

SOR-PEC Strategic Plan Development Guide

This template outlines the sections and content of the strategic plan deliverable that must be submitted to the Bureau of Substance Addiction Services (BSAS). All State Opioid Response-Prevention in Early Childhood (SOR-PEC) grantees are expected to begin working on their strategic plan beginning in September 2021 and to continue working on it until it has been approved by BSAS. **Grantees must have a fully approved strategic plan before implementing any prevention strategies as part of this grant initiative.**

At different points in the process outlined below, you will be required to submit sections of the strategic plan to your Center for Strategic Prevention Support (CSPS) technical assistance liaison (TAL) and BSAS contract manager. Your TAL will review each section and provide initial feedback. Your BSAS contract manager will provide recommendations for improvement and final approvals. **Sections of the strategic plan (including the full final draft) must be submitted to your TAL in advance of sending them to your BSAS Contract Manager.**

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Statement of Grant Intent

The Massachusetts Department of Public Health's Bureau of Substance Addiction Services (BSAS) has made available funding for the SOR-PEC initiative (FOA Number: TI-20-012) from the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

The **intent** of the initiative is to (1) intervene *before* substance use begins and (2) enhance protective factors and minimize risk factors among children (prenatal – 11 years of age) with familial history of substance misuse and addiction to mitigate their elevated level of risk for future substance use and related health and behavioral health issues. SOR-PEC will broadly focus on the biological, psychological, social, and environmental factors that can contribute to future substance misuse and other related health and behavioral health issues.

The SOR-PEC initiative was awarded to applicants that have the infrastructure, systems, and partnerships in place to support implementation of a comprehensive, multi-domain set of prevention services centered around:

1. A grantee-identified age range of children (between prenatal – 11 years of age) with a parent/caregiver with a history of substance misuse and addiction (including those currently in treatment or recovery),
2. Parents/caregivers of these children,
3. Pre-school and/or school settings, **and/or**
4. Social service and early childhood service providers.

The **goals** of SOR-PEC are for grantees to:

1. Strengthen local prevention capacity and infrastructure to support a proposed age range of children (prenatal – 11 years of age) and family units with parents/caregivers with a history of substance misuse and addiction (including those currently in treatment or recovery)
2. Increase adoption of a comprehensive approach to prevention using SAMHSA's Strategic Prevention Framework (SPF)
3. Increase utilization of evidence-based prevention programs, policies, and practices and the proportion of these strategies that are implemented with fidelity to the specifications of the original models

4. Enhance protective factors and minimize risk factors in the lives of a proposed age range of children (prenatal – 11 years of age) with elevated levels of risk for future substance use and related health and behavioral health issues.

To achieve these goals, SOR-PEC grantees are expected to: (1) use the Strategic Prevention Framework (SPF) to develop a **comprehensive strategic plan** that guides prevention efforts, and (2) incorporate a restorative prevention framework that embraces the following principles into their operations and programming:

- Principle 1. Racial Equity
- Principle 2. Trauma-informed service provision
- Principle 3. Positive Youth Development
- Principle 4. Intersectionality
- Principle 5. Cultural Humility
- Principle 6. Restorative Justice
- Principle 7. Collective Impact
- Principle 8. Build and Sustain the Leadership of People of Color

Additional information on the SPF can be accessed in [*A Guide to SAMHSA's Strategic Prevention Framework*](#).

Full descriptions of the eight principles of Restorative Prevention can be found in Attachment B of the SOR-PEC Request for Proposals (RFR) in COMMBUYS under Bid Number: [BD-21-1031-BSAS0-BSA01-58383](#).

Strategic Plan Outline

All SOR-PEC grantees are **required** to use this strategic plan template and the section and sub-section headings identified below. Grantees are expected to work on and complete their strategic plans between September 2021 and December 2021—with an expected implementation and evaluation period spanning from approximately January 1, 2022 – September 29, 2022. The strategic plan **should be approximately 20-25 pages in length**, including the information and tables outlined in this document. There is no page limit on any supporting materials or appendices that you choose to submit.

The main sections of the strategic plan and the review and approval processes process are outlined below. Any questions about the strategic plan sections or deliverables should be directed to your BSAS Contract Manager.

It is assumed that some of this information to be included in the plan can be extracted from your original application. However, this is also an opportunity to make updates/modifications based on the feedback you received on your grant application and/or in response to any new developments since the application was written.

Note: Each section of the strategic plan must be submitted to BSAS/CSPS for approval.

The plan should include the following sections:

- Section 1 – Section 1 – SPF **Step 1: Assessment**
 - 1.1. Assessment of Group Composition
 - 1.2. Assessment of Needs, Resources, and Readiness
 - 1.3. Assessment of Intervening Variables
 - 1.4. Cultural Responsiveness in Assessment
 - 1.5. Sustainability of Assessment
 - 1.6. Technical Assistance Needs Related to Assessment

- Section 2 – Section 2 – SPF **Step 2: Capacity Building**
 - 2.1. Structure and Functioning
 - 2.2. Capacity-Building Needs
 - 2.3. Cultural Responsiveness in Capacity Building
 - 2.4. Sustainability of Capacity Building
 - 2.5 Proposed Process for Strategic Planning

- 2.6. Technical Assistance Needs Related to Capacity
- Section 3 – Section 3 – SPF Step **3: Strategic Planning**
 - 3.1. Planning Process
 - 3.2. Planning
 - 3.3 Logic Model
 - 3.4. Technical Assistance Needs Related to Strategic Planning and Logic Models
- Section 4 – Section 4 – **Step 4: Implementation**
 - 4.1. Implementation of Strategies
 -
 - 4.2. Technical Assistance Needs Related to Implementation
- Section 5 – Step 5: Evaluation
 - 5.1. Project Evaluation
 - 5.2. Cultural Responsiveness in Evaluation
 - 5.3. Sustainability of Capacity Building
 - 5.4. Technical Assistance Needs Related to Evaluation
- Summary/Abstract

Section 1 – SPF Step 1: Assessment

1.1. Assessment of Group Composition

Describe the composition of the group that conducted the assessment, including but not limited to how decisions were made about the individuals involved (or not involved) in the review and interpretation of data and the extent to which traditionally marginalized populations were represented in these data and involved in interpretation of findings.

1.2. Assessment of Needs, Resources, and Readiness

Describe the process your group used to collect data on needs, resources, and readiness to enhance protective factors and minimize risk factors among children (prenatal – 11 years of age) with familial history of substance misuse and addiction to mitigate their elevated level of risk for future substance use and related health and behavioral health issues. Specifically:

- Describe the sources and techniques for collecting data on needs, resources, and readiness used by your group (e.g., focus groups, stakeholder interviews, community indicators, administrative data, surveys).
- Summarize the needs, resources, and readiness findings from the assessment (include numbers, rates, percentages, and/or interview themes that demonstrate your group's best source(s) of data).
- Describe any subpopulations disproportionately affected by higher levels of need, limited resources, and/or low levels of readiness. Please identify these subpopulations, the nature of the disparity, and the data/evidence that were used to make this determination.
- Note any gaps in available data that limit your group's understanding of needs, resources, or readiness, and how your group plans to address these gaps moving forward, including gaps related to better understanding the unique perspectives/circumstances of diverse populations.

1.3. Assessment of Intervening Variables

Describe the process your group used to collect data on intervening variables (i.e., the biological, psychological, social, and environmental factors that can contribute to future substance misuse and other related health and behavioral health issues). Specifically:

- Describe the sources and techniques for collecting data on intervening variables used by your group (e.g., focus groups, stakeholder interviews, community indicators, administrative data, surveys).
- List all intervening variables that your group investigated, including data (qualitative and quantitative) on each intervening variable and the source(s).
- Note any gaps in the available data on intervening variables that may limit your group’s understanding of relevant factors and how your group plans to address these gaps moving forward, including gaps related to better understanding the unique perspectives/circumstances of diverse populations.

1.4. Cultural Responsiveness in Assessment

Describe the steps your group took to ensure that the assessment was respectful of and relevant to the beliefs, practices, culture, and linguistic needs of diverse populations (e.g., Were assessment data examined by race/ethnicity? Were stakeholder interviews conducted in languages other than English? Were diverse community members or organizations serving diverse community members engaged in the process?) How were decisions made about which data were used (or not used)?

1.5. Sustainability of Assessment

Describe your plans for sustaining, expanding, and revisiting assessment throughout the duration of the grant period. What steps will your group take to help ensure that data on needs, resources, and readiness will be routinely examined over time? Do you have specific plans to build the assessment capacity of specific individuals, groups, organizations, or systems to sustain assessment beyond the grant?

1.6. Technical Assistance Needs Related to Assessment

Describe the assistance your group anticipates needing from BSAS, CSPA, or other sources related to the SPF Step 1: Assessment once your strategic plan has been approved.

Section 2 – SPF Step 2: Capacity Building

2.1. Structure and Functioning

- Describe the community or proposed catchment area for this grant.

- Indicate whether you will develop a new coalition, enhance an existing coalition, develop an Early Childhood Workgroup, or convene another type of core planning group for this grant.
- Identify which of the following sectors are currently represented on this entity: (1) municipal representative; (2) public school systems and/or pre-school facilities within the catchment area; (3) social service and early childhood service providers; (4) substance misuse prevention, treatment, and recovery practitioners; (5) local or regional health department or board of health; (6) local or regional health systems such as hospital systems or healthcare providers; (7) parents/caregivers with a history of substance misuse and addiction; (8) any other sectors not described above.
- For sectors not currently represented, please describe how you will engage these sectors.
- Describe how each sector represented will actively support this grant (e.g., data collection, capacity building, implementation, sustainability, political will, raising awareness, in-kind contributions).
- Describe the steps taken to promote equity during community and key stakeholder involvement—with an emphasis on any steps taken to involve traditionally marginalized populations.

2.2. Capacity-Building Needs

- Describe the existing strengths within your catchment area (e.g., existing capacity, current prevention efforts, recent prevention efforts, groups already working on this issue).
- Describe areas in which your group needs additional support, including the process used to identify these capacity needs and who was involved in the identification process. Indicate whether these needs are specific to the coordinator, specific sectors, or the entire entity.
- Include a capacity-building action plan to address your identified areas of growth and capacity needs. The capacity building action plan should include the following elements:

Area of Growth/ Capacity Need	How It Will Be Addressed	Who Is Responsible	Timeline	Measure of Success

2.3. Cultural Responsiveness in Capacity Building

Describe the steps that were taken to ensure that the identification of capacity needs actively considered ways in which your group needs additional support related to better involving and serving the diverse populations within your catchment area.

2.4. Sustainability of Capacity Building

Describe your plans for sustaining pathways and processes to help ensure that the capacity of the local prevention system can continue to grow and evolve beyond the grant?

2.5 Proposed Process for Strategic Planning

Describe the process your group *proposes* to use to facilitate discussions and decision-making related to the prioritization and selection of the final subset of intervening variables from the full list identified in Section 1.2, including who will facilitate the process, who will be involved (and the community and sectors they represent), and steps you will take to promote equity and broad representation across your catchment area.

2.6. Technical Assistance Needs Related to Capacity

Describe the assistance your group anticipates needing from BSAS, CSPA, or other sources related to the SPF Step 2: Capacity Building once your strategic plan has been approved?



Deliverable: Sections 1.1 to 2.4 of the strategic plan must be submitted to your CSPA TAL for initial review and feedback. Your BSAS contract manager will not accept any drafts that have not been pre-reviewed by CSPA. After your group has received and considered the feedback provided by CSPA, you must submit Sections 1.1 to 2.4 to your BSAS contract manager for final review and approval before proceeding to Section 3/SPF Step 3.

Section 3 – SPF Step 3: Strategic Planning

3.1. Planning Process

Describe the *actual* process your group followed to facilitate discussions and decision-making related to the prioritization and selection of the final subset of intervening variables (from the full list identified in Section 1.2)—including who facilitated the process, who was involved (and the community and sectors they represent), and steps taken to promote equity and broad representation across your catchment area.

3.2. Planning

Describe your group's plan to enhance protective factors and minimize risk factors among children (prenatal – 11 years of age) with familial history of substance misuse and addiction to mitigate their elevated level of risk for future substance use and related health and behavioral health issues. Using the guidance provided in the *SOR-PEC Logic Model Development Guide*:

- Present clear Local Manifestation of Need/Issue statements and your group's data-informed rationale for each statement.
- List the final set of intervening variable(s) from Section 1.2 that your group selected and describe how this list was selected (prioritized) from among the larger list of variables examined by your group.
- Describe the specific centered population(s) for your grant (including any centered subpopulations).
- List the evidence-based programs, policies, and practices your group proposes to implement and the areas/settings within your catchment areas where they will be implemented.

IMPORTANT NOTE: Grantees are *required* to implement at least one (1) but no more than two (2) multi-domain evidence-based programs, policies, or practices. The one or two strategies must include service components with at least two centered groups/settings from the following:

- (a) a proposed age range of children (prenatal – 11 years of age);**
- (b) parents/caregivers;**
- (c) pre-school and/or school settings; and/or**
- (d) social service and early childhood service providers.**

For example, a strategy that delivers direct service to parents/caregivers and also addresses policies/practices with a school setting, a strategy that includes a direct service component with children and also includes professional development for school staff, or any other configuration of services that span at least two of the centered groups/settings. Identified strategies should align with and complement existing services within the community. All strategies coordinated as part of SOR-PEC must be evidence-based. Evidence-based is defined as (1) appearing on a recognized list/registry of evidence-based interventions, or (2) reported with positive effects on the primary targeted outcome in peer-reviewed journals.

For each selected strategy, describe:

- The conceptual and practical fit of the strategy within your catchment area (i.e., why it was chosen).
- The evidence base, link to research, or supporting information demonstrating that this is an evidence-based or evidence-informed strategy.
- The *primary implementing partner* and their relationship to the grant, including how they were involved in the prioritization and decision-making process to select the strategy and their current/future level of commitment to implementation.
- Any adaptations you intend to make to the evidence-based program, policy, or practice to make it more respectful of, and relevant to, the beliefs, practices, culture, and linguistic needs of the individuals who will be served (e.g., translations, transportation, childcare).
- Why you feel this strategy will be sustainable in the catchment area in which it will be implemented.

3.3 Logic Model

Using the directions in the *SOR-PEC Logic Model Development Guide*, attach your logic model. The logic model should cover the period from **September 30, 2021 – September 29, 2022** (regardless of your actual implementation start date, which is expected to begin around January 2022).

3.4. Technical Assistance Needs Related to Strategic Planning and Logic Models

Describe the assistance your group anticipates needing from BSAS, CSPA, or other sources related to the SPF Step 3: Strategic Planning/Logic Model once your strategic plan has been approved?



Deliverable: Sections 3.1 to 3.4 must be submitted to your CSPA TAL for initial review and feedback. Your BSAS contract manager will not accept any drafts that have not been pre-reviewed by CSPA. After your group has received and considered the feedback provided by CSPA, you must submit Sections 3.1 to 3.4 to your BSAS contract manager for final review and approval before proceeding to Section 4.

Section 4 – Step 4: Implementation

4.1. Implementation of Strategies

For each strategy, describe your implementation plans using the format below. Be specific. For example, how many training sessions will be offered, for how many participants, and how long will each session last? When will the intervention will begin and end? What is the scope of implementation (e.g., single setting, multiple settings)?

Strategy Name:

Action Steps	Who Is Responsible	Timeline	Measure of Success

4.2. Technical Assistance Needs Related to Implementation

Describe the assistance your group anticipates needing from BSAS, CSPA, or other sources related to SPF Step 4: Implementation once your strategic plan has been approved?

Step 5: Evaluation

5.1. Project Evaluation

Describe the steps that you will take to monitor and evaluate your project. Specifically:

- Describe how you will track and document services delivered as part of this grant.
- Describe how you will track and document the number of individuals served (including demographics) as part of this grant.
- Describe how you will measure fidelity of implementation (including whether you have obtained fidelity checklists from program developers, if applicable).

5.2. Cultural Responsiveness in Evaluation

Describe the steps you will take to ensure that the evaluation is respectful of, and relevant to, the beliefs, practices, culture, and linguistic needs of the individuals who will be served (e.g., involving diverse representatives in the identification of evaluation measures, presenting data to the community in multiple ways that are respectful of different levels of understanding and different schedules).

5.3. Sustainability of Capacity Building

Describe your plans for sustaining evaluation processes beyond the grant (e.g., embedding evaluation into job roles/descriptions for implementers, building the evaluation capacity of specific individuals, groups, organizations, or systems).

5.4. Technical Assistance Needs Related to Evaluation

Describe the assistance your group anticipates needing from BSAS, CSPA, or other sources related to SPF Step 5: Evaluation once your strategic plan has been approved?

Summary/Abstract

The summary/abstract may not exceed one page.

As part of the final draft of a full strategic plan, grantees will provide a one-page summary of your plan that includes the following:

- A brief description of your catchment area.
- The Local Manifestation of the Issue/Need statements from your logic model.
- The intervening variable(s) your group has selected.
- The strategies you will implement (including the location[s] within your catchment area in which each strategy will be implemented).



Deliverable: The final draft of all sections of the strategic plan must be submitted to your CSPA TAL for initial review and feedback. Your BSAS contract manager will not accept any drafts that have not been pre-reviewed by CSPA. After your group has received and considered the feedback provided by CSPA, you must submit the full plan to your BSAS contract manager for final review and approval

Once your BSAS contract manager has determined that the full strategic plan has been successfully completed, you may proceed to full implementation.

Grantees must have a fully approved strategic plan before implementing any prevention strategies as part of this grant initiative.