

Shifting the Paradigm

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

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

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

Preface: Recent Events (June-September, 2010)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Findings from the 2009-10 qualitative data

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Works cited:

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