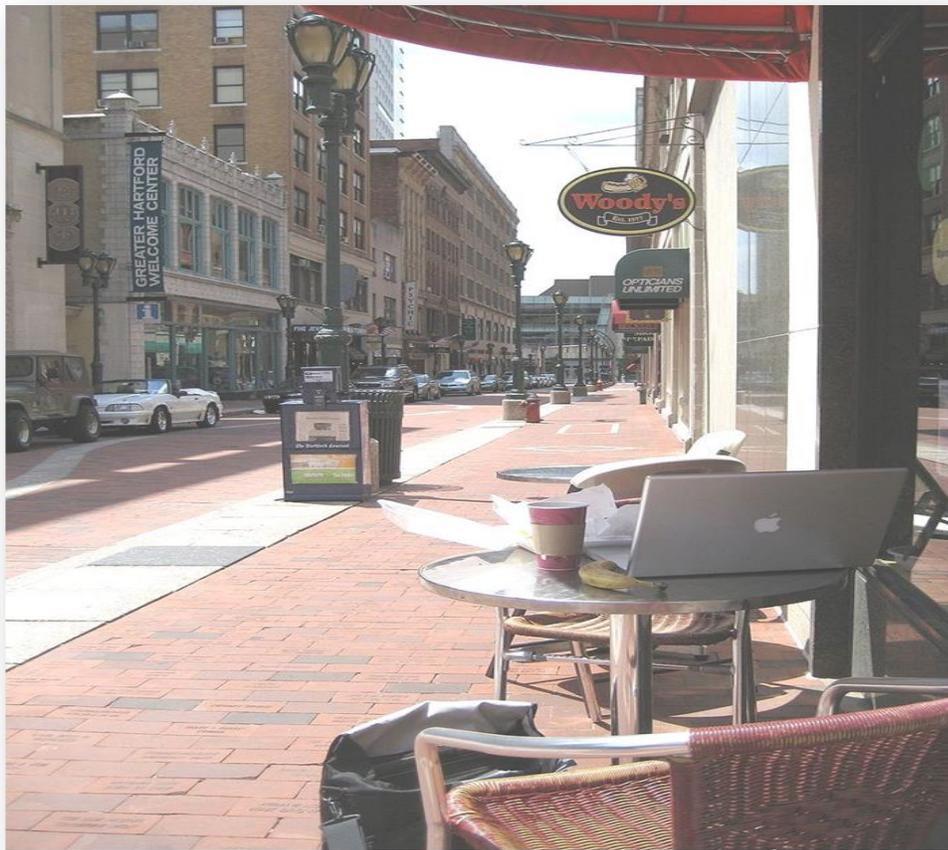


COALITION GUIDANCE FOR A COMMUNITY STRATEGIC PLAN



2/16/2016

Connecticut Strategic Prevention Framework
Coalitions Initiative

TABLE OF CONTENTS

| Section | Page |
|---|------|
| Purpose of the Guidance Document | 3 |
| Section 1: Introduction | 4 |
| Section 2: Needs Assessment Problem, Risk Factors Summary and Prioritization | 4 |
| Section 3: Evidence-Informed Strategies and Activities | 5 |
| Section 4: Resources and Inputs | 6 |
| Section 5: Short and Long-Term Outcomes – Logic Model Diagram | 8 |
| Section 6: Timeline for Implementing Plan Components | 9 |
| Section 7: Description of Coalition | 10 |
| Section 8: Evaluation Plan | 10 |
| <hr/> | |
| Addendum A: Prioritizing Risk Factors | 12 |
| Addendum B: Research to Identify and Select Evidence-Informed Approaches | 13 |
| Addendum C: Logic Model | 16 |

Strategic Plans are due April 15, 2016. Coalitions should have TTASC review their plan before submitting to DMHAS.

Coalition Guidance for a Community Strategic Plan

CONNECTICUT STRATEGIC PREVENTION FRAMEWORK COALITIONS INITIATIVE

PURPOSE OF THE GUIDANCE DOCUMENT

The third step of the Strategic Prevention Framework (SPF) is Strategic Planning. This guidance document provides an outline of the necessary steps to complete a Community Strategic Plan. The Community Strategic Plan will serve as a blueprint for the coalition's efforts to prevent substance abuse while applying cultural competence and sustainability along the way. Your Community Strategic Plan should be made accessible to members of your community and should be utilized to increase community buy-in to prevent substance abuse. In creating the plan coalitions will:

- Prioritize the risk factors associated with the identified problem substance;
- Conduct research to identify and select evidence-based approaches that have been shown to influence the priority risk factors;
- Assess local capacities and resources needed to implement selected approaches;
- Create a logic model that links consequences and consumption patterns, risk factors, strategies, resources and outcomes;
- Prepare a narrative strategic plan that describes how the problem substance will be addressed in the community over the next four years; and
- Work with the local evaluator to develop evaluation methods and identify measures.

Strategic planning is “big picture” thinking that results in a clear logic model. The planning step is the time to work through diverse points of view, negotiate compromise, and build buy-in. Avoid the temptation to jump ahead to the specifics of operationalizing your plan. This third SPF step of planning is about what to do and why to do it. **It should not include action plans and detailed timelines.** That work is part of the next activities leading into the fourth SPF step, Implementation.

The Community Strategic Plan should represent the community's commitment to invest resources that are specifically directed at substance abuse prevention. It must paint a comprehensive picture of how the Coalition conducts data driven decision-making to create a plan that will result in a measurable reduction of the priority problem substance and the associated risk factors.

The Community Strategic Plan should be no longer than 25 pages and be formatted in order using the eight (8) subheadings detailed below in this guidance document.

NOTE: Strategic Plans are due April 15, 2016. Coalitions should have TTASC review their plan before submitting to DMHAS.

SECTION 1 | INTRODUCTION

The first component of the Community Strategic Plan is an introduction that summarizes the principal points of the Strategic Plan. This component can be widely distributed as an information, recruitment and marketing tool for the Coalition, publicizing the Coalition's proposed efforts to address the community's priority problem substance.

The introduction must cover the information in the plan in enough detail to accurately reflect the plan's contents, yet be written so that it can be read independently of the whole Strategic Plan. It must not refer by number to figures, tables, or references contained in the Strategic Plan. Because the introduction may be read in place of the full plan, all uncommon symbols, abbreviations, and acronyms must be spelled out. The introduction should answer the following questions:

- Who is the Coalition? (include a very brief history)
- Who is being served by this coalition? (community demographics, description of target population)
- What is the problem substance the Coalition is addressing?
- What are the reasons the problem exists? (prioritized risk factors)
- What strategies will the Coalition use to address their prioritized risk factors?
- What projected short and long term outcomes will the coalition use to measure success?

The introduction should be thought of as the ***problem statement*** of the plan. A clear problem statement helps the Coalition gain community support to sustain its efforts by clarifying how the Coalition intends to make a difference. Therefore, the introduction should be a few succinct, attention grabbing paragraphs that describe the specifics of the community, the priority problem substance, priority risk factors and the solutions the Coalition is proposing.

NOTE: Coalitions should seek guidance from and work closely with their local evaluator throughout the Strategic Planning process.

SECTION 2 | NEEDS ASSESSMENT PROBLEM, RISK FACTORS SUMMARY AND PRIORITIZATION

The needs assessment summary will be drawn from the Coalitions Community Needs Assessment Report. In order to sort out which risk factor(s) to address the Coalition must first engage in the Prioritization Process outlined in **Addendum A** of this guidance document. Once this process is complete, the problem and risk factor summary can be written. This section must include:

- A summary of the data that was identified, gathered, organized and analyzed
- A summary of survey data and related focus group data with an emphasis on 30 day use. Include the context (when possible) of the data compared to other towns, sub-regions and/or the state

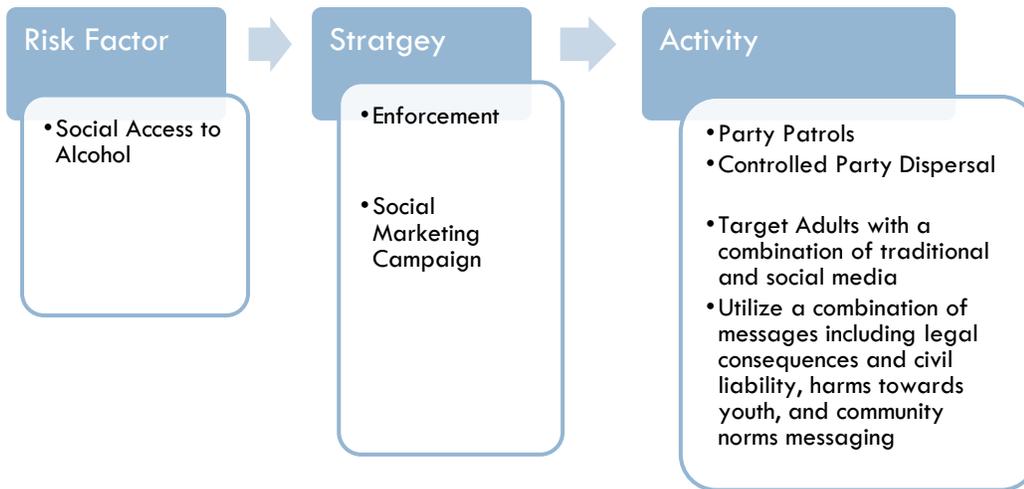
- A summary description of what the data revealed about each risk factor including risk factor magnitude and severity
- Describe the risk factor Prioritization Process used by the coalition (**Addendum A**), and include Importance and Changeability determinations for each risk factor
- Identify the prioritized risk factor(s) the coalition chooses to address and provide a detailed description of what the data revealed about each prioritized risk factor(s) including:
 - The magnitude and severity of the risk factor- the context (when possible) of the risk factor in town and compared to other towns, sub-regions and the state
 - The sub-populations most involved with this risk factor
 - Where issues related to this risk factor occur most and least
 - Multicultural considerations related to the risk factor
 - Disparities that exist between groups and cultural variables that may occur related to this risk factor or this risk factor data

NOTE: This section is intended to provide *summary information* of the Community Needs Assessment. The summary information should allow the plan's audience to have some context as to why the risk factors selected were a top priority based on the data, highlighting the data driven decision making process. This summary can be provided in table format if so desired.

SECTION 3 | EVIDENCE-INFORMED STRATEGIES AND ACTIVITIES

The SPF public health approach emphasizes community level, or environmental interventions, rather than individual level interventions. In this section Coalitions will identify the evidence-informed strategies and activities they plan to implement. **CSC Initiative grantees are required to implement at least one environmental program, practice or strategy per prioritized risk factor.** These strategies must have evidence that they are effective at addressing the risk factor(s) the Coalition has prioritized. Implementing multiple complementary strategies for a single risk factor is a comprehensive approach that may increase the likelihood of achieving short and long term outcomes.

Most strategies are comprised of multiple activities. Stand-alone activities do not have a great impact on the risk factor. When multiple activities are designed to work together to accomplish a strategy, the impact can be great. The example below illustrates this.



This section of the plan must address the following for each selected strategy:

- Demonstrate how the selected strategy will address the corresponding prioritized risk factor(s). (See **Addendum B**)
- What is the reach of the strategy? Is it delivered to the entire community (environmental) or a particular population or subpopulation?
- Cite literature or sources that support the use of the strategy and its conceptual fit with associated risk factor(s) (See Addendum B).
- Demonstrate the activities' practical fit with both the strategy and within your community (See Addendum B).
- Which activities will be implemented with fidelity and which are innovations? Describe why the innovations are necessary.
- Include cultural considerations that went into the selection of each of the strategies and their adaptations and innovations.
- How will strategies be sustained if current funding is no longer available?

Addendum B: Conducting Research to Identify and Select Evidence-Informed Approaches provides additional guidance for Section 3.

SECTION 4 | RESOURCES AND INPUTS

In order to effectively implement the selected strategies there must be sufficient resources or inputs (capacity). The building of community capacity must align with community priorities that were established in the needs assessment. The best prevention results from strong, mutually beneficial partnerships. Without collaboration and aligned goals, even the best prevention efforts will not leverage collective resources and can miss achieving their goals.

In this section of the plan the Coalition will present a profile of resources and capacity available to address the priority problem substance. This section should include a synopsis of the Coalition's approach for ensuring ongoing capacity building. The plan will specify all of the resources (inputs) required to conduct each intervention - persons, funds, equipment, and material needed. Special emphasis must be placed on resources that assure cultural competence. Some examples of resources or inputs included in this section of the plan can be:

Human Resources

- Staffing
- Coalition members and volunteers in the targeted community sector(s)
- Partnerships with the targeted community sector(s)
- Members who reflect the community's culture/ethnicity
- Mental Health Professionals
- Recruitment needed to acquire the skills, positional power, access to target populations, etc. to successfully implement coalition strategies and activities.

Technical Resources

- Prevention knowledge and skills
- Ability to collect and analyze data on the intervention

Multicultural Resources

- Diverse representation on the coalition and active participation in the planning process
- Culturally competent strategies
- Culturally competent training

Fiscal Resources

- Monetary
- In-kind

Material Resources

- Space
- Equipment

Strengthen Capacity: The strategic plan should also explore and describe areas in which the community needs to strengthen its capacity in order to effectively implement the SPF and address the priority problem substance, including needs, resources, and cultural competence.

REMEMBER: Planning involves continually cultivating resources and inputs and strengthening capacity. The best prevention results from strong, targeted partnerships; without collaboration, even the best prevention efforts will not leverage collective resources and can miss achieving their potential.

Section 5 | SHORT AND LONG-TERM OUTCOMES – LOGIC MODEL DIAGRAM

In order to measure the success of the project, the Strategic Plan should include meaningful benchmarks that the Coalition has identified as targets. This can be done by establishing what short and long-term outcomes the Coalition would like to achieve.

- Short-term outcomes should be attainable within 1-3 years and should be related to the risk factors that were identified in the prioritization process as needing to be changed.
- Long-term outcomes are the changes that will occur over a longer period of time as a result of the implementation of the plan. These are changes at the individual level as well as the community level, and can be seen in data related to Core measures such as 30 day use, perception of parental disapproval, perception of peer disapproval, and perception of risk/harm.

Evaluation approaches can be as simple as a pre and post evaluation design where a survey is administered before the start of a program and then a post-test is administered at the end. However, a strong evaluation approach includes multiple approaches with various levels and types of data, especially where environmental strategies are being assessed. Evaluation of community efforts may include pre-post assessments but those assessments will mean more in the context of comparison and trend data.

Outcomes can be measured from the start of an environmental strategy to months, and sometimes even years beyond its official conclusion. These changes can occur and be measured at multiple levels such as individual, family, demographic subgroups, school, and community level. **It is preferable to identify outcomes that reflect actual behavior changes (as opposed to only shifts in knowledge), cover larger groups of people (e.g., town/community vs. one school), and are demonstrated over a longer period of time (as opposed to those that can disappear quickly).** **Measured outcomes must be linked to the chosen strategies, risk factors and the problem.**

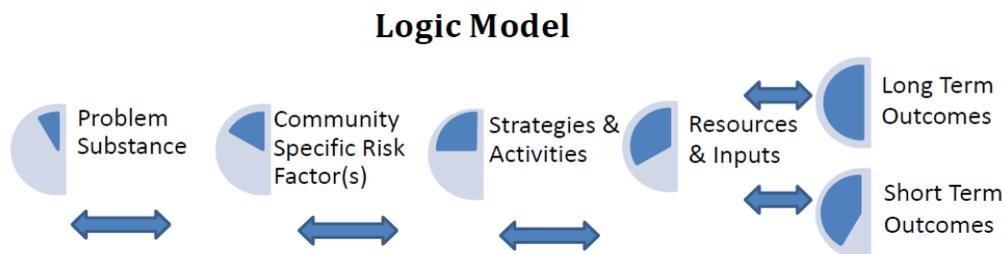
The types of outcomes measured will be determined by the types of environmental strategies implemented. In some cases, an outcome may be the passage of a law or an ordinance that supports the strategy. One helpful way to think about different types of outcomes is how immediately the outcome in question is expected to occur after the strategy is implemented. Some common outcomes for environmental strategies are the changes in local laws and policies or consequences from an inappropriate activity.

While shorter-term outcomes are important to measure, they are not as powerful as changes in long-term outcomes such as rates of use or the perceptions/attitudes about the problem substance. A comprehensive prevention plan will include monitoring changes in Core Measures in order to track longer-term outcomes. Core measures include the following:

- **Past 30-Day Use** – The percentage of youth who report using alcohol, marijuana, or prescription drugs not prescribed to them at least ONCE in the past 30-days.
- **Perception of Risk** – The percentage of youth who report that use of alcohol, tobacco, marijuana or prescription drugs not prescribed to them has moderate risk or great risk.
 - Alcohol. Use is defined for alcohol as five or more drinks of an alcoholic beverage once or twice a week. For alcohol, perceived risk of use is associated with binge drinking.

- Marijuana. Use for marijuana is defined as once or twice a week.
- Prescription Drugs. Use is defined as any use of prescription drugs not prescribed to you.
- **Perception of Peer Disapproval** – The percentage of youth who report that their peers would feel it would be wrong or very wrong to use alcohol, tobacco, marijuana, or prescription drugs not prescribed to you.
 - Alcohol. Use of alcohol is defined as one drink of an alcoholic beverage nearly every day.
 - Marijuana. Use of marijuana is defined as any use.
 - Prescription Drugs. Use is defined as any use of prescription drugs not prescribed to you.
- **Perception of Parental Disapproval** – The percentage of youth who report that their parents feel it would be wrong or very wrong to use alcohol, tobacco, marijuana and prescription drugs not prescribed to you.
 - Alcohol. Use of alcohol is defined as one drink of an alcoholic beverage nearly every day.
 - Marijuana. Use of marijuana is defined as any use.
 - Prescription Drugs. Use is defined as any use of prescription drugs not prescribed to you.

To complete this section Coalitions should work with their evaluator to decide what short and long-term outcomes they are planning to measure. CSC Initiative grantees must select 30 day use as one of the long-term outcomes and at least one other Core Measure that is logically related to their selected risk factor(s). This section should also include a narrative logic model diagram which will help the reader visualize the main components of the Strategic Plan. (See **Addendum C** for additional information on logic models.)



Addendum C: Logic Model provides additional guidance for Section 5.

SECTION 6 | TIMELINE FOR IMPLEMENTING PLAN COMPONENTS

The timeline must be organized by the short term outcomes. For each outcome, the timeline must describe the major activities planned in implementing selected strategies, practices, or programs in measurable increments over the course of the project. The strategy implementation should follow information gathered in the needs assessment. For instance, if youth gather at the beach in the summer at parties where alcohol is present, party patrols should occur in the summer months. In the strategic plan timeline, this broader level of detail is all that is required. During action plan development in the Implementation

stage of the SPF, a timeline with greater detail will be required. This timeline must be presented in table form with the following column headings:

- Outcome
- Strategy
- Activity
- Target Completion Date (Month/Year)
- Responsible Coalition Member

SECTION 7 | DESCRIPTION OF COALITION

This section provides the coalition the opportunity to show who participated in the process, highlights the diversity of the coalition’s make-up, and offers a way to “give credit where credit is due”. It is an opportunity to demonstrate that the plan was created by a planning group representative of the community’s diversity and that the planning efforts and interventions selected incorporate people’s preferences, differences, and needs. It is also an opportunity to develop plans for sustaining the Coalition.

The section should include:

- Names of participants
- Affiliation of participant
- Role/responsibilities of each participant
- Openings available that community members can volunteer to fill
- Acknowledgement of sponsoring or funding entities

NOTE: In October 2016 Coalitions will develop a Sustainability Plan that will guide the stabilization of the community prevention infrastructure to support expected gains made through the implementation of the CSC Initiative in the target community.

SECTION 8 | EVALUATION PLAN

In order to develop the Evaluation Plan, the Coalition will need to work closely with the local evaluator to plan how the short- and long-term outcomes will be measured (e.g., surveys, archival data, interviews, focus groups). Specific steps to conducting an outcome evaluation typically depend on the evaluation questions being asked. Steps in outcome evaluation may include:

1. Identify what will be measured
2. Select an evaluation design
3. Decide who will be assessed
4. Choose methods for measurement
5. Determine when the assessment will occur
6. Gather the data
7. Analyze the data

8. Interpret the data and report to target audience(s) (dissemination)

Coalitions should be collecting data on the Core measures since DMHAS must provide Core measure data in federal reporting. The most common way to track the Core measures is through self-report youth surveys in the schools. Because these Core measures are individually-oriented outcomes for youth, the school setting is usually the most efficient way to gather this data. It is critical to get access to this data at consistent points over time (such as bi-annually during spring term). The consistency of data collection is necessary for describing outcomes patterns (or trends) over time.

However, there are other data collection strategies that are useful to measure community-level outcomes. Data collection strategies such as key leader surveys, focus groups, case studies, telephone surveys, and observations are all important ways to gather local data. These methods should be used if the evaluation questions lend themselves to that data collection method, based on local resources to do so.

When choosing data to be tracked over time (in addition to the Core measures) consider the data used at the beginning of the project when the Community Needs Assessment was completed. Most likely, archival trend data was part of the Needs Assessment. These data are usually collected at similar points in time for the same populations (e.g., youth under 21, males and females, etc). Traditionally, these data are available on national, regional, state, and local levels from health departments, law enforcement agencies, schools, and RACs, as well as via a number of online sources (www.ctdata.org, www.datact.gov, www.ctcrash.uconn.edu).

The formal Evaluation Plan must include answers to the following questions:

1. Short-term outcome evaluation (by risk factor)
 - Who is the target population or group who will be impacted?
 - What short-term outcomes will be tracked over time?
 - What tools (or sources of information) will be used to gather this information?
 - How frequently will this data be collected?
 - Who will collect this information?
 - What is the extent of the change the coalition is hoping for? By when?

2. Long-term outcome evaluation
 - What long-term outcomes tracked over time?
 - What tools (or sources of information) will be used to gather this information?
 - How frequently will this data be collected? From whom?
 - Who will collect this information?
 - What is the extent of the change the coalition is hoping for? By when? (this should be determined by a review of trend data and national or regional comparison data over time)

IMPORTANT NOTE ABOUT THE EVALUATION PLAN: In connection with the CSC Initiative contract Section 8 of the Strategic Plan is due June 6, 2016 using this guidance. Coalitions can choose to submit their Evaluation Plan at the same time of the Strategic Plan.

Addendum A | Prioritizing Risk Factors

Re-Examine Needs Assessment Data for Each Risk Factor

Begin the process of prioritizing risk factors by discussing each risk factor and both the quality and type of data you were able to collect. The purpose of this discussion is for each coalition member to have a clear understanding of what the data say about how each risk factor impacts the priority problem substance in the community.

Reach Consensus on the Importance of Each Risk Factor

Consider the importance of each risk factor and come to a consensus about whether each risk factor is of high or low importance in the community.

What does the data show about how much each risk factor contributes to the priority problem substance in the community – its magnitude and impact?

What are the gaps in data?

Reach Consensus on the Changeability of Each Risk Factor

Next, discuss the community's readiness and capacity to address each risk factor. As a group come to a consensus about whether each risk factor is of high or low changeability in the community.

What community resources are available to address this risk factor?

What are the gaps in community resources?

How ready is the community to address this risk factor?

Determine The Community's Priority Risk Factor(s)

To determine the community's priority risk factor(s), record the coalition's importance and changeability ratings in a grid similar to the one below. Risk factors that fall into the shaded box are the community's priorities.

| | | CHANGEABILITY | |
|------------|------|---------------|-----|
| | | High | Low |
| IMPORTANCE | High | | |
| | Low | | |

Additional Considerations

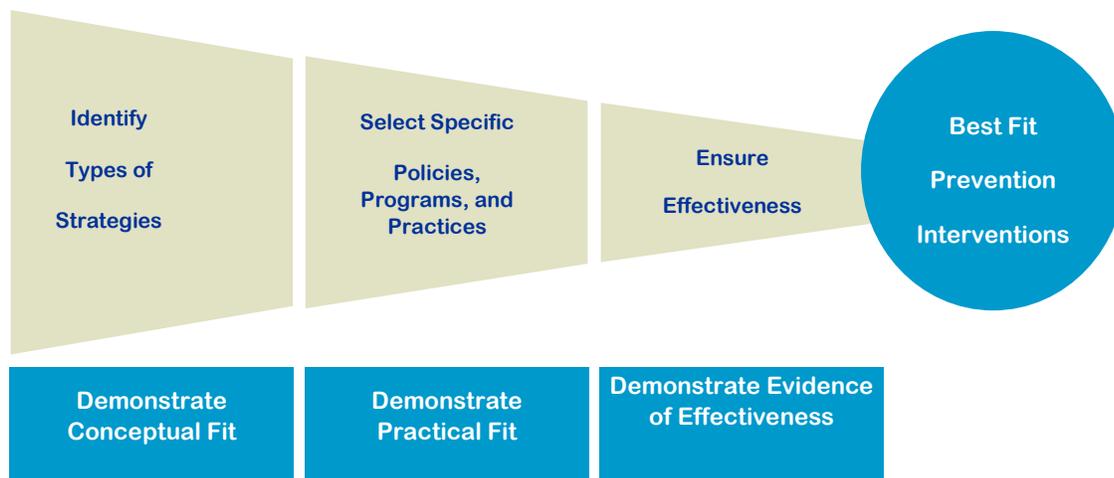
During the above discussions and decision-making process it is also appropriate to consider availability of data to the coalition and the ability to measure outcomes.

Addendum B | Conducting Research to Identify and Select Evidence-Informed Approaches

Once coalition members have reached consensus on the community’s priority risk factors, they must conduct research including a literature review to identify a pool of prevention strategies and approaches that have been proven effective in impacting the selected factors. Broadly speaking, this is where you explore the various ways in which your community might begin to address your priority substance. You are shopping for possibilities and options.

From these options, you will select one or more complementary prevention interventions that target your community’s priority risk factors and local circumstances. The process of selecting “best fit” prevention strategies – or how you will address risk factors contributing to the priority problem substance in your community – involves thinking critically and systematically about three factors, relevance or conceptual fit, appropriateness or practical fit and evidence of effectiveness as depicted in the diagram below.

From: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention Identifying and Selecting Evidence-Based Interventions, Revised January 2009HHS Publication No. (SMA) 09-4205



Conceptual Fit with the Community’s Priority Risk Factors

A “good conceptual fit” intervention should:

- Demonstrate evidence of effectiveness with the target population
- Specifically address the community’s priority risk factors and underlying conditions
- Drive positive outcomes in addressing the priority substance
- Offer multiple opportunities for prevention

Practical Fit with the Community’s Readiness and Capacity

A strategy is a “good practical fit” with a community if:

- The coalition has or can acquire the necessary staff and funding

- The coalition has the necessary community contacts (police, leaders, etc.)
- The community will support the approach
- The strategy reflects the community’s culture
- The strategy is sustainable

Evidence of Effectiveness

All selected strategies must be effective according to:

- Federal Registries
- Center for Substance Abuse Prevention
- Department of Higher Education
- Experts in the field (NIAAA, NIDA)
- Other research

Other Considerations

DMHAS requires that coalitions emphasize environmental prevention approaches that target community level change, as described in the following chart:

| | Individual Change | vs. | Environmental Change |
|--------|---|-----|---|
| FOCUS: | Individual Behavior | | Policy, Laws, Norms |
| GOAL: | Personal Control of Alcohol | | Community Control of Alcohol |
| TOOLS: | Education, Treatment, Small Group Activities | | Media and Policy Advocacy, Social Pressure, Enforcement |
| WHO: | Professional and Client, Educator and Student | | Coalitions, Stakeholders, Community Organizers |

Individual approaches may also be utilized but should not be the focus of efforts. It is well established that more than one strategy can address each risk factor. Implementing multiple, complementary strategies for a single risk factor is a comprehensive approach that may increase the likelihood of achieving objectives.

When determining which evidence-informed approaches to adopt, coalitions should also consider the **reach** of each strategy. This includes:

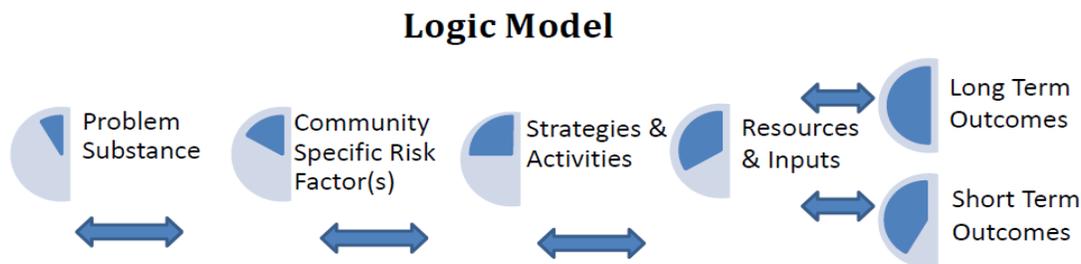
- How many people the selected strategy will impact
- Sectors of the community that will be impacted by the coalition’s efforts
- The dosage of the strategy that the target audience will experience
- Instead of implementing many strategies around a small group(s), a strategy would have greater impact if it reached various sectors of the community and different groups or types of people.

Sample Interventions

- **Enforcement:** Enforcement of existing underage age drinking laws, prosecution of existing underage drinking laws
- **Communication:** Work with media to publicize incidents of underage drinking
- **Policy:** Restriction of alcohol advertisement or of alcohol related promotional events in community settings

Addendum C | Logic Model

The Strategic Plan must include a logic model diagram. Coalition members work together with their evaluator to create a logic model for their community's strategic plan. A logic model is a visual planning tool that shows the rationale behind your program and how the elements fit together to achieve change. Like a roadmap, it tells where you are, where you are going, how you will get there, and how you measure progress along the way. A logic model depicts the relationships between the priority problem substance, the contributing risk factors, the solutions (strategies and activities), the resources and inputs, and the measures of success (short and long-term outcomes).



Logic models offer several benefits for community coalitions:

- **Explaining why your program or intervention will succeed.** By clearly laying out the tasks of development, implementation and evaluation, a logic model can help you explain what you do and why you do it.
- **Identifying gaps in reasoning.** Logic models help identify any gaps in your reasoning or places where your assumptions might be off track. The sooner mistakes are discovered, the easier they are to correct.
- **Making evaluation and reporting easier.** Developing a logic model before implementing a program or activity not only makes the intended outcomes and assumptions of the project explicit but also makes evaluation easier and more meaningful.

Once completed, the logic model diagram summarizes the Coalition's desired plan and serves as confirmation of its agreement to move forward. The logic model can be used as an informational and marketing tool to inform community members about what the Coalition is doing and identify where additional resources and support are needed.

From: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Building a Logic Model.

<http://www.samhsa.gov/capt/applying-strategic-prevention-framework/step3-plan/building-logic-models>