

State of Connecticut

Department of Mental Health & Addiction Services



**Coalition Instructions for Preparing a Strategic
Prevention Plan to Address Substance Abuse at
the Community Level**

January 2011

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Introduction

Data on problem substance use and consequences indicate that although alcohol abuse, particularly underage drinking, is a pressing issue in Connecticut communities, so are many other substances such as marijuana, prescription drugs, and tobacco. With federal Substance Abuse Prevention and Treatment Block Grant and Partnerships for Success funding, community coalitions are addressing the problem of underage drinking at the local level using the Center for Substance Abuse's (CSAP) Strategic Prevention Framework (SPF), infusing cultural competence and sustainability into all facets of the process. Now, you will use the SPF to address these other problem substances and their related consequences in your local communities.

This document provides instructions on how to develop an abbreviated Community Strategic Prevention Plan that will provide a blueprint for the Coalition's efforts to prevent problem substance use including the underlying principles of the five steps, cultural competence and sustainability. Using this document, the coalition will be able to compile the specific information needed by DMHAS to approve its Community Strategic Prevention Plan and move on to implementation and evaluation. It will also assist in developing a plan that is accessible to the community in question, and if used as part of a marketing strategy, can increase buy-in to the work of preventing the problem substance use.

The plan is due March 15, 2011

Outline of the Plan

The plan must include:

- I. Introduction (1 page)
- II. Summary of the problem substance and selected risk factors (1-2 pages)
- III. Logic Model and narrative (2-3 pages)
- IV. Workplan (1-2 pages)
- V. Addenda including Coalition membership and sustainment and Reference List (no limit)

I: Introduction (1 page)

The introduction must consolidate and summarize the principal points of the Plan. If widely distributed, this component can serve as a marketing tool for the Coalition, publicizing the efforts to reduce underage drinking.

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. Therefore, it is often best to write the introduction last. 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:

- With which Coalition are you working?
- Who is being served by this coalition? (Community demographics, description of strategy targets)
- What is the problem substance the Coalition will address and which population is targeted?
- What are the reasons the problem exists? Highlight selected risk factor(s).
- What is the Coalition going to do about the problem and the selected risk factor(s)?
- What are the Coalition's anticipated short (1-3 years) and long (3-5 years) term outcomes?

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. **NOTE:** The introduction should be a few succinct, attention grabbing paragraphs that describe the specifics of the community and its problem substance, priority risk factors and the solutions the Coalition is proposing.

II. Problem Substance and Selected Risk Factor(s)(1-2 pages)

Using the table in *Addendum A.*, problem substance and risk factor information in *Addenda D-F* your own data available on the Best Practice link provide a summary description of why the Coalition selected the targeted problem substance and target population over others, and what the relevant local, regional, state, and/or national data revealed about each risk factor you have selected (no more than 2) 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

III. Logic Model and Narrative (2-3 pages)

Please complete the Logic Model in *Addendum B*. with the targeted problem substance, risk factor(s), strategies and activities, resources and inputs, and short (1-3 years) and long (3-5 years) term outcomes (include baseline and targets). The information in *Addenda D-F* will assist you, but you may also recommend strategies and activities not found in the Addenda, provided they are evidence-based and you provide citations for them. Following the completion of the Logic Model write a narrative that includes:

- Why was this strategy selected? Which of the prioritized risk factors is it addressing?
- What is the reach of the strategy? Is it delivered to the entire community (universal/environmental), an at-risk sub-population (selective/education)? **NOTE:** A minimum of one environmental strategy must be selected.
- Cite literature or sources that support the use of the strategy.
- What activities will be conducted in the implementation of this strategy?
- Which activities will have fidelity to the strategy and which are innovations? Describe why the innovations are necessary.
- Include cultural considerations that play a role in the strategies and activities.
- Include how outcomes will be measured, who will perform the data collection, and evaluation.

IV. Workplan (1-2 pages)

Please complete the workplan format located in *Addendum C*. with your risk factor(s), strategies, activities, timeline, staff responsible (including Coalition members) and outcomes. **NOTE:** This workplan will not contain all the details necessary to make strategy implementation a success. Such detail will be included in the DMHAS action plan which will be created after the prevention plan is accepted by DMHAS.

V. Addenda

A. Coalition Membership and Sustainment

Provide the following information:

- Names of Coalition Members
- Affiliation of member
- Role/tasks played or accomplished by each member
- Openings available that community members can volunteer to fill
- Acknowledgement of sponsoring or funding entities
- Methods for sustaining the Coalition, even after funding has decreased

B. Reference List

Please list any reference that you cited within the plan.

Addenda

- A. Problem and Risk Factor Table
- B. Logic Model Framework
- C. Workplan Format
- D. Marijuana Use
 - Logic Model and Definitions
 - Risk Factors Literature Review
 - Strategies and Interventions
- E. Prescription Drug Misuse/Abuse
 - Logic Model and Definitions
 - Risk Factors Literature Review
 - Strategies and Interventions
- F. Tobacco Use
 - Logic Model and Definitions
 - Risk Factors Literature Review
 - Strategies and Interventions