

Vermont Strategic Prevention Framework

Guidance Document & Tools

*for*

Writing A Community Strategic Plan

**Updated Nov. 2008**

DRAFT

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## Purpose

The purpose of this Guidance Document is to provide you with a standardized set of next steps that will lead you through the development of your community strategic plan. Please format your plan using the headings found below in the checklist.

## Checklist & Format Requirements for the Community Strategic Plan

Below is a checklist for submission of your community strategic plan. The specifics for how to complete each section begins on page 3.

<b>Content Checklist</b>	<b>Narrative Paragraph/Page Limit</b>	<b>Tools Required to be submitted with Community Strategic Plan</b>
___ Cover Page	1 page	None required
___ Priority Selection	2 paragraphs	Appendix A: Secondary Priority Selection Guide
___ Risk Factor Selection	2 pages	Appendix B: Summary of Contributing Factors Appendix C: Risk Factor Rating Summary
___ Strategy Selection	2 pages	Appendix D: Community Logic Model Appendix E: Evidence-based Strategy Work Plan Appendix F: Criterion 3 Justification
___ Capacity Building Plan	2 pages	Appendix G: Capacity Building Work Plan
___ Evaluation Assurances	2 paragraphs	None required at this time
___ Budget & Narrative	no limit on narrative	Budget Form
___ Completed Tool Appendix	no limit	All completed required tools

## Brief Introduction to the Strategic Prevention Framework State Incentive Grant

After an exhaustive review of all available epidemiological data, the Vermont SPF-SIG priorities were selected and published in the State of Vermont Epidemiological Profile<sup>1</sup> and the Vermont Strategic Prevention Framework plan.<sup>2</sup> These documents provide empirical support for the following three Strategic Prevention Framework prevention priorities for Vermont and a discussion of the process through which they were selected:

1. Reduce underage drinking
2. Reduce high-risk drinking among persons under the age of 25
3. Reduce marijuana use among persons under the age of 25

A fourth priority was also established to expand and enhance overall state prevention capacity in accordance with SAMHSA SPF-SIG objectives:

4. Build prevention capacity and infrastructure at the state and community levels, including a sustainable evaluation system for prevention grantees

All grantees are required to address:

- Priority 1 (reduce underage drinking)
- Priority 4 (capacity building) **and**
- either Priority 2 **or** 3.

The selection of priority 2 or 3 will be based on available community-level epidemiological data, current grantee capacity, and a community resources and readiness assessment.

## Guidance Document Content

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<sup>1</sup> The Vermont Epidemiological Profile is available online at <http://healthvermont.gov/adap/prevention/SPF/documents/VermontEpidemiologicalProfile022807.pdf>. The Executive Summary of the Profile is available at [http://healthvermont.gov/adap/prevention/SPF/documents/epiprofileexecsummary\\_final.pdf](http://healthvermont.gov/adap/prevention/SPF/documents/epiprofileexecsummary_final.pdf)

<sup>2</sup> The Vermont Strategic Prevention Framework Plan is available at [http://healthvermont.gov/adap/prevention/SPF/documents/FINAL\\_SPF\\_Plan\\_2007.pdf](http://healthvermont.gov/adap/prevention/SPF/documents/FINAL_SPF_Plan_2007.pdf). The Executive Summary of the Plan is available at [http://healthvermont.gov/adap/prevention/SPF/documents/FINAL\\_SPF\\_Plan\\_2007\\_ExSummary.pdf](http://healthvermont.gov/adap/prevention/SPF/documents/FINAL_SPF_Plan_2007_ExSummary.pdf)

The Guidance Document is formatted to walk you through the “how to” for each section identified in the Checklist. Please contact Lori Tatsapaugh Uerz at 802-652-4149 with your questions.

## **1. Cover Page**

Please provide a cover page that states the name of your organization, your organizations mission or vision statement, name, title and full contact information for the person to contact about the plan and the date of submission.

## **2. Second Priority Selection – *How do we choose priority 2 or 3?***

Upon completion of the “**Second Priority Selection Guide**” tool (**Appendix A**), please provide no more than a two paragraph narrative justification for selection of priority 2 or 3 (reduce high-risk drinking among persons under the age of 25 OR reduce marijuana use among persons under the age of 25). Please provide your completed tool in the “Completed Tool Appendix.”

## **3. Risk Factor Selection - *How do we select our community risk factors?***

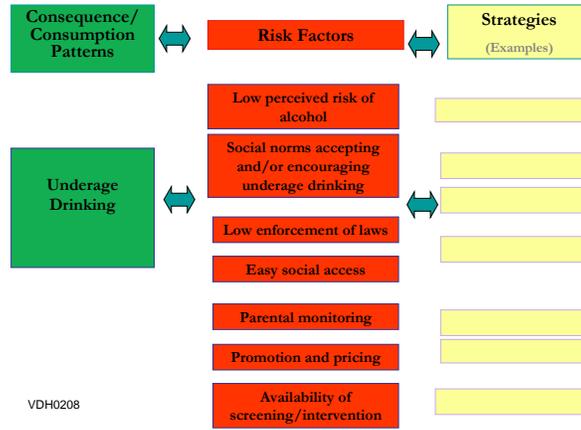
Please provide **two pages** of narrative justification on the risk factors selected for each of the priorities. **Please list each priority SEPARATELY, using one page for Underage Drinking and the second page for your second priority. And please list under each priority the risk factors you are proposing to address.** Please include all required tools in the “Completed Tool Appendix.”

Completion of each step below will take you through a sequential process to identify risk factors for your two priorities: underage drinking and either heavy drinking OR marijuana use among persons under 25 years old:

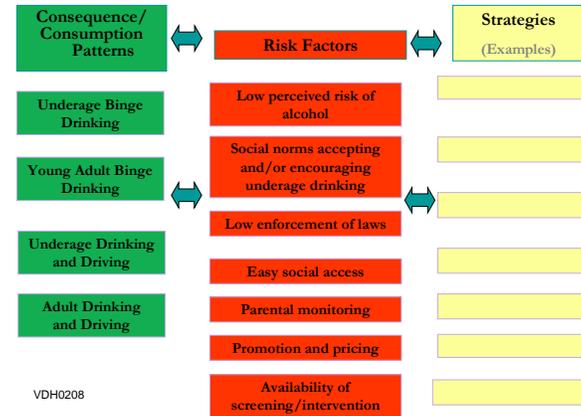
- Conduct Law Enforcement Interview and Focus Group as directions specify
- Review results of the law enforcement interview and focus group
- **Complete Appendix B: Summary of Contributing Factors**
- You may decide after completing the law enforcement interview and focus group that you need additional information. If this is the case, you may decide to do a community forum or community scan. The optional tools, “Community Scan Guide” and/or “Community Forum Guide” have been previously e-mailed to you and can also be found in the Tools, Worksheets & Templates Appendix as Appendix K and L.
- Based on your knowledge and review of all quantitative and qualitative data available to you, determine which risk factors are relevant to your community AND identify any additional risk factors that may be relevant to your community (*you may find it helpful to review the Vermont SPF statewide logic models as a starting place to identify examples of risk factors for each of the priorities – they are reproduced here for your convenience*).
- **Complete Appendix C: Risk Factor Rating Summary**

# Vermont SPF Logic Models

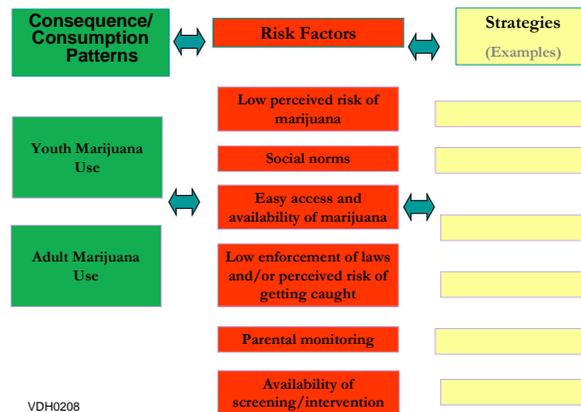
## Underage Drinking



## High Risk Drinking



## Marijuana Use



#### **4. Strategy Selection - How do we select our strategies?**

Please provide a two page narrative justification on strategy selection **for each risk factor reporting on your strategies and risk factors they are addressing for Underage Drinking on one page and the proposed strategies and risk factors for the second priority on the second page of this narrative section.** . Please also complete **Appendix D: Community Logic Model** for each priority and **specific risk factor.** **Please also complete Appendix E: Evidence-based Strategy Work Plan** for each strategy selected. If Criteria 3 has been selected, please complete **Appendix F: Criterion 3 Justification work sheet.** Sample logic models will be provided at a later date.

As you consider strategies you may wish to implement, you will be asked to identify interventions that are:

- A good conceptual fit with your objectives
- A good practical fit with your community's needs resources and readiness to act
- Of sufficient strength and reach
- Comprehensive
- Evidence-based

#### **A. Determining Best Conceptual and Practical "Fit"**

There is a wide variety of prevention strategies available for implementation, but even those with a strong current evidence base may not be appropriate for particular coalitions. For example, strategies developed and normed on groups with different population demographics than those that exist in the implementing community may constitute a poor fit. In addition, some scientifically supported strategies may not be appropriate given the coalition's mission or the particular culture and tradition of the community.

A "good conceptual fit" intervention should:

- Demonstrate evidence of effectiveness with the target population
- Specifically address the community's priority risk factors and underlying conditions
- Drive positive outcomes in reducing underage drinking
- Offer multiple opportunities for prevention

A strategy practically fits the community if:

- The coalition has or can acquire the necessary staff and funding
- The coalition has the necessary community contacts (police, leaders, etc.)
- The community will support this strategy
- The strategy reflects the community's culture
- The strategy is sustainable

The following checklist may assist you in determining those strategies that are a good "fit".

## Assessment of “Fit” of Possible Strategies

Once coalition members have reached consensus on the community’s priority risk factor(s) and underlying contributing factors, they will begin a process of thinking critically and systematically about three considerations that determine best-fit strategies to address priorities, using the diagram below. *This is an OPTIONAL tool.*

<b>Risk Factor:</b>				
Possible Strategy	Assessment of Strategy	Yes	No	Need More Info
	<b>Conceptual Fit</b>			
	• Demonstrates evidence of effectiveness with the target population.			
	• Specifically addresses the community’s priority risk factors and underlying conditions			
	• Drives positive outcomes in chosen priority			
	• Offers multiple opportunities for prevention			
	<b>Practical Fit</b>			
	• Your community has the necessary staff and funding			
	• Your coalition has the necessary community contacts (police, leaders, etc.)			
	• The community will support this strategy			
	• The strategy reflects your community’s culture			
	• The strategy is sustainable			
	<b>Evidence of Effectiveness</b>			
	Source(s):			

## **B. Strength and reach**

Consider the reach and strength of each strategy as you are developing your plans.

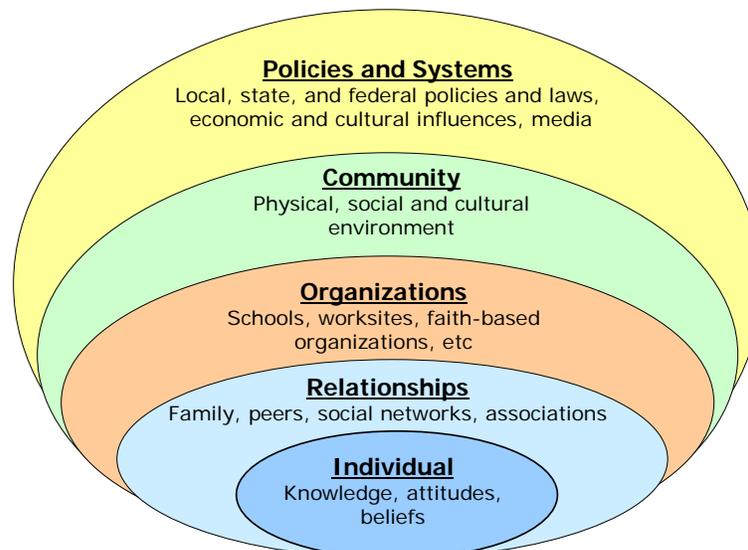
- Reach includes an estimate of how many people, and what sectors of the community the strategy will impact. Will your intervention directly reach enough people so that you could reasonably expect to see a community-wide outcome with that audience?
- The strength of an intervention includes the “dosage” the target audience will experience. Will your audience participate in enough prevention activity and receive enough prevention messaging over a long enough time, so that you could reasonably expect to have a measurable outcome with your audience in three years?

## **C. What is a comprehensive approach?**

Research has demonstrated that effective prevention approaches are both comprehensive in nature and sustained over time. Several complementary approaches should be considered in combination, depending on the resources available. Single programs that narrowly target individual-level behaviors over short time intervals typically dissipate in effectiveness relatively quickly. On the other hand, comprehensive approaches that embrace multiple-level prevention efforts across the community have been shown to be persistently effective in reducing substance use and abuse. Below is the Vermont Prevention Model and for more information on the different levels of influence, see Appendix I.

**Because the focus of the SPF SIG is on population level change, it makes the most sense to concentrate on environmental strategies that reach many people in the community – the policy, community and organizational level. However, a few strategies focused on individual and family level change may be allowed as part of your plan.**

## Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:391-377, 1988.

#### **D. Determining what is evidence-based**

An overarching goal of the SPF-SIG is to apply evidence-based prevention strategies to address state identified priorities. Therefore, it is imperative that grantees document that all selected strategies are aligned with this goal. Fundamentally, the SPF-SIG is looking for change that can be attributed to programs, practices, and policies that are theoretically sound and demonstrate an empirically acquired foundation of research support that conforms to rigorous scientific standards.

All selected strategies must be effective according to one of the following lists:

- Federal Registries
- Center for Substance Abuse Prevention
- Department of Higher Education
- Experts in the field (NIAAA, NIDA)
- Other research

**Strength of evidence** for a particular strategy ranges from “no evidence” (ideas and logical concepts not yet tested) to “established evidence of effectiveness” (multiple peer-reviewed journal articles demonstrating positive outcomes from multiple independent investigators). ADAP expects coalitions to implement strategies that have at least a scientifically sound conceptual basis and some empirical evidence of prevention effectiveness. Since evaluation is one of the 5 key steps of the SPF-SIG process, valid and reliable measurable outcomes must be included as part of the strategic plan.

SAMHSA has published a document to guide the states and community grantees in determining what qualifies as an evidence-based strategy.<sup>3</sup> There are three explicit criteria for determining the evidence-based status of a strategy:

1. The strategy is included on Federal Lists or Registries of evidenced-based interventions; **OR**
2. The strategy has been reported (with positive results) in peer-reviewed journals; **OR**
3. There is documented effectiveness for the strategy based on:
  - a. The intervention is based on a solid theory or theoretical perspective that has been validated by research **AND**
  - b. The intervention is supported by a documented body of knowledge – a converging accumulation of empirical effectiveness – generated from similar or related interventions that indicate effectiveness; **AND**
  - c. The intervention is judged by a consensus of informed experts to be effective based on a combination of theory, research, and practical experience. Informed experts may include key community prevention leaders, and elders or other respected leaders within indigenous cultures.

SAMHSA has charged each SPF SIG state with applying these criteria. VDH/ADAP has convened a committee of prevention professionals<sup>4</sup> to interpret the Federal intent and develop

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<sup>3</sup> This document is available at [http://download.ncadi.samhsa.gov/csap/spfsig/Final\\_SPFGuidance\\_Jan04\\_2007.pdf](http://download.ncadi.samhsa.gov/csap/spfsig/Final_SPFGuidance_Jan04_2007.pdf)

State appropriate guidelines. The committee investigated other state approaches before making recommendations for Vermont. This document contains the committee's Vermont-specific recommendations:

- **VDH/ADAP will only accept interventions falling under criteria 1 and 2 above for plans to address underage drinking (priority 1) because of the number of well documented strategies already available.**
- **For priorities 2 and 3, all 3 of the criteria defined above will be accepted for review (See below for additional guidelines if you choose a strategy that falls under Criterion 3).**

### Criterion 1

An abridged inventory of federal lists and registers is listed on page 12.

### Criterion 2

A peer-reviewed journal is a scientific publication that relies on experts to determine the quality and importance of a particular study. In contrast, chapters in books are typically solicited and not subject to the same level of rigorous review. Studies that eventually get published in journals usually go through several rounds of revisions and clarifications prior to actual publication. This mechanism, though not perfect, tends to filter out studies that are of marginal quality and significance.

Although Criterion 2 states that positive published outcomes meet this standard, we suggest that, if available, at least one publication should come from a group that is unaffiliated with the developer; however you may find not all strategies will have been independently evaluated.

Some resources summarizing substance abuse prevention research can be found on page 13.

### Criterion 3

Criterion 3 is reserved for strategies that may be developed from existing research approaches but have yet to accumulate direct significant support on their own. For example, Project Northland is specifically targeted to reduce underage alcohol use; research evidence has been accumulated that indicates the program's effectiveness. Extending the applicability of this strategy to other substances may be warranted even though the program was developed only for alcohol as long as the conceptual foundation is sound and applicability to other substances appears theoretically consistent.

An advantage of selecting strategies from criteria 1 or 2 is that those listed in Federal Registers or published in peer reviewed journals are likely to be more methodologically rigorous and therefore more scientifically sound. An advantage of selecting strategies from criteria 3 is the

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<sup>4</sup> The committee roster is attached as Appendix J.

ability to test new and innovative prevention approaches that have a sound conceptual basis even though they may lack appropriate empirical support

We recognize that innovative but conceptually sound prevention strategies may not have a large empirical base of support but may nonetheless, be a part of a larger comprehensive approach. Although we are not requiring a preset percentage of strategies from the various criteria, there is an expectation that the Strategic Plan will reflect empirically supported scientific considerations in the prevention arena (i.e., criteria 1 and 2). We suggest a mix of strategies that best addresses prevention efforts in your particular community directed toward the priority you selected.

***”If we plan to implement strategies under criterion 3 how do we justify this approach in our plan? ”***

Since criterion 3 necessitates additional documentation, please complete Appendix F: Criterion 3 Justification.

***“Where can we find summaries of evidence-based strategies?”***

The following list will provide you with summaries of evidence-based strategies and best practices.

**Federal Lists and Registries:**

Substance Abuse and Mental Health Services Administration (SAMHSA)  
National Registry of Evidence Based programs and Practices (NREPP)  
<http://www.nrepp.samhsa.gov>

National Institute of Drug Abuse (NIDA)  
*Preventing Drug Use Among Children and Adolescents: A Research-Based Guide*  
<http://www.nida.nih.gov/prevention/examples.html>

Northeast Center for the Application of Prevention Technology (NE CAPT)  
Searchable research database by federal agency  
<http://www.hhd.org/capt/default.asp>

US Department of Education (DOE) – Exemplary and Promising Programs  
[www.ed.gov/admins/lead/safety/exemplary01/report\\_pg9.html?exp=0](http://www.ed.gov/admins/lead/safety/exemplary01/report_pg9.html?exp=0)

**Additional Resources on Substance Abuse Prevention Research and Best Practices:**

Western Center for Application of Prevention Technology  
Building a Successful Prevention Program  
<http://captus.samhsa.gov/western/resources/bp/step6/index.cfm>

Surgeon General Call to Action to Prevention and Reduce Underage Drinking

<http://stopalcoholabuse.gov>

Underage Drinking Enforcement Training Center

<http://www.udetc.org>

National Institute of Alcohol Abuse and Alcoholism

College Drinking Prevention

<http://www.collegedrinkingprevention.gov>

Division of Workplace Programs

<http://www.workplace.samhsa.gov>

### **Capacity Building Resources:**

#### **Substance Abuse Specific:**

<http://cadca.org>

<http://cadca.org/tl-NP.asp>

[https://preventionplatform.samhsa.gov/Macro/CSAP/dss\\_portal/Templates\\_redesign/start.cfm](https://preventionplatform.samhsa.gov/Macro/CSAP/dss_portal/Templates_redesign/start.cfm)

#### **Community Systems Change:**

<http://ctb.ku.edu/en/>

#### **Non-profit development/Board development:**

<http://www.boardsource.org/>

<http://www.governancematters.org/>

-Resources

<http://www.managementhelp.org/boards/boards.htm>

### ***“Are there strategies not likely to be approved?”***

Strategies that have been shown not to be effective include: drug free dances, recreational activities, awareness days or assemblies for student audiences, self-esteem enhancement activities, mock car crashes, fatal vision goggles. Research suggests that, for a variety of reasons these activities used as independent strategies have no impact on substance use and thus are empirically evaluated as ineffective. We stress that these strategies may be included as part of a comprehensive prevention approach or in capacity building activities; however, **as stand alone** programs and practices they have been evaluated and determined to not be effective.

## **5. Capacity Building Plan – Developing a Capacity Building Work Plan**

Please provide no more than a two page narrative description of your overall capacity building goals and plan; including how you will address the 5 core protective factors (see section below). Please complete a detailed capacity building work plan using Appendix G: Capacity Building Work Plan. The capacity building work plan activities should be derived from the agency and community wide assessments you have recently completed.

A key component in the Strategic Prevention Framework process is the development of a mobilization and capacity building plan for both your organization and community. Capacity building is an ongoing practice and infused throughout the SPF-SIG process. You have recently completed an organizational capacity assessment tool as well as a key informant Resource and Readiness survey that has provided you with some data as to your current organizational level of capacity and that of your community. The assessment of the level of internal and external capacity is important because identifying capacity needs and gaps can impact the ultimate selection of evidence-based strategies. Although building capacity is identified as Step 2 in the SPF process, the SPF model is a non-linear model as capacity assessment and building are integrated into each of the 5 SPF steps.

Organizational capacity building includes activities such as: strengthening the board of directors, developing organizational policies, procedures and structures; building the knowledge and skills of the board, staff and volunteers; diversifying the organization's funding sources. Community capacity building is geared toward establishing and nurturing relationships throughout diverse segments of the community. **These types of activities should convey a direct relationship to the ultimate goal of the comprehensive prevention approach through capacity building in general or expanding community involvement in particular.** For example, events held to enlist community support and recruit new volunteers would be justified in order to enhance the implementation of a particular strategy. Events to celebrate accomplishments would also be appropriate as part of an overall strategy. These activities may be especially important to engage and motivate young adults as partners in your coalition's prevention efforts.

## **6. Protective Factors: What about protective factors?**

The information below is provided to further describe what protective factors are and their importance in planning and delivering substance abuse prevention programs, policies and practices.

The emergence of risk and protective factor research in the field of substance abuse prevention has provided a unifying framework for understanding substance abuse and related problems. Consistently, research has shown that the more risk factors a youth experiences, the more likely he or she is to experience substance abuse and related problems in adolescence or young adulthood (Pollare, Hawkins, and Arthur, 1999). In addition, research has shown that the more risk factors in a youth's life are reduced, the less likely he or she is to have problems (Hawkins, Catalano, and Miller, 1992). SAMHSA's Strategic Prevention Framework process is organized around reducing risk factors.

According to the literature risk factors are not the only things operating in young lives. Some youth with a significant number of risk factors manage to avoid substance abuse and other problem behaviors. The explanation for this resiliency appears to be the presence of protective factors. Protective factors may buffer exposure to risk factors (Hawkins et al., 1992; Pollard et al, 1999). These factors include parental involvement, parental modeling of acceptable behaviors, academic success, engagement in community/school activities and other pro-social factors. Much of this research is based on adolescent behavioral trajectories. For the purposes of Vermont's SPF SIG, we will start with these protective factors, understanding that our work with adolescents will inform our understanding of the applicability of these protective factors to the

population of young adults. **These protective factors are summarized as The Five Core Protective Factors<sup>5</sup>:**

- **Strong bonds exist between youth and adults**
- **Youth gain the skills necessary for becoming a mature adult**
- **There are opportunities for youth to have meaningful involvement in the community**
- **Such involvement is recognized**
- **Healthy beliefs and clear standards are communicated and modeled**

These core factors are essential to effective community development, prevention planning, and capacity building. Rather than asking grantees to prioritize these, grantees are asked to consider, in all their activities, how they can strengthen these factors. *For example, if you are planning a community education event, how can youth/young adults be involved in planning and implementing those events? Are leadership building opportunities, such as adult/youth co-chairs on initiatives, built into your plan? How will you celebrate and recognize volunteers at key project milestones?*

## 7. Evaluation Assurances – *What is required for population based evaluation?*

Step 5 of the SPF framework pertains to evaluation and several related objectives (e.g., monitoring, sustaining progress, and improving or replacing prevention strategies. The required evaluation activities for community grantees, as they proceed with implementation, are listed below. With respect to these activities, the community strategic plan needs only to provide assurance that these activities will be conducted. The staffing plan should indicate who will be responsible for these tasks. Guidance and materials for activities 3 through 7 below will be provided to community grantees by the state evaluator (PIRE). Community grantees may choose to plan and conduct additional evaluation activities as well. If so, such activities should be described briefly in their plan.

- 1) Participate in the web-based training for the completing the Community-Level Instrument (CLI), to be offered in June of 2008.
- 2) Complete the CLI in July of 2008 and every six months thereafter through the end of their project.
- 3) Conduct a round of follow-up data collection activities in the final year of their projects, including administration of the community resource and readiness survey, the organizational capacity checklist, young adult focus group(s), and law enforcement interviews. Conduct of a community environmental scan and a town forum and/or survey are also recommended, especially if also conducted for the assessment step in 2008.

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<sup>5</sup> Developmental Research and Programs, Inc *Risk and Resource Assessment*, May 1994

- 4) In the fall of 2008, and again in the final year of the grant, identify and distribute information to a sample of young adult residents regarding participation in a young adult survey to be coordinated by PIRE
- 5) Assess the fidelity of implementation of SPF-funded intervention activities.
- 6) Assess the extent to which SPF-funded interventions achieve their immediate objectives.
- 7) Prepare an evaluation section as part of (or appendix to) their final quarterly report, which will provide an assessment of the effects of the SPF-SIG project in their community.

Please note that specific activities for assessing implementation fidelity and immediate objectives of each SPF-funded intervention cannot be specified until the interventions are identified.

## 8. Budget and Budget Narrative

Please complete your yearly budget and narrative using the budget form and narrative directions found in the “Tools, Worksheets & Templates” Appendix. The budget form is the same one used this year with the corresponding reporting forms found on the SPF website. The amount to be budgeted for statewide media, training and evaluation will be provided at a later date.

## 9. Completed Tool Appendix

Please include the following **COMPLETED** tools, templates and/or summaries in the Completed Tool Appendix:

- Appendix A: Secondary Priority Selection Worksheet
- Appendix B: Summary of Contributing Factors Worksheet
- Appendix C: Risk Factor Rating Summary
- Appendix D: Community Logic Model
- Appendix E: Evidence-Based Strategy Work Plan
- Appendix F: Criterion 3 Justification Tool
- Appendix G: Capacity Building Work Plan
- Appendix H: Budget Template and Narrative

## 10. Submission of Community Strategic Plan & Process for Approval

Please submit (1) original and (4) copies of your plan, including all required tools, worksheets and templates (this includes your budget and narrative), to Lori Tatsapaugh Uerz, VDH/ADAP, Box 70, Burlington, VT 05402. No faxed or e-mailed copies will be accepted. Submission deadline is upon completion. The process for approval is that a small review team will read your community strategic plan, review required tools, worksheets and templates and either approve the plan as written, approve the plan with required changes or not approve the plan. If the plan is

not approved, you will receive both written feedback and technical assistance to be able to resubmit the plan for approval.

## 11. Technical Assistance & Feedback

**ADAP will provide significant technical assistance (TA) throughout the 5 steps of the SPF-SIG cycle.** Grantees are encouraged to take advantage of the expertise offered through staff as well as collaborative efforts with other grantees. There will be regular grantee trainings and meetings in order to facilitate general TA as well as opportunities to exchange information with other grantees. All staff technical assistance requests should be made through Lori Tatsapaugh Uerz, the SPF-SIG Coordinator (802 652-4149). Also, this guidance document will remain in draft form until all information “to be provided at a later date” is completed, and we will be requesting feedback on the clarity and usefulness of the document from grantees and will incorporate the feedback into a final version of the guidance document.

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