Wyoming Survey & Analysis Center
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Comprehensive Capacity Assessment Report

Baseline Capacity for Sublette County

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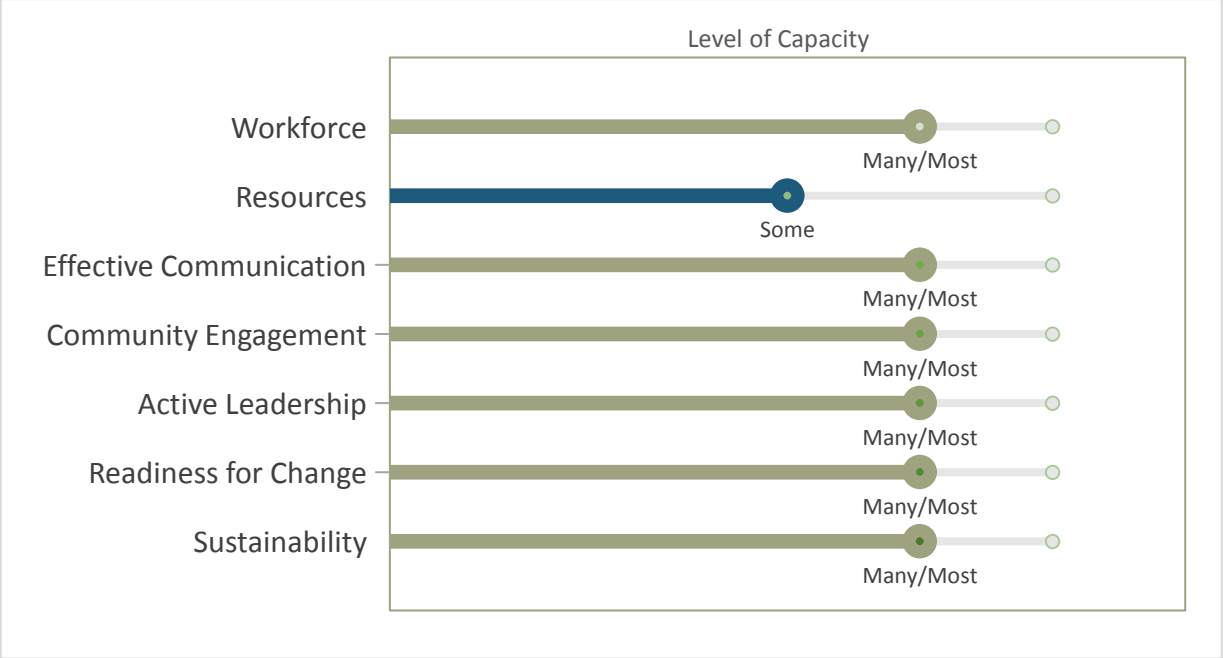
Executive Summary

A major focus of Wyoming's Strategic Prevention Framework Partnerships for Success 2015 (SPF-PFS 2015) project is to improve capacity within local prevention systems, which is measured at a county level. Changes in capacity can contribute to successful implementation and lead to a higher likelihood of impacting the substance abuse issues within a community. The purpose of this baseline capacity assessment is to document the level of capacity in Sublette County at the beginning of project. To accomplish this, evaluators assessed the level of community capacity on seven key ingredients using three methods. The first method was an interview with the Community Prevention Specialist (CPS); the second was a focus group with key prevention stakeholders; and the third was a survey of local coalition members. Each data source was analyzed, placing the community on a five-point scale. Scales were then averaged to come up with composite capacity scores ranging from no capacity to full capacity on each key ingredient[1]. Table 1 below summarizes the baseline levels for Sublette County.

Figure 1

Overall Capacity Scores for Sublette County



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[1] Figures and tables are color-coded based on the level of capacity: rust for no capacity; tangerine for little/limited capacity; navy for some capacity; light olive for many/most capacity; and olive for full capacity.

Sublette County has high levels of capacity in the workforce, effective communication, community engagement, active leadership, readiness for change, and sustainability. Dedicated coalition members and key stakeholders are engaged in prevention strategies and efforts, and have trust in their leaders. The coalition has executed many successful prevention strategies in the past and seeks to sustain current effort and improve future efforts through review of previous efforts and the needs assessment data. Sublette County has some resources for prevention, but there is a lack of accessibility for some people in the county because of the location and availability of services.

"Everyone is passionate about prevention."

Introduction

Wyoming received the Strategic Prevention Framework Partnership for Success 2015 (SPF-PFS 2015) from the Substance Abuse Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) office in October of 2015 to transform and enhance statewide prevention services and to prevent or reduce consequences of underage drinking, and underage non-medical use of prescription drugs. Utilizing the Strategic Prevention Framework model[2], the Wyoming SPF-PFS 2015 focuses on underage drinking among persons aged 12 to 20 and prescription drug misuse and abuse among people aged 12 to 25.

The Wyoming SPF-PFS 2015 will utilize an equity model to award funding to all 23 counties. However, funding will go to communities at different levels based upon county population, the size of the underage drinking and prescription drug abuse problems, and local capacity to prevent those problems. Preference will be given to those counties with the highest level of need and lowest level of capacity.

The purpose of this baseline capacity assessment is to document level of capacity in Sublette County at the beginning of the project. Recommendations for increasing capacity are made based on findings. This assessment will be repeated in 2020 to demonstrate changes in capacity over the SPF-PFS 2015 project period.

Purpose of this Report

The purpose of this baseline capacity assessment is to document the level of capacity in Sublette County at the beginning of the PFS project.

[2] SAMHSA's Strategic Prevention Framework (SPF) is a planning process for preventing substance use and misuse. The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.

Background

A major focus of Wyoming's PFS is to improve capacity within local prevention systems. Changes in capacity can contribute to successful implementation and lead to a higher likelihood of impacting the substance abuse issues within a community. Because of the importance of capacity within this project, a team of evaluators came together representing Wyoming, Oregon, and North Dakota to develop an innovative multi-state capacity evaluation tool to accurately capture these changes. The underlying theory of change is that when capacity is accurately measured, targeted technical assistance can be provided to support communities. With increased capacity across a number of key areas, communities will be in a better position to reach their goals and achieve improved outcomes.

Evaluators identified seven integral components of capacity within local prevention systems.

Seven Key Ingredients for Prevention Capacity

- Workforce
- Resources
- Effective Communication
- Community Engagement
- Active Leadership
- Readiness for Change
- Sustainability

Due to the complexity of measuring capacity within local communities that involve many players, it was determined that the capacity tool must capture the perspectives at the individual, organizational, and systematic levels. These include the key staff implementing the prevention project, the organization receiving the grant funds, and the overall prevention system which includes both key stakeholders and an oversight body (e.g., a coalition).

The Comprehensive Capacity Assessment tool collects data using three approaches.

1. Key Informant Interviews: the key staff member within the organization was interviewed about each key ingredient of capacity and for identification of key stakeholders to participate in the focus group.
2. Focus Groups: several key system stakeholders within each community participated in a focus group conducted by evaluators to gather information on each key ingredient of capacity.

3. Coalition Surveys: members of each local coalition participated in a survey distributed electronically to collect quantitative data on each key ingredient of capacity.

Key Ingredients

Evaluators came together to identify and define the key ingredients to understanding capacity within local prevention systems. Through a review of literature and extensive experience evaluating prevention systems at the state, local, and tribal levels, the evaluation team identified seven key ingredients and developed 14 guiding questions for the evaluation. Each key ingredient is defined below.

Workforce (*Key Components*: knowledge, skills, experience, social validity)

Successful implementation requires staff, leaders, and coalition members who are familiar with prevention and have received training in the evolving aspects of prevention including the public health approach and the strategic prevention framework. Individuals should also possess management, facilitation, and personal and professional skills, and have experience in their field and positions. Additionally, they should understand the unique cultural characteristics of their community and have a willingness and ability to embrace those cultural differences.

Resources (**Key Components:** people, funding, space, time, access)

Resources are the infrastructure of program implementation. All successful prevention programs require adequate monetary resources, staff, physical space, time, and connections with the served community. In addition, a thorough knowledge of and relationship with the various aspects of the local prevention infrastructure must be developed.

Effective Communication (**Key Components**: internal and external communication)

Regular exchange of information and data is critical, both internally within the various segments of the organization and externally between the coalition and the multitude of community sectors involved in prevention efforts.

Community Engagement (**Key Component**s: shared vision, diverse and inclusive representation)

Broad and diverse representation from the community is key to successful prevention implementation. To effectively engage the community, the coalition must ensure that all members involved feel included in the process. This inclusion starts when the coalition shares a vision and when members have defined roles and a voice in the process. It is

also important that coalition members have an understanding of the needs of the community gained through their involvement in different segments.

Active Leadership (**Key Components**: involvement, commitment to prevention)

Active leaders are personally committed to achieving prevention goals in their communities. They are able to articulate and share a vision in a way that inspires others to follow, they have the knowledge and commitment to pursue their prevention goals, and they have the skills to communicate their vision to stakeholders. Active leaders are also able to negotiate and coordinate conflicting interests between the coalition and community and/or business leaders while prioritizing their prevention aims.

Readiness for Change (**Key Components**: community climate, history of effectiveness)

Positive change in prevention communities is unlikely to occur unless the community is ready. The best indicator of readiness is a past record of successful prevention implementation. Communities that are open to new ideas and that have a commitment to tackle prevention issues may be ready too. Additionally, prevention communities with strong connections among stakeholders and implementing organizations are better positioned to tackle prevention changes.

Sustainability (**Key Components**: buy-in, training)

Project funders and stakeholders want to see programs continue and improve. Project sustainability is more likely when the project strategies match the needs of the community and when staff, leaders, and community members are invested in the process, receive ongoing training, and institutionalize the knowledge gained and efforts put forth during the project.

Methods

Community Prevention Professional Interview Description

The first component of the evaluation tool consisted of an interview with the Community Prevention Professional (CPS) of the Prevention Management Organization (PMO) in each community. The interview questionnaire consisted of 26 questions with two follow-up questions. The interviews were completed over the phone and included both open-ended questions and quantifiable questions using a five-point Likert scale.

Stakeholder Focus Group Description

The second element of the evaluation tool consisted of focus groups conducted on-site within each of the funded communities. Each CPS was asked to identify and invite seven to ten key stakeholders integral to the prevention system in their community. Two evaluators traveled to each community and met with the stakeholders to conduct the focus group. The CPS was asked to step out of the focus group to ensure an open and honest dialogue to accurately assess the experience of the stakeholders. A total of 14 questions were asked, six open-ended questions and the remaining eight asked participants to rate the resources, investment level, and leadership qualities. The focus groups typically lasted one to two hours.

Coalition Member Survey Description

The third element of the evaluation tool was an electronic survey of coalition members. The survey comprised of 84 questions including a series of demographic questions. The survey covered each of the seven domains using a Likert scale question format.

WYSAC programmed the questionnaire into Qualtrics©, a state of the art, online software program. Each CPS provided email contact information for all of their coalition members. The overall list containing names and email addresses from all the counties delivered to WYSAC included 556 records. Coalition members were contacted and invited to the survey via email. Three reminders were sent to all remaining non-respondents before data collection was closed. Data collection was live from July 27th to August 24th, 2016. Of the 493 working emails (63 emails were non-deliverable), evaluators received 224 completed surveys for a response rate of 45%.

Analysis Description

Each of the above described components were comprised of questions pertaining to all of the seven key ingredients so that the unique perspectives of each respondent group were captured. The responses were then combined to create a fully developed picture of the capacity in each community.

In accordance with the literature, a rubric was created to describe each of the five levels of capacity, with one being no capacity and five being full capacity. Two evaluators worked together to analyze the qualitative data from the interviews and focus groups using deductive qualitative analysis. Quantitative questions in each of the components utilized response categories that already adhered to the one to five scale and therefore did not require interpretation. The data was already numeric which allowed for mathematical means to be calculated for each question. Means for each question were grouped by their corresponding key ingredient. The key ingredient score for quantitative data was calculated by dividing the mean score for each question by the number of questions asked for the particular key ingredient. Evaluators then came to consensus, assigning capacity levels to each of the seven key ingredients, considering both the qualitative and quantitate data equally.

Key ingredient scores were developed for each of the components for every community. The key ingredient scores were then averaged across components to yield the composite score. Composite scores remained on the same one to five scale. In the event that one of the capacity components was not completed, all of the key ingredient scores for that component were entered as a level one, or no capacity.

Composite scores are reported here in this report because they yield a well-rounded picture of the community, taking into account perspectives from paid staff, key stakeholders, and coalition members. Also, only composite scores are reported to protect the anonymity of any individual respondent.

Findings

Workforce

Successful implementation requires staff, leaders, and coalition members who are familiar with prevention and have received training in the evolving aspects of prevention including the public health approach and the strategic prevention framework. Individuals should also possess management, facilitation, personal and professional skills, and have experience in their field and positions. Additionally, they should understand the unique cultural characteristics of their community and have a willingness and ability to embrace those cultural differences.

Table 1: Level of Capacity for Workforce

1	2	3	4	5
No one in the community has knowledge or skills in prevention, has been trained in prevention, and has knowledge of the unique cultural characteristics of the community.	Limited members of the community have knowledge or skills in prevention, have only participated in a couple prevention trainings, and have limited knowledge of the unique cultural characteristics of the community.	Some of the community has knowledge or skills in prevention, has participated in a few prevention trainings, and has some knowledge of the unique cultural characteristics of the community.	Most of the community has knowledge or skills in prevention, most have participated in prevention trainings, and most understand the unique cultural characteristics of the community.	Everyone in the community has a high level of knowledge and skills in prevention, have been trained in prevention, understand the unique cultural characteristics of the community, and have a willingness and ability to embrace those cultural differences.

SUMMARY OF OVERALL COMMUNITY WORKFORCE

There is currently one coalition in place in Sublette County, with one CPS. Most of the coalition members have prevention knowledge and apply and utilize that knowledge in the field. Coalition members reported major increases in prevention knowledge and skills through their coalition participation. Stakeholders described trainings and informational presentations

facilitated by the coalition, such as a prevention summit, a statewide methamphetamine and substance abuse conference, a Tall Cop presentation, and a motivational interviewing training.

Stakeholders and coalition members recognize the unique cultural characteristics in the community. Stakeholders identified specific groups, such as the low income individuals and families, a growing Hispanic population, the senior population, and single parents.

Resources

Resources are the infrastructure of strategy implementation. All successful prevention strategies require adequate monetary resources, staff, physical space, time, and connections with the served community. In addition, a thorough knowledge of and relationship with the various aspects of the local prevention infrastructure must be developed.

Table 2. Level of Capacity for Resources

1	2	3	4	5
The community has no resources available for prevention efforts and no one has access to prevention services.	The community has minimal resources available for prevention efforts and a limited number of people have access to prevention services.	The community has some resources available for prevention efforts and some people have access to prevention services.	The community has many resources available for prevention efforts and most people have access to prevention services.	The community has extensive resources available for prevention efforts and all people have access to prevention services.

SUMMARY OF OVERALL COMMUNITY RESOURCES

There are multiple resources available for prevention efforts, but there is only some accessibility. Coalition members noted funding is minimally to somewhat available, but space and members' time commitment to prevention efforts was quite available. The coalition has sought outside funding to supplement their efforts. There are also high levels of support and collaboration with other agencies to achieve prevention goals.

Coalition members reported multiple points of access to prevention services. However, stakeholders pointed out that because of the rural setting of the community, most of the services are located in Pinedale and individuals outside of that city have limited access. There are only two forms of mental health resources (one is counseling, the other substance abuse), and there is no hospital or emergency room in the county.

Effective Communication

Regular exchange of information and data is critical, both internally within the various segments of the organization and externally between the coalition and the multitude of community sectors involved in prevention efforts.

Table 3. Level of Capacity for Effective Communication

1	2	3	4	5
There is no internal exchange of information and data nor is there communication with external prevention partners or the greater community.	There are few internal exchanges of information and data and little communication with external prevention partners or the greater community.	There is some internal exchange of information and data and some communication with external prevention partners or the greater community.	There is regular internal exchange of information and data and regular communication with external prevention partners or the greater community.	There is frequent and institutionalized internal and external exchange of information and data and the greater community.

SUMMARY OF OVERALL COMMUNITY EFFECTIVE COMMUNICATION

In Sublette County, coalition members frequently communicate with each other through emails, sharing of resources, and a Facebook page. The coalition also frequently communicates with other organizations, such as through referrals with mental health organizations and networking and collaborating with other organizations. Coalition members noted extensive communication with the school districts, law enforcement agencies, substance abuse treatment and prevention organizations, health care agencies, and mental health agencies.

The coalition communicates with the community through emails, social media, the newspaper, radio advertising, the online local newspaper website, a Facebook page, and through word of mouth.

Community Engagement

Broad and diverse representation from the community is key to successful prevention implementation. To effectively engage the community, the coalition must ensure that all involved feel included in the process by sharing a vision and when members have defined roles, and a voice in the process. It is also important that coalition members have an

understanding of the needs of the community that are gained through their involvement in different segments.

Table 4. Level of Capacity for Community Engagement

1	2	3	4	5
The coalition and/or over-sight body does not represent the diverse community at-large nor share a vision with stakeholders in serving the needs of the community.	The coalition and/or over-sight body has limited representation from the diverse community at-large, limited defined roles and only a partially shared vision with stakeholders in serving the needs of the community.	The coalition and/or over-sight body has some representation from the diverse community at-large, some defined roles and some share the vision in serving the needs of the community.	The coalition and/or over-sight body mostly represents the diverse community at-large and mostly shares vision with stakeholders in serving the needs of the community.	The coalition and/or over-sight body fully represents from the diverse community at-large and has active stakeholders that share a vision in serving the needs of the community.

SUMMARY OF OVERALL COMMUNITY ENGAGEMENT

Several stakeholders are very involved in the coalition, while a different group of 15 to 20 members from various segments of the community including law enforcement, health and mental health professionals, youth organizations, and faith based organizations are dependable. The key stakeholders "know what's best for the community." Coalition members assist in projects at all stages, including planning and decision making. While there is good representation of the community in local prevention efforts, there is a desire to get more commissioners, the fire department, and search and rescue agencies to attend the meetings. While coalition members reported that it was very true that the coalition recognized the importance of respecting cultural diversity, they reported less confidence that the coalition membership reflects the cultural makeup of the community.

"[The key stakeholders] know what's best for the community."

Active Leadership

Active leaders are personally committed to achieving prevention goals in their communities. They are able to articulate and share a vision in a way that inspires others to follow, they have

the knowledge and commitment to pursue their prevention goals, and they have the skills to communicate their vision to stakeholders. Active leaders are also able to negotiate and coordinate conflicting interests between the coalition and community and/or business leaders while sustaining their prevention aims.

Table 5. Level of Capacity for Active Leadership

1	2	3	4	5
Leaders are not committed to, or knowledgeable of prevention, nor are they active in prevention efforts and do not prioritize prevention among conflicting or competing interests.	Leaders have limited commitment to, or knowledge of prevention, limited involvement in prevention efforts and rarely prioritize prevention among conflicting or competing interests.	Leaders have some commitment to and knowledge of prevention. Some involvement in prevention efforts and occasionally prioritize prevention among conflicting or competing interests.	Leaders are mostly committed to and knowledgeable of prevention, active in prevention efforts, and prioritize prevention among conflicting or competing interests.	Leaders are highly committed to and knowledgeable of prevention, active and integrate prevention in all efforts and always prioritize prevention across the community.

SUMMARY OF OVERALL LEADERSHIP

There is good commitment to prevention from leadership, and "everyone is passionate about prevention." There is some shared leadership and a secretary of the coalition. Leaders apply and utilize prevention knowledge and skills in the field. Coalition members felt that it was very true that leadership was knowledgeable and committed to prevention efforts. Members reported that leadership is able to negotiate and coordinate conflicting interests. Stakeholders were not as confident in leaders' negotiating and coordinating abilities among conflicting interests, noting these are ongoing battles and will always need work.

"Everyone is passionate about prevention."

The coalition's vision is presented to the community through newspaper articles, Facebook posts, and highlighting partnerships and good relationships. Stakeholders thought communicating the vision to the community could always use improvement as well.

Readiness for Change

Positive change in communities is unlikely to occur unless the community is ready for prevention. The best indicator of readiness is a past record of successful prevention implementation. Communities that are open to new ideas and that have a commitment to tackle prevention issues may be ready too. Additionally, prevention communities with strong connections among stakeholders and implementing organizations are better positioned to tackle prevention changes.

Table 6. Level of Capacity for Readiness for Change

1	2	3	4	5
The community has no previous successful prevention efforts, and no awareness or commitment to addressing identified substance abuse issues.	The community has a couple of previous successful prevention efforts, low awareness or commitment to addressing identified substance abuse issues.	The community has a few previous successful prevention efforts, partial awareness or commitment to addressing identified substance abuse issues.	The community has many previous successful prevention efforts, and adequate awareness or commitment to addressing identified substance abuse issues.	The community has a cornucopia of successful prevention efforts, full awareness and commitment to addressing identified substance abuse issues.

SUMMARY OF OVERALL COMMUNITY READINESS FOR CHANGE

Sublette County used the SPF in their prevention efforts, including strategic planning and a needs assessment. There have been many successful prevention strategies implemented, including ASSIST and QPR suicide prevention trainings, voluntary TIPS training, smoke-free parks and restaurants, Quit Kits for tobacco cessation, suicide walks, suicide survivor support groups, compliance checks with the sheriff's office, wrist-banding at the fair, and prescription drug drop boxes. Coalition members felt that it was very true that there is a readiness for change in the community.

At this point, unique cultural characteristics have minimally influenced prevention strategies in the past. Stakeholders discussed how there was at least one QPR training for seniors. There are

some translated materials for Spanish speakers, but there is a need for more Spanish speaking staff in mental health organizations.

Strong relationships between the coalition and key stakeholders facilitate the collaboration on prevention efforts. The coalition is currently collaborating with other organizations for a workshop targeted for low income individuals and families called "Bridges Out of Poverty."

Sustainability

Project funders and stakeholders want to see programs continue and improve. Project sustainability is more likely when the project strategies match the needs of the community and when staff, leaders, and community members are invested in the process, receive ongoing training, and institutionalize the knowledge gained and efforts put forth during the project.

Table 7. Level of Capacity for Sustainability

1	2	3	4	5
Community has no commitment to sustaining prevention efforts and no systems or plans in place to retain knowledge.	Community has limited commitment to sustaining prevention efforts and limited systems or plans in place to retain knowledge.	Community has some commitment to sustaining prevention efforts and some systems or plans in place to retain knowledge.	Community has strong commitment to sustaining prevention efforts and multiple systems or plans in place to retain knowledge.	Community is fully committed to sustaining prevention efforts and has institutionalized systems in place to retain knowledge.

SUMMARY OF OVERALL SUSTAINABILITY

There is a strong commitment to sustainability in Sublette County, and they are in the process of developing a sustainability plan. Community trainers for the QPR and TIPS trainings support the sustainability of those programs. Coalition members reported that it was moderately true that the coalition was committed to sustainability, but they were less aware of a written sustainability plan.

The coalition's secretary makes agendas for meetings and sends out minutes and notes from every meeting. Each meeting as a dedicated time slot for summaries of current efforts and to get feedback from the coalition. Emails are saved by individual coalition members, and prevention resource documents are filed away. Finally, historical knowledge and institutional memory is maintained through many of the long time members of the coalition.

Summary and Recommendations

Sublette County has high levels of capacity in the workforce, effective communication, community engagement, active leadership, readiness for change, and sustainability. Dedicated coalition members and key stakeholders are engaged in prevention strategies and efforts, and have trust in their leaders. The coalition has executed many successful prevention strategies in the past and seeks to sustain current effort and improve future efforts through review of previous efforts and the needs assessment data. Sublette County has some resources for prevention, but there is a lack of accessibility for some people in the county because of the location and availability of services.

Recommendations for on-going and future capacity building efforts include:

1. Provide more prevention specific education and/or cross-training opportunities to coalition members.
2. Continue outreach to the unique cultural groups in the community and continue to improve access to prevention services to all community members.
3. Explore strategies for engaging other small towns in the county in prevention efforts.
4. Work with stakeholders to develop plans or systems such as a shared file system like Google Docs to retain knowledge and experience and to communicate internal sustainability systems already in place.
5. Continue efforts to secure outside funding to supplement prevention efforts.

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