

Planning Primer: Developing a Theory of Change, Logic Models and Strategic and Action Plans



Community Anti-Drug Coalitions of America
National Community Anti-Drug Coalition Institute

CADCA's National Coalition Institute, developed in 2002 by an act of Congress, serves as a center for training, technical assistance, evaluation, research and capacity building for community anti-drug coalitions throughout the United States.

In 2005, the Institute began a series of primers aimed at providing guidelines for coalitions navigating the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF). Each primer is designed to stand alone and work with the others in the series. While we have focused on the SAMHSA SPF's planning process, the elements can be applied by any community coalition.

Lack of attention to a well-designed planning process will hinder the development of an effective community coalition. This primer provides clear guidelines for assisting your coalition to develop the products that you need to carry out a comprehensive community plan to reduce substance abuse. It also will help you understand the dynamic planning process needed for coalition work.

You will find additional information on planning and the other elements of the SPF, as well as the other primers in this series, on the Institute's Web site, www.coalitioninstitute.org.

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INTRODUCTION

Drug Free Communities Support Program

In 1997, Congress enacted the Drug Free Communities Support Program (DFC) to provide grants to community-based coalitions to serve as catalysts for multi-sector participation to reduce local substance abuse problems. By 2009, nearly 1,600 local coalitions received funding to work on two main goals:

- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.
- Establish and strengthen collaboration among communities, private nonprofit agencies and federal, state, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

Coalition Planning

What you need to know

- How to engage a group of key stakeholders
- How to develop a theory of change and a logic model
- How to develop a strategic plan
- How to develop an action plan

What your community needs to do

- Identify and hire an evaluator early on in the process
- Consider having a facilitator available to help build consensus and deal with conflict
- Engage in a process that brings a diverse cross-section of the community together to plan how best to address your community's alcohol and drug problems

The product your community needs to create

- A logic model and theory of change
- A strategic plan
- An action plan

Sample planning materials are available on the CADCA National Coalition Institute's Web site, www.coalitioninstitute.org.

Strategic Prevention Framework

This is one in a series of primers based on the Strategic Planning Framework (SPF)¹. CADCA utilizes the SPF to assist community coalitions in developing the infrastructure needed for community-based, public health approaches that can lead to effective and sustainable reductions in alcohol, tobacco and other drug (ATOD) use and abuse. The elements are

- **Assessment**
- **Capacity**
- **Planning**
- **Implementation and**
- **Evaluation**

This primer focuses on the process that CADCA

suggests community coalitions use to implement the planning element of the SPF. This process produces strategic goals, objectives, outcomes, a logic model, a theory of change, a strategic plan and an action plan.

Theory of change describes the types of strategies used by the coalition to accomplish its aim.

Logic models diagram identified problems, root causes and local conditions that facilitate concise and clear communication, planning and evaluation, and allow coalitions to critically analyze the progress they are making toward their goals.

Strategic plans include the policies, strategies and practices that create a logical, data-driven plan to address the problems identified during problem assessment.

Action plans ensure that all coalition members are involved in carrying out the work of the coalition with sufficient support and appropriate accountability.

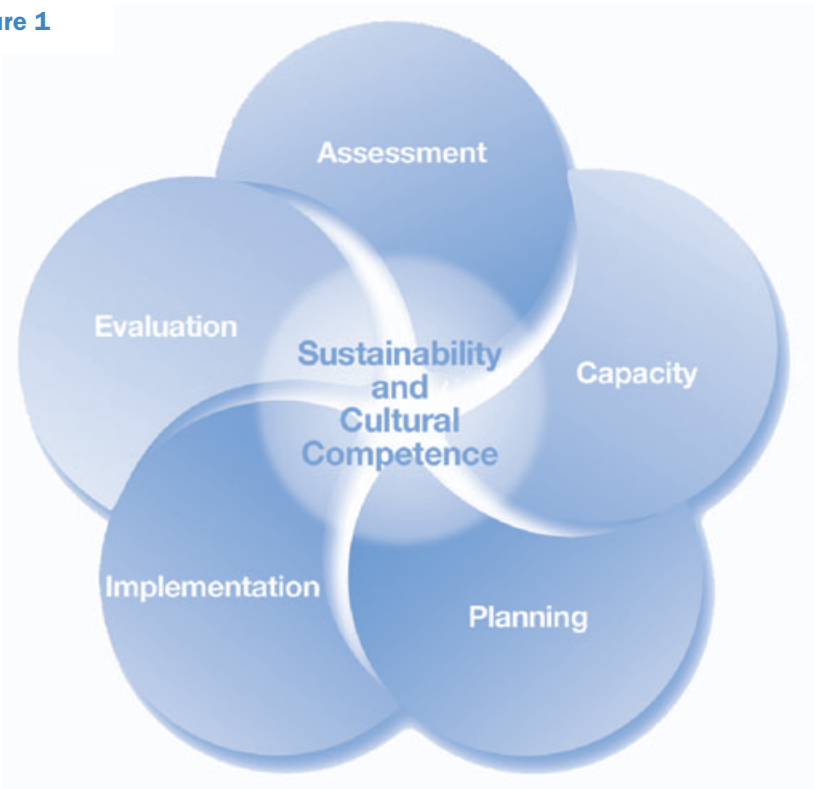
A word about words

What is your goal? Your aim? Your objective? Perhaps more importantly, what is the difference? At times, the terms are interchangeable. Often, the difference depends on who is funding your efforts.

To minimize confusion, we have added a chart (see page 30) that highlight terms that often are used to describe the same or a similar concept.

¹ The federal Substance Abuse and Mental Health Services Administration (SAMHSA) developed the SPF to facilitate implementation of prevention programming.

Figure 1



Why plan?

Planning is a process of developing a logical sequence of strategies and steps leading to community-level alcohol and other drug reduction outcomes that move coalitions closer to achieving their vision for healthier communities.

Many good reasons exist for coalitions to undertake a comprehensive planning process. For example, planning:

- **Saves** time and money;
- **Helps** ensure that the interventions your coalition selects are those most likely to reduce problems in your community;
- **Helps** allocate resources needed for implementation;
- **Enables** your coalition to develop an action plan that describes who is doing what, and by when;
- **Enables** your coalition to develop an evaluation plan at the beginning rather than the end of activities; and
- **Helps** your coalition secure future funding.

A word about cultural competence as it relates to planning

The SPF places cultural competence and sustainability at its center as these key concepts must be incorporated throughout implementation of the framework. Remember that the communities or groups of people affected by the problem you are working on need to be involved in **ALL** aspects of the work of the coalition, from assessment and planning through implementation and evaluation. The best ideas and plans will fall flat unless solutions to the problems are culturally appropriate.

Therefore, if you want to maintain the coalition diversity you have worked so hard to achieve, you need to be vigilant that you do not conduct business as usual. Make sure you have a diverse planning group representative of your community. Be willing to be flexible and thoughtful about shaping your planning efforts around people's differences, preferences and needs. Where do meetings take place? Are they accessible to everyone? When are meetings scheduled? If you want community members to participate fully, are you scheduling meetings at reasonable times so that working people can attend? If you want youth to participate, are meetings scheduled after school hours and in places to which youth who do not drive can get?

For more information on this topic, see the Institute's *Cultural Competence Primer*.

A word about sustainability as it relates to planning

Sustaining a coalition requires creating a strong coalition that brings together a community to develop and carry out a comprehensive plan to achieve population-level changes. Start to work on sustainability as you are planning rather than waiting until six months before the grant period ends to begin thinking about sustaining the coalition's work. The more thought out and methodical you are in developing a plan, the more likely you are to attract funders and local support for future work.

CHAPTER 1. GETTING IT RIGHT FROM THE BEGINNING

The planning process

Coalition leaders need to pay considerable attention to the planning process from the beginning. They need to design a process that embodies the concept that strong community participation will be a key determinant of the success of their efforts to reduce substance abuse. Studies have shown that coalitions that effectively engage residents and partners develop more resources and achieve more results. Active citizen participation in a planning process is empowering as coalitions reach out to all residents and welcome them as participants in efforts to solve problems in their communities.

No one model planning process exists. However, coalitions should keep several key principles in mind. First, the process should be open to all who wish to participate. The planning phase can be of singular importance to a coalition in building a broad base of community support and people who participate often support the coalition over the long haul. This does not mean that large numbers of people need to participate in all aspects of developing the community plan, but there should be points at which they can provide input and help build consensus. Further, participants in the planning process should know their roles and clearly understand what is expected of them.

Remember, the planning process should be inclusive and diverse. Involve a large number of community sectors—this is an opportunity to reach out to potential members. For example, youth participation in the planning process can provide the coalition with great ideas, help get youth buy-in and give the coalition credibility in the community. Your coalition should welcome diverse groups. People know when they are not welcome, and if they do not feel welcome, they will not return.

Your planning process must be open and welcoming to all persons including representatives from diverse cultural groups. If there are significant racial and ethnic minorities in your

community, it is imperative to invite them to the planning process. Nothing can hurt a coalition as much as a situation in which diverse groups are asked to join the coalition if they feel they were not meaningfully involved early in the planning process. You may need significant outreach efforts to guarantee that diverse populations are involved. Be certain you address barriers to participation from diverse groups. Likewise, ensure that all participants are treated with respect and that some people are not given preference because of social standing or income level.

Finally, adept coalition leaders attempt to forge consensus. Even though you should have completed a community needs assessment and have appropriately named and framed the problem, it is likely that divergent opinions as to how best address the substance abuse problems in your community will emerge. Remember that there are no bad ideas; only that the coalition must keep focused on the problems that it seeks to remedy. Therefore, all ideas must be treated with respect and welcomed as concepts with potential value for the community. Group processes must be developed to ensure that a unified vision for the community emerges from your planning process, not widely varying perspectives.

Forging consensus can be difficult if some group (or groups) seeks to control the planning process. Turf issues often emerge during planning as some community groups see it as an opportunity for additional resources or gain. Such groups—that may not be genuinely committed to an open, transparent, democratic process—will attempt to control the agenda and the group’s decisions. Coalition leaders must be constantly vigilant to guard against such ego-driven efforts and foster a diversity of viewpoints and respect for all who wish to participate.

Moving through the planning process

How your coalition moves through the planning process can make or break it. In contrast to planning a program where you often have more control and are working with paid staff, planning efforts within a coalition are a good deal more complex:

- **You are often working with a group of volunteers.** This means that you must always be aware of the need to engage people in planning efforts and to take the pulse of your coalition at various points so everyone gets something out of the process.
- **You often have to search out the skills you cannot pay for.** It is critical to think through your planning process and identify the skills you will need to carry out the work in each of the elements of the SPF, e.g., data analysis and interpretation skills, legal skills, etc. Once you know what you need to make your efforts successful then the coalition should recruit people skilled in those areas.
- **Coalition members should feel that your coalition is making a difference.** Yours is not a coalition where all that is expected is for members to show up at meetings. Rather, it relies on its members to move the work forward. Staff assists them but the coalition—not the staff—guides the work.
- **Coalitions that “talk the talk” of empowerment also need to “walk the walk.”** If your coalition is focusing on problems in a particular neighborhood, be sure that neighborhood residents participate actively in the planning, implementation and evaluation processes. It is the job of the coalition to provide the learning opportunities necessary so that all coalition members fully understand prevention issues, what works and why.
- **Coalition members—not staff—should be out in the community getting people excited about upcoming work and securing commitments from critical players.** A commitment made to a friend (e.g., a Police Chief who commits to a colleague or friend who works with the coalition) is more likely to be honored than one made to a stranger or coalition staff person. In addition, the coalition member will be more likely to feel a responsibility for seeing that the commitment is fulfilled.
- **A significant challenge that arises in most coalitions at least once is what to do when partners want to address issues that interest them but that are not part of the coalition’s current work.** With a strategic plan in place, the coalition can support other members without derailing the coalition’s plan by taking on unrelated issues or activities. But, the coalition

needs to be responsive to relevant changes in the community. If an issue arises that all coalition members feel strongly about, it is all right to add or divert energy to a new issue as long as it is integrated into your logic model and helps rather than hinders ongoing work.

Differences between coalitions and programs

Most of us know where to begin when we manage a program. But what about a coalition? The CADCA Institute has identified three key differences which are outlined below:

Essential differences between coalitions and programs	
Coalitions	Programs
<p>Scale Coalitions measure success by examining community-level indicators. This applies to all coalition outcomes (short- and long-term).</p>	<p>Programs measure change in individuals who have been directly affected by the intervention(s).</p>
<p>Addresses multiple causes Coalitions seek to ensure that all causes of identified problems are addressed.</p>	<p>Programs are more focused on single strategies, e.g., parenting classes or peer mentoring.</p>
<p>Actors Coalition activities are diffused and taken by all members with staff playing more of a coordinating and supporting role.</p>	<p>Program staff lead the process and are responsible for implementing interventions.</p>

What comes first: the chicken or the egg?

A common mistake made by coalitions is starting by selecting the intervention they want to use *before* they define the problem and what they want to change about it. In an ideal world, a coalition would first identify the alcohol, tobacco and/or other drug-related **problem(s)** or issue(s) in the community. It would then decide what it wants to accomplish (an **outcome** that can be measured). The coalition would select **strategies** or approaches

Correct Sequence

PROBLEM → OUTCOME → STRATEGIES → ACTIVITIES

to accomplish the outcome. Finally, the coalition chooses **activities** or steps to achieve the desired outcomes.

In reality, coalitions do not always function in this manner (problem, outcome, strategy, and activities). An existing coalition may already be engaged in ongoing work, making it harder to switch gears and begin a new planning process. Politics, funding cuts of popular programs or other factors can result in coalitions agreeing to an intervention that is inappropriate to the problems identified in the community. For example, after learning that a favorite school-based prevention provider at the table is losing its funding, coalition members decide to use DFC funding to keep this program going. If the identified problem is youth access to alcohol through retail outlets, but the coalition chooses its work based on a perceived need to “save” a program, your strategy is unlikely ever to produce the **outcome** (decreasing access) you need to show reduction in the problem. That is why setting things up correctly in the beginning is so important!

Incorrect Sequence

ACTIVITIES → STRATEGIES → PROBLEM → OUTCOME

Choosing evidence-based programs, policies and practices

In the past decade, considerable research has been conducted to determine what kinds of prevention efforts are effective. Despite the growing body of knowledge, funders have been concerned that this research was not reaching the field. As a result, public and private funders alike have tried to remedy this problem by encouraging—and, in some cases insisting—that local coalitions avail themselves of this research and build proven approaches into their coalition plans. It is increasingly important that communities spend their limited resources in the most efficient

way possible, which means choosing strategies, programs, policies, practices and activities that we know work. While your coalition does not have to pick a “model program in a box,” it should, at a minimum, incorporate evidence-based approaches into your intervention design.

The most important factor to consider when selecting evidence-based programs, policies and practices is the extent that they fit logically into your overarching strategic plan to address your community’s unique conditions, the “but why heres.” For example, if your coalition has decided to reduce meth use among young adults, you would not want to pass a keg registration law (an evidence-based policy), unless you could establish a clear link between the problem (meth use) and the activity (keg registration).

Resources for evidence-based strategies

Center for Substance Abuse Prevention (CSAP)
<http://modelprograms.samhsa.gov>

Department of Education
www.ed.gov

Office of Juvenile Justice and Delinquency Prevention,
Evidence-Based Principles for Substance Abuse Prevention
<http://silvergategroup.com/public/PREV2000/Darlind.pdf>

Find Youth Info
www.findyouthinfo.gov

CHAPTER 2. DEVELOP A THEORY OF CHANGE AND A LOGIC MODEL

Now that you have done your community assessment, created a functional problem statement and prioritized the problems you will address, the next steps are to identify a *theory of change* and develop a *logic model*. This chapter describes those processes.

Developing a theory of change

A theory of change describes the type of strategies used by the coalition to accomplish its goal. Many coalition stakeholders like using a theory of change as part of planning and evaluation because it creates a commonly understood vision of the problem(s) and defines over-arching, evidenced-based strategies or approaches proven to address that problem.

Your coalition should identify the assumptions behind the evidence-based strategy or approach that has been selected. Assumptions explain the connections between short-term (early), intermediate and long-term outcomes and expectations about how your coalition will carry out the overall strategic plan. These assumptions also should demonstrate the evidence-based framework your coalition has selected to accomplish its goals.

You might think about this process as a series of **if-then** relationships. Assume your coalition wants to reduce the number of young adults who use methamphetamines (meth).

- **If** the coalition invests time and money decreasing meth production in the community through inhibiting access to meth precursor chemicals/drugs and increases community/policy surveillance of potential meth labs, **then** local meth production is likely to decrease.
- **If** local meth access is inhibited, **then** the use of meth is likely to decrease.
- **If** prevention efforts are expanded to include meth use, **then** young adults are likely to delay initiation of meth use.

Even this very simple series of statements contains a number of assumptions about the problem, how the strategy will work and what it can achieve. For example, it assumes:

- A community can change access to meth precursor chemicals/drugs;
- Reducing availability of meth is an effective strategy to combat meth use;
- Delaying initiation of meth use will decrease demand for the drugs in the community.

Based on this example, the theory of change would be as follows:

When a community comes together and implements multiple strategies to address young adult use of methamphetamines in a comprehensive way, young adults will use less.

What is a logic model?

Imagine you have been paid to drive from San Francisco to Seattle. After you've been on the road for four hours, your boss calls and says, "Okay, tell me where you are. Are you in Seattle yet?" You get out of the car look around and respond, "No, I am in Klamath Falls, Ore." Now, you don't want your boss to be concerned that you have not reached your final destination because you are not yet in Seattle. Instead, you want her to understand that you are taking the right route, making good progress and if you keep doing what you're doing, you will reach Seattle in good time.

A logic model is a similar "road map" that lets everyone know where you are going, how you are getting there, how you will measure progress along the way and how you will know when you have arrived. You have identified the problem

About what are they talking?

The term "logic model" can refer to slightly different things. Some funders ask you first to identify your "theory of change" and then to develop a logic model that includes short- and long-term outcomes. Others will ask you to develop a logic model using a tool that includes both a theory of change and a logic model in one form. Don't worry. They are both asking for basically the same information.

and picked the best route (in this case, an evidence-based strategy), you are where you should be after four hours on the road and you know how to tell if you are in Seattle (you are achieving your objective). A logic model presents a picture of how your initiative is supposed to work. It offers a straightforward approach to planning that ensures no vital step will be overlooked—from goal setting to measuring outcomes—and explains why the strategy you have chosen is a good solution to the problem your coalition has identified. A logic model provides a succinct, logical series of statements linking the needs and resources of your community to strategies and activities that address the issues and define the expected results.

Determine the appropriate scope

Your coalition needs to determine the appropriate scope or level of detail to include in the logic model so that it accounts for the factors needed to reach your long-term outcome(s). For those of you receiving DFC grants, your scope has been determined:

Moving the needle

Tension between what is expected by the funder and what can be achieved always exists. Nonetheless, if you are a DFC grantee, you agreed to work on changing the four core measures in your community. (See http://www.whitehousedrugpolicy.gov/dfc/files/reporting_guidelines.pdf for more information.) So, the job of the coalition is to design a plan that is of sufficient scale and scope to move the needle—in other words, to have an impact on the four measures in your community.

That is why using multiple strategies (changing policies, affecting the physical environment, providing information, etc.) is so important. If you don't, you are less likely to achieve your goals.

you are working on *population-based outcomes* designed to affect change in your target area, be it a neighborhood, school district or county. This generally means that you need to take a comprehensive approach and implement multiple strategies to affect population-level change. For others, your plans may have a different reach.

First, determine whether your coalition is working for changes that will affect community-level indicators, such as reduced methamphetamine rates among young adults. (It is important to

know that you can get data specific to that area—see the Institute’s *Assessment Primer* for more information.) The coalition also must decide how broad a change is expected. Consider, for example, whether passing and enforcing an ordinance that requires over-the-counter (OTC) drugs that contain ingredients used to make meth to be locked up will be of sufficient scope to affect community-level change regarding meth use. It takes a combination of strategies to affect the population-based, communitywide change required of DFC grantees.

Drafting the logic model

A logic model identifies anticipated short-term, intermediate and long-term outcomes. It tells you the kind of information to collect and document for your coalition and funder(s) to show that you are on the right track, moving in the right direction and likely to accomplish your longer-term objectives. If you have completed the step-by-step, “The problem is...But why? But why here?” exercise in the Institute’s *Assessment Primer* and developed a functional problem statement, then you already have completed the first steps in constructing your logic model.

Logic models can take on different forms. Figure 2 on pages 18-21 is an example of a simple logic model that includes a theory of change, problem, strategies, activities and short-term, intermediate and long-term outcomes.

Assume that your community assessment found that a high percentage of young adults age 18 to 25 are using meth. Your coalition decides this is a high priority issue. The coalition has ample data that it collected during the community assessment process to back up their decision. Those data include a variety of indicators, for example:

- Over a 5-year period, meth-related arrests were found to be more prevalent among 18- to 25-year-olds than any other age group.
- Meth-related arrests increased from 17 percent in 2000 to 33 percent in 2004.
- About 25 percent of individuals age 18 to 25 enrolled in substance abuse treatment programs in your community

reported meth to be their primary drug of choice, and another 30 percent reported meth to be a secondary or tertiary drug problem.

- The number of meth labs seized by law enforcement has been rising annually.

Over time, the coalition wants to see:

- Decrease in 30-day use among young adults;
- Increase in age of first use;
- Increase in perception of harm or risk; and
- Increase in perception of parental disapproval of use.

Figure 2 presents a sample logic model that addresses this problem by using the following strategies:

- Increase barriers to local meth production by passing a policy to “lock” up OTC drugs containing precursor chemicals;
- Reduce access to meth at bars and parties by increasing consequences to bar owners and event hosts who allow meth use on site;
- Reduce local demand for meth by getting more young people into treatment and increasing community awareness of dangers of meth use.

In the logic model, activities have been developed to match each strategy. As your coalition selects activities, consider the behavioral change approaches on the following page. Concentrate on approaches 4-7 which, as an aggregate, are commonly called environmental strategies. Environmental strategies can be among the most effective ways to achieve broad, population-level change. Coalitions, as community change vehicles, have the ability to create sufficient political will and capacity to produce broad, environmental changes. Coalitions are well poised to engage in environmental change and can get the biggest bang for their buck using these approaches.

Remember, developing a logic model is an ongoing process. It should evolve as the conditions in your community change. Be flexible and continue to refine your logic model as your implementation progresses.

Seven strategies to achieve community change

1. **Providing information**—Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, billboards, community meetings, forums, Web-based communication).
2. **Enhancing skills**—Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population-level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
3. **Providing support**—Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
4. **Enhancing access/reducing barriers**—Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
5. **Changing consequences (incentives/disincentives)**—Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. **Physical design**—Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. **Modifying/changing policies**—Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

****Imitation is NOT the sincerest form of flattery!**

The sample logic model on pages 18-21 is only an example. Your coalition should focus on meth ONLY if the data in your community supports this as a problem. In most communities—especially if you are focusing on youth—alcohol and marijuana use are likely to be much bigger problems.

Remember, if your coalition is a DFC grantee, a focus on reducing meth rates will not meet your grant requirements.

Tips for Logic Model Development

How to Select Root Causes

Several root causes may emerge as you create your logic model. Your coalition might consider the following criteria to decide which root causes to include:

- The existence of good data from your community;
- Validation by prevention science that the problem being considered is indeed a true root cause;
- Current events or political opportunities that might benefit the coalition; and
- Indication that the community expects or even demands inclusion of a specific cause.

Figure 2			
Sample Logic Model**			
Theory of Change			
When a community comes together and implements multiple strategies to address young adult use of meth in a comprehensive way, young adults will be more likely to use less.			
Problem Statement			Strategies
Problem	But Why?	But Why Here?	
Young adults are using meth drugs	Meth is easy to make	Over-the-counter products are sold that contain ephedrine and pseudoephedrine used to make meth	Increase barriers to local meth production by passing a policy to lock up OTC drugs containing precursor chemicals

How to Critique a Logic Model

The construction and refinement of your logic model is central to the effective functioning of your coalition. That means you need to critique your work using two techniques. The first is to check “line logic”—ensuring that each step enables the next step in a clear and logical sequence. Then second is a “completeness” check—making certain that there are no gaps in your logic model and that you have surfaced all root causes.

Activities	Outcomes		
	Short-term	Intermediate	Long-Term*
Research existing policies Develop model policy Educate community and retailers about policy Identify key decision makers Mobilize community to support policy Approach decision-makers to pass policy Get policy passed Ensure policy is enforced	50% of public report support of policy changes % of retailers complying with new policies	Decrease in OTC precursor product sales/thefts Decrease in perceived availability	Decrease in 30-day use among young adults Increase in age of first use Increase in perception of harm Increase in parental disapproval of use

Figure 2, continued

Sample Logic Model			
Problem Statement			Strategies
Problem	But Why?	But Why Here?	
Young adults are using meth drugs	Meth is easy to get	Meth is widely sold and given away at bars and parties	Reduce access to meth at bars and parties by increasing consequences to bar owners and event hosts who allow meth use on site
	There is high demand for meth	There is a demand for meth among young adults that feeds the supply Meth users do not have access to treatment in our community	Reduce local demand for meth by getting more young people into treatment and increasing community awareness of dangers of meth use

Activities	Outcomes		
	Short-term	Intermediate	Long-Term
<p>Provide information to bar owners & event hosts re: ways to identify & discourage on-site meth use</p> <p>Provide training to enhance skills of “hot spot” bar owners & event hosts to counter on-site meth use</p> <p>Community advocates for increased law enforcement at known “hot spot” bars and party venues</p>	<p>% of bar owners/event hosts that actually implement anti-meth practices</p> <p>Increased law enforcement presence is documented in problem venues</p>	<p>% bar owners/event hosts that implement anti-meth practices</p> <p>Increase in perception that meth hot spots are decreasing</p> <p>Decrease in perceived availability</p>	<p>Decrease in 30-day use among young adults</p> <p>Increase in age of first use</p> <p>Increase in perception of harm</p> <p>Increase in parental disapproval of use</p>
<p>Increase treatment slots available to young adult meth users</p> <p>Provide education to the community to raise awareness about dangers of meth use</p> <p>Enhance skills of health and social service providers to identify and refer people with meth problems</p>	<p>% of all community members (children, parents, organizations, citizens, etc.) that receive anti-meth message</p> <p>Number of new treatment services developed/ expanded to address meth use</p> <p>Increased skill in problem identification and referral among health and social service providers</p>	<p>Increase in number of young adults referred to treatment</p> <p>Increase in ability of service providers to identify dangers of meth use</p>	

CHAPTER 3: DEVELOP A STRATEGIC PLAN

Now that you have developed a problem statement and a logic model, it is time to develop a strategic plan. A strategic plan builds on the work the coalition has accomplished and involves a process to develop a 3- to 5-year plan.

Why develop a strategic plan?

Some coalition leaders ask why they should develop a strategic plan after they have completed their logic model(s). They feel the planning process is complete and want to move on to implementing strategies in their communities. A good strategic plan builds on the work that your coalition has done in developing a logic model. It also serves important functions by helping you create elements that are not commonly included in logic models. It also helps you provide more of the nuts and bolts of how you are going to implement the strategies you identified in your logic model by:

- Helping you focus on developing a vision statement,
- Providing guidance on developing a mission statement,

Sample strategic planning session

- Define vision, mission, objectives, strategies and action plans
- Create your own vision
- Create your mission (What is your coalition trying to accomplish and why?)
- Write objectives (What kind/how much change does the coalition want to see?)
- Design strategies (How will the coalition get there? What evidence-based approaches will help to achieve the changes we hope to see?)
- Identify targets and agents of change (Who will benefit? Who can contribute?)
- Identify community and systems changes by strategy (work in small groups)
- Small groups report back to larger group
- Identify community and systems changes by sector
- Small groups report back to larger group
- Build consensus on community and systems changes to be sought (prioritize using voting or consensus)

Next steps:

- Build consensus/seek approval from larger group
- Identify action steps (who will do what by when?)
- Plan how to document progress

Excerpted from Community Tool Box, University of Kansas

- Creating objectives,
- Refining strategies and
- Leading to development of an action plan.

A process and a plan

The term “strategic planning” can be used as both a verb and a noun—it can describe the planning *process* (verb) and a concrete *plan* (noun). The *process* of developing a strategic plan also can include the development of an action plan. For the sake of this primer, however, we have treated each as nouns, meaning that you should first develop a concrete strategic plan, and then develop an action plan and an evaluation plan. The whole process is referred as the “strategic planning process.”

Generally speaking, a strategic plan covers a 3- to 5-year period. It describes your hopes for the future and may include problems in your community that you can address with current funds as well as problems you hope to address as your coalition secures additional resources. (By contrast, an action plan is usually much more specific in terms of who is doing what, and also is of shorter duration, e.g., one year. It also addresses only those actions for which you currently have resources.)

The following elements are usually contained in a strategic plan:

- Vision
- Mission
- Create objectives
- Develop strategies and
- Develop measurable outcomes

The vision (or the dream)

The vision you create should communicate how you hope your community will be when all of the outcomes in your plan have been achieved. There are certain characteristics that should be part of a vision statement:

- It should be understood and shared by members of the community;
- It should be comprehensive enough to encompass diverse local perspectives;

- It should be inspiring and uplifting to everyone involved in your effort; and
- It should be easy to communicate—short enough to fit on a t-shirt.

Vision statements

“Alcohol and drug free community”
“Healthier, safer community”

The mission (or the what and why)

A mission statement describes what the group or coalition aims to accomplish and why. The mission statement is similar to the vision statement but is more concrete and more action oriented than the vision statement. The mission statement refers to the problem and gives a suggestion of what the coalition might do to fix the problem. Mission statements should be concise, outcome oriented and inclusive.

Mission statement

“To develop an alcohol and drug-free community through collaborative planning, community action and policy advocacy.”

Objectives (or the how much of what will be accomplished by when affecting whom)

Objectives are the specific, measurable results a coalition plans to accomplish and serve as the basis by which to evaluate the work of the coalition. Objectives are developed after exploring the problems in the community, looking at local data and prioritizing the problem(s). A good objective includes a date by when the change will be accomplished, usually describes how much change the coalition hopes to see, whether that indicator will increase or decrease and who will be affected.

Note: Objectives represent the flip side of outcomes. An *objective* is how the coalition specifically states what it hopes to accomplish and by when. At the other end, when evaluators measure what has been accomplished, they refer to these same measures as *outcomes*. (See the Institute’s *Evaluation Primer*.)

Objective

“By 2015 (by when) decrease by 20 percent the alcohol-related traffic crashes (what and how much) involving youth age 14 to 18 in XZ community (who will be affected).”

Strategies (or the how)

Strategies identify the overarching approach of how the coalition will achieve intended results, reflect the theory (or theories) of change you have selected and illustrate the variety of activities you plan to implement. Strategies may range from the very broad, encompassing people and resources from many different parts of the community, to the very specific that take place on a much smaller level.

Examples of broad strategies include:

- Social marketing campaign to promote parental involvement in the schools,
- Enforcement of sales to minors laws by implementing decoy sting operations, and
- Policies to make it illegal to host parties where alcohol is knowingly provided to underage persons.

Measurable outcomes (or how you will know you have arrived)

Outcomes are statements of progress, measuring the change you expect as a result of your efforts. These outcomes should:

- Describe the extent of the change (the percentage of increase or decrease) you hope to achieve,
- Identify the target population or group you want to impact,
- Specify the behavior, condition or knowledge you hope to change, and
- Include a date by which the change can be expected.

More information is available in the Institute’s *Evaluation Primer*.

Measurable outcome

“By June 2008, fewer than 5 percent of high school seniors will report methamphetamine use in the past 30 days.”

CHAPTER 4: DEVELOP AN ACTION PLAN

An action plan ensures that a coalition’s vision becomes concrete. It describes how your coalition will use its strategies to meet its objectives along with the action steps or changes to be brought about in your community. More importantly, an action plan delineates everyone’s responsibilities for achieving the outcomes in your strategic plan. It includes, step-by-step, what actions will be taken to achieve the outcomes, who will do what and by when.

Why develop an action plan?

An action plan is like a blueprint for your coalition and the initiatives you are undertaking. It serves many purposes, including:

- It shows community members, including funders, that your coalition is organized and committed to getting things done.
- It helps ensure that you do not overlook any of the details.
- It helps you determine what is and is not possible for your coalition with the available time and resources.
- It provides a way to be accountable and increase the chances that people will do what needs to be done.
- In the long run, an action plan saves time, energy and resources.

When should you create an action plan?

The action plan should cover the first year in great detail. An action plan is a living document—so, while it has an important function as a guide, it should both reflect the real work being done and leave some room for change when new, unexpected circumstances arise or when mid-course corrections are needed.

In the course of your coalition’s work, for example, new data may emerge that shows a new ATOD trend developing in an area that had not been available during the initial assessment phase. For example, an unexpected increase in alcohol-related traffic crashes occurring in an area that has become heavily concentrated with newly licensed alcohol outlets would warrant further investigation. Your coalition should have the flexibility to take on significant new issues. So while it is important to be clear about

what you will be working on for the next 12 months, be more general about the second and third year so the coalition can respond to new issues.

How to write an action plan

Action plans are made up of steps that address the actions needed to achieve your proposed objectives and outcomes. Each step should include the following:

- What changes or actions will occur?
- Who is responsible to carry out these changes?
- By when will they take place and for how long?
- What resources, i.e., money, staff, technical assistance, etc., are needed to carry out these changes?
- What information needs to be shared and with whom?

When you have prepared your action plan, double check to be sure it meets the following criteria:

- Is it complete? Does it list all the steps or changes that are sought in all relevant parts of the community (e.g., schools, business, government, others)?
- Is it clear? Is it apparent who will do what by when?
- Does the action plan reflect the current work? Does it anticipate newly emerging opportunities and barriers?

When you know what you will do, who will do it and by what date, work out a process for the coalition to hold those responsible for certain tasks accountable. Keep the coalition and the broader community informed about what is going on. And be sure to let people know how their input was incorporated.

Figure 3. Sample action plan

Objective: By 2011, decrease youth access to alcohol by commercial sources by 10 percent.

Strategy: Increase enforcement of sales to minors laws through decoy sting operations by law enforcement.

Activity	Who is responsible?	By when?
Meet with local law enforcement	Subcommittee of coalition	Month 1
Recruit youth volunteers to serve as decoys	Youth serving organization (coalition member)	Month 2
Train youth and law enforcement in decoy sting operations	Law enforcement	Month 2
Place article in newspaper announcing upcoming sting operation (required by law)	Coalition subcommittee	Month 2
Identify retail outlets to be visited	Local alcohol control board (coalition member)	Month 1-2
Develop protocol to track compliance results	Subcommittee of coalition	Month 2-3
Conduct sting operations	Law enforcement and youth	Month 3-6
Report on compliance results	Coalition staff and law enforcement	Month 7

CONCLUSION

This primer has discussed how to undertake a strategic planning process including developing a theory of change, logic model, strategic plan and action plan.

Now is a good time to check the pulse of the coalition to be sure coalition members and partners are still full participants. Coalition members can become intimidated when they realize that they are being asked to embark on a process that will require them to commit their organizations to pursue meaningful community change in which they must become active participants. For this reason, coalition staff must fully explain the required roles of coalition members when they approach potential members.

As you swing into the next phase—implementation—you want to be sure that you still have a diverse and representative group on board to complete the substantive work that lies ahead. As noted in the introduction, cultural competence is critical to this and all other phases of the SPF and must be carefully incorporated into your coalition.

Because the SPF process is cyclical, revising and refining your coalition's key products should be an ongoing process. Now that you have completed your plan, go back and determine if and how additional capacity needs to be built. You may find that the assessment you conducted requires collection or analysis of new or additional data.

A word about words

As noted at the beginning of this primer, there are a number of terms that sometimes are used interchangeably. Often, the difference depends on who is funding your efforts or the field from which you come. The following chart highlight terms that often are used to describe the same or similar concept.

A word about words			
Assess	Plan/Implement	Evaluate	
“The problem is... But why? But why here?”			
What you want	What you do to get there	Are you getting there?	Did you get there?
<ul style="list-style-type: none"> • Aim • Goal • Objective • Target 	<ul style="list-style-type: none"> • Activity • Approach • Initiative • Input • Method • Policy • Practice • Program • Strategy 	<ul style="list-style-type: none"> • Benchmark • Indicator • Intermediate Outcome • Input/Output • Measure • Milestone • Short-term Outcome • Output 	<ul style="list-style-type: none"> • Impact • Outcome • Results
<p>←----- Build Capacity -----→</p> <p>←----- Sustain the Work -----→</p> <p>←----- Increase Cultural Competence -----→</p>			

GLOSSARY

Action plans ensure that all coalition members are involved in carrying out the work of the coalition with sufficient support and appropriate accountability.

Activity. Things that you do—activities you plan to conduct in your program.

Aim. A clearly directed intent or purpose, an anticipated outcome that is intended or that guides your planned actions, the goal intended to be attained.

Approach. The method used in dealing with or accomplishing; a logical approach to the problem.

Assumptions. Assumptions explain the connections between immediate, intermediate and long-term outcomes and expectations about how your approach is going to work.

Benchmark. Measure of progress toward a goal, taken at intervals prior to a program's completion or the anticipated attainment of the final goal.

Community assessment. A comprehensive description of your target community (however your coalition defines community). The assessment process is a systematic gathering and analysis of data about your community.

Community-level change. This is change that occurs within the target population in your target area.

Cultural competence. A set of behaviors, attitudes and policies that come together in a system, agency or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among and between groups.

Environment. In the public health model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is the societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

Framework. A framework is a structure that is used to shape something. A framework for a strategy or approach supports and connects the parts.

Goal. A goal states intent and purpose, and supports the vision and mission statements. For example: "To create a healthy community where drugs and alcohol are not abused by adults or used by youth."

Indicator. A measure that helps quantify the achievement of a result, outcome or goal.

Initiative. A fresh approach to something; a new way of dealing with a problem, a new attempt to achieve a goal or solve a problem, or a new method for doing this.

Input. Organizational units, people, funds or other resources actually devoted to the particular program or activity.

Intermediate outcome. Results or outcomes of program activities that must occur prior to the final outcome to produce the final outcome. FOR EXAMPLE, a prison vocation program must first result in increased employment (intermediate outcome) before it may expect to reduce recidivism (final outcome).

Logic model. Presents a diagram of how the effort or initiative is supposed to work by explaining why the strategy is a good solution to the problem at hand and making an explicit, often visual, statement of activities and results. It keeps participants moving in the same direction through common language and points of reference. Finally, as an element of the work itself, it can rally support by declaring what will be accomplished and how.

Measure. n. The value assigned to an object or an event; v. express as a number or measure or quantity.

Methodology. The means and logical procedure by which a program plan or approach is implemented.

Milestone. A significant point of achievement or development, which describes progress toward a goal.

Objective. Objectives are the specific, measurable results a coalition plans to accomplish and serve as the basis by which to evaluate the work of the coalition. Each objective should have a timeframe by which it will be accomplished. "To reduce the number of youth in our community who smoke at age 15 from 18.5 percent to 10 percent by 2007."

Outcome. Outcomes are used to determine what has been accomplished, including changes in approaches, policies and practices to reduce risk factors and promote protective factors as a result of the work of the coalition. An outcome measures change in what you expect or hope will happen as a result of your efforts.

Output. The product or service delivery/implementation targets you aim to produce.

Policy. A governing principle pertaining to goals, objectives and/or activities. It is a decision on an issue not resolved on the basis of facts and logic only. For example, the policy of expediting drug cases in the courts might be adopted as a basis for reducing the average number of days from arraignment to disposition.

Practice. A customary way of operation or behavior.

Program. Any activity, project, function or policy with an identifiable purpose or set of objectives.

Resources. A resource is any or all of those things that can be used to improve the quality of community life the things that can help close the gap between what is and what ought to be.

Results. The consequences and outcomes of a process or an assessment. They may be tangible such as products or scores or intangible such as new understandings or changes in behavior.

Short-term outcome. Changes expected to occur either immediately or very shortly after implementation of activities.

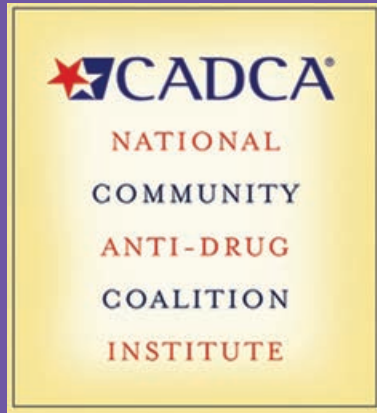
Strategic plans include the policies, strategies and practices that create a logical, data-driven plan to address the problems identified in the assessment element of the SPF.

Strategy. The strategy identifies the overarching approach of how the coalition will achieve intended results.

Sustainability. The likelihood of a strategy to continue over a period of time, especially after specific funding ends.

Targets. Defines who or what and where you expect to change as a result of your efforts.

Theory of change. A theory of change creates a commonly understood vision of the problem being addressed and defines the evidenced-based strategies or approaches proven to address that problem.



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