

Fiscal Year 2009 Site Visit Protocol - Prevention

Question P-40 Supplement

SPF SIG Chairperson(s) Interview

CA: _____ Date: _____

Name(s) and Role(s) of Participant(s):

1. To what degree are the following steps a shared process with stakeholders, external to the CA?

- | | Low | Moderate | High |
|--|-------------------------------------|------------------------------------|--|
| a. Information sharing | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Routinely or Always |
| b. Data collection | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Routinely or Always |
| c. Broad-based strategic planning | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Routinely or Always |
| d. Co-funding initiatives or jointly seeking resources | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Routinely or Always |
| e. Qualitative review of process and outcomes | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Routinely or Always |

2. To what degree is the decision-making process for Prevention related issues clearly defined, inclusive, and collaborative?

- | | Low capacity | Moderate capacity | High capacity |
|---|--|--|---|
| a. Use of guidelines
Your recommendations: _____ | <input type="checkbox"/> Few/no written guidelines | <input type="checkbox"/> Inconsistently used | <input type="checkbox"/> Consistent and effective |
| b. Input from sub-stakeholders
Your recommendations: _____ | <input type="checkbox"/> Little or no involvement | <input type="checkbox"/> Inconsistent or modest | <input type="checkbox"/> Consistent involvement |
| c. State support/guidance
Your recommendations: _____ | <input type="checkbox"/> Little or none | <input type="checkbox"/> Modest or unclear | <input type="checkbox"/> Consistent and effective |
| d. Solicitation from target audience
Your recommendations: _____ | <input type="checkbox"/> Little or no input | <input type="checkbox"/> Inconsistent or ineffective | <input type="checkbox"/> Consistent and effective |

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3. How would you characterize the impact of the strategic prevention planning process on your community/regional system?

- | | | | |
|--------------------------|---|--|--|
| a. Prevention Policies | <input type="checkbox"/> No evidence of SPF influence | <input type="checkbox"/> Influenced somewhat | <input type="checkbox"/> Drives nearly all |
| b. Program Funding | <input type="checkbox"/> No evidence of State/data-guidance | <input type="checkbox"/> Some state/data influence | <input type="checkbox"/> Clearly State/data driven |
| c. Workforce Development | <input type="checkbox"/> No effort | <input type="checkbox"/> Somewhat SPF driven | <input type="checkbox"/> Clearly SPF influenced |

Your comments: _____

Please be prepared to discuss the following questions during the meeting scheduled:

1. How were challenges addressed in your region during the SPF SIG process? (Please site one to two specific examples and how resolved.)
2. What partnerships or collaborations have been formed or strengthened as a result of the SPF SIG process?
3. How are provider and target population views/needs incorporated into the planning process?

