

Coalition Name: Please Type Here
 Date of Review: Please Type Here
 Prevention Strategy: Please Type Here

**Ohio’s Strategic Prevention Framework – Partnerships for Success (SPF-PFS)
 Strategic Plan Map and Strategy Proposal Form Rubric
 DRAFT: June 2018**

Directions

1. Please rate each of the nine (9) areas of the Strategic Plan Map and Strategy Proposal using the 0-2 rating system.
2. Please write your rating on the line provided for each area. If you assign a “0” or “1” rating, please provide formative feedback in the comments section.
3. You may prepare an individual rating sheet for discussion with your team. However, only one rating sheet should be turned in per project.

Rating		
Fully Meets 2	Partially Meets 1	Does Not Meet 0

1. Strategic Plan Map: Overall Assessment

Rating: _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is the problem of practice grounded in data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the longer-term outcome(s) supported by the problem of practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the intervening variable(s) grounded in data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the intervening variable(s) directly related to the problem of practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the mid-term outcome(s) supported by the intervening variable(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the local condition(s) grounded in data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is the local condition(s) directly related to the intervening variable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is the local condition(s) related to the strategy selected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is the theory of change clearly articulated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is the theory of change logical and likely to create community-level change? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Strategic Plan Map: Strategy

Rating: _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are the activities related to the strategy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the community demonstrate the capacity (i.e., human/material resources) to carry out the activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the budget appropriate for the strategy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the timeline appropriate for the strategy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there a logical connection between the activities and the expected shorter-term outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the strategy logical and likely to create change in the intervening variable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Strategy Proposal Form: Overview of the Strategy

Rating: _____

Does the overview of the strategy:

- | | | |
|---|------------------------------|-----------------------------|
| 11. Clearly articulate <i>who</i> the intended recipient of the strategy will be? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Clearly articulate <i>what</i> will be implemented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Clearly articulate <i>where</i> the strategy will be implemented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Clearly articulate <i>when</i> the strategy will be implemented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Clearly articulate <i>how</i> the strategy will be implemented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Clearly describe the expected challenges and/or barriers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Clearly articulate how the unique needs of the service population will be addressed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. (Items A-J): Accurately describe the strategy in terms of the SAMHSA Cross-Site Evaluation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "NO" – which items need revisited and why?

SAMHSA Cross-site Evaluation Items to Revisit:

- Type comments here

4. Strategy Proposal Form: Demonstrate a Conceptual Fit with Community's Prevention Priorities **Rating:**_____

Does the proposal:

1. Clearly demonstrate how the strategy is relevant to data collected during the needs assessment? Yes No

5. Strategy Proposal Form: Demonstrate the Community's Readiness for this Strategy **Rating:**_____

Does the proposal:

7. Articulate the community's level of readiness? Yes No
 8. Describe how the community demonstrates readiness for this particular strategy? Yes No

6. Strategy Proposal Form: Demonstrate a Practical Fit (Theoretical "if-then" Proposition) **Rating:**_____

Does the proposal:

1. Clearly demonstrate a *logical* if-then proposition? Yes No

7. Strategy Proposal Form: Demonstrate a Cultural Fit **Rating:**_____

Does the proposal:

1. Clearly describe why the coalition choose this specific strategy for this specific population? Yes No
 2. Clearly describe how the community's workforce/partnerships/collaborations for this project reflect the needs of the population? Yes No

8. Strategy Proposal Form: Demonstrate a High Likelihood of Sustainability within the Community **Rating:**_____

Does the proposal:

1. Clearly describe how the coalition will sustain the strategy in their community? Yes No
 2. Address resources such as time, money, human resources, political support, etc.? Yes No

9. Strategy Proposal Form: Demonstrate Effectiveness **Rating:**_____

Does the proposal:

1. Clearly address all of the elements of effectiveness required? Yes No

Overall Rating:_____ (out of 18)

Comments**Strengths**

The SPF-PFS EBP Workgroup would like to commend the coalition on the following:

- [Type comments here](#)

Optional Recommendations

The SPF-PFS EBP Workgroup would like to offer the following suggestions for the coalition to consider:

- [Type comments here](#)

Required Revisions

The SPF-PFS EBP Workgroup is requiring the following revisions to the Strategic Plan Map and/or the Strategy Proposal Form. Each revision must be fully addressed during the revision process.

- [Type comments here](#)

Final Review Summary

□ APPROVED. The coalition may proceed to implementation. This strategy proposal has been approved by Ohio's SPF-PFS Evidence-Based Practices Workgroup. While there may be suggestions that the coalition may wish to address, no further review is necessary.

For media and social norms campaigns, final campaign materials must be submitted to the EBP Workgroup for review prior to implementation. The form and associated information may be found on the SPF-PFS website. The EBP meeting dates and associated submission deadlines are available on the SPF-PFS website.

□ REVISE AND RESUBMIT. The coalition may not proceed to implementation. This strategy proposal is being returned to the community coalition for minor revisions. Required revisions are detailed on the final review form. When the coalition is ready, the entire review package (strategic plan map and strategy proposal form) should be submitted to: ohioebpworkgroup@gmail.com and CC: your coalition's OCAM Coach and OSET Evaluator. The EBP meeting dates and associated submission deadlines are available on the SPF-PFS website.

□ DENIED. The coalition may not proceed to implementation. This strategy proposal is being returned to the community coalition for major revisions. This strategy proposal is being denied for the following reasons:

- Not enough information to review: Missing, incomplete, or underdeveloped information was provided in either the strategic plan map or the strategy proposal form.
- The theory of change is not logical.
- The theory of change does not correspond to the data provided.
- The strategy selected is not a logical fit for the theory of change.
- The theory of action for the strategy is incomplete, underdeveloped, or missing key details.
- The selected strategy is not grounded in evidence.

Next Steps for Community

- Meet with OCAM Coach and OSET Evaluator to debrief on the EBP Review.
- Make minor revisions as indicated by the SPF-PFS EBP Workgroup. When the coalition is ready, submit revised documents to: ohioebpworkgroup@gmail.com and CC: your coalition's OCAM Coach and OSET Evaluator. You must include a brief update about the revisions in the body of your coalition's email to the workgroup.
- Submit a plan to address the major revisions requested by the SPF-PFS EBP Workgroup to Dr. Dawn Thomas (SPF-PFS Project Director). The plan should include activities and a timeframe, including an anticipated date for resubmission to the SPF-PFS Workgroup. Please email your plan to Dawn.Thomas@mha.ohio.gov and CC: your coalition's OCAM Coach and OSET Evaluator.
- Make major revisions as indicated by the SPF-PFS EBP Workgroup. When the coalition is ready, submit revised documents to: ohioebpworkgroup@gmail.com and CC: your coalition's OCAM Coach and OSET Evaluator. You must include a brief update about the revisions in the body of your coalition's email to the workgroup.
- When the coalition is ready, complete and submit the Final Media Campaign Review Form and submit to: ohioebpworkgroup@gmail.com and CC: your coalition's OCAM Coach and OSET Evaluator.