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| **GASPS-API - Step 3- Planning Tip Sheet**  |

**State Priorities**

As of May 31, 2013, the GASPS-API Goals are now referred to as State Priorities.

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| * State Priority 1.   Reduce the early onset of alcohol use among 9-20 year olds
* State Priority 2.   Reduce access to alcohol and binge drinking among 9-20 year olds
* State Priority 3.   Reduce binge drinking and heavy drinking among 18-25 year olds
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**Community Level Goals (1 per IV) (CLG)**

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| * Goals are intended to be the end result of what you hope to achieve if the strategies are successful.
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| * Community Level Goals are derived from your approved Intervening Variables and should reflect the associated contributing factors. You are not required to use the CF language verbatim; instead create a goal statement that speaks to the essence of both.

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| **EXAMPLE:****IV – Social Availability****CFs – Provision to minors; Shoulder Tapping****Possible Community Level Goal:** Create a community where access to alcohol for underage youth is forbidden. |

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**Compendium Related**

The compendium includes strategies for many of the CFs, yet not all of them. If there is not a strategy for a particular CF, providers are instructed to search for an appropriate strategy. This can be done one of two ways:

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| 1. Review the summaries for each strategy **included in the compendium**, regardless of the goal or IV/CF alignment noted. If after review and some preliminary research, a particular strategy seems appropriate, providers should write up a justification in the strategic plan that indicates why this strategy is appropriate to address the respective CFs.
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| 1. Use NREPP and/or the web to identify strategies that are **not included in the compendium.** Once a strategy has been identified that aligns with the CFs from the needs assessment, providers should **submit a strategy justification form** to make a case for why this strategy is appropriate to address the respective CFs.
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**Strategy Selection Related**

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| * To best impact the State’s priorities, it is important to develop a comprehensive prevention portfolio. In line with the Public Health Epidemiological Triad, the OPSP defines a comprehensive plan as strategies that impact the **host, agent and the environment**.
* As stated in the Strategic Plan outline, “…It is highly recommended that each provider to select two environmental strategies for every individual level strategy.” P. 1
* If a provider desires to **only** do environmental strategies, they will need to provide justification in their Strategic Plan that outlines how their selection of strategies addresses the host, agent and environment.
* Strategies align with the CFs. Based on the data collected during the needs assessment; providers have the opportunity to define what their CF actually means for their communities. In doing so, providers will be able to select the strategies that most reflect what emerged in the data.

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| **EXAMPLE****Cultural Acceptability is a pre-selected contributing factor associated with the intervening variable Social Community Norms. From your needs assessment, the data may suggest that the use of alcohol for underage youth is viewed as a Rite of Passage for this community. If this is the case, you may elect to identify a strategy that specifically addresses this concept of Rite of Passage. On the other hand, you may find that a strategy that tackles Cultural Acceptability, in general, sufficiently gets at this construct.** The point here is to use your data to help you define CF and select your strategies. This will correspond with the Strategic Plan Development Tool (SPDT) which asks for the data sources to support the selection of the CF(s). Also, to help the reader, please provide a brief description of how you defined your CFs in the narrative portion of your Strategic Plan. |

* There are instances when one strategy can cross multiple CFs and IVs.
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| * Use the compendium as an initial guide to select strategies that align with each of the CFs in the approved Needs Assessment.
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| * In the case where providers have a number of CFs with greater than 3 strategies, OPSP has suggested that providers focus on the top 3 strategies that are most feasible and comprehensive to work on during the first year.
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| * If a provider has 3 IVs, OPSP has indicated that providers can choose to work on two (2) IV as long as it is comprehensive (i.e. host, agent, environment).
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| * Once a strategy has been identified, providers are responsible for conducting additional research on each proposed strategy. This will help to determine if the strategy is culturally appropriate for the community.

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| **EXAMPLE**A strategy that has been tested primarily in urban settings may or may not translate as well in other settings. This could also relate to ethnicity as well. If this is the case, providers are encouraged to contact the developer to discuss ways to adapt the strategy.  |

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| * Researching the strategy is also important to understand how to best implement the strategy. This information will fold into the Strategic Plan Development Tool>>Strategy Activities.
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**Enforcement**

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| * As previously stated, in order for environmental strategies to be effective, there must be enforcement. That being said, law enforcement should be viewed as a key resource to success of any environmental strategy. For examples on how to best do this, providers should refer back to their Capacity Plan, particularly the IV/CF Resource/Capacity Gaps section to see how they planned to engage law enforcement.
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**Media Matters**

* Mass media as discussed in the compendium is not to be confused with an alcohol awareness campaign. As suggested by the outcomes in the compendium, mass media campaigns are best used to compliment other strategies.

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| **EXAMPLE*** + IV – Social Availability
	+ CF – Shoulder Tapping
	+ Strategy – Shoulder Tap Program

In this example, mass media could be used as part of a three-prong strategy: 1) Law/policy – Shoulder Tap Program; 2) Law Enforcement enforcing underage drinking laws; and 3) The use of media to raise awareness about the existing laws and penalties associated with adults buying alcohol for minors.  |

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| * Mass media is most likely be a product of a particular strategy – i.e. Billboard associated with a positive peer social norms campaign. In this case, mass media is not the strategy, it is a product.
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| * A social marketing campaign is another way to use media within a prevention portfolio. Before taking a ‘ground up’ approach, providers should research for existing campaigns that address the approved contributing factors and have some evidence of effectiveness (i.e. outcome evaluation data; research studies).
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| **EXAMPLE****Be The Wall is a great example:*** Specifically aimed at addressing Social Availability >>Provision to Minors
* Conducted in FL, GA and other states with data to support its promise/effectiveness
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| * Mass Media cannot serve as the second environmental strategy to a strategy such as Positive Social Norms. An important point to remember is the more comprehensive your plan (i.e. strategies that address host, agent and environment), the more effective your prevention portfolio will be. The use of media and Individual Level strategies without the inclusion of policies/practices and enforcement would yield very little in terms of impacting the State priority.
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**Logic Model Related**

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| * Refer to 22-23 to guide you in the development of your logic models.
* There were two types of logic models introduced during training: (1) Community Level Logic Model (CLLM) and (2) Strategy Level Logic Model (SLLM).
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| * Although several providers are serving more than one High Need Community, there is only one (1) CLLM required in the Strategic Plan.
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| * There should be a SLLM for **every** strategy. Notice that this does not say for every CF. Therefore, if one strategy is used for multiple CFs, submit only SLLM.
 |
| * Long-term outcomes and State Priorities generally overlap. The exception for this is Priority 2, as providers reduce access to alcohol, overtime there will be a reduction in binge drinking.
	+ Mid-Term Outcome – Reduce Access
	+ Long-Term Outcome – Reduce Binge Drinking
 |
| * The activities listed on the SLLM should be top line items; reserve the details for the SPDT
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| **EXAMPLE**  |
| SLLM Activity – Focus Groups | SPDT – all the details necessary to plan the focus groups |

**Outcome Related**

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| * Refer to pp. 22-23 for guidance in developing short-, medium-, and long-term outcomes.
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| * Two partial examples from GA SPF SIG have been provided below:
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| **Example 1- IV/CF:** Enforcement & Adjudication/Law Enforcement Practices |
| **STRATEGY:** Saturation Patrols  |
| **IMPACT** | **LONG TERM OUTCOMES** | **MEDIUM TERM OUTCOMES** | **SHORT TERM OUTCOMES** |
| Reduction in the # of 25-34 year old ARCF | Increase the # of DUI Arrests | Increase the # of saturation patrols | Increase local support for saturation patrols  |

Adapted from GA SPF SIG – GATE Community

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| **EXAMPLE 2 - IV/CF:** Low Perceived Risk/Lack of concern for getting caught supplying alcohol to youth |
| **STRATEGY:** Shoulder Tap Operations  |
| **IMPACT** | **LONG TERM OUTCOMES** | **MEDIUM TERM OUTCOMES** | **SHORT TERM OUTCOMES** |
| Reduced # of youth arrests related to alcohol | Adults are less willing to provide alcohol to teensYouth have less access to alcohol | Increase perceived risk among adults getting caught providing alcohol to youth | Adults are aware of increased enforcement of laws for providing alcohol to youthExpand involvement of local law enforcement in enforcing underage drinking laws  |

Adapted from GA SPF SIG – Early Choices

**Objective Related**

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| * The CFs will inform the development of the objectives.
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| * As indicated on p. 29 of the Planning Workbook, objectives should be SMART.
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| * Providers are expected to address each IV (CLG) and at minimum, the short-term objectives for each strategy.

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| **EXAMPLE**If a provider has a 2x2, this means there are 2 IVs and 4 CFs in total. Let’s say the provider identified 3 strategies, with one strategy addressing multiple CFs. In the first year, the provider is expected to address the short-term objectives for each strategy. In do so, the provider will essentially work towards both of their CLGs. |

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| * When developing the Strategic Plan, consider what can realistically change/impact within the one (1) year timeframe – October 1, 2013 – September 30, 2014. To do this, providers are asked to turn their short-term outcomes into 1 year objectives.
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| * Each strategy will have multiple short-term outcomes. Therefore, expect to have multiple objectives for each strategy.
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| * See the chart below for verbs to use when crafting SMART objectives:
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| **Type of Activity**  | **Verbs used for Objectives** |
| Knowledge  | define, memorize, repeat, record, list, recall, name, relate, collect, label, specify, cite, enumerate, tell, recount  |
| Comprehension  | restate, summarize, discuss, describe, recognize, explain, express, identify, locate, report, retell, review, translate  |
| Application  | exhibit, solve, interview, simulate, apply, employ, use, demonstrate, dramatize, practice, illustrate, operate, calculate, show, experiment  |

Adapted from SAMHSA-CAPT, Handout 3: Writing Learning Objectives – Achievement-based Learning Objectives.

**Community Readiness (CR)**

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| * The State is moving towards population-level change, yet most of the community readiness scores around under the GASPS-API initiative are five (5) and below. That being said, it is important for providers to ‘build’ their communities readiness while **simultaneously** while working towards population-level change.
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| **EXAMPLE**Let’s say a provider wants to implement a Shoulder Tap Program in their community yet the community readiness is only 2. In the first year, the provider will use the various recommended CR strategies from CR1-2 to raise the community’s awareness. This can be accomplished by educating the community about their specific state priority as well as the issue of provision to minors (Social Access) by way of shoulder tapping. **The caveat is to only use the CR strategies at or below the current community readiness.**1. **Create a brochure that educates the community about shoulder tapping and the penalties for doing so that can be distributed at a local health program in high need community.**
2. **Request a meeting to share needs assessment findings with a key community leader.**

Do not understate the small beginnings. These efforts are meaningful prep work towards the eventual implementation of the Shoulder Tap Program.  |

**Strategic Plan Development Tool (SPDT) – p.31**

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| * Complete one SPDT per strategy for every community with the same CR score.
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| * If providers have communities with different levels of CR scores, it will be necessary to complete a SPDT that aligns with the CR strategies at or below the community’s stage of readiness.
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| **EXAMPLE**For example, if providers have two assigned communities with different community readiness scores – a readiness score of 2 in one community and a 4 in the other – the community level strategies will be the same for each community; however the CR activities integrated into the overall strategy activities will differ to some extent. These differences need to accurately reflect CR strategies at or below the community’s readiness score in the SPDT. * + - CR 2 – One-on-one visits with community leaders; Raise awareness in a church bulletins
		- CR 4 – All of the above PLUS radio and television PSAs
 |
| * When completing this form, list all of the IVs and CFs associated with this particular strategy. Also, indicate each objective associated with this strategy as well.
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| * Data sources will come from the approved NA and/or evaluation tools. Providers should refer back to the Phase 4 Spreadsheet to determine which data source(s) informed their selection of the various CF.
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**“If-Then” Statements**

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| * Only do “If-Then” statements for the CLLM not for the SLLM.
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| * Do not include the outcomes In the “If-Then” statements.
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| **EXAMPLE*** + **Priority:** Reduce binge/heavy among 18-25
	+ **IV:** Social Community Norms
	+ **CF:** Youth’s perceptions of peer norms
	+ **Strategy:** Most of Us – Positive Social Norms Campaign

 **“If-Then” statement:**If we use the Most of Us campaign to combat peer norms that people 18-25 believe all fun activities include alcohol, we will change social community norms. If we change social community norms, we will impact binge and heavy drinking rates among 18-25 in our community. |

**Budget**

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| * The State suggests that budgets reflect the FY13 contract amount **minus** the $30,000 that was allotted for the Alcohol Media campaign.
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| * Providers are encouraged to consider pre-implementation strategies that can be conducted under the FY13 contract year. Please contact your RPS for examples on what is permissible.
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**Addressing Cultural Competency**

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| * Although providers will refer to the Cultural Competency section of the Capacity Plan to address some portions of this section, expect to develop this section so that it specifically addresses cultural competency in relation to the selected strategies.
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