



Evaluation Report on the Spring 2001 Collaborative Assessment Process

October 2001

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Collaborative Assessment Process**

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Acknowledgments

It is an honor to be allowed to witness the efforts of state agency staff members and their local constituents who are striving to create a more effective and efficient prevention system in Washington State. Their hard work and dedication is outstanding.

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Executive Summary

Reason for the research

The topic of this interim evaluation report is the initial collaborative needs assessment of the Washington State Incentive Grant. This interim report, requested by the Washington Interagency Network (WIN), is part of a larger Washington State Incentive Grant evaluation report, to be completed in June 2002. The initial assessment occurred in spring 2001. Research was conducted during September and October 2001. Evaluation methods are described in *Appendix A*.

Summary of results

Collaborative assessment processes in twenty-four counties or bi-county combinations were studied. Over one-third of those counties described the process and its results as positive. Over one-half had mixed experiences. One county reported a largely negative experience and had results they did not feel were useful due to a lack of current data.

What worked

1. All counties completed a collaborative assessment report.
2. Most participants perceived the collaborative needs assessment trainings as understandable and applicable.
3. The collaborative assessment resulted in first-time collaboration for some counties. New collaboration workgroups established for the assessment sometimes decided to continue meeting after the report was completed.
4. The movement from collaborative assessment to collaborative planning occurred without a break in some counties.
5. The vast majority of local constituents went to great lengths to collect, analyze, and present data to their peers and community members, even creating traveling data shows in some rural counties. People were willing and able to participate.

What needs work

1. Collaborative and comprehensive communication from state agencies to their local constituents detailing the agencies' expectations regarding the collaborative assessment process. Agencies must acknowledge differences in administrative boundaries, fiscal agents, prevention focus, and prevention delivery systems and work together to create avenues for bridging these differences.
2. More and better data, accessible through a website and in formats other than strictly numerical.
3. Accessibility of collaborative assessment reports by both state and local staff.

4. Clarification regarding the content of the collaborative assessment report in its current form as useful or necessary for all participating state agencies and their local constituents.

Conclusion

The collaborative assessment work that has been done is the most visible progress to date toward achieving any of the state-level SIG objectives. The initial collaborative assessment process yielded both expected and unexpected payoffs. Significant, but not insurmountable, issues remain to be addressed, the greatest of which involve collaboration at the state level: decisions on the part of all SIG agencies to participate in collaborative needs assessments, joint communication about those decisions with local constituents, and creation of a form that meets the needs of all participating agencies.

Evaluation Report

Reason for the Research

An evaluation was conducted during September and October 2001 on the initial collaborative assessment process, which occurred during spring 2001. The report on the collaborative assessment process is part of a larger evaluation concerning the Washington State Incentive Grant and was prepared upon request for the Washington Interagency Network (WIN) to help them improve the collaborative assessment process.

Evaluation methods used included focus groups, semi-structured face to face and phone interviews, and written surveys distributed and returned by electronic mail and fax, and a review of eleven collaborative assessment reports. Data was collected from five state agencies and twenty-seven counties, six of which functioned or were reported on as two-county combinations. *Appendix A* contains details on evaluation methods and response rates. *Appendices B* and *C* are local and state surveys.

History

In 1997, county-level constituents requested that state agencies involved in prevention reduce duplication in paperwork and reporting requirements. The Washington Interagency Network (WIN), a group of state agency mid-level managers, formed a workgroup to address these requests. Meetings were held, but once the complexity of collecting and delivering the data needed for a collaborative assessment process became apparent, efforts began to falter.

Efforts were renewed with the award of the Washington State Incentive Grant (SIG), which made the development, coordination, and administration of a collaborative needs assessment one of its six state-level objectives for the Washington State Substance Abuse Prevention System. In a workshop in Yakima, Washington, more than 40 prevention providers and agency representatives from across the state identified creation of a single needs assessment process for prevention as their most desired prevention system improvement. This helped provide a context and motivation for further work toward a collaborative needs assessment, as well as visible support from agencies involved with SIG. The work done prior to the SIG grant award was acknowledged and incorporated into SIG as the collaborative assessment.

State agencies involved in prevention began addressing the complex issues associated with a collaborative needs assessment. Complex data gathering and dissemination issues were addressed by the agencies and through the Joint School Survey Committee. One of the biggest obstacles was the date of the Washington State Survey of Adolescent Health Behavior (WSSAHB), a primary source for the risk and protective factor and prevalence data required by the needs assessment. The Joint School Survey Committee changed the survey administration schedule from spring to fall, ostensibly so community planners would have recent data to use in their prevention planning in Spring 2001. The first administration of the fall survey was in fall 2000. Researchers had anticipated that data

from the fall 2000 survey would be available early in spring 2001 to provide sufficient time for collaborative assessment meetings. The inability to meet this timeline was one of the greatest frustrations for persons involved in community-level collaborative assessment processes, although agencies are hopeful that data will be delivered at an earlier date in the future.

Needs assessment workgroup members collected and compared assessment forms currently in use by individual state agencies. A form was created, discussed, and modified to incorporate the core needs assessment requirements of the participating state agencies, with the understanding that additional requests for information could be appended to the form by individual agencies.

In fall 2000, the Division of Alcohol and Substance Abuse (DASA) county alcohol and drug coordinators agreed to convene county-level collaborative assessment meetings. Staff from Research and Data Analysis (RDA), Community Mobilization from the Office of Community Development (OCD), and the Division of Alcohol and Substance Abuse (DASA) provided trainings during fall 2000, with one training held during early 2001. Trainings were hosted by each of the nine Educational Service Districts and were open to all prevention professionals. Training topics were the collaborative assessment process, data collection and analysis, and comprehensive community prevention planning.

The initial collaborative assessment process occurred during spring 2001 in most cases, although some counties began collecting data and meeting as early as fall 2000. All collaborative assessment reports were completed by May 2001. This research was conducted during September and October 2001.

Results

The purpose of the collaborative assessment process is to avoid duplication of work at the county level, allowing one needs assessment to answer a set of basic questions required by all participating agencies. It is understood that individual agencies might require additional information to meet funding requirements. There are several goals, then, contained within the collaborative process:

1. State agencies will inform their local constituents about the collaborative assessment process, including expectations of data sharing, participation in trainings and meetings, and reports.
2. Local constituents of participating state agencies will understand and engage in the collaborative process.
3. Adequate and timely data will be available to conduct the assessments.
4. Collaborative assessment reports will be available to all participating state agencies.
5. The reports will be useful and necessary to local and state level staff for planning and funding requirements.

The first sub-section below is a table of data sources and overall experiences with the collaborative assessment process. Following this table is a description of *what worked*, a general list of positive aspects of initial collaborative assessments. Following the list of *what worked* is the sub-section titled *what needs work*, which corresponds directly with the above list of five goals.

Data sources and overall experiences

Nine of the twenty-four counties or county combinations studied (over one-third) had overall positive experiences conducting the collaborative assessment process. One had a negative experience, while the remaining fourteen (over half) had mixed experiences. Information was examined from approximately two-thirds of Washington's thirty-nine counties. Below is a table of the counties who either responded to inquiries about the collaborative assessment process or whose collaborative assessment report (CAR) was reviewed. The Family Policy Council (FPC) conducted an inquiry among their networks in response to a request for information for this report. Three sets of county responses were combined because their representatives or reports were bi-county: Asotin-Garfield, Benton-Franklin, and Skamania-Klickitat. The rightmost column of the table contains the overall experiences of the county with the collaborative assessment process. A + symbol indicates that the county's experiences were mostly positive; a – indicates a mostly negative experience; the combined plus and minus symbols mean that the county had a mixed experience or that experiences reported by different sources were not in agreement.

County Data Sources and Experiences

Counties	CAR reviewed	Evaluation survey response	Focus group attendance	FPC survey response	Overall experience
Asotin-Garfield*			X	X	+/-
Benton-Franklin*		X		X	+
Clallam		X			+/-
Clark	X	X		X	+
Columbia		X			+
Cowlitz				X	+/-
Grant			X		+/-
Island	X	X		X	+/-
Jefferson	X			X	+
King	X			X	+/-
Kitsap		X		X	+
Kittitas	X				+/-
Mason				X	+/-
Pacific	X				+/-
Pend Oreille	X				+/-
Pierce		X			-
San Juan	X	X		X	+/-
Skagit	X	X			+/-
Skamania-Klickitat*	X	X		X	+
Snohomish				X	+
Spokane			X		+/-
Stevens	X	X			+/-
Walla Walla				X	+
Whitman		X			+

** Note on above table: Benton and Franklin Counties filed a combined Collaborative Assessment Report. The response from the Network was about Franklin County, not Benton. Skamania County's Collaborative Assessment Report was reviewed. The Klickitat County Report was not. The Network representative that responded to the Family Policy Council survey serves both counties.*

What worked

Since this was the initial collaborative assessment process, it was unlikely that the process should run either smoothly or to everyone's satisfaction. Still, there were some remarkable achievements.

100% completion of reports: All counties completed a collaborative assessment report.

First time collaborative efforts: For several counties, the process was the first time local constituents of different agencies had worked together. Some workgroups that formed for the collaborative assessment decided to continue meeting after the assessment was completed.

Trainings well received: Nine trainings on data collection analysis were held around the state. Provided by Linda Becker, Ph.D., Research and Data Analysis Division, Marscha Irving, Office of Community Development, and Scott Waller, DASA, and hosted by Educational Service Districts, the trainings were largely well received and perceived as useful in “real world” situations. Especially appreciated, in light of the multiple prevention models that prevention professionals use, were explanations on how to translate problems and assets to risk and protective factors.

Beyond needs assessment to planning: Some constituents decided to move beyond the collaborative assessment and create comprehensive and complementary prevention plans for their areas in conjunction with local partners.

Public outreach: Education of community members who are not normally involved in the world of prevention occurred during some county’s community meetings. Some rural counties conducted traveling data shows in multiple towns within the county, seeking to educate about prevention needs and assess local concerns. One county published their data and results.

Overall: The collaborative assessment was deemed by the majority of respondents to be a beneficial process and the report, a useful product. State agencies were urged to continue their efforts in this direction.

What needs work

As might be expected from an initial attempt at such a complex process, none of the goals listed above were completely met. Here are some specifics about what led to problems completing the collaborative assessment process out in the field.

Joint or simultaneous announcements were needed: Announcements about the collaborative assessment process would have been more productive if participating state agencies had made them jointly or at least simultaneously. Local prevention stakeholders who did know about the collaborative assessment process expected their peers from other agencies and offices to know, which was rarely the case and led to confusion and resentment. The question was asked: If the state agencies and offices cannot collaborate any better than this, how do they expect us to do it? The answer to this question is not an easy one. At the very least, issues of differences in administrative boundaries, fiscal agents, prevention focus, prevention delivery systems, and the usefulness and necessity of the collaborative assessment form must be addressed.

Announcements need to include expectations: Announcements from state agencies about the collaborative process did not always include expectations for local constituents about the following:

- Attendance at trainings
- Data sharing
- Prevention focus of the collaborative assessment (substance abuse alone or in conjunction with other types of prevention)
- Participation in meetings and report writing
- Report distribution, both to state agencies and locally

A lack of common information about the collaborative assessment and about each agency's expectations regarding local involvement led to confusion and resentment for some participants, both those in the know and those without information. People who knew about the assessment often had to educate their peers and attempt to enforce the state's notion of a collaborative assessment single-handedly. They were not always successful.

Data requests: More and better data is a constant refrain from everyone these days, and local constituents did not hesitate to join in on the chorus. Requests included the following:

- Website: A website for access to data that has already been analyzed and is accessible through charts and graphs, as well as numerically.
- Indicators versus outcomes or both: Clarification on using school survey and archival data as indicators of needs to be addressed versus or in addition to using these data as outcomes. People do not understand how the same data, collected at different points in time, can be both indicators of need and measurement of change.
- Timing and level of analysis: WSSAHB data delivered on time and in graphs and charts, as well as numerically. From some, a request for a return to the spring administration date, so that data would be available the following spring without a doubt.
- Local data: More county- and sub-county-level data, whether generated by the state or locally.
- More training: Education for prevention specialists and others who communicate with their peers and the public about data. Frequent repetitions of the same trainings in data collection, analysis, and presentation are needed in light of high turnover rates among local prevention staff and minimal state-level staff available to perform data analysis and create charts and graphs that reflect local needs.

Report availability: Once an interactive website is established for the collaborative assessment reports, they will be available to all state agencies and, potentially, to the public so that local constituents can read reports from other counties. As it stands now, the reports were sent in hard copy to DASA and the Office of Community Development (OCD), leaving other state agencies in the position of having to request copies. For example, the Family Policy Council is using the prioritized risk and protective factors in the reports as part of the funding requirements for those Networks that are focusing on substance abuse prevention. It was cumbersome and time-consuming to procure this information from the hard copies.

Report usefulness: Not all participating state agencies required or requested copies of the collaborative assessment reports for biennial funding requests. From this, one could conclude that not all of the participating agencies feel the report, as it currently exists, contains useful and necessary information for them. This was true, by extension, for local constituents of these agencies. This may end up being a collaborative assessment for fewer agencies than originally anticipated unless the needs of all agencies are met.

Related concerns raised by constituents

An assumption and hope throughout the creation of the collaborative assessment process has been that people will move beyond a collaborative assessment to collaborative planning. Some local constituents do not perceive this as logical and are downright resistant to it. They think that, in collaborative planning, all prevention partners would have to address all of the risk and protective factors selected. It would be easy to dismiss this perception as a simple misinterpretation of the notion and assume that such ideas will be corrected as time goes by. Training should begin to address this now to avoid the marked resistance to collaborative planning that was observed from this misinterpretation that could easily become part of the local fabric.

Two concerns around decision making authority were reported: as a logistical barrier to making collaborative decisions at meetings and as a conflict of interest. A logistical barrier within collaborative assessment meetings is that those attending the meetings sometimes felt they were being asked to agree that their local agency or organization supported the selected risk and protective factors, when, in fact, they needed to report to their boards or supervisors before making such an agreement. Collaborative meetings would probably be more productive if some initial discussion of decision making authority occurred and then procedures were made for follow-up with those present who do not have decision making authority on the meeting topic. This suggestion could be promoted by state agencies in trainings for collaborative assessments.

The second concern raised that is related to decision making authority is that of a perceived conflict of interest. Prevention stakeholders are usually the sole actors in the prioritization of risk and protective factors, upon which funding decisions are based. One county raised the concern that this is a conflict of interest: the stakeholders earn their living from providing and/or contracting for prevention services. There is the possibility, and reportedly a history, that individual participants will advocate for risk factors that their services address. If “their” risk factor is chosen, they can then tell funding sources that their service should be funded because it is addressing an identified need in the county. There may be a middle ground for a solution to this perceived conflict of interest, such as requiring a system of checks and balances or educating and involving a select group of community members to insure that prevention stakeholders have not acted in a wholly self-interested fashion. The Family Policy Council and Community Mobilization have developed models of community-level decision-making that address this issue.

Conclusion

The collaborative assessment work that has been done is the most visible progress to date toward achieving any of the state-level SIG objectives. Its importance in this role cannot be overstated. It is evidence of the level of commitment and action of participating state agencies toward the creation of a state substance abuse prevention system. The state has invested in meetings over several years to create a report form and expectations around the report. The initial collaborative assessment process yielded both expected and unexpected payoffs, as described above. Significant, but not insurmountable, issues remain to be addressed, the greatest of which involves collaboration at the state level.

Issues to be addressed include the following:

1. Agreement at the highest management levels of SIG state agencies to participate in the collaborative assessment process.
2. Identification of individual state agency needs that are not met by the current collaborative assessment form or process and resolution of those unmet needs.
3. The creation of joint or simultaneous communication methods between participating state agencies and their constituents around collaborative assessment.
4. Creation of an interactive website containing state-provided data (current, analyzed, and with the ability to make charts and graphs).
5. Creation of an electronic collection and distribution method for collaborative assessment reports.
6. Continuing education for prevention professionals on data collection, analysis, and presentation.

Appendix A: Methods

This appendix contains a description of the evaluation methods used to collect and analyze data around the spring 2001 collaborative assessment process.

What agency or organization conducted the evaluation and when was it held? The Division of Alcohol and Substance Abuse (DASA), part of Washington State's Department of Social and Health Services, contracted with the department's Research and Data Analysis Division (RDA) to conduct the evaluation of the Washington State Incentive Grant (SIG). RDA subsequently contracted with the Washington Institute for Mental Illness Research and Training, part of the University of Washington's Department of Psychiatry and Behavioral Sciences. This component of the evaluation was conducted during September and October 2001.

Why conduct an evaluation of SIG and its components? The type of evaluation conducted for SIG is a formative evaluation, designed to provide feedback along the way about progress toward objectives and goals and about responses to changes made in the state's system of substance abuse prevention. This is opposed to a purely summative evaluation, in which evaluators provide only a final report, after all grant activities have ended.

How does this report fit in to the overall SIG evaluation? The development, coordination, and administration of a collaborative needs assessment is one of six state-level objectives outlined by the SIG oversight committee, the Governor's Substance Abuse Prevention Advisory Committee. The initial collaborative needs assessment occurred during spring 2001 and is the most concrete action taken to date by the state agencies participating in SIG toward achieving the objectives. The Washington Interagency Network's prevention workgroup, the designers and implementers of the collaborative assessment process, requested this evaluation report, which will be incorporated as part of the final evaluation report to the funding agency, the federal Center for Substance Abuse Prevention.

How was data collected? This evaluation is using a qualitative research approach, which means that words are the primary data units, rather than exclusively numbers. Qualitative researchers want to learn how things happen, as well as what happens. There were a number of methods used to collect data, including focus groups, semi-structured interviews, document review, and written surveys. Contact lists were created and provided by DASA from training and meeting attendance lists. Data collection methods are described in detail below. Overall, some type of response was received from

1. Focus groups: Four focus groups were planned, only two were conducted. We originally planned to hear from representatives of state-level agencies involved in the creation of the collaborative assessment process, local providers from east and west of the mountains, and from local conveners, the majority of whom were DASA county coordinators or held joint positions as Community Mobilization

contacts. Invitations to local provider and county coordinator focus groups were limited to those who had participated in both collaborative needs assessment trainings and in local meetings. The state agency focus group was held on September 25th at DASA’s Lacey office and the eastside local providers focus group was on October 2nd in Spokane at the Spokane Community Services Division office. *Appendix D* contains the opening statement used at the focus groups. Handouts listing topics addressed in these groups are in *Appendices E* and *F*. Schedule conflicts could not be overcome for a meeting of the DASA county coordinators group. Surveys were used in place of the focus group. The westside local providers focus group was scheduled and three people had planned to attend, but no one was able to make it at the date and time scheduled. Surveys were distributed to the Westside focus group participants as well.

Focus Group Attendance

Focus group	Number invited	Number attending
State agency	6	3
Local providers, westside	17	0
Local providers, eastside	12	4
Local conveners	8	Not held due to schedule conflicts

2. Review of collaborative assessment reports: Ten of the thirty-nine collaborative assessment reports were reviewed. Data collected included meeting descriptions, meeting participant characteristics, local collaboration history, data examination processes, and feedback about the collaborative assessment process overall.
3. Surveys: Written surveys were created, based on the list of topics addressed at the focus groups. The topics addressed at the state agency focus group differed slightly from those for the other focus groups. Separate surveys were created for the respective groups. They are attached in *Appendices B* and *C*. One state-level person was interviewed using the survey instrument as a guide for a semi-structured interview. Written survey responses were sought from local providers and local conveners who had not attended a focus group. Input was also sought from DASA county coordinators, as they had agreed to function as local conveners. Jennifer Lane, Grant County DASA Coordinator and co-chair of the ACHS (Association for County Human Services) Prevention Sub-Committee, kindly assisted by e-mailing the survey to DASA county coordinators along with an explanatory note. Response rates are listed in the table below. Number sent and responses received for DASA county coordinators exclude those who were part of other groups or who participated in the focus groups.

Survey Responses

Survey group	Number sent	Responses received
State agency	2	1
Local providers, westside	17	5
Local providers, eastside	9	1
Local conveners	8	4
DASA county coordinators	36	3

4. Review of Family Policy Council survey results: William Hall, Management Analyst with the Family Policy Council, sent a note to the Networks in anticipation of my meeting with him about the Network’s response to the collaborative assessment process. He told the Networks that we were seeking feedback to improve the process and asked them to share with him how the process worked. Networks that are not focusing on substance abuse issues were excused from responding. He received thirteen responses and kindly made them available for this report.
5. List of county responses: See explanation and table in the body of the report.
6. List of state agency responses: Representatives of DASA, OCD (Office of Community Development), and OSPI attended the state agency focus group. A DASA representative was interviewed regarding the development of the collaborative needs assessment. A representative of the Family Policy Council was interviewed, using the topic list from the state agency focus group to guide the semi-structured interview. Written surveys were sent to DOH and Washington Traffic Safety Council representatives (see *Appendix C*). TSC returned their survey.

State Data Sources

Agency or organization	Focus group attendance	Interview participation*	Survey response
DASA	X	X	None sent
DOH			
FPC		X	None sent
OCD	X		None sent
OSPI	X		None sent
TSC			X

**Note: Representatives from agencies other than DASA and FPC were not contacted for interviews.*

How was data analyzed? The primary focus of data analysis done for this qualitative research effort consisted of seeking answers to specific questions. The secondary focus was topics of importance that had not been anticipated in the research design. Here is a description of the general steps involved in the data analysis.

1. Enter notes or survey responses in an Excel spreadsheet, creating a separate spreadsheet for each general source of information, e.g., collaborative assessment reports review, focus groups, survey responses.
2. Code each paragraph or sentence with one or more key words. In this case, a general list of key words was already available from the topics addressed in the focus groups and surveys. Additional key words were generated by the review of the collaborative assessment reports and survey responses.
3. Sort alphabetically by key word.
4. Review alphabetical key word list for unanticipated topics and to reduce duplication or create additional key words for those that are too global.
5. Revise coding as necessary and re-sort.
6. Review revised alphabetical key word list.
7. Group key words into main report outline categories.
8. Within each report outline category, re-arrange key words, sorted alphabetically, into sub-categories in the order they will be addressed in the report.
9. Re-sort the material, originally sorted alphabetically by key word, into main report categories, using guide created in step 7. Create separate Excel spreadsheets for each main report category.
10. Within report category spreadsheets, re-sort the material, using the guide created in step 8.
11. Review the material, now separated by report outline category, for content.
12. Write initial impressions for each report outline category of what was learned from each source of information, e.g., collaborative assessment reports review, focus groups, survey responses, as well as across information sources.
13. Seek further information from additional sources, as needed.
14. Re-write, incorporating additional material.
15. Combine sub-categories into main report. Review and revise as necessary.

How trustworthy are the conclusions in this report? What is known from this report are the general categories of what worked and what didn't in approximately two-thirds of the counties involved in the spring 2001 initial collaborative assessment process. Qualitative research is not predictive of the attitudes or actions of the population as a whole, as statistical research attempts to do. Qualitative research does not seek a representative sample. It seeks to capture extremes, as well as experiences that are more common. This report is trying to capture, in general, what worked and what didn't go so well during the initial collaborative assessment process and create suggestions based on these results. Using the Family Policy Council survey responses and the review of the collaborative assessment reports, many of which were quite explicit about what worked and what didn't, as additional data sources led to the collection of some type of information from approximately two-thirds of the counties. It is impossible to predict the responses from the remaining counties based on the type of research done for this report.

Appendix B: Letter And Survey For Local Constituents

The letter and survey in this appendix were sent via e-mail, in both Macintosh and PC format, to local providers, local conveners, and DASA County Coordinators.

TO: [Local providers, local conveners, DASA County Coordinators]

FROM: Christine Roberts, Ph.D.
SIG Evaluation Director

RE: Feedback on the Collaborative Assessment Report process

Recently, several focus groups were conducted around the state to gather input about the Collaborative Prevention Assessment Process implemented in Spring, 2001. For persons who did not participate in the focus groups, we ask that you complete the attached survey regarding the Collaborative Prevention Assessment Process and return it by Friday, October 12.

The survey closely follows the format for the focus groups. We are specifically seeking information about four areas within the collaborative prevention assessment process:

1. Your personal level of involvement
2. Training, written instructions, and technical assistance
3. Meetings and meeting process
4. Overall reactions to the collaborative assessment process.

We ask you to answer each of the questions that apply to your specific level of involvement in the process as thoroughly as you can. If you have already provided this information in your needs assessment report, please fax or send a copy of that section – do not re-write!

Your input will be kept confidential and will be used as part of the State Incentive Grant evaluation. Input from the surveys will be analyzed in light of what was learned in the focus groups.

SIG evaluation staff will provide a written evaluation report regarding all the information gathered through the focus groups and survey processes to the prevention workgroup of the Washington Interagency Network on Substance Abuse Issues (WIN) and to the Center for Substance Abuse Prevention, the federal funding agency for the State Incentive Grant. The report will contain ideas, not quotes. Your answers will help the state improve the next collaborative assessment process.

In order to be included in the analysis, your surveys are due back by Friday, October 12th. If you are unable to reply by that date, please contact Dr. Roberts to make other arrangements. We would prefer you to complete the survey on your computer and then send it by electronic mail to Christine Roberts, Ph.D., at roberc@dshs.wa.gov. Another option is to fax your completed survey and comments to Dr. Roberts at (360) 902-0705. The least desired response is by regular mail addressed to: Christine Roberts, Ph.D., RDA/DSHS, PO Box 45204, Olympia, WA 98504-5204. If you have questions, please call Dr. Roberts at (360) 902-0249.

Thank you for your time and effort in providing feedback on this important issue.

Collaborative Prevention Assessment Survey

1. Level of involvement:
 - Did you attend one of the trainings?
 - How many local meetings were held?
 - Over what period of time were the meetings held?
 - How many of the local meetings did you attend out of the total number held?
 - Tell me more about your personal involvement in the collaborative needs assessment process.
 - [My understanding is that representatives of all county prevention programs funded by DASA attended the training and at least one of the local meetings. If this is not true for your area, please let me know.]

2. Training, written instructions, and technical assistance:
 - Was the training about the collaborative prevention assessment process understandable?
 - Was the training useful?
 - Did the techniques and strategies discussed at the training work in the “real world?”
 - Please give me examples of what worked really well and what didn’t work so well.
 - If you received technical assistance during your collaborative needs assessment from anyone at the state level, what agency helped you?
 - Could you have used more help than you received?
 - If so, what kind?

3. Meetings and meeting process:
 - Who convened/organized/scheduled the meetings? What is their state or local agency/organization affiliation?
 - Where were the meetings held?
 - How were people invited to participate?
 - What was the turnout like?

- What was the process for examining data?
- Did participants bring their own data, other than the County Profiles and student survey results?
- How did they present their data: spreadsheets? handouts? overheads? Power Point presentations?
- Were workgroups formed?
- What process did your group go through to decide on the risk and protective factors that you, as a group, would address?
- Did you establish criteria for prioritization?
- If so, what criteria did you use?
- Did your local process follow a logic model?
- What was the history of working together on a needs assessment for your group?
- What was the role of local politics in the amount and type of collaboration that occurred?
- After completing the collaborative needs assessment, did the agencies and organizations represented at the meetings proceed to planning prevention services together or did they use the information separately, if at all?
- What do you hope to see as the local, long-term results of the collaborative needs assessment process? Do you think that your hopes will come true? Why or why not?

4. Overall:

- Were the process and results of your involvement in the collaborative assessment report trainings and meetings useful to you?
- If so, how?
- If not, what was missing?
- How could the trainings, meetings, and/or the collaborative assessment report have been made more useful to you?
- Please include both local changes that you would like to see and changes that state agencies could make.
- If some part of the collaborative needs assessment worked especially well for you, please describe that, as well.

If you have thoughts on other aspects of the collaborative needs assessment process that weren't touched on above and that you think would help state agencies improve the process next time around, please share those, as well. If you do not have time to answer the above questions in detail, you are welcome to share your thoughts on the issue that stands out for you as most important for state agencies to know about before the next collaborative prevention assessment is conducted. Thank you.

Appendix C: Survey For State Agency Representatives

This appendix contains the topic list for the state agency needs assessment focus group as modified to send out as a survey to state agency representatives involved in the collaborative assessment process, but who were unable to attend the focus group. The survey was attached to an e-mail explaining the research purpose.

State Agency Needs Assessment Focus Group

Tuesday, September 25, 2001

Moderator: Chris Roberts, Ph.D., SIG Evaluation Director

Assistant: Kojay Pan, M.P.A., SIG Evaluator

Topics

1. **Level of involvement** – Describe your level of involvement in the WIN prevention workgroup meetings to create the collaborative assessment process and report.
2. **Feedback from constituents** – what they liked, benefits they received from involvement and what they didn't like, problems caused by their involvement
 - a. Overall collaborative process
 - i. meetings
 - ii. sharing data
 - iii. local politics
 - iv. completing the form
 - v. usefulness of results
 - vi. carryover into planning prevention services
 - vii. effect on levels of local collaboration
 - b. Training/instructions
 - c. Timing re: data availability, need for multiple meetings
 - d. Geographic specificity of data
3. **Benefits/downsides** of collaborative needs assessment for individual state agencies – for example, did your agency use the results of the collaborative assessments as part of your funding requirements? What does your agency gain by using the collaborative assessment with your local constituents? What are the issues connected with the collaborative assessment that do not serve your agency's needs?
4. **Conditions needed** for individual agencies to require use of CAR in the future – did your agency require the use of the collaborative assessment report (CAR) as part of your funding requirements during spring 2001? If not, what would have to change in order for your agency to require the use of the collaborative assessment report (CAR) as part of your funding requirements?
5. **Steps needed** to make those conditions a reality – that is, in order to make the changes within your agency that would result in the collaborative assessment report part of your funding requirements, what steps would have to occur?

Appendix D: Opening Statement For Focus Groups

This appendix contains the opening statement used to begin the two focus groups.

Opening Statement

Thank you for agreeing to be here and take part in this focus group. After we introduce ourselves, I'll explain the purposes of this focus group, how the information we learn from the group will be used, and then I'll tell you some rules for how the group will operate.

My name is Chris Roberts. I'm the evaluation director for the Washington State Incentive Grant. This is Kojay Pan, one of the local evaluators for the grant. We work out of the Research and Data Analysis Division of the Department of Social and Health Services, but we're employed by the University of Washington. [Go around the group for introductions.]

This is one of four focus groups we're conducting around the state this week and next. Before we start, I wanted to tell you the reasons we're conducting these groups. The first is for evaluation purposes. There are six state-level objectives for the state incentive grant, and one of those objectives addresses the development of a common community needs assessment, which, as it was worked on, became the Collaborative Assessment Report. As the SIG evaluator, I need to report to CSAP on the results of the development and administration of this assessment tool. The second, more practical reason for this focus group is because now is the time to find out what changes are needed in the needs assessment process that has been developed, so that these changes can be incorporated into the next go round.

Before we begin I want to tell you that we are audiotaping this focus group. The tapes will be used for research purposes only; no one will have access to them other than Kojay and me. There will be no identifiers other than first names used on the tapes. You do not need to feel obliged to answer every question. In the final report, no names will be used. Results of the four focus groups will be analyzed and suggested changes will be reported.

A final few ground rules are

- We'll try to be sure that everyone has an opportunity to express their opinions. If you don't get to tell us everything you'd like to say or if you think of some additional information you would like to share afterwards, please send me your thoughts in writing, either e-mail or snail mail.
- Because we are taping this, we need to have only one person speak at a time and you need to speak loudly enough, or we won't understand the tape.
- There are no right or wrong answers; we want your honest opinions and suggestions.
- Feel free to help yourselves to refreshments at any time.

Appendix E: Handout For State Agency Focus Group

This appendix contains the handout of topics given to the state agency focus group.

State Agency Needs Assessment Focus Group

Tuesday, September 25, 2001

Moderator: Chris Roberts, Ph.D., SIG Evaluation Director

Assistant: Kojay Pan, M.P.A., SIG Evaluator

Topics

1. **Feedback from constituents** – what they liked, benefits they received from involvement and what they didn't like, problems caused by their involvement
 - a. Overall collaborative process
 - i. meetings
 - ii. sharing data
 - iii. local politics
 - iv. completing the form
 - v. usefulness of results
 - vi. carryover into planning prevention services
 - vii. effect on levels of local collaboration
 - b. Training/instructions
 - c. Timing re: data availability, need for multiple meetings
 - d. Geographic specificity of data
2. **Benefits/downsides** of collaborative needs assessment for individual state agencies
3. **Conditions needed** for individual agencies to require use of CAR (Collaborative Assessment Report) in the future
4. **Steps needed** to make those conditions a reality

Appendix F: Handout For Eastside Providers Focus Group

This appendix contains the handout of topics given to the state agency focus group.

Eastside Providers Needs Assessment Focus Group

Tuesday, October 1, 2001

Moderator: Chris Roberts, Ph.D., SIG Evaluation Director

Assistant: Kojay Pan, M.P.A., SIG Evaluator

Topics

1. **Individual level of involvement** in needs assessment process: did you attend the training and how many of the local meetings did you attend out of the total number held?
2. **Training, written instructions, and technical assistance** –
 - Understandable? useful? worked in the real world?
 - Examples of what worked really well? What didn't work so well?
 - If you received technical assistance during your collaborative needs assessment from anyone at the state level, what agency helped you? Could you have used more help than you received? If so, what kind?
3. **Describe your local meetings**
 - Who convened/organized/scheduled the meetings?
 - Where were the meetings held?
 - How were people invited to participate?
 - What was the turnout like?
 - How were data examined? Did people bring spreadsheets, handouts, overheads, Power Point presentations? Were workgroups formed?
 - What process did your group go through to decide on the risk and protective factors that would be addressed? Did you follow some kind of rules or logic model?
 - What was the history of working together on a needs assessment for your group?
 - Was the information generated by the collaborative needs assessment useful to you? Was the process useful?
 - After completing the collaborative needs assessment, did the agencies and organizations represented at the meetings proceed to planning prevention services together or did they use the information separately, if at all?
4. **Next time**
 - What should stay the same next time?
 - What should be done differently next time?



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