COALITION SUPPORT AND COMMUNITY CHANGE PROJECT

Executive Evaluation Report

2023

WAYNE STATE
School of Social Work

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Executive Summary

This report is focused on the community impact made by coalitions who participated in the Coalition Support & Community Change Project (C3) administered by Prevention Network. This project supported capacity building for coalitions to address local conditions in communities adversely impacted by the COVID-19 pandemic, including behavioral health disparities. This report highlights the ways in which building capacity allowed for increased prevention services and expanded reach to community members.

Background

The Coalition Support & Community Change Project was funded by the Substance Use Prevention, Treatment, and Recovery Services Block Grant COVID Supplemental and sought to address behavioral health concerns exacerbated by the COVID-19 pandemic. To address these problems community coalitions applied for funding to build its prevention system capacity.

Methods

Funded coalitions centered efforts around the Strategic Prevention Framework and utilized the following strategies to create workplans, build capacity, and report on grant-funded activities each month.

- Six Center for Substance Abuse Prevention Strategies
- CADCA's Seven Strategies for Creating Community Change

At the end of Project Year One, there were 59 coalitions who participated in the C3 project.

Prevention Network

Prevention Network (PN) was a partner on this project and provided support to coalitions on multiple levels, which included the application process, organizing the acceptance criteria, and onboarding coalitions. PN also provided individual support on workplans, Q&A sessions, workshops, trainings, podcasts, and networking opportunities.

Coalition Activities and Accomplishments

Funded coalitions provided prevention services to community members across the state of Michigan. Collectively, coalitions reported:

- 43% of the activities serviced youth, aged five to 17 years old
- Over 2,200,000 educational materials were distributed, reaching individuals over an estimated 16,350,000 times
- More than 1,100 individuals at risk of developing a substance use disorder were identified and referred to services
- Over 350,000 people were reached through more than 1,000 prevention activities recorded in the Michigan Prevention Data System
- Of the seven CADCA strategies, coalitions most often reported working on Providing Information (33%) and Building Skills (30%)
- Coalitions built the most capacity in three areas: coalition structure process or partnerships (38%), individual or coalition leadership development (34%), and community awareness and readiness (27%)

Barriers to Success

Coalitions experienced barriers that impacted their successes, most notably staff (47%), time (39%), and the planning and implementation of grant activities (36%). Coalitions' barriers were self-reported and organized into common themes. Staff barriers included inability to fill staffing positions, community partners' staffing turnover, staff on leave for various medical or family events. "Time" barriers were most often the inability to meet and coordinate with various community partners on the workplan timeline.

Volunteers and partners were unavailable at the times coalition coordinators had available for community engagement. Through capacity building, coalitions were able to begin addressing these barriers.

Next Steps

Michigan's COVID Supplemental was approved for a no-cost extension year so the C3 project will continue for Project Year Two. Fifty-one coalitions were renewed for Project Year Two funding and forty-three of those were also approved for rollover funding (funds that were not utilized during the initial grant year). The goals remain the same for Project Year Two, building capacity to identify and meet local prevention needs. Feedback from coalitions was gathered to improve internal processes like reporting. PN and WSU will continue to provide support to coalitions.

Background

More than 750,000 people died from a drug overdose in the United States from 1999 to 2018[1], with nearly 60% (450,000) of those deaths involving opioids[2]. In 2018, drug deaths in the U.S fell for the first time in 25 years[3]. Despite national rates rising again in 2019[4], Michigan experienced a 9.4% decrease in overdose deaths the same year[5]. Unfortunately, this downward trend was halted with the onset of the coronavirus outbreak of 2019 (COVID-19). Drug deaths have since soared to record high numbers. Fatal overdoses in Michigan grew 16.3% from 2019 to 2020. By 2021 that figure climbed to 31.5% with 3,096 overdose deaths, almost triple the number of traffic fatalities that year[6]. By March of 2020, COVID-19 had a profound impact on the health care system, including substance use prevention and treatment. Major challenges to healthcare systems coupled with social and economic stressors, contributed to the worsening of the opioid epidemic; it became a crisis within a crisis. In addition to issues of house and job insecurity and social isolation, individuals with substance use disorders also contended with the disruption of treatment services.

Seeking to address behavioral health concerns exacerbated by the COVID-19 pandemic, the Substance Abuse Block Grant initiated the Coalition Support & Community Change (C3) Project. Community members often seek assistance from coalitions; however, coalition activity has been significantly impaired because of COVID-19. The goal of the C3 Project was to increase coalition capacity to address behavioral health issues faced by disparate populations and communities impacted by COVID-19.

Needs Assessment

A needs assessment was conducted in the community to identify specific challenges facing substance use prevention, treatment, and recovery supports brought on by the pandemic. Through efforts to adapt programs during the pandemic, youth and adult prevention strategies transitioned from individual-based programs to mostly community and group-based programs. As the pandemic began, schools were forced to transition to virtual teaching. Schools prioritized providing academics to their students and prevention programming was not included in their online classes. Prior to the pandemic, prevention providers relied heavily on schools for referrals but without face-to-face schooling referrals to prevention programming stalled. Prevention services also faced the challenge of transitioning formerly in-person services to virtual services. This required additional training for new and current staff, to ensure they had the knowledge, skills, and abilities to provide online services. Prevention service providers either had to hire developers to create online content and a process for implementing programs virtually or were forced to adapt the programming on their own. The transition to virtual services also posed problems for community members, who needed to have the appropriate technology, internet, and the knowledge to utilize their tablet or smart phone to receive online prevention services. Providers struggled more during the pandemic to engage recipients and retain their participation over multiple sessions, throughout the entirety of the intervention. Family programs became especially difficult to deliver, as these programs included separate groups for parents and children, and therefore required multiple pieces of technology for a single family. Now that the pandemic has ended, providers will need to determine which virtual services should be sustained.

Primary Barriers

There were three technology barriers to prevention services during the pandemic for both providers and recipients:

- Having outdated technology
- Not having technology
- Not knowing how to utilize technology

Part of the struggle to provide telehealth services came from the provider's own antiquated technology. Outdated technology was an issue especially for smaller and rural prevention providers. To reconcile this issue, Michigan updated equipment related to video conferencing and telehealth security. The second technology barrier was among treatment recipients who lacked the technology to participate in telehealth. The state recruited partner agencies, such as libraries and schools, who can securely host telehealth outpatient services for treatment recipients and in communities where treatment services do not exist. The third technology barrier was having the knowledge to utilize the technology. This was particularly an issue with older adults who frequently needed assistance to learn how to utilize technology. Michigan addressed this issue by partnering with older adult serving agencies that initiated technical assistance.

Strategic Prevention Framework

This needs assessment illustrates the need for increased capacity in the wake of the pandemic. Coalitions used the Strategic Prevention Framework (SPF) to identify prevention service needs in their own local communities. The SPF is a data-driven planning model created by the Substance Abuse and Mental Health Services Administrations to address substance misuse. The SPF centers around two guiding principles: sustainability and cultural competence. This model guides prevention program planning, implementation, and evaluation, and depends on community involvement to be effective. The SPF has five steps:

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation

Center for Substance Abuse Prevention Strategies

The Substance Abuse and Mental Health Services Administration (SAMHSA) created the Center for Substance Abuse Prevention (CSAP). The CSAP has strategies that focus on six major categories for prevention strategies:

- Strategy 1: Information Dissemination
- Strategy 2: Education
- Strategy 3: Alternatives
- Strategy 4: Problem ID and Referral
- Strategy 5: Community-Based Processes
- Strategy 6: Environmental

SAMHSA
Substance Abuse and Mental Health Services Administration

Three of these six strategies were highlighted: Community-Based, Alternatives, and Environmental. These three strategies were identified in each coalition application.

Strategies for Creating Effective Community Change

Once prevention service needs were identified, coalitions utilized either the CSAP Prevention Strategies or the Community Anti-Drug Coalitions of America's (CADCA) Seven Strategies for Creating Effective Community Change to address them. This set of strategies was designed to build and sustain healthy communities, as well as assist coalitions in planning and implementation.

CADCA
Building drug-free communities.

- Strategy 1: Providing Information
- Strategy 2: Enhancing Skills
- Strategy 3: Providing Support
- Strategy 4: Enhancing Access/Reducing Barriers
- Strategy 5: Changing Consequences (Incentives/Disincentives)
- Strategy 6: Changing Physical Design
- Strategy 7: Modifying/Changing Policies

Through the project, groups were able to expand access to diverse populations, identify prevention interventions specific to population need, and collaborate with community organizations connected to the populations impacted to foster equitable opportunities.

Methods

Coalitions increased their capacity and addressed the needs of diverse populations by utilizing the SPF and CSAP prevention strategies. Utilizing SPF coalitions made data-driven decisions following a community assessment, while building internal capacity of staff and leadership. This plan included the selection of at least one evidence-based prevention (EBP) strategy, often multiple. Most coalitions completed assessment, planning, and capacity-building activities while implementing and evaluating multiple EBP strategies.

Identifying Community Needs & Selecting an Evidence-Based Practice

The SPF is an inclusive process that emphasizes the role of community in prevention. It focuses on risk and protective factors that can improve the long-term well-being of a community. This model helped guide coalitions to identify and assess the issues specific to their community, build their capacity to address the issue, and develop a comprehensive strategic approach. Once an EBP strategy was selected, it was tailored to fit the specific needs of the community being served. After implementation, there was an ongoing process of evaluating and improving the EBP strategy. The SPF emphasizes the importance of sustainability and cultural competence and incorporates these elements into every step.

Implementing the Evidence-Based Practice

Once a coalition selected the EBP through the SPF process, the coalition began utilizing either CSAP or CADCA strategies. These strategies assisted coalitions with implementing the EBP in an efficient and comprehensive manner. By working through the Strategic Prevention Framework, coalitions were able to plan and implement multiple strategies as part of a comprehensive strategic plan. CADCA consists of seven steps, divided into Individual Change Strategies and Environmental Change Strategies. The first three steps involve change strategies implemented on an individual level: providing information to the public, enhancing skills, and providing support. While these strategies generally affect small numbers of people and will not alone achieve measurable change in community substance use rates, they are often necessary to build initial community knowledge about a local problem and set the foundation to bring a community together around an issue. The next steps are environmental and when they're used in conjunction with the first steps, can measurably impact the community at large. These steps focus on enhancing access/reducing barriers to systems, using consequences/rewards to change the probability of behaviors occurring, changing the physical environmental structure of areas to reduce risks or enhance protections, and modifying formal written procedures and laws. The SPF encourages the inclusion and participation of all stakeholders throughout the process. When multiple strategies are employed to change a targeted issue, they reinforce one another, enhancing the effect of a comprehensive strategic plan.

Measuring Services & CADCA Strategies

A Qualtrics web survey was designed to gather details about the services and supports coalitions provided each month related only to the seven CADCA strategies. This survey was due by the 5th of each month to the Wayne State University Evaluation Team for the previous month's activities. Using this monthly survey, coalitions reported on successes and barriers they encountered related to each step of the CADCA strategies and detailed how they implemented each step in the last month. They provided details on educational presentations or workshops conducted to provide information to or build the skillset of the community. Coalitions also provided the number of at-risk individuals who were identified and referred for services. Coalitions described efforts at enhancing access and reducing barriers to improve currently used systems, efforts to incentivize or disincentivize behaviors, changes to the physical structure of the environment to reduce risk and finally, any formal changes in written procedures.

In addition to the monthly survey, coalitions completed a feedback survey at the end of the first project year. This survey focused on community benefits, where coalitions built the most capacity, and whether Prevention Network's (PN) additional opportunities for assistance or feedback were helpful.

Reporting to the Michigan Prevention Data System & CSAP Strategies

Aside from the Qualtrics survey, coalitions were required to submit monthly reports to PN. Coalitions submitted data every month to the Michigan Prevention Data System (MPDS), which collects activity data on a specific set of prevention strategies. This included EBP service type, service population, attendees, and estimated number reach. MPDS is based on the Center for Substance Abuse and Prevention's six prevention strategies.

Reporting Financial Activities

This project was a reimbursement grant, meaning coalitions were reimbursed for funds spent on grant activities if they were approved. As such, coalitions were required to submit monthly financial and narrative reports to PN.

PN was also required to submit a monthly Qualtrics web survey reporting on administrative activities to the Wayne State University Evaluation Team. PN reported on activities like funding reimbursed to coalitions, applications reviewed, technical assistance provided, information shared, and barriers encountered.

Prevention Network

Prevention Network is a nonprofit organization working throughout the state of Michigan, providing support to community prevention efforts. They aim to improve the health of Michigan communities with technical support, resources, and guidance. PN provided these supports and others to help coalitions build capacity, utilize SPF, and improve the effectiveness of their community prevention efforts.

Application Process

The Substance Abuse and Mental Health Services Administration's SPF and the Center for Substance Abuse and Prevention strategies were the basis for the application and application process. PN created the application from the program goals, outlining grant requirements and allowable expenses within the

form. Once the application was approved by the Michigan Department of Health and Human Services, PN assembled two review teams to review application submissions. To assist with application submission, PN created a document of FAQs that was easily accessible through their website. PN assembled two review teams that contained people from all over the state of Michigan. This was done to avoid bias by ensuring reviewers wouldn't assess an application from their own PIHP region or employing organization. To ensure consistency, PN also created an evaluators packet for reviewers to utilize when reviewing applications. This packet included a scoring rubric for applications, project goals/objectives, basic award information, groups that are eligible for funding, eligible/ineligible expenses, and the types of activities they were looking to fund based on the Center for Substance Abuse and Prevention strategies.

The majority of PN's recruitment efforts were virtual or over the phone due to COVID-19 restrictions. PN tried to recruit youth and individuals from tribal communities, although these efforts were unsuccessful. The project started in December 2021 with 16 coalitions. Active recruitment was required to receive more applications, which included 13 coalitions in January 2022, 29 in March 2022, and one in April 2022. New applications were reviewed each month until the project reached 59 coalitions in April. No additional applications were accepted after March except for one coalition that missed the deadline, and an exception was made. Some applications were not approved until the second or third round due to a variety of reasons. For example, some applicants were not coalitions yet or asked to fund activities that weren't supported. PN accepted a total of 59 applications for Project Year One.

Applications Accepted	
December 2021	16
January 2022	13
February 2022	-
March 2022	29
April 2022	1
Total	**59**

Q&As, Workshops, Trainings, Podcasts, and Networking

PN provided many additional opportunities for coalitions to seek feedback, build skills, and network. Networking and sharing resources were heavily encouraged during these opportunities. Workshops focused on coalition structure and capacity building. These eventually transitioned into dedicated networking sessions over the summer to accommodate for people being out for vacations. PN transitioned back to group workshops in fall. For coalitions that wanted to continue the conversations from workshops but did not want to schedule individual technical assistance sessions, a CADCA community forum was designed. Coalitions utilized this forum to ask about what is going on in their communities and others, discuss awareness campaigns, share job postings, and facilitate necessary conversations. This follow up platform was not restricted to chat forums; it also contains a library with useful documents. C3 funds paid for the platform to encourage networking and share resources for coalitions. Membership began at just under 1,400 and has grown to over 1,769. At the end of Project Year One, the library included 104 documents and there were 195 discussion threads. The forum was not restricted to C3 coalitions; everyone in Michigan working in prevention had free access to this forum.

PN provided regular training opportunities to coalitions, including sharing outside training resources when available. Some examples of these trainings include Substance Abuse Prevention Skills Training, CADCA's Core Essentials, PN's Prevention Ethics, and Prevention Prepared Communities. Some trainings targeted health disparities among people of color, such as Addressing Health Disparities in Communities of Color, Dealing with Difficult Multicultural Discussions, and Leading Difficult Discussions about Race. Some training events were hosted by coalitions and utilized C3 funds to host them. In these cases, coalitions were encouraged to open the training events to all other coalitions. This gave

coalitions additional opportunities to collaborate and share resources. Some counties even worked together to host a training.

Technical Assistance

PN provided regular technical assistance to coalitions for the duration of the grant. Technical assistance covered a wide range of topics including coalition structure, functioning within the community, and SPF. Technical assistance was used as an open group invitation to talk about needed topics and coalitions scheduled individual sessions. This support system was designed to allow coalitions to engage at the level that they wanted. When PN was not able to provide the technical expertise needed, contracts were created with outside experts. These contractors reached out to the coalitions that needed their expertise for scheduling and they were reimbursed for their time.

Coalition Activities and Accomplishments

During Project Year One, 100% of coalitions reported to the Qualtrics survey every month. Coalitions spent a total of $1,946,967.35 of the $2,642,283.60 that was approved for funding (74%).

CADCA Strategies

While coalitions worked on all seven CADCA strategies, some strategies were utilized more than others. Almost two-thirds of the coalitions reported occurring on a monthly basis were the first two CADCA strategies: Providing Information (33%) and Building Skills (30%). Conversely, coalitions worked the least on Physical Design (2%). Over the course of Project Year One, coalitions worked on Providing Information through almost 450 activities, making up 33% of the coalition strategies. Figure 1 is an example of how coalitions utilized the first CADCA strategy, Providing Information, to educate and reach large numbers in their communities. This billboard was one of a few displayed in the community that highlighted some of the 'keys' to staying drug free: health, relationships, and mental wellness. Over 2,200,000 educational materials were distributed with an estimated reach to more than 16,350,000 people. These educational materials included things like billboards, radio scripts, public services announcements, and television ads. During Project Year One coalitions reported working on Building Skills more than 400 times, encompassing 30% of the strategies. The third most common strategy was Providing Support more than 250 times (19%). As part of the supportive strategy, over 1,100 at-risk individuals were identified and referred for services to other community organizations. Fourth, coalitions worked on Enhancing Access and Reducing Barriers more than 100 times (8%). Coalitions also worked on the following barriers at a total of 10%: Modifying and Changing Policy more than 60 times (5%), Changing Consequences almost 40 times (3%), and Physical Design almost 30 times (2%). Figure 2 illustrates the percentage of time coalitions worked on each CADCA strategy over the course of Project Year One.

Figure 1

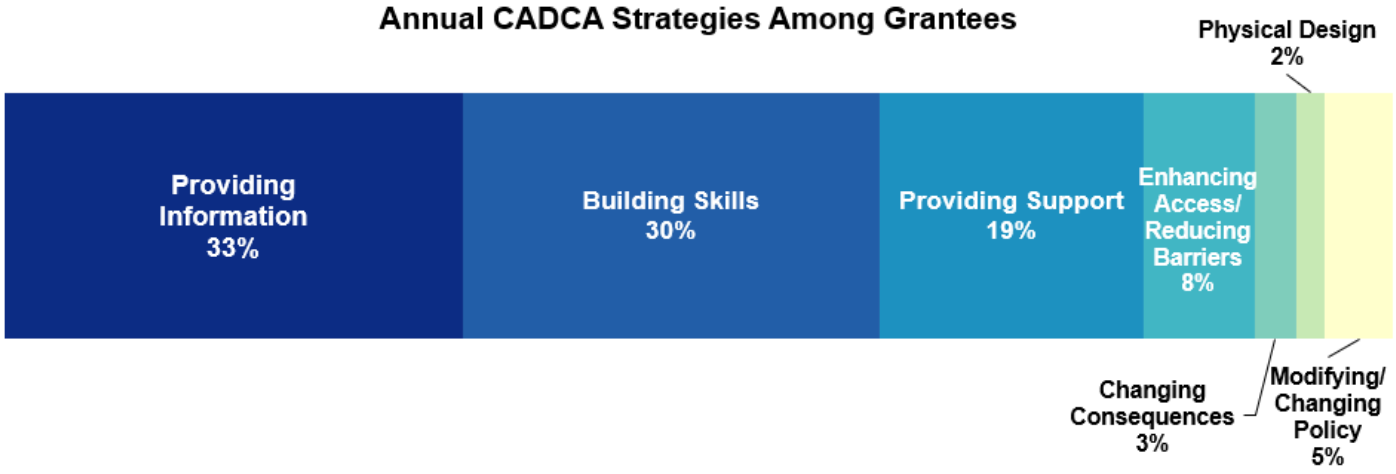
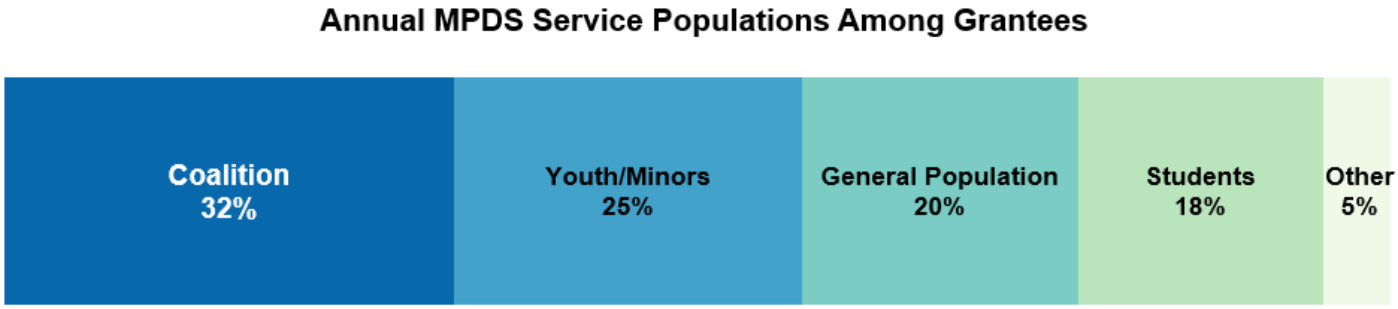


Figure 2

Michigan Prevention Data System Activities

In addition to the Qualtrics survey, coalitions reported to MPDS every month during Project Year One. There was a total of 1,098 activities by coalitions. Coalitions serviced diverse populations with these activities. One-third of the activities, more than 350, were coalition focused (32%). One-fourth of the services were received by youth and minors (275, 25%). Almost 200 activities serviced primary and secondary school students (18%). About one-fifth of the activities were for the general population (20%), which included more than 200 activities. The remaining 5% were for the following groups: parents and families (13); teachers, admins, and counselors (7); business and industry (6); law enforcement and military (3); people who were economically disadvantaged (3); persons in recovery (2); and religious groups (2). Each of the following populations received one service: older adults, government/elected officials, health professionals, and substance use disorder prevention and treatment professionals. Across all the activities coalitions reported to MPDS, there was a total of 39,067 attendees. However, there was an additional estimated reach of 376,079 individuals through these activities. Figure 3 displays the service populations that were targeted by the coalition activities, including the proportion of services for each service population.



The "Other" category includes High-Risk Populations, Parents and Families, Teachers/Admins/Counselors, Business and Industry, Law Enforcement/Military, Economically Disadvantaged, Persons in Recovery, Religious Groups, Older Adults, Government/Elected Officials, Health Professionals, and Substance Use Disorder Prevention/Tx Professionals

Figure 3

Through C3 funding, coalitions impacted their communities by increasing their capacity to address behavioral health disparate populations and communities affected by COVID-19. Coalitions self-reported which area they had built the most capacity during Project Year One. About one-third of the coalitions built the most capacity in coalition structure process or partnerships (38%) and in individual or coalition leadership development (34%). About one-fourth built capacity through community awareness and readiness (27%). This ability to increase in capacity allowed coalitions to find successes

in their communities. Many of these successes included servicing youth broadly, and primary and secondary school students (43%). A notable accomplishment with youth included a leadership program empowering them to lead, support and educate their peers.

Youth received prevention programming and had a space for youth to meet and participate in drug-free activities. Coalitions targeted youth through partnering with schools for prevention activities. They also worked with schools to plan and prepare for the implementation of vape disposal boxes, which are locked boxes that allowed students to safely dispose of vapes. This will be completed during Project Year Two. Coalitions also worked with schools for the provision of alternative activities. Coalitions provided alternate activities with the goal of reducing risk or enhancing protection in youth by building skills and providing support. Some of these alternate activities include opportunities to connect with teens at their schools and in their communities, leadership groups, afterschool activities, field trips, summer camp, outdoor recreation, flag football, and games. Figure 4 is an example of a poster from the prevention programming coalitions implemented in schools. This event was put on by the youth themselves through the Youth Advisory Council where members taught and demonstrated healthy coping skills to their peers.

Figure 4

Coalitions educated the adults in their communities, not just youth and individuals in schools. Some coalitions found success with parents in the community by providing parents with prevention education and online resources. This includes events like Parent Nights which gave parents prevention information. Alternate activities were provided to the general community through local events and prevention programming. Alternate activities for the community also had the goal of reducing risk and enhancing protection through building skills and providing support. Figure 5 below is from the Playing Together to Evolve Together sporting event hosted by the Detroit Whose House Our House (WHOH) coalition. Teams integrated Detroit youth and law enforcement to provide a safe space for positive interactions. Other examples of events include a Juneteenth Celebration, a family Wilderness Experience, town halls, outdoor group recreation events, health and information fairs, and holiday-themed prevention events. Figures 6 and 7 below are examples of coalitions who utilized CADCA strategies to provide information to the community through health and information fairs.

Figure 5

Figure 6

Figure 7

Some of the programming that was targeted to build up communities was trauma informed substance use disorder knowledge, adverse childhood experiences and resilience, the prevalence of substances impacting youth, the increase in substance use since the pandemic, and skills to address substance misuse in their area. Coalitions reached even more community members by translating their prevention resources into multiple languages that matched the major cultural groups in the area. Coalitions created relationships with other organizations in their communities while networking and building capacity with other coalitions. Coalitions extended this networking on a state-wide level. Generally, many coalitions found success growing and enhancing coalitions while also engaging, educating, and empowering their communities. Coalitions built their capacity in meaningful ways through grant funding by increasing their reach, diversifying, examining internal processes, completing projects, training new staff, providing new services/activities, and updating facilities.

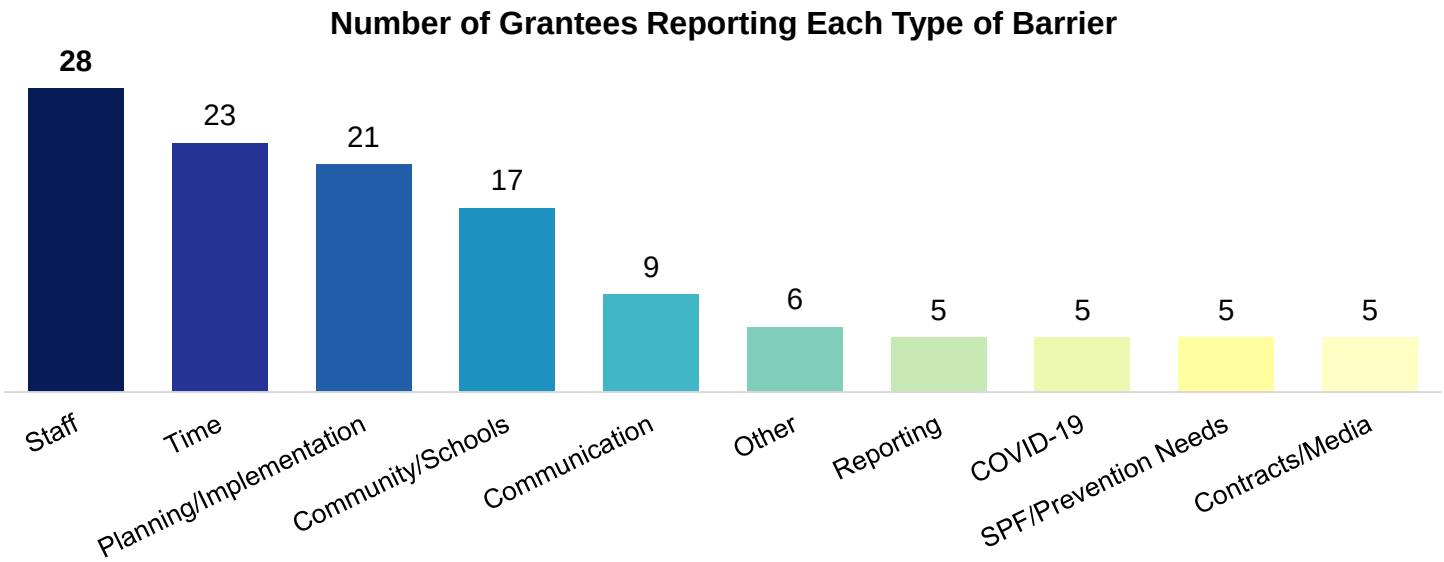
Coalitions provided substance use information to community medical offices and educated tobacco and alcohol retailers. The coalitions also distributed medication lockboxes throughout their communities. Coalitions also empowered their communities by allowing members to share concerns, give input, and volunteer how to improve the quality of living, and reduce health disparities. Adult and youth community members felt empowered with the knowledge to address substance use and prevention not only among members of their communities, but also on a bureaucratic level with policymakers and legislative staff. Overall, coalitions addressed disparities through their interventions while also focusing on capacity building.

Barriers to Success

Coalitions persevered and experienced many successes in face of the COVID-19 pandemic. However, it's important to acknowledge there were still notable barriers to accomplishing goals. Most coalitions reported barriers relating to coalition functioning. Time and staff were the biggest barriers, often overlapping with one another. Half the coalitions experienced staff-related barriers (28, 47%) and 23 coalitions had issues with time or scheduling (39%). Many coalitions utilized volunteers, worked with youth, and with schools – all of which made scheduling increasingly difficult. Coalitions struggled to align the schedules of staff and community members, especially for after-school programming. Many coalitions suffered from the effects of no staff, low staff, and constant staffing changes. Slightly over one-third of the coalitions reported challenges with planning, implementation, and management (21, 36%). In addition to barriers related to coalition functioning, 15 coalitions experienced community barriers. Many of the community barriers were related to lack of readiness and stigma. Coalitions found a lack of community awareness and engagement in response to their efforts. Some coalitions received pushback from community members in response to awareness and events focusing on substance use

prevention, treatment, and recovery. Two coalitions experienced barriers with community schools, including schools not viewing coalitions as true partners and administrative turnover at schools.

Nine coalitions reported communication barriers among each other, with PN staff, local school staff, or media contractors (15%). Five coalitions experienced barriers because of COVID-19, the COVID-19 vaccine, and other illnesses (8%). It was hard to engage community members virtually, plan events and meetings in person, and deal with COVID-19 contractions. Five coalitions also experienced barriers due to reporting requirements (8%). These coalitions reported the monthly reporting was burdensome, or they did not have the staff to accomplish it each month. Five coalitions needed additional training or needs relating to the SPF and prevention knowledge (8%). Five coalitions also had issues with getting contracts or media materials (8%). Finally, there were six reported barriers that did not fit into a category with the others. This includes things like allowable expenses, youth mentorship, leadership development, lack of focus or experience, and disconnect from coalition. Figure 8 illustrates the number of coalitions that reported experiencing each barrier to accomplishing their work plans and achieving successes.



The "Other" category allowable expenses, youth mentorship, leadership development, lack of focus or experience, and disconnect from coalition.

Figure 8

Addressing Barriers

Many of these barriers could be addressed before the end of Project Year One. Coalitions that struggled with staff turnover and staff time hired additional people. Through capacity building, some coalitions have also hired new staff to focus on reporting requirements. In response to reporting being burdensome, reporting in the Qualtrics survey was adjusted from monthly to quarterly to allow for more time to focus on other monthly reporting requirements. PN also worked with coalitions to help them overcome planning and implementation barriers, working with them to ensure their work plans were achievable and allowing for the modification of workplans during the project year. Through this technical assistance regarding the development of a formal work plan, and the subsequent reporting based on work plan activities, coalitions gained experience with the planning stage of the Strategic Prevention Framework.

It is important to acknowledge there were a few coalitions that were outliers. There were some coalitions that were already operating at high capacity, which meant much of the support provided to all coalitions

was below the level needed. However, these coalitions were still able to build capacity as they benefited from PN support in community engagement, resource sharing, and networking. Other coalitions were underprepared to utilize funding and build capacity. These coalitions were offered more individualized support through scheduled TA meetings to identify incremental steps toward their workplan goals. This all impacted what these coalitions were able to accomplish and the barriers they reported because of the disproportionate amount of time spent in work plan and budget development, reporting, and in the audit.

Next Steps

The Substance Abuse Block Grant was renewed for a no-cost extension year, allowing the C3 project to continue funding coalitions for a second year. The goals from Project Year One will carry over to Project Year Two:

- Build capacity to address local conditions in communities adversely impacted by COVID, including behavioral health disparities.
- Expand access to diverse populations, identify community-specific prevention interventions, and collaborate with community organizations working with impacted populations.
- Utilize the SPF to identify local prevention needs and CADCA's Seven Strategies for Community Change to address these needs.
- Provide alternative activities that build skills and provide support to reduce risk or enhance protection in community members.
- Develop a plan to address sustainability.

Updated Reporting Requirements

Moving forward, reporting requirements have been modified to accommodate for coalitions barriers. Coalitions no longer need to complete monthly narrative reports. The information included in these narrative reports will be submitted in the MPDS and Qualtrics report, so coalitions no longer need to submit additional support for these activities but have learned what supporting documentation to maintain in their records. Additionally, coalition Qualtrics reporting will move from monthly to quarterly. All other reporting (financial and MPDS reports) will continue monthly submissions. Many coalitions found the multiple submission requirements for monthly reporting burdensome. In addition, progress was not always significant from month to month when compared to quarterly progress.

Application Process

Like the application process, PN designed a system to evaluate all currently funded coalitions that applied for either roll-over funds or a no-cost extension for Project Year Two. Roll-over funds were requested if coalitions had unspent funds from their initial award amount through a short form. Coalitions were able to submit an application for a No Cost Extension, which would be an additional award amount up to $50,000 to be spent on continued coalition capacity-building through March 2024. $50,000 is the same award amount limit that coalitions were given during Project Year One. Like accepting coalitions for Project Year One, to determine who would receive the no-cost extension, coalitions were rated on a point system with the following criteria: program audit score, coordinator credentials, percentage of the workplan that was completed, why they accomplished the amount they did, proposed budget (under $50,000), and plans to continue developing capacity in the year ahead. Applications were reviewed by the PN team: 43 coalitions were awarded roll-over funds and 51 coalitions were renewed for Project Year Two. With this additional funding, coalitions will be able to continue building capacity and providing services to populations impacted by COVID-19.

Project Year Two Support

PN will continue to provide similar support to coalitions during Project Year Two. This includes:

- Assistance with reporting requirements
- Financial/Budget support
- Networking Opportunities
- Technical Assistance
- Workplan support

The Wayne State University Evaluation Team will continue to support coalitions in completing the quarterly surveys, including reminders. PN and the Wayne State University Evaluation Team provided additional support for Project Year Two reporting requirements by giving coalitions an instructional video on how to complete monthly and quarterly C3 reports. PN, the Wayne State University Evaluation Team, and the Michigan Department of Health and Human Services, will continue to work together to provide regular updates and monitor grant progress. The C3 Feedback survey responses will be used to improve the support provided to coalitions to better meet their needs and address remaining barriers. Experience from Project Year One and feedback from coalitions are being used to continue to improve all processes for coalitions.

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