

# SPF Step 3: Planning

Planning, the third step of the SPF, involves figuring out how to best address identified prevention needs and associated factors. To develop a solid prevention plan, your community needs to:

- Prioritize risk and protective factors
- Select appropriate interventions to address each priority factor
- Combine interventions to ensure a comprehensive approach
- Build and share a logic model with stakeholders

The same flowchart (presented under Step 1) that illustrates the information your community needs to gather to identify prevention needs can also guide you in developing an effective prevention plan:



Communities can't change substance use problems directly. Instead, they need to address the risk and protective factors that influence the problem. Selected prevention interventions can only make a difference if they're a good match for both the problem *and* its associated factors.

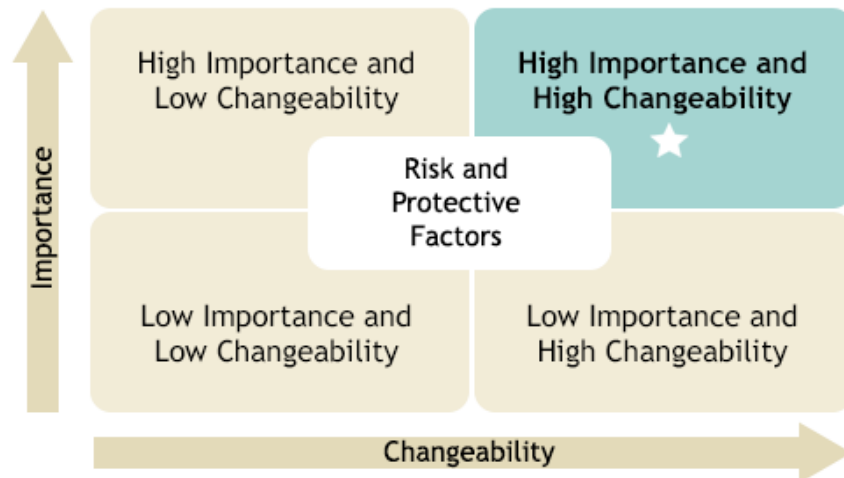
## Prioritizing Risk and Protective Factors

Every substance use problem in every community is associated with multiple risk and protective factors. No community can address all of these factors—at least not at once. So the first step in developing a prevention plan is to figure out which risk and protective factors to address first. To prioritize factors, it's helpful to consider a factor's *importance* and *changeability*.

- **Importance.** This describes how a specific risk or protective factor affects a problem. To determine a factor's importance, ask yourself the following questions:
  - 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.** This describes a community's capacity to influence a specific risk or protective factor. To determine a factor's changeability, ask yourself the following:
  - 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*.

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*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 (e.g., by building capacity) than it is to increase its importance.*

*However, in some cases your community may choose to address a factor with low importance and high changeability. Doing this can give your community a quick "win," help raise awareness of and support for prevention, and increase the community's capacity to address more important factors in the future.*

### Selecting Appropriate Interventions

Sometimes people want to select interventions that are popular, that worked well in a different community, or that they are familiar with. However, these are not good reasons for selecting an intervention. What's more important is that the prevention intervention can effectively address the priority substance use problem and associated risk and protective factors, and that intervention is a good fit for the broader community.

The following are three important criteria for selecting appropriate prevention interventions:

- **Evidence-based:** Whenever possible, you should select evidence-based interventions (i.e., interventions that 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, 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.
- **Conceptual fit:** 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 focus population. To determine the conceptual fit of an intervention, ask yourself, "Will this intervention have an impact on at least one of our community's priority risk and protective factors?"

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- *Practical fit:* An intervention has good practical fit if it is culturally relevant for the focus population, a community has the capacity to support it, and it enhances or reinforces existing prevention activities. To determine the practical fit of an intervention, ask yourself, “Is this intervention appropriate for our community?”

Evidence-based interventions with *both* conceptual fit and practical fit will have the highest likelihood of producing positive prevention outcomes.

### Ensuring a Comprehensive Approach

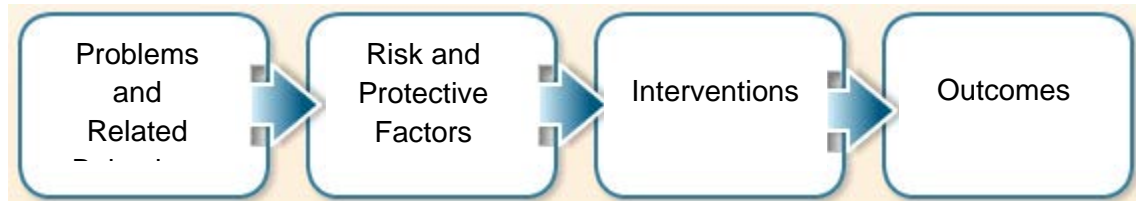
In a comprehensive approach to prevention, interventions combine to have widespread reach, target multiple domains, and ensure cultural relevance.

- *Widespread reach:* To produce population-level change, communities should implement strategies with the greatest possible reach. To determine reach, ask yourself:
  - How many people will the intervention affect?
  - Which sectors of the community will be affected by your efforts?Individual-level interventions (e.g., classroom curricula) are low-reach strategies. While they can represent an important component of a comprehensive prevention plan, environmental change strategies—such as social marketing, policy development, and enforcement—have greater reach. No prevention plan is truly comprehensive without attention to environmental or contextual change.
- *Multiple domains:* According to the socioecological model, risk and protective factors operate at four levels, or domains: individual, family, school/campus, and community. A comprehensive prevention plan includes multiple interventions operating in multiple settings and across multiple domains.
- *Cultural relevance:* Interventions must be responsive to, and appropriate for, the different cultural groups that comprise a focus population. This includes not only high-risk groups, but *all* intervention participants. Throughout the SPF process, you must take steps to ensure the cultural relevance of prevention efforts. For example:
  - During SPF Step 1: Assessment – Map the cultural landscape to identify different population groups in the community, as well as key leaders in each group, and analyze assessment data by group.
  - During SPF Step 2: Capacity – Share and discuss assessment findings throughout the community, invite interested community members and groups to participate in prevention planning, and make sure that the planning team includes individuals with strong ties to groups at high risk.
  - During SPF Step 3: Planning – Recruit focus population members to help identify appropriate interventions and convene focus groups with diverse community members to obtain valuable feedback on potential interventions.

### Building and Sharing a Logic Model

A logic model is a graphic planning tool, much like a roadmap, that can help your team communicate where you want to go and how you intend to get there. A logic model includes the following components:

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The final component, *Outcomes*, has been added to this familiar flowchart. *Outcomes* are the changes communities want their interventions to produce.

Prevention outcomes fall into two categories:

- *Short-term outcomes* are the most immediate effects of an intervention. They have the following traits:
  - Are closely related to how well the intervention is implemented
  - Usually include changes in knowledge, attitudes, beliefs, and skills
  - Tend to be connected to changes in priority risk and protective factors
- *Long-term outcomes* are the ultimate effects of interventions after they have been in place for a while. They exhibit these traits:
  - Usually result from positive short-term outcomes that can, over time, lead to long-term behavioral changes
  - May take a long time to produce and measure—sometimes many years.

When developing a logic model, it's important to work with an evaluator to identify a set of anticipated outcomes that are clear and measurable.

After completing your logic model for prevention, share it with these two important groups:

- *Prevention partners*: These include the individuals, groups, and institutions that participated in the assessment, were brought onboard during the capacity-building processes, and will play a key role in selected prevention interventions. Be sure that your logic model clearly communicates what the prevention partners hope to accomplish and how they will work together to make it happen.
- *Other prevention stakeholders*: These include funders as well as community members and groups who may not be actively involved in prevention efforts (yet!). A logic model can help you build support for prevention, overall, and mobilize the specific capacity needed to implement selected interventions. The more people who understand the problem and are onboard with the prevention plan, the more likely it is that interventions will be sustained over time.

### Planning and Cultural Competence

The following planning activities can help ensure that your prevention efforts will be culturally competent:

- Use assessment data from diverse community groups to make planning decisions
- Include focus population members as active participants and decision makers in the planning process
- Incorporate prevention interventions that are appropriate for and specific to high-risk and cultural groups

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### Planning and Sustainability

Many planning activities help support the long-term sustainability of prevention efforts. Examples include:

- Use prevention data to determine which risk and protective factors to address in order to have the biggest impact in the community
- Identify evidence-based interventions that directly address priority factors
- Select only those interventions that a community has sufficient capacity to implement effectively
- Make the planning process transparent and inclusive by sharing information with and inviting participation from key stakeholders
- Develop a data-driven prevention plan with high relevance for the focus population and strong community support

In an effective planning process, communities involve diverse stakeholders, replace guesswork and hunches with data-driven decisions, and create evidence-based and comprehensive prevention plans to address their priority substance use problems.