

Module Three

Prevention Program Planning Alternative

Time

The anticipated time for the training is four to six hours.

Learning Objectives

Participants will be able to:

- Describe the five steps of SAMHSA's Strategic Prevention Framework
- Understand the basic components of completing each step

Materials and Preparation

1. Prepare an overhead or LCD projector with the appropriate slides.
2. Prepare the materials for the activities.
 - Hypothetical Data set and directions
 - Capacity Mapping tool and directions
 - Poster paper, marker and easel
3. Optional: Prepare five posters, each labeled with one step of the Strategic Prevention Framework.
4. Optional: Be ready to refer to the following information and worksheets:
 - **SAMHSA's Strategic Prevention Framework At-A-Glance**
 - **Institute of Medicine Continuum of Care**
 - **School-, Family- and Community-Based Prevention Strategies**
 - **U, S or I?**

Note to facilitator:

This module provides an overview of a framework for comprehensive prevention planning. It does not describe all of the tasks and activities involved in operationalizing the steps in the framework. Rather the intention of this module is to provide a foundational overview of the concepts and elements that inform and drive comprehensive, data-driven prevention planning.

Format of Facilitator Notes

Trainer instructions are in *italics*. Suggested narrative is in normal font.

Before showing Slide 1 Activity: 7-Up.

Purpose: *The following activity is designed to increase participants' understanding of the need for planning.*

Time: *5 minutes*

Tell participants you want them to join you in an activity called "7-Up." Then give them the following instructions:

- It is very important that you perform well in this activity, so listen carefully.
- There are two instructions for this activity:
 1. There are to be 7 people standing in the room at all times
 2. No one person is to stand for more than 5 seconds at a time

Do not respond to any questions, but quickly follow these instructions with:

- "GO!"

Observe, but do not speak with participants. After about a minute, call "time" and debrief the activity around the following questions:

- What happened? (*Point out that most people just assumed they couldn't talk to each other, that some people tried really hard to participate and make it work, others exhibited frustration and gave up trying, others refused to play at all, and still others may have tried to organize the group at some point, with varying degrees of success.*)
- Did the instructions sound clear and specific at first? Did the fact that you were told that it was very important that you perform well create stress?
- What would have made it easier for you to be successful? (*Communication, an articulated reason for doing the activity, a mutually agreed-upon plan, cooperation, encouragement, celebration of success, etc.*)

What does this activity have to do with planning? (Compare this experience with the way many of us do prevention in our communities. We know it is very important that we are successful in helping young people avoid the use of drugs. There are many people, programs, agencies and organizations working hard to prevent adolescent substance abuse, and we can get frustrated when our desired outcomes are not achieved. A few of us might try working together, but there is rarely any overall community plan for prevention that informs each of us how our piece "fits" into the bigger picture of prevention in our community, why we are doing what we're doing, how we know it is likely to work.)

Slide 1

Show slide, A Life in the Community... Review slide.

The topic for Module 3 is comprehensive strategic planning. Strategic Planning is the means by which to prepare for "A Life in the Community...for Everyone". In this module

we will explore a planning framework which uses data to make informed decisions about what types of interventions are best suited to address substance abuse and its related problems in a community.

Slide 2

Show slide, SAMHSA's Vision. Review slide.

Note that the slide makes reference to the larger environment, or community within which people live. Ask: How many people are familiar with SAMHSA's matrix? Discuss how the matrix graphically depicts the intersecting and interrelated nature of specific prevention issues with other issues. For example, there is a relationship between substance use and HIV/AIDS.

Planning allows us to be intentional and thoughtful and to use our resources wisely. In this module we will explore how to build an effective community prevention plan. Although there are various frameworks for prevention planning, the planning framework used in this workshop is based on SAMHSA's Strategic Prevention Framework. In order for prevention efforts to be effective, it is crucial to plan, to strategize, and to involve multiple and diverse segments of the community (e.g. school, family, religious institutions, grass-roots neighborhood organizations, and businesses) when creating a comprehensive plan. The steps discussed in this section can assist prevention planners to do this.

Slide 3

Show slide, Role of Prevention. Review slide.

Discuss with participants that this information indicates prevention should work people into the context of their communities. Make a link back to the domains that were discussed in the Prevention Research Module; noting the domains are groupings used to understand some of the various the elements that exist in communities.

Slide 4

Show slide, Role of Government. Review slide.

The role of government at any level is related to systems that support interventions, not the interventions themselves. Communities are to address substance abuse itself as well as consequences of substance use through interventions. Interventions meaning the programs implemented and policies and practices which prevention supports. *Discuss the difference between substance use and substance related consequences. Discuss how focusing on substance related problems helps to narrow the definition of the issue prevention efforts*

are targeting.

Slide 5

Show slide, **Strategic Prevention Framework, graphic 1**. Review slide, give a brief overview of each step.

The goals of the SPF are to:

- 1) Prevent the onset and reduce the progression of substance abuse
- 2) Reduce substance abuse related problems
- 3) Build capacity and infrastructure

The SPF planning model consists of five steps which connect to each other, creating a continuous cycle. Data is used for each step in a systematic way to make informed decisions about what types of interventions are best suited to address substance abuse and its related problems in a community. Through asking questions of assessment data and mobilizing the community, informed planning decisions can be made regarding setting priorities, selecting intervention strategies, appropriating resources, implementing interventions, modifying interventions as needed, and planning for sustainability throughout the process.

Sustainability and cultural competence are at the center of the SPF, indicating that we are to incorporate principles of cultural competence and sustainability as we address each step. Cultural competency and sustainability underpin the planning model. Being intentional in the planning process regarding each of these elements is crucial in developing a prevention intervention that is suited to and accepted by your focus community.

Many facilitators have found it useful to post each step on newsprint on the wall to refer to throughout the SAPST training, showing where each section of the curriculum is “anchored” in the 5-step process, and as a check for understanding of participant learning. The newsprint poster for each step can be revealed as each Step is discussed.

Slide 6

Show slide 6, **Strategic Prevention Framework, graphic 2**. Review slide.

Slide 7

Show slide 7, **Why the SPF?** Review slide.

Strategic Planning in this context means developing a comprehensive, logical, and data-driven plan to address the problems identified in Step 1 with the current and future

capacity developed and identified in Step 2 of the SPF. Both State and Community prevention systems are expected to change and develop as part of this process.

Slide 8

Show slide 8, Key Principles of the SPF. Review slide.

Public Health Approach: A public health approach focuses on change for entire populations (collections of individuals who have one or more personal or environmental characteristic in common). Population-based public health considers an entire range of factors that determine health. The mission of public health is to fulfill society's interest in assuring conditions in which people can be healthy. The three core public health functions are:

- The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities
- The formulation of public policies designed to solve identified local and national health problems and priorities
- To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care

The Public Health Approach to prevention planning focuses on the interaction of three elements:

- *Agent:* ATOD use and consequence of ATOD use
- *Host:* ATOD users
- *Environment:* Climate that encourages, discourages or sustains substance abuse

Data Driven Strategic Planning: SPF focuses on a “systematic process”, not just on funding and program implementation decisions. This dynamic process requires grantees to ask questions and use information for decision making.

Outcomes Based Prevention: Effective prevention is grounded in a solid understanding of alcohol tobacco and other drug *consumption and consequence patterns* that need to be addressed. Understanding the nature and extent of consumption (e.g., underage drinking) and consequences (e.g., motor vehicle crashes) from the beginning is critical for determining prevention priorities and aligning strategies to address them.

Slide 9

Show slide 9, Focus for State and Communities. Review slide.

Define the terms on the slide, such as empirical data as needed. Discuss with participants the implications of each of the bullet points on the slide.

Slide 10

Show slide 10, **Cultural Competence**. Review slide explaining how the elements on the graphic flow.

Cultural competency and sustainability underpin the planning model. Being intentional throughout the planning process regarding each of these elements is crucial in developing a prevention intervention that is suited to and accepted by your focus community.

Cultural competence means that our assessment processes, measures and tools; our organizational structures; our strategic plans; the interventions we select to implement the materials and methods employed in that implementation; and our evaluation measures and processes help to eliminate disparities, honor and respect individual and group differences, and assure quality.

Attention to the needs, styles, values and beliefs of the various cultures with whom we work is crucial to developing prevention plans that utilize strategies that are appropriate and effective for particular groups of people on which we are focusing our efforts.

- At the Community level: Implement Policy and Monitor Prevention Program Service Delivery and Evaluation
- Program Level: Deliver Culturally Appropriate Prevention Programs, Policies, and Practices and Implement Culturally Tailored/Designed and Appropriate Evaluation

Note that Cultural Competence will be explored further in Module 5.

OPTIONAL discussion to include depending on time available:

Cultural competence is a bit like mercury – you know it's there, you can see it, but it can be hard to get a grip on and examine. Cultural competence is not measured only by the number of cultural competency trainings program staff have participated in (though that can be a part of fostering culturally competent systems, agencies and professionals). The Lewin Group, 2002 identified the following seven domains that reflect cultural competence:

- *Organizational Values:* Are mid- and high-level staff responsible for coordinating cultural competence activities that are reflected in the agency's business and program plan and is funding provided to support their efforts?
- *Governance:* Do formal cultural competence-related policies exist regarding personnel, board development, communication and community/client input?
- *Planning and Monitoring/Evaluation:* Is client satisfaction regarding cultural competence-related planning sought in the development, integration and implementation of cultural competency plans?
- *Communication:* Do staff/professionals demonstrate effective communication with diverse groups? Does the agency engage in two way communication with the community from which its clients come?

- *Staff Development:* Is there investment (monitory and other) in cultural competence training for staff at all levels of the agency? Are staff evaluations conducted in a culturally competent manner?
- *Organizational Infrastructure:* Is the overall budgetary allocation and investment in cultural competence activities aligned with the strategic plan? Are formal and informal alliances/links maintained with the community and other partners to address cultural competence issues?
- *Services/Interventions:* Are tailored outreach and community education initiatives fostered? Do focused prevention plans reflect cultural competence related factors?

Slide 11

Show slide 11, *Sustainability*. Review slide.

To sustain the outcomes means there is a shift from looking to sustain programs in and of themselves and instead to maintaining the successes (positive outcomes) these various prevention efforts have had in decreasing the consequences of substance abuse.

Sustainability is “the *process* of ensuring an adaptive and effective substance abuse prevention system that achieves long term results that benefit a focus population” (Johnson, Hays, Center, and Daley, 2004).

Attention to sustainability involves focusing on characteristics of the infrastructure that need to be sustained in order to continue to meet the needs of a target population with effective prevention interventions. It also means focusing on ensuring sustainability of outcomes over time.

These elements should be included in a comprehensive sustainability approach, one that will support your community’s ability to continue to maintain the population level outcomes resulting from the prevention strategies implemented.

Structures and formal linkages should be established and maintained to sustain the innovative policies, programs and practices that lead to your community’s desired outcomes. An administrative office or function that is responsible for the policy, program or practice can nurture these linkages both within and among organizations.

Champions and leadership actions help to sustain the intervention. How do internal (within the organization) champions who support the policy, program or practice communicate or demonstrate their support to sustain the policy, program or practice? Who might be an example of an internal champion? How do external (outside the organization) champions who support the policy, program or practice communicate or demonstrate their support to sustain the policy, program or practice? Who might be an example of an external champion?

Resources are needed to sustain the intervention. Actions must be taken to recruit and use staff, volunteers, technical resources, and funds to support the policy, program or practice.

Administrative policies and procedures assist in sustaining the intervention. Internal and external policies must be developed and implemented to sustain the policy, program or practice. What might be some examples of internal and external policies?

- Internal: Staff development policies
- External: Legislation at local level that supports the intervention

Expertise is needed to sustain the intervention. Actions must be taken to recruit and use staff with the necessary expertise and skills to support the policy, program or practice.

Finally, ownership is needed among the intervention's stakeholders. To what extent are the needs of the stakeholders being met by the program, policy or practice? How are program and evaluation results shared with stakeholders? What is the level of commitment of stakeholders to the outcomes of the intervention?

Slide 12

Show slide 12, Assessment. Review slide and as an option display poster for Step 1.

A comprehensive assessment takes the guesswork out of where prevention efforts should be focused. It provides a complete picture of where your community is regarding prevention needs and resources. Getting the full picture means knowing your community's level of readiness, the prevalence of ATOD use and related problems, intervening variables such as risk and protective factors, and the resources available in your community.

Assessment in this framework requires us to explore the prevalence of substance consumption and substance related problems, as well as resources, gaps, and a community's state of readiness. We want to be able to drill down to the most specific information available at a community level about substance abuse rates, consumption patterns, and substance related problems. Data at the county, town, city, neighborhood, reservation, and school level is more useful for planning community interventions than is state level data. By drilling down to the most specific information possible, we are able to plan for specific interventions that focus on groups and contexts which are most impacted by ATOD consumption and consequences.

Assessment requires us to explore rates and patterns of ATOD use and abuse as well as related problems (consequences). Examples:

- Prevalence data: percentage of 18-24 year old women, by ethnicity, who are current users of cocaine; rates of alcohol use among 45-55 year old White males
- Incidence data: percentage of females, by ethnicity, who first use alcohol prior to age 10; rates of African American men who first use cigarettes prior to age 25

- Consequence data: percentage of skin burns attributable to cigarette use, in people ages 25-35 who use smoking tobacco; the number of motor vehicle accidents involving 18-25 year old males, by ethnicity, directly attributed to alcohol use; the number of brain injuries caused by inhalant use among 8th grade students

By addressing those problems that are driving the rates of use and related consequences, we maximize the potential for achieving population level outcomes while effectively utilizing limited prevention resources. When analyzing data, drill down to the most specific information possible. This can be done by asking “reporter” questions, such as “Who,” “What,” “When,” “Where,” “How,” and “Why.” For example, where are the bulk of motor vehicle accidents involving alcohol occurring? Who is involved in the greatest number of these accidents? When do they occur? What are the costs of these accidents (legal costs, medical costs, lost time for work/school, etc.)?

Examination of substance consumption and consequence data is an ongoing process. Communities will need to use the data to make decisions about: present needs, existing resources that address those needs, the match between the needs and existing resources, priorities based on gaps between the identified needs and existing resources, progress achieved, and priorities for capacities that need to be built or mobilized in the future to address changing needs.

Slide 13

Show slide 13, *Data Analysis*. Review slide.

The SPF requires we ask questions of the data available to us much like a reporter asks questions in order to learn as much as possible about a topic. Reporters ask “who”, “what”, “when”, “where”, “how” and “why” questions.

Level: “The What?” incidence and prevalence of substance use and related consequences

- *Incidence*: The rate at which something occurs, for example, the number of youth in 8th grade which report using inhalants for the first time in the in the past 30 days
- *Prevalence*: how widespread of an occurrence, for example, the number of youth in 8th grade which report using inhalants in the past 30 days

Trends: “The When?” point in time when substance use and related consequences occur and/or shift; for example the change in prevalence rates for the number of youth in 8th grade which report using inhalants in the past 30-days in a three year period

Patterns: “The Who and Where?” information about who is reflected in the data about substance use and related consequences, for example, information about the percentage of youth in 8th grade reporting inhalant use in the past 30 days categorized by gender, location, or social circumstance.

A resource assessment is the other part of this step. An understanding of the current resources available to address substance abuse and consequences is as important as understanding what is going on in our community. Reporter questions (“who”, “what”, “when”, “where”, “how” and “why”) would be used to explore this portion of the assessment. Examples include: What programs, policies or practices are currently in place? Who uses these? Who supports these and who does not? What impact are they having on addressing issues?

Slide 14

Show slide 14, State/Community Epidemiological Workgroups. Review slide.

Who does the work related to conducting a comprehensive assessment of needs and resources? An Epidemiological Workgroup. This group of individuals would include at least one person who understand epidemiological data, namely an epidemiologist, as well as others who can place that data in context of the community.

“Cross systems planning.” What does this imply? There are many groups which are/could be involved in prevention efforts, such as service organizations, legal/judicial/law enforcement organizations, medical organizations, schools, faith communities, and businesses. Each of these entities is a system. So in order to fully realize a strategic plan each of these systems would need to develop plans in a unified way, rather than disjointedly. In this way, the plans of all entities involved in workgroups are cohesive.

The facilitator should be prepared to define and discuss the phrase “epidemiological data”, linking this back to the public health approach of the SPF.

Slide 15

Show slide 15, Assessment: Using Data Activity.

Using Data Exercise

Purpose: To provide participants with an opportunity to explore using data to develop an epidemiological profile.

Materials:

- Hypothetical data profile
- Participant instruction sheet
- Easel, paper and markers

Time: 1 – 2 hours depending on the group and the time available

Directions for facilitator: Prepare a hypothetical data profile for the participants using data that is publicly available and typical of the types of data used in needs assessment.

The data is expected to have gaps and, in some cases, to contradict each other. Include incidence and prevalence data related to ATOD use, consequences of use such as MVA, crime, and disease rates. Other information which would commonly be found in a data profile such as demographic data (e.g.; SES, poverty rates) and community descriptors (e.g.; local industry, number of green spaces) should also be included in the hypothetical data set. National, state and community level data must be included in the data profile. Provide at least one data review packet per small group. You will need to develop a name for the hypothetical community and insert this name as directed below.

Divide the participants into small groups (the size will depend on the total number of participants), provide each with a copy of the data profile and the handout instructions. Tell the participants they will have 30- 45 minutes (depending on how much time you have for the SAPST) to review the data profile and report back to the group. Expect to spend 30- 45 minutes processing the results with the participants. Using poster paper to capture the groups responses to the data processing questions, as well as issues explored through this activity, is recommended.

Directions for participants:

As you review the insert hypothetical location name data profile, consider what the substance use/abuse and related problems are for the area, based on the data provided. When reporting back your findings, you will need to give us page reference, details to back up claims/answers related to the following bullet points and the process questions. You have ____ minutes.

Questions to keep in mind when reviewing the data:

- What are the major drug using behaviors?
- Who is the population(s) to be targeted for change?
- What risk factors are high relative to the Nation?
- What protective factors are low relative to the Nation?
- What are the areas of insert hypothetical location name where problems appear to be greatest?

Please address the following process questions in your review of the data profile:

1. What data may still need to be collected to understand the nature and extent of the substance use problems in insert hypothetical location name?
2. If there is some data missing: What is it? Where do we find it? How would we know it is a resource?
3. What data presented appears to be potentially unnecessary to understanding the issues for insert hypothetical location name?

4. What questions might insert hypothetical location name consider in deciding what drug(s), populations and related issues should be prioritized based on the available data?
5. We have a good starting place with this data set. How do we make the existing data even more usable? How do we best organize it?

Slide 16

Show slide 16, **Capacity Building**. Review slide and as an option display poster for Step 2.

Can your organization or coalition bring about the changes it would like to make in order to prevent or reduce substance use/abuse? The answer to that question can be found once capacity is assessed.

After using data to determine present needs, we consider the existing resources to address the identified needs.

Data is used in this step to make objective decisions about:

- Whether there is a match between resources and needs. Are the resources located in the same area where the needs are?
- Setting priorities based on the match between the needs and the resources that currently exist to address these needs.
- Where capacity to address other needs should be developed.

Engaging stakeholders (all members of a community who have a vested interest or stake in the success or failure of the activities/outcomes of your efforts) is a part of capacity building. Without engaging stakeholders through new or existing partnerships or coalitions, it will be much more difficult to plan for and achieve your goals and outcomes.

To “engage” means to take into one’s employment; to promise, to pledge; to occupy the attention; to interlock so that power is transmitted (Oxford American Dictionary, 1980). It is not enough to simply publicize your efforts, you need to actively involve people in a strategic manner best suited to their skills, abilities, willingness and availability at state as well as local community levels.

The following are questions to stimulate discussion about engaging stakeholders:

1. How would you know someone is engaged?
2. What are some markers or ways you would know if you have successfully engaged key stakeholders?

Engaging/building coalitions is a very useful method of building capacity within a community. Utilizing the collective skills, resources and political capital of coalition

members in a community-wide, comprehensive approach can provide the greatest chance for long-term impact and lasting success.

Slide 17

Show slide 17, *Capacity*. Review slide.

Capacity means various types and levels of resources that an organization has at its disposal to meet implementation demands. Resources include:

- Human resources (staff or volunteers) with specific skill sets needed to carry out goals and objectives, leadership skills, program development, management and evaluation resources and others.
- Technical resources such as facilities, equipment, and other fixed capital
- Fiscal resources (actual dollars, in-kind dollars, sources of fiscal support)

Activity: Identifying Capacity

Purpose: To prime participants to think in greater detail about capacity. It may be used as a stand alone activity as well as in conjunction with the Capacity Mapping Activity.

Time: This activity will last between 15-30 minutes.

Prepare three pages of poster paper, one each with the following headers *Human Resources*, *Technical Resources*, *Fiscal Resources*. Have the participants brainstorm specific items for each type of resource. Human Resources (budget management, expertise working with specific age groups, expertise in working across systems, etc.), Technical Resources (particular prevention strategies, database resources for monitoring and evaluation purposes, etc.), Fiscal Resources (block and discretionary grant dollars, line items in local government budget, no-cost use of spaces, etc.).

Developing readiness in your organization, coalition and within the community to meet the identified needs can be advanced through education, training and/or technical assistance. These efforts should move beyond awareness of the issues and include skill-building efforts related to evaluation and sustainability. Of equal importance is attention to cultivating a culturally competent approach to prevention interventions, from assessment through evaluation. Cultural competency should be achieved by all staff, from support staff to clinical and service providers to organizational management staff through training and technical assistance.

Utilizing a comprehensive approach to address prevention, not focused solely on funding or a single organization, through assessing and making the best use of the collected skills, resources, experience and expertise of a group will enhance and expand those resources that currently exist. Continued creative collaboration will build sustainable programs and sustainable outcomes.

Focusing on evaluation also contributes to building capacity. Building the capacity to evaluate your planning process, your capacity building activities, your implementations, and your desired outcomes contributes to your work towards your desired outcomes.

Slide 18

*Show slide 18, **Mapping Capacity Activity**. Review slide.*

Purpose: *Lay the groundwork for the enhancement of internal and external organizational capacity for outcome-based prevention.*

Time: *30-60 minutes; depending on how much time is available for the SAPST. This activity will take place after an introduction to the topic.*

Materials:

- Poster paper and markers
- Capacity Mapping forms and instruction sheet

Introduction:

Capacity building is not a single event, but rather an ongoing process that evolves with the changing needs of your community. You will need to continually build your human, technical, and financial resources.

Mobilizing resources within your own organization or coalition will help you begin to assess the match between the needs determined in the assessment step of the SPF and the existing resources at your disposal to meet these needs. In order to build capacity you first need to know what resources already exist and what resources are lacking. You also need broad-based support, a multifaceted approach, and the resources to effect sustainable substance abuse prevention policies, programs and practices. Ideally you would assess your own organization's capacity to address the identified need and then expand to explore the capacity of resources outside of your organization when crafting a prevention plan. Increasing community readiness is an important aspect of capacity building.

The question at hand is just how do we know or assess what capacity currently exists and where this capacity exists. We have talked about prevention systems, namely the state and community level systems, there are several other places or levels where capacity may exist: regional level, county level, city/town level, coalition level, prevention organization, other organizations. Notice that these other levels are commonly lumped together under "community". In the assessment step we strive to drill down to the most specific information we can in order to best understand the nature of substance consumption and consequences, we can get to the same level of detail regarding capacity.

Directions for Participants:

1. *Individually, or in collaboration with other members of your organization, read the information on page 1 of the Capacity Mapping form.*
2. *Complete pages 2-3 (Assessment and Mobilize and Build Capacity), considering the questions on page 1. As the training progresses you may be asked to complete pages 3-6.*

Be as specific as possible, providing concrete indicators of each element and concrete responses to each question. Specific responses and indicators will guide you to the alternatives for improvement and enhancement.

- *Examples of a vague indicator of the human capacity level of the assessment: Insufficient staff knowledge about the needs assessment process.*
 - *Example of concrete indicators of the human and technical capacity level of the assessment:*
 - *The staff has no prior experience conducting a gap analysis*
 - *The staff is not acquainted with the types of data they need to look for, to identify substance abuse problems and consequences in their community.*
3. *Reconvene in large group: Be ready to share your responses with the rest of the audience.*

Slide 19

*Show slide 19, **Planning**. Review slide and as an option display poster for Step 3.*

Your strategic plan outlines what will be done over time to create change in your community, including planning for future capacity needs, interventions/services and infrastructure development to support the interventions.

Ask: What words or messages from this slide stand out? Words and phrases to focus on in discussion with the participants include: “comprehensive”, “intervening factors”, and “evidence-based strategies”. Link “comprehensive” back to the discussions about prevention systems with the various entities which make up these systems. Each have unique skills and roles that are essential in a comprehensive plan. Link “intervening factors” to the previous discussion about risk and protective factors and domains. Note that this slide addresses substance related problems and not substance use; this narrows the focus of prevention efforts. The more narrow and specific a goal the more likely we are able to address it.

Intervening variables are what drive the behaviors, such as risk factors and protective factors (e.g. inadequate enforcement of laws controlling underage access to alcohol). The programs, policies and practices selected and implemented by a community will address the intervening variables (such as risk and protective factors) with the goal of changing

substance abuse and related problems at the community/population level.

There are some suggested standards for developing a strategic plan to achieve measurable outcomes. Start with an articulated vision. Be deliberate.

- Design a plan that contains programs, policies and/or practices that:
- Is directly responsive to your assessment of needs and resources
- Is built upon a theory of change
- Is comprised of elements and activities related to the theory of change
- Can demonstrate positive outcomes in different settings over time

Creating, monitoring, evaluating, and adjusting a strategic plan over time ensures that it is a dynamic tool that supports both sustainability and responsiveness to changing issues, data, priorities, and resources.

Remind the participants that we are ultimately planning for population level change, not program level change. Examples of consequence related outcomes measured at the population level include: number of alcohol-related vehicle accidents by white males ages 21-25 in ABC Community; number of brain injuries that are a direct result of inhalant use.

Questions to consider when crafting your strategic plan:

- Is it truly comprehensive?
- Have you looked at all the appropriate data? Were all the appropriate people involved in the process?
- Have you considered all the angles?
- Does the plan, as written, make sense to someone who had no input?

Slide 20

Show slide 20, **Intervening factors**. Review slide.

Intervening variables are “The Why?” those things which support substance use or non-use.

Discuss each of the examples noted, eliciting specific examples from the participants. Frequently public health efforts focus on the individual without simultaneously addressing the environment within which the individual lives. (Remind participants that population level outcomes are a key element of the SPF.)

An example to illustrate this point: Health campaigns often target individual’s exercise habits, for example, in order to exercise not only does an individual need internal motivation, an individual needs the resources and capacity to use these resources to act upon their internal motivation in order to be successful. Imagine how much more successful an exercise campaign might be if individual level interventions (awareness campaign about the risks of not exercising and the benefits of exercising) were complemented by community level interventions such as a neighborhood “play in the

park” campaign to celebrate the opening of new walking paths and bike trails, which were funded by the town.

Slide 21

Show slide 21, **Attitudes Drive Behavior**. Review slide.

Link the discussion regarding this slide back to the *Intervening Factors* slide (slide 20).

Slide 22

Show slide 22, **Comprehensive Strategies**. Review slide.

SAMHSA/CSAP is finalizing its definition of *evidence-based strategies* which should be used to define the third bullet on the slide (“Based on evidence-based research and empirical data”). The working definition as of September 28, 2005 is:

Evidence-based Strategies are those which:

- Appear on a Federal list
- Appear in a peer-reviewed journal as effective
- Demonstrate “documented effectiveness” in some other way. The guidelines regarding this particular part of the definition are being clarified.

OPTIONAL Discussion:

The Institute of Medicine (IOM) has proposed another way to conceptualize prevention. Refer participants to the **Institute of Medicine Continuum of Care** information sheet and briefly explain the continuum from prevention through treatment and maintenance. Use the information sheet to guide you in your explanations.

Universal strategies address the entire population. Selective strategies focus on subsets, or subgroups of the population exposed to greater levels of risk. Indicated strategies are designed to prevent the onset of substance abuse in individuals who have initiated the use of alcohol or other drugs of first use.

Refer participants to their information sheet, **School-, Family- and Community-Based Prevention Strategies**. These are some examples of universal, selective, and indicated strategies that NIDA has shown can be effective in reducing substance abuse when implemented in schools, families, or communities.

Optional Activity: Now you have an opportunity to apply your newly acquired knowledge by classifying prevention strategies as universal, selective, or indicated. Refer them to their worksheet, **U, S or I?** Assign the appropriate classification to each example by checking the box in the appropriate column. Using the **U, S or I? Answer Sheet** at the end of this section, review the correct answers.

Slide 23

Show slide 23, **Implement**. Review slide and as an option display poster for Step 4.

Before reviewing the slide in detail conduct the following brief activity.

Purpose: To prepare people to think about implementation as a dynamic process requiring attention to details.

Time: 15- 20 minutes

Materials: Poster paper and markers

Directions: Please stand and look around the room. Notice those people with whom you have not had an opportunity to talk. Pair up with one of those persons and ask each other the following questions: What tips do you have for keeping focused when you have a large/important/complicated task to complete? You will have 10 minutes in total to pair up and talk. Be prepared to report back the tips you learn from each other. *To process this activity capture the reports back on poster paper and use this discussion as a lead into the SPF Implementation Step.*

This step involves taking action as guided by the strategic plan developed in Step 3 of the SPF. In Step 4, you develop detailed action plans for each component of your intervention, ensuring cultural competency of implemented programs and activities. You will also begin the final development of a detailed evaluation plan that includes process and outcome measures and ongoing monitoring of implementation fidelity.

Implementation of a prevention intervention is a dynamic process. It can be easy to drift from your intended plan as you implement it over time. Action plans should be maps with the best route to reach your destination clearly marked. They provide a reference tool for ensuring that you are able to follow the best route, adjusting as necessary to accommodate unexpected detours along the way, and marking progress towards your destination.

When you were planning for a particular intervention, you were also planning the necessary capacity to support and sustain it. You may need to build capacity to provide the infrastructure for your activities before they can begin. You may need to develop the human, technical or financial resources necessary to support your activity or program. As program needs change over time, capacity needs evolve. The planning process is not stagnant; rather it is a continuing cycle that builds upon itself.

Slide 24

Show slide, **Evaluate**. Review slide and as an option display poster for Step 5.

This step builds off steps 1 through 4 of the SPF. Evaluation actually begins with our work in step 1 as we gather baseline assessment data, resource data, and data on

community readiness. It continues with our work in step 2 as we assess the human, technical, financial, and organizational capacities. Our logic models, developed in step 3, provide the basis for our evaluation plan, and implementing interventions in step 4 involves gathering process and fidelity data that will be used in step 5, evaluation. Evaluation also includes gathering outcome data to assess program effectiveness and suggest areas of improvement.

Discuss the impact of the community as the unit of analysis of evaluation and monitoring. Ensure that the participants can differentiate between contribution and attribution.

Module 4 of this curriculum will explore this final step in more detail.

Slide 25

*Show slide, **Measuring for Success**. Review slide.*

When reviewing this slide ensure the participants understand the difference between “inputs”, “outputs”, “short-term outcomes”, “long-term outcomes” and change in incidence and prevalence rates. Asking for specific examples of these from participants is a good way to gage their understanding and, if needed, to correct misinterpretations of these related items. Link the content of this slide to the upcoming slide.

Evaluation allows us to report our short-term outcomes in a timely manner. If we are realizing our anticipated outcomes, that’s great. If, on the other hand, our anticipated outcomes are not forthcoming, we can use our evaluation data to design adaptations and adjustments. Process evaluation allows timely insight into possible issues involving fidelity and adaptation of implementation. Evaluation also enables us to assess our long-term outcomes in order to determine if we are making progress toward our ultimate goals. And evaluation provides information we can use to communicate with our key stakeholders, thus supporting sustainability.

Slide 26

*Show slide, **Measuring Community Outcomes**. Review slide.*

Link the content of this slide back to the previous slide. This slide is a “birds-eye” view of the big picture for comprehensive prevention plans. Individual agencies/organizations/coalition/other entities are each working within their own sphere of expertise towards common goals. Note that the levels of indicators (inputs, outputs, short-term goals, etc.) are organized in a stepwise fashion; one step leads to another. If a faulty step is taken it is less likely that the next level of change will be reached. This is why timely monitoring is of great importance; it allows for necessary adjustments as they are needed. Make the connection between the following clear:

- Short-term Goals and Program Measures
- Long-term Outcomes and Behavior Outcome Measures
- Community Change and Incidence and Prevalence of Problems

Slide 27

Show slide, National Outcome Measures: Abstinence... Review slide.

The National Outcome Measures (NOMs) are a set of indicators to measure success in achieving outcomes. States are required to gather and report data aggregated from community level data sets. There may be additional indicators other than those in the NOMs which States or communities use in their own evaluation and monitoring processes.

Slide 28

Show slide, National Outcome Measures: Increased/retained... Review slide.

Slide 29

Show slide, National Outcome Measures: Increased stability... Review slide.

Slide 30

Show slide, National Outcome Measures: Cost-effectiveness... Review slide.

Slide 31

Show slide, You Make the Difference. Review slide.

Elicit discussion on the following types of questions:

- How do you think the SPF process would benefit your own community?
- Has anyone used this or a similar process in your community? Which steps were the most helpful? Which ones were the biggest challenges?
- Which steps of the planning process do you think are the ones most often neglected by communities?
- Why do you think they are neglected?
- Why is it important that all the steps be followed thoroughly?
- What are some things you can do to assure that the process is followed in your own communities?

Assessment Step: Data Exercise

As you review the insert hypothetical location name data profile, consider what the substance use/abuse patterns and related problems are for the area, based on the data provided. *When reporting back your findings, you will need to give us page reference, details to back up claims/answers related to the following bullet points and the process questions. You have ____ minutes.*

Questions to keep in mind when reviewing the data:

- What are the major drug using behaviors?
- Who is the population(s) to be targeted for change?
- What risk factors are high relative to the Nation?
- What protective factors are low relative to the Nation?
- What are the areas of insert hypothetical location name where problems appear to be greatest?

Please address the following process questions in your review of the data profile:

6. What data may still need to be collected to understand the nature and extent of the substance use problems in insert hypothetical location name?
7. If there is some data missing: What is it? Where do we find it? How would we know it is a resource?
8. What data presented appears to be potentially unnecessary to understanding the issues for insert hypothetical location name?
9. What questions might insert hypothetical location name consider in deciding what drug(s), populations and related issues should be prioritized based on the available data?
10. We have a good starting place with this data set. How do we make the existing data even more usable? How do we best organize it?

Activity: Capacity Mapping

Purpose: *Lay the groundwork for the enhancement of internal and external organizational capacity for outcome-based prevention.*

Time: 30 minutes. This activity will take place after an introduction to the topic.

Directions:

4. *Individually, or in collaboration with other members of your organization, read the information on page 1 of the Capacity Mapping form.*
5. *Complete pages 2-3 (Assessment and Mobilize and Build Capacity), considering the questions on page 1. As the training progresses you may be asked to complete pages 3-6.*

Be as specific as possible, providing concrete indicators of each element and concrete responses to each question. Specific responses and indicators will guide you to the alternatives for improvement and enhancement.

- *Examples of a vague indicator of the human capacity level of the assessment: Insufficient staff knowledge about the needs assessment process.*
 - *Example of concrete indicators of the human and technical capacity level of the assessment:*
 - *The staff has no prior experience conducting a gap analysis*
 - *The staff is not acquainted with the types of data they need to look for, to identify substance abuse problems and consequences in their community.*
6. *Reconvene in large group: Be ready to share your responses with the rest of the audience.*

Capacity Mapping

What types of capacity does your community need for outcome-based prevention?

The Strategic Prevention Framework has five steps, each of which need certain types of capacity in place in order to put those steps into action. Capacity means various types and levels of resources that an organization has at its disposal to meet implementation demands. Resources include:

- Human resources (staff or volunteers) with specific skill sets needed to carry out your goals and objectives, leadership skills, program development, management and other considerations
- Technical resources such as evaluation resources, prevention technologies, facilities, equipment, and other fixed capital
- Funding: actual dollars, in-kind

Can your organization or coalition bring about the changes it would like to make in order to prevent or reduce substance use/abuse?
The answer to that question can be found once capacity is assessed.

Capacity building is mobilizing communities and resources. We engage key stakeholders in capacity building. Important tasks may include:

- Assessing the community prevention system
- Building coalitions
- Convening community leaders and Stakeholders
- Training and technical assistance
- Leveraging resources

Questions to consider when mapping capacity:

1. What types of capacity are already in place for needs assessment, mobilizing capacity, planning, implementation and evaluation?
2. At what level is this capacity needed? Territorial? Island-specific? Prevention organization or other organization? Prevention coalition? A combination of some or all of these levels?
3. Is the existing capacity active? Has it been mobilized now or in the past?
4. Does it need to be changed (revised, improved) in any way?
5. Who needs to do what to maintain, mobilize or improve the existing capacity? How would they do it?

- 6. What capacity is not yet is not in place?
- 7. Who needs to do what to build the needed capacity? How?

What type of capacity is needed for evidence-based, data-driven prevention?

Assessment: Profile of Needs, Resources and Readiness to Address Gaps and Needs					
Type of capacity	Level of Analysis				
	Prevention Organization	Coalition or Partnership	Community	Regional	State
Human					
Technical					

Financial					
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What type of capacity is needed for evidence-based, data-driven prevention?

Mobilize and/or Build Capacity to Address Needs: Building State and Community Prevention System Capacity					
Type of capacity	Level of Analysis				
	Prevention Organization	Coalition or Partnership	Community	Regional	State
Human					

Technical					
Financial					

What type of capacity is needed for evidence-based, data-driven prevention?

Develop a Comprehensive Strategic Plan using data to select prevention strategies (policies, programs and practices)					
Type of Capacity	Level of Analysis				
	Prevention Organization	Coalition or Partnership	Community	Regional	State

Human					
Technical					
Financial					

What type of capacity is needed for evidence-based, data-driven prevention?

Implement evidence-based prevention strategies (policies, programs and practices)	
Type of	Level of Analysis

Capacity	Prevention Organization	Coalition or Partnership	Community	Regional	State
Human					
Technical					
Financial					

What type of capacity is needed for evidence-based, data-driven prevention?

Monitor process, evaluate effectiveness, sustain effective prevention strategies and improve or replace those that fail

Type of Capacity	Level of Analysis				
	Prevention Organization	Coalition or Partnership	Community	Regional	State
Human					
Technical					
Financial					

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