RCORP-TA
RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

Guidance on Strategic Plans for Health Resources and Services Administration Rural Communities Opioid Response Program-Planning Grantees

Annotated for Ohio's Strategic Planning Process

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Developed by JBS International and adapted for HRSA RCORP-P

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Essential Elements of an Effective Strategic Plan

The Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program-Planning (RCORP-P) grantees are required to develop a comprehensive strategic plan. According to businessdictionary.com, this type of plan entails a systematic process of envisioning a desired future and translating this vision into broadly defined goals or objectives and a sequence of steps to achieve them. For RCORP grantees, this plan is required to:

- Address the gaps in the opioid use disorder (OUD) prevention, treatment (including medication-assisted treatment [MAT]), and/or recovery services, as well as access to care identified in the analysis.
- Incorporate evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities.
- Ensure affordability of and accessibility to services for target populations.
- Detail plans to leverage existing federal, state, and local OUD resources and secure community support.
- Provide specific strategies for implementing the identified evidence-based, promising, and innovative practices after the project year ends.
- Develop strategies to eliminate or reduce costs of treatment for uninsured and underinsured patients.

Effective strategic plans provide clear and actionable direction for where resources and action should be focused to address (1) the root causes of problems with the most effective strategies and (2) changes in organizational effectiveness needed to implement them.

The results of your thorough needs assessment/gap analysis provides you with a solid foundation from which you can build a strategic plan. You have a vision and mission for your project to help you stay focused, and you have conducted an objective assessment of the data. Actions that are not based on objective assessment data and that do not address root causes are usually ineffective. Sometimes, they can even make problems worse.

An effective planning process starts with identification of a problem that can be documented with data. You can then strategically drill down through data to carefully and comprehensively diagnose where and why this problem occurs. This process enables you to map the relationships among the problem, its characteristics, and the factors that drive it so that you can determine the most effective course of action. Although not a required deliverable for RCORP-P grantees, this visual map—or logic

DON'T FALL INTO THE "LACK TRAP"

The "lack trap" can result by incorrectly assigning blame to one sector or discipline, which can drive people apart instead of bringing them together.

model—can provide an important foundation for your strategic planning effort.

This document includes several attachments to guide you during your strategic planning process:

- Attachment A: Logic Model Template
- Attachment B: Strategic Planning Process Map
- Attachment C: Sample Strategic Plan

Step 1: Create a Problem Statement

A **problem statement** is a concise and specific description of a priority issue identified during the assessment process that your planning process will address. The problem statement should include the measure of the problem (e.g., incidence, prevalence, cost burden) and the populations impacted by the problem. If you have multiple problems to tackle, you should develop a problem statement for each one. Your problem statement should describe the problem that ***exists***, not one that ***doesn't exist.*** A problem statement that defines a problem as a "lack" of something assumes that addressing the "lack" will solve the problem. It rarely does. Important considerations when selecting a problem statement include:

- The problem is well documented by data.
- Stakeholders agree that the problem has negative consequences.
- Many stakeholders would like to address the problem.
- There is consensus that the problem is solvable.

Step 2: Define the Direct Target Populations

Target populations are those individuals and groups that are affected by, are involved in, or contribute to the problems and/or consequences identified in your problem statement. Target populations may be direct or indirect. **Direct target populations** comprise those who are directly impacted by or involved in the problem or consequence. **Indirect target populations** comprise those who play an important role in the conditions that promote or prevent the problem. At this point, you should refer to your needs assessment data to clearly understand the characteristics and demographics of the individuals impacted by your problem statement.

DON'T "JUMP TO STRATEGIES"

If you find yourself using an action verb in your goals (e.g., provide, implement, train, enforce) instead of a descriptive verb (e.g., is, are) you are describing **action** you intend to take, not an existing or desired **state. Using action verbs leads you to** "jumping to strategies!"

Step 3: Develop Goals

Goals describe general desired changes in behavior that are needed to address the problems and consequences identified in your problem statement (e.g., decrease opioid misuse among youth). Your goals should be specific enough to be measurable.

Step 4: Develop Objectives

Objectives describe specific changes in the factors and intervening variables that must occur to achieve your goals. You likely already have some data on factors and intervening variables that you associated with the problems and behaviors you identified. A key question in this process is: What ties the members of these target populations together? The answer may be apparent, or it may require additional data collection and analysis.

Once you have validated existing intervening variables, or identified new ones, you are ready to write objectives that target them and the indirect target populations involved with them. You will likely have multiple objectives for each goal. As with goals, your objectives should be specific enough to be measurable.

WRITING SMART OBJECTIVES

Objectives should be:

Specific: State exactly what you want to accomplish.

Measurable: Establish clear definitions to help you use data to measure progress toward your goal.

Achievable: Set reasonable, but still challenging targets.

Relevant: Align the outcome with your key responsibilities and goals.

Time Limited: Set a specific date for completion.

Step 5: Develop Outcomes

Outcomes identify the types and degrees of change you would like to achieve within three timeframes:

- **Long-term outcomes** are linked to goals and reflect a quantifiable, time-limited degree of change in the problem.
- **Intermediate outcomes** are linked to objectives and reflect a quantifiable, time-limited degree of change in factors and intervening variables needed to impact behaviors and problems to achieve the goal.
- **Immediate outcomes** are linked to strategies and activities and reflect a quantifiable, time-limited degree of change in knowledge, skills, and abilities needed to change the factors and intervening variables and achieve objectives.

For intermediate and long-term outcomes, you also need to identify outcome indicators to monitor your progress and make any needed midcourse corrections along the way.

Step 6: Develop Strategies and Activities

A **strategy** is a course of action that is based on a theory of change (TOC) and may consist of programs, policies, and/or practices. An **activity** is a specific action that is undertaken as part of an overall strategy. Most strategies require the identification and completion of numerous activities.

The strategies you select should be documented to be effective in addressing the specific problems, consequences, and underlying conditions targeted by your goals and objectives. In addition, it's important to make sure that the strategies you select are culturally and situationally appropriate, as well as good conceptual and practical fits for your community.

Strategies may be environmental (focused on changing conditions in the shared social environment) or individual (focused on changing specific behaviors). Research documents that comprehensive approaches using both environmental and individual strategies are the most effective in changing behavior. As you review potential strategies to determine which will be the most effective for your community, consider the following information:

- The characteristics of the target population for which the strategy has been documented to be effective, including age, gender, and ethnicity, as well as universal, selective, or indicated population
- The geographic setting for which the strategy has been documented to be effective (i.e., rural, suburban, or urban)
- The **domains** or social environments in which the strategy has proved to be effective (e.g., individual/peer, family, school, community)
- The specific intervening variables and underlying conditions the strategy has proved successful in addressing
- The specific outcomes the strategy has proved successful in achieving
- The implementation and evaluation requirements associated with the strategy (e.g., staffing patterns and qualifications, required training and technical assistance, strategy activities, required materials and supplies, adaptation or fidelity protocols, evaluation needs)

Finally, when selecting strategies, you should consider the sustainability of the outcomes that will be produced.

Strategic Plan Template

(no page limit)

[Consortium Name]

[City, State]

[Date]

Grantee Organization		
Grant Number		
Address		
Project Director	Name:	
	Title:	
	Phone number:	
	Email address:	
Consortium Members and Stakeholders		

Strategic Plan

Complete a plan for each problem statement and related goal your initiative proposes to address. Complete an objective worksheet for each objective in your project. See Attachment C for a sample strategic plan.

- Like the JBS Template, the Ohio Strategic Planning Process segments out the strategic plan by individual problem statements. For every problem statement, there will be a strategic plan map.
- Additionally, project directors are encouraged to strategize *across the continuum of care*. By intentionally developing a strategic plan map for each part of the continuum of care -- Prevention (further broken down into supply reduction, demand reduction, harm reduction), Treatment, and Recovery – the benefit is that all partners across the continuum of care can see where they "fit" in the puzzle to address the opioid epidemic.

A. Assessment Summary

Briefly summarize the relevant data regarding the overall problem identified in your needs assessment.

Crosswalking the JBS Template with Ohio Strategic Plan Map

- All elements of this section of the JBS Template are reflected in Ohio's Strategic Plan Map. Further, Ohio's Strategic Plan Map integrates JBS' recommendation of using a logic model.
- The assessment summary is articulated on the left side of Ohio Strategic Plan Map – detailed in the section "Community Logic Model – Theory of Change".
- The assessment summary is segmented into three parts: OUD Outcome, Causal Factor, and Root Cause. Segmenting the assessment summary into three parts integrates the use of JBS' recommended logic model to make it clear that this is an *outcomes-based* strategic planning process (i.e., how the data is directly linked to strategy selection and how the strategies are expected create the desired outcomes).

B. Problem Statement

Concisely describe the priority problem based on your assessment data.

Crosswalking the JBS Template with Ohio Strategic Plan Map

- All elements of this section of the JBS Template are reflected in Ohio's Strategic Plan Map.
- The problem statement is shown Ohio Strategic Plan Map at the top of the strategic plan map (detailed in orange).

C. Target Population

Describe the individuals or groups most affected by the problems in your problem statement above.

Crosswalking the JBS Template with Ohio Strategic Plan Map

- All elements of this section of the JBS Template are reflected in Ohio's Strategic Plan Map.
- The population of focus is shown Ohio Strategic Plan Map at the top of the strategic plan map (detailed in pink).
- Note: Ohio prefers the language "Population of Focus" because the Ohio takes a trauma-informed approach to strategic planning and the word "target" has the potential to connote violence.

D. Goal

State the major changes in behavior that need to occur within your identified target population to achieve your vision.

Crosswalking the JBS Template with Ohio Strategic Plan Map

- All elements of this section of the JBS Template are reflected in Ohio's Strategic Plan Map.
- The goal is further segmented into three parts: OUD Outcome, Causal Factor, and Root Cause. Segmenting goals into three parts integrates the use of JBS' recommended logic model to make it clear that this is an *outcomes-based* strategic planning process (i.e., how the data is directly linked to strategy selection and how the strategies are expected create the desired outcomes).
- Goal:
  - The goal is articulated on the Ohio Strategic Plan Map in the Far Left Hand Column (detailed in **red**).
- Causal Factor (Intervening Variable – Level 1):
  - Ohio's Strategic Plan Map requires communities to explore the question *but why is this occurring?*
  - Communities then revisit their needs assessment data and determine the causal factors at play to support them in selecting a strategy to achieve the goal.
  - The causal factor is articulated on Ohio's Strategic Plan map in the Second Column from the left (detailed in **blue**).
- Root Cause (Intervening Variable – Level 2):
  - Ohio's Strategic Plan Map requires communities to take another look at the causal factor to understand why it is an issue in the community. Essentially, communities are again asking the question *but why is this occurring?*
  - Communities then revisit their needs assessment data or perhaps collect more data and determine the causal root causes at play to support them in selecting a strategy to achieve the goal.
  - The root cause is articulated on Ohio's Strategic Plan map in the Second Column from the left (detailed in **green**).
- Theory of Community Change:
  - This is an optional aspect of the JBS template.
  - The theory of change, or logic model, (i.e., goal, causal factor, root cause, strategy, and outcomes) are all articulated in a succinct paragraph at the top of the box (detailed in **purple**).

E. Long-Term Outcome

Define the change you are seeking to make in problems or behaviors.

Crosswalking the JBS Template with Ohio Strategic Plan Map

- All elements of this section of the JBS Template are reflected in Ohio's Strategic Plan Map.
- The outcomes are listed in the top boxes located on the right-hand side of the Ohio Strategic Plan Map.
- The Ohio Strategic Plan Map explicates the short- (detailed in **green**), mid- (detailed in **blue**), and long-term (detailed in **red**) outcomes in the same place because it integrates the same best practices described in the optional JBS logic model format.

F. Long-Term Outcome Indicators

List the indicators that will demonstrate you are making progress toward your goal.

Crosswalking with Ohio Strategic Plan Map

- All elements of this section of the JBS Template are reflected in Ohio's Strategic Plan Map.
- The indicators are listed in the bottom boxes on the right-hand side of the Ohio Strategic Plan Map.
- The Ohio Strategic Plan Map explicates the short- (detailed in **green**), mid- (detailed in **blue**), and long-term (detailed in **red**) outcomes in the same place because it integrates the same best practices described in the optional JBS logic model format.

Objective Worksheet

Objective: [Insert Objective]

Crosswalking the JBS Template with Ohio Strategic Plan Map

- All elements of this section of the JBS Template are reflected in Ohio's Strategic Plan Map.
- Specifically, the objective (aka: root cause) is listed in the top box located on the left-hand side of the Ohio Strategic Plan Map. It is detailed in **green**.
- Ohio integrates the same best practices described in the optional JBS logic model format. As such, strategy selection is based upon the root cause identified in the needs assessment process. The closer a strategy is aligned with the root cause, the higher the potential for the strategy to impact the goal articulated in the strategic plan.

Intermediate Outcome (Define the change you are seeking to make in the intervening variables or underlying conditions of your identified problem):

Crosswalking the JBS Template with Ohio Strategic Plan Map

- All elements of this section of the JBS Template are reflected in Ohio's Strategic Plan Map. The Ohio Strategic Plan Map refers to intervening variables (at Level 1) as causal factors and the intervening variables (at Level 2) as root causes.
- Specifically, the intermediate outcome (aka: mid-term outcome) is listed in the top box located on the right-hand side of the Ohio Strategic Plan Map. It is detailed in **blue**.
- The Ohio Strategic Plan Map explicates the short- (detailed in **green**), mid- (detailed in **blue**), and long-term (detailed in **red**) outcomes in the same place because it integrates the same best practices described in the optional JBS logic model format.

Intermediate Outcome Indicators (List the indicators that will demonstrate you are making progress toward your goal):

Crosswalking the JBS Template with Ohio Strategic Plan Map

- All elements of this section of the JBS Template are reflected in Ohio's Strategic Plan Map.
- Specifically, the intermediate outcome indicator (aka: mid-term outcome indicator) is listed in the bottom box located on the right-hand side of the Ohio Strategic Plan Map. It is detailed in **blue**.
- The Ohio Strategic Plan Map explicates the short- (detailed in **green**), mid- (detailed in **blue**), and long-term (detailed in **red**) outcomes in the same place because it integrates the same best practices described in the optional JBS logic model format.

Strategy

Crosswalking the JBS Template with Ohio Strategic Plan Map

- The Ohio Strategic Plan Map and planning process takes the description of the strategy one step further than the JBS Template recommends.
- Ohio's planning process requires communities to complete the Strategy Description Form (see attached file). Our experience has found that further exploring the strategy selection process has a positive effect on the community's ability to get to outcomes. Ohio's communities complete one Strategy Description Form per strategy.

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			

Crosswalking the JBS Template with Ohio Strategic Plan Map

- Key activities associated with the implementation of the strategy are articulated on in the middle section of the Strategic Plan Map – specified as "Theory of Action."
- There is also space to explicate the timeline associated with the activities.

Crosswalking the JBS Template with Ohio Strategic Plan Map

Process indicators and explicit individual responsibilities are <u>not</u> currently explicated on the Ohio Strategic Plan Map. This is a great addition and was added to the Strategy Description form. COP-RCORP members expressed that these details were not necessary at the macro-level, but would be very helpful at the micro-level and would be more appropriate as a supporting document.

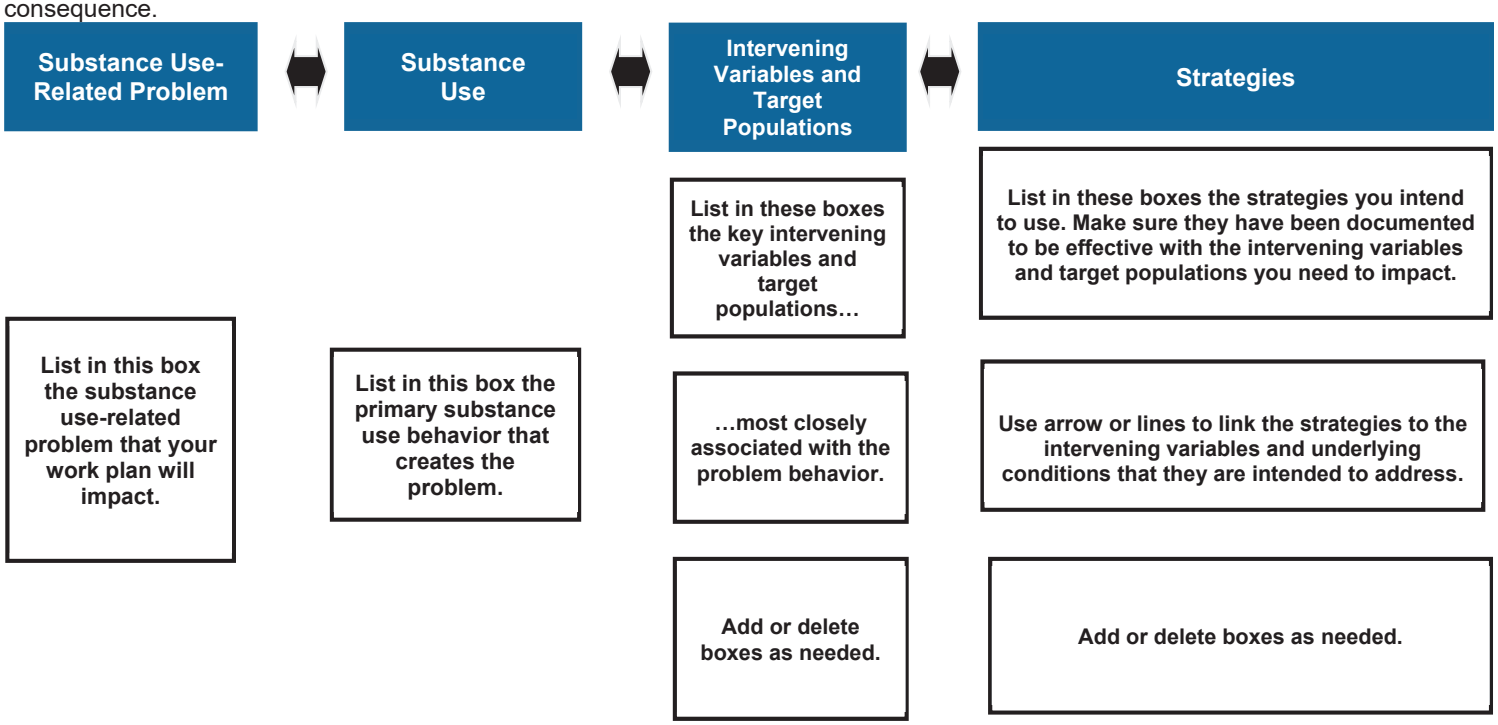
Crosswalking the JBS Template with Ohio Strategic Plan Map

- Short-term outcomes are articulated on the right-hand side of the strategic plan map (detailed in **green**).
- We recognize that short-term outcomes may not always be measured quantitatively, so we leave space for communities to articulate a clear connection between the strategy and the root cause that is identified.

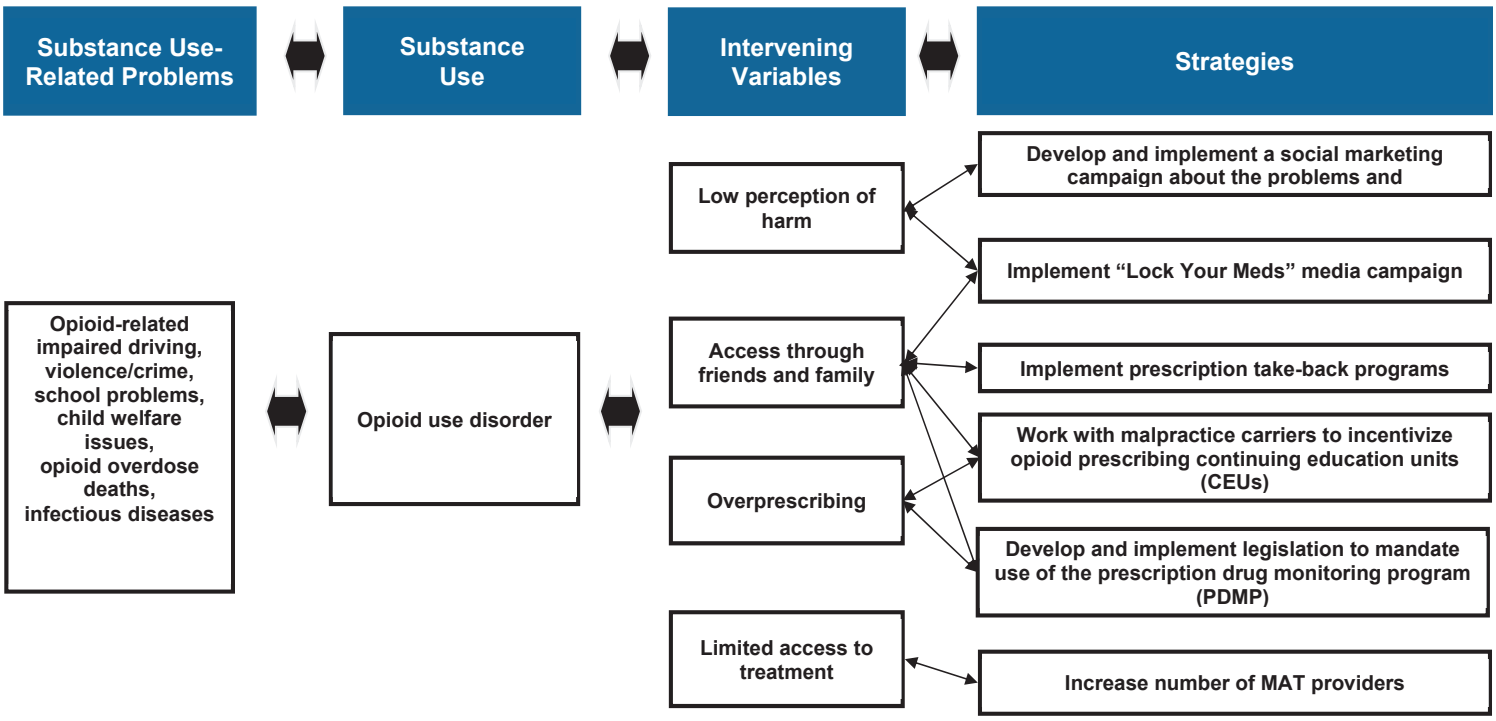
Attachment A: Logic Model Template

(optional, not an RCORP deliverable)

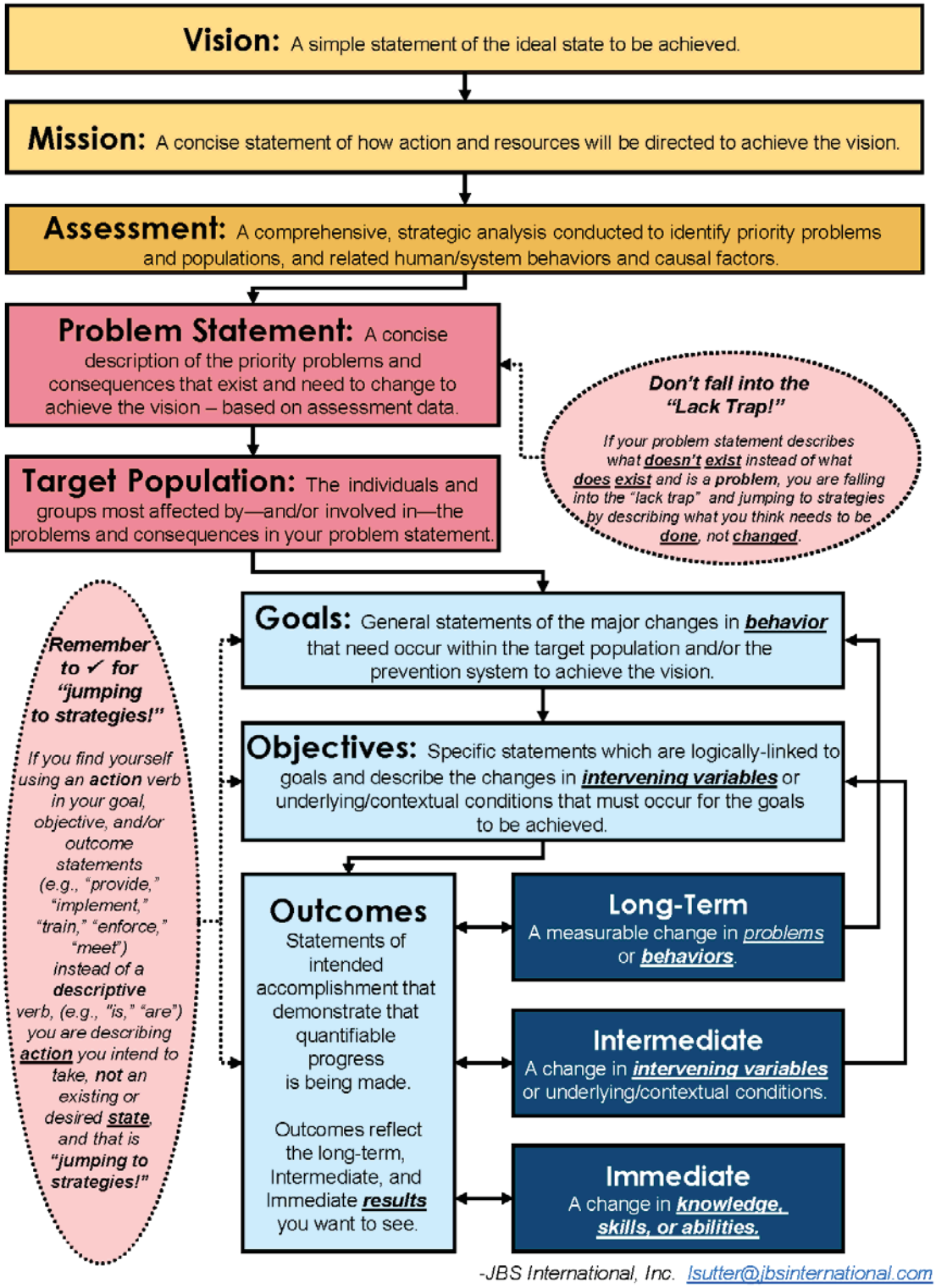
As you develop your strategic plan, complete a logic model for each problem statement and its related intervening variables or underlying conditions and proposed strategies. These will serve as a 1-page overview of your plans to address each problem or consequence.



Example Logic Model: Opioid Use Disorder



Attachment B: Strategic Planning Process Map



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Attachment C: Sample Strategic Plan

This sample plan is for demonstration purposes only and is not meant to portray or prescribe all the activities of an actual plan.

A. Assessment Summary

Data collection and analyses reveal that opioid misuse is the priority substance abuse issue for individuals in Washington County. According to community archival, survey, and social indicator data:

- 30% of individuals in Washington County reported using an opioid without a doctor's recommendation within the past 30 days.
- Only 25% of individuals in Washington County report perceiving using an opioid without a doctor's recommendation to be harmful.
- Survey data show that, of those reporting misuse of an opioid, 36% reported obtaining them from a healthcare provider, whereas 44% reported obtaining them from friends or family members for free.
- A recent community survey found that 76% of adults keep unused prescribed opioids in their homes long after their treatment is over.
- PDMP data show opioid dispensing in Washington County is 7% higher than the state average.
- Washington County has been designated a health professional shortage area and has only one physician with a Drug Enforcement Administration (DEA) waiver to prescribe buprenorphine.

B. Problem Statement

30% of individuals in Washington County reported using an opioid without a doctor's recommendation within the past 30 days.

C. Target Population

- **Direct Target:** Citizens of Washington County
- **Indirect Targets:** Prescribers, policymakers, parents, youth, concerned community members

D. Goal

Decrease 30-day opioid misuse by individuals in Washington County.

E. Long-Term Outcome

By June 30, 2023, 30-day opioid misuse among individuals in Washington County will decrease by 20% to an overall rate of 24%.

F. Long-Term Outcome Indicators

- By June 30, 2020, 30-day opioid misuse among individuals in Washington County will decrease by 5% to an overall rate of 28.5%.
- By June 30, 2021, 30-day opioid misuse among individuals in Washington County will decrease by 10% to an overall rate of 27.0%.
- By June 30, 2022, 30-day opioid misuse among individuals in Washington County will decrease by 15% to an overall rate of 25.5%.

Objective 1: Increase the perception of harm regarding opioid misuse

Intermediate Outcome: By June 30, 2021, 80% of individuals in Washington County will report perceiving opioid misuse use to be harmful.

Intermediate Outcome Indicators:

- By June 30, 2019, 40% of individuals in Washington County will report perceiving opioid misuse to be harmful.
- By June 30, 2020, 60% of individuals in Washington County will report perceiving opioid misuse to be harmful.

Strategy: Develop and implement a social marketing campaign about the problems and consequences of opioid misuse

Activities	Timeline		Who Is Responsible	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Conduct research to identify evidence-based practices and principles for developing and conducting social marketing campaigns.	February 19, 2019	March 20, 2019		Progress in completion of research per established timelines	By [month/date/year], [%] of citizens in Washington County will have increased knowledge about the problems and consequences associated with opioid misuse.
Identify key communication venues for target populations, including web-based social networking sites and print and broadcast media.	March 20, 2019	April 30, 2019		Progress in compilation of list per established timelines	
Convene a work group to design social marketing campaign.	April 30, 2019	Ongoing		Progress of completion of campaign per established timelines	
Schedule and recruit citizens to participate in focus groups to review and provide feedback for any needed campaign modifications.	May 30, 2019	July 15, 2019		Percentage of persons recruited and focus groups scheduled per numbers needed and established timelines	
Place social marketing campaign elements in selected venues.	August 15, 2019	Ongoing		Percentage of campaign material placed in selected venues per established timelines	

Objective 2: Reduce the number of opioids accessed through friends and family members

Intermediate Outcome: By June 30, 2021, survey data will show that, of those reporting misuse of an opioid, those who reported obtaining them from friends or family will decrease from 44% to 30%.

Intermediate Outcome Indicators:

- By June 30, 2019, survey data will show that, of those reporting misuse of an opioid, those who reported obtaining them from friends or family members will decrease from 44% to 40%.
- By June 30, 2020, survey data will show that, of those reporting misuse of an opioid, those who reported obtaining them from friends or family members will decrease from 44% to 35%.

Strategy #1: Develop and implement a media campaign targeting Washington County

Activities	Timeline		Who Is Responsible	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Conduct research to identify evidence-based practices and principles for developing and conducting media campaigns.				Progress in completion of research per established timelines	[%] of citizens in Washington County will have increased knowledge about the problems and consequences associated with opioid misuse.
Develop public service announcements (PSAs).				Progress of completion of PSA scripts per established timelines	
Schedule and recruit people to participate in focus groups to review and provide feedback on PSAs.				Percentage of persons recruited and focus groups scheduled per established timelines	
Recruit local broadcasters to air PSAs.				Percentage of local broadcasters recruited per established timelines	

Strategy #2: Implement prescription take-back programs

Activities	Timeline		Who Is Responsible	Process Indicators	Short-Term Outcomes
	Start Date	End Date			

Research state policy regarding prescription take-back regulations.				Written process and protocols for program that adhere to state and local laws	By [month/year], there will be [#] prescription take-back programs in Washington County.
Recruit pharmacies and law enforcement agencies to host programs.				Percentage of program participants recruited per established timelines	
Facilitate contracts with third-party disposal company to dispose of collected prescriptions.				Percentage of fully executed contracts	
Purchase secure bins and all related materials.				Percentage of programs stocked with startup materials	
Publicize drop-off locations.				Percentage of citizens exposed to program marketing messaging	

Objective 3: Decrease overprescribing of opioids

Intermediate Outcome: By June 30, 2021, PDMP data will show opioid dispensing in Washington County is at or below the state average.

Intermediate Outcome Indicators:

- By June 30, 2019, PDMP data will show opioid dispensing in Washington County is 5% higher than the state average.
- By June 30, 2020, PDMP data will show opioid dispensing in Washington County is 3% higher than the state average.

Strategy #1: Work with malpractice carriers to incentivize taking CEUs regarding opioid prescribing

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Leverage relationships of consortium members to meet with decisionmakers at the largest malpractice carrier for providers in the county.				Meeting with malpractice carrier	By [month/year], [%] of prescribers in Washington County will have earned CEUs for participating in an opioid-prescribing course.
Educate malpractice carriers about the benefits to them of opioid-prescribing CEUs for prescribers and ask them to discount rates for successful completion of CEUs.				Discounted rate offered to prescribers who earn qualifying CEUs	
Provide company with list of recommended courses for qualifying CEUs.				Number of courses deemed eligible for malpractice rate discount	
Promote company's role in assisting with the opioid crisis.				Number of earned media spots about the company's role in addressing the opioid crisis	

Strategy #2: Develop and implement legislation to mandate use of the PDMP					
Activities	**Timeline**		**Who Is Responsible?**	**Process Indicators**	**Short-Term Outcomes**
	Start Date	**End Date**			
Research PDMP policies in other states and determine those most effective.				Number of state laws reviewed and analyzed	The state will pass and sign into law a bill mandating PDMP use.
Meet with all stakeholders who may be for or against the legislative idea to try to build agreement.				Number of interested stakeholders met with	
Recruit a state legislator to be a champion of the bill.				Legislative sponsor	
Assist the legislator in crafting legislative language that will be the best fit for the state.				Drafted bill	
Educate relevant committee members and legislators about the importance of using PDMPs and the opioid data in the state.				Percentage of legislators who receive some method of communication via email, voicemail, or in-person meeting	

Objective 4: Increase access to treatment					
Intermediate Outcome: By June 30, 2021, Washington County will have three prescribers with a DEA waiver to prescribe buprenorphine. **Intermediate Outcome Indicator:** By June 30, 2020, Washington County will have two prescribers with a DEA waiver to prescribe buprenorphine.					
Strategy #1: Increase number of MAT providers					
Activities	**Timeline**		**Who Is Responsible?**	**Process Indicators**	**Short-Term Outcomes**
	Start Date	**End Date**			
Analyze barriers to obtaining DEA waiver.				Number of focus groups with prescribers to determine barriers	By [month/year], access to treatment for Washington County residents will have increased by [100%].
Educate prescribers in the community about MAT to reduce stigma.				Number of prescriber meetings	
Recruit prescribers interested in pursuing waiver status.				Number of prescriber meetings	

Glossary

30-day use: A measure of the number of individuals who report using alcohol, tobacco, or other substances at least once in the past 30 days.

Assessment: The formal and objective process of collecting and analyzing valid data to identify patterns that yield meaningful and actionable information. Areas of assessment include *contextual conditions*, needs (i.e., problems), resources, readiness to identify behaviors and conditions as problems and to take action, organizational infrastructure and capacity, and gaps in services.

Collaborators: A subset of stakeholders who will actively help develop and implement system initiatives.

Conceptual fit: The degree to which an intervention targets the risk and protective factors that contribute to or influence the identified community substance use problem.

Contextual conditions: Perceptions or realities in the overall environment that have existed, or currently exist, and that help explain why things are the way they are. Types of conditions are history, norms, culture, traditions and beliefs, socioeconomics, geography, boundaries, demographics, politics, policies, prevention infrastructure, relationships, and workforce.

Cultural competence: The ability to work effectively across cultures by transcending personal paradigms (e.g., values, attitudes) and adopting and implementing behaviors and practices that honor and respect the beliefs, languages, interpersonal styles, and behaviors of others.

Direct target population: A group of individuals who are the focus of an *intervention* because they are directly affected by or involved in a problem or consequence (e.g., underage youth who drink alcohol).

Domains: The social environments in which *risk* and *protective factors* are found, in which a course of action has proved to be effective (e.g., individual/peer, family, school, community).

Environmental strategies: Long-term approaches that focus on changing conditions in the shared social environment that contribute to, or protect against, problems and consequences (e.g., social norms, availability of alcohol/tobacco/other substances). Environmental strategies seek population-level change, are nearly always universal in their reach, and frequently take the form of ongoing policies and *practices*.

Evidence-based strategies: Interventions based on a strong theory or conceptual framework that comprise activities grounded in that theory or framework and that produce empirically verifiable positive outcomes when well implemented.

Goals: General statements of major accomplishments that need to be achieved to realize an expressed vision. Substance abuse prevention goals generally describe changes in behaviors that will prevent problems and related consequences. Prevention system goals reflect desired changes in the behavior of the system that are needed to make the system more effective in achieving and sustaining outcomes.

Immediate outcomes: A change in knowledge, skills, abilities, or attitudes that is due to implementation of an activity.

Implementation plan: A plan that lays out exactly how a prevention initiative or capacity development plan will unfold. The implementation plan should contain specific information on all timelines, processes, activities, roles and responsibilities, needed *outputs*, and *process indicators* to provide guidance to staff and partners and inform stakeholders of activities.

Indicator: A formal measure of a behavior or condition for which a baseline has been established and which is regularly monitored and reassessed to determine progress toward desired goals, objectives, and outcomes.

Individual strategy: A course of action that focuses on changing the attributes of individuals to change individual behaviors and that does not address conditions that exist in the environment. Individual strategies may target universal, selective, or indicated populations. Although they frequently take the form of short-term or time-limited programs that are designed to enhance resiliency, decision-making, and risk-resistance skills; the strategies may also consist of long-term efforts.

Intermediate outcomes: The quantifiable degree and date of accomplishment of objectives.

Intervening variables: Factors that have been identified as being strongly related to—and influential in—the occurrence and magnitude of substance use problems and consequences.

Interventions: Courses of action that include programs, practices, policies, and other strategies that affect individuals, groups of individuals, or entire communities.

Lifetime use: A measure of experimentation (i.e., use on at least one occasion) with alcohol, tobacco, or other substances.

Logic model: A conceptual framework that broadly outlines a series of data-driven and logical steps that are used to identify and link problems, consequences, and underlying conditions or intervening variables and that broadly plans a course of action to prevent and reduce future occurrences of the problem.

Long-term outcomes: The quantifiable degree and date of accomplishment of future goals.

Needs assessment: Identification of the patterns of alcohol, tobacco, and other substance consumption; the social, economic, and public health consequences of consumption; and the underlying conditions that give rise to problems and consequences to guide the identification of prevention priorities and the development of an effective response.

Objectives: Specific statements that are logically linked to desired goals and that describe changes in the underlying conditions that have to occur to achieve these goals.

Outcome evaluation: Monitoring and producing actionable information on progress toward accomplishing desired achievements.

Outcome indicator: An interim measure that is logically linked to a desired outcome and that can provide information on incremental stages of progress toward achieving the outcome.

Outcomes: Statements of intended accomplishment that demonstrate that quantifiable progress is being made. Outcomes may be immediate (e.g., a change in knowledge, skills, abilities, perceptions, or attitudes that is typically measured by a pretest before and posttest after an intervention); intermediate (e.g., a change in underlying causal conditions); or long term (e.g., a change in behavior). Outcome statements should be specific, measurable, achievable, realistic, and time limited.

Outputs: Time-limited and quantifiable products of an activity that contribute to the achievement of outcomes, such as number of persons trained to implement a selected strategy.

Policies: Formally codified rules, regulations, standards, or laws that are designed to prevent problems (e.g., minimum-age purchase laws for alcohol and tobacco) or informal and unwritten standards and norms (e.g., decisions to prioritize prosecution of certain offenses, such as sales of age-restricted products to minors).

Practical fit: The degree to which an intervention meets the resources and capacities of the community and coincides with or matches the community's readiness to take action.

Practices: Activities that are based on implementing policies to prevent problems and consequences (e.g., Responsible Beverage Server Training, sobriety checkpoints).

Problem statement: A concise description of the priority problems and consequences that were identified during the assessment process and which the planning process will address.

Process evaluation: Monitoring and producing actionable information on the effectiveness of the implementation of an initiative to derive information to help the initiative more effectively and efficiently achieve desired outcomes.

Process indicators: Specific, measurable, and time-limited measures that demonstrate the degree to which activities are carried out as planned.

Programs: Structured interventions that are designed to change attributes or conditions within a defined area or population. Programs are usually individual in focus but may also address environmental issues.

Protective factors: Conditions for an individual, group, or community that decrease the likelihood of substance use problems and that buffer the risks of substance abuse.

Qualitative measures: Measures that seek to appraise performance and the quality of the outcome: how well an action was done and what benefit it produced.

Quantitative measures: Measures that are able to frame action in terms of quantity: how much action was implemented and what amount of change was achieved.

Risk factors: Conditions for an individual, group, or community that increase the likelihood of a substance use problem.

Situational appropriateness: A course of action that is carefully aligned with, and responsive to, the *target populations* and contextual and cultural conditions, resources, readiness, and capacities of the systems implementing and receiving the course of action.

Stakeholders: Those individuals or organizations that will be involved in, affected by, interested in, or have power over an initiative in one way or another.

Strategy: A course of action based on a *theory of change* that is undertaken to achieve a vision.

Target population: Those individuals and groups that are affected by the problems and consequences—or that are involved in the occurrence of the problems and consequences—on whom interventions must be focused to be effective.

Theory of change: A reasoned belief, based on assessment and evaluation, that a specific course of action will produce a desired degree of positive change.