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Treatment & Prevention
Evaluation Group (TPEG)

Florida State University
Florida Center for Prevention
Research

Department of Children & Families
Substance Abuse Program Office

KIT Solutions
Performance-Based Prevention
System (PBPS)

Substance Abuse and Mental
Health Services Administration
Center for Substance Abuse
Prevention (CSAP)

EVALUATION HANDBOOK

for the DCF Contracted Providers
of Substance Abuse Prevention Services

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Partnerships for Success

Continued public support for substance abuse prevention activities in Florida depends upon our ability to demonstrate the scope and the success of our prevention efforts. For this reason, many steps have been taken to develop a technical assistance system to help you improve your prevention programs and a data system that will clearly show both the effort and the impact that agencies like yours are making.

In 2002, The Florida Department of Children and Families' Substance Abuse Program and KIT Solutions Inc., partnered under funding from the federal Center for Substance Abuse Prevention (CSAP) to create a state-wide data system to collect data from all agencies providing youth and adult prevention programs and services throughout the state of Florida. This Performance-Based Prevention System (PBPS) database system (also sometimes known as One Family Prevention) serves as a tool for ongoing evaluation of prevention services in Florida and for the planning of future services. Working closely with this collaborative team are prevention/evaluation specialists from the University of Miami and the Florida State University. These specialists are available to help you make the most of your partnership with the state through targeted technical assistance relating to both program implementation and data collection/reporting. You are at the center of all this activity. After all, you are the team member actually delivering direct prevention services. Here is a recap of the team members:

You--DCF Contracted Prevention Agency Provider:

- Provide effective prevention interventions and services
- Input indirect and direct service data into KIT Solutions PBPS
- Collects *outcome data* using the Program Evaluation Instrument (*PEI*) as provided by your evaluator and KIT Solutions.

Your Evaluation Team--the University of Miami/Florida State University:

- Field evaluators from UM or FSU provide onsite and offsite technical assistance:
 - ...in the use of the PEI and other outcome measurement activities.
 - ...with prevention programming.
 - ...with the construction of logic models and manuals, as needed.
- UM data analysis staff provides periodic reports of program outcomes.
- UM provides assistance with specialized reports upon request.
- UM works with KIT Solutions to develop process and outcome reports that you can obtain online.

KIT Solutions & PBPS:

- Provides needed reports of your activities.
- Assists in evaluation of the services you provide and in planning for future services through the orderly organization of your data.
- Provides valuable information to DCF to facilitate future funding for Florida Prevention Services.
- Provides statewide support & training for KIT Solutions One Family Prevention

DCF District Offices (Data Liaison):

- Oversees the data for all mental health services, treatment, & prevention services per district.

DCF Drug Prevention Coordinator:

- Coordinates all prevention systems and provides assistance with all prevention efforts.

DCF Contract Manager Coordinator:

- Regulates and oversees all information regarding provider records.

DCF Substance Abuse Office:

- Provides funding for prevention programming throughout the state of Florida by way of contracting mechanisms.
- Oversees prevention programs and services on a state level.
- Provides statewide assistance with KIT Solutions One Family Prevention System.

Evaluation is Your Tool for Success

Think of evaluation as *your tool* that is available for *your* use. If you have not yet met or spoken with your field evaluator, please call soon to introduce yourself and get acquainted. You can find the name of your field evaluator on the following page, as well as contact information. Other contact information that may be helpful to you in the future may also be found on the following page.

Your field evaluator is available to provide you technical assistance regardless of whether you are (1) replicating a science-based program, (2) validating a locally developed program or (3) developing a new and innovative program with your current contracted funding.

More specifically, your field evaluator is available to help you in the following ways:

1. Technical assistance with program implementation, fidelity, barriers, and program modifications
2. Technical assistance with your program evaluation, evaluation instrument, and data collection
3. Assistance in developing specialized reports to your agency and stakeholders
4. Assistance with logic models/manuals for Innovations (i.e., new programs under development)

There may be other ways in which we are able to help that are not listed here. For instance, we have received phone calls from program implementers who have said that they simply need to talk to someone about their program. We are happy to be your “sounding board.” Sometimes these topics are brought to our staff meetings so we can gather a broader range of perspectives to share with you.

During this contracted period, your field evaluator may suggest one or more site visits to your agency. The purpose of such visits is to assist you with your contracted evaluation and to provide other technical assistance you may need with your program(s).

Outcome data collection using the *Program Evaluation Instrument* (PEI) is mandated under your contract. This activity is *your tool* for determining the current effectiveness of your programming, and allowing you to project future programming needs. The PEI is administered both at the beginning (*baseline/pretest*) and at the end (*posttest*) of your program(s) to measure the change that has taken place between the two points in time. Sometimes, as an agreement between you and your evaluator or district office *interim* or *follow-up* testing may also take place.

Your evaluator will provide you technical assistance with ordering and administering the appropriate PEI for each program type and age group you are serving as well provide you with data analysis and reports necessary to assess the effectiveness of the program(s) you are implementing.

Once you have registered your agency in KIT Solutions One Family Prevention system under your Federal ID, which will then be known as your “Provider ID”, please contact your evaluator to discuss your programs and the data collection instrument PEI’s you will need for each program.

Agencies providing Level 1 prevention programs (also known as *universal* or *selective* prevention programs) will receive PEI’s with pre-printed Provider and Group IDs. *These level 1 programs will not assign unique identifiers to each prevention program participant.*

Agencies conducting Level 2 programs (also known as *indicated* prevention programs) will receive PEI’s with pre-printed Provider IDs. The system will assign a unique ID to each program participant. This ID allows the computer to link the pretest and posttest data, and the program participation data for that individual.

If you choose to subcontract out to another agency for prevention programming during your contracted service period, call your field evaluator prior to program implementation and provide relevant contact information to ensure evaluation support to that provider and to assure that appropriate PEIs and IDs are utilized. Failure to work closely with your evaluator to coordinate these activities may result in loss of data and give the perception of non-participation.

District	Dept of Children & Families Drug Prevention Coordinator	University of Miami & Florida State University Field Evaluators
1	Susan Sweeney Susan_Sweeney@dcf.state.fl.us	FSU – Mae Waters (850)- 645-1456 MWaters@mailier.fsu.edu
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For assistance using
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flsupport@kitsolutions.net
For assistance on obtaining
PEI Scan forms:
flpei@kitsolutions.net

District	Dept of Children & Families Contract Manager	Dept of Children & Families Data Liaison
1	Roseanna Phillips (850)-595-8366 Roseanna_Phillips@dcf.state.fl.us	Thomas Chen (850)-595-8071 Thomas_Chen@dcf.state.fl.us
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KIT Solutions PBPS “Log In”

If you have not already become a user of the Performance-Based Prevention System (PBPS), please contact KIT Solutions at 1-888-600-4777 to register (1) the name of your agency, (2) Federal ID, (3) Verify Contract Number(s), and (4) District(s) for all the services and programming that you will be providing during the current funding period. You will then be assigned an “Organization ID.”

To continue the process of registering your program and using PBPS:

- On the Internet, go to: <http://www.kithost.net/FL/>
- Login: Admin
- Password: Pass
- Organization ID: (Your assigned organization number from KIT Solutions)

Once you have entered the site, go to “Manage Agency” then choose “Change Password.” You will type your current password (pass) and enter your new password.

When completing the on line data registering for agency, programs, and services, *please* include all information regarding your project, i.e., full address, *phone numbers*, *email addresses* for each program registered by your agency. If you are unable to provide this information at the time of registering, you may go back and enter this information at a later date.

Prevention services (*direct* and *indirect*) will be entered into KIT PBPS throughout your contract period. Process data about your *prevention programs* will also be entered into this system (either online or in some larger agencies through batch downloads). Outcome (PEI) data will be collected from prevention program participants at baseline and completion of the program using paper instruments that you obtain from KIT Solutions. After a batch of your paper PEIs has been completed it is crucial that you submit them to KIT Solutions for scanning and processing into the KIT Solutions PBPS data system. UM staff will later download those data to produce your outcome reports.

If you have not received *KIT Solutions Prevention Training* please contact KIT Solutions at 1-888-600-4777 to set up an online training session or to learn when the next training will be available.

This manual provides some information on PBPS and KIT Solutions to help you get started. However, more detailed and up-to-date information is always available on the KIT Solutions website (www.kitsco.com/flsupport) or directly from KIT Solutions staff.

Adding & Registering Programs

Into KIT Solutions PBPS

You will need to enter your program into the KIT Solutions PBPS. To do so, you need to determine if your program is (1) a Science/Evidence-Based (*Replication*) Program or a (2) Local (*Validation*) Program as defined below.

In some instances, you may not be entering information about a program, but rather, you may want to enter services that you are giving that do not qualify as “programs” such as *Innovations* (New programs under development that are not yet fully defined) or *Prevention Services* (single event services such as health fairs or school assemblies). Contact KIT Solutions for training and assistance in entering this type of data.

To register a program, once your log-in is completed; go to MANAGE PROGRAM/DESCRIBE PROGRAM and click on “ADD” to identify your Science-Evidence Based or your Local Program in the Performance-Based Prevention System

(1) Science-Evidence Based Programs: Programs identified as Science/Evidence-Based are those that have been rigorously tested and replicated, and proven to be effective.

On the KIT program registration page, click on the SCIENCE-EVIDENCE BASED button. A drop down box lists these programs divided into three categories:

- a. Model Programs
- b. Effective Programs
- c. Promising Programs

If your program is on this list, you are implementing a REPLICATION PROGRAM. If you believe that you are implementing a program that should be on this list, but is not—contact your field evaluator. Once it is determined that your program is in this category, contact your field evaluator for assistance with choosing your data collection instrument and review the *Evaluation Design* section of this manual.

Replication Program: is a manualized prevention program that has been researched and found to be effective for certain groups of people. The guiding principle here is that the program has already been proven to be effective, and therefore emphasis is placed on implementing it with *fidelity* in order to capture its effective properties. Implementing such a program with fidelity is called *replication*, leading to referring to it as a *replication program*. Such programs are usually referred to as *proven* or *model* programs. These programs have already been *validated*. A listing of such programs may be found at: <http://www.nrepp.samhsa.gov>. An additional site for reference can be found at <http://www.nrepp.samhsa.gov>.

(2) Local Programs: If a locally developed program is not on the Science/Evidence-based list, the evaluation system refers to it as a “Local Program” or “Validation Program”

Local Program-Validation, collect PEI outcome data both from your *Study* group (persons receiving the program) and from a parallel *Comparison* or *Control* group (similar persons who are not receiving a prevention program). Contact your field evaluator for assistance with choosing your data collection instrument and refer to the *Evaluation Design* section of this manual.

Validation: A validation program is one that has not yet been researched sufficiently to provide scientific evidence of its effectiveness with your population. For public funds to be used for these programs, it is required that they undergo a more rigorous evaluation that may lead to the “validation” of the program for your clients. A difficult and expensive part of this greater rigor is the necessity of testing a second group of similar persons who do not receive an intervention. Depending on how this second group is chosen, it is referred to as a comparison group or a control group.

Innovations & Prevention Services

Innovations: *These* are programs in early stages of development. During the first year of an innovation the primary focus is to create and/or finalize a *logic model* and develop a rigorous *manual* for the program. The logic model describes in detail what will happen in your program and why it is expected to prevent substance abuse. The manual translates this logic model into a program, that is, a replicable set of prevention activities that can be reproduced in other settings with similar groups. A complete manual means that your program can be accurately replicated by other agencies and that, if properly replicated, they should get similar results. Contact your field evaluator to request a copy of *Guidelines for Preparing a Manual for Your Substance Abuse Prevention Program* prepared by the University of Miami TPEG Treatment and Prevention Evaluation Group.

Innovation: An innovation program is one in which design and development are in an early stage.. Usually it is expected that this programming is using innovative activities to promote the principles of established, published prevention theory. During this period a *logic model* and *program manual* are finalized. Once the program demonstrates that it can be replicated locally with fidelity to its manual and shows some preliminary indications of effectiveness, the program may move into the *validation* stage upon the recommendation of the program evaluator and approval of the local DCF district supervisor.

Contact KIT Solutions for assistance with entering staff time for Innovation program development.

Prevention Services are NOT to be registered as a prevention program.

Prevention Service: Usually, a one time single session event, distribution of materials, drop ins, community outreach events, prevention materials distributed at a school, church, health fairs, community level events, referrals or any other one time service event. Contact your field evaluator if you are developing a one-time event that should be listed as a program rather than as a service.

Contact KIT Solutions for assistance with entering data for prevention service-single event data.

Level 1 - Group ID

Level 1 Study (Prevention Program Participants) Group Registration:

Once your program has been registered in the KIT system under *Manage programs*, then *Describe programs*, the next step is to register your group by selecting the *Add, Edit or View Groups* button to register group participants.

Once the group registration has been completed, the KIT system will assign this group a computer generated *Scan ID* (Group ID), which is located to the right of the *Program Name* drop down box. All activity for this group will be identified by this number. If you do not enter the demographic information to the group within 30 days, the system will require you to enter the information.

Establish your Level 1 groups as you plan to work with them. By registering numerous groups for future use you will enter activity data and staff time for each group. You should be aware that, when you establish numerous future groups, your agency report will identify a large number of served participants from whom you will not yet have collected any PEI data.

If you are replicating a Science-Evidence Based program, order your PEI online after registering the group. The Provider ID (Federal ID) and the Scan ID (Group ID) will be pre filled by KIT Solutions and an adequate supply of pre-printed PEIs will be sent via Fed Ex to your agency.

If you are unable to locate the group scan id, you can access the group ID's for all of your prevention program groups under "Generate Report" then "Process". In the drop down box choose "Group Scan ID" and then the "Show Report" button. This will provide you a listing of your current registered programs and groups as shown below.

Program Name: Youth summer program

<u>Group Name</u>	<u>Scan ID</u>
06-05Community Center	999000019

****If your program is a *validation* program you will also need to register your comparison group(s) and order your PEIs for that group online after registering it****.

Level 1 Comparison (Validation Non-Program Participants) Group Registration:

Once you have completed the group registration for your study group, you will begin the process of registering a "Comparison group" by selecting the "Add, Edit or View Groups" button.

The Site name will be the location you identified for your study group but, you will include the word "comparison" next to the location name. When you have completed the required fields, you will check the box "Check here if group is for comparison purposes ONLY".

Once your group registration has been completed, the KIT system will assign this group a computer generated "Scan ID", which is located to the right of the "Program Name" drop down box. All activity for this group will be identified by this number.

If you are unable to locate the group scan id, you can access the group ID's for all prevention program "Study" and "Comparison" groups under "Generate Report" then "Process". In the drop down box choose "Group Scan ID" and then the "Show Report" button. This will provide you a listing of your current registered programs and groups as shown on the following page.

Program Name: Youth summer program

<u>Group Name</u>	<u>Scan ID</u>
06-05Community Center	999000019
06-05Community Center Comparison	999000020

Level 2 - Individual IDs

Level 2 Study (Prevention Program Participant) Individual Registration:

Once your program has been registered, you will need to click on “Manage participants” to *register each participant* for level 2 programs. Each participant will be identified separately with demographic information and will be assigned a system-generated individual Scan ID. This number is located in the top “General Information” section of the data page and beneath the “Exit date” fill in box. After assigning the participants to a group, order your PEI online.

The “Individual Scan Id” will be filled in at your agency for Level 2 PEI’s to identify the individual you are collecting data from. All activity for this participant will be identified by this number. Evaluators will never have access to your clients name or other identifiers, but will use this system-assigned number to match pretest and posttest data for individuals.

If you are unable to locate the Individual scan id, for a particular participant, you can access “individual Scan ID’s for each participant under “Generate Report” then “Process”. In the drop down box choose “Participant Individual Scan ID” and then the “Show Report” button. This will provide you a listing of your current registered participants.

Provider Name =Your Federal ID number

<u>Client Name</u>	<u>Client Scan ID</u>
Doe, John	568423149
Smith, Sue	426789859

Level 2 Comparison (Validation Non-Program Participants) Individual Registration:

If yours is a local/validation program then after your program has been registered and your “Study” participants have been registered, you will begin to register your “Comparison” youth participants. Each participant will be identified separately with demographic information and will be generated an Individual Scan ID. This number is located in the top “General Information” section of the data page and beneath the “Exit date” fill in box.

The Site name will be the location name you identified for your study group but, you will include the word “comparison” next to the location name. When you have completed the required fields, you will check the box “Check here if group is for comparison purposes ONLY”.

Since comparison youth will not receive the program, only the PEI, it is suggested when you begin to register each comparison participant that you have a large 11” x 9” envelope for each participant’s set of PEI’s. Fill in the individual scan id on two PEI forms (one for pretest and one for post test), and bubble in comparison group on both PEI’s. Include the participants name and Individual Scan ID on the outside of the envelope and discard the envelope once both pretest and posttest are complete.

If you have access to a comparison group but will not have the names of the participants until the day of testing, fill in the bubble for comparison on two PEI forms (one for pretest and one for post test) and place in separate envelopes for each youth. As the PEI’s are distributed from the envelopes, write the name, race, & ethnicity, on the envelope so you may register these participants after the testing and fill-in the scan id on each PEI to identify them for comparison group in the KIT system.

Provider Name =Your Federal ID number

<u>Client Name</u>	<u>Client Scan ID</u>
Keith, Jill	568444554
Smite, Sam	426744459

If you are unable to locate the Individual scan id, for a particular participant, you can access “Individual Scan ID’s for each participant under “Generate Report” then “Process”. In the drop down box choose “Participant Individual Scan ID” and then the “Show Report” button. This will provide you a listing of your current registered participants.

PEI’s sent to KIT Solutions without an Individual Scan ID filled in on each form will be returned to your agency.

Level of Evaluation

Level of evaluation in the KIT Solutions One Family Prevention system indicates the focus of the evaluation which may be:

- On the group (Level 1)
- On each individual in the group (Level 2)

At level 1, KIT Solutions One Family Prevention system assigns an ID number to the group. You may have several groups, in which case each group will be assigned a number. Data collected for each group will be entered into the system under the group number.

At level 2, the KIT Solutions One Family Prevention system automatically assigns an ID number to each group *and an ID number for each person in that group.*

Table 1 -- Evaluation Levels

Population	Program Evaluation Instrument- PEI
Universal & Selective Population ages 12-17	Level 1
Indicated Population ages 12-17	Level 2
Universal & Selective Population ages 8-11	Upper Elementary Level 1
Indicated Population ages 8-11	Upper Elementary Level 2

Definitions for Universal, Selective, and Indicated programs appear on the following page.

(Excerpt from "Drug Abuse Prevention: What Works",
National Institute of Drug Abuse, 1997, p. 10-15)

<http://casat.unr.edu/bestpractices/bptype.htm>

Universal

Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, and the elderly. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.

Selective

Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994), and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug-use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.

Indicated

Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a subclinical level (IOM 1994). Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programs.

Fidelity & Science-Evidence Based Programs

We all know this is not a perfect world. We do not work in situations which would even come close to perfect, nor do we have control over situations like access to schools, staff becoming ill, fire drills, staff suddenly quitting on a Tuesday at 10 AM, families moving away, or any other situation which interferes with prevention program lessons, much less delivering the entire program to the same 20 youth that entered the program. What we do seek as evaluators is to document these “threats to fidelity” as a way of understanding what is happening in each program.

When choosing a Science-Evidence Based program, it is essential to have implementers receive formal training in the program you have chosen to deliver. The best way to achieve results comparable to what the developer achieved is to receive training from the developer or his/her assistants, purchase the material from the developer, and *replicate* the program to the best of your ability consistent with the manual.

Suggestions:

- 1) Contact the developer for materials and training of multiple implementers.
- 2) Communicate with the developer or his/her assistants before modifying a program.
- 3) Address barriers with the developer and your field evaluator.
- 4) Notify your field evaluator of any changes made to your program curriculum.

*Do not hesitate to report threats to fidelity or program modifications
Reporting threats to fidelity and program modifications helps explain outcomes.*

SAMHSA's website http://www.modelprograms.samhsa.gov/matrix_all.cfm provides a listing of programs with the program developer contact information. Utilize this information. The developers will provide useful information regarding modifications that may become necessary under time constraints and other barriers you will have in delivering your program. Additionally, discuss all barriers and modifications with your field evaluator.

Caveats: Programs have been tested and developed for certain populations and ages. If you choose to deliver a program that has been tested with a universal and selective population to an indicated population, or the program was developed for youth ages 12-17 and you plan to deliver to youth under 12, consult the program developer and discuss this with your field evaluator. You may need to collect comparison group data when implementing a program with a population it has previously not been tested with.

If you are administering more than one program, do not combine elements of programs unless you have discussed this with your field evaluator. Utilizing program combinations or selected components will not provide for an accurate measure of success if you cannot identify what caused the change. Please discuss this and other situations like these with your field evaluator.

¹**Program Fidelity:** the degree of fit between the developer-defined components of a substance abuse prevention program and its actual implementation in a given organization or community setting.

<http://modelprograms.samhsa.gov/pdfs/FindingBalance1.pdf>

¹ Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention A State-of-the-Art Review 2002 Conference Edition U.S. Dept of Health and Human Services Substance Abuse Mental Health Services Administration Center for Substance Abuse and Prevention

Fidelity & Validation Programs:

If your program is now at the “Validation” stage, then you have already worked very hard to define your program goals, select the population you plan to target, complete your logic model, and develop fully manualized lessons/session activities for the program you plan to test for effectiveness.

For this stage of program, it is imperative that you maintain strict adherence to your manual. Situations may arise where modifications may become necessary to deliver this type of program. Listed below are some suggestions regarding modifications of your validation program.

Suggestions:

- 1) Identify the need(s) for change, the degree of change, reasons for change, and discuss with the person or people who created and manualized the program and your field evaluator.
- 2) Discuss the changes you plan to make or have made with your field evaluator.
- 3) If you modify your program during implementation of an existing group, note the changes in the fidelity section in KIT Solutions when entering your data for this session.
- 4) Notify your field evaluator of groups that have received the modified program.
- 5) Update your program manual per accepted changes.

*Do not hesitate to report threats to fidelity or program modifications
Threats to fidelity and program modifications explain outcomes*

Caveat:

Please carefully review program changes. Multiple changes will not allow for an accurate measure of success if you cannot identify what caused the change.

Fidelity & Innovation Programs:

If your program is currently at the “Innovation” stage you have a great deal to accomplish, but the good news is that you will not collect outcome (PEI) data at this time. During your contracted period you will fully prepare your innovative program to be validated. This preparation will include completing a careful and complete logic model and developing and refining a set of manualized lessons or session activities that you plan to test for effectiveness. Once a logic model and a manual have been created, in most instances, you will then try this program out on a group of participants and refine it. When you feel that the program is fully ready to be tested for effectiveness, you will become a “validation” site. Listed below are some suggestions regarding development of your innovation program.

Suggestions:

- 1) Document the process of developing your logic model. Identify the need(s) for change in the model, the degree of change, reasons for change, and discuss with the person or people who conceptualized this program.
- 2) Document the process of developing your manual. Identify the need(s) for change in the manual to make it fit your logic model and discuss with the person or people who conceptualized this program and developed the logic manual and with your field evaluator.
- 3) If you modify your program during implementation of an existing group, note the changes in the fidelity section in KIT Solutions when entering your data for this session.
- 4) Update your program manual and logic model per accepted changes and resubmit to your field evaluator.

Outcome Data & Program Evaluation Instrument (PEI)

To demonstrate the effectiveness of your Science-Evidence Based Replication or Validation program you will collect Program Evaluation Instrument (PEI) data. Data will be collected for each prevention program contracted for service during your funding period. To identify the appropriate PEI for your prevention program, please contact your district field evaluator for assistance.

PEI Scan forms, upon request will be sent directly to your agency from KIT solutions. Each PEI request will consist of a Baseline and Post test for each program specified. If you plan to collect 6 month or 1 year follow-up data, you will need to request additional PEI's. If you are working with a two year or three year program please contact your field evaluator to discuss whether or not you will be collecting "Interim" data. Reference the Evaluation Design page of this manual.

Do not administer the Baseline PEI to youth which have already received the program (re-entry) or youth that have received the first sessions of the program. The baseline testing is to be collected before youth are exposed to the program.

DO NOT make copies of the PEI's forms. Since they are double sided and precision shaded, any copies you make will not accurately scan. If this were to occur, these copied PEI's would be returned to you and your agency would need to transfer each response from the copy to an authentic form.

Group Scan ID and Individual Scan ID are id's generated by the KIT system when your groups and participants are registered for program services. If you have not yet registered your groups or individual participants please do so before you proceed with collecting data on the PEI. Please reference Pages 8 & 9 for creating Level 1 Group ID's and Level 2 Individual Scan ID's or reference your KIT user manual.

Completed PEI data are submitted to KIT Solutions. KIT Solutions address is located in the contact information page of this manual.

Please submit PEI's in a timely manner to ensure your data are available for downloading and viewing from the One Family Prevention System.

UM periodically provides reports based upon analysis of the PEI data. KIT Solutions allows sites to view a report summary of their PEI responses. In addition, sites can download their PEI data for analysis by their own staff or request special analyses from UM as resources allow.

Administering the Program Evaluation Instrument

If you have not received your Program Evaluation Instruments (PEIs) for your program, please contact KIT Solutions. To identify which PEI your prevention program should use to collect data and additional information in administering the PEI, please contact your local field evaluator.

Before Survey Administration:

- 1) Register each group (Level 1) or participant (Level 2) using the One Family Prevention (PBPS) website from KIT Solutions.
- 2) Verify that the correct Group ID (level 1) or Individual Scan ID is on the form **before** data collection.
- 3) Be sure you have enough PEIs for all participants.
- 4) Have sharpened # 2 pencils for all participants.
- 5) Have a large envelope for completed PEIs.
- 6) Plan an alternative activity for non-participants.
- 7) Recruit adequate staff members to assist in survey administration.
- 8) Review recommended Instructions to Participants.

After Survey Administration:

- 1) Check to be sure that the Group Scan ID or Individual Scan ID has been completed properly on each PEI.
- 2) Erase drawings, names, and stray markings from the PEI.
- 3) Make and keep a photocopy of each completed PEI.
- 4) Submit originals to KIT Solutions.

Recommended Procedure for Administering PEIs

Be sure that an appropriate procedure is in place for any required consent and that students agree (assent) to participate in this survey.

Then distribute PEI's to all who agree to participate with the following verbal instructions:

Note to survey administrator:

- 1) Lead the participants to the date box and birth date box and walk them through these.
- 2) Begin reading the questions slowly and increase the pace as the group or individual begins to catch on to the instrument. You may want to read the response choices for each change in responses for groups of questions.

“Today we are going to ask you about some things you might think or do at school, at home, and in your neighborhood, and about other parts of your life. This information is very important because it helps us make our program better for you.”

“Before we begin, there are five very important things to remember while completing the survey:”

- 1) All the information you put on the survey is completely private and “anonymous”. Anonymous means that no one who looks at your answers will know your name. So please do not put your name on any of the survey materials. This way, no one will find out any of your answers. The answers you give will be combined with the answers of other people so that it will only be possible to find out the opinions of your class (or people in your group) as a whole.
- 2) This is not a test; there are no right or wrong answers. What is important is that you give us your honest opinions. It is your overall opinion on the entire survey, not the answer to one particular question that is most important. Mark one answer for each question. If you are having trouble deciding about your answer to a question, just mark your first impression or best guess.
- 3) If you are unsure of a question, *or feel uncomfortable answering a particular question*, skip it, and follow along with the group or individual administering the survey. You may choose to go back to that question later, or just skip it. If you need the question repeated or have a question, please raise your hand. I cannot explain what the question means so if you do not understand the question, just skip it and go to the next one.
- 4) Please respect the privacy of others. This means you should never look at your neighbor's survey or talk about your own answers. Each of you should give your own private opinions.
- 5) Keep up with me. I will be reading each survey item aloud to you. If you fall behind, listen to the question I am reading and go to that question. If necessary, you can go back and answer the items you skipped later. It is okay if you want to work ahead, but please wait until the rest of us have finished answering all questions on the first page, and we will all turn the page together.”

When the participants are finished filling out the survey:

Ask participants to review the questions to make sure they marked one answer only for each question. Remind them again to erase their name if they have put it on the survey.

Then have each participant put the survey into a large envelope that is passed around the room (with large groups more than one envelope may be needed). The use of these envelopes helps the participants to understand the seriousness with which you take confidentiality.

**Thank the participants for completing the surveys.
Allow participants to ask any questions.**

Evaluation Design

(Excerpt from *Prevention DSS*)

Pretest-Posttest Design: This is one of the most commonly used designs in the substance abuse prevention field. Here, outcome data are collected twice. The first occurs before participants enter the program and the second occurs after they complete the program. The pretest data are usually collected within a week or two before participants start program services, and the posttest data are collected soon after the participants finish the program. Data that are collected too soon before participants start or too long after they complete the program will give a weak measure of program effects.

Longitudinal Design: Outcome data are collected three or more times in this design. The most common form of longitudinal design uses one pre-test, one or more interim tests, and a post-test. Typically, interim data are collected at set intervals (e.g., every 6 months or every 12 months) after the pretest data are collected. A data collection "window" is used for each round of data collection. This window is a period of time in which the data should be collected (e.g., 1 week of time interval). It is important for the data collection to stay within the window of time. Data that are collected too far outside of the time window will obscure the measure of program effects.

Two-year programs would collect data three times: baseline, interim test immediately following 1st year or initial curriculum, and post test after 2nd year booster sessions.

Three-year programs would collect data three times: baseline, interim test before second year curriculum (approximately 1 year later) and post test following the third year booster sessions.

Follow-up data may be collected based on individual studies, provider, and/or program.

It is important to recognize that interim data may not show desirable changes in behavior or attitudes. Research underlying many validated programs did not show significant prevention effects until the entire program had been completed.

It is also important to recognize that prevention programming, no matter how effective, is not the same as treatment. A successful middle school program is not likely to mean that fewer young people report smoking on the (8th grade) posttest than on the (6th grade) pretest. It does mean that fewer 8th graders reported smoking at posttest than would have been the case if no prevention program had existed. Often data about age-related changes in behaviors or attitudes among peers (statewide or countywide) from the Florida Youth Substance Abuse Survey (FYSAS) can help you to see the effects of your data. PEI questions were designed to parallel many of the questions included in the FYSAS. Your field evaluator can help you interpret your data in comparison to the FYSAS data.

Glossary of Evaluation Terms

A

Active Consent

Requiring that participants sign a consent form which describes the procedures and purposes of the survey prior to survey completion.

Activities

Services or functions carried out by a program (i.e., what the program does). FOR EXAMPLE, prevention programs may assess participants at intake, implement the manualized components of their prevention programs, conduct post-tests, etc.

After-Only Designs

One-shot studies; evaluation designs involving only measures taken after the program has been completed. These are rarely used in Florida.

Analysis

A systematic approach to problem solving. Complex problems are made simpler by separating them into more understandable elements. This involves the identification of purposes and facts, standardization of units of measurement, the statement of defensible assumptions, and the formulation of conclusions.

Anchors

Anchors are items that serve as reference points from which other items in the series or other points in the scale are judged or compared. FOR EXAMPLE, the opposite ends or poles of a scale identify the extremes so all values within the scale are either greater or less than one of these extremes. Also, the scale midpoint serves as an anchor in that it either divides the scale into categories or quantifies the half value.

Anonymity, Anonymous

Not identifiable in any manner. Data that are collected anonymously cannot be traced back to the individual who provided the data.

Applied Research

Research designed for the purpose of producing results that may be applied to real world situations.

Assent

To give approval; to comply with what is being asked by another. This is an extra-legal concept. *Parental consent* may be required for minors to participate in research. In such instances, it is also important that the minors *assent* to their participation, i.e., that they willingly agree to participate.

Association

General term for the relationship among variables, also known as “correlation”. Measures of association tell us how strongly two variables are associated. Tests of significance tell us the confidence with which we can generalize that association beyond the cases observed.

Asymmetric Measure of Association

A measure of association that makes a distinction between independent and dependent variables.

Attitude Surveys

Data collection techniques designed to collect standard information from a large number of subjects concerning their attitudes or feelings. These typically refer to questionnaires or

interviews. FOR EXAMPLE, a questionnaire may be mailed to residents in a community to assess how safe they feel in their neighborhoods.

Attribute

A characteristic that describes a person, thing, or event. FOR EXAMPLE, being female or male are attributes of people.

Attrition

The loss of subjects during the course of a study. This may be a threat to the validity of conclusions if participants of study and comparison/control groups drop out at different rates or for different reasons. FOR EXAMPLE, if participants fail to appear for the intervention and are subsequently excluded from the follow-up, the treatment and control subjects remaining may not be "comparable" due to attrition.

Audit

The systematic examination of records and the investigation of other evidence to determine the propriety, compliance, and adequacy of programs, systems, and operations. The auditing process may include tools and techniques available from such diverse areas as engineering, economics, statistics, and accounting. Audit is a function of DCF through its state and district offices. Evaluators from UM and FSU do not provide data for audit functions.

B

Baseline Data

Initial information on a program or program components collected prior to receipt of services or participation activities. Baseline (or pre-test) data are often gathered through intake interviews and observations and are used later for comparing measures that determine changes in the participants of a program.

Batch

A group of cases for which no assumptions are made about how the cases are selected. A batch may be a population, a probability sample, or a nonprobability sample. However, the data are analyzed as if the origin of the data is not known.

Before-After Designs

The elementary quasi-experimental design known as the before-after design involves the measurement of "outcome" indicators (e.g., use prevalence rates, attitudes) prior to implementation of a program with subsequent re-measurement after program implementation. Any change in the measure is attributed to the program. This design provides a significant improvement over the one-shot study because it measures change in the factor(s) to be impacted. However, this design suffers from threats of *history* and *maturation*. *History* refers to the possibility that some alternate factor (besides the treatment) has actually caused the change. *Maturation* refers to changes that naturally occur in the participants over time.

Bell-Shaped Curve

A distribution with roughly the shape of a bell; often used in reference to the normal distribution but others, such as the t distribution, are also bell-shaped.

Benchmarks

Measures of progress toward a goal, taken at intervals prior to the program's completion or the anticipated attainment of the final goal. FOR EXAMPLE, semi-annual measures of grade-level performance taken prior to completion of a remedial education program.

Between-Group Variances

Indications of how the mean and variances of each group differ from the other groups.

Bias

Systematic error. The extent to which a measurement, sampling, or analytic method systematically underestimates or overestimates the true value of an attribute. In questionnaire research, words and sentence structure or the attitudes and mannerisms of the person administering the questionnaire may bias a respondent's answer to a question.

C

Case

A single person, thing, or event for which attributes have been or will be observed. FOR EXAMPLE, a case would be one student if the sample to be studied were 250 high school students.

Case Study

A method for learning about a complex instance, based on a comprehensive understanding of that instance, obtained by extensive description and analysis of the instance, taken as a whole and in its context. In Florida, case studies are sometimes used to gather qualitative information on the development and/or implementation of prevention programs.

Categorical Measure

A measure that places data into a limited number of groups or categories. FOR EXAMPLE, Current Marital Status - Married, Never Married, Divorced, Widowed.

Causal Association

A relationship between two variables in which a change in one is believed to bring about a change in the other. FOR EXAMPLE, caffeine intake and sleeplessness are causally related if greater amounts of caffeine ingested result in a longer time taken to fall asleep.

Causal Model

A model or portrayal of the theorized causal relationships between concepts or variables.

Causal Relationship

The relationship of cause and effect. The cause is the act or event that produces the effect. The cause is necessary to produce the effect. FOR EXAMPLE, improved communication between parent/child is believed to cause risk-taking behavior in the child to decrease. Not everything that is "associated" or "correlated" can be shown to have a causal relationship, and the direction of causation in cross-sectional data is not always clear. FOR EXAMPLE, there is a strong correlation between perceiving drugs as available in the community and using drugs. But, is this because availability leads to use among non-users, or is it because people who use drugs are more aware of where to find them?

Central Tendency

General term for the midpoint or typical value of a distribution. FOR EXAMPLE, one measure of central tendency of a group of high school students is the average (mean) age of the students.

Closed-Ended Questions

A question that limits responses to predetermined categories. FOR EXAMPLE, multiple choice and yes/no questions.

Cluster Sample

A probability sample for which groups or jurisdictions comprising groups were randomly selected.

Clustering

Identifying similar characteristics and grouping cases with similar characteristics together.

Codebook

A document which lists the variables in a dataset, possible values for each variable, and the definitions of codes that have been assigned to these values.

Coding

The process of converting information obtained on a subject or unit into coded values (typically numeric) for the purpose of data storage, management, and analysis. FOR EXAMPLE, the sex of the respondent may be coded "1" for a female and "2" for a male. When data are entered into a website, the codes are often invisible to the user, but are available to the data analyst.

Cohort

A term used to designate one group among many in a study, usually implying that members of the cohort were "together" in time and/or place. FOR EXAMPLE, a group that participated in a 3 month prevention program from July to September may be considered the first cohort of the fiscal year, a second cohort might have started in August and finished in October, and so on.

Color Printed Machine Readable Survey

A special form on which survey responses are recorded. The forms are fed into a special piece of equipment, which can detect the responses, and computer code them. Used for large-scale survey administration.

Comparative Change Design

The quasi-experimental design known as the comparative change design allows for the measurement of change in relevant outcome factors (using a pre- and post-test) and provides for comparison of this change between a treatment group and a non-random comparison group. Because comparison and treatment groups are not randomly selected, alternate explanations due to prior differences between groups continue to be a threat. This approach is used for most Validation programs in Florida.

Comparative Post-test Design

The elementary quasi-experimental design known as the comparative post-test design involves the measurement of outcomes for both the treatment group as well as a comparison group. However, unlike more sophisticated designs, selection of participants into the treatment and comparison groups is not done randomly. While such a design to some extent overcomes the issues of a one-shot study by allowing comparisons of success, this design is typically plagued by threats due to selection bias. That is, an alternate explanation for differences between group outcomes is that some alternate factor, which was related to the selection process, has actually caused the differences in outcomes.

Comparison Group

A group of individuals whose characteristics are similar to those of a program's participants. These individuals may not receive any services, or they may receive a different set of services, activities, or products; in no instance do they receive the same services as those being evaluated. As part of the evaluation process, the experimental group (those receiving program services) and the comparison group are assessed to determine which types of services, activities, or products provided by the program produced the expected changes.

Composite Measure

A measure constructed using several alternate measures of the same phenomenon. FOR EXAMPLE, a measure of class standing may be constructed using grade point average, standardized test scores, and teacher rankings.

Concept

An abstract or symbolic “tag” that attempts to capture the essence of reality. The "concept" is later converted into variables to be measured.

Conclusion

A reasoned judgment or final summation that is based on the evaluation data.

Confidentiality

Secrecy of information. In research maintaining confidentiality involves not revealing the identity of research subjects whose identity is known to the researcher. Gathering data anonymously avoids the fear that confidentiality will be violated.

Confidentiality Form

A written form that assures evaluation participants that information they provide will not be openly disclosed nor associated with them by name. Since an evaluation may entail fears about exchanging or gathering privileged or sensitive information about participants, a confidentiality form promises that the participants' privacy will be maintained.

Confounding

An inability to distinguish the separate impacts of two or more individual variables on a single outcome. FOR EXAMPLE, there has over time been an inability to adequately distinguish the separate impacts of genetics and environmental factors on IQ.

Consensus Building Outcome

The production of a common understanding among participants about issues and programs.

Consent

To give approval; to comply with what is being asked by another. Legally, consent can only be provided by persons with legal status to consent. Parental consent may be required for minors. In such instances, it is also important that the minors *assent* to their participation

Constraint

A limitation of any kind to be considered in planning, programming, scheduling, implementing, or evaluating programs. FOR EXAMPLE, a major constraint to the development of many programs is the amount of funds available.

Construct

A concept that describes and includes a number of characteristics or attributes. The concepts are often unobservable ideas or abstractions. FOR EXAMPLE, "community" or "peer pressure."

Construct Validity

The extent to which a measurement method accurately represents a construct and produces an observation distinct from that produced by a measure of another construct.

Consultant

An individual who provides expert or professional advice or services, often in a paid capacity.

Contamination

The tainting of members of the comparison or control group with elements of the program. Contamination threatens the validity of the study because the group is no longer untreated for purposes of comparison. For example, if a class from the same school as the prevention program is used as a comparison group, it is likely that students from the intervention group will contaminate the comparison group by sharing information about what they have learned. While this may be valuable in spreading awareness of the information, it undermines your ability to show that your prevention program makes a difference.

Content Analysis

Process of studying and tracking what has been written and discussed, then translating this qualitative material into quantitative form through some type of counting approach that involves coding and classifying of specific messages.

Content Validity

The ability of the items in a measuring instrument or test to adequately measure or represent the content of the property that the investigator wishes to measure.

Continuous Variable

A quantitative variable with an infinite number of attributes. FOR EXAMPLE, distance or length.

Control Group

A group of individuals whose characteristics are similar to those of the program participants but who do not receive the program services, products, or activities being evaluated. Participants are randomly assigned to either the experimental group (those receiving program services) or the control group. A control group is used to assess the effect of program activities on participants who are receiving the services, products, or activities being evaluated. The same information is collected from people in the control group as those in the experimental group.

Control Variable

In data analysis, a variable that is held constant or whose impact is removed in order to analyze the relationship between other variables without interference, or within subgroups of the control variable. FOR EXAMPLE, if the relationship between age and frequency of delinquent activity is first investigated for male students, and then separately investigated for female students, then sex has been used as a control variable.

Convenience Sample

A sample for which cases are selected only on the basis of feasibility or ease of data collection. This type of sample is rarely useful in evaluation and generally provides little meaningful data.

Correlation

A synonym for association or the relationship between variables.

Correlation coefficient

A numerical value that identifies the strength (or magnitude) of the relationship between variables. It is not the same thing as a "significance test".

Cost-Benefit

A criterion for comparing programs and alternatives when benefits can be valued in dollars. Cost-benefit is the ratio of dollar value of benefit divided by cost. It allows comparison between programs and alternative methods.

Cost-Benefit Analysis

An analysis that compares present values of all benefits less those of related costs when benefits can be valued in dollars the same way as costs. A cost-benefit analysis is performed in order to select the alternative that maximizes the benefits of a program.

Cost-Effectiveness

A criterion for comparing alternatives when benefits or outputs cannot be valued in dollars. This relates costs of programs to performance by measuring outcomes in non-monetary form. It is useful in comparing methods of attaining an explicit objective on the basis of least cost or greatest effectiveness for a given level of cost. FOR EXAMPLE, a treatment program may be more cost-effective than an alternative program if it produces a lower rate of recidivism for the same or lower costs, or the same rate of recidivism for a lower cost.

Covariation

The degree to which two measures vary together.

Cross-Sectional Data

Observations collected on subjects or events at a single point in time. Most surveys gather cross-sectional data. Determinations of causality are more difficult when data are collected cross-sectionally.

Cues

The alternative responses to questions that increase or decrease in intensity in an ordered fashion. The interviewee is asked to select one answer to the question.

Cultural Competence

Sufficient knowledge of a culture to allow an investigator to conduct research that is appropriate both with respect to the language and meanings of a sub-group and to the concepts and values of that subgroup. Cultural competence requires a nuanced understanding of the culture and language of the group being studied.

Cultural Relevance

Demonstration that evaluation methods, procedures, and/or instruments are appropriate for the cultures to which they are applied. FOR EXAMPLE, having questionnaires available in multiple languages may make them more easily understood, but adjustments in concepts and terminology may also be required to make them culturally relevant.

Culture

The shared values, traditions, norms, customs, arts, history, institutions, and experience of a group of people. The group may be identified by race, age, ethnicity, language, national origin, religion, or other social categories or groupings.

D

Data

Factual and comparable information used as a basis for reasoning, discussion, or reaching conclusions.

Data Analysis

The process of systematically applying statistical and/or logical techniques to describe, summarize, and compare data.

Data Collection Instrument

A form or set of forms used to collect information for an evaluation. Forms may include interview instruments, intake forms, case logs, and attendance records. They may be developed specifically for an evaluation or modified from existing instruments.

Data Collection Plan

A written document describing the specific procedures to be used to gather the evaluation information or data. The document describes who collects the information, when and where it is collected, and how it is obtained.

Database

A collection of information that has been systematically organized for easy access and analysis. Databases typically are computerized.

Demographics

Characteristics of the evaluation sample (such as age, education, income) used to create subgroups or to describe the survey sample.

Demographic Question

A question used in compiling vital background and social statistics. FOR EXAMPLE, age, marital status, or size of household.

Dependent Variable

A variable that may, it is believed, be predicted by or caused by one or more other variables called independent variables. FOR EXAMPLE, if it is hypothesized that the prevention program will improve parent-child communication and that this will in turn reduce experimentation with drugs then measures of "drug use" may be seen as the dependent variables, which are impacted by the independent variable or "improved communication".

Descriptive Statistic

A statistic used to describe a set of cases upon which observations were made. FOR EXAMPLE, the average age of a class in high school calculated by using all members of that class.

Design

The overall plan for a particular evaluation. The design describes how program performance will be measured and includes performance indicators.

Deviation

A change made to a science-based prevention program without any theoretical or empirical rationale. An example may be a change in timing or dosage made for staff convenience or for administrative reasons. Deviations represent a failure to implement the prevention program with *fidelity* and are conceptually different than theory based *modifications*. Deviations should be avoided, but when they occur they should be discussed with your Field Evaluator.

Dichotomous Variable

A variable with only two possible values. FOR EXAMPLE, "sex."

Discrete Variable

A quantitative variable with a finite number of attributes. FOR EXAMPLE, day of the month.

Dispersion

The extent of variation among cases.

Distribution of a Variable

Variation of characteristics across cases.

Document Review

A technique of data collection involving the examination of existing records or documents. FOR EXAMPLE, the examination of court documents to collect offender sentences.

Dosage

The administration of the intervention/activity in prescribed amounts.

E

Effectiveness

Ability to achieve stated goals or objectives, judged in terms of both output and impact.

Efficiency

The degree to which outputs are achieved in terms of productivity and input (resources allocated). Efficiency is a measure of performance in terms of which management may set objectives and plan schedules and for which staff members may be held accountable.

Empirical

Relying upon or derived from observation or experiment.

Empirical Research

Research that uses data drawn from observation or experience.

Empirical Validity

Empirical evidence that an instrument measures what it has been designed to measure.

Estimation Error

The amount by which an estimate differs from a true value. This error includes the error from all sources (for example, sampling error and measurement error).

Evaluation

Evaluation has several distinguishing characteristics relating to focus, methodology, and function. Evaluation (1) assesses the effectiveness of an ongoing program in achieving its objectives, (2) relies on the standards of project design to distinguish a program's effects from those of other forces, and (3) aims at program improvement through a modification of current operations.

Evaluation Research

Determines the relative effectiveness of a particular program or strategy, measuring outputs and outcomes against a predetermined set of objectives.

Evaluation Plan

A written document describing the overall approach or design that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, and why the evaluation is being conducted.

Evaluation Practice

A practice or set of practices that consist mainly of management information and data incorporated into regular program management to allow managers to monitor and assess the progress being made in each program toward its goals and objectives. Ideally, a program is self-evaluating, continuously monitoring its own activities.

Evaluation Team

The individuals, such as the evaluation consultant and staff, who participate in planning and conducting the evaluation. Team members assist in developing the evaluation design, developing data collection instruments, collecting data, analyzing data, and writing the report. The evaluation team for DCF prevention projects includes the members of your agency staff that collect and transmit data about your program, UM and FSU Field Evaluators, data analysts at UM, KIT Solutions staff who manage your process and outcome data, and DCF staff in the districts and central office who use the data for program decisions.

Ex-post Facto Design

A research design in which all group selection, pre-test data, and post-test data are collected after completion of the treatment. The evaluator is thus not involved in the selection or placement of individuals into comparison or control groups. All evaluation decisions are made retrospectively.

Experiment

Controlled arrangement and manipulation of conditions to systematically observe specific occurrences, with the intention of defining those criteria that might possibly be affecting those occurrences. An experimental, or quasi-experimental, research design usually involves two groups - an experimental group exposed to given criteria, and a control group, not exposed. Comparisons are then made to determine what effect, if any, exposures to the criteria have had on those in the experimental group.

Experimental Data

Data produced by an experimental or quasi-experimental design.

Experimental Design

A research design in which the researcher has control over the selection of participants in the study, and these participants are randomly assigned to treatment and control groups.

Experimental Group

A group of individuals participating in the program activities or receiving the program services being evaluated or studied. Experimental groups (also known as treatment groups) are usually compared to a control or comparison group.

Experimental Mortality

The loss of subjects from an experiment due to such factors as illness, lack of interest, or refusal to participate. This loss may affect the comparability of results between the experimental and control groups.

External Validity

The extent to which a finding applies (or can be generalized) to persons, objects, settings, or times other than those that were the subject of study.

External Validity Threats

Factors that may reduce the transferability of a program's findings to other groups or jurisdictions. FOR EXAMPLE, a program may appear successful using a group of specially selected clients (e.g., first time offenders). However, it would not be a fair test of how this program would work in the general population.

Ethnographic Research

Relies on the tools and techniques of cultural anthropologists and sociologists to obtain a better understanding of how individuals and groups function in their natural settings. Usually, this type of research is carried out by a team of impartial, trained researchers who immerse themselves into the daily routine of a neighborhood or community, using a mix of observation, participation, and role-playing techniques, in an effort to try to assess what is really happening from a cultural perspective.

F

Factor Analysis

Algebraic procedure that seeks to group or combine a set of related items or variables in a questionnaire based on how they naturally relate to each other as general descriptors or factors.

Feasibility Study

A study of the applicability or practicability of a proposed action or plan.

Fidelity

A concept that reflects the replication of a program in a manner that renders it intrinsically the same as the model program. Elements of fidelity (which are measurable) include the clientele, the sequence of activities, the timing and dosage of activities, etc. Fidelity is a crucial goal in replicating a program. However, special circumstances sometimes require systematic departures from fidelity (modification). These are conceptually distinct from other failures to implement with fidelity.

Field Evaluator

In Florida, a staff member from either the University of Miami or Florida State University who is assigned to work with all DCF prevention programs and district prevention staff in a specified region of the state. The primary function of field evaluators is to provide formative evaluation (feedback and suggestions for improvement) to local program staff. They also may contribute information toward summative evaluations.

Field Notes

A written record of observations, interactions, conversations, situational details, and thoughts during a study period.

Flow Chart

A graphic presentation using symbols to show the step-by-step sequence of operations, activities, or procedures. Used in computer system analysis, activity analysis, and in general program sequence representations.

Follow Up

To maintain contact with a person in order to monitor the effects of earlier activities; to pursue something in an effort to take further action.

Forecasting

Estimating the likelihood of an event-taking place in the future, based on available data from the past.

Formative Evaluation

A type of evaluation provided to programs or services that focuses on collecting data on program operations so that improvements or modifications can be made to the program. Formative evaluations are used to provide feedback to staff about the program components that are working and those that need to be changed. Formative evaluation may be seen as a quality improvement function.

Frequency Distribution

A distribution of the count of cases corresponding to the attributes of an observed variable. FOR EXAMPLE, a frequency distribution of a class of 45 students may indicate that 25 were male and 20 were females.

Function

A group of related activities and/or projects for which an organizational unit is responsible. This is also the principal purpose a program is intended to serve.

Focus Group

Exploratory technique in which a group of somewhere between 8 and 12 individuals - under the guidance of a trained moderator - are encouraged, as a group, to discuss freely any and all of their feelings, concerns, problems and frustrations relating to specific topics under discussion. Focus groups are ideal for brainstorming, idea gathering, and concept testing.

G

Generalizability

The extent to which the findings of a study can be applied to other populations, settings, or times. FOR EXAMPLE, the findings that a treatment program for adult females reduced recidivism may not be subsequently generalized to include adult males or juveniles.

Goal

A desired state of affairs that outlines the ultimate purpose of a program. This is the end toward which program efforts are directed. Goals may be stated in broad concepts, as opposed to *objectives*, which should be measurable.

H

Hypothesis

Expectation about the nature of things derived from theory. Rarely do substance abuse prevention programs engage in the scientific tradition of testing formal "null" hypotheses. But every prevention program has the hypothesis (implicit or explicit) that it will produce changes in participants that will reduce substance abuse and associated risks.

Hypothesis Testing

Determining whether the expectations that a hypothesis represents are, indeed true.

I

Immediate Outcome

The changes in program participants' knowledge, attitudes, and behavior that occur at certain times during program activities. FOR EXAMPLE, acknowledging gang involvement is an immediate outcome.

Impact

The ultimate effect of the program on the problem or condition that the program or activity was supposed to do something about. FOR EXAMPLE, a 10% reduction in drug activity as a result of increased drug enforcement and investigation. (There also may be unexpected or unintended impacts.)

Impact Evaluation

A type of outcome evaluation that focuses on the broad, long-term impacts or results of program activities. For example, an impact evaluation could show that a decrease in a community's crime rate is the direct result of a program designed to provide community policing.

Implementation

"Fielding" a program. The process of putting all program functions and activities into operation.

Implementation Strategy

The plan for putting a prevention program into effect. It should include procedures for ensuring the fulfillment of intended functions or services.

Implemented

Developed or put into place.

Incidence

Frequency with which a condition or event occurs within a given time and population.

Independent Variable

A variable that may, it is believed, predict or cause fluctuation in a dependent variable. FOR EXAMPLE, if it is believed that age influences the frequency of delinquent behavior, age is the independent variable and frequency of delinquent behavior is the dependent variable. In evaluation research, the program activities (or lack thereof) typically is treated as an independent variable since it is hypothesized that the program will influence some subsequent behavior or set of attitudes.

Indicated Prevention Programs

In Florida, these are known as "Level 2" Prevention programs. The Institute of Medicine describes indicated prevention programs as activities targeted to high-risk individuals. These individuals are identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels that would recommend a treatment program.

Indicator

A measure that consists of ordered categories arranged in ascending or descending order of desirability.

Indirect Impact

An effect of a program that is not associated with one of its stated objectives.

Inferential Statistic

A statistic used to describe a population using information from observations on only a probability sample of cases from the population. FOR EXAMPLE, the average age of a class in high school calculated using a random sample of members of that class. Tests of significance are used to gauge how confident we are in inferring observations from the sample to the larger population.

Informed Consent

A process by which program participants voluntarily agree to participate in an evaluation or study after having been advised of the purpose of the study, the type of the information being collected, and how information will be used. Informed consent can only be provided when an individual is free from coercion to participate, is fully informed of risks and benefits of participation, and has the mental capacity to understand the information that is provided. Consent documents are designed to show that this process has taken place.

Information System

An organized collection, storage, and presentation system of data and other knowledge for decision-making, progress reporting, and for planning and evaluation of programs. It can be either manual or computerized, or a combination of both.

Innovation (Program)

In Florida this is a temporary status assigned to a prevention program that is under development. An innovation requires development of a logic model and manual before it can move to the next step, which is becoming a *validation program*. Innovation is a short-term designation to allow the development of these essential components.

Input

Organizational units, people, dollars, and other resources actually devoted to the particular program or activity.

Instrument (also called a Scale)

A set of survey items used to determine the present level of functioning in a particular domain of interest.

Instrumental Outcome

A measure or measures of phenomena directly related to program goals and objectives.

Instrumentation Bias

Bias introduced in a study by a change in the measurement instrument during the course of the study. FOR EXAMPLE, the scale loses its calibration over time or a stopwatch slows.

Intermediate Outcome

Results or outcomes of program activities that must occur prior to the final outcome in order to produce the final outcome. FOR EXAMPLE, a prison vocation program must first result in increased employment (intermediate outcome) before it may expect to reduce recidivism (final outcome).

Internal Consistency

The extent to which all items in a scale or test measure the same concept.

Internal Validity

The extent to which the causes of an effect are established by an inquiry.

Internal Resource

An agency's or organization's resources, including staff skills and experience and any information already available through current program activities.

Internal Validity Threat

Factors other than program participation that may affect the results or findings. FOR EXAMPLE, changes in the data collection instrument may influence the findings or a pre-test may influence responses to a post-test.

Inter-rater Reliability

The extent to which two different researchers obtain the same result when using the same instrument to measure a concept.

Interval Estimate

General term for an estimate of a population parameter that is a range of numerical values.

Interval Measure

A quantitative measure with equal intervals between categories, but with no absolute zero. FOR EXAMPLE, IQ scores.

Interval Scale

A measurement scale that measures quantitative differences between values of a variable, with equal distances between the values.

Interval Variable

A quantitative variable that attributes of which are ordered and for which the numerical differences between adjacent attributes are interpreted as equal. FOR EXAMPLE, intelligence scores.

Interviews

Interviews involve face-to-face situations or telephone contacts in which the researcher orally solicits responses for the purpose of research.

L

Level 1 Program

In Florida, this term is used to describe what the Institute of Medicine describes as *Universal* or *Selective* prevention programs. Demographic data are provided about the group receiving the program and data about individual participants are not collected. PEI data are reported as group means.

Level 2 Program

In Florida, this term is used to describe what the Institute of Medicine describes as *Indicated* prevention programs. Individual participants are registered in the OneFamily Prevention System and assigned a machine-generated ID number. This allows individual-level comparisons of PEI pre-test and post-test data.

Likert-Type Question

A type of survey question in which respondents are asked to choose from an ordered series of five responses to indicate their reactions to a sequence of statements (e.g., strongly agree ... somewhat agree ... neither agree nor disagree ... somewhat disagree... strongly disagree).

Likert Scale

Developed by Resins Likert, a multi-item scale in which all questions address the same construct and which is composed of a series of composite measures in which respondents are asked to choose from an ordered series of five responses to indicate their reactions to a sequence of statements.

Longitudinal Data

Sometimes called "time series data," observations collected over a period of time; the sample (instances or cases) may or may not be the same each time but the population remains

constant. FOR EXAMPLE, quarterly arrest rates for drug-related offenses in a given city for a period of two years.

Longitudinal Study

The study of the same group over a period of time. These generally are used in studies of change.

M

Management

The guidance and control of action required to execute a program. Also, the individuals charged with the responsibility of conducting a program.

Management Information System

An information collection and analysis system, usually computerized, that facilitates access to program and participant information. It is usually designed and used for administrative purposes.

Marginal Distribution

The distribution of a single variable based upon an underlying distribution of two or more variables.

Matching

The process of pairing the survey responses given at one point in time to the responses of the same participant at another point in time.

Matrix of Categories

A method of displaying relationships among themes in analyzing case study data that shows whether changes in categories or degrees along one dimension are associated with changes in the categories of another dimension.

Maturation Effect

A threat to the internal validity of an evaluation in which program related outcomes are confounded with natural changes of the program participants over time. FOR EXAMPLE, school age populations generally mature and change drug use prevalence and attitudes toward drug use over time. As a consequence, the effects of a multi-year prevention program may not be obvious from pretest and posttest comparisons alone, but may require comparison of the observed changes in the study population with maturational changes among students not receiving the program. In Florida, age/grade specific data from the Florida Youth Substance Abuse Survey are useful for this purpose.

Mean

A measure of central tendency, the arithmetic average; a statistic used primarily with interval-ratio variables following symmetrical distributions. FOR EXAMPLE, the average age or average height of a group of middle school students.

Measurement

A procedure for assigning a number to an object or an event.

Measurement Error

The difference between a measured value and a true value.

Measures of Association

Statistics that indicate the strength and nature of a relationship between variables.

Measures of Central Tendency

Measures that indicate the midpoint or central value of a distribution. These measures include the mean, median, and mode. FOR EXAMPLE, one measure of central tendency of a group of high school students is the average (mean) age of the students.

Median

A measure of central tendency, the value of the case marking the midpoint of an ordered list of values of all cases; a statistic used primarily with ordinal variables and asymmetrically distributed interval-ratio variables.

Meta-analysis

The systematic analysis of a set of existing evaluations of similar programs in order to draw general conclusions, develop support for hypotheses, and/or produce an estimate of overall program effects.

Methodology

The way in which information is found or something is done. The methodology includes the methods, procedures, and techniques used to collect and analyze information. FOR EXAMPLE, questionnaires or use of secondary information.

Mission

The part of a goal or endeavor assigned as a specific responsibility of a particular organizational unit. It includes the task, together with the purpose, which clearly indicates the action to be taken and the reasons.

Mode

A measure of central tendency, the value of a variable that occurs most frequently; a statistic used primarily with nominal variables.

Modification

A change made to a science-based prevention program based on a theoretical or empirical rationale. An example may be modification of program-provided materials to make them more culturally relevant to the group you are serving. Modifications that occur within replications of science-based programs should be identified ahead of time and discussed in advance with your Field Evaluator.

Monitoring

An on-going process of reviewing a program's activities to determine whether set standards or requirements are being met.

Monitoring System

An on-going system to collect data on a program's activities and outputs, designed to provide feedback on whether the program is fulfilling its functions, addressing the targeted population, and/or producing those services intended. FOR EXAMPLE, a computerized intake system may be utilized which captures client characteristics, and subsequently provides monthly reports on the numbers of clients processed and receiving services.

Mortality Threat

A threat to the internal validity of an evaluation caused by participants withdrawing or dropping out prior to program conclusion. FOR EXAMPLE, the impact of the success of a drug prevention program is difficult to assess in a school with a high dropout rate.

Multivariate Analysis

An analysis of the relationships between more than two variables. Generally, the effect of one (or more) variable(s) is held constant or "controlled" so that the relationship between the variables of interest can be pinpointed. The simplest form of multivariate analysis is exemplified when we provide separate tables to show the relationship between attitudes (independent variable) and drug use (dependent variable) by gender (control variable).

N

Number of cases. In statistical formulas an uppercase "N" usually refers to the number of cases in the population while the lower case "n" refers to the number of cases in the sample.

Nominal Variable

A categorical variable whose mutually exclusive categories "name" things. Categories reflect differences but have no inherent order. EXAMPLES include: "sex" or "religion" or "race."

Nonequivalent Comparison Group Design

Evaluation designs that use nonrandomized comparison groups to evaluate program effects. Also referred to as quasi-experimental designs.

Non-experimental Data

Data not produced by an experiment or quasi-experiment. FOR EXAMPLE, the data may be administrative records or the results of a survey.

Non-probability Sample

A sample not produced by a random process. FOR EXAMPLE, it may be a sample based upon an evaluator's judgment about which cases to select.

Non-respondent

A person who fails to answer either a questionnaire or a question.

Non-response Bias

The bias created by the failure of part of a sample to respond to a survey or answer a question. If those responding and those not responding have different characteristics, the responding cases may not be representative of the population from which they were sampled.

Normal Distribution (Curve)

A theoretical distribution that is closely approximated by many actual distribution of variables.

Normative Question

A type of evaluation question requiring comparison between what is happening (the condition) to norms and expectations or standards for what should be happening (the criterion).

Null Hypothesis

A hypothesis stating that two variables are not related. Traditional hypothesis-testing research attempts to disprove this null hypothesis by finding statistical evidence of a relationship.

O

Objective

Specific results or effects of a program's activities that must be achieved if one is to document that the program's ultimate goals have been met. Objectives should be stated in measurable terms and may describe both processes and outcomes. FOR EXAMPLE, a prevention program may state an objective that 75% of enrollees will attend at least 80% of the program's sessions (process objective) or that no more than 5% of the non-smokers will begin smoking in the next two years (outcome objective).

Observation

A data collection strategy in which the activities of subjects are visually assessed. The observer attempts to keep his/her presence from interfering in or influencing any behaviors.

Observational Techniques

Data collection strategies that use observation of subjects as a means to collect data. These techniques generally involve attempts by the observer to not alter or change the behavior being

observed. FOR EXAMPLE, collecting data on program procedures by watching, and recording, program sessions is an observational technique.

One-group Designs

Research designs that study a single program with no comparison or control group.

One-shot Case Study

The one-shot case study involves the measurement of an identified "outcome" after a treatment or program has been implemented. However, there are no measures taken or available for comparison (i.e., status before the program, or outcome of a comparison or control group). Without a comparison measure, there is no means for inferring that the "outcome" was actually influenced by the treatment or program.

Open-ended Interview

An interview in which, after an initial or lead question, subsequent questions are determined by topics brought up by the person being interviewed; the concerns discussed, their sequence, and specific information obtained are not predetermined and the discussion is unconstrained, able to move in unexpected directions.

Open-ended Question

A question that does not have a pre-defined set of possible answers from which to make a selection but permits the respondent to answer in sentence (or essay) form. On a questionnaire, the respondent would write an essay or short answer or fill in a blank. During an interview, the respondent would give the interviewer an unstructured, narrative answer. The interviewer would record the response verbatim or select salient features. If a structured interview were used, a question might appear to be open-ended to the interviewee but could be "closed down" by the interviewer, who would have a set of alternative answers to check.

Operational Definition

Detailed description of how a concept or variable will be measured and how values will be assigned. FOR EXAMPLE, one operational definition of "binge drinking" may involve reporting that one has consumed five or more drinks in one sitting at least once during the past two weeks.

Operationalization

A process of describing constructs or variables in concrete terms so that measurements can be made.

Operationalize

To define a concept in a way that can be measured. In evaluation research, to translate program inputs, outputs, objectives, and goals into specific measurable variables.

Operational Plan

A tactical statement of when and what critical milestones must be passed to attain objectives programmed for a specific period.

Ordinal Scale Data

Data classified into exhaustive, mutually exclusive, and ordered or ranked categories. FOR EXAMPLE, a typical ordinal scale may involve responses of "very good," "good," "satisfactory," "poor," and "very poor." It is clear that one category is higher than another, but not that the "distance" between categories is the same. It is risky to calculate a statistic like a *mean value*, which is designed for interval-level data, on data that are derived from ordinal scales.

Ordinal Variable

A quantitative variable whose attributes are ordered but for which the numerical differences between adjacent attributes are not necessarily interpreted as equal. FOR EXAMPLE, amount of school completed - (1) elementary school, (2) middle school, (3) high school, (4) college.

Outcome Evaluation

An evaluation used by management to identify the results of a program's effort. It seeks to answer management's question, "What difference did the program make?" It provides management with a statement about the net effects of a program after a specified period of operation. This type of evaluation provides management with knowledge about: (1) the extent to which the problems and needs that gave rise to the program still exist, (2) ways to ameliorate adverse impacts and enhance desirable impacts, and (3) program design adjustments that may be indicated for the future.

Outcome

The results of program operations or activities. FOR EXAMPLE, anticipated outcomes of prevention programs may include increased knowledge about drugs and alcohol, changed attitudes about drugs and alcohol, and reduced involvement with drugs and alcohol.

Outlier

Instances that are aberrant or do not fit with other instances: instances that, compared to other members of a population, are at the extremes on relevant dimensions. FOR EXAMPLE, while most students in a survey who report that they are drinkers are likely to report from one to five episodes of drinking in the past thirty days, one outlier reported sixty episodes. On survey data like the PEI, being an outlier may reflect extreme behavior or may be a function of erroneous or dishonest responses.

Outside Evaluator

An evaluator not affiliated with the agency prior to the program evaluation. Also known as third-party evaluator.

P

Panel Study

1) Type of longitudinal study in which the same individuals are interviewed more than once over a period of time to investigate the processes of response change, usually in reference to the same topic or issue. 2) Also, type of study in which a group of individuals are deliberately recruited because of their special demographic characteristics, to be interviewed more than once over a period of time on different topics or subjects.

Parameter

A number that describes a population. FOR EXAMPLE, percent of males in the population.

Participant

A resident, family, complex, neighborhood, or community receiving or participating in services provided by the program. Also known as client or target population group.

Participant Observation

A research method involving direct participation of the researcher in the events being studied. The researcher may either reveal or hide the true reason for involvement.

Passive Consent

A method of obtaining parental consent in which a form describing evaluation purposes and procedures is sent to parents. Parents are asked to sign a form only if they want their child to be excluded from the data collection process.

Peer Review

An assessment of a product conducted by a person or persons of similar expertise to the author.

Performance Evaluation

An evaluation that compares actual performance with that planned in terms of both resource utilization and production. It is used by management to redirect program efforts and resources and to redesign the program structure.

Performance Measures

Ways to objectively measure the degree of success a program has had in achieving its stated objectives, goals, and planned program activities. FOR EXAMPLE, number of clients served, attitude changes, and prevalence rates may all be used as performance measures.

Pilot

A pretest or trial run of a program, evaluation instrument, or sampling procedure for the purpose of correcting any problems before it is implemented or used on a larger scale.

Pilot Test

Preliminary test or study of the program or evaluation activities to try out procedures and make any needed changes or adjustments. FOR EXAMPLE, an agency may pilot test new data collection instruments that were developed for the evaluation.

Planning

The process of anticipating future occurrences and problems, exploring their probable impact, and detailing policies, goals, objectives, and strategies to solve the problems. This often includes outlining various options and issuing final plans.

Point Estimate

An estimate of a population parameter that is a single numerical value. FOR EXAMPLE, the percent of males in the population. A “confidence interval” is sometimes placed around the point estimate to indicate the precision with which the estimate should be interpreted.

Policy

A governing principle pertaining to goals, objectives, and/or activities. It is a decision on an issue not resolved on the basis of facts and logic only. FOR EXAMPLE, the policy of expediting drug cases in the courts might be adopted as a basis for reducing the average number of days from arraignment to disposition.

Policy Analysis

An analysis used to help managers understand the extent of the problem or need that exists and to set realistic goals and objectives in response to such problem or need. It may be used to compare actual program activities with the program's legally established purposes in order to ensure legal compliance.

Population

The total number of individuals or objects being studied. In statistics, we often draw a sample in order to try to make inferences about the characteristics of the population. When the entire population participates in data collection a census has been conducted, and inferential statistics have little or no value.

Post-test (or Post-survey)

A test or measurement taken after services or activities have ended. It is compared with the results of a pretest to show evidence of the effects or changes resulting from the services or activities being evaluated.

Precision

The exactness of a question's wording or the amount of random error in an estimate.

Pre-test (or Pre-survey) Also see “Baseline Data”

A test or measurement taken before services or activities begin. It is compared with the results of a posttest to show evidence of the effects of the services or activities being evaluated. A pretest can be used to obtain baseline data.

Prevention Program

An organized set of prevention activities based upon theory and/or empirical evidence of a prevention effect. A program requires a manual that is sufficient to allow it to be replicated in a consistent manner across settings and agencies.

Prevention Services

One-time prevention activities that may or may not be based upon theory and/or empirical evidence of a prevention effect. Prevention services include annual events like Red Ribbon Day, School assemblies, health fairs, etc. and may or may not be replicable across settings.

Primary Data

Data collected by the researcher specifically for the research project. FOR EXAMPLE, a survey of program participants undertaken by the researcher involves the collection of primary data, while a subsequent review of the program's case files involves the use of secondary data.

Probability Distribution

A distribution of a variable that expresses the probability that particular attributes or ranges of attributes will be, or have been observed.

Probability Sample

A group of cases selected from a population by a random process. Every member of the population has a known, nonzero probability of being selected.

Probability Sampling

A method for drawing a sample from a population such that all possible samples have a known and specified probability of being drawn.

Probe

To examine a subject in an interview in depth, using several questions to “follow-up” their initial response.

Process

The programmed, sequenced set of things actually done to carry out a program mission.

Process Evaluation

Process evaluation focuses on how a program was implemented and operates. It identifies the procedures undertaken and the decisions made in developing the program. It describes how the program operates, the services it delivers, and the functions it carries out. Like monitoring evaluation, process evaluation addresses whether the program was implemented and is providing services as intended. However, by additionally documenting the program's development and operation, it allows an assessment of the reasons for successful or unsuccessful performance, and provides information for potential replication.

Productivity

The relationship between production of an output and one, some, or all of the resource inputs used in accomplishing the assigned task. It is measured as a ratio of output per unit of input over time. It is a measure of efficiency and is usually considered as output per person-hour.

Program

A plan, curriculum, or collection of activities designed to achieve a particular goal. It is often funded to achieve a significant purpose, defined in terms of the principal actions/activities required. It may cross-organizational lines.

Program Analysis

The analysis of options in relation to goals and objectives, strategies, procedures, and resources by comparing alternatives for proposed and ongoing programs. It embraces the processes involved in program planning and program evaluation.

Program Effectiveness Evaluation

The application of scientific research methods to estimate how much observed results, intended or not, are caused by program activities. Effect is linked to cause by design and analyses that compare observed results with estimates of what might have been observed in the absence of the program.

Program Failure

A program shortcoming in which the outcome criteria are not affected by participation of the subjects in the program (i.e., the program does not accomplish its objective). FOR EXAMPLE, a drug prevention program that has no effect on attitudes or prevalence rates. Program failure can occur due to failure to implement the program with fidelity, but it can also result from a mismatch of program, staff skills and/or client/community needs.

Program Implementation Objective

What is planned to be done in the program, components, or services. FOR EXAMPLE, providing security patrols in five buildings three times each evening is a program implementation objective.

Program Justification

The narrative and related analyses and statistical presentations supporting a program budget request. It includes: (1) definitions of program objectives, including a rationale for how the proposed program is expected to help solve the problem and the magnitude of the need, (2) plans for achieving the objectives, and (3) the derivation of the requested appropriation in terms of outputs or workloads showing productivity trends and the distribution of funds among organizational units.

Program Model

A flowchart or model which identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes.

Probability Sample

Process of random selection, in which each unit in a population has an equal chance of being included in the sample.

Public Program

Program conducted by a federal, state, or local governmental agency.

Purposive Sample

Instances appropriately selected to answer different evaluation questions, on various systematic bases, such as best or worst practices; a judgmental sample. If conducted systematically, can be widely useful in evaluation.

Q

Qualitative Analysis

An analysis that ascertains the nature of the attributes, behavior, or opinions of the entity being measured. FOR EXAMPLE, in describing a person, a qualitative analysis might conclude that the person is tall, thin, and middle-aged.

Qualitative Data

Information that is difficult to measure, count, or express in numerical terms. For example, a person's general view about using chemicals to alter his/her life experiences is really qualitative, though we may use multiple attitude items to try to develop quantitative indicators of this view.

Qualitative Research

Research involving detailed, verbal descriptions of characteristics, cases, and settings. Qualitative research typically uses observation, interviewing, and document review to collect data. It provides information that can be very useful in understanding or interpreting quantitative data, but qualitative information alone is not easily comparable across settings or programs.

Quantify

To attach numbers to an observation.

Quality Assurance

A process for keeping quality of inputs or outputs to specifications. *Formative evaluation* is ultimately aimed at quality assurance and quality improvement. Program *deviation* is a threat to quality assurance.

Quality Improvement

(AKA Continuous Quality Improvement) is a process for assuring that the quality of inputs or outputs continues to evolve. Program *modifications* when based upon theory and data may lead to quality improvement.

Quantitative Data

Information that can be expressed in numerical terms, counted, or compared on a scale. FOR EXAMPLE, the number interventions administered during the program.

Quantitative Analysis

An analysis that ascertains the magnitude, amount, or size, for example, of the attributes, behavior, or opinions of the entity being measured. FOR EXAMPLE, in describing a population, a quantitative analysis might conclude that the average person is 5 feet 11 inches tall, weighs 180 pounds, and is 45 years old.

Quantitative Research

Usually refers to studies that are highly objective often using closed-end, forced-choice questionnaires. These studies tend to rely heavily on statistics and numerical measures.

Quasi-experimental Design

A research design with some, but not all, of the characteristics of an experimental design. While comparison groups are available and maximum controls are used to minimize threats to validity, *random assignment* of participants to the experimental and control groups is not possible or practical.

Questionnaire

A printed form containing a set of questions for gathering information.

R

Random Assignment

The assignment of individuals in the pool of all potential participants to either the experimental (treatment) group or the control group in such a manner that their assignment to a group is determined entirely by chance.

Random Comparison Group Design

In this research design, the comparison group is randomly selected from the population of interest, even though the treatment group is not selected randomly.

Randomized Comparative Change Design

In the experimental design known as the randomized comparative change design a treatment and control group are randomly selected for study. Both groups are administered a pre-test. The treatment group is given the treatment, while the control group is not. Both groups are tested or

measured after the treatment. The test results of the two groups are compared. The pretest allows a check on the randomization process, and allows for control of any differences found.

Randomized Comparative Post-test Design

In the experimental design known as the randomized comparative post-test design a treatment and control group are randomly selected for study. The treatment group is given the treatment, while the control group is not. Both groups are tested or measured after the treatment. The test results of the two groups are compared.

Random Sampling

A procedure for sampling from a population that gives each unit in the population a known probability of being selected into the sample.

Range

A measure of spread which gives the distance between the lowest and the highest values in a distribution; a statistic used primarily with interval-ratio variables. FOR EXAMPLE, a study may report that ages in the sample ranged from 21 to 65 years.

Ratio Measure

A level of measurement which has all the attributes of nominal, ordinal, and interval measures, and is based on a "true zero" point. As a result, the difference between two values or cases may be expressed as a ratio. FOR EXAMPLE, it may be reported that person A weighed twice as much as person B, because weight is typically measured using a ratio measure (i.e., pounds).

Regression Analysis

A multivariate statistical method for determining the association between a dependent variable and one or more independent variables.

Regression Coefficient

An asymmetric measure of association; a statistic computed as part of a regression analysis.

Regression Discontinuity Design

In this research design, subjects are placed into treatment and control groups based on a score obtained on some variable. Those scoring higher on the assignment variable are placed into one group, while those scoring lower are placed in the other group.

Regression Effects (Regression toward the mean value)

The tendency of subjects, who are initially selected due to their extreme scores, to have subsequent scores that move toward the mean (average) score. Also known as statistical regression/regression to the mean/regression fallacy. FOR EXAMPLE, students with the highest grades on a midterm exam are more likely to have scores closer to the mean at the final. If students who report the highest levels of drug use in the past two weeks are enrolled in a prevention program their general tendency to be more like the average at a later measurement may be confounded with any effects of the prevention program.

Reliability

The extent to which a measurement instrument yields consistent, stable, and uniform results over repeated observations or measurements under the same conditions each time. FOR EXAMPLE, a bathroom scale is unreliable if it weighs a child three times in three minutes and gets three different weights. Reliability is necessary to have a valid measure, but it does not guarantee validity. A broken yields consistent, stable, and uniform results over repeated observations, but is not a valid indicator of the time.

Reliability Assessment

An effort required to demonstrate the repeatability of a measurement or how likely a question may be to get consistently similar results. It is different from verification (checking accuracy) or validity.

Replication

The duplication of an experiment or program.

Replication Program

In Florida, the implementation of a prevention program that has been accepted by DCF as having been proven effective. Implementation of a replication program requires collection of pretest and posttest data from participants and reporting of process data, but does not require the use of a comparison group or a control group.

Representative

Reflecting the characteristics or nature of the larger population to which one wants to generalize.

Representative Sample

A sample that has approximately the same distribution of characteristics as the population from which it was drawn.

Research Design

A plan of what data to gather, from whom, how and when to collect the data, and how to analyze the data obtained.

Resistant Statistic

A statistic that is not influenced much by changes in a few observations.

Resources

Assets available and anticipated for operations. They include people, equipment, facilities and other things used to plan, implement, and evaluate public programs whether or not paid for directly by public funds.

Respondent

A person who responds to or answers the survey questions.

Response Choices (also called Scale Choices)

The possible answers to survey questions; respondents are asked to select one among the possible choices as their answer to the question.

Response Rate

The percentage of eligible participants who actually complete a survey.

Response Style

The tendency of a respondent to answer in a specific way regardless of how a question is asked. FOR EXAMPLE, some persons may be more likely to use extreme categories, such as "very good" or "excellent", while others may shy away from use of such extremes.

Response Variable

A variable on which information is collected and which there is an interest because of its direct policy relevance. FOR EXAMPLE, in studying policies for retraining displaced workers, employment rate might be the response variable.

S

Sample

A representative part of a larger whole; a subset of a population whose properties are studied to gain information about the whole.

Sample Design

The sampling procedure used to produce any type of sample.

Sampling Distribution

The distribution of a statistic.

Sampling Error

The maximum expected difference between a probability sample value and the true value.

Sampling Frame

The complete list of the universe or population of interest in the study. FOR EXAMPLE, all persons living in a given area, or all offenders eligible for a given treatment.

Sample Size

The number of individuals in the sample; the number of individuals who complete a survey.

Scale (also called an Instrument)

A set of survey items used to determine the present level of functioning in a particular domain of interest.

Scale Choices (also called Response Choices)

The possible answers to survey questions; respondents are asked to select one among the possible choices as their answer to the question.

Scientific Sample

Synonymous with Probability Sample. A group of cases selected from a population by a process that gives every member of the population a known, nonzero probability of being selected.

Scoping

Analyzing alternative ways for conducting an evaluation. It is clarifying the validity of issues, the complexity of the assignment, the users of final reports, and the selection of team members to meet the needs of an evaluation. Scoping ends when a major go/no-go decision is made about whether to do the evaluation.

Secondary Analysis

Technique for extracting from previously conducted studies new knowledge on topics other than those that were the focus of the original studies. Usually involves systematic re-analysis of existing data.

Secondary Data

Data that has been collected for another purpose, but may be reanalyzed in a subsequent study. FOR EXAMPLE, state criminal history files may be searched both to analyze prior criminal history of offenders in treatment programs and to identify subsequent recidivism. However, these data were not originally collected for such purposes.

Selection Bias

Potential biases introduced into a study by the selection of different types of people into treatment and comparison groups. As a result, the outcome differences may potentially be explained as a result of pre-existing differences between the groups, as opposed to the treatment itself.

Selective Prevention Program

One of the two types of programs defined by the Institute of Medicine that is treated as a Level 1 program in Florida. Its prevention activities are targeted to a subgroup of the population whose aggregate risk of developing a disorder is believed to be higher than average.

Self-evaluation

The evaluation of a program by those conducting the program. As a component of quality assurance and quality improvement, it may be valuable, but it often lacks credibility to outside observers.

Self-Reported Data

Information that program participants generate themselves that is used to assess program processes or outcomes.

Significance Level

A statistical description of the degree of likelihood that the characteristics of data observed from a sample can be inferred to describe the population they are intended to describe. For example a significance (alpha level) of .05 attached to a comparison of mean values between two subgroups of the sample (men versus women) states that a difference of the magnitude observed in the sample would only be expected to occur five percent of the time when the sample was drawn from a population where there truly was no difference between the two groups (men & women).

Simple Random Sample

A method for drawing a sample from a population such that all samples of a given size have equal probability of being drawn.

Sleeper Effect

Also "lagged effect" - An impact of a study that does not appear immediately, but may manifest itself at a later time.

Spread

General term for the extent of variation among cases.

Staffing

Personnel required for a program or a project.

Standard

A criterion for evaluating performance and results. It may be a quantity or quality of output to be produced, a rule of conduct to be observed, a model of operation to be adhered to, or a degree of progress toward a goal.

Standard Deviation

Index of variability of a distribution. A measure of the spread, the square root of the variance; a statistic used with interval-ratio variables.

Standard Instruments

An assessment, inventory, questionnaire, or interview that has been tested with a large number of individuals and is designed to be administered to program participants in a consistent manner. Results of tests with program participants can be compared to reported results of the tests used with other populations.

Standardized Question

A question that is designed to be asked or read and interpreted in the same way regardless of the number and variety of interviewers and respondents.

Statistic

A number computed from data on one or more variables.

Statistical Analysis

Analyzing collected data for the purposes of summarizing information to make it more usable and/or making generalizations about a population based on a sample drawn from that population.

Statistical Conclusion Validity

The extent to which the observed statistical significance (or the lack of statistical significance) of the covariation between two or more variables is based on a valid statistical test of that covariation.

Statistical Control

A statistical technique used to eliminate variance in dependent variables caused by extraneous sources. In evaluation research, statistical controls are often used to control for possible variation due to selection bias by adjusting data for program and control group on relevant characteristics.

Statistical Procedure

A set of standards and rules based in statistical theory by which one can describe and evaluate what has occurred.

Statistical Sample

Synonymous with probability sample; a group of cases selected from a population by a random process in which every member of the population has a known, nonzero probability of being selected.

Statistical Significance

A statistical statement of our degree of confidence in inferring the results from our study sample to the population at large. When our study group is very large, even differences of very small magnitude may be statistically significant. When we have a small study group, as with a pilot study, even very large differences in outcomes may not achieve statistical significance. Tests of statistical significance are always more meaningful when compared with a measure of the strength of the association (i.e., a measure of correlation).

Statistical Test

Type of statistical procedure that is applied to data to determine whether the results are statistically significant. (That is, the outcome is not likely to have resulted by chance alone.)

Statistical Weighting

A technique used to assure representation of certain groups in the sample. Data for underrepresented cases are weighted to compensate for their small numbers, making the sample a better representation of the underlying population.

Strategic Evaluation

An evaluation used by managers as an aid to decide which strategy a program should adopt in order to accomplish its goals and objectives at a minimum cost. In addition, strategy evaluation might include alternative specifications of the program design itself, detailing milestone and flow networks, manpower specifications, progress objectives, and budget allocations.

Strategic Plan

The process of comprehensive, integrative program planning that considers, at a minimum, the future of current decisions, overall policy, organizational development, and links to operational plans.

Stratified Random Sampling

A sampling procedure for which the population is first divided into strata or subgroups based on designated criteria and then the sample is drawn, either proportionately or disproportionately, from each subgroup.

Structural Equation Modeling

A method for determining the extent to which data on a set of variables are consistent with hypotheses about causal association among the variables. This approach is rarely used in evaluation research.

Structured Interview

An interview in which questions to be asked, their sequence, and detailed information to be gathered are all predetermined; used where maximum consistency across interviews and interviewees is needed.

Summative Evaluation

A type of post-hoc outcome evaluation that assesses the results or outcomes of a program. This type of evaluation is concerned with a program's overall effectiveness and the data may be useful in decisions about renewals or changes in programming.

Survey

Systematic collection of data that uses a questionnaire and a recognized sampling method. Surveys are conducted face-to-face (in-person), by telephone, and are self-administered (usually distributed by mail, e-mail, or fax).

Survey Booklet

A booklet containing all survey questions and instructions.

Symmetric Measure of Association

A measure of association that does not make a distinction between independent and dependent variables.

Systematic Sample

A sample drawn by taking every nth case from a list, after starting with a randomly selected case among the first n individuals.

T

Target

An objective (constraint or expected result) set by management to communicate program purpose to operating personnel (for example, maintaining a monthly output level).

Target Population

The population, clients, or subjects intended to be identified and served by the program.

Telescoping

The tendency of respondents (particularly in victim surveys) to move forward and report as having occurred events which actually took place before the reference period or time period being studied. FOR EXAMPLE, a respondent asked if she had been the victim of a robbery in the last year, recalls and reports an incident that actually occurred 18 months prior.

Testing Bias

Bias and foreknowledge introduced to participants as a result of a pretest. The experience of the first test may impact subsequent reactions to the treatment or to retesting.

Test-retest reliability

Administration of the same test instrument twice to the same population for the purpose of assuring reliability of measurement.

Theory Failure

A program shortcoming in which the intermediate program effects succeed as planned but the outcome criteria remain unchanged.

Time Points

The dates when the surveys are administered.

Time-series Designs

Research designs that collect data over long time intervals - before, during, and after program implementation. This allows for the analysis of change in key factors over time.

Transformed Variable

A variable for which the attribute values have been systematically changed for the sake of data analysis.

Treatment Group

The subjects of the intervention being studied.

Treatment Variable

An independent variable in program evaluation that is of particular interest because it corresponds to a program's intent to change some dependent variable. FOR EXAMPLE, number of sessions with the case counselor or participation in training programs.

Trend

The change in a series of data over a period of years that remains after the data have been adjusted to remove seasonal and cyclical fluctuations.

U

Universal Prevention Program

One of the two types of programs defined by the Institute of Medicine that is treated as a Level 1 program in Florida. Its prevention activities are targeted to the general public or to a whole population sub group (e.g., middle school students) that has not been identified on the basis of elevated individual or subgroup risk.

V

Validation Program

In Florida, this refers to a prevention program that has not yet been researched sufficiently to provide scientific evidence of its effectiveness. For public funds to be used for these unproven programs, it is required that they undergo a more rigorous evaluation that may lead to the "validation" of the program. A difficult and expensive part of this greater rigor is the necessity of testing a second group of similar persons who do not receive an intervention. Depending on how this second group is chosen, it is referred to as a comparison group or a control group.

Validity

The extent to which a measurement instrument or test accurately measures what it is supposed to measure. FOR EXAMPLE, a reading test is a valid measure of reading skills, but it is not a valid measure of total language competency.

Validity Assessment

The procedures necessary to demonstrate that a question or questions are measuring the concepts that they were designed to measure.

Variable

Variables can be classified into three categories:

A. Independent (input, manipulated, treatment, or stimulus) variables, so called because they are "independent" of the outcome; instead, they are presumed to cause, effect, or influence the outcome.

