



## **Evaluating the Comprehensive ATOD Abuse Program for Results**

**April 11, 2008  
Cherry Hill**

**April 15  
Livingston**

**April 18  
New Brunswick**

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# ***Evaluating Comprehensive Alcohol, Tobacco and Other Drugs (ATOD) Abuse Programs for Results Workshop***

## ***ICEBREAKER***

This is borrowed from the “Handbook for Evaluating Drug and Alcohol Prevention Programs” by J. David Hawkins and Britt Nederhood, U.S. Department of Health and Human Services (1987), and adapted for use in this exercise.

Think about "evaluation." What mental picture comes to your mind? When asked to make a mental picture of evaluation, people often conjure up amazing visions. Some of these visions might include:

1. **Flossing Your Teeth** (You hate to do it, but you know it should be done)
2. **Eating a Processed American Cheese Sandwich on White Bread with Mayo and no lettuce in an airport cafeteria** (If you had your choice, you'd never look at it, let alone buy it.)
3. **Hugging a Porcupine** (There's a lot of promise but it sure seems risky trying it)
4. **Doing Your Taxes When You Know You Won't Get a Refund** (Something to put off until the last possible minute)
5. **Doing a Stage Performance and Having Your Clothes Fall Off** (Submitting to the risk of public exposure)
6. **Mining for Gold** (Results may be hard to find but worth looking for)

Please stand up and move to the poster (each of the 5 will be listed on poster board), which most accurately describes the image you have of evaluation. Take 5 minutes to discuss with your group why you selected the image you did. These reasons will be discussed in the larger group.

# What Is Evaluation?

Evaluation provides vital information about

- ◆ whether a prevention strategy works,
- ◆ what should be done next, and
- ◆ how to incorporate the results in future planning.

When you are getting a substance abuse prevention strategy up and running, evaluation is more than just a luxury. By taking a hard look at your prevention strategy, you can make better decisions about what to do next and how to do it better.

- A **process evaluation** looks at how and why a program works or does not work.

It may be used during prevention activities to track progress and to see how activities are being carried out. Finding glitches can explain poor results and help fine-tune an otherwise sound approach.

**(Logic Model: Output)**

- **Outcome evaluation** looks at end results.

Outcome evaluations can be done at specified milestones and may be used to decide whether an activity should be dropped. However, results that fall short of stated objectives often serve as a roadmap for making improvements. Looking at outcomes gone wrong can focus your attention on different parts of the process.

**(Logic Model: Outcome & Impact)**

*Adapted from "Focus On Prevention"*  
*United States Department of Health and Human Services*  
*& SAMHSA*

## Why Evaluate a Prevention Strategy?

- To determine the extent to which a program is yielding the anticipated outcomes
- To measure the success of your efforts
- To determine if a program is being implemented as intended
- To identify any needed adjustments in the program design or how the program is implemented
- To help insure that resources are dedicated to effective programs
- To earn the support of partners and funding organizations
- Funders require it as a condition of funding

### Put Another Way

## **TO VERIFY THAT YOU'RE DOING WHAT YOU THINK YOU'RE DOING**

*(Adapted from "Basic Guide To Program Evaluation," Carter McNamara, MBA, PhD, Authenticity Consulting, LLC)*

# Some Myths About Program Evaluation

**1. Evaluation is a useless activity that generates lots of boring data with useless conclusions.** This was a problem with evaluations in the past when program evaluation methods were chosen largely on the basis of achieving complete scientific accuracy, reliability and validity. This approach often generated extensive data from which very carefully chosen conclusions were drawn. Generalizations and recommendations were avoided. As a result, evaluation reports tended to reiterate the obvious and left program administrators disappointed and skeptical about the value of evaluation in general. More recently evaluation has focused on utility, relevance and practicality at least as much as scientific validity.

**2. Evaluation is about proving the success or failure of a program.** This myth assumes that success is implementing the perfect program and never having to hear from staff, students or clients again -- the program will now run itself perfectly. This doesn't happen in real life. Success is remaining open to continuing feedback and adjusting the program accordingly. Evaluation gives you this continuing feedback.

**3. Evaluation is a highly unique and complex process that occurs at a certain time in a certain way, and almost always includes the use of outside experts.** Many people believe they must completely understand terms such as validity and reliability. They don't have to. They do have to consider what information they need in order to make current decisions about program issues or needs. And they have to be willing to commit to understanding what is really going on. Note that many people regularly undertake some type of program evaluation -- they just don't do it in a formal fashion so they don't get the most out of their efforts or they make conclusions that are inaccurate.

*Based On "Basic Guide to Program Evaluation"  
Carter McNamara, MBA, PhD, Authenticity Consulting, LLC*

## Questions to Consider

The evaluation process needs to answer questions about the program and its outcomes, including:

- What was accomplished in the program?
- How was the program carried out?
- Who participated in it?
- How much of the program was received by participants?
- Is there a connection between the amount of program received and outcomes?
- Was the program implemented as intended?
- Did the program achieve what was expected in the short term?
- Did the program produce the desired long-term effects?

*“Preventing Drug Use among Children and Adolescents”  
National Institute on Drug Abuse*

## Starting Points to Evaluation

There is no single correct approach to evaluation issues. Any evaluation must be tailored to local conditions, but a few reminders can ensure good planning:

### **Get Help**

Consult with university and college faculty members with expertise in evaluation methods. Faculty in social science disciplines often have an interest in community activities that are related to their academic work.

### **Clarify Expectations**

One size does not fit all. Top decisionmakers, program directors, staff members, outside funders, and community members may have different interests in an evaluation. Be prepared to set priorities.

### **Involve Participants, Staff, and Community Partners**

Stakeholders can provide feedback about whether evaluation methods are appropriate and realistic. Partner organizations may have a special interest in certain evaluation issues, and program staff may be able to tell you whether certain questions make sense and whether there is an easier way to obtain the information. Involving them can increase their cooperation in evaluation activities and enhance the whole effort.

### **Consider a Variety of Methods and Measures**

Make sure that the evaluation reflects your prevention activities and the information can be collected. Programs are not always conducted as planned due to resistance, unclear directions, or lack of time.

## **Use Process Evaluations With Care**

Project staff may want to use the information gathered to correct problems as a prevention strategy unfolds. By changing what is being done, midcourse corrections can muddle the results of an outcome evaluation.

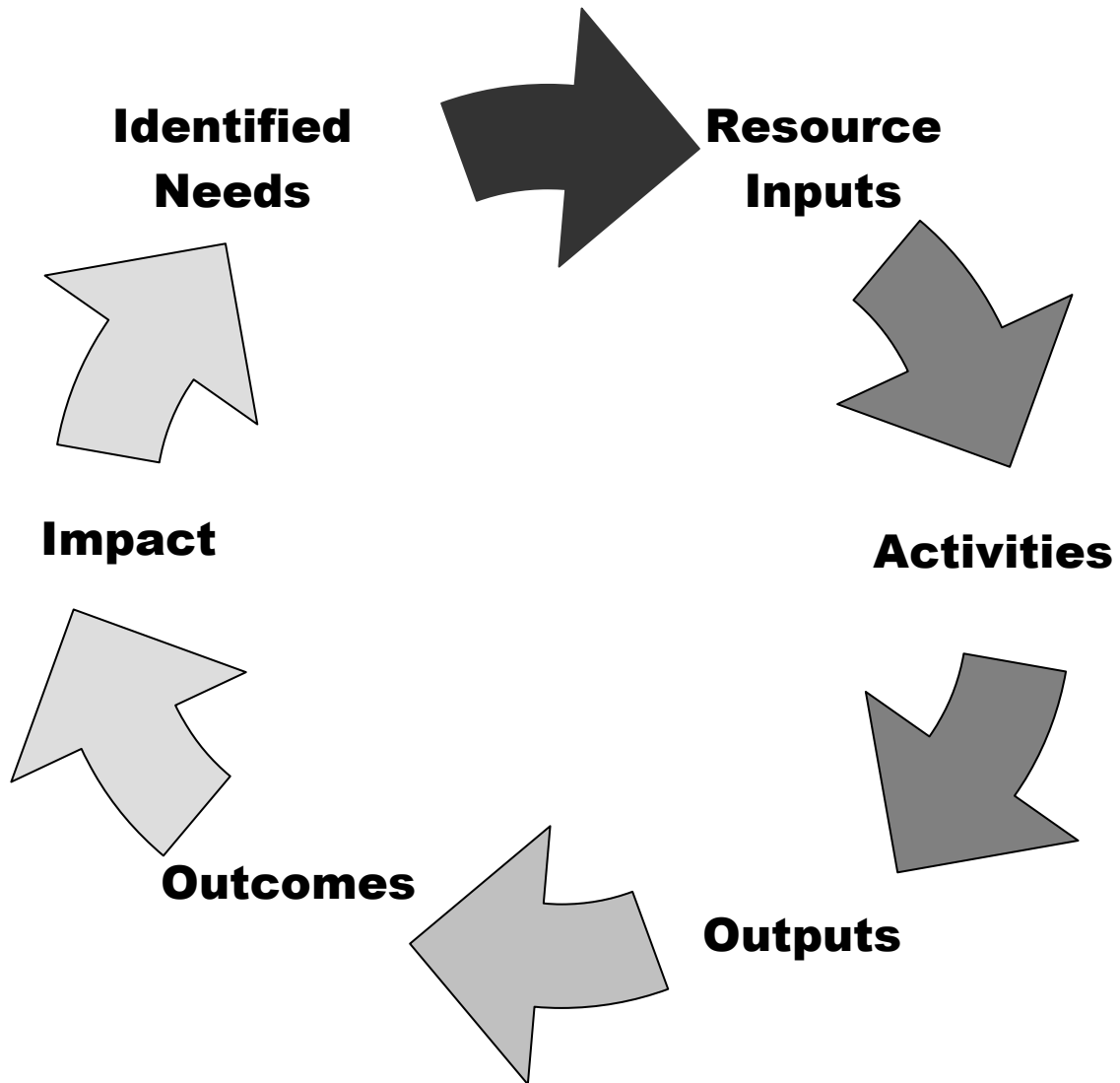
## **Consider Cost**

Planning an evaluation involves tradeoffs between costs and benefits. Identify the most important evaluation questions and look for efficient methods such as sampling, focus groups, and review of existing records.

*“ Focus On Prevention”*

*United States Department of Health and Human Services  
& SAMHSA*

# Logic Model



Logic Model based on the work of the W.K. Kellogg Foundation January 2004

# Identified Needs

- A need is “a condition or situation in which something is required” (*American Heritage Dictionary*)
  
- In prevention work a need is typically a desirable change in beliefs, attitudes, or behaviors
  
- Needs are connected to target populations (i.e. what group(s) has/have the need?)
  
- Needs are identified through a needs assessment process which includes:
  - ★ Data collection (through methods such as interview, survey, focus group, review of existing data sets or records, etc.)
  
  - ★ Data analysis
  
  - ★ Conclusions outlining specific needs for target populations, based on analysis of the data
  
- Can be summarized as the difference between the “Current State of Affairs” and the “Desired State of Affairs”

# Resources/Inputs

- Resources/Inputs include all available resources that can be utilized to address identified needs.
  
- Resources/Inputs include:
  - ★ Financial Resources
  
  - ★ Time Resources
  
  - ★ Personnel
  
- Also consider activities/programs that have been implemented and that are currently in place:
  - ★ What staff members are already trained to implement programs or teach specific curriculum?
  
  - ★ What supplies/materials do you currently own or have access to?

# Activities

- Activities include all programs, services, and activities utilized to address target populations' need(s)
- Activities should have goals and objectives
- Determine what is currently being implemented – make any appropriate changes to existing activities and add additional activities as necessary
- All activities should be researched prior to implementation, taking into consideration target audience(s) and need(s)
- Activities should be planned and coordinated in a comprehensive plan

# Outputs

- The activities that were actually implemented
- Also referred to as “process data”
- Examples include:
  - ★ The number of workshops conducted
  - ★ The number of students who participated in a particular program
  - ★ The frequency of trainings/meetings
  - ★ The number of staff members trained to teach a particular curriculum
  - ★ The specific schools in a district that are currently implementing a specific bullying prevention program
- Output data do not indicate whether or not activities are achieving the desired effect
- Output data should be used to adjust activities, as necessary

# Outcomes

- Short-term, measurable results of implemented activities
- Determine if short-term goals and objectives are being achieved
- Goals and objectives can be in the direction of increasing or decreasing knowledge, skills, or abilities (e.g an increase in students' awareness of what behaviors are considered bullying)
- Some sources in determining reasonable outcome measures are:
  - ★ Prior year experience
  - ★ Information from other districts
  - ★ Program developers or vendors
  - ★ Credible research or literature
  - ★ Other Resources (such as the Rutgers Safe and Drug-Free Schools and Communities Project)
- Outcomes are incremental steps towards long-range objectives, so specific goals may be different from year to year

# Impact

- The long-term effect of implemented activities
- Accounts for changes that require 7-10 years
- Creates a long-term vision for program planning and evaluation

# Identifying Outcomes & Impact

## Definitions

Outcomes and Impact are specific data that will be used to objectively determine the degree of success a program or strategy has had in achieving its stated goals, objectives and planned activities. Outcomes should be specific and measurable and should be derived from program goals and objectives.

Setting Goals: What are you trying to accomplish through the implementation of your program or strategy?

Example: To reduce the level of bullying among students in grades 6 to 8 in our school district

Setting Objectives: What are the specific rates or changes you want to see as a result of the program or strategy?

Example: The percent of students in grades 6 to 8 who indicate that they were bullied, threatened, or pushed around in school or on the way to or from school in the past 30 days will decrease by 10% in the next three years as measured by a locally administered survey

Evaluation Question: Given the program's goals and objectives, this is the question or questions your evaluation design will answer

Important Considerations: Who wants or needs to know the answer to the evaluation question? What is the purpose and target audience for the evaluation design?

Example: Is our district's bullying prevention program decreasing incidents of bullying in our 6th, 7th, and 8th grade students?

Identifying indicators: The variables, stated non-directionally, that include the necessary measures to address your evaluation question.

Example: The number bullying-related incidents as reported by our 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade students

Setting Targets: a change, stated directionally, that is going to let you know whether or not you've achieved your program or strategy objectives

Example: 10% reduction of reported incidents in the next 3 years

## S.M.A.R.T. Goals

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**Specific - A specific goal has a much greater chance of being accomplished than a general goal.**

To set a specific goal you must answer the six "W" questions:

- \*Who: Who is involved?
- \*What: What do I want to accomplish?
- \*Where: Identify a location.
- \*When: Establish a time frame.
- \*Which: Identify requirements and constraints.
- \*Why: Specific reasons, purpose or benefits of accomplishing the goal.

EXAMPLE: A general goal would be, "Get in shape." But a specific goal would say, "Join a health club and workout 3 days a week."

**Measurable - Establish concrete criteria for measuring progress toward the attainment of each goal you set.**

When you measure your progress, you stay on track, reach your target dates, and experience the exhilaration of achievement that spurs you on to continued effort required to reach your goal.

To determine if your goal is measurable, ask questions such as. How much? How many? How will I know when it is accomplished?

**Attainable - When you identify goals that are most important to you, you begin to figure out ways you can make them come true.**

You develop the attitudes, abilities, skills, and financial capacity to reach them. You begin seeing previously overlooked opportunities to bring yourself closer to the achievement of your goals.

You can attain most any goal you set when you plan your steps wisely and establish a time frame that allows you to carry out those steps. Goals that may have seemed far away and out of reach eventually move closer and become attainable, not because your goals shrink, but because you grow and expand to match them. When you list your goals you build your self-image. You see yourself as worthy of these goals, and develop the traits and personality that allow you to possess them.

**Realistic - To be realistic, a goal must represent an objective toward which you are both *willing* and *able* to work.**

A goal can be both high and realistic; you are the only one who can decide just how high your goal should be. But be sure that every goal represents substantial progress. A high goal is frequently easier to reach than a low one because a low goal exerts low motivational force. Some of the hardest jobs you ever accomplished actually seem easy simply because they were a labor of love.

Your goal is probably realistic if you truly *believe* that it can be accomplished. Additional ways to know if your goal is realistic is to determine if you have accomplished anything similar in the past or ask yourself what conditions would have to exist to accomplish this goal.

**Timely - A goal should be grounded within a time frame.**

With no time frame tied to it there's no sense of urgency. If you want to lose 10 lbs, when do you want to lose it by? "Someday" won't work. But if you anchor it within a timeframe, "by May 1st", then you've set your unconscious mind into motion to begin working on the goal.

*"The Practice of Management"*  
Peter Drucker

## Program Plan Components Defined

Title IV-A Component	Description	Examples
Performance Goal Indicators	The strategy chosen to measure overall success of a program, service or activity	<p>Alcohol and Drug Abuse:</p> <ul style="list-style-type: none"> <li>▪ Prevalence of use among students</li> <li>▪ Age of first use among students</li> <li>▪ Alcohol/drug-related arrests</li> <li>▪ Perception of substance use among students</li> </ul> <p>Violence</p> <ul style="list-style-type: none"> <li>▪ Guns and weapons brought to school</li> <li>▪ Students' perception of feeling safe in school</li> <li>▪ Students' perception of victimization and feeling threatened</li> <li>▪ Criminal incidents in schools</li> <li>▪ Crimes using weapons in schools</li> <li>▪ Violence-related arrests of youth within the community</li> </ul> <p>Social Indicators</p> <ul style="list-style-type: none"> <li>▪ The number of persistently dangerous schools</li> <li>▪ The number of schools meeting AYP</li> </ul> <p><i>(Alcohol, drug abuse and violence indicators taken from Atkinson and Ashton's 2002 Planning for Results for Virginia Department of Education)</i></p>
Target Population	Identified student and other groups in a district to which priority problems apply.	All School Students Youth at risk of dropping out
Measurement Tools/Methods of Measurement	A description of how (i.e., tools and methods) progress from target to outcome will be measured over time	All School Students Youth at risk of dropping out
Targets	<p>A quantifiable statement that describes your criteria of success (i.e., What is the desired outcome?)</p> <p>Score – performance on a measure</p> <p>Count – the number of occurrences</p> <p>Percent Proficient – the percentage of the group meeting the criteria</p> <p>Percent Other – the percentage increase or decrease in desired behavior</p> <p>Other</p>	<p>20% reduction in the use of alcohol among population categories</p> <p>800 on the SAT</p> <p>10 students were suspended for smoking on school grounds</p> <p>85% of students pass the exam</p> <p>25% reduction in the number of suspensions due to fighting</p>

## Activity: Setting Goals, Objectives, Indicators, & Targets Worksheet

What does the Prevention Program address?

What is/are the goal(s) of the program?

What are the program's objectives?

What is the evaluation question?

Identify the indicators that will help you answer the evaluation question?

What are the targets for each indicator that will inform you whether or not you have met your objectives?

# Collecting and Compiling Data

<i>Method</i>	<i>Yields</i>	<i>Advantages</i>	<i>Disadvantages</i>
Surveys	Knowledge, behaviors and attitudes regarding substance use and violence	<ul style="list-style-type: none"> <li>• Reach large population</li> <li>• Anonymity</li> <li>• Easy to compare and analyze</li> <li>• Survey templates exist</li> <li>• Relatively inexpensive</li> </ul>	<ul style="list-style-type: none"> <li>• Self-report bias</li> <li>• Impersonal</li> <li>• Low return rates</li> <li>• Limited space for expression</li> </ul>
Archival/ Document Review	-Information about program components -statistical data, such as health statistics and crime statistics	<ul style="list-style-type: none"> <li>• Already exists</li> <li>• Easy and quickly accessed</li> <li>• Unobtrusive</li> <li>• Objective evidence</li> </ul>	<ul style="list-style-type: none"> <li>• May not reflect local data</li> <li>• Need to check source reliability</li> <li>• Not easily comparable</li> </ul>
Individual Interviews	Knowledge, behaviors and attitudes regarding substance use and violence	<ul style="list-style-type: none"> <li>• In-depth information</li> <li>• Builds relations with students and staff</li> <li>• Helps generate survey questions</li> <li>• Allows for free expression</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to compile and analyze</li> <li>• Need trained facilitator</li> <li>• Time-consuming</li> <li>• Reaches smaller population</li> </ul>
Focus Groups	Knowledge, behaviors and attitudes regarding substance use and violence	<ul style="list-style-type: none"> <li>• On-the-spot synthesis of different points of view</li> <li>• Builds relations with students and staff</li> <li>• Helps generate survey questions</li> <li>• Reaches more people than an individual interview</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to compile and analyze</li> <li>• Need trained facilitator</li> <li>• Time-consuming</li> <li>• Difficult to schedule</li> </ul>
Literature	-Evidence of effective interventions in other settings -Review of trends across communities	<ul style="list-style-type: none"> <li>• Normalizes problems</li> <li>• Provides insight on new or ground-breaking interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Not locally relevant</li> </ul>
Observations	Behaviors witnessed by a trained observer as they are occurring	<ul style="list-style-type: none"> <li>• Unobtrusive when done well</li> <li>• Highly relevant information</li> <li>• Able to record data first-hand, as it occurs</li> <li>• Does not rely on self-report</li> </ul>	<ul style="list-style-type: none"> <li>• Requires skilled observer</li> <li>• Students/staff may alter behaviors as a result of being observed</li> <li>• Time-consuming</li> </ul>
Rubrics	Monitors change in the behavior of a specific audience	<ul style="list-style-type: none"> <li>• Clarifies a range of expectations</li> <li>• Can be easily modified</li> <li>• Can be created for any content area</li> <li>• Criteria are well-defined</li> </ul>	<ul style="list-style-type: none"> <li>• Can require continuous revision</li> <li>• Time-consuming</li> <li>• Labor intensive</li> <li>• Defining the criteria can be complex</li> </ul>

*Adapted from Rutgers SDFSC Project  
Step-By-Step Planning Guide*

## Previously Developed Youth Survey Instruments

Youth Survey	Content	Where to Find	Cost
Michigan Measures and Tools for Analysis	Provides downloadable instruments for surveying youth on attitudes and behaviors related to alcohol, tobacco, other drug use, and violence. Tools to help enter and analyze data are included.	<a href="http://www.michigan.gov/mdch/0,1607,7-132-2941_4871_4878-15022--,00.html">http://www.michigan.gov/mdch/0,1607,7-132-2941_4871_4878-15022--,00.html</a>	Free
SAMHSA's Prevention Platform: Measure and Instruments	Provides downloadable measures and instruments for measuring drug use.	<a href="http://preventionplatform.samhsa.gov/">http://preventionplatform.samhsa.gov/</a>	Free
The American Drug and Alcohol Survey	A survey by the Rocky Mountain Behavioral Sciences Institute that gathers data on the nature and extent of local substance use. It surveys students about their attitudes toward substance use.	<a href="http://www.rmbsi.com/">http://www.rmbsi.com/</a>	Cost-related
California Healthy Kids Survey	Published by WestEd, this survey targets 5 <sup>th</sup> -12 <sup>th</sup> grade students by assessing their local youth health risks, behaviors, and protective factors. A module-based data collection system collects information on indicators of drug-use, violence, crime, physical and mental health.	<a href="http://www.wested.org/pub/docs/chks_home.html">http://www.wested.org/pub/docs/chks_home.html</a> Locate tab called "the survey" to download document	Cost-related
PRIDE Survey	Survey data is collected on student drug use, by grade level and compared to national use rates. Provides summaries and tabular reports. Targeted towards students in 6 <sup>th</sup> -12 <sup>th</sup> grades.	Access through International Survey Associates at <a href="http://www.pridesurveys.com">www.pridesurveys.com</a>	Cost-related
Character Education Partnership	Provides links to assessment instruments that address such areas as civic attitudes, at-risk behavior, prosocial behavior and social skills.	<a href="http://www.character.org/site/c.gwKUJhNYJrF/b.993291/k.A810/Assessment_Index.htm">http://www.character.org/site/c.gwKUJhNYJrF/b.993291/k.A810/Assessment_Index.htm</a>	Varies
Healthy Youth-CDC	The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults, including substance abuse and violence	<a href="http://www.cdc.gov/HealthyYouth/yrbss/index.htm">http://www.cdc.gov/HealthyYouth/yrbss/index.htm</a>	Free

## New Jersey Needs Assessment Data Sources

<b>Free NJ Data Sources</b>	<b>Content</b>	<b>State/Local Data</b>	<b>Where to Find</b>
NJ School Report Card	Attendance rates, drop-out rates, suspensions and expulsion percentages are available for review.	Local	NJDOE website- click on NJ School Report Card <a href="http://www.state.nj.us/njded/data/">http://www.state.nj.us/njded/data/</a>
NJ State Police Gang Survey	Survey data are collected on gang activity and trends by municipality, age, and school.	Local	Access information through NJ State Police website, under public information <a href="http://www.njsp.org/">http://www.njsp.org/</a> Go to search, type <gang survey>, click to download
Electronic Violence and Vandalism Reporting System (EVVRS)	Data include incidences of violence, vandalism, and substance abuse. Data also include the number of suspensions, expulsions, and removals to interim alternative settings for these offenses.	Local	Access through the NJDOE Homeroom, click on EVVRS <a href="http://homeroom.state.nj.us/">http://homeroom.state.nj.us/</a>
NJ Middle School Substance Use Survey	Data collected from 7 <sup>th</sup> & 8 <sup>th</sup> grade students throughout NJ in public and independent schools. Data includes estimates of prevalence of ATOD use and the identification of risk and protective factors.	State	Last report from 2003 NJ Department of Human Services website- click on NJ Middle School Substance Use Survey under <i>Survey/Research Reports</i> <a href="http://www.state.nj.us/humanservices/das/das_reports.html">http://www.state.nj.us/humanservices/das/das_reports.html</a>
Uniform Crime Report	Crime data collected from all 21 counties within NJ, including summary incident reports, arrests by age, offender information, and other crime data.	State	NJ State Police website <a href="http://www.state.nj.us/lps/njsp/info/stats.html">http://www.state.nj.us/lps/njsp/info/stats.html</a>
NJ Student Health Survey	Survey data collected from high school students on risk-taking behaviors. The 2005 NJ Student Health Survey includes middle school data. The survey helps to maintain awareness of current trends among teens and provide feedback on the impact of large-scale programs to influence teen behavior.	State	NJDOE website - click on New Jersey Student Health Survey <a href="http://www.state.nj.us/njded/data/">http://www.state.nj.us/njded/data/</a>
Violence, Vandalism, and Substance Abuse in NJ Public Schools Report	Information collected reflects state-wide data on incidents of vandalism, violence, and substance abuse.	State	NJDOE website - click on Violence, Vandalism, and Substance Abuse in New Jersey Schools <a href="http://www.state.nj.us/njded/data/">http://www.state.nj.us/njded/data/</a>

<b>Free NJ Data Sources</b>	<b>Content</b>	<b>State/Local Data</b>	<b>Where to Find</b>
NJ State Health Assessment Data (NJSHAD) System	This source is an interactive query system that provides users with customized NJ health data. The data are generally applicable to adults only. A user may be able to access some specific youth issues.	State	Access through the NJ Department of Health and Human Services website <a href="http://njshad.doh.state.nj.us/welcome.html">http://njshad.doh.state.nj.us/welcome.html</a>
The Association for Children in New Jersey-New Jersey Kids Count	Kids Count is a national and state-by state statistical effort to track the children in the U.S., funded by the Anne E. Casey Foundation. New Jersey Kids Count uses indicators, such as poverty, income, child health and test scores to draw a portrait of the well-being of children in New Jersey.	State	www.acnj.org

# Active Parental Consent

The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. § 1232h; 34 CFR Part 98) applies to programs that receive funding from the U.S. Department of Education (ED). PPRA is intended to protect the rights of parents and students in two ways:

- It seeks to ensure that schools and contractors make instructional materials available for inspection by parents if those materials will be used in connection with an ED-funded survey, analysis, or evaluation in which their children participate; and
- It seeks to ensure that schools and contractors obtain written parental consent before minor students are required to participate in any ED-funded survey, analysis, or evaluation that reveals information concerning:
  - Political affiliations;
  - Mental and psychological problems potentially embarrassing to the student and his/her family;
  - Sex behavior and attitudes;
  - Illegal, anti-social, self-incriminating and demeaning behavior;
  - Critical appraisals of other individuals with whom respondents have close family relationships;
  - Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers; or
  - Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Consistent with PPRA of NCLB, NJ statute [Chapter 36 of Title 18A:36-34], approved on January 7, 2002, requires parental consent for collecting information from students that reveal information in one of the categories listed above, as well as social security numbers. Regardless of the method (survey, interview or focus groups), parental consent must be obtained before information relevant to these categories is collected from students.

The following guidelines also must be followed regarding NJ statute:

- The school district must request prior written informed consent at least two weeks prior to the administration of the survey, assessment, analysis or evaluation.

- A student is not permitted to participate in any survey, assessment, analysis or evaluation that concerns the issues listed above unless the school district has obtained prior written informed consent from that student's parent or guardian.
- A school district that violates the provisions of NJ statutes may be subject to such monetary penalties as determined by the commissioner.

Obtaining active parental consent presents some challenges. For example, districts often report low return rates of the consent forms, thus affecting the sample size and representation of survey participants. The time (e.g., planning to send written informed consent to parents at least two weeks prior to administration of surveys), effort (e.g. staying organized and tracking consent forms), and capital (e.g., funds for photocopies and staff time to monitor consent process) that are needed in order to obtain active parental consent also are limited by staff and funding resources.

Given the challenges that are associated with obtaining active parental consent, the following are some suggestions that may be utilized in efforts to communicate with parents regarding consent information. These suggestions originate from the professional literature and research studies in which active parental consent was required.

- Attach a notice of rights and the consent form to the student's report card;
- Provide incentives, e.g., have drawing or raffle for students who return consent forms;
- Mail consent forms home to parents/guardians with a notice of rights and an explanation letter; and
- Provide parents/guardians with a self-addressed, stamped postcard to return the signed consent form.

Provide information and request responses at convenient times for parents, including at parent-teacher nights, *Back to School* nights or other events

*Adapted from Step-By-Step Planning Guide  
Rutgers SDFSC Project*

### SAMPLE PPRA Model Notice and Consent

The Protection of Pupil Rights Amendment (PPRA, 20 U.S.C. § 1232h; 34 CFR Part 98) requires [SCHOOL DISTRICT] to notify you and obtain consent for your child to participate in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent.
2. Mental or psychological problems of the student or student’s family.
3. Sex behavior or attitudes.
4. Illegal, anti-social, self-incriminating, or demeaning behavior.
5. Critical appraisals of others with whom respondents have close family relationships.
6. Legally recognized privileged relationships, such as lawyers, doctors, or ministers.
7. Religious practices, affiliations, or beliefs of the student or parents.
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure, or use of student information for marketing purposes and certain physical exams and screenings.

The following is an announcement of a scheduled survey requiring parental consent. Please have your child return the consent form to [SPECIFY INDIVIDUAL]. (Please note that this notice and transfers consent from parents to any student who is 18-years-old or an emancipated minor under State law.)

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Date:	<b>INSERT DATE</b>
Grades:	5 <sup>th</sup> & 6 <sup>th</sup>
Activity:	ABC Survey of At-Risk Behaviors
Summary:	This is an anonymous survey that asks students questions about behaviors, such as drug and alcohol use, sexual conduct, violence, and other at-risk behaviors. The survey also asks questions of a demographic nature concerning family make-up, the relationship between parents and children, and the use of alcohol and drugs at home.
Consent:	A parent must sign and return the attached consent form no later than [INSERT DATE] for your child to be permitted to participate in this survey.

If you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to [SCHOOL OFFICIAL, ADDRESS]. [SCHOOL DISTRICT] will notify you of the time and place where you may review these materials. You have the right to review a survey and/or instructional materials before the survey is administered to a student.

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I, \_\_\_\_\_ [parent’s name] \_\_\_\_\_ give my consent for \_\_\_\_\_ [child’s name] \_\_\_\_\_ to take the ABC Survey of At-Risk Behaviors on or about [INSERT DATE].

\_\_\_\_\_  
Parent’s Signature

Please return this form no later than [INSERT DATE] to the following school official: [PROVIDE NAME AND MAILING ADDRESS]

# EVALUATION TERMINOLOGY

**Activities/strategies** – What a program or organization does with its resources to fulfill its mission, such as sheltering and feeding homeless families.

**Attribution** – The process of identifying the single or multiple factors responsible for an observed outcome; for example, program participation reduced stress by 50%.

**Benchmark / performance target** – Desired level of an indicator, possibly within a given time frame for example, reduce child abuse by 25% by the year 2000.

**Conceptual framework / model** – Pictorial representation of the most critical elements underlying a program's operation and expected outcomes. A conceptual framework identifies critical areas for evaluation.

**Context / contextual factors** – Factors outside the control of a program or project that might have an impact on its effectiveness, for example, unique characteristics of a particular community the economy, new federal or state legislation.

**Control / Comparison group** – In an evaluation involving two or more groups, the group that does not receive the full program or treatment that is the focus of the evaluation. A control group receives no program. A comparison group may receive some program, but not the program being evaluated.

**Correlation** – The co-occurrence, either simultaneously or sequentially, of two events or characteristics that may or may not be causally related to one another; for example, hiring a new director and an increase in employee satisfaction.

**Evaluation** – The systematic collection of information about the activities, characteristics, and outcomes of a program to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming. (Michael Quinn Patton)

## Some types of evaluation:

- **Formative evaluation** – Evaluation undertaken in the initial stages of program operation to inform program development and implementation. Formative evaluation addresses how the program is working and how it might be improved. Often, formative evaluation explores alternative program approaches to see which variant works best.
- **Summative evaluation** – Evaluation of the overall worth of the program after it is in operation.
- **Participatory evaluation** – Evaluation that seeks to actively involve all stakeholders in the evaluation process. Participatory evaluation seeks to create an egalitarian process in which all stakeholders' perspectives are considered and in which the evaluation results are useful and relevant to the stakeholders.

- **Empowerment evaluation** – Evaluation in which evaluators ( also known as coaches) work to enhance the participants’ evaluation capacities and help participant apply their knowledge of the program to the evaluation. Empowerment evaluation uses evaluation tools to help participants reach decisions and identify areas needing change.
- **Process evaluation** – Evaluation that describes implementation of a program, that is, the activities undertaken as part of a program. A process evaluation can provide information on a program’s structure, procedure, and accomplishments, problems encountered in the program implementation, and the ways the problems were resolved or not.
- **Outcome evaluation** – Evaluation focused on the benefits or changes occurring in program participants after program participation.
- **Impact evaluation** – Evaluation focused on the effect of a program with the intention of being able to attribute any observed changes to the program. Attributing impact solely to the program requires certain evaluation designs that “control” for other factors that might affect the outcome of interest (see “comparison / control group” and “randomized trial design”).
- **Cluster evaluation** – Projects are designated as a cluster because they support similar strategies, serve the same target population, or collectively address a specific outcome, such as systemic institutional or policy changes. Cluster evaluations examine such a cluster of projects to determine how well they achieve the broad goals of a programming initiative. (Kellogg Foundation)

**Experimental group** – In an evaluation involving two or more groups, the group that receives the program or treatment being evaluated.

**Generalizability** – Extent to which evaluation findings can be applied to similar programs in other settings.

**Goal** – Broad, general statement of purpose. A goal can also be more closed-ended and specify the long-term intended result of the project or program; for example, increasing the participation of minorities in higher education.

**Indicator** – Measure of an outcome, for example, the proportion of the population with high blood pressure.

**Inputs** – Resources dedicated to or consumed by the program, such as money, staff, and facilities.

**Logic model** – Pictorial representation of how a program is expected to work. Logic models show the theory underlying the program by linking assumptions/principals and/or resources with activities/processes and short- and long-term outcomes.

**Milestone** – A critical point that a project must reach to ensure that it is on course in achieving its stated outcomes.

**Objective** – Specific, measurable, time-bound operational statement of the desired accomplishments of the program that are necessary to achieve its goal. Example: increase the number of minority students taking four years of mathematics in secondary school.

**Outputs** - Direct products of program activities. Usually measured in terms of volume of work accomplished, such as number of classes taught.

**Outcome** - Benefit or change resulting from an action. Often used to refer to benefits to individuals, families, communities, or larger populations during or after program participation (for example, reduction in the number of low-birthweight babies). Can also refer to change in systems, organizations, or programs; for example, improved communication or increase in number of clients served.

- Short-term outcomes - Outcomes that can be reasonably expected within the first 1-2 years of the project or program
- Intermediate outcomes - Outcomes expected in 3-5 years
- Long-term outcomes - Outcomes expected in more than 5 years

**Results-based accountability (RBA)** - Management and monitoring of projects and . programs focused on the desired outcomes of the programs rather than on activities and inputs

**Quantitative techniques** - Measures that strive for precision by focusing on things that can be counted, for example, data from questionnaires, tests, standardized observation instruments, program records.

**Qualitative techniques** - Measures that provide descriptive information about situations, events, and/or behavior of individuals. Qualitative techniques focus on what the program experience means to participants in their own words, through, for example, interviews, observations, document analysis, or focus groups.

**Randomized trial design** - Evaluation design in which potential program participants are randomly assigned to either the experimental or the control group. It is the strongest design for showing program impact; however, it is not applicable for many programs.

**Validity** – Extent to which a data collection technique measures what it is intended to measure Especially important in identifying indicators for outcomes.

*From “Evaluation Terminology,” the James Irvine Foundation:*  
<http://www.irvine.org/evaluation/resources.htm>

## Data Collection Plan

Instrument	What It Measures	Frequency of Collection	Who Collects	Accuracy of Data

*“Handbook for Evaluating Drug and Alcohol Prevention Programs”  
 J. David Hawkins and Britt Nederhood*

## *JOIN TOGETHER*

### **Study Shows Self-Reports of Drug Use Mostly Accurate**

June 21, 2007

Researchers who compared self-reports of tobacco and other drug use with urine and hair samples found that most users accurately reported their own consumption.

The [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) report, "[Comparing Drug Testing and Self Report of Drug Use Among Youths and Young Adults in the General Population](#)," found that self-reports and urine tests for past-30-days smoking were in agreement 84.6 percent of the time. For marijuana, the agreement rate was 89.8 percent.

Urine tests and self-reports of cocaine use in the past seven days were in agreement 98.5 percent of the time.

"This validity study concluded that biological drug tests can be used as objective markers of drug use to verify self reports among youth and young adults," the researchers noted.

**Data Triangulation**, as illustrated above, is a method of using multiple sources of data to establish the validity of research outcomes.

# Analyzing Data

Once data are collected, data analysis begins. The data analysis procedure may differ depending on whether quantitative or qualitative data were collected.

For **qualitative** analysis, consider the following rules of thumb:

- **Combine** data by consolidating all raw data into one document
- **Protect** data by saving a copy of the master before analyzing data
- **Recruit** multiple readers of the data to increase reliability of analysis
- **Read** through all of the raw data first to get an overall impression of the information
- **Group** common quotes or ideas, possibly by question or section
- **Write** themed statements to represent each group of quotes

For **quantitative** analysis, consider the following rules of thumb:

- **Combine** data by consolidating all raw data into one document
- **Protect** data by saving a copy of the master before analyzing data
- **Calculate** frequencies and percentages of responses
- **Look** for trends (i.e., gradual shifts in knowledge, behaviors and attitudes over time) among the results (e.g., delayed onset of ATOD use, more positive attitudes about maintaining safe school environment)

Questions to consider when analyzing either type of data:

- Are the data current?
- Are the data valid?
  - Is there under-reporting? Over reporting? How do you know?
  - What do you know about the sample?
- Do data indicate differences between target populations?
- What other measures should you analyze to get a more complete picture?

*Adapted from Step-By-Step Planning Guide  
Rutgers SDFSC Project*

## Capacity Assessment Grid

<b>Capacity Component</b>	<b>Clear need for increased capacity</b>	<b>Basic level of capacity in place</b>	<b>Moderate level of capacity in place</b>	<b>High level of capacity in place</b>
Stakeholder Involvement				
Staff Buy-in				
Time				
Money				
Partners				
Equipment				
Materials and Resources				
Technology				
Volunteers				

*Adapted from “Effective Capacity Building in Nonprofit Organizations”  
McKinsey Capacity Assessment Grid*

## 5 Elements to Ensure Use of Evaluation Findings

### **Recommendations**

- Recommendations are actions to consider as a result of an evaluation.
- Your recommendations will depend on
  - Your audience
  - The purpose of the evaluation

### **Preparation**

- Preparation refers to the steps taken to get ready to eventually use the evaluation findings.
- Through preparation, stakeholders can
  - Strengthen their ability to translate the new knowledge into appropriate action
  - Discuss how potential findings might affect decision-making
  - Explore positive and negative implications of potential results and identify different options for program improvement

### **Feedback**

- Feedback is the communication that occurs among everyone involved in the evaluation
- Feedback creates an atmosphere of trust among stakeholders
- Feedback can help
  - Keep an evaluation on track
  - Keep everyone informed

## **Follow-Up**

- Follow-up refers to the support that is needed after users receive evaluation results and begin to justify their conclusions
- Active follow-up can achieve the following
  - Remind users of the intended uses of what has been learned
  - Help to prevent misuse of results by ensuring that evidence is applied to the questions that were the evaluation's central focus
  - Prevent lessons learned from becoming lost or ignored in the process of making complex decisions

## **Dissemination**

- Dissemination is the process of communicating evaluation procedures or lessons learned to relevant audiences in a timely, unbiased, and consistent manner
- The goal for dissemination should be to achieve full disclosure and impartial reporting
- Planning effective communication requires
  - Advance discussion of the reporting strategy with intended users and other stakeholders
  - Matching the timing, style, tone, message source, vehicle, and format of information to the audience

*Adapted from "Steps in Program Evaluation"  
Centers for Disease Control and Prevention (CDC)*

## ***Evaluating Comprehensive Alcohol, Tobacco and Other Drugs (ATOD) Abuse Programs for Results***

### **Logic Model Exercise: North Apple School District**

#### **Alcohol, Tobacco, and Other Drug Prevention Activities**

<b>Needs &amp; Gaps</b>	<b>Goals</b>	<b>Objectives</b>	<b>Activities, Curricula, Programs, and Services</b>	<b>Roles</b>
<p>1. According to the 2005 NJ Student Health Survey, as of 2005 79% of NJ high school students have consumed alcohol and 46% in the last 30 days, 39% of NJ middle school students have consumed alcohol, 49% of high school students and 23% of middle school students have tried cigarettes, 36% of high school students and 7% of middle school students have tried marijuana, and 33% of high school students have been offered, sold, or given an illegal drug right on school property</p>	<ol style="list-style-type: none"> <li>1. To reduce use of ATOD, particularly alcohol and marijuana, by middle school and high school students</li> <li>2. To increase awareness of ill effects of ATOD at all school levels in the district</li> <li>3. To engage parents as critical partners in the prevention of ATOD abuse</li> </ol>	<ol style="list-style-type: none"> <li>1. The use of ATOD use amongst high school students will decrease to national average levels or below, as measured by an annual drug and alcohol survey</li> <li>2. 95% of students exposed to the ATOD health curriculum will demonstrate competence with ATOD components of newly implemented health curriculum as measured by teacher evaluations of student performance</li> <li>3. Parent ATOD prevention group will form, meet bi-</li> </ol>	<p>A new health curriculum will be adopted and materials purchased during the next school year. This year will provide time for training and transition and in the following year the new curriculum will begin to be implemented in classrooms, rolled out over a 2 year period.</p> <p>In partnership with the community police department, and delivered through the district's character education program, the following</p>	<p>ATOD Leadership Team will actively promote new curriculum and work with district administrators and board to implement health curriculum</p> <p>Director of Athletics/Supervisor of Health and PE will prepare teachers for transition</p> <p>Curriculum Developers will facilitate training sessions</p> <p>Police officers lead and deliver programs</p> <p>Lead teachers will</p>

<p>2. According to the New Jersey Epidemiological Profile for Substance Abuse, there were 81 reported admissions in the community of North Apple (45.9% of admissions were for alcohol, 18% for cocaine, and 36.1% for heroin and opiates) for calendar year 2006</p> <p>3. North Apple HS students report above average alcohol (including being drunk) and marijuana use, according to the locally administered American Drug and Alcohol Survey</p>		<p>monthly, and successfully implement strategies resulting in parent commitment to supporting agreed upon ATOD abuse prevention activities</p>	<p>programs will be conducted on an annual basis by local police: “An Overview of ATOD Abuse in North Apple” and the “Police mentoring program”</p> <p>In partnership with a local mental health partner, the parent liaison to the ATOD Leadership Team, and utilizing parental involvement strategies from the district’s character education program, a Parent ATOD Prevention Group will form. The purpose of the group will be to more actively engage parents in assisting ATOD abuse prevention for students in the district.</p>	<p>coordinate staff development with all district schools</p> <p>PTA member on leadership team will lead Parent ATOD Prevention group</p> <p>ATOD Leadership Team will design and execute evaluation plan</p>
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<b>Outputs</b>	
<b>Outcomes &amp; Impact</b>	
<b>How Outcomes &amp; Impact will be Measured and When</b>	

# *Evaluating Comprehensive Alcohol, Tobacco and Other Drugs (ATOD) Abuse Programs for Results*

## Logic Model Layout

### Alcohol, Tobacco, and Other Drug Prevention Activities

Needs & Gaps	Goals	Objectives	Activities, Curricula, Programs, and Services	Roles	Output	Outcomes & Impact	How Outcomes & Impact Will be Measured and When