

2004-
2010

WV SPF SIG Final Report



WV Prevention Resource Center

www.PrevNet.org

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West Virginia's Final SPF SIG Report

October 1, 2004 – September 29, 2010

Introduction

West Virginia's Strategic Prevention Framework State Incentive Grant (SPF SIG) program was a six-year statewide effort conducted in two phases. Phase I of the implementation focused on capacity building at both the local and state level. Common goals included comprehensive planning, stronger networks, and increased learning. Qualitative reports from evaluators in the field and workgroup-designed presentations informed learning at the State level. Community learning occurred primarily through monthly Regional Learning Opportunities (RLOs). 53 planning grants were awarded in the first year. Two of WV's 55 counties chose not to participate.

The SPF SIG prioritization approach adopted by West Virginia's Partnership to Promote Community Well-being (Partnership) for the development of the Phase II SPF SIG Strategic Plan is best described as a "highest need" planning model. Counties of highest need with regard to problems associated with substance abuse were identified with a Substance Abuse Well-Being (SAWB) Index. Patterned after the more comprehensive *Larimer County Index of Community Well-being*, the SAWB Index was developed to be more specific to the issue of substance abuse; however, it lends itself well to expansion to incorporate other dimensions of well-being. It involves scale scoring substance abuse related indicator rates, then averaging across four categories of substance abuse indicators: alcohol, drugs, alcohol/drugs, and tobacco. The alcohol/drugs category was needed, as there are indicators for which it is not possible to attribute what proportion of the rate is caused by alcohol or drugs. The median index score among all 53 counties participating in Phase I was used to categorize counties as high or low need, that is, counties with overall SAWB Index scores above the median, were designated as high need. SAWB Index scores for 27 counties exceeded the median.

Having sufficient capacity to implement Phase II was critical to achieve outcomes. As such, other non-epidemiological criteria also was considered in the SPF SIG allocation process. County prevention partnerships (CPP) were assessed on ten domains of local empowerment or

capacity. Assessment of the fiscal capacity of CPPs to manage comprehensive implementation grants, as well as assessment of CPP participation in Phase I planning grants in terms of required attendance at monthly Regional Learning Opportunities were taken into consideration. These assessments, along with information solicited directly from Phase II applicants, were used by the Partnership's Sub-granting Workgroup to inform their recommendations for Phase II funding.

The approach to capacity building from Phase I continued with Phase II. Since local capacity building is a long-term process that does not occur as a point-in-time event, RLOs continued as a principle through which capacity building continued. The network of prevention specialists, in addition to other staff, provided tailored technical assistance (TA) and capacity building as needed.

The first year of Phase 2, WV funded 12 implementation projects and an additional planning year for 5 more counties. The next 4 years, these 17 counties were funded as implementation projects.

WV Partnership to Promote Community Well-Being: A Statewide Alliance Working To Address Substance Abuse & Related Issues in WV

The West Virginia Prevention Resource Center (WVPRC) provided staff support for the WV Partnership to Promote Community Well-Being and its eight workgroups. WVPRC staff coordinated four quarterly meetings each year, more than a dozen workgroup meetings each year and facilitated WV Partnership marketing, communication, and meeting follow up.

"Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment" recommends every state have a strategy that encompasses all the agencies affected by alcohol and drug problems. The WV Partnership embodies that strategy. It is an alliance of government, community and prevention specialists working to reduce substance abuse and related issues in the state.

Created by WV State Executive Order 8 - 04, it is tasked with coordinated planning of substance abuse services, securing resources, recommending sub-grants of discretionary funds, and evaluating substance abuse service delivery.

The WV Partnership has served as the state advisory board for several grants including: federal Strategic Prevention Framework State Incentive Grants; 2010 Projects of National and Regional Significance Grants; and 2009 Drug Free WV Grants. The WV Partnership also oversees WV's Underage Drinking Prevention Initiative, Substance Abuse Early Intervention Pilot Projects, WV's Children and Families Funding Study Project and the Take Care WV RX Abuse Prevention Campaign.

The Governor-appointed WV Partnership consists of key representatives from all three branches of state government and other statewide and local entities. All Partners have training, experience, and/or special knowledge concerning substance abuse prevention, intervention, treatment and/or recovery. Partners include representatives of:

State Government

Offices of the Governor (First Lady Gayle Manchin)
WV Alcohol Beverage Control Administration
WV Board of Pharmacy
WV Department of Education
WV Department of Health & Human Resources
WV Division of Justice and Community Service
WV Division of Juvenile Services
WV DOT: Governor's Highway Safety Program
WV Library Commission: RADAR Clearinghouse
WV State Police
WV State University Extension
WV Supreme Court of Appeals

Statewide Organizations

Partnership of African American Churches
Valley Healthcare/Suicide Prevention Council
WV Coalition Against Domestic Violence
WV Behavioral Healthcare Providers Association
WV Mental Health Consumers Association
WV Rural Health Education Center
WV Students Against Destructive Decisions (SADD)

County Prevention Representatives

Cabell Co. Substance Abuse Prevention Partnership
Kanawha Institute for Social Research & Action
Marshall County Anti-Drug Coalition
Nicholas County C.E.A.S.E. Coalition
Randolph County Family Resource Network

National Prevention Experts (Ex Officio Members)

U.S. Center for Substance Abuse Prevention
Center for the Application of Prevention Technology

Data Collection and Analysis

Since 2002, the WVPRC has compiled and analyzed substance abuse related data from multiple national, state, regional, and local sources. Through federal SPF SIG funding, these efforts culminated in a DATABASE OF more than 150 EPIDEMIOLOGICAL INDICATORS RELATED TO SUBSTANCE ABUSE consumption and consequences as well as the factors that contribute to substance abuse.

The WVPRC continues to collect, analyze and update this information. Some of the specific updates in fiscal year 2009-2010 include:

- Substance abuse related vital statistics data from the WV Health Statistics Center for updating alcohol, tobacco, and drug related deaths and rates of alcohol and tobacco use during pregnancy;
- Substance abuse related hospital discharge data obtained from WV Health Care Authority;
- Alcohol related motor vehicle data accident data from National Highway Traffic Safety Administration.

During fiscal year 2009-2010, the WVPRC completed an annual EPIDEMIOLOGICAL ANALYSIS OF ALCOHOL AND DRUG ABUSE CONSEQUENCES AND CONSUMPTION PATTERNS, (available at www.prevnet.org/data/substanceabuse.aspx) based on data obtained in fiscal year 2009. Substance abuse topics addressed were alcohol related mortality, fatal alcohol related motor vehicle crashes, alcohol related hospital discharges, alcohol treatment episodes, alcohol dependence and treatment need, alcohol sales, alcohol consumption estimates, drug related mortality, drug related hospital discharges, drug treatment episodes, illicit drug dependence and treatment need, and illicit drug use estimates.

The WVPRC also continued to develop the WV PREVENTION INFORMATION NETWORK (WVPIN). The website (www.wvpin.net) provides access to available data on the consequences of substance abuse and violence, related substance consumption patterns, and to some extent the factors that contribute to substance abuse and violence. The assessment tool includes charting, mapping, and other tabular and graphic capabilities. The data accessible through WV PIN can support prevention needs assessment and strategic planning, administrative grant writing, management, and monitoring; and process/outcome evaluation. Secure logon is incorporated, as are feedback and report generation features.

Support for WV PIN was primarily from funds from the U.S. Dept. of Education's Grants to States to Improve Management of Drug and Violence Prevention Programs (GSIMDVPP)

administered by the WV Department of Education. However, the project represents the coordination of multiple but related funding sources including: the SAPT BG and SPF SIG.

Coalition/Partnership Assessment

An Empowerment Domain Assessment was conducted for 52 counties in WV which have active coalitions. The process involved all 16 Community Development Specialists employed by the WVPRC (CDS) scoring 4 case studies in order to insure inter-rater reliability. After the group reached an acceptable level of agreement they then proceed to the task of assigning scores to coalitions in their counties along 10 empowerment domains. Scores were then analyzed based on various criteria.

The Ten Empowerment Domains

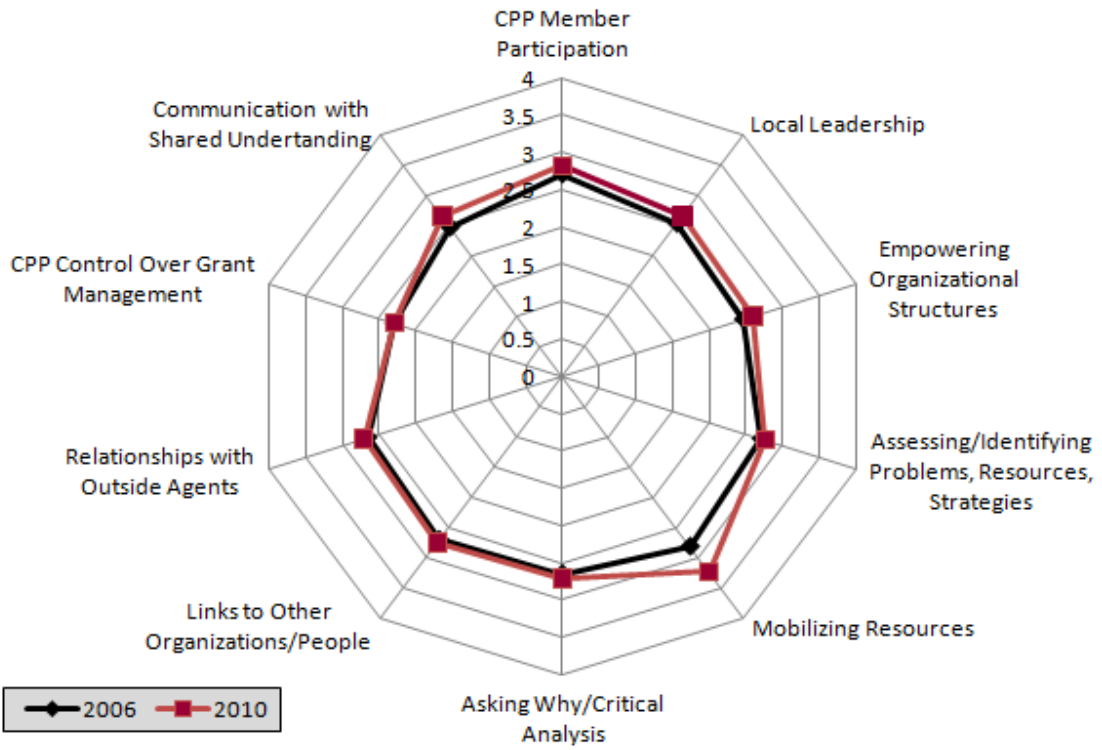
1. CPP members participation
2. Local leadership
3. Empowering organizational structures
4. Assessing and identifying problems, resources and strategies
5. Resources mobilization
6. Asking why (critical analysis)
7. Strengthening links to other organizations and people
8. Relationships with outside agents
9. CPP control over management of planning grant
10. Communication within or outside partnership

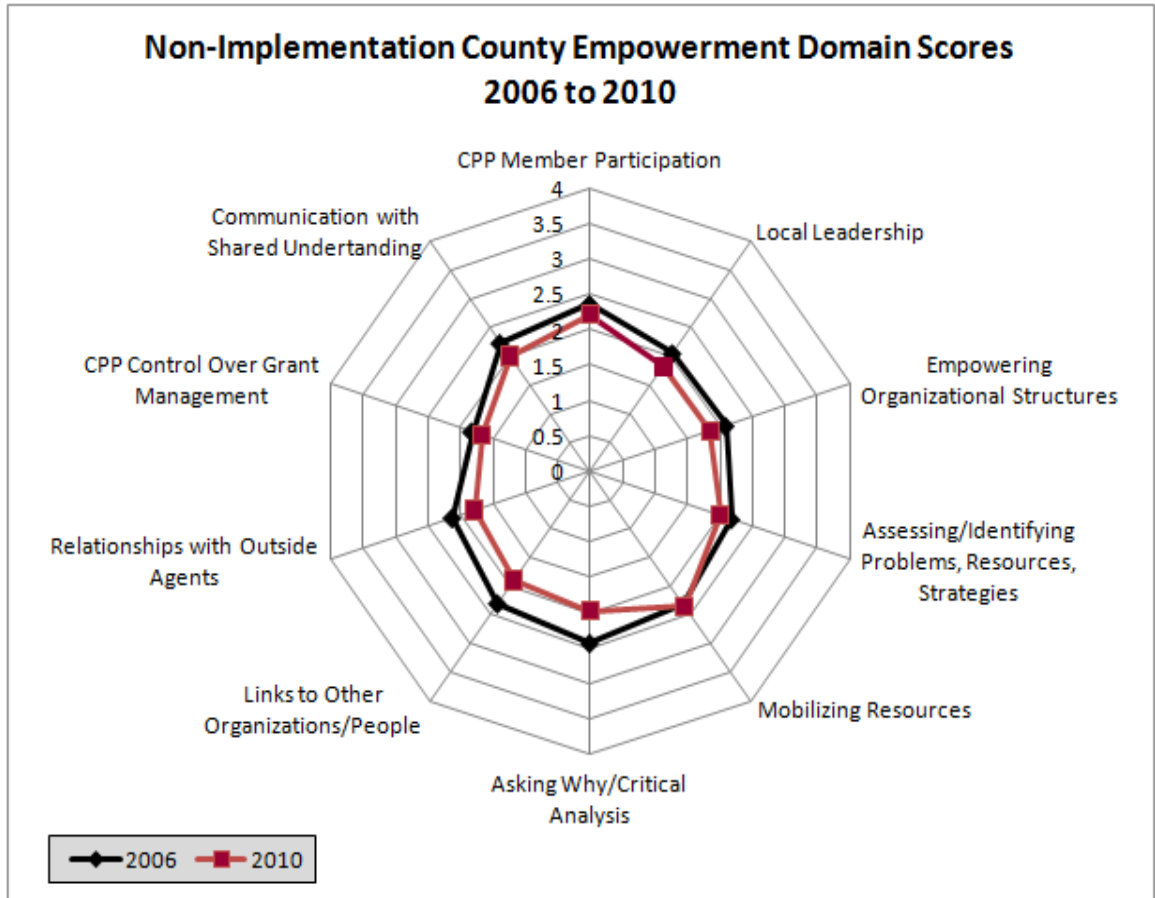
Rated by Community Development Specialists on a Five-Point Scale

0. Non-Existent
1. Weak/poor
2. Fair
3. Good/strong
4. Extremely strong/high level

Overall Score by Summing Domain Scores (Max = 40)

Implementation County Empowerment Domain Scores 2006 to 2010





Community Readiness Assessment

Community Readiness Assessment (CRA) is a tool for identifying resources and challenges in a community so that community can appropriately plan efforts to address a given issue. CRAs include the collection of information about: *knowledge of an issue/problem; current community efforts (programs/activities/policies); knowledge about those efforts; leadership; available resources (people, money, space, etc).* Community readiness ranges from no awareness of an issue and progresses to denial/resistance; vague awareness; preplanning; preparation; initiation; stabilization; confirmation/expansion; and professionalization. SOURCE: www.triethniccenter.colostate.edu

In 2006 and again during fiscal year 2009-2010, the WVPRC developed/implemented/monitored **Community Readiness Assessments** for prevention with regard to prescription drug abuse in all 55 counties. The specific topic of the assessment coincides with the statewide Take Care WV prescription abuse prevention campaign.

Dimension	Description
Community Efforts	To what extent are there efforts, programs, and policies that address the issue?
Community Knowledge of the Efforts	To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
Leadership	To what extent are appointed leaders and influential community members supportive of the issue?
Community Climate	What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?
Community Knowledge about the Issue	To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?
Resources Related to the Issue	To what extent are local resources – people, time, money, space, etc. – available to support efforts?

Nine Stages of Readiness

- 9. Professionalism
- 8. Confirmation/Expansion
- 7. Stabilization
- 6. Initiation
- 5. Preparation

- 4. Preplanning
- 3. Vague Awareness
- 2. Denial/Resistance
- 1. No Awareness

Avg. 2010 Score was 3.90

Avg. 2006 Score was 2.95

To What Extent are Coalition Capacity and Readiness Related?

The table below shows correlations between the CRA and Empowerment Domain Assessment (EDA). It indicates is that there is a moderate correlation only when it comes to ‘Links to Other Organizations and People’. Which is not surprising considering the greatest improvement in EDA for implementation counties is for ‘Mobilizing Resources’, which includes people skills, human capital, local knowledge, fundraising, volunteers, in-kind donations, accessing resources from other agencies, etc.

Capacity	Readiness						
	Community Efforts	Community Knowledge Of Efforts	Leadership	Community Climate	Community Knowledge About Issue	Resources Related To Issue	Overall Score
CPP members participation	0.08	0.21	0.19	0.27	0.23	0.21	0.22
Local leadership	0.18	0.11	0.18	0.23	0.30	0.16	0.23
Empowering organizational structures	0.17	0.17	0.22	0.22	0.19	0.14	0.23
Assessing /identifying problems, resources and strategies	0.16	0.36	0.27	0.32	0.38	0.28	0.33
Mobilizing resources	0.25	0.31	0.24	0.24	0.37	0.27	0.33
Asking why (critical analysis)	0.05	0.17	0.07	0.15	0.18	0.13	0.13
Links to other organizations and people	0.32	0.36	0.38	0.43	0.42	0.31	0.44
Relationships with outside agents	0.31	0.16	0.26	0.23	0.35	0.30	0.34
CPP control over management of planning grant	0.14	0.06	0.13	0.11	0.09	0.15	0.15
Communication with shared understanding	0.09	0.22	0.14	0.28	0.22	0.03	0.17

SPF SIG Planning

In 2005, WV initiated a year-long course of planning with 53 of 55 WV's counties. Each month a Regional Learning Opportunity (RLO) was held in each of the 4 WVDHHR regions in the state on the various components of the Strategic Prevention Framework. A portion of the RLO was spent on learning the task and the other part on walking the counties through how to apply that to their own county's strategic prevention plan. With these monthly meetings and plenty of technical assistance from the CDS in between, the end result was a comprehensive strategic prevention plan in 47 of those counties. 17 of those 47 counties were funded with SPF SIG implementation dollars. The other counties used the plans to search for resources in a more defined way using their plans as evidence of need. In 2007, the 17 funded counties updated their plans with updated data and new knowledge.

In 2009, The WV Partnership and WV Prevention Resource Center finalized a comprehensive strategic plan to address substance abuse in WV. The plan was endorsed and officially unveiled by Governor Joe Manchin II at the Governor's Drug Summit November 16, 2009.

The Governor's Comprehensive Strategic Plan to Address Substance Abuse in West Virginia, available at www.PrevNET.org, outlines the necessary infrastructure and resources to combat substance abuse effectively in WV.

Guided by Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment, the plan specifically recommends investment of state funding to support county-level projects, regional and state projects, prevention research, and prevention system infrastructure.

In a letter introducing the plan, Governor Joe Manchin said: "To make this plan succeed, I call on all affected state agencies and organizations to embrace the guiding principles and practices outlined in this document and unify in achieving its aims...A dramatic change in the way we go about the business of dealing with substance abuse in West Virginia is called for and provided by this plan."

During the 2010 session, the WV Legislature expressed significant interest in issues involving substance abuse, and bills were passed addressing misuse of prescription drugs. Bills were also introduced to generate additional revenues in support of the plan, including alcohol tax legislation, but none were enacted.

SPF SIG Implementation

Goals and Objectives - State Level

Goal 1: Build the capacity of individuals and organizations to effectively and efficiently develop, implement, and sustain comprehensive, culturally relevant prevention efforts.

State System Level Objectives

- Further develop the statewide, comprehensive prevention system
 - The WVPRC took 53 of WVs 55 counties through a planning year to learn the Strategic Prevention Framework
 - 26 of the 53 counties indicated that they formed prevention coalition due to SPF SIG, 2010 – 50 counties currently have prevention coalitions
- Develop a coordinated prevention plan for WV with all key stakeholders
 - The Governor unveiled the state plan in November 2009
- Pursue funding opportunities to provide additional prevention resources for communities
 - The WVPRC has applied for multiple grants (Partnership for Success, PRNS, Purdue Pharma, Robert Wood Johnson, OJJDP)
 - Awarded two PRNS grants, EUDL and a US DOE Grants to Improve Management of Drug and Violence Prevention Programs (with WV DOE)
- Build and maintain cooperative, learning relationships and efforts with federal, regional, state, and community organizations and individuals involved with prevention
 - The WVPRC has consistently offered a variety of learning opportunities for the prevention system: Share the Vision (annual prevention conference), Implementation Grantee Meetings (IGM), Monthly Regional Learning Opportunities (RLOs) held as well as TA, as requested
- Improve the competency of the state’s regional and local prevention workforce –
 - The WVPRC has consistently offered a variety of learning opportunities for the prevention system: Share the Vision (annual prevention conference), Implementation Grantee Meetings (IGM), Monthly Regional Learning Opportunities (RLOs) held as well as 1 to 2 evidence-based trainings each year

Goal 2: Reduce substance abuse and related problems in WV communities.

State System Level Objectives

- Develop a central system to assess state and community prevention needs and assets
 - Substance Abuse Well-Being Index (SAWBI) and WVPIN (www.wvpin.net)

Goals and Objectives – Community Level

Goal 1: Build the capacity of individuals and organizations to effectively and efficiently develop, implement, and sustain comprehensive, culturally relevant prevention efforts.

Community Level Objectives

- Improve the ability of WV communities to: Identify and develop local leaders; Identify and develop strong organizations and systems; plan strategically; use evaluation to report on and make adjustments to local prevention efforts
 - Addressed with RLOs, IGMs, CDS, Evaluation Coaches, TA, development of prevention coalitions, 2010 – 50 counties with prevention coalitions

Goal 2: Reduce substance abuse and related problems in WV communities.

Community Level Objectives

- Develop comprehensive county strategic prevention plans
 - 48 of 53 planning counties developed plans; at least 17 have been updated
- Increase the ability of communities to identify and assess local prevention needs and assets
 - RLOs, IGMs, CDS & Community Evaluation Coaches and TA, as requested
- Improve the abilities of communities to implement evidence-based programs and practices that address community prevention needs
 - CDS, RLOs and 1 to 2 evidence-based trainings each year led to implementation of Too Good for Drugs, CMCA, environmental strategies, Take Care WV/social marketing campaign, etc.
- Change local and state level attitudes, norms, policies, laws, and regulations to more effectively reduce risk factors or increase protective factors

- Community Readiness Assessment, RX Community Issue Forums, merchant education, Take Care WV/social marketing campaign, see evaluation slides
- Data from the monthly reports across 17 counties from March 2008 – August 2010
 - # of person reached using communication strategies – average of 20,146/month
 - An average of 125 a month were served using CMCA (targeting underage drinking) with adults ages 25-44 being the highest age group reached
 - Over 400 a month were served using Too Good for Drugs
 - An average of 14 county prevention partners attended each local prevention coalition meetings on a monthly basis
 - Approximately 50% of SPF SIG funds targeted underage drinking activities

Underage Drinking

The WVPRC continues to coordinate WV's statewide underage drinking prevention initiative known as R-U-21.

An Underage Drinking Prevention Specialist housed at the WVPRC staffs the WV Partnership's Underage Drinking Prevention Workgroup, which strives to coordinate a comprehensive statewide network for the prevention of underage drinking.

The Underage Drinking Prevention (UDP) Specialist also:

- Serves on the advisory board for WV Students Against Destructive Decisions (SADD); Participates in the WV SADD Student Leadership Council/College Student Advisory Board/State Advisory Board annual retreat; Assists in planning and serves as an adult chaperone for the WV SADD Annual Conference. At the 2009 conference, the UDP Specialist additionally presented two workshops; Attends and chaperones WV students at the annual SADD National Conference. The conference was July 2009 in Bethesda, MD and June 2010 in Orlando, FL. The UDP Specialist participated in the presentation of a workshop at each of these conferences; Participates in the annual SADD state coordinators meetings (July 2009 / Jan 2010 / June 2010).
- Participates in the WV Collegiate Initiative to Address High Risk Alcohol Use (WVCIA). The UDP Specialist serves as the WVCIA committee secretary and assisted with planning and marketing WVCIA's annual summit (Sept. 2009) and strategic

planning session (June 2010). During the 2009 summit, college representatives met regionally with their respective County Prevention Partnership project directors to develop action plans to collaboratively address high risk alcohol use on their campuses and in their communities.

- Participates on the WV ABCA Statewide Enforcement Project Planning & Evaluation Team.
- Collaborated with the WV Bureau for Behavioral Health and Health Facilities on the development an Underage Drinking Prevention video through the U.S. Substance Abuse & Mental Health Services Administration. As of 8/2010, the BHHF was working with the producer to complete the project.

The WVPRC spreads the underage drinking prevention message through several online venues:

- **Website:** The WVPRC maintains a website for the Underage Drinking Prevention project. The RU21 website, located at www.PrevNET.org/ru21, features information about underage drinking prevention social marketing efforts, available trainings, and links to a multitude of state and national resources for underage drinking prevention.
- **You Tube Channel:** The WVPRC also maintains a You Tube Channel (www.youtube.com/udpru21) to house the Underage Drinking Prevention PSAs.
- **Blog / Facebook:** During fiscal year 2009-2010, the WVPRC initiated a blog to increase use of social networking for the distribution of information and news about underage drinking prevention. The blog exists at www.21means21.blogspot.com and includes a link to the RU21 website and Facebook page. The blog is also accessible via the PrevNET.org Communication/Media menu. All items sent to the listserve are also posted on this blog, which feeds to the RU21 Facebook fan page. Additionally, the blog was used to advertise the 2010 public service announcement contest.

This statewide initiative successfully leverages multiple funding streams including: U.S. Center for Substance Abuse Prevention's Substance Abuse Prevention & Treatment Block Grant; Office of Juvenile Justice & Delinquency Prevention's Enforcing the Underage Drinking Laws (EUDL) Grant; WV's federal Strategic Prevention Framework State Incentive Grant; WV Governor's Highway Safety Program.

The Underage Drinking Prevention Workgroup of the WV Partnership to Promote Community Well-Being includes representatives of the following:

- WV Alcohol Beverage Control Administration
- WV DHHR: Bureau for Behavioral Health

- WV MAPs: Division of Justice and Community Service
- WV Governor’s Highway Safety Program
- Local Coalition Members
- Higher Education Institutions
- Safe & Drug Free School Coordinators
- Safe & Drug Free Community Coordinators
- WV Adolescent Pregnancy Prevention Initiative;
- WV Mothers Against Drunk Driving
- WV Students Against Destructive Decisions
- Prevention Professionals
- Media
- Parents
- Youth

Through their home agencies, these workgroup members strive to ensure the enforcement of laws related to underage and high risk drinking activities.

Social Marketing: WV’s RX Abuse Prevention Social Marketing Campaign

PSAs / Website / Community Forums /RX Bags for Pharmacies

Data indicate social access (sharing) is a major contributor to the misuse of prescription drugs. According to the National Survey on Drug Use and Health, most prescription drug abusers obtain their drugs from family and friends. In WV, 64% of nonmedical users of pain relievers reported getting the most recently used drug from a friend or relative for free, and another 7.6% reported buying them from a friend or relative.

This issue demands an approach aimed at changing cultural/social norms about RX drugs. In response, the WV Partnership to Promote Community Well-Being and WV Prevention Resource Center developed and launched a social marketing/media campaign that focuses on the message “Please don’t share prescription drugs.”

Take Care West Virginia includes:

PUBLIC SERVICE ANNOUNCEMENTS (PSAs) Television, radio, and newspaper and billboard ads have been developed and are available to download online. During a five-week paid media placement during the summer of 2010, the TV PSAs aired more than 3,000 times on cable and broadcast stations across WV. The PSAs are also being distributed by local prevention, and many media continue to air the spots.

A WEBSITE (www.takecarewv.org) The campaign website features links to all PSAs, RX drug facts/statistics, information about proper RX storage and disposal, and a link to the WV Prescription Drug Abuse Quitline.

COMMUNITY FORUMS The WVPRC, WV Center for Civic Life, and County Prevention Partnerships throughout West Virginia are joining with other local groups to sponsor community forums about prescription drug abuse and what we can do about it. Additional information is available at: www.prevnet.org/communityforums.aspx.

RX BAGS FOR PHARMACIES Counties that wish to participate will receive large quantities of RX bags (the white paper ones you get your prescriptions in) that include the campaign logo/message/website. County partners distributed these to their local pharmacies to use in September 2010.

SPF SIG Implementation Evaluation

The WVPRC's evaluation team and independent researchers from Marshall University continue to evaluate WV's implementation of its federal Strategic Prevention Framework State Incentive Grant, which will end September 29, 2010.

Since 2004, a QUALITATIVE STUDY BY INDEPENDENT RESEARCHERS has been conducted to monitor WV's processes, successes, and challenges. Methodologies include participant observation of WV Partnership To Promote Community Well-Being and County Prevention Partnership meetings; face-to-face interviews of WV Partnership members, WVPRC staff, and County Partnership members; and primary source document review. A "Notes From the Field" update is presented to the WV Partnership, which serves as WV's SPF SIG advisory board, each quarterly meeting. In addition to the ongoing feedback, the evaluation has resulted in the publication of a scholarly journal article; a dissertation; and the development of a theoretical model of community change (a second dissertation on this topic is in the works). "The Power of Process: A Story of Collaboration and Community Change," is now in print in the *Journal of Community Development*. The non-linear, evolving model comprises the following five components: getting the right people to the table, engaging those individuals, developing a shared vision, locating/accessing/sharing resources and learning. Dr. Paula Flaherty's dissertation "Regional Learning Opportunities: A Story of Place-Based Learning Among Adults in WV" examines learning in a program that was delivered state-wide but had a local focus for all participants.

The goal of the external evaluation, in addition to continuing and end-of-project feedback, is to contribute to knowledge about collaborative community change more broadly by disseminating findings from the research. Additional journal articles—and perhaps eventually a book-length manuscript—are also possible outcomes of this evaluation.

Additionally, WVPRC evaluation specialists have conducted comprehensive qualitative and quantitative evaluations to document sub-recipient fidelity in the application of the Strategic Prevention Framework to address alcohol related prevention needs.

Additional details about WV's SPF SIG implementation are available at www.prevnet.org/spfsig/default.aspx, and all completed SPF SIG evaluation plans and reports are available at www.prevnet.org/spfsig/reports.aspx.

Shifting the Paradigm

2009-2010 SPF SIG Qualitative Report (completed in October, 2010)

“Sustaining any profound change process requires a fundamental shift in thinking.”

-Peter Senge (quoted by Dr. Wayne Coombs in his remarks to the WV Partnership for Community Well-Being during its 2006 retreat at Glade Springs, WV)

Preface: Recent Events (June-September, 2010)

It is impossible to write this report without noting that in June of 2010, a significant piece of the prevention system infrastructure that operated throughout the course of the SPF SIG was dismantled when the West Virginia Bureau for Behavioral Health and Health Facilities announced that it would discontinue funding the 16-person network of Community Development Specialists (CDS) mentioned in this report. The CDS were prevention specialists who lived and worked in communities around the state, offering technical assistance tailored to the needs of county coalitions and other entities in their regions. As residents of communities in an Appalachian state where being “from here” can make a huge difference in relationships conducted at the local level, CDS held a unique position that connected small, local organizations with state-level agencies and decision-makers. Qualitative data gathered in the course of this report indicates that many of the county prevention partnerships that participated in the SPF SIG viewed their CDS as instrumental to the success of their efforts. However, when Behavioral Health decided to redirect the Substance Abuse Prevention and Treatment block grant money that had supported the CDS network, the system ceased to exist.

Secondly, it is worth noting that recipients of the new prevention funding stream created from the ashes of the CDS network included several Family Resource Networks (FRNs) that housed county prevention partnerships once nurtured by the SPF SIG process: the Marshall County Family Resource network, the Barbour County Family Resource Network, the Randolph County Family Resource network, and Community Connections in Mercer County. These FRNs served as fiscal agents to the prevention coalitions and thus were part of the state-wide training process that sought to educate SPF SIG participants in current prevention science, benefits of strategic planning, and the ability to collect and use accurate, relevant data and evaluation to guide and support all phases of evidence-based prevention work.¹ It can be said that the impact of the SPF SIG and the efforts of the CDS, all of which promoted the embrace of

¹ Recipients included CCSAPP, the Cabell County Prevention Partnership that was created as a result of the SPF SIG;

a public health approach that relies on the use of data and evidence-based strategies, continues to be felt in the decision to fund these FRNs.

When it first was established in 1986, the CDS network was staffed by individuals who were called “CDSSAPs” (pronounced “sid-saps”), or Community Development Specialists for Substance Abuse Prevention. From 1986 until 2001, the network was administered through different mental health centers located around the state. In July of 2001, management of the network shifted to a single entity, the West Virginia Prevention Resource Center (WV PRC), after which the CDSSAPs decided to shorten their title to Community Development Specialists, or CDS.

The CDS were trained professionals who worked from their homes and cars, with each CDS serving three to four counties in his or her region. During the period in which WV received SPF SIG funds, the CDS network supported the work being done by the county coalitions undergoing SPF SIG planning and implementation between 2005 and 2010, including 53 counties during a state-wide learning initiative in 2006-2007 and 17 counties funded for implementation of their strategic prevention plans from 2007-2010. Starting with Phase One, the SPF SIG brought CDS into more constant contact with each other, the central office, and the various individuals and county entities they served, elevating the profiles of the CDS in their counties and shining a spotlight on their performances.

Before the SPF SIG, the CDS training centered on a risk and protective factors model of prevention and on the delivery of education programs within the CDS’ counties. From the outset of the SPF SIG, however, the requirements of the grant pushed the CDS (as well as other prevention practitioners throughout the state) to rapidly learn and incorporate a science-based, public health approach to prevention that called for use of data, evidence-based strategies, and strategic planning, which in turn called for some new skills. Simultaneously, the CDS had to “unlearn” some of the methods and approaches they had relied upon in the past. As CSAP’s Mike Lowther once observed to PRC staff, implementation of the SPF SIG was a “ready, fire, aim” process occurring at a high rate of speed.

In other words, the CDS, CSAP, the WV PRC, and all of the other entities involved with the SPF SIG were unlearning elements of older approaches and learning and constructing a new approach even as implementation of the SPF SIG already was underway. Not surprisingly, this period of rapid change proved to be stressful for many participants, as evidenced in a high rate of staff turnover at the WV PRC. For example, in the two-year period 2007-2008, the CDS network turned over 11 of its 16 staff members.

However, it is equally noteworthy that throughout the period of the SPF SIG, the CDS’s training and expertise continued to grow along with the demands being placed upon them. The

SPF SIG can be credited with offering ongoing education to the CDS to keep pace with the increased demands being placed upon them in connection with the grant, thus promoting development of an increasingly sophisticated set of skills. 1998, when the WV PRC first began to administer the CDSSAP network, 2 of the 22 CDSSAPs held master's degrees. Ten years later, the network employed a smaller number of workers—16 rather than 22 prevention specialists—but of those 16, all but one held a master's degree or, in one case, a PhD, bringing increasingly advanced education levels to bear on the work of the CDS in general, as well as the SPF SIG process specifically.

This increase in the educational level of key workers in the prevention system was consistent with “best practice” recommendations of a national policy panel offered in *The Blueprint for the States*, a document developed by Join Together and the Boston University School of Public Health with the support of the Robert Wood Johnson Foundation.

One of the SPF SIG project directors interviewed for this current report noted the importance of the expertise that an effective CDS in her county was able to offer the local prevention coalition:

Something that has been extremely beneficial to me has been ... our community development specialist ... [our CDS] has provided so much guidance and information and has been a great go-to person whenever I need something. I think [our CDS] has been very instrumental in the growth of our coalition. I can go to [our CDS] and say, “I need help, I don't know how to do this,” and [our CDS] will help me figure it out. ... I did not feel I had that kind of support before and it has been a huge, huge, help. If I'd had some of that [help] 10 years ago, I think we'd be in a different place now.

A second project director who was interviewed for this report echoed these observations, noting the pivotal role of the CDS in her county as well:

I'm going to tell you, we have an excellent Community Development Specialist who has made themselves a member [of our coalition] and that makes a difference. [Our CDS] ... has become not only a colleague but a friend of a lot of these coalition members ... [Our CDS] has the comfort level not just with me, but with the sheriff. He'll say, “I'm going to call [our CDS].” In the meeting this morning, I don't even know what it was about, someone said, “We need to call [our CDS]!” The whole county is starting to think ... [this way].

While there are many challenges facing a network of 16 individuals who operate out in the field while being supervised from a central office in a remote location,² most CDS proved to be adaptive to their circumstances as well as to ongoing developments in prevention science that called for continuous learning. West Virginia is a predominately rural state with a rugged terrain that can be impassable even in optimal weather conditions and becomes even more isolating when weather is inclement, so CDS had to be resourceful and able to function independently. One of the many benefits CDS mentioned in connection with their work on the SPF SIG was the opportunity to spend more “face time” with each other, conferring in their four-member teams on a more frequent basis and interacting personally with the entire network and other WV PRC staff more often than ever before. Finally, the SPF SIG created and afforded ongoing learning opportunities to CDS as well as staff of the county coalitions that participated in the grant.

The national policy panel that developed the document *Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment* wrote that the two key resources needed to improve state-wide prevention efforts were money and skilled practitioners. The *Blueprint* noted that “States should comprehensively plan and coordinate the use of these resources to maximize their overall effectiveness” (17). The *Blueprint* also recommended that states secure and retain skilled practitioners and invest in their ongoing education. Qualitative data gathered throughout the six-year period of the SPF SIG indicate that a skilled, dedicated CDS was an asset to the community he or she served and that the overall effectiveness of the CDS network was enhanced by the SPF SIG. The loss of the network, which seems to run counter to the recommendations made in the *Blueprint*, may represent an unintended consequence of the grant.

2003-2010 Brief History of the SPF SIG in West Virginia

From its inception as a planning process in 2003, the SPF SIG has been evaluated on an ongoing basis by a qualitative researcher working for the West Virginia Prevention Resource Center (WV PRC) and an “external” team of qualitative evaluators headed by Dr. Linda Spatig of Marshall University. Throughout the grant’s progress, qualitative reports written by Dr. Spatig and her team have been circulated at quarterly meetings of the West Virginia Partnership to Promote Community Well-Being (also referred to in this report as “the Partnership”), a group of approximately 25 governor-appointed representatives charged with making decisions about the SPF SIG. Dr. Spatig’s qualitative reports, in combination with quantitative data compiled by the WV PRC (which serves as staff to the Partnership) have provided ongoing feedback to all participants in the SPF SIG. Data for this current 2010 report is based on all of the past

² For example, some of the CDS would have to travel five to six hours from their home counties to attend quarterly staff meetings held at the WV PRC office, located in the town of Dunbar just outside of Charleston, WV.

qualitative data as well as 16 telephone interviews conducted with SPF SIG project directors during the final year of the SPF SIG (2009-2010). Qualitative data gathered across the six-year period of the SPF SIG indicates that the grant has built capacity and infrastructure within the state and, despite the potential setback represented by the loss of the CDS network, has promoted a significant shift towards a more systemic, data-driven, science-based, approach to prevention.

In 2003, when the WV PRC submitted West Virginia's application for a State Incentive Grant (SIG) and the state subsequently received a \$450,000 planning grant, the only funding for substance abuse prevention came from federal sources—no state money was allocated for this purpose. The concept of “prevention” appeared to be poorly understood outside a small circle of agencies and practitioners. Most of the dollars available for the state's substance abuse-related problems were directed towards treating individuals already struggling with the consequences of substance abuse, rather than preventing the onset of substance abuse in the first place. Few measures existed to determine whether existing prevention efforts truly made an impact on reducing substance abuse.

Before 2003, most prevention efforts focused on educating individuals—for example, youth in the public school system—through short-term, grant-funded programs designed to raise awareness of the dangers of substance abuse or encourage youth to make better choices. Concepts such as “environmental strategies” designed to alter the long-term behavior of large numbers of people by changing or enforcing laws, reducing consumption by raising taxes and thus prices, or altering social norms through marketing campaigns, were unfamiliar even to some prevention practitioners. Thus, for example, participants in the SPF SIG learned through engagement with specialists such as Dr. Harold Holder, emeritus researcher with the Pacific Institute for Research and Evaluation (PIRE), the impact of individual education has been shown to be most effective when used in combination with environmental strategies that can quickly alter the behavior of larger numbers of people. The SPF SIG has been influential in educating prevention workers from the local to the state level to plan and implement environmental strategies. As one project director observed:

Environmental strategies—one person can implement a whole bunch of that without really a lot of manpower. Day one, that's what people wanted. Our low community readiness score dictated that we did so much of it in the beginning ... you looked at that and it said, “awareness activities.” So that's what we did.

When the first SIG advisory board convened in December of 2003, representatives from the various agencies and organizations who attended the meeting decided to call themselves the West Virginia Partnership to Promote Community Well-Being in recognition of the need for a more strategic, coordinated, and comprehensive approach to prevention and thus to pro-

actively promoting wellness, rather than responding to problems as they arose throughout the state. Beginning in 2004 when West Virginia joined the first cohort of states receiving the newly modified SPF SIG, or Strategic Prevention Framework State Incentive Grant, WV's shifting approach to prevention gathered momentum thanks to the "SPF" aspect of the grant. The SPF (basically, the scientific method applied to prevention), emphasized the use of data and research to guide prevention efforts and embraced a public health model designed to "drive the numbers down," or to positively affect populations by reducing the largest possible number of people experiencing the consequences of substance abuse. WV's plan for the first year or "Phase One" of the SPF SIG included an ambitious learning project that brought together WV PRC staff and representatives from newly-formed county prevention coalitions to engage with the best available county-level data to assess local prevention needs, to learn about evidence-based planning and prevention science, and to develop skills in grant-writing

"Phase One" planning was consistent with the goals of the SPG SIG as set forth in section 516 of the Public Health Services Act. The SPF SIG sought to:

- Build prevention capacity and infrastructure at the state and community levels
- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking
- Reduce substance-abuse related problems in communities

The goals of the West Virginia Partnership to Promote Community Well-Being, which formed in connection with the SPF SIG, were to:

- Develop a comprehensive statewide plans for the improvement of the substance abuse prevention system
- Coordinate planning with other interrelated systems
- Establish priorities for the improvement of the substance abuse prevention system
- Identify and leverage prevention funding to fill needs and gaps in service
- Advise the subgranting of funds from any federal agency or any other source

At a 2008 retreat, the WV Partnership adopted the following "guiding principles" to guide its work:

1. Changing local norms and behavior regarding substance abuse is ultimately the community's responsibility
2. Community problems are complex and interrelated
3. Strong communities have strong local organizations and a greater ability to help themselves
4. Strong community organizations can be built or created

5. Building strong community organizations means building the community's ability to help itself

Like the WV Partnership, the 53 West Virginia county coalitions that participated in the Phase One SPF SIG planning year in 2006 began to use data to steer their prevention planning process; to employ evaluation as a tool for ongoing feedback and modification of planning as well as final reporting (given limited resources especially in small, rural counties); to identify and use evidence-based practices and programs; and to approach prevention strategically, as part of a coordinated effort at the county as well as at the state level.

As CSAP's Mike Lawther observed to the West Virginia Partnership to Promote Community Well-Being at its Glade Springs retreat in 2006, "We're building this car while we're driving it." In other words, CSAP was still figuring out elements of the SPF SIG even as West Virginia and other states were already engaging in its planning and implementation.

2003-2010 (Brief) Timeline of the SPF SIG in West Virginia

- October 2003: WV receives a one-year, \$450,000, planning grant for the State Incentive Grant (SIG).
- December 2003: The WV Prevention Resource Center (WV PRC) convenes an informational meeting that leads to the early formation of a SIG advisory board naming itself the WV Partnership to Promote Community Well-Being.
- February 2004: The WV Partnership to Promote Community Well-Being, with the assistance of the staff of the WV PRC, holds a 2-day planning retreat at the Stonewall Inn to develop a shared vision in preparation for applying for the SIG in 2004. Thereafter, the WV Partnership meets on a regular, quarterly basis throughout the term of the SPF SIG (through September 29, 2010).
- March 2004: CSAP issues a Request for Proposal (RFP) for the re-structured SIG, now known as the SPF SIG; the WV Partnership, staffed by the WV PRC, successfully applies for the SPF SIG on behalf of the Governor's Office and the state of WV.
- April 20, 2004: Executive order 8-04 officially creates the WV Partnership to Promote Community Well-Being.
- October 2004: WV receives the SPF SIG.
- January-February 2005: WV PRC begins to hold informational meetings about the SPF SIG in the four Department of Health and Human Resources (DHHR) regions of the state. CSAP does not approve the initial Phase One plan submitted by the WV PRC and thus the meetings are suspended until the PRC successfully modifies its proposal. CSAP asks

that Phase One funding be offered on a non-competitive basis, open to every county that submits an application, with funding based on county population figures.

- November 2005: CSAP approves Phase 1 of WV's strategic plan and the WV PRC launches a new series of informational meetings in each of the four DHHR regions of the state (November 11th and 14th, 2005).
- November 28, 2005: Applicant organizations/agencies from each county deliver their letters of intent to the WV PRC, indicating their plans to apply for SPF SIG funds.
- December, 2005: The WV Partnership's sub-granting workgroup and staff of the WV PRC review all letters of intent and offer feedback to potential applicants for SPF SIG funds. Where multiple entities within a county have applied for SPF SIG funds, those agencies/organizations are asked to combine forces within a single coalition and submit a single application.
- January 6, 2006: All county applications for the SPF SIG, Phase One planning funds, are due to the WV PRC. 53 of the state's 55 counties submit applications by the deadline and receive funding that enables each county's prevention coalition to participate in the year-long planning process
- February 2006: Kick-off of Phase One of the SPF SIG. Representatives from 53 county coalitions attend a 2-day meeting in Charleston, WV regarding the SPF SIG and the Regional Learning Opportunities, or RLOs, that will be conducted monthly in each of the state's four DHHR regions during the planning year/Phase One.
- March-October, 2006: The Community Development Specialists (CDS) conduct two RLOs per month in each of the four DHHR regions for project directors and other participants in Phase One, providing training in the use of data and assessment to create county strategic plans. Project directors gain skills to write their proposal for full SPF SIG implementation funding.
- Summer 2006: Using materials developed by the Tri-Ethnic Center in Colorado, the Community Development Specialists administer a Community Readiness assessment to all 53 participating counties. WV PRC staff evaluate and score the results.
- August 17-18, 2006, Glade Springs: The WV Partnership and WV PRC hold a retreat to determine the criteria for sub-granting funds to county coalitions. The decision is made to adopt a data-driven approach and thus to invite slightly under half of the state's counties—counties that both participated in Phase One *and* had the highest need, based on a statistical index of well-being developed by Dr. Andy Whisman, senior evaluation specialist at the WV PRC —to apply for funds in Phase Two of the SPF SIG.
- January 22-23, 2007: Final "Wrap-Up" Regional Learning Opportunity for all 53 counties that participated in Phase One, held at the Civic Center in Charleston.
- January 31-Feb 1, 2007: The Sub-granting Workgroup of the WV Partnership to Promote Community Well-Being convenes in Charleston to review 22 county

applications submitted for Phase Two and to make final determinations on sub-granting SPF SIG funds for implementation of the 22 counties' prevention plans. This process includes oral presentations and a brief question and answer session between Sub-granting workgroup members and representatives of all of the participating county coalitions, who travel to Charleston for their presentations. At the end of this process, 12 county coalitions are awarded SPF SIG funds: Barbour, Cabell, Kanawha, Lincoln, Logan, Marshall, Mingo, Morgan, Ohio, Pocahontas, Randolph, and Wood

- March 2007: First implementation grant meeting is held at the WV PRC at a new office location in Dunbar for project directors and other staff from the 12 funded counties
- April 2007: An "extended planning grant meeting" is held at the WV PRC for counties whose funding proposals showed promise but needed additional work, including Raleigh, Clay, Wayne, Boone, Calhoun, Fayette, Doddridge, and Mercer
- October 2007: An additional 5 counties are funded: Calhoun, Doddridge, Fayette, Mercer, Raleigh. From October 2007 to September 2010, all 17 counties participate in Phase Two of the SPF SIG, including an ongoing cycle of monthly (or in some cases quarterly) local prevention coalition meetings, monthly regional learning opportunities for prevention staff and coalition members, annual county-wide drug summits, and other implementation strategies.
- November 2007: Staff at the WV PRC research and compile data for "The Cost of Substance Abuse" presentation to representatives of the WV State Legislature
- November 2009: Governor's Drug Summit in Charleston, WV; Comprehensive Strategic Plan released
- Legislative activities in January 2010 include seeking to have WV Partnership put into code
- September 2010: the Office of National Drug Control Policy awards Drug Free Communities grants to eight prevention coalitions in WV; six of these coalitions are participants in the implementation phase of SPF SIG³ and all of the funded counties were participants in the year-long, state-wide Phase One learning process.⁴
- June 2010: WV DHHR decides to withdraw SAPT block grant funds used to support the CDS network and re-direct funding to county coalitions
- September, 2010: SPF SIG expires

³ Cabell County Substance Abuse Prevention Partnership, Marshall County Anti-Drug Coalition; Mercer County's Creating Opportunities for Youth; Mingo County's Strong Through Our Plan; Morgan County Partnership; Ohio County Substance Abuse Prevention Coalition

⁴ Additional coalitions include the Brooke/Hancock Drug Prevention Coalition and the Jackson County Anti-Drug Coalition

Findings from the 2009-10 qualitative data

Between July of 2009 and June of 2010, I conducted telephone interviews with project directors for 16 of the 17 West Virginia counties that had been receiving SPF SIG implementation funds since “Phase Two” of the SPF SIG began in 2007. The year 2010 marks the final year of SPF SIG funding and these 16 interviews comprise the last piece of “new” data informing my report. The rest of this report was drawn from qualitative data gathered between February of 2004 and June of 2009.

Findings from the 2009-10 interviews with project directors indicate a continued need for local coalitions and other planning bodies to have access to reliable local data, including data gathered from youth (for example the PRIDE survey, which is implemented in some but not all of West Virginia’s counties and has been unavailable to many participants in the SPF SIG). The county-level emphasis on obtaining reliable, ongoing, local data is a direct outgrowth of participation in the SPF SIG process. The following comments reflect the range of experiences that project directors and their county coalitions have had with this issue, from a successful push to get PRIDE surveys back into the schools to the complete absence of surveys in the school system:

We recently got PRIDE in [to the schools]. We’re waiting for the results of that survey back. We worked really hard on that. That was huge. It was the school board kind of thing ... we had to wait until they weren’t afraid of it ... we explained to [the school superintendent] we’re trying to get more funding, we can’t get it if we don’t have these surveys ... she pushed it through for us, really.

As of right now, our schools aren’t doing the PRIDE survey or anything like that. I wouldn’t know where to begin with that.

We’re not doing the PRIDE because of the active consent. We tried it last school year and we sent home a [consent form] and we only got like 10 parents to send it back so we didn’t do anything at all ... we’re trying to move outside the schools to get that kind of information but it’s not as good ... it’s really put a damper on what we’re doing.

We’re very lucky our superintendent is incredibly supportive, our administrators at the county level are really supportive ... the hardest part for us was figuring out what the rules are, figuring out whether we had to be passive or active consent ... Finally we ended up going with the most strict way, which was active consent, no incentive ... our staff went out to every classroom from 6th grade on up, 6th through 12th grade, and went and talked to the kids and explained what it was, the importance of it, stressed the confidentiality of it, really tried to answer questions, we had a letter explaining it from

the superintendent with my number and contact information on it, to try and make it as accessible as possible. We did ads in the paper, newspaper articles, we used the ed line service, posted it on there, and also did the telephone service the school district has ... the calls go out to all the parents to remind them to return the consent form. And honestly the numbers are going to be low but I think it's comparable to when we did active consent last year ... finally figuring out what the rules are was the hardest part.

The fact that not all counties have been able to administer the PRIDE survey to students in the local school system was mentioned not only as a problem in terms of collecting data on an ongoing basis but also in terms of establishing a baseline and being able to compare data from one year to the next;

The Board of Ed and the high school, they've given us permission, they want to do the PRIDE survey. So we will be getting that data as soon as we can get it delivered to the kids. But is that a measureable form of evaluation? I don't know. It won't be the same group of kids as it was back in 2003.

The [recent] PRIDE survey ... did such a small sample of kids, we couldn't compare it to prior [years]. 2008 they only gave it to 1400 kids and in the past they'd been giving it to about 3500 kids. So you really can't compare.

I think this is a weakness to be honest, we just recently, spring of 2009, were able to have the ... county schools do the PRIDE survey and they hadn't done it since 2005. So there was four years in between with no new information necessarily ... there's just no other way to get that information.

Other 2009-2010 findings indicate a continued need for access to better evaluation skills at the local level so that local coalitions and other bodies can assess the efficacy of their efforts. Again, this recognition of the importance of evaluation is an outgrowth of the SPF SIG process with its emphasis on ongoing feedback as a tool that not only informs local coalitions about the success of their efforts but also helps in making needed changes to ongoing strategies and aids in overall decision-making. Several project directors who did not have a background in evaluation noted that they were unable to locate someone with appropriate skills to provide evaluation on either a paid or volunteer basis. Project directors in counties with bigger budgets and thus access to funds to hire evaluators, or counties containing a college/university where evaluation assistance from professors and their students was available, reported better access to evaluation resources:

Being one of the larger counties, the coalition decided to take on another person that was solely dedicated to tracking the programs that we do, model programming, looking at pre and post tests, looking at feedback we get ... we've redirected funds ... redirected our focus ... the feedback from [Dr.] Harold Holder's visit to the coalition was taken into consideration.

Overwhelmingly, the 2009-2010 qualitative data demonstrated that county coalitions and their staffs had embraced the concept of using data to make decisions:

I think we have demonstrated a method of investigating or at least planning strategy on a complicated issue. I see more and more [organizations] copying our SPF approach. ... I think we've got more and more people now who know you've got to do things in a data, evidence-based manner. ... I think we've been instrumental in encouraging and showing people how to do the data-driven decision-making.

Interviews with most of the 2009-2010 project directors demonstrated a growing awareness of a rise in prescription drug abuse and its consequences, as well as a desire to engage the coalition's efforts to address prescription drug abuse:

Since the SPF SIG first started, the use and abuse of prescription drugs has drastically gone up. It's a problem that we see ... that's taken it to a whole new level.

Prescription drug abuse—there is not a day that goes by that it isn't mentioned on the TV or the paper, something to do with prescription drug abuse, a bust, an overdose, or what not.

I'm assuming that's a common theme throughout the state in the last three years ... even then, even three years ago, prescription drugs were a big problem and it's become even bigger since then, it's just become bigger and bigger and we need to focus on that ... I know we need to step up with addressing prescription drug abuse.

[Data] ... from the sheriff's department and from hospitals [indicate] ... that cases involved in prescription drug abuse are on the upswing. More arrests, the hospital ... the head nurse, we don't have a coroner, she's kind of our county coroner ... she told us there were about 5 overdoses ... prescription drug related.

We went to people and said, "Are you aware teenagers are drinking?" And they're like, "I'll give 'em a beer if they'll put down the oxycontin." ... I don't

know if it's going on in every other county but in [this county] ...they're saying it [alcohol] is the least of the problems because they're pulling dead bodies out of the hollers every day.

Not surprisingly, given the fact that SPF SIG funding was in its last year, the 2009-2010 qualitative interviews revealed uncertainty on the part of many project directors regarding the future of the coalition once SPF SIG funds no longer were available. Sustainability remains a challenge in many counties:

There are things that are going to be sustainable, other things that are going to look different after SPF SIG.

Some of the things that have developed through the coalition will continue anyhow because we've worked to build sustainability into them, for example like Teen Court. We've worked pretty hard and there's a group of people that's on the Teen Court advisory board ... it's not based on grant funding.

With the SPF SIG funding on the verge of expiring in 2010, most SPF SIG project directors also mentioned that their coalitions would be applying for Drug Free Communities funding in 2009. As it turned out, six of the SPF SIG prevention coalitions were awarded either new or ongoing funding in 2010, bringing the total of funded prevention coalitions in the state to eight. This marks a significant increase in overall Drug Free Communities funding since the inception of the SPF SIG, at which time only three county prevention coalitions were funded through the grant. And the impact of the SPF SIG was felt even in the prevention coalitions that were not part of Phase Two implementation, but had participated in the state-wide Phase One training in 2006-2007:

But yeah, the training for that [SPF SIG] really helped us with writing the Drug Free Communities grant because we had several people that knew what a logic model was and how to work on it. We had a lot of resources from the different counties on what are your needs, why do you need this, so that was beneficial in the fact that it helped us move forward to do the Drug Free Communities grant. I think we probably would have had maybe two people that understood a logic model involved before, and now we have several that we can work on it and strengthen it and I think we came up with a pretty good one this year.

As in previous years, many project directors spoke about the potential role of the faith community in prevention efforts and, in several cases, project directors mentioned they continued to seek effective ways of involving the faith community in coalition efforts:

And I still don't feel we have proper representation from the faith-based community ... one of our strategies ... we are going to have a luncheon dedicated to clergy and ask church leaders and really talk to them, "What can we do to make you feel more a part of this?" ... We're working on finding research to convince them that they need to really be a part of this.

Just this morning I was at a meeting of a ministerial association and the faith-based community, we've had members on our coalition but there hasn't been a lot of participation for one reason or another ... that's one of the areas we're looking to focus on this year.

I think that the faith community ... all along that's been a problem. We're working to engage them more. I think one of the problems in our particular community is that we have so many churches and it's so spread out, it's not unusual to have a church with five members ... it's hard to mobilize them.

All of the project directors that participated in the SPF SIG acknowledged the importance of networking, collaborating, and information-sharing that developed at the local level through participation in the grant process, which in turn has contributed to developing infrastructure within the state;

[What have been some of the accomplishments of the last 4-5 years?] ... I think we've certainly demonstrated the value of collaboration. And I think we've raised awareness in our community.

One of our biggest strengths is the ability to pool resources and connections. I think we might have currently close to 45 MOUs and regularly we have between 20 and 30 who attend the monthly partnership meetings, there's definitely strength in numbers ... we have people with knowledge and resources to help with these initiatives in the county.

People working together who were not traditional partners in the past ... [is] the biggest thing that could have happened out of this grant ... it is better than it ever has been. There are nontraditional players at the table now, there is an awareness now ... when you say "prevention" now, they don't say, "What's that? Who's doing that?"

I'm hearing the sheriff saying things like, "I'm going to write a grant for underage drinking, can you help me out?" ... I think that's a strength, that we're starting to work together. I'm not saying it happens everywhere or every time, but more frequently than it did five years ago.

We have a lot of partners and relationships. We work really closely with the county commission, with the judicial system and law enforcement, these relationships started out as contacts and led to working together and now ... we work together on projects we were doing individually and we work together in the initial phase of implementation of projects and things. It's evolved a lot from the beginning to now.

2009-2010 project directors also acknowledged the importance of the SPF structure in influencing and guiding other public health efforts in the community as well as building capacity within the prevention coalition itself:

Yes, the infrastructure stays and can be used for many things in the community, not just drugs and alcohol ... We could take this infrastructure, the partners, this process ... we could put childhood obesity in there and work something out with it. So we've got that learning curve ... it's going to be used a lot in the county, we have that knowledge, relationships.

An example being our local health department that's ready to go through a new strategic planning process ... I've been dealing with the health department for 15 years, this is the first time I've ever seen this happen ... they're doing a community-wide survey, they're going to convene a group to look at the data ... before they get ready to do their strategic planning. Their process is very much SPF SIG generated.

It's been a learning process for all of us, and I think it's done nothing but benefit our community in the long run. We're starting to see the fruits of our labor now ... we were the recipient of a recovery house grant ... it's very exciting and of course that's the result of all of the SPF process and everything that we've done to collaborate and collect data ... the SPF process has been instrumental in creating that capacity in our community, to where we can even be competitive for a grant like that.

The SPF SIG provided a lot of education, gave us structure in using the SPF model. We didn't veer off ... I didn't have a structure or any framework that I was using prior to SPF SIG.

As noted earlier in this report, several project directors spoke of the importance of their skilled CDS in providing assistance to the coalition:

Something that has been extremely beneficial to me has been [our CDS] as our community development specialist. [Our CDS] has provided so much guidance

and information and has been a great go-to person whenever I need something. I think [our CDS] has been very instrumental in the growth of our coalition. I can go to [our CDS] and say, “I need help, I don’t know how to do this,” and [our CDS] will help me figure it out. ... I did not feel I had that kind of support before and it has been a huge, huge, help. If I’d had some of that [help] 10 years ago, I think we’d be in a different place now.

I’m going to tell you, we have an excellent Community Development Specialist who has made herself a member [of our coalition] and that makes a difference. [Our CDS] ... has become not only a colleague but a friend of a lot of these coalition members ... [Our CDS] has the comfort level not just with me, but with the sheriff. He’ll say, “I’m going to call [our CDS].” In the meeting this morning, I don’t even know what it was about, someone said, “We need to call [our CDS]!” The whole county is starting to think ... [this way].

One county remained an “outlier” in the data, reflecting disconnection from the SPF SIG process. In the opinion of the staff member who was interviewed for this report, the grant had had little transformative impact at the local level. In other cases, project directors noted their coalition’s growth over the period of the SPF SIG, even in cases where the project director was struggling to figure out how their local prevention coalition would continue to function in the absence of SPF SIG funding:

When we started we were pretty clueless but now I feel pretty comfortable. I’m in a better place than I was four years ago insofar as knowing what needs to be done, how it’s going to get done, how it should be done, all of that. ... Members of the coalition have come along as well. ... The very first meeting there were six people there including me. Most of those people—or the organizations they represented—are still at the table, are actively involved and are taking steps to be visible leaders ... and now there’s a minimum of 20 people at each meeting, which to me is phenomenal, over four years to go from 6 people to almost 30 at a meeting.

Our capacity has increased exponentially ... we’ve gone from just being substance abuse prevention to being early intervention and recovery also. We applied for a juvenile justice delinquency prevention grant and the program will be on Saturdays and it will include prevention, nutrition ... adolescent wellness ...

There’s one thing and I say it all the time, I really sincerely mean it and our coalition has said it back to me as well ... I can’t express enough the importance of the strategic prevention framework ... how important it’s been for us to have learned that because it has helped us in our function as a coalition and to really look at sustaining our program.

... We were kind of ahead of the curve because we had four years of working with the SPF model and now we have this other funding opportunity and ... we kind of knew what we were doing before we ever started attending the trainings for the grant.

In 2005 when the WV Partnership for Community Well-Being and its staff, the WV PRC, started implementation of the Phase One planning year of the SPF SIG, staff sometimes joked, “Be careful what you wish for,” implying that the grant was turning out to be more demanding than anyone had envisioned. Partners and staff alike quickly recognized the elevated demands that the SPF SIG was placing on all of the participants involved. The external qualitative evaluation team wrote in an early “Eyes on the Process” report that “One PRC staffer joked that before the grant they had full-time jobs and with the grant, they each had two full-time positions.” The report went on to quote a staffer’s observation that “the massive amount of work ... takes its toll ... puts a lot of stress on us.”

The SPF SIG represented a tremendous, coordinated, collaborative effort to bring West Virginia’s prevention efforts to a new level, to engage in a scientific, data-driven process across the state unlike anything ever undertaken within the state before, and to effect long-term change by infusing education and resources into prevention. With 53 counties involved in the year-long Phase One learning and strategic planning, and with 17 counties involved in Phase Two implementation of their plans, the state of WV engaged in its most systemic prevention effort to date.

With the loss of the CDS network and the SAPT block grant funding, the WV PRC – the organization that staffed the efforts of the West Virginia Partnership to Promote Community Well Being and the SPG SIG – is undergoing changes of its own as of the writing of this report. Thirteen staff members were laid off in September of 2010 and several others have migrated to new jobs, leaving the organization at about half of its former size. The WV PRC’s director, Dr. Wayne Coombs, noted hopefully that the organization “has become a great infrastructure organization, we can take a public health approach to just about any social issue and apply it on a community basis ... so we’re going to expand our horizons, look for different partners to work with ... this could be a blessing in disguise.” The restructuring of the WV PRC may prove to be one of the most significant unintended consequences of the SPF SIG in West Virginia.

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Getting it Together

A Learning Model of Community Collaboration

Prepared for the West Virginia Partnership to Promote Community Well-being

September, 2010

Linda Spatig, Paula Flaherty, Tracy Bradley, and Mike Adkins

While community coalitions are an important and increasingly prevalent strategy for addressing social problems such as substance abuse, especially in the current economic climate, there is little empirical evidence about the processes or the outcomes of such coalitions (Guillory, Everson, & Ivester, 2006). The grounded theory of collaborative community development presented in this report is based on longitudinal study of a collaborative program to construct a statewide substance abuse prevention system in West Virginia.

The non-linear theory, with four interconnected and reoccurring components—the “right” people, shared commitments, collaborative engagement, and financial resources—features individual and community learning. The theory is a way of both describing and explaining how individual and organizational participants in the West Virginia Strategic Planning Framework State Incentive Grant—at both state and local levels—learned and changed as they collaborated with each other to understand and remedy community problems. Following a brief explanation of research methods, the report focuses on the theory itself with sections featuring each component. In each section, we explain a component and give examples of both state and local-level successes and challenges in negotiating that component. Drawing on what we learned about both successes and challenges, for each model component we offer ideas for consideration in planning and implementing future collaborative community work.

Prior reports, such as quarterly Notes from the Field, featured many data excerpts as a way of providing “snapshots” of the project at various points in time. This final report, however, includes little raw data. Instead, we present our grounded theory of community collaboration, summarizing key findings and elaborating plausible implications for practice for each theory component.

The theory is limited, by the large size of the project and the relatively small size of our research team, and by drawing less on data from the sixth year of the project than on the first five years. Despite these limitations, the theory’s validity should be strong because it grew out of in-depth study of a complex project over a substantial period of time. Also, because it is based on both successes and challenges, the theory is not in danger of being overly influenced, and thus distorted, by what Fullan (2008, p.7) calls a “halo effect.”

Research Methods

An external research team conducted longitudinal ethnographic evaluation research of the six-year project. Following Stake (2004), we attempted to experience the project through the eyes of the participants including West Virginia Partnership members and staff (approximately 25 partners and 12 staff at any given time) as well as local community-based partnership members and their staff (totaling approximately 136 partners and 25 staff members in 17 counties). Initial research questions were:

- How do participants at state and local levels (partners *and* staff) experience and perceive the SPF SIG project?
- How do participants at state and local levels (partners *and* staff) identify and understand strengths and shortcomings of the project?

As the project progressed, our research became focused on an emerging theory of effective community collaboration. From that point, an additional research question guided our work:

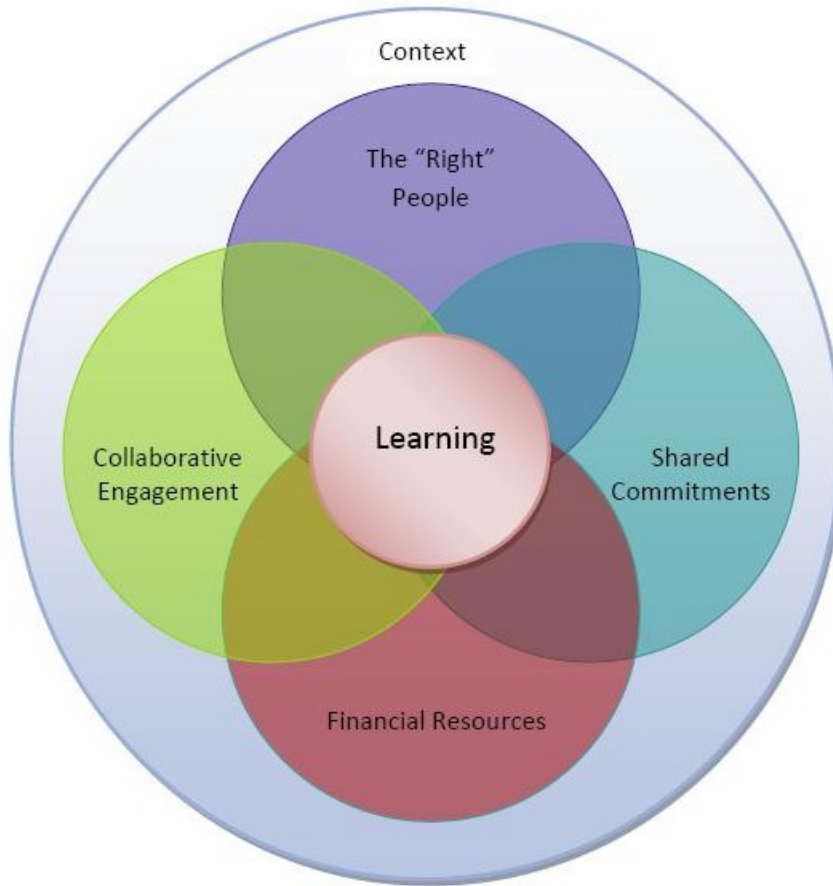
- How do project participants at state and local levels identify and understand key principles and practices outlined in the emergent theory of effective community collaboration?

We were observant participants (Patton, 2002) at state and local partnership meetings, state partnership retreats, state-level workgroup meetings and state-level staff meetings. We interviewed state and local partners and staff, many persons more than once. Interviews were digitally recorded and transcribed. We reviewed publicly distributed documents as well as some internal documents to gain knowledge about the project.

Four times each year we engaged in inductive thematic analysis of data on a “coding as we go” basis (Chamaz, 2000, p.11) and drafted formative evaluation reports (Notes from the Field) to share findings with participants. This ongoing, regular analysis of data and dissemination of findings provided the groundwork for us to “begin constructing theory” (Strauss & Corbin, 1990, p.98). At the four-year mark in the study, we conducted a meta-analysis of the 13 Notes from the Field documents to identify lessons learned. That exercise resulted in a preliminary grounded theory of effective community collaboration. From that point, we collected and analyzed data using a modified constant comparative method to generate, test, and strengthen our theory (Glaser & Strauss, 2006).

We conducted several member checks during the theory-development process, using feedback from participants to strengthen the theory’s validity. After each feedback session, new data were analyzed so that they could be compared to previously collected data and drawn upon to guide future data collection, all the while providing the basis for modifying the emerging model (Strauss & Corbin, 1990).

The Model



Learning Individually AND Learning Together

From the outset, we heard often about what, how much, and in what ways individuals were learning as a result of being involved in the project. We realized later that the project involved learning as organizations and communities, what Fullan calls system learning, as much as individual learning. We discovered that effective coalitions—at both state and local levels—were operating as learning communities, groups of individuals learning with and from each other about community problems and possible solutions. Kilpatrick et al (2003, p.10) provide the following definition of a learning community:

Learning communities are made up of people who share a common purpose. They collaborate to draw on individual strengths, respect a variety of perspectives, and actively promote learning opportunities. The outcomes are the creation of a vibrant, synergistic environment, enhanced potential for all members, and the possibility that new knowledge will be created.

Shifts toward a learning approach to collaborative community development parallel changes in conceptualizations of learning generally, moving from individual-centered to community-centered understandings. According to Kilpatrick, Barrett, and Jones (2003, p.1), the “twenty-first century heralds a shift in emphasis from learning with the focus on the individual to learning as part of a community.” Prior research suggests that coalitions with a “continuous learning orientation” have an advantage over others because they are “consistently seeking and responding to feedback and evaluation data, adapting to shifting contextual conditions, dialoguing about problems and seeking external information and expertise” (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, and Allen, 2001, p.12). The ways this “learning orientation” played out in the WV SPF SIG project is captured in our grounded theory of community collaboration.

Each of the four components of the theory is a necessary, but not sufficient, ingredient in effective community collaboration and the four added together are not necessarily sufficient either. While the four components are consistent with what other studies have found to be true of successful community coalitions, the key to this model is that the components are parts of a *learning process*, on people “*getting it*”—understanding something—together.

1. The “Right” People

In the WV SPF SIG project, the “right” people were those who represented all project stakeholders. Perhaps as important as stakeholder representation, the “right” people held high-level positions in their organizations, were respected and trusted, and ready to collaborate. Finally, the “right” people were those who “get it.” In addition to realizing the value of collaboration and evidence-based decision making, they were open to learning and change. We found that it was important to get the “right” staff to the table, too.

Successes: A major state-level success is the formation and growth of the West Virginia Partnership to Promote Community Well-being. The existence of this representative, collaborative state partnership can be seen as foundational work toward creating a sustainable, effective statewide substance abuse prevention system. Another example of success at the state level is the growth in both youth and community representation. The partnership moved from no youth involvement to what one participant called “token” involvement, to actively-engaged, authentic youth membership on the partnership this past year. Similarly, the group went from relatively little local community membership in the first year to creating four new membership positions for regional liaisons who represent local communities. Another state partnership success occurred midway in the project when participants modified the partnership’s membership categories and sought individuals to fill those new positions when its mission grew to include substance abuse intervention and treatment, in addition to prevention.

At a local level, one county coalition included a local newspaper editor and was successful in getting a great deal of educational press coverage about substance abuse in the local community as well as positive coverage about the coalition and its efforts to remedy the problems. Also, several counties were successful in achieving authentic youth involvement. Some established active youth prevention coalitions affiliated with the county coalition.

Challenges: Neither state legislators nor governor’s office representatives were part of the state partnership, though this was identified as a lack early in the project. At a local level, some coalitions were unable to get representatives from various stakeholder groups required by grant guidelines.

Considerations for Future Practice

- The more types of stakeholders involved the better.
 - Take a broad view. Community coalitions who viewed the required list of coalition members as a minimum and creatively and strategically went *beyond* that seemed to be more successful than those who had difficulties even filling the required positions. Coalitions may benefit by asking themselves, on an ongoing basis, who else and what other groups in their communities might strengthen their group.
 - Modify the definition of stakeholder as the project evolves. When environmental strategies such as efforts to pass or modify state laws became important in the work, people in high positions in state lawmaking (legislators) became key stakeholders and thus needed to be involved.
 - Embrace diversity. Use already-existing relationships to locate individuals and organizations for participation, but also consider involving people and groups with differing (even contrasting) ideas and approaches. This could strengthen the partnership and prevent or lessen future problems. This is especially important with individuals and groups whose work is focused on the same issues (i.e., substance abuse prevention) in the same contexts.
 - Think about power issues. Some stakeholders (individuals such as the governor and groups such as the Division of Alcohol and Drug Abuse—DADA) hold greater power relative to the project than others and may need to have different levels and kinds of representation and roles. Conversely, some stakeholders hold less power relative to the project and this should be a consideration as well.
- The sooner the involvement the better.
 - Timing matters. Bringing people to the table after key decisions are made may not be as effective as including them in early stages of the work such as conceptualization and planning.

- Staff members are critical players.
 - Get the “right” staff to the table, too. Variations in staff skills, knowledge, and experience make a difference in partnership effectiveness. Communities with staff viewed as capable, competent, and conscientious tended to be more successful than those with staff members who were thought to have weaker skills and knowledge.
 - Both social and cognitive expertise are important in staffing collaborative coalitions. Communities valued staff with content skills such as grant writing, but found it equally important that staff members know how to build relationships and use democratic processes.

- The “right” people need to be nurtured (to keep them at the table).
 - Develop caring relationships. Groups that nurtured people and relationships tended to be more cohesive and capable than those where there was less attention to social and emotional connections. Consider devoting resources to team-building while keeping the main emphasis on the group’s mission.
 - Provide training and support. Partners and staff, at state *and* local levels, periodically expressed needs/desires for training or assistance. When the requests were responded to promptly and positively, participants increased knowledge and skills and appreciated the opportunities to learn.

2. Shared Commitments

In addition to sharing commitments to substance abuse prevention, collaboration, and evidence-based decision making, state and local project participants shared strong commitments to West Virginia and to building community well-being statewide. Many were long-time, passionate advocates of civic engagement and community-based problem solving.

State-level participants’ shared commitments became more refined over time through collaborative learning processes. As they worked together, they constructed additional commitments. They considered evidence from prior research on substance abuse and on collaborative community change, but also generated statewide data sets related to substance abuse. Drawing on both outside and inside knowledge and expertise, and staying within CSAP guidelines for SPF SIGs, they worked out shared visions of themselves and the project.

A similar participatory construction of shared commitments occurred at local levels. While participating counties, including 53 during the initial planning year and ultimately 17 with implementation funding, had to operate within parameters set by the state partnership, they were encouraged to develop goals and plans appropriate for their communities. Rather than

establishing one or two statewide priorities, as most other states did, the WV SPF SIG asked county coalitions to develop plans based on their communities' needs.

Successes: While state participants expressed confusion initially, most appreciated having a voice in decision-making and being engaged in the process of developing and redeveloping project goals, objectives, and programming. At the local level, participants appreciated having a year to get on the same page about the nature of community needs, to plan, and to develop a proposal that fit with community problems. Participants commented about how unusual, and reasonable, it was to develop a proposal based on the community's actual needs rather than tailoring the proposal to a granting organization's mission and goals.

Challenges: It has been an ongoing challenge to balance uniformity with autonomy. While WV SPF SIG took a grass- root, community-development approach featuring local autonomy and agency, a level of statewide consistency also was desired. In local coalitions these dual commitments were sometimes experienced as contradictory. Some participants felt they received mixed messages, on the one hand encouraged to own and operate their coalition locally and on the other hand, being required to get state-level approval for their plans.

Considerations for Future Practice

- Developing shared commitments doesn't happen overnight.
 - Allow time to develop shared visions. In the WV SPF SIG, it took considerable time and work to construct shared visions collaboratively, but participants appreciated the participatory approach. State and local partnerships developed shared visions over a period of months and years working together.
 - It isn't a one-time task. At the state level, and in some local coalitions as well, participants regularly revised visions and commitments as circumstances changed.
- Constructing shared visions requires purposeful attention.
 - It may not happen spontaneously. In the state partnership, sometimes participants had to be encouraged to discuss the group's structure, goals, and programming. If it is not on the agenda and prepared in advance, it may not happen. In local communities, the Strategic Prevention Framework was a tool that helped coalitions formulate shared visions of themselves, their communities, and their work together.
 - Seek resources to support dialog. Participants periodically expressed a need for more face-to-face communication with each other. In a

statewide initiative such as this, responding to that request required funds to support travel and meeting arrangements for participants.

- Collaborate within *and* across groups.
 - Think holistically. In large-scale initiatives it may be necessary to have shared understandings *within* partnerships and coalitions, but also *across* groups. Some local participants experienced frustration when they perceived their local understandings and commitments to be at odds with state-level understandings and commitments.
 - Balance autonomy and uniformity. Avoid perceptions of contradictory or mixed messages by being as clear as possible about how much and what kinds of autonomy, on the one hand, and uniformity or conformity, on the other, are required and why.
 - Anticipate and explore differences. In cases where participants, within or across groups, view things differently, it may strengthen the coalition and prevent or lessen future problems to be proactive in negotiating differences quickly, collaboratively, and transparently.
- Articulate shared visions internally and externally.
 - Partners need to see and hear it. As shared visions are developed and redeveloped, they need to be communicated clearly and regularly within the collaborative group. Especially with large groups, the quantity and quality of this internal communication is critical to the group strengthening its identity.
 - Make sure staff members are on the same page. In a large project it is difficult, and important, to clearly and frequently communicate among participants. It can be frustrating for project participants to receive differing, and conflicting, information from various staff members perceived to be in leadership roles.
 - Articulate shared visions publicly. Even though the coverage may not be uniformly favorable, the greater the public visibility the greater the opportunity for the group and its work to be known and considered viable and worthy of community buy-in.
 - Use diverse strategies for communication. In addition to billboard, newspaper, radio, and email, consider using volunteers or professionals such as lobbyists to articulate the coalition's goals to policymakers.

3. Collaborative Engagement

In addition to drawing people to the project and building shared commitments, our research revealed the importance of engaging participants actively and collaboratively. Both the *quantity* of participation (who speaks, volunteers, does tasks and how often and for how long) and the *quality* or nature of the participation (*how* people are engaged) were important in coalitions, in terms of perceived effectiveness as well as intermediate and ultimate substance-abuse prevention outcomes.

Relevant to our focus on learning, interview and survey results show a link between quantity and quality of engagement and the degree of state partners' learning and satisfaction. High levels of partner engagement corresponded with high levels of learning from and satisfaction with the project. It seems that the more actively involved and invested individuals became in the work, the more favorably it affected them, both cognitively (learning) and emotionally (felt satisfaction).

At the local level, engagement also was important. Community participants in the first year of Regional Learning Opportunities (RLOs) appreciated opportunities to engage with others in their counties and regions and beyond. They viewed networking as a major benefit of the RLOs and identified what they learned from each other. They also valued the project's focus on local community, allowing opportunities for authentic engagement as they assessed, and then developed plans to address, community problems. Developments in county coalition functioning paralleled state-level developments, with participants becoming more actively and democratically engaged over time.

The quantity and quality of staff engagement also is important. Our study of year-one RLOs revealed that Community Development Specialists' (CDSs) level of engagement with the planning and design of the RLOs was related to the effectiveness of RLO sessions. While they were responsible for a substantial portion of RLO implementation, CDSs were not at the table when the initial visioning of RLOs as non-traditional, adult learning experiences took place and many were only minimally engaged in planning and designing the RLO sessions. The separation between the planning and implementation of RLOs proved to be a constraint in implementing the program.

Successes: The state partnership increased engagement by making it a membership requirement. Each partner was required to serve on a workgroup and all workgroups were required to have a partner chair or co-chair. Also, the partnership's decision to function democratically, electing officers and using Roberts' Rules of Order, seemed to increase partner participation. On a more informal level, state-level staff made meetings inviting and pleasant, encouraging participants to relax and dialog with each other. Periodic over-night retreats, including both state and local participants, were especially valued as opportunities to strengthen connections and engagement, with each other and with the project.

Local coalitions had parallel experiences with partner engagement which was viewed as highly important. Coalition members identified "doers," people who actually get involved in

the work, as mainstays of their “core” groups. Also, they experienced greater partner engagement as they moved toward more democratic structures and processes.

Challenges: At both state and local levels, it was difficult to achieve a balance between partner and staff engagement. The initial tendency was for partners and local coalition members to look to staff for leadership. Staff’s involvement typically preceded that of partners and often they were more informed than partners about project details. Also, the project was a full or major part of many staff members’ jobs while for partners it was a part-time, voluntary activity they did in addition to fulfilling responsibilities of fulltime jobs elsewhere.

Another challenge, one that ultimately influenced participants at both state and local levels, was the lack of a positive, collaborative relationship between the two organizations most central to the work of the project *and* most closely tied to each other—the West Virginia Prevention Resource Center (PRC)—who obtained the SPF SIG funds and provided most staff for the project—and the Division of Alcohol and Drug Abuse (DADA)—whose organizational mission was most directly tied to the project and whose funding supported some PRC staff. Both groups were actively engaged throughout the project, but tensions between them remained unresolved.

Considerations for Future Practice

- Participation can be encouraged and required.
 - Make it appealing and comfortable. Room arrangements conducive to face-to-face communication and name cards for participants can enhance collaboration, especially with large groups. Also, encourage people to feel included by avoiding the use of language that is not familiar to everyone. Serving food and/or beverages also seems to enhance comfortableness and enjoyment and encourage participation.
 - Build in opportunities for networking. Especially in large projects, periodic meetings may be the only time participants see each other. In addition to time for attending to business, allocate time for visiting.
 - Use small groups. Consider breakout sessions, work groups, and committees to draw individuals more actively into the work. People may be more comfortable participating in smaller groups.
 - Make engagement part of membership expectations and requirements such as attending a minimum number of meetings and serving on a committee.

- Democracy increases participation.
 - Use democratic procedures such as elections and Robert’s Rules of Order. These rules build in opportunities for people to voice their views in the form of making, discussing, and voting on motions. Consider designating a participant to be responsible for the democratic rules of the group.
 - Provide opportunities for diverse (majority and minority) viewpoints to be expressed publicly.

- Power relations influence collaboration.
 - Make power issues visible. Certain individuals and organizations may be perceived as having, or deserving (e.g., in relation to their organization’s size or mission), more or less influence in a coalition than others. Also, some groups may have more to gain or lose from the collaboration than others. Addressing such distinctions proactively and frankly may strengthen a partnership’s collaborative capacity.
 - One size usually doesn’t fit all. It may have been easier for individuals representing organizations for which substance abuse prevention is *one part* of their work to collaborate and share power than it was for individuals representing organizations for which substance abuse prevention was a main purpose for being.

- Collaboration involves give *and* take.
 - Be prepared to compromise. Collaborative engagement may be relatively painless in small groups of individuals who agree about key issues. It is likely to be harder in large, diverse groups. Collaboration in such contexts may mean that no one individual or group is fully satisfied with the group and its accomplishments. Compromising may be more successful if participants prioritize and communicate desired outcomes.
 - Anticipate political roadblocks. Engaging participants, early in the process, in frank reflection about potential politically-based roadblocks may help prevent, or at least control, damage caused by them.
 - Resolve conflicts. Consider using evidence-based strategies for conflict resolution, perhaps having volunteer or paid professionals to facilitate.

4. Financial Resources

Financial resources have been important in this project, especially funds for staff salaries and to provide what is needed for people to meet and work together collaboratively—travel expenses, food, materials, equipment, and so on. This project would not have taken place in the way it did without substantial financial support that came first from the grant that supported the West Virginia Partnership planning year and subsequently, the SPF SIG that supported statewide county planning grants for 53 counties, and finally the 12, then 17 local-county implementation grants. The financial support was instrumental in developing and maintaining infrastructures for engaging in collaborative community action in both the state partnership and in local (county) prevention coalitions.

Funds to support general operating costs have been a central concern throughout, especially since the grant used a reimbursement system wherein coalitions made expenditures for which they were later reimbursed. This caused difficulties for county coalitions that were not affiliated with financially well-resourced organizations.

Successes: At the state level, major financial successes include obtaining the initial state planning grant and then a year later, obtaining a five-year, \$2.5 million per year State Incentive Grant from the Center for Substance Abuse Prevention. Using these monies, 53 of 55 West Virginia counties were funded to participate in a year-long community study and planning process. A substantial part of the funding for the planning year supported a statewide, community-based educational experience – Regional Learning Opportunities. The following year 12, and ultimately 17 county coalitions received funding to implement substance-abuse prevention plans.

At a local level, in addition to funding from SPF SIG, participants used the Strategic Prevention Framework to obtain grants to support and sustain their coalitions' projects. Recently eight of the 17 SPF SIG prevention coalitions were awarded 2010 Drug Free Communities grants through the Office of National Drug Control Policy. Also, some county coalitions successfully shared resources among participating organizations, thus reducing the financial burden on any one group and maximizing what the group could afford to accomplish.

Challenges: Obtaining funds to sustain the work begun with SPF SIG, especially for staff salaries, is the primary financial challenge for state and local participants. Some local coalitions have not yet secured funding to continue their projects. Also, the state partnership has not yet developed a more permanent (i.e., not through grants) system of funding to support the state partnership and its mission of creating a statewide system of substance abuse prevention that would extend successes coming out of the SPF SIG-supported initiative to date.

Considerations for Future Practice

- Funding may be used to get more funding.
 - Provide tools for gaining financial support. The Strategic Prevention Framework and learning that took place during the county planning year gave participants tools to use in this and future projects, rather than giving them money for a one-time project. Providing such resources is a way to build-in capacity for sustainability.
- Diversified funding is safer.
 - Use more than one funding source. Coalitions with various funding streams (in addition to SPF SIG) are in a stronger position to continue their work.
 - Do not depend on grants alone. Grant funds enabled the development of state and local infrastructure and provided support for considerable learning and change in this project, but sustaining that work may be accomplished most effectively with funding from a variety of types of sources, not only grants.
- Collaborators are sources of financial support.
 - Share costs and resources. An advantage of coalitions is that they can do things that individual organizations cannot do alone. Some effective county coalitions benefited by sharing financial costs in ways that increased efficiency and outcomes for the organizations involved.
 - Apply for funding collaboratively. With the popularity of coalitions on the rise, funding agencies may look more favorably on collaborative, intra-agency grant proposals than those coming from one organization.

Conclusions

The grounded theory of community collaboration presented in this report is based on a meta-analysis of findings from our six-year study of the project. The final report summarizes key findings in relation to each of the theory's four components and presents ideas about the implications of those findings for future practice. In other words, the report offers ideas for individuals and groups to consider in future collaborative community work.

The four components of the theory—the “right” people, shared commitments, collaborative engagement, and financial resources—are bound together by a focus on learning.

After constructing considerations for practice for each model component, we noticed that five other ideas (in addition to learning) reoccurred, appearing in several or all components. Expressed as suggestions for action, the five ideas are: (1) embrace diversity, (2) seek balance, (3) address power issues, (4) think broadly, and (5) prepare to modify.

Having only recently recognized these cross-component sub-themes, we mention them here primarily as an idea for future exploration. To give an example of how they appeared in the components, though, we can look at the first suggestion – to embrace diversity. We initially thought about diversity in terms of including individuals and organizations of various races, ages, religious affiliations, and so on. Clearly, that remains an important issue in collaborative community work. But we see now that the inclusion of diverse *ideas* or perspectives is also important. How those kinds of ideological differences are negotiated may be critical to a coalition’s capacity. Finally, we see the importance of diversity in funding sources.

In spite of numerous roadblocks and challenges, many of which are mentioned in the report, the West Virginia SPF SIG exemplifies a learning community approach consistent with 21st century notions of learning (Kilpatrick, Barrett, & Jones, 2003, p.1) and a “continuous learning orientation” that has been associated with effective coalitions (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001, p.12). The WV SPF SIG’s explicit focus on learning is evidenced in initiatives such as the Regional Learning Opportunities; in its extensive system of internal and external quantitative and qualitative evaluation research; and in the ways participants in the state partnership and in county coalitions worked together to get the “right” people to the table, to construct shared visions, to collaboratively engage in the project, and to obtain resources to sustain the work.

In closing, we feature the voices of project participants, both partners and staff, who spoke about learning and change that occurred:

“I would explain it [SPF SIG] as different, but it’s a good different because just being told to do something sometimes is difficult, but being able to learn what the community wants and build upon that is going to make a bigger difference.”

“The project has provided us with significant learning. . . . We have been able to redefine ourselves over and over. . . . It has been a learning process for all of us . . . to go into uncharted territory not knowing what the results would be.”

“It was like light bulbs [went off] for everyone They really began to understand . . . what they needed to be doing and taking the focus off of prevention education, because that’s individual-level change instead of population-level change. . . . Our communities are learning it [environmental strategies], but they’re not necessarily liking it.”

“I can say the core group has learned how to work with each other and you pick your battles. You know we do not always agree. But you have to agree to say yes. I agree enough to stand up in public and support what we’re doing. I might not agree on every detail but you won’t with any organization.”

“I’ve learned a lot from being part of this partnership. I’ve learned about what’s going on in my community. I learned about what strategies work and why they work, I learned about . . . how we go about the development of a strategy for our community. I learned that there is nothing more powerful than a group of passionate people.”

I’ve gone to some trainings . . . and we’ve learned of some grass roots efforts that are going on in some other areas and that’s been useful for us when I got back and tried to implement things like that. . . . Going and seeing what else is working out there and try to use that—so that’s been big I think.”

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