<p align="center" style="color:darkred">California State Incentive Grant (SIG)
Sample Prevention Plan Outline</p>

Introduction: The following outline has been developed as a reference document for SIG Grantees working towards completion of their Prevention Plan which is due to ADP on July 1, 2005. **Grantees are not required to use this format; however, this outline is provided as a resource and as guidance on the information that should be included in the Prevention Plan.** Please note that this outline incorporates the salient information from your needs and resource assessments and is consistent with the Center for Substance Abuse and Prevention (CSAP) five-step Strategic Prevention Framework (Appendix I). The outline is composed of two major components; the Prevention Plan Narrative, and Logic Model.

I. Narrative Description: The Narrative provides the overall description for each of the major components of your prevention approach to reduce binge drinking and should include descriptive information about the Logic Model.

A.   Statement of Problem / Needs & Resources Assessment.
Using a community environment approach, describe the basic problem related to binge-drinking among youth and young adults ages 12-25 in your target community. (This should represent a brief synopsis of the key findings identified in your Needs and Resource Assessment deliverable).

- What are the key data sources you have accessed to determine community need (i.e. archival, program, and/or survey data sources)?
  - Describe local pre-existing data available and data collected for the purposes of the SIG project.
  - Are there any concerns or issues regarding the quality or availability of these data sources?
- Describe the principle findings from the Needs and Resource Assessment that have influenced project direction and choice of environmental prevention programs and/or strategies.

B.   Planning Process and Identification of Priorities
This section should describe the overall planning process that the Community Partnership used to select prevention priorities and/or target problematic environments.

- Describe how community members were mobilized during the planning process.
  - How were the Partnership members engaged in the assessment and interpretation of needs and resource data and the identification of prevention priorities?
- What criteria were used to establish prevention priorities? Describe the process for selecting priorities and target environments?
  - Define the priority target populations/community sectors (e.g. high school students, college students, alcohol outlets, neighborhood zone)

C. Selection of Evidence-Based Environmental Level 3, 4 or 5 Prevention Programs/Strategies

Describe the chosen evidence-based environmental prevention programs and strategies selected for each of the targeted populations and/or communities and the rationale for the selection. There should be a logical link between the community need and the selected program or strategies and ultimately the proposed outcomes.

- Describe the specific evidence-based programs and/or strategies that have been selected.
- If the evidence-based programs will be supplemented with other best practices, describe the changes that are proposed.
- If the evidence-based programs will be modified to apply to your community; describe how these modifications will be made and how fidelity to the model will be ensured.
- How do the programs/strategies being proposed relate to the Institute of Medicine's (IOM) service categories? Are the interventions chosen considered Universal, Selective, or Indicated?
- Please address how the strategies are culturally relevant to the target population/community.

D. Justification for Selection of Non-Evidence-Based Environmental Level 1 or 2 Prevention Programs/Strategies (See Appendix II)

- Describe need(s) that have been identified through your Needs & Resource Assessment which cannot be met by a Level 3, 4, or 5 program.
- How will the chosen Level 1 or 2 program(s) or strategies meet the identified needs?
- Describe findings from efficacy/effectiveness studies conducted on this program or strategy. Were these findings published in peer-reviewed literature?
- Please address how the proposed program or strategy is culturally appropriate for the intended population/community?

E. Project Management and Collaboration

Describe the overall collaboration, organization, and management structure that will be used to successfully implement the project.

- Attach a project organization chart.
- Describe current capacity and challenges for the organization in terms of implementing the prevention plan.
- Describe volunteer and in-kind participation, as well as training and support provided to these stakeholders.
- Describe sustainability plans.

F. Project Evaluation

Describe the role of the local evaluator and collaboration between the evaluator and project stakeholders. If available, describe the preliminary evaluation plan design.

- What measurable change in the proposed problem/need will result by using the proposed program(s) or strategies?
- Describe how the chosen objectives are measurable and realistic within the proposed time frame given the project resources.

II. Sample Logic Model

The Logic Model provides a visual representation of the overall theory of change and predicted short-term, intermediate, and long-term outcome measures.

State Incentive Grant
Sample Logic Model Format

Identified Problem or Need (supported by data)	CONTRIBUTING FACTORS (Focus on Environments)
	1._____ 2._____ 3._____

GOAL (or Aim)	RESOURCES (What do we have to help meet our goal?)	STRATEGIES (What methods will we use?)	EXPECTED OUTCOMES (What do we think will happen as a result of our efforts?)			MEASUREMENT INDICATORS (Specifically, how will we know what happened?)
			SHORT- TERM	INTERMEDIATE	LONG-TERM	

APPENDIX I

Center for Substance Abuse and Prevention (CSAP) Prevention Framework

The central purpose of the Strategic Prevention Framework is to use public health research findings and apply this knowledge, along with evidence-based prevention programs that promote mental health and prevent substance abuse, to create healthier communities. The Framework uses a five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors across the lifespan. The five-steps are:

- (1) profile needs and response capacity;
- (2) mobilize and build needed capacity;
- (3) develop a comprehensive strategic plan;
- (4) implement evidence-based prevention programs, policies and strategies; and
- (5) evaluate program effectiveness, sustaining what has worked well

The Strategic Prevention Framework is grounded in six key principles:

- *Prevention is an ordered set of steps along a continuum to promote individual, family, and community health, prevent mental and behavioral disorders, support resilience and recovery, and prevent relapse.* Prevention activities range from deterring diseases and behaviors that contribute to them, to delaying the onset of disease and mitigating the severity of symptoms, to reducing the related problems in communities. This concept is based on the Institute of Medicine model that recognizes the importance of a whole spectrum of interventions.
- *Prevention is prevention is prevention.* The common components of effective prevention for the individual, family or community within a public health model are the same--whether the focus is on preventing or reducing the effects of cancer, cardiovascular disease, diabetes, substance abuse or mental illness.
- *Common risk and protective factors exist for many mental health and substance use problems. Good prevention focuses on these common risk factors that can be altered.* For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors.
- *Resilience is built by developing assets in individuals, families, and communities through evidenced-based health promotion and prevention strategies.* For example, youth who have relationships with caring adults, good schools, and safe communities develop optimism, good problem-solving skills, and other assets that enable them to rebound from adversity and go on with life with a sense of mastery, competence, and hope.
- *Systems of prevention services work better than service silos.* Working together, researchers and communities have produced a number of highly effective prevention strategies and programs. Implementing these strategies within a

broader system of services increases the likelihood of successful, sustained prevention activities.

- *Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and effective prevention efforts.* A Strategic Prevention Framework can make it easier for federal agencies, states, and communities to identify common needs and risk factors, adopt assessment tools to measure and track results, and target outcomes to be achieved.

Appendix II
Definition of Service Levels (1 through 5)

Evidence-based programs are ones that have been shown through scientific study to produce consistently positive results. SAMHSA/CSAP has determined that certain services/practices are solidly evidence based. These include programs in SAMHSA/CSAP's National Registry of Effective Programs (NREP). CSAP requires that a <u>minimum of 50 percent of all the SIG funds</u> awarded to recipients be committed to fund evidence-based prevention interventions at level 3, 4, or 5 as defined in CSAP's Guide to Science-based Practices:

Level 5: Multiple replication trials in peer-reviewed/referenced journals
Level 4: Expert consensus or meta-analysis report
Level 3: Single peer-reviewed/refereed journal
Level 2: Cited in non-refereed, professional journals
Level 1: Recognized through awards, newspaper articles, and anecdotal assessments.

ADP staff and CSAP's Western CAPT have worked to identify level 3, 4, and 5 community prevention strategies emphasizing environmental/public policy approaches to address binge drinking among youth and young adults ages 12-25. To date, relatively few model programs address this specific these criteria.

For community prevention programs emphasizing environmental/public policy strategies that are not listed in the NREP, and therefore not considered Level 3, 4, or 5, the grant recipient must demonstrate evidence of effectiveness in order to progress to Phase II. The grant recipient must provide a justification that summarizes the evidence for effectiveness and acceptability of the proposed strategy. Evidence will include the findings from the efficacy and/or effectiveness studies published in peer reviewed literature.

If little or no research specific to the proposed target population or strategy has been published in the peer-reviewed research literature, grant recipients may present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts. If consensus documents are presented, they must describe consensus among multiple experts whose work is recognized and respected by others in the field. Local recognition of an individual as a respected or influential person at the community level is not considered a "recognized expert" for this purpose.

Justifying Selection of the Program/Strategy Selected in Phase I

In addition to a justification of the program/strategy selected, the grant recipient must include copies of related evaluation reports that have been produced on the promising practice showing the strength of the evidence for the program selected. Additionally, the grant recipient must show that the proposed program is culturally and otherwise appropriate for the proposed population during Phase I. Ideally, this will include research findings on the effectiveness and acceptability specific to the proposed target population. However, if such evidence is not available, the grant recipient should provide a justification for using the proposed program/strategy with the target population. This justification might involve, for example, a description of adaptations to the proposed service/practice based on other research involving the target population.