



Community Prevention

Capacity Building and Work Plan Guidance

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Introduction

The Strategic Prevention Framework (SPF) Model outlines an effective process for prevention. Although initially created for substance abuse prevention, this framework can also be applied to community issues, such as suicide and violence, health-related problems (obesity, heart health, diabetes, HIV), homelessness, or discrimination. Step 1 (Assessment) of this model should be completed prior to using this workbook. The community prioritization tool will assist in the assessment of the community and identify the underlying problems. The community prioritization tool can be found at <https://www.wyomingpreventiondepot.org/>

This workbook outlines Step 2 (Build Capacity) and Step 3 (Strategic Planning), and provides an understanding of outcome-based prevention for substance abuse and suicide prevention efforts. Through planning, communities will be prepared to implement various evidence-based strategies. While this workbook is organized around the Strategic Prevention Framework principles, it is only a foundation to build the community work plan.

Purpose and Use

The purpose of this workbook is to help communities plan for capacity building, implement evidence-based interventions, and ultimately create a work plan in accordance with the County Prevention Contracts.

A work plan for prevention efforts is often compared to a roadmap. Within this metaphor, the community needs, causal areas, and capacity are like gathering information on potential routes, traffic patterns, the condition of various routes, and the amenities available. In addition to increasing the community's understanding of substance use, completing these pre-trip activities will allow the community to target its resources and maximize its impact on substance use. For example, is the focus on the appropriate age groups? Are there certain geographic areas on which should be concentrated? Are there partners that should be part of the plan that are not at the table? These questions are especially important to address to ensure resources are used efficiently.

The County Work Plan is designed to be a community-wide effort. This document may help participants to engage in a dialogue about how to best address the issues. Completing the community prioritization tool first will assist in the work plan process. A similar process can be completed for tobacco and suicide, as well as looking in depth at community conditions that affect the community's ability to produce positive outcomes.

The work plan process may assist the community in choosing evidence-based strategies that meet the community's needs by either launching new activities or reenergizing existing efforts. A plan assists in keeping the coalition and other efforts on track, enforce that the efforts are meaningful to their community, and outline what everyone involved should be doing to move toward the group's chosen goals.

The finalized work plan will be converted for use within the strategy management software, [InsightVision](#). Although a work plan might be referred to as final, it should be considered a working document that acts as a guide but can be changed. Counties and coalitions can evaluate their work plans on a frequent basis to ensure they are taking advantage of opportunities and make changes when presented with challenges and barriers.

The Strategic Prevention Framework

The Strategic Prevention Framework (SPF) is an approach to prevention that embraces and promotes the outcomes-based prevention model and data-driven decision-making. The theory behind SPF is that there are factors that "cause" or have an impact on substance use and the consequences related to use. The causal areas (also known as contributing factors) can be identified within the community prioritization process. The SPF framework is intended to build state and local capacity to decrease substance use and abuse, and is comprised of these five steps: 1. Conduct a community needs assessment; 2. Build capacity; 3. Develop a comprehensive work plan; 4. Implement evidence-

based prevention programs and infrastructure development activities; and 5. Monitor the process and evaluate effectiveness.

This outcomes-based prevention model focuses on the negative outcomes associated with substance abuse (e.g., binge drinking, fatal car crashes), the factors that contribute to those outcomes (e.g., alcohol is inexpensive or easy to obtain), and assists communities in selecting strategies that specifically address those factors. Moreover, the SPF embraces an “environmental” approach to prevention; that is, a belief that changes to the environment will prevent most individuals from engaging in risky substance use behaviors. This model is represented in the following diagram:



Capacity Enhancement Assessment and Planning: Step 2

[For step 1 of the SPF, click here.](#)

Step 2 of the SPF process is to mobilize and build capacity. Capacity includes the human, technical, organizational and financial resources necessary to monitor affected populations and to implement substance abuse prevention in a culturally and socially sensitive way. It also includes being ready, willing, and able to identify and successfully utilize information from, and also network with, external organizations and resources at the local, state, and national levels.

To build capacity, first determine the current capacity level of the coalition. A recent capacity assessment has been conducted within the county, but it may or may not be relevant to the current coalition. The current capacity assessments can be obtained from Erica Mathews, Substance Abuse Prevention Program Manager, at erica.mathews@wyo.gov. A full capacity assessment will be completed again in 2020. If the coalition would like to reflect on this assessment or consider measuring capacity again, the following guiding process below may be useful.

The Wyoming Department of Health has identified seven key ingredients for understanding capacity within a county level prevention system.

1. Workforce (Key Components: knowledge, skills, experience, social validity)

Successful implementation requires staff, leaders, and coalition members who are familiar with prevention and have received training in the evolving aspects of prevention including the public health approach and the strategic prevention framework. Individuals should also possess management, facilitation, and personal and professional skills, and have experience in their field and positions. Additionally, they should understand the unique cultural characteristics of their community and have a willingness and ability to embrace those cultural differences.

2. Resources (Key Components: people, funding, space, time, access)

Resources are the infrastructure of program implementation. All successful prevention programs require adequate monetary resources, staff, physical space, time, and connections with the served community. In addition, a thorough knowledge of and relationship with the various aspects of the local prevention infrastructure must be developed.

3. Effective Communication (Key Components: internal and external communication)

Regular exchange of information and data is critical, both internally within the various segments of the organization and externally between the coalition and the multitude of community sectors involved in prevention efforts.

4. Community Engagement (Key Components: shared vision, diverse and inclusive representation)

Broad and diverse representation from the community is key to successful prevention implementation. To effectively engage the community, the coalition must ensure that all members involved feel included in the process. This inclusion starts when the coalition shares a vision and when members have defined roles and a voice in the process. It is also important that coalition members have an understanding of the needs of the community gained through their involvement in different segments of the community.

5. Active Leadership (Key Components: involvement, commitment to prevention)

Active leaders are personally committed to achieving prevention goals in their communities. They are able to articulate and share a vision in a way that inspires others to follow, they have the knowledge and commitment to pursue their prevention goals, and they have the skills to communicate their vision to stakeholders. Active leaders are also able to negotiate and coordinate conflicting interests between the coalition and community and/or business leaders while prioritizing their prevention aims.

6. Readiness for Change (Key Components: community climate, history of effectiveness)

Positive change in prevention for communities is unlikely to occur unless the community is ready. The best indicator of readiness is a past record of successful prevention implementation. Communities that are open to new ideas and that have a commitment to tackle prevention issues may be ready, too. Additionally, prevention communities with strong connections among stakeholders and implementing organizations are better positioned to tackle prevention changes.

7. Sustainability (Key Components: buy-in, training)

Project funders and stakeholders want to see programs continue and improve. Project sustainability is more likely when the project strategies match the needs of the community and when staff, leaders, and community members are invested in the process, receive ongoing training, and institutionalize the knowledge gained and efforts put forth during the project.

Appendices A.1 and A.2 provide a quick survey that can be used with the coalition and key stakeholders. It may help capture the community's capacity in each area and then focus in on any areas where capacity may be low. For each area listed above, ask the coalition staff and membership to rate the coalition's experience on a scale of one to four with one being low. To get a final average, sum up all the responses on each item and divide by the number of responses. Conversely, a capacity assessment could be conducted as a group exercise at a coalition meeting and ask the group to reach consensus on a final score. Where is the capacity high (meaning the coalition is confident in their abilities)? Where is capacity low (meaning there might be a need to build capacity)?

Once areas of low capacity are identified, continue to the second step of the survey (Appendix A.2). If multiple areas are low, the coalition should decide on one or two areas of focus. Discuss with the coalition the local conditions or other contributing factors that may be causing the low scores. For example, if Community Engagement capacity is low, is it because the membership on the coalition is not diverse? Is the membership diverse but members are not engaged? Or could the membership be appropriate but the members are not clear about the mission of the coalition and do not have well-defined roles and responsibilities within the coalition? Use Appendix B to guide the coalition through a planning process to create a capacity enhancement plan.

Are the right people at the table?
Consider representation on the coalition from several community sectors:
Parents
Youth
Healthcare professionals
Behavioral health specialists
Business community
Media
Schools
Community-serving organizations
Law enforcement agencies
Faith-based organizations
Civic and volunteer groups
Military groups
Tribal representation
Other organizations involved in reducing substance abuse
Department of Family Services
Recovery population or lived Experience

Development of a Comprehensive Work Plan: Step 3

The components of a comprehensive work plan in the SPF share common elements with other effective planning approaches.

- **Vision statement:** Defining the ideal for the county or community.
- **Mission statement:** Defining the purpose of the coalition in working towards the vision.
- **Problem statements:** Clear, concise descriptions of the issues that need to be addressed.
- **Clear goals and objectives:** Designed to effectively address problem statements: defining the changes wanted and what can be done to make it happen.
- **Evidence-based practices:** Specific approaches that have been shown to work. A comprehensive listing of strategies can be found on the [Wyoming Prevention Depot](#).
- **Identified costs and needed resources:** What resources will be need to get the job done.

The process below will help a coalition create a work plan that will meet the required deliverables of the County Prevention Grant. Although this process is directly related to this Grant, it can also be used for other planning needs.

Planning for Planning

This section covers the “who, what, when, where, and how” of preparing for the coalition’s work plan process.

Who needs to be at the table for planning?

- A facilitator or an expert that can act as a neutral facilitator to conduct the planning process. The Wyoming Department of Health or the Wyoming Prevention Technical Assistance Contractor may be available as a resource.
- A data interpreter who can help to explain the assessment data. The Wyoming Department of Health or the Wyoming Survey & Analysis Center may be available as a resource.
- A scribe who is available to accurately record the discussions and decisions being made.

Involving community collaborators in the strategy selection process, will help assure support of the community’s work plan for prevention. This is one reason Step 2, building capacity and mobilizing stakeholders, is so important.

Significant outreach efforts to get input that reflects the diversity of the community may be needed.

[SAMHSA’s Focus on Prevention, Strategies and Programs to Prevent Substance Abuse](#) has helpful tips for engaging diverse partners.

Who are the “unnatural partners”? Focusing on a specific population is likely to require different community partners. Where in the community is the focus population living, working, going to school, and recreating? What organizations might be willing to work assist because they are impacted by the same problems and behaviors? What organizations control resources that might be needed? Who makes key policy decisions in the community? Whose perspectives are needed to identify the best approaches?

In reviewing the community sectors that could be represented in the strategic planning process, some groups may realize they are not well positioned to get this kind of broad participation. At this stage, coalitions may ask themselves, ***“Is our current group the right group to be working on this issue? If not, how do we get the right group(s) involved?”*** If the coalition in this situation, think carefully about other groups that are well-positioned and how forces may be joined to maximize the impact.

“Is a single coalition the right organizational structure for us?” Given the varying topics within the Grant, geographical differences, and/or cultural structures across each county, it may make sense to work with separate sub-groups instead of a single coalition. For instance, some communities may need separate coalitions to address tobacco, alcohol, or suicide prevention. Or the community may choose to have a leadership team that partners on every issue, with sub-committees that address specific problems or strategies. If this is the case for the community, be sure to establish shared expectations across these sub-groups for information sharing and coordination of efforts. General technical assistance through the Wyoming Department of Health and the Wyoming Prevention Technical Assistance Contract is available to assist with this decision if needed.

When?

Set aside enough time to get through all stages of the process, including vision and mission (if not already established), review of data and potential gaps in the data, strategy selection, and creation of the work plan. Many groups conduct strategic planning in a retreat setting, reserving an entire day for uninterrupted focus.

Where?

Conduct planning sessions in a comfortable location where participants can sit around a table with enough space to spread out and review the data. A benefit would be projection space or a white board that everyone can view collectively.

What?

Planning greatly increases the likelihood that the outcomes will be achieved by ensuring that the strategies and activities selected are the right ones for the community.

A strategic plan is a comprehensive, logical, and data driven plan to address the problems the community has identified during the needs assessment.

The planning steps are as follows:

- If not already established, write the coalition's mission statement. This should be consistent with, or at least inclusive of the causal areas prioritized during the needs assessment
- Review the data and completed prioritization process as a group
- Write the problem statement(s)
- Develop or adapt a logic model
- Select strategies (<https://www.wyomingpreventiondepot.org/strategies/>)
- Draft an eighteen month work plan

How?

The process used to develop the plan will assist in getting support from the coalition members, the constituents they represent, and the community at large. Below are some tips on how to set up for a successful planning event:

- Have a neutral facilitator lead the process, if possible. If not, try to develop an agenda that is well thought out as well as objective to minimize the appearance of bias.
- Maintain an open, fair, and transparent process.
- Have clearly defined roles and expectations as needed.
- Understand how the group dynamics might affect the outcome. (e.g., Who is participating and who isn't? Is someone trying to influence decision making to address their own priorities? Has the group moved into the action stage of development where there may be conflict? How are decisions being made – are they consensus? Democratic? Autocratic? Does the leader need to change their approach to facilitate movement?)
- Vary the methods to present the information so that everyone is engaged (e.g., visual aids, written information, discussion, and audio or video presentations).
- Set aside enough time to sufficiently complete the process.
- The Wyoming Prevention Technical Assistance Contractor may be able to help when needed.

Develop Vision and Mission Statements

A mission statement defines the coalition's overall purpose. A vision statement is a description of that ideal end-state and it should clearly indicate what the group is striving to achieve. In other words, the mission statement

focuses on today and what the coalition does whereas the vision statement focuses on the future and what the coalition wants to become. Its inspirational nature may help to develop team spirit and to empower the organization. If the coalition does not have these components yet, they may choose to develop these before beginning the process of reviewing the data and selecting strategies. For more help in writing vision and mission statements, the [Community Anti-Drug Coalitions of America, “Coalitions 101: Getting Started”](#) manual may be helpful.

Writing the Problem Statement

Through the process of identifying the characteristics of the issue, related problems, and why it might be happening in a community, a coalition is prepared to identify its problem statements.

A problem statement helps focus the planning process and provides a clear articulation of the problem so that others can easily understand. A problem statement describes the focus issue, consequences of the issue on the community, and why it needs to be addressed.

Examples of problem statements:

- In our county, there are higher than average rates of alcohol-related injuries among young adults in conjunction with community festivals and special events due to excessive alcohol availability and law enforcement.
- In our county, suicide death rates are increasing among people aged 65 and older who are experiencing isolation and a limited number of in-home service providers have received identification and referral training.
- In our community, there are many places where workers and customers are exposed to secondhand smoke.

As a coalition, be sure the problem statements are consistent with the priority causal areas that have been selected and/or meet the goals for tobacco and suicide. Problem statements should be specific. Substance abuse and suicide are complex problems, and are defined along multiple dimensions. A good problem statement may address the following:

- Focus issue (behaviors related to the identified problem and focus population)
- Community focus area(s)
- Identified substance or suicide-related problem
- Causal areas or associated goal

Strategy Selection

Wyoming requires and promotes the use of **evidence-based practices (EBP)**, including **environmental strategies**, to achieve population level change of communities’ most significant substance abuse and suicide problems.

What are environmental strategies?

Environmental prevention strategies are efforts aimed at changing or influencing a community’s social, physical, economic, and other environments that influence behaviors.

Within environmental strategies, there are four main categories that should be addressed within a comprehensive plan: primary prevention, policies, systems, and environment (PPSE). Primary prevention is providing awareness and education to the entire population or populations who experience health disparities. Policy, systems and environmental change approaches seek to go beyond individual behaviors and into the systems that create the community structure. These approaches often overlap, for example, an environmental change may be furthered by a policy or system change. Similarly a policy could be put in place that results in additional environmental changes.

The process is not linear. At the end of the day, an effective PPSE approach seeks to impact the population and create sustainable changes.

Policy change includes policies at the governmental or organizational level. For example, institutionalizing or modifying rules or procedures as well as laws, ordinances, resolutions, mandates, regulations, are all examples of policy change efforts. Government bodies (federal, state, local level), school districts and schools, park districts, healthcare organizations (hospitals, health systems), worksites, and other community institutions (jails, daycare centers, senior living centers, faith institutions) all have policies that affect health and behaviors.

Systems change involves modifications made to the rules within an organization. Systems change and policy change often work hand- in- hand. Often systems change focuses on changing infrastructure within a setting such as a school, park, worksite, or health setting through modifying a processes or procedures at the system level that ensure a healthier workplace.

Environmental change is change made to the physical environment. Physical (structural, program, or service changes), social (a positive change in attitudes or behavior about policies that promote health or an increase in supportive attitudes regarding a health practice), and economic factors (presence of financial disincentives or incentives to encourage a desired behavior) influence people’s practices and behaviors. While related to the environment, such changes are not isolated to a few households or individuals, but instead reflect a population-focused effort.

What is an evidence-based practice?

Evidence-based practices (EBPs) have been demonstrated to produce positive outcomes through rigorous scientific evaluations, multiple replications, or sustained efforts. Practices that have not received the rigorous scientific evaluation but may be effective are referred to as evidence-informed practices (EIP) (commonly referred to as best-practices or promising practices). EIPs should only be considered when an appropriate EBP is not available or when there will be excessive barriers for implementation of the appropriate EBP.

The standards for defining an activity as evidence-based are as follows:

1. Inclusion in a Federal List or Registry of evidence-based interventions;
2. Being reported (with positive effects) in peer-reviewed journals;
3. Documentation of effectiveness based on the following three guidelines:
 - a. The intervention is based on solid theory or a theoretical perspective that has been validated by research;
 - b. The intervention is supported by a documented body of knowledge – a converging of empirical evidence of effectiveness – generated from similar or related interventions that indicate effectiveness;
 - c. The intervention is judged by a consensus, among informed experts, to be effective based on a combination of theory, research and practice experience. “Informed experts” may include key community prevention leaders, and elders or respected leaders within the culture.

Current prevention science has shown that a comprehensive mix of prevention services are needed to address substance use and suicide issues within a community that fit their particular needs, populations, and unique circumstances. This comprehensive approach should be conducted using evidence-based and/or evidence-informed practices to ensure that all funded activities are effective and help the community or individuals. It is critical to implement all practices with fidelity. Research has shown strong evidence that changing a program or practice will alter the outcomes and could cause harm. It is important to adhere to the model and implement the practice as intended by the developer to ensure the same outcomes are achieved.

Environmental change strategies have specific advantages over strategies that focus exclusively on the individual. These strategies target a much broader audience, therefore they have the potential to produce widespread changes in behavior at the population level. Further, when implemented effectively, they can create shifts in both individual attitudes and community norms that can have long-term, substantial effects.

How to select an evidence-based practice?

The [Wyoming Environmental Strategies Tool](https://www.wyomingpreventiondepot.org/strategies/) (<https://www.wyomingpreventiondepot.org/strategies/>) has been created to assist communities in selecting environmental prevention strategies that target alcohol, tobacco, and other drugs that can be implemented at the community level. This catalog is a beneficial resource for choosing effective strategies, but it is not inclusive of all evidence-based strategies. Please also consider visiting the sites listed below for additional resources:

- [Evidence-Based Practices Resource Center](#) provides communities, clinicians, and others information and tools to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.
- [The Guide to Community Preventive Services](#) provides recommendations regarding generic programs and policies on a variety of public health areas, including substance misuse, mental health, and tobacco use. The Guide is sponsored by the CDC.
- [A Review of Environmental-based Community Interventions at NIAAA](#) presents characteristics of community-level interventions and reviews evidence that such measures can help reduce alcohol use and related problems among both youth and adults.
- The [Suicide Prevention Resource Center](#) provides a searchable repository providing information on several types of suicide prevention programs, such as education/training, screening, and environmental changes.
- The [Suicide Prevention Resource Center](#) also provides a list of promising practices that are culturally appropriate for American Indian/Alaska Native settings.
- [Centers for Disease Control \(CDC\) Tobacco Information and Prevention](#) is the premiere source for tobacco information and prevention, featuring the Smoking and Health Database. The Database covers more than 30 years of information, and is a comprehensive online resource covering the scientific, technical, social science, policy, legal, and historical literature related to smoking and tobacco use.
- The Office on Smoking and Health's [Best Practices for Comprehensive Tobacco Control Programs](#) includes multiple recommendations for preventing tobacco use and promotion of cessation treatment services.
- The [Guide to Community Preventive Services](#) addresses the effectiveness of community-based interventions for the four national priorities for tobacco prevention. The Guide is sponsored by the CDC.
- The U.S. Department of Health and Human Services manages a general website about tobacco and public health issues at <https://betobaccofree.hhs.gov/>.
- Although the U.S. Food and Drug Administration primarily focuses on enforcement of federal regulations about tobacco advertising and sales, they also have broader regulatory authority and provide useful information, including information about their media campaigns, here: <https://www.fda.gov/TobaccoProducts/default.htm>.
- The U.S. Surgeon General's Office recently produced a comprehensive website about vaping: <https://e-cigarettes.surgeongeneral.gov/>. They have also written many other data-rich reports about tobacco use and public health: https://www.cdc.gov/tobacco/data_statistics/sgr/index.htm.

Further resources can be found at: <https://www.samhsa.gov/capt/tools-learning-resources/finding-evidence-based-programs>.

If there is interest in a program or practice but uncertainty about whether it is evidence-based, one of the WDH program contacts can assist in determining if it meets the standards to be considered evidence-based.

Choosing Strategies

When choosing strategies, a good way to check if the overall plan meets the needs identified within the problem statements is to consider the following: “If we do this strategy, we will impact this causal area and/or meet our goal, which will reduce this substance use / related consequence / factor of suicide in our Community.” Does the selected strategy match the needs and the characteristics of the target population? Does the selected strategy complement the activities/programs of other agencies/organizations and are not in conflict with them or is it a duplication of effort?

As strategies are selected, a review of the discussion about the community’s overall capacity and level of readiness to implement strategies may be beneficial. Does the community have the infrastructure and resources (time, funding, knowledge and education, etc.) to put the strategies into practice? To monitor and evaluate success?

Another factor to consider is whether or not there is community support for the strategy. If the community does not support the strategy, it is unlikely that the strategy would bring about positive change if implemented. Also, does it fit the community? Some evidence-based practices have only been used in urban settings which might not be appropriate for rural Wyoming. Others may not have appropriate cultural modifications for the community. It may be possible to contact the developer, or another expert, to discuss if there are any acceptable ways to modify the practice or strategy to meet the needs of a rural setting, without impacting fidelity or outcomes.

It is also important to look at what laws are already in place and what laws may prevent certain strategies from being implemented. For example, sobriety checkpoints, shown to be evidence-based, are unlawful in Wyoming (Statute 7-17-101). For this reason, a community is discouraged from focusing on this strategy. Similarly, a county in Wyoming had a county-level smokefree indoor air rule overturned by a judge. The Public Health Law Center <http://www.publichealthlawcenter.org/> might be able to help to further understand the legal issues.

Successful implementation of the chosen strategies requires specific knowledge of what each strategy entails. A cursory investigation of the selected strategies will assist in finding out what steps will be required to implement the strategy with fidelity. There are many great strategies out there, and it is important to recognize what effect each will have on the community as a whole.

Comprehensive Prevention Approach

Strategy selection is important for implementing a comprehensive prevention plan. The [Center for Substance Abuse Prevention \(CSAP\)](#) and the [Community Anti-Drug Coalitions of America \(CADCA\)](#) both provide guidance for creating a comprehensive plan that is composed of multiple approaches that logically build upon one another. CSAP encourages using a comprehensive approach that includes all or most of the following six strategies: information dissemination, education, alternatives, environmental, community-based process, and problem-identification and referral. CADCA promotes seven strategies to affect community change: provide information, enhance skills, provide support, enhance access, change consequences, change physical design, and modify policies.

In a perfect environment, with unlimited resources, a comprehensive plan would address all areas of need from strategies that impact individuals to the entire population. Strategies that focus on impacting individuals have limitations, usually require more resources, and probably will not, by themselves, achieve measurable change in substance abuse rates in the community. However, strategies that affect the entire community, may not create the desired changes for all people. It is important to prioritize strategies that affect the population and include strategies aimed at individuals to create a comprehensive plan as resources allow.

Creating a Work Plan

Work plans detail the activities, the responsible party, the timeline for each activity, and the necessary resources. As with other elements of the planning process, it may be important for the coalition to develop the work plan as a group to ensure that everyone understands and has buy-in to the scope of work being proposed, the responsibilities being assigned, and the expected timelines for completion. Appendix C and the associated budget Excel file provides a blank template that can be used to create a work plan. Once a draft has been completed, ask the coalition to review the plan to ensure it reflects the intentions of the group. Once the draft is finalized, please submit the work plan with associated budget and the capacity enhancement plan to the Wyoming Department of Health for review.

Outputs, Outcomes, and Evaluation

The county work plan and capacity enhancement plans will be entered into the strategy management system, InsightVision. InsightVision is a strategic performance management system that assists the Wyoming Department of Health in aligning fragmented local substance abuse and suicide prevention efforts around a common purpose. The WDH will assist counties in linking work plan strategies with outputs (process evaluation or activities accomplished) and outcomes (behavior or consequence changes) to monitor the success of various activities. Full evaluation of the state prevention system will be completed by a third-party vendor, currently WYSAC.

Congratulations!

Working through this process is a huge undertaking and hopefully one that the coalition found helpful in moving the community forward in its efforts to prevent suicide and substance use and abuse. The plan created may not be the final plan at the end of this process. Rather, these should be considered “living documents,” and the coalition may schedule time for revisiting and revising the plans on a regular basis. The efforts put into this plan will benefit the community as they enjoy a better quality of life as a result of the work.

Appendix A.1: Sample Capacity Self-Assessment

For each area, rate the experience on a scale of one to four with one being low. To get a final average, sum up all the responses on each item and divide by the number of responses. Conversely, the capacity assessment could be conducted as a group at a coalition meeting and ask the group to reach consensus on a final score. Where is the coalition showing high capacity (meaning the coalition is confident in their abilities)? Where is the capacity low (meaning there might be a need to build capacity)?

Please rate each of the areas listed below. Please place a (√) or an (X) in the boxes to indicate the responses.

| | | | | | |
|---|----------|----------|----------|----------|---------------------------|
| 1= Not very knowledgeable | | | | | 3= Somewhat knowledgeable |
| 2= A little knowledgeable | | | | | 4= Very knowledgeable |
| Workforce (coalition and prevention staff) | 1 | 2 | 3 | 4 | |
| Ensuring cultural competence in implementation | | | | | |
| Action planning for implementation | | | | | |
| Ensuring sustainability in implementation | | | | | |
| Identification of data sources for performance monitoring | | | | | |
| Data collection and analysis | | | | | |

| | | | | | |
|---------------------------------------|----------|----------|----------|----------|--|
| 1= Inadequate / Not enough | | | | | 3= Adequate / Sufficient |
| 2= Minimally adequate / Barely enough | | | | | 4= Highly adequate / Highly sufficient |
| Resources | 1 | 2 | 3 | 4 | |
| Funding | | | | | |
| Staff | | | | | |
| Physical space | | | | | |
| Time | | | | | |
| Connections with the served community | | | | | |

| | | | | | |
|---|----------|----------|----------|----------|--|
| 1= Inadequate / Not enough | | | | | 3= Adequate / Sufficient |
| 2= Minimally adequate / Barely enough | | | | | 4= Highly adequate / Highly sufficient |
| Effective Communication | 1 | 2 | 3 | 4 | |
| Internal Communication | | | | | |
| Seeks input from all for improving the health of a community | | | | | |
| Conveys data and information internally | | | | | |
| External Communication | | | | | |
| Evaluates and selects appropriate approaches for disseminating public health data and information | | | | | |
| Conveys data and information to professionals and the public using a variety of approaches | | | | | |
| Facilitates communication among individuals, groups, and organizations | | | | | |

| | | | | |
|--|---------------------------|----------|----------|----------|
| 1= Not very knowledgeable | 3= Somewhat knowledgeable | | | |
| 2= A little knowledgeable | 4= Very knowledgeable | | | |
| Community Engagement | 1 | 2 | 3 | 4 |
| Establishes relationships to improve health in a community | | | | |
| Maintains relationships to improve health in a community | | | | |
| Ensure that community input is used for developing, implementing, and improving policies, programs, and services | | | | |
| Coalition has broad and diverse representation | | | | |
| Members are actively engaged with defined roles | | | | |

| | | | | |
|---|--|----------|----------|----------|
| 1= Inadequate / Not enough | 3= Adequate / Sufficient | | | |
| 2= Minimally adequate / Barely enough | 4= Highly adequate / Highly sufficient | | | |
| Active Leadership | 1 | 2 | 3 | 4 |
| Coalition leadership is able to articulate mission and vision | | | | |
| Coalition leadership is able to communicate effectively with stakeholders | | | | |

| | | | | |
|---|--|----------|----------|----------|
| 1= Inadequate / Not enough | 3= Adequate / Sufficient | | | |
| 2= Minimally adequate / Barely enough | 4= Highly adequate / Highly sufficient | | | |
| Readiness for Change | 1 | 2 | 3 | 4 |
| Past records of successful prevention implementation in the community | | | | |
| Community is open to new ideas | | | | |
| Community is committed to creating changes for health | | | | |
| Community has strong connections among stakeholders | | | | |

| | | | | |
|--|--|----------|----------|----------|
| 1= Inadequate / Not enough | 3= Adequate / Sufficient | | | |
| 2= Minimally adequate / Barely enough | 4= Highly adequate / Highly sufficient | | | |
| Sustainability | 1 | 2 | 3 | 4 |
| Stakeholders want to see prevention services continue and improve | | | | |
| Community members are invested in the process | | | | |
| A process has been created to institutionalize the knowledge and community efforts | | | | |

Summarize the capacity assessment results.

Which areas of capacity (strengths) will assist as the work plan is implemented?

Which areas of capacity (weaknesses) is the coalition needing to build?

Without building this capacity, how might it be a barrier to implementation of the strategies within the work plan?

Which areas of capacity will be included in the capacity building plan and why?

Appendix A.2: Capacity Building Plan

Directions: Complete one of these for each area of concern identified either in the self-assessment or the Comprehensive Capacity Assessment Report conducted by the Wyoming Survey & Analysis Center (WYSAC).

Area of low capacity: _____

Strategy to build capacity: _____

| # | Action Steps: | Responsible Who will be responsible in ensuring the action steps are completed? | Benchmarks How will it be identified that the objectives were achieved? What time frame is expected in achieve them? |
|---|---------------|--|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |

(Add more steps as needed.)

Capacity Building Priorities (Describe any additional capacity- building priorities beyond those associated with specific actions in the table above.)

Sustainability (Describe the plan for continuing the collaborative strategic planning process.)

Appendix B: Strategy Selection Worksheet

| | Superior | Good | Average | Fair | Poor |
|---------------------------------|----------|------|---------|------|------|
| Strength of Evidence | 5 | 4 | 3 | 2 | 1 |
| Readiness | 5 | 4 | 3 | 2 | 1 |
| Coordination | 5 | 4 | 3 | 2 | 1 |
| Appropriate | 5 | 4 | 3 | 2 | 1 |
| Environmental | 5 | 4 | 3 | 2 | 1 |
| Capacity and other Resources | 5 | 4 | 3 | 2 | 1 |
| Political Will and Other Timing | 5 | 4 | 3 | 2 | 1 |
| Feasibility | 5 | 4 | 3 | 2 | 1 |
| Reach | 5 | 4 | 3 | 2 | 1 |
| Sustainability | 5 | 4 | 3 | 2 | 1 |
| TOTAL (Out of 50) | | | | | |

Descriptions: These are only some things to consider for each category. Ensure that the same criteria is used to evaluate each strategy being considered.

Strength of Evidence: Consider the strength of the evidence for each strategy.

Did the strategy receive a recommended rating by an authoritative source or is it considered an effective strategy within the Environmental Strategies Tool?

Readiness: Consider how ready the community is to implement the strategy.

Has some groundwork been laid for the strategy? Is the strategy already being implemented and this would “scale-up” the current efforts?

Coordination: Consider other efforts within the community.

Would this strategy duplicate other efforts within the community? Would the strategy add value to existing work?

Appropriate: Is the strategy appropriate for the identified needs and community conditions?

Is the strategy considered effective for the identified populations? Is the strategy considered effective for the needs identified within the community prioritization?

Environmental: Will the strategy appropriately modify policies, systems, or environments, or is it considered a primary prevention strategy?

Is this an upstream strategy designed to modify how people interact with their environment?

Capacity and Other Resources: Consider all needs for implementation of the strategy.

Are all resources obtainable needed to implement the strategy with fidelity including funding, workforce, time, etc.

Political Will and Other Timing:

Is the timing right within the current political context? Is the strategy legal in the community or state?

Feasibility:

Is the strategy realistic within the community? If the strategy requires support or effort from an outside entity, will they be able to provide this?

Reach:

What is the estimated number of people to be impacted by the strategy? Will the strategy make a meaningful impact within the identified population? Would another strategy make a larger impact?

Sustainability:

How long does the strategy need to be maintained? Is the community able to sustain the effort?

Adapted from the Ohio “Evidence in Action” Community Guide Project (5/2/13)

Appendix C: Community Work Plan

Directions:

Please copy and paste for multiple underage alcohol use strategies.

UNDERAGE ALCOHOL USE

Strategic Objectives:

Reduce Access and Availability of Alcohol to Youth [Overarching]:

- Minimize Home Parties Where Alcohol is Served
- Reduce Legal-Aged Young Adults Purchasing and Providing to Underage Youth
- Minimize Retail and On-Premise Sale of Alcohol to Underage Youth
- Limit and Restrict the Location and Density of Alcohol Retail Outlets
- Improve Alcohol Restrictions at Community Events

Enhance Policies and Enforcement of Underage Drinking [Overarching]:

- Enhance Enforcement of Impaired Driving Laws
- Enhance Enforcement and Compliance with Underage Drinking Laws
- Improve the Discovery of Illegal Activities through Tip-lines or other Techniques
- Improve Systems of Consequences and Incentives Related to Youth and Alcohol
- Strengthen Policies, Programs, and Enforcement to Reduce Excessive Drinking Among College and University Students

Educate the Community about the Problem and Harms of Underage Drinking [Overarching]:

- Research-Based Education Campaigns to Shift Norms
- Educate Policy Makers
- Educate Stakeholders or General Population
- Train Coalition Members to Educate the Community

Other

- _____

Strategy: _____

Target Population(s): _____

Target Location(s): _____

Anticipated Completion Date: _____

Anticipated Budget: _____

| # | Action Steps: | Responsible Party | Start Date: | End Date: |
|---|---------------|-------------------|-------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

(Add more steps as needed.)

Community Conditions: (What are the intervening variables and contributing factors? Why did the community choose this strategy?)

Budget Description: (Please provide a brief breakdown of the budget.)

Directions:

Please copy and paste for multiple adult binge drinking strategies.

ADULT OVERCONSUMPTION

Strategic Objectives:

Reduce Access and Availability of Alcohol to Adults [Overarching]:

- Restrict Retail and On-Premise Drink Specials
- Minimize On-Premise Over-service of Alcohol to Adults
- Limit and Restrict the Location and Density of Alcohol Retail Outlets
- Improve Alcohol Restrictions at Community Events

Enhance Policies and Enforcement on Adult Overconsumption [Overarching]:

- Enhance Enforcement of Impaired Driving Laws
- Enhance Enforcement and Compliance with Drinking Laws
- Improve Systems of Consequences and Incentives Related to Adults and Adult Overconsumption
- Strengthen Policies, Programs, and Enforcement to Reduce Excessive Drinking Among College and University Students
- Strengthen Relationships with Healthcare Providers and Encourage Their Use of Screening and Brief Intervention (SBI)

Educate the Community about the Problem and Harms of Adult Overconsumption [Overarching]:

- Research-based Education Campaigns to Reach Target Audiences
- Educate Legislators and Policy Makers
- Educate Stakeholders
- Train Coalition Members to Educate the Community

Other

- _____

Strategy: _____

Target Population(s): _____

Target Location(s): _____

Anticipated Completion Date: _____

Anticipated Budget: _____

| # | Action Steps: | Responsible Party | Start Date: | End Date: |
|---|---------------|-------------------|-------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

(Add more steps as needed.)

Community Conditions: (What are the intervening variables and contributing factors? Why did the community choose this strategy?)

Budget Description: (Please provide a brief breakdown of the budget.)

Directions:

Please copy and paste for multiple tobacco strategies.

TOBACCO PREVENTION

Strategic Objectives:

Keep People from Starting to Use Tobacco [Overarching]:

- Expand Research-Based Education Campaigns to Shift Norms/Perceptions
- Expand Education of Tobacco Retailers on Sales to Minors
- Support or engage in efforts to reduce and monitor the sale of tobacco to minors (local law enforcement, FDA, Synar)
- Restrict Tobacco Retail Outlet Density
- Strengthen Policies and Consequences for Underage Tobacco Use/Vaping
- Modify or Implement Smoke, Tobacco, and Vape-Free Environment Policies in Targeted Settings

Help Those Who Use Tobacco to Quit [Overarching]:

- Increase Referrals to WQTP
- Promote Other Local Cessation Services
- Strengthen Relationships with Healthcare Providers to Encourage Cessation (Ask, Advise, Refer [AAR]) and WQTP
- Modify or Implement Smoke, Tobacco, and Vape-Free Environment Policies in Targeted Settings

Educate the Community about the Problem and Harms of Tobacco Use [Overarching]:

- Research-Based Education to Reach Target Audiences, include smoking and secondhand smoke
- Educate Legislators and Policy Makers
- Educate Stakeholders
- Train Coalition Members to Educate the Community

Other

- _____

Strategy: _____

Target Population(s): _____

Target Location(s): _____

Anticipated Completion Date: _____

Anticipated Budget: _____

| # | Action Steps: | Responsible Party | Start Date: | End Date: |
|---|---------------|-------------------|-------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

(Add more steps as needed.)

Community Conditions: (What are the intervening variables and contributing factors? Why did the community choose this strategy?)

Budget Description: (Please provide a brief breakdown of the budget.)

Directions:

Please copy and paste for multiple opioid/other drug strategies.

OPIOID MISUSE/ABUSE or OTHER DRUG PREVENTION

Strategic Objectives:

Reduce Access to Opioids [Overarching]:

- Increase Safe Storage and Disposal of Prescription Drugs
- Expand and Promote Prescription Drug Take-Back Events and Options
- Engage Healthcare Providers to Promote New Prescribing Practices and Guidelines
- Increase the Use of the PDMP among Healthcare Providers

Educate the Community about the Problem and Harms of Opioid/Drug Misuse/Abuse [Overarching]:

- Research-based Education to Reach Target Audiences
- Educate Legislators and Policy Makers
- Educate Stakeholders
- Train Coalition Members to Educate the Community

Other

- _____

Strategy: _____

Target Population(s): _____

Target Location(s): _____

Anticipated Completion Date: _____

Anticipated Budget: _____

| # | Action Steps: | Responsible Party | Start Date: | End Date: |
|---|---------------|-------------------|-------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

(Add more steps as needed.)

Community Conditions: (What are the intervening variables and contributing factors? Why did the community choose this strategy?)

Budget Description: (Please provide a brief breakdown of the budget.)

Directions:

Please copy and paste for suicide prevention strategies.

SUICIDE PREVENTION

Strategic Objectives:

Upstream Prevention [Overarching]:

- Enhance Support to Communities to Address Suicide
- Expand Effective Programs that Promote Wellness and Address Factors that Lead to Suicide
- Decrease Unmet Behavioral Health Needs
- Improve Access to High-Quality Mental Health Care
- Decrease Stigma Related to Mental Health
- Decrease Availability and Access to Lethal Means
- Improve Knowledge, Attitudes, and Behaviors through Researched-informed Communication
- Improve School and Workplace Policies

Postvention [Overarching]:

- Improve Care and Support to Suicide Survivors
- Improve Care and Support to Suicide Attempt Survivors
- Implement Effective Community and/or Entity’s Response to Suicide
- Enhance Media Reporting and Response

Other

- _____

Strategy: _____

Target Population(s): _____

Target Location(s): _____

Anticipated Completion Date: _____

Anticipated Budget: _____

| # | Action Steps: | Responsible Party | Start Date: | End Date: |
|---|---------------|-------------------|-------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

(Add more steps as needed.)

Community Conditions: (What are the intervening variables and contributing factors? Why did the community choose this strategy?)

Budget Description: (Please provide a brief breakdown of the budget.)