Italic text is included to guide your evaluation plan and should not be included in your final plan.

Evaluation Plan for Grantee Name: *(years covered)*

Prepared by:

(name(s) and affiliation)

Overview

Briefly describe the program being evaluated (Vermont Regional Prevention Partnerships grant, i.e., RPP) including your program goals and objectives and how they relate to the Strategic Prevention Framework.

What is your program trying to achieve?

Lead Evaluation Contact: *(name, role, affiliation)*

# Evaluation Team

Complete the table below and add additional rows to include evaluation team members as needed:

|  |  |  |
| --- | --- | --- |
| **Name** | **Role/Organization** | **Responsibilities** |
| Lead evaluator name | Lead evaluator’s job title/organization | Coordinate evaluation, oversee data collection, write evaluation report |
| Program staff name (e.g., Officer Alex James Murphy) | Program staff’s job title/organization (e.g., Officer/XYZ sheriff’s office) | Data collection, data entry, etc. |
| DSU Grant Manager | Grant Manager/DSU | Receive, review, and approve evaluation plan and final report |

# Purpose

Why is the evaluation being done?

E.g., The purpose of this evaluation is to understand the implementation (I.e., process) and outcomes of prevention strategies implemented by (your organization here) as part of the Regional Prevention Partnerships grant with the Vermont Department of Health, Division of Substance Use Programs (DSU). Additionally, this evaluation will look at how well these strategies support the Strategic Prevention Framework.

What will the findings of this evaluation inform?

E.g., This evaluation will inform future programming implemented by (your organization here). By identifying how well prevention strategies demonstrate fidelity and provide positive outcomes, we can make improvements to existing programming and learn how to better support youth in our community.

# Scope

The scope of this evaluation includes information and data collected during the grant period from 2020 to 2025.

What is the focus of the evaluation (i.e., what activities are you evaluating)?

* Include list of strategies outlining the strategy name, goal(s) and activities for each. Specify the time period of program implementation/data collection for evaluation purposes.
* What outcomes are your program trying to achieve?
* What do you want to learn from the evaluation?

# Logic Model *(optional)*

Insert your logic model here. While logic models are not a grant requirement, they can be a very useful tool when developing an evaluation plan.

A logic model provides a visual representation of the program and is a succinct way of describing what was/will be done. The logic model outlines the inputs, activities, outputs, and outcomes of your program.

* [*Logic model overview*](https://www.healthvermont.gov/sites/default/files/document/dsu-logic-models-overview.pdf)
* [*Logic model templates*](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.healthvermont.gov%2Fsites%2Fdefault%2Ffiles%2Fdocument%2Fdsu-logic-model-templates.pptx&wdOrigin=BROWSELINK)

# Evaluation Questions and Indicators

When coming up with your evaluation questions, use the following criteria:

* It is important to staff and stakeholders.
* It reflects program goals.
* It can provide information that can lead to program improvement.
* It can be answered using available resources.

|  |  |  |
| --- | --- | --- |
| **Evaluation Questions** | **Evaluation Type** | **Indicators**  *Indictors are how you will measure success.* *What are some of the measurements or observable elements that can help you answer your question?*  *Note: there may be more than one indicator for each evaluation question* |
| Was each strategy implemented as intended? | Process | * Number of strategies implemented * Number of individuals served/reached * Successes and challenges * Description of adaptations made to strategies |
| How well did program implementation adhere to the Strategic Prevention Framework? | Process | * Summarize fidelity to the Strategic Prevention Framework |
| Did strategies produce positive outcomes? | Outcome | * Increased percent of youth/young adults reporting awareness of harm of substance use over time * Increased percent of youth reporting feelings of support/community connectedness over time |
| ***\*Additional questions/indicators can be added that are specific to your goals.***  *e.g., Did youth self-advocate and take on leadership roles in the community?* | *Outcome* | * *Increased number of Getting to Y focus group attendees* |

# Data Collection and Analysis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data or information need** | **Data source** | **Why is it needed?** | **How is it collected/calculated?** | **When this data will be available?** |
| Number of individuals served | Quarterly report | Understand how many individuals were served by each strategy |  |  |
| Number of individuals reached | Quarterly report | Understand how many individuals were reached by each strategy |  |  |
| Successes and challenges faced | Quarterly reports/program review | Context for implementation | Narrative |  |
| Description of adaptations made to strategies | Program review | Context for implementation | Narrative summary of adaptations and reasoning for change |  |
| Fidelity to the Strategic Prevention Framework | Program review | Understand how well your program adhered to SPF | Narrative summary of program fidelity |  |
| Youth (grades 9-12) feel like they matter in their community | YRBS | Measure feelings of support/community connectedness over time | Bi-annual survey |  |
| Perceived risk of alcohol and marijuana use among youth (grades 9-12) and young adults (age 18-25) | YRBS/YAS | Measure increased awareness of harm of substance use over time | Bi-annual survey |  |
| *e.g., Number of focus group attendees* | *Getting to Y* | *YRBS Context: understand how many youths self-advocated* | *Collected every 2 years by Getting to Y facilitator* |  |

What is your plan for collecting the data listed above?

Briefly explain how collected data will be analyzed and used to answer your evaluation questions. This doesn’t need to be complex.

Who is involved in interpreting and justifying conclusions?

# Use

What are your plans for using evaluation findings?

How can findings improve health equity?

# Limitations

What are the limitations of this evaluation? May include:

* + Available resources
  + Available staff
  + Time constraints
  + Data collection limitations

# Communication Plan

Outline your anticipated communications and routine meetings with the evaluation team/stakeholders in the table below.

|  |  |  |
| --- | --- | --- |
| **Purpose** | **How often** | **Who to include** |
| *Evaluation subcommittee meeting to monitor progress* | *Monthly* | *Evaluation lead and additional program staff involved in evaluation processes.* |
| *Report evaluation progress to DSU grant manager at quarterly RPP meetings* | *Quarterly* | *This meeting includes all DSU RPP grantees* |

# Goals and Timeline

When will evaluation activities occur? Use the table below to describe the timeline of evaluation activities.

|  |  |  |
| --- | --- | --- |
| **Date** | **Goals** | **Who is responsible?** |
| *March 2024* | *Submit draft of evaluation plan to DSU with Q2 report* | *Lead evaluator* |
| *April 2024* | *DSU reviews plan and provides feedback* | *DSU grant manager*  *DSU evaluator* |
| *June 2024* | *Submit final evaluation plan to DSU with Q3 report* | *Lead evaluator* |
| *September 2024* | *Start data collection in grant Year 5* | *Evaluation team* |
| *April 2025* | *Draft and review report* | *Lead evaluator and evaluation team* |
| *June 2025* | *Report finalized and submitted to DSU* | *Lead Evaluator* |

# Dissemination

How will the results of this evaluation be shared?

|  |  |  |
| --- | --- | --- |
| **Audience**  *Who is/are the target audience(s)?* | **Dissemination Plan**  *What method/medium will you use to disseminate evaluation findings to your audience(s)?* | **Responsible person**  *Who is responsible for sharing information?* |
| *DSU* | *Final evaluation report* | *Lead evaluation contact* |
| *Your organization* | *Final evaluation report and key highlights communicated internally by email* | *Lead evaluation contact* |
| *Local community/media* | *Data highlights from programs shared by email* | *Lead evaluation contact* |