CBTs and CPOPs: Five Step Planning Guide assistance to California County Alcohol and Drug Programs for Outcome-Based Prevention Planning

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Abstract
Capacity Building Tools (CBTs) and County Prevention Outcome Plans (CPOPs) are devices to help California county alcohol and drug programs (County ADPs) undertake evidence-based, outcome-oriented AOD prevention at the local community level. The California Department of Alcohol and Drug Programs (DADP) contracts with County ADPs to use federal Block Grant prevention funds. The federal agencies require “Five Step Planning” requirements to be written into the county contracts. Our Prevention by Design program provides technical assistance to help county ADPs apply these Five Step requirements. Using a “program of attraction,” we work with 58 diverse county ADPs, with widely different needs and capabilities, to help the county agencies and their community prevention providers generate local prevention initiatives that operate within a clear framework for evidence-based planning and implementation. Prevention by Design’s Regional Trainers (RTs) work with the Capacity Building Tool to use an interactive approach with county ADP prevention staff. Using the CBT, the RT and county staff prepare a county prevention outcomes plan (CPOP) that identifies current levels of capability, need, and objectives to “get to outcomes” over the next twelve months. This presentation will describe the basic Five Step approach, will review initial findings regarding county ADP experience with the CBT exercise and the drafting of CPOPs, and will discuss implications for strengthening county and local community capacity to generate outcome-based prevention policies and initiatives.

Movement toward Outcomes: The origin of the Five Steps
Most funding for community-level prevention disbursed by the California Department of Alcohol and Drug Programs (DADP) to county alcohol and drug programs (county ADPs) comes from two Federal agencies. The Center for Substance Abuse Prevention (CSAP), US DHHS, provides Substance Abuse Prevention and Treatment (SAPT) Block Grant Funds and State Improvement Grants (SIGs). Each of the state’s 58 counties receives a formula allocation SAPT Block Grant, and 13 counties are currently receiving SIG grants for the reduction of binge drinking by young people. The US Dept of
Education provides a portion of its Safe and Drug Free Schools and Communities (No Child Left Behind) grant funds to California through the DADP (Title IV, Substance Abuse and Violence Prevention). SDFSC funds are distributed competitively to 43 county ADPs for time-limited prevention initiatives based on approved models and practices. These two sources totaled approximately $66 million in 2004.

Both CSAP and the US Dept of Education require outcome-based planning for use of these funds. CSAP has six planning requirements, and US DOE has four. In order to simplify reporting for the county ADPs, the California DADP established Five Steps to be followed by the county ADPs that would satisfy the requirements of both agencies. These Five Steps, established in 1998, are important today. Indeed, the CSAP SIG State Planning grant program has recently adopted five planning requirements of its own that look very much like the California NNA Five Steps, and CSAP is expected to require all states to start using these five steps for Block Grant activities within the next two years.

The DADP distributes CSAP funds to the county ADPs each year through NNAs, or Net Negotiated Amount agreements with the county. The Five Steps are written into these NNAs. Those Five Steps are:

1. Assess AOD prevention needs/risks based on relevant data
2. Prioritize local prevention initiatives based on assessment findings and community input
3. Design prevention activities based on measurements that are suitable for monitoring and evaluation of the chosen activities
4. Select proven prevention methods that have been (can be) shown to be effective and that are culturally relevant for the communities being served
5. Evaluate progress towards prevention goals and objectives and use this evaluation to refine and strengthen AOD prevention initiatives

At the time these steps were established, county ADPs did not have a single source of guidance or support for meeting the requirements of the steps. The DADP followed a long-established policy to allow county agencies considerable discretion in the use of CSAP Block Grant funds to meet community needs, within CSAP guidelines for six types of approved prevention activity, that varied considerably from county to county. With the advent of the Five Steps, it was important that the county ADPs have a single clearly-defined source of support that could assist in planning to meet the five-step requirements.

Assistance was also needed because most county ADPs had not been focusing specifically on data-driven, outcome-based planning. The county ADPs ranged widely in their technical knowledge and capacity to undertake outcome-based planning. The counties also pursued a wide variety of prevention strategies that would require continuing individual contacts to help counties establish meaningful outcomes at local levels.

The DADP contracted with the Community Prevention Planning Program at the Institute for the Study of Social Change, UC Berkeley, to provide training and technical assistance to the county ADPs and their community-level contract service providers.
Following a startup period to identify county needs for assistance and establish basic working relationships, the Prevention by Design program began full operations starting in Fall, 2003.

Support to county ADPs for data-driven, outcome-based prevention planning
Working under DADP support, the Prevention by Design project fields ten highly qualified Regional Trainers to assist county ADPs with the Five Steps. The Regional Trainer (RT) establishes a continuing professional relationship with each county ADP in his or her region. The RT works with each county to clarify basic concepts of evidence-based, outcome-oriented planning, and then to assist the county to organize its prevention resources to support data-driven, outcome-based prevention programs and policies.

County ADP experience varies greatly with evidence-based, outcome-oriented prevention planning. Although nearly all county ADP directors now appreciate the significance of outcome-based prevention planning, some counties are relatively sophisticated practitioners while others require basic training on the Five Steps. County ADP experiences also vary within each of the Five Steps. For example, some county ADPs have access to epidemiologic data systems and expertise in data management, while others struggle to obtain basic data. Some counties are adept at working with local prevention providers to prioritize community AOD problems and targeting specific prevention initiatives, while others are working to establish basic planning relationships. Refresher training in the basics also remains important due to county staff turnover, reorganization, and the changes among contract service providers.

County ADPs now understand the basic concepts involved, and the importance of making progress. Most county ADPs recognize that outcome-based prevention planning should be the central focus of the county’s prevention efforts. Now we are at the point of converting the Five Steps into effective operations for each county ADP.

The Five Step Planning Guide
By 2003 it was clear that counties varied greatly in their needs and in the progress they were making with the Five Steps, and that each county needed to be supported individually. A common framework was needed that would allow sufficient flexibility.

The Five Step Planning Guide. The RTs and Berkeley Office staff jointly developed the Five Step Planning Guide, a step-wise manual that breaks down each of the Five Steps into specific work areas. See Table A. Each county can use the Planning Guide as a framework to create its own baseline and establish its own benchmarks, working closely with the RT through long-term continuing relationships to work with the Five Steps on a practical basis, at a pace that fits the county ADP’s flow of work, with a focus tailored to meet prevention needs of the specific county and communities.

The Planning Guide breaks the Five Steps into bite-sized tasks that the county ADP can pursue on its own. Table A lists each of the Five Steps in bold, as shown in the county’s NNA (Net Negotiated Amount) agreement with the DADP, followed by the sub-steps in the Planning Guide to implement each Step.
Within the resources available, RTs follow a “mirror principle” – they work with county ADPs at a level and intensity that meets the county’s needs, providing services according to the county’s interests and abilities to absorb help. This means that counties that want more help tend to get more help, though RTs maintain basic contacts with all the counties in their region. A push-pull effect is involved. RTs initially encourages the county to seek assistance; then as the county seeks assistance, the RT responds accordingly.

The RTs are working with county ADPs on a voluntary basis. That is, the county ADPs are encouraged to work with Prevention by Design, but are not required to. In this sense, we are offering a “program of attraction” where county ADPs work with the RTs because it makes good sense and helps the county prevention coordinator do a better job.

The CBT/CPOP or Capacity Building Tool and the Community Prevention Outcome Plan. The RT uses the CBT to engage the county in Five Step work on a step by step basis. The CBT is a questionnaire which helps the RT and the county ADP administrator and prevention coordinator conduct a self-assessment to determine where the county stands using the Five Steps for prevention planning. This is a self-rating system that asks the county to gauge its own progress working with the Five Steps. Its purpose is to identify areas where the county ADP plans to improve Five Step performance during the next 12 months, at a pace that works for the county and its contract providers. At this point, 35 CBTs are complete and about a dozen others are in various stages of completion (exercises for some but not all of the Steps have been completed).

Each of the CBT Steps includes a CPOP worksheet to identify explicit activities and milestones that the county can follow during the next twelve months to take action on the areas of need identified in the Step self-assessment. Since the Prevention by Design project is a voluntary program, each County’s specific CBT / CPOP information is intended for internal reference only, and information for a given county is released only by that county.

Initial CBT Findings
This paper reports on initial findings from first-round CBT interviews conducted in Fall, 2004 (October – December). This round of interviews is summarized below, drawn from the larger “Planning Guide Capacity Building Tool – 2005 Analysis” (David Kattari).

CBT analyses. These CBT analyses were conducted in continuing efforts to record and analyze Prevention by Design activities, efforts, and outcomes with County Alcohol and Drug Programs. Prevention by Design Regional Trainers have utilized the Capacity Building Tool for just over a year. Most data collection occurred only once in each County and took place in the later half of 2004. Not all counties were engaged with a Planning Guide CBT and, as well, during the first half of the year the form changed significantly based on feedback from field trails of the tool. Several CBTs could not be included in this analysis because of that form change. These analyses includes 30 unique county surveys.

The Planning Guide Capacity Building Tool (CBT) Scale
The CBT utilizes a seven point scale to characterize a county’s progress with various aspects of the Five Step planning process required by their State agreements. Each Step
consists of four to eight items on which the respondent (usually the county ADP prevention coordinator, sometimes the county ADP administrator) rate themselves.

1 = Need significant assistance,
2 = Slow Progress, need regular assistance,
3 = Some Progress, need assistance,
4 = Some Progress, need sporadic assistance,
5 = Progress, drawing on its own strengths,
6 = Good Progress, nearly achieved,
7 = Achieved,
N/A = Not applicable,
DK = Don’t Know,
No = No activity initiated.

Summary Analysis

1. Five Step work summarized for all counties (Table I)

Table 1: Mean, Median, and Standard Deviation for each Step across all counties.

<table>
<thead>
<tr>
<th>Step</th>
<th>Median</th>
<th>Mean</th>
<th>Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problem Identification</td>
<td>4.1</td>
<td>3.79</td>
<td>1.75</td>
</tr>
<tr>
<td>2. Prioritization</td>
<td>3.8</td>
<td>3.7</td>
<td>1.91</td>
</tr>
<tr>
<td>3. Measurable Outcomes</td>
<td>3.5</td>
<td>3.4</td>
<td>2.21</td>
</tr>
<tr>
<td>4. Proven Methods</td>
<td>4.7</td>
<td>4.2</td>
<td>2.0</td>
</tr>
<tr>
<td>5. Evaluation</td>
<td>3.1</td>
<td>3.53</td>
<td>1.97</td>
</tr>
<tr>
<td><strong>Grand Mean</strong></td>
<td>3.7</td>
<td>3.73</td>
<td>1.77</td>
</tr>
</tbody>
</table>

- Counties rate themselves farthest along for Step 4 (Proven Methods)
  -- great emphasis by the AOD prevention field
  -- consistent with SDFSC and SIG requirements
  -- many materials, consultation available

- Counties rate themselves doing well for Step 1 (Problem Identification / Needs Assessment)
  -- required first focus for prevention initiatives
  -- technical assistance readily available

- Counties rate themselves mid-range for Step 2 (Prioritize) and Step 3 (Measure Outcomes)
  -- formal planning process required to accomplish these steps thoroughly

- Counties rate themselves lowest for Step 5 (Evaluation)
  -- higher level of technical activity, knowledge required
  -- staff resources not oriented toward evaluation
2. **Five Step Work summarized across counties for Each Step (Charts I - V)**

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**Chart I: Problem Identification**

![Histogram showing distribution of Problem Identification step means](chart_i.png)

- **Step One (PI/NA):** Counties follow a normal distribution (Low – Medium – High)

  -- The statistical pattern suggests an even distribution of experience with Problem Identification / Needs Assessment. That is, overall, county ADPs seem to be proceeding normally to make progress on Problem Identification.
2. Five Step Work summarized across counties for Each Step (Charts I - V)

Chart II: Prioritization

- Step Two (Prioritize): Counties follow a normal distribution skewed Low
  --The Step Two chart suggests that county ADPs are making progress according to a
  as in Step One, but that more county ADPs need substantial assistance to make
  progress.
2. **Five Step Work summarized across counties for Each Step (Charts I-V)**

**Chart III: Measurable Outcomes**

- **Step Three (MO):** Counties skew markedly toward the Low end (lowest value)

  -- Step Three distribution indicates 40 percent of county ADPs (12 counties rated 1 or 2) are experiencing delays making self-directed progress on measurable outcomes. These delays could be occurring for a variety of reasons. See “Like-Sized Counties” analysis below.
2. Five Step Work summarized across counties for Each Step (Charts I - V)

Chart IV: Proven Methods

- Step Four (PM): Counties follow a bi-modal pattern skewed high
  
  -- Step Four’s bi-modal distribution shows that more than half the counties rate themselves making steady progress on use of Proven methods, but many counties report needing assistance
2. Five Step Work summarized across counties for Each Step (Charts I - V)

Chart V: Evaluation

- Step Five (Eval): Counties follow a bi-modal pattern skewed Low

  -- Step Five’s bi-modal distribution shows that 40 percent of the counties rate themselves as needing substantial assistance on Evaluation, and 40 percent report making they are able to make steady progress on their own.
3. **Five Step scores for Like-Sized counties (Tables 2 and 3, Chart 6)**

CAADPAC characterizes counties into similar sizes. They are MBA, Small, Medium, and Large. Table 2 shows the frequency of County Size in the 30 county sample included in this report.

### Table 2: Frequency of County Size

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBA</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Small</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Medium</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Large</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 3: Mean, Median and Standard Deviation of Grand Mean by County Size

<table>
<thead>
<tr>
<th>Grand Mean by Size</th>
<th>Median</th>
<th>Mean</th>
<th>Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBA</td>
<td>1.5</td>
<td>1.9</td>
<td>0.72</td>
</tr>
<tr>
<td>Small</td>
<td>4.0</td>
<td>4.1</td>
<td>1.73</td>
</tr>
<tr>
<td>Medium</td>
<td>3.2</td>
<td>3.2</td>
<td>1.75</td>
</tr>
<tr>
<td>Large</td>
<td>5.0</td>
<td>4.8</td>
<td>1.25</td>
</tr>
</tbody>
</table>

**Chart 6:** Grandmean by County Size (N = 30)
MBA county scores, across Steps: Median 1.5, range between 1 and 3, low deviation
Small county scores, across Steps: Median 4.0, range between 1 and 7, high deviation
Medium county score, across Steps: Median 3.2, range between 1 and 7, high deviation
Large county score, across Steps: Median 5.0, range between 2 and 6, moderate deviation

MBA counties report markedly lower total scores across Steps than the other-size counties (Table 3, Chart 7). Median scores and deviation scores across Steps for the Medium and Small counties follow similar patterns with mid-range medians and high deviations. Step scores for Large counties show slightly more stable figures for a higher median and moderate deviation.

Similar patterns appear for with-in Step scores also (Tables and Charts not shown here).

Discussion

1. Consider these CBT scores as baseline data.

   This study is early in the process of using Round I CBTs for formal planning with county ADPs to work through the Five Steps, and these should be considered baseline data. We expect increased self-reports of success using the Five Steps CBT in future exercises.

2. County progress varies by Step (Table 1, Charts I-V).

   Counties overall report varying levels of experience for each of the Five Steps. Greatest progress is being reported overall for Step One (generally) and Step Four (for slightly more than half the counties). Note that these two Steps are also receiving greater attention from the AOD field, and information and technical assistance are readily available.

   Step One and Step Two show the smoothest distribution of movement among the counties, with roughly equal proportions of counties reporting themselves low, medium and high in their capacity to work through the Steps. These figures suggest that a learning curve is in operation among the counties.

   Step Three shows that one-third of the counties (11/30) gave themselves the lowest score possible on generating Measurable Outcomes. These figures suggest additional attention needs to be paid to helping counties generate Measurable Outcomes, a “doable” task that all counties can participate in whatever their level of skills and resources.

3. Five Step progress varies considerably among Like-Sized counties (Tables 2 and 3, Chart 6)

   The wide variation among Step scores for Small, Medium and Large counties, both for total Step scores and for within-Step scores, indicate that each county ADP is highly
distinctive in its approach to Five Step prevention and in its organization for implementing outcome-based prevention. These scores strongly suggest that each county ADP needs to be approached on an individual basis to strengthen Five Step planning activities within the specific framework and organization by which the county ADP operates.

**MBA counties merit special attention to undertake Five Step work.**

The fact that Step scores for MBA counties clearly lag behind the other counties is a matter for concern that should be more thoroughly investigated to determine appropriate responses. Apparently MBA counties need greater attention and support to engage in evidence-based, outcome-oriented prevention planning. Further investigation will determine what form this support should take – that is, what combination of training/TA, financial support, and organizational support needed for MBA counties to achieve basic levels of competence working through the Five Steps. Nothing in the analysis presented in this paper should be taken to suggest that current county prevention staff are incapable. Indeed, MBA county staff are usually highly creative and capable of doing a great deal with very little.

**What factors affect County capacity for Five Step work?**

The MBA county experience underscores the need for analysis of all low-rated counties to identify contributing factors to low CBT scores. Prevention by Design is now collecting data on a monthly basis that will permit such analyses during this contract year (CY 2005). We cannot say her what additional supports are needed, but we are able to look critically at this question. Initial qualitative review of field conditions by the Regional Trainers suggest that that the following types of support are important:

(a) Sufficient budget resources are available to use at County ADP’s discretion
(b) County ADP has a prevention vision widely accepted in the county (i.e., a widely-recognized, well-supported strategic plan)
(c) County administrator provides a high level of attention and support for prevention services
(d) Prevention staff are well-trained, well-directed, and well-supported administratively
(e) Technical resources and technical assistance are available as needed.

4. **What is a desirable score, or “target” score for each Step?**

The seven-point CBT scale is designed to help county ADPs assess their current capacity to engage in Five Step work effectively primarily by using their own resources. A score of 1 means the county has little confidence that it can engage in Five Step work on its own. A score of 7 means the county is demonstrably engaging in effective work for that Step. The CBT is designed as a tool to help counties advance along the scale. Accordingly, the most desirable score shows progress in achieving capacity to do Five Step planning from one CBT exercise to the next on an annual basis. Healthy activity is occurring when the county reports scores in the 4-5 range for all Steps. Ideally counties will be able to report scores for all Steps in the 5 to 6 range, and variance will be low for within-Step questions.
<table>
<thead>
<tr>
<th><strong>NNA STEP ONE</strong></th>
<th><strong>NNA STEP TWO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Assess AOD prevention needs/risks based on relevant data.</td>
<td><strong>2.</strong> Prioritize local prevention initiatives based on assessment findings and community input.</td>
</tr>
</tbody>
</table>
| *Five Step Planning Guide:*  
  - Identify core indicators based on county mission;  
  - Compile current data on AOD problems;  
  - Analyze data for needs, gaps to fully identify AOD problems;  
  - Generate new AOD problem data.  
  - Create unprioritized list of identified AOD problems in county. | *Five Step Planning Guide:*  
  - Convene staff, stakeholders and providers to prioritize problems;  
  - Develop set of criteria to judge prevention concerns;  
  - Select problems for action by:  
    --Weighting: Determine whether criteria are more or less important relative to each other;  
    --Identifying: Finalize list of AOD-related problems, eliminate problems not relevant to group, not amenable to action, etc.  
    --Ranking: Rank problems by severity, and combine Problem Severity and Criteria Weights to create a score;  
    --Summarizing: Combine participant scores to create a group ranking;  
    --Reaching consensus: Ask if this determination provides an accurate picture of what needs to be done, work to gain consensus. |
### TABLE A-2

<table>
<thead>
<tr>
<th>NNA STEP THREE</th>
<th>NNA STEP FOUR</th>
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<tbody>
<tr>
<td><strong>3.</strong> Design prevention activities based on measurements that are suitable for monitoring and evaluation of the chosen activities.</td>
<td><strong>4.</strong> Select proven prevention methods that have been (can be) shown to be effective and that are culturally relevant for the communities being served.</td>
</tr>
</tbody>
</table>

**Five Step Planning Guide:**
- Refine problem state (to state objectives):
  -- Flow diagram / critical path analysis
  -- Root cause analysis;
- Select outcomes;
- Create sequential order of expected outcomes (logic model);
- Identify indicators for selected outcomes;
- Identify targets and thresholds (if not done in course of selecting outcomes).
### NNA STEP FIVE

5. **Evaluate progress towards prevention goals and objectives and use this evaluation to refine and strengthen AOD prevention initiatives**

*Five Step Planning Guide:*
- Design evaluation based on measuring selected outcome indicators and process indicators;

- Identify, select and/or design instruments and processes for evaluation;

- Ensure evaluation responsibilities are assigned and funded;

- Field test data collection instruments and protocols;

- Collect data;

- Choose and implement appropriate analysis methods to report outcomes;

- Convene providers midyear for mid-course corrections, and build contractor connection to use, importance of data;

- Prepare report on findings and disseminate to stakeholders;

- Incorporate findings into planning; revise funding process based on results;

- Include process evaluation in each step.