

Developing a Community Strategic Plan: A Guidance Document for SPF SIG Grantees

Part B

Minnesota Department of Human Services

Alcohol and Drug Abuse Division



January 2013

Table of Contents

Introduction	3
Outline of the Community Strategic Plan	3
Other Guidance Materials, Data Sources and Processes, & Technical Assistance	4
Summary of the Strategic Planning Process	5
Strategy Selection Justification	6
Definitions	6
Instructions	6
Additional Documentation	8
Developing Action Plans	9
Purpose	9
Definitions – Project Plan	9
Instructions – Project Plan	9
Action Plan Example – Project Plan	11
Instructions – Capacity and Infrastructure Expansion Plan	14
Action Plan Example – Capacity and Infrastructure Enhancement Plan	14
Developing Your Evaluation Plan	17
Working with Wilder	17
Evaluation Plan Components	17
Writing a Sustainability Plan	18
Definitions	18
Purpose	18
Keys to Sustainability	18
Instructions	19
Disseminating and Updating Your Strategic Plan	21
Purpose	21
Instructions	21
Glossary of Terms	24

Introduction

The Part B Strategic Planning Guidance Document is the second document intended to support Minnesota SPF SIG sub-recipients in their process of developing a data driven, community-specific strategic plan. Your Community Strategic Plan will map out Phase Two of funding and address local needs and the following statewide priority problems:

- Past 30-day alcohol use among sixth through twelfth graders
- Recent binge drinking among ninth through twelfth graders
- Recent binge drinking among 18-25 year olds

The Part A Strategic Planning Guidance Document was disseminated in August of 2012 and is available on Wilder Research's EvaluATOD website (www.evaluatod.org) on the Message Board under SPF SIG Events and Trainings.

Part B is intended to guide you through describing the process and decisions made in selecting a comprehensive set of strategies to address your prioritized local condition indicators and provide instructions for detailing how these strategies will be implemented in your community.

Your Community Strategic Plan will serve your coalition and community for the duration of the grant, and should be written to at least be in effect from July 1, 2013 through June 30, 2015 (the potential grant end date if a no-cost extension is granted by the federal funder). Your coalition may choose to draft a plan that takes you out further into the future. It is recommended that coalitions plan through June of 2016, even though SPF SIG funding will be unavailable after July 1, 2015, to maintain a timeframe that's consistent with measuring outcomes through the Minnesota Student Survey.

Outline of Community Strategic Plan

Your Community 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. Target Populations
 - a. Direct Populations
 - b. High-risk Populations
 - c. Populations Requiring Culturally Specific Services
 - d. Indirect Populations
3. Strategy Selection Justification*
4. Project Plan

- a. Problem Statements
 - b. Goals & Objectives
 - c. Action Plans*
5. Capacity and Infrastructure Enhancement Plan
 - a. Opportunity Statements
 - b. Capacity and Infrastructure Enhancement Goals
 - c. Action Plans*
 6. Evaluation Plan
 7. Sustainability Plan*
 8. Approach to Disseminating and Updating the Strategic Plan*

Components marked with an asterisk are described in this guidance document—*Developing a Community Strategic Plan: A Guidance Document for SPF SIG Grantees: Part B*. Components not marked with an asterisk were addressed in *Part A*, with the exception of the Evaluation Plan. You will develop your Evaluation Plan in collaboration with Wilder Research after your strategies have been approved, and specific guidance will be provided in direct consultation with your Evaluation Consultant.

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

Information gathered through the following Phase One tools and processes are being used to write your Strategic Plan. Most of the data you've gathered in Phase One has already been incorporated into the first components of your Strategic Plan, specifically your Epi Profile and your Assessment Summary. The majority of the work described in this document, the *Part B Strategic Planning Guidance Document*, builds off of existing components of your Strategic Plan. In addition, you may want to contact one of the designated technical assistance providers if you have questions about incorporating information from the following:

- Local Epidemiological Profile Template and Guidance Document – Lead SPF SIG Epidemiologist
- Local Conditions Assessment and Prioritization Materials – Lead SPF SIG Epidemiologist
- Fiscal Host Questionnaire – Wilder Evaluation Consultants
- Coalition Functioning Survey – Wilder Evaluation Consultants
- One-to-One Community Member Interviews – Wilder Evaluation Consultants
- Young Adult Alcohol Survey (YAAS) – Lead SPF SIG Epidemiologist
- Existing Community Data – Lead SPF SIG Epidemiologist
- Key Informant Interviews with Community Leaders – Wilder Evaluation Consultants
- Facilitated Discussions with Coalition – Wilder Evaluation Consultants
- Federally Required Cross-site Evaluation Surveys & Tools – Wilder Evaluation Consultants
- Site Specific Assessment Tools – Wilder Evaluation Consultants
- *Community Workbook on Evidence-based Prevention* – ADAD Grant Consultant or Chair of the Evidence-based Practices Workgroup (EBPW)
- *Part A Strategic Planning Guidance Document*—ADAD Grant Consultant

Contact the Master Trainers 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
- 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

Summary of the Strategic Planning Process

Previous Due Dates

- Submit your Assessment Summary to DHS ADAD **by November 30, 2012**, along with your Epi Profile.
- Submit your Target Populations, Problem and Opportunity Statements, and Goals and Objectives to DHS ADAD **by December 21, 2012**.

Next Steps

- Based on the individualized technical assistance you receive in late December or early January, make necessary revisions to the Strategic Plan components you already submitted.
- Utilize the *Community Workbook on Evidence-based Prevention* to identify and explore potential strategies for Phase Two.
- Pull together a group of coalition members or stakeholders to help evaluate potential strategies and complete the *MN SPF SIG Strategy Selection Worksheet* and the *MN SPF SIG Strategy Selection Chart*.
- Once strategies have been selected, answer the guiding questions to write your Strategy Selection Justification Section of your Strategic Plan.
- Develop Action Plans building off of the existing components of your Project Plans and Capacity and Infrastructure Enhancement Plans.
- Combine the most current versions of your Community Strategic Plan components, including the Assessment Summary, Target Populations, Strategy Selection Justification, Project Plans, and Capacity and Infrastructure Enhancement Plans.
- Submit your combined Community Strategic Plan draft (including completed Action Plans) to DHS ADAD **by January 31, 2013**.
- Attend a face-to-face consultation meeting with the team of Community Strategic Plan reviewers to discuss the strategies you selected.
- As soon as you know if your plan will be approved, you'll need to draft a Phase Two Budget and work with your Grant Consultant to establish Phase Two deliverables and due dates.
- Make revisions as needed to obtain DHS ADAD and EBPW approval **by March 1, 2013**.
- Develop and submit your Sustainability Plan, corresponding Evaluation Plan, and Approach to Disseminating and Updating the Strategic Plan **by May 15, 2013**.
- Phase Two begins **July 1, 2013** upon approval of the Community Strategic Plan and will come with a new set of deliverables and dollars in the form of a Contract Amendment.

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 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

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

Per the instructions on the *MN SPF SIG Strategy Selection Worksheet*, complete one 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.

A single strategy, however, 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.

Once you and your coalition have identified all of the strategies you will propose in your Project Plan, complete the *MN SPF SIG Strategy Selection Chart*.

Next, answer the following process and justification questions in the Strategy Selection Justification Section of your Community Strategic Plan. Be sure to answer all of the questions below for all strategies.

Process Questions

- What process was used, 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 determinations about which strategies to include in your Community Strategic Plan

*It is expected that there may be different responses depending on the strategy, so please be as specific as possible and address each strategy separately, if needed. Be sure to include how final decisions were made (e.g., by majority vote or consensus).

- Which strategies were obviously a good fit and had much consensus behind them?
- Which strategies were more difficult to decide on? Which strategies raised the most disagreement? Why do you think this is?
- How were the activities supporting each strategy identified?
- How did you decide who will be responsible for each activity?
- Is there anything else the reviewers should know about the process used to select strategies?

Justification Questions (for each strategy)

Answer the following questions for each strategy identified in your Project 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 in your community?

Justification Questions (for your entire “mix of strategies”)

When thinking about ALL of the strategies you are proposing in your Project 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 target populations? 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 “highest priority” local condition indicators?

Additional Documentation

All of the worksheets your coalition completed, or attempted to complete, should be included in the Appendices of your Community Strategic Plan (they may be hand-written, scanned copies). Also include any supporting evidence of effectiveness for each strategy, customized worksheets or note-taking forms, meeting minutes or notes from meetings in which strategy selection was discussed, and any other documents that will help the review team better understand why you decided on the strategies you are proposing in your Project Plans.

This section of your Strategic Plan Appendices should be labeled, “Strategy Selection Documentation.” There is no specific template for this section and no identified page limit, but please be as concise as possible and determine a system for highlighting the most pertinent information in this section of your Appendices.

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. These are where you will document all of the strategies and activities that need to be completed to accomplish your objectives and goals. You will draft Action Plans for both your Project Plan and your Capacity and Infrastructure Enhancement Plan.

Definitions – Project Plans

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. See the example on page 10.

Activities are specific actions taken as 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 pages 10-12 for examples.

Instructions – Project Plans

The following are components of the Action Plan intended to address the SPF SIG priorities (part of your Project Plans):

- Strategies
- Local conditions, problem statements, and objectives addressed through the strategy
- Activities
- Timeline
- Who is responsible
- Resources needed

Use the template that follows 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. Be sure, however, to name all of the local conditions, problem statements, and objectives 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.

Strategy:			
Local Conditions, Problem Statements, & Objectives Addressed by the Strategy:			
Activities	Who is Responsible	Resources Needed	Timeline (goal completion dates)

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

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

ADAD encourages grantees to consider these different types of tasks within each strategy you have selected. Attempt to develop a supporting activity to align with each of these seven types of tasks to ensure that each strategy you are proposing has a comprehensive reach and the necessary ancillary support to ensure its success. Even though these may be helpful in thinking about all the different types of activities that can support a strategy, there may be other activities that don't align with the seven types above. Additionally, there may not be a related activity for all of the above seven areas.

For more information about these seven types of tasks, go to:
www.cadca.org/files/SevenStrategies4CommunityChange.pdf

Be sure to think about activities that need to take place both before and after the strategy is implemented.

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

The following is an example for your review. This example is not complete, but it should give you an idea of the type of content we are looking for in this Action Plan. You should also add more specificity where possible. For example, you should actually name the specific individuals who will be responsible for each 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, & Objectives Addressed by the Strategy:			
Local Condition: Discounted prices on alcoholic beverages are available at most on-sale liquor establishments			
Local Condition Problem Statements and Objectives Addressed: 3.1, 3.2			
Activities	Who is Responsible	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, 2013 Rough draft is done by July 25, 2013 Draft is proofread and finalized by July 31, 2013 Fact sheets sent to the City Council by August 2, 2013
Meet individually with the Mayor and each City Council member to review the fact sheet and gauge support for an ordinance	Coalition Chair, SPF SIG Coordinator, potentially youth or young adult council members	<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, 2013 Schedule meetings by August 2, 2013 Meetings complete by August 30, 2013

Activities	Who is Responsible	Resources Needed	Timeline (goal completion dates)
Host a public meeting about the topic and invite bar and restaurant owners to attend and share their concerns	Coalition or a smaller planning committee, the SPF SIG Coordinator, youth or young adult council members	<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, 2013 • Develop flier by August 2, 2013 • Finalize logistics, materials, and talking points by September 13, 2013 • Hold the meeting by September 20, 2013
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 	<ul style="list-style-type: none"> • Complete research by September 27, 2013

Activities	Who is Responsible	Resources Needed	Timeline (goal completion dates)
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 	<ul style="list-style-type: none"> • Discuss with coalition and recruit volunteer at the June or July Coalition Meeting • Draft the article by July 15, 2013 • Publish the article by August 16, 2013
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 	<ul style="list-style-type: none"> • 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

Instructions – Capacity and Infrastructure Enhancement Plans

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

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.

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 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 & Infrastructure Enhancement Plans			
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 2013.			
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	SPF SIG 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 2013 Coalition Meeting

Activities	Who is Responsible	Resources Needed	Timeline (goal completion dates)
Ask Coalition Members for faith community contacts	Coalition Chair and SPF SIG Coordinator	<ul style="list-style-type: none"> • Time at a Coalition Meeting • Method for submitting contacts electronically 	<ul style="list-style-type: none"> • Ask for contacts at the June 2013 Coalition Meeting • Complete process of collecting names from members by July 26, 2013
Draft a list of potential members to approach, and brainstorm people who can assist in connecting with those individuals	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 in the service area 	<ul style="list-style-type: none"> • Complete the list of potential members by July 29, 2013 • Reach out to people who can connect you with potential members by August 2, 2013
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 SPF SIG 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, 2013 • Complete the recruitment meetings and confirm acceptance by September 13, 2013

Activities	Who is Responsible	Resources Needed	Timeline (goal completion dates)
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 2013 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

Developing Your Evaluation Plan

Working with Wilder

Once your Strategic Plan is approved, you will collaborate with your designated Wilder Consultant to develop a corresponding Evaluation Plan for Phase Two. More instructions on this step will follow in the months to come.

Basic List of Evaluation Plan Components:

- Evaluation Overview
- Evaluation Logic Model
- Evaluation Population
- Desired Short-term Outcomes
- Desired Intermediate Outcomes
- Desired Long-term Outcomes
- Data Sources
- Data Collection Plan
- Data Management and Analysis
- Reporting Timeline

This plan will compliment other required data collection activities, such as the NOM and cross-site evaluation reporting.

Writing a Sustainability Plan

Sustainability Definitions:

(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.

Purpose

One of the core elements of the SPF model is sustainability. For too long, there has been a pattern of disruption of prevention services as a result of a funding stream being eliminated or a grant ending. The SPF SIG seeks to promote more sustainable efforts, which is part of the reason behind the strong emphasis on environmental strategies.

Sustainability is often not addressed until funding is about to or has already ended, at which point it is often too late to be effective. In the SPF model, you will be carefully planning for sustainability before you begin the Implementation Phase. This does not mean that you plan for endless funding to continue to implement specific prevention programs indefinitely. In the SPF model, the focus should be on:

- sustaining outcomes
- sustaining capacity and infrastructure
- sustaining the SPF process in the community

The Keys to Sustainability

The Keys to Sustainability were developed by the Center for the Application of Prevention Technologies (CAPT) System to assist substance abuse prevention grantees and coalitions in understanding how to go about building sustainable prevention efforts.

The following is a summary of the Keys and the related action you should consider while drafting your Sustainability Plan.

Key 1—Organizational Capacity

- Action 1: Develop administrative structures and formal linkages
- Action 2: Adopt supportive policies and procedures
- Action 3: Secure resources
- Action 4: Acquire appropriate expertise

Key 2—Effectiveness

- Action 5: Assess implementation quality for effectiveness of each strategy
- Action 6: Assure effectiveness of each strategy
- Action 7: Assess the reach and alignment of effective strategies

Key 3—Community Support

- Action 8: Develop and nurture positive relationships
- Action 9: Turn stakeholders into system leaders and champions
- Action 10: Encourage ownership of the prevention system

Your Master Trainers have more resources on the Keys to Sustainability and can provide a Learning Community on the topic. You may also ask them to walk you through the materials from the April 2011 Master Trainer Academy.

Instructions

Once you’ve obtained approval for your Community Strategic Plan, you are required to draft specific sustainability tasks that can be integrated early in the Implementation Phase. There are two major components that should be included in the Sustainability Plan Section of your Community Strategic Plan.

Use the template below to outline how your Phase Two strategies will be sustained after SPF SIG funding ends. For every strategy proposed in your Project Plan, complete the table below.

Strategy:			
What do you hope will be sustained after SPF SIG funding has ended? Think about the outcomes identified in your Evaluation Plan.	What needs to be done in Phase Two of funding in order for the item in the previous column to be sustained? List as many tasks as needed.	Who will be responsible for each of these tasks?	Timeframe (identify a goal completion date for each task)

Additionally, engage the necessary stakeholders to gain future commitment and answer all of the following sets of guiding questions:

- To what extent will the coalition continue to function after SPF SIG funding ends? What should be done now to ensure future continuation of coalition work in prevention?

- To what extent will the Epi Workgroup or Assessment Workgroup continue to function? What should be done now to ensure future work in this area continues?
- To what extent will other sub-committees or related advisory groups continue to function? What should be done now to ensure relationships with these groups are sustained?
- Who are some potential partners who can continue to lead SPF SIG efforts? What tasks may these partners be able to continue? What should be done now to prepare them to lead efforts in the future?
- How will the fiscal host be involved in the future? What should be done now to prepare them to continue to be involved?
- How will the SPF model be utilized moving forward? How can your community utilize lessons learned in future use of this model?
- Who will take ownership of the Community Strategic Plan? What should be done now to build ownership?
- How will outcomes of your Capacity and Infrastructure Enhancement Plan be sustained? How are you preparing now to continue to grow capacity and prevention infrastructure?
- How will your community's Epi Profile be updated? How are you currently involving non-paid grant staff in updating the Profile?
- How will emerging trends be identified in the future?
- How will long-term outcomes identified in your Evaluation Plan be monitored and tracked? How can you engage non-paid grant staff in evaluation now?
- What other plans do you have for sustaining the work of your SPF SIG?

Your answers to these questions will continually evolve. Please revisit these questions frequently as you move through Phase Two. Feel free to add more community-specific information relevant to sustainability that is not addressed by these questions.

Disseminating and Updating Your Strategic Plan

Purpose

It is extremely important to not only inform the community of certain components of your Strategic Plan, but also to ensure that all stakeholders have a clear understanding of their roles in implementing the plan.

All of the components of your Community Strategic Plan should be viewed as living documents, to be continuously updated as new information becomes available. Different components will need to be revised at varying frequencies. For example, your Actions Plans will likely need to be tracked at least weekly, while your Epi Profile Assessment Summary may only need to be updated annually.

Instructions

After gathering input from stakeholders/coalition members, complete the table below and include it in your Disseminating and Updating Your Strategic Plan Section of your Community Strategic Plan.

Strategic Plan Component	Which parts of this section, or what information within, should be shared with others (and with whom)?	How will you share this information with others (in what format will it be best received)?	How and when will this section be updated?	Who will be responsible for updating this section?
Assessment Summary-Epi Profile Summary				
Assessment Summary-Capacity, Assets and Resources Summary				
Assessment Summary-Community Readiness Summary				

Strategic Plan Component	Which parts of this section, or what information within, should be shared with others (and with whom)?	How will you share this information with others (in what format will it be best received)?	How and when will this section be updated?	Who will be responsible for updating this section?
Assessment Summary- Description of the Local Condition Prioritization Process				
Target Populations				
Strategy Selection Justification				
Project Plan- Problem Statements and Objectives				
Project Plan- Action Plans				
Capacity and Infrastructure Enhancement Plan- Opportunity Statements and Goals				
Capacity and Infrastructure Enhancement Plan- Action Plans				
Evaluation Plan				
Sustainability Plan				
Dissemination and Updating Plan (Yes, you may need to update this as well!)				

Refer to the SUMN and EvaluATOD websites for helpful tips about reporting back and disseminating information in your community.

These tips can be found at:

www.sumn.org in the Toolbox under the “Tools” tab

www.evaluatod.org/elearning.php, view the “Presenting Data” E-Course

While updating the components of your Community Strategic Plan is important, we should emphasize that major revisions to your Project Plan or your Capacity and Infrastructure Enhancement Plan must be pre-approved by your ADAD Grant Consultant. Major revisions include, but are not limited to:

- Any changes to problem or opportunity statements, goals or objectives, or overall strategies
- Subtraction of activities
- Addition of activities that greatly impact your Phase Two Contract Budget
- Significant changes in who is responsible for key activities
- Goal completion dates being pushed back by two weeks or more

If you have a need to revise your Evaluation Plan, please connect with your Wilder Evaluation Consultant.

Your plan should be thoroughly proofread before you disseminate anything. Typos are distracting and may impact your credibility. Also, it’s important that information being shared with people who have not been involved in the SPF SIG process is easy to understand.

After you have reviewed the document carefully, ask for a volunteer coalition member, one who is preferably detail-oriented and has an interest in editing, to proofread the entire document before disseminating any of its components. It may also be good to ask an uninvolved family member or friend to read parts of it as well to test for clarity and “community friendliness.”

You’ll also want to be sure potentially sensitive information about political will doesn’t leak out unintentionally.

Your coalition should take pride in your Community Strategic Plan and be confident about what is disseminated, because the ultimate goal is that this document is read, supported, and utilized.

In conclusion, do not allow your Community Strategic Plan to sit on a shelf or in some tucked away file on your computer. Part of implementing the SPF is gaining broad support and implementing your carefully drafted plan with fidelity.

Glossary of Terms

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

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

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 SPF SIG 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 SPF SIG 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 SPF SIG and is responsible for adopting definitions, tools, and guidance around appropriate strategy selection. The EBPW will also be reviewing the SPF SIG 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 Policies: 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 SPF SIG, goals are related to the changes sub-recipients hope to make in the three SPF SIG 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 Sub-populations: For SPF SIG, sub-groups of the target 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 SPF SIG 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.

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. Outcome 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.

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 abusable substances (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 SPF SIG 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 to the SPF SIG project and collaborates with the SPF SIG Advisory Council and staff on data-related activities, including the identification of SPF SIG priorities, the development of the 18-25 year old survey (Young Adult Alcohol Survey), the development of the Local Epidemiologic Profile Template, and the evaluation of community data sources.

SPF SIG: Acronym for the Strategic Prevention Framework State Incentive Grant.

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.

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 SPF SIG 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.

Target Population: The target 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. Target populations also include high-risk sub-populations and populations requiring culturally specific efforts.

Youth: For the purposes of the SPF SIG, youth refers to either 6th -12th graders (when discussing youth past 30-day alcohol use) or 9th-12th graders (when discussing youth binge drinking).

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