MassCALL3–Part B:

Comprehensive Implementation

Guidance Document

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INTRODUCTION

ABOUT THE GUIDE

This guidance document is a resource for municipalities, individuals, organizations, community coalitions, and other groups who have received Massachusetts Collaborative for Action, Leadership, and Learning 3 (MassCALL3)–Part B funding to prevent substance misuse among youth in the Commonwealth. MassCALL3–B funding is intended for communities with existing capacity, infrastructure, and experience implementing a systematic public health planning process and/or implementing a comprehensive set of evidence-informed prevention programs, policies, and practices.

This grant is discussed in more detail in Section 1. The MassCALL3–Part B initiative is part of a comprehensive approach to substance misuse prevention in Massachusetts, which includes MassCALL3–Parts A and C, as well as other state and local prevention efforts such as the State Opioid Response–Prevention Early Childhood grant (SOR-PEC), local Drug-Free Communities grantees, and other substance misuse prevention funding.

All initiatives implement evidence-informed strategies that can be sustained through local policy, practice, and systems change to prevent and reduce substance misuse in Massachusetts communities, and, through these efforts, begin to close existing gaps in health outcomes. For communities receiving MassCALL3–Part B funding, the emphasis is on drawing from existing evidence-informed prevention practice to change local policy, practice, and systems through the application of a comprehensive data-informed approach. Specifically, awardees are expected to:

- Prevent and/or reduce misuse of substances **of first use** (e.g., alcohol, nicotine, cannabis) among youth.
- Increase the number of municipalities implementing a systematic public health planning process and adopting a comprehensive systemic approach to substance misuse prevention.
- Increase the utilization of evidence-informed prevention programs, policies, and practices.
- Increase and enhance the collection, utilization, and understanding of local data sources (both qualitative and quantitative) to assist in the assessment, planning, and evaluation of substance misuse prevention strategies.

- Apply a racial equity frame to the planning, delivery, monitoring, and evaluation of prevention programming—that is, explicitly consider race, ethnicity, and racism when analyzing issues, looking for solutions, and defining success.

This guidance document is designed to help awardees meet these goals by providing general descriptions of grant expectations and concrete tools to help awardees meet identified grant benchmarks.

- **Section 1** includes guidance and tools to help awardees develop/enhance their coalitions.
- **Section 2** includes guidance and tools to help awardees implement the Substance Abuse and Mental Health Services' (SAMHSA's) Strategic Prevention Framework (SPF)—a five-step model for implementing and evaluating evidence-informed, culturally responsive, and sustainable substance misuse prevention strategies.
- **Section 3** provides milestones, deliverables, and timelines specific to MassCALL3-B awardees.

This guide includes a lot of information and even more tools. Don't be overwhelmed! Like the SPF, it is not meant to be absorbed all at once. Instead, consider it a living document that you can return to again and again—as your prevention efforts evolve and priorities shift. The SPF offers a logical, stepwise approach to planning, implementing, and evaluating effective prevention programming. This guide is meant to accompany your journey through this process. For now, explore those tools that are most useful to your coalition, given the knowledge and experience of your partners. But don't be surprised if, over time, different tools grab your attention, as new members join, and prevention capacities grow.

Note: Step descriptions included in this guidance document were originally developed for SAMHSA's Center for the Application of Prevention Technologies.

MASSCALL3–PART B GRANT DESCRIPTION

The MassCALL3 initiative is intended to replace and build upon the foundation established through previous BSAS prevention grants, including the Substance Abuse Prevention Collaborative (SAPC) and Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) grant programs. This funding integrates all aspects of programing from previous BSAS prevention funding, including utilization of the Strategic Prevention Framework (SPF) in the development of a comprehensive strategic plan that guides community based prevention initiatives, with the

opportunity for lower capacity communities to build their collective knowledge and the necessary infrastructure for a more comprehensive evidence informed approach, as well as the pursuit of innovative and promising practices in those communities where that capacity already exists. To achieve these goals, funded programs are expected to incorporate a restorative prevention framework that embraces the following principles of into their operations and programming:

- Principle 1. Racial Equity
- Principle 2. Trauma-informed service provision
- Principle 3. Positive Youth Development
- Principle 4. Intersectionality
- Principle 5. Cultural Humility
- Principle 6. Restorative Justice
- Principle 7. Collective Impact
- Principle 8. Build and sustain the leadership of people of color

MassCALL3–B: Comprehensive Strategy Implementation is one of three sub-initiatives supported under this grant. This sub-initiative is intended for communities with existing capacity, infrastructure, and experience implementing a systematic public health planning process and/or implementing a comprehensive set of evidence-based or evidence-informed prevention programs, policies, and practices. Ideal applicants are those that have the infrastructure, systems, and partnerships in place to support implementation of a comprehensive, multi-domain set of prevention services directed at youth, those who interact with youth, and the environments in which they live. The goal of Part B is to prevent misuse of substances of first use (e.g., alcohol, nicotine, cannabis) among youth.

SECTION 1: ESTABLISHING A STRONG FOUNDATION THROUGH COLLABORATION

Substance misuse is a complex behavioral health problem. Addressing it requires the energy, expertise, and experience of multiple players, working together across disciplines. Prevention practitioners need diverse partners—from neighborhood residents to service providers to community leaders—to share information and resources, raise awareness about the root causes of substance misuse, reveal the historical factors influencing these needs, build support for prevention, and ensure that prevention activities can grow to reach multiple populations with multiple strategies in multiple settings.

By involving individuals who reflect the diversity of your community in all aspects of prevention planning, implementation, and evaluation, you not only demonstrate respect for the people you serve but are also more likely to develop prevention services that meet genuine needs, build on strengths, produce meaningful outcomes, and will be sustained over time.

To develop an effective coalition, practitioners will need to:

- Understand the value of collaboration
- Adhere to six important principles of collaboration
- Identify and engage potential partners
- Convene regular coalition meetings

UNDERSTANDING THE VALUE OF COLLABORATION

Collaboration is exciting but it can also seem scary—particularly for people unaccustomed to working in this way. Being able to articulate the value of collaboration (beyond it being a funding requirement) is important not only for bringing new partners on board, but also for building the readiness of current team members to connect and work in new ways. Here are some important reasons to collaborate:

- **Collaboration can increase access to local resources.** Prevention organizations often feel that finding and maintaining resources to fuel their prevention efforts is an uphill battle. Strategic collaborations can help you tap the resources available in the community—whether they are people (e.g., staff, volunteers), supplies (e.g., money, equipment), specialized knowledge and skills, or community connections. Collaboration can also help to extend the reach of your cluster's own resources by making them available to new audiences.

- **Collaboration can help you build prevention knowledge.** Thoughtfully selected partners can help you better understand critical prevention topics (such as the relationship between substance misuse and adverse childhood experiences), provide an "inside" look at a unique prevention setting (such as what prevention efforts could look like on local college campuses), or help you build important prevention processes (such as knowledge of specialized asset and data mapping or data collection strategies).

- **You won't be able to implement environmental change strategies unless you collaborate (or at least it will be much harder!)**. Unlike strategies that target individual behavior, environmental prevention strategies focus on creating an atmosphere that makes it easier for people to act in healthy ways. These strategies do this by changing the culture and contexts within which decisions are made—by influencing the community standards, institutions, or structures that shape individual behaviors. Ideally, effective prevention approaches are those that include a blend of environmental strategies that align with and reinforce prevention strategies directed at individuals. However, the success of these strategies relies on the involvement of multiple partners, working across multiple settings, who share in the understanding, ownership and implementation of these strategies. Collaboration supports the buy-in necessary for this to happen from the very start.

- **Collaboration helps to ensure that prevention efforts are culturally responsive, and thus more effective.** The slogan "Nothing about us without us," made popular by the disability rights movement, reflects a core value of prevention practice: people must have a voice in matters that affect their health and communities. By working in partnership with community members, involving them in all aspects of prevention planning, implementation, and evaluation, and holding yourself accountable to the decisions made using this shared process, you demonstrate a commitment to the people you serve and increase your own capacity to provide prevention services that meet genuine needs, build on strengths, and produce meaningful outcomes.

- **Collaboration is key to reducing health inequities.** To understand the root causes of current substance misuse and its associated needs, you must involve, in meaningful ways, representatives from those communities that have been disproportionately affected by these needs in the past. Their participation is critical to helping you understand the impact of racism on the substance misuse needs you seek to address, and to identifying appropriate strategies for correcting these inequities. (To learn more about health inequities, see **Commitment to Racial Equity,** page 21.)

- **Collaboration can increase your capacity to address related behavioral health needs.** Many of the factors that contribute to substance misuse also contribute to related behavioral health needs, such as suicide and trauma. By collaborating with the individuals and organizations that work to address these related needs, your community will be better positioned to identify and implement prevention strategies that address these "shared" factors, including factors related to both substance misuse and broader social determinants of health, and to subsequently produce outcomes in multiple areas.

- **Working with others will ultimately help you get more done.** Despite the initial "costs" of establishing these new relationships, involving the right partners in prevention efforts will bring more people and assets to the prevention table, allowing the community to do more than any coordinator can on their own.

- **Working with community partners and other local stakeholders is vital to sustaining prevention efforts.** Partners and local stakeholders are central to prevention efforts. Engaging them in all stages of the prevention planning process will help them develop the connections and expertise needed to maintain the meaningful outcomes these prevention efforts produce, as well as the processes that contributed to those outcomes.

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.

IDENTIFYING AND ENGAGING POTENTIAL PARTNERS

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

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. 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.

When considering recruitment, it is also 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.

You received this MassCALL–B funding because you have demonstrated success engaging a broad and diverse coalition to inform and support prevention efforts in your community. This new award offers a unique opportunity to build on this success by expanding your coalition membership to include stakeholders who have either fallen away in recent years or have not, until now, been represented. It provides the space to mend past relationships and restore trust, strengthen existing partnerships, and prioritize the cultivation of new ones.

Keep in mind that no one person should be asked to be the sole spokesperson for a group with which they identify. If building a truly representative coalition that reflects the diversity of your community proves difficult, considering inviting representatives from groups, organizations, or systems associated with different cultural groups. For example, if your community is home to a new immigrant population, consider as a first step, inviting someone from an organization that represents or serves that community.

It can be helpful to develop policies to guide your outreach efforts and ensure diverse representation. Reach out to your BSAS Contract Manager if you need help making these connections.

BENCHMARK: Develop a new local partnership/coalition or expand or enhance an existing local partnership/coalition that includes representatives from SAMHSA's twelve identified sectors.

PART 1: IDENTIFY NEEDS AND OPPORTUNITIES FOR COLLABORATION

TOOL: Levels of Collaboration

TOOL: Collaboration across SAMHSA's Strategic Prevention Framework

TOOL: Worksheet: Are You Ready? Assessing Readiness to Collaborate

TOOL: Worksheet: Analyzing Existing Partnerships

TOOL: Worksheet: Identifying New Partners

TOOL: Worksheet: Assessing the Readiness of Potential Partners to Collaborate

PART 2: ENGAGING THE RIGHT PARTNERS

TOOL: Growing Your Collaboration: Preparing for Recruitment

TOOL: Tips for Successful Recruitment

TOOL: Worksheet: Developing a Recruitment Action Plan

TOOL: You Gotta' Hear This! Developing an Effective Elevator Pitch

TOOL: Tips for Ensuring a Culturally Competent Collaboration

TOOL: Collaborating with Diverse Partners **(podcast)**

TOOL: Worksheet: Creating a Memorandum of Agreement

CONVENING REGULAR COALITION MEETINGS

To fulfill their funding requirements, grantees must convene at least four (quarterly) coalition meetings per year for the duration of the project. These meetings can be held online, if needed. Meeting attendance and discussion content should be well-documented, as these records will not only help you track and communicate your processes and successes, but also help you determine, over time, which of these processes you want to maintain and which you may need to refine.

BENCHMARK: Coalition/partnership members will meet at least quarterly for the duration of the project and be active participants in decision-making and in helping to shape, inform, and in some cases serve as implementing partners in coalition activities.

TOOL: **Beginning Your Collaboration: Tips for a Safe and Satisfying Journey**

TOOL: **Activity: Determining the Training Needs of New Partners**

TOOL: **Worksheet: Determining Member Responsibilities**

BENCHMARK: Ensure that coalition records (e.g., agendas, minutes, membership rosters, partnership agreements) are maintained. (It is the responsibility of the coordinator to get this done, but not necessarily do it themselves.)

TOOL: **Tips for Making Meetings Productive**

TOOL: **Meeting Agenda Templates**

TOOL: **Sample Meeting Agenda**

TOOL: **Meeting Minutes Template (Sample)**

Remember—to produce and maintain meaningful prevention outcomes over time, communities need to not only sustain those intervention that work, but also the prevention practices and processes that support those interventions. While sustainability planning isn't always a top priority at the start of a new grant cycle, the strategic planning records you keep now will provide the data you need later to determine which processes helped community partners complete key prevention tasks, which processes were not so helpful, and where new processes may be needed. For example, a review of past membership rosters will reveal how membership changed over time and may help you draw connections between who was at the table and what the coalition was—or was not—able to accomplish.

SECTION II: IMPLEMENTING SAMHSA'S STRATEGIC PREVENTION FRAMEWORK (SPF)

ABOUT THE SPF

Practitioners often feel an urgent need to implement immediate solutions to the pressing substance misuse needs facing their communities. But research and experience have shown that prevention must begin with an understanding of these complex behavioral health needs 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 practitioners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health needs facing their communities.

The SPF includes these five steps:

1. **Assessment**: Identify local prevention needs based on data (e.g., *What are the prevailing needs?*)
2. **Capacity**: Build local resources and readiness to address prevention needs (e.g., *What do you have to work with? How can you facilitate the communication of prevention science?*)
3. **Planning***:* Find out what works to address prevention needs and how to do it well (e.g., *What should you do and how should you do it?*)
4. **Implementation**: Deliver evidence-informed programs and practices as intended (e.g., *How can you and your coalition put your plan into action?*)
5. **Evaluation**: Examine the process and outcomes of programs and practices (e.g., *Is your plan succeeding?*)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- **Cultural competence, humility, and responsiveness**. Cultural competence has generally been defined as 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 *competence* implies that one is capable of meeting the needs of culturally diverse clients. We are beginning to shy away from the use of such a term because it implies that it is a skill that someone has or does not have; that one can actually "arrive," so to speak. 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.

  Cultural humility is 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 prevention practitioner knows nothing, but that each family is unique and in working with them we view them from a strength-based perspective; allowing them to also teach us as we work together towards a common aim.

  Cultural responsiveness, like the term "cultural competence," promotes an understanding of culture, ethnicity, and language. The difference between the two is that "responsiveness," does not imply that one can be perfect and have attained all the skills and views needed to work with culturally diverse communities. It assumes one just has the openness to adapt to the cultural needs of those with whom they work or serve. (Adapted from www.lift4kids.org)

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

The SPF has several defining characteristics that set it apart from other strategic planning processes. Most notably, it is:

- **Dynamic and iterative**. Assessment is the starting point, but practitioners will return to this step again and again as their community's substance misuse needs and capacities evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation once a program or practice is underway. For these reasons, the SPF is a *circular* rather than a linear model.

- **Data-driven**. The SPF is designed to help practitioners 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.

- **Reliant on and encourages a team approach**: Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions involved in prevention efforts may change as the initiative evolves, but the need for prevention partners who understand and embrace a strategic and systematic approach like the SPF, and who represent the diversity of your community and those populations traditionally marginalized and underserved, will remain constant. Coordinators cannot do this work alone. Instead, your job is to build the knowledge, skills, and resources of community partners to plan, implement, evaluate, and sustain prevention efforts that may begin with the coalition, but ultimately need to reside in the community.

Communities receiving MassCALL3 funding are expected to use the SPF to guide their prevention planning efforts. Adherence to the principles in the framework increases the likelihood that prevention efforts will produce meaningful outcomes, reduce risk and build protection in ways that keep communities healthier and safer.

SPF GUIDING PRINCIPLE: CULTURAL COMPETENCE, HUMILITY, AND RESPONSIVENESS

Behavioral health disparities pose a significant threat to the most vulnerable populations in our society. As a consequence of systemic oppression, institutionalized racism, and socioeconomic challenges, deep-seated needs may manifest themselves as elevated rates of substance misuse among American Indian/Alaska Natives, high rates of suicide among lesbian, gay, bisexual, and transgender (LGBT) youth, or reduced access to prevention services among people living in rural areas. Health inequities threaten the wellness of populations and of our society as a whole.

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:** Incorporates a lifelong commitment to self-evaluation and self-critique. It requires that we rectify the power imbalances in the [peer to peer, home visitor to family] dynamic. Develop mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.

- **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.

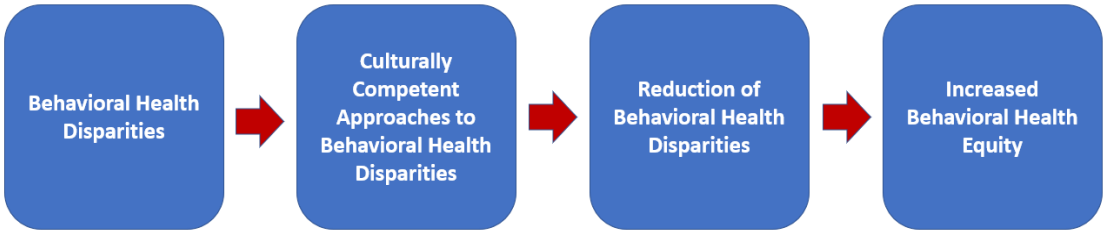
- **Institutional/Systemic Racism**: The practices that perpetuate racial disparities, uphold white supremacy, and serve to the detriment and harm of persons of color and keep them in

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.



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."[1]

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

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

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 cultural 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.

Throughout this guidance document, we will also identify specific ways to incorporate cultural competence, humility, and responsiveness at each SPF step.

BENCHMARK: Provide prevention services that are inclusive and culturally appropriate for the populations living within the service area and help identify and address disparities in patterns and consequences of use, access to prevention services, and/or outcomes of prevention activities. Awardees will also enhance their cultural competence throughout the duration of the project.

TOOL: Health Equity and Prevention Primer

TOOL: Cultural Approaches to Prevention: Tools to Guide Practice **(presentation)**

TOOL: Cultural Competence Primer: Incorporating Cultural Competence Into Your Comprehensive Plan

TOOL: A Prevention Guide to Improving Cultural Competency: A Literature Review

TOOL: Enhancing Cultural Competence

TOOL: Cultural and Linguistic Competence Toolkit

TOOL: Applying the Strategic Prevention Framework and HHS Disparity Impact Measurement Framework to Address Behavioral Health Disparities

TOOL: Increasing Cultural Competence to Reduce Behavioral Health Disparities

SPF GUIDING PRINCIPLE: SUSTAINABILITY

In prevention, sustainability is the capacity of a community to produce and maintain meaningful prevention outcomes after the initial funding period. To maintain meaningful outcomes, communities will want to sustain an effective strategic planning process as well as those programs and practices that produced meaningful prevention results. Accomplishing these dual tasks requires the participation, resolve, and dedication of diverse community members and a lot of careful planning.

SUSTAINING AN EFFECTIVE STRATEGIC PLANNING PROCESS

There are many reasons why it is important to sustain an effective strategic planning process. These are some things to keep in mind:

- **Prevention takes time**. While communities are likely to achieve some short-term outcomes during a given funding cycle, it can take many years to produce long-term results. When practitioners help the SPF process live on beyond a given grant, communities are much more likely to make a significant and lasting impact on their substance misuse needs.

- **Substance misuse needs and priorities change**. Prevention needs and capacity are always evolving with new substance misuse needs arising that no one can anticipate right now. With a well-established strategic planning process like the SPF already in place, communities will be able to recognize—and respond effectively to—these important changes over time.

- **Successful implementation of the SPF depends on collaboration**. The SPF is widely recognized by many public health funders and practitioners. Adherence to a common planning process can help planners establish a shared language across health needs and build the interdisciplinary partnerships needed to make a real difference.

SUSTAINING PROGRAMS AND PRACTICES THAT WORK

A primary goal of an effective strategic planning process like the SPF is to identify the right combination of programs and practices to address local prevention priorities. Many factors contribute to effectiveness in prevention. In general, programs and practices are enhanced when they operate in a variety of community settings and influence local variables that influence substance misuse at both the individual and environmental levels. But some programs and practices included in a comprehensive prevention plan are likely to work better than others (e.g., they produce meaningful outcomes and/or receive community support). To maintain meaningful outcomes over time, it is

important to identify and sustain those prevention programs and practices that work well for a community.

SUSTAINABILITY ACROSS THE SPF

As a guiding principle of the SPF, sustainability must be fully integrated into each step of the framework's implementation. Here are some of the ways the SPF process can contribute to a community's sustainability efforts:

- **Step 1. Assessment:** Many assessment activities support the long-term sustainability of prevention efforts. During assessment, planners begin making decisions based on a clear understanding of local substance misuse needs and contributing factors. They also begin building relationships with data keepers and stakeholders who can play important roles in supporting and sustaining local prevention efforts over time.

- **Step 2. Capacity:** Intentional capacity building at all levels helps to ensure that successful programs are sustained within a larger community context, and therefore less vulnerable to local budgetary and political fluctuations. Effective capacity building also increases an organization's or community's ability to respond to changing needs with effective and innovative solutions. Building capacity also involves promoting public awareness and support for evidence-informed prevention and engaging partners and cultivating champions who will be vital to the success—and sustainability—of local prevention efforts.

- **Step 3. Planning:** When developing a comprehensive approach to substance misuse prevention, communities should consider the degree to which prevention programs and practices fit with local needs, capacity, and culture: the better the fit, the more likely interventions are to be both successful and sustainable. To do this, prevention data must be used to determine which intervening variables to address in order to have the greatest impact; evidence-informed programs and practices must be identified that directly address priority factors; and only those interventions that a community has sufficient capacity to implement effectively should be selected. It is also important to make the planning process transparent and inclusive by developing a clear logic model with, and inviting participation from, key stakeholders; and by developing a data-informed prevention plan with high relevance for the centered population and strong community support.

- **Step 4. Implementation:** By working closely with community partners to deliver evidence-informed programs and practices as intended, closely monitoring and improving their

delivery, and celebrating "small wins" along the way, planners help to ensure their effectiveness and begin to weave prevention into the fabric of the community.

- **Step 5. Evaluation:** Through process and outcome evaluation, communities can make important mid-course corrections to prevention efforts, identify which practices are worth expanding and/or sustaining, and examine ongoing plans for—and progress toward—sustaining those practices that work. By sharing evaluation findings, planners can also help build the support needed to expand and sustain effective interventions.

It is important to remember, **sustainability and cultural competence, humility, and responsiveness go hand in hand.** To ensure that prevention programs and practices produce meaningful outcomes for members of diverse population groups, communities must engage in an inclusive and culturally appropriate approach to identifying and addressing their substance misuse needs. Culturally competent prevention is the only type of prevention worth doing—and sustaining. Therefore, to increase the likelihood that these programs and processes are sustained:

- Engage in sustainability planning efforts partners who represent and work with the-populations experiencing behavioral health disparities.
- Sustain processes that have successfully engaged members of these populations.
- Sustain programs that produce meaningful outcomes for these populations.

BENCHMARK: Ensure that the application of an evidence-informed public health planning process and meaningful outcomes from prevention activities are sustained over time. Coalitions will also enhance their sustainability capacity throughout the duration of their project.

TOOL: Sustaining Effective Prevention Efforts: A Planning Toolkit

TOOL: Sustainability: Fostering Long-term Change to Create Drug-free Communities

TOOL: Sustaining the Work or Initiative

SPF STEP 1: ASSESSMENT

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

SPF Step 1 is designed to help practitioners understand local prevention needs and resources based on a careful review of data gathered from a variety of sources. These data help practitioners:

- Identify and prioritize the substance misuse needs present in the community.
- Determine the impact of these needs on community members.
- Identify the specific intervening variables that contribute to these needs; and
- Assess the readiness and resources needed to address those variables.

Ultimately, a thorough and inclusive assessment process helps to ensure that substance misuse prevention efforts are appropriate and on target.

But even though assessment marks the beginning of the prevention planning process, many assessment activities also support the long-term sustainability of prevention efforts. During assessment, planners begin making decisions based on a clear understanding of local substance misuse needs, root causes, and contributing factors. They also begin building relationships with data keepers and other stakeholders who can play important roles in supporting and sustaining local prevention efforts over time.

To conduct a comprehensive assessment of prevention needs and resources, prevention practitioners gather data about each of the following:

- The nature of the substance misuse problem in the community (that is lack of community supports and/or consumption patterns) and related consequences.
- Intervening variables that influence these health and community patterns/consequences, particularly those of high priority in the community.
- Community capacity to change these patterns, increase community supports or protective factors, mitigate risk factors and/or prevent these consequences, including readiness and available resources.
- Mapping of existing local and regional/cluster assets and resources that can contribute to existing or future community capacity to change health patterns or behaviors, increase community supports or protective factors, mitigate risk factors and/or prevent substance misuse-related consequences.

In examining your community's substance misuse needs through a health equity lens, you are likely to identify factors 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–B award requires communities to focus on substance-related outcomes, 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).

ASSESS CONSUMPTION PATTERNS AND CONSEQUENCES

Practitioners need to understand both *how* substances are being misused in their community, as well as the consequences of misuse.

- **Consumption patterns** describe the frequency or amount of substance misuse—for example, the percentage of youth ages 12-17 who reported drinking alcohol in the past 30 days, or the percentage of young adults ages 16-21 who reported drinking and driving in the past year.

- **Consequences** describe the effects of misuse.

The relationship between consumptions patterns and associated consequences is not one-to-one. For example, binge drinking among 12- to 17-year-olds (a consumption pattern) can produce a wide range of consequences, often multiple ones—including effects on brain development, alcohol poisoning, motor vehicle crashes, delinquent and violent acts, and other serious needs reported in this age group.

> *Please note!* The goal of MassCALL3–B funding is to prevent and/or reduce misuse of substances of first use (e.g., alcohol, nicotine, cannabis) among youth and/or the consequences associated with substances of first use (e.g., driving under the influence of alcohol or marijuana, inconsistent enforcement of school chemical health policies).

Practitioners can use the following questions to assess the substance misuse consumption patterns and related consequences in their communities:

- ***What*** consumption patterns/consequences are we seeing in our community?
- What is the ***prevalence*** of these patterns and consequences (i.e., how common are they)?
- ***How often*** are they occurring? Which ones are happening most?
- What is the ***magnitude*** of their impact?
- Has the frequency or magnitude of these patterns/consequences ***changed over time?***
- ***Where*** are these patterns/consequences occurring (e.g., at home or in vacant lots, in small groups or during big parties)?
- ***Who*** is experiencing these patterns/consequences (e.g., males, females, youth, adults, members of certain cultural groups)? Are some groups disproportionately affected? Are specific groups bearing a greater burden?
- How do the patterns/ consequences in our community ***compare to other communities and/or the state as a whole?***

The answers to these questions can help practitioners identify—and determine how best to address—the community's priority substance misuse-related needs. To obtain these answers, practitioners rely on data. Data are the driving force behind the SPF planning process. Prevention efforts are more successful when practitioners use data to understand the substance misuse needs of their communities.

Practitioners may begin by collecting existing state and local archival data that are readily available. These findings are often presented in epidemiological profiles—detailed reports that summarize how a community or population is affected by substance misuse. Hospitals, law enforcement agencies, community organizations, and state agencies can also be important sources of 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.

Disaggregating Data

While aggregate data show overall health outcomes, disaggregated data can show how health outcomes may differ between racial and ethnic groups or specific communities. Disaggregating data is important for identifying racial and ethnic behavioral health inequities that can then be addressed through changes to policy, practices, and programs. When disaggregating data, engage with community members to identify which racial/ethnic groups are most prevalent and which outcomes most salient, break down race and ethnicity into as fine categories as data allow, and when available, prioritize self-reported data.[1]

Once data are compiled, it is important to examine and discard what is irrelevant or not useful. It is also important to determine whether any information (e.g., about a specific issue, behavior, or population group) is missing, as it's easy to mistakenly assume that a need doesn't exist if there is no data to substantiate it. This is often the case for historically marginalized communities, including Black and Indigenous People of Color and the LGBTQ+ population.

Once you have compiled these data, analyze and interpret these data with input from members of these groups. 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?
- 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?

When analyzing your data findings, it is also important 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).

> **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.)*

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.

> MassCALL3–B awardees are expected to assess the needs, resources, and readiness of their communities to guide data-informed substance misuse prevention efforts with youth—including data collection or retrieval, data management and analysis, and the identification and prioritization of needs and populations. Awardees are also expected to enhance their assessment and data collection infrastructure throughout the entire duration of the project.

BENCHMARK: Develop an assessment process that ensures that the data you collect reflects the diversity of your community.

TOOL: Tips for Engaging in a Culturally Competent Assessment Process

TOOL: Overcoming Barriers to Data Sharing

BENCHMARK: Determine the types and sources of substance misuse or other related behavioral health data to include when assessing needs.

TOOL: Tips for Developing a Data Collection Plan

TOOL: Local, State, and National Data Sources

TOOL: National Data Sources: Pros and Cons

TOOL: Potential Challenges to Obtaining Useful Data

TOOL: Tips for Managing Data

BENCHMARK: Identify a process or tools to assess needs of special populations (e.g., LGBTQ+ youth, military families) or population groups (e.g., 18- to 25-year-olds, cultural or ethnic communities)

TOOL: Tips and Tools: Reaching and Engaging "Non-College" Young Adults in Prevention Efforts

TOOL: Sources of Data on Substance Misuse and Misuse Among Boys and Young Men of Color

BENCHMARK: Address data gaps identified through the initial phase of the needs and resource assessment process (e.g., obtaining data on special populations).

TOOL: Tips for Analyzing Assessment Data

TOOL: Primary Data Collection Methods

TOOL: Identifying New Partners

TOOL: Developing a Recruitment Action Plan

PRIORITIZING CONSUMPTION PATTERNS AND CONSEQUENCES

Data collected through the assessment process may reveal that a community has multiple areas of need that are contributing to substance misuse. Practitioners will want to establish criteria for analyzing assessment data to determine how to prioritize those needs. These criteria may include the following:

- **Magnitude:** Describes the prevalence of a specific substance misuse consumption pattern or harmful consequence (e.g., which pattern/consequence is most widespread in your community?)
- **Severity:** Describes how large an impact a specific consumption pattern/ consequence has on the people or the community (e.g., which pattern/consequence is most serious?)
- **Trend:** Describes how substance misuse patterns are changing over time within a community (e.g., which pattern/consequence is getting worse or better?)
- **Changeability:** Describes how likely it is that a community will be able to modify the consumption pattern or consequence (e.g., Which pattern/consequence are you most likely to influence with your prevention efforts?)
- **Equity:** Describes the extent to which the pattern/consequence disproportionately affects one population group.

> Engaging in the prioritization process may reveal gaps in available data that limit your ability to accurately prioritize areas of focus. In this event, your coalition should be prepared to seek out additional existing data, collect additional data, or develop a longer-term plan to enhance your capacity to collect additional data and revisit the prioritization process once these data are available.

When setting priorities, practitioners should consider these and other relevant criteria together. This will help you gain a balanced view of the needs, its significance in the community, and the potential for change. Different practitioners may weigh each criterion differently, depending on their unique community context and perspective. This underscores the importance of engaging in the prioritization process stakeholders with different

perspectives, and who reflect the diversity of your community. Working through these considerations in a collaborative and inclusive manner is important for building the community support needed for programmatic success.

BENCHMARK: Develop or refine a process for prioritizing and selecting those consumption patterns and consequences on which to focus (e.g., criteria for rating data, involvement of key stakeholders).

TOOL: Sample Data Inventory Form

ASSESSING INTERVENING VARIABLES

Once a community has identified one or more priority needs, it is important to look at the intervening variables associated with them. Intervening variables are factors that have been identified through research as having an influence on substance misuse.

Effective prevention focuses on strengthening those variables that protect against and reducing those variables that enhance risk for the priority needs identified in *your* community.

Intervening variables include two types of factors:

- **Risk factors** are associated with a higher likelihood of developing a problem (e.g., low impulse control, lack of social and emotional skills, peer substance misuse).
- **Protective factors** are associated with a lower likelihood of developing a problem (e.g., academic achievement, parental bonding, and family cohesion).

The following are some key features of intervening variables:

- They exist in multiple contexts (e.g., individual, family, peer, and community).
- They are correlated and cumulative.
- Individual variables can be associated with multiple needs.
- They are influential over time.

Understanding and assessing intervening variables is essential to prevention. Practitioners cannot change a substance misuse problem directly. Instead, they need to work through the

intervening variables that have been shown to be related to the problem (e.g., ease of access to substances, attitudes, need to develop social and emotional skills, and norms supportive of use). A prevention program or practice can only make a difference if it is a good match for both the problem and it's related intervening variables.

MAPPING ASSETS

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

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. Centering priority populations provides many opportunities to ensure that the information gathered reflects community perspectives, knowledge, and lived experiences. 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

When considering intervening variables—both risk and protective factors—take time to think beyond immediate causes to identify the root causes of your community's priority substance misuse needs. Think bigger and more broadly about policies and opportunities (or lack thereof) that may be perpetuating needs within certain populations. Involve members of these groups in your discussions and analysis. While you cannot use prevention dollars to focus exclusively on these broader needs, you may be able to identify opportunities to address these social determinants of health as part of your broader prevention efforts or identify partners who share these priorities and with whom you can align your efforts to improve substance misuse outcomes.

It is important to recognize that the intervening variables driving a substance misuse problem in one community may differ from the variables driving that same problem in a different community. It is also likely that these intervening variables will differ across different groups in the same population, so take the time to analyze any data you collect by group, whenever possible.

Just as you prioritized which needs to address in your community, you will also need to prioritize which intervening variables to address. In doing so, consider prioritizing variables associated with identified disparities.

BENCHMARK: Develop or refine a process for prioritizing and selecting intervening variables on which to focus (e.g., criteria for rating data, involvement of key stakeholders).

TOOL: Key Features of Risk and Protective Factors

TOOL: Ensuring the Well-being of Boys and Young Men of Color: Factors that Promote Success and Protect Against Substance Misuse and Misuse

TOOL: Risk and Protective Factor Data Organizer

BENCHMARK: Address data gaps identified through this component of the needs and resource assessment process (e.g., obtaining data on intervening variables related to special populations).

TOOL: Tips for Analyzing Assessment Data

TOOL: Primary Data Collection Methods

TOOL: The Data Dive: Episode 1 (Prioritization)

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

ASSESSING PREVENTION CAPACITY

Prevention efforts are more likely to succeed when they are informed by a complete assessment of a community's capacity to address prioritized needs and enhance identified assets. Assessing a community's available resources and readiness to address substance misuse is a key part of the prevention planning process.

Capacity for prevention includes two main components: resources and readiness.

Resources include anything a community can use to establish and maintain a prevention effort that can respond effectively to local need. Examples include:

- People (e.g., staff, volunteers, community members, people with lived experience)
- Specialized knowledge and skills (e.g., prevention expertise, experts in equity, diversity, and inclusion, community engagement specialists)
- Community connections (e.g., access to priority population groups)
- Concrete supplies (e.g., money, equipment, technology)
- Community awareness about local substance misuse needs (e.g., lack of youth supports or protective factors manifesting in high rates of youth alcohol use)
- Existing efforts to address those needs (e.g., policies)

It is helpful to focus capacity assessments on resources that are related to your priorities. At the same time, keep in mind that useful and accessible resources may also exist beyond the boundaries of the community's substance misuse prevention effort. Many organizations, including state and government agencies, schools, health care centers, and faith-based organizations are also working to reduce the impact of substance misuse and other behavioral health needs.

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.

Understanding local capacity, including both resources and readiness, helps practitioners to:

- Make realistic decisions about which substance misuse needs a community is prepared to address.
- Identify resources a community may need, but doesn't currently have, for addressing identified prevention needs.
- Develop a clear plan for building and mobilizing capacity (see SPF Step 2) to address identified need.

Assessing community readiness helps prevention professionals determine whether there is social momentum for addressing the issue(s) they hope to tackle. Community readiness is just as important in addressing substance misuse as having tangible resources in place.

> **BENCHMARK:** Determine mechanisms (e.g., surveys, focus groups) for assessing the resources or readiness to address substance misuse or other related behavioral health needs.

TOOL: [Community Readiness for Community Change]

TOOL: [Primary Data Collection Methods]

TOOL: [Strategies for Conducting Effective Focus Groups]

TOOL: [Tips for Conducting Key Informant Interviews]

TOOL: [Key Stakeholder Interview Guidance]

TOOL: [Conducting Focus Groups Guidance]

SHARING ASSESSMENT FINDINGS

The final step in completing a needs and capacity assessment is to communicate key findings to community partners and other prevention stakeholders. There are many ways to share findings, but what is critical is that the chosen approach is the right match for the audience. Included below are some key considerations for sharing assessment findings.

- **Develop a full report.** Funders and close prevention partners (e.g., task force members) will want the whole story so it's helpful to have the important details in one place.
- **Highlight key findings.** For stakeholders who may be interested only in assessment highlights, develop brief handouts or short slide presentations.
- **One size does not fit all.** Be prepared to tailor assessment materials by featuring those data that are most meaningful to each audience. This is particularly important when presenting assessment findings to key stakeholders (e.g., local decision-makers, public opinion leaders, and potential partners). If these individuals have specific questions or reservations, be sure to address them.
- **Solicit input from the community.** Find ways for community members and groups to provide feedback on the assessment results. Their comments can help to confirm that prevention plans are on track and/or shed light on findings that may have been confusing or surprising.
- **Make sure to reach all priority populations with your findings.** Develop plans to share and solicit input about assessment findings with members of the community who are more vulnerable to behavioral health disparities and describe these findings using terms and phrases that are devoid of jargon.

Keep in mind that the way messages are framed can result in substantial differences in how data are interpreted and what potential solutions are considered. This yet again underscores the importance of involving diverse representation in not only the collecting and analysis of assessment data, but also in its presentation. Consider how to include key informants as part of data presentations. When preparing to share your data, consider the following questions:

- Do the assessment findings tell a story that is compelling and actionable?
- Are the messages appropriate for the audience?
- Do these messages inadvertently blame individual or populations? Can the findings be used to reinforce harmful stereotypes?
- Do the findings emphasize that the issue is preventable?

Sustaining Assessment Efforts

Assessment is an iterative process; one you will return to again and again over the life of your project. The data keepers and stakeholders you engage with initially will continue to play important roles in supporting and sustaining your prevention efforts over time. So, as your prevention efforts evolve, make sure to nourish these relationships by meeting regularly to share updates and solicit input. But also, be aware that over time you may need to engage new partners in your assessment effort. You may need to update the assessment processes you have in place. You will need to continue to engage representatives from centered populations to inform the direction of your work and interpret your findings. And you will continue to work to fill data gaps—particularly those that can shed light on inequities and disparities.

SPF STEP 2: CAPACITY

In this step, practitioners build and/or mobilize the resources and community readiness needed to address priority substance misuse issues. In Step 1, you took stock of what was available in the community. In Step 2, you will ensure the readiness of the community to buy in to the prevention effort and take stock of the resources needed to produce a meaningful change.

A community needs both *human* and *structural* resources to establish and maintain a prevention system that can respond effectively to local need. It also requires people who have the motivation and willingness—that is, the readiness—to commit local energy and/or resources to addressing these needs, and who understand how to do so most effectively.

The capacity of your coalition affects how (and how effectively) your group goes about every aspect of its work. Different elements of capacity become more important during different points in the SPF cycle. Your capacity needs may change as work progresses, goals are accomplished, and priorities shift or expand.

Intentional capacity building at all levels also helps to ensure that successful programs are sustained within a larger community context, and therefore less vulnerable to local budgetary and political fluctuations. In addition, effective capacity building increases your community's ability to respond to changing issues with innovative solutions.

To build local capacity for prevention, you will want to focus on two main areas:

- **Developing and strengthening your prevention coalitions.** This includes engaging people who can speak to the historical and contextual structural factors that affect current substance misuse behaviors, and who have the expertise and skills to propose meaningful solutions. For example, if the issue is faulty policy, you may need a policy expert. If the issue is transportation, you may need a bus union representative). It may not be necessary to engage these individuals in the day-to-day management of the coalition (remember the basics principles of collaboration—one size doesn't fit all) but you do want to have access to the expertise needed to be productive.

- **Raising community awareness of their priority prevention needs.** This includes raising awareness of the impact of historical trauma on current behaviors, of the differences between equality and equity, and on the importance of focusing on root causes including structural factors that contribute to substance misuse and/or perpetuate behavioral health inequities rather than placing the onus on individual behavior change.

By building and mobilizing local capacity for prevention, practitioners create the foundation communities will need to begin developing prevention efforts that will be effective and enduring. Engaging partners, cultivating champions, and promoting public awareness and support for evidence-informed prevention, is also key to the success—and sustainability—of local prevention efforts.

DEVELOPING AND STRENGTHENING YOUR PREVENTION COALITION

A strong prevention team is often the guiding force behind effective prevention efforts. The first section of this guidance document, *Develop or Enhance Your Partnership/Coalition,* provided guidance for establishing a strong coalition. But coalition-building, like many prevention processes, is ongoing: as capacity needs evolve, so too will the partners you need to have at the table. Also, as your coalition develops a clearer understanding of the inequities present in the community, you will want to actively engage in your prevention efforts representatives from those communities most affected by these inequities, both in the past and now. Centering populations—that is, shifting the focus from the advantaged group's perspective (the usual approach) to that of the marginalized group(s), requires a higher level of engagement. So, even if you have a strong coalition already in place, it may be helpful to return regularly to the guidance in Section I as you move through the SPF process.

Once your coalition is established, it is important to regularly assess and continually develop the knowledge and skills of your coalition members. A truly representative prevention coalition means that members will bring diverse insights and experiences to the table, as well as varied knowledge and perspectives on the priority problem being addressed. Use a variety of strategies—including guest speakers, group trainings, and information about online learning opportunities—to increase the team's understanding of the problem and effective prevention strategies. Some examples of relevant training topics include the following:

- Substance Misuse Prevention: Understanding the Basics
- Understanding the Value of Sustainability Planning from the Get-Go
- The Role of Shared Leadership in Developing a Successful Coalition
- Troubleshooting Common Challenges: Keeping Your Coalition in Good Working Order
- Coalitions as Catalysts for Meaningful Community Change
- Preventing Substance Misuse Stigma: What Every Coalition Should Know and Do
- Building a Recovery-Friendly Community
- Enhancing Your Coalition by Embracing People with Lived Experiences
- Developing an Effective Communications Campaign

- How to Win Allies with Evaluation Data

It is also important to build the knowledge, resources, and readiness of coalition members and your community's prevention practitioners to address disparities, as well as to provide culturally and linguistically appropriate services. Some training topics directly related to improving cultural competence, and understanding and improving health equity, specifically, include the following:

- Why Cultural Competency Matters: Building a Culturally Humble Organization
- Looking at Data through a Health Equity Lens
- Understanding the Role of Prevention in Addressing the Social Determinants of Health
- Engaging People with Lived Experience in Prevention Efforts

Coalition members should understand the role of cultural competence, cultural responsiveness, and health equity in their work, overall, and the unique needs of those populations experiencing disparities. But it is also important to develop policies to ensure that a commitment to diversity, cultural responsiveness, and health equity is a priority for all recruitment and training efforts, and that this commitment is reflected in all communication.

MassCALL3–B awardees are expected to identify and mobilize resources to establish and maintain a prevention system that can identify and respond to community needs—including the acquisition of training and skills; human, fiscal, and technical capacities needed to support evidence-informed prevention efforts; recruitment, retention, maintenance and functioning of a coalition or partnership of diverse stakeholders; and skills to mobilize key stakeholders. Awardees will also work with representatives from the state's prevention support system and their assigned BSAS Contract Manager to assess readiness, capacity, and prevention support and training needs; and will enhance their capacity building skills throughout the duration of the project.

BENCHMARK: Develop a prevention support action plan and professional development training calendar/schedule

TOOL: Activity: Determining the Training Needs of New Partners

TOOL: Crosswalk of PS@EDC Online Courses by Prevention Specialist IC&RC Performance Domains

TOOL: Sample Training Calendar

In addition to developing the knowledge and skills of members, practitioners should also monitor and improve (as needed) coalition structure and processes. Even the most well-informed coalition won't be productive unless it functions well. Think of your coalition as a collection of people taking a journey together. As you plan your trip, members need to figure out where you are going, how you will get there, and what route to take.

- A coalition's destination is its ***vision,*** dictating where the group wants to go.
- A coalition's vehicle is its ***structure and procedures.*** Its structure is the body, its procedures the engine. Members travelling in a broken-down vehicle (e.g., full of holes in the floor) are likely to "fall out" or leave the group. And if the engine begins to fail, the journey is likely to slow down or come to a screeching halt.
- Lastly, the path or route a coalition takes is its ***goals and activities***—how members will work together to get where they need to go.

Building on this analogy, here are some tips for ensuring that your coalition runs smoothly:

- **Create a shared vision.** One of the first orders of business for a coalition is to discuss and create a shared vision. If members have different ideas about the coalition's ultimate purpose, the group will not be motivated to work toward common goals. A shared vision unifies the coalition and makes it easier to figure out what needs to happen to make the vision a reality.
- **Develop a well-defined structure.** Whether the coalition's structure is akin to a Mini Cooper or a charter bus, it's important that everyone has somewhere to sit (i.e., a role) and that you make room for new members. Elements of a well-defined structure, such as clearly defined roles and responsibilities, meetings that begin and end on time, and regular progress updates will reduce potential frustration, keep members involved, and increase member satisfaction.
- **Establish clear goals and related action steps.** If you leave for a journey without a plan (whether GPS app or paper map), you are likely to get lost, waste energy (i.e., gas), and drive many extra, unnecessary miles. Coalitions without clearly defined action steps that are

connected to concrete goals can easily get "lost" in action. Busy team members whose activities are not tied to goals may be "spinning their wheels" and not actually moving the group's prevention agenda forward.

- **Promote open communication during meetings.** Create guidelines for participation or "ground rules" that support open, honest, and respectful exchanges. These serve as the "seat belts" that keep members safe, promote trust, and prevent tension and conflict among members. It is also important to recognize that not all words used in professional settings are appropriate or respectful to the communities centered. It will therefore be critical to familiarize yourself with respectful and non-stigmatizing language (e.g., using person first language, understanding how individuals prefer to be identified and their preferred pronouns, understanding the expected level of formality, knowing potential trigger words or words that will evoke traumatic or troubling memories).

- **Use clear and transparent decision-making processes.** Just as oil prevents an engine from seizing, clear and transparent decision-making processes will help to ensure that your coalition doesn't get mired in indecision. Decision-making methods that are well recognized for equalizing power include the following: consensus, modified consensus, participatory decision making (such as dot-mocracy) and stratified representative decisions (where communities get to appoint their own representatives who take their positions forward into a smaller body).[2] How the coalition approaches decision making is one of the first decisions it should make together!

- **Be responsive to member needs.** Like maintaining your car, so, too, must you attend to the needs of your members. Make sure that members find value in their participation—failing to do so is like driving all day and not stopping for food. One way to "feed" members is by providing trainings and in-services to build needed capacities. Another is to ensure that members can contribute in ways that are meaningful to them. Lastly, check in regularly with members to gauge their satisfaction with the group and find out if you need to do any tune-ups.

- **Build on the leadership capacity of members.** This not only helps to keep members challenged and engaged but will also contribute to the group's sustainability. Having coalition members who are involved in leadership roles is like having a spare tire—it ensures that your

[2] Coalition of Communities of Color. *Culturally Responsive Organizations.* Downloaded July 2, 2021 from https://www.coalitioncommunitiescolor.org/research-and-publications/protocolfororgs.

coalition is not dependent on the involvement of a single individual to move forward and will vastly increase the sustainability of prevention efforts.

- **Assess progress regularly.** 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 isn't always the smoothest or most scenic. Remember that the journey should also be fun and fulfilling—which means taking the time to ensure that everyone involved is heard and respected. So, acknowledge member contributions and celebrate your progress along the way.

BENCHMARK: Establish a transparent infrastructure and clear communication channels.

TOOL: **Worksheet: Determining Member Responsibilities**

TOOL: **Are Members Satisfied?**

TOOL: **Online Tools to Keep Your Collaboration Ticking**

BENCHMARK: Engage in a participatory decision-making process

TOOL: **Do's and Don'ts of Collaborative Leadership**

TOOL: **Decision-Making Models: Voting versus Consensus**

TOOL: **Managing Coalition Dynamics**

TOOL: **How Are We Doing? Evaluating Your Collaboration**

RAISING COMMUNITY AWARENESS

By raising public awareness about a community's priority substance misuse needs, practitioners can help garner valuable resources and increase local readiness for prevention. By raising awareness of existing inequities, the structural factors that contribute to these inequities, and the social determinants of health, you can help to place these disparities in the necessary historical context. You will also be communicating that your substance misuse prevention efforts are part of a broader definition of health, and that the needs of communities that have been historically disenfranchised will not be overlooked.

Here are some strategies for raising community awareness:

- Meet one-on-one with public opinion leaders that represent the diversity of your community
- Ask task force members to share information in their own sectors

- Submit articles to local newspapers, faith community bulletins, neighborhood newsletters, civic associations, etc.
- Attend community meetings with coalition members and share updates
- Share information on relevant websites and social media outlets
- Host community events to share information about and discuss the problem
- Examine statewide campaigns and resources to see if/how they are relevant to your community

Make sure to share and discuss assessment findings *throughout* the community. Consider how different sectors of the community access information—including, but not limited to, people representing different religions, races/ethnicities, ages, gender identities, sexual orientation, and socio-economic groups. Then invite interested community members and groups to participate in prevention planning efforts.

It is always helpful to think "outside the box" when looking for new ways to raise community awareness. For example, the local high school may have a media club that can help to create a video about the community's priorities and/or prevention efforts. Also, think about "ripple" potential—that is, which individuals and community groups might help to spread the word and get others involved in prevention efforts.

Finally, when building capacity, don't forget about data. Use the findings—both quantitative and qualitative—that emerged during the assessment process to increase general awareness about critical prevention needs, engage key stakeholders, and mobilize resources to support prevention efforts. Make sure to share data in ways that are accessible and engaging, and that resonate with your audience.

BENCHMARK: Develop processes to increase community awareness, understanding, and motivation to address intervening variables related to substance misuse.

TOOL: **Communications Toolkit**

TOOL: **Strategies for Working with the Media**

TOOL: **The Do's and Don'ts of Effective Messaging for Substance Abuse Prevention**

TOOL: **People Power: Mobilizing Communities for Policy Change**

SPF STEP 3: PLANNING

Strategic planning increases the effectiveness of prevention efforts by ensuring that prevention practitioners select and implement the most appropriate programs and strategies for their communities. In an effective planning process, communities involve diverse stakeholders, including individuals that represent populations at increased risk of experiencing behavioral health disparities and inequities; replace guesswork and hunches with data-driven decisions; and create comprehensive, evidence-informed prevention plans to address their priority substance misuse needs.

To develop a data-driven prevention plan with high relevance for the centered population and strong community support, practitioners need to:

- Prioritize the intervening variables associated with the prevention needs that have been identified (See *Step 1: Assessment*)
- Select appropriate programs and practices to address each priority factor
- Combine programs and practices to ensure a comprehensive approach
- Build and share a logic model with, and inviting participation from, prevention partners and other key stakeholders

The information communities gather to determine their prevention needs can also guide the development of an effective prevention plan.

As noted earlier, communities can't change consumption patterns, and consequences directly. Instead, they can change them indirectly by addressing the intervening variables that they are associated with. Evidence-informed programs and practices can only make a difference if they are a good match for both the substance misuse pattern/consequence and the underlying variables that drive changes in that problem.

Don't Forget Protective Factors!

Intervening variables include both risk *and* protective factors. Communities can fall into a pattern of just focusing on risk factors but should remember that enhancing protective factors is equally important.

PRIORITIZING INTERVENING VARIABLES

Every substance misuse issue in every community is associated with multiple intervening variables. No community can address all these variables—at least not at once. So, the first step in developing a prevention plan is to figure out which intervening variables are the "key drivers" of a community's priority needs. When prioritizing these variables, it is helpful to consider the variable's *importance* and *changeability.*

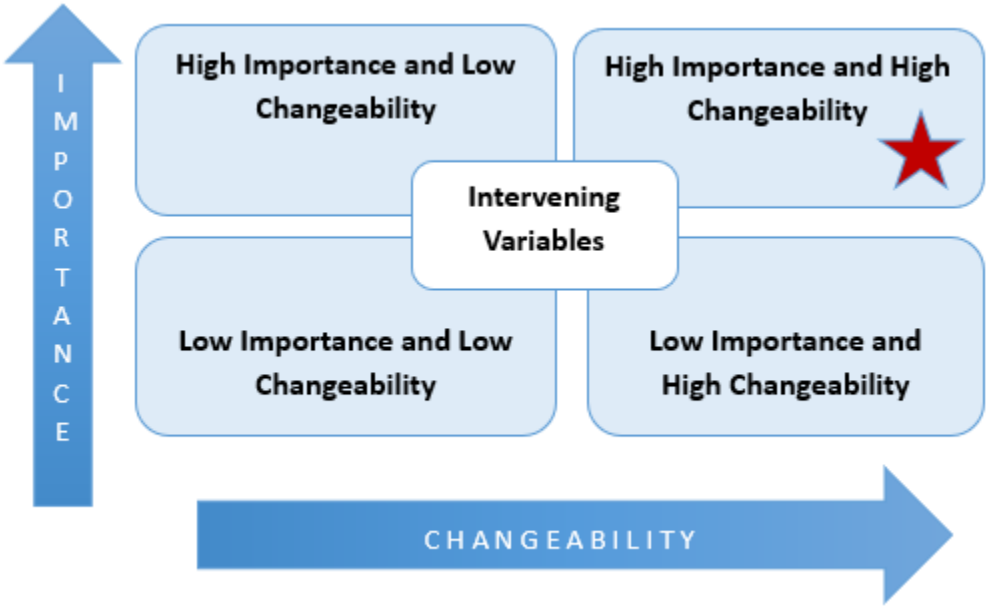
Importance describes how a specific intervening variable affects a problem. To determine a variable's importance, ask the following:

- How much does the intervening variable contribute to our priority need?
- Is this intervening variable relevant, given the developmental stage of our centered population?
- Is this intervening variable associated with any other behavioral or associated health need or does it contribute to racial inequities?

Changeability describes a community's capacity to influence a specific intervening variable. To determine a variable's changeability, ask the following:

- Do we have the resources and readiness to address this variable, including support from those populations most affected by the variable?
- Does a suitable program or practice exist to address this variable?
- Can we produce outcomes within a reasonable timeframe?

When first developing a prevention plan, it is best to consider prioritizing variables that are *high for both importance and changeability.*



If no variables are high for both, the next best option is to prioritize variables with high importance and low changeability. Since variables with high importance contribute significantly to priority substance misuse needs in a given community, addressing these variables is more likely to make a difference. Also, it may be easier to increase the changeability of a variable (e.g., by building capacity) than it is to increase its importance. This may be necessary for variables related to health inequity, for example, where there may be limited support if the community is not yet aware of the need to prioritize this issue. In some cases, however, a community may choose to address a variable with low importance and high changeability. Doing this can give the community a quick "win," help raise awareness and support for prevention, and increase the community's buy-in and capacity to address more important variables in the future.

MassCALL3 –B awardees are expected to develop and submit a strategic prevention plan—including results of needs assessment activities (Task 2); infrastructure development needs (Task 3); prioritization of needs, risk and protective factors, and population(s)/area(s) of focus; a logic model; a comprehensive set of programs, policies, and practices to be implemented; examination of cultural appropriateness and competence; consideration of health disparities; monitoring and evaluation; and a plan for sustainability of programs and processes.

BENCHMARK: Prioritize intervening variables.

TOOL: Risk and Protective Factor Prioritization Worksheet

SELECTING APPROPRIATE PROGRAMS AND PRACTICES

Once your community has identified the intervening variables it wants to address, it is ready to select programs and practices to address these variables.

- A **program** is a set of predetermined, structured, and coordinated activities.
- A **practice** is a type of approach, technique, or strategy.

A program can incorporate different practices, and guidance for implementing a specific practice can be developed and distributed as a program. The important thing to remember when thinking about programs and practices is that they are not single instance offerings, or "one-shot-deals." The research is clear that, for universal interventions, a one-shot-deal will not produce lasting changes in behavior. One-shot interventions/events—such as a community forum on the impact of alcohol use on the developing brain—may be a meaningful addition to a comprehensive set of research-informed prevention strategies, but it won't be effective on its own.

Sometimes people want to select prevention programs or practices that are popular, those that worked well in a different community or those with which they are familiar. These are not the best selection criteria. What is more important is that the program or practice can effectively address the priority substance misuse issue and associated intervening variables, and that it is a good fit for your community.

The following are three important criteria for selecting appropriate prevention programs and practices:

- **Start with a foundation of evidence.** Whenever possible, prevention practitioners should select programs or practices that are either evidence-based (i.e., that have documented evidence of effectiveness) or evidence-informed (that is, based on established research, combined with knowledge of the population to be served). (See box below for more on the distinction.) The best places to find evidence-based programs are in well-respected registries such as *Blueprints for Healthy Youth Development*. Just as you would want to choose the best

medicine if you were sick, the strength of the evidence of each approach should be considered when looking at these options for your community. Please note, however, that these sources are not exhaustive and may not include programs and practices appropriate for all needs and/or populations. In these cases, practitioners can think about adapting or supplementing a program, or looking toward evidence-informed programs. Developers and your BSAS Contract Manager should be involved if you are considering this option. Prevention practitioners can also look to other credible sources of information, such a peer-reviewed journals, systematic reviews, and evaluation reports.

EVIDENCE-BASED AND EVIDENCE-INFORMED: WHAT'S THE DIFFERENCE?

The terms "evidence-based" and "evidence-informed" are defined differently in different contexts.

- Evidence-based *practices* are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This includes findings established through controlled clinical studies, but other methods of establishing evidence are valid as well.
- Evidence-based *programs* use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported", depending on the strength of the research design.
- Evidence-*informed* practices use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to families' cultural backgrounds, community values, and individual preferences.

From: Children's Bureau (HHS), Child Welfare Information Gateway, FRIENDS National Resource Center for Community-Based Child Abuse Prevention, & Center for the Study of Social Policy-*Strengthening Families. (2011). Strengthening Families and Communities: 2011 Resource Guide*. Retrieved February 11, 2011, from www.childwelfare.gov/pubs/guide2011/guide.pdf#page=17

- **Conceptual fit.** A program or practice has a good conceptual fit if it directly addresses one or more of the priority intervening variables driving a specific substance misuse need and has

been shown to produce meaningful outcomes for members of the centered population. To determine a conceptual fit, ask, "Will this program or practice have an impact on at least one of the community's priority intervening variables?"

- **Practical fit**. A program or practice has a good practical fit if it is culturally relevant for the centered population, the community has the will and capacity to support it, and it enhances or reinforces existing prevention activities. To determine a practical fit, ask, "Is this program or practice appropriate for our community?"

Evidence-based or -informed programs and practices with both conceptual fit *and* practical fit will have the highest likelihood of producing meaningful prevention outcomes, and thus be sustainable.

BENCHMARK: Select evidence-informed strategies, programs, and promising practices to address priority intervening variables.

TOOL: Examples of Different Interventions

TOOL: Conceptual Fit: Matching Factors and Interventions for Underage Drinking (Selected Examples)

TOOL: Preventing Prescription Drug Misuse: Programs and Strategies

TOOL: Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

TOOL: Preventing Youth Marijuana Use: Programs and Strategies

TOOL: Strategies to Prevent Binge or Heavy Episodic Drinking Among Adolescents and Young Adults

TOOL: Preventing Prescription Drug Misuse: Programs and Strategies

TOOL: Strategies to Prevent Binge or Heavy Episodic Drinking Among Adolescents and Young Adults

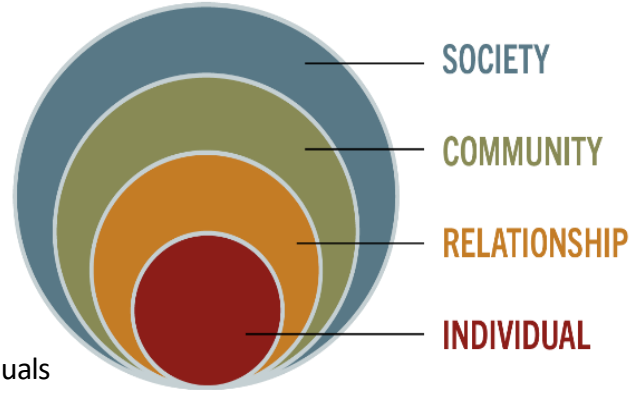
TOOL: Selecting Best-fit Programs and Practices: Guide for Substance Misuse Prevention Practitioners

TOOL: Guide to Online Registries for Substance Misuse Prevention Evidence-based Programs and Practices

ENSURING A COMPREHENSIVE APPROACH

In a comprehensive approach to prevention, programs and practices combine to reach people with different levels of risk. They target multiple social contexts and ensure cultural responsiveness. Each of these is described below.

- **Levels of risk**. To stop the progression of substance misuse, effective prevention efforts include those programs and practices that are directed toward individuals or groups who are not yet engaging in risky behaviors (such as programs for all 6th grade students). These efforts also include interventions for individuals or groups who have a higher likelihood of engaging in these risky behaviors or who have already begun doing so (such as programs for children whose parents have substance misuse disorders).



- **Multiple social contexts**. According to the socioecological model, intervening variables operate across four domains: individual, family, school/campus, and community. As your coalition progresses, you will want to develop a comprehensive prevention plan that includes multiple programs and practices, operating in multiple settings and across multiple domains.

- **Cultural responsiveness**. Programs and practices must be responsive to, and appropriate for, the different cultural groups that comprise a population. Some ways to ensure a culturally responsive planning process include the following:

    - Make community representation in the planning process a priority. Recruit population members to help identify appropriate programs and practices. Convene focus groups with diverse community members to obtain valuable feedback on potential interventions. Involve members of the centered population as active participants and decision-makers throughout each phase of the decision-making process.

    - Develop logic models that include a reduction in health disparities as a long-term outcome.

- Implement effective prevention programs and practices that center populations experiencing behavioral health disparities and that have been developed for and evaluated with similar individuals.
- If (and when) misunderstandings arise, be persistent in keeping communication lines open.

In general, programs and practices are enhanced when they operate in a variety of community settings and influence local risk and protective factors at both the individual and environmental levels. Thus, a comprehensive prevention plan might include:

- A school-based youth skills promotion program
- Parent education to support children's healthy development
- Organizational/community rules and regulations that support healthy behavior
- Enforcement of rules and regulations that support healthy behavior

Some programs and practices included in a comprehensive prevention plan are likely to work better than others (e.g., they produce meaningful outcomes and/or receive community support). To maintain meaningful outcomes over time, it is important to identify and sustain those prevention programs and practices that work well for a community.

BENCHMARK: Identify a comprehensive set of prevention programs, policies, and strategies

TOOL: Characteristics of a Comprehensive Prevention Approach

TOOL: Cultural Competence Primer: incorporating Cultural Competence Into Your Comprehensive Plan

BUILDING AND SHARING A LOGIC MODEL

A logic model is a graphic planning tool, much like a roadmap, that can help prevention practitioners communicate where prevention efforts are headed and how goals will be reached. Logic models can help practitioners:

- **Explain why a program or practice will succeed**. By clearly laying out the tasks of development, implementation, and evaluation, a logic model can help practitioners clearly explain what will happen and why.

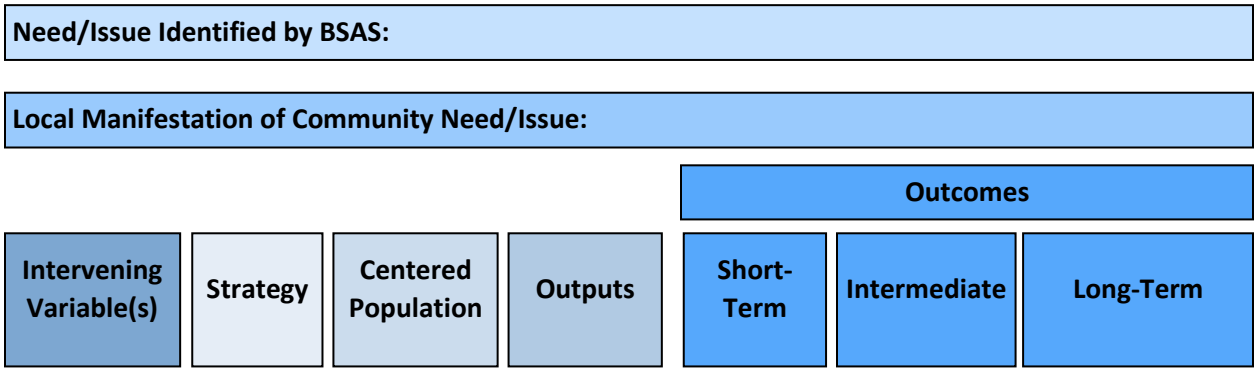
- **Identify the logical connections between the problem to be addressed, the associated intervening variables, and the prevention programs and practices that will effect change**. Logic models help to expose gaps in reasoning or "disconnects" between the community's needs and the actions that have been planned to address them. A logic models helps practitioners identify places where assumptions might be off track or may be unsupported by research or experience or where there are opportunities for improvement. The sooner missteps are discovered, the easier they are to correct.

- **Make evaluation and reporting easier**. Developing a logic model before implementing a program or practice makes evaluation easier since it shows clear, explicit, and measurable intended outcomes. When a prevention initiative is laid out fully and clearly in a logic model, it is much easier to identify appropriate evaluation questions and gather the data needed to answer them.

- **Improve the sustainability of prevention efforts**. A clear logic model that is developed with input from prevention partners and other key stakeholders will help to make the planning process transparent and create buy-in for prevention efforts.

Logic models may be used for various purposes (e.g., program planning, implementation, evaluation and can feature different elements (e.g., inputs, activities, outputs, outcomes).

Practitioners will use the information gathered in SPF Steps 1 and 2 (Assessment and Capacity) to develop a community-level logic model that links local needs, related intervening variables, evidence-based strategies, and anticipated outcomes. It is important to consider the implications of health equity at every point in the model.



Specifically, your logic model should include these categories:

- **Issue/Need statement**. For BSAS initiatives, this will come from the Request for Response. It describes why BSAS made these grant dollars available.
- Brief **description of the extent of the need/issue** in your cluster, including quantitative and/or qualitative data to substantiate your statement.
- Prioritized **intervening variables.**
- **Selected strategies** to address these variables. These can be programs, policies, and/or practices. It is likely that your community will use multiple strategies to address each intervening variable.
- **Centered population.** This describes the immediate audience for each strategy. You will also need to specify whether this group is specific to the entire area/cluster or to specific communities.
- **Outputs.** This measures the extent to which your chosen strategies are being implemented as planned (e.g., number of people participating in a program, estimated hits to a social media campaign, number of curriculum lessons delivered)
- **Expected outcomes** (short-term, intermediate, and long-term). These are the changes communities want their prevention programs and practices to produce.
    - **Short-term outcomes** are the most immediate effects of a program or practice. Short-term outcomes are closely related to how well a program or practice is implemented. These usually include changes in knowledge, attitudes, beliefs, and skills, and are usually connected to changes in priority intervening variables.
    - **Intermediate outcomes** are the changes in behaviors, norms, and/or policies, often expressed as changes in the intervening variable.
    - **Long-term outcomes** are the ultimate effects of a program or practice after it has been in place for a while. Long-term outcomes usually result from meaningful short-term and intermediate outcomes that can, over time, lead to long-term behavioral changes. These may take a long time to produce and measure, sometimes many years.

LOGIC MODEL EXAMPLE

Below is an example of a logic model to address high rates of alcohol use among local high school students. The cluster identified high perceived ease of access to alcohol from commercial sources among 9th- to 12-graders. To address this need, the cluster will offer responsible beverage service training to all alcohol retail establishments in the cluster.

Need/Issue Identified by BSAS: Addressing underage drinking						
Local Manifestation of the Need/Issue: In 2020, past-30-day use of alcohol among high school students in the cluster was higher than the state average of 36% (Smithtown: 42%; Jackson: 38%; Redmond: 39%)						
Intervening Variable	**Strategy**	**Centered Population**	**Outputs**	**Outcomes**		
				Short-Term	**Intermediate**	**Long-Term**
High perceived ease of access to alcohol from commercial sources among students in grades 9-12 in cluster	Responsible beverage service training	All alcohol retail establishments in the cluster (both on- and off-premises)	Number of establishments targeted Number of establishments trained Number of individuals trained	Increase in awareness, knowledge, attitudes, and responsible serving/ selling practices among those trained	Decrease in perceived ease of access to alcohol from commercial sources among students in grades 9-12 in the cluster	Decrease in the % of 9th-12th grade students in the cluster who report past-30-day use of alcohol
Alcohol outlet density	Alcohol outlet density regulation	Municipal leaders Business community Neighborhood associations	Number of listening sessions conducted Number of meetings with licensing and zoning boards Timeline of policy development and approval	Increased awareness of negative impacts of outlet density Increased understanding of zoning and licensing practices that disproportionately impact different neighborhoods	Adoption of revised licensing and zoning regulations that balance health equity, restorative justice, and economic equity Reduced exposure to alcohol outlets and alcohol advertising among underage youth	Decrease in the % of 9th-12th grade students in the cluster who report past-30-day use of alcohol

Grantees are required to update their logic model annually.

It is expected that you will develop and finalize your strategic plan over the course of the next 9-15 months. Regardless of when your strategic plan is approved your initial logic model should cover the period from July 1, 2022 – June 30, 2023.

BENCHMARK: Develop a logic model that aligns needs and/or consequences, intervening variables, and selected strategies; and reflects culturally based assumptions of change.

TOOL: Logic Model Development Guide

TOOL: Examples of Local-level Logic Models for Addressing Behavioral Health Disparities

After completing a logic model for prevention, it is important to share it with these two important groups:

- **Prevention partners**. These include the individuals, groups, and institutions that participated in the needs assessment, those brought onboard during the capacity-building process, and those who will play a key role in selecting prevention programs and strategies. (These may be the same people, or they may be different.) Make sure the logic model clearly communicates what the prevention plan hopes to accomplish and what the role of partners will be in helping everyone to get there.

- **Other prevention stakeholders**. These include funders as well as community members and groups who may not yet be actively involved in prevention efforts. A logic model can help practitioners build support for prevention, overall, as well as to mobilize the specific capacities needed to implement specific programs and practices. Also, the more people who understand the problem and are on board with the prevention plan, the more likely it is that selected programs and practices will be sustained over time.

SPF STEP 4: IMPLEMENTATION

In this step, practitioners put their logic model into action by delivering programs, policies, and practices as intended. To accomplish this task, practitioners need to balance fidelity and adaptation, and establish critical implementation supports. By working closely with community partners to deliver programs and practices as intended, closely monitoring and improving their delivery, and celebrating "small wins" along the way, planners help to ensure their effectiveness and begin to weave prevention into the fabric of the community.

BALANCING FIDELITY AND ADAPTATION

In preparing to implement selected programs and practices, it is important to consider *fidelity* and *adaptation*.

- **Fidelity** describes the degree to which a program or practice is implemented as intended.
- **Adaptation** describes how much, and in which ways, a program or practice is changed to meet local circumstances.

Evidence-based or informed programs, policies, and practices are defined as such because they either consistently achieve or show potential for meaningful outcomes. The greater the fidelity of the original program design, the more likely the program will be to reproduce meaningful results. While customizing a program to better reflect the attitudes, beliefs, experiences, and values of a centered population can increase its cultural responsiveness, it is important to keep in mind that such adaptations may compromise program effectiveness.

Remaining faithful to the original design of an evidence-based or informed program or practice, while addressing the unique needs and characteristics of the target audience, requires balancing fidelity and adaptation. When we change a program, we risk compromising outcomes. However, implementing a program that requires some adaptation may be more efficient and cost-effective than designing a program from scratch.

Consider these guidelines when balancing fidelity and adaptation:

- **Retain core components**. Evidence-informed programs are more likely to be effective when their core components (i.e., those elements responsible for producing meaningful outcomes) are maintained. Core components are like the key ingredients in a cookie recipe. We might be able to take out the chocolate chips, but if we take out the flour—a core component—the recipe won't work.

- **Build capacity *before* changing the program**. Rather than change a program to fit local conditions, consider ways to develop resources or to build community and organizational readiness so that it can be delivered as it was originally designed.

- **Add rather than subtract**. Doing so decreases the likelihood of important program elements (i.e., those that are critical to program effectiveness) getting lost.

- **Adapt with care**. Even when programs and practices are selected with great care, there may be ways to improve their appropriateness for a specific time or place. For example, during the COVID epidemic, it was necessary to convert many in-person interventions to online settings. ***Cultural modifications*** refer to modifications that are tailored to the beliefs and practices of a specific group and enhance the cultural responsiveness of an intervention. To make a program or practice more culturally responsive, consider the language, values, attitudes, beliefs, and experiences of centered population members. Involve members of the population in determining where and how modifications may be needed. Successful cultural adaptation also depends on strong linkages to cultural leaders and access to culturally competent staff.

- **If adapting, get help**. Knowledge experts, such as program developers, are important to involve as they can provide information on how a program has been adapted in the past, how well these adaptations have worked, and what core components should be retained to maintain effectiveness. You also may want to reach out to your Contract Manager to see if supplements or adaptations relevant to your population have been made in other parts of the state. Members of the centered population can also suggest ways to enhance program materials or messaging to better reflect their concerns and experiences.

Keep in mind that adaptations can be ***planned*** to improve a program (such as is the case with cultural adaptation) or ***unplanned***. Be aware of the potential for unplanned changes that may occur during implementation (e.g., missed sessions when schools close unexpectedly due to bad weather) and to address any changes that might compromise program effectiveness (e.g., schedule makeup sessions so students don't miss out on core program content). Make sure to track all adaptation, both planned and unplanned, so you have a clear record of what went on.

MassCALL3–B awardees are expected implement a comprehensive set of evidence-informed programs, policies, and practices. They are also expected to continue to enhance their implementation capacity throughout the duration of the project.

BENCHMARK: Address issues of fidelity and adaptation.

TOOL: [What Are Core Components...and Why Do They Matter?]

ESTABLISHING IMPLEMENTATION SUPPORTS

Many factors combine to influence implementation and support the success of prevention efforts. These include the following:

- **Favorable prevention history**. An individual (or organization) who has had meaningful experiences implementing prevention programs or practices in the past is likely to be more willing and able to support the implementation of a new intervention. If an individual (or organization) has had a negative experience implementing a program or practice—or doesn't fully understand its potential —make sure to address their concerns early in the implementation process.

- **Onsite leadership and administrative support**. Prevention programs and practices assume many forms and are implemented in many different settings. However, to be effective all of them require leadership and support from community partners and other stakeholders.

- **Practitioner selection**. When selecting the best candidate to deliver a prevention program, consider professional qualifications and experiences, practical skills, as well as fit with the focus population. Ask, "Who is prepared to implement the program effectively? With whom will program participants feel comfortable, and see as credible? Does the practitioner reflect the diversity of the program participants?"

- **Practitioner training and support**. Pre- and in-service trainings can help practitioners or stakeholders who are responsible for implementing a program to understand how and why it works, practice new skills, and receive constructive feedback. Since most skills profit from reinforcement, it is also very helpful to connect these practitioners with a coach (or peer) who can provide ongoing support.

- **Program evaluation**. By closely monitoring and evaluating the delivery of a program or practice, practitioners can make sure that it is being implemented as intended and can thereby improve it as needed. By assessing program outcomes, practitioners can determine

whether a program or practice is working as intended and is worthy of sustaining over time. (See *Step 5: Evaluation* to learn more to learn more about this topic.)

- **A clear action plan**. A clear action plan should include all implementation tasks, deadlines, and person(s) responsible. Clear action plans help to ensure that everyone is on the same page and that no key tasks fall through the cracks. Keep in mind that good planning requires a group process. Whether decisions are made within a formal coalition or among a more informal group of partners, these decisions cannot represent the thoughts and ideas of just one person; they must reflect the ideas and input of individuals from across community sectors.

Promoting both fidelity and cultural responsiveness—as well as anticipating and supporting the many factors that influence implementation—can go a long way toward producing meaningful outcomes. However, to sustain these outcomes over time it is important to get others involved and invested. To this end, find concrete and meaningful ways for people to get involved. Keep cultural and public opinion leaders well-informed. Celebrate milestones. Finally, get the word out to the broader community through the most appropriate media and via other publicity efforts.

BENCHMARK: Establish implementation supports

TOOL: Action Plan Template and Example

SPF STEP 5: EVALUATION

According to Michael Quinn Patton, an evaluation expert, research seeks to *prove* while evaluation seeks to *improve*. In the SPF, evaluation is about enhancing prevention practice. It is the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making.

The evaluation step helps communities to:

- Systematically document and describe prevention activities.
- Meet the diverse information needs of prevention stakeholders, including community members and funders.
- Continuously improve prevention programs and practices.
- With the use of research methods, potentially demonstrate the impact of a prevention program or practice on substance misuse and related behavioral health needs, including their impact on identified behavioral health disparities.
- Identify which elements of a comprehensive prevention plan are working well.
- Build credibility and support for effective prevention programming in the community.
- Advance the field of prevention by potentially increasing the knowledge base about what works and what does not.

Through process and outcome evaluation, communities can make important mid-course corrections to prevention efforts, identify which practices are worth expanding and/or sustaining, and examine ongoing plans for—and progress toward—sustaining those practices that work. By sharing evaluation findings, planners can also help build the support needed to expand and sustain effective interventions.

EVALUATION AND THE SPF

In the SPF, evaluation involves examining both the process and outcomes of prevention programs and practices. This means asking questions at three levels:

1. Since a comprehensive prevention plan includes multiple programs and practices, examine separately how *each* was delivered and the degree to which it produced meaningful outcomes

2. Determine how well these different programs and practices *work together* as part of the community's comprehensive plan to address priority substance misuse needs

3. Evaluate the implementation of the SPF process itself (e.g., "Were all step-specific tasks completed? Were cultural competence, humility, and responsiveness, and sustainability principles and activities integrated along the way?")

Stakeholder involvement is as crucial a part of the evaluation step as it is of other SPF steps. An evaluation stakeholder is anyone who cares about, or has something to gain or lose from, a program or practice and its evaluation findings. This includes members of those populations that the prevention program or practice is intended to reach. The importance and benefits of involving diverse stakeholders in the evaluation process cannot be overstated. By involving community partners, prevention planners can:

- Demonstrate respect for the many individuals and groups connected to prevention efforts
- Obtain the help and support needed to conduct a thorough evaluation
- Enhance understanding of the evaluation process among those involved in data collection and analysis
- Ensure the cultural responsiveness and appropriateness of the evaluation design, tools, and findings
- Increase the credibility of prevention programming as well as of the evaluation process and findings
- Increase the likelihood that evaluation findings will be disseminated and used
- Garner support for any efforts to expand and/or sustain programs and practices that have been shown to be effective

UNDERSTANDING PROCESS AND OUTCOME EVALUATION

In the SPF, prevention planners consider two types of evaluation: *process* and *outcome.*

Process evaluation answers the question, "Did we do what we said we would do?" Prevention planners use process evaluation extensively to assess the quality of implementation, keep implementation on track, and inform adjustments that can strengthen the effectiveness of their prevention efforts. Process data help prevention planners determine the following:

- Were programs and practices implemented as planned?
- What adaptations were made?
- Were the resources sufficient?
- What obstacles were encountered?
- Who participated and for how long?

Outcome evaluation measures the direct effects of a program or practice following implementation. It determines whether the program or practice made a difference and, if so, what changed. An outcome evaluation might document changes in a population group's knowledge, attitudes, skills, or behavior in both the short- and long-term. Specifically, outcome data can help planners determine:

- What changes occurred
- How resulting changes compare to what the program or practice was expected to achieve
- How resulting changes compare with those of individuals not exposed to the program or practice

Both process and outcome data are important. Outcome evaluation looks at results, but results don't tell the whole story. An evaluation that focuses only on outcomes is sometimes called a "mystery box" evaluation because it does not take process into consideration. Case in point, examining how a program or practice was implemented, the number of people served, dropout rates, and how individuals experienced the intervention can shed light on disappointing outcome evaluation results. Similarly, examining these same factors can also explain meaningful evaluation results. (One can't take credit for meaningful results if one can't show what caused them.) An outcome evaluation alone, without a process evaluation component, won't provide information about why a program did or did not work.

MassCALL–3 awardees are expected to enhance their evaluation capacity throughout the duration of the project.

BENCHMARK: Identify, select, and manage local evaluators

TOOL: Working with an Evaluator: Keeping the Spark Alive

TOOL: Traditional vs. Participatory Evaluation

ADHERING TO EVALUATION PRINCIPLES

Successful evaluations adhere to the principles of utility, feasibility, propriety, and accuracy.

- **Utility** is about making sure that the evaluation meets the needs of prevention partners and other stakeholders, including funders. To increase the utility of the evaluation, prevention planners may:

- Identify the evaluation needs of all key stakeholders
- Document findings so that they are easily understood
- Share findings with stakeholders in a timely manner

- **Feasibility** is about making sure that the evaluation is realistic and doable. To ensure the feasibility of the evaluation, prevention professionals may:
  - Establish data collection procedures that are practical and minimize disruption
  - Anticipate and address potential obstacles
  - Consider efficiency and cost-effectiveness

- **Propriety** is about making sure that the evaluation is conducted in accordance with legal and ethical guidelines and is consistent with each community's cultural context. To support the propriety of the evaluation, prevention professionals must:
  - Respect the rights and protect the well-being of all involved
  - Examine the program or practice in a thorough and impartial manner
  - Ensure that data collection tools reflect community culture
  - Allocate the evaluation resources needed to learn whether selected interventions are having the intended impact on the behavioral health disparities you are hoping to reduce.
  - Define how findings will be disclosed and who can access them. This may include obtaining permission prior to disseminating evaluation findings related to a specific population.
  - Meet state and organization confidentiality requirements

- **Accuracy** is about making sure that the evaluation is conducted in a precise and dependable manner. To increase the accuracy of evaluation findings, prevention professionals may:
  - Clearly describe the program or practice as well as the evaluation procedures
  - Gather and use information that is both valid and reliable
  - Systematically and appropriately analyze all information. This may include conducting follow-up interviews with program participants to better understand program evaluation findings.
  - Justify and fairly report all conclusions

FOCUSING THE EVALUATION DESIGN

Often, at the beginning of an evaluation, people jump right to thinking about how to collect data (e.g., "Let's do a survey!") before thinking through what data they'll need. The following tasks help practitioners design the right evaluation for a prevention initiative:

- **Clarify your purpose:** For example, do you want to find out if your interventions reached your focus population, or how well they worked to bring about change? Your purpose should be dictated by your stakeholders' needs, including funding requirements, and guide all decisions that follow.

- **Develop your questions:** Once you are clear on your purpose, you will need to develop evaluation questions that are specific to what you want to learn. Some questions can help you learn about the implementation of an intervention while others can help you learn about its outcomes.

- **Select the right design:** There are different ways to design, or structure, an evaluation. Some questions are best answered by gathering data from intervention participants and practitioners throughout implementation. Other questions are best answered by gathering data before and after an intervention, and/or from non-participants as well as participants. This latter approach allows for the potential for helpful comparisons and a better understanding of an intervention's effects.

- **Choose appropriate methods:** There are different ways to gather the data you need. Qualitative methods (e.g., interviews, focus groups) produce data that are usually expressed in words. They let you explore an issue or population in-depth by answering questions such as Why or why not? and What does that mean? Quantitative methods (e.g., surveys, checklists) produce data that are usually expressed in numbers. They allow you to draw general conclusions about an issue or population by answering questions such as How much? How many? and how often? Which methods you select will depend on what you want to learn, your budget and timeline, and what is most appropriate for your focus population. Most evaluations include aspects of both qualitative and quantitative design (often referred to as mixed methods evaluations).

BENCHMARK: Develop and implement an evaluation plan

TOOL: Providing Evaluation Technical Assistance: Questions to Guide Evaluation Planning

TOOL: Selecting an Appropriate Evaluation Design

TOOL: Focusing Your Evaluation Design

TOOL: Gathering Credible Evidence and Justifying Results

USING EVALUATION RESULTS

The best way to make sure that your evaluation findings will be used is to communicate them in ways that meet the varied needs of your diverse stakeholders. For each audience, ask yourself the following questions:

- **What do they want to learn from the evaluation?** Different audiences care about different things. For example, the general public will want to hear about the big picture. Are your interventions enhancing health outcomes? Are you putting tax dollars to good use? Your funder, on the other hand, will want all the details of your evaluation procedures, methods, and findings.

- **Which communication methods and channels are most appropriate?** Consider how your different audiences get their information. You may be able to share information with some groups—such as community service providers—through meetings, workplace newsletters, or listservs. But you may have better luck reaching other groups, such as young people, with posts to social networking sites and tweets. The following are some different reasons and ways to communicate evaluation findings:

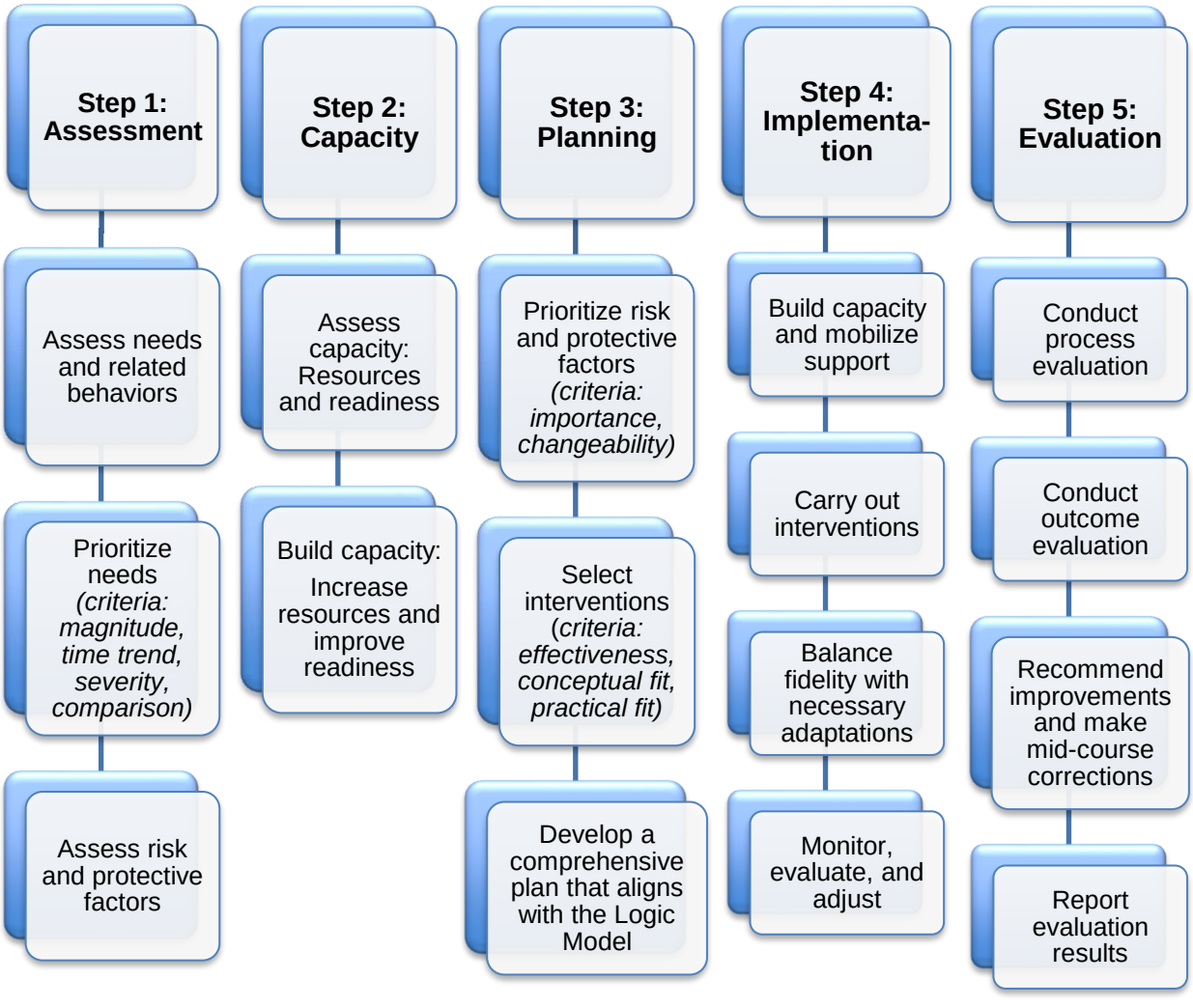
    - To share key evaluation findings with the public, submit a short press release to local newspapers or online news services that reach your audience.
    - To get a large group of community members thinking and talking about evaluation findings, convene a town hall meeting.
    - Create fact sheets and/or infographics of key findings to post on websites, distribute on listservs, and hand out at events.
    - To provide funders with a complete overview of the evaluation process and findings, write a full report.
    - To explore findings and potential next steps with local cultural and advocacy groups, schedule a small group presentation for each group.
    - Contribute to the prevention field by sharing findings in a conference presentation or a journal article.

BENCHMARK: Share evaluation results with key stakeholders

TOOL: Reporting Your Evaluation Results

TOOL: How Do We Use Data to Communicate? Audience and Data Worksheet

SPF AT-A-GLANCE



SECTION III: GRANT MILESTONES, TIMELINES, AND DELIVERABLES

This template outlines the sections and content of the strategic plan deliverable that must be submitted to BSAS. All Massachusetts Collaborative for Action, Leadership, and Learning 3 (MassCALL3) Part B grantees are expected begin working on their strategic plan beginning in July 2021 and to continue working on it until it has been approved by BSAS. **Grantees must have a fully approved strategic plan before implementing any prevention strategies as part of this grant initiative**.

The strategic plan **must not exceed 45 pages**, including the information and tables outlined in this document. There is no page limit on any supporting materials or appendices that you choose to submit.

At different points in the process outlined below, you will be required to submit sections of the strategic plan to your Center for Strategic Prevention Support (CSPS) technical assistance liaison (TAL) and BSAS Contract Manager. Your TAL will review each section and provide initial feedback. Your BSAS Contract Manager will provide recommendations for improvement and final approvals. **Unless otherwise noted, sections of the strategic plan (including the full final draft) must be submitted to your TAL in advance of sending them to your BSAS Contract Manager.**

Statement of Grant Intent

The MassCALL3 initiative is intended to replace and build upon the foundation established through previous BSAS prevention grants. As part of MassCALL3, BSAS made grant awards to three types of applicants: Part A – Community Engagement and Capacity Building, Part B – Comprehensive Strategy Implementation, and Part C – Innovation and Promising Practices.

This document is intended for Part B grantees.

Part B of MassCALL3 was awarded to grantees with existing capacity, infrastructure, and experience implementing a systematic public health planning process and/or implementing a comprehensive set of evidence-based/informed prevention programs, policies, and practices with youth, and the environments in which they live. The goal of Part B is to prevent youth misuse of substances of first use (e.g., alcohol, nicotine, cannabis).

To achieve this goal, Part B grantees are expected to: (1) use the Strategic Prevention Framework (SPF) to develop a comprehensive strategic plan that guides community-based prevention initiatives, and (2) incorporate into their plans a restorative prevention framework that embraces the following eight principles:

- Principle 1. Racial Equity

- Principle 2. Trauma-informed service provision
- Principle 3. Positive Youth Development
- Principle 4. Intersectionality
- Principle 5. Cultural Humility
- Principle 6. Restorative Justice
- Principle 7. Collective Impact
- Principle 8. Build and sustain the leadership of people of color

Additional information on the SPF can be accessed here: *A Guide to SAMHSA's Strategic Prevention Framework*.

Full descriptions of the eight principles of Restorative Prevention can be found in Attachment A of the MassCALL3 Request for Proposals (RFR) in COMMBUYS under Bid Number: BD-21-1031-BSAS0-BSA01-54407.

Strategic Plan Outline

All MassCALL3 Part B grantees are **required** to use this strategic plan template and the section and sub-section headings identified on pages 3-8 of this document. The main sections of the strategic plan, the review and approval processes, and a rough anticipated timeframe for each phase of the process are outlined below. Any questions about the strategic plan sections or deliverables should be directed to your BSAS Contract Manager.

<u>3-5 months to complete – Section 1.0 must be presented to BSAS for review/approval</u>

- Pre-assessment/Capacity Building
    - 1.0. Establishing a Strong Foundation

<u>2-3 months to complete – Sections 1 and 2 must be submitted to CSPS and BSAS for review/approval</u>

- SPF Step 1: Assessment
    - 1. 1 Assessment Data on Youth Substance Misuse and Other Related Factors
    - 1.2. Assessing Intervening Variables on Youth Substance Misuse and Other Related Factors
    - 1.3. Equity in Assessment
    - 1.4. Technical Assistance Needs Related to Assessment

- SPF Step 2: Capacity Building
    - 2.1. Community and Key Stakeholder Involvement
    - 2.2. Structure and Functioning
    - 2.3. Core Planning Committee
    - 2.4. Capacity-Building Needs Related to Youth Substance Misuse
    - 2.5 Proposed Process for Strategic Planning
    - 2.6. Technical Assistance Needs Related to Capacity

- SPF Step 3: Strategic Planning
    - 3.1. Planning Process
    - 3.2. Planning to Address Youth Substance Misuse
    - 3.3 Logic Model
    - 3.4. Technical Assistance Needs Related to Strategic Planning and Logic Models

<u>1-3 Months to complete – Full draft of all sections must be submitted to CSPS and BSAS for review/approval</u>

- SPF Step 4: Implementation
    - 4.1. Implementation of Youth Substance Misuse Strategies
    - 4.2. Technical Assistance Needs Related to Implementation

- SPF Step 5: Evaluation
    - 5.1. Existing and Planned Youth Surveys and Evaluation Support
    - 5.2. Technical Assistance Needs Related to Strategic Planning and Logic Models

- Summary Abstract

Pre-Assessment/Capacity Building

Note: Section 1.0 is expected to take approximately 3-5 months to complete. Grantees should not proceed to formally writing the SPF Step 1 and 2 sections until after having a site visit and presenting findings to BSAS for approval. This section will not be included as part of the strategic plan deliverable—it is a *process* through which you are expected to generate information for the parts of the plan related to SPF Steps 1 and 2.

1.0. Establishing a Strong Foundation

The supplemental *MassCALL3 Part B Guidance Document* will provide grantees with a wealth of tools and resources to support the establishment or enhancement of a foundation that will be capable of supporting a strategic plan over the life of the grant. It is expected that grantees will use this resource throughout the development of their strategic plan beginning with this pre-assessment phase.

It is essential that grantees actively engage a broad cross-section of stakeholders across your community/cluster from start to finish of the strategic planning process. From day one of the grant, grantees should be developing their understanding of the value of collaboration, embracing the principles of collaboration, and identifying and engaging potential partners ahead of convening their initial coalition meetings to begin strategic planning.

Cultural responsiveness and sustainability are central to every aspect of the SPF process, not just the implementation of strategies.

- **Cultural Responsiveness** promotes an understanding of culture, ethnicity, and language. It acknowledges that it is impossible to attain all the skills and views needed to work with culturally diverse communities and assumes that practitioners begin their work with the willingness and openness to adapt to the cultural needs of those with whom we work or serve.

- **Sustainability** is the capacity of a community to produce and maintain meaningful prevention outcomes after the initial funding period. To maintain meaningful outcomes, communities will want to sustain an effective strategic planning process as well as those programs and practices that produced meaningful prevention results.

Grantees must be considering both from the start of their assessment. How, for example, do both you and the members of your coalition define and understand what cultural responsiveness means in relationship to the SPF process? Is equity centered as you begin and proceed through the SPF? As you begin to collect data from multiple sources across your community(ies) what are you doing to ensure ongoing data collection and access to data, address gaps, and establish relationships and processes that will endure beyond the duration of

the grant? This is an ongoing process that began in your community well prior to the initiation of MassCALL3 and will continue over the life of your grant. It is of particular importance that you do not sacrifice the foundational principles of collaboration, equity, cultural responsiveness, and sustainability for the ease or expediency of the completion of your strategic plan.

Required Activity: During the Pre-Assessment/Capacity Building step, you and your partners will be conducting assessment and capacity-building activities using the tools and resources provided in the *MassCALL3 Part B Guidance Document* and outlined in Steps 1.1 to 2.6. below. You will be supported by your BSAS Contract Manager and CSPS TAL throughout this process.

Deliverable: Following initial completion of the assessment and capacity building work and identification by the coalition of an initial comprehensive list of Intervening Variables (as outlined in the MassCALL3 Part B Guidance Document and Steps 1.1 to 2.6 below), but *prior to writing or submitting parts 1 and 2 of the strategic plan*, grantees must present on both the process and progress of their assessment and capacity building work as part of a semi-structured virtual site visit. It is expected that all or most members of your Strategic Planning Team will be a part of this presentation—including key stakeholders, sector partners, and community or cluster representatives.

Grantees will be provided with additional details on logistics, scheduling, expectations, and a presentation template from their BSAS Contract Manager shortly following the grant award.

Once your BSAS Contract Manager has determined that all requisite Pre-Assessment/Capacity Building activities have been successfully completed, you may proceed to writing Sections 1.1 to 2.6 of the strategic plan.

SPF Step 1: Assessment

Note: Completing SPF Steps 1 and 2 should take approximately 2-3 months. Grantees should not proceed to SPF Step 3 until after submitting these two sections to CSPS and BSAS for approval.

1.1. Assessment Data on Youth Substance Misuse and Other Related Factors

Describe the process you used to collect data on youth substance misuse/substances of first use within your cluster, large individual municipality, or large individual municipality neighborhood cluster:

- What data sources and techniques for data collection did you use (e.g., focus groups, surveys, key informant interviews)? Include numbers/rates/percentages demonstrating your best source(s) of evidence related to what youth substance misuse use looks like in your catchment area.
- Identify the source(s) of information for any quantitative (numerical) and qualitative (narrative) data.
- Are any subpopulations of youth disproportionately affected by misuse of substances in your catchment area? If so, please identify these subpopulations, the nature of the disparity, and the data/evidence that were used to make this determination.
- Note any gaps in the available data on youth substance misuse that may limit your understanding of the issue, and how you plan to address these gaps moving forward.
- Add any additional information that you think would help the reader understand how the assessment of youth substance misuse data was conducted.

1.2. Assessing Intervening Variables on Youth Substance Misuse and Other Related Factors

Describe the process you used to collect data on intervening variables related to youth substance misuse:

- What data sources and techniques for data collection did you use (e.g., focus groups, surveys, key informant interviews)?
- List all intervening variables related to youth substance misuse (particularly substances of first use) that you investigated, including data (qualitative and qualitative) on each variable and the source(s).
- Note any gaps in the available data on intervening variables related to youth substance misuse that may limit your understanding of the issue, and how you plan to address these gaps moving forward.

- Add any additional information that you think would help the reader understand how the assessment of the data on intervening variables related to youth substance misuse was conducted.

- How are you integrating cultural responsiveness and sustainability into the Assessment step of the SPF process (e.g., how will data collection be sustained, how often do you plan to re-assess, what is in place to guarantee ongoing access to data, what are the baselines that progress will be measured against)?

1.3. Equity in Assessment

Describe the steps taken to promote equity during the assessment of youth substance misuse and intervening variables – including, but not limited to, how decisions were made about which data were used (or not used), the individuals involved (or not involved) in the review and interpretation of data, and the extent to which traditionally marginalized populations were represented in these data and involved in interpretation of findings.

1.4. Technical Assistance Needs Related to Assessment

What assistance do you anticipate needing from BSAS, CSPS, or other sources related to the Assessment step of the SPF once your strategic plan has been approved?

SPF Step 2: Capacity Building

2.1. Community and Key Stakeholder Involvement

- List the key sectors (e.g., municipal government, education, prevention, treatment, health care, law enforcement, social service) currently collaborating with you on MassCALL3 and describe their role.
- Describe how, if at all, you intend to collaborate with local colleges and/or universities located within your catchment area.
- Explain how members of the general community are or will be engaged in MassCALL3.
- Describe how you will engage key stakeholders and other individuals from sectors not yet represented.
- Describe the steps taken to promote equity and a restorative prevention framework during community and key stakeholder involvement – with an emphasis on any steps taken to involve traditionally marginalized populations.

2.2. Structure and Functioning

- Provide an organizational chart of the governing structure of the MassCALL3 Part B project within your catchment area, including any subgroups or workgroups.
- How are the various stakeholders and other representatives within the catchment area functioning together as a team? For example, communication methods, meeting frequency, team-building activities.
- What is the decision-making process in your catchment area? Include a description of the process, how it is facilitated, who facilitates this process, who is involved in final decision-making, and what communities and sectors decision-makers represent.
- What challenges have you encountered so far related to the functioning of your team and what are you doing to overcome these challenges?
- Describe the steps taken to promote equity and a restorative prevention framework within the structure and functioning of your MassCALL3 Part B grant (e.g., involvement of traditionally marginalized populations in decision-making, building and sustaining leadership of people of color).

2.3. Core Planning Committee

- List the membership of the core planning committee responsible for guiding the strategic planning process. Include professional title (where applicable), sector, and community that they are representing.
- What challenges have you encountered related to the functioning of your core planning committee and what are you doing to overcome these challenges?
- Describe the steps taken to promote equity and a restorative prevention framework within the core planning committee (e.g., direct representation, active solicitation of feedback, education on cultural humility and restorative justice).

2.4. Capacity-Building Needs Related to Youth Substance Misuse

- Describe the strengths within your catchment area to address youth substance misuse (e.g., existing capacity, current prevention efforts, recent prevention efforts, groups already working on this issue).
- Describe areas in which your group needs additional support to address youth substance misuse more effectively – including the process used to identify these capacity needs and who was involved in the identification process. Indicate whether these needs are specific to the coordinator, core planning committee, specific parts of your catchment area, stakeholders, sectors, or the entire coalition.
- Describe areas of growth in your catchment area that will need to be addressed to promote equity, social and racial justice, and the eight restorative prevention principles – include the process used by the coalition to identify these capacity needs and who was involved. Indicate whether these needs are specific to the coordinator, core planning committee, specific parts of your catchment area, stakeholders, sectors, or the entire coalition.
- How are you integrating cultural responsiveness and sustainability into this step of the SPF process?
- Include a capacity-building action plan to address your identified areas of growth and capacity needs. The capacity building action plan should include the following elements:

Area of Growth/ Capacity Need	How It Will Be Addressed	Who Is Responsible	Timeline	Measure of Success

2.5 Proposed Process for Strategic Planning

Describe the process the coalition *proposes* to use to facilitate discussions and decision-making related to the prioritization and selection of the final subset of Intervening Variables from the full list identified in Section 1.2—including who will facilitate the process, who will be involved (including the community and sectors they represent), and steps to promote equity and broad representation across your catchment area.

2.6. Technical Assistance Needs Related to Capacity

What assistance do you anticipate needing from BSAS, CSPS, or other sources related to the Capacity Building step of the SPF once your strategic plan has been approved?

Deliverable: After your group has written Sections 1.1 to 2.6 of the strategic plan, this document must be submitted to your Technical Assistance Liaison at CSPS for initial review and feedback. Your BSAS Contract Manager will not accept any drafts that have not been pre-reviewed by CSPS.

Deliverable: After your group has received and considered the feedback provided by CSPS, you must submit Sections 1.1 to 2.6 to your BSAS Contract Manager for final review.

Once your BSAS Contract Manager has determined that Sections 1.1 to 2.6 have been successfully completed, you may proceed to the next step of the SPF and begin writing Sections 3.1 to 3.5 of the strategic plan.

SPF Step 3: Strategic Planning

Note: SPF Step 3 is expected to take approximately 2-4 months to complete. Grantees should not proceed to SPF Steps 5 and 5 until after submitting this section to CSPS and BSAS for approval.

3.1. Planning Process

Describe the *actual* process that was followed to facilitate discussions and decision-making related to the prioritization and selection of the final subset of Intervening Variables from the full list identified in Section 1.2 – including who facilitated the process, who was involved (including the community and sectors they represent), and steps taken to promote equity and broad representation across your catchment area.

3.2. Planning to Address Youth Substance Misuse

Describe your plan to address youth substance misuse in your catchment area:

- Using the guidance provided in the *MassCALL3 Part B Logic Model Development Guide*, list the Local Manifestation of the Issue/Need statements related to youth misuse of substances of first use (e.g., alcohol, nicotine, cannabis) and your group's data-informed rationale for each statement.
- The final set of Intervening Variable(s) from Section 1.2 that you selected – including how this list was selected (prioritized) from among the larger list of variables examined by your group.
- The specific centered population(s) for youth substance misuse (including any centered subpopulations).
- The list of strategies you propose to implement to address youth substance misuse and the area(s) within your catchment areas in which they will be implemented (e.g., communities, neighborhoods).

For *each* selected strategy, describe:

- The conceptual and practical fit of the strategy within your catchment area. Why it was chosen.
- The evidence-base, link to research, or supporting information demonstrating that this is an evidence-based or evidence-informed strategy.
- How, if at all, the strategy promotes equity, social and racial justice, and/or aligns with one or more of the eight restorative prevention principles.

- The *primary implementing partner* and their relationship to the coalition – including their involvement in the prioritization and decision-making process to select the strategy and their current/future level of commitment to implementation.
- Why you feel this strategy will be sustainable in the catchment area in which it will be implemented.

3.3 Logic Model

Using the *MassCALL3 Part B Logic Model Development Guide*, attach your logic model. The logic model should cover the period from **July 1, 2022**, to **June 30, 2023** (regardless of your actual implementation start date, which is expected to vary +/- 3 months relative to the needs of each unique community). You are required to review and, if necessary, revise your logic model **annually**.

3.4. Technical Assistance Needs Related to Strategic Planning and Logic Models

What assistance do you anticipate needing from BSAS, CSPS, or other sources related to the Strategic Planning and Logic Model step of the SPF once your strategic plan has been approved?

Deliverable: After your group has written Sections 3.1 to 3.4 of the strategic plan and completed a draft of the logic model, this document must be submitted to CSPS for initial review and feedback. Your BSAS Contract Manager will not accept any drafts that have not been pre-reviewed by CSPS.

Deliverable: After your group has received and considered the feedback provided by CSPS, you must submit Sections 3.1 to 3.4 (including the logic model) to your BSAS Contract Manager for final review.

Once your BSAS Contract Manager has determined that Sections 3.1 to 3.4 and the logic model have been successfully completed, you may proceed to the next step of the SPF and begin writing Sections 4.1 to 5.2 of the strategic plan.

Step 4: Implementation

Note: SPF Steps 4 and 5 (including the Summary/Abstract) are expected to take approximately 1-3 months to complete. Grantees must submit a full draft of the strategic plan to CSPS and BSAS for approval before proceeding to any strategy implementation.

4.1. Implementation of Youth Substance Misuse Strategies

For each strategy, describe your youth substance misuse strategy implementation plans in depth, using the format below. Be specific. For example, how many training sessions will be offered, for how many participants, and how long each session will last. When the intervention will begin and end. The scope of implementation (e.g., single municipality, multiple municipalities, sub-municipal units).

Strategy Name:

Action Steps	Who Is Responsible	Timeline	Measure of Success

4.2. Technical Assistance Needs Related to Implementation

What assistance do you anticipate needing from BSAS, CSPS, or other sources related to the Implementation step of the SPF once your strategic plan has been approved?

Step 5: Evaluation

5.1. Existing and Planned Youth Surveys and Evaluation Support

For *each* municipality in your cluster, large individual municipality, or large individual municipality neighborhood cluster, answer the following:

- Has there been a student health survey administered since January 2018 among public school students in grades 6–12 that includes questions about youth substance misuse, particularly substances of common first use (alcohol, nicotine, and marijuana)? If so, when was the survey last implemented, when is it expected to be implemented again, and at which grade levels?
- If there has not been a student health survey administered since January 2018 among public school students in grades 6-12, are there plans in place to do so before December 2023? If so, at what grade levels? Is the survey expected to include questions about youth substance misuse, particularly substances of common first use (alcohol, nicotine, and marijuana)? What is the anticipated timing of the next survey implementation?
- Does your project plan to contract with an evaluator using MassCALL3 Part B funds? If so, include a completed scope of work including evaluation plan from the identified evaluator.

5.2. Technical Assistance Needs Related to Strategic Planning and Logic Models

What assistance do you anticipate needing from BSAS, CSPS, or other sources related to the Evaluation step of the SPF once your strategic plan has been approved?

Summary/Abstract

Note: The summary/abstract may not exceed one page.

As part of the final draft of a full strategic plan, programs will provide a one-page summary of your plan that includes the following:

- A brief description of your catchment area (including any demographic information, or other information related to cultural or environmental factors, that is relevant to youth substance misuse).
- The Local Manifestation of the Issue/Need statements from your logic model.
- The intervening variable(s) your group has selected.
- The strategies you will implement (including the location[s] within your catchment area in which each strategy will be implemented).

Deliverable: After your group has written Sections 4.1 to 5.2 of the strategic plan, a full draft of the strategic plan must be submitted to CSPS for initial review and feedback. Your BSAS Contract Manager will not accept any drafts that have not been pre- reviewed by CSPS.

Deliverable: After your group has received and considered the feedback provided by CSPS, you must submit a full draft of the strategic plan to your BSAS Contract Manager for final review.

Once your BSAS Contract Manager has determined that the full strategic plan has been successfully completed, you may proceed to full implementation.