

Developing a Campus Strategic Plan: A Guidance Document for PFS Grantees

Part B

Minnesota Department of Human Services
Alcohol and Drug Abuse Division



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Introduction

The *Strategic Planning Guidance Document, Part B* is the second in a series of documents intended to support Minnesota PFS sub-recipients in their process of developing a data-driven, community-specific strategic plan. Your Campus Strategic Plan will map Phase Two of funding and address local needs as well as the following statewide priority concerns:

- Underage drinking among persons aged 18 to 20
- Marijuana use among persons aged 18 to 25.

The *Strategic Planning Guidance Document, Part A* was distributed in August 2015 and is available on the EvaluATOD website (www.evaluatod.org) on the Projects tab. Click on PFS Tools and the various Strategic Planning documents may be accessed there.

Part B provides details and a detailed description of the planning and decision-making process that your coalition used to select a comprehensive set of strategies to address your prioritized local condition indicators. It also provides instructions for explaining how these strategies will be implemented on your campus community.

Your Campus Strategic Plan will serve your coalition and project for the duration of the PFS grant. It should be written to cover the period from July 1, 2016 through September 29, 2019. Your coalition may choose to develop a plan that goes further into the future. Coalitions should plan through September of 2019 even though PFS funding ends in 2019 in order to maintain a timeframe consistent with measuring outcomes through the College Student Health Survey (CSHS). PFS funds may be used to cover the 2019 survey which is conducted early in the year with the data available in the fall of that year.

Below is an outline of the key components required in the Strategic Plan. Also provided are resources available to you and your coalition as you develop various parts of the plan. Please feel free to contact the resources listed in the chart as they are happy to assist in any way they can with this process.

Outline of Campus Strategic Plan

Your Campus Strategic Plan must include the following components:

1. Assessment Summary
 - a. Epidemiological Profile Summary
 - b. Capacity, Assets, and Resources Summary
 - c. Community Readiness Summary
 - d. Description of the Local Conditions Selection, Assessment, and Prioritization Process

2. Focus Populations
 - a. Direct Populations
 - b. High-risk Populations
 - c. Populations requiring Culturally-Specific Services
 - d. Indirect Populations

- 3. Strategy Selection Justification***

- 4. Action Plan: Project Plan**
 - a. Problem Statements**
 - b. Goals & Objectives***

- 5. Action Plan: Capacity and Infrastructure Enhancement Plan**
 - a. Opportunity Statements**
 - b. Capacity and Infrastructure Enhancement Goals***

6. Evaluation Plan
7. Sustainability Plan
8. Approach to Disseminating and Updating the Strategic Plan

Components marked with an asterisk and in **bold font** are described in this guidance document *Strategic Planning Guidance Document, Part B*. Components not marked with an asterisk* and bold were addressed in *Part A*, or will be included in *Strategic Planning Guidance Document, Part C* (coming soon). You will develop your Evaluation Plan in collaboration with Wilder Research after your chosen strategies have been approved. Specific guidance will be provided in direct consultation with your evaluation contact at Wilder.

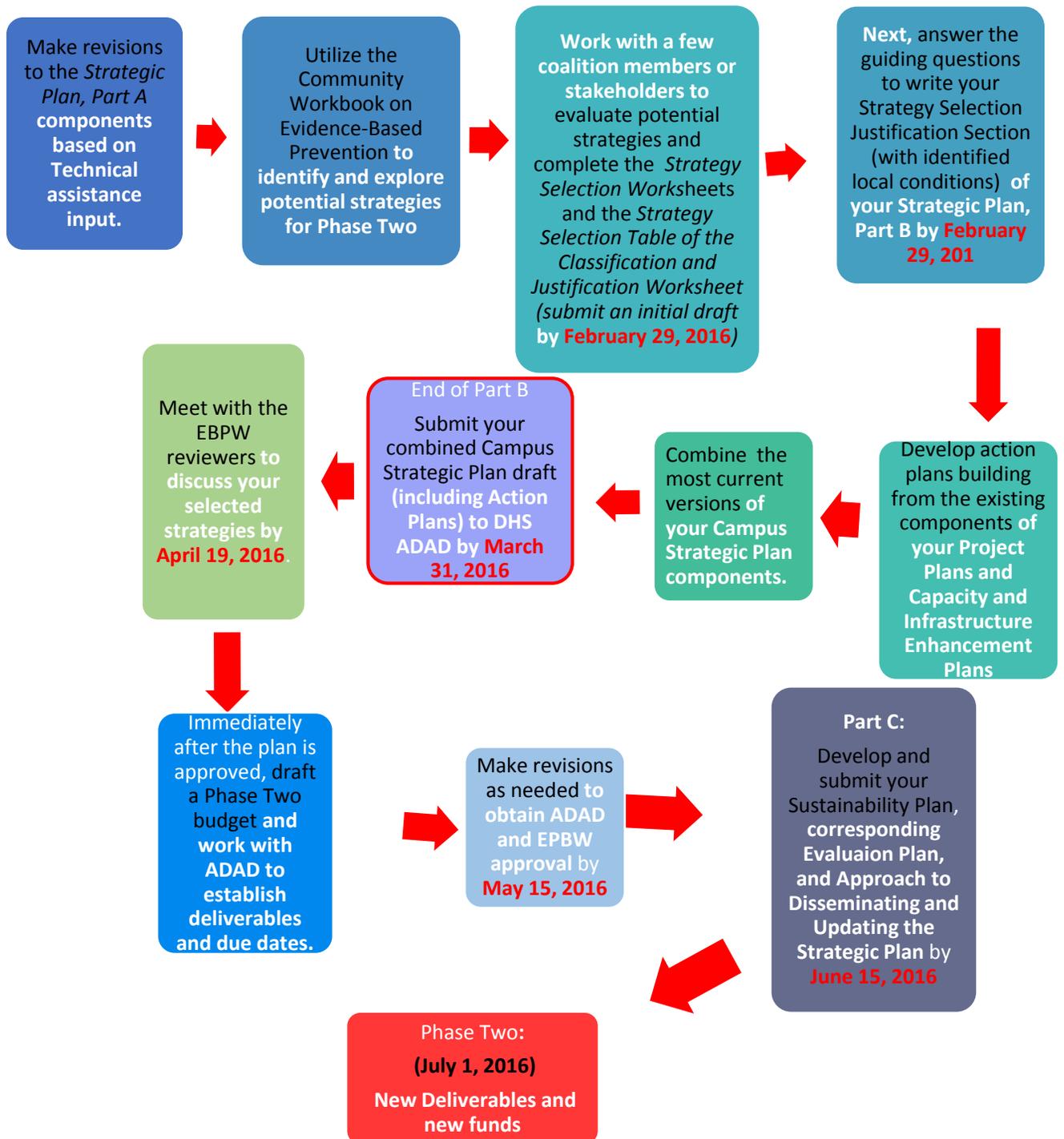
Other Guidance Materials, Data Sources and Processes, and Technical Assistance Resources

Document/Data/Process	Description	Technical Assistance contact
Needs Assessment Workbook	Document: Comprehensive workbook containing data on consumption, consequences, and intervening variables from multiple data sources	Lead PFS Epidemiologist Wilder Evaluation consultants
Local Conditions Table	Document: List of local conditions associated with alcohol and/or marijuana use, sorted by intervening variable type.	Lead PFS Epidemiologist
Prioritization Materials	Document: Materials to support the process of prioritizing intervening variables from the Needs Assessment Workbook	Wilder Evaluation consultants
Existing Community Data	Tech Assistance: Help to identify existing sources of local data in addition to data required for the Needs Assessment Workbook	Lead PFS Epidemiologist
Key Informant Interviews with Community Leaders	Process activity: Key informant interviews with leaders from the campus and surrounding community	Wilder Evaluation consultants
Coalition Member Conversations	Process activity: One-on-one conversations with coalition members to assess community needs, capacity, and readiness	Wilder Evaluation consultants
Coalition Functioning Survey	Process activity: Annual survey administered to coalition members to assess accomplishments, and overall functioning	Wilder Evaluation consultants
Federally-required Cross-site Evaluation Surveys & Tools	Process activity: Community Level tools required by SAMHSA to complete the evaluation of the PFS initiative	Wilder Evaluation consultants
Site Specific Assessment Tools	Tech Assistance: Tools developed for your community to measure your chosen optional intervening variables	Wilder Evaluation consultants
Minnesota's Workbook on Evidence-Based Prevention	Document: Comprehensive guidance on determining evidence quality and strategy fit.	ADAD PFS Project Director
<i>Strategic Planning Guidance Document, Part A</i>	First guidance document for strategic planning with a focus on Prioritization	ADAD PFS Project Director

Contact the Regional Prevention Coordinator (RPC) assigned to your community for tips, tools, recommendations, and technical assistance on how to go about:

- Determining the best ways to gain input from all coalition members on the Strategic Plan, and facilitating discussions with partners, cultural liaisons, and key community leaders about the assessment findings and planning for Phase Two.
- Developing strategic planning meeting agendas
- Identifying strategies for building sustainability into the strategic planning process

Map of the Strategic Planning Process



Strategy Selection Justification

Definitions

Strategies are general approaches to addressing intervening variables and local conditions. A strategy is a broad course of action that will result in certain desired outcomes. Strategies may consist of programs, policies, and/or practices.

Activities are specific actions taken as a part of an overall strategy. Implemented alone, activities aren't likely to achieve the desired outcomes. Most strategies require the identification and completion of numerous activities.

Instructions – Strategy Selection

There are a few formal requirements for the process of identifying strategies to address your objectives and the PFS priority problems. It is expected, however, that you follow the guidance in the *Minnesota's Workbook on Evidence-based Prevention*, and that the PFS Coordinator make the final decisions in collaboration with coalition members and potentially other community stakeholders.

Per the instructions in *Minnesota's Workbook on Evidence-based Prevention*:

1. Complete one Strategy Classification and Justification worksheet for every strategy being considered for inclusion in your Project Plans. For each Local Condition Problem Statement and Objective (or for each local condition indicator), a minimum of two strategies must be considered.
2. Then, complete one Strategy Selection Worksheet for every strategy being considered. The Strategy Selection Worksheet will include information from the Strategy Classification and Justification Worksheet.

Once you and your coalition have completed the Strategy Selection Worksheet for all strategies you are considering, complete the *PFS Strategy Selection Table* to compare your potential strategies to each other. This will help you select your final strategies that you will implement during Phase II.

*A single strategy may address multiple local condition indicators. Each local condition indicator you are attempting to address **must** be considered independently in the conceptual fit section of your worksheets.*

3. Work with your coalition, and any other relevant stakeholders, to pick your final strategies. Remember you should select the strategies that have the best practical and conceptual fit, as well as the strongest evidence for effectiveness. All local conditions must be addressed by at least one strategy, though a single strategy can address multiple local conditions.
4. Finally, answer the following process and justification questions in the Strategy Selection Justification Section of your Campus Strategic Plan.

Process Questions

Answer these overall questions to describe the process you used to investigate and select strategies. Reflect on all of the strategies you considered and note any differences in process between strategies (e.g., different stakeholders involved in identifying or completing worksheets for different strategies).

- **What process did you use?** How many individuals, and who was involved in the following tasks related to the selection of the strategies in your Project Plans?
 - determining potential strategies
 - researching strategies
 - completing the worksheets
 - analyzing or processing the meaning of the worksheet results
 - making final decisions about strategies to include in your Campus Strategic Plan

There may be different responses to each of these points depending upon the strategy. Be specific. Address each strategy separately, if needed. Be sure to document how final decisions were made (e.g. by majority vote or consensus).

- **Which strategies were obviously a good fit** and had a lot of agreement to support them?
- **Which strategies were more difficult to decide?** Which strategies raised the most disagreement? Why do you think this?

What else should reviewers know about the process you used to select strategies?

Justification for each strategy Answer the following questions for each strategy identified in your Campus Strategic Plan:

- **Why is this strategy a good conceptual fit?**
- **Why is this strategy a good practical fit?**
- **How does the evidence behind this strategy support implementation on your campus?**

Also, include the Strategy Classification and Justification Worksheet and Strategy Selection Worksheet for each strategy (see Appendix A). Please arrange this section by strategy so each strategy's questions and supporting worksheets are together.

Justification for the entire “mix of strategies”

When thinking about ALL of the strategies you are proposing in your Campus Strategic Plan, answer the following questions:

- To what extent **do you have the right mix of strategies to fully engage interested stakeholders?**
- To what extent **do you have the right mix of strategies to effectively intervene with your populations of focus?** At minimum, think about both your direct and indirect populations.

- To what extent **do you have the right mix of strategies to provide a reasonably comprehensive approach to your prioritized** local condition indicators?

Also, attach your Strategy Selection Table in this section to demonstrate the relative ratings you gave to each of the strategies you considered and selected.

Additional Documentation

Include all the worksheets your coalition completed, or attempted to complete for strategies you considered, but did not select, in the Appendices of your Campus Strategic Plan. They may be hand-written, scanned copies.

Include any supporting evidence of effectiveness for each strategy. These may be journal articles or evaluation reports.

Include customized worksheets or note-taking forms, meeting minutes or notes from meetings in which strategy selection was discussed, and any other documents that detail the rationale behind the selected strategies proposed in the Project Plan.

Label this section: “Strategy Selection Documentation.” There is no template or page limit. However, a suggested structure to organize the document would be to separate it by strategy with worksheets and supplemental information directly following each strategy. This will help to facilitate the review process.

**** You will complete these worksheets for strategies already being implemented on campus that you would like to include as part of your Strategic Plan****

Developing Action Plans

Purpose

Your Action Plans are project management tools intended to help you detail all of the work you will complete in Phase Two of funding. Here you will document all the strategies and activities that must be completed in order to accomplish your objectives and goals. You will draft Action Plans for both your **Project Plan** and your **Capacity and Infrastructure Enhancement Plan**.

Campus Strategic Action Plan Strategy Dos and Don'ts

Do be as thorough as possible when drafting strategies. To help you brainstorm a comprehensive list of strategies, refer to CADCA's *Seven Strategies for Community Change*:

www.cadca.org/sites/default/files/files/coalitionhandbook102013.pdf

1. Provide Information
2. Enhance Skills
3. Provide Support
4. Enhance Access/Reduce Barriers
5. Change Consequences (Incentives/Disincentives)
6. Alter Physical Design
7. Modify/Change Policies



Do consider different types of activities within each strategy you have selected.

Do try to develop a supporting activity to align with each of these seven types of tasks to ensure a comprehensive reach.

Do consider activities that must take place both before and after the strategy is implemented.

Don't limit your strategy selection to those that are most popular or the simplest to implement.

Don't try to do too many activities in a short period of time or during the same time period. Your timeline goal should be realistic and feasible.

Do create a Gantt chart/table with your activities and due dates to visually depict begin and end dates. This will help to ensure that your activities and work are spread out across a realistic timeline.

In summary, think comprehensively about activities within each strategy in order to implement best practices and achieve the greatest impact from each strategy you've selected.

Instructions – Project Plans

Definitions – Project Plans

Activities are specific actions taken as a part of an overall strategy. Implemented alone, activities aren't likely to achieve the desired outcomes. Most strategies require the identification and completion of numerous activities. See *Appendix A* for examples.

The following are components of the **Project Plan** intended to address the PFS priorities (part of your Project Plans):

- **Strategies**
- **Local conditions & problem statements addressed through the strategy**
- **Activities**
- Timeline
- Responsible person(s)

Resources needed

Use the template below to **complete a table for every strategy** being proposed for Phase Two. A single strategy may address multiple objectives, but it's only necessary to complete the table once per strategy. See the example in *Appendix A* for more guidance tips.

Be sure to carefully consider the following questions:

- **How were the activities supporting each strategy identified?**
- **How did you decide who will be responsible for each strategy?**

Strategy:			
Local Conditions & Problem Statements Addressed by the Strategy:			
Activities	Responsible Person(s)	Resources Needed	Timeline (goal completion dates)

Instructions – Capacity and Infrastructure Enhancement Plans

Definitions – Capacity and Infrastructure

Capacity includes the skills, infrastructure, and resources of organizations and communities that are necessary to effect and maintain behavior change.

Opportunity Statement is a brief description of a concept or idea of a way to enhance the current prevention infrastructure.

The following are components of the Capacity & Infrastructure Enhancement Action Plan:

- **Capacity and Infrastructure Enhancement Goals (previously identified)**
- **Opportunity Statement being addressed**
- Activities
- Who is responsible
- Resources needed
- Timeline
- Opportunity Statement being addressed

Use the template below to complete a table for every Capacity and Infrastructure Enhancement Goal previously identified.

Capacity & Infrastructure Enhancement Goal:			
Opportunity Statement Being Addressed:			
Activities	Who is Responsible	Resources Needed	Timeline (goal completion dates)

Activities within the Capacity and Infrastructure Enhancement Plan should include tasks that help you achieve your identified goal. As you did with the tables in your Project Plan, identify who is responsible, what resources are needed, and goal completion dates for each activity. See *Appendix B* for examples.

Glossary of Terms

Below are definitions of some of the terms commonly used in the PFS Program.

ADAD: Acronym referring to the Minnesota Department of Human Services Alcohol and Drug Abuse Division. ADAD administers the Minnesota PFS funding, houses the project staff, and oversees all activities of the PFS.

Adaptation: Modification made to a chosen intervention; changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when (a) underlying program theory is understood; (b) core program components have been identified; and (c) both the community and needs of a population of interest have been carefully defined. Research also indicates that success improves when adaptations are handled as additions to, rather than deletions of, program components.

Age of Onset: In substance abuse prevention, the age of first use of alcohol, drugs or tobacco.

Anecdotal Evidence: Information derived from a subjective report, observation, or example that may or may not be reliable but cannot be considered scientifically valid or representative of a larger group or of conditions in another location.

Assessment: Assessment involves the collection of data to profile population needs, resources, and readiness to address needs and gaps within a geographic area. The assessment identifies, analyzes, and depicts the nature and extent of a problem in the community. Based on these data, a subset of modifiable factors or conditions are selected as the focus of the coalition's prevention strategies.

Asset Mapping: The process of cataloging the resources of a community.

ATOD: Acronym for alcohol, tobacco, and other drugs.

Baseline Data: The initial information collected prior to the implementation of an intervention, against which outcomes can be compared at strategic points during and at completion of an intervention.

Capacity: Generally refers to the skills, infrastructure, and resources of organizations and communities that are necessary to effect and maintain behavior change.

Capacity Building: Increasing the ability and skills of individuals, groups, and organizations to plan, undertake, and manage initiatives. It involves the attainment of necessary relationships and knowledge and the mobilization of resources within a community. It also enhances the capacity of the individuals, groups, and organizations to deal with future issues or problems.

Coalition: A union of people and organizations working for a common cause.

Collaboration: The act of working jointly or in partnership with groups or organizations, often ones with whom no previous connections had existed, toward a common goal. Collaboration is an important concept in prevention, community development, technology transfer, and all social change activities.

Community: The intended area of focus for a coalition's work. For the Minnesota PFS Project, community is defined by the geographical area the coalition intends to impact.

Community-level Change: Change that occurs across the population of focus in a community.

Community Readiness: The community's level of awareness of, interest in, and ability and willingness to support substance abuse prevention initiatives. More broadly, connotes readiness for changes in community knowledge, attitudes, motives, policies, and actions.

Consequences: The social, economic and health problems associated with the use of alcohol and illicit drugs e.g., illnesses related to alcohol (cirrhosis, fetal effects), drug overdose deaths, crime, and car crashes or suicides related to alcohol or drugs.

Consumption Patterns: The way in which people drink, smoke and use drugs. 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., pregnant women).

CSAP: Acronym for the Center for Substance Abuse Prevention, part of the (Federal) Substance Abuse and Mental Health Services Administration (also see SAMHSA). CSAP administers the PFS program and oversees the work of Minnesota's project.

Cultural Competence: (1) A set of congruent behaviors, attitudes and policies that come together in system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations. (2) The attainment of knowledge, skills, and attitudes to enable administrators and practitioners to provide for diverse populations. This includes an understanding of that group's or members' language, beliefs, norms, and values, as well as socioeconomic and political factors that may have a significant impact on their well-being, and incorporating those variables into programs.

Cultural Diversity: The existence of multiple cultural groups at all levels of a community or organization; also the deliberate inclusion of diverse cultural groups in community or organizational planning and development.

Culturally Specific Services: Services targeted to comprehensively address the needs of an individual cultural group and foster positive cultural identity development. Services intentionally allow for culture to affect and guide, to ensure that the services are responsive to the unique needs of the populations receiving them.

Data-driven: A process whereby decisions are informed by and tested against systematically gathered and analyzed information.

Demographics: The statistical characteristics of human populations.

DFC: Acronym referring to SAMHSA’s Drug Free Communities Program. There are multiple DFC grantees throughout Minnesota, and SPF SIG sub-recipients are expected to collaborate with these communities.

DHS: Acronym referring to the Minnesota Department of Human Services, the statewide department that houses the Alcohol and Drug Abuse Division (also see ADAD).

Domain: Sphere of activity or affiliation within which people live, work, and socialize (e.g., self, peer, school, workplace, community).

Environmental Factors: Those factors that are external or perceived to be external to an individual, but that may nonetheless affect his or her behavior. At the broader level, these refer to social norms and expectations as well as policies and their implementation.

Environmental Strategies: Prevention efforts that aim to change the context in which substances are used or influence community standards, institutions, structures, and attitudes that shape individuals' behaviors.

EBPW: Acronym for the Minnesota Evidence-Based Practices Workgroup. This workgroup was established under the PFS and is responsible for adopting definitions, tools, and guidance around appropriate strategy selection. The EBPW will also be reviewing the PFS sub-recipient Strategic Plans for approval.

Epidemiology: Epidemiology is the study of the distribution and determinants of disease within a population, and/or the study of health data.

Evaluation: A systematic, data-driven examination of coalition development, functioning, outcomes, and effectiveness, or the examination of changes occurring as a result of a program, strategy, or intervention.

Evidence-based Program, Practices, and Polices: Prevention strategies that are proven to have produced positive change. SAMHSA/CSAP presents three definitions of “evidence-based,” which the EBPW has adopted for use in Minnesota.

Fidelity: Fidelity is the degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the model on which it is based.

Goal: A broad statement of what the coalition intends to accomplish. For PFS, goals are related to the changes sub-recipients hope to make in the three PFS Priority Problems.

High-risk (aka “At-risk”): The condition of being more likely than average to develop an illness or condition, such as substance abuse, because of some predisposing factor such as family history or the display of other problem behaviors.

High-risk populations: For PFS, groups of the focus populations (6th through 12th graders and 18-25 year-olds) who are at higher risk for underage and binge drinking.

Incidence: The number of new cases of a disease or occurrences of an event in a particular time period, usually expressed as a rate, with the number of cases as the numerator and the population at risk as the denominator. Incidence rates are often presented in standard terms, such as the number of new cases per 100,000 population.

Implementation: Taking action guided by a strategic plan. Progress toward achieving objectives related to the goal of changing behavior is made through the implementation of related activities.

Intervening Variables: Factors that have been identified through research as being strongly related to and influential in the occurrence and magnitude of substance use problems and consequences. The Minnesota PFS Project has adopted the following six categories of intervening variables: retail access/availability, social access/availability, enforcement, pricing and promotion, community norms, and individual factors. Also see *Local Conditions*.

Intervention: An activity or set of activities to which a group is exposed in order to change the group's behavior. In substance abuse prevention, interventions may be used to prevent or lower the rate of substance abuse or substance abuse-related problems.

IOM Categories: Institute of Medicine's characterization of prevention interventions into three categories: Universal, Selected, and Indicated.

- **Universal** interventions target general populations without regard to individual risk factors.
- **Selective** interventions target sub-groups of the general population that are determined to be at higher risk for substance abuse. People are recruited to participate because of the subgroup's profile of high risk, not because of an individual's assessment as being at high risk.
- **Indicated** intervention programs target individuals identified as experiencing early signs of substance abuse and other related problem behaviors, but who do not meet the criteria for addiction. They are designed to address multiple risk factors in individuals/families. People are recruited to participate because of their individual profile of being at high risk and their display of risky behavior.

Local Conditions: Local manifestations of intervening variables that describe why something is or is not a problem in each unique community.

Local Condition Indicator: Specific measures of local conditions or data that describe a local condition.

Logic Model: A graphic depiction or map of the relationships between the local substance abuse problem, the risk/protective factors (intervening variables) and local conditions that contribute to it, and the interventions known to be effective in altering those underlying factors and conditions. An evaluation logic model is a tool for describing the relationships between resources, activities, and expected outcomes. An evaluation logic model illustrates the underlying program theory and serves as framework for the evaluation.

Methodology: A procedure for collecting data.

Mobilization: The process of bringing together and putting into action volunteers, community stakeholders, staff, and/or other resources in support of one or more prevention initiatives.

Morbidity: The presence of a condition, illness, or disease.

Mortality: A fatal outcome, or death.

Norms: A behavior or belief of a community that represents the majority.

Objectives: What is to be accomplished during a specific period of time to move toward achievement of a goal, expressed in specific, measureable terms. For SPF SIG, objectives describe the desired changes in local conditions (local condition indicators) and intervening variables.

Opportunity Statement: A brief description of a concept or idea of a way to enhance the current prevention infrastructure.

Outcomes: The extent of change in targeted attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be short-term, intermediate, or long-term.

Outcome Measures: Assessments that gauge the effect or results of services provided to a defined population. Outcomes measures include the consumers' level of knowledge or skills and perception of quality of life, as well as objective measures of mortality, morbidity, and health status.

Partnership for Success: Substance Abuse and Mental Health Services Administration (SAMHSA) alcohol and substance abuse prevention initiative designed to address underage drinking among persons aged 12 to 20; prescription drug misuse and abuse among persons aged 12 to 25, and other local data-driven prevention priority (e.g., marijuana, heroin) in a state/tribe.

Population of Focus: The focus population is the specific population of people whom a particular program or practice is designed to serve or reach. A program, practice, or policy may have direct and indirect target populations. Focus populations also include high-risk sub-populations and populations requiring culturally specific efforts.

Populations Requiring Culturally Specific Programming: Sub-groups of the community or groups of individuals who require culturally specific or tailored services in order for prevention messages or programming to be effective. This may involve adaptations such as changing the language of the prevention message, changing the delivery method, or adding cultural information to the content to make it more relevant. These sub-groups may or may not be at higher risk.

Prevalence: The number of all new and old cases of a disease or occurrences of an event during a particular time period, usually expressed as a rate, with the number of cases or events as the numerator and the population at risk as the denominator. Prevalence rates are often presented in standard terms, such as the number of cases per 100,000.

Prevention: Prevention is a proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is the fostering of a climate in which (a) alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; (b) prescription and over-the-counter drugs are used only for the purposes for which they were intended; (c) other substances of abuse (e.g., aerosols) are used only for their intended purposes; and (d) illegal drugs and tobacco are not used at all.

Process Measures/Indicators: Measures of participation, "dosage," staffing, and other factors related to implementation. Process measures are not outcomes, because they describe events that are inputs to the delivery of an intervention.

Program: A coordinated set of activities designed to achieve specific objectives over a period of time.

Protective Factors: Factors that increase an individual's ability to resist the use of drugs (e.g., strong family bonds, external support systems, problem solving skills).

Qualitative Data: Qualitative data are records of thoughts, observations, opinions, or words. Qualitative data typically come from asking open-ended questions to which the answers are not limited by a set of choices or a scale. Examples of qualitative data include answers to questions and are used only if the user is not restricted by a pre-selected set of answers. Qualitative data are best used to gain answers to questions that produce too many possible answers to list them all or for answers that you would like in the participant's own words.

Quantitative Data: Quantitative data are numeric information that includes things like personal income, amount of time, or a rating of an opinion on a scale. Even things that you do not think of as quantitative, like feelings, can be collected using numbers if you create scales to measure them. Quantitative data are used with closed-ended questions, where users are given a limited

set of possible answers to a question. They are for responses that fall into a relatively narrow range of possible answers.

Resilience: Resilience is either (1) the capacity to recover from traumatically adverse life events and other types of adversity and achieve eventual restoration or improvement of competent functioning or (2) the capability to withstand chronic stress and sustain competent functioning despite ongoing stressful and adverse life conditions.

Resources: Anything that can be used to improve the quality of community life—the things that can help close the gap between what is and what ought to be. There are many types of resources, including human resources, technical resources, financial resources, etc.

Risk Factors: Individual characteristics and environmental influences associated with an increased vulnerability to the initiation, continuation, or escalation of substance use.

SAMHSA: Acronym for the Substance Abuse and Mental Health Services Administration, the federal agency charged with focusing attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders. SAMHSA houses the Center for Substance Abuse Prevention, the agency responsible for administering the PFS Program (also see CSAP).

SEOW: Acronym for State Epidemiological Outcomes Workgroups. The SEOW is a group that has been compiling and monitoring substance abuse data since 2006. The SEOW has contributed significantly other prevention activities and to the PFS project. SEOW and collaborates with the PFS Advisory Council and staff on data-related activities, including the identification of PFS priorities, the development of the Needs Assessment Workbook, and the evaluation of community data sources.

Stakeholder: An individual, organization, constituent group, or other entity that will be affected by prevention activities or has an interest in the activities or outcomes of a substance abuse intervention.

Strategic Planning: A deliberate set of steps that consider needs and resources; define target audiences and a set of goals and objectives; plan and design coordinated strategies with evidence of success; logically connect these strategies to needs, assets, and desired outcomes; and measure and evaluate the process and outcomes.

Strategic Prevention Framework: A five-step planning process that provides guidance to states, jurisdictions, tribes, and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.

Strategy: The overarching approach of a coalition to achieve intended results, including programs, practices, or policies.

Sub-recipient Communities: The entities that receive funds from the State of Minnesota to carry out PFS activities or prevention interventions. The term *sub-recipients* is often used interchangeably with the term *grantee*.

Substance Abuse: Abuse of or dependency on alcohol, tobacco and other drugs. The DSM-IV definition is: The maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following occurring within a 12-month period: recurrent substance use resulting in a failure to fulfill major role obligations; recurrent substance use in situations in which it is physically hazardous; recurrent substance-related legal problems; and continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.

Sustainability: (1) The process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term. (2) The process of ensuring an adaptive and effective substance abuse prevention system that achieves long-term results that benefit a focus population.

Young Adults: For the purposes of the PFS, the term *young adults* refers to persons are who between the ages of 18 and 25.

CADCA's National Coalition Institute

Defining the Seven Strategies for Community Change

- 1. Providing Information** – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).
- 2. Enhancing Skills** – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
- 3. Providing Support** – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
- 4. Enhancing Access/Reducing Barriers**- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
- 5. Changing Consequences (Incentives/Disincentives)** – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
- 6. Physical Design** – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
- 7. Modifying/Changing Policies** – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

Project Plan guidance and tips:

- **Complete a table for every strategy** being proposed for Phase Two. A single strategy may address multiple objectives, but it’s only necessary to complete the table once per strategy.
- Be sure, however, to **name all of the local conditions & problem statements each strategy is intended to address.**
- For each anticipated activity, **complete** one row outlining **who is responsible, what resources are needed, and the timeline for completing the activity.**

Action Plan Example – PROJECT PLANS			
Strategy: Work with City Council to pass a local ordinance banning happy hours and other on-sale alcohol discounting .			
Local Conditions & Problem Statements Addressed by the Strategy: Discounted prices on alcoholic beverages are available at most on-sale liquor establishments Local Condition Problem Statements Addressed: Write out			
Activities	Responsible Person(s)	Resources Needed	Timeline (goal completion dates)
Prepare a fact sheet for the City Council demonstrating: <ul style="list-style-type: none"> ▪ the relationship between price and alcohol consumption ▪ the local data collected on the prevalence, frequency, and influence of happy hours and drink specials ▪ potential economic impact (gains and losses) of requiring consistent and reasonable pricing of alcoholic beverages 	Assessment Workgroup and a volunteer coalition member who knows InDesign	<ul style="list-style-type: none"> ▪ Data ▪ Time for drafting and proofing ▪ Someone who has the necessary design skills to develop a fact sheet ▪ Computer, necessary software, paper and printer ▪ Someone to proof and review the fact sheet 	<ul style="list-style-type: none"> ▪ Pull group together by July 15, 2016 ▪ Rough draft is done by July 25, 2016 ▪ Draft is proofread and finalized by July 31, 2016 ▪ Fact sheets sent to the City Council by August 2, 2016

Activities	Responsible Person(s)	Resources Needed	Timeline (goal completion dates)
<p>Meet individually with the Mayor and each City Council member to review the fact sheet and gauge support for an ordinance</p>	<p>Coalition Chair, SPF SIG Coordinator, potentially youth or young adult council members</p>	<ul style="list-style-type: none"> ▪ Avenue or system of communicating with the Mayor and City Council members, and access to their schedules ▪ Willingness of the Mayor and City Council members to meet ▪ Time to meet ▪ Location for meetings 	<ul style="list-style-type: none"> ▪ Recruit needed meeting participants by July 25, 2016 ▪ Schedule meetings by August 2, 2016 ▪ Meetings complete by August 30, 2016
<p>Host a public meeting about the topic and invite bar and restaurant owners to attend and share their concerns</p>	<p>Coalition or a smaller planning committee, the SPF SIG Coordinator, youth or young adult council members</p>	<ul style="list-style-type: none"> ▪ Meeting space ▪ Facilitator ▪ Refreshments ▪ Time at coalition meeting, and time for planning and hosting the event ▪ Event flier, earned or paid media, and word of mouth advertising ▪ Talking points about the potential economic benefits of consistent and reasonable pricing of alcoholic beverages 	<ul style="list-style-type: none"> ▪ Recruit planning committee at the July Coalition Meeting ▪ Schedule meeting by July 31, 2016 ▪ Develop flier by August 2, 2016 ▪ Finalize logistics, materials, and talking points by September 13, 2016 ▪ Hold the meeting by September 20, 2016

Activities	Responsible Person(s)	Resources Needed	Timeline (goal completion dates)
Assist the City Council with research on core components of model ordinances	SPF SIG Coordinator, other coalition volunteers, in collaboration with City Council members	<ul style="list-style-type: none"> ▪ Computer and internet access ▪ Time to research ▪ Connections with other communities who have similar ordinances 	Complete research by September 27, 2016
Submit an Op Ed to the local newspaper from the Coalition asking for support from community members around consistent and reasonable pricing of alcoholic beverages	Coalition, Coalition Chair, SPF SIG Coordinator, youth or young adult council members	<ul style="list-style-type: none"> ▪ Coalition support ▪ Volunteer member to draft and submit the article on behalf of the coalition ▪ Time at a coalition meeting to discuss and time for drafting and reviewing the article ▪ Someone to proofread the article ▪ Media contact 	<p>Discuss with coalition and recruit volunteer at the June or July Coalition Meeting</p> <ul style="list-style-type: none"> ▪ Draft the article by July 15, 2016 ▪ Publish the article by August 16, 2016
After the ordinance has passed, recognize the work of the City Council members and others who helped pass the ordinance by presenting them with Certificates of Appreciation on behalf of the coalition and publish a thank you in the local newspaper (if the ordinance reaches a vote, but fails, still recognize supporters)	Coalition Chair, SPF SIG Coordinator, youth and young adult council members, or other members	<ul style="list-style-type: none"> ▪ Volunteer to draft the Certificates ▪ Time at a coalition meeting ▪ Volunteer to work with the local newspaper to publish a brief thank you to the City Council ▪ Earned or paid media 	Immediately after ordinance passes
Encourage patronage of local establishments	Coalition	<ul style="list-style-type: none"> ▪ Commitment from coalition members to have discussions with others about supporting local businesses impacted by the ordinance 	<ul style="list-style-type: none"> ▪ Immediately after ordinance passes and again when the ordinance goes into effect

Capacity & Enhancement Plan guidance and tips:

- **Complete a table for every goal** being proposed for Phase Two. A single goal may address multiple opportunity statements, but it's only necessary to complete the table once per goal.
- For each anticipated activity, **complete** one row outlining **who is responsible, what resources are needed, and the timeline for completing the activity**.
- Below is an example for your review. Again, this example is not complete, but should give you an idea of the type of content we are looking for in this **Capacity & Enhancement** Action Plan. You should also add more specificity where possible (again naming the specific individuals who will be responsible for each activity).

Action Plan Example – Capacity & Enhancement Plan			
Capacity & Infrastructure Enhancement Goal: Recruit at least one representative from the faith community to be actively engaged as a member of the coalition by October 2016.			
Opportunity Statement Being Addressed: Opportunity Statement #4			
Activities	Who is Responsible	Resources Needed	Timeline (goal completion dates)
Review One-to-One Interview forms for interest in joining the coalition from faith sector (religious/frat org) interviewees	PFS Coordinator	<ul style="list-style-type: none"> ▪ One-to-One Interview Forms ▪ Time to review the forms 	<ul style="list-style-type: none"> ▪ By June 2016 Coalition Meeting
<ul style="list-style-type: none"> ▪ By June 2016 Coalition Meeting 	Coalition Chair and SPF SIG Coordinator	<ul style="list-style-type: none"> ▪ Current list of faith community members and other partners currently involved in the coalition ▪ List of people who conducted One-to-One interviews with this sector ▪ List of all faith communities 	<ul style="list-style-type: none"> ▪ Complete the list of potential members by July 29, 2016 ▪ Reach out to people who can connect you with potential members by August 2, 2016

Activities	Who is Responsible	Resources Needed	Timeline (goal completion dates)
Meet with potential members and extend an invitation to join the coalition	Individuals who can help make initial contact with potential members, Coalition Chair, and the PFS Coordinator	<ul style="list-style-type: none"> ▪ Volunteer to make initial contact with potential members (in-person or phone call are preferred) ▪ Time and method for scheduling a face to face meeting ▪ Meeting location ▪ If needed, resources to provide potential members with a cup of coffee, ice cream, etc. 	<ul style="list-style-type: none"> ▪ Ask connectors to make initial contact by August 9, 2016 ▪ Complete the recruitment meetings and confirm acceptance by September 13, 2016
Inform coalition of the new member	Coalition Chair or the SPF SIG Coordinator	<ul style="list-style-type: none"> ▪ Time to draft the announcement ▪ Email list of existing members 	<ul style="list-style-type: none"> ▪ Prior to the October 2016 meeting
Assign current members to welcome, provide a new member packet, and serve as a mentor to new members	Volunteer coalition members, coalition Chair, and SPF SIG Coordinator	<ul style="list-style-type: none"> ▪ Volunteer mentor coalition members ▪ New member packets ▪ Time to recruit volunteers and develop new member packets 	<ul style="list-style-type: none"> ▪ At least one week prior to the October 2013 meeting, provide mentors with the packets

SAMPLE: Capacity & Infrastructure Enhancement Plan



APPENDIX D: Checklist

Strategic Plan B Checklist

Strategy Selection Justification

- Strategy Selection Worksheet
- Strategy Selection Table
- Evidence-Based Practices Strategy Classification & Justification Worksheet

Project Plan

- Strategy
- Problem Statement
- Local Conditions
- Objectives
- Activities described
- Responsible person(s) identified
- Resources identified
- Timeline and goal completion date established (REASONABLE)

Capacity and Infrastructure Enhancement Plan

- Opportunity Statement
- Goals
- Activities described
- Responsible person(s) identified
- Resources identified
- Timeline and goal completion date established (REASONABLE)