

County
Prevention – Intervention – Treatment – Aftercare
(P-I-T-A)
Strategic Planning Guidelines

Table of Contents

	<u>Page</u>
<u>Guidelines</u>	
Introduction	3
Overview of Process	4
Step 1 – Initial Networking and Community Assessment	5
Step 2 - Mobilize and/or Build Capacity to Address Needs	7
Step 3 – Develop Comprehensive Strategic Plan	8
Step 4 – Implementation	9
Step 5 – Evaluation	10
 <u>Exhibits</u>	
Exhibit A – P-I-T-A Overview & Definitions	11
Exhibit B – Checklist of DASA-Required Documents and Activities	15
Exhibit C – Checklist of Community Mobilization Requirements	19
Exhibit D – DASA Due Dates	21
Exhibit E – Data Resources	23
 <u>Appendices</u>	
Appendix A – Tools to Assist in Completing Step 1	27
Table 1 – Recruitment Directory	27
Table 2 – Sample Resource Assessment Tool	29
Appendix B – Step 2 Resource List for Planning and Implementation	31
Appendix C – Step 3 Sample Goals & Objectives	32
Appendix D – Step 5 Sample Goals & Objectives Review Form.....	34
Appendix E – Step 5 Sample Prevention Program Monitoring Form.....	36
Appendix F – Step 5 Sample Strategic Plan Review Form.....	38

INTRODUCTION

[\(back to Table of Contents\)](#)

The County Strategic Plan is necessary to meet:

- [RCW 70.96A.320: Alcoholism and other drug addiction program — Generally.](#)
- [RCW 70.96A.350: Criminal justice treatment account.](#)

It also meets Community Mobilization's federal requirements under:

- [Title IV, Part A: Safe and Drug-Free Schools and Communities Act](#)

The County Strategic Planning Guidelines is a document created to assist with the development of a six-year plan that spans July 2007 through June 2013.

The need for a six-year strategic plan emerged in response to the following:

- Recognition that major changes related to needs assessment do not occur each biennium
- Interest in taking a longer-term perspective
- Agreement by funding agencies and stakeholders that this is in their best interest

For several years DASA and Community Mobilization Against Substance Abuse and Violence/Community, Trade, Economic Development Department (CM) staff have also discussed collaborating with community partners to coordinate strategic planning at the county level. Toward this end, DASA, the Chemical Dependency section of the Association of County Human Services (ACHS) and CM agreed to work together to build a new strategic planning process.

A workgroup was formed to draft this set of guidelines. The guidelines are intended to support meaningful six-year county strategic planning that covers prevention, intervention, treatment and aftercare, or P-I-T-A (see [Exhibit A](#) for definition) for use at the local/community level. The workgroup members consisted of representatives from:

- ACHS County Alcohol and Drug Coordinators
- County Prevention Specialists
- DASA staff
- CM staff

Other stakeholders added their input through meetings and reviews of draft documents.

The County Strategic Plan will address county-specific needs, resources and implementation strategies for community-based substance abuse prevention, intervention, treatment and aftercare/support services (P-I-T-A). As county strategic plans are submitted to DASA and approved by the DASA Regional Administrators they will be placed on the [DASA website](#).

OVERVIEW OF PROCESS

[\(back to Table of Contents\)](#)

Preparing for the Strategic Planning Process

DASA and Community Mobilization will organize and provide training and technical assistance to county programs so they can prepare for their strategic planning process. As part of this preparation, statewide orientation trainings will be held to give county staff and Community Mobilization staff guidelines and information on the basic elements of the strategic plan.

As time and resources allow, optional trainings related to strategic planning may be offered. The training topics may include, but are not limited to:

- Introduction to Strategic Planning
- Identifying Vision and Values
- Needs Assessment
- Resources Assessment,
- Community Readiness Assessment
- Problem Statement and Logic Model Development
- Assessment of Cultural Diversity Needs

Steps for Completing the Strategic Plan

The process has been divided into five steps. They are:

- Step 1: Initial Networking and Community Assessment
- Step 2: Mobilize and/or Build Capacity to Address Needs
- Step 3: Develop Comprehensive Strategic Plan
- Step 4: Implementation
- Step 5: Evaluation

Exhibits and Appendices are included to assist in this process. Exhibits refer to multiple sections of the guidelines. Appendices refer to one or more of the five steps.

The focus of the P-I-T-A plans is substance abuse prevention – intervention – treatment – and aftercare. The five steps can be broadened to include other prevention and/or other human services planning. CTED/CM has requested that CM Strategic Plans also include violence prevention.

Guidelines for each Step

The guidelines for each Step are divided into the following sections.

- Purpose
- Benefits
- Products
- How Do I Get Started?

Those items listed under Products contain both suggested products and **Required** products. All of the DASA **Required** products are listed in [Exhibit B](#). Community Mobilization **Required** documents are listed in [Exhibit C](#). Please be sure that in addition to the suggested products your county has elected to include in the Strategic Plan, the **Required** products are also present.

STEP 1: INITIAL NETWORKING AND COMMUNITY ASSESSMENT

[\(back to Table of Contents\)](#)

Purpose

The purpose of this stage of strategic planning is to bring the necessary people to the table; profile population needs; compile and analyze data on needs and resources; develop clear, concise, data driven problem statement(s); assess community readiness and support; and analyze service gaps.

Benefits

Benefits of this stage of planning include an organized and focused beginning to a community-based planning process.

Products

Listed below are possible products. All of the DASA **Required** products are listed in Exhibit B. All of the CM **Required** products are listed in Exhibit C. Please be sure that **Required** products are present in the Strategic Plan.

- Description of recruitment efforts and initial networking
 - Data report
 - Data sources for ongoing assessments
 - Clear, concise, and data-driven problem statement(s)
 - Baseline community program and resource inventory
 - Gap analysis – documentation of difference between needed services and current service level
-
-

How Do I Get Started?

Recruitment

- Identify individual partners and partnering organizations that may have an interest in the substance abuse continuum of care (community –based prevention, intervention, treatment and aftercare) and invite them to participate in the strategic planning process. The County will make a good faith effort to engage as many relevant individuals and organizations as necessary in the process. Refer to [Appendix A](#) for a list of suggested individuals and organizations to recruit for participation in the process.
- Seek involvement of many sectors of the community, including diverse individuals/ organizations from their geographic area with particular attention to the following: ethnic/ racial groups; tribes/ tribal organizations; faith-based organizations; and Gay, Lesbian, Bisexual, Transgender organizations.
- Describe the County's recruitment efforts and initial networking in the Strategic Plan.
- Compile a list of individuals and organizations invited to participate, as well as a list of those individuals and organizations who agreed to participate in all or part of the strategic planning process.

(Step 1 cont'd)

Profile of Population Needs/Needs Assessment

- Profile the population (e.g. demographics) and needs related to P-I-T-A. Review relevant local data which may include, but is not limited to the following: demand for chemical dependency treatment, drug prevalence data, drug manufacturing and trafficking, alcohol availability, mental and physical health, mortality and morbidity, community laws and norms favorable to substance abuse, and family support/ family issues.
- Discuss specific local data relating to alcohol and other drugs.
- Identify potential geographic target areas and populations.

Resource Assessment

- Identify existing resources that are available to build a comprehensive approach to addressing substance abuse issues ([See Appendix A](#)). Types of resources and strengths to be assessed may include:
 - Programs and services and individuals qualified to provide specific services
 - Funding sources and funding streams
 - Equipment and facilities
 - Organizations and people (skills and relationships)
 - Laws, policies, and norms
 - Information and referral

Data Analysis

- Analyze relevant local data collected as part of the needs assessment and resource assessment.
- Develop clear, concise, and data driven problem statements.

Assessment of Community Readiness

Conduct an assessment of community readiness by surveying formal leaders, informal leaders, and the general public. Ask them about:

- community knowledge of substance abuse issues and efforts related to those issues
- organizational, fiscal and leadership capacity
- potential barriers to success of programs
- unique fiscal and programmatic opportunities
- cultural competence to provide effective substance abuse P-I-T-A services

Gap Analysis

- Conduct a gap analysis to determine the difference between local needs and resources. Examples include the following:
 1. Funding sources and funding streams: Is there sufficient local collaboration and coordination in fund raising efforts?
 2. Equipment and facilities: Do local program and service providers have sufficient equipment to meet the demand for services?
 3. Organizations and People: Do programs and services need bilingual translation services?
 4. Laws and Policies: Does the community support law enforcement efforts to enforce the laws?

STEP 2: MOBILIZE AND/OR BUILD CAPACITY TO ADDRESS NEEDS

[\(back to Table of Contents\)](#)

Purpose

The purpose of this stage of strategic planning is to mobilize and organize the community and/or build local capacity to address the chemical dependency impacts on the community. Strategies and initiatives in this stage build on the early networking of key stakeholders and community members in Step 1, and continue to involve others in organizing the planning process.

Benefits

Benefits of this stage of planning include continuing existing partnerships and creating new partnerships, and increasing understanding of community issues and needs, resources and gaps.

Products

Listed below are possible products. All of the DASA ***Required*** products are listed in Exhibit B. All of the CM ***Required*** products are listed in Exhibit C. Please be sure that ***Required*** products are present in the Strategic Plan.

- A vision statement for outcomes to achieve through the implementation of the P-I-T-A strategic plan ([See Appendix B](#))
 - Identified needs for readiness, cultural competence, and evaluation training
-
-

How Do I Get Started?

Coordinator of local county strategic planning process:

- Adds to list of key community stakeholders/ leaders and fills gaps by recruiting and inviting new stakeholders to participate.
- Holds informational meetings and workshops with key stakeholders, coalitions, and service providers.
- Creates planning committee from group of interested stakeholders or existing advisory board.
- Develops plan to recruit missing key leaders for planning committee.
- Creates a statement of success for the community describing the outcomes to be achieved at the conclusion of the six year planning period.
- Continues to inform community of activities and seek input to process.
- Keeps a record of the attendance of stakeholders/partners.
- Records agreements to work together.
- Community leaders and interested stakeholders attend relevant trainings such as:
 - o Steps of chemical dependency strategic planning and implementation process
 - o Culturally competent planning and program implementation
 - o Data-driven evaluation of program effectiveness

STEP 3: DEVELOP COMPREHENSIVE STRATEGIC PLAN

[\(back to Table of Contents\)](#)

Purpose

The purpose of this stage of strategic planning is to summarize the information collected in the first two steps and write a plan that will be used to establish the direction the county will move in terms of community-based prevention, intervention, treatment and aftercare services based on community need. The strategic plan includes goals and objectives for both the six-year overall strategic plan and the two-year review periods ([See Appendix C](#)).

Definitions:

- **Goal** – A long-term organizational target or direction of development. It states what the county wants to accomplish over the next six years. Goals provide a basis for decisions about the nature, scope, and relative priorities of all projects and activities relevant to alcohol and drug use within the county. Everything that an organization does should help it move toward attainment of one or more goals.
- **Objective** – A measurable target that must be met on the way to attaining a goal.

Benefits

Benefits of this stage of planning include establishing a living plan that allows for adjustment and change based on the needs of each community, and creating county-specific benchmarks that can be used to measure targeted change.

Products

Listed below are possible products. All of the DASA **Required** products are listed in Exhibit B. All of the CM **Required** products are listed in Exhibit C. Please be sure that **Required** products are present in the Strategic Plan.

- A document that includes information from data sources specific to the county or counties for which it is intended and outlines how that information will be used to establish direction for services. ([See Appendix C](#))
- A checklist of activities related to goals and objectives that can be checked off as completed or modified at the end of every reporting period

How Do I Get Started?

- Analyze data collected in Step 1 to determine the primary needs for the county using community-based prevention, intervention, treatment and aftercare (P-I-T-A) as the guiding principles for dimensions of care that need to be provided.

Optional activities include:

- Review of minutes from meetings held in Steps 1 & 2
 - Review relevant plans already existing in the county
 - Summarize data collected from surveys of the community and stakeholders
 - Place the data into a format that is easy to interpret
 - Identify criteria that will be used to prioritize needs and services
 - Make relevant comparisons of data collected as necessary, i.e. comparing county data with statewide data using per capita comparisons, or comparing date of counties that are like in size, culture, organization, etc.
- Write the plan for P-I-T-A services identifying goals and objectives for each of the needs identified. ([See Appendix C](#)).

- Add needs, goals or objectives to the plan as appropriate throughout the six-year period.

STEP 4: IMPLEMENTATION

[\(back to Table of Contents\)](#)

Counties/providers will comply with the state agency procedures with respect to the implementation process (e.g., the CM funding application). Below is an example of steps that might be taken in this stage.

Purpose

The purpose of the implementation stage is to develop the detailed steps of activities indicating the person responsible, with timelines, using the goals and objectives developed in Step 3. Fidelity, training, adaptation, and cultural relevance may also be also examined in this stage as appropriate.

Benefits

Benefits of this stage of the process include the increased ability to implement in a thoughtful manner with logical steps, identifying who is responsible for what, a timeline, and a method to revise the plan as needed.

Products

Listed below are possible products. All of the DASA **Required** products are listed in Exhibit B. All of the CM **Required** products are listed in Exhibit C. Please be sure that **Required** products are present in the Strategic Plan.

- A logic model or sequenced plan that can document the process and be used to evaluate the process of implementation as it occurs
- A document that can be used by multiple individuals in the P-I-T-A areas for direction and evaluation of the plan and to review the goals and objectives over time

How Do I Get Started?

- Taking the comprehensive strategic plan developed in Step 3, develop a prioritized list of actions that need to take place in order to meet the goals and objectives of the plan.
- Indicate who will do what, when, and how it will be tracked.
- Examine fidelity, adaptation and cultural competency issues and devise plans to evaluate these areas when relevant.
- Document activities, timelines and items that need revision as the plan is implemented.
- Refer to evaluation plan to track intermediate results and long term results.

STEP 5: EVALUATION

[\(back to Table of Contents\)](#)

Purpose

The purpose of this stage of strategic planning is to measure the impact of the implemented programs, policies, and practices and identify areas for improvement. Evaluation also includes reviewing the effectiveness, efficiency and fidelity of implementation in relation to the Strategic Plan, action plans for the two year review periods, and measures.

Benefits

Benefits of this stage of the process include an ongoing assessment of progress achieving the goals and objectives of the Strategic Plan that identifies the impact of the selected programs and practices.

Products

Listed below are possible products. All of the DASA ***Required*** products are listed in Exhibit B. All of the CM ***Required*** products are listed in Exhibit C. Please be sure that ***Required*** products are present in the Strategic Plan.

- Checklist to assist when conducting monitoring of prevention sub-contractors and/or programs ([Appendix D](#))
 - Evaluation reports based upon updates of programs ([Appendix E](#) and [Appendix F](#))
-
-

How Do I Get Started?

- Follow previously developed Evaluation Plan and timeline. Collect data with team members identified in Evaluation Plan who will be responsible for ongoing collection and analysis of data.
- As indicated in Evaluation Plan timeline review effectiveness of policies, programs, and practices (e.g., quarterly, twice a year, etc).
- Questions to consider when developing Evaluation Plans:
 - How often will monitoring/evaluation take place?
 - Who is responsible for collecting and analyzing the monitoring/evaluation information?
 - How will findings be disseminated to stakeholders?
- Questions to consider when evaluation is taking place:
 - According to data (including comparison of baseline measurements to intermediate and long term results), are the goals and objectives being achieved or not?
 - If they are, then acknowledge, reward, and communicate the progress. If not, consider the following questions:
 - Do timelines need to be adjusted to achieve objectives?
 - Do personnel have adequate resources (money, equipment, training, etc.) to achieve the goals?
 - Are the goals and objectives realistic?
- Based on the analysis, make recommendations for quality improvement.
- Follow recommendations by making adjustments to Strategic Plan (e.g., changing numbers to be served, target population to be served), or to programs (discontinuing programs that pre and post

test evaluations show to be ineffective, and/or including new strategies or programs to achieve objectives).

[\(back to Table of Contents\)](#)

P-I-T-A OVERVIEW AND DEFINITIONS

P-I-T-A Continuum Overview

P = Prevention	I = Intervention	T = Treatment	A = Aftercare
-----------------------	-------------------------	----------------------	----------------------

Substance abuse dependency services are viewed as existing on a continuum of prevention, intervention, treatment and aftercare. As with all continuums, the boundaries between one discipline and the next are not always clearly drawn. A comprehensive substance abuse continuum combines many programs, policies, and practices in order to produce significant changes and reduce substance abuse in communities. A continuum of care may include local services ranging from prenatal parenting classes, to student assistance programs, to outpatient and residential treatment, to community-based ongoing sobriety support services.

This document includes a definition of each segment of the continuum and describes where the boundaries usually are drawn and how the boundaries can be bridged. Although the P-I-T-A continuum may appear to be a sequential process, in fact, an individual may enter or leave the continuum at any point. The ultimate goal is to reduce the need for treatment related services through increasingly successful community prevention strategies and programs.

Prevention Overview and Definitions

The goal of prevention is to foster a climate in which:

- ❖ Alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal. Tobacco and illegal drugs are not used at all.
- ❖ Prescription and over-the-counter drugs are used only for the purposes for which they are intended.
- ❖ Other abusable substances, such as gasoline or aerosols, are used only for their intended purposes.
- ❖ Pregnant and women who may become pregnant do not use alcohol, tobacco, or other drugs.

What does prevention look like?

As classified by the Institute of Medicine (IOM), prevention programs can be described by the audience or intervention level for which they are designed: **Universal, Selective, and Indicated.**

- **Universal** prevention programs/strategies reach the general population– such as all students in a school or all parents of middle school students. For example, the Communities that Care program is a community-wide strategy to prevent substance abuse (and for Community Mobilization programs, to also prevent violence).
- **Selective** prevention programs target groups at risk or subsets of the population– such as children of drug users or poor school achievers. For example, Strengthening Families Program is designed to help substance-abusing parents improve their parenting skills and reduce their children’s risk factors.
- **Indicated** prevention programs identify individuals who are exhibiting early signs of problem behavior(s) and target them with special programs to prevent further onset of difficulties. For example, Functional Family Therapy provides services for youth ages 10-18, and their families, whose problems range from acting out to conduct disorder to alcohol/substance abuse.

(P-I-T-A Overview & Definitions cont'd)

Intervention

The goal of intervention is to reduce the risk of harm and decrease problem behaviors that result from continued use of substances. The intent of the designated intervention is to take action that decreases risk factors related to substance use, abuse or dependency as well as enhance protective factors and provide ongoing services as appropriate.

The specific goal of each individual client is determined by his/her consumption pattern, the consequences of his/her use and the setting in which the intervention is delivered.

Intervention techniques vary based on the specific population being served and may be delivered to participants throughout the P-I-T-A continuum. For example, early intervention programs may include a student assistance program that provides structured assessments of individual students who beginning to use drugs and to experience problem behaviors. Intervention may also include case management for chronic public inebriates that focuses on harm reduction.

Intervention services include but are not limited to:

- ❖ School intervention – pre-assessment, screening, information/education and referral
- ❖ Mentoring
- ❖ Services Assessment
- ❖ Brief Intervention and Referral to Treatment
- ❖ Detoxification
- ❖ Outreach
- ❖ Case Management to facilitate referral to treatment

While Intervention is identified as a distinct category within the P-I-T-A continuum, there is overlap between indicated prevention strategies, treatment services and aftercare.

Treatment

The goal of treatment is to improve social functioning through complete abstinence of alcohol and drugs for individuals diagnosed with chemical dependency. Treatment is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or from another drug dependency designed to enable the affected individual to achieve and maintain sobriety, physical and mental health and a maximum functional ability. For further information see the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) 2-R.

Diagnosis

Treatment therapies are linked to the Diagnostic and Statistical Manual, IV-Txt Revision (DSM-IV TR) under diagnosis of Substance Use Disorder. The diagnosis describes a continuum of progressive escalation that begins with Substance Use, progresses to Substance Abuse, and may conclude with Substance Dependence.

Definition of Substance Use Disorder

Persons who are diagnosed with substance abuse (also referred to as misuse or harmful use), or substance dependence, begins with an initial episode of substance use. Use of a substance, whether licit or illicit, does not constitute a substance use disorder even though it may be unwise and strongly disapproved of by family, friends, employers, religious groups, or society at large.

Substance use is not considered a medical disorder. For a medical disorder to be present, substance use must occur more frequently; occur at high doses; and/or result in a magnitude of problems (Technologies for Understanding and Preventing Substance Abuse and Addiction, US

(P-I-T-A Overview & Definitions cont'd)

Government Office of Technology Assessment Appendix C: Perspectives on Defining Substance Abuse).

The term substance abuse or substance misuse is sometimes used to refer to any substance use by adolescents because their use of substances is illegal and poses developmental and physical risks associated with substance use at an early age.

Substance Use Disorders are separated into two categories:

- **Substance Abuse (also referred to as Misuse)**
- **Substance Dependence**

Substance Abuse/Misuse

The DSM-IV TR defines substance abuse as problematic use without compulsive use, significant tolerance, or withdrawal. A diagnosis for substance abuse is made when one or more of the following occur within a 12 month period:

- ❖ Recurrent substance use resulting in a failure to fulfill major role obligations
- ❖ Recurrent substance use in situations that are physically hazardous
- ❖ Substance-use related legal problems
- ❖ Substance use despite having persistent or recurrent social or interpersonal problems

Related substance abuse treatment services include but are not limited to:

- ❖ Alcohol Drug Information School
- ❖ Outpatient treatment

Substance Dependence

The DSM-IV TR defines substance dependence as a syndrome involving compulsive use, with or without tolerance and withdrawal. A diagnosis for substance dependence is made when three or more of the following occur within a 12-month period:

- ❖ Tolerance, withdrawal, use in larger amounts or over a longer period than intended
- ❖ Persistent desire or unsuccessful efforts to cut down
- ❖ Great deal of time spent in activities necessary to obtain the substance
- ❖ Reduction in social, occupational, or recreational activities because of substance use
- ❖ Substance use continues despite knowledge of problems

Related treatment services for individuals diagnosed with substance dependence disorder include but are not limited to:

- ❖ Detoxification service
- ❖ Outpatient treatment/intensive outpatient treatment
- ❖ Intensive inpatient treatment
- ❖ Recovery House services
- ❖ Opiate substitution treatment

(P-I-T-A Overview & Definitions cont'd)

Aftercare

The goal of aftercare is to support the substance abusing or chemically dependent person's abstinence after primary care. Aftercare, also referred to as relapse prevention, is the stage following more intensive services.

Related aftercare and relapse prevention services for individuals who are part of a treatment continuum include but are not limited to:

- ❖ Periodic outpatient aftercare
- ❖ Relapse/recovery groups
- ❖ Recovery support group
- ❖ Oxford House
- ❖ Access to Recovery wrap around

[\(back to Table of Contents\)](#)

CHECKLIST OF DASA-REQUIRED DOCUMENTS AND ACTIVITES

This checklist is intended to be used as a guide to help ensure that the process used to create County Strategic Plans meets all DASA **requirements** and that the plans themselves contain all of the DASA **required** elements.

All other DASA contract requirements can be found in the DASA/County Program Agreement and other sections of the DASA/County Implementation Guide (DCIG).

Overall Requirements

The County Strategic Plan for the period from July 1, 2007 through June 30, 2013 shall be submitted electronically to the DASA Regional Administrator (RA) of each county no later than:

- April 15, 2007

Updates of County Strategic Plans are due every two years, as follows:

- Aril15, 2009
- April 15, 2011

The following will be **separate sections** of the County Strategic Plan:

- Treatment Expansion Section
- Criminal Justice Section
- Prevention Section

**Step 1
Initial Networking and Community Assessment**

[\(back to Step 1 Guidelines\)](#)

Overall Requirements

A narrative that indicates an assessment of the service needs across the prevention, intervention, treatment and aftercare (P-I-T-A) continuum for the following populations:

- Persons with disabilities
- Youth
- Pregnant/postpartum women
- Parents with young children
- Elderly
- Gay, Lesbian, Bisexual and Transgender persons
- Intravenous drug users

Requirements Specific to the Treatment Expansion Section

A narrative of the assessment of expanded services for the following populations:

- Supplemental Security Income (SSI)
- General Assistance – Unemployable (GAU – adults)
- Temporary Assistance to Needy Families (TANF)
- Youth

(Checklist of DASA-Required Documents cont'd)

Requirements Specific to the Criminal Justice Section

A narrative of the assessment service needs for persons involved in the criminal justice system that will include:

- A county-specific assessment - **OR** –
 - A regional assessment
- If a regional assessment is conducted, it will include:
- A list of the other counties that are participating in the assessment

Step 2

Mobilization and/or Build Capacity to Address Needs

[\(back to Step 2 Guidelines\)](#)

Overall Requirements

A narrative identifying persons and organizations involved in the process, including:

- Ethnic minorities
- Racial groups and organizations
- Tribes and tribal organizations
- Urban Native Americans (when appropriate)
- Faith-based Organizations
- Gay, Lesbian, Bisexual and Transgender persons/organizations

Requirements Specific to the Criminal Justice Section

The assessment must be developed in conjunction with representatives from the following:

- County Alcohol and other Drug Coordinator
- County prosecutor
- County sheriff
- County superior court
- Substance abuse treatment provider(s) appointed by the county legislative authority
- A member of the criminal defense bar appointed by the county legislative authority
- In counties with a drug court(s), a representative of the drug court(s)

Step 3

Develop comprehensive strategic plan - Planning and goal formation

[\(back to Step 3 Guidelines\)](#)

Requirements Specific to the Treatment Expansion Section

A narrative describing the plan for expanded services and outreach for the following populations:

- SSI
- GAU – adults
- TANF
- Youth

(Checklist of DASA-Required Documents cont'd)

Requirements Specific to the Criminal Justice Section

A narrative describing how funds from the Criminal Justice Treatment Account (CJTA) allocation will be expended, to include:

- Estimated number of offenders with an addiction problem against whom charges are filed by a prosecuting attorney in Washington State
- Estimated numbers of persons with a substance abuse problem that, if not treated would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State
- Estimated number of nonviolent offenders for a drug court program
- Role of the county's judicial system in delivery of PITA services
- Residential service needs for offenders

A narrative describing how funds from the Innovated Grant portion of the CJTA allocation will be expended to include:

Selection of one or more of the following types of projects:

- Innovation Project: An approach that contains either traditional/cultural treatment methods, or elements of a Best Practice to treat an underserved population(s) of offenders.
- Best Practice Project: A treatment strategy that has been documented as a Best Practice in published research. See the following website to assist in identifying Best Practices: [Evidence Based Practices for Treating Substance Use Disorders - Home page](#)
- Regional Project: A project in which a minimum of two counties combine funding to provide treatment services to offenders.

A narrative of the type of project(s) chosen (see above) that includes:

- A description of the project and how it will enhance treatment services
- Reason for choosing either a drug court or non-drug court project
- Number of persons that will receive services
- Measurable goals and objectives

Requirements Specific to the Prevention Section

A narrative that includes:

- List of priority risk and protective factors
- Goals that reflect a decrease or increase in the risk and protective factors that have been selected as targets for intended change
- Objectives for each goal that identify the target population
- Intended changes
- Date for accomplishing the intended changes

List of prevention programs that will be implemented to include:

- 50% of programs funded by DASA shall be Best Practices or Promising Approaches. See Western Center for the Application of Prevention Technology website for assistance in identifying Best Practices and Promising Approaches at [Western CAPT - Step 6 Guiding Principles and Best Practices](#)

Step 4 Implementation

[\(back to Step 4 Guidelines\)](#)

Requirements Specific to the Prevention Section

- Approval by RA or RA's designee of any program that is an Adaptation to a Best Practice or a Promising Approach
- Narrative of how all non-Best Practices or Promising Approaches comply with the Center for Substance Abuse Prevention Principles of Effective Substance Abuse Prevention.

A plan that describes how the county will monitor prevention programs for fidelity will be submitted to the DASA RA no later than:

- April 15, 2007.

The prevention program monitoring plan will include a narrative describing how the county will ensure prevention programs will be implemented as designed by developers of the program, including:

- Curriculum elements
- Environments and settings
- Focus populations
- Staff training

Step 5 Evaluation

[\(back to Step 5 Guidelines\)](#)

Prevention Section

A narrative that describes how the county will ensure that service data has been obtained, including:

- Participant demographics
- Participant attendance for all recurring programs
- Pre and post-test responses

Criminal Justice Section

A narrative that describes the county evaluation process of the Innovated Grant program(s) will include:

- Treatment completion and retention data
- Data regarding reduced involvement of program/treatment participants in criminal activity

[\(back to Table of Contents\)](#)

**CHECKLIST OF COMMUNITY MOBILIZATION PROGRAM
REQUIRED DOCUMENTS AND ACTIVITIES**

This checklist contains the documents and activities that are required by CTED for the Community Mobilization Against Substance Abuse and Violence Program (CM) concerning the County Strategic Plan process and plan development.

This checklist is intended to be used as a guide to help ensure that the process used to create County Strategic Plans meets all **requirements** and that the plans themselves contain all of the **required** elements.

Overall Requirements

The County Strategic Plan for the period from July 1, 2007 through June 30, 2013 shall be submitted electronically to the CTED CM Program Coordinator no later than:

- April 15, 2007

Updates of County Strategic Plans are due every two years, as follows:

- April 15, 2009
- April 15, 2011

**Step 1
Initial Networking and Community Assessment**

Overall Requirements

A narrative that indicates an assessment of the service needs across the prevention, intervention, treatment and aftercare (P-I-T-A) continuum, and including violence prevention, for the following populations:

- Students and youth; both in and out of school
- Parents
- Community members
- Youth in juvenile detention facilities
- Runaway and homeless youth
- Pregnant and parenting youth
- School dropouts
- Those needing mental health services related to drug and violence prevention
- Children and youth not normally served by state or local education agencies
- Populations that need special services or additional resources

Step 2
Mobilization and/or Build Capacity to Address Needs

Overall Requirements

A narrative identifying persons and organizations involved in the process, including:

- Education
- Treatment
- Local Government, including tribes and tribal organizations
- Law Enforcement
- Parents
- Ethnic minorities
- Racial groups and organizations
- Other appropriate community members

Step 3
Develop comprehensive strategic plan - Planning and goal formation

Requirements Specific to the Community Mobilization Program

A narrative that includes:

- List of priority risk and protective factors
- Goals that reflect a decrease or increase in the risk and protective factors that have been selected as targets for intended change
- Objectives for each goal that identify the target population
- Intended changes
- Date for accomplishing the intended changes
- How the requirement will be met for the county to provide a minimum of 16 hours per week of community organizing
- While CM does not mandate the use of "Best Practices" programming, how the county will fulfill CM's policy statement concerning "Best Practices"

Step 4
Implementation

This portion of the checklist will refer to activities and procedures directly associated with the process of completing the Community Mobilization biennial funding application.

Step 5
Evaluation

Prevention Section

A narrative that describes how the county will work with CTED CM Staff and Program Evaluator to ensure that evaluation data has been obtained, including:

- CTED-mandated local evaluation plan using CTED approved methods (pre- and post-tests, focus groups, key informant interviews)

[\(back to Table of Contents\)](#)

DASA DUE DATES

Strategic Plan

The County Strategic Plan for the period from July 1, 2007 through June 30, 2013 shall be submitted electronically to the DASA Regional Administrator (RA) of each county no later than:

- April 15, 2007

Updates of County Strategic Plans are due every two years, as follows:

- April 15, 2009
- April 15, 2011

Prevention Services

Delivery of prevention services is documented in the web-based Performance Based Prevention System (PBPS). Reports are due as follows:

- **Program Service Reports**
Due by the 15th day of the month following the delivery of services.
Programs with service data to be reported shall be marked "Active."
- **Community Based Coordination (CBC) Reports - Due each annual quarter as follows:**

Due Date of Report	Report Period Covered
October 31, 2007	July – Sept 07
January 31, 2008	Oct – Dec 07
April 30, 2008	Jan – Mar 08
July 30, 2008	April – June 08
October 31, 2008	July – Sept 08
January 31, 2009	Oct – Dec 08
April 30, 2009	Jan – Mar 09
July 30, 2009	April – June 09

- **Community Prevention Training system (CPTS) Training - Due each annual quarter as follows:**

Due Date of Report	Report Period Covered
October 31, 2007	July – Sept 07
January 31, 2008	Oct – Dec 07
April 30, 2008	Jan – Mar 08
July 30, 2008	April – June 08
October 31, 2008	July – Sept 08
January 31, 2009	Oct – Dec 08
April 30, 2009	Jan – Mar 09
July 30, 2009	April – June 09

(DASA Due Dates cont'd)

Outcome Measures

Pre- and post-test responses for each recurring program, including mentoring services, that has service participants between the ages of 13-17 must be reported in a timely manner.

Recurring programs are ongoing programs that include the same individuals over time.

Exceptions to Outcome Measures reporting

- Counties are required to negotiate with the Regional Administrator (or designee) to reduce multiple administrations of surveys to individual participants
- Recurring programs in which the majority of the participants not between the ages of 13-17.
- Recurring programs that spend less than \$2,000 of DASA prevention funds
- All single event programs

Demographic Reporting

Counties are required to report service data, including participant demographics and attendance, for all recurring programs, whether or not the program has been granted an exception to reporting Outcome Measures.

[\(back to Table of Contents\)](#)

DATA RESOURCES

2000 Census Data: Demographics, Ethnicity, Language, Economic Indicators

Counties and cities –

<http://quickfacts.census.gov/qfd/states/53000.html>

- Pre-set reports
- Easy to use

4-page profiles (counties, cities, tribal areas, metro areas) –

<http://www.ofm.wa.gov/census2000/profiles/index.htm#county>

Census data by School district, with a query system. –

<http://nces.ed.gov/surveys/sdds/index.asp>

Counties, cities, zip codes, tribes, with a query system and detailed maps. –

<http://factfinder.census.gov/servlet/BasicFactsServlet>

(Note: All of the above have economic indicators from the 2000 census.)

Crime Information Resources

Reports on crime data with county and cities –

<http://www.waspc.org/index.php>

For community data (select by population size or by county) –

<http://wa-state-ofm.us/UniformCrimeReport/>

Annual state and county report of court caseloads –

<http://www.courts.wa.gov/caseload>

Housing and Homelessness

CTED (Community, Trade, Economic Development Department) county data on shelter assistance –

<http://housing-information.net/report/index.php>

(Note: There are many housing indicators in the 2000 census data, listed in the first section.)

Substance Use

County profiles based on the Washington State Needs Assessment Household Survey (WANAHS) 2003, (measures needed for treatment and penetration rates for treatment services) –

<http://www1.dshs.wa.gov/rda/research/4/52/county.shtm>

(Note: School district profiles can be made available by school district superintendents.)

(Data Resources cont'd)

Education Information Resources

Data on enrollment, graduation, dropouts, at county, district, and school, with demographic breakdowns, and historical data (OSPI) –

<http://www.k12.wa.us/dataadmin>

WASL scores are available at county, district, and school (OSPI) –

<http://reportcard.ospi.k12.wa.us/DataDownload.aspx>

"Compare My School" Tool (OSPI), allows you to compare results between up to three districts and/or schools –

<http://reportcard.ospi.k12.wa.us/SideBySide.aspx>

Health Resources

Access to primary health care for Medicare and Medicaid (Washington State Department of Health – DOH) –

<http://www.doh.wa.gov/hsqa/ocrh/har/hcresrch.htm>

Medically underserved areas (DOH) –

<http://www.doh.wa.gov/hsqa/ocrh/hpsa/hpsa1.htm>

DOH Center for Health Statistics (may need to navigate this site some to get the county-specific data) –

<http://www.doh.wa.gov/ehsphi/chs/chs-data/main.htm>

County Health Profile (Washington Health Foundation) –

<http://www.whf.org/professionals/profiles.asp>

Safety Net Profile Tool –

- User-friendly query system for counties and some metropolitan areas
- Can make comparisons between counties

<http://www.ahrq.gov/data/safetynet/profile.htm>

DOH Community and Family Health STD county profiles (includes morbidity tables) –

http://www.doh.wa.gov/cfh/STD/countyprofile_bob.htm

County tables with HIV/AIDS data (DOH) –

http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/Statistics.htm

County reports of causes of death from the Center for Health Statistics –

http://www.doh.wa.gov/ehsphi/chs/chs-data/Public/AnnSum_2003.pdf

Web Page with Multiple Links to Health Data Resources

[Health Data Tools and Statistics](#)

(Data Resources cont'd)

Economic and Well-Being Indicators Resources

Wide variety of indicators by county and school district, aggregated school districts with low base population, E.g. TANF, food stamps, mortality, child abuse, suicide –

<http://www1.dshs.wa.gov/rda/research/risk.shtm>

Kids Count profiles –

http://www.hspsc.org/publications/county_profiles2003.aspx

Ranking counties on indicators such as:

- WASL scores
- Pre-natal care
- Children below poverty

County profiles of public revenues and expenditures –

<http://www.ofm.wa.gov/databook/county/index.htm>

County profiles of employment and wages data. (Washington State Employment Securities Department-ESD) Full-text and tables –

<http://www.workforceexplorer.com/article.asp?ARTICLEID=4758>

WA State Employment Securities Department county profiles (Abbreviated) –

<http://www.workforceexplorer.com/cgi/databrowsing/localAreaProQSSelection.asp>

Economically Distressed Areas List for 2005 (ESD) –

<http://www.workforceexplorer.com/article.asp?ARTICLEID=5010>

Free and reduced lunch eligibility by school district (Office of Superintendent of Public Instruction – OSPI) –

<http://www.k12.wa.us/ChildNutrition/FreeReducedDistrict.aspx>

- Excel document that includes a county summary of all the school district data on this subject

Northwest Income Indicators Web-site (developed by Washington State University) –

<http://niip.wsu.edu/washington/default.htm>

- From this web site you may access web-based programs to create graphic trends analysis of local economic indicators and generate shift-share analysis of local employment growth.
- View and download customized tabulations of economic data for the Regions and 39 Counties of Washington compiled by the Regional Economic Information System (REIS) of the Bureau of Economic Analysis (BEA).
- The data are annual, spanning 35 years -- from 1969 to 2003.

[\(back to Table of Contents\)](#) [\(back to Step 1 Guidelines\)](#)

STEP #1

Table 1- Recruitment Directory

The table below (referenced in Step 1) lists potential individual partners and partnering organizations to engage in the strategic planning process. This may include, but is not limited to the following:

INDIVIDUALS/ ORGANIZATIONS	PREVENTION	INTERVENTION	TREATMENT	AFTERCARE SERVICES
AAAs (Aging and Adult Services Associations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Boards and Commissions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Protective Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Colleges and Universities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Health and Safety Networks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Clinics and Public Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Community Mobilization Representative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Prevention Coalitions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County Coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
County Prevention Specialist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Services: Adult, Drug, Family and Juvenile Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice and Jail Collaboration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Educational Service District/Regional Coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employment and Training Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

INDIVIDUALS/ ORGANIZATIONS	PREVENTION	INTERVENTION	TREATMENT	AFTERCARE SERVICES
Faith Community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Home and Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Housing and Housing Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine Action Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opiate Substitution Treatment Center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Parents/Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prevention/Intervention Specialist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prevention Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Community Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Self Help Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco Prevention and Control through local health jurisdictions and/or Educational Service Districts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tribes/ Tribal Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Youth Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[\(back to Table of Contents\)](#) [\(back to Step 2 Guidelines\)](#)

Step #2 Resource List for Planning and Implementation
--

A comprehensive and popular guide to public and non-profit strategic planning is the *Creating and Implementing Your Strategic Plan: A Workbook for Public and Nonprofit Organizations* by John M. Bryson and Farnum K. Alston. A description is below:

“An updated companion to *Strategic Planning for Public and Nonprofit Organizations*, *Creating and Implementing Your Strategic Plan* is a step-by-step guide to strategic planning. This second edition is filled with useful tools, including illustrative examples, detailed questionnaires, and easy-to-understand worksheets. It takes users through every step of creating a tailored strategic plan, from concrete guidelines for brainstorming sessions, to developing show cards, to outlining a workshop equipment checklist.”

This book can be located and purchased at the publisher’s website:
<http://www.josseybass.com/WileyCDA/WileyTitle/productCd-0787977691.html>

[\(back to Table of Contents\)](#) [\(back to Step 3 Guidelines\)](#)

<p style="text-align: center;">STEP #3 Sample Goals and Objectives</p>
--

Prevention Goals:

- County will increase after-school and summer programs by ___ percent.
 - Objective: Enter into partnerships with existing local prevention service providers.
- County will increase prevention education aimed at parents in the form of adult prevention education by ____ percent.
 - Objective: Review all available adult prevention education programs and implement the program that best fits County's needs.
- County will increase the ability of school faculty to identify drug use/abuse by _____.
 - Objective: Identify training programs available through local, state, and federal entities designed to intervene on student substance use/abuse.

Intervention Goals:

- County will increase the number of Intervention Specialists in the school system by _____ percent.
 - Objective: Identify current ratio of Intervention Specialists to students and recruit and train additional staff.
- County will increase Culturally Competent Services by providing cultural intervention training.
 - Objective: Identify the culture and current culturally relevant services available in County.
- County will increase the number of co-occurring disorders (COD) trained professionals in alcohol/drug abuse by _____.
 - Objective: Identify currently trained COD professionals and provide training.

(Sample Goals & Objectives cont'd)

Treatment Goals:

- County will increase services to specialized populations by _____ percent.
 - Objective: Identify specialized population treatment services already in place and provide training.
- County will increase services to IV drug users by increasing treatment retention and completion rates among this population.
 - Objective: Analyze current data related to IV drug user treatment retention and completion.
- County will increase services to pregnant and parenting women / parenting men by increasing treatment retention and completion rates among this population.
 - Objective: Analyze current data related to pregnant and parenting women and parenting men treatment retention and completion.

Aftercare Goals:

- County will increase transitional housing beds by _____.
 - Objective: Organize and create clean and sober housing alliance to develop a minimum quality standard for clean and sober housing.
- County will increase culturally specific services through increasing cultural competence of current aftercare services by providing cultural intervention training.
 - Objective: Identify the culture and current culturally relevant aftercare services available in County.
- County will increase the number of families served by _____, thereby increasing family participation in aftercare.
 - Objective: Identify treatment service providers currently offering family services and establish protocols and practices for family support activities. Identify number of families currently being served.

[\(back to Table of Contents\)](#) [\(back to Step 5 Guidelines\)](#)

STEP #5
Sample Goals and Objectives Review Form

Repeat the format below for each P-I-T-A goal in the Strategic Plan

1. Prevention Goals

Goal #1-

Action Steps:

1.1.1. _____

Due Date: _____ Staff Responsible: _____

1.1.2. _____

Due Date: _____ Staff Responsible: _____

Measurement Indicators:

Evaluation (progress):

2. Intervention Goals

Goal #1-

Action Steps:

2.1.1. _____

Due Date: _____ Staff Responsible: _____

2.1.2. _____

Due Date: _____ Staff Responsible: _____

Measurement Indicators:

(Sample Goals & Objectives Review Form cont'd)

Evaluation (progress):

3. Treatment Goals

Goal #1-

Action Steps:

1.1.1. _____

Due Date: _____ Staff Responsible: _____

1.1.2. _____

Due Date: _____ Staff Responsible: _____

Measurement Indicators:

Evaluation (progress):

4. Aftercare / Support Services Goals

Goal #1-

Action Steps:

1.1.1. _____

Due Date: _____ Staff Responsible: _____

1.1.2. _____

Due Date: _____ Staff Responsible: _____

Measurement Indicators:

Evaluation (progress):

[\(back to Table of Contents\)](#) [\(back to Step 5 Guidelines\)](#)

STEP #5 Sample Prevention Program Monitoring Form
--

Observation of Program Session

Community:	Program Implementer(s) Codes(s):
Program	
Observer:	Session Number/Name:
Observation Date	Duration of Session:
	Number of Participants:

Instructions: The following questions assess the overall quality of the program session and delivery of the information. Please complete after viewing the entire program session. Use your best judgment and do not circle more than one response.

1. In general, how clear were the program implementer's explanations of activities?

1	2	3	4	5
Not clear		Somewhat clear		Very clear

2. To what extent did the implementer keep on time during the session and activities?

1	2	3	4	5
Not on time		Some loss of time		Well on time

3. To what extent did the presentation of materials seem rushed or hurried?

1	2	3	4	5
Very rushed		Somewhat rushed		Not rushed

4. How often did the implementer use relevant examples or stories to illustrate concepts and help people feel connected to the material?

1	2	3	4	5
Never		Sometimes		Often

5. To what extent did the participants appear to understand the material?

1	2	3	4	5
Little understanding		Some understanding		Good understanding

6. How actively did group members participate in discussions and activities?

1	2	3	4	5
Little participation		Some participation		Active participation

7. On the following scale, rate the implementer on the following qualities:

1	2	3	4	5
Poor		Average		Excellent

7a) Knowledge of the program	Rating_____
7b) Level of enthusiasm	Rating_____
7c) Poise and confidence	Rating_____

[\(back to Table of Contents\)](#) [\(back to Step 5 Guidelines\)](#)

STEP #5
Sample Strategic Plan Review

Repeat the format below for each P-I-T-A objective in the Strategic Plan

Prevention Goals:

- County will ...
 - Objective: ...
 - Objective Completed Satisfactorily (if checked, please complete #1 below)
 - Objective Not Attained (complete #2 below)
 1. New Activities Identified to move towards overall 6-Year Goal: _____
 2. Activities to Modify or Accomplish Objective: _____

- County will ...
 - Objective: ...
 - Objective Completed Satisfactorily (if checked, please complete #1 below)
 - Objective Not Attained (complete #2 below)
 1. New Activities Identified to move towards overall 6-Year Goal: _____
 2. Activities to Modify or Accomplish Objective: _____

Intervention Goals:

- County will ...
 - Objective: ...
 - Objective Completed Satisfactorily (if checked, please complete #1 below)
 - Objective Not Attained (complete #2 below)
 1. New Activities Identified to move towards overall 6-Year Goal: _____
 2. Activities to Modify or Accomplish Objective: _____

- County will ...
 - Objective: ...
 - Objective Completed Satisfactorily (if checked, please complete #1 below)
 - Objective Not Attained (complete #2 below)
 1. New Activities Identified to move towards overall 6-Year Goal: _____
 2. Activities to Modify or Accomplish Objective: _____

Treatment Goals:

- County will ...
 - Objective: ...
 - Objective Completed Satisfactorily (if checked, please complete #1 below)
 - Objective Not Attained (complete #2 below)
 1. New Activities Identified to move towards overall 6-Year Goal: _____
 2. Activities to Modify or Accomplish Objective: _____

- County will ...
 - Objective: ...
 - Objective Completed Satisfactorily (if checked, please complete #1 below)
 - Objective Not Attained (complete #2 below)
 1. New Activities Identified to move towards overall 6-Year Goal: _____
 2. Activities to Modify or Accomplish Objective: _____

Aftercare Goals:

- County will....
 - Objective: ...
 - Objective Completed Satisfactorily (if checked, please complete #1 below)
 - Objective Not Attained (complete #2 below)
 1. New Activities Identified to move towards overall 6-Year Goal: _____
 2. Activities to Modify or Accomplish Objective: _____

- County will ...
 - Objective: ...
 - Objective Completed Satisfactorily (if checked, please complete #1 below)
 - Objective Not Attained (complete #2 below)
 1. New Activities Identified to move towards overall 6-Year Goal: _____
 2. Activities to Modify or Accomplish Objective: _____