

# Request for Proposals

ISSUED BY



500 Hakes Drive, Suite 250  
Norton Shores, Michigan 49441

FOR

**REGION 3 PIHP**

**SUBSTANCE USE DISORDER PREVENTION SERVICES**

**Lakeshore Regional Entity  
Substance Use Disorder Division**

**Issued: May 19, 2023**

**For Services to begin October 1, 2023**

# Table of Contents

## **1. General Information:**

1.1 Introduction.....	2
1.2 Purpose.....	2
1.3 Timeline.....	3
1.4 Inquiries.....	3

## **2. Service Requirements, Qualifications, and Priorities:**

2.1 Eligibility Criteria .....	4
2.2 Prevention Service Requirements .....	4-5
2.3 Funding Priorities .....	5
2.4 Funding Restrictions .....	5

## **3. Submission Requirements:**

3.1 Application Submission.....	6
3.2 Required Submission Elements .....	6-7

## **4. Review and Selection Process:**

4.1 Review Process.....	8
4.2 Scoring Criteria.....	8-10
4.3 Selection .....	10
4.4 Contract Issuance .....	10
4.5 Contractor Responsibilities .....	10-11

## **Attachments:**

Attachment A: Project Planning Sheet Instructions and Guidelines .....	12-17
Attachment B: LRE SUD Prevention Logic Model Overview, 2024 - 2026 .....	18-20
Attachment C: Local Coalition Priorities Overview.....	21-23
Attachment D: MPDS Categories .....	24-25
Attachment E: Tip Sheet for Developing Objectives by Strategy Type.....	26
<a href="#"><u>Application Package (all required submission content and forms)</u></a>	

# 1. SECTION I - GENERAL INFORMATION

## 1.1 INTRODUCTION

Lakeshore Regional Entity is soliciting proposals for the provision of substance use disorder prevention services that will prevent alcohol, tobacco, and other drug use among youth and adults and contribute to the prevent and reduce addiction and related consequences. Only proposals from qualified bidders to provide **Prevention Services** will be accepted.

As one of ten Prepaid Inpatient Health Plans (PIHP) in Michigan, the LRE is responsible for managing substance abuse prevention services provided under contract with the Michigan Department of Health and Human Services (MDHHS). The LRE service region includes Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa counties. Funding to support prevention services through this request for proposal include Block Grant, Public Act 2 funds dedicated to substance use disorder (SUD) prevention services.

This RFP is consistent with the Michigan Public Health Code, all contracts between the Michigan Department of Health and Human Services (MDHHS) and Lakeshore Regional Entity for Specialty Mental Health and Substance Abuse Services, Balanced Budget Act Requirements, and Federal Procurement guidelines.

## 1.2 PURPOSE

The purpose of this Request for Proposal (RFP) is to advance community-based approaches by delivering evidence-based strategies to decrease substance use disorder in the Lakeshore Regional Entity 7-county region. Proposal activities must be provided in a variety of settings for both the general population and high-risk groups and shall employ evidence-based prevention principles to prevent the onset and reduce the progression of substance use disorders.

It is the policy of Lakeshore Regional Entity to maintain a panel of providers that maximizes value, quality, and availability of services to affect identified risks for substance misuse and abuse among universal, selective, and indicated population in the LRE region.

The specific number and types of services to be purchased is dependent on the proposals submitted for consideration by the bidders. Given that the funding source availability and utilization are both variable, the LRE will award proposals on a funding priority basis. Highest priority proposals will be funded through state block grant funds. If other funding sources or more funds become available, additional proposals may be awarded or approved proposals may receive additional funding. Determination of funding source will be at the discretion of the LRE and may be based upon meeting state and federal priorities, as well as local needs. Each RFP should include a full budget for each request.

Specialty grants such as State Opioid Response (SOR3), American Rescue Plan Act (ARPA) and Gambling Disorder projects are not part of this RFP.

If your agency covers multiple counties, provide one RFP with multiple project proposals (one for each county is required) Please see narrative instructions for additional details.

The **anticipated** Fiscal Year 2023-2024 SUD Prevention dollars available by county for Block Grant and Public Act 2 dollars (PA2) are below:

County	Block Grant by County	PA2 by County
Allegan	\$108,701	\$191,925
Kent	\$587,783	\$479,597
Lake	\$11,224	\$5,340
Mason	\$27,997	\$29,304
Muskegon	\$167,732	\$239,424
Oceana	\$25,852	\$27,058
Ottawa	\$257,388	\$354,585

### 1.3 TIMELINE

All interested parties including providers currently receiving prevention funding must submit a complete response to this RFP by **5:00 p.m. on Thursday, June 29, 2023**. Bidders must submit their complete proposal and all necessary supporting documentation via email to: [RFP@lsre.org](mailto:RFP@lsre.org). Late submissions will not be accepted. There will be no exceptions to this requirement. Lakeshore Regional Entity is not liable for any costs incurred by respondents to this RFP prior to the issuance of a contract.

The RFP will be posted and may be downloaded from the Lakeshore Regional Entity website: <a href="https://www.lsre.org/PublicNotices">Public Notices - Lakeshore Regional Entity (lsre.org)</a>	May 19, 2023
Inquiries regarding this RFP must be submitted in writing to: <a href="mailto:RFP@lsre.org">RFP@lsre.org</a>	June 1, 2023
Submitted questions and the associated responses posted: <a href="https://www.lsre.org/PublicNotices">Public Notices - Lakeshore Regional Entity (lsre.org)</a>	June 5, 2023
Provider applications due	5:00 p.m., June 29, 2023

### 1.4 INQUIRIES:

Inquiries regarding this RFP must be submitted in writing via email to: SUD Prevention Procurement at Lakeshore Regional Entity ([RFP@lsre.org](mailto:RFP@lsre.org)). Questions regarding the content and the intent of the RFP will not be addressed after June 1st, 2023. Written questions and associated responses to questions will be provided to all bidders and will be posted at: Lakeshore Regional Entity [Public Notices - Lakeshore Regional Entity \(lsre.org\)](https://www.lsre.org/PublicNotices) by June 5<sup>th</sup>, 2023.

## 2. Service Requirements, Qualifications, and Priorities:

### 2.1 ELIGIBILITY CRITERIA

Applicants will be considered for any nonprofit community agencies with a 501(c)(3) status, coalitions, faith-based organizations, educational institution, and other public and private nonprofit entities that meet each of the following criteria:

- All non-government agencies must possess a valid standard substance abuse license from the State of Michigan, appropriate to the level of services to be delivered. The Prevention licensing category is Community Change, Alternatives, Information, Training (CAIT) – information found [here](#).
- Have the necessary systems in place for administration of the submitted programming, including the necessary computer equipment, compatible software, and internet connections to be able electronically submit data as necessary.
- Have an established financial system in operation which meets generally accepted accounting principles and systems.
- Demonstrate the ability to attract or allocate other sources of funding to enhance programming.
- Demonstrate an ability to understand, relate to, and operate within an ethnic, racial, age, and economically diversified population. In addition, the services will be provided in settings accessible and acceptable to individuals and communities intended to be served.
- Any respondent to this RFP must disclose any personal or business relationship with employees or members of the Board of Lakeshore Regional Entity. Any decision to grant a contract to a respondent having such a relationship will be dependent on consultation regarding conflict of interest.

### 2.2 PREVENTION SERVICES REQUIREMENTS

#### 2.2.1 EVIDENCE / RESEARCH BASED

A minimum of 90% of prevention activities and/or expenditures are expected to be directed to programs which are implemented as a result of an evidence-based decision-making process. Evidence based interventions that seek to prevent the use and/or misuse of alcohol, marijuana and other drugs must be carefully implemented programs, strategies and activities based on a credible body of research, that have demonstrated positive results.

Demonstration that proposed prevention services meet evidence-based criteria must be provided with each Project Planning Sheet submitted within an organization's application.

#### 2.2.2 INFORMATION DISSEMINATION:

No more than 10% of prevention expenditures and/or activities may be spent

on information dissemination activities, which must also be part of a multi-faceted regional prevention strategy rather than independent, stand-alone activities.

### **2.2.3 STAFF QUALIFICATIONS:**

Staff supported by funds distributed through this proposal must possess Prevention Certification Designation or a Development Plan with the Michigan Certification Board of Addiction Professionals as detailed in the SUD Credentialing and Staff Qualifications policy, which is available for review [here](#).

## **2.3 FUNDING PRIORITIES**

Priority for funding will be given to organizations that demonstrate the ability to enhance the service delivery system and provide a comprehensive array of prevention services:

- All prevention services can be categorized under one of these six federal prevention strategies, and the link to the corresponding intervention for each must be made. The federal prevention strategies that should have priority in each region are “Community-Based Process” and “Environmental,” and to a lesser extent “Education” and “Problem Identification and Referral.”
- Individual programming (education and information dissemination) should prioritize high-risk populations (both selective and indicated populations).
- Applicants who can demonstrate the utilization of the [strategic planning framework](#) will be prioritized.
- In alignment with MDHHS goals, the Lakeshore Regional Entity plans requires prevention services align with LRE priorities and local coalition identified priorities. As described in the logic model provided as Attachment B.
- Applicants can demonstrate that they are actively partnering with local substance abuse prevention coalitions.

## **2.1 FUNDING RESTRICTIONS**

The following restrictions apply to funding:

- Funds shall not be used to make cash payments to intended recipients of services.
- Funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility or purchase major medical equipment.
- Funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds condition for the receipt of Federal funding.
- Funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
- Funds shall not be used to enforce state laws regarding the sale of tobacco products to individuals under the age of 21.
- Funds shall not be used to pay the salary of an individual at a rate in excess of Level I of the Federal Executive Schedule, or approximately \$199,700.

## 3. Submission Requirements

### 3.1 APPLICATION SUBMISSION:

Bidders must submit their complete proposal and all necessary supporting documentation by email to [RFP@lsre.org](mailto:RFP@lsre.org) by **5:00 p.m. on Thursday, June 29, 2023**. Late submissions will not be accepted for review. There will be no exceptions to this requirement.

Proposals must be submitted using the forms provided in the Application Package. All forms must be submitted in the order listed below as one document as a Word file (**not a pdf**).

### 3.2 Required Submission Components:

To be considered complete, and eligible for review, an application package must include a complete application package which includes each of the following:

#### **Application Package**

The following table provides a description of each form, the location of the form in the Application Package, and where to additional information regarding the form if applicable.

<b>Cover Sheet</b> Form provided on page 1 of Application Package	This form provides information about the applicant.
<b>Organizational Capacity Narrative</b> Form provided on page 2 of Application Package	Narrative questions that allow the applicant to demonstrate organization capacity to meet eligibility criteria.
<b>Program Staff Credentials Form</b> Form provided on page 3 of Application Package	A form in which the applicant identifies each staff (including contractual) that will provide prevention services to demonstrate that staff meet required staff qualifications.
<b>Project Planning Sheet(s) (PPS)</b> Instructions provided in Attachment A of this document. Form provided on page 4 of Application Package.	Instructions and detailed guidance for all items required for completion of a PPS are provided in Attachment A of the RFP. One Project Planning Sheet must be completed for each project that the organization will implement. <b>Each PPS includes project background and Monitoring and Evaluation.</b> Guidance is provided for how to organize proposed services into distinct projects for the purpose of this application in the Project Planning Sheet Instructions provided in Attachment A. Copy and paste additional PPS Tables into the Application Package as necessary to provide the information for each project being submitted.

<b>Budget Summary</b> Form provided on page 6 of Application Package	A table summarizing all budgets submitted to support individual projects.
<b>Budget Cost-Detail(s) and Narrative</b> Form provided on page 7 of Application Package.	<p>This form and corresponding narrative provides detailed information about the costs necessary to support the services and activities described in the Project Planning Sheet. For the PA2 specific Project Planning Sheet there should be a separate Budget Cost Detail with Supporting Narrative. Expenses for PA2 funded activities (direct or indirect service) that are specific to Block Grant funded projects (eg. Anger Management) should be identified and reported in the Budget Cost Detail for that project under the PA2 Source of Funds.</p> <p>A distinct Budget-Cost Detail must be provided for each Project Planning Sheet submitted with the proposal.</p>



## 4. Review and Selection Process

### 4.1 REVIEW PROCESS

A panel of LRE staff will review each application individually and assign point values for each review criteria as described in Section 4.2. An aggregate score will be calculated for each criterion by calculating the average of all reviewer scores. For any review criteria with greater than a 2-point variation across reviewers, the panel of reviewers will convene to discuss and ensure an appropriate interpretation of the review criteria and scoring scale were applied.

During the review process, the LRE reserves the right to contact any applicant for the following purposes:

- Request clarification regarding the applicant's proposal.
- When Lakeshore Regional Entity knows or has reason to conclude that a mistake has been made, Lakeshore Regional Entity will ask the applicant to confirm the information. Situations in which confirmation should be requested include obvious or apparent errors on the face of the document, a rate unreasonably lower than the rate of others submitted, or the rate is considerably higher than what is currently paid for this type of service.

### 4.2 SCORING CRITERIA

The following scale will be used by the review panel to assign point values for the review criteria detailed throughout this section.

- |                 |   |
|-----------------|---|
| <b>5 Points</b> | <b>Outstanding:</b> The applicant explicitly addresses the requested information by providing comprehensive descriptions, thorough details, and examples. The applicant organization demonstrates a strong understanding of the topic, and the level of detail reinforces the response clearly.   |
| <b>4 points</b> | <b>Very Good:</b> The applicant organization provides significant descriptions and relevant details in addressing the requested information but the response is not fully comprehensive. The applicant organization demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to specify what makes the response better than acceptable but not up to the standards of outstanding. |
| <b>3 points</b> | <b>Acceptable:</b> The applicant organization provides a basic response to the item but does not include enough detail or pertinent examples. Key descriptions, details, and examples are limited. The applicant organization does not effectively translate the requirements of the RFP into practice.   |
| <b>2 points</b> | <b>Marginal:</b> The applicant organization provides minimal details and insufficient descriptions that do not provide a complete answer. Limited information is presented, or the applicant merely repeats information included in the RFA. The applicant may answer part of the requested information but miss a key point or there are major gaps in the information presented.  |

- 1 point**      **Unacceptable:** The applicant organization does not explicitly address the requested information. The applicant organization skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is completely deficient.

**Organizational Capacity and Capabilities: (35 Points Possible)**

**The applicant demonstrates experience and expertise in Prevention.**

- The application demonstrates the necessary experience for oversight, development and coordination of grant-funded programming, and managing performance of staff.
- Applicant demonstrates appropriate involvement with the county substance abuse prevention coalition.
- The applicant demonstrates use of the Strategic Planning Framework to inform their application.
- The applicant demonstrates the ability to attract or allocate additional (non-LRE) funds to support prevention services.
- Key program staff are identified and possess relevant education, training and certifications (CPS, CPC, CPC-M, or a registered development plan submitted through MCBAP)
- The amount of funds requested is appropriate for the scope of work defined in the application.

**Project Specific Review:** Each submitted Project Planning Sheet (PPS) will be reviewed and assigned a score for the following criteria. **(75 Points Possible)**

**Project Overview (for each PPS)**

Reviewers will review the PPS and corresponding budget information to assign point values for each of the following review criteria:

- Comprehensiveness of project description and demonstrated collaboration with community stakeholders.
- Projects demonstrate consideration of cultural competency for implementation within their community context.
- If there are any targeted issues included that are not identified in the LRE LOGIC Model, how well has the applicant justified inclusion within the project.
- Application identifies primary strategies, activities, and local methods of evaluation.
- How well the project identifies how activities will be reported within MPDS.
- The applicant demonstrates that the planned activities meet evidence-based criteria. If an activity is not evidence based, the rationale is well explained.

**Monitoring and Evaluation Criteria: (for each PPS)**

- The application comprehensively addresses fidelity and adaptation for each

project.

- The project has process objectives that will monitor whether the program was implemented as planned
- Each project addresses how data will be collected and how the data correlates to short term outcomes.

**Budget and Budget Narrative (for each PPS)**

**(15 Points Possible)**

- The budget narrative justifies costs for the project.
- The expenses detailed in the budget are appropriate for the proposed activities.
- The proposed scope of services are appropriate for the amount of funding requested.

### **4.3 SELECTION**

Each proposal will receive an overall score based on the sum of point values from the overall application review, plus the average score for each review criteria averaged across all projects. This score will be used to inform which organizations are selected to receive funds.

For organizations selected to receive funds, the sum of each submitted project's individual scores will be used to inform which projects are selected for funding.

While the review panel scores will be a key factor in the funding decisions, the LRE considers the findings of the review panel to be non-binding recommendations and reserves the right to consider additional factors, such as geographical distribution of proposed service area, ensuring a continuum of prevention services across the seven-county region, past performance and compliance, and/or financial standing when making final award decisions.

### **4.4 CONTRACT ISSUANCE**

The contract term will begin October 1, 2023. The estimated length of the contract will be 12 months. Contracts are renewed annually contingent upon the continued availability of funds and progress towards achieving program goals. It is the intent of Lakeshore Regional Entity to The LRE will award enough contracts to provide sufficient coverage of prevention services across all 7 counties. Lakeshore Regional Entity reserves the right to limit awards in the event that submissions do not fully address the goals of the region. Providers with prior agreements who have had corrective action plans may receive contingent approval. The Lakeshore Regional Entity will follow the policy 4.9 Corrective Action Plan/Performance Improvement recommendations found [here](#).

Lakeshore Regional Entity reserves the right to not award a contract as a result of this process or to award a limited number based on budget, strategic plan, and/or other MDHHS obligations.

Lakeshore Regional Entity reserves the right to consider modifications to the program at any time before an award is made, if such action is in the best interest of Lakeshore Regional Entity.

Determination of funding source will be at the discretion of the LRE and may be based upon meeting state and federal priorities, as well as local needs.

The Lakeshore Regional Entity will require applicants complete a DCH-0385 Program Budget Summary and DCH-0386 Program Budget Cost Detail Schedule along with a budget narrative (provided by the LRE) for the projects that are awarded before the issuance of a contract.

#### **4.5 CONTRACTOR RESPONSIBILITIES**

The contents of the proposal of the successful application may become contractual obligations if a contract ensues. The selected contractor will be required to assume responsibility for all services offered in the proposal, whether or not the contractor produces them. The successful applicant must recognize and accept that all information submitted pursuant to this RFP is subject to the Freedom of Information Act. Failure of the successful applicant to accept these obligations may result in cancellation of the award.

The contractor will be required to assume responsibility for provision of all services as described within the submitted proposal. Responsibility for provision of services may not be assigned to a subcontractor. If any portion of the budget will be used to support contractual services to support programming conducted by the applicant organization (e.g. evaluation, marketing, etc), it must be detailed within the submitted budget documentation.

## **Attachment A: Project Planning Sheet Instructions and Guidelines**

This planning form provides an opportunity for the applicant to document planned activities and provide support that the activities are evidence-based, with appropriate monitoring of outcomes. All components of this project plan are necessary to provide the required information and ensure that the principles of effective prevention have been met.

When determining how to group planned activities into 'Projects' for submission, please note the following.

- For current applicants with a Designated Youth Tobacco Use Representatives, a project planning sheet is not required for required No Cigs for Our Kids activities. It is expected the DYTURs will follow the Tobacco Campaign Protocol 2023 and submit a No Cigs for our Kids Plan FY 24 upon issuance of contracts. Block Grant funding limitations will be followed as noted previously. A designation of PA2 funding will be provided per each county of which specific funds are designated Tobacco Compliance Checks w/Law Enforcement).
- Grouping of Activities: It is recommended that all initiatives and programming targeting the same intervening variable (see Attachment B for detail) be submitted within one project proposal. For example, if your organization is delivering multiple curricula-based programs for youth that target perception of risk they must be submitted within one project proposal. Information about each program within the proposal must be provided as indicated throughout the instructions.
- Multiple counties: If a project will include services provided in multiple counties the provider must specify which programs/activities will be done in which county and identify county specific outputs to detail service provision within each county as prompted throughout the PPS form.

The following table provides guidance for each element required within the project planning sheet.

<b>Project Overview</b>	
<b>Project Description</b>	<p>Provide a brief description that can be used by LRE for communications and publications regarding funded services. Be sure to include:</p> <ul style="list-style-type: none"><li>• Project Name</li><li>• A brief description of the target audience and planned activities.</li></ul> <p>If multiple distinct programs are provided within the project, this section should be broken out in a bulleted list. For each distinct program or initiative, describe the target audience or service recipients, and a very brief description of the program's content or tactics. Be brief. Each bulleted program should be 2-3 lines max.</p>
<b>Target Audience and Recruitment</b>	<p>Provide a description of the target audience or service recipients, including demographic information. Be specific and avoid broad terms such as youth or adult without further context (e.g. elderly Native American males in the city of Grand Rapids, youth ages 14-17 caught vaping at school, etc.).</p> <p>Please describe any plans to engage the target audience by promoting, conducting outreach, or encouraging referrals to the program/service.</p> <p>If you identified multiple distinct programs within the project, this information should be provided specific to each program component unless the target audience or service recipients is consistent across components.</p>

<b>Cultural Competence/ Sensitivity</b>	<p>Describe the process used to ensure cultural competency and sensitivity. Be sure to provide:</p> <ul style="list-style-type: none"> <li>• A brief description of cultural differences that exist for any of the targeted audiences or service recipients and how they will be accounted for within programming and initiatives.</li> <li>• How will you ensure that BIPOC individuals will be served in a culturally appropriate manner?</li> </ul>
<b>Problem and Intervening Variables Targeted</b>	<p>The LRE has identified priorities for SUD prevention services as detailed in the regional logic model and reflect the priorities of county substance abuse prevention coalition throughout the region. Attachment A provides a summary of which priorities have been identified by each county coalition.</p> <p>Providers are strongly encouraged to address priorities that align with the LRE and their local coalition's priorities.</p> <p>Please list the problem and related intervening variables (i.e. but why?) and local conditions (i.e. but why here?) targeted by this project. Be sure to list these as provided in Attachment A. Only list a local condition if you have specific activities within the project that seek to modify that condition.</p> <p>If there are problems, intervening variables, or local conditions you will target that are not a priority identified for your local coalition, or are not included in the LRE priorities, you must provide a brief and compelling rationale to justify inclusion.</p>
<b>Strategies Activities</b>	<p>For each local condition being targeted identify the strategies that will be used (refer to Attachment A). For each strategy used, provide a list of the activities that will be conducted. Separate activities into distinct initiatives or efforts.</p> <p>For each activity, provide the following:</p> <ul style="list-style-type: none"> <li>– A group name prefix that will be used for reporting activity in MPDS.</li> <li>– A brief description of the activity. If a curricula is used be sure to state the name of the curricula used.</li> <li>– The strategy type(s) that will be used. Refer to Attachment D for more information about strategy types.</li> <li>– Service populations for reporting in MPDS. Refer to Attachment D for a list of MPDS service population.</li> </ul>
<b>Collaborative Partners</b>	<p>Please identify the specific collaborative partner agencies or groups you will work with to accomplish this project's activities. Provide a brief description of the collaborative relationship. Be sure to list any collaborative groups for which your attendance will be reported as activity under this project, including your role in the group (e.g. convene, attend, facilitate, etc.).</p>

<b>Evaluation Results:</b>	<p>For projects that are ongoing, provide a summary of past evaluation results indicating effectiveness, including a description of the following:</p> <ul style="list-style-type: none"> <li>• Evaluation methodology</li> <li>• Outcomes tracked and summary of results</li> <li>• Description of the scope of evaluation (e.g. sample size, number of series, during what time period, etc.)</li> </ul> <p>For initiatives that have been underway for less than one year please provide a description of how you will monitor the impact of the initiative including the short-term and intermediate impact.</p> <p>For activities that are identified as ‘not evidence-based’ be sure to provide the supporting information, requested in the Evidence-Based Practice portion within this section.</p>
<b>Evidence-Based Practice</b>	<p>For each activity listed in the Strategies and Activities section, please identify the evidence-based category and provide the required support information in the table provided: (additional rows may be added if necessary)</p> <ul style="list-style-type: none"> <li>• <u>NREPP</u> - This category may be selected if the program is <u>currently</u> listed on the <a href="#">National Registry of Evidence-Based Prevention Programs (NREP)</a> with positive outcomes related to the targeted intervening variables and/or local conditions.  Support Information: Provide the name of the program or model, a link to NREPP information about the program, and a brief description of outcomes related to your targeted intervening variable(s).</li> <li>• <u>Other Federal List</u> - This category may be selected if the program/model is listed by another federal government department (e.g.NIDA, OJJDP, US DOE) that reviews programs to determine whether they are effective.  Support Information: Provide the name of the program or model, a link to information about the program on the federal list, and a brief description of outcomes related to your targeted intervening variable(s).</li> <li>• <u>PRJ</u> - This category may be selected if the specific activities have appeared in a peer reviewed journal (PRJ) and were reported to have had positive outcomes on the issues you are targeting.  Support Information: Provide a reference for the most relevant PRJ articles, and a brief description of outcomes that related to your targeted intervening variable(s) that are supported by the referenced article(s).</li> <li>• <u>Other Documented Evidence of Effectiveness</u> - This category may be selected if the specific service/activities have documented proven results toward impacting the targeted intervening variables.  Support Information: A description of the Evaluation Results. You may reference the Evaluation Section if described there.</li> <li>• <u>Community Based Process</u> - Best Practice: This option should be selected for time that is spent in collaborative groups that apply the Strategic Planning Framework to the community-based process. This option may</li> </ul>

	<p>also be selected if the provider attends, but does not convene the collaborative group, and participation is essential to conducting substance abuse prevention in your community.</p> <ul style="list-style-type: none"> <li>• <u>Not evidence-based</u>: This category must be selected for activities that do not meet criteria for any of the previous categories.</li> </ul> <p>Supporting Information: A brief statement as to why the activity is essential and what evaluation will be conducted to achieve ‘other documented evidence of effectiveness’. You may reference the Evaluation Section if described there.</p>
<b>Monitoring and Evaluation</b>	
<b>Fidelity</b>	<p>Research tells us that the way a program is implemented influences the outcomes of the program. Implementing a program with fidelity improves the likelihood of replicating the outcomes of the original study. Poor implementation or lack of implementation fidelity can, and often does, change or diminish the impact of the intervention.</p> <p>Core components include:</p> <ul style="list-style-type: none"> <li>• <u>Content</u>: What is being taught - The knowledge, attitudes, values, norms, and skills that are addressed in the program and that are most likely to change behaviors. Refers to whether the program was implemented as it was designed.</li> <li>• <u>Pedagogy</u>: How the content is taught. Involves the teaching methods, strategies and participant-facilitator interactions that contribute to the program’s effectiveness. Also refers to the quality of program delivery and the manner in which a facilitator delivers/implements the program.</li> <li>• <u>Implementation</u>: Logistics responsible for a conducive learning environment such as program setting, participant–facilitator ratio, dosage, and sequence of sessions. This includes the number of sessions implemented, length of sessions, or amount of material received.</li> </ul> <p>However, attention to BOTH fidelity and adaptation is essential for successful implementation of evidence-based programs. Adaptations may be necessary due to the target population, community environment, political and funding circumstances, etc. However, adaptations must not modify core components of the program.</p> <p><b>Please provide a brief description of how you will monitor fidelity during implementation. Be sure to address content, ‘dosage’, and staff delivery. Please also identify any adaptations required for your target audience or community; provide a brief description of the modification and how you will monitor whether there are any unintended consequences.</b></p>



**Outputs and Objectives:** Information for the following three items will be provided in a table format, provided within the Project Planning Sheet. Within this table, each activity must be identified and benchmarks, and short-term outcome objectives provided.

All objectives must be measurable. For most activities this will require you to identify **who** will do **what**, **how much** will be done or how much change will be achieved, and the **time frame** by which it will be accomplished.

Refer to Attachment E for a resource that provides additional guidance on development of outputs and short-term outcome measures.

<b>Benchmarks</b> (Outputs)	<p>These objectives should be designed to help you to track whether the project has been implemented according to plan and document whether the work was done that is necessary to achieve the intended short-term outcomes. Organize outputs for reporting quarterly.</p> <p>Output objectives should answer the following questions:</p> <ul style="list-style-type: none"> <li>– How will you know whether you did what you planned to do?</li> <li>– Did you do as much as you planned to do?</li> <li>– Did you reach as much of the audience as you planned to reach?</li> </ul> <p>For educational programs be sure to include the following:</p> <ul style="list-style-type: none"> <li>• # of series and # sessions each</li> <li>• # of attendees</li> <li>• % reporting they would recommend the program to a friend</li> </ul> <p>For marketing campaigns be sure to include the following:</p> <ul style="list-style-type: none"> <li>• Estimated reach of the campaign</li> <li>• Number and type of materials and messaging distributed</li> <li>• Duration of campaign</li> </ul> <p>For events and/or presentations be sure to include:</p> <ul style="list-style-type: none"> <li>• # of events or presentations</li> <li>• # of attendees</li> <li>• % of attendees who ‘pass’ if applicable</li> </ul>
<b>Short-Term Outcomes</b> (directly impacted by activities):	<p>These objectives should be designed to capture the initial change in the participants or target audience following contact with your services, whether that is an educational curriculum, an informational campaign, a promotion of community resources, or an environmental strategy such as compliance checks.</p> <p>Please remember that these objectives must relate directly to the activities of the planned project. For example, if you are doing a peer-support activity and there is no ATOD component, then it would not make sense to have an objective regarding the attitudes regarding ATOD use. Instead measure the objectives of the planned activities (e.g. participants report an increase in the number of supportive peers that they can talk to about their problem.)</p> <p>In addition, activities targeting the following risk factors will be required to report on the following indicators each quarter to support regional evaluation of prevention services. These indicators may be referenced within submitted short-term outcome objectives:</p> <ul style="list-style-type: none"> <li>– <u>Youth education targeting perception of Risk</u>: Total # of participants and the #</li> </ul>

	<p>and moderate and great risk for use of the targeted substances at pre-test and at post-test.</p> <ul style="list-style-type: none"> <li>– <u>Problem ID &amp; Referral</u>: The # of screens conducted, the # of positive screens, and the # of referrals or connections to services.</li> <li>– <u>Prescription Medication Take Back</u>: For each event the # Attendees and total # pounds collected, for drop box locations the # of pounds disposed of each quarter (if information is available).</li> <li>– <u>Retailer compliance checks</u>: # checks attempted, # completed, and # that failed.</li> <li>– <u>Retailer education</u>: # of vendor education visits conducted, # of Responsible Beverage Service Training provided (if applicable) and the number of staff that ‘passed’.</li> <li>– <u>Education to improve parenting skills</u>: Total # of participants and the # of participants that report the program improved their parenting skills at end of program.</li> </ul>
<b>Method For Tracking Short-Term Outcomes</b>	<p>Provide a brief description of how you will collect information to report on the short-term outcomes listed. Be sure to include a brief description of any tools that will be used and how information will be collected and analyzed.</p> <p>For community based and environmental interventions there may be multiple activities that work together toward the immediate outcomes (e.g. vendor education and compliance checks → decrease retailers willing to sell to minors). When this is the case, you may ‘merge’ the short-term outcome cells together for those activities to reflect how the activities work together toward the immediate outcome.</p>

## Attachment B: LRE SUD Prevention Logic Model Overview, 2024 - 2026

Problem	Intervening Variable	Local Condition	Strategies
<b>Youth use of Alcohol Marijuana E-cigarettes</b>  In 2022, too many high school students reported recent use of alcohol (13.8%), marijuana (11.9%), E-cigs (14.0%), cigarettes (?%), and Rx painkillers (8.8%) and stimulants (8.4%) not prescribed to them.	<b>Low perception of risk</b> for substance use  Too many HS students report the following as low risk: Binge drinking (30%), Marijuana use (50.1%), Rx medication misuse (21.7%), and smoking (17.4%). (LRE Region, MIPHY 2022). In Lake County, 48% reported vaping w/ nicotine was low risk (LYS 2022), and in Ottawa, 20% reported vaping was low risk (OYAS 2021)	<b>Parent Communication:</b> Among HS students, 22.2% reported a parent or other adult in their family has never spoken to them about alcohol or other drug use.  Youth are unaware of the potential health and legal consequences of substance misuse.	<ul style="list-style-type: none"> <li>Encourage parents to communicate the risks of substance misuse with their youth.</li> </ul>
	<b>Easy access to substances</b> Among HS students in the region too many report easy access to alcohol (58%), marijuana (43%), cigarettes (20%), e-cigs, and Rx medications not prescribed for them.	Adults do not always realize when youth are misusing substances.	<ul style="list-style-type: none"> <li>Support schools and youth serving organizations to incorporate education and information into their programming. Raise youth awareness of substance misuse to correct inaccurate beliefs and enhance refusal skills.</li> <li>Support schools to improve identification of substance misuse among students and enhance penalties and connection to services.</li> <li>Support parents and other adults who work with youth on how to identify and respond to youth substance misuse.</li> </ul>
		<b>Over-Prescribing Opioids:</b> In 2020 there were 57 Opioid prescriptions dispensed for every 100 residents in the region; ranging from a low of 45 in Ottawa to a high of 96 in Lake. (MI-SUDDR.com)	<ul style="list-style-type: none"> <li>Educate pharmacists and doctors on the risks of over prescribing and how to support patients.</li> <li>Raise community awareness of the risks of opioid prescriptions to decrease patient demand.</li> </ul>
		<b>Youth access legal substances in their homes</b> (Rx, Alcohol, and Marijuana): Among HS students who drank recently, 16% report they usually got alcohol by taking from a family member, 42% report they usually drank at home, and 50% report they usually drank at another person's home. (LRE Region, MIPHY 2022)	<ul style="list-style-type: none"> <li>Promote proper storage of substances in the home to prevent youth access.</li> <li>Promote proper disposal of Rx and OTC medications.</li> <li>Raise awareness of the consequences of providing youth with substances to use.</li> </ul>
		<b>Retail access</b> (Alcohol, Marijuana, e-cigs, tobacco): Among HS students who drank recently, 5% reported they usually got it by buying from a retailer. (LRE Region, MIPHY 2022)	<ul style="list-style-type: none"> <li>Retailer (tobacco, alcohol, and cannabis) compliance checks.</li> <li>Retailer education (tobacco, alcohol, and cannabis)</li> <li>Advocate for improved regulations and oversight of retailers.</li> </ul>
	Youth lack <b>protective factors</b> necessary to prevent	<b>Positive peer groups/social norms:</b> Among HS students, many youth believe that more	<ul style="list-style-type: none"> <li>Opportunities to engage with peers at fun substance free activities.</li> </ul>

	substance use and mental health problems.	<p>than half of their peers had used substances in the past 30 days with 29% reporting this for alcohol, 60% for marijuana, and 11% for cigarettes even though the rate of recent use was much lower (14%,12%, and 2% respectively). In addition, 36% of HS students reported at least some of their friends used marijuana recently, and 34% reported at least some of their friends were drunk recently. (LRE Region, MIPHY 2022)</p>	<ul style="list-style-type: none"> <li>• Raise visibility of peers who choose not to use substances.</li> </ul>
		<p><b>Prosocial involvement:</b> Almost 1-in-5 HS students (18%) report not having any best friend who participated in clubs, organizations, or activities at school in the past year. (LRE Region, MIPHY 2022)</p>	<ul style="list-style-type: none"> <li>• Coordinate youth groups to develop leadership skills and messaging for their peers.</li> <li>• Youth leadership training.</li> <li>• Provide youth community service opportunities. (not part of a standing leadership group)</li> </ul>
		<p><b>Positive Family Dynamics</b> In 2022, 22.1% of HS students in the region reported they could not ask their mom or dad for help with a personal problem. Youth with families that provide the following are less likely to develop addiction or mental illness:<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Structure, limits, rules, monitoring, and predictability</li> <li>• Supportive relationships w/family members</li> <li>• Clear expectations for behavior &amp; values</li> </ul>	<ul style="list-style-type: none"> <li>• Parenting skills training programs to support effective parenting and positive family dynamics.</li> <li>• Promote opportunities for families to participate in positive activities together.</li> <li>• Promote awareness of ways to foster positive family dynamics.</li> </ul>
		<p><b>Skills:</b> Youth with good coping, problem-solving, and social emotional regulation skills are less likely to develop addiction or mental illness.<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Provide youth and/or families with opportunities to improve their social/emotional, coping, and/or life skills.</li> </ul>

<b>Mental, emotional, and behavioral (MEB) disorders</b> —which include depression & substance abuse, affect almost 20% of young people at any given time. Many disorders have life-long effects that include high psychosocial and economic costs, not only for the young people, but also for their families, schools, and communities. <sup>2</sup>	The ability to access services, support, and community resources can reduce the likelihood of addiction related harms.	It is important to identify substance misuse or mental health challenges early so we can provide or connect individuals to preventative interventions.	<ul style="list-style-type: none"> <li>• Improve problem identification and referral processes within community organizations.</li> <li>• Integrate screening procedures in prevention programming to identify and refer youth as appropriate.</li> <li>• Increase availability of mental health training for individuals who work with youth (MHFA &amp; QPR).</li> <li>• Educate youth on recognizing signs of suicide in their peers and how to find help.</li> </ul>
		Communities must identify and address social determinants of health, including trauma, to support individuals and families, and ensure effective service systems.	<ul style="list-style-type: none"> <li>• Promote and support development of trauma-informed systems and services.</li> <li>• Raise community awareness of the effects of trauma and how to prevent intergenerational patterns.</li> </ul>
		Improving the ability of residents to access services, support, and community resources is necessary to reduce related harms.	<ul style="list-style-type: none"> <li>• Educational programming for youth who have initiated substance misuse or their families.</li> <li>• Promote availability of services.</li> <li>• Train students to provide support to their peers.</li> <li>• Advocate for enhanced capacity of local services and/or reduced barriers to accessing services.</li> <li>• Anti-stigma messaging and education to improve the willingness of persons with addictions to seek help.</li> <li>• Promote use of Naloxone by first responders.</li> <li>• Promote awareness and availability of Naloxone and/or fentanyl testing strips, to prevent opioid overdose related deaths.</li> </ul>
		Individuals who misuse substances have an increased likelihood of high-risk behaviors that put themselves at risk of personal or community-level harm.	<ul style="list-style-type: none"> <li>• Raise awareness of the risks of driving under the influence of substances.</li> <li>• Raise awareness of the risks of using substances while pregnant, even those which are legal for adult use.</li> <li>• Raise awareness of the risks associated with alcohol and/or substance misuse among older adults. <a href="#">(state identified priority)</a></li> </ul>

## **Attachment C: Local Coalition Priorities Overview**

The table below should be used to inform completion of the project planning sheet. The table is a reference that provides a snapshot of the LRE Logic Model priorities and identifies what portions are also prioritized by each county's substance abuse prevention coalition. If your proposal seeks to address priorities not identified by the local coalition, you will be prompted to provide justification.

Targeted intervening variables:	Targeted Local Conditions:	Targeted by county Coalition's Strategic Plan							Strategies:
		Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	
Perception of Risk	Parent Communication	X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Encourage parents to communicate the risks of substance misuse with their youth.</li> </ul>
	Youth Awareness of health and legal consequences	X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Support schools and youth serving organizations to incorporate education and information into their programming.</li> <li>Raise youth awareness of the substance misuse to correct inaccurate beliefs and enhance refusal skills.</li> </ul>
	Ability of adults to identify and respond to youth substance misuse	X	X	X				X	<ul style="list-style-type: none"> <li>Support schools to improve identification of substance misuse among students and enhance penalties and connection to services.</li> <li>Support parents and other adults who work with youth on how to identify and respond to youth substance misuse.</li> </ul>
Easy access to substances	Over-prescribing of opioids								<ul style="list-style-type: none"> <li>Educate pharmacists and doctors on the risks of over prescribing and how to support patients.</li> <li>Raise community awareness of the risks of opioid prescriptions to decrease patient demand.</li> </ul>
	Access to legal substances in the home	X	X			X	X	X	<ul style="list-style-type: none"> <li>Promote proper storage of substances in the home to prevent youth access.</li> <li>Promote proper disposal of Rx and OTC medications.</li> <li>Raise awareness of the consequences of providing youth with substances to use.</li> </ul>
	Retail access to cannabis, alcohol, or vaping	X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Retailer (tobacco, alcohol, and/or cannabis) compliance checks</li> <li>Retailer education (tobacco, alcohol, and/or cannabis)</li> <li>Advocate for improved regulations and oversight of retailers.</li> </ul>

Targeted intervening variables:	Targeted local conditions:	Targeted by county Coalition's Strategic Plan							Strategies:
		Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	
Protective Factors	Positive peer groups/Social Norms	X	X			X	X	X	<ul style="list-style-type: none"> <li>▪ Opportunities to engage with peers at fun substance free activities.</li> <li>▪ Raise visibility of peers who choose not to use substances.</li> </ul>
	Prosocial involvement	X		X				X	<ul style="list-style-type: none"> <li>▪ Coordinate youth groups to develop leadership skills and messaging for their peers.</li> <li>▪ Youth leadership training.</li> <li>▪ Provide youth community service opportunities (not part of a standing leadership group).</li> </ul>
	Positive family dynamics	X		X			X	X	<ul style="list-style-type: none"> <li>▪ Parenting skills training programs to support effective parenting and positive family dynamics.</li> <li>▪ Promote opportunities for families to participate in positive activities together.</li> <li>▪ Promote awareness of ways to foster positive family dynamics.</li> </ul>
	Coping, problem solving, and social-emotional skills	X		X		X	X	X	<ul style="list-style-type: none"> <li>▪ Provide youth and/or families with opportunities to improve their social/emotional, coping, and/or life skills.</li> </ul>
Ability to access services, support, and community resources.	Early identification of substance misuse or mental health challenges and connection to services	X		X	X	X	X	X	<ul style="list-style-type: none"> <li>▪ Improve problem identification and referral processes within community organizations.</li> <li>▪ Integrate screening procedures in prevention programming to identify and refer youth as appropriate.</li> <li>▪ Increase availability of mental health training for individuals who work with youth (MHFA &amp; QPR).</li> <li>▪ Educate youth on recognizing signs of suicide in their peers and how to find help.</li> </ul>

Targeted intervening variables:	Targeted local conditions	Targeted by county Coalition's Strategic Plan							Strategies
		Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	
Ability to access services, support, and community resources.	Social Determinants of health, inc. trauma	X						X	<ul style="list-style-type: none"> <li>Promote and support development of trauma-informed systems and services.</li> <li>Raise community awareness of the effects of trauma and how to prevent intergenerational patterns.</li> </ul>
	Community barriers to accessing services, support, and resources	X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Educational programming for youth who have initiated substance misuse or their families.</li> <li>Promote availability of services.</li> <li>Train students to provide support to their peers.</li> <li>Advocate for enhanced capacity of local services and/or reduced barriers to accessing services.</li> <li>Anti-stigma messaging and education to improve the willingness of persons with addictions to seek help.</li> <li>Promote use of Naloxone by first responders.</li> <li>Promote awareness &amp; availability of Naloxone and/or fentanyl testing strips, to prevent opioid overdose deaths.</li> </ul>
Substance misuse increases high risk behavior	Driving under the influence	X							<ul style="list-style-type: none"> <li>Raise awareness of the risks of driving under the influence of substances.</li> </ul>
	Increased risk with substance misuse during pregnancy								<ul style="list-style-type: none"> <li>Raise awareness of the risks of using substances while pregnant, even those which are legal for adult use.</li> </ul>
	Older adults don't understand risks of use with Rx medications or changing metabolism.								<ul style="list-style-type: none"> <li>Raise awareness of the risks of alcohol use specific to older adults.</li> </ul>



## Attachment D: MPDS Categories

The following tables provide excerpts from the Michigan Prevention Data System (MPDS) manual. The excerpts provide guidance for categorizing strategy types and service populations within the Project Planning Sheet (PPS).

<b>Strategy Type</b> For examples about strategy type, visit the <a href="#">MPDS manual</a> .	
Alternative strategy	This strategy provides participation in positive activities that exclude alcohol, tobacco and other drugs (ATOD). The purpose is to meet the needs filled by alcohol, tobacco and other drugs with healthy activities and to discourage the use of alcohol and drugs through these activities.
Community Based	This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based grassroots empowerment models using action planning and collaborative systems planning. This strategy works to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and other substance use disorders.
Education Strategies	Two-way communication that is distinguished from disseminating information by the fact that it is based on an interaction between the educator and the participant. These activities generally are curriculum based or have at minimum, goals and objectives that aim to affect knowledge, concepts, principles, critical life and/or social skills, including decision making, refusal skills, and critical analysis.
Information Dissemination	Provides knowledge and increases awareness of the nature and extent of alcohol, tobacco and other drug use, abuse and addiction as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two. If a staff person is working to develop materials or resources (e.g., resource guide, website, PSA, Facebook post) in partnership with a collaborative group the activity should be counted as Information Dissemination.
Problem Identification and Referral Strategy	Aims at identification of those who have engaged in illegal/age inappropriate use of tobacco, alcohol or other drugs or those who have been determined to be a “high risk” for these behaviors in order to assess if these behaviors can be reversed or prevented through education. This strategy does not include any diagnostic or problem assessment activity (although individuals may be identified through screening for whom referral to a treatment assessment might be appropriate).
Environmental Strategies	<p>Activities working, with other individuals, to establish or change written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use among the general population. Typically the environmental strategy focuses on changing the shared environment through three interrelated factors: norms, availability, and regulations. Environmental approaches seek to create communities and societies that are more conducive to bringing about and maintaining desired behavior changes. Effective environmental strategies will focus on entire populations, enhance prevention messages directed at individuals, and have potential for long-term change. Environmental strategies are an exception among the six strategies: When determining whether an activity is the environmental strategy, it is necessary to examine the objective, rather than the methodology. Activities that seek to reduce access, change community norms or policies (including laws and regulations), or enforce related laws should be considered the Environmental Strategy. Environmental strategies include:</p> <ul style="list-style-type: none"> <li>• Policy Change: Changing environmental codes, ordinances, regulations, and legislation in order to limit access to substances and to decrease the problems associated with their use.</li> <li>• Enforcement: Laws and regulations must be accompanied by significant penalties and they must be enforced in order to be effective.</li> <li>• Education: when in relation to training of individuals such as servers and merchants about the laws, penalties, and their responsibilities.</li> <li>• Reduce youth access to substances, including alcohol and tobacco.</li> <li>• Reduce alcohol and tobacco advertising.</li> <li>• Social Norms: Comprehensive efforts designed to change community norms regarding substance use disorder.</li> </ul>

Service Population				
Children of parents with SUD	Delinquent/Violent Youth	Economically Disadvantaged	Homeless individuals or runaway youth	People using substances
People with disabilities	People with mental health problems	Physically/emotionally abused	Pregnant or women of childbearing age	School Dropouts (under 18)
Youth Minors (under 18 that aren't counted under studnets)	Students (under 18 enrolled in school)	Older adults (over 65)	Parents and families	LGBT
Persons in recovery	Business and Industry	Civic groups (members of civic group + nonprofit organizations)	Coalition	Religious group
Government/Elected Official	Health professionals	SUD Prevention/Treatment Professionals	Teachers/Administration/Counselor (Ed)	Law Enforcement/Military
General Population	Prenatally substance exposed infants and children			

## ATTACHMENT E: Tip Sheet for Developing Objectives by Strategy Type

The following table provides suggestions of key questions to assist in thinking about what could be evaluated for various types of strategies. It is not intended to provide a fully exhaustive list and there may be different questions better suited to a specific activity. Please note that it is not necessary to answer each of these questions for an activity. Instead, determine which questions are most appropriate for the planned activity.

Type of Strategy	Output Examples	Immediate Outcomes Examples
<b>Educational Series</b>	<ul style="list-style-type: none"> <li>• # series that will be delivered</li> <li>• # of persons participating</li> <li>• How many of participants/each target audience will complete the program (e.g. not drop out)</li> <li>• Were participants satisfied with the program? E.g. would they recommend it to a friend?</li> </ul>	<ul style="list-style-type: none"> <li>• Have participants learned what you wanted them to learn?</li> <li>• Do people know/believe what you want them to know?</li> <li>• Have participants learned the skills? Are they using them?</li> <li>• Do participants intend to implement what they learned in their life?</li> </ul>
<b>Information Dissemination</b>	<ul style="list-style-type: none"> <li>• What will be done to reach the target population? (amount of media coverage, # presentations to target audience, events, etc.)</li> <li>• How many people will hear/see your message/receive materials?</li> <li>• How many materials will be distributed (e.g. # billboards, # radio ads, # brochures, etc.)?</li> </ul>	<ul style="list-style-type: none"> <li>• Has the target audience seen your message and do they remember it?</li> <li>• Do people know/believe what you want them to know?</li> <li>• Have participants learned the skills? Are they using them?</li> <li>• Taking recommended action? (e.g. visit a website)</li> </ul>
<b>Policy/Procedural Changes</b>	<p>What will you do to convince decision makers?</p> <ul style="list-style-type: none"> <li>• # presentations to which groups</li> <li>• one-on-one meetings with who</li> <li>• # Letters of support collected</li> <li>• Advocacy calls to action and # taking action</li> </ul>	<p>Has the relevant policy or procedure been changed?</p> <p>If not fully implemented, have any incremental improvements been accomplished?</p>
<b>Community Capacity Building</b>	<ul style="list-style-type: none"> <li>• How many trainings will be provided? Do participants feel capable and intend to follow thru?</li> <li>• How many people/organizations will become qualified to provide service?</li> <li>• What resources will be garnered/provided to enable expanded services?</li> </ul>	<ul style="list-style-type: none"> <li>• How many additional services/opportunities will be available?</li> <li>• Are more people participating in service/opportunities following capacity increase?</li> <li>• How many partners incorporated a service or support within their organization?</li> </ul>
<b>Enforcement Efforts</b>	<ul style="list-style-type: none"> <li>• What enforcement activities will be conducted? (e.g. # compliance checks, frequency of party patrols, etc.)</li> <li>• What penalties will be applied for those in violation?</li> <li>• What will be done to raise visibility of enforcement efforts and results?</li> </ul>	<p>Is target audience aware of enforcement efforts?</p> <ul style="list-style-type: none"> <li>- Do they believe they will get caught if in violation?</li> <li>- Do they believe penalties are enough to deter?</li> </ul> <p>Note: Be cautious with goals of decreased violations since increased enforcement activity will lead to increased violations for an initial period of time. A decrease can be expected over time but should only be measured as an effect of the activity if enforcement activity will remain steady.</p>