FAST Forward
Community Readiness Assessment

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Executive Summary

Key Question: Are NH communities ready to provide services and supports?

- The FAST Forward System of Care is designed to meet serve the diverse needs of NH youth with severe emotional disturbance (SED) and their families.
- FAST Forward’s success hinges on the readiness of NH communities to provide accessible, well-coordinated, high-quality services and supports.

Method: Let’s find out: community readiness assessment (CRA)

63 Key Informants Nominated  58 Key Informants Interviewed  94% response rate
10 NH Regions  7 Sectors  9 Readiness Levels  6 Dimensions

Findings: Efforts under way, but communities/systems not very aware or supportive

Recommendations: Bring youth, families, communities, and systems together

- Develop broad community awareness and education campaigns that demonstrate how the needs of youth and families and their communities are aligned.
- Better prepare, guide, and support youth and families to successfully navigate NH’s behavioral health system and resources.
- Enhance family trust and confidence in youth serving systems, paving the way to infuse youth and family perspective throughout NH’s community-based systems of care.
- Strengthen and connect local systems of care to the state level system of care.
- Promote awareness of existing behavioral health supports and services, and improve effectiveness and coordination of them.
Introduction

Improving care for NH children and youth with SED

The FAST Forward System of Care is a values-based system designed to serve NH children, youth, and families experiencing difficulties in day-to-day life due to a severe emotional disturbance (SED) and who are at risk for acute psychiatric hospitalization or placement in a residential treatment facility. Built on partnerships among service systems within the NH Department of Health and Human Services and community-based providers, the FAST Forward System of Care offers access to individualized services, aligned with the unique potential and needs of each child and family, and guided by a strengths-based, wraparound service planning process. These enhanced services and supports are designed to build resilience, coping, and strategies for families to better meet their child or youth’s behavioral health needs and to improve outcomes and functioning in home, school, and community. The success of FAST Forward hinges on the availability, utilization, and provision of well-coordinated, high-quality professional services, natural supports, and community resources in the home communities of youth with SED and their families.

Understanding, assessing, and improving readiness

A Community Readiness Assessment (CRA) is one way to measure the readiness of NH communities to provide high-quality, coordinated services and supports. Community readiness is the degree to which a community is prepared to take action on an issue. We selected the tool developed by Tri-Ethnic Center for Prevention Research at Colorado State University to measure readiness. The utility of this tool has been demonstrated in many communities and on many issues (Plested, Edwards, & Jumper-Thurman, 2006).

This tool relies on the deep knowledge of key informants to assess the level of readiness across six dimensions of readiness. Level of readiness is assessed as falling within one of nine stages, ranging from “No Awareness” and “Denial,” to “Community Ownership.” These stages capture not only the current status of readiness but also the interventions and strategies most likely to bolster readiness and to aid in program planning and improvement (see Figure 1).

The level of readiness is assessed across six dimensions:

- **Existing Efforts**: To what extent are there efforts, programs, and policies that address the issue?
- **Knowledge of the Efforts**: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- **Leadership**: To what extent are appointed leaders and influential community members supportive of the issue?
- **Climate**: What is the prevailing attitude—helplessness versus empowerment?
- **Knowledge About the Issue**: To what extent do community members know about the causes and consequences of the problem in your community?
- **Resources**: To what extent are people, time, money, and space available to support efforts?
### Figure 1: Stages of Readiness, Community Readiness Model

<table>
<thead>
<tr>
<th>Stage</th>
<th>Characteristics</th>
<th>Intervention Goals</th>
<th>Appropriate Strategies</th>
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<tbody>
<tr>
<td>1. No Awareness</td>
<td>Issue generally not recognized as a problem.</td>
<td>Raise awareness of the issue.</td>
<td>• Build support on an individual basis.</td>
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<td>• Visit established groups.</td>
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<td>2. Denial</td>
<td>Some concerned but few regard as a local problem or one that can be changed.</td>
<td>Raise awareness that the problem exists in the community.</td>
<td>• Use low intensity message and high visibility media to distribute information.</td>
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<td>3. Vague Awareness</td>
<td>Recognition of the problem, but no motivation for action.</td>
<td>Raise awareness that the community can do something about the problem.</td>
<td>• Hold special events.</td>
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<td>• Use informal surveys to gauge public feeling.</td>
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<td></td>
<td>• Raise intensity of message in news/social media, websites, etc.</td>
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<td>4. Preplanning</td>
<td>Recognition of the problem, agreement that something must be done, but few efforts underway.</td>
<td>Raise awareness with concrete ideas to address the problem.</td>
<td>• Conduct assessment of what is going on.</td>
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<td>• Hold focus groups to hear ideas.</td>
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<td>5. Preparation</td>
<td>Active planning, modest community support.</td>
<td>Gather existing information to help plan strategies.</td>
<td>• Gather and present local data on issue.</td>
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<td></td>
<td></td>
<td></td>
<td>• Increase media exposure.</td>
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<td>6. Initiation</td>
<td>Enough information to justify efforts; efforts are underway.</td>
<td>Provide community-specific info.</td>
<td>• Begin training providers and community members.</td>
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<td></td>
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<td>• Conduct public forums and sponsor larger events.</td>
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<td>7. Stabilization</td>
<td>One or two efforts supported; staff trained/experienced.</td>
<td>Stabilize efforts/program.</td>
<td>• Maintain business and other support.</td>
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<td></td>
<td>• Introduce new programs.</td>
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<td></td>
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<td></td>
<td>• Increase media exposure.</td>
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<td></td>
<td></td>
<td></td>
<td>• Utilize evaluation for improvement.</td>
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<tr>
<td>8. Confirmation &amp; Expansion</td>
<td>Efforts in place and in use, data collected, recognize limitations of existing efforts and attempt to improve.</td>
<td>Expand and enhance efforts.</td>
<td>• Report data trends.</td>
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<td></td>
<td></td>
<td></td>
<td>• Solicit public opinion.</td>
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<td></td>
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<td>• Provide evaluation feedback to community and professionals.</td>
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<td>9. Community Ownership</td>
<td>Sophisticated understanding of the problem and efforts to address it in the community; strong training and effective evaluation.</td>
<td>Maintain momentum and continue growth.</td>
<td>• Diversify funding sources.</td>
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<td></td>
<td></td>
<td>• Maintain and expand business support.</td>
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<td>• Track data for grant writing.</td>
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The CRA model recommends that programs target for improvement the lowest dimensions of readiness first, using an appropriate intervention. For instance, campaigns to convince people that the issue is a real problem in their community are appropriate for low levels of awareness, whereas the same campaign strains the patience of audiences at higher stages of readiness, who are ready to take action and who want guidance about how to proceed (see Figure 1).

This CRA offers a window into the baseline level of readiness of NH communities as FAST Forward begins serving youth with SED and their families. This assessment can be used to help determine appropriate strategies for developing capacity across various NH communities. A follow-up CRA, planned for the end of the grant period, will help capture changes in readiness over the grant period.
Methods

Defining the issue
The Community Readiness Model process involves identifying the issue for assessment, adapting the interview protocol, defining the communities, conducting interviews with key respondents, scoring the interviews to determine readiness scores, then developing strategies for action consistent with community readiness. For this assessment, the issue was defined as “the readiness and capacity of NH communities to provide high-quality, coordinated services and supports to children and youth with serious emotional disturbance and their families.”

Identifying sectors and regions
Based on input from FAST Forward partners, we identified seven sectors with a key perspective on the issue: youth with SED, family members, CMHC children’s directors, public health officials, emergency medical service providers (EMS), substance abuse service providers, and special education directors. We identified 10 NH regions/communities for the purpose of the CRA, based on Community Mental Health Center catchment areas (see Figure 2).

Recruiting key informants
Typically, the CRA model suggests that interviewing four to six key informants per community will provide an accurate estimate of community-wide readiness. We planned to recruit seven key informants (one per sector) in each of the 10 geographic regions, for a total of 70 interviews. With the exception of the North Country, we sought to identify key informants for each sector who were centrally located within the major hub in each region. Because there is no central hub in the North Country, we recruited informants from Berlin, Littleton, Colebrook, and Whitefield.

Key informants were identified by FAST Forward stakeholders and recruited by the evaluation team for all sectors and regions. A total of 63 potential key informants were identified by FAST Forward stakeholders, with at least one key informant identified per sector, per region, with the exception of youth with SED and family members, where only five and eight key informants were identified, respectively. Of those five youth and eight family members nominated, four youth and five family members responded to requests to be interviewed. Thus, a total of 59 key informants were ultimately interviewed, for a 94% response rate. One key informant per sector was interviewed per region, except for youth with SED (four interviewed in the Lakes, Manchester, and Strafford regions) and family members (five interviewed in the Capital, North Country, Monadnock, Manchester, and Seacoast regions). With the notable exception of youth and families, this CRA process captured a broad array of perspectives and geographic representation.
Figure 2: Community Mental Health Regions of NH

New Hampshire Community Mental Health Regions

Region I
Northern Human Services
57 Washington St, Concord, N.H. 03301
Tel: (603) 447-3347 Fax: (603) 447-3893

Region II
West Central Behavioral Health
5 Hanover St, Suite 2, Lebanon, N.H. 03766
Tel: (603) 446-0126 Fax: (603) 446-0129

Region III
Genesis Behavioral Health
111 Church St, Laconia, N.H. 03246
Tel: (603) 524-1100 Fax: (603) 524-0760

Region IV
Riverbend Community Mental Health Center
70 Pembroke St, P.O. Box 2032
Concord, N.H. 03302-2032
Tel: (603) 226-7508

Region V
Merrimack Valley Services
84 Main St, Suite 301, Keene, N.H. 03431
Tel: (603) 357-6400 Fax: (603) 357-6959

Region VI
Community Council of Nashua
7 Prospect St, Nashua, N.H. 03060
Tel: (603) 883-1111 Fax: (603) 884-3458

Region VII
Mental Health Center of Greater Manchester
401 Cypress St, Manchester, N.H. 03103
Tel: (603) 628-4134 Fax: (603) 628-4134

Region VIII
Seacoast Mental Health Center
113 Concord Ave, Portsmouth, N.H. 03071
Tel: (603) 431-8703 Fax: (603) 432-3753

Region IX
Community Partners
113 Crocker Rd, Dover, N.H. 03820
Tel: (603) 744-0115 Fax: (603) 744-0115

Region X
Center for Life Management
Seacoast Professional Park
44 Sites Rd, Salem, N.H. 03079
Tel: (603) 893-2548 Fax: (603) 893-1628
**Interview protocol**
We adapted the standard Community Readiness Model interview protocol for FAST Forward. The final interview protocol contained 20 questions (see Appendix). We interviewed 58 respondents by telephone and one respondent in person, by request. Interviews took between 30 and 60 minutes.

**Scoring interviews**
A member of the Antioch University New England (AUNE) evaluation team experienced in the Community Readiness Model oriented the evaluation coordinator to conducting the interviews and trained three AUNE doctoral students to score them. The rater group practiced rating until they reached an 80% agreement rate. After training was complete, two or three raters independently scored each interview against a set of anchored ratings for each dimension of readiness. Raters then came together to reach consensus on discrepant scores. This process ultimately yielded a numeric score, ranging from 1-9, for each of six dimensions of readiness, as well as an overall readiness score.

**Thematic analysis**
We also conducted a thematic analysis of the sentiments expressed by the key informants, to augment the readiness scores. First, the interviewer identified text segments that captured the sentiments and experiences expressed by each key informant and passed these along to a team of coders who assigned each text segment a word or phrase that captured the core meaning. The coders reached consensus on these initial core meanings, at which point they searched for the broader themes expressed by the key informants. These themes were subsequently clustered and labeled (e.g., “resources”). The final product of this process was a set of clustered themes, consisting of coded text segments.
Results

Readiness scores

Below, we report the readiness scores for New Hampshire as a whole, then by dimension, sector, and region.

**NH is in the Preplanning stage.** The total score (4.2) indicates that, across dimensions, New Hampshire communities are in Stage 4 (Preplanning) of readiness to provide high-quality, coordinated services and supports for children and youth with serious emotional disturbance and their families (see Figure 3). Preplanning means that there is clear recognition of the importance of the issue, but attempts to address it are nascent, not easily accessible, and/or ineffective.

**Community Efforts highest, Knowledge and Climate lowest dimensions.** NH readiness dimension scores range from 3.48 and 3.67 (Vague Awareness) for Community Climate and Community Knowledge of the Efforts to 5.58 (Preparation) for Community Efforts (see Figure 3). While efforts to address the problem are being actively prepared, NH communities may not be very informed about, supportive of, or able to access those efforts. The other dimensions all fell within the Preplanning stage of readiness.

![Figure 3: NH Readiness by Dimension](image)

**Family, youth, EMS perceive the lowest levels of community readiness.** The Family sector perceived NH communities to be at a relatively low level of readiness (2.82, Denial/Resistance Stage). At this stage, community members recognize the problem in the abstract, but not on the local level, or if there is a local problem, that nothing needs to/can be done about it. Characteristic attitudes are: “It’s not our problem” and “We can’t do anything about it.” The Youth (3.49) and EMS (3.57) sectors perceived NH communities to be at only a slightly higher level of readiness (Stage 3: Vague Awareness). They report that while local concern exists, immediate motivation to do anything about it is lacking. The highest levels of community readiness were perceived by the Education (4.88), CMHC (4.67), Public Health (4.66) and Substance Abuse sectors (4.2), whose scores all fell in Stage 4 (Preplanning). Preplanning indicates that awareness of the need exists, there may be groups addressing it, but efforts are not focused, accessible, well known, and/or effective (see Figure 4).
Figure 4: NH Readiness by Sector

Regional readiness profile relatively uniform. The North Country (3.71) and Seacoast (3.97) regions scored on the high end of the Vague Awareness stage: while there is some level of local recognition of a problem, there is little immediate motivation to do anything about it in these regions (see Figure 5). The readiness of the other regions all scored in the Preplanning stage; clear recognition that something must be done, but efforts are nascent.

Figure 5: NH Readiness by Regions

The only readiness dimension that varied substantially by region was Community Efforts, which ranged from Preplanning (Stage 4; Seacoast and Manchester), to Planning (Stage 5; Monadnock, Capital Region, Upper Valley, Strafford, North Country, Southeastern NH) through Initiation (Stage 6; Lakes Region, Nashua). At the initiation stage, information is available to justify efforts, which are well underway (see Figure 6).

Figure 6: “Community Efforts” by Region
Readiness themes
Thematic analysis was conducted to give voice to the readiness scores (see Methods). This analysis revealed three clusters: Strengths and Opportunities, Needs, and Barriers, each with multiple themes (see Figure 7).

Strengths and opportunities. Some respondents reported at least adequate community awareness and support, in conjunction with strong, if disconnected, local services and supports being delivered in close proximity to each other, providing an opportunity for more coordinated, collaborative care. The leadership of schools in recognizing and providing for the needs of youth with SED also emerged as a strength.

Needs. Respondents called for stronger, more coordinated leadership with a clear vision and direction, and better communication and education around SED to more effectively engage communities in recognizing and solving the problem. Respondents also noted the need to help educate and empower families to navigate the behavioral health system, as well as for more and improved services and supports, including inpatient crisis settings; better integration, collaboration, and coordination; and enhanced follow up and follow through by service and support providers. Finally, respondents called for more and improved data to inform and build support for systems of care.

Barriers. Barriers were ubiquitous, and ran the gamut from community-wide lack of awareness about SED to nitty-gritty challenges of care coordination like maintaining confidentiality. Respondents noted challenging—even hostile—community environments for youth with SED and their families, in terms of “we versus them” conflicts over limited resources and mental health stigma. Respondents also gave voice to the lack of sufficient resources (including funding, staff, infrastructure and time) to provide high-quality, coordinated care. Further, respondents identified deficient behavioral health system leadership and care coordination as problematic. Physical barriers like distance to services and lack of transportation emerged as obstacles as well. Finally, lack of knowledge and skills to effectively implement evidence-based practices was also identified as a barrier.

Figure 7: Clusters and Themes

<table>
<thead>
<tr>
<th>Clusters</th>
<th>Themes</th>
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<tbody>
<tr>
<td><strong>Strengths and Opportunities</strong></td>
<td>Proximity of services and supports can help with care coordination</td>
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<td>Good services and supports on local, grassroots level</td>
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<td></td>
<td>Some community awareness and support already exists</td>
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<td></td>
<td>Schools are leading the way</td>
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<td><strong>Needs</strong></td>
<td>Community awareness and education about the needs of youth with SED and their families</td>
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<td>Shared vision and strong leadership at community level</td>
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<td></td>
<td>Education for youth/families about how to navigate the system</td>
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<td></td>
<td>More data to raise awareness, inform, support efforts</td>
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<tr>
<td></td>
<td>Service level follow up and follow through</td>
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<tr>
<td>Service coordination, collaboration, integration</td>
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<tr>
<td>-----------------------------------------------</td>
<td></td>
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<tr>
<td>Acute inpatient settings/services for crisis situations</td>
<td></td>
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<tr>
<td><strong>Barriers</strong></td>
<td>Challenging community environment</td>
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<tr>
<td></td>
<td>Limited funding, resources, infrastructure</td>
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<td></td>
<td>Limited understanding of effective implementation practices</td>
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<td></td>
<td>Confidentiality and privacy issues inhibit collaboration</td>
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<td></td>
<td>Leadership changeover</td>
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<td></td>
<td>Travel and transportation</td>
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Conclusions and Recommendations

These results point to the following community readiness improvement strategies, all of which are consistent with FAST Forward’s goals and objectives:

1. Foster community awareness and climate.
2. Elevate and empower youth and family voice and choice.
3. Develop and connect NH’s behavioral health services, supports, and systems.

Foster community awareness and climate
This assessment suggests that NH communities are minimally aware of the local needs of youth with SED and their families, the community-wide impacts associated with those needs going unmet, and the existing efforts to address them — all of which could be addressed through social marketing and public education. While it may be tempting to advance specific policy goals, lower intensity information and media that aligns the needs and goals of youth with SED and their families, with those of their home communities, would be more successful given relatively low levels of readiness. FAST Forward might consider some of the following:

- Promote NHCBHC website as a statewide information hub.
- Develop local, culturally and linguistically appropriate, flexible-use information about NH children/youth with serious emotional disturbance and disseminate through conventional and social media, as well as the NHCBHC website.
- Use YouthMove Facebook presence, and other social media (twitter, email blasts) to spread information and to build a community of shared experience.
- Introduce mental health awareness and stigma prevention and information on children/youth with SED at local community events and to unrelated community groups.
- Present information on SED and its local implications at community events (e.g., organize local screenings of “Who Cares about Kelsey?”).
- Disseminate community readiness and other local data on local implications of youth with SED in community forums.

Elevate and empower youth and family voice and choice
These results, as well as the difficulty we experienced recruiting family and youth to take part in this CRA, suggest the need to 1) prepare and support youth and families to more successfully navigate the system; and 2) cultivate and infuse youth and family leadership and perspective throughout NH’s child-serving systems.

FAST Forward might consider some of the following:

- Provide one-on-one outreach to families of children/youth with SED.
- Create and disseminate region-specific roadmap/navigation information as a resource to families so they can benefit from the experience of others.
- Build a family network to share community- and culture-specific stories, experiences, and navigating/advocating “best practices”.
- Develop and sustain co-trainings, models, and tools that enable youth, families, community-based organizations, and systems to meaningfully collaborate, to infuse youth/family perspective into existing behavioral health governance and leadership structures.

Many youth and their families have a history of feeling let down by their local systems and communities; as such, those making efforts to engage them are likely to be met with well-founded skepticism and resistance at first. These efforts will need to start slowly, gradually and carefully working to build and repair trust and to cultivate a sense of community and connection before empowerment and transformation will take place.

**Develop and connect NH’s services, supports, and systems**

These results point to a need to strengthen local, community-based systems of care and to better connect those local systems with statewide efforts and structures. At the community level, we recommend promoting the awareness, effectiveness, coordination, and connectivity among and between *existing* programs, services and supports, including those offered by schools, as a good first step. In turn, community-based systems would profit from regional/local leadership development, and from improved connection to and communication with statewide efforts and systems, perhaps through regional leadership bodies. Many key respondents described existing community-based groups and coalitions that could be leveraged for this purpose.
References

Appendix

F.A.S.T. Forward
Community Readiness Assessment Interview Questions

COMMUNITY EFFORTS (programs, activities, policies, etc.) AND COMMUNITY KNOWLEDGE OF EFFORTS (A and B.)

1. Using a scale from 1-10, how important is making high quality, coordinated services and supports more available to children and youth with serious emotional disturbance and their families in your community (with 1 being “not at all” and 10 being “a very great concern”)? Please explain.

2. Please describe the efforts in your community to make high quality, coordinated services and supports more available to children and youth with serious emotional disturbance and their families. (A)

3. How long have these efforts been going on in your community? (A)

4. What does the community know about these efforts or activities? (B)

5. What are the strengths of these efforts? (B)

6. What are the weaknesses of these efforts? (B)

LEADERSHIP (C)

7. Using a scale from 1 to 10, how important is making high quality, coordinated services and supports more available to children and youth with serious emotional disturbance and their families to the leadership in your community (with 1 being “not at all” and 10 being “of great concern”)? Please explain.

8. How are these leaders involved in these efforts? Please explain. (For example: Are they involved in a committee, task force, etc.? How often do they meet?)

9. Would the leadership support additional efforts? Please explain.

COMMUNITY CLIMATE (D)

10. How does the community support efforts to make high quality, coordinated services and supports more available to children and youth with serious emotional disturbance and their families?

11. What are the primary obstacles to these efforts in your community?
KNOWLEDGE ABOUT THE ISSUE (E)

12. How knowledgeable are community members about the need to make high quality, coordinated services and supports more available to children and youth with serious emotional disturbance and their families? Please explain. (Prompt: For example, dynamics, signs, symptoms, local statistics, effects on family and friends, etc.)

13. What type of information is available in your community about this issue?

14. What local data are available on this issue in your community?

15. How do people obtain this information in your community?

RESOURCES (time, money, people, space, etc.) (F)

16. To whom would children and youth with serious emotional disturbance and their families turn to first for help in your community? Why?

17. What is the community’s and/or local business’ attitude about supporting efforts to make high quality, coordinated services and supports more available to children and youth with serious emotional disturbance and their families, with people volunteering time, making financial donations, and/or providing space?

18. Are you aware of any proposals or action plans that have been submitted for funding that would address this issue in your community? If yes, please explain.

19. Do you know if there is any evaluation of these efforts? If yes, on a scale of 1 to 10, how sophisticated is the evaluation effort (with 1 being “not at all” and 10 being “very sophisticated”)?

20. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?