



Massachusetts Strategic Prevention Framework
State Incentive Grant

MASSCALL 2

MASSCALL2

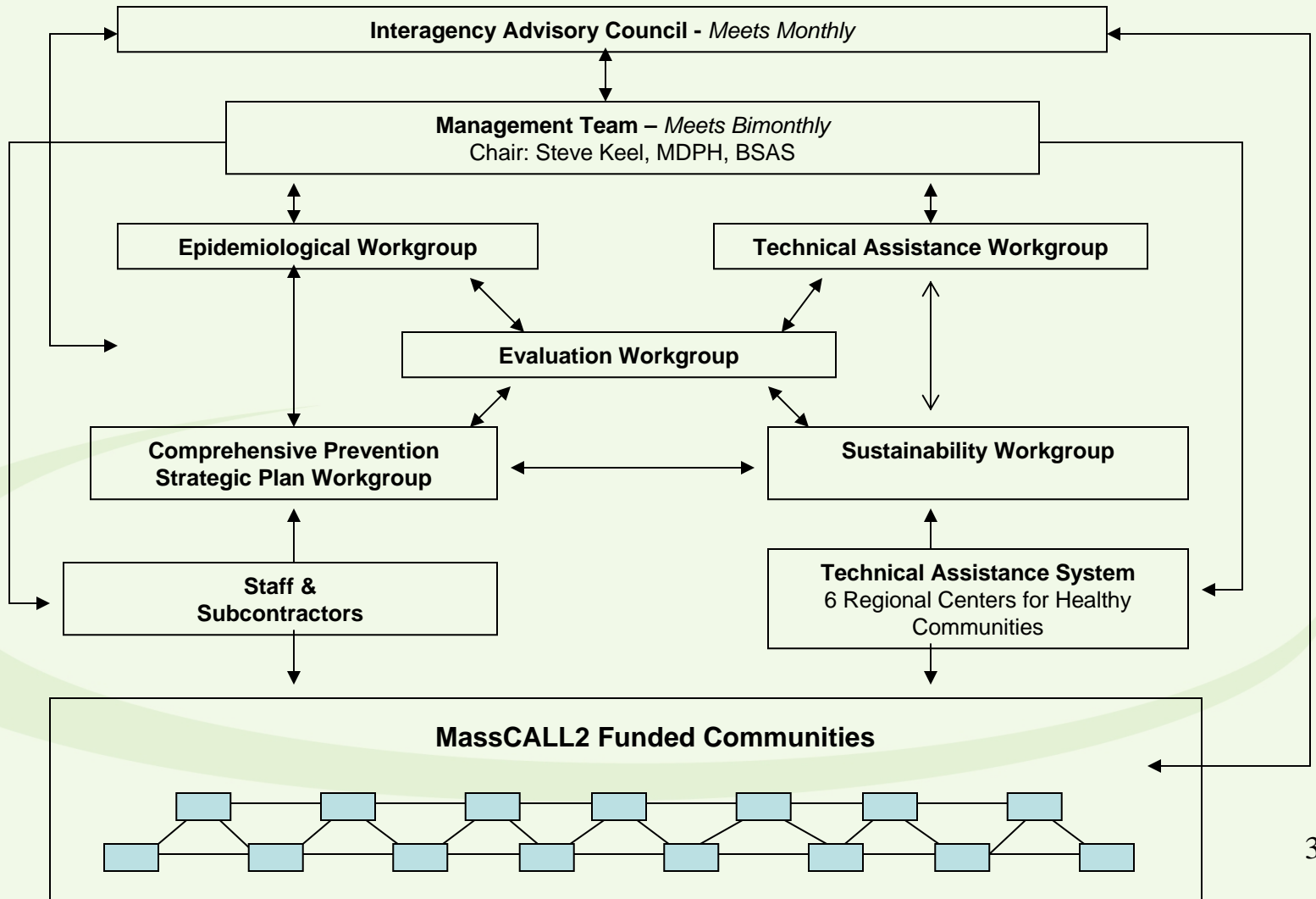
Strategic Prevention Framework

State Incentive Grant



- 5 year grant – 10/01/06 – 9/29/11
- Allocation of funding guided by data
 - Epidemiological Outcome Workgroup
 - Management Team
- Funding – \$2,093,000
 - 85% - communities
 - 15% - administration

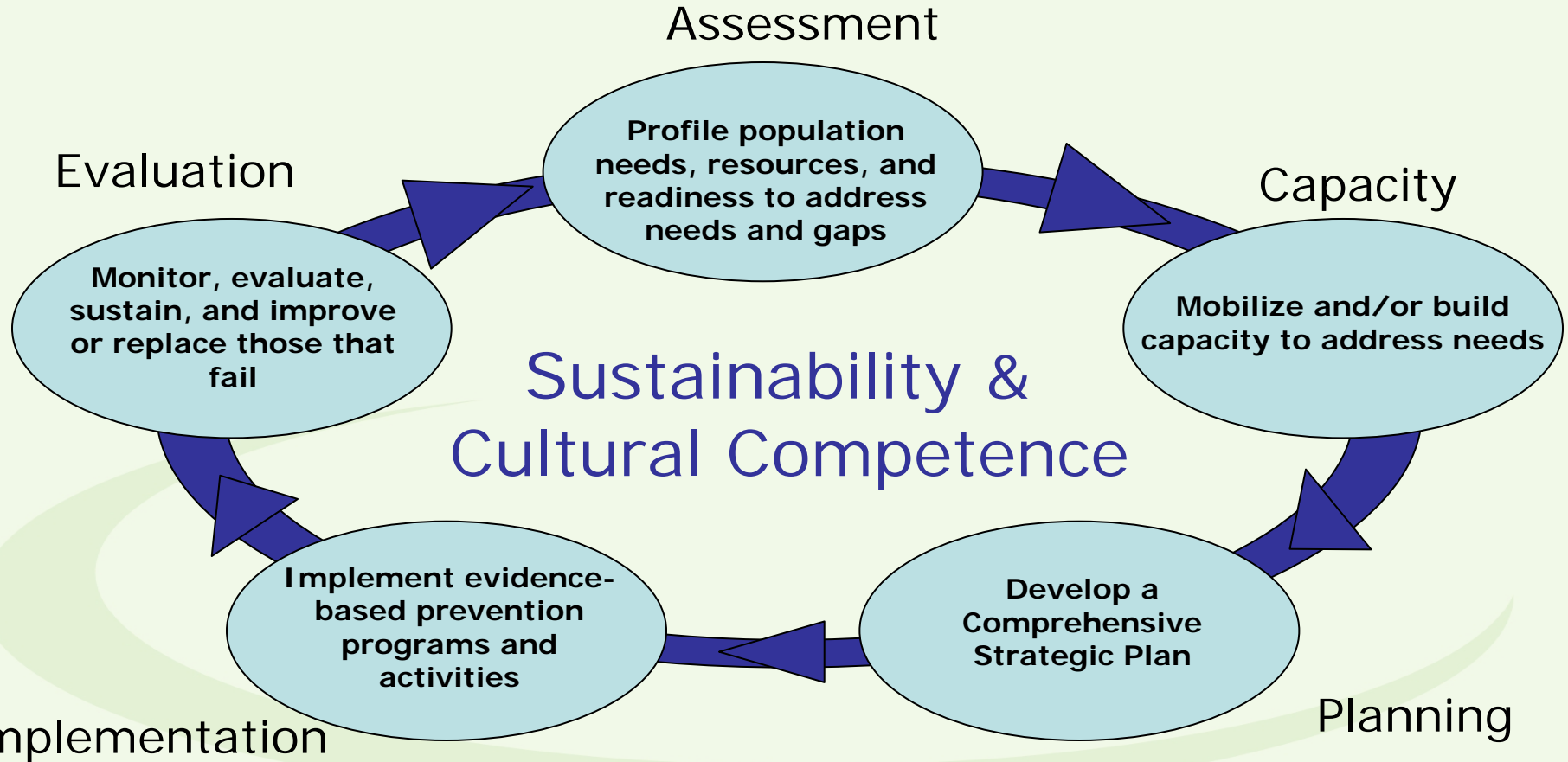
MassCALL2 Organizational Structure



PURPOSE:

- Identify existing consequences and consumption data
- Identify gaps and discrepancies in data
- Identify resources
- Develop criteria for selecting which consequence (s) will be the focus of statewide efforts
- Develop recommendations to present to the Inter Agency Council regarding
 - Priority issues to be addressed
 - Distribution of funding/resources

SAMHSA's Strategic Prevention Framework Steps



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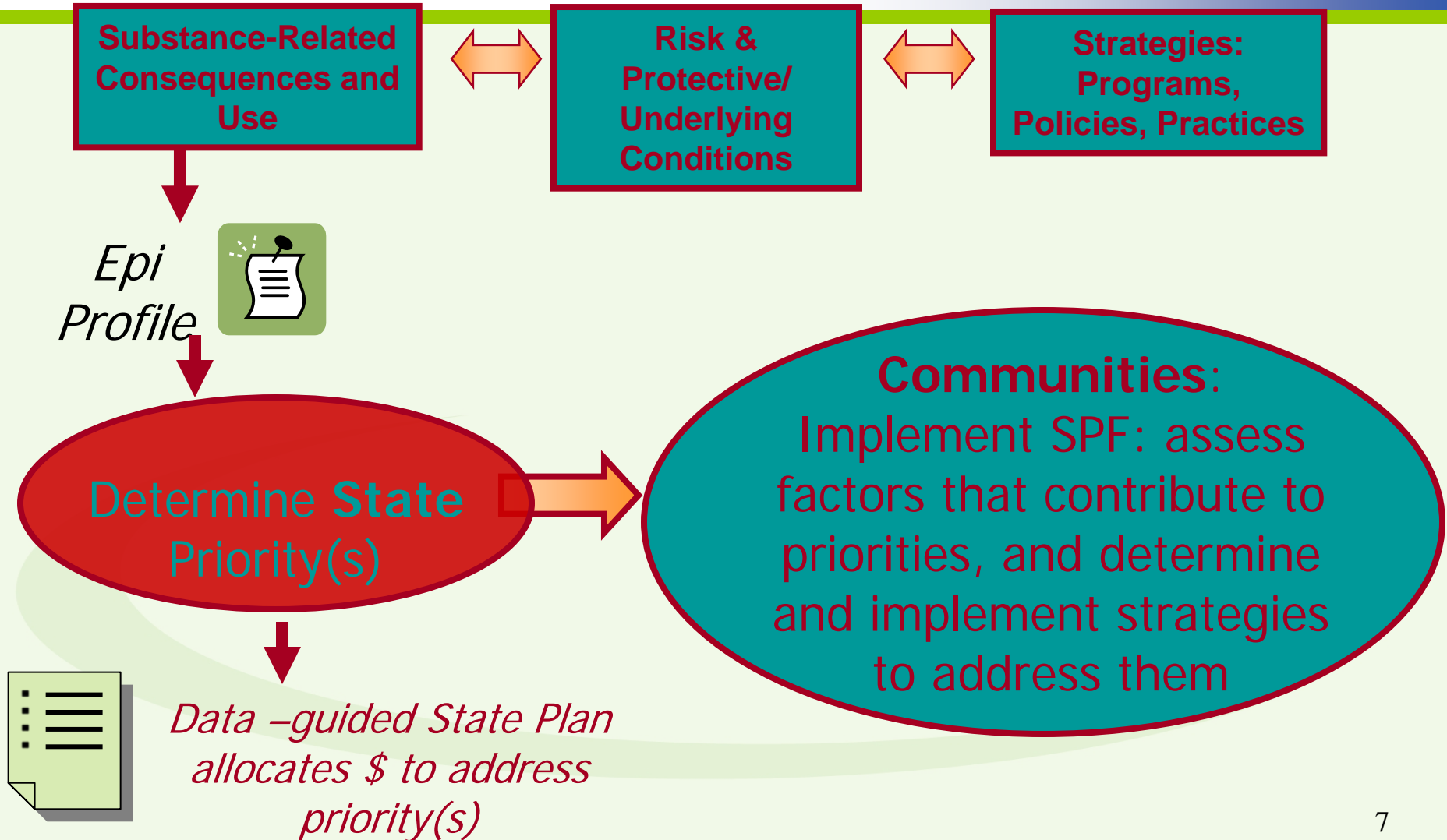
Strategic Prevention Framework

State Incentive Grant



- A Focus on Reducing Negative Outcomes or Consequences
 - A Pilot
 - The focus on consumption, in particular, underage drinking remains a major focus of The Block Grant and social marketing campaigns.
 - The utilization of risk and protective factors in prevention planning will continue to be supported (MASSSNAP, CTC, etc)

SPF and Outcomes-Based Prevention





KEY QUESTION 1: What do substance use and related consequences look like in Massachusetts?

Identify data needs
("What do we want to know?
What data do we need to know it?")

Identify and explore data sources
(availability and/or quality)

November 2006

Establish data sources and indicators
(substance-related consequences and consumption data)

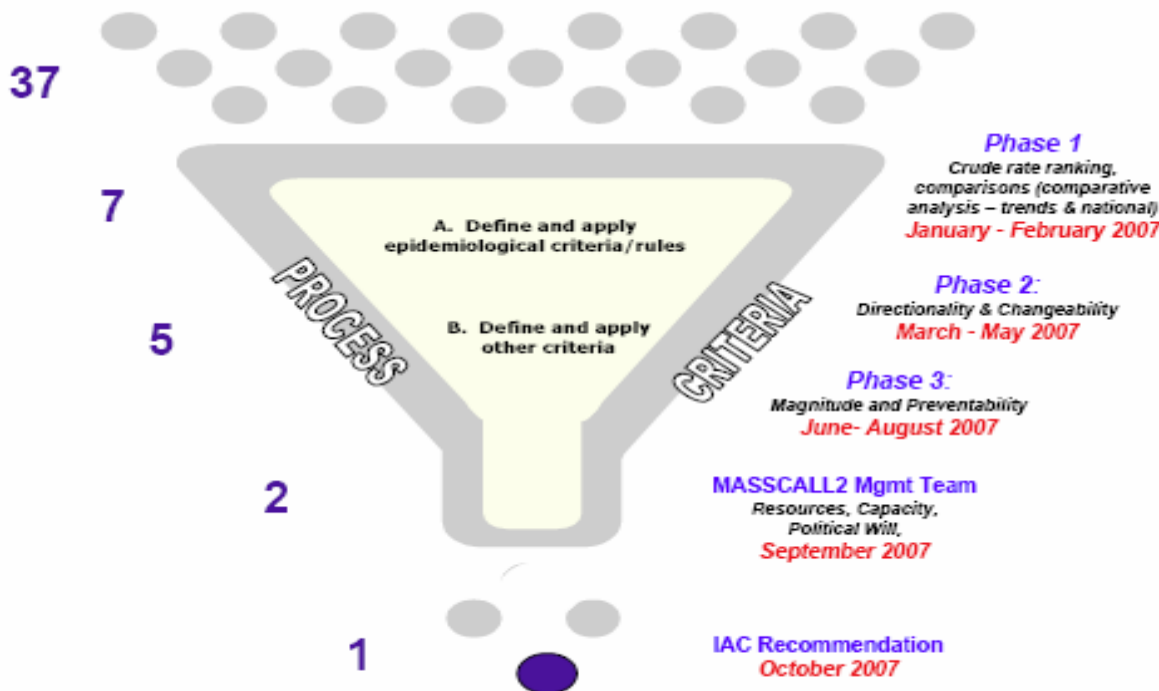
Determine epidemiological constructs

Gather/organize data according to these dimensions

E.g., criteria for data, data confidence, complete, age, race gender, consistent reporting, US comparison, crude rate.

December 2006

KEY QUESTION 2: What are Massachusetts substance-related prevention priorities?



DETERMINING MASSACHUSETTS PRIORITIES



Getting from here to there . . .



Massachusetts substance-related
prevention priorities

MassCALL2 Goals

- To prevent/reduce fatal and non-fatal opioid overdoses within Massachusetts communities
- To improve the prevention capacity and infrastructure of targeted communities to address non-fatal and fatal opioid overdoses and other substance abuse issues

Funding Specifications

- Funding awarded to 15 communities based on population size, incidence of opioid overdoses, need, current resources available, and other considerations.
- Approximately \$1,629,050 annually competitively awarded to 15 eligible entities

Funding Specifications



Funding will be awarded as follows:

Population Size

Over 90,000

50,001 - 89, 999

50,000 and lower

Funding Allocation

Up to \$200,000

Up to \$125,000

Up to \$100,000

Eligibility



- Municipalities (cities or towns) in partnership with existing or proposed coalitions/collaboratives.
- Municipalities must meet the minimum criterion of having an average of 30 or more cases per year of unintentional fatal and non-fatal opioid overdoses during the 3-year period from 2003-2005.

Eligibility



- Recommended partners include those entities that interact with or have knowledge of opiate users.
- For example: substance abuse prevention and treatment providers, local/regional hospitals, law enforcement, first responders to emergency medical situations, consumers of substance abuse treatment services, HIV/AIDS providers, representative from the criminal justice system, faith communities, pharmacies, community members including youth, parents, and people in recovery, schools and colleges, social service agencies and Departments or Boards of Public Health.

MassCALL2 Programs



- **Northeast**
- **City of Gloucester**
- **City of Lynn**
- **City of Lowell**
- **Metro West**
- **City of Quincy**
- **City of Cambridge**

Boston

- **BPH Charlestown**
- **BPH South End**
- **BPH South Boston**
- **BPH JP/Roxbury**
- **City of Revere**

Southeast

- City of Fall River
- City of New Bedford
- High Point/Brockton

Central

- City of Worcester

Western

- *Re-RFR*

Timeline

- **July 1 – Community Contract Start date**
- **July – August - Site Visits**
- **September – MassCALL2 Statewide Meeting/Training**
- **October 31 – Strategic Plans due (Rolling review)**
- **October – November – Communities will be eligible to apply for additional funding up to the original amount requested to implement selected strategies generated from Steps 1, 2 and 3.**

SPF/SIG Timeline



ACTIVITIES/ACCOMPLISHMENTS

COMPLETION DATE

ASSESSMENT

- Funded communities complete a local assessment July - October 2008

CAPACITY BUILDING ACTIVITIES

- RCHC Liaison assigned to each funded Community to provide technical assistance to communities regarding the SPF steps and the reduction of fatal and non-fatal opioid overdoses July 2008 - ongoing
- Funded communities complete a community readiness assessment July - October 2008
- Funded communities develop a local capacity building plan July - October 2008

SPF/SIG Timeline

ACTIVITIES/ACCOMPLISHMENTS

COMPLETION DATE

PLANNING

- Funded communities develop and submit Local Strategic Prevention Framework Plans that include evidence-based strategies
- Funded communities Local Strategic Prevention Framework Plans approved

September - October 2008

Sept. - November, 2008

IMPLEMENTATION

- Funded communities implement Strategic Prevention Framework Plans

September - December
2008 – ongoing

What are the Differences Between the SPF and Past Prevention Planning in Massachusetts

SIG – MASSCALL

- Community local needs assessment – particular focus on underage drinking
- Start with Steps 3 and 4
- Emphasis on implementing evidenced based strategies – selected model programs from a list - NREPP
- Risk and Protective Factors confined to Hawkins and Catalano

SPF SIG – MASSCALL2

- State Level Assessment substance abuse consequences looking across life span
- Start with Steps 1, 2 and 3
- Emphasis on step by step planning process that is data driven and leads to the selection of strategies
- Intervening Variables that include Risk and Protective factors found in the substance abuse literature

MassCALL2 Goals

- **Goal 1:** Reduce substance abuse-related problems in communities
 - **Objective 1.1:** Reduce the number of non-fatal and fatal opioid overdoses in communities funded under the MassCALL2 initiative.
 - **Objective 1.2:** Improve/correct those factors associated with non-fatal and fatal opioid overdoses in communities funded under the MassCALL2 initiative.
- **Goal 2:** Build prevention capacity and infrastructure at the State and Community levels.
 - **Objective 2.1:** Improve the prevention capacity and infrastructure of the State prevention system to address non-fatal and fatal opioid overdoses and other substance abuse issues.
 - **Objective 2.2:** Improve the prevention capacity and infrastructure of targeted communities to address non-fatal and fatal opioid overdoses and other substance abuse issues.



Cross-Site Evaluation Overview

MASSCALL 2

Cross-Site Evaluation Team

Social Science Research and Evaluation, Inc. (SSRE)

- **Wayne Harding (lead) and Scott Formica**

Schneider Institute for Health Policy (Brandeis)

- **Peter Kreiner and Carol Prost**

Roles and Responsibilities

- **Evaluate state-level grant activities**
- **Coordinate and monitor local evaluation efforts**
- **Conduct cross-site analyses using both state indicator**
- **data and local data generated at the community-level**
- **Provide limited evaluation-related technical assistance**

Evaluation: Requirements

All MassCALL2 communities take part in the State Cross-Site Evaluation and the CSAP National Cross-Site Evaluation

- **Project Directors complete the State/CSAP Community-Level Instrument (CLI) in January and June of each funding year.**
- **PDs create a brief written summary of progress in implementing the SPF and accomplishments to date in January and June of each funding year (template provided by cross-site evaluators).**
- **PDs provide NOMS data in January and June of each funding year based on guidance and templates provided by the cross-site evaluation team.**

Evaluation: Outcome Data and Support

- All communities will be assessed using community-level indicator data on opioid overdoses collected by DPH and processed by the cross-site evaluation team. Communities do not need to take any action – this will be coordinated entirely at the state-level.
- TA on needs assessment, planning, and evaluation is available to all communities through the RCHCs with additional support from the cross-site evaluators, as needed.

Evaluation Case Study: Logistics



- **Evaluation Case Study Communities must work with a local evaluator under sub-contract to SSRE.**
- **SSRE has identified and pre-qualified a number of researchers/evaluators for MassCALL2 communities.**
- **Letters have been sent to evaluation case study communities and pre-qualified evaluators asking them to pair up with one another.**

Evaluation Case Study: Expectations



MassCALL2 local evaluators are expected to:

- Assist communities with SPF Step One (Assessment).
- Assist communities with strategy selection.
- Assist communities in developing their strategic plan.
- Assist communities in completing the CLI.
- Assist communities in providing NOMS data.
- Coordinate their work with the RCHC representative.
- Obtain IRB approvals, as necessary.

Evaluation Case Study: Requirements



MassCALL2 local evaluators are required to:

- Prepare brief evaluation plan outlining a process and outcome evaluation for strategies put into place in the community (due October 31, 2008).
- Implement process and outcome evaluation of MassCALL2 strategies.
- Work with PDs and Cross-site Evaluators to complete a Fidelity Assessment Rubric (FAR) in June of each funding year.
- Submit local evaluation reports in January and June of each year with process and outcome results and raw data.
- Participate in two meetings per year with cross-site evaluators.



Overview of Assessment Guidance

The first section of the guidance document address the following:

- Describes the purpose of conducting a needs assessment
- Identifies and describes MassCALL2 priority consequence
- Presents state-level data on the MassCALL2 consequence
- Outlines five tasks communities are expected to complete



Overview of Assessment Guidance

- Provides information on data analysis strategies, methods for prioritizing intervening variables, and additional considerations (i.e., data quality, data access).
- Provides instructions for incorporating needs/assets assessment information into local strategic plan.
- Attachments have information on using International Classification of Disease (ICD) codes to obtain local indicator data, templates for key informant interviews, and tips for conducting focus groups.



Needs Assessment Process

Within the SPF, assessment is defined as “profiling population needs, resources, and readiness to address needs and gaps.”

- MassCALL2 communities must assess the occurrence of unintentional fatal and non-fatal opioid overdoses at the community-level using data provided by the state as well as other local data to identify:
 - The magnitude of the problem
 - Geographic area(s) and/or population(s) or sub-population(s) where problem is greatest
 - Intervening variables associated with the problem
 - Community assets and resources (including resource gaps)
 - Capacity and readiness to act



Needs Assessment Process

Communities should already have a *preliminary* plan for conducting the local assessment

- During the application process, communities were requested to provide *preliminary* data and a proposed process/plan for conducting a more comprehensive assessment if funded.
- This *preliminary* plan should serve as the basis or starting point for the needs/assets assessment process.



Expected Needs Assessment Tasks

Communities are expected to complete the following tasks when conducting the local assessment

1. Review state-supplied overdose data and community profiles.
2. Collect and review local fatal and non-fatal opioid overdose data.
3. Collect and review local data on intervening variables.
4. Conduct key informant interviews **(required)**.
5. Collect other sources of information at the local level.



1. Review State-Supplied Data

Each MassCALL2 community will receive a community profile and a community resource sheet from BSAS

Community Profiles

- Presents trend data and crosstabs (gender, age, race/ethnicity) on number of unintentional fatal and non-fatal opioid overdoses through 2006 along with data on selected, potential intervening variables for which statewide data exist that can be disaggregated to community.

Community Resource Sheets

- Provides information on opioid-related programs and services in the municipality or region (e.g., Narcan pilot sites, methadone programs, detoxification programs, office-based opioid treatment programs, outpatient and residential programs).



2. Collect/Review Local Overdose Data

Each MassCALL2 community is expected to collect additional (more recent) data on opioid overdoses

Fatal Opioid-Related Poisoning Deaths

- Manual review of local death certificates to identify cases for which overdose was a contributing or primary factor. Available from the Town Clerk or Registrar of Vital Records.

Non-Fatal Acute Care Hospital Discharges for Opioid Poisoning

- Data on inpatient discharges, outpatient observation stay discharges, and emergency department discharges for non-fatal opioid overdoses from hospitals serving the community.
- Work with hospital administrators and data personnel to obtain these records using the ICD code instructions provided in the Appendix.



3. Collect/Review Data on Intervening Variables

An intervening variable is a factor that is related to the occurrence/magnitude of an identified health issue or behavior

Intervening variables identified in the research literature include:

- Changes in drug tolerance
- Fluctuations in heroin purity
- Concomitant use of substances (alcohol, benzodiazepines)
- Previous non-fatal overdose
- Homelessness or marginal housing
- HIV status
- Delays in contacting emergency medical services
- Low levels of knowledge of overdose management strategies among users/bystanders



4. Conduct Key Stakeholder Interviews

It is expected that a primary source of information will be key stakeholders (i.e., knowledgeable spokespeople)

Relevant key stakeholders may include representatives from entities that interact with or have knowledge of opiate users such as:

- Municipal government
- Substance abuse prevention and treatment providers
- Local/regional hospitals
- Law enforcement
- First responders to emergency medical situations
- HIV/AIDS providers
- Criminal justice system
- Faith communities
- Social service agencies



Highlight – Key Stakeholder Interviews

The state has developed a core set of questions that communities must use when conducting these interviews.

- Ten questions (with probes) covering five broad areas:
 - Assessment of local opioid overdose situation
 - Identification of locally-relevant intervening variables
 - Identification of local data sources
 - Assessment of local resources and readiness
 - Recruitment and mobilization



Highlight – Key Stakeholder Interviews

No minimum for number of key informant interviews that must be conducted – should be as inclusive as possible.

- Guidance document contains following resources:
 - Instructions for conducting key informant interviews
 - Interviewer Guide (with questions and probes)
 - Interviewer Summary Sheet
 - Letter of Introduction to be sent to key informants
 - Pre-interview Letter to be sent to key informants
 - » MassCALL2 Information Sheet
 - » Copy of questions to be asked



5. Other Sources of Information

Initial assessment activities may point to other sources of quantitative or qualitative information that are relevant for understanding the nature and scope of the issue

Focus Groups

- Focus groups with informants (e.g., consumers of treatment services; community members; people in recovery; active users) are another potential mechanism for collecting information.
- Focus groups are useful for collecting data from panels of similar respondents (e.g., first responders, police officers, users).
- If conducted, focus groups should be done in addition to and not in place of the required MassCALL2 key informant interviews.



Highlight – Focus Groups

Not required. May be done in addition to key informant interviews

- Guidance document contains following resources:
 - Developing questions – focus group protocol
 - Group characteristics and composition
 - Locating and recruiting participants
 - Setting and other conditions
 - Typical opening procedures
 - Conducting the focus group
 - Note Taking
 - Debriefing

- Sample opening remarks for focus groups are also provided



Analysis of Indicator/Archival Data

The following are steps that might be used to guide the analysis of the data that have been collected

1. Determine if overdoses or intervening variables are associated with certain groups of people, situations, etc.
2. Examine trend data to identify factors that may influence overdose and/or intervening variables.
3. Examine local data (static and trend) in relation to state data.
4. Compare quantitative data with qualitative data or vice-versa.



Analysis of Qualitative Data

The following are steps that might be used when analyzing qualitative data (e.g., interviews, focus groups)

1. Have two or more people independently read and reread the materials and identify themes for each question.
2. Compare the list of themes identified by each coder – reconcile any differences to reach consensus.
3. Record and report comments for each theme.
4. Count the number of respondents who mentioned each theme.



Prioritizing Intervening Variables

There is no single correct way to accomplish this task. Issues that communities might want to consider include:

1. Is the variable identified independently by multiple sources?
2. How reliable/valid are the data supporting the variable?
3. Have changes in the variable produced changes in overdose rates?
4. How long might it take to change the variable?
5. Are there any feasible interventions for impacting the variable?
6. Are any other efforts to change the variable already in place?



Data Quality and Access

Additional considerations for the assessment include:

1. Are the data reliable (consistently tracked/measured over time) and valid (accurate measure of the phenomenon or behavior of interest)?
2. How timely are the data? Can they be used for planning/evaluation?
3. How much data are missing? Are records incomplete?
4. Can individual or case-level data be obtained or only group data?
5. Will resources be required to facilitate access to the data?
6. Is future access to the data ensured?



Integration into Strategic Plan

- Documentation is a key element to conducting the assessment.
- A clear and comprehensive description of the needs/assets assessment process and results will be used to inform the creation of a central component of the community strategic plan.
- The guidance document for Step 3 (Planning) provides specific information concerning what information needs to be incorporated into the strategic.

SPF Step 2: Building Capacity



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Step 2: Building Capacity



Capacity = Resources + Readiness
+ Relationships

Resources:

- Human
- Technical
- Organizational
- Financial

to assess, implement and
monitor efforts

Readiness:

- Awareness of problem,
- Knowledge and skills
- Political will
- Ability to influence

Relationships:

- Who should be involved?
- What do they need to know?

Step 2: Building Capacity



Mobilize and/or build capacity to address needs

- Key tasks may include, but are not limited to:
 - convening leaders and stakeholders;
 - building coalitions;
 - training community stakeholders, coalitions, and service providers;
 - leveraging resources; and,
 - engaging stakeholders to help sustain the activities.

(from BSAS MassCALL2 RFR)

Step 2: Building Capacity



Timeline (recap)

CAPACITY BUILDING ACTIVITIES

- RCHC Liaison assigned to each funded community to provide technical assistance to communities regarding the SPF steps and the reduction of fatal and non-fatal opioid overdoses July – ongoing
- Funded communities complete a community readiness assessment for 2008 July – October
- Funded communities develop a local capacity building plan for 2008 July - October

Step 2: Building Capacity



Community Role in Step 2:

- Review qualitative and quantitative data of needs, assets and readiness from Step 1 assessment
- Identify assets/resources
- Identify needs/areas of growth
- Conduct additional assessments (if necessary)
- Develop a plan to address each need
 - Fill out Capacity Building Worksheets for each need

Step 2: Building Capacity



RCHC Roles in Step 2:

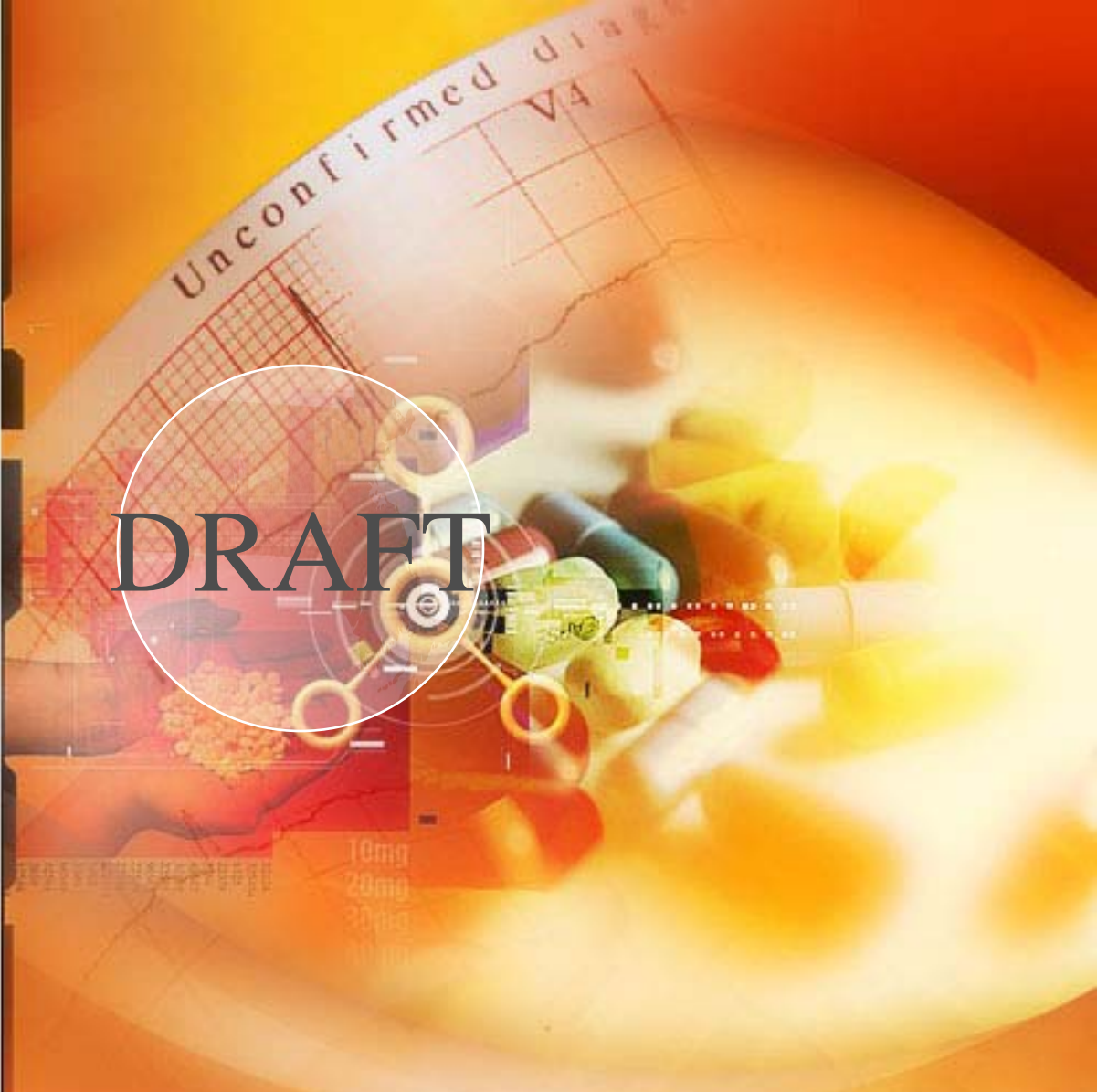
- RCHC will *guide* community in conducting a local readiness/capacity assessment
 - RCHC will coordinate efforts with local evaluators in this process
- RCHC will *guide* community in developing a local training and TA plan
 - RCHC will coordinate efforts with local evaluators in this process

Step 2: Building Capacity



Key Points about Capacity Building:

- Capacity building continues throughout the SPF.
- Keep in mind cultural competence and sustainability.
- Any others you know, have learned?



DRAFT

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SPF Step Three (Planning) Guidance



Overview of Step Three: Planning

Communities need to develop a strategic plan to prevent/ reduce unintentional fatal and non-fatal opioid overdoses

- Community Strategic Plan should:
 - Address the five steps of the SPF
 - Be based on documented needs and local IVs
 - Identify strategies with potential to address IVs
 - Identify measurable outcomes
 - Build on identified resources/strengths
 - Include participation by affected groups
 - Address cultural competence and sustainability



Overview of Step Three: Planning

Guidance document has been separated into two parts

- Part A: Community Strategic Planning Process
 - Process for prioritizing identified intervening variables
 - Selecting strategies with potential to address IVs
 - Establishing measurable outcomes for each strategy
 - Identifying resources required to implement strategies
 - Development of a logic model

- Part B: Development of Local MassCALL2 Strategic Plan
 - Shari will be covering next



Prioritizing Intervening Variables

Once the assessment phase is done, communities need to decide on which intervening variable(s) to target

1. Review quantitative and qualitative data from Step One
2. Identify IVs most closely related to the consequence
3. Prioritize the identified intervening variables
 - Wayne provided suggestions this morning
4. Consider other factors such as political will, local capacity, and local readiness
5. Select the intervening variable(s) that will be targeted



Strategy Selection

State in collaboration with NECAPT has generated a list of strategies with the potential to reduce overdoses

- Guidance document includes a **draft** section on *MassCALL2 Opiate Overdose Strategies and Selected Annotated Bibliography*.
- Scientific knowledge-base around opioid overdoses is not as well developed as for alcohol and tobacco prevention.
- More focus on understanding risk factors and intervening variables than on developing and studying the impact of interventions.
- Strategies recommendations are likely to be based on expert opinion/consensus rather than formal evaluations of effectiveness.



Strategy Selection

- Strategies in the guidance document are product of comprehensive literature review and expert feedback.
- List of strategies is not necessarily exhaustive and there is no formal requirement to adopt a strategy that has already been identified
- Strategy selection should be guided by results of the local needs/assets assessment with consideration given to the IVs seen as contributing to overdoses in the community.



Highlight – Strategy Document

- Strategy document contains following information:
 - List of intervening variables from the research literature
 - Overview of potential MassCALL2 strategies
 - Strategies not supported by MassCALL2
 - Description of 29 preliminary strategies supported by MassCALL2
 - Annotated bibliography with references for literature on intervening variables and identified strategies



Highlight – Strategy Document

Overview of Potential MassCALL2 Strategies:

- Divided into three broad categories along continuum of prevention
 - Prevent overdose from occurring
 - Minimize negative/fatal consequences when an opioid overdose does occur
 - Prevent future overdose through facilitating access to/utilization of treatment services
- Strategies are sub-divided into four groups within each category
 - Strategies for opioid users/bystanders
 - Strategies for healthcare providers
 - Strategies for opioid users in treatment
 - Strategies for criminal justice system personnel



Highlight – Strategy Document

Strategies NOT Supported by MassCALL2:

- Use/Consumption Strategies
 - Any efforts specifically designed to prevent/reduce initiation or use of opioids (e.g., social norms/marketing, media campaigns)
 - Efforts to prevent access to licit and illicit substances (e.g., prescription monitoring, diversion reduction)
- Strategies Not Specifically Targeting Overdose Prevention
 - Strategies that are too distal (e.g., needle exchange)
- Treatment Services
 - MassCALL2 resources cannot be used to fund delivery of treatment services (e.g., counseling, maintenance or substitution therapy such as methadone, buprenorphine, suboxone, etc.).



Highlight – Strategy Document

Special Note on Naloxone/Narcan

- Training users/bystanders on the administration of Naloxone/Narcan and distributing Naloxone/Narcan to users/bystanders are both currently under review as potential MassCALL2 strategies.
- At this time, neither has been approved for use under the MassCALL2 initiative.
- The purchase of Narcan/Naloxone is strictly prohibited using MassCALL2 resources – this will not change.



Strategy Selection

Strategy Selection should be guided by three considerations

- Potential to affect the intervening variable(s) being targeted
 - Identify research evidence (journal articles, unpublished research) describing how strategy is related to the IV(s)
 - Present rationale (theory of change) describing how strategy addresses the selected IV(s)
- Conceptual Fit
 - How has strategy been tested with identified target population or how can it be generalized to this population?
 - How will implementing the strategy lead to anticipated outcomes?
- Practical Fit
 - Current ability to implement strategy given factors such as resources, coalition/collaborative climate, community climate, sustainability



Submitting Strategies for Approval

- Selected strategies should be submitted to BSAS prior to communities writing their strategic plan (Step 3 – Part B)
- This will help avoid redundancy of effort in the event that the community and BSAS cannot reach an agreement on the original strategy or strategies being proposed
- Selected strategies **must** to be submitted to BSAS for approval prior to actual implementation.



Establishing Measurable Outcomes

- Once the strategy or strategies have been approved, communities should proceed to establish measurable outcomes for each selected strategy.
- Process for establishing measurable outcomes
 - List the intervening variable(s) being addressed
 - List each strategy
 - List the anticipated short-term, intermediate, and long-term outcomes



Establishing Measurable Outcomes - Example

- **Intervening Variable**: Bystanders to opioid overdoses perceive barriers to calling emergency medical services (e.g., 911)
- **Strategy**: Train bystanders to call emergency medical services when there is a potential opioid overdose.
- **Outcomes**
 - **Short-term**: Increased willingness to call emergency medical services when observing a potential opioid overdose.
 - **Intermediate**: Increased number of calls to EMS regarding overdose.
 - **Long-term**: Fewer opioid deaths at the scene of the overdose.



Identify Resources Required for Implementation

- After identifying measurable outcomes, communities should identify the resources needed to effectively implement the selected strategies
- This might include the following:
 - Human Resources (staffing, partnerships, volunteers, etc.)
 - Skills (data collection and analysis, prevention/intervention, etc.)
 - Fiscal Resources (monetary, in-kind)
 - Material Resources (space, equipment, etc.)
- Consideration should also be given to identifying existing resource gaps that will limit the ability to effectively implement the strategy(ies).



Developing a Logic Model

- Based on the information gathered in the previous steps, communities must develop a logic model that describes how they will address the targeted intervening variable(s).
- Communities are required to use the format provided on the next page.
- The logic model is a required element of the Local MassCALL2 Strategic Plan that Shari will be talking about next.



MassCALL2 Logic Model Example

Consequence: Unintentional Fatal and Non-Fatal Opioid Overdoses					
Intervening Variable	Strategy	Target Group	Outcomes		
			Short-term	Intermediate	Long-Term
People don't call EMS for assistance when they observe a possible opioid overdose.	Train bystanders to call EMS.	Family and friends of users, co-users.	Increased knowledge about calling EMS. Increased willingness to call EMS.	Increased number of calls to EMS regarding opioid overdoses.	Fewer deaths at the scene of overdoses when EMTs arrive.

Step 3B, Part B



Development of the Local MassCALL2 Strategic Plan

Overview



- Brief description of community
- Demographics of the selected target population(s)
- Description and rationale for the selected intervening variable(s)
- Description and rationale for the selected strategy or strategies
- Summary of the implementation plan
- Affirmation to participate in the state/national evaluation

Step 1. Community Assessment

- A. Assessment of local data on the state priority, unintentional fatal and nonfatal opioid overdoses
- B. The local intervening variable(s) hypothesized to increase the likelihood of unintentional fatal and nonfatal opioid overdoses occurring
- C. Assessment of community readiness and resources to address the state priority
- D. How cultural responsiveness has been integrated into the assessment process and decision making
- E. How sustainability has been integrated into the assessment process

Step 2. Capacity Building



- Describe/summarize the strengths and areas of growth (for Steps 1 & 3)
- Describe plan to address identified areas of growth
 - Issues
 - How they will be addressed
 - Who will do it
 - Timeline
 - Measure of success
- Describe how plan to build capacity addresses cultural competence and sustainability.

Step 3. Strategic Planning



- The process followed to develop the plan
- Who was involved in the planning process
- The process for selecting the intervening variables
- The selected intervening variable(s)
- The target population(s)
- Goals and outcomes

Step 3. Strategic Planning (cont.)



- The process for selecting the strategy or strategies
- The selected strategy or strategies
- The rationale for each strategy
 - Conceptual fit
 - Practical fit
 - Link to the research

Step 3. Strategic Planning (cont.)



- The cultural appropriateness of the selection process and the selected strategy or strategies
- The potential sustainability of the selected strategy or strategies
- Attach a logic model (format given).

Step 4. Implementation



- Describe implementation plans in depth, using an action plan (format given).
- Be specific (outputs).

Step 5. Evaluation

- Re-affirm participation in the Massachusetts State Cross-Site Evaluation and the Center for Substance Abuse Prevention (CSAP) National Cross-Site Evaluation (specific affirmations given).