

Planning Training

New Mexico Strategic Prevention Framework State Incentive Grant



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Developed by:
**Paula Feathers, Southwest Center for Applied Prevention
Technology**

In collaboration with:

Michael Coop, State Epidemiology Workgroup Coordinator

Dan Green & Jim Roeber, NM Epidemiology and Response Division

NM Behavioral Health Services Division/Department of Health

Materials formatted and compiled by Jeanette Will, Life Link

SPF SIG Strategic Planning

Developed by: Paula Feathers, Southwest Center for Applied Prevention Technologies

Formatted and compiled by: Jeanette Will, Life Link

Course Overview

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Course Overview, Continued

Course description

This workshop is designed to provide participants with descriptions and information needed to develop a Strategic Plan specific to SPF SIG initiatives. An outline provided will include the following components: NM SPF SIG Logic Model, evidence-based strategies, objectives/activities, and plans for evaluation, capacity development, cultural competency and sustainability. By the end of the workshop, participants will be able to produce a Strategic Plan that is data-driven and that identifies community-wide strategies that address problems identified in the local needs assessment.

Course objectives

By the end of this workshop, participants will be able to:

1. Prioritize Intervening Variables according to severity and existing capacity.
 2. Identify benchmarks, recruitment strategies, and action steps for capacity in each Intervening Variable.
 3. Identify action steps for continual assessment of each Intervening Variable.
 4. Identify strategies that are: population appropriate, evidence-based, theory derived, or based on practical knowledge, and consider community readiness for each Intervening Variable.
 5. Identify a goal for each Intervening Variable and objectives that address contributing factors for each Intervening Variable.
 6. Ensure cultural competence and sustainability throughout the strategic planning process.
 7. Identify a process to review progress towards benchmarks and action steps included in the strategic plan.
-

Introduction, Continued



SPF Process – Step 3: Planning

Develop a Comprehensive Strategic Plan

Community Role: Communities must develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan must be based on documented needs, build on identified resources/strengths, set measurable objectives and include the performance measures and baseline data against which progress will be monitored. Plans must be adjusted as the result of ongoing needs assessment and monitoring activities. The issue of sustainability should be constant throughout each step of planning and implementation and should lead to the creation of a long-term strategy to sustain policies, programs, and practices.

- The preparation of the Strategic Plan is a continuation of the planning process that began with the assessment. Data will link assessment findings to intervening variables and strategies.
- By clearly documenting your program's strategies for achieving outcomes, the completed Strategic Plan will be a useful accountability and management tool.
- Programs are required to ensure that their Strategic Plans are actively monitored and regularly reviewed.
- Submission of Strategic Plan

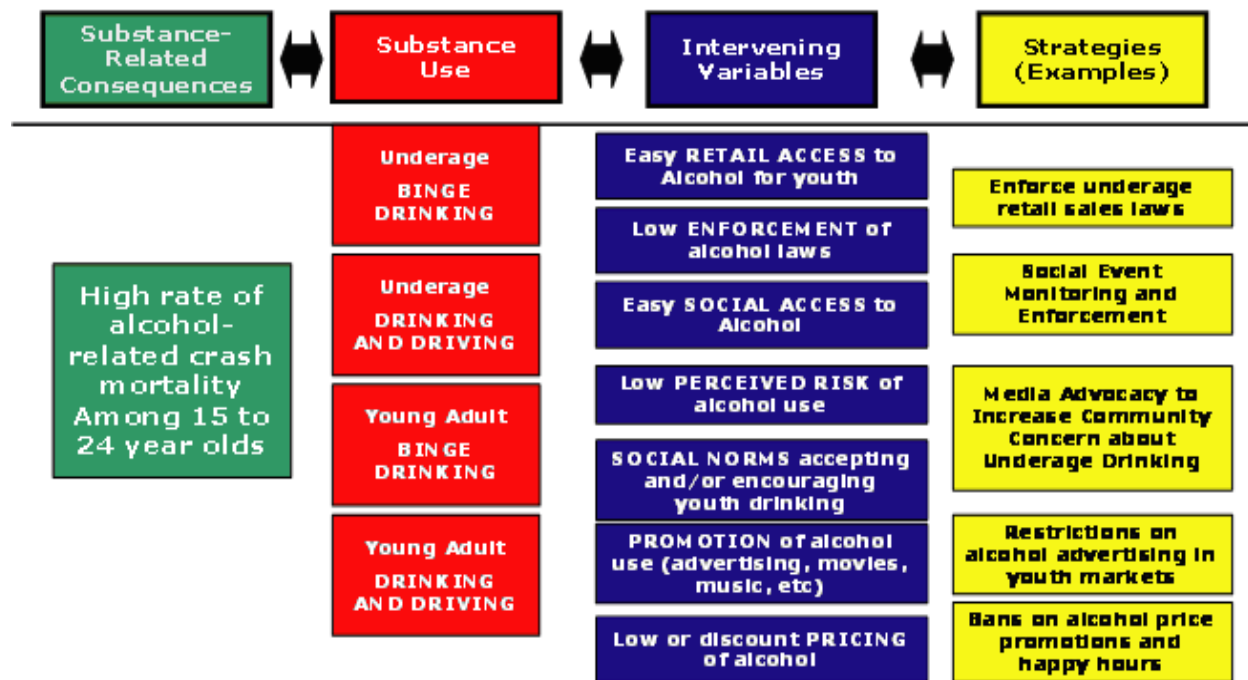
Two key points to remember:

- 1) The planning process is at least as important as the planning document itself.
- 2) The planning process is never "done" -- the planning process is a continuous cycles that's part of the management process itself.

Introduction, Continued

SPF SIG New Mexico Community Logic Model

Reducing alcohol-related youth traffic fatalities



Logic model terms

Substance Related Consequences:

The social, economic, and health problems associated with the use of alcohol, tobacco and illicit drugs. Any social, economic, or health problem can be defined as substance use problem if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring.

Substance Use:

The way in which people drink, smoke, and use drugs is linked to particular substance-related consequences.

Intervening Variables:

Factors that have been identified as being strongly related to and influence the occurrence and magnitude of substance use and related risk behaviors and their consequences.

Strategy:

Program, practice, or policy that addresses factors strongly related to and influencing the occurrence and magnitude of substance use and related risk behaviors and their consequences.

Introduction, Continued

**Activity –
Identifying
contributing
factors**

For each of the 7 Intervening Variables, list all contributing factors your community has identified through data collection (e.g., community forums, focus groups, community surveys)

Easy **Retail Access** To Alcohol For Youth

Low **Enforcement** of Alcohol Laws

Easy **Social Access** to Alcohol

Low **Perceived Risk** of Alcohol Use

Social Norms Accepting/Encouraging Youth Drinking

Promotion of Alcohol Use

Low or Discount **Pricing** of Alcohol

The Planning Process

Notes:

**Strategic Planning and the SPF
SIG**

Our Logic Model and process is data driven.

Capacity is built around Intervening Variable contributing factors identified in assessment.

The Strategic Plan will take everything we have learned from our data and turn that into a prevention implementation guide.

Notes:

Strategic Plan Benchmarks

- Comprehensive Strategic Plan
- Action Plan/Steps
- Performance Monitoring
 - Š Needle moving
 - Š Project itself
- Evaluation Plan and Performance Measures

Notes:

The Planning Process, Continued

Strategic Plan

Other considerations:

- Community Readiness
- Cultural Competence
- Sustainability

Notes:

Strategic Planning Process

1. Prioritize Intervening Variables.
2. For each *Intervening Variable* :
 - Identify Goal
 - Identify objectives for each contributing factor.
 - Identify evidence-based programs, practices, and policies to address each contributing factor.
 - Identify action steps for continual *assessment*.
 - Develop *capacity* plan.
 - Ensure Cultural Competence and Sustainability

Notes:

Strategic Planning Process

3. Establish a process for reviewing progress towards action steps and benchmarks.

Notes:

The Planning Process, Continued

Step 1: Prioritizing Intervening Variables

- Before the strategic plan can be developed, Intervening Variables must be prioritized.

- Prioritization will be based on:
 - § Severity
 - § Capacity
 - § Ability to Implement Strategies

Notes:

Prioritizing Intervening Variables

4 questions to answer for a data driven prioritization process:

1. How do you weigh your data?
2. What criteria will you use in regard to your methodology and sources?
3. How will you balance your findings from quantitative data vs. qualitative data?
4. How will you address polarized findings?

Notes:

Prioritizing Intervening Variables

Severity:

- The seriousness of a hazard if not properly controlled

- The severity of a loss is a measure of the amount of harm caused by the loss. The measure may be qualitative or quantitative, and a variety of measures may be used: financial loss, number of people affected, or political impact, for example.

Notes:

The Planning Process, Continued

Prioritizing Intervening Variables

Capacity:

Based on your capacity assessment, which Intervening Variables have enough capacity to begin implementing strategies?

If there is a severe need, but a lack of capacity, capacity needs to be built before efforts begin.

Notes:

Prioritizing Intervening Variables

Ability to Implement:

What is the readiness of your community? Does does groundwork need to be laid?

Political will: Does work need to be done in the political arena before a strategy can be implemented?

Initiatives that can experience quick success may be needed first to assist with community mobilization.

Notes:

Prioritizing Intervening Variables

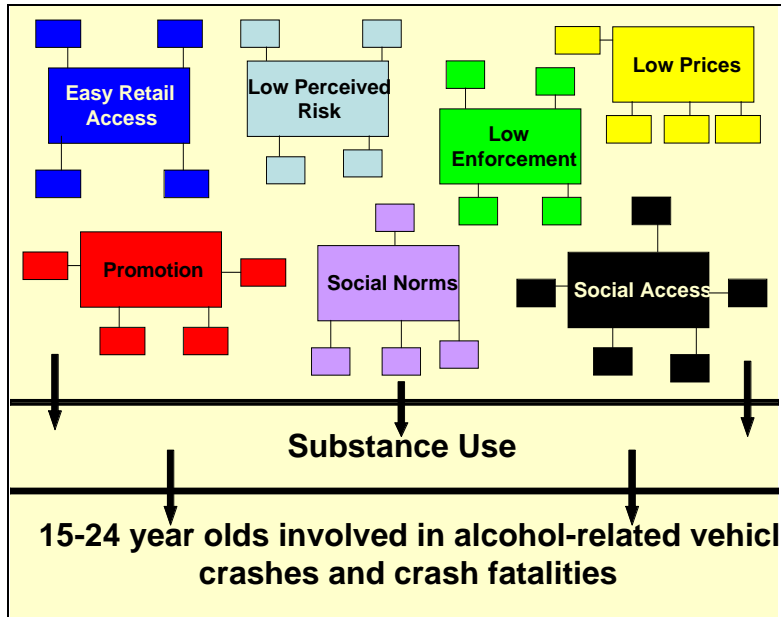
Goal:

Have a strategic plan for each intervening variable.

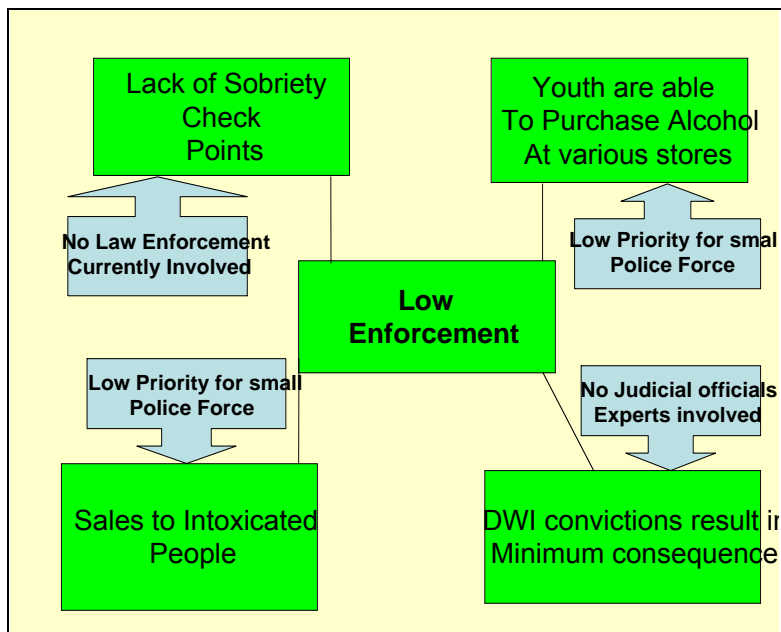
Even if the data at this time does not support an Intervening Variable, do not rule it out.

Notes:

The Planning Process, Continued



Notes:



Notes:

The Planning Process, Continued

**Activity – Step
1: Prioritizing
Intervening
Variables**

Based on the assessment data you have for each Intervening Variable, prioritize them based on:

Severity

Capacity

Ability to Implement strategies

The Planning Process, Continued

Step 2: Planning for each Intervening Variable

2. For each *Intervening Variable* :

- Identify Goal
- Identify objectives for each contributing factor.
- Identify evidence-based programs, practices, and policies (strategies) for each contributing factor.
- Identify action steps for continual *assessment*.
- Develop *capacity* plan.
- Ensure *Cultural Competence* and *Sustainability*

Notes:

Step 2: Planning for each Intervening Variable

Identify **Goal** for Intervening Variable:

Goals provide general purpose and direction. They are the end result of ultimate accomplishment toward which an effort is directed. They generally should reflect perceived present and future need. They must be capable of being effectively pursued.

Source: <http://www.for.gov.bc.ca/hfd/library/documents/glossary/G.htm>

Notes:

Step 2: Planning for each Intervening Variable

Example:

Alcohol is not illegally or inappropriately available to adolescents and young adults in social settings.

- Provides general purpose and direction
- Ultimate accomplishment
- Reflect current and future need
- Capable of being pursued

Notes:

The Planning Process, Continued

Step 2: Planning for each Intervening Variable

Identify **objectives** for each contributing factor identified in the assessment:

A concrete statement describing what the project is trying to achieve. The objective should be written at a low level so that it can be evaluated at the conclusion of a project to see whether it was achieved or not. A well-worded objective will be Specific, Measurable, Attainable/Achievable, Realistic and Time bound (SMART).

Source: <http://www.portfoliostep.com/390.1TerminologyDefinitions.htm>

Notes:

Step 2: Planning for each Intervening Variable

Example:

Goal: Alcohol is not illegally or inappropriately available to adolescents and young adults in social settings.

Objective: Reduce the percentage of parents reported who provide alcohol to their minor children by 20% by May 30, 2006.

Notes:

Step 2: Planning for each Intervening Variable

Example:

Objective: Reduce the percentage of parents reported who provide alcohol to their minor children by 20% by May 30, 2006.

- Specific
- Measurable
- Attainable
- Realistic
- Time bound

Notes:

The Planning Process, Continued

Step 2: Planning for each Intervening Variable

Evaluation of Objective:

- For each objective discuss evaluation methods in report.
- Will receive further guidance from BAI

Notes:

Activity - Step 2: Planning for each intervening variable

Community Practice:

- Write a goal statement for your top prioritized Intervening Variable.

- Write an objective for one of the data based contributing factors your community has identified for that Intervening Variable.

The Planning Process, Continued

Step 2: Planning for each Intervening Variable

Identify evidence-based programs, practices, and policies (strategies).

Strategies should meet one of the following:

1. Evidence-based
2. Limited evidence
3. Logic Driven

Notes:

Step 2: Planning for each Intervening Variable

1. Evidence-based: there is sufficient research and evidence to demonstrate effectiveness as identified by a meta analysis or expert peer panel.

Example:

- Sobriety check points
- Enforcement of minimum age purchasing laws

Notes:

Step 2: Planning for each Intervening Variable

2. Limited evidence: Strategies that are supported by evidence or individual studies but that are not as rigorous as meta analysis studies.

Example:

- Pulling people over who are speeding or not wearing seatbelts.
- Parents who host lose the most Ó campaign.

Notes:

The Planning Process, Continued

Step 2: Planning for each Intervening Variable

3. Logic driven: strategies that have not been widely researched, and are derived from logic, or theory.

Example:

- Party Patrols
- Key Registration
- Elimination of 18-20 year olds in bars

Notes:

Activity - Step 2: Planning for each intervening variable

Community Activity:

Using the list of contributing factors you developed this morning, identify possible logic driven strategies that align with the objective for that contributing factor and the goal of the Intervening Variable. You will be given time for each Intervening Variable.

The Planning Process, Continued

Step 2: Planning for each Intervening Variable

Goal: Alcohol is not illegally or inappropriately available to adolescents and young adults in social settings.

Objective : Reduce the percentage of parents reported who provide alcohol to their minor children by 20% by May 30, 2006. .

Strategy: Increase parental knowledge of underage drinking laws by disseminating **Parents Who Host Lose the Most Information** cards to 4,000 APS High School Parents.

Notes:

Step 2: Planning for each Intervening Variable

Strategies continued:

Goal: Have comprehensive strategies for each contributing factor.

Comprehensive addresses:

- Norms
- Regulations
- Availability

Source: Environmental Change Theory Into Prevention Practice By Michael Klitzner , Ph.D.

Notes:

Step 2: Planning for each Intervening Variable

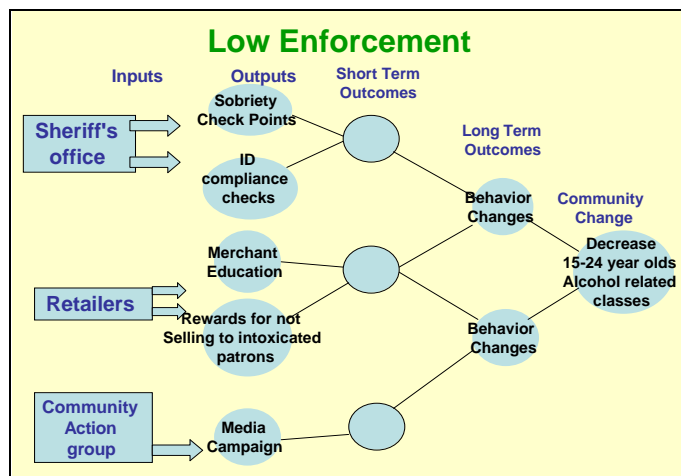
Strategy: Increase parental knowledge of underage drinking laws by disseminating **Parents Who Host Lose the Most Information** cards to 4,000 APS High School Parents.

Which of the 3 pronged approach does this example fall under?

- Norms
- Regulations
- Availability

Notes:

The Planning Process, Continued



Notes:

Activity - Step 2: Planning for each intervening variable

Community Activity:

Develop a goal for Social Access and Retail Access.

Choose one contributing factor for each and develop an objective and identify a strategy. Ensure that the strategy aligns with the contributing factor

Refer to:

- PIRE review
- Page 24-32 in this manual

The Planning Process, Continued

Step3: Strategic Plan Review Process

Plans will continuously need to be monitored and reviewed.

Why?

- Evaluate progress
- Accountability
- Make necessary changes
- Account for new data
- Management

Notes:

Activity - Step 3: Strategic plan review process

Community Activity:

List ways you have or you plan to review and monitor your plan

Selecting Strategies

Considerations in selecting strategies

Many different considerations enter into such a selection. Some of the key local considerations include:

- The nature of the most serious and/or prevalent problems to be addressed;
- The strategies that will be most appropriate for and acceptable to the target populations;
- The political, cultural, and social priorities and sensitivities of the locale; and
- The resources available.

In addition there are two extremely important considerations that apply to every locale and that should definitely be included in the decision making process. These are assessments of the potential strength and the potential reach of strategies.

Strength

In this context, we define strength as the magnitude of the effects of a strategy. Many prevention strategies have demonstrated effects that are called “statistically significant.” It is important not to confuse statistical significance with practical significance.

When considering questions related to the strength of a strategy's effect, it is important to examine effects on the actual outcomes of concern to prevention—substance use and related problems.

Unfortunately, to date, many strategies only demonstrate effects on intervening variables, or what are assumed to be risk factors for substance use or problems. In some cases, the intervening variables selected for intervention have not proved to be causally related to substance use. Programs designed to increase self-esteem, for example, were effective in changing this intervening variable but did not decrease substance use.

Continued on next page

Selecting Strategies, Continued

**Considerations
in selecting
strategies,
(continued)**

Reach

Reach is defined as the number of people affected by a prevention strategy. Some strategies, by their very nature, affect only a small number of people. As an example, the sort of parenting program discussed above is likely to be made available to a limited number of families. Fewer still are likely to participate in or to complete the program. By contrast, an increase in the excise tax on tobacco affects every smoker and every person who is contemplating smoking.

Sometimes strategies that have a broad reach have only small effects on any one person. A tobacco tax may be just one consideration among many that affects whether and how much people smoke. But because a tax affects so many people, small individual effects with broad reach can have very powerful effects on public health.

Sometimes strategies with broad reach also have strong effects—and the strongest effects on the very people most at risk. For example, thousands of people may hear about a widely publicized sobriety checkpoint. Most people, including those who do not drink or who never drink and drive, will ignore it. The ones most likely to pay attention to the existence of the checkpoint and to change their behavior are the people most likely to drink and drive. Whether they actually see the checkpoint or are stopped by it may not matter at all.

Obviously, strength and reach have different weights in different situations. Some organizations and agencies have a mission to make a meaningful impact on a small group of people. Others must demonstrate a public health impact that implies a measurable effect on whole populations. Most prevention planners and decision makers have an obligation to demonstrate efficient use of public resources. This requires awareness of the strength and reach of the prevention strategies under consideration and a critical assessment of their efficacy and efficiency.

Excerpt from: *Selecting From Among Prevention Strategies*. Kathryn Stewart. National Center for the Advancement of Prevention “Prevention Planning for Youth Substance Abuse Initiatives” 11th Annual National Prevention Network Research Conference. August 31, 1998 San Antonio, Texas

Selecting Strategies, Continued

Environmental strategies - RAN

Strategy can include policies, programs, practices

All environmental strategies should fit within a theoretical model developed through the research of Michael Klitzner and presented at numerous national conferences and in particular in the paper, *Integrating Environmental Change Theory in Prevention Theory*. There are three factors that shape both positive and negative behavior in the shared environment:

Regulations Formalized laws, rules, and policies that serve to control availability and codify norms and that specify sanctions for violations.

Availability This can be defined in terms of how much time, energy, and money must be expended to obtain a commodity (alcohol, marijuana, cigarettes). The more resources required, the lower the availability.

Norms These are the basic orientation concerning the rightness or wrongness, the acceptability or unacceptability, and/or deviance of specific behaviors for a specific group of individuals.

Selecting Strategies, Continued

Specific community-level strategies: science and logic

Strong scientific evidence supports a number of initiatives that communities can implement to reduce youth use of alcohol, tobacco, and illicit drugs. Strategies that reduce availability of these commodities are particularly well supported by research and are referred to as strong evidence-based approaches. There are other strategies for which positive scientific evidence exists but which have not been as extensively or rigorously studied and this is referred to as limited evidence-based approaches.

There are two other types of shared environment approaches are also important for communities to consider. First are strategies that, although not researched, are supported by a compelling logic. For example, logic suggests that the sale and consumption of beer in a roped-off and monitored area at a county fair will reduce the number of underage fair-goers who obtain alcohol. Of course, research would be required to determine with certainty that this strategy works and to explore possible untoward consequences. But, until such research is done, communities may wish to consider such logic-based approaches.

Source: Environmental Change Theory Into Prevention Practice By Michael Klitzner, Ph.D.

EVIDENCE-BASED	LOGIC-BASED
ALCOHOL	
<ul style="list-style-type: none"> • Enforcing minimum purchase age laws • Controlling outlet densities • Raising prices • Server training • School Alcohol Policies 	<ul style="list-style-type: none"> • Keg registration • Safe Homes coalitions • Access control at community events • Parent and community groups • Police enforcement policies (warn & release)
TOBACCO	
<ul style="list-style-type: none"> • Enforcing minimum purchase age laws • Raising prices • Training merchants • Establishing school tobacco policies 	<ul style="list-style-type: none"> • Cessation programs • Safe Homes coalitions • Police enforcement policies (e.g., warn and release)
Illicit Drugs	
<ul style="list-style-type: none"> • Citizen surveillance • School drug policies • Crackdowns on dealers 	<ul style="list-style-type: none"> • Needle exchange • Nuisance abatement • Aggressive treatment of addicts • Safe Homes coalitions • Parent and community groups

Source: Environmental Change Theory Into Prevention Practice By Michael Klitzner, Ph.D.

Resources for Programs, Practices, and Policies

Alcohol Policies Project



In 1981, the Center for Science in the Public Interest (CSPI) launched the Alcohol Policies

Project to help focus public and policy maker attention on high-leverage policy reforms to reduce the devastating health and social consequences of drinking. Since then, the project has worked with thousands of organizations and individuals to promote a comprehensive, prevention-oriented policy strategy to change the role of alcohol in society.

Website:
www.cspinet.org/booze

The site provides information on their current project initiatives and issues which include:

- Advertising
- Alcopops
- College & Binge Drinking
- Labeling
- Taxes
- Youth and Alcohol
- Grassroots Alcohol Advocacy
- Changes in Label Warnings and Point-of-Sale Health Warnings

Alcohol Policy Information System (APIS)



The Alcohol Policy Information System (APIS) is an online resource that provides detailed information on a wide variety of alcohol-related policies in the United States at both State and Federal levels. The site provides policy descriptions, comparison tables, and other detailed

information about policy topics such as those listed below:

- Taxation and pricing
- Blood Alcohol Concentration (BAC) Limits
- Underage Drinking : Underage Possession; Underage Consumption of Alcohol; Underage Purchase of Alcohol; Minimum Ages for ;Sellers; False Identification; Use/Lose; Loss of Driving Privileges; Hosting Underage Drinking Parties

Website:
www.alcoholpolicy.niaaa.nih.gov

Resources for Programs, Practices, and Policies, Continued

AlcoholPolicyMD.com



This site is for health professionals and others who want to fight

alcohol problems, especially underage drinking, by changing clinical practice and the social environment. An alcohol policy overview includes resources covering:

- AMA Alcohol Policies
- Other alcohol policies
- Policy papers
- Environmental Prevention

Website:

www.alcoholpolicysolutions.net

FACE



FACE is a national non-profit organization that supports sensible alcohol policies and practices through the development of messages, strategies and training designed to

create public awareness and action on alcohol issues. FACE has made available a wide variety of informational downloads including:

- Community Alcohol Personality Survey (CAPS)
- College Community Alcohol Personality Survey
- Alcohol & Billboards
- Alcohol Sales & Community Events
- Compliance Checks
- Billboard Tips
- Enforcing Minimum Drinking Age
- Keg Registration
- Outlet Density
- Social Host Liability Laws

Website:

www.thefaceproject.org

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention



The Higher Education Center's purpose is to help college and community leaders develop, implement, and evaluate programs and policies to reduce student problems related to alcohol and other drug

use and interpersonal violence. Central to this approach is a mix of environmental management strategies to address the institutional, community, and public policy factors that contribute to these problems.

Website:

www.edc.org/hec

Resources for Programs, Practices, and Policies, Continued

The Guide to Community Preventive Services



The Community Guide is being developed by the nonfederal Task Force on Community Preventive Services (Task Force), appointed by the Director of the Centers for

Disease Control and Prevention (CDC). This group was convened in 1996 by the Department of Health and Human Services to provide leadership in the evaluation of community, population, and healthcare system strategies to address a variety of public health and health promotion topics such as physical activity.

This site provided recommendations that address specific health conditions including Motor Vehicle Occupant Injury. Specific Reducing Alcohol-Impaired Driving “interventions” or strategies are looked at and rated as Recommended (Strong Evidence), Recommended (Sufficient Evidence) and Insufficient Evidence to Determine Effectiveness. Strategies listed include:

- .08 Blood Alcohol Content (BAC) Laws
- Lower BAC laws for Inexperienced Drivers
- Minimum Legal Drinking Age Laws
- Sobriety Checkpoints
- Intervention Training Programs for Servers
- Mass media campaigns
- School-based programs
- Designated Driver Programs

Website:
www.thecommunityguide.org

Institute of Medicine. Reducing Underage Drinking: A Collective Responsibility

Reducing Underage Drinking: A Collective Responsibility is a report to Congress, released by the National Academies’ Institute of Medicine (IOM) and National Research Council, on September 9, 2003. This IOM Report reviews existing prevention programs and approaches and developing a strategy to reduce underage drinking. Emphasis is placed on adopting an inclusive strategy to address this issue, one that invites everyone to take responsibility for combating the problem.

Website:
www.nap.edu/books/0309089352/html

Resources for Programs, Practices, and Policies, Continued

The Marin Institute



The Marin Institute is an alcohol industry watchdog and resource for solutions to community alcohol problems. The institute focuses on environmental prevention, media advocacy, and alcohol policy.

Some examples of looking at factors in the community that shape alcohol-related problems and corresponding policies are provided:

Influence on Drinking Choices		
Community Factors		Sample Prevention Policies
Hospitals, schools and churches highlight alcohol in promotions for events and fundraisers (e.g. wine tasting and beer fests)	➔	Adopt an institutional policy to feature food and entertainment rather than alcohol in event promotions
Community customs encourage alcohol use at celebrations	➔	Public venues require responsible beverage service (RBS)
Promotions for alcohol appear on bus shelters and benches	➔	Transit Authority eliminates alcohol ads from public transit
Unlimited beer sales at professional sporting events	➔	Sport stadiums limit quantity served cutting off beer sales at least an hour before games end

Website:
www.marininstitute.org

Underage Drinking Enforcement Training Center (UDET C)

The Center's mission is to provide science-based, practical, and effective training and technical assistance services to States and communities working to combat underage drinking through law enforcement and environmental strategies. The following resources can be downloaded:

- Environmental Strategies to Prevent Alcohol Problems on College Campuses
- Guide to Zero Tolerance and Graduated Licensing: Two Strategies that Work
- Regulatory Strategies for Preventing Youth Access to Alcohol: Best Practices
- Strategies to Reduce Underage Alcohol Use: Typology and Brief Overview

Website:
www.udetc.org

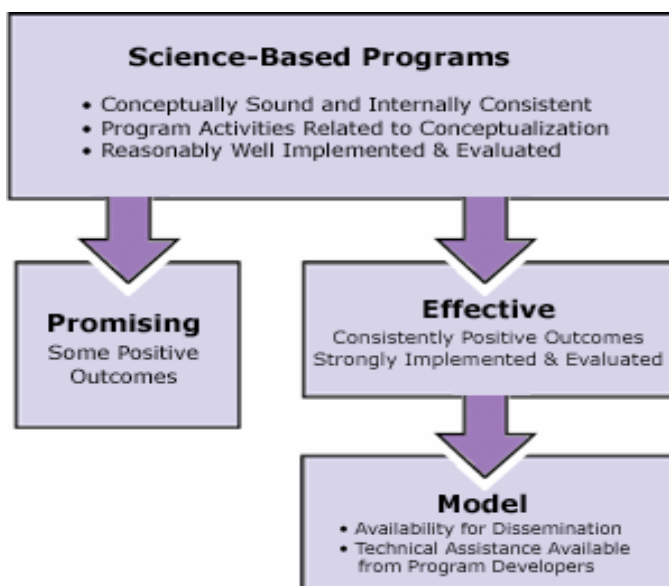
Resources for Programs, Practices, and Policies, Continued

OJJDP Model Programs Guide

Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (MPG) is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The demonstrated effectiveness rating is based on two criteria: 1) the quality of design and 2) the scientific evidence suggesting a deterrent effect. OJJDP categorizes their programs as exemplary, effective, and promising.

Website:
dsgonline.com/mpg_non_flash/mpg_index.htm

CSAP Model Programs



Model Programs are well-implemented, well-evaluated programs, meaning they have been reviewed by the National Registry of Evidence-based Programs and Practices (NREPP). Developers, whose programs have the capacity to become Model Programs, have coordinated and agreed with SAMHSA to provide quality materials, training, and

technical assistance for nationwide implementation. SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions. The system is designed to categorize and disseminate information about programs and practices that meet established evidence rating criteria.

Website:
modelprograms.samhsa.gov

Resources for Programs, Practices, and Policies, Continued

CSAP Model Programs

Program	AGE	Gender	Ethnicity	Target Setting	Key Outcomes	Strategies
<u>Border Binge-Drinking Reduction Program</u> Universal	24 and under	Male and Female	Multiple Ethnic Groups	Rural and Urban communities	<ul style="list-style-type: none"> • Reduced number of young Americans returning to the U.S. with illegal BACs after night of drinking in Mexico • Reduced number of alcohol-related injury crashes among underage drinkers • Reduced number of arrests for violence and other problems • Increased awareness of new enforcement program 	<ul style="list-style-type: none"> • Community involvement • Information sharing • Media education • Skill development
<u>Communities Mobilizing for Change on Alcohol (CMCA)</u> Universal	13-20	Male and Female	Multiple Ethnic Groups	Rural, Suburban, and Urban communities	<ul style="list-style-type: none"> • Reduction in sales to minors • Reduction in sales to minors • Increased identification checks by vendors • Increased identification checks by vendors • Community mobilization 	<ul style="list-style-type: none"> • Environmental strategy • Limit minors access to alcohol through community mobilization
<u>Challenging College Alcohol Abuse</u> Universal Indicated	18-24 and parents	Male and Female	African American American Indian/Alaska Native Asian American Hispanic/Latino Native Hawaiian and Other Pacific Islander (NHOPI), White	Rural, Suburban, and Urban college and university campuses and communities	<ul style="list-style-type: none"> • Reduced negative consequences of alcohol and illegal drug use • Decreased positive perceptions of alcohol use • Reduction in alcohol and illegal drug-related crimes • More accurate perception of students alcohol and illegal drug use • More accurate perception of negative consequences 	<ul style="list-style-type: none"> • Social norms media marketing campaign • Environmental management • Moderation skills training • Alcohol-specific prevention program

Resources for Programs, Practices, and Policies, Continued

CSAP Model Programs, Continued

Program	AGE	Gender	Ethnicity	Target Setting	Key Outcomes	Strategies
Class Action Universal	High school students (grades 9 - 12)	Male and Female	American Indian/Alaska Native White	Rural settings, schools with seven American Indian reservations and urban and suburban settings	<ul style="list-style-type: none"> • 33% reduction in the usual increase in alcohol use and intentions to use alcohol in high school, through the 12th grade • 50% reduction in the usual increase in binge drinking during high school through 12th grade • 80% reduction in underage alcohol purchases from alcohol package sale outlets (i.e., liquor and convenience stores) 	<ul style="list-style-type: none"> • 8- to 10-classroom weekly sessions • Students divided into six “legal” teams to prepare and present hypothetical civil cases in which someone has been harmed as a result of underage drinking • Students build legal cases and present them to a jury of their peers • Class Action encourages community involvement through the use of outside speakers within classroom sessions • Student research on alcohol-use in their own community, and student involvement in community events
Community Trials Intervention to Reduce High-Risk Drinking (RHRD) Universal	All age groups within a community	Male and Female	Multiple Ethnic Groups	Rural, Suburban, and Urban communities	<ul style="list-style-type: none"> • Reduced driving when over the legal limit • Reduced amount consumed per drinking occasion • Reduced traffic crashes in which driver had been drinking • Reduced assault injuries 	<ul style="list-style-type: none"> • Community mobilization to support prevention interventions • Facilitating responsive beverage service • Training local retailers and increasing enforcement to reduce underage access • Increase enforcement and sobriety checkpoints to increase actual and perceived risk of arrest • Develop local restrictions on access via zoning and other controls

SPF SIG Strategic Planning

Developed by: Paula Feathers, Southwest Center for Applied Prevention Technologies

Formatted and compiled by: Jeanette Will, Life Link

Resources for Programs, Practices, and Policies, Continued

CSAP Model Programs, Continued

Program	AGE	Gender	Ethnicity	Target Setting	Key Outcomes	Strategies
<u>Protecting You/Protecting Me®</u> Universal	6-11	Male and Female	African American American Indian/Alaska Native Asian American Hispanic/Latino Native Hawaiian and Other Pacific Islander (NHOPI) White	Rural, Suburban, and Urban elementary schools	<ul style="list-style-type: none"> • Students less likely to ride with impaired driver • Students gained critical life-saving skills to protect themselves when they have no option but to ride with an impaired driver • Students become more strongly opposed to drinking and driving and to underage drinking • Students increased their media literacy and gained knowledge about their brains and becoming grown-up • High school students teaching PY/PM also demonstrated significant increases in their attitudes toward the risks of underage alcohol and other drug use and declines in their own personal use of alcohol 	<ul style="list-style-type: none"> • Importance of protecting the brains of persons under age 21 years of age from the biological effects of alcohol • Ways to help children avoid the risks associated with riding with drivers who are alcohol impaired
<u>Start Taking Alcohol Risks Seriously (STARS) for Families</u> Universal	11-14 and parents	Male and Female	African American White	Rural, Suburban, and Urban middle schools	<ul style="list-style-type: none"> • Avoidance of and reductions in alcohol use among youth 	<ul style="list-style-type: none"> • Health care consultations • Key Facts Postcards • Parent/Guardian take-home lessons

Cross-Cutting Issues

Introduction

As part of the strategic plan, you will be asked to identify at least two key issues related to cultural competency and sustainability for each intervening variable. Below are examples of issues or objectives you may want to focus on:

Cultural competency issues

- Formal cultural competence-related policies exist regarding:
 - Personnel recruitment/retention
 - Training/staff development
 - Language access/communication
 - Community input
 - Mission/goal statement addresses cultural competence
 - Cultural competence training
 - Formal and informal alliances/links with community and other partners to address cultural competence issues
 - Obtains community input in the development of all plans
 - Diverse cultural and linguistic communities are meaningfully involved in all components of the system of care – planning, administration, care coordination, service provision, and evaluation, etc.
 - Reports to stakeholders on cultural competence activities/issues
 - Ongoing monitoring and use of information/data relevant to cultural competence
 - Strategic plan addresses cultural competence, including a cultural competence plan
 - Conducts regular organizational self-assessments regarding cultural competence
 - Cultural competence is a focus of system wide collaboration
-

Cross-Cutting Issues, Continued

Sustainability issues

- Ongoing mechanisms for using data and evaluation to support planning, development and implementation efforts have been created.
 - Ongoing mechanisms for assessing community needs are being implemented.
 - Ongoing mechanisms for assessing capacity/coalition development are being implemented.
 - Ongoing mechanisms for assessing cultural competency are being implemented.
 - Ongoing mechanisms for assessing sustainability are being implemented.
 - Ongoing mechanisms for assessing evaluation activities and results are being implemented.
 - Stakeholders, representing the diversity of the community served, have been involved in defining initiatives.
 - The needs of the community partners and stakeholders are integrated into the goals and strategies.
 - Community needs are continuously assessed and, if needed, redefined.
 - A definition for sustainability has been developed and disseminated.
 - Ongoing education and training on needs, strategies and goals is being provided.
 - Flexibility and is built into the strategic plan.
 - Inter-organizational networks and collaboration
 - Ongoing mechanisms for interagency planning and coordination at the State/Tribal and local policy and system level are in place.
 - Ongoing shared personnel resources, training, administrative processes - with other organizations.
 - Community members are active participants in evaluation efforts.
 - Community members are involved in the program planning.
 - Solicit in-kind support
 - Adequate, stable, and diverse funding
 - Develop and implement a fundraiser
 - Pursue third party funding
 - Apply for grants at either the local or federal level
 - Secure endowments or planned giving arrangements
 - Generate an annual budget
 - Adequate number of qualified, committed members
-

Core Requirements for Strategic Plan

Instructions: **Goals and Objectives:** One Goal and its associated objectives should be developed using the included tables for each intervening variable. To the extent possible, your Goals, Objectives, Strategies and Benchmarks should be developed in the tables for period extending through June 30, 2007 (i.e., now through all of next fiscal year).

Benchmarks for On-going Assessment and Capacity-building Activities can be combined into one table for all intervening variables. Some of your benchmarks will relate to your project as a whole, while some will relate to one or more intervening variables. Please include this as appropriate as part of a brief description of the benchmark.

Evaluation and Monitoring: Please describe any progress to date on developing preliminary evaluation designs.

Questions for Each Intervening Variable: Answer the three questions below for each intervening variable. The attached tables are to be completed as part of this process.

Intervening Variable

1. What specific contributing factors have you identified for this intervening variable?
 2. How have you prioritized among the contributing factors for this intervening variable?
 3. For the strategies selected and included in your strategic plan for this intervening variable, please describe the evidence of effectiveness and your reasons for selecting each strategy (your reasons might focus upon feasibility, effectiveness, capacity, or other factors).
-

INTERVENING VARIABLE: EASY RETAIL ACCESS TO ALCOHOL

Expand this form if necessary to reflect the number of contributing factors you will address.

Goal:

	Objectives and Strategies	Benchmarks/Projected Timeline
<p><u>Contributing Factor</u></p>	<p>Objective 1:</p> <p>Selected Strategies:</p>	
	<p>Objective 2:</p> <p>Selected Strategies:</p>	
<p><u>Contributing Factor</u></p>	<p>Objective 1:</p> <p>Selected Strategies:</p>	
	<p>Objective 2:</p> <p>Selected Strategies:</p>	

INTERVENING VARIABLE: LOW ENFORCEMENT OF ALCOHOL AND/OR DWI LAWS

Expand this form if necessary to reflect the number of contributing factors you will address.

Goal:

	Objectives and Strategies	Benchmarks/Projected Timeline
<p><u>Contributing Factor</u></p>	<p>Objective 1:</p> <p>Selected Strategies:</p>	
	<p>Objective 2:</p> <p>Selected Strategies:</p>	
<p><u>Contributing Factor</u></p>	<p>Objective 1:</p> <p>Selected Strategies:</p>	
	<p>Objective 2:</p> <p>Selected Strategies:</p>	

INTERVENING VARIABLE: EASY SOCIAL ACCESS TO ALCOHOL

Expand this form if necessary to reflect the number of contributing factors you will address.

Goal:

	Objectives and Strategies	Benchmarks/Projected Timeline
<u>Contributing Factor</u>	Objective 1: Selected Strategies:	
	Objective 2: Selected Strategies:	
<u>Contributing Factor</u>	Objective 1: Selected Strategies:	
	Objective 2: Selected Strategies:	

INTERVENING VARIABLE: LOW PERCEIVED RISK OF BINGE DRINKING AND/OR DRINKING AND DRIVING

Expand this form if necessary to reflect the number of contributing factors you will address.

Goal:

	Objectives and Strategies	Benchmarks/Projected Timeline
<u>Contributing Factor</u>	Objective 1: Selected Strategies:	
	Objective 2: Selected Strategies:	
<u>Contributing Factor</u>	Objective 1: Selected Strategies:	
	Objective 2: Selected Strategies:	

INTERVENING VARIABLE: SOCIAL NORMS ACCEPTING/ENCOURAGING BINGE DRINKING OR DRINKING AND DRIVING

Expand this form if necessary to reflect the number of contributing factors you will address.

Goal:

	Objectives and Strategies	Benchmarks/Projected Timeline
<p><u>Contributing Factor</u></p>	<p>Objective 1:</p> <p>Selected Strategies:</p>	
	<p>Objective 2:</p> <p>Selected Strategies:</p>	
<p><u>Contributing Factor</u></p>	<p>Objective 1:</p> <p>Selected Strategies:</p>	
	<p>Objective 2:</p> <p>Selected Strategies:</p>	

INTERVENING VARIABLE: PROMOTION OF ALCOHOL USE

Expand this form if necessary to reflect the number of contributing factors you will address.

Goal:

	Objectives and Strategies	Benchmarks/Projected Timeline
<u>Contributing Factor</u>	Objective 1: Selected Strategies:	
	Objective 2: Selected Strategies:	
<u>Contributing Factor</u>	Objective 1: Selected Strategies:	
	Objective 2: Selected Strategies:	

INTERVENING VARIABLE: LOW OR DISCOUNT PRICING OF ALCOHOL

Expand this form if necessary to reflect the number of contributing factors you will address.

Goal:

	Objectives and Strategies	Benchmarks/Projected Timeline
<u>Contributing Factor</u>	Objective 1: Selected Strategies:	
	Objective 2: Selected Strategies:	
<u>Contributing Factor</u>	Objective 1: Selected Strategies:	
	Objective 2: Selected Strategies:	

SPF Benchmarks: On-going Assessment and Capacity-building activities, May – June 2006

MAY – BENCHMARKS (Assessment, Capacity)	JUNE – BENCHMARKS (Assessment, Capacity)

SPF Benchmarks: On-going Assessment and Capacity-building activities, July – Sept. 2006

JULY – BENCHMARKS (Assessment, Capacity)	AUGUST – BENCHMARKS (Assessment, Capacity)	SEPTEMBER – BENCHMARKS (Assessment, Capacity)

SPF Benchmarks: On-going Assessment and Capacity-building activities, Oct 06 – June 07

OCT-DEC '06 – BENCHMARKS (Assessment, Capacity)	JAN-MAR '07 – BENCHMARKS (Assessment, Capacity)	APR-JUNE '07 – BENCHMARKS (Assessment, Capacity)

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Evaluation and Monitoring

Describe any progress in developing your local evaluation and monitoring plan. What data elements do you anticipate monitoring over the life of the project to (1) monitor assessment process, (2) monitor impact upon intervening variables, and (3) measure project outcomes?