MassCALL3–Part A:

Community Engagement and Capacity-Building Guidance Document

August 2021

TABLE OF CONTENTS

INTRODUCTION

This guidance document is a resource for municipalities, individuals, organizations, community coalitions, and other groups who received MassCALL3–Part A funding to prevent substance misuse among youth in the Commonwealth. The MassCALL3–Part A initiative is part of a comprehensive approach to addressing substance misuse in Massachusetts. It is intended for communities with limited or no existing capacity and infrastructure to implement a systematic public health planning process and a comprehensive set of evidence-informed prevention programs, policies, and practices.

Specifically, MassCALL3–Part A funding is intended for:

- Cities and towns that did not formerly receive funds under the Substance Abuse Prevention Collaborative (SAPC) or the Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) initiative

- Cities and towns that were part of a SAPC- or MOAPC-funded initiative but were not the lead

- Youth-serving entities or organizations that were not currently the lead in a MOAPC or SAPC initiative cluster

MassCALL3–Part A aims to build local capacity and readiness to engage in a comprehensive strategic planning process to prevent youth substance misuse. With this funding, awardees are expected to accomplish the following:

- Build and/or enhance local prevention capacity and infrastructure by making progress on at least one of the first three steps of the Substance Abuse Mental Health Services Administration (SAMHSA's) Strategic Prevention Framework (SPF): assessment, capacity, and planning.

- Increase local readiness and capacity to apply all five steps of the SPF or a related evidence-informed public health planning model

- Put into place a comprehensive set of evidence-informed prevention programs, policies, and practices for the future

ABOUT THIS GUIDE

This guidance document is designed to help awardees meet the three stated goals. It provides general descriptions of grant expectations and concrete tools to help awardees meet identified grant benchmarks. The document is divided into three sections:

- **Section 1: Building a Community Team** focuses on strategies for engaging current prevention partners and fostering new ones. This section also offers tips and tools for organizing and running effective meetings during the start-up phase.

- **Section 2: Assessing and Building Resources and Readiness** provides information and tools for assessing and mobilizing the people, programs, and expertise needed to move your prevention efforts forward. It also highlights ways to determine how ready the community is to address priority issues, and strategies for increasing this readiness.

- **Section 3: Exploring Substance Misuse in the Community** presents a process for identifying the target community's specific substance misuse problems, the factors influencing those problems, and the impact of the problems on community members.

Each section contains lists of recommended tools and handouts:

- **Tools** are online resources; a live link is provided.
- **Handouts** are supplemental materials contained in the appendices.

Although this document offers stepwise guidance on developing a community-wide approach to preventing substance misuse, it is not meant to be absorbed all at once. Instead, it is meant to be a "go to" reference that you can return to again and again as your prevention efforts evolve.

ELEMENTS OF A COMMUNITY-WIDE APPROACH

Unfunded single municipalities, clustered single municipalities, and youth-serving organizations who receive MassCALL3–Part A funding can address substance misuse in their communities through a community-wide approach. Community-wide prevention efforts can do the following:

- Address the root causes of substance misuse, including trauma, mental health, and harmful social norms.

- Provide adolescents and young adults with the supports that they need to make healthy choices and decisions.

- Break the cycle of intergenerational trauma through community supports and prevention services.

Over the past 30 years, prevention research has demonstrated the effectiveness of community-wide efforts in addressing substance misuse. This prevention approach involves diverse social systems, including families, communities, and cities & towns.

The following elements are essential to a successful community-wide prevention approach:

- **Diverse representation.** Community-wide prevention requires the energy, expertise, and experience of multiple partners, working together across disciplines. By involving individuals who reflect the target community's diversity, you are more likely to develop prevention services that meet the community's genuine needs, build on its strengths, address historical factors influencing substance misuse and related problems, and produce positive outcomes. This guide can assist you in identifying potential partners who reflect the various cultural and social identity groups in the community and in developing approaches for culturally and linguistically responsive outreach and retention.

- **An understanding of the root causes of substance misuse and associated problems.** Communities need to understand the root causes of substance misuse and its associated problems, including the role of racial inequities. Involving representatives from communities that are disproportionately affected by these problems is critical to understanding the impact of racism on substance misuse and to identifying appropriate strategies for addressing and correcting these inequities.

- **Collaboration** Prevention research teaches us that substance misuse is a complex social problem and that no single strategy is effective on its own. To address a community's myriad substance misuse issues, prevention coalitions must systematically reach multiple populations across multiple settings using multiple strategies that are coordinated and owned by community partners. Developing collaborations across diverse community partners helps to ensure that the community resources needed to support prevention efforts are available and that the community fully embraces a

selected prevention approach. This guide provides resources and tips for promoting and maintaining collaborations among partners.

- **An organizational structure.** Having a well-developed organizational structure in place helps to promote and foster collaboration because it provides a home base from which to coordinate and organize the work. Some of you are using an existing coalition to move your prevention efforts forward and some of you are developing a new coalition from the ground up. The prospect of creating this structure may seem overwhelming, so think in terms of "baby steps." For new coalitions, the organizational structure can be simple—for example, a monthly meeting that partners take turns hosting.

Several public health-related planning models are used in substance misuse prevention. One of the best known and most established is SAMHSA's Strategic Prevention Framework (SPF). Developed more than two decades ago, this five-step framework has been used to guide prevention efforts in all 50 states and hundreds of communities. (See *Appendix 1: The Strategic Prevention Framework—An Overview* for more on the SPF.)

SECTION 1: BUILDING A COMMUNITY TEAM

Implementing a substance misuse prevention planning process at the community level is not a task that one person or agency should do alone. If a prevention coalition already exists or there is a group in the community that can assume the task of prevention planning, your process can begin there. If there is no existing coalition in the community, your first step is to form a core planning team of a few key people—those who have a "stake" in your efforts—who will work together to identify and address the target community's substance misuse prevention priorities and needs. Be sure to include members of different population groups in the community, especially those who are affected by substance misuse-related issues directly and those who are (or whose communities have historically been disenfranchised).

Whether you have an existing coalition or are building a new one, your initial planning team should include both formal and informal leaders from the various cultural and ethnic groups in the community, as well as those already providing behavioral health prevention services and those with expertise you may need. You will begin this prevention planning process with a core team of dedicated stakeholders. Over time, your coalition will likely expand to include new members.

ADHERING TO BASIC PRINCIPLES OF COLLABORATION

Understanding some basic principles of collaboration will help you develop the relationships needed to plan, implement, evaluate, and sustain prevention efforts, and to deepen these relationships over time. These principles include the following:

- **Successful collaboration is intentional and relational.** Engaging necessary partners, and keeping them engaged, requires deliberate and strategic planning. You will want to be clear on the purpose of the collaboration, determine your partners' role in achieving that purpose, and establish clear roles and responsibilities for all involved. Over time, you will also want to check in regularly with partners to ensure that the relationship continues to meet everyone's needs. Even those collaborative relationships that begin easily and organically need to be nourished to stay healthy.

- **Collaboration requires flexibility.** Partnering with new stakeholders sometimes means working in new ways. You may need to hold meetings at different times to accommodate the schedules of new partners, communicate in new ways, or approach decision-making with an

eye toward ensuring that all points of view (particularly those of new partners) are considered. Though change may feel scary (or at least disruptive) at first, considering and responding to the needs of new partners shows that you value their participation and contributions.

- **Collaboration requires respect.** Coalition members are experts on their community and what fosters its meaningful development. As a coordinator, your primary role is to engage coalition members in a thoughtful and shared decision-making process that acknowledges and centers the voices of people with lived experience.

- **For collaboration to thrive, all parties must benefit.** You may know why you want a specific stakeholder on your team, but unless *they* see and understand how they benefit from collaborating, the partnership is likely to be short-lived. Are you working towards a shared vision? Can you provide them with access to data? Specialized prevention knowledge? Increased credibility? A platform for bringing their needs and concerns to a broader set of stakeholders, or opportunity to help ensure equitable distribution of prevention resources? When reaching out to new partners, be explicit about what you have to offer and be ready to communicate how, by working together, you can more effectively address shared prevention priorities.

- **Collaboration is not one size fits all.** Each collaboration is unique, driven by purpose, need, and the readiness of partners to engage. Moreover, collaborative relationships—like all relationships—are likely to evolve and change over time. There's no "right" way to collaborate or one level of collaboration that will be appropriate for all partners. What is most important is that all partners understand and agree on the level of involvement expected of them and how they are expected to contribute.

EXPLORING THE COMMUNITY

To ensure that your planning efforts reflect the community's unique character and culture, you must develop an accurate understanding of who lives, works, plays, and learns there. You will also need a clear understanding of the nature of substance misuse in the community. Here are some ways to collect this information:

- **Review demographic data.** Census data can provide your planning team with information about the community's composition, including race and ethnicity, languages

spoken, economic status, education level, and ages. To gain a better understanding of what these data are telling you, you can compare your data to neighboring communities, the state, and the nation.

The Massachusetts Regional Indicator Reports are another source of demographic data. To use these reports, you will need to determine the region where the community is located and review the report for that region.

When collecting community data, make sure to identify those population groups that are vulnerable to behavioral health disparities and health inequities, and that you have collected data on substance-related needs for these populations. Information on these populations may be missing from existing data sources, so take time to gain approval from and engage community members in collecting new data to fill the gaps. Value the merits of qualitative data, including anecdotal data and personal stories. The Massachusetts Population Health Statistics: Race and Ethnicity Reports provide useful information on racial and cultural populations in the community.

- **Collect preliminary substance misuse information.** Community-level substance misuse data will give you an overall understanding of the problem, which will allow team members to communicate effectively about this issue when recruiting new partners. (Section 3 provides more detailed information about conducting a comprehensive assessment of a community's substance misuse problems.)

A simple way to learn about substance misuse in a community is to look at articles and editorials in the local newspapers. You can also do an Internet search using the terms "substance use" and "substance misuse" and the community's name. This will bring up articles, reports, social media posts, and websites related to this issue. When conducting a Web search, check the dates to ensure that you are looking at up-to-date information.

The Importance of Multiple Perspectives

It is often said, "Many hands make light work." Another important concept is, "Nothing about us without us!" In other words, everything we do in prevention should include the **meaningful participation** of groups affected by the community's substance misuse issues and our related prevention efforts. Incorporating many perspectives into your team will help to ensure that you develop a complete picture of the community and its needs

You can also look at existing state-level data. The Massachusetts Office of Data Management and Outcomes Assessment website provides access to several health-related data sets from the Massachusetts Department of Public Health that can help you understand substance misuse in the community. For example:

o The Massachusetts Youth Health Survey is an anonymous survey conducted every two years that asks Massachusetts youth about their health status and risk and protective factors. The pending 2015 and 2017 reports will include information on substance misuse prevention initiatives undertaken by state and community agencies.

o The Behavioral Risk Factor Surveillance Survey system (BRFSS) Statewide Reports and Publications offers a profile of the health of Massachusetts adults, including information on substance use.

Remember, at this "getting started" stage of prevention planning, the purpose of looking at these data is to gain a general understanding of substance misuse in the target community. A more detailed and thorough examination of substance misuse will occur later in the planning process and is discussed in greater detail in Section 3.

IDENTIFYING AND ENGAGING POTENTIAL PARTNERS

You'll need to identify and engage potential partners who may be missing from your planning team. SAMHA has identified 12 community sectors that should be involved in efforts to prevent youth substance misuse. These are:

- Parents and caregivers
- Schools
- Young people
- Youth-serving agencies
- Faith communities
- Public Safety
- Local businesses
- Media
- Neighborhood and cultural associations
- Healthcare
- Public health agencies
- Other prevention agencies

Examine your existing planning team to determine which sectors are already represented and which sectors you will need to reach out to.

When thinking about existing and potential partners, consider how the social determinants of health overlay with the sectors you are engaging. How might different partners help you address each of the social determinants of health presented below? Are there opportunities to enhance your current partnerships to better address these determinants?

- **Economic Stability**. Which partners or agencies address needs or opportunities related to income, food insecurity, housing , and employment? Which populations are you not reaching in your community by not engaging these partners?

- **Education.** Which partners address not just K-12 education, but support access to education more broadly, such as through tutoring or early childhood childcare? With whom can you partner to improve access to good education? How can you support their work and connections across community partners?

- **Healthcare**. Which partners support access to quality healthcare? Which populations are accessing these services, and which are not? What types of healthcare are not being accessed by specific populations, and why? Which community entities are addressing these access issues?

- **Neighborhood.** Which partners represent which neighborhoods, and which neighborhoods aren't represented in your collaborations? Neighborhood partners may include community centers and neighborhood or housing development associations. They may also include faith communities and other entities that address housing access.

- **Social/Community Context**. Which partners are key to ensuring that the voices of all populations are represented in your work? Whose voice is missing? How will you ensure that you understand their priorities? Some examples of partners who may help in this area include organizations that work with incarcerated families, faith communities, and community-engagement organizations such as Black Lives Matter entities.

Establishing a diverse and representative prevention coalition, inclusive of those who have and continue to disproportionately bear the burden of substance misuse and its consequences, requires deliberate and strategic planning. Here are some things to keep in mind as you work to builds a truly representative coalition:

- **Consider the level of involvement needed.** Not all partners need to be integrally involved in all aspects of planning and coalition functioning. Depending on their

relevance to the issue your coalition plans to address, it may be more appropriate to call on some partners only as needed—for example, to help spread the word about upcoming events. Consider how important the individual organization's participation is for a particular task. For example, if your focus is on preventing drinking and driving, pediatricians would probably be more peripheral to your prevention efforts (though you would want to keep them in the loop). However, if your focus is on non-medical prescription drug use among youth, medical professionals are key collaborators in your efforts.

If a potential partner is not yet ready to become deeply involved in your work, accept them at the level at which they feel comfortable; you can slowly encourage them to become more involved over time.

- **Do your homework.** When developing relationships with different partners, strive to understand their experience within the community. In what ways have they engaged with other partners to solve community problems, and what was that experience like? Were they treated as valued and full partners? Did they experience disenfranchisement? What other community partners do they traditionally work with?

- **Ensure that your planning team is culturally inclusive.** When considering recruitment, it is important to ensure that team membership reflects—or can at least tap into—the diverse *cultures* within your community, including different religions, races/ethnicities, gender identities, sexual orientations, ages, and socioeconomic groups. Culture has a profound influence on individuals' attitudes, beliefs, and behaviors. Ensuring culturally diverse representation on your coalition is critical to fully understanding prevention-related needs and strengths, and to ultimately identifying prevention programs and practices that are relevant to, appropriate for, and most likely to produce meaningful outcomes in your community. In particular, prioritize representation from groups that are directly affected by substance misuse-related issues, groups that have historically been disenfranchised, and groups experiencing socioeconomic disadvantages. These folks know the most about the problems they are experiencing and can be a strong voice regarding the need for prevention services. It is imperative that members of the focus population—the group most in need of prevention services—be part of your prevention planning from the beginning and throughout the entire planning process.

- **Reach out to influencers.** A common mistake made by coalitions is to recruit people who are members of community sectors but who are not *influencers*—people who are capable of influencing the opinions, thoughts, and actions of others in their sector. For example, a parent who is an active and beloved member of their school, church, or community center is more likely to be an influencer than a parent who is not connected to any of these groups.

- **Remember that no one individual can speak for an entire group.** For example, a single youth could not and should not be considered a spokesperson for all youth in the target community. Instead, youth membership should include representation from all the different youth subgroups (e.g., cultural, religious) present in the community.

- **Make a personal connection.** Most recruitment efforts are best done informally, outside the office—over coffee, for example. It often helps to have an intermediary—someone the potential member knows and respects—join your initial recruitment conversation. If the potential member is hesitant to commit, invite them to simply attend a coalition meeting. If they are part of an organization, ask them to make a brief presentation to the coalition about the services their organization provides or to briefly share their experience with or interest in substance misuse prevention. Connect the potential member with others in the coalition who have similar interests. Follow up with a personal thank-you and invite the potential member to the next meeting.

When inviting new members, be clear about the purpose of the collaboration, determine how goals will be attained, and establish clear roles and responsibilities for all involved. Keep in mind that it is important to build relationships with stakeholders who support prevention efforts as well as with those who do not. It is also important to recognize that potential community partners will have varying levels of interest and/or availability to get involved. One person may be willing to help with a specific task, while another may be willing to assume a leadership role. As people come to understand the importance of prevention efforts and see the benefits, they are likely to become more engaged.

BENCHMARK: Develop a new local coalition comprising representatives from the 12 community sectors or expand and enhance an existing partnership or coalition with additional representatives from a minimum of 4 of the 12 sectors.

TOOL: [Worksheet: Identifying New Partners](#)
TOOL: [Growing Your Collaboration: Preparing for Recruitment](#)
TOOL: [Tips for Successful Recruitment](#)
HANDOUT: Appendix 2: Levels of Involvement

BENCHMARK: Appropriately engage with the cultural and linguistic tapestry of individuals living within the target community.

TOOL: [Racial and Health Equity Tool for Ensuring Representation](#)
TOOL: [Collaborating with Diverse Partners](#) (podcast)

RUNNING EFFECTIVE MEETINGS: BEGINNING YOUR ORGANIZATIONAL JOURNEY

A popular phrase in coalition development is "building the car while you drive"—in other words, developing the organizational structure over time, in collaboration with your new partners. What this also means is that you will not have your structure entirely in place when you begin your work together.

Here are some tips for organizing your meetings during the start-up phase (before you've fully fleshed out your coalition's structure) to keep new members engaged, on track, and committed:

- **Clarify expectations.** When you first form a new group, members may not have a clear sense of what you want from them or how you would like them to contribute. The more clarity you can provide regarding expectations for participation, the more comfortable new members will be speaking up and participating. Providing a meeting agenda is great, but you should also note whether each item implies a discussion, a brainstorming session, or simply an update. Also, be sure to include action items at the end of each meeting specifying individual next steps. This will help to ensure that work moves forward between meetings.

- **Include time to meet members' needs.** As much as we need to pay attention to the goals we are trying to achieve, we also need to focus on the needs of the people doing the work. People like to attend meetings where they receive "value added," such as an opportunity to network, obtain new information, or share updates on their own work. Canvas members to find out what will make the meetings meaningful for them. This will increase both their satisfaction with the process and the likelihood that they will continue to participate.

- **Keep communication flowing.** As your coalition begins to take shape, it is particularly important that members have a clear sense of the team's progress. Many of us have left groups because they were not effective in addressing the problem they were created to solve or because they never took any action for change. You won't have any major successes right away, so the start-up work of the coalition needs to feel concrete. Make sure to share with members all written materials that reflect the team's decisions and activities.

- **Engage new members in running the meetings.** Team meetings are an opportunity to strengthen relationships and team cohesion. One way to do this is to give each member a role in organizing and running the meetings. For example, you can appoint a different member to co-lead each meeting with you, and work with that person to craft the agenda ahead of time. Members can be note-takers and timekeepers, facilitate an icebreaker (especially in the early stages, when people are still getting to know one another), choose a reading or an inspiring quote to open or close the meeting, and/or take the lead on a particular section of the agenda. Though you may have staff to fulfill some of these roles, consider leaving space for members to assist.

- **Look for opportunities to succeed and celebrate every success.** Choose one or two initial activities that are doable and easy to achieve, such as holding a public awareness event or sending an e-blast to local stakeholders to introduce the coalition and its goals and share with the team any feedback you receive from the community. Not only will this help keep your momentum going but it will also demonstrate to the team that yours is an "action" versus an "all talk" agenda.

BENCHMARK: Convene a coalition meeting at least bi-monthly for the duration of the project.

TOOL: Meeting Agenda Templates

TOOL: Sample Meeting Agenda

TOOL: Meeting Minutes Template (Sample)

SECTION 2: ASSESSING AND BUILDING RESOURCES AND READINESS

A community's capacity to develop and implement substance misuse prevention efforts includes both its *available resources* and the *readiness of the community* to address identified substance misuse problems. An easy way to remember this is the formula below:

Resources + Readiness = CAPACITY
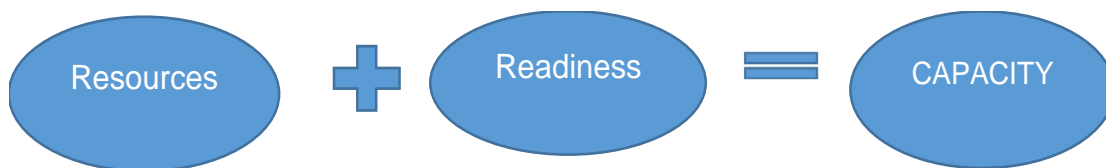
WHAT IS A RESOURCE?

As noted in Section 1, the success of any substance misuse prevention effort depends on the meaningful participation of a broad range of community stakeholders. Therefore, "people" (e.g., staff, volunteers) are one critical prevention resource. Other resources include the following:

- Specialized knowledge and skills (e.g., prevention expertise)
- Community connections (e.g., access to priority population groups)
- Concrete supplies (e.g., money, equipment, technology)
- Community awareness about local substance misuse problems
- Existing efforts to address those problems (e.g., policies, ordinances, legislation)

As your coalition begins shaping its prevention efforts, knowledge of the resources you do (and do not) have should inform your decision-making. For example, imagine a community where the school superintendent and local public health are very engaged in coalition activities, and then imagine another where these key stakeholders are not engaged. It is much more feasible for the first community to pursue school-based prevention and public health strategies because local public health and the school system are involved—and it will be impossible for the second community to do so until they forge strong relationships with those sectors.

ASSESSING RESOURCES

Every community has a unique set of resources that it can contribute to prevention efforts. A *resource assessment* is a deliberate process that coalitions use to catalogue the resources they have at their disposal and those they will need to cultivate.

Resource assessments start with collecting information. There are several ways to do this, for example:

- **Talk to existing partners.** They are the experts on the services they provide and the people they serve. They are also likely to know a lot about the constellation of service organizations and sectors with whom they interact. They can provide you with contacts and critical introductions and may be able to directly assist you in collecting the information you're seeking.

- **Conduct informant interviews.** One-on-one meetings with select community members can generate important information about the services and programming they provide and allow you to glean insights into their perspectives on and experience with issues important to the coalition.

- **Implement a resource survey.** Poll key stakeholders on their available resources.

Organizing Your Resource Data

Collecting information and discussing community resources to address substance misuse can be an exciting and engaging activity for a new coalition, but it can also feel overwhelming. Many practitioners find it helpful to use a tool to organize the resource information they collect. Appendix 3: Resource Assessment Matrix is one example of a tool you can use to determine existing resources and resource gaps across community stakeholders. You can also adapt this chart to accommodate additional resources and stakeholder groups.

Keep in mind that you are not limited to just one approach. You may discover that different approaches will be more (or less!) effective with different audiences and are likely to generate different types of information.

19

Particularly when you are just starting your prevention efforts, two important resources you will want to assess are your partnerships and your organizational structure. People do not always think of these as resources, but they are critical ones!

- **Partnerships.** Section 1 highlighted the importance of assessing your current partnerships and recruiting new members to fill identified gaps. So, why return to this topic again? Because partnership analysis does not happen just once; it is an ongoing process that occurs throughout the life of a coalition. As your coalition grows and evolves, so too will your membership needs. For example, your priorities may shift, requiring the involvement of members from new sectors. Or, individual partners will move on, requiring you to find replacements and cultivate relationships with them.

- **Organizational structure.** This too is a topic that you should assess regularly. Think about organizational structure as akin to your physical health. Many of us engage in preventive actions, such as annual check-ups and periodic health screenings, to detect health problems early. Organizational assessments play a similar role: By detecting potential problems early on, they help to maintain a coalition's health. Coalition assessment tools review a variety of organizational components, such as membership and leadership, to determine areas that may need improvement.

    Keep in mind that assessments are meant to generate information that coalition leaders or members can discuss collectively. They are not meant to be used by a single person to unilaterally draw conclusions or make decisions.

GROWING YOUR COALITION

Your partnership assessment is likely to reveal some gaps that will need filling. But before picking up the phone to start making calls, consider the following:

- **Successful collaboration is *intentional*.** As mentioned above, you will need to be clear on the purpose of the collaboration, your partners' role in achieving that purpose, and the roles and responsibilities of each person involved.

- **A thriving collaboration benefits *all* parties.** *You* may know why you want a specific stakeholder on your team, but until *they* see the benefit of collaborating, it is unlikely that they will want to be involved. When reaching out to new partners, be explicit about

what resources you have to offer, and be ready to communicate how, by working together, you can more effectively address your shared prevention priorities.

- **Collaboration is not "one size fits all."** Each collaboration is unique, driven by purpose, need, and the readiness of partners to engage. Potential community partners will have varying levels of interest and availability to get involved in your coalition. It is important that all partners understand and agree to the level of involvement expected of them and how they are expected to contribute. One person may be willing to help with a specific task, whereas another may be willing to assume a leadership role.

- **Be sure that your coalition reflects the community's cultural, social, and language diversity.** If building a truly representative coalition proves difficult, considering inviting representatives from groups, organizations, or systems associated with different cultural groups, even if there is no overt connection to substance misuse. For example, if the community is home to a new immigrant population, consider inviting someone from an organization representing or serving that community.

ENHANCING YOUR ORGANIZATIONAL STRUCTURE

When most of us look at a newly built house, we rarely consider the network of beams, pipes, and wires that make it habitable and keep it standing. But we do know that once the plumbing backs up or fuses blow, chaos can ensue.

Coalitions are much the same. Few people realize all it takes to keep a coalition functioning smoothly and how important it is to establish a strong organizational structure. Key elements of a healthy organizational structure include the following:

- **Clear mission and vision statements.** A *mission statement* defines your coalition, including the who, what, where, and why of what you do. A *vision statement* captures what you hope will change because of your coalition's work. It is important to engage coalition members in the process of developing these statements, as it will build buy-in and establish that you value member input. It is also important to revisit these statements periodically to make sure that they continue to reflect your priorities and perspectives.

> Understanding the Connection between Mission and Vision
>
> Mission and vision statements go together. Think of your *vision* as your destination and your *mission* as the vehicle you will use to get there. For example, if you want to get to England, you wouldn't take a car—you'd take a plane or boat. Similarly, you'll want to find the most appropriate process (mission) for realizing your vision. **Appendix 4: Developing Mission and Vision Statements** suggests two exercises that can help coalitions develop clear vision and mission statements.

- **A composition that reflects coalition's needs.** *Composition* refers to both how the coalition is structured and how the work is organized. In the early stages, it is standard practice for all coalition members to participate in one large meeting. This helps to generate energy, build momentum, and foster connections among members. Over time these large meetings tend to be replaced (or at least interspersed) with smaller committee meetings where the work gets done. For example, you might have committees on membership, assessment, youth engagement, and development, and a substance-specific group, such as opioid prevention. Committees should emerge naturally from the identified needs of the coalition. Some of these groups may be permanent, and others may be more short-term. A common misstep for new coalitions is to spread the same coalition members across several committees, resulting in member dissatisfaction and burnout. Try not to create more committees than the coalition membership can sustain.

- **Well-defined roles.** A common barrier to joining new groups is concern about the level of commitment expected or required. During each phase of coalition development, it is important to define your expectations for members—both the tasks that need to be done and the amount of time that each is likely to take. In the early stages of a coalition, more coalition work will be done by staff. Over time, as members begin to identify with the group, its mission, and its vision, this balance will shift, and members will take on more responsibility.

Common roles for members include chair, vice-chair, secretary, treasurer, and committee chair. However, there are many informal roles that members can also assume, such as the following:

- **Networkers.** These members can connect you with resources across the community and can assist in developing outreach strategies to specific priority populations.

- **Thought Partners.** These members work with coalition staff to define the issues, interpret data, and make recommendations.

- **Ambassadors.** These members (sometimes called "champions") represent the coalition to the larger community.

BUILDING A HEALTHY COALITION

Here are some strategies for building and fostering a healthy coalition:

- **Promote open communication during meetings.** Create guidelines for participation or "ground rules" that support open, honest, and respectful exchanges. Clear guidelines and ground rules promote a feeling of safety and trust among members and serve to prevent tension and conflicts.

- **Use clear and transparent decision-making processes.** How the coalition will make decisions is one of the first things the group should decide together. Just as oil prevents an engine from seizing, clear and transparent decision-making processes help to ensure that your coalition will not get mired in indecision. This also assures members that their contributions are heard and valued.

- **Be responsive to member needs.** Just as you maintain your car, so too must you attend to the needs of your members. Make sure that members continue to find value in their participation. Provide training and in-services to build needed capacities, ensure that members can contribute in meaningful ways to the coalition's work, and check in regularly with members to gauge their satisfaction with the team (and whether you need to do any tune-ups!).

- **Build members' leadership capacity.** Having coalition members take on leadership roles is beneficial in a number of ways. It ensures that your coalition is not dependent on the involvement of a single individual to move forward, it helps keep members challenged and engaged, and it will vastly increase the sustainability of your prevention efforts.

- **Regularly assess your progress.** Revisiting project goals and associated roles and responsibilities will help the coalition stay on track and avoid long detours. Keep in mind, however, that the shortest path to getting somewhere is not always the smoothest or most scenic. Remember that the journey should also be fun and fulfilling. Acknowledge *all* member contributions and celebrate your progress along the way.

ASSESSING AND BUILDING READINESS

Readiness describes the motivation and willingness of a community to commit local resources to addressing identified substance misuse needs. Factors that affect readiness include:

- Knowledge of substance misuse
- Knowledge of the best ways to address needs related to substance misuse
- Existing efforts to address substance misuse, including the degree to which these efforts may disproportionately affect specific populations
- Availability of local resources
- Support of local leaders, including both 'mainstream' and traditionally marginalized or informal leaders
- Community attitudes toward substance misuse and its root causes
- Historical impact of marginalization and racism on attitudes and perceptions of substance misuse
- Community attitudes toward and outcomes of historical efforts to address substance misuse

Readiness assessments should reflect the preparedness of the community sectors that will be involved in addressing the priority needs and/or will be affected by it. To do this, practitioners must engage in a culturally competent assessment process that includes representatives from across community sectors. A thorough capacity assessment should include information about:

- The cultural and ethnic makeup of the community
- How the identified needs are perceived among different sectors of the community (including residents and those directly experiencing or affected by the issue)
- Sectors and/or group who have been engaged in previous prevention efforts
- Existing barriers to participation in prevention efforts

To assess readiness for prevention, it is often helpful to speak, one-on-one, with local decision-makers and public opinion leaders. Think carefully about who from your team should conduct these conversations; it should be someone with whom the interview subject will feel comfortable speaking openly and honestly. If individuals with access to critical prevention resources are not initially supportive of or invested in prevention efforts, then it will be important to find ways early on to better understand their concerns and work toward increasing their level of readiness.

INCREASING READINESS BY INCREASING AWARENESS

Educating stakeholders and other community members about substance misuse and prevention is important for many reasons. Stakeholders may be less invested in addressing substance misuse because they lack a full understanding of the issue and its impact on their community. Therefore, one way to address low community readiness and to engage potential partners is to raise awareness of both the problem and the need for prevention and health promotion. The more deeply that community members are engaged in the issue, the more this will ensure that your prevention efforts are sustained over time.

Coalitions can use a variety of mechanisms to raise awareness of the local substance misuse problem, for example:

- Presentations to key community stakeholders, such as the school committee, local newspaper, and chambers of commerce

- Town hall meetings that bring together community leaders and community sectors to learn about and discuss substance misuse in the community

- Media campaigns that highlight key facts about substance misuse in the community

BENCHMARK: Identify and mobilize resources in the community to establish and maintain a community prevention system that can identify and respond to community needs.

BENCHMARK: Identify gaps in substance misuse prevention resources and the infrastructure needed to address these gaps.

TOOL: [Tips for Conducting Key Informant Interviews](#)
TOOL: [North Carolina Coalition Self-Assessment Tool](#)
TOOL: [ATHENA Forum Coalition Self-Assessment Tool](#)
TOOL: [Tools to Assess Community Readiness](#)
HANDOUT: Appendix 3: Resource Assessment Matrix
HANDOUT: Appendix 4: Developing Mission and Vision Statements

SECTION 3: EXPLORING YOUTH SUBSTANCE MISUSE IN THE COMMUNITY

To change a problem locally, you must understand it. Only then can you determine the best way to solve it.

Therefore, to effectively address youth substance misuse in your community, you must develop a clear picture of what the issue looks like in your community. You can do this by conducting a community assessment. A community assessment will help you understand:

- The nature of the youth substance misuse in the community (e.g., which substance are being used, who is using, where) and its effects on the community
- What factors are contributing to youth use
- What factors are protecting youth from using
- Community capacity (resources and readiness) to address these factors and/or prevent these consequences, including readiness and available resources.

Here are a few things to know about community assessment:

- **It is essential!** A thorough community assessment is a critical component of any prevention plan. Without a full and complete picture of the youth substance misuse-related issues and assets in the community, your prevention efforts may not align with the actual problems—and you may spend a lot of time and energy implementing prevention strategies that are not on target and will not produce the positive changes you want to accomplish.

- **It requires broad community participation.** As with everything we do in prevention, assessment activities are most successful when they involve diverse community partners. As you assemble your community team, you will establish a group of committed stakeholders and partners to support your efforts who bring a wide variety of experiences, perspectives, and voices to the table. These individuals (and their organizations) can play important roles in helping you find, collect, and analyze substance misuse-related data so that you can better understand the problems the community faces. Some community partners may be able to give you access to data collected by their organization; others might help you find existing data at the local,

state, or national level; and others might have the skills you need to analyze the data you collect.

- **It shouldn't focus just on risk.** All too often, coalitions focus exclusively on the negative factors contributing to local substance misuse problems, overlooking the wealth of supports present in every community that protect against misuse. This approach can lead to victim-blaming, sweeping generalizations, and the perpetuation of myths, stereotypes, and assumptions about particular groups or populations. In contrast, an asset or strengths-based approach to prevention recognizes and seeks to reinforce the protective factors that support health and well-being.

MAPPING ASSETS

One way to identify a community's assets is through **asset mapping.** According to the Planner's Playbook:

Community-based asset mapping provides information about the strengths and resources of a community, illuminating factors that help communities survive and thrive. Once identified, these assets can help uncover or become part of potential planning solutions to address inequities and foster community health. Community assets might include schools, parks, community centers, hospitals or community clinics, churches or other religious institutions, or other community organizations. Community assets can also include informal supports such as volunteers.

TOOL: **Participatory Asset Mapping**
TOOL: **Participatory Community Building Guidebook**

- **It ensures that you make decisions based on information, not speculation.** Before you embark on conducting a community assessment, give your team members the opportunity to share their own ideas, experiences, and observations about the types of problems they are seeing in the community. It's important to give community members a chance to voice their opinions and to listen attentively to what they have to say.

During the assessment process, you may collect data that validates the community members' understanding of the problems—and you may also collect data that contradicts their perspectives or provides additional context that gives you a clearer and more comprehensive picture of the problems. Conducting an impartial assessment ensures that you define the community's problems based on objective information and that you do not make decisions based on your (or your team's) assumptions.

In examining youth substance use through a health equity lens, you are likely to identify factors associated with the problem that are rooted in the social determinants of heath, including but not limited to racism, poverty, and reduced access to education, housing, and food. While the MassCALL3–A award requires communities to focus on substance-related outcomes among youth, it is important to document these broader variables and, when possible, develop strategies that both correct inequities and reduce substance misuse in the process (e.g., ensure that school-based zero tolerance policies offer supports/intervention rather than simply penalizing students, and that they aren't disproportionally applied to students of color).

QUESTIONS TO CONSIDER REGARDING YOUTH SUBSTANCE MISUSE IN THE COMMUNITY

Imagine that a new illness broke out among the young adults in your community. What would you want to know about that illness so you could start developing a plan to address it? You might want to know what type of illness it is—is it serious or mild? You might be curious as to whether the illness affects youth who only live in a certain part of town or go to a specific school. You might want to know if any particular groups of young people are more affected— for example, teens who are LGBTQ+ or who are new to the community? Is the illness unique to your town, or are other communities experiencing it too? Is this happening across your state? Across the country?

These types of questions, called *assessment questions*, can help you better understand the patterns of youth substance misuse in your community. Prevention efforts are most successful when practitioners use data to identify the exact youth substance use problems they are designed to address. So, what are some questions that you want to answer about youth substance use? What do you already know? What do you still need to find out? The answers to these questions can help your team identify the community's specific substance misuse-related

problems. To obtain these answers, prevention practitioners rely on data collected during their assessment process.

Below are some potential questions for your team to consider:

- **What are the common substances of first use among youth in the community?** Alcohol? Marijuana? Something else?

- **Does the issue pertain directly to the amount or rate of the substance being used or consumed** (e.g., alcohol use rates) or to the consequences of that use (e.g., motor vehicle crashes due to alcohol-impaired driving)?

- **How big of an issue is it? How many young people in the community are being affected?** Understanding *how* youth are using (i.e., consumption patterns) will help you determine where to focus your prevention efforts. For example, if you discover that most young people are engaging in binge drinking, you will want to focus your efforts on understanding why, and then changing this behavior.

- **What kinds of consequences are associated with the issue? How severe are they?** (*Severity* refers to the size and seriousness of a particular issue's consequences.) Determining the severity will inform the timeline and urgency of the response. A short-term response may be necessary to implement as your program identifies a more sustainable long-term prevention strategy.

> ### Primary vs Secondary Prevention
>
> While it is important to understand the consequences of youth substance use in your community, communities awarded MassCALL-A funding are charged with identifying and implementing primary prevention strategies.
>
> Primary prevention aims to "prevent disease or injury before it occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviors that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur."
>
> In comparison, secondary prevention aims to reduce the impact of a disease or injury that has already occurred.

- **Who is most affected by the issue?** Are certain groups of young adults more affected than others? Your assessment data can help you identify whether some groups (e.g., young people of a certain age, race, ethnicity, gender identity, or sexual orientation; youth belonging to a specific cultural group) are disproportionately affected. These *health disparities*—differences in health outcomes between groups—are present in many communities. Unearthing them is an important part of the assessment process.

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Understanding Health and Behavioral Health Disparities

Health Disparities are health differences that are closely linked to social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Behavioral Health Disparities are differenced in substance misuse outcomes linked to social, economic, and/or environmental disadvantage, which adversely affects a population or group.

Reducing behavioral disparities is key to preventing substance misuse.

HANDOUT: Appendix 5: SPF Guiding Principle: Cultural Competence, Humility, and Responsiveness

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- **Have the problems or consequences changed over time?** Are they getting better or worse? Looking at data across multiple points in time can help you identify progress or success.

- **What prevention resources are in place to address the issue?** How do they compare to other communities and/or to the state as a whole? Is this community more or less like other comparable communities, or are there differences that warrant closer inspection?

LOOKING AT COMMUNITY DATA RELATED TO SUBSTANCE USE AND MISUSE

Many different types and sources of data can be used to guide prevention efforts. It is important for prevention practitioners to understand the different types of data available and the various sources that provide them.

There are two main types of assessment data: quantitative and qualitative.

- *Quantitative data* are typically described numerically; these data show how often an event or behavior occurs or the degree to which it exists. Quantitative data answer the questions "How many?" and "How often?" This type of "hard numbers" data can be analyzed mathematically and used to draw general conclusions about a population, such as the level of youth alcohol use in a community.

- *Qualitative data* help to explain why people behave or feel the way they do. These data answer such questions as "Why?" and "Why not?" and "What does it mean?" Qualitative data are usually described in words or text. They allow you to dig deeper into the numbers provided by your quantitative data by examining a problem or population in greater depth to understand the underlying issues, such as how a community's attitudes toward substance use might contribute to the level of youth alcohol use. Qualitative data can be very useful when communities do not have quantitative data for certain population subgroups, such as people experiencing homelessness, people identifying as LGBTQ+, and members of tribal communities.

To illustrate the difference in these types of data, let's say that you wanted to talk about a cup of coffee in quantitative and qualitative terms. You could describe some of the coffee's attributes—such as its temperature (130 degrees), its size or amount (12 ounces in an 8-inch cup), and its cost ($3.25)—with quantitative data. You could use qualitative data to describe other characteristics, including the coffee's rich brown color, its strong taste and its pleasing aroma.

There are several ways to collect quantitative data, for example:

- **Surveys.** These standardized questionnaires ask predetermined questions and can be administered in person, by phone, or online. Surveys allow you to pose the same questions in the same ways to large numbers of people, which allows you to more readily see trends in the responses.

- **Observation.** Observational data are collected by observing a sample of the population in their natural situations or settings; from these data, inferences to the larger population may be drawn. For example, you could visit all the tobacco retailers in the community to see how many sell marijuana paraphernalia, ask for proof of age. Your scan would return a numerical or quantitative count of how many retailers sell those products.

There are also several ways to collect qualitative data, for example:

- **Surveys.** You can include open-ended response questions on a survey instrument.

- **Key informant interviews.** These one-on-one conversations give community leaders and other important stakeholders an opportunity to share their perspectives on what is happening.

- **Focus groups.** These structured small-group interviews can help you better understand participants' perspectives. You can bring together groups of individuals based on their similar experiences or roles (e.g., residents of a housing complex, first responders, members of the general public) to attain firsthand accounts of what they see as the pressing community issues that need to be addressed.

Both quantitative and qualitative data provide important information to support your assessment efforts. Many communities use a combination of quantitative and qualitative data to create a multidimensional picture of the problems at hand. When there are gaps in the quantitative data available—for example, if you do not have access to survey data about a particular group—qualitative data can be used to fill in some of those blanks.

There are different ways to approach getting the data you need. One way is to collect the data yourself. Data collected from firsthand sources—such as surveys, interviews, and focus groups—are called *primary data*. Primary data can be very useful because you can design the data collection method (e.g., the questions you ask on a survey or during an interview) to ensure that you get exactly the information you need. However, determining exactly what assessment questions you want answered takes both time and expertise. Primary data collection can be both costly and time consuming.

Practitioners often begin their assessment process by collecting data that already exist and are readily available. These data, called *secondary data*, have been collected by other people and

made available for others to use. These data are often publicly available and easy to access and, for these reasons, are usually affordable. But secondary data sources might not be the perfect fit for your needs because they may not answer your specific assessment questions. Secondary data can also become outdated relatively quickly.

Substance misuse-related data exist at the community, state, and national levels:

- State and local data sources include local, county, and state health departments; hospitals and hospital systems; schools, school districts, and state departments of education; local and state law enforcement agencies; and municipal and state-level governmental agencies.

- National data sources include surveillance systems (e.g., BRFSS) and surveys (e.g., National Survey on Drug Use and Health, Monitoring the Future).

When looking at data sources, don't forget to look for data on protective factors, as well as risk factors. For example, in addition to substance use rates, some school districts also collect data on the school climate such as how positive students feel about their school or whether they have a trusted adult to talk to in the school; the same kind of data can also prove helpful in identifying community-assets – do youth feel a sense of belonging in their neighborhood, do they have a trusted adult.

It's also important to challenge assumptions about how "protection" is defined. For example, there is growing evidence that in some communities, participation in cultural activities can protect against substance use—such as Native American youth participating in sweats or taking native language classes. Native American-serving organizations and/or other cultural groups that serve youth in your community may track youth participation in cultural activities. They may be able to share stories that reflect Native American youths level of spirituality or connection to their culture.

TIPS FOR COLLECTING DATA

Here are a few tips to support your data collection efforts:

- **Clarify the purpose of your assessment.** Asking the right assessment questions is key to keeping your data search focused and on track. Determining what you want to accomplish with your assessment will help you clarify the questions you want to answer.

Think back to the assessment questions introduced earlier in this section. Which of those questions do you need the answers to?

- **Start with the data you already have.** It's important to take an inventory of any data you've already collected and the data that are readily available to you, for several reasons:

    o You won't have to start your data search from scratch.
    o Once you know what you have, you can more easily see what you need.
    o This will prevent you from wasting time and effort gathering data you already have or that you do not need.

- **Remember, data collection can be challenging!** You may end up gathering data that do not answer your questions or help you better understand the community's problems. At some point, you might also run out of ideas about what else you need. That is okay! You don't have to figure out it by yourself. Reach out to the stakeholders who have the information, resources, and skills you need to complete your assessment activities.

WHOM TO INVOLVE IN YOUR ASSESSMENT

A comprehensive community assessment cannot happen in isolation. Involving other people from the community in your data-gathering efforts is important for a variety of reasons:

- Community partners might have the data you need—or they might know who does.

- Connecting with community members who serve population groups that experience substance misuse problems will help you better understand that population, the problems, and the related consequences.

- Involving other people builds community support and buy-in for your prevention efforts.

You may want to involve people from the following community agencies, organizations, and sectors:

- Health department
- Local hospitals
- Police department
- Fire department

- Ambulance company
- Schools or the district office
- Local colleges
- Mental health providers

- Treatment providers
- Recovery organizations
- People with lived experience of substance misuse-related issues
- Community organizations or groups serving specific populations (e.g., immigrants, youth) or addressing certain issues (e.g., underage drinking)
- Business leaders
- Active and/or well-connected community members

One very important reason to collaborate with others is so that data can be shared and used by different organizations for assessments, grant applications, and programming.

CONDUCTING A CULTURALLY RESPONSIVE ASSESSMENT

It is important to conduct community assessments with meaningful involvement from individuals who represent all the diverse groups that live, work, play, and learn in the community. Their participation strengthens the assessment process by ensuring that it is sensitive to the values, traditions, languages, and experiences of the community's different cultural groups.

Culturally responsive assessments consider the impact of culture on the individuals and groups being studied, the people conducting the assessment, and the assessment process itself. Here are a few things to keep in mind to help you make sure that your assessment practices are culturally sensitive:

- **Involve community members from the beginning.** Enlist these folks in helping to clarify the goals of your assessment process and what you hope to accomplish together. Identify desired changes and areas for continued growth from the community's perspective in a way that honors and validates their funds of knowledge: their experiences, insights, traditions, observations, and other assets.

- **Consider your data collection methods.** Engage community members to ensure that your data collection methods are appropriate for the groups that you are trying to reach. Involve people who speak the languages within the community to avoid cross-cultural miscommunication and misinterpretation as much as possible. Keep in mind that people who have historically been marginalized may be unwilling to share too much about themselves

- **Be on the alert for health disparities.** When analyzing your data, make sure to look for evidence of health disparities among different populations or cultural groups. Information on these populations may be missing from existing data sources. Qualitative data (i.e., giving people an opportunity to share their stories) can help you determine which groups are experiencing health disparities. Work with community members to collect new data to fill these gaps.

- **Follow up.** Many cultural groups have experienced researchers who collect data from them and never return to share that information. Be sure to communicate your findings and seek the community perspectives on the data you collect.

Ensuring the inclusion of community expertise, feedback, participation, and decision making are critical elements to using a racial equity approach to data use and interpretation. Without this element, programs and practices are likely to fail, or worse, to further reinforce existing inadequate and inequitable power structures.

USING DATA TO DRAW CONCLUSIONS

So, what do you do with your data once you've collected it? It might sound simple, but the first step is to simply **look at** the data. The data will help you better understand the problems in the community and draw some initial conclusions. From there, you can work with your team to determine how best to address the problems.

Analyzing data is a way to think about a problem before trying to act on it. Just like data collection, data analysis is best done in collaboration with others, especially community members with direct experience in working with data and those with a strong understanding of the people behind the data. Engaging your team in this process will ensure that the information collected is interpreted correctly.

When analyzing and interpreting the data you have collected, make sure to do so with input from community members. If you are working with an external evaluator to support your assessment efforts, consider hiring one who is willing to engage in a participatory approach that engages community members in the process. When conducting your analysis, consider the following questions:

- Who from the community is helping to inform the analysis plan? Who will be involved in interpreting the findings?

- Who were your key stakeholders? Did you hear exclusively from people in positions of power—that is from those with the loudest voice?

- How are you weighing the value of different voices? Have you examined biases that may be influencing how you 'hear' different perspectives? What steps have you taken to correct these biases/confront the fact that many of our assumptions are dependent on a system that was built to maintain and sustain inequities?

> ## More on Conceptualizing Data
>
> **The purpose of contextualizing data is to frame data in ways that allow it to be interpreted and understood in the larger context of historical and structural factors at play within communities, rather than focusing solely on individuals**. For example, rather than simply reporting rates of substance misuse among LGBTQ+ youth, explain that LGBTQ+ youth often experience greater levels of social isolation, trauma, and less support, all of which can contribute to substance use as a means of coping with stigma. (Additional details on contextualizing data is included in the *Racial Equity Data Roadmap*.)

- Who is participating in the process? Does your team reflect the diversity of your community?

- What steps have you taken to ensure that participants feel comfortable contributing to the decision-making process?

- How are decisions regarding prioritization being made? Which voices are carrying the most weight and attention?

It is also important to try to *contextualize* the information you have collected. Contextualizing data means providing a narrative that describes the data and the root causes of inequities in the context of historical and current systems of oppression (e.g., racism, sexism).

CHOOSING A PATH FORWARD

Data collected through the assessment process might reveal that the community has multiple substance misuse issues. Because substance misuse problems are often so complex, it might

not be possible to address every identified problem at the same time. Both the number of resources available to a community and its level of readiness will help determine how many problems you can and should address. As a general rule, most communities select between two and four problems to focus on at any given time.

Use the data you have collected to "draw a picture" or "tell the story" of what is happening in the community in regard to substance misuse. Your data will give you a lot of information: What community issues are contributing to the substances being used? Which community issues are the biggest drivers of substance misuse? Who in particular is being affected? Think about what you would tell a neighbor if they asked you about substance misuse in your community.

Once you have the story, be sure to share it far and wide. Communicating your assessment results will help you raise awareness about these issues within the community and may encourage other community members to join your prevention efforts. This will help you grow your community team and help sustain your efforts as you work together to prevent and solve these problems.

BENCHMARK: Collect or retrieve quantitative and qualitative data on substance use or misuse consumption patterns among youth and the consequences of substance use.

TOOL: Primary Data Collection Methods

TOOL: Local, State, and National Data Sources

TOOL: Tips for Analyzing Assessment Data

TOOL: The Data Dive: Episode 1 (Prioritization)

TOOL: Beyond the Numbers: Incorporating Community Voice Through Qualitative Data

HANDOUT: Appendix 6: How to Share Your Assessment Results

APPENDICES

Appendix 1: The Strategic Prevention Framework: An Overview

A brief overview of the five steps of the Strategic Prevention Framework

Appendix 2: Levels of Involvement

Five levels of collaboration to consider when developing relationships with new partners

Appendix 3: Resource Assessment Matrix

A tool for organizing and assessing resources and resource gaps

Appendix 4: Developing Mission and Vision Statements

Sample activities to conduct with a coalition when developing mission and vision statements

Appendix 5: SPF Guiding Principle: Cultural Competence, Humility, and Responsiveness

Key definitions and introduction to BSAS' Racial Equity Data Roadmap

Appendix 6: How to Share Your Assessment Results

Tips for presenting the information you have collected to key stakeholders and partners

APPENDIX 1: THE STRATEGIC PREVENTION FRAMEWORK: AN OVERVIEW

Prevention planners are pressed to put in place solutions to urgent substance misuse problems facing their communities. However, research and experience have shown that prevention must begin with an understanding of **complex behavioral health problems within their complex environmental contexts**; only then can communities establish and implement effective plans to address substance misuse.

To facilitate this understanding, SAMHSA developed the Strategic Prevention Framework (SPF). The five steps and two guiding principles of the SPF offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.

The SPF comprises five steps:

- **Assessment:** Identify local prevention needs based on data (i.e., What is the problem?)

- **Capacity:** Build local resources and readiness to address prevention needs (i.e., What do you have to work with?)

- **Planning:** Find out what works to address prevention needs and how to do it well (i.e., What should you do, and how should you do it?)

- **Implementation:** Deliver evidence-informed programs and practices as intended (i.e., How can you put your plan into action?)

- **Evaluation:** Examine the process and outcomes of your programs and practices (i.e., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each step:

- **Cultural competence, humility, and responsiveness:** The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions, based on their distinctive heritage and social

relationships. The term cultural competence implies that one is capable of meeting the needs of culturally diverse clients. We have come to understand that we do not arrive at cultural competence. We become more efficient at our ability to understand the viewpoints of those culturally different from us when we continue to expose ourselves to different cultures, have conversations, regularly engage in dialogues about diversity and increase our knowledge of specific skills. (For more on cultural competence, humility, and responsiveness, see Appendix 5.)

- **Sustainability:** The process of building an adaptive and effective system that achieves and maintains desired long-term results

APPENDIX 2: LEVELS OF INVOLVEMENT

Different sectors and stakeholders may want or need to be involved in your prevention activities to different degrees. The following table outlines a range of levels of involvement, from none to full collaboration.

Level	Expression	Examples
No Involvement	"You do your thing, we'll do ours."	Stakeholders engage in separate activities, strategies, and policies.
Networking	"Let's talk and share information."	Stakeholders share what they are doing during an interagency networking meeting, discuss community issues in which they all have a stake, and communicate with other organizations about existing programs, activities, and services.
Cooperation	"I'll support your program and you'll support mine—or we can even co-sponsor one."	Partners publicize each other's programs in organization newsletters, write letters in support of each other's grant applications, co-sponsor trainings or professional development activities, and/or exchange resources such as printing and meeting space.
Coordination	"Let's partner on an event."	Stakeholders serve together on event-planning committees or community boards or implement programs or services together.
Collaboration	"Since our missions overlap, let's work together on a comprehensive plan to address the issue."	Participating organizations create a formal agreement (e.g., a memorandum of understanding, a formal contract), develop common data-collection systems across organizations and community sectors, partner on joint fundraising efforts, pool resources (e.g., fiscal, human), and/or create common workforce training systems.

Adapted from: Butterfoss, F. D. (2007). *Coalitions and partnerships in public health*. John Wiley & Sons, Inc.

APPENDIX 3: RESOURCE ASSESSMENT MATRIX

This matrix helps you record and analyze the resources offered by each of your stakeholder groups. You can customize the potential stakeholders and resources to best reflect your community.

The left vertical axis lists sample stakeholder groups, and the top of the chart lists sample types of resources. As you collect information from key informant interviews and focus groups, record it in the chart. When the chart is completed, analyze the results. What are your current assets? Where are your resource gaps?

Stakeholders	Resources				
	Existing programs	Membership in relevant coalition	Access to target populations	Funding for prevention	Expertise
Schools					
Police					
Government					
Courts					
Housing					
Faith community					

Cultural organizations				
Organizations focused on marginalized populations or groups				

APPENDIX 4: DEVELOPING MISSION AND VISION STATEMENTS

These exercises can help coalitions develop mission and vision statements.

MISSION STATEMENT EXERCISE

Place four pieces of chart paper on the walls where all participants can easily access them. They can be next to one another or spread around the room. Write one of the following words at the top of each piece of chart paper: WHO, WHAT, WHERE, and WHY.

Ask participants to consider how they would respond to the following prompts:

- WHO does the coalition target and/or serve?
- WHAT does the coalition do? What is its purpose? What are its goals?
- WHERE is the coalition's geographic region? What geographic area does it serve?
- WHY is the coalition's work important?

Give each participant a marker and ask them to record their responses on the corresponding piece of chart paper.

Ask the group to consider each piece of chart paper:

- Are the responses similar?
- Do any responses seem to contradict each other?
- Are there any concepts or words missing? What would you add?
- Do these answers reflect our coalition's goals?

Go through each piece of chart paper and circle the words or phrases that the group determines best represent the coalition. Tell the group that these words and phrases will be components of the mission statement.

Work as a group to put the defined who, what, where, and why into a sentence.

Optional: At the conclusion of the meeting, ask for volunteers to draft a mission statement based on this discussion and present the draft for discussion at the next session

VISION STATEMENT EXERCISE

Ask the group to imagine that it is five years from now and a reporter is coming to interview them because their coalition has been amazingly successful in developing a community-wide approach to address and minimize the problem of substance misuse. Give each participant paper and a writing implement and ask them to list the types of changes they imagine talking to the reporter about. Give participants several minutes to do this.

Ask participants to share their responses with the group and record their responses on a flip chart. When the final list is compiled, discuss it with the group. Ask:

- What are your general impressions of this list?
- Did any themes emerge?
- Can any responses be combined?
- Is there anything missing? What would you add?

Circle the words or phrases that the group determines best represent the coalition's vision. Work as a group to create a sentence using the circled words. This is your draft vision statement. Ask the group if there is anything they would change or add.

APPENDIX 5: SPF GUIDING PRINCIPLE—CULTURAL COMPETENCE, HUMILITY, AND RESPONSIVENESS

Reducing behavioral disparities is key to preventing substance misuse. Yet doing so can be challenging. First, identifying groups that experience disparities can be difficult, as data on these populations aren't always available. Second, there are no easy solutions: multiple factors contribute to disparities, including but not limited to reduced access to culturally and linguistically appropriate services.

To overcome systemic barriers that may contribute to disparities, prevention practitioners must put culturally responsive practices in place. They must recognize and value diverse cultural identities—such as those in the health beliefs, practices, and linguistic needs of diverse populations. They must develop and deliver prevention programs and practices in ways that ensure members of diverse cultural groups benefit from their efforts.

BSAS is committed to supporting grantees to understand and address behavioral health disparities in their communities, and to integrate cultural competence, humility, and responsiveness into their work. It is essential that grantees recognize the critical nature of racial justice and social equity in promoting and achieving health for all.

KEY DEFINITIONS

Defining key terms is an important first step toward ensuring that all practitioners "speak the same language" when discussing and describing cultural competence and disparities.

- **Bias:** Learned stereotypes and prejudices that operate both consciously and unconsciously, as well as implicitly when interacting with others. It is virtually impossible to live in contemporary U.S. society and not have developed biases.

- **Prejudice:** A preconceived opinion or assumption about something or someone rooted in stereotypes, rather than reason or fact, leading to unfavorable bias or hostility toward another person or group of people.

- **Racism** – A system of oppression based on race that uses institutional power & authority to support prejudices and enforce discriminatory behaviors in systemic ways.
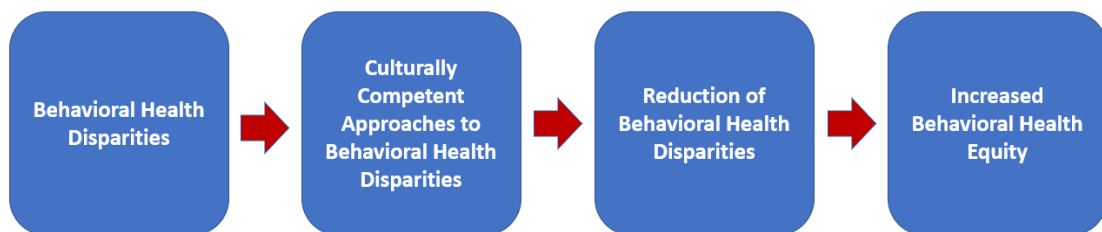
- **Culture:** The languages, customs, beliefs, rules, arts, knowledge, and collective identities and memories developed by members of all social groups that make their social environments meaningful.

- **Cultural Humility:** "The understanding that in order to work with individuals who are culturally diverse, we understand that they are the experts on their culture and thought processes. We remain humble by allowing them to help guide us in the process. This does not assume that the practitioner knows nothing, but that each family is unique and in working with them we view them from a strengths perspective, allowing them to also teach us as we work together towards a common aim."[1]

- **Cultural Responsiveness:** Cultural responsiveness, like the term "cultural competence," promotes an understanding of culture, ethnicity, and language. The difference between the two is that "responsiveness" acknowledges that it is impossible to attain all the skills and views needed to work with culturally diverse communities. No one is entirely "competent." Instead, it assumes that the starting point for competence is having the willingness and openness to adapt to the cultural needs of those with whom we work or serve.

- **Health:** A state of physical, mental, and emotional well-being.

- **Health Disparity:** A health difference that is closely linked to social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Health disparities are often caused by health inequities (see below).

- **Behavioral Health Disparity:** A difference in substance misuse outcomes, linked to social, economic, and/or environmental disadvantage, which adversely affects a population or group.

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[1] Long Island Families Together. What is CLC? Downloaded 8/16/21 from https://www.lift4kids.org/clc/clc_main.html

- **Institutional/Systemic Racism**: The practices that perpetuate racial disparities, uphold white supremacy, and serve to the detriment and harm of persons of color and keep them in negative cycles. Institutional/systemic racism also refers to policies that generate different outcomes for persons of different races. These laws, policies, and practices are not necessarily explicit in mentioning any racial group but work to create advantages for White persons and disadvantages for people of color.

- **Health Equity:** The attainment of the highest level of health possible for all groups. Sometimes our differences and/or history can create barriers to achieving good health. Health equality is not the same as health equity. While *health equality* emphasizes sameness, fairness, and justice by giving everyone the same resources, *health equity* highlights the importance of providing people with access to the resources and opportunities they need to achieve optimal health.

- **Health Inequity:** Differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted social and economic injustice; can be attributed to the social, economic, and environmental conditions in which people live, work, and play, and often produce health disparities.

Equity goes beyond providing access to health care for all individuals and communities; it allocates resources in a way that supports people in reaching optimal outcomes. It demands recognition of the inequities and obstacles faced by some (including poverty, discrimination, and disparities in housing, education, and economic opportunity) and a willingness to address these needs and eliminate these barriers. Most importantly, equity can only be achieved when the values and priorities of the populations most impacted by an issue are integrated into planning and decision-making.

Behavioral Health Disparities	→	Culturally Competent Approaches to Behavioral Health Disparities	→	Reduction of Behavioral Health Disparities	→	Increased Behavioral Health Equity

The goal of practitioners working to prevent substance misuse is to increase behavioral health equity. One of the ways we do this is through our commitment to racial equity.

COMMITMENT TO RACIAL EQUITY

Racial equity means being aware of and considering past and current inequities, and providing all people, especially those who are most impacted by racism, the support needed to thrive. While achieving racial equity has always been a priority for MDPH-funded programs, this commitment has especially come to the forefront in the face of the increased awareness and acknowledgement of institutional racism and violent practices of law enforcement, combined with the disproportionate impact of COVID-19 on Black, indigenous, and people of color.

Racial equity is slightly different from health equity in its commitment to recognizing and addressing the structural roots, and historical impact, of racism. It also requires us to look back and repair past actions—such as changing harmful policies that disproportionately affected certain populations or prevention messaging that deepened cultural divides. As an example, the 'war on drugs' created a punitive and stigmatizing environment for individuals, maligned whole communities through over-enforcement (over-policing) despite similar rates of substance use, and reinforced/fed racial stereotypes—leading to greater harm and consequences for people using substances and communities. It also failed to prevent substance misuse among those who needed these services most.

APPLYING THE RACIAL EQUITY DATA ROADMAP

In 2020, the Massachusetts Department of Public Health (MDPH) released the Racial Equity Data Roadmap. The purpose of this tool is to improve the use of data across MDPH-funded programs to inform racial equity work in order to achieve equitable health outcomes across the Commonwealth. It challenges prevention practitioners to "examine the role that data can have in perpetuating and failing to address health inequities . . . [and] disrupt the status quo; face racial inequities head on; and inform data-to-action approaches that can be used to test new ideas that may finally lead to all people having the opportunity to reach their full potential for health and wellbeing."[2]

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[2] Massachusetts Department of Public Health. Racial Equity Data Road Map. Boston, MA; October 12, 2020.

As mentioned in the introduction, above, one of the defining characteristics of the SPF is that it is driven by data. In using the SPF, your coalitions will be expected to gather and use data to guide all prevention decisions—from identifying which substance misuse needs to address in their communities, to choosing the most appropriate ways to address these needs, to determining whether communities are making progress.

The [Racial Equity Data Roadmap](#) is designed to help practitioners address racial and ethnic disparities by framing program data in the context of historical and current policies and, through this process, reveal the broader causes of substance misuse, as well as correct existing inequities. It offers suggestions for designing and implementing equitable and inclusive data collection and analysis processes, bringing to the prevention table stakeholders who have been historically excluded, and ensuring that their voices are heard. Additionally, it presents questions and tools designed to aid in root cause analyses, identifying and designing solutions, and developing strategies to address inequities.

While not all elements of the roadmap will be applicable to the work you will be doing under the MassCALL3 grant, the overall intent of the resource is highly relevant. It ultimately helps us to re-think who we work with and for, in what ways, and how we measure success. Your BSAS Contract Managers and CSPS Technical Assistance Liaisons will work with you to apply to your prevention efforts those elements of the roadmap that align with the SPF model.

> **It is important to remember that the primary purpose of MassCALL3 is to prevent substance misuse. Our outcomes must be substance misuse specific. However, our best hopes of being successful is by understanding and addressing substance misuse not in isolation, but as part of the broader cultural and structure context within which it occurs.**

CULTURAL COMPETENCE, HUMILITY, AND RESPONSIVENESS ACROSS THE SPF

Cultural competence is one of the SPF's two guiding, cross-cutting principles, and with our growing understanding of the limitations of "competence" as a goal, we have broadened this foundational principle to include humility and responsiveness. As such, it should lead each step of the framework's implementation. By considering culture at each step, practitioners can help to ensure that members of diverse population groups can actively participate in, feel supported by, and benefit from prevention practices.

Here are some foundational principles of cultural and linguistic competence, humility, and responsiveness for prevention practitioners, which include but are not limited to:

- Include the focus, or centered population in **all** aspects of prevention planning and decision making.
- Use a population-based definition of community (i.e., let the community define itself).
- Stress the importance of relevant, culturally appropriate prevention approaches.
- Employ leaders, practitioners, and evaluators who practice and integrate practices that demonstrate culturally responsiveness and humility.
- Promote and support the development of cultural competence, humility, and responsiveness among program staff, reflecting the communities they serve.
- Provide opportunities for training and continuing professional development on cultural competence, humility, and responsiveness.

APPENDIX 6: HOW TO SHARE YOUR ASSESSMENT RESULTS

Assessment results are generally used to develop and implement a community's overall plan for addressing substance misuse and promoting wellness. But you can use them for other purposes as well, such as to help obtain funding or to build community awareness and support for prevention.

To make a difference, assessment results need to get into the hands of the people who can use them. Keep in mind that *organizations* don't use assessment results—*people* do. The entire Department of Health, for example, isn't going to use your assessment results, but Cathy Smith, a prevention specialist in the Department of Health, may well do so. But you need to get your data into her hands and explain how she can use them; otherwise, the data will sit on a shelf somewhere in the Department of Health.

Here are some tips to consider when reporting your assessment results:

- **Brief stakeholders regularly.** Update them throughout the process, rather than wait until the end of the assessment. No one likes surprises—positive or negative. If possible, present stakeholders with a draft of your report before it goes public.

- **Create a dissemination plan.** Identify the various audiences who need to see the results, including the focus population. Determine what information would be most useful to them and how it should be delivered.

- **Select appropriate reporting formats.** Not all formats are appropriate for all audiences. Think carefully about the best venue or vehicle for delivering results. Should it be a public presentation? A new section of your website? Or a more formalized report?

- **Help stakeholders understand the data.** Take time to review the findings with your stakeholders and to discuss the ramifications of what you found. Don't shy away from negative or unexpected results. Instead, use them as an opportunity to inform future prevention efforts.