measure alcohol involvement directly (e.g., using BAC) and must rely on officer judgement (although arrests for DUI are a good indication). The problem of attribution to alcohol is likely greater in minor crashes involving only property damage (which is why we use crashes that involve injuries). A key limitation, shared by other sources, is that SWITRS data are not available until years after the crashes occur. This means that a community that wants to know if it is having an impact with some new strategy must commit to that strategy for years if it wants to see results. It also has to identify some kind of comparison (e.g., other cities) to take historical trends and events into account, and even then, the effect of the new prevention strategy may have to be quite dramatic in order to “see” it in the data (which is why SPF SIG employed data from 24 cities).

Similarly, the CHKS data has a long lag time, and is made further difficult by the fact that schools or districts usually participate in alternate years (rather than every year) and that some may, in fact, drop out temporarily or permanently. Crime data have a similar lag and are only available as an annual aggregate, which limits their statistical power. Finally, communities will still find it difficult to pull together disparate data sources at the city level (as opposed to county level), especially if they lack analytical expertise.

Still, the hope is to learn how to work around these limitations and difficulties, and in doing so, to build experience that will support more widespread use of existing data. Facilitating these developments could be something that the California State Epidemiological Workgroup (SEW) may want to take on.

Recommendations

The fact that more will be learned about the possible effect of the California SPF SIG on the intervention communities requires some caveats on this short list of recommendations. Still, the experience and documentation of its components given here can support some suggestion of how community prevention of alcohol-related problems might be improved upon in the future.

- 1) Being more prescriptive with preventive interventions was, in retrospect, relatively well-received. This would argue in support of being equally specific in future funding situations. The qualification, coming from our process evaluation, is that the specifics should be made sooner in the overall process, i.e., before agencies are recruited to carry out the prevention strategy or strategies.
- 2) Depending on the options available to the funding agency, it may be better to adopt the more usual recruiting strategy and have communities or counties in some way “apply” for the funds. It would be critical to have the specifics (from the point above) distributed beforehand to as to avoid a mismatch of agency with the prevention strategy being prescribed.
- 3) Depending on options available, some kind of overall evaluation design should be incorporated. This is not the same as asking each community to conduct its own evaluation (which could also be requested). Rather, similar to the SPF SIG, if not a randomized experimental design, some kind of quasi-experimental design with comparison communities should be adopted independent of what each participating community is required to do. Note that this would be done in conjunction with recruiting or identifying participating communities.
- 4) If feasible, the SEW should facilitate the availability of archival data that cities and counties could make use of in a timely manner. This is being done by DHCS and the California Department of Public Health (e.g., the EPICenter), but this is a long-term project that may take a higher level of coordination than generally available to achieve ultimate usability by communities.

In general, by being more prescriptive in prevention strategies and coupling that with more attention to evaluation designs, DHCS can greatly accelerate the adoption of evidence-based prevention programs, policies, and practices which is the ultimate goal of SAMHSA and other funding agencies. Moreover, being deliberate in specifications and evaluation would also allow for assessing novel prevention strategies that have not yet been evaluated. In sum, a degree of leadership is required to steer away from a situation in which prevention is being pursued in myriad ways with little knowledge of whether it is effective.