STRATEGIC PREVENTION IN GEORGIA

1/3/17	GASPS and the SPF

This guidance document was prepared for the Georgia Department of Behavioral Health and Developmental Disabilities, Office of Behavioral Health Prevention by Krystal Lokkesmoe at the Prospectus Group under a GASPS Technical Assistance and Workforce Development contract. It includes information on the Strategic Prevention Framework that was originally produced and developed by SAMHSA's CAPT.

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The Georgia Strategic Prevention System

The Georgia Strategic Prevention System, or GASPS, is a multilevel, network-based system aimed to prevent substance use and abuse and promote healthy choices among Georgians by implementing sustainable, evidence-based strategies.

Created through funding from the Substance Abuse and Mental Health Services Administration, or SAMHSA, by Georgia's Department of Behavioral Health and Developmental Disabilities, or DBHDD, and managed by its Office of Behavioral Health Prevention, GASPS serves the purpose of building capacity and infrastructure at the state, regional, and community level. This has been achieved through mobilizing key policy stakeholders and resources, developing coalitions and the prevention workforce, and enhancing research capabilities.

Following the Strategic Prevention Framework, GASPS communities work to systematically implement the SPF model across the state. This comprehensive, public health-based approach facilitates the implementation of strategies aimed at population-level change. By taking this approach, GASPS communities are better able to inform policy development, as well as increase funding opportunities.

There are five programs that currently fall under the GASPS umbrella, described in detail here.

Alcohol and Substance Abuse Prevention (ASAP) Project

The statewide goals of the Alcohol and Substance Abuse Prevention Project are to:
- Reduce the early onset of alcohol use among 9-20 year olds
- Reduce access to alcohol and binge drinking among 9-20 year olds
- Reduce binge & heavy drinking among 18-25 year olds

ASAP communities are achieving these goals by implementing sustainable, evidence-based strategies, including programs, policies, and practices. Strategies are chosen based on the results of each community's specific needs assessment, targeting high-risk populations and aligning with statewide goals.

Some of the strategies implemented under the ASAP Project include the positive social norms campaign Be The Wall and the environmental strategy of introducing a social host ordinance.

GEN Rx & SPF Rx Projects for Prescription Drug Abuse Prevention

The Generation Rx Project – or GEN Rx - was created in response to the prescription drug overdose epidemic. GEN Rx aims to prevent the misuse/abuse of prescription drugs among 12-25 year olds in the counties of Catoosa, Early and Gwinnett. These counties were chosen based on a statewide needs assessment, and are currently implementing strategies such as the Rx for Understanding youth education curriculum, and the community-wide social marketing campaign "Mom's My Dealer and Doesn't Even Know It."

SPF Rx is another project meant to target the priority issue of prescription drug misuse. The program is designed to raise awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SPF Rx will also raise community awareness and bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients. In addition, SAMHSA will track reductions in opioid overdoses and the incorporation of Prescription Drug Monitoring Program (PDMP) data into needs assessments and strategic plans as indicators of the program's success.

PDMPs are state-run databases used to track the prescribing and dispensing of controlled prescription drugs to patients. They are designed to monitor this information for suspected abuse or diversion (i.e., channeling drugs into illegal use), and can give prescribers or pharmacists critical information regarding a patient's controlled substance prescription history. State applicants must have a fully operational PDMP in order to apply for the SPF Rx program. Tribes must coordinate with the state run PDMPs to identify opportunities for collaboration that will limit overprescribing in tribal communities.

Suicide Prevention Program

The role of the Suicide Prevention Program is to support local communities to prevent further suicide and heal those affected by suicide. The Georgia Suicide Prevention Plan provides a framework for getting everyone involved in preventing suicide.

Created by the Suicide Prevention Action Network, the Plan is based on recommendations and information from the Surgeon General's Call to Action and the National Strategy for Suicide Prevention. It is designed to guide individuals, agencies, and organizations in local communities as well as at regional and state levels.

The Plan encompasses suicide prevention in the many systems that touch people's lives. These include education, health care, media, the workplace, faith communities and criminal justice. The foundation of the Plan uses the public health approach for suicide prevention. The building blocks of the Plan are arranged as opportunities for Awareness, Intervention and Methodology (AIM) to improve suicide prevention.

State Epidemiology Outcomes Workgroup (SEOW)

SEOW, short for State Epidemiology Outcomes Workgroup, is a collection of epidemiologists and data analysts working together to increase capacity in Georgia through identification, gathering, analyzing,

and operationalizing substance abuse related data.

The Georgia SEOW continues to compile data on alcohol, tobacco, and illicit drug use and abuse–related problems to improve prevention practices and drive effective and efficient use of prevention resources. This includes identification and researching of additional sources of data, as well as identifying data gaps and formulating recommendations for ongoing surveillance activities.

Strategic Prevention in Georgia

Since its inception, Georgia's Office of Behavioral Health Prevention has worked to increase the accountability and effectiveness of the use of Prevention Block Grant and Partners for Success funds. It has achieved success in this area through early adoption of SAMHSA's Strategic Prevention Framework (SPF), a planning process for preventing substance abuse and misuse.

The SPF was designed as a best practices guide for creating valuable and sustainable community-level change, and is intended to support the development of comprehensive strategic plans that are based on local data and designed to achieve measurable outcomes. The plans developed through this process are intended to serve as long-term, future-oriented documents that are updated and modified as needed. Applicants for substance abuse prevention funding must follow the SPF.

Distinctive Features of the SPF

The SPF planning process has four distinctive features. The SPF is:

- *DATA DRIVEN:* Good decisions require data. The SPF is designed to help practitioners gather and use data to guide all prevention decisions—from identifying which substance misuse issues problems to address in their communities, to choosing the most appropriate ways to address those problems. Data also helps practitioners determine whether communities are making progress in meeting their prevention needs.
- *DYNAMIC:* Assessment is more than just a starting point. Practitioners will return to this step again and again: as the prevention needs of their communities change, and as community capacity to address these needs 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 an intervention is underway. For these reasons, the SPF is a circular rather than a linear model.
- *FOCUSED ON POPULATION-LEVEL CHANGE:* Earlier prevention models often measured success by looking at individual program outcomes or changes among small groups. But effective prevention means implementing multiple strategies that address the constellation of risk and protective factors associated with substance misuse in a given community. In this way, we are more likely to create an environment that helps people support healthy decision-making.
- *INTENDED TO GUIDE PREVENTION EFFORTS FOR PEOPLE OF ALL AGES:* Substance misuse prevention has traditionally focused on adolescent use. The SPF challenges prevention professionals to look at substance misuse among populations that are often overlooked but at significant risk, such as young adults ages 18 to 25 and adults age 65 and older.

- *RELIANT ON A TEAM APPROACH:* Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant.

What is the SPF?

The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.

Step 1: Assess Needs

Step 1 of the SPF helps prevention professionals identify pressing substance use and related problems and their contributing factors, and assess community resources and readiness to address these factors. In Step 1, prevention professionals gather and assess data from a variety of sources to ensure that substance misuse prevention efforts are appropriate and targeted to the needs of communities.
Data help practitioners identify and prioritize the substance use problems present in their community, clarify the impact of these problems on community members, identify the specific factors that contribute to these problems, and assess the readiness and resources needed to address these factors.
Engaging key stakeholders in all aspects of the assessment process will help ensure their buy-in and support the sustainability of your prevention initiatives. Share your assessment findings with them and other community members. The better they understand community needs, the more likely they will be to participate in—and sustain—prevention outcomes.

> *PROBLEMS AND RELATED BEHAVIORS*
> You can use the following questions to assess the substance use problems and related behaviors in your community:
> - *What* substance use problems (for example, overdoses and alcohol poisoning) and related behaviors (for example, prescription drug misuse and underage drinking) are occurring in your community?
> - *How often* are these problems and related behaviors occurring?
> - *Where* are these substance use problems and related behaviors occurring (for example, at home or in vacant lots; in small groups or during big parties)?
> - *Who* is experiencing more of these substance use issues and related behaviors? For example, are they males, females, youth, adults, or members of certain cultural groups?
>
> This information can help you identify—and determine how to most effectively address—your community's priority substance use problems(s). To answer these four assessment questions, you will need to do the following:
>
> - **Take stock of existing data:** Start by looking for state and local data already collected by others, such as hospitals, law enforcement agencies, community organizations, state

agencies, and epidemiological workgroups.

- **Look closely at your existing data:** Examine the quality of the data that you've found, discard data that are not useful, and create an inventory of the data you feel confident about including in your assessment.
- **Identify any data gaps:** Examine your inventory of existing data and determine whether you are missing any information. This could include information about a particular problem, behavior, or population group.
- **Collect new data to fill those gaps:** If you are missing information, determine which data collection method—or combination of methods—represents the best way to obtain that information. Data collection methods include surveys, focus groups, and key informant interviews.

Data may reveal that the community has multiple areas of need that are contributing to substance misuse. You will want to establish criteria for analyzing assessment data to guide your decision on which substance use problem(s) to make your priority.

ASSESSING RISK AND PROTECTIVE FACTORS

Prevention practitioners have long targeted risk and protective factors as the "influencers" of behavioral health problems. After selecting one or more prevention priorities, practitioners need to assess the factors that are driving or alleviating these problems. Targeting appropriate factors is key to producing real and lasting change.

As the names suggests, risk factors increase the chance that certain problems will occur, while protective factors reduce the likelihood of these problems occurring. Identifying which risk and protective factors exist in a community can reveal opportunities to influence substance use patterns and behaviors. To be effective, prevention strategies must address the underlying factors driving these patterns and behaviors. It doesn't matter how carefully a program or intervention is implemented. If it's not a good match for the problem, it's not going to work. Also, remember that the factors driving an issue in one community may differ from the factors driving it in another community. Because every community is unique, it is important to determine which factors are contributing to substance use and related problems in your community, and address those.

ASSESSING RESOURCES AND READINESS

Assessing a community's capacity to address substance misuse is a key part of the prevention planning process. Understanding local capacity, including resources and readiness for prevention, can help you:

- Make realistic decisions about which prevention needs your community is prepared to address
- Identify resources you are likely to need, but don't currently have, to address identified prevention needs
- Develop a clear plan for building capacity to address identified prevention needs

Assessing community readiness, in particular, helps prevention professionals determine whether the time is right and whether there is social momentum towards addressing the issue or issues they hope to tackle. Community readiness is just as important in addressing community needs as having tangible resources in place.

Step 2: Build Capacity

Step 2 of the SPF helps prevention professionals identify resources and build readiness to address substance use and misuse.

Step 2 involves building and mobilizing local resources and readiness to address identified prevention needs. A community needs both human and structural resources to establish and maintain a prevention system that can respond effectively to local problems. It also needs people who have the motivation and willingness—that is, the readiness—to commit local resources to address identified prevention needs.

Why? Because prevention programs and interventions that are well-supported with adequate resources and readiness are more likely to succeed.

KEY COMPONENTS OF CAPACITY BUILDING
Raise Stakeholder Awareness

There are two benefits to raising awareness of a community's substance use problem(s). First, it can help you increase local readiness for prevention: people need to be aware of a problem before stepping forward to address it. Raising awareness can also help you garner the valuable resources needed to move your prevention efforts forward.

The following are some strategies for raising community awareness:
• Meet one-on-one with public opinion leaders
• Ask stakeholders to share information in their own sectors
• Submit articles to local newspapers, church bulletins, club newsletters, etc.
• Share information on relevant websites and social media outlets
• Host community events to share information about and discuss the problem
• Convene focus groups to get input on prevention plans

It's 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 may be willing to create a video about your prevention efforts. Which individuals and groups in your community could help you reach out, spread the word, and get others involved?

Engage Diverse Stakeholders

Engaging a broad range of stakeholders is key to unlocking a community's capacity for prevention. Effective prevention depends on the involvement of diverse partners—from residents to service providers to community leaders. These people can help you share

prevention information and resources, raise awareness of critical substance use problems, build support for prevention efforts, and ensure that prevention activities are appropriate for the populations they serve.

Build relationships with those who support your prevention efforts as well as with those who do not. Recognize that potential community partners will have varying levels of interest and/or availability to get involved. One person may be willing to help out with a specific task, while another may be willing to assume a leadership role. Keep in mind that as people come to understand the importance of your prevention efforts, they are likely to become more engaged.

Consider involving the following community sectors in your prevention initiative:
- Local businesses
- Law enforcement
- University and research institutions
- Healthcare providers
- Neighborhood and cultural associations
- Local government
- Youth-serving agencies and institutions

Strengthen Collaborative Efforts

Substance use and misuse are complex problems that require the energy, expertise, and experience of multiple players, working together across disciplines, to address. Collaboration can help you tap the resources available in your community, extend the reach of your own resources by making them available to new audiences, and ensure that your prevention efforts are culturally competent. By working in partnership with community members and involving them in all aspects of prevention planning, implementation, and evaluation, you demonstrate respect for the people you serve and increase your own capacity to provide prevention services that meet genuine needs, build on strengths, and produce positive outcomes.

Partnering with others requires deliberate and strategic planning. You will want to be clear on the purpose of the collaboration, determine how you plan to achieve 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 their needs. Even those collaborative relationships that begin easily and organically need to be nourished in order to stay healthy.

Prepare the Prevention Workforce

The success of any prevention effort depends on the knowledge and skills of the people at the forefront. Workforce development is more than just preparing people to complete specific tasks. Ensuring that prevention professionals and stakeholders have the right credentials, training, experience, cultural competence, and expertise to address the substance use problem(s) in a community is an important component of building capacity.

Step 3: Plan

Step 3 of the SPF helps prevention professionals form a plan for addressing priority problems and achieving prevention goals.

Strategic planning increases the effectiveness of prevention efforts by ensuring that prevention professionals select and implement the most appropriate programs and strategies for their communities. To develop a useful plan, practitioners need to:

- Prioritize risk and protective factors associated with identified prevention problems
- Select effective interventions to address priority factors
- Build a logic model that links problems, factors, interventions, and outcomes

An effective prevention plan should reflect the input of key stakeholders, including community members. Collaborative planning processes are more likely to address community needs and be sustained over time.

PRIORITIZE RISK AND PROTECTIVE FACTORS

Every substance use problem is associated with multiple risk and protective factors. No community can address all of these factors—at least not at once. During the planning phase, you will need to decide which factors to address first. To prioritize factors, it's helpful to consider their importance and changeability.

Importance describes how a specific risk or protective factor affects a problem. These questions can help you determine a factor's importance:
- How much does this factor contribute to our priority problem?
- Is this factor relevant, given the developmental stage of our focus population?
- Is this factor associated with other behavioral health issues?

Changeability describes a community's capacity to influence a specific risk or protective factor. These questions can help you determine a factor's changeability:
- Do we have the resources and readiness to address this factor?
- Does a suitable intervention exist to address this factor?
- Can we produce outcomes within a reasonable timeframe?

When developing a prevention plan, it is best to prioritize risk and protective factors that are high for both importance and changeability. If no factors are high for both, the next best option is to prioritize factors with high importance and low changeability. Since factors with high importance contribute significantly to priority substance use problems, addressing these factors is more likely to make a difference. And it's easier to increase the changeability of a factor (for example, by building capacity) than it is to increase its importance.

SELECT EFFECTIVE INTERVENTIONS

Sometimes people want to select interventions that are popular, that worked well in a different community, or that they are familiar with. These are not good reasons for selecting an intervention. It is more important that the prevention intervention effectively address the priority

substance use problem and associated risk and protective factors, and that the intervention is a good fit for the broader community. When choosing appropriate prevention interventions, it is important to select programs and strategies that are:

- **Evidence-based.** Evidence-based interventions have documented evidence of effectiveness. The best places to find evidence-based interventions are federal registries of model programs, such as SAMHSA's [National Registry of Evidence-Based Programs and Practices (NREPP)](#), and peer-reviewed journals, such as the American Journal of Public Health. It's important to note, however, that these sources are not exhaustive, and they may not include interventions appropriate for all problems and/or all populations. In these cases, you must look to other credible sources of information. Since states have different guidelines for what constitutes credible evidence of effectiveness, you could start by talking to prevention experts—including your state-level evidence-based workgroup.

- **A good conceptual fit for the community.** An intervention has good conceptual fit if it directly addresses one or more of the priority factors driving a specific substance use problem and has been shown to produce positive outcomes for members of the target population. To determine the conceptual fit, ask, "Will this intervention have an impact on at least one of our community's priority risk and protective factors?"

- **A good practical fit for the community.** An intervention has good practical fit if it is culturally relevant for the target population, the community has capacity to support it, and if it enhances or reinforces existing prevention activities. To determine the practical fit of an intervention, ask, "Is this intervention appropriate for our community?"

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BUILD A LOGIC MODEL

A logic model is a visual tool that shows the logic, or rationale, behind a program or process. Like a roadmap, it tells you where you are, where you are going, and how you will get there.

Prevention professionals use logic models to show connections between:
- Problems identified by communities
- Specific risk and protective factors in a community that are influencing or contributing to those problems
- Planned interventions
- The anticipated short- and long-term changes

Logic models can help you:

- **Explain why your program or intervention will succeed**. By clearly laying out the tasks of development, implementation, and evaluation, a logic model can help you explain what you do and why you do it.
- **Identify gaps in reasoning**. A logic model helps you identify any gaps in your reasoning or places where your assumptions might be off track. The sooner mistakes are discovered, the easier they are to correct.

- **Make evaluation and reporting easier**. Developing a logic model before implementing a program or activity makes evaluation easier since it shows clear, explicit, and measurable intended outcomes.

Step 4: Implement

Step 4 of the SPF helps prevention professionals deliver evidence-based interventions. During implementation, prevention professionals put their strategic prevention plans into action by delivering their selected, evidence-based interventions. To implement programs and strategies effectively, practitioners need to:

- Develop a clear action plan
- Balance fidelity and adaptation
- Establish implementation supports

DEVELOP A CLEAR ACTION PLAN

An action plan is a document that lays out exactly how you will implement a selected program, policy, or strategy. It describes what you expect to accomplish, the specific steps you will take to get there, and who will be responsible for doing what.

Work with your implementation partners—those individuals and organizations that will be responsible for or involved in program delivery to develop your plan. Doing so will help to ensure that everyone is on the same page and no key tasks fall through the cracks. In some cases, partners will want to make changes to the plan. Even if they don't, it's important to communicate openly and make sure that all partners are onboard with the implementation plan as you move forward.

BALANCE FIDELITY AND ADAPTATION

As you prepare to implement your selected prevention interventions, it is important to consider issues of fidelity and adaptation:

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

Evidence–based programs are defined as such because they consistently achieve positive outcomes. The greater your fidelity to the original program design, the more likely you are to reproduce these positive results. Customizing a program to better reflect the attitudes, beliefs, experiences, and values of your focus population can increase its cultural relevance. However, it's important to keep in mind that such adaptations may compromise program effectiveness. Remaining faithful to the original evidence-based design while addressing the unique needs and characteristics of your target audience requires balancing fidelity and adaptation. When you change an intervention, you risk compromising outcomes. However, implementing a program that requires some adaptation may be more efficient and cost-effective than designing a

program from scratch.

Here are some guidelines to consider when balancing fidelity and adaptation:

- **Retain core components:** Evidence-based programs are more likely to be effective when their core components (that is, those elements responsible for producing positive outcomes) are maintained. Core components are like the key ingredients in a cookie recipe. You may be able to omit the nuts, but if you leave out the flour the recipe won't work! Here are some general guidelines for maintaining core components:
  - Preserve the setting as well as the number and length of sessions
  - Preserve key program content: It's safer to add rather than subtract content
  - Add new content with care: Consider program guidance and prevention research

- **Build capacity before changing the program:** Rather than change a program to fit with local conditions, consider ways to develop the resources or build local readiness so you can deliver the program as it was originally designed.
- **Add rather than subtract:** Doing so will decrease the likelihood that you are eliminating a program element that is important (that is, critical to program effectiveness).
- **Adapt with care.** Even when interventions are selected with great care, there may be ways to improve a program's appropriateness for a unique focus population. Cultural adaptation refers to program modifications that are tailored to the values, attitudes, beliefs, and experiences of the target audience. To make an intervention more culturally appropriate, it is crucial to consider the language, values, attitudes, beliefs, and experiences of focus population members.
- **If adapting, consult experts first:** Experts can include the program developer, an environmental strategies specialist, or your evaluator. They may be able to tell you how the intervention has been adapted in the past and how well (or not) those adaptations worked. For cultural adaptations, you will also want to consult with cultural leaders and members of your focus population.

ESTABLISH IMPLEMENTATION SUPPORTS
Many factors combine to influence the implementation and support the success of prevention interventions, including the following:

- **Favorable prevention history:** An individual or organization with positive experiences implementing prevention interventions in the past will likely be more ready, willing, and able to support the implementation of a new intervention. If an individual or organization has had a negative experience with—or doesn't fully understand the potential of—a prevention intervention, then it will be important to address these concerns early in the implementation process.
- **Onsite leadership and administrative support:** Prevention interventions assume many different forms and are implemented in many different settings. To be effective, interventions require leadership and support from key stakeholders.
- **Practitioner selection:** When selecting the best candidate to deliver a prevention

intervention, consider professional qualifications and experiences, practical skills, as well as fit with your focus population.

- **Practitioner training and support:** Pre-and in-service trainings can help practitioners responsible for implementing an intervention understand how and why the intervention works, practice new skills, and receive constructive feedback. Since most skills are learned on the job, it is also very helpful to connect these practitioners with a coach who can provide ongoing support.
- **Program evaluation:** By closely monitoring and evaluating the delivery of an intervention, practitioners can make sure that it is being implemented as intended and improve it as needed. By assessing program outcomes, they can determine whether the intervention is working as intended and worthy of sustaining over time.

When prevention practitioners promote both fidelity and cultural relevance, and anticipate and support the many factors that influence implementation, these efforts go a long way toward producing positive outcomes. But to sustain these outcomes over time, it is important to get others involved and invested in the prevention interventions. Find concrete and meaningful ways for people to get involved, keep cultural and public opinion leaders well-informed, and get the word out to the broader community through media and other publicity efforts.

Step 5: Evaluate

The evaluation step of the SPF quantifies the challenges and successes of implementing a prevention program.

Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes. The evaluation step is not just about collecting information, but using that information to improve the effectiveness of a prevention program. After evaluation, planners may decide whether or not to continue the program.

Prevention practitioners need to evaluate how well the program was delivered and how successful it was in achieving the expected outcomes. Once the program has been evaluated, prevention planners typically report evaluation results to stakeholders, which can include community members and lawmakers. Stakeholders can promote your program, increase public interest, and possibly help to secure additional funding.

Prevention practitioners engage in a variety of evaluation-related activities, including identifying evaluation expertise, designing evaluation plans, finding epidemiological data, and analyzing epidemiological data. Evaluation is more than a final step. It should be a part of every aspect of the SPF, from assessing needs to communicating results.

During an evaluation, prevention practitioners ask the following questions:

- How successful was the community in selecting and implementing appropriate strategies?
- Were these the "right" strategies, given the risk and protective factors the community identified?

- Were representatives from across the community involved in program planning, selection, and implementation? In what ways were they involved?
- Was the planning group able to identify potential new partners with which to collaborate?
- What was the quality of the data used in decision making?

Engaging stakeholders who represent the populations you hope to reach greatly increases the chance that your evaluation efforts will be successful. Stakeholders can dictate how (or even whether) evaluation results are shared. Stakeholder involvement also helps to ensure that the evaluation design, including methods and the instruments used, is consistent with the cultural norms of the people you serve.

Guiding Principle 1: Cultural Competence

Cultural competence, the ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed.

Cultural competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent. Culture must be considered at every step of the SPF. "Culture" is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.

Cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum.

BUILDING A CULTURALLY COMPETENT WORKFORCE
To produce positive change, prevention practitioners and other members of the behavioral health workforce must understand the cultural context of their target community. They must also have the willingness and skills to work within this context. This means drawing on community-based values and customs and working with knowledgeable people from the community in all prevention efforts.

Practicing cultural competence throughout the program planning process ensures that all members of a community are represented and included. It can also prevent wasteful spending on programs and services that a community can't or won't use. This is why understanding the needs, risk and protective factors, and potential obstacles of a community or specific population is crucial.

CULTURALLY COMPETENT ORGANIZATIONS
Cultural competence applies to organizations and health systems, just as it does to professionals. A culturally competent organization:

- **Continually assesses organizational diversity**: Organizations should conduct a regular assessment of its members' experiences working with diverse communities and focus populations. It also regularly assesses the range of values, beliefs, knowledge, and experiences within the organization that would allow for working with focus communities.
- **Invests in building capacity for cultural competency and inclusion**: Organizations should have policies, procedures, and resources in place that make ongoing development of cultural competence and inclusion possible. It must also be willing to commit the resources necessary to build or strengthen relationships with groups and communities. Including representatives of the focus population within the organization's ranks is especially useful.
- **Practices strategic planning that incorporates community culture and diversity**: Organizations are urged to collaborate with other community groups. Its members are also encouraged to develop supportive relationships with other community groups. When these steps are taken, the organization is seen as a partner by other groups and their members.
- **Implements prevention strategies using culture and diversity as a resource**: Community members and organizations must have an opportunity to create and/or review audiovisual materials, public service announcements, training guides, printed resources, and other materials to ensure they are accessible to, and attuned to their community or focus population.
- **Evaluates the incorporation of cultural competence**: Community members must have a forum to provide both formal and informal feedback on the impact of all prevention interventions.

CSAP PRINCIPLES OF CULTURAL COMPETENCE
SAMHSA's Center for Substance Abuse Prevention (CSAP) has identified the following principles of cultural competence:

- Ensure community involvement in all areas
- Use a population-based definition of community (let the community define itself)
- Stress the importance of relevant, culturally-appropriate prevention approaches
- Employ culturally-competent evaluators
- Promote cultural competence among program staff that reflect the community they serve
- Include the target population in all aspects of prevention planning

Guiding Principe 2: Sustainability

The sustainability of prevention outcomes is often seen as the culmination of program planning and implementation. However, that assumption will place your program at a disadvantage. Effective programs plan for sustainability from the beginning of program design. Sustainability should be revisited and revised throughout the life of a program.

The ultimate goal is to sustain prevention outcomes, not programs. Programs that produce positive outcomes should be continued. Programs that are ineffective should not be sustained.

Key activities involved in ensuring sustainability involve building support, showing results, and obtaining continuing funding. All of these activities require time, people, and ongoing planning and evaluation. Additionally, the SPF emphasizes sustaining the prevention process itself, recognizing that practitioners will return to each step of the process, again and again, as communities face evolving problems.

Ensure the sustainability of prevention outcomes by building stakeholder support for your program, showing and sharing results, and obtaining steady funding.

BUILD OWNERSHIP AMONG STAKEHOLDERS

Program stakeholders represent a diverse group of people, who may include community members, state health department officials, other prevention professionals, and government officials. Involve them early on and find meaningful ways to keep them involved. Stakeholders who are involved in initial assessment activities are more likely to support prevention efforts that stem from the assessment.

SHARING RESULTS YIELDS FUNDING

CAPT grantees are required to produce quantifiable results of their prevention programs. While data collection must be ongoing, the analysis and accurate interpretation of data represents a key step of the SPF.

Grant programs such as Partners for Success (PFS) and the Strategic Prevention Framework State Incentive Grant (SPF SIG) recognize the value of evaluation and sustainability. They offer performance incentives for grantees who meet or exceed program goals and provide data that confirms successes.

Even if your evaluation process reveals that you weren't able to meet all of your goals, this information is also valuable. Failures and challenges that emerge from the evaluation process allow you to see what worked and what didn't. This information will help you highlight problem areas in the program and where to make necessary changes. More importantly, this data can help you decide if the program or certain elements of your program should continue.

TRACK AND TOUT OUTCOMES

A well-designed and executed evaluation helps you determine which activities to keep and which to discontinue. Evaluating your outcomes can also help demonstrate the program's effectiveness, and sharing these outcomes with the community encourages members to spread the word about the program and may increase public interest, participation, and potentially funding.

IDENTIFY PROGRAM CHAMPIONS

Find people on your team and in the community willing to speak about and promote your prevention program efforts. These champions will help represent your program in the media, and help you develop promotional materials for the public and to attract officials as supporters.

INVEST IN CAPACITY

This investment begins with applying for grants and becoming eligible to participate in training and technical assistance activities through CAPT. Use CAPT tools and other learning resources to teach others within your organization how to assess needs, build resources, and effectively plan and implement prevention programs. These tools can also be used to create the systems necessary to continue prevention activities over time.

IDENTIFY DIVERSE RESOURCES

Resources may be human, financial, material, and technological. Assess which resources already exist in your community. SAMHSA data can help inform policy, measure program impact, and improve prevention outcomes. Search for CAPT video interviews or read grantee stories to learn how existing programs deal with real-world challenges.
Find grantees and state resource contacts to exchange ideas and build broader prevention program networks.

Using Technology to Build Capacity in Georgia

One of the key components of OBHP's efforts to increase Georgia's prevention capacity is the GASPS website, which can be accessed by visiting www.ga-sps.org. This site has several different features, custom built to aid Georgia communities in their implementation of prevention strategies.

The GASPS website has a comprehensive Resources Database, which houses an extensive library of archived tools, documents, and videos. Providers can search for research articles, templates for surveys and other tools, past webinars, literature reviews, and much more using the Resources Database.

The site also allows providers to access reporting tools, such as Ecco and the GASPS Data Warehouse.

Providers update reports and plans in Ecco each month, based on their work from the past month. More detail about using Ecco can be found in other guidance documents and video tutorials on the GASPS website.

The GASPS Data Warehouse provides a systematic means to store, organize, manage, and analyze huge amounts of data from multiple data sources efficiently. The Data Warehouse utilizes a unified technology platform across multiple agencies that enables effective management information reporting from various substance use prevention data systems across the state, regions, and sub-regions.

One of the main features of the site is Ecco, which providers use to engage the GASPS Workforce Development Team by submitting requests for training and technical assistance, as well as to directly upload reports, such as monthly implementation plans.

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