

# West Virginia's SPF SIG Strategic Implementation Plan

*Building a Comprehensive, Coordinated, Sustainable  
Prevention System for West Virginia*



Prepared By



On Behalf Of

West Virginia's Partnership to Promote Community Well-Being

*Funded with Federal Strategic Prevention Framework States Incentive Grant Funds  
Administered by the West Virginia Governor's Office*

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## Executive Summary

During the first year of the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), Strategic Prevention Framework States Incentive Grant (SPF SIG), West Virginia's state advisory council, WV's Partnership to Promote Community Well-Being (Partnership) and its workgroups have put considerable effort into developing a SPF SIG strategic plan. A major component of the SPF SIG is building the capacity of communities to implement and sustain effective substance abuse prevention. Consequently, WV proposes a two-phase implementation plan. In **Phase I** WV will spend a year focusing on building the capacity of WV's communities to take a culturally appropriate, data-driven approach to prevention planning, with the goal of each county developing a comprehensive county strategic prevention plan. During this phase, county epidemiological profiles will be provided by the Partnership's Epidemiological Workgroup to every county to assist them in their local planning process.

The Partnership, through its staff at the WVPRC, also will engage county coalitions in an intensive peer learning, experiential process to increase local capacity. The issues of assessment, youth involvement, community service learning, underage drinking, cultural competency, community readiness, organizational appraisal and other local assessments, strategic planning, evidence-based prevention strategies, evaluation, and other topics will be addressed.

County-level prevention planning grants will be available to each of WV's 55 counties through an open application process. The Partnership's Coordinated Planning and Sub-granting Workgroup, in consultation with staff, developed a letter of intent to encourage a single application from each county. Four regional and one statewide informational session will be held to market the SPF SIG and the concept of county-level prevention planning grants. Once letters of intent are received, a call for full applications will be issued. Based upon the applications received, one prevention planning grant will be awarded per county. Funding will be allocated according to an inverse per capita distribution formula. If applications are not received from every county, the funds set aside for those counties will be redistributed among the applying counties.

West Virginia envisions that the year-long planning and learning process will ensure that all counties learn about assessment; evidence-based strategies; relevant and appropriate prevention policies, practices and programs; cultural competency; and sustainability prior to the awarding of implementation grants. This knowledge will assist WV's communities whether or not they are subsequently targeted by the Partnership to receive additional SPF SIG funding for full prevention implementation grants.

Toward the end of the capacity building year, the Partnership will establish SPF SIG prevention priorities. At this point WV will submit to CSAP an amended strategic plan detailing WV's prevention priorities, the epidemiological data and other considerations by which the Partnership has established its priorities, and an implementation allocation rationale. Because the allocation rationale will target specific priorities, it is believed that considerably fewer grants will be available, but at higher award amounts.

The amended plan will guide WV as it transitions into **Phase II** for the remaining life of the SPF SIG, during which SPF SIG funding will be used to support communities, counties, or groups of counties to implement prevention strategies addressing the State's priorities. Having spent an entire year in local strategic prevention planning, WV believes its communities will have a greater possibility for developing sustainable efforts as well as a greater capacity to advance the Partnerships mission to promote community well-being and SAMHSA's vision for a life in the community for everyone.

# 1 Introduction

West Virginia (WV) is building a strategic framework for state, regional, and community prevention partnerships to better coordinate alcohol, tobacco, and other drug prevention funding, improve the overall quality of prevention programs and prevention workforce, and increase the availability of prevention services. Supported by the U.S. Department of Health and Human Services (US DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), Strategic Prevention Framework States Incentive Grant (SPF SIG), this framework will provide for a comprehensive, coordinated, sustainable prevention system that will ultimately result in improving the well-being of WV.

WV has developed an infrastructure to support a statewide prevention system by building its capacity to provide training and technical assistance, communication and information sharing, and accountability and evaluation services with US DHHS, SAMHSA, CSAP, Substance Abuse Prevention, and Treatment (SAPT) Block Grant funds. With SIG Planning Grant funds awarded in 2003, WV made great strides in developing the statewide framework necessary to model comprehensive, coordinated, sustainable prevention efforts. WV's capacity-building model provides a perfect structure for sustained community prevention efforts, and SPF SIG grant funds awarded in 2004 will provide the resources to implement the framework at the community level. This document provides the blueprint for how the strategic prevention framework will be built at the state, regional, and community levels.

During the first year, WV's state advisory council, WV's Partnership to Promote Community Well-Being (Partnership) and its workgroups have put considerable effort into developing the SPF SIG strategic plan. Through the Partnership's Epidemiological (Epi) Workgroup, WV has developed a more comprehensive database to support the CSAP's requirement for a data-driven SPF SIG process.

A major component of the CSAP's vision of the SPF SIG, however, is building the capacity of communities to implement and sustain effective substance abuse prevention. As such, WV proposes a two-phase implementation plan. **Phase I** of WV's SPF SIG plan is to spend a year focusing on building the capacity of WV's communities to take a culturally appropriate, data-driven approach to developing local assessments and comprehensive county strategic prevention plans. During this phase, county epidemiological profiles will be provided to every county to assist them in their local planning process. The Partnership, through its staff at the WVPRC, will engage county coalitions in an intensive peer learning, experiential process to increase local capacity around the issues of youth involvement, community service learning, underage drinking, cultural competency, community readiness, organizational appraisal and other local assessments, strategic planning, evidence-based prevention strategies, evaluation, and other topics as need arises.

**Phase II** of WV's SPF SIG project will be the targeted prevention implementation phase and will extend throughout the remaining life of the project. Toward the end of the capacity building year, WV will submit to CSAP an amended strategic plan detailing WV's prevention priorities, the epidemiological data and other considerations by which the Partnership has established those priorities, and an implementation allocation rationale. The Partnership also will advise the WV Governor's Office of its prevention priorities, and make recommendations for funding prevention efforts targeting the state's priorities. A comprehensive, multi-year timeline of WV's SPF SIG Strategic Plan is presented in Appendix A.

## 1.1 Organization of this Manuscript

To fully appreciate our approach to implementing the SPF SIG, one must first have an understanding of the conceptual underpinning and cultural context within which successful local prevention can occur in WV. Consequently, the early sections are devoted to laying out our conceptual framework and the historical roots of Appalachian culture that will substantially influence the outcomes of this project. This is followed by a brief overview of WV's prevention system. During Phase I, the bulk of the effort at the community level involves assessment, capacity building and learning, and evaluation. Thus the remaining sections are devoted to these topics.

## 2 A Conceptual Framework for WV SPF SIG

### 2.1 Why Capacity Building for Phase I

Building the capacity of nonprofit organizations in WV is a crucial pre-condition for success for any endeavor. In the spring of 2000, the WV Council for Community and Economic Development commissioned Market Street Services, Inc., to assess the economic competitiveness of the state, solicit input from various stakeholders throughout the state, and, ultimately, assist in the development of an economic development strategy and implementation plan. From this effort the Council developed a statewide plan to help bring about change in WV. The strategy, named “WV: A Vision Shared,” produced over 25 reports in the past five years, several of which are relevant to WV’s SPF SIG plan.

*GuideStar*, an online database of information related to nonprofit organizations, shows over 7,700 registered nonprofits in WV at present. Of this total number, nearly 72% (5,514) of these organizations report less than \$25,000 in annual income. This level of funding is woefully inadequate to carry on any capacity-building initiatives. In Strengthening the State’s Nonprofits - Enhancing the Sector’s Contribution to Economic Development, Judy Sjostedt states:

*In general, West Virginia’s nonprofit organizations perform critical roles quietly and with very limited resources. Most people recognize that many of our state’s pressing social issues, such as poverty, economic disparity, lack of adequate infrastructure, poor health statistics, etc. will not be solved easily or overnight. To address such types of complex issues requires systemic approaches and lengthy commitments, one of which must be a primary commitment to supporting and strengthening the organizations working to combat those social ills. It is critical that the state has strong organizations that can remain viable and productive over the long term, steadfast in their service and mission for a positive impact to be experienced in addressing the social and economic issues of our state.*

In her overall recommendations, Sjostedt asserts, “In general, the state’s nonprofits need improved organizational development opportunities...”

In another study prepared by McKinsey and Company for Venture Philanthropy Partners, the topic of nonprofit capacity was explored in-depth. West Virginia nonprofits face a number of issues that impact their organizational development and, thus, influence their capacity to achieve their missions. Funding limitations of the majority of WV’s nonprofits tends to keep

*...a focus on creating new programs and keeping administration costs low instead of building the organizational capacity needed to achieve their aspirations effectively and efficiently. Building capacity is difficult, time consuming and expensive in the short run as it takes time away potentially from direct service work and most nonprofits managers prefer to spend their limited dollars on their programs. Typically grant funders do not pay for training and capacity building opportunities so funds must be carved from existing budgets. Typically, funding organizations (e.g., private foundations or public charity community foundations) aim to fund specific projects or program activities, not organizational development or administration.*

The study also states that, “...the nonprofit culture tends to emphasize program work more so than ‘back room’ function or higher-level institutional functions such as strategic planning.”

In Economic Development Strategy: A Plan for West Virginia’s Future (Market Street, 2001), a principal recommendation to increase nonprofit capacity was put forth:

*The important role nonprofits play is often overlooked. The nonprofit system in West Virginia is underdeveloped and needs a significant boost to assume its critical role as a bridge between private sector and public sector efforts. A considerable increase in funding, training, and support needs to be dedicated to helping nonprofits already in place around the State, and forming more community-based organizations in areas that are currently underserved.*

These reports, as well as first hand experience, inform the direction that the Partnership proposes for the SPF SIG project.

## 2.2 West Virginia's Guiding Principles for Capacity Building

West Virginia has adopted a conceptual framework to guide the SPF SIG process, just as the Center for Substance Abuse Prevention (CSAP) has adopted the Strategic Prevention Framework to guide its work at the federal level. West Virginia has taken the guiding principles of the Strategic Prevention Framework—assessment, capacity, planning, implementation, evaluation, cultural competency, and sustainability—and adapted them to fit within the context of the state.

Consistent with CSAP's Strategic Prevention Framework, WV's SPF SIG project views **sustainability** as a crucial issue that is central to the State's Incentive Grant process and WV's overall mission and vision: *to help build and support the community's ability to create a sustainable effort to reduce substance abuse and related problems at the local level.* To achieve this mission, WV has developed a set of principles in which to guide its work throughout the SPF SIG project. These guiding principles include:

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 and/or created
5. Building "strong" community organizations means building the ability of communities to help themselves

### 2.2.1 West Virginia's Approach

Making the assumption that community problems and solutions belong to the community, WV's overall approach is to enhance statewide infrastructure and build the processes necessary to support meaningful work at the local level. Government, organizations, and individuals at all levels must work together to reduce substance abuse and related problems; yet, since these problems occur at the individual and community level, we believe solutions must ultimately emerge from there as well. This is not to imply that responsibility lay solely with individuals and communities, but to maintain that by adopting new strategies that support and strengthen communities, they can, in turn, support and sustain themselves. In war, the success of front-line soldiers is largely dependent upon the backup they receive from units farther away. These units increase the ability of front-line soldiers to fight efficiently and effectively. We believe the same principle applies to communities fighting to reduce substance abuse. With backup and support from government and other organizations, communities on the front lines, where responsibility is the greatest, are better equipped and more likely to succeed. Since the state government is closer to the community than the federal government, the state should assume a more direct role at the local level. The federal role can then be focused more on helping the state develop its efforts in supporting its communities.

Another fundamental assumption in WV's approach is that communities can, in actuality, solve their own problems. West Virginia was founded by communities that were weary of being overlooked by their government in Virginia. Communities came together to demand equal representation, and in 1863 achieved independence and statehood. Since that time, WV communities have faced a plethora of issues, but the perseverance and wherewithal to find solutions, which is rooted in their history, remains intact. Additionally, adopting the assumption that communities can solve their own problems helps guard against the perception that only "outsiders" or "experts" can come in and solve local problems. The belief that communities have the ability to solve self-identified problems is one very important precondition for developing sustainable efforts, particularly within the Appalachian culture.

### 2.2.2 Community Problems are Complex and Interrelated

CSAP has made an excellent step forward in defining the core principles for the SPF SIG process, particularly in the two that follow:

- Prevention is prevention is prevention. That is, the common components of effective prevention for the individual, family or community within a public health model are the same--whether the focus is on preventing or reducing the effects of cancer, cardiovascular disease, diabetes, obesity, substance abuse or mental illness.
- Systems of prevention services work better than service silos. Working together, researchers, and communities have produced a number of highly effective prevention strategies and programs. Implementing these strategies within a broader system of services increases the likelihood of successful, sustainable prevention activities. Collaborative partnerships enable communities to leverage scarce resources and make prevention everybody's business. National prevention efforts are more likely to succeed if partnerships with states, communities, and practitioners focus on building capacity to plan, implement, monitor, evaluate, and sustain effective prevention.

Substance abuse issues are intricately attached to a host of other issues and conditions existing within communities, and it is functionally impossible to separate out substance abuse problems independently from other community issues. The implication for the community is that it will take considerable support and effort to help them understand the interplay of the issues and then find a way to create changes. To date, no one has found "the" way to change communities in a comprehensive manner. Because no two communities or conditions are identical, it will take an ongoing process of learning and re-learning to make substantial headway with this level of change.

The good news is that if a community can learn to make progress with a localized, comprehensive substance abuse prevention strategy, then it will have learned a method that can address any issue that needs attention in the community.

### 2.2.3 Strong Communities

In calling a community "strong," we are in effect saying that the community has whatever it needs to address its own problems and is doing so in some successful manner. Generally, we can expect these communities to have a higher degree of general resiliency, protective factors, or assets than communities that are experiencing high levels of substance abuse and related problems. West Virginia's experience is that communities that are having success in stemming the rise of substance abuse and related problems usually have:

- At least one vibrant community organization that enjoys considerable support throughout the community
- Solid leadership
- A clear sense of what they are trying to accomplish
- The wherewithal or resources to make a difference

We do not think that strong communities just happen on their own, nor do we believe that they can develop simply by giving them funding. They definitely can be created, because it is obvious that some find a way to become "strong." This entire field of community development and intentionally building strong organizations is an area that needs considerable attention in terms of research and cross-disciplinary efforts. If we are to ever succeed in significantly reducing substance abuse and related problems, then we must first envision a means and then develop a way to teach communities how to build, support, and maintain strong community organizations.

Even though we do not know all of the particulars in terms of building strong local organizations, there is enough evidence to demonstrate that strong organizations have a considerable ability to help themselves. Therefore, helping to strengthen WV's communities will serve as the focus of our efforts surrounding issues of substance abuse and related problems.

## 2.2.4 Conditions for Sustainability

What are the necessary and sufficient conditions for sustainability at the community level? There is a significant body of research and information available concerning specific aspects of community development. Topic areas include funding and financing, leadership, workforce development, policy, best practice, mobilization, planning, education, social marketing, board development, management, evidence-based programs, evaluation, environmental strategies, learning, collaboration, accountability, and more.

The community development arena does not suffer from a lack of good information, however, it is information that is not organized in any particular way nor does it show a clear picture of what is to be accomplished. Little will be accomplished in building community efforts if the community organizations are burdened with a mass of seemingly random information. We believe that bringing clarity and continuity to this information so it can become more meaningful and useable at the local level is an important condition for sustainability.

Another condition for sustainability lies in determining the potential resources or capacity within a community. Are there people in the community with knowledge and abilities? Do they have relationships with others who can advance the cause? Is there money available? Are there places to meet? We will group these necessary resources into three broad domains:

**Physical/fiscal capital** can be thought of as physical and/or financial resources. To get anything done in a community one generally needs money, places to meet and do business, along with the appropriate utilities, tables, chairs, computers, and other material things.

**Human capital** refers to the knowledge, skills, abilities, and experiences of people.

**Social capital** generally refers to the nature and quality of relationships within the community.

Social capital is broken down into two types:

- *Bonding*, which deals with the nature and quality of relationships within a group, and
- *Bridging*, which is concerned with cross-group relationships.

Within the considerable body of literature surrounding social capital, we have endeavored to simplify our approach, as much as possible, by creating a general and inclusive scheme for promoting these necessary conditions for sustainability. The sufficient levels of these conditions are unknown, as the interplay of the conditions cannot easily be separated. Substantially more research is needed in this area.

## 2.2.5 Cultural Competency Overview

Cultural competency has been given significant attention in the SPF. Among various definitions there is general agreement of the term's meaning:

- the capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work
- a group of skills, attitudes, and knowledge that allows persons, organizations, and systems to work effectively with diverse racial, ethnic, and social groups (SAMHSA, OAS, 2004)

West Virginia considers cultural competency critical to successfully implementing any strategy in its communities. The people of WV, like people everywhere, are a product of their history and environment. West Virginia's mountainous and predominantly rural landscape encouraged isolation and self-sufficiency, which, in turn, fostered close family ties, close-knit communities, and love of the land, while ownership and control of the state by corporate absentee landlords instilled a distrust of outsiders. Consequently, a tradition of kinship and custom and suspicion of government and outside interests became embedded in the culture. Understanding and incorporating these and other cultural considerations into our capacity-building measures will be vital to our process of building and sustaining strong communities in WV. (For a fuller discussion, see Section 4.1.1.)

### 2.2.6 Building Capacity

The interrelated components necessary for sustainability can be considered the **capacity** of the organization (or community) in question. West Virginia defines capacity as *the interaction of physical/fiscal capital, human capital, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain well-being*.

Achieving capacity does not mean that a community organization is sustainable. We argue that the three capital domains are necessary conditions for sustainability, but an organization will need certain “threshold” levels of the three in order to have necessary AND sufficient conditions for sustainability. Once attained, sustainability is not a steady state but a dynamic, fluctuating, fluid, ever-evolving condition that requires continual attention, learning, and adaptation. This is the purpose of capacity building and why it is neither a one-time fix nor a permanent solution. As needs, environments, and conditions change over time, organizations must adapt accordingly and continually work to become more capable in order to sustain their efforts.

Exactly what constitutes sufficient levels of physical/fiscal, human, and social capital and in what combination is not well known at this point in the development of the field. Fullan (2004) argues that while accountability and investment can come easily to system leaders, capacity building does not. “System leaders need to invest in capacity building because it does not come naturally and the payoff can be considerable...[they] need to grow the future by coupling each and every new policy with the question: What will it take for the system to have the capacity to be successful at implementing” (19). For Fullan, investment, accountability, and capacity building go hand in hand in sustainable efforts. This concept reflects WV’s approach to the SPF SIG project. Capacity building is not viewed as a solitary component of the framework, but as a central focus in creating the process for sustainable community efforts. CSAP’s SPF SIG presents a golden opportunity to study these processes in each state. With such an opportunity, for five or more years, it is likely we can discover what is common to each state’s efforts and what is unique. In addition to decreasing substance use at the local level, the SPF SIG project is also capable of providing the federal government with the opportunity to gain significant evidence on how to build capacity and develop and maintain sustainable community-based prevention efforts.

### 2.2.7 Traditional Planning Framework: Assessment–Planning–Implementation–Evaluation

The process of assessing, planning, implementing, and evaluating is a rational process to follow in carrying out the work of the SPF SIG, and is similar to what has been defined as the scientific method, i.e. a systematic approach of observation, hypothesis formation, testing and evaluation that forms the basis for modern science. This process is necessary if states and communities are to move forward into the era of data-driven planning, policy development, and decision making. It raises the issue of how can this rational process be spread throughout to involve the optimum number of communities to achieve the maximum effect?

The framework process is not something that can be taught or implemented one time during the life of the SPF SIG, but is a continuously repeated effort that will hopefully lead to learning, deeper understanding, and ultimately more effective statewide and local efforts. Community organizations are going to be at various developmental levels of knowledge, skill, and experience in their ability to apply the SPF. West Virginia will develop statewide Regional Learning Opportunities (RLOs) with a view that the framework is an iterative process of assessment, planning, implementation, and evaluation. During Phase I, an emphasis will be placed on the establishment of *Learning Partnerships* that will focus on *Assessment* and *Planning*. In subsequent years, full implementation grants will be target funded based on an analysis of relevant epidemiological data and state priorities set by WV’s Partnership to Promote Community Well-Being (Partnership). The *Learning Partnerships* will guide the *Implementation* and *Evaluation* components of the framework.

Creating a system for adaptive learning to support sustainability is a complex process, and mistakes are likely to occur. Resistance comes naturally, while learning in group settings does not, especially with complex topics. It may be easier for some communities to avoid, or fail to persist in, the deep intellectual, emotional, cultural, and political learning cycles that will be needed to sustain the state's and communities' focus on this new, complex challenge. So, the main issue for the state, in its mission of creating sustainable community prevention efforts, is how to develop a statewide system to support the continued use of this framework in different contexts.

### 2.2.8 Statewide System of Support

West Virginia has adopted two central purposes for building a statewide system of support: 1) to build the capacity of communities to increase their physical/fiscal, human, and social capital, and 2) to help increase the ability of communities to make full use of the SPF process. The state will be responsible for maintaining a system that will accommodate a variety of contexts as well as supporting capacity development. Building such a system will require substantial engagement of federal, state, and local partners incorporating active, collaborative leadership at each level. The nature of this engagement will ultimately require an environment conducive to cooperative learning among the community, state, and federal stakeholders. Additional learning across communities and across states will further enhance these shared learning experiences.

The infrastructure for a cooperative learning system will be created during the first year and supported throughout the duration of the project with the hope of continued shared effort among these established partnerships. Sustainability requires individuals and communities to apply concepts and reflective practices. Integrated and meaningful federal, state, and community partnerships will provide the support to allow this to happen.

## 2.3 Appalachian Culture and Cultural Competency

Cultural competency has been given significant attention in the SPF SIG. Among various definitions there is general agreement of its meaning as 1) *the capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work*; or 2) *a group of skills, attitudes, and knowledge that allows persons, organizations, and systems to work effectively with diverse racial, ethnic, and social groups* (SAMHSA, OAS, 2004).

West Virginia considers cultural competency critical to successfully implementing any strategy in its communities. The people of West Virginia, like people everywhere, are a product of their history and environment. West Virginia's mountainous and predominantly rural landscape encouraged isolation and self-sufficiency, which, in turn, fostered close family ties, close-knit communities, and love of the land, while a history of absentee ownership and control of the state instilled a distrust of outsiders. Consequently, a tradition of kinship and custom and suspicion of government and outside interests became embedded in the culture. Understanding and incorporating these and other cultural considerations into our capacity-building measures will be vital to the process of building and sustaining strong communities in WV.

It is difficult to summarize WV's rich and complex history for the purposes of this report. Volumes have been written about WV, the uniqueness of her statehood (ratified by Abraham Lincoln during the Civil War), her politics and government, geography and natural resources, mine wars and Mother Jones, religious life and customs, language and speech patterns, even the legends of her inhabitants, from John Henry and John Brown to the Hatfield and McCoy feud. Our purpose here, however, is to illuminate the Appalachian culture, as much as possible, and to do that one must look at history.

Pioneers who settled in rugged western Virginia were largely overlooked by their government living and making laws in eastern Virginia, the more refined piedmont area of the state. Over time western Virginians formed alliances to demand equal representation, which ultimately led to secession from Virginia, and on June 20, 1863, WV was admitted to the Union as the 35<sup>th</sup> state. Born from a slave state, WV fought as a free state during the Civil War.

After the Civil War, agriculture dominated the lives and livelihoods of West Virginians. Authors Otis Rice and Stephen Brown write in their textbook *West Virginia – A History* (1993):

For all its hardships, farm life had its compensations. Close bonds of affection and concern united families. Isolation and loneliness fostered hospitality and friendliness. Church meetings and social gatherings brought neighbors together in wholesome activities and gave the people a sense of community. Concerns for land, crops, and livestock fostered an appreciation for environmental matters. Moreover, closeness to land and family inspired a sense of durability and continuity often lacking among those dependent upon industry and business. Because of their long reliance upon agriculture, values regarded as essentially rural became deeply ingrained in the character of the people of West Virginia. They sprang in part from the emphasis of country churches upon righteous living, the role of the common school in undergirding morality and character, and the necessity of maintaining standing with lifelong neighbors by conforming to prevailing customs and mores (176).

With improvements to infrastructure and river and rail transportation, vast timber and mineral resources moved WV out of an agrarian economy and into the Industrial Age. Northern laborers and southern blacks immigrated to WV to work in rich coalfields or in the booming chemical, forest, steel, glass, and textile industries. And with rapid industrialization came serious labor problems. Most of the coal and timber owners were not from, nor did they live in, Appalachia. As resources rolled out of the state, coal and timber barons used money to place industry-sympathetic politicians in office, which, in turn, used the political process to advance the interests of the corporations while working conditions for laborers were often dangerous and wages remained low. Unionization and strikes resulted, often marked by violence, instilling in the people a general distrust of government and suspicion of outside interests. This legacy of outside ownership continues today with two-thirds of WV still owned or controlled by absentee landlords (Miller, 1988).

Negative stereotypes of poverty and illiteracy have plagued Appalachia for decades, and this, too, is a component of the Appalachian cultural experience. According to the Appalachian Regional Commission (ARC) (2005):

In 1965, one in three Appalachians lived in poverty. By 1990, the poverty rate had been cut in half. These gains have transformed the Region from one of almost uniform poverty to one of contrasts: some communities have successfully diversified their economies; some are still adjusting to structural changes in declining sectors; and some severely distressed areas still require basic infrastructure, such as water and sewer systems.

“Mountainous regions of the world have always been slow to change,” explains Rice and Brown:

Isolation from the mainstream of national and world events entrenches within their people beliefs, attitudes, and customs that in more accessible places retreat under the pressure of new ideas and changing interests. West Virginia has been no exception to this pattern. Her confining mountains and lack of broadly unifying river systems discouraged easy communication in early times and fostered a high degree of particularism among her people. Pioneer characteristics long persisted, in some isolated areas even to the twentieth century. The essential features of life in bygone years therefore require some attention in order to understand West Virginians today (57).

Today in WV it is not unusual to meet those who remember in detail how a father or grandfather fought for the right to organize a union, how an uncle died in a mine explosion, or how a mother “put up” canned goods during long, hot summer days. Oral histories like these gave birth to country music and are still a fundamental element of today’s Appalachian culture. Regardless, or perhaps in spite of, the negative stereotypes associated with Appalachia, a unique and proud culture endures.

“The story of the brave pioneers who settled the Appalachian Mountains is the story of America: immigration, settlement, the Revolution and the Civil War, the growth of industry and the use and abuse of land,” writes native West Virginian Mari-Lynn Evans, filmmaker and executive producer of the documentary *Appalachians: A Land Shaped by the People. A People Shaped by the Land*. Perhaps Evans’s experiences in WV best illuminates the essence of Appalachian culture:

I am proud of my heritage. As a child I knew how important the land was to us. Our daily life centered on feeding the cattle, plowing the bottom to plant crops, bailing hay, or other farm chores. I still remember walking in the garden and the feel of warm soil under my feet, the way tomatoes taste right off the vine, and the joy of jumping into the cool river that first warm day of spring. The land was part of you. We couldn't forget those that came before us as we walked among the Indian burial grounds and when arrowheads and tomahawks were brought to the surface during plowing time. The evenings spent listening to Pop-Pop tell stories about our ancestors and the hard work it took to make a home on this land. The heartbreak when the family land was taken to be damned for a lake. Something in those mountains became part of your soul. After leaving there almost 30 years ago, when I go back I still tell my son I am going "down home." For me, Appalachia will always be home. It is where I was born and where I'll be buried. And even if I never see it again, the house in Bulltown, West Virginia, is what I see in my dreams (Evans 2005).

As the substance abuse epidemic infiltrates modern Appalachia, it is imperative that real, lasting solutions be sought. Over the course of history Appalachians have proven their competency and wherewithal to face and overcome seemingly insurmountable odds. We believe with guided support offered through the SPF SIG, WV communities and coalitions offer the best possible source for confronting substance abuse and related issues.

### **2.3.1 Culturally Appropriate Best Practices**

Since the War on Poverty began in 1964, special attention has been given to the Appalachian region. Reviewing the literature generated by outsiders coming to help Appalachians, combined with the emerging scholarship of Appalachians, some best practices have been identified.

According to the Appalachian Regional Commission (2005), "Partnerships among community groups, governments, and local professionals of different disciplines are required to successfully design and sustain community." Further, "As relationships are formed, communities develop greater capacity to enhance growth and meet community needs." The importance of relationships is illustrated in the SPF SIG capacity-building plan, which centers on increasing social capital as an asset-based approach.

Being mindful of the uniqueness of Appalachian culture, empowerment, and self-determination are critical outcomes for sustainability. "Strategies that work across all levels of society are likely to be the ones that are the most successful" (Stamm, 2003, p. 18). "Leaders from each level can work together, building linkages between groups." This approach reinforces building social capital, and is sensitive to the cultural standard that no one is better than anyone else (social decorum) and that existing social networks are valuable (traditionalism). Further, the community embeddedness of the WV's Community Development Specialists (CDS) avoids the appearance of intrusiveness and reinforces the personal, one-on-one contact needed for success. (WV's CDS Network is described more fully in Section 3 below).

Keeping in mind that cultural issues can be barriers to learning and action, the RLOs have been designed to meet the unique needs of Appalachian communities. In addition to delivering culturally competent support to communities, an effort will be made to expand the knowledge and acceptance of subcultures within the Appalachian culture. Sub-recipients will have the opportunity to receive training in Family-Centered Practice, a well-established curriculum in WV, and to attend workshops on cultural diversity.

## **3 WV Prevention System**

Over the past seven years, WV has been developing a statewide prevention system. This system is predominately funded with prevention set-aside dollars from SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant. In the process of building this system, WV adopted a working definition of a statewide prevention system:

*An organized set of relationships, processes, and activities that enables WV to fund and support local programs with the intent of making them as successful as possible, and, therefore, more likely to have a sustainable impact on reducing substance abuse in the state.*

In keeping with a systems approach, WV invests SAPT Block Grant prevention set-aside funds in a regional support and capacity network to build and support community-based and evidence-based programs and practices. This regional network is supported and improved by central teams who work to build the regional network capacity. Essentially, WV has set up an infrastructure which allows increased diffusion of innovations in thinking, research, programming, and practice as well as sharing of innovation across the system. A strong **workforce development** component is already in place through the availability of quality higher education and relevant and topical training based on the need to promote best practices in the field. Specifically, a yearly Share the Vision Prevention conference, Model Program Training Opportunities, Prevention through Technology Application Trainings, Graduate Courses, and ongoing learning opportunities are afforded to community-based and professional prevention workers throughout WV.

The foundation of the system is a network of 16 Community Development Specialists (CDS) who live and work throughout WV's 55 counties (See Appendix B). CDS work in teams of four with each team responsible for approximately 12 to 14 counties in four different regions in the state. A CDS's job is to work collaboratively with grassroots community organizations and individuals, providing technical assistance in the area of substance abuse prevention within a risk and protective framework, while stressing assets. Responsibilities include assessing community strengths and weaknesses, helping communities with strategic planning, team building, formulating goals and objectives, grant writing, coalition building, and developing science-based implementation strategies. Additionally, CDS assist communities in using evaluation to improve their programs and practices. CDS are well qualified for the work they are doing; most have post-graduate degrees and all are trained professionals.

In addition to the CDS network, the WVPRC maintains teams who support the CDS, as well as provide other services to agencies, organizations, and communities throughout the state, i.e. evaluation, communication & information technology, accountability, and technical assistance and training.

This brief overview of the infrastructure for WV's Prevention System illustrates how it was designed to provide a necessary and sufficient level of support to communities in carrying out evidence-based programs and practices at the local level. As well, the system provides an integrative function for WV's state agencies that fund and are responsible for prevention services throughout the state. The purpose of this integrative function is to minimize duplication across funding streams from various federal sources among multiple state agencies, and improve efficiency and effectiveness of programming.

This system is also set up to adjust its support based on the community's level of skill, knowledge, and readiness. The guiding assumption here is that community efforts will be more likely to succeed if they are better prepared and their efforts are focused in ways that have been shown to be effective.

West Virginia's current prevention system is now poised to fully carry out the intent of the SPF SIG project. The foundation has been laid with SAPT Block Grant funds. SPF SIG now allows the state to further enhance local capacity building and provide funding to support local prevention efforts.

### **3.1 Prevention Mission, Goals and Objectives**

The following mission statement has been set forth for guiding the implementation of the Strategic Prevention Framework throughout WV: *West Virginia will build and support the capacity of its communities to reduce substance abuse in a sustainable manner.*

To move toward accomplishing this mission, two broad goals have been articulated, each having corresponding state system and community level objectives. West Virginia's SPF SIG goals and objectives are listed below.

**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
- Develop a coordinated prevention plan for WV with all key stakeholders
- Pursue funding opportunities to provide additional prevention resources for communities
- Build and maintain cooperative, learning relationships and efforts with federal, regional, state, and community organizations and individuals involved with prevention
- Improve the competency of the state's regional and local prevention workforce

### **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

## **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
- Develop a central system to measure and report outcomes from local prevention efforts

### **Community Level Objectives**

- Develop comprehensive county strategic prevention plans
- Increase the ability of communities to identify and assess local prevention needs and assets
- Improve the abilities of communities to implement evidence-based programs and practices that address community prevention needs
- Change local and state level attitudes, norms, policies, laws, and regulations to more effectively reduce risk factors or increase protective factors

## **3.2 WV's Partnership to Promote Community Well-Being**

West Virginia has made considerable progress in developing a prevention infrastructure, yet more needs to be done in coordinating inter-related systems. This effort was bolstered in 2003 when WV received a SIG Planning Grant from CSAP. During the early stages of the planning grant, The Partnership evolved as WV's primary prevention and intervention planning body. The Partnership includes all major stakeholder groups from state government and communities. All member organizations of Coordination of Rehabilitation, Education, Awareness, Treatment, and Enforcement for a Drug-Free WV (CREATE), a coordinating council consisting of representatives from state agencies that administer programs addressing substance abuse, are represented on the Partnership. Consequently, it has considerable experience and a long history of coordination. A list of Partnership members is presented in Appendix C.

The Partnership's roles and responsibilities as they function as WV's prevention and intervention planning body are as follows:

- Develop a comprehensive statewide plan for improvement of the 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 sub-granting of funds from any federal agency or any other source

Partnership members are moving toward coordinated prevention planning for the state. During the SIG planning grant year, partners began integrating and coordinating plans across agencies to avoid duplication. The Partnership will attempt to develop a data-driven, prevention plan coordinating all state/federal funding into one comprehensive plan. The long-term implementation of this plan will occur over the duration of the SPF SIG project, integrating funding and the statewide infrastructure for assessment and evaluation across state agencies. Accomplishments to date include: improved coordination of prevention activities through planning across systems, sharing data, initiating the development of a culturally appropriate early intervention system, and developing a statewide online grants management system that will be made available for use by any interested state agency.

Partnership members are committed to their responsibilities as evidenced by the following anonymous quote from a preliminary SIG Planning Grant qualitative evaluation report:

Overall there seems to be considerable optimism about the possibility of achieving a shared vision. Participants talked with us about how WV is already doing a great deal of intra-agency, collaborative work and is in a strong position to develop an effective statewide prevention system. Individuals also mentioned that the small size of the state and the fact that so many people already know each other and have worked together successfully will enhance the SIG process. Many strong relationships and networks are already in place (Spatig 2005).

The Partnership has regular quarterly meetings and holds workgroup and special meetings as needed. The Partnership establishes workgroups as needs arise to accomplish its responsibilities. Workgroups provide a detail-level mechanism for Partners to accomplish tasks and product-focused activities, and for allowing broader input into the work of the Partnership. Workgroups must have at least three Partnership members, but may include any other individuals interested in the charge of the workgroup. Workgroups currently include the following:

- Child and Family Services Funding Study
- Coordinated Planning & Sub-Granting
- Coordination of Specialists and Services
- Epidemiological
- Early Intervention
- Partnership Policies & Procedures
- Underage Drinking Prevention
- Youth and Community Input

### 3.3 WV Division on Alcoholism & Drug Abuse (DADA)

West Virginia's primary substance abuse prevention efforts are funded through the US DHHS, SAMHSA, CSAP, SAPT Block Grant. WV's prevention set-aside of this grant averaged approximately \$1.8 million per year over the past few years. These funds are administered by the WV Division on Alcoholism & Drug Abuse (DADA), the single state authority for substance abuse services in WV. As such, the DADA oversees the statewide provision of substance abuse treatment and prevention services for adults and adolescents. The Division's other primary responsibilities as the federal government's identified single state agency for substance abuse funds are: to manage the block grant funding, identify service needs, facilitate training, and provide leadership for collaborative community efforts in the areas of both prevention and treatment. The DADA is a division of the Office of Behavioral Health Services, Bureau for Behavioral Health and Health Facilities within the WV Department of Health and Human Resources.

DADA funds at least four distinct prevention entities with the prevention set-aside portion of the SAPT Block Grant. These projects include: the WVPRC and its CDS Network (capacity building), the WV RADAR Clearinghouse, the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO) Employee Assistance Program, and the "Parenting Perspectives" newsletter. Other special projects are periodically funded as well.

### 3.4 WV Prevention Resource Center (WVPRC)

The WVPRC began as the working arm of CREATE to carry out the implementation initiatives resulting from its planning efforts. The WV Governor's Cabinet on Children & Families officially chartered the WVPRC in March 1998. The WVPRC works to build the capacity of individuals, organizations, and agencies to promote the well-being of their communities. The WVPRC does not provide direct services but instead provides training and technical assistance, communication & information sharing, and accountability and evaluation services. The WVPRC is a jointly owned and controlled public/private partnership administratively housed at the Marshall University Graduate College and fiscally administered by the Marshall University Research Corporation. Forty full-time employees, one graduate assistant and faculty associates carry out the work (See WVPRC Organizational Chart in Appendix D). WVPRC partners include various agencies and organizations that have an interest in prevention in WV and contribute financially to the WVPRC.

The WVPRC revised its work plan in 2004 to reflect how WV could best assist communities in building comprehensive, coordinated, sustainable prevention efforts. The work plan is remarkably parallel to CSAP's new Strategic Prevention Framework, and is the foundation for the substance abuse prevention and intervention sections of DADA's three-year coordinated plan for substance abuse and mental health.

## 4 Assessment Plan

### 4.1 Epidemiological Workgroup

An Epi Workgroup was formed as a functioning workgroup within the Partnership. The workgroup's charge is to act in an advisory capacity for the collection and analysis of archival indicator data and other primary data collection efforts as part of a statewide needs assessment. Its goals include: bring systematic, analytical thinking to prevention; promote data-driven decision making throughout SPF SIG implementation, and provide core support for data-driven decision-making to the Partnership on the basis of an analysis of epidemiological data compiled at the state, county, and to the extent possible, sub-county geographic levels. WVPRC staff will coordinate the workgroup, and a listing of workgroup members is presented in Appendix E.

### 4.2 Assessment

WV recognizes that the criteria for awarding planning grants is fundamentally different than epidemiological criteria for setting Statewide SPF SIG prevention priorities, and for selecting and implementing evidence-based prevention strategies. For the purpose of targeting SPF SIG prevention implementation grants, expected to begin in early 2007, WV will use the CSAP prescribed outcome based prevention model. West Virginia will establish SPF SIG prevention priorities based on a data analysis of the consequences of substance abuse, consumption patterns, and related mediating/causal factors and target funds to communities to implement prevention strategies targeting these priorities. In terms of assessment, WV proposes to use the planning grant period to 1) oblige communities to collect local data to supplement the data provided by the state so that communities have the opportunity to inform the process of setting state SPF SIG priorities, and 2) enhance the communities' capacity to access, interpret, and use data for prevention planning and programming.

West Virginia's assessment plan will involve multiple stages as described below. Ultimately, the assessment database is intended to serve as a comprehensive data resource that supports not only SPF SIG, but other prevention related service systems in the state.

**Stage 1: Archival Data:** West Virginia developed an indicator database several years ago for the purpose of tracking indicators related to child and family well-being. Data on thirty-eight indicators in six indicator domains (health, education, economic, family and home stability, and public safety) were compiled. More recently, the dataset was expanded to support WV's prevention activities related to

SAPT Block Grant and other funding sources. Most of the added indicators, however, were related more to risk and protective factor domains targeted at WV's youth population. Consequently, WV's dataset was deficient with regard to substance abuse consequence and consumption data required for the public health approach required by the SPF SIG. Substance use/abuse consequence and consumption indicator data are currently being compiled. A proposed set of indicators and the status of data collection are presented in Appendix F.

**Stage 2: Statewide Needs Assessment/Prevalence Survey:** WV used SPF SIG funding to support the implementation of a student survey (*PRIDE Survey*) to all 6-12 graders in the state during the spring semester of the 2004-05 academic year (see [www.pridesurveys.com](http://www.pridesurveys.com)). WVPRC partnered with the WV Department of Education and the WV Division of Criminal Justice Services on this survey, from which data will be used for two primary purposes: 1) to satisfy the state's reporting requirements related to *No Child Left Behind* legislation, and 2) to provide detailed consequence and consumption pattern data among WV's youth population in support of SPF SIG assessment activities. This was a replication of a survey conducted in 2002-03 with 5<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> graders and will provide data for a much broader segment of WV's youth population. Findings are expected in the fall of 2005.

While data is available from sources such as the Behavior Risk Factor Surveillance Survey (this a CDC surveillance survey administered in WV by DHHR Health Statistics Center) and National Survey on Drug Use and Health (SAMHSA annual national household survey administered by SAMHSA Office of Applied Studies (OAS)), there is a shortage of local level data on WV's adult population in terms of substance consumption patterns and risky behaviors, especially with regard to illicit drugs. Consequently, WV is considering a population-based survey to bridge this gap. If pursued, the survey design will be developed to obtain a sufficiently large sample to facilitate reliable estimates in targeted counties or multi-county aggregates.

With the archival indicator data (Stage 1) and youth and adult survey data (Stage 2), WV will ultimately develop an internet-based data access tool patterned after SAMHSA's Prevention Platform Assessment Tool. This tool will be available to potential SPF SIG sub-recipients and other communities and organizations as a resource for local needs assessment, program planning, and evaluation.

**Stage 3: Targeted Needs Assessment:** Providing the opportunity for planning grant sub-recipients to contribute to the SPF SIG assessment will facilitate the ownership process as well as the integration of locally collected data into the priority setting process that otherwise may not be available at the state level. Consequently, sub-recipients will be expected to undertake more intensive, targeted needs assessment activities as part of their planning grant requirements. Communities will supplement state and county-level consequence, consumption, and especially causal/mediating factor data provided by the Epidemiological Workgroup with data collected locally.

In this effort, communities may conduct or use pre-existing community surveys, inventories of local assets and services, and assessments of community capacity and/or readiness to implement and sustain successful prevention/intervention programming. At a minimum, all SPF SIG planning grant sub-recipients will be required to participate in an organizational assessment and a community readiness assessment. The WVPRC will provide technical assistance to planning grant communities as needed in the interpretation of data generated in all three stages on topics including, but not limited to, survey development and implementation, sampling, data management and analysis, gap analysis, and identification of risk and protective factors.

**Stage 4: Capacity Assessment of Evidenced-Based Programs:** During the past several years training opportunities have been available throughout WV on many evidenced-based prevention programs and strategies. These trainings were held at conferences, grant meetings, and other events sponsored by community organizations. In an effort to determine the actual capacity of prevention knowledge obtained and transferred through these programs, the Partnership's Coordination of Services and Specialist's Workgroup felt that an *Evidenced-Based Training Inventory* be developed and distributed to prevention professionals across the state. A team of individuals that work closely on workforce development and program implementation through the SAPT Block Grant will coordinate this effort, and the WVPRC will assist with development and Institutional Review Board (IRB) approval. The information obtained from the inventory will:

- assist in cross-agency coordinated planning

- assess the number and location of current training resources
- assist in future sub-recipient implementation planning
- provide evidence that community-based training opportunities where participants become leaders and trainers continues to be a good model for our state.

### 4.3 Prevention Priority Recommendations

West Virginia's Epidemiological Workgroup will use data compiled during Stages 1 and 2 in combination with local data collected during planning grants in Stage 3 and 4 to formulate SPF SIG prevention priority recommendations to the Partnership. Once adopted by the Partnership, these priorities will serve as the primary decision-making criteria for awarding SPF SIG funds to local communities for prevention implementation grants in Phase II.

With these data the workgroup also will generate county profiles on selected epidemiological indicators, and conduct county level risk assessments to classify counties as high or low ATOD risk based on a comparison to statewide prevalence rates. Concurrently, the availability of funding for prevention and related services will be assessed. The workgroup will use this assessment to classify counties as high or low resource based on the availability and accessibility of prevention funding resources. Combining this funding analysis with the assessment of ATOD risk will facilitate the construction of a risk matrix for the purpose of targeting SPF SIG funding at identified priorities in the most high risk counties.

### 4.4 Allocation Approach

County-level prevention planning grants will be available to each of WV's 55 counties through an open application process. The Partnership's Coordinated Planning and Sub-granting Workgroup, in consultation with staff, developed a letter of intent to encourage a single application from each county (Appendix G). Four regional and one statewide informational session will be held to market the SPF SIG and the concept of county-level prevention planning grants. Once letters of intent are received, a call for full applications will be issued. Based upon the applications received, one prevention planning grant will be awarded per county. Funding will be allocated according to an inverse per capita distribution formula (see Appendix H). If applications are not received from every county, the funds set aside for those counties will be redistributed among the applying counties.

As mentioned earlier, as the prevention planning grants draw to a close, the Partnership will establish SPF SIG prevention priorities and target funds to communities, counties, or groups of counties to implement prevention strategies addressing these priorities. At this point WV will transition into phase two for the remaining life of the SPF SIG. Because funding will be targeted specifically at the priorities established by the Partnership, considerably fewer implementation grants will be available at higher award amounts. Because counties will have spent an entire year in strategic prevention planning, they will have the necessary data and a greater capacity to select and implement strategies to address the priorities targeted by the Partnership's priorities

West Virginia envisions that the year-long planning and learning process will ensure that all counties learn about assessment, evidence-based strategies, relevant and appropriate policies, practices and programs, cultural competency and sustainability prior to the awarding of implementation grants. This knowledge will assist WV's communities whether they receive additional SPF SIG funding or not.

### 4.5 Implications of Allocation Approach

By giving all counties in WV the opportunity to engage in strategic prevention planning during Phase I, WV hopes to build as much local capacity as possible. While it is understood that this approach cannot be used for the implementation grants, it does give the Partnership the ability to set

priorities and, subsequently, reach out to those communities that have identified problems that match WV's priorities using a true data-driven approach.

Once the Partnership has set priorities for the state, an amended state strategic plan will be submitted to CSAP. In this amended plan, WV's prevention priorities, the epidemiological data and other considerations by which the Partnership has established the states priorities, and an implementation allocation rationale will be described in greater detail.

Since WV's priorities have not been set at this time, identification of all non-SPF SIG resources to be directed at the priority areas cannot be outlined. However, some of these resources are known, including:

- Underage Drinking – a full-time Underage Drinking Prevention Specialist, housed at the WVPRC, is funded through a grant from WVDCJS with funding from the Office of Juvenile Justice and Delinquency Prevention
- Evidence-Based Programs – within WV two experts are certified to teach evidence-based programs and both are housed at the WVPRC. One is funded through the WV Department of Health and Human Services, DADA; the second is funded at .20 FTE through the SPF SIG
- Data Systems – through the collaboration of the Epi Workgroup, the Partnership has access to many different data systems. For a full listing, please see Appendix F.

## **5 Phase I Implementation Plan: Capacity Building**

### **5.1 Making Data-driven Decisions**

Communities in WV are largely unfamiliar with data-driven decision making. The typical community organization obtains grant funding by creating a project to match available monies. Historically, funds awarded to communities throughout the state have been done on a competitive basis. This method of awarding funds has conditioned sub-recipients to invest their efforts in improving their grant writing skills rather than on developing comprehensive plans based on local consumption and consequence data. Additionally, low levels of funding have made it particularly difficult for WV communities to develop research-based approaches for dealing with the significant issues brought about by substance abuse. Conducting relevant implementations with solid assessments and evaluations are rare.

Limited funding also makes it difficult for WV communities to realistically plan for sustainability. We believe that helping communities build their capacity is a viable strategy for developing comprehensive plans which, in turn, will help to promote sustainability. To this end, WV plans to spend Phase I of the SPF SIG project in an intensive learning process conducted at Regional Learning Opportunities (RLOs) throughout the state.

### **5.2 Capacity Building through Learning: a Sub-Recipient Learning Plan**

The intent of RLOs is to engage communities throughout the state in an intensive learning experience around the Strategic Prevention Framework. These learning opportunities will serve as a foundational mechanism designed to be a "learning-doing" experience that will enable each county in the state to develop a comprehensive county prevention plan in a consistent and culturally inclusive manner.

Immediately following the awarding of planning and capacity-building grants, a two-day statewide meeting will be held for all sub-recipients. Sub-recipients will be familiarized with the Partnership, the regional learning plan, the statewide work plan, fiscal requirements, reporting systems, the on-line grants management and evaluation system, an introduction to community service-learning, available resources for technical assistance, and overall expectations of the Partnership.

The state prevention system uses a designation of four sub-state regions to organize efforts (see Appendix B). Following the statewide meeting, it is anticipated the RLOs will be held once a month at two sites throughout each region of the state and will cover Assessment, Planning,

Implementation, and Evaluation to various degrees. (See Appendix I for planned learning schedule). In total, it is anticipated that approximately 90 regional learning opportunities will be conducted across the state during the year. Each county that is awarded a year-long planning and capacity-building grant will be responsible for producing a comprehensive county prevention plan at the end of the planning year.

The 16 Community Development Specialists for the WVPRC will facilitate each learning opportunity with assistance from SPF SIG staff. The RLOs will be day long events and will be organized around the Principles of Adult Learning developed by Malcolm Knowles (Knowles, 1980). Those principles are:

- Adults need to know why they need to learn something
- Adults need to learn experientially
- Adults approach learning as problem-solving
- Adults learn best when the topic is of immediate value

### 5.2.1 The Structure of the Regional Learning Opportunities

A typical agenda for each session will begin with a brief focus on general grant management issues that the Community Grants Specialist may need to discuss with the entire group. Sub-recipients will then work in small groups in order to process and share experiences related to the assignment from the previous session. An emphasis will be placed on the **transfer of knowledge** from the last session into **applicable practice**. A large group discussion of the shared learning experiences will follow. After lunch, the group will be exposed to a new learning component with large group discussion to encourage group interaction. Reinforcement and application exercises will be assigned for the following month and the session will conclude.

The curriculum for the RLOs will be structured around the CSAP's notion of the SPF process. Since WV's approach is a comprehensive capacity building effort, no specific sessions on capacity building will be held. Following is a brief description of topics to be covered in each of the SPF areas. The issues of sustainability and cultural competency are fundamentally important to WV's efforts. Issues of sustainability and culturally competent technical assistance and support will be interwoven into all areas. However, because there are sub-populations of historically under-represented groups within Appalachia, there will be educational workshops that discuss the needs of those sub-populations.

<b>Assessment</b>	The content of these initial learning opportunities will focus on Assessment. Sub-recipients will be given county profiles that include consumption/consequence data and other information gathered by the Epi Workgroup. Participants will also be given experiential instruction on collecting local data, conducting community readiness assessments, performing local organizational assessments, and applying state and local data to county plans.
<b>Planning</b>	Sub-recipients will learn to use their data to develop comprehensive county prevention plans. During this segment of the year-long learning, sub-recipients will focus on using their data to develop logic models as well as formulate goals and objectives.
<b>Implementation</b>	In this segment, sub-recipients will review evidence-based programs and practices. Participants will practice matching programs with assessments and plans. Particular attention will be given to environmental strategies, media advocacy, and program promotion.
<b>Evaluation</b>	In this part of the learning plan, sub-recipients will work to create evaluation plans for their projects.

### 5.2.2 Underage Drinking

Childhood and underage drinking will be included as an area of emphasis; however, WV also understands the SPF SIG funding priorities, along with the comprehensive community plans to address substance abuse problems, hinge on data compiled by the Epi Workgroup during Stages 1 and 2 in combination with local data collected during planning grants in Stage 3.

In regard to preventing childhood and underage drinking, WV's SPF SIG implementation plan will integrate the National Research Council and Institute of Medicine's study *Reducing Underage Drinking: A Collective Responsibility* and the Governor's Committee on Crime, Delinquency, and Correction State Advisory Group's Three-Year Plan. Building upon these plans, childhood and underage drinking prevention will enhance federal initiatives for the state and communities to play complementary and reinforcing roles through **state-level leadership** and **community mobilization**.

The WV Division of Criminal Justice Services (DCJS is the identified state agency for underage drinking) administers Enforcing Underage Drinking Laws Grants funded through the Office of Juvenile Justice and Delinquency Prevention. DCJS has provided funds through this grant for an Underage Drinking Prevention Specialist. In addition to facilitating a state-level workgroup to coordinate with other systems to target preventing and reducing the onset of underage drinking, the Underage Drinking Prevention Specialist will coordinate efforts to build community capacity while generally advancing underage drinking prevention efforts in WV.

#### 5.2.2.1 State-Level Leadership

The Partnership created an Underage Drinking Prevention Workgroup to establish coordinated statewide communication and action and to provide guidance and resources to local communities. Members of the Underage Drinking Prevention Workgroup include the WV DCJS, the DADA, Alcohol Beverage Control Administration, and other state and local agencies, as well as youth concerned about underage drinking in WV.

The workgroup meets every other month to coordinate with other systems to specifically target preventing and reducing the onset of underage drinking, minimize duplication across funding streams among multiple state agencies from various federal sources, and improve efficiency and effectiveness of programming. As the workgroup becomes more inclusive of all stakeholders and data collection continues, time is being spent determining (1) current levels of capacity, and (2) how to restrict or reduce access of alcoholic beverages to minors. With the Underage Drinking Prevention Specialist coordinating efforts with this workgroup, resources targeting underage drinking prevention in WV will be shared with sub-grantees, prevention professionals, and others to support community mobilization efforts.

#### 5.2.2.2 Community Mobilization

The first phase of the SPF SIG implementation plan focuses on planning grants, which makes assessment and capacity building key. Sub-recipients will have access to consequence, consumption, and related factors data that includes information regarding childhood and underage drinking. The Underage Drinking Prevention Specialist will build upon efforts to facilitate and provide training and technical assistance regarding this topic based on the data and the comprehensive community plans.

While advancing underage drinking prevention efforts in WV, community capacity will be built through coordinated efforts to:

- **increase awareness** and restrict access and availability by collecting and disseminating information via websites, presentations, and other materials and by providing strategies, including public service announcements and policies
- **strengthen community based processes and youth oriented practices** by improving ability to assess, plan, evaluate, and report by coordinating with learning opportunities, providing community forum training, encouraging law compliance by providing Youth In Action training, and supporting environmental change by providing social marketing training
- **promote continued underage drinking prevention efforts** by developing relationships with the media, facilitating cooperation between entities, and promoting evidence based programs.

### 5.2.3 Youth Development

Youth leadership development within the capacity building plan exists to provide opportunities for developing fully-engaged youth as leaders in building a comprehensive prevention system. Both youth and adult leaders within sub-recipient communities will take part in learning opportunities. This will help facilitate youth/adult partnerships, one aspect of youth leadership development.

From the first meeting, sub-recipients will be exposed to community-based service-learning as a means of developing youth leadership. This will be proposed as a way for communities to engage young people in the community planning process and will be reviewed throughout the year. To allow for busy school schedules, youth will only be required to attend one regional learning opportunity. During this learning opportunity, which will take place during the second session, youth and adults will examine the challenges to youth/adult partnerships and how to overcome them. They will also be introduced to board development and how to make community boards viable venues for youth and community voices.

Throughout the capacity building year, there will be opportunities for one-on-one technical assistance around developing youth leadership. Youth will also have the opportunity to develop a network for enhancing specific learning needs they encounter while working within their communities.

## 6 Phase I Evaluation Plan

The SPF SIG evaluation plan is founded on a philosophy that reliable quantitative data is sufficient for demonstrating “what has happened,” but qualitative data is needed to illustrate “how or why it happened.” During the initial SPF SIG planning grant phase, evaluation efforts will be focused primarily on process/implementation measures of capacity building efforts at both the state system and sub-recipient levels.

### 6.1 State System Evaluation

**Partnership Qualitative Evaluation:** The work of the Partnership will continue to be evaluated by external qualitative researchers, who act as participant observers at Partnership and workgroup meetings. Face-to-face interviews of selected Partnership members and WVPRC staff are conducted from time to time, and qualitative researchers act as participant observers in Partnership and its workgroup meetings.

This evaluation component is intended to document and describe systems change, i.e. the formation, nature, and evolution of relationships among Partnership members and their respective agencies/constituencies throughout SIG implementation. The expectation is relationships initially characterized as networking or communicating (i.e. exchanging information for mutual benefit) will evolve toward collaboration (i.e. enhancing capacity for mutual benefit and to achieve a common purpose, sharing risks, resources, responsibilities, and rewards). Researchers report successes and identify challenges to systems change to the Partnership regularly.

**Partnership Quantitative Evaluation:** The quantitative component of the Partnership evaluation will be conducted to document its progress in accomplishing its roles and responsibilities as defined in its formative Executive Order, issued by the Governor of WV. To reiterate from above, these are to:

- Develop a comprehensive statewide plan for improvement of the 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 sub-granting of funds from any federal agency or any other source

## 6.2 Prevention Planning Grant Sub-Recipient Evaluation

***Qualitative Sub-Recipient Evaluation:*** During the SPF SIG planning year, there are two broad objectives for the qualitative sub-recipient evaluation component: 1) document community perspectives and experiences with respect to substance abuse issues, and 2) identify a representative sample of sub-recipients with whom extended case studies will be performed during implementation of the SPF SIG.

Relevant evaluation questions for the first objective include: *What type of community organizations/coalitions are applying for planning grants? What common or disparate needs are communities experiencing? What assets or resources do communities have, or lack? What stories do people tell about substance abuse in their communities?* During the planning grant phase answers to these questions will be derived primarily through document reviews. Qualitative evaluators will initially review *Letters of Intent* and grant applications submitted by the sub-recipients. Later, sub-recipients will submit written responses to open-ended questions on their progress, successes, challenges, and insights about the SPF SIG process as a part of the reporting/GMES system. Questions will be designed to produce optimum narrative responses by which qualitative evaluators may narrow the field for potential case study sites. Periodic site visits with selected sub-recipients may also be conducted. Qualitative data will also be used to recognize and showcase sub-recipient prevention planning efforts through the publication of monthly online prevention newsletters, televised episodes of *Prevention WV* produced by the WV Library Commission, or other available media outlets.

Qualitative evaluators will use periodic Regional Learning Opportunities (RLOs) to meet and talk to stakeholders, conduct individual face-to-face interviews or focus groups with sub-recipient organizations, stakeholders, and prevention professionals. Periodic reports will be produced on community-level experiences throughout the planning year.

Once the Partnership has established SPF SIG prevention priorities and identified where to invest SPF SIG funds in community-based prevention implementation grants, qualitative evaluators will select a subset of funded sub-recipient communities for extended case studies (objective 2 above). Case studies will continue throughout the life of SPF SIG in WV. Specific case study objectives will be established at that time.

***Quantitative Sub-Recipient Evaluation:*** WV will use the Grants Management and Evaluation System (GMES)—described generally below—as the primary data collection tool for sub-recipient level process data. Evaluation staff will provide training and technical assistance on the GMES to sub-recipients to ensure high quality data collection. The system will have flexible modules to allow each sub-recipient to track outcomes specific to their plans, programs, and activities.

Evaluation and community grants specialists will use official records (meeting minutes, monthly online progress reports, etc.) to monitor grant compliance and evaluate sub-recipient progress. To capture information that does not lend itself to an on-line collection system, evaluation/monitoring specialists will use direct observation and face-to-face interviews conducted during sub-recipient site visits. Additionally, the results of the Community Readiness Assessments and the Organizational Assessments conducted by sub-recipient communities will be utilized to gauge how the local prevention planning body used the results to guide their process toward developing county-level, data-driven strategic prevention plans.

Relevant prevention capacity building planning grant evaluation questions include:

- What categories of individuals make up the local prevention planning body? And what are their functions within the planning body?
- Were activities and strategies implemented in the manner and within the timeline described in the prevention planning grant application?
- Were activities conducted by appropriate personnel and/or volunteers?
- How many meetings of the prevention planning body were scheduled? Held?
- How many local partners were in attendance at each of the meetings?
- Were public meetings held? How many people attended?

- Did staff/local partners attend each of the RLOs in their region?
- Did staff/local partners complete the assignments from each of the RLOs?
- What difficulties were experienced? How and to what extent were they overcome?
- Did the sub-recipient complete a strategic prevention plan for their county/region?

West Virginia will not involve a control group with the evaluation of the prevention planning sub-recipients due to the anticipation that every county (or group of counties) will make application for the prevention planning opportunities. A credible control group would not exist.

### **6.3 Grants Management and Evaluation System (GMES)**

West Virginia is developing an internet-based grant management/monitoring and project evaluation system. This system is primarily intended for collecting and managing SPF SIG contract compliance, program implementation/process data, and community project outcome measurement data. System features include secure logon access for SPF SIG funded sub-recipients, standard data entry forms for project specific grant management and process/implementation data, and online feedback and report generation features by which communities may monitor their own progress, which will also provide a rich source of data to qualitative evaluators.

As WV moves toward specifying state prevention priorities for SPF SIG later in the planning grant year, additional modules will be integrated into the GMES for the purpose of collecting community level process and outcome evaluation data. Here, implementation fidelity relative to community strategic plans will be documented and monitored, any adaptations/deviations and associated factors will be documented, as well as the impact of adaptations/deviations on targeted community outcomes.

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## Appendix A:

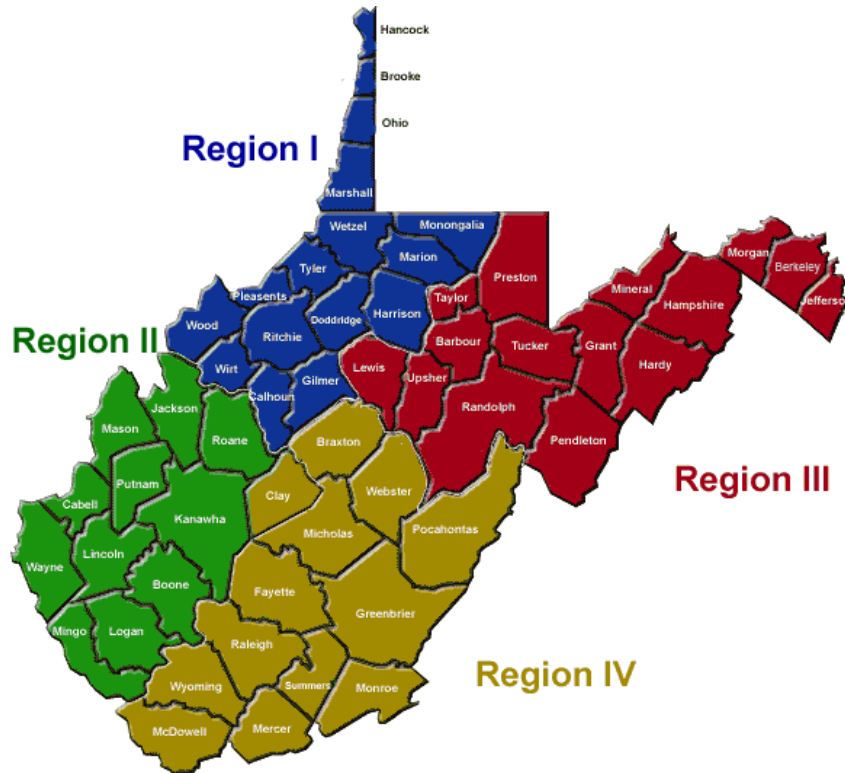
### West Virginia's SPF SIG Strategic Implementation Plan Timeline



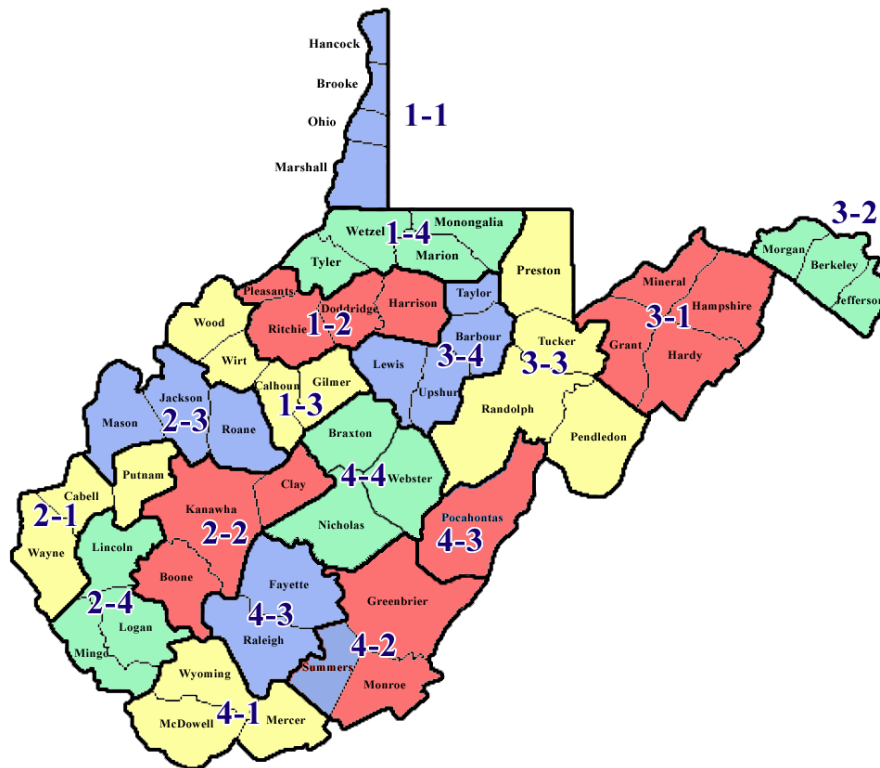
## Appendix B:

# West Virginia's Community Development Specialists Regional Map

## Community Development Specialist Regions



## Community Development Specialist Sub-Regional Catchment Areas



## Appendix C:

### West Virginia's Partnership to Promote Community Well-Being

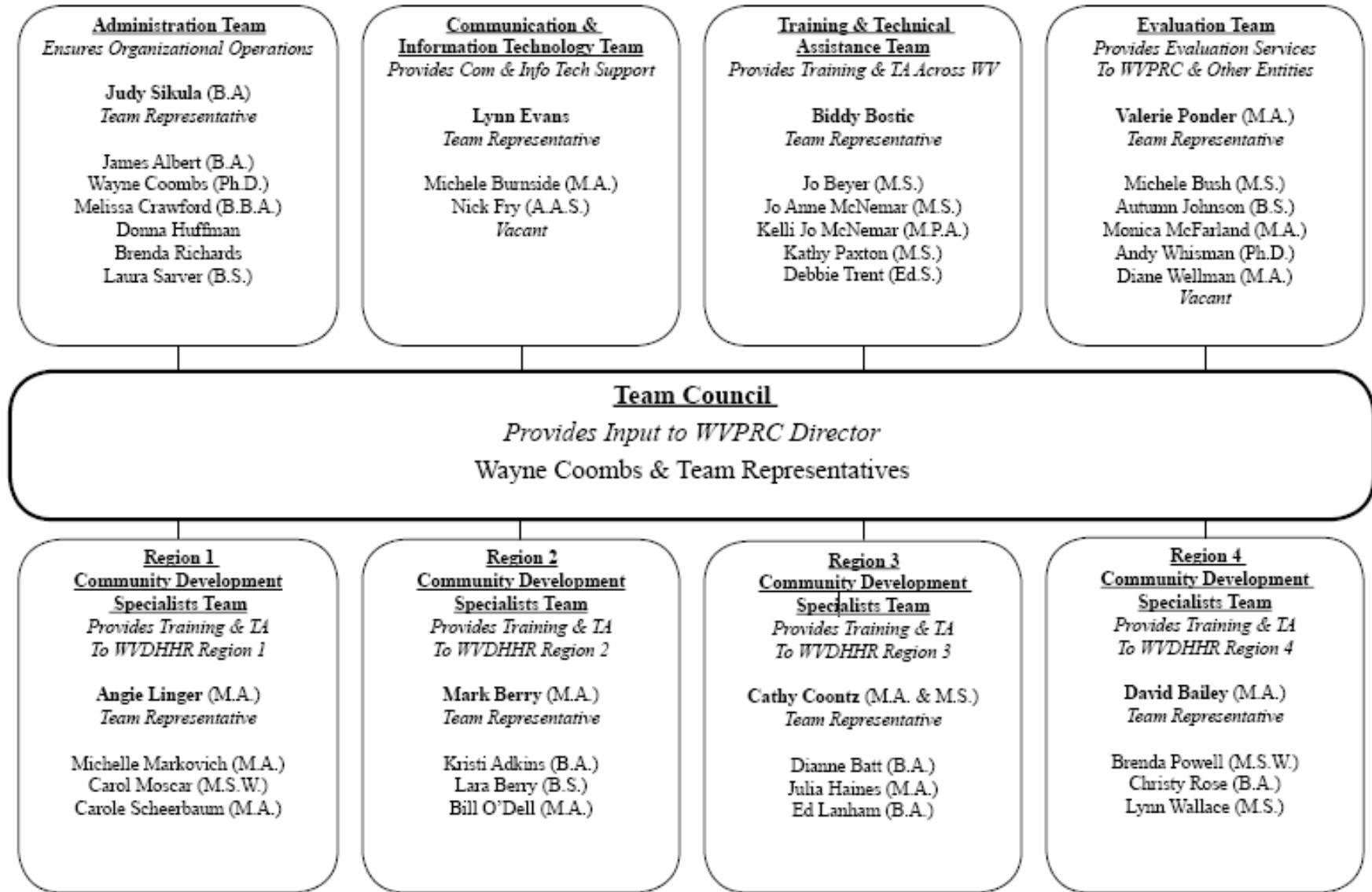
## West Virginia's Partnership to Promote Community Well-Being

Member	Affiliation
Keith Adkins	Drug Enforcement Agency
Jean Ambrose	Office of the Governor, WV Commission for National & Community Service
Joe Barker	DHHR, Bureau of Public Health, Office of Epidemiology & Health Statistics
Jason Carlson	Division of Criminal Justice Services
Don Chapman	WV Department of Education, Office of Student Services & Health Promotion
Judy Crabtree	Kanawha Coalition for Community Health Improvement
Karen Eskew	WV Department of Education & the Arts, Library Commission, RADAR Network
Michelle Foster	Kanawha Institute for Social Research & Action (KISRA)
Andrew Gillette	Youth Member, Student at Marshall University
Sue Hage	DHHR, Bureau for Children and Families
Dave Harris	Weston Police Department, Prevention Resource Officer
Steve Heasley	Community-at-Large
Lew Holloway	Northern West Virginia Rural Health Education Center (NWVRHEC)
Mike Lacy, Chair	WV Supreme Court of Appeals Administrative Office, Probation Services Division
Cindy Largent-Hill	Division of Juvenile Services
Helena Lee	Division of Criminal Justice Services
Gayle Manchin	First Lady, Community-at-Large
Steve Mason	DHHR, Bureau for Behavioral Health & Health Fac., Div. on Alcoholism & Drug Abuse
Bob Musick	Valley Healthcare System
Rudi Raynes	Youth Member, Poca High School Student
Gig Robinson	Alcohol Beverage Control Administration
Judith Russell	Corporation for National and Community Service, WV State Office
Karen Salem	CSAP, SAMHSA
Angela Saunders	WV Supreme Court of Appeals Administrative Office, Court Services Division
Denise Smith	DHHR, Bureau for Public Health, Office of Maternal, Child and Family Health
Brenda Thompson	State Legislature
Chris Wood	Mission WV, Inc.
Bill Woodrum	WV State University Extension

Appendix D:  
WVPRC Staff Organization Chart

# West Virginia Prevention Resource Center FY 05-06 Staff Organization Chart

Revised 9/26/2005



## Appendix E:

### Epidemiological Workgroup

## Partnership Members

- Joe Barker, Director of Office of Epidemiology & Health Promotion, Bureau for Public Health, WV Department of Health and Human Services
- Steve Heasley, Financing & Program Consultant for the Governor's Cabinet on Children and Families
- Steve Mason, WV Department of Health & Human Resources – Bureau for Behavioral Health & Health Facilities – Division on Alcoholism & Drug Abuse

## Other Invited Members

- Ron Childress, VP for Graduate Studies, Marshall University Graduate College
- Jim Elzey, Bureau for Behavioral Health and Health Facilities WV Department of Health and Human Services
- Mary Emmet, Director, Center for Health Services and Outcomes Research, CAMC Health Education and Research Institute
- Penelope Baughman, Health Care Data and Analysis Supervisor, WV Health Care Authority
- Helen Snyder, Associate Director, APS Healthcare
- Larry White, Coordinator, Data Management, WV Education Information System (WVEIS), WV Department of Education

## Staff

- Andy Whisman, Sr. Evaluation Specialist WVPRC
- Michele Bush, Evaluation Specialist WVPRC

Appendix F:  
Indicator Listing and Status

## Indicator Status

Category	Indicator	Status
<b>Demographic</b>	Total Population	Complete
	Adult Population	Complete
	Youth Population	Complete
	Population Change	Complete
	Population Density	Complete
	Land Area	Complete
	Median Age	Complete
	Gender	Complete
	Race/Ethnicity	Complete
<b>Consequence</b>	Low Birth-Weight Babies	Complete
	Total Number of Adults and Youths in Treatment for Alcohol and/or Substance Abuse	Incomplete
	Adults in Treatment for Alcohol and Substance Abuse	Incomplete
	Adults in Treatment for Alcohol Abuse	Incomplete
	Adults in Treatment for Drug Abuse	Incomplete
	Youth in Treatment for Alcohol and/or Substance Abuse	Incomplete
	Youth in Treatment for Alcohol or Substance Abuse	Incomplete
	Annual number of admissions for alcohol and substance abuse treatment	Incomplete
	Alcohol & Drug Related Expulsions and Suspensions	Incomplete
	Adult Alcohol Related Arrests	Complete
	Adult Driving Under the Influence Arrests	Complete
	Adult Drunkenness Arrests	Complete
	Adult Liquor Law Violation Arrests	Complete
	Adult Drug Related Arrests	Complete
	Youth Alcohol Related Arrests	Complete
	Youth Driving Under the Influence Arrests	Complete
	Youth Drunkenness Arrests	Complete
	Youth Liquor Law Violation Arrests	Complete
	Youth Drug Related Arrests	Complete
	Percent of Fatal Motor Vehicle Crashes That are Alcohol Related	Complete
	Rate of Fatal Motor Vehicle Crashes That are Alcohol Related	Complete
	Percent of Alcohol-Involved Drivers Among All Drivers in Fatal Crashes	Complete
	Age Group of Alcohol-Involved Drivers in Fatal Crashes	Complete
	Percent of Motor Vehicle Crashes That are Alcohol Related	Complete
	Rate of Motor Vehicle Crashes That are Alcohol Related	Complete
	Per Capita Economic Losses Resulting from Alcohol Related Motor Vehicle Crashes	Complete
	Alcohol Related Mortality Rate	Complete
	Hepatitis Mortality Rate	Complete
	Drug/Other Substance Related Mortality Rate	Complete
Tobacco Related Mortality Rate	Complete	
<b>Consumption</b>	Alcohol Use During Pregnancy	Complete
	Drug Use During Pregnancy	Not Available
	Tobacco Use During Pregnancy	Complete
	Current Use of Alcohol by Persons Aged 18 and Older	Complete
	Adult Alcohol Use (Heavy)	Complete
	Adult Alcohol Use (Binge)	Complete
	Drinking and Driving Among Adults 18 and Older	Complete
	Adult Tobacco Use (Cigarettes) Every Day	Complete
	Adult Tobacco Use (Cigarettes) Every Day or Some Days	Complete
	Youth Alcohol Use	Incomplete
	Youth Alcohol Use - Beer	Incomplete
	Youth Alcohol Use - Wine Coolers	Incomplete
	Youth Alcohol Use - Liquor	Incomplete
	Youth Alcohol Use	Incomplete
	Youth Tobacco Use	Incomplete

## Indicator Status

Category	Indicator	Status
	Youth Cigarette Use	Incomplete
	Youth Smokeless Tobacco Use	Incomplete
	Youth Cigar Use	Incomplete
	Youth Any Illicit Drug Use	Incomplete
	Youth Any Illicit Drug Use - Marijuana	Incomplete
	Youth Any Illicit Drug Use - Cocaine	Incomplete
	Youth Any Illicit Drug Use - Uppers	Incomplete
	Youth Any Illicit Drug Use - Downers	Incomplete
	Youth Any Illicit Drug Use - Inhalants	Incomplete
	Youth Any Illicit Drug Use - Hallucinogens	Incomplete
	Youth Any Illicit Drug Use - Heroin	Incomplete
	Youth Any Illicit Drug Use - Steroids	Incomplete
	Youth Any Illicit Drug Use - Ecstasy	Incomplete
	Youth Any Illicit Drug Use - Oxycontin	Incomplete
	Marijuana Use in Past Month among Persons 12 to 17	Complete
	Any Illicit Drug Use (including Marijuana) in Past Month among Persons 12 to 17	Complete
	Current Illicit Drug Use (excluding Marijuana) by Persons 12 to 17	Complete
	Current Cocaine Use by Persons 12 to 17	Complete
	Marijuana Use in Past Month among Persons 18 to 25	Complete
	Any Illicit Drug Use (including Marijuana) in Past Month among Persons 18 to 25	Complete
	Current Illicit Drug Use (excluding Marijuana) by Persons 18 to 25	Complete
	Current Cocaine Use by Persons 18 to 25	Complete
	Marijuana Use in Past Month among Persons 26 and Older	Complete
	Any Illicit Drug Use (including Marijuana) in Past Month among Persons 26 and older	Complete
	Current Illicit Drug Use (excluding Marijuana) by Persons 26 and Older	Complete
	Current Cocaine Use by Persons 26 and Older	Complete
	Current Binge Drinking by Persons 12 to 17	Complete
	Current Binge Drinking by Persons 12 to 17	Complete
	Current Binge Drinking by Persons 18 to 25	Complete
	Current Binge Drinking by Persons 18 to 25	Complete
	Current Binge Drinking by Persons 26 and Older	Complete
	Current Binge Drinking by Persons 26 and Older	Complete
	Current Tobacco Use by Persons 12 to 17	Complete
	Current Cigarette Smoking by Persons 12 to 17	Complete
	Current Tobacco Use by Persons 18 to 25	Complete
	Current Cigarette Smoking by Persons 18 to 25	Complete
	Current Tobacco Use by Persons 26 and Older	Complete
	Current Cigarette Smoking by Persons 26 and Older	Complete
Causal/Mediating Factor	Population Below Poverty	Complete
	Children Below Poverty	Complete
	TANF/ADC Recipients (Adults)	Complete
	TANF/ADC Recipients (Children)	Complete
	Food Stamp Recipients (Adult Recipients)	Complete
	Food Stamp Recipients (Children Recipients)	Complete
	Free and Reduced Lunch	Complete
	Per Capita Personal Income	Complete
	Unemployment	Complete
	Teen Fertility (Ages 15-17)	Complete
	Youth Perception of Only Some or No Harm in Using Alcohol	Incomplete
	Youth Perception of Only Some or No Harm in Using Tobacco	Incomplete
	Youth Perception of Only Some or No Harm in Using Marijuana	Incomplete
	First Use of Marijuana among Persons 12 to 17	Complete
	Perceptions of Great Risk of Smoking Marijuana among Persons 12 to 17	Complete
	Perceptions of Great Risk of Binge Drinking among Persons 12 to 17	Complete

## Indicator Status

Category	Indicator	Status
	Perceptions of Great Risk of Smoking Cigarettes among Persons 12 to 17	Complete
	First Use of Marijuana among Persons 18 to 25	Complete
	Perceptions of Great Risk of Smoking Marijuana among Persons 18 to 25	Complete
	Perceptions of Great Risk of Binge Drinking among Persons 18 to 25	Complete
	Perceptions of Great Risk of Smoking Cigarettes among Persons 18 to 25	Complete
	First Use of Marijuana among Persons 26 and Older	Complete
	Perceptions of Great Risk of Smoking Marijuana among Persons 26 and older	Complete
	Perceptions of Great Risk of Binge Drinking among Persons 26 and Older	Complete
	Perceptions of Great Risk of Smoking Cigarettes among Persons 26 and Older	Complete
	School Dropout Rate	Complete
	Graduation Rates among Age 18 Population	Complete
	School Attendance	Complete
	Per Pupil Expenditures	Complete
	Youth Who Never or Seldomly Participate in School Activities	Incomplete
	Academic Performance (Never or Seldomly Make Good Grades)	Incomplete
	Youth Reporting they are in Trouble at School Often or A lot	Incomplete
	Alcohol Sales Outlets	Incomplete
	Parents Never or Seldomly Talk about Drugs	Incomplete
	Parents Never or Seldomly Set Clear Rules	Incomplete
	Parents Never or Seldomly Enforce Rules	Incomplete
	Students who Threaten other Students one or more times	Incomplete
	Students who are in Trouble with Police	Incomplete
	Students who Think about Suicide Often or A Lot	Incomplete
	Youth Who Never or Seldomly Participate in Community Activities	Incomplete
	Youth Who Never or Seldomly Attend Church / Synagogue	Incomplete
	Youth Who Participate Gang Activities Often or A Lot	Incomplete

**Appendix G:**  
**Letter of Intent**

Cover Page

**WV SPF SIG Planning Grant**

Letter of Intent

**West Virginia's Partnership to Promote Community Well-Being** is pleased to announce the availability of prevention planning grant funds through the Strategic Prevention Framework, State Incentive Grant (SPF SIG).

**Planning grants will be awarded to support the development of comprehensive strategic prevention plans to address substance abuse-related issues.**

Name of Organization	
County to be Served	
Agency Contact	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
Email Address	

**Letter of Intent Application Components:**

1. Application Cover Page (this document)
2. Narrative Response (no more than 2 single spaced pages) to the following:
  - a. Why has your organization chosen the SPF SIG planning grant?
  - b. What impact do you feel this grant will have on your county/region?
  - c. What, if any, collaborative relationships with other local organizations do you have (or plan to have) in place that will help you maximize use of the planning grant in your county/region?
  - d. What, if any, type(s) of Board or Advisory Council does your organization currently have in place?

**Submit letter of intent documents no later than DATE at 4:00 pm to:**  
**WV Partnership to Promote Community Well-Being**  
**c/o WV Prevention Resource Center**  
**100 Angus E. Peyton Dr.**  
**South Charleston, WV 25303**  
**OR by Fax # (304) 746-6246**  
**Attn: Laura Sarver**

## Appendix H:

### Allocation Formula for Prevention Planning Grants

## Formula-Based Distribution of SPF SIG Planning Grant Funds

County	5-yr Average Population	Population Category	Average Population	Grant Amount	Average Per Capita
Kanawha	197,990	Greater than 75,000	103,812	\$35,590	\$0.34
Cabell	96,013				
Wood	87,740				
Monongalia	82,779				
Berkeley	79,230				
Raleigh	79,120				
Harrison	68,325	50,000 to 74,999	59,822	\$32,840	\$0.55
Mercer	62,464				
Marion	56,484				
Putnam	52,016				
Fayette	47,398	25,000 to 49,999	32,433	\$30,090	\$0.93
Ohio	46,769				
Jefferson	43,713				
Wayne	42,667				
Logan	37,305				
Marshall	35,302				
Greenbrier	34,528				
Hancock	32,326				
Preston	29,465				
Randolph	28,299				
Jackson	28,108				
Mingo	27,995				
Mineral	27,101				
McDowell	26,597				
Nicholas	26,430				
Mason	26,016				
Boone	25,625				
Wyoming	25,319				
Brooke	25,269				
Upshur	23,444			10,000 to 24,999	
Lincoln	22,161				
Hampshire	20,617				
Wetzel	17,435				
Lewis	16,966				
Taylor	16,088				
Barbour	15,561				
Roane	15,386				
Morgan	15,143				
Braxton	14,710				
Summers	13,926				
Monroe	13,532				
Hardy	12,771				
Grant	11,346				
Ritchie	10,387				
Clay	10,347				
Webster	9,739	Under 10,000	7,899		\$24,590
Tyler	9,516				
Pocahontas	9,022				
Pendleton	8,069				
Pleasants	7,563				
Calhoun	7,461				
Doddridge	7,428				
Tucker	7,254				
Gilmer	7,092				
Wirt	5,849				
					<b>Total</b>
			<b>Limit</b>	\$1,600,000	
			<b>Remainder</b>	\$50	

## Appendix I:

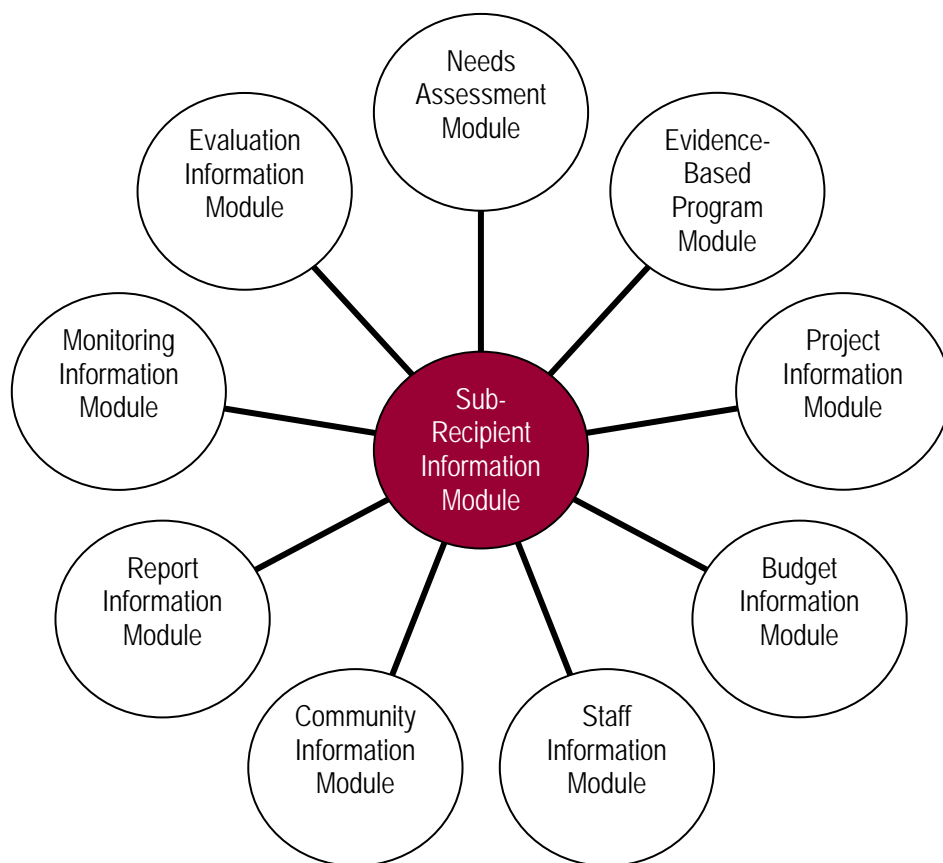
### Regional Learning Opportunities Plan: Phase I

<b>MONTH</b>	<b>SETTING</b>	<b>LEARNING THEME(S)</b>
<b>Month 1</b>	<b>Statewide - Day 1</b>	<b>SPF SIG Overview</b>
		Conceptual Discussion
		• Physical/Human/Social Capital
		The Partnership
		Regional learning opportunity (RLO)
		• Review learning plan
		• Review learning agenda
		• Core Competencies
		Local Partnerships
		• Intro to service learning
		• Recruitment
		• Team Building
		Review Statewide work plan (Descriptive)
		Statewide General Outcomes
<b>Month 1</b>	<b>Statewide - Day 2</b>	
		Fiscal Requirements
		Reporting System
		• Grants Management and Evaluation System
		• Qualitative Data
		Available Resources
		• Epi data
		• Intro to Local Data Collection
		• Funding Study
		• IRB process
		Expectations
		• Intro to Cultural Competency
		• Intro to Community Readiness Assessment
		• Intro to Organizational Assessment
<b>Month 2</b>	<b>Regional Locations for Community Recipients</b>	<b>Youth Involvement/Youth Adult Partnerships</b>
		• Community-service Learning
		• Facilitation 101
<b>Month 3</b>	<b>ONE per region</b>	<b>Assessment</b>
		• Collecting local data
		• Small group work on assessment
<b>Month 4</b>	<b>Regional Locations for Community Recipients</b>	<b>Assessment</b>
		• Outcomes
		• Intro to Logic model
		• Using assessment data to plan
<b>Month 5</b>	<b>Regional Locations for Community Recipients</b>	<b>Assessment/Planning</b>
		• Organizational Assessment
		• Applying state & local data to plans
<b>Month 6</b>	<b>Regional Locations for Community Recipients</b>	<b>Planning</b>
		• Team presentations of logic model

<b>MONTH</b>	<b>SETTING</b>	<b>LEARNING THEME(S)</b>
		<ul style="list-style-type: none"> <li>• Planning &amp; selecting programs</li> </ul>
		<ul style="list-style-type: none"> <li>• Review cultural competency</li> </ul>
<b>Month 7</b>	<b>Regional Locations for Community Recipients</b>	<b>Implementation</b>
		<ul style="list-style-type: none"> <li>• Review NREPP &amp; evidence-based programs</li> </ul>
		<ul style="list-style-type: none"> <li>• Linking assessment &amp; outcomes</li> </ul>
<b>Month 8</b>	<b>Regional Locations for Community Recipients</b>	<b>Implementation</b>
		<ul style="list-style-type: none"> <li>• Partnership Update</li> </ul>
		<ul style="list-style-type: none"> <li>• Media awareness/advocacy</li> </ul>
<b>Month 9</b>	<b>Regional Locations for Community Recipients</b>	<b>Evaluation</b>
		<ul style="list-style-type: none"> <li>• Creating an evaluation plan</li> </ul>
<b>Month 10</b>	<b>Regional Locations for Community Recipients</b>	<b>County-wide Comprehensive Plan</b>
		<ul style="list-style-type: none"> <li>• Plan assimilation &amp; grant writing</li> </ul>
		<ul style="list-style-type: none"> <li>• Writing narratives</li> </ul>
		<ul style="list-style-type: none"> <li>• Developing budgets</li> </ul>
<b>Month 11</b>	<b>Statewide</b>	<b>Share the Vision</b>
		<ul style="list-style-type: none"> <li>• Self-Select sessions</li> </ul>
		<ul style="list-style-type: none"> <li>• Wrap-up celebration</li> </ul>
<b>Month 12</b>	<b>Statewide</b>	<b>Gear up for implementation of county-wide comprehensive plan</b>
		Orientation for implementation grants
		<ul style="list-style-type: none"> <li>• Case studies review &amp; identification</li> </ul>
		Unfunded projects
		<ul style="list-style-type: none"> <li>• Alternative funding projects</li> </ul>
		<ul style="list-style-type: none"> <li>• Feedback on plans not funded</li> </ul>
		<ul style="list-style-type: none"> <li>• Successes &amp; challenges from year one</li> </ul>

## Appendix J:

### Grants Management and Evaluation System (GMES)



System Module	Informational Components
<b>Sub-Recipient Information</b>	Agency/Organization Name; FEIN; Address; Phone/Fax/Email; Authorized Official; Project Director; Fiscal Officer; Unique database assigned sub-recipient identifier
<b>Needs Assessment Information</b>	Target Population identification; Problem Identification (i.e., Substance Abuse Consequences, Consumption Patterns, Causal/Mediating Factors, Risk and Protective Factors, etc.)
<b>Evidence-Based Program information</b>	Program Title and Description, Intended Target Population (Youth, Adult, Seniors, Community-wide, Etc.); Program Activities, State Priorities Addressed.
<b>Project Information</b>	Amount Approved; Match, if any; Grant Begin/End Date; Purpose; Strategies/ Programs Addressing Identified Priorities/Need; Goals/Objectives, Evaluation Measures
<b>Budget Information</b>	Detailed Budget; Monthly Financial Reports; Expenditures
<b>Staff Information</b>	Qualifications; Experience; Training
<b>Community Information</b>	Membership; Affiliations; Meetings
<b>Report Information</b>	Monthly, Quarterly, and Annual Progress Reports
<b>Monitoring Information</b>	Use of online system; Regional/statewide meetings; Site Visits
<b>Evaluation Information</b>	IRB Clearance; Participant Information; Informed Consent; Baseline Data; Outcome Measures; Pre/Post-Test; Dosage; Implementation Fidelity/ Adaptations; Etc.