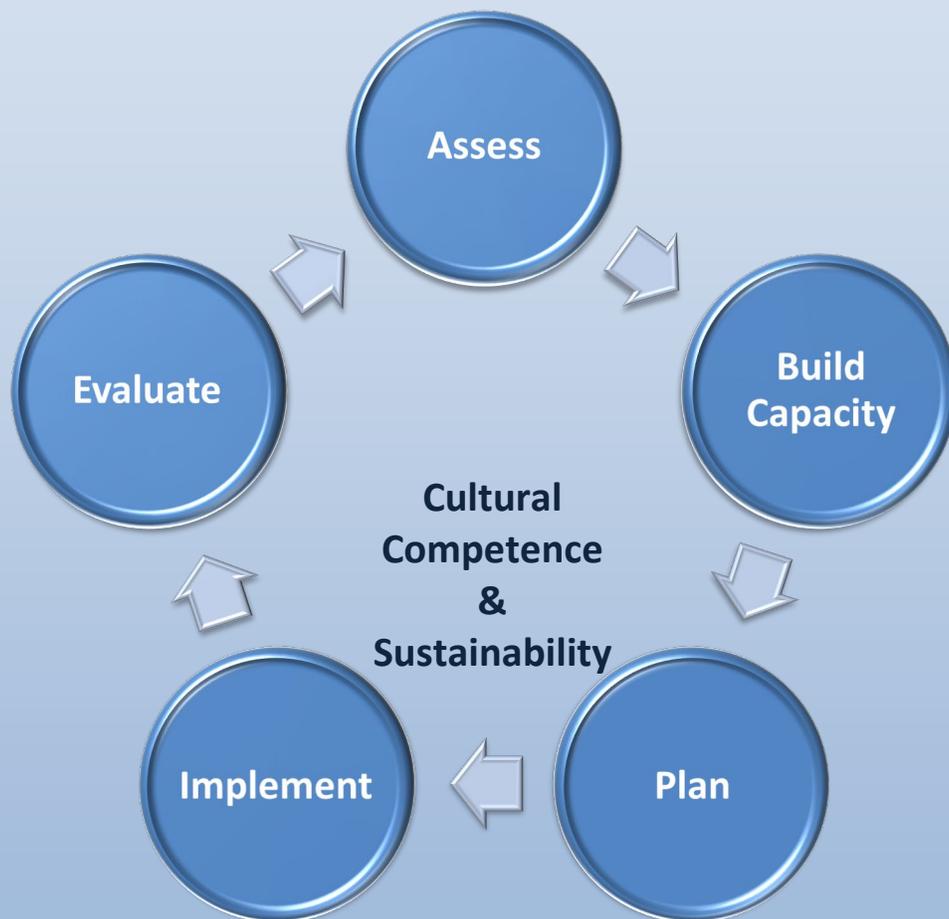


Strategic Prevention Framework Guide to Assessment, Planning, & Evaluation



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Introduction

This guide is organized around the Strategic Prevention Framework principles; it can be used as a framework for any substance abuse prevention strategy or program, from the initial needs assessment through evaluation, with an eye toward sustainability.

This guide will tackle needs assessment and planning. It will provide you with a brief overview of the Strategic Prevention Framework and how this assessment might differ from those you may have done before. The guide will then lead you step by step through the activities required to assess local needs and capacities. If you follow these steps, the end result will be an assessment report that outlines substance consumption patterns and related consequences in your community, identifies some of the causal factors present, and assesses your community's readiness and capacity to engage in evidence-based prevention activities. This report will serve as the foundation upon which you will build your strategic plan for strengthening capacity and implementing evidence-based prevention practices.

The Strategic Prevention Framework

The Strategic Prevention Framework (SPF) is an approach to prevention that embraces and promotes the outcomes-based prevention model and data-driven decision-making. The theory behind SPF SIG is that there are factors that “cause” or have an impact on substance use and the **consequences** related to use. Generically, these **causal factors** (also known as **contributing factors**) are categorized into groups called **intervening variables**, which include:

- Access and Availability – through social and retail sources (e.g., getting drugs and alcohol from friends or family, or an alcohol retailer not carding properly)
- Pricing & Promotion (e.g., two-for-one specials; industry sponsorships or signage)
- Social/Community Norms (e.g., parental/community attitudes and beliefs)
- Enforcement (e.g., lack of compliance checks & policy enforcement; “party patrols”)¹
- Policy (e.g., lack of drug-free school or drug-free worksite policies)

The SPF framework is intended to build state and local capacity to decrease substance use and abuse, and is comprised of these five steps:

1. Conduct a community needs assessment;
2. Mobilize and/or build capacity;
3. Develop a comprehensive strategic plan;

¹ ¹ Birckmayer, J. *et al.* (2004) A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence.” Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.. *Journal of Drug Education*, Vol. 34(2) 121-153.

4. Implement evidence-based prevention programs and infrastructure development activities; and
5. Monitor process and evaluate effectiveness.²

The outcomes-based prevention model asks you to look at the negative outcomes associated with substance abuse (e.g., binge drinking, OUI, violence) to the factors that contribute to those outcomes (e.g., alcohol is inexpensive or easy to obtain), and to select strategies that specifically address those factors. Moreover, SPF embraces the “environmental” approach to prevention; that is, a belief that changes to the environment will prevent most individuals from engaging in risky substance use behaviors.³ It is through positively influencing intervening variables through carefully selected **environmental strategies** that we achieve **population-level** changes in substance abuse consumption and consequences. This model is represented in the following diagram:



This guide is intended to help you assess your community’s prevention needs, plan your approach, and evaluate your SPF SIG work. It uses examples and tools that will help you determine if you are employing evidence-based environmental prevention strategies in a manner that best addresses substance use and abuse in your community. The guide is also designed to help your organization take ownership of your achievements, promote your successes, and produce materials that will help sustain your work in the future. Tips for success⁴ and questions to consider appear throughout this guide to assist you in conducting your own needs assessment, planning and evaluation.

² "US Department of Health and Human Services. SAMHSA, Center for Substance Abuse Prevention. (2006). *SAMHSA Action Plan: Strategic Prevention Framework Fiscal Years 2006 and 2007.*" Substance Abuse and Mental Health Services Administration. July 3, 2006. http://www.samhsa.gov/Matrix/SAP_prevention.aspx. Washington, DC.

³ Lowther, Mike and Johanna D. M. & Birckmayer. ", J.D. (2006). *Outcomes-Based Prevention.*". Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

⁴ These tips have been adapted from McNamara & Carter, C. (1997-2007). Pitfalls to Avoid,. Adapted from the *Field Guide to Nonprofit Program Design, Marketing and Evaluation*. Available at <http://managementhelp.org/evaluation/program-evaluation-guide.htm>

PART 1: NEEDS ASSESSMENT AND PLANNING

Why Assess and Plan?

A strategic plan for substance prevention efforts is often compared to a roadmap. Continuing the metaphor, the needs and capacity assessment is akin to gathering information on potential routes, traffic patterns, the number of roads in an area, the condition of various routes, the amenities available to you along the way, and the systems in place to maintain all of the above for the duration of your journey.

In addition to increasing your big-picture understanding of substance use in your community, completing the Strategic Prevention Framework assessment of needs and capacity will allow your community to target its resources and maximize its impact on substance use. For example, are you focusing on the appropriate age groups? Are there certain geographic areas on which you should concentrate? Are there certain substances of greater concern than others? These questions are especially important given a fiscal climate in which scarce resources are often expected to produce measurable results.

The assessment process itself will also function as a tool to strengthen your organization's capacity. It is designed to be a community-wide effort rather than the sole responsibility of the designated lead agency staff. It will help participants to think more deeply about the specific strengths and needs in your community, and to engage in a dialogue about how to best address the issues. The process will lead your community to the evidence-based strategies that best fit your community's needs by either launching new programs or reenergizing existing efforts.

Strategic planning makes it possible to carry out the mission and vision of an organization or group in an effective, orderly way. It keeps the group on track, helps people develop and implement a prevention plan that is meaningful to their community, and outlines what everyone involved should be doing to move toward the group's chosen goals. Moreover, the strategic plan will provide the tools for successfully recruiting the funding that will be needed to carry out future work.⁵

The following sections cover the steps entailed in conducting a needs assessment and subsequent strategic planning efforts:

- **Examination of Existing Information** describes various sources of information, what to look for and how organize it.

⁵ Community Anti-Drug Coalitions (CADCA). US Department of Health and Human Services. SAMHSA, Center for Substance Abuse Prevention. (2001). *Building Drug Free Communities: A Planning Guide*. Community Anti-Drug Coalitions (CADCA). Alexandria, VA. p.56

- **Identification of Information Gaps and Data Collection** helps you determine what information you still need to collect as well as how to limit the scope of those efforts.
- **Strategic Planning** takes you through the process of fitting all the information pieces you have gathered into a comprehensive strategic plan with a clear vision.

Assessment and Planning Part I: Examination of Existing Information

Establish an Assessment Committee

Before you begin to collect or analyze data, you should establish an assessment workgroup or committee to oversee and conduct the needs and capacity assessment for your community. Representatives from your collaborating organizations should be included on this committee, and you may want to include some members from the community as well. The key is to ensure that you have comprehensive geographic coverage, and include members who can speak to the lifespan focus of the Strategic Prevention Framework, as well as those who have an array of backgrounds and experiences, so your work can be conducted in a culturally competent way.

ACTION STEP:
Establish a committee
or workgroup.



One of your first agenda items should be to agree on a decision-making process for the committee and to determine an acceptable timeline for the assessment. Appendix A contains a checklist of major activities that you will undertake as part of the assessment which will be useful when discussing the timeline.

You will also need to establish roles and articulate who will be responsible for making sure each portion of the assessment is completed. Make sure that these agreements are recorded, and that everyone understands the goals and objectives of the needs and capacity assessment so that the process runs as smoothly as possible. Steps should also be taken to provide this information to anyone joining the committee or workgroup later on in the process, or to anyone replacing a departing member. Appendix B provides a simple table you may use to track the various roles and responsibilities of your committee or workgroup members.

Gather Existing Data and Assessments

Epidemiological Data

ACTION STEP: Gather and review existing data reports that have been compiled.

SPF requires data-driven decision-making. The epidemiological data is a critical component of this process. The Statewide Epidemiological Outcomes Workgroup (SEOW) pulls data from multiple sources to compile a Substance Abuse Epidemiological Profile at the state level. That profile should be the first data source to seek out as it will help you identify the statewide priorities as well as what sources of data may

be available to you. Depending on your state’s capacity, there may also be community-level epidemiological profiles developed by the SEOW. An epidemiological study examines substance use and consequence information and likely contains information from the following sources in addition to state-specific resources:

- Behavior and Risk Factors Surveillance System (BRFSS)
- Fatality Analysis Reporting System (FARS)
- National Center for Health Statistics (NCHS), Multiple Cause of Death Public Use Files
- National Survey on Drug Use and Health (NSDUH)
- Treatment Episode Data System (TEDS)
- Uniform Crime Reporting (UCR)
- Youth Risk Behavior Surveillance System (YRBSS)

Your state may also require its counties or communities to track, compile, or examine epidemiological data relating to substance use and its consequences. As previously mentioned there may be existing (or easily accessed) community-level, county-level or regional reports based on the state’s epidemiological data that are relevant to your community. The alcohol or drug-related consequences tracked might include:

- Alcohol or drug-related school suspensions;
- Car accidents involving alcohol;
- Arrests;
- Mortality;
- Drug overdoses; and
- Number of adults seeking treatment for alcohol or drugs.

As you review these materials, ask your workgroup or committee to consider the following questions:

- Does the consumption of one substance appear to be more of a problem than others?
- Does one consequence appear to be more of a problem than others?
- Is there a pattern of consumption or misuse among certain grades, age groups, or areas of the community that is of particular concern?
- How does your community compare with the state?

The purpose of this exercise is to get you to focus on the consequences of substance use in your community and the consumption patterns that might be a priority. This will lay the foundation for your strategic plan.

Review Previous Needs and Resource Assessments. You may also want to gather and review any previous needs assessments that have been conducted in your state or community over the last five years that might be relevant

ACTION STEP: Gather and review assessments previously conducted in your community.



to substance abuse prevention efforts. You should identify the aspects relevant to substance abuse prevention, particularly to consumption patterns that have been identified as a priority by your state agency, and the related negative consequences. What you find will help shape your subsequent data collection efforts. Appendix C provides a table to help you compile pertinent findings from the prior assessments.

Other Data Sources

You may want to ask around about gaining access to local sources of information. These can include (but are not limited to):

- Police reports;
- School incident and discipline reports;
- Court records;
- Medical examiner data;
- Hospital discharge data; and
- Emergency Department (EDED/ER) data.

All these sources of information have positives and negatives. Many are not computerized and nearly all will raise privacy concerns. You may have to reach agreements with individuals, organizations, school boards or agencies in order to gain access to these data. However, such records can be rich sources of information that may help you pinpoint substance misuse and related consequences in your community. For example, obtaining the number of ED/ER visits that involved the non-medical use of prescription drugs would be an appropriate and data-driven way to identify whether the misuse of prescription drugs is a concern in your community. It might be a good idea to invite individuals who represent these local data sources to participate on your assessment committee and provide insight about interpreting the information. In addition, your state's Epidemiologist, SEOW chair or senior public health officials should be able to advise you on how to best gain access to and analyze these local data.

Identify Intervening Variables and Contributing Factors

By now you have probably come to the conclusion that the data you have reviewed thus far is not enough to give you the whole picture. The next phase of a needs assessment asks you to begin to think about intervening variables. This will build upon what you have learned and help focus further information gathering efforts.

Once you have examined available data and considered the assessments that have been conducted in your community, stop and review what you have learned thus far.

- What are the common themes *across* the data sources?

ACTION STEP: Review the data and past needs assessments and identify contributing factors.



- What findings from previous needs assessments agree or conflict with the data you have examined?
- What do the findings tell you about consumption patterns and consequences in your community?

At this point, you need to think of the data you have collected in terms of the **intervening variables** that influence the use and consequences of each substance. Remember, intervening variables represent a group of factors that social scientists have identified as influencing the occurrence and magnitude of substance misuse and its consequences. The Strategic Prevention Framework is built on the idea that making changes to these variables at the community level will cause changes in substance misuse and related problems. Intervening variables that may be identified as priorities in your needs assessment include:

- Enforcement (perceptions and actual);
- Retail access/availability;
- Social access/availability;
- Price and promotion of substances;
- Social norms:
 - Community norms;
 - Family norms; and
- Perceptions of risk and harm.

Intervening variables are broad concepts that manifest differently in different communities. It is your job to define what it is about each intervening variable that contributes to substance misuse in your community. Take marijuana as an example: the issue may be that in one community people who use marijuana believe that they will not get caught, because even though the police are working hard to enforce the laws, nobody hears about anyone who got caught (factor: perception about enforcement). In another community, police may not spend as much their time enforcing laws around marijuana use because other substances are considered a bigger problem (focus of police enforcement). Both of these factors contribute to the intervening variable of enforcement (perceived or actual) related to marijuana use. However, each of these factors requires a difference community response. The other intervening variables (e.g., social access, promotion and community norms) are similarly shaped by **contributing factors**. Figure 1 illustrates potential contributing factors for the intervening variable of retail access/availability.

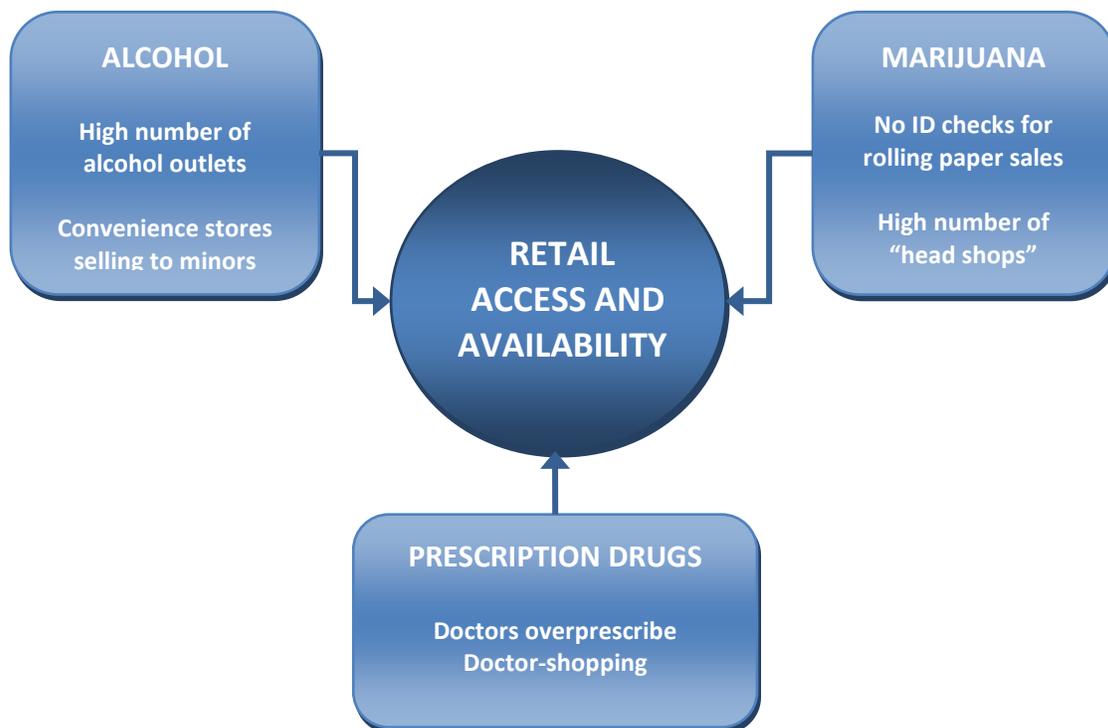


Figure 1: Sample Contributing Factors to the Intervening Variable of Retail Access/Availability

Appendix D provides you with a series of tools similar in structure to Figure 1. These tools are intended to help you brainstorm and identify the contributing factors in your community that are associated with each intervening variable. Use your needs assessment information to help identify the contributing factors that are relevant to your community. Do not dismiss factors simply because you have little or no data to support them, especially when members of your community indicate that these may be problems. Instead, use these gaps in knowledge to pinpoint your data collection needs, which is the focus of the next section of the guide.

Intervening variables and contributing factors for drug use are more difficult to identify than those for alcohol, due in large part to the illicit nature of the substances. However, many of the same indicators and factors that contribute to problem alcohol use also influence prescription drug misuse and the use of marijuana.



TIP: Identifying the contributing factors is the key to selecting appropriate prevention efforts to employ in your community.

Assessment and Planning Part II: Identification of Information Gaps and Data Collection

The data collection portion of your needs assessment, and your next steps, will be determined in large part by your answers to two very basic questions: “**what do we still need to know?**” and “**how do we get that information?**” There are many points throughout the process where you will have answered as many questions as you can with the information that you have.

To identify patterns of substance use in your community, or gain a depth of understanding, you will need to review existing information and collect additional information, which may be accomplished through focus groups, interviews with local leaders and key stakeholders, and re-examining existing data. The tools in the Appendices will help you answer the important questions and indicate points where you should pause to identify knowledge gaps.

Identifying Gaps in Needs Assessment Information

A “knowledge gap” is a general term for any area where you do not have enough information to answer an important question. To identify knowledge gaps, look at the substance consumption and consequence data you have gathered and ask yourself:

- **Who** is involved in the problem (age, gender, income, race/ethnicity, location)?
- **Where** does the problem occur?
- **When** does the problem occur?
- **Why** is the problem occurring?

If you answer “I don’t know,” you may need to collect more information to fill your knowledge gap. This will add depth to your understanding of the patterns and problems associated with a particular substance or population. In addition, ask yourself what you know or still need to know about the intervening variables and contributing factors that you brainstormed for your community. As stated previously, if you do not know the extent to which a contributing factor exists within your community, you have a knowledge gap.

When to STOP Gathering Data

Have you ever heard it said that “the more you know, the more you know you DON’T know?”

It is sometimes hard to gauge when you should stop gathering data and start analyzing what you have collected. Try not to get hung up on one detail or a specific target population if it is keeping you from moving ahead with your analysis. *It is OK to begin your analysis if there are still data missing or areas where you want to gather more information!*

Remember that your strategic plan can always include longer-term strategies to gather more information about concerns that were not captured by this initial assessment.

Collecting Information to Fill in Gaps

Then, you need to develop an information collection plan that is, an explanation of how you will gather information you need to complete this assessment. Appendix E will help you to document what gaps exist in your assessment and how you will shape your data collection to address these gaps. Your approach may include multiple methods, such as:

- Focus groups;
- Interviews with community experts or;
- Scans of public areas, businesses, or local media coverage.

ACTION STEP: Create a plan for information collection. A sample format is provided in Appendix E.



At this point in the Strategic Prevention Framework, it is important to limit your data collection efforts to obtaining information for the purposes of clarifying consumption and consequence patterns, identifying priorities and further defining the intervening variables and contributing factors in your community. Each of the data collection methods listed above are the recommended for a needs assessment because they can be completed in a relatively short period of time and are appropriate to use as a supplement to other data sources. Selecting which methods to use, and how you choose to use them, will be determined in large part by the knowledge gaps identified during your review of existing data and your preliminary exploration of intervening variables and contributing factors. Other data collection methods can also be considered for your needs assessment depending on your unique knowledge gaps; you can find more information about these methods on page 50 of this guide.

The following is an overview of the different methodologies for collecting data, as well as some tips for employing these methodologies as you collect additional information.

Focus Groups

Focus groups can be used to gather qualitative information from your community about issues and attitudes. They are typically led by a facilitator who presents a small number of targeted questions and facilitates the discussion. Participants share ideas and observations that can clarify issues for you or present new perspectives. Compared with surveys and other methods, focus groups allow you to delve more deeply into a topic area, or to probe for specific information. Focus groups also can lead you to topics, points or perspectives that you had not considered. Recruiting and conducting effective focus groups, however, can be both challenging and time-consuming.

FOCUS GROUPS WITH YOUTH

You will need to obtain *parental permission* for youth to participate in a focus group. To make this easier, consider asking the parents of your youth participants to be in your parent focus group (or vice versa). Then hold the youth and parent focus groups at the same time.

The purpose of your SPF SIG focus groups is generally to gain the community's perspective on substance misuse and related consequences. Your questions can be tailored to address specific areas in which you need more information, such as intervening variables and contributing factors. Your focus groups may be targeted to different age groups or you may wish to bring people from certain geographic areas or community sectors together. Your assessment committee will be especially useful in making decisions about who to invite and how to encourage them to participate. Below are some focus group guidelines.

Developing Focus Group Questions

When developing a focus group protocol and questions, there are some considerations to keep in mind.

- Rely on a small number of core questions, usually 8 to 10. Focus groups should not last more than 90 minutes and you need to allow enough time for everyone in the group to respond.
- Use broad, open-ended questions. Do not ask questions that elicit a “yes” or “no” response as these tend to end the discussion.
- Ask participants to speak from their own perspectives. It is more useful to ask about their experiences than what they or other people think.
- Start with an easy, non-threatening question that everyone should be able to answer. This will break the ice and provide a sense of who is shy and who might dominate the conversation.
- End by asking if participants have anything else to add.⁶

Preparing for a Focus Group⁷

When preparing for a focus group, follow these steps:

- Decide when and where the focus groups will be held.
- Find someone to lead the focus group. This person should have experience facilitating groups, be a good listener and know something about the topic, but have the ability to appear neutral about participant opinions.
- Find a note-taker to record what is said. Focus groups are often tape-recorded, but only with permission from the group members. Additional personnel, such as an interpreter, may also be required.
- Determine whether you will provide some type of incentive for people to participate.

⁶ Northeast Center for the Application of Prevention Technologies (NECAPT). (2006). *Module #3, Collecting Your Own Data. Data Collection Methods: Getting Down to Basics*. Available at <http://www.hhd.org/resources/webbasedcourses/data-collection-methods-getting-down-basics>

⁷ State of Maine Department of Health and Human Services. Office of Substance Abuse. (2003). *Guide to Assessing Needs and Resources and Selecting Science-Based Programs*. Portland, ME: Hornby Zeller Associates, Inc.

- Decide whom you will invite. The groups should be carefully planned so as to create a non-threatening environment in which participants feel free to express their opinions.
- Review your focus group questions. Are there other questions you want to delete or add? Are there questions you wish to rephrase? Develop more probing questions if you feel it is necessary, particularly if they are based on other information you have collected.
- Recruit your members. It is suggested that your groups each have between six and ten people. Ensure that you obtain written permission from a parent or guardian for youth to participate.
- Make sure you have all of the materials you will need for the groups ready in advance (e.g., a copy of your questions and probes for the facilitator and the note-taker, pens or pencils).

Conducting a Focus Group

- Thank the participants for agreeing to be a part of the group.
- Have the participants introduce themselves by first name only.
- Explain the purpose of the group and why those in attendance were recruited to participate. Introduce the note taker and/or interpreter and let participants know why these people are present.
- Explain how the conversation will be structured and the ground rules. Common ones are:
 - ➔ Only one person should speak at a time;
 - ➔ Be respectful of the opinions of others;
 - ➔ Everyone is encouraged to participate;
 - ➔ Participants will not be identified to anyone or in any report; and
 - ➔ Their opinions and responses will be anonymous.
- Make sure all participants have an opportunity to be heard. Sometimes, this means calling on someone who has not spoken up or asking someone else to let others speak.
- When you have finished with the focus group questions, ask if people have any other comments. Tell the participants how their input will be used and thank them for participating.
- You may want to prepare a summary of all of the focus groups you conduct and distribute the summary to the participants.⁸



ACTION STEP: After you conduct focus groups, summarize what you learned.

Analyzing Focus Group Results

Soon after each focus group, while the information is still fresh in your mind, review the information that was recorded. What are the common themes? Did you hear anything that you want to follow up on or learn more about? Write down your thoughts and keep

⁸ Adapted from Community Tool Box, University of Kansas, available at: <http://ctb.ku.edu/en/default.aspx> and National Highway Traffic Safety Administration(2001). *Needs Assessment & Strategic Planning—Community How to Guide on Underage Drinking Prevention*.

them with the notes taken during the focus group. Appendix F provides a guide for recording and analyzing what you saw and heard in the individual groups. Appendix G provides a tool for you to summarize the findings from multiple focus groups.

Interviews with Community Experts/Key Informants

Community expert interviews can provide you the perspectives of people who observe and monitor the way your community functions. Their perspectives can provide a meaningful assessment of substance use and consequences observed within their areas of responsibility.



They can also add to your knowledge of intervening variables and contributing factors by lending understanding to the “when, why, and where” of substance use and the related consequences. Principals, teachers, school counselors, caseworkers, sheriffs, parks and recreation staff, shelter staff, probation officers, police officials, pharmacists, youth, doctors, hospital staff and emergency responders are all examples of community experts. One inherent risk of this type of interview is that you may get a slanted or one-sided perspective on a problem. For this reason it is important to consider what others have to say and what your other data tell you.

TIP: Expert interviews allow you to ask the interviewee targeted questions that may address a specific knowledge gap.

Based on the initial data examined and the knowledge gaps that you have identified, you determined what types of experts should be contacted. Your next task is to develop a list of the questions that you would like to ask. Try to limit the number of questions to ten so that you can leave some time for open-ended discussion. Some broad areas you may want to explore include the following:



TIP: Open-ended questions provide general themes for discussion and allow community experts to introduce their own ideas and

- Do policies on substance use exist? If so, on what level (formal or informal)?
- Are there clearly defined penalties for violations?
- Are laws and policies enforced? Are they enforced consistently? If not, where are the variations?
- How do people access substances in your community?
- What substance(s) (alcohol, marijuana, prescription drugs or other) pose the most serious threat to the community? Why?
- What consequences of substance misuse has the interviewee witnessed?
- Is there a particular group of people (e.g., youth) that the interviewee feels is at the greatest risk or suffers the greater consequences?

Once you have decided whom you are interviewing and what questions you will ask, follow these steps:

- Obtain the names and contact information for local community experts that represent the perspective you would like to obtain.
- Contact the individuals and ask them if they would be willing to participate in an interview and if not, could they designate an alternate.
- Explain the purpose of the interview and briefly discuss the purpose of the SPF SIG assessment.
- Assure the person that the responses to the interview questions will be confidential.
- Schedule a time to meet (or have a conversation on the telephone).

Again, make sure that the interviews focus on your identified knowledge gaps. Keep in mind that by interviewing different types of community experts, you will minimize the risk of obtaining information slanted by strong opinions and will keep the data more reliable. For example, people representing schools, hospitals or local non-profit agencies may offer perspectives that differ from those provided by judges, district attorneys and law enforcement agencies.

ACTION STEP: If you conduct interviews, summarize what you learned. Appendix G can be adapted for this purpose.



You may use some yes/no or multiple choice questions in your expert interviews, which can be analyzed quantitatively. However, open-ended interview questions need to be analyzed in a way similar to that used for focus groups. The responses need to be carefully reviewed to identify the primary themes among interview participants. The themes should first be identified for a specific group (e.g., law enforcement) and then compared to other groups (e.g., emergency personnel). In some instances the groups will concur with one another, and in other instances the groups will report variations in opinions.

Scans of Environment or Media

Environmental scans are observations of various aspects of your community. For example, you could examine the practices local businesses use to promote and sell alcohol products. Or you could review the use of public spaces and advertisements in print, radio and television to get an idea of the number of promotion versus prevention messages that are in the community. While an environmental scan is not required and is not particularly useful for substances other than alcohol and tobacco, it can be particularly useful to obtain more information about retail availability and promotion. Remember, whether or not you conduct a scan and what information you collect should be directly linked to the knowledge gaps that you identified.

An environmental scan can be difficult to conduct in a way that represents your entire community, particularly if it covers a wide geographic region. Because you likely do not have the resources to conduct a large-scale scan, one way to focus your efforts is to target areas where existing data or key informants suggest the consequences are more prevalent.

Finally, if you want to find out the extent of advertising, how much of it promotes substance use, and how much of it is dedicated to substance abuse prevention messages, you may want to do a scan of local media coverage, as well as a review of advertising and public service announcements in print, radio, television and online (including web-based social media). Appendix H contains a template for recording the results from environmental and media scans. To be able to draw conclusions from your observations, you should conduct at least five scans from similar locations.



TIP: Conduct scans during similar times of day or days of the week.

Summary of Data Collection Methods for Needs Assessment		
TYPE	PROS	CONS
Focus Groups	Supplements data findings with personal experiences and perspectives.	It can be difficult to recruit participants.
Expert Interviews	Collects current on-the-ground knowledge of policies, practices and community.	Data are based on the interviewee’s perceptions and biases.
Environmental and Media Scans	Efficient way to measure availability and promotion.	Difficult to conduct for a large geographic area.

Conducting a Capacity Assessment

Step 2 of the SPF SIG process is to mobilize and build capacity. To do this, you must first determine the current capacity level of your coalition from which you can build. Capacity includes the human, technical, organizational and financial resources necessary to monitor affected populations and to implement substance abuse prevention in a culturally and socially sensitive way. It also includes being ready, willing and able to identify and successfully utilize information from, and also network with, external organizations and resources at the local, state, and national levels.

Conducting a capacity assessment should be relatively easy. First determine the capacity areas that you want and need to assess. For SPF SIG and substance abuse prevention specifically, some important areas to consider include the following:

- The Strategic Prevention Framework
- Logic models
- Evidence-based prevention programs and strategies

ACTION STEP: Revise the brainstorming activity on what you learned in the second part of your needs assessment.

- Data collection for evaluation
- Data analysis
- Reporting evaluation data
- Action planning for implementation
- Adaptation of strategies and programs
- Ensuring cultural competence in implementation
- Ensuring sustainability in implementation
- Identification of indicators for evaluation
- Identification of data sources for evaluation

You should also explore your capacity to address the contributing factors and intervening variables that have been identified through the needs assessment process. For example, how much capacity and experience does your coalition currently have to collaborate with law enforcement, change law enforcement policies and practices or to reach out to local businesses?

For each area listed above, ask your coalition staff and membership to rate the coalition's experience on a scale of one to four with one being low. (If your coalition membership is large, ask 10 or 15 members to fill out the assessment). To get a final average, sum up all the responses on each item and divide by the number of responses. Conversely, you could conduct the capacity assessment as a group exercise at a coalition meeting and ask the group to reach consensus on a final score. As you look at the results, ask yourself: where are we showing high capacity (meaning we can do the work well)? Where is our capacity low (meaning we might need to build capacity before we can implement a strategy in that area?) Appendix I contains a sample capacity assessment.

The last page of the Assessment Report template leaves space for the results of your capacity assessment, and to identify strengths and areas needing capacity-building. Your strategic plan will include actions to build capacity in the identified areas.

Reporting Your Needs and Capacity Assessment Findings

It is now time to bring together the findings of your assessment of needs and capacity. Appendix J provides a template for you to complete your Assessment Report. The template has been designed to put your assessment findings into the context of the Strategic Prevention Framework and summarize them in a way that will assist in you in identifying priorities and moving into the strategic planning phase of the process.

Before completing the Assessment Report, revisit the brainstorming activity you completed that helped you identify contributing factors and make any necessary adjustments given the new information collected the second part of your needs assessment. This review will help you complete the report.

ACTION STEP: Complete the Assessment Report found in Appendix J.



The Assessment Report begins by asking three questions about what you learned initially after completing the initial review of data, resources and information, and what knowledge gaps were identified. The report then asks you to link what you have learned about intervening variables and contributing factors to the consumption and consequences in your community. The last part of the report pertains to the capacity assessment.

Hopefully, as you compile your information you will find that results from different methods of information collection (e.g., interviews and focus groups) converge or overlap in a meaningful way. Another strong finding would be when different segments of the community (e.g., parents and school officials) share common beliefs about substance abuse issues. Finally, if data collected through other means (your focus group results, for example) support the epidemiological or other data you reviewed, this would also represent a strong finding.

However, your results may also reveal true differences in opinion or conclusions. Then you have two choices – continue to collect information to see if you find more commonality, or accept and explain the conflicting findings and conclusions in your assessment report. The lack of consensus is an important finding and may influence your strategic plan.

Things to Consider:

- How much will you weigh the findings from each data source?
- How will you address contradictory findings?



Assessment and Planning Part III: Strategic Planning

Strategic Planning: Getting Started

Step 3 of SPF SIG involves planning: “Planning involves developing a comprehensive, logical and data-driven plan to address the problems identified in Step 1 with the current and future capacity developed in Step 2 of the Strategic Prevention Framework.”⁹

The strategic planning activities will be to:

- Assemble a planning team;
- Review your needs and capacity assessment;
- Develop a vision statement;
- Articulate your problem statement(s);
- Define your goals;
- Identify measurable objectives for each goal;
- Identify strategies;
- Develop action steps to achieve each objective;
- Create a funding plan; and
- Write your plan.

Assemble a Planning Team

Just as you convened an assessment committee for the needs and resources assessment, you will need to pull together a planning team. This may be the same as your assessment team. More likely, this will be an opportunity to involve new community members and organizations that were highlighted as important partners during your assessment. As you assemble the team, be sure that its members represent the various populations of particular interest to your community.

Review Your Needs and Capacity Assessment

At one of your first planning meetings you will want to review the purpose of the strategic plan and review the findings of your needs and capacity assessment. The Assessment Report you prepared should be sufficient, but you may wish to share more detailed findings as well particularly with new members who may have just joined the process.

⁹ US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, SAMHSA, Center for Substance Abuse Prevention. (2005). *SPF SIG Overview and Expectations*. Presented at New Grantee Workshop. , Gaithersburg, MD.

Develop a Vision Statement

While much of the work you have done so far is focused on the past and present conditions in your community, it is now time to develop a vision for the future. A vision statement is a “description of that ideal end-state” and it should “indicate what the group is striving to achieve.”¹⁰

*A vision statement should always be positive, personal and inspirational. The vision statement paints the big picture: where the organization is now, and where it needs to be going. The statement should provide a framework for decision making. Its inspirational nature helps to develop team spirit and to empower the organization.*¹¹

An example of a vision statement adopted by one SPF SIG agency is “A public untouched by substance abuse.”¹²

Guidelines for your vision statement:

- The vision statement should *capture the dream* of how coalition/participating members want their community to be.
- It needs to be *concise and clear* so that the message is immediately evident.
- Vision statements are *positive* and often contain a collage of upbeat and positive phrases such as “healthy teens” or “drug-free youth.”
- The vision statement must be *general*; that is, it shouldn’t indicate such specifics as how an organization will reach its goal. It also needs to be *broad enough to attract support* and *not offend any group* of people.
- A vision statement should be *flexible*. It should represent a “common ground” point of view so that everyone can agree with it.
- It is *inspirational* and *adapts to fit changes* in the community, needs, organization membership and times.
- It can *apply to all people in your community* and stand as litmus in guiding important decisions.

Source: Adapted from Building Drug-Free Communities: A Planning Guide (2001)

¹⁰ Community Anti-Drug Coalitions (CADCA). US Department of Health and Human Services. SAMHSA, Center for Substance Abuse Prevention. (2001). *Building Drug Free Communities: A Planning Guide*. p.57 Community Anti-Drug Coalitions (CADCA). Alexandria, VA...

¹¹ *Ibid.*

¹² State of Maine Department of Health and Human Services. Office of Substance Abuse. (2006). *Draft Maine Substance Abuse Prevention Strategic Prevention Framework Plan 2006-2010*. Augusta, ME.

Defining and Identifying Goals and Measurable Objectives

Articulating Your Problem Statement(s) and Goals

By now, you have a pretty good idea of which consequences and consumption patterns are the most imperative in your community based on the information you have collected. Before you start drafting your strategic plan, however, you need to start making some logical connections that will focus your efforts. In other words, what consequences are you concerned with and what substance use patterns contribute to those consequences? Remember, in the Strategic Prevention Framework, substance-related consequences are defined as the social, economic, and health problems associated with the use of alcohol and illicit drugs. In essence, consequences and related consumption patterns *are* your problem statements.

Goals, in their most basic form, are “...broad, general statements describing what the project or group wants to accomplish.”¹³ In the context of the Strategic Prevention Framework, your goals should be relatively focused and centered on address the problem statements that you developed for you community (i.e., consumption and consequences).

Goal Example: *Reduce non-medical use of prescription drugs among youth and young adults.*

Pinpointing Your Objectives

Just as problem statements and goals relate to consequences and consumption, objectives equate with intervening variables. They describe “...the intermediate steps that help accomplish the broader goals”¹⁴ and relate to your intervening variables in the Strategic Prevention Framework. For example:

Problem Statement: High incidence of Emergency Department admissions for non-medical prescription drug use. In Community X, the Emergency Department admissions are primarily due to misuse of prescription drugs among youth and young adults.

Goal: Reduce non-medical use of prescription drugs among youth and young adults.

Objective 1: Reduce social access to prescription drugs.

Objective 2: Increase perceived risk of harm from non-medical use of prescription drugs.

This is a good point at which to begin to put your planning model together. Your planning model (see Figure 2) depicts the decisions you have made at each step and shows how they

¹³ National Highway Traffic Safety Administration. (2001). *Needs Assessment & Strategic Planning – Community How-To Guide on Underage Drinking Prevention*. Available at http://www.nhtsa.gov/people/injury/alcohol/community%20guides%20html/book2_needsassess.html

¹⁴ *Ibid.*

relate to one another as well as to the strategies which will be identified. The start of a sample planning model is shown in Figure 3.

At this stage, however, you **should not** identify strategies. You need to first ensure that your goals and objectives are logically related to one another and reflect the priorities that you have identified through your needs assessment. Starting with objectives, ask yourself:

- If we achieve the objectives, will that help us meet our goals?
- Will achieving our goals impact consumption patterns and related consequences?
- What is our capacity to address the components of the planning model?

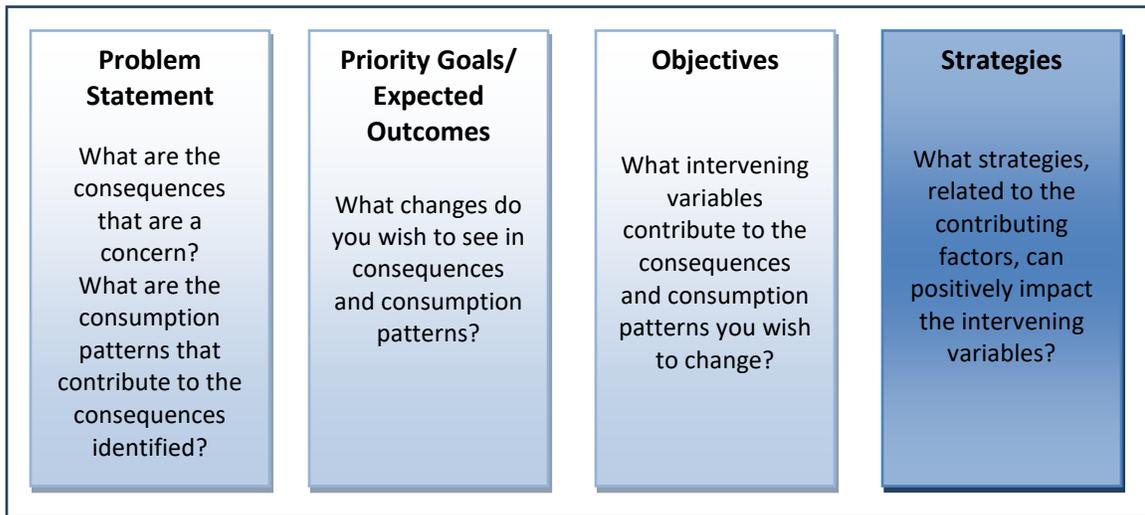


Figure 2: Planning Model

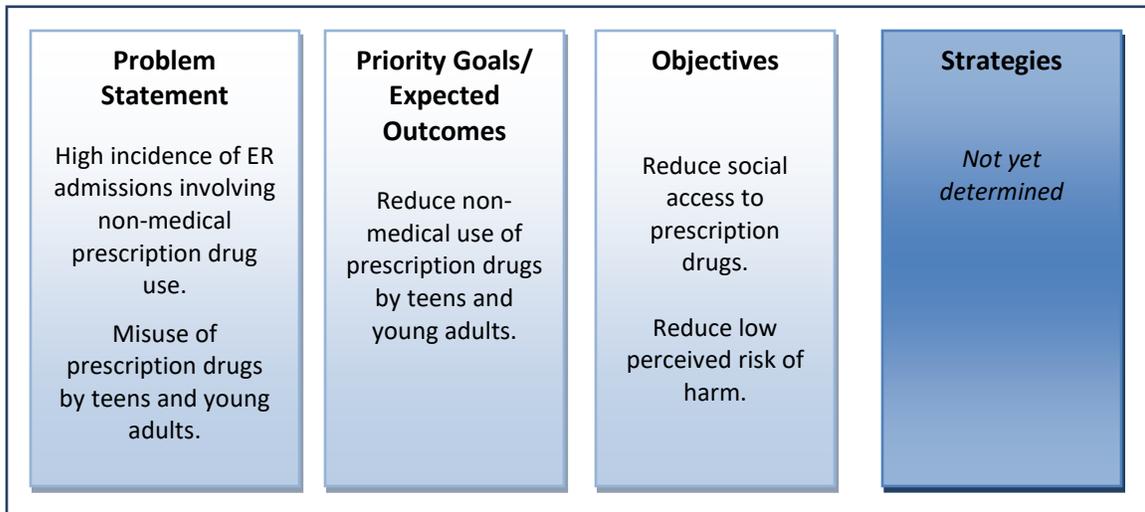


Figure 3: Planning Model Example: Non-medical use of prescription drugs

Another important point to consider is how you will know you have achieved your objectives. The second section of this guide provides detailed instructions for planning and conducting a comprehensive evaluation for your SPF SIG work. At this stage, however, it is important for your planning group to identify data and information from your needs assessment that can be used over the next three to five years to measure the success in achieving your goals and objectives.

This will include the measurement of the project's impact on consequences, consumption and intervening variables at the State and community levels. Your plan will also need to identify measures for your objectives. To select measurements for your objectives, you need to think about how you identified them (your intervening variables) as problems to be addressed. Taking steps now to include relevant indicators in your strategic plan ensures that your evaluation plan is linked to the work you plan to implement.

Prioritizing your objectives

Given the limits of your human and fiscal resources, it is unlikely that you will be able to address each and every intervening variable you identified. It is therefore necessary to prioritize those which you will be able work on in the next three to five years.

Prioritization should be based on the severity of the problem and your ability (or capacity) to address that problem. Severity can be thought of as the seriousness of the future consequences if no preventive actions are taken. The assessment of severity may be qualitative or quantitative, such as financial loss, number of people affected or political impact, for example. When determining the severity of an intervening variable, ask yourself:

- What are the probable results of failing to positively impact the intervening variable?
- How strong is the link between the consequence and this intervening variable?¹⁵

Your ability to address the problem is determined in large part by the extent of your community's resources, capacity and community readiness. You need to ask yourself whether your coalition has the capacity to begin implementing strategies for each intervening variable. As an example, perhaps you have existing collaborations with law enforcement, but not with local businesses. Therefore, you may want to give enforcement a higher priority than retail access and outline what steps will be taken to build your relationships with community business leaders in your strategic plan. Or, if retail access emerges clearly as a high priority, it may justify a greater investment of time and effort to build relationships with retailers. Your capacity assessment should provide you with information that will help you identify short-term priority action steps.

You may also find that you have pinpointed a severe need, but your community does not have the ability to address it. Be sure to outline in your strategic plan what steps you intend to take to

¹⁵ Feathers, P. (2006). *Strategic Planning Training: New Mexico Strategic Prevention Framework State Incentive Grant*. Southwest Center for Applied Prevention Technologies.

build that capacity in order to ensure that the prevention strategies in your plan can be implemented effectively.

Identifying Strategies

Your next task is to research and identify strategies to address your objectives. Any strategy you select should be evidence-based. Evidence-based means there is sufficient research and evidence to demonstrate the effectiveness of the strategy. Some strategies are called “limited evidence” or “effective” strategies because their positive results are not as strongly proven as others.¹⁶

There are many resources available to help identify appropriate strategies. Your state agency may provide a list of “pre-approved” or “required” strategies to you. The SPF SIG developed a document which contains a summary of environmental prevention strategies to help communities select and implement environmental strategies to prevent and reduce substance abuse.¹⁷ You can also use federal registries such as National Registry of Evidence-based Programs and Practices (NREPP)¹⁸ and the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs Guide¹⁹ to search for evidence-based programs, strategies and practices.

The first thing you must consider when examining and selecting strategies is whether the strategy is appropriate for your target population and the intervening variables you identified as priorities. To ensure that your strategies are linked to your intervening variables, you need to return to the contributing factors you identified in the needs assessment. Your strategies should relate directly to those contributing factors. Let’s go back to the example used above of non-medical use of prescription drugs.

Problem Statement: High incidence of Emergency Department admissions for non-medical prescription drug use. In Community X, Emergency Department admissions are due largely to misuse of prescription drugs among youth and young adults.

Goal: Reduce non-medical use of prescription drugs among youth and young adults.

Objective 1: Reduce social access to prescription drugs.

Contributing Factor 1: Parents are not monitoring prescription drugs in the home.

Contributing Factor 2: Teens and young adults are sharing pills in party situations.

Objective 2: Increase perceived risk of harm from non-medical use of prescription drugs.

Contributing Factor 1: The lack of knowledge that even though these drugs are prescribed by a physician, they can be harmful if misused.

¹⁶ Feathers, Paula.P. (2006). *Strategic Planning Training: New Mexico Strategic Prevention Framework State Incentive Grant*. Southwest Center for Applied Prevention Technologies.

¹⁷ Pettibone, K., et al. *Environmental Strategies: Selection Guide, Reference List, and Examples of Implementation Guidelines* (2007). Available at <http://captus.samhsa.gov/access-resources/environmental-strategies-selection-guide>

¹⁸ Available at <http://nrepp.samhsa.gov>

¹⁹ Available at <http://www.ojjdp.gov/mpg/>

Contributing Factor 2: Teens and young adults take prescription medication without knowing what it is or what the risks are.

A good way to check if your overall plan follows a logical course is to ask yourself “If we do this Strategy, we will impact this Contributing Factor, which will reduce this Substance use or related consequence in our Community

As you did with intervening variables in naming your objectives, you should also consider your community’s overall capacity and level of readiness to implement strategies. Does your community have the infrastructure and resources to put the strategies into practice? To monitor and evaluate success? If not, your plan should include capacity-building steps (see Figure 4).

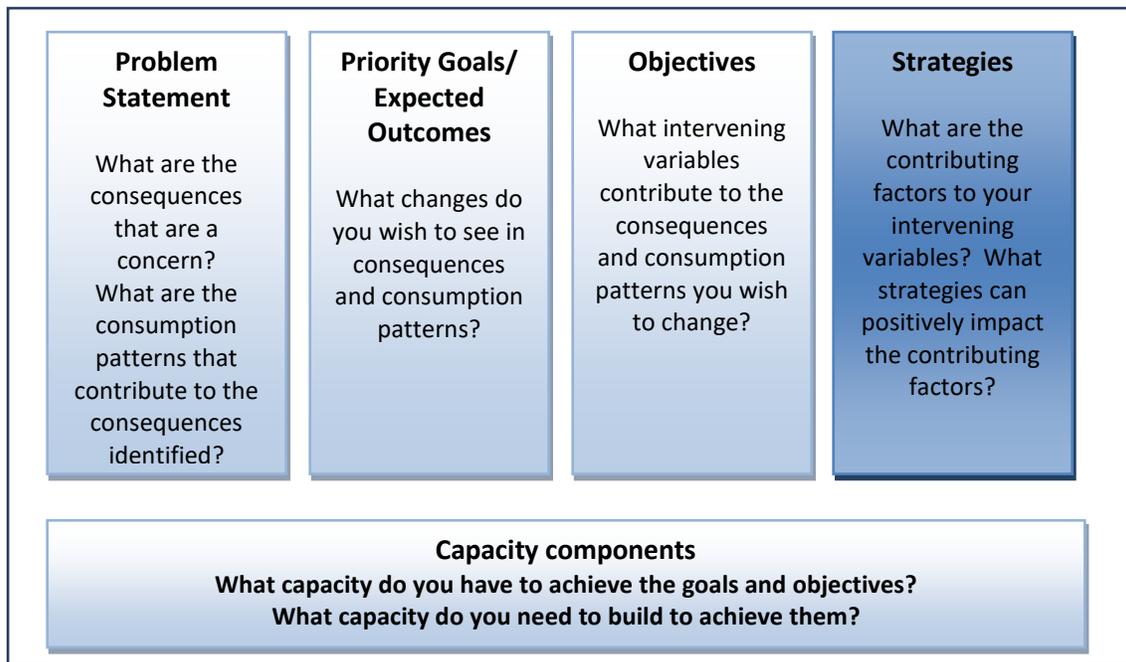


Figure 4: Planning Model with Capacity Components

Planning for Implementation

Developing Action Steps to Achieve Your Goals

Once you know what evidence-based strategies and capacity-building activities you need to achieve your goals and objectives, you should create an action plan to implement your strategies and activities. A common format for an action plan is:

ACTION STEP: Complete an action plan for year one of implementation.



Sample Action Plan Format ²⁰					
Goal(s)	Objectives	Prevention Activities and Capacity Building Activities	Timeline	Who is Responsible?	Measures

Creating a Sustainability Plan

ACTION STEP: Complete a sustainability plan for the next three to five years.



An important component of the Strategic Prevention Framework is the development of a long-term strategy to **sustain** policies, program and practices.²¹ SPF SIG does not guarantee funding for you to implement evidence-based strategies. So, now that you know what you plan to do and when, how do you plan to support it in the future?

Sample Sustainability Plan Format ²²				
Planned Activities/Strategies (from your Action Plan)	Estimated Level of Funding Necessary	Potential Funding Sources	Steps to Secure Funding	Who is Responsible?

²⁰ US Department of Health and Human Services. SAMHSA, Center for Substance Abuse Prevention. Community Anti-Drug Coalitions (CADCA).

²¹ US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, SAMHSA, Center for Substance Abuse Prevention. (2005). *SPF SIG Overview and Expectations*. Presented at New Grantee Workshop. , Gaithersburg, MD.

²² Community Anti-Drug Coalitions (CADCA). US Department of Health and Human Services. SAMHSA, Center for Substance Abuse Prevention. (2001). *Building Drug Free Communities: A Planning Guide*. Community Anti-Drug Coalitions (CADCA). Alexandria, VA. p.79.

As part of sustainability, you may want to consider obtaining **memoranda of understanding** between your coalition and important collaborators such as schools or law enforcement departments. The purpose of this requirement is to help leverage commitments from partners to ensure that components of the strategic plan are acted upon. A memorandum of understanding, also known as a memorandum of agreement, is not a legal document and is not enforceable in court.

“Memoranda of agreement are usually used to clarify and/or specify the terms of a cooperative or collaborative arrangement involving two or more organizations. They may have to do, for example, with sharing space, with working together toward common goals, with each organization contributing something toward a common effort, or with agreements to serve on one another's boards.”²³

Discuss the terms of the agreement with all your collaborators and then circulate a draft of the memoranda for feedback. Being clear and specific in your memoranda helps avoid misunderstandings throughout your collaboration and ensures that everyone’s expectations are the same. Once the appropriate parties have signed the agreement, submit a final copy as an appendix to your strategic plan.

Write Your Plan

Appendix K provides a format for you to follow as you write the narrative portions of your strategic plan. At this point, you should have all the information needed to fill in each section. Once a draft has been completed, ask members of the planning committee to review the plan to ensure it reflects the intentions of the group. As you receive feedback on your planning model from your stakeholders, also consider sending a draft of the planning model to your project officer at the agency overseeing prevention efforts in your state; he or she can often provide valuable feedback.

ACTION STEP: Write and share your strategic plan with your board, current funders, potential funders, and/or the agency overseeing substance abuse prevention initiatives in your state.



²³ Adapted from Workgroup for Community *Tool Box Development*, University of Kansas. (2006). *Community Tool Box*. Available at: <http://ctb.ku.edu/en/default.aspx>.

Congratulations!

Working through this assessment and planning process is a huge undertaking and hopefully one that you have found helpful in moving your community forward in its efforts to tackle substance abuse problems. The idea is not that you will have a perfect, unchangeable assessment and strategic plan at the end of this process. Rather, these should be considered “living documents” and part of your agreement with your partners may include setting timelines for revisiting and revising the assessment and strategic plan on a regular basis. At this point, however, you should be ready to implement some effective, evidence-based strategies and see a measurable impact on the problem in your community. Your efforts will be appreciated by the communities as they will enjoy a better quality of life as a result of your work.

GLOSSARY OF TERMS

Causal Factors are factors that influence an outcome. It is very difficult to prove individual specific factors definitively influence outcomes such as substance consumption and consequences because there are many associated elements with the potential to be causal factors.

Comparison Groups are groups of comparable participants from the same population as the treatment group and usually matched on broad characteristics, against which an experimental group is compared to identify effects of treatment.

Consequences are defined as the social, economic, and health problems associated with the use of alcohol and illicit drugs. Examples are things such as illnesses related to alcohol (cirrhosis, fetal effects), drug overdose deaths, crime, and car accidents or suicides related to misuse of alcohol or drugs.²⁴

Consumption includes overall consumption, acute or heavy consumption, consumption in risky situations (e.g., drinking and driving) and consumption by high risk groups (e.g., youth, college students, pregnant women).²⁵

Control Groups are groups of essentially equal participants from the same population as the treatment group because participants from the population are randomly assigned to either the treatment group or the control group. With the use of a control group, every participant has an equal chance of being in the treatment group. This is difficult to achieve with community initiatives and comparison groups are often used instead of a true control group.

Data are pieces of factual and tangible information from which conclusions can be drawn.

Evaluation of an organization's programs and strategies is a planned and careful use of information to understand the organization's work and its relationship to organizational goals.²⁶

²⁴ Lowther, Mike and Johanna D. M. & Birckmayer. ", J.D. (2006). *Outcomes-Based Prevention*". Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

²⁵ US Department of Health and Human Services, SAMHSA, Center for Substance Abuse Prevention, ". (2005). *SPF SIG Overview and Expectations*". Presented at New Grantee Workshop, Gaithersburg, MD.

²⁶ Community Anti-Drug Coalitions ²⁶ US Department of America (CADCA).Health and Human Services. SAMHSA, Center for Substance Abuse Prevention. (2008). *Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation*. Community Anti-Drug Coalitions (CADCA).

Intermediate Outcomes are points that track progress toward more long-term outcomes, such as changes in attitudes. Increasing perceptions of difficulty in obtaining alcohol for minors shows progress toward the goal of decreased underage alcohol consumption.

Intervening Variables are factors that affect the relationship between a causal factor and an outcome. For example, an anti-drunk driving media campaign may lead to decreased alcohol-related traffic violations because it changes perceptions about the acceptability of drinking and driving (intervening variable). A campaign that does *not* succeed in changing these perceptions will not have the effect of reducing alcohol-related traffic violations.

Internal/Institutional Review Board (IRB) is an ethics review committee that has been designated to monitor and approve research involving humans in order to protect their rights.

Logic Models are diagrams that illustrate the relationships between initiative activities and their intended effects.

Long-term Outcomes are more distant targets of your organization's work and include changes in substance consumption behaviors and consequences of substance use.

Outcomes-based Prevention is goal-oriented and focuses on achieving positive outcomes. Evaluation results help to shape the direction of prevention activities and initiatives to help ensure the work of the organization achieves progress toward goals.

Operationalize/operationalization is a way of defining a concept so that it can be measured.

Population-level Change focuses on change for entire populations. By entire populations, we mean collections of individuals who have one or more personal or environmental characteristic in common.²⁷ Information demonstrating population-level change should be measured at the same town, community, or region that the organization serves.²⁸

Pre-test and Post-test Method of evaluation involves comparison of data obtained before and after a prevention strategy is implemented to look for changes that might be attributable to the strategy. This method is used often in prevention evaluation.

Process Evaluation assesses how an organization carries out its planned initiatives by focusing on the "who, what, where, when, why, and how" of program implementation. A key component of processes evaluation is satisfaction with the program implementation.²⁹

²⁷²⁷ US Department of Health and Human Services, SAMHSA, Center for Substance Abuse Prevention, ". (2005). *SPF SIG Overview and Expectations*". Presented at New Grantee Workshop, Gaithersburg, MD.

²⁸ CADCA, 2008.²⁸ US Department of Health and Human Services. SAMHSA, Center for Substance Abuse Prevention. (2008). *Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation*. Community Anti-Drug Coalitions (CADCA).

²⁹ *Ibid.*

Qualitative Data are detailed and descriptive, but are not quantified in numbers, such as verbal responses in focus groups and interviews, as well as general impressions formed from observations.

Quantitative Data consist of numbers answering the questions “How much?” or “How many?”

Short-term Outcomes show the first effects of an organization’s work and are achieved in a short period of time. Increased law enforcement cooperation is an example of a short-term outcome of an organization’s work.

Strategic Plan is an organization’s defined programming strategy for the present and the future, including decision-making processes and allocation of resources.

Triangulation is using two or more methods or multiple sources to corroborate your findings (e.g., surveys, focus groups and literature reviews).

Appendix A: Major Activities Checklist

Program Name: _____
Person Completing Form: _____
Completion Date (mm/dd/yyyy): _____

I. NEEDS ASSESSMENT & PLANNING

-  Establish committee to plan, oversee and conduct needs assessment
-  Gather and review existing information (available data from federal, state, and local sources)
-  Gather and review any assessments conducted within the last five years
-  Brainstorm factors that contribute to the intervening variables
-  Identify gaps and plan information collection
-  Collect additional information to address identified gaps
-  Engage in a capacity assessment
-  Complete Assessment Report
-  Engage in Strategic Planning Prioritization
-  Draft Strategic Plan
-  Share Strategic Plan with board, current/future funders and/or the agency overseeing substance abuse prevention efforts in your state

Appendix B: Assessment Committee Responsibilities

Assessment Committee Responsibilities		
Committee Member	Affiliation	Role/Responsibility

Appendix C: Review of Past Needs Assessment

Program Name: _____
 Person Completing Form: _____
 Completion Date (mm/dd/yyyy): _____

Once you have collected the past assessments that have been conducted in your county, fill out the grid below.

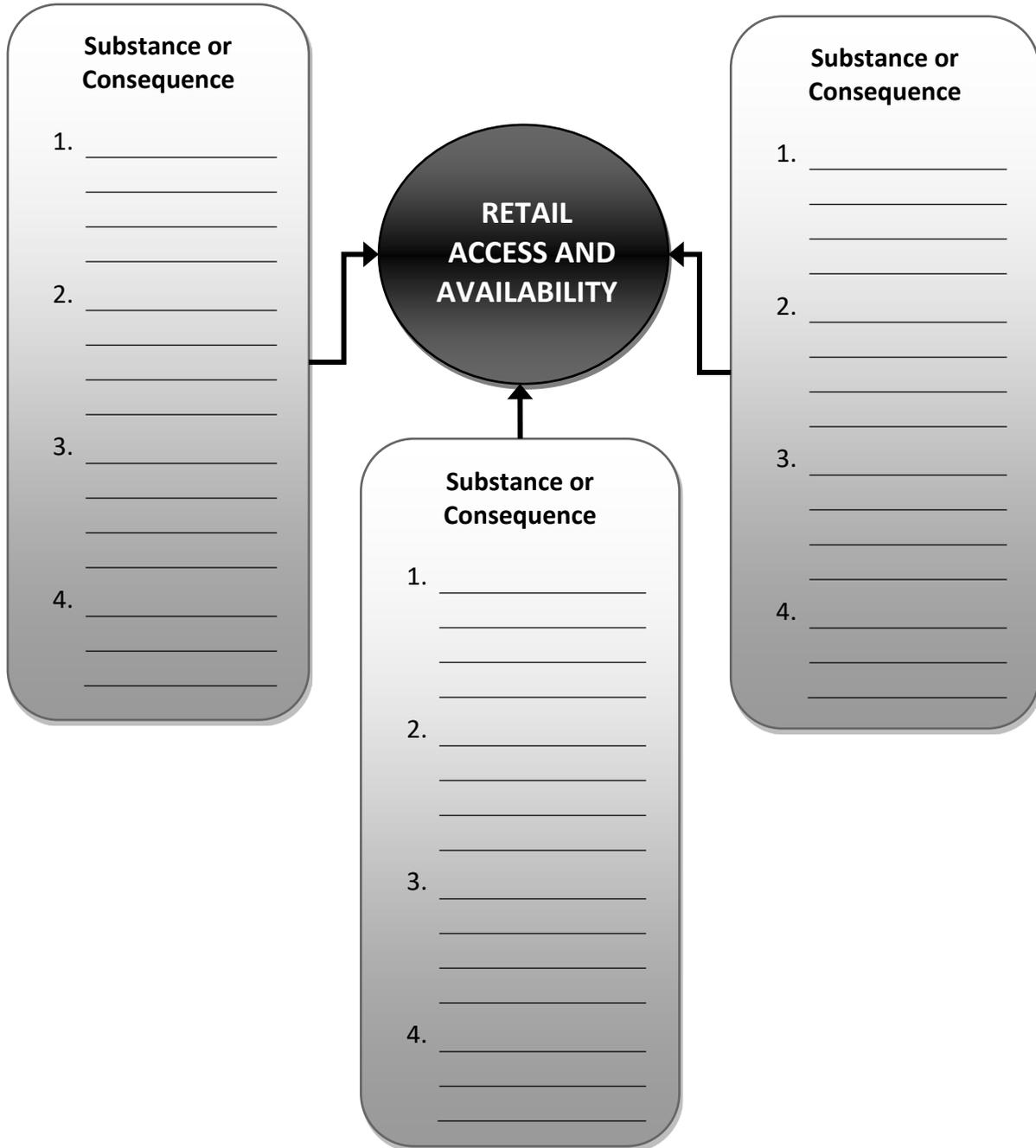
Who conducted it and when?	What geographic area did it cover?	What age group(s) did it cover?	What type of information is in the assessment?	What were the key findings relevant to substance abuse prevention?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

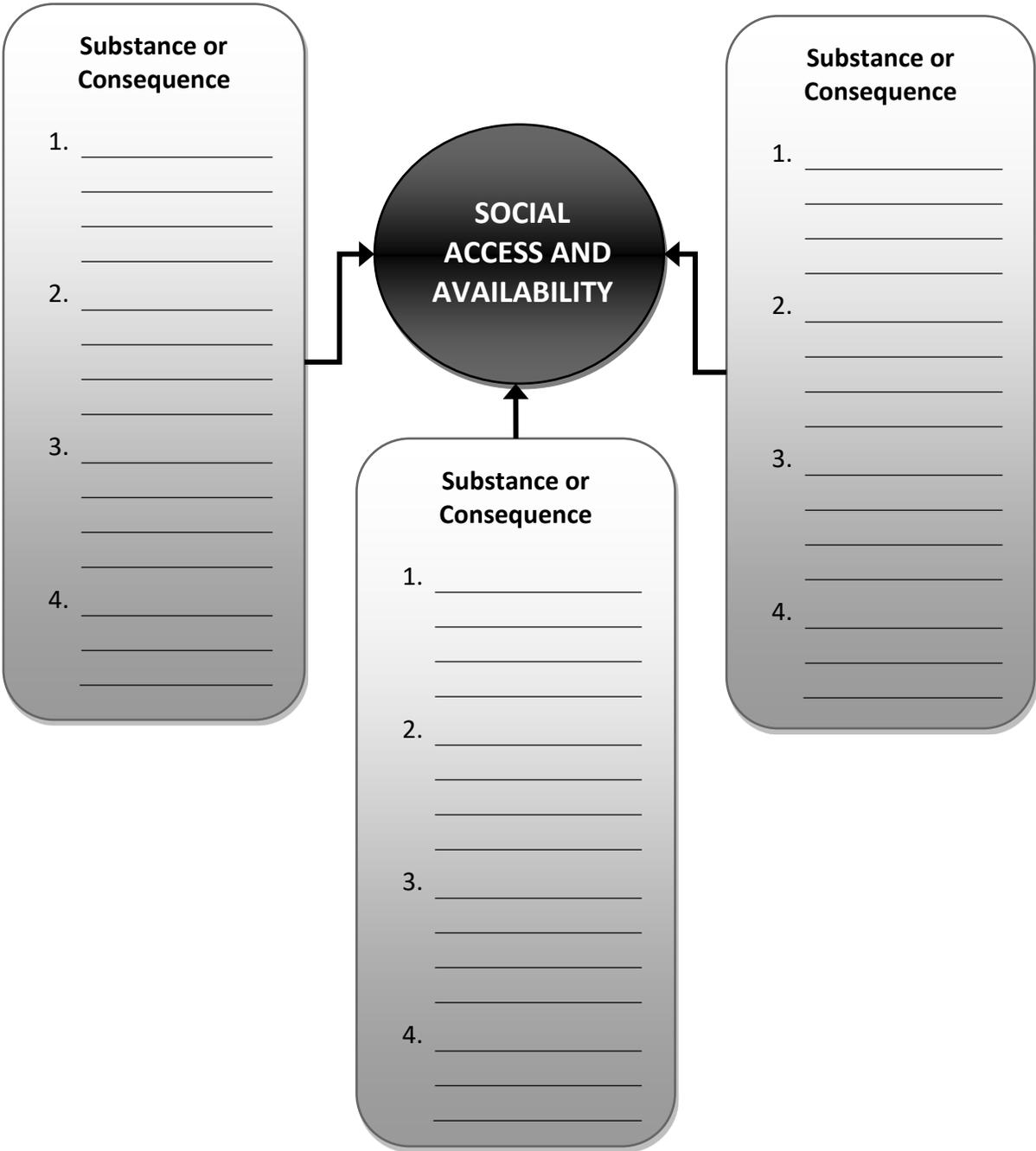
List any areas in your community in which an assessment that included substance abuse has not been conducted and why (if known):

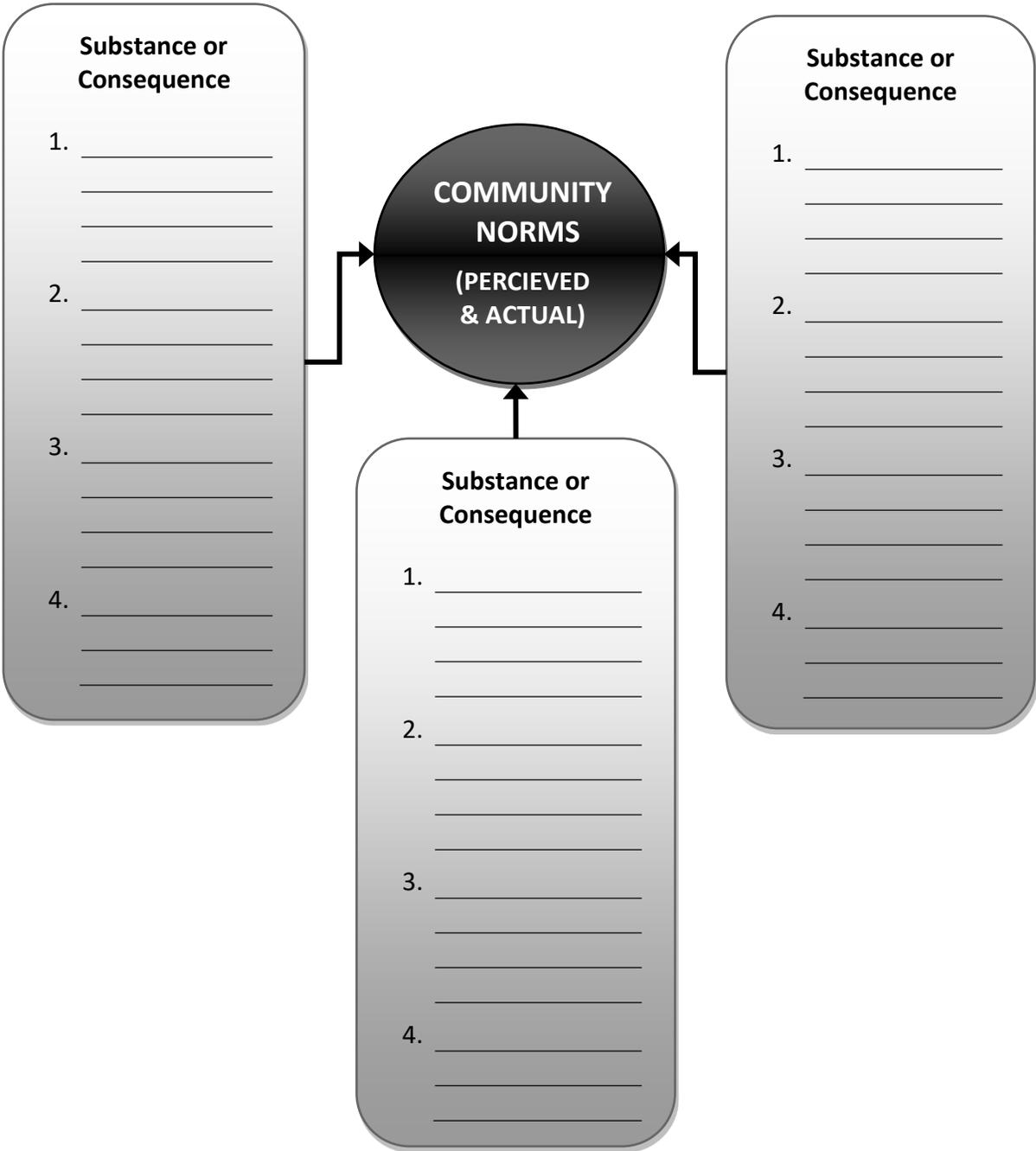
Appendix D: Brainstorming Contributing Factors

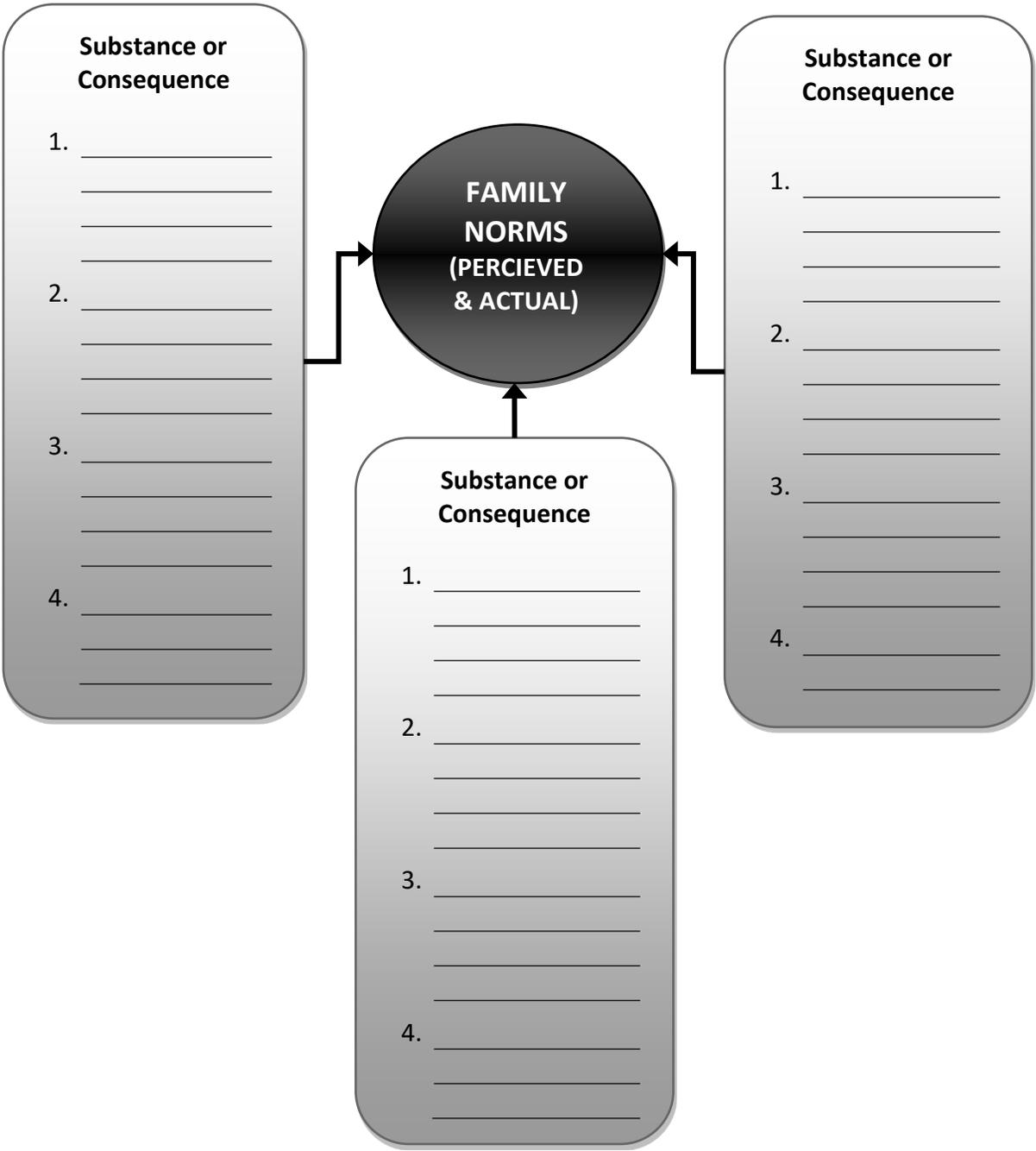
Program Name: _____
Person Completing Form: _____
Completion Date (mm/dd/yyyy): _____

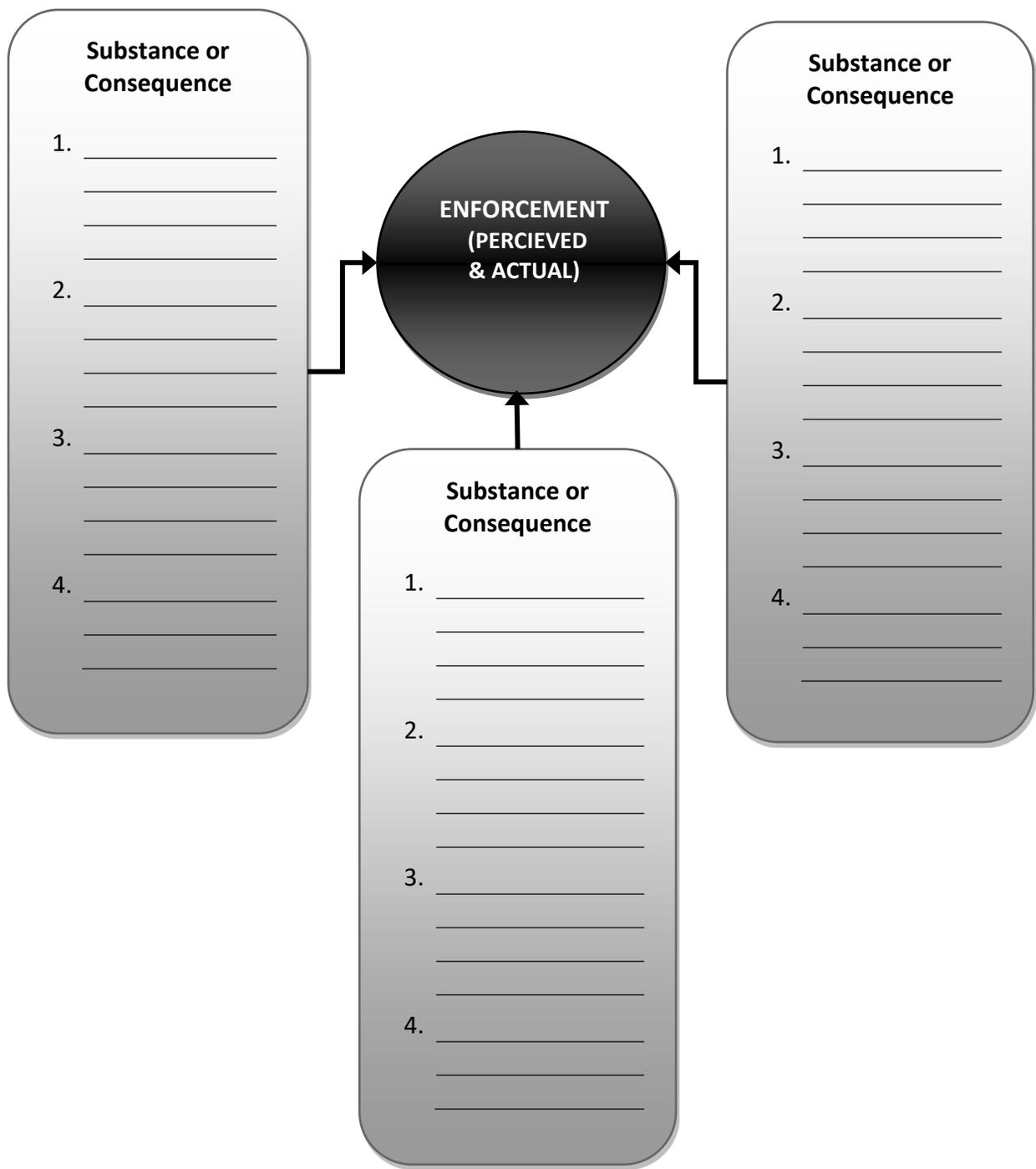
List POSSIBLE factors that contribute to each intervening variable:

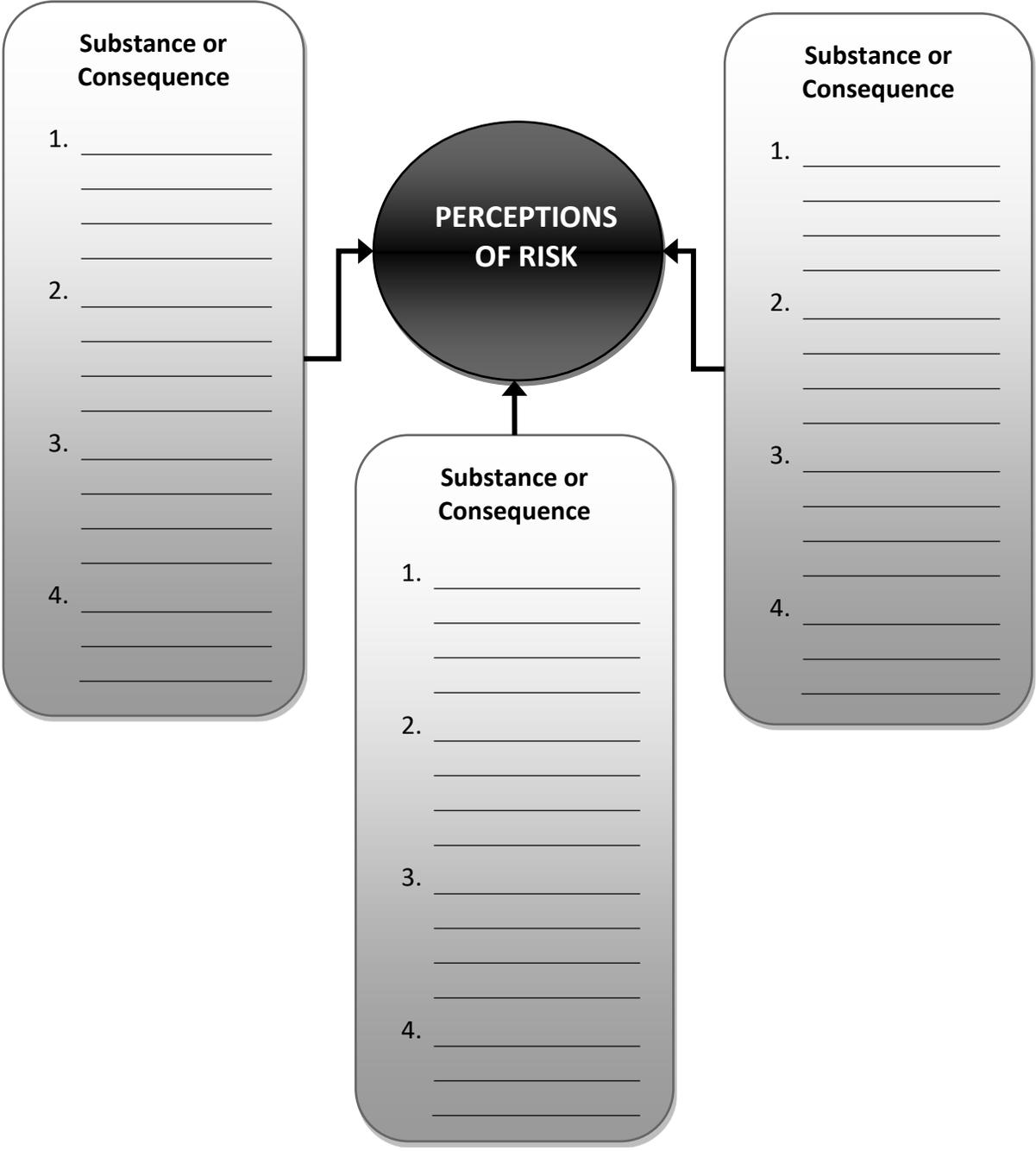


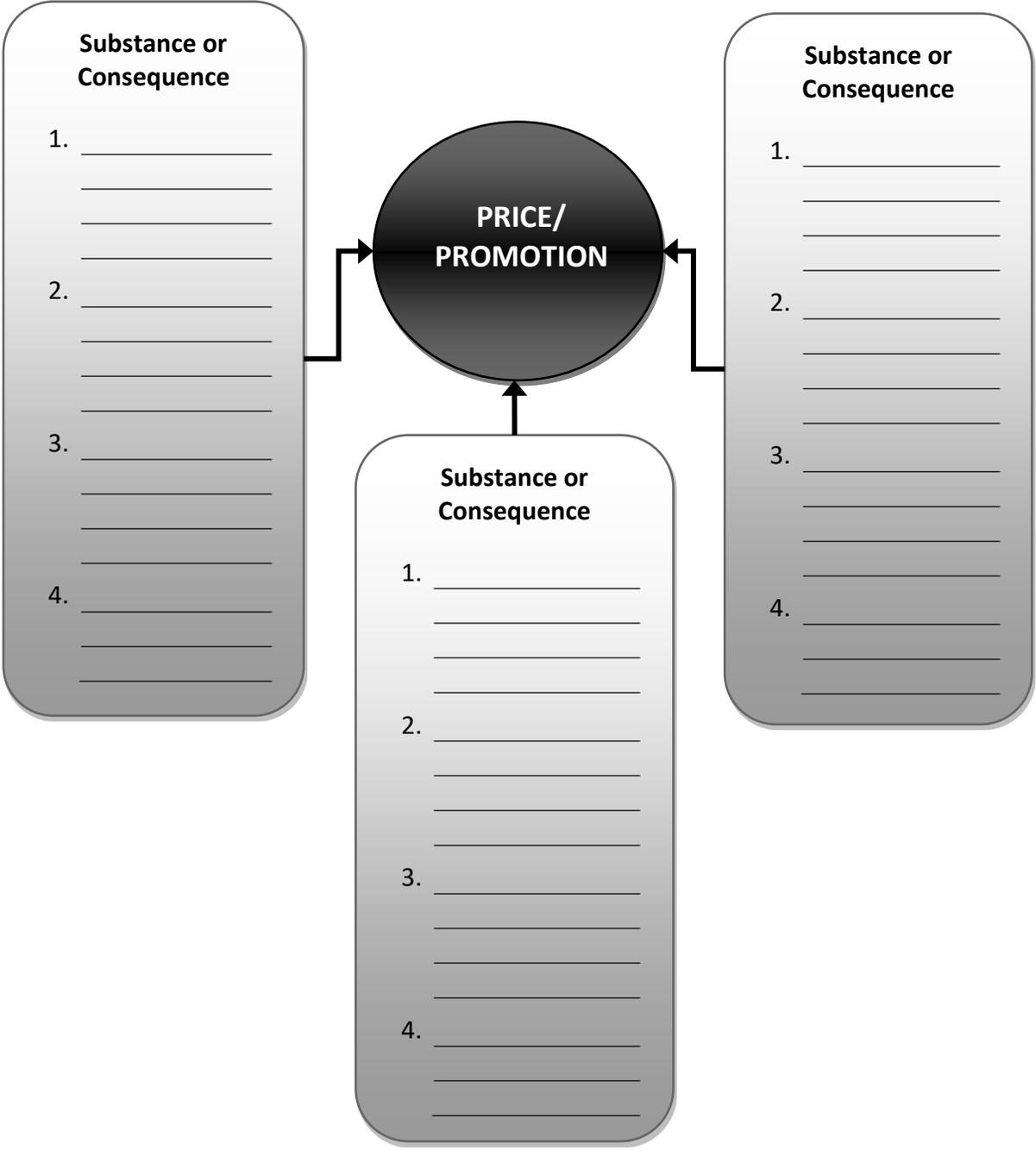












Appendix E: Information Collection Plan

Program Name: _____
Person Completing Form: _____
Completion Date (mm/dd/yyyy): _____

Research Questions What do else do we need to know? This should be driven largely by existing gaps in knowledge that relate to intervening variables and their contributing factors.	Information Source From whom or from what will you get the information?	Collection Procedure What methodology will be used to collect the information? (e.g., focus groups, interviews, record review)	Timeline When will the information be collected?	Persons Responsible Who will gather the information?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Appendix F: Capturing Individual Focus Group Data

Program/Location: _____
Person Completing Form: _____
Completion Date (mm/dd/yyyy): _____

Use this summary sheet to summarize your impressions after each focus group.

Facilitator: _____
Date: _____
Focus Group: _____
Number of Participants: _____

What were the main themes, issues, and reactions you witnessed during this session?

What key points resonated with other information you have collected?

What, if any, key points contradict other information you have collected?

Appendix G: Analyzing Focus Group Information (Needs Assessment)

Community: _____
Person Completing Form: _____
Completion Date (mm/dd/yyyy): _____

Use this summary sheet to help capture the general themes that emerged from all your focus groups, as well as differences that you noticed.

How many focus groups did you conduct? _____
How many participants in total? _____

List the categories of people that attended the focus groups:

What were the common themes regarding...

Drinking? _____

Marijuana use? _____

Misuse of prescription drugs? _____

Other substances or topics? _____

What did you learn about your intervening variables and contributing factors? _____

Were there any significant differences in among the various focus groups? _____

IF YES, please describe: _____

Appendix H: Environmental Scan Templates

Environment/Business Scan

Location: _____
 Substance Observed: _____
 Date/Time: _____

1. What type of establishment did you review?

- | | |
|--|---|
| <input type="checkbox"/> Mini-mart/convenience store | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Tavern/bar/pub |
| <input type="checkbox"/> Liquor store | <input type="checkbox"/> Nightclub |
| <input type="checkbox"/> Drug store | <input type="checkbox"/> Smoke shops |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Head Shops |
| <input type="checkbox"/> Dispensaries | <input type="checkbox"/> Other – please specify:
_____ |
| <input type="checkbox"/> Grow Shops | |

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Does the establishment have a procedure for identifying customers who are over 21 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there highly visible signs posted that list state laws regarding sales to minors and verification of identification? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there highly visible signs posted that warning that IDs will be checked and age restrictions enforced? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there highly visible signs posted that list state laws regarding furnishing alcohol to minors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the clerk/staff have a clear view of the entrance, parking lot and surrounding areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the clerk/staff have a clear view of the areas where alcohol is located and/or consumed in the establishment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the establishment use pricing and placement strategies to promote purchases? | <input type="checkbox"/> | <input type="checkbox"/> |

8a. If yes, what type of promotion(s)? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Price announcements outside | <input type="checkbox"/> Sweepstakes announcements |
| <input type="checkbox"/> Price announcements inside | <input type="checkbox"/> Prominent placement of products |
| <input type="checkbox"/> Price announcements at register | <input type="checkbox"/> Selling primarily low-end/cheap beer |
| <input type="checkbox"/> Branding and logos displayed | <input type="checkbox"/> Other (please describe): |

--	--

Environment/Media Scan

Location/Geographic Area: _____

Substance(s) Observed: _____

Date(s)/Time(s): _____

1. What type of media did you review?

<input type="checkbox"/> Local television news	<input type="checkbox"/> Public advertising
<input type="checkbox"/> Local television advertising	<input type="checkbox"/> Local events (e.g., sporting event)
<input type="checkbox"/> Local newspaper coverage	<input type="checkbox"/> Social media (e.g., Facebook)
<input type="checkbox"/> Local newspaper advertisements	<input type="checkbox"/> Other – please specify: _____

2. How often did you observe this media outlet?

	Count
3. How many visible signs/ads/stories promoting substance consumption?	_____
4. How many visible signs/ads/stories promoting prevention of substance use?	_____
4. How many visible signs/ads/stories regarding laws about substance use (e.g., age of purchase, furnishing)?	_____
5. How many visible signs/ads/stories regarding local enforcement efforts?	_____
6. How many visible signs/ads/stories regarding parental modeling?	_____
7. How many visible signs/ads/stories regarding parental monitoring?	_____
8. How many visible signs/ads/stories regarding the adverse impact of substance use on development?	_____

9. Record any other observations not otherwise captured:

Appendix I: Sample Capacity Self-Assessment

In the table below, please rate the level of knowledge of coalition and prevention staff and that of coalition members in each of the areas listed. Please place an (√) or an (X) in the boxes to indicate your responses.

1=Not very knowledgeable 2=A little knowledgeable 3= Somewhat knowledgeable 4= Very knowledgeable

Increase Effectiveness of Law Enforcement Policies & Practices								
	Coalition/Prevention Staff				Coalition Members			
	1	2	3	4	1	2	3	4
Instituting or changing law enforcement policies and practices								
Increasing enforcement of underage drinking laws								
Educating law enforcement officers								
Communicating policies, penalties and enforcement actions to the community								
Collaborating with law enforcement agencies								
Describe any additional community participation, specific information or technical assistance that you think would build capacity in these areas:								

1=Not very knowledgeable 2=A little knowledgeable 3= Somewhat knowledgeable 4= Very knowledgeable

Increase Use of Parental Monitoring Practices								
	Coalition/Prevention Staff				Coalition Members			
	1	2	3	4	1	2	3	4
Communicating prevention messages to parents								
Collaborating with community organizations to market a message								
Educating parents about parenting techniques								
Educating parents about underage drinking laws								
Describe any additional community participation, specific information or technical assistance that you think would build capacity in these areas:								

1=Not very knowledgeable 2=A little knowledgeable 3= Somewhat knowledgeable 4= Very knowledgeable

Increase Effectiveness of Retailer Policies & Practices that Restrict Underage Access								
	Coalition/Prevention Staff				Coalition Members			
	1	2	3	4	1	2	3	4
Establishing or enhancing retail policies around underage access to alcohol								
Enforcement actions aimed at retail establishments (e.g., compliance checks)								
Education programs for retailers								
Communicating and collaborating with the business community/retailers								
Describe any additional community participation, specific information or technical assistance that you think would build capacity in these areas:								

Appendix J: Assessment Report

Program Name: _____
Person Completing Form: _____
Completion Date (mm/dd/yyyy): _____

Section 1: What you learned initially

From your initial review of existing data and prior assessments:

What consumption patterns are of particular concern in your community?	Among which populations?	Why?	Source of information?
What consequences are of particular concern in your community?	Among which populations?	Why?	Source of information?
What knowledge gaps exist?			

NOTE: Before completing Section 2, you must have completed your additional information collection efforts.

Section 2: Putting it all together: In the tables which follow, you are asked to describe what it is in your community that *specifically contributes* to the use of a particular substance and the *related consequences*.

Enforcement includes the enforcement of the rules, laws and policies surrounding substance use and its consequences, as well as the public perception of the levels of enforcement and how likely people are to believe they will get caught if they violate rules, laws and policies.

Retail access/availability refers to the accessibility of alcohol, tobacco and drugs from retail sources (i.e., where money is exchanged).³⁰ Examples: the ability of underage youth to obtain alcohol from stores, the ease of purchasing alcohol for adults, and the sale of drug paraphernalia, such as rolling papers.

Social access/availability refers to the access one has to substances through social networks. In this case, money is rarely exchanged; for example, parents who throw house parties provide social access to alcohol for youth.

Price refers to economic availability of substances. An example might be special deals and discounts for alcohol (such as “2 for 1” specials or discounted “happy hour” prices).

Promotion attempts to increase the attractiveness of drinking, smoking or using illicit drugs.³¹ It can include advertising that promotes excessive, illegal and/or unsafe use as well as sponsorship of events that promote excessive, illegal and/or unsafe use.

Perceived risk involves an individual’s judgment about the characteristics and severity of risk regarding substance use and its consequences. If people do not feel substance use poses a great risk, they tend to underestimate the potential consequences. For example, if individuals believe that they won’t get in a crash while driving under the influence, they may be more likely to engage in that behavior.

Social norms are informal standards or values regarding the acceptability or unacceptability of certain behaviors including substance use.³²

-Family norms include parental attitudes towards substances (e.g. the idea that “kids will be kids”), parental monitoring and involvement, and the parental/sibling use of substances.

-Community/peer norms include attitudes of peers and adults in the community towards substance use (e.g. belief that most people drink or use drugs, or that social events must involve substance use), peer/community use of substances, and the perceived social benefits of substance use (the “coolness” factor)

³⁰ US Department of Health and Human Services, SAMHSA, Center for Substance Abuse Prevention. (2006). *A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence*. SPF SIG Epidemiological Workgroup Workshop. Washington, DC.

³¹ *Ibid.*

³² US Department of Health and Human Services, SAMHSA, Center for Substance Abuse Prevention. (2006). *A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence*. SPF SIG Epidemiological Workgroup Workshop. Washington, DC.

What is your first priority consumption pattern and why is it a priority?

1. What are the consequences resulting from this priority in your community?

2. In your community, is there a connection between the following intervening variables and the priority consumption pattern or consequence?	If yes, what is the connection (contributing factors) and how do you know this?
Enforcement	
Retail access	
Social access	
Promotion	
Perceived risk of harm of use	
Community norms	
Family norms	

1. What is your second priority consumption pattern and why is it a priority?

2. What are the consequences related to this priority in your community?

3. In your community, is there a connection between the following intervening variables and the priority consumption pattern or consequence?	If yes, what is the connection (contributing factors) and how do you know this?
Enforcement	
Retail access	
Social access	
Promotion	
Perceived risk of harm of use	
Community norms	
Family norms	

1. What is your third priority consumption pattern and why is it a priority?

2. What are the consequences related to this priority in your community?

3. In your community, is there a connection between the following intervening variables and the priority consumption pattern or consequence?	If yes, what is the connection (contributing factors) and how do you know this?
Enforcement	
Retail access	
Social access	
Promotion	
Perceived risk of harm of use	
Community norms	
Family norms	

1. What is your fourth priority consumption pattern and why is it a priority?

2. What are the consequences related to this priority in your community?

3. In your community, is there a connection between the following intervening variables and the priority consumption pattern or consequence?	If yes, what is the connection (contributing factors) and how do you know this?
Enforcement	
Retail access	
Social access	
Promotion	
Perceived risk of harm of use	
Community norms	
Family norms	

Section 3: Capacity Assessment

- 1. Summarize your capacity assessment results.**
- 2. Which areas of capacity (strengths) will assist you as you implement your strategic plan to address the priority consumption patterns and related consequences?**
- 3. Which areas of capacity will be included in your strategic plan as areas that you will work on in the coming years, and why?**
- 4. Which areas of capacity will be included in your strategic plan as areas that you will work on in the coming years, and why?**

Appendix K. Strategic Plan Outline

(Complete one of these tables for each problem statement)

Problem Statement: _____

Goal: _____

OBJECTIVE (from intervening variables)	STRATEGIES (to address contributing factors)	BENCHMARKS How will you know you have achieved your objectives? When do you expect to achieve them?
Objective 1: Capacity-Building Actions:	1. 2. 3.	
Objective 2: Capacity-Building Actions:	1. 2. 3.	
Objective 3: Capacity-Building Actions:	1. 2. 3.	

Capacity Building Priorities (Describe any additional capacity-building priorities beyond those associated with specific objectives in the tables above)

Action Plan (insert and describe your workplan for year one)

Sustainability (Describe your plan for continuing the collaborative strategic planning process beyond the SPF SIG grant. Describe your plan to develop and attain the resources needed to implement the priority strategies identified)

Appendices

Assessment Report (or reference where it can be found)

Planning Model

MOUs

Appendix L: Logic Model Template

SPF SIG LOGIC MODEL							
Theory of Change							
Problem Statement (SPF Steps 1-2)			Strategies (SPF Step 3)	Activities (SPF Step 4)	Outcomes / Objectives (SPF Step 5)		
Problem	But why? (Intervening Variables)	But why here? (Contributing Factors)	What are we doing to address the contributing factors?	What are we doing to do implement the strategy?	Annual / Short-Term	Intermediate	Long-Term ³³
					How are we implementing the strategy?	What behaviors will we change?	Are we meeting our long-term goals?
Underage Drinking	Youth believe that alcohol is easy to obtain from liquor licensees in the community (Access & Availability)	Liquor licensees do not believe they will be caught selling alcohol to minors	Enhance knowledge and skill of liquor licensee employees	Responsible Beverage Server/Seller Trainings (Environmental)	Measure: Number of RBS trainings. <i>Target: Increase number of RBS trainings held from X to Y in year 1, as measured by internal record keeping.</i>	Liquor licensees will refuse sales to minors	Youth age 12-18 years old will perceive that alcohol is difficult to obtain as measured by MIHYS. <i>Target: Reduce Alcohol Use by 15% among 12 to 18 year population in Local Service Area. (2020).</i>
	Youth do not believe they will be caught drinking alcohol by parents (Enforcement and/or Perception of Risk)	Parents are not aware of underage drinking and what they can do to prevent it.	Increase parent’s knowledge and use of practices to monitor their child’s use of alcohol	Parent Media Campaign – Monitoring Tips/Parent Meet-Ups. (Information Dissemination/Education)	Increase the number of parents who learn what they can do to monitor their child’s behavior.	Parents will increase their monitoring of youth around alcohol use as	Youth ages 12 to 18 believe they will be caught by their parents.

³³ The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities.

Appendix M: Assessment Summary

Assessment Summary:

Coalition Name:

Person Completing Form:

Completion Date (mm/dd/yyyy):

Based on the findings of your assessment, please summarize your findings for the sections below:

Section 1- Data Findings- Consumption & Consequence Data by Substance:

Section 2- Intervening Variables & Contributing Factors:

Section 3- Identified Resources to Address Gaps / Needs:

Section 4- Capacity of Coalition, Community Partners, & Stakeholders:

Section 5- Prioritized Objectives & Strategic Approaches

Section 6- Other Findings