PHASE F:

SMART Goals & Prevention Action Planning

GENERAL INFORMATION

- You will have a total of eight (8) weeks to develop SMART goals and write your SCA Prevention Action Plan. You will complete Phase F by December 13, 2019. If you have difficulty, you are advised to contact your DDAP Program Analyst for technical assistance.

- The primary objective in Phase F will be to develop SMART goals and build a Prevention Action Plan as outlined below:

    - Develop long-term goals (12 years) for each outcome indicator included within your county's prioritized *Problem(s);*
    - Develop intermediate goals (6 years) for each of the underlying prioritized *risk and/or protective factor(s)* identified as contributing to each *Problem*;
    - Develop a Prevention Action Plan by identifying programs, practices or services that you will implement related to the underlying risk/protective factors and/or contributing factors that have been attributed to your problems.

- **JOINDERS:** Joinders should complete Phase F in the same fashion that Phase D was completed – completing the information in the tool for each county. If shared problems exist between counties, and goals are the same, then Joinders should simply type the same information into each tool.

COMMON TERMS

- Problems: Brief description of the specific issue(s) (consumptions/consequences) that need to be addressed and investigated by the assessment team
- Risk Factors: Conditions that increase the likelihood that a person will become involved with drug use, delinquency, school-dropout and/or violence
- Protective Factors: Conditions that buffer an individual from exposure to risk
- Contributing Factors: The specific factors or characteristics that contribute to or increase the substance use related problems in the community. Contributing factors answer the question, "But Why Here?"
- SMART Goals: Specific, measurable, achievable, relevant, and time-bound. (See SAMHSA fact sheet for more information).
- Outcome Indicators: Specific, observable, and measurable data points identified in needs assessment that will be tracked to determine achievement of goals.

Tools/Worksheets Used

Phase F - Excel Tool
EBP 101: Essential Training Videos (Strongly Encouraged)

Developing Your SMART Goals

Step One: Develop Long Term Goal(s) For Each Prioritized Problem

For each county problem identified through the Needs Assessment process, you will develop a long-term goal (12 years) seeking positive change. Using the SMART Goals tab within the Needs Assessment Tool, you will use the template provided to assist you in writing your goals so they are specific, measurable and have a consistent structure to the goals being developed in the other counties throughout the Commonwealth. You must set at least one goal, and may add two others if you are using more than one source of data to track changes in the problem.

Goals should be developed around the key consumption and/or consequence data points used to identify the problem. These data points are considered Outcome Indicators. In the example below, you will see the Outcome Indicators used for the problem of underage drinking were *30-day Alcohol Consumption* and *Juvenile Liquor Law Arrests*.

Be sure to complete each cell as follows: **Direction of Change** (Decrease, Increase, Maintain); **Primary Age** (Youth, Adult); **Outcome Indicators** (Data Point Needing Change); **Data Source** (Identify the source and year); **% Change***; **From** (Current Percent/Rate); **To** (Goal Percent/Rate); **Type** (Measurement of Percent/Rate); **Baseline Year** (Confirm Data Source Year). **Target Year** has been entered for you. If you would like to change the target year for a specific indicator, please reach out to your DDAP Program Analyst to discuss.

PROBLEM #1:														
We are seeing higher rates of underage drinking, as well as increases in juvenile arrests for liquor law violations.														
LONG TERM GOALS														
	Direction of Change	Primary Age	Outcome Indicators		Data Source		% Change	From *Current*	To *Goal*	Type (Percent/Rate)		Baseline Year		Target Year
TO	Decrease	Youth	30 day Alcohol Consumption	AS MEASURED BY	PAYS 2017	BY	15%	20.00	17.00	Percent	FROM	2017	THRU	2029
	Decrease	Youth	Liquor Law Arrests		PA UCR 2014		30%	5.20	3.64	Per 1000		2015		2029
									FALSE					

Step Two: Develop Intermediate Goal(s) For the Prioritized risk/protective factors for each problem

Next, you will develop an intermediate goal (6 years) for each of the associated underlying risk/protective factors that you have selected. As in the previous step, you will use the template provided to assist you in writing your intermediate goals so they are specific, measurable and consistent with the intermediate goals being developed in other counties throughout the Commonwealth. You must set at least one goal, and may add another if you are using more than one source of data to track changes in the risk/protective factor.

Be sure to complete each cell as follows: **Direction of Change** (Decrease, Increase, Maintain); **Primary Age** (Youth, Adult); **Risk/Protective Factor** (RPF Needing Change); **Data Source** (Identify the source and year); **% Change***; **From** (Current Percent/Rate); **To** (Goal Percent/Rate); **Type** (Measurement of Percent/Rate); **Baseline Year** (Confirm Data Source

Year). **Target Year** has been entered for you. If you would like to change the target year for a specific indicator, please reach out to your DDAP Program Analyst to discuss.

Risk/Protective Factor #1														
Perceived Availability of Drugs														
INTERMEDIATE GOAL														
	Direction of Change	Primary Age	Risk/Protective Factor		Data Source		% Change	From *Current*	To *Goal*	Type (Percent/Rate)		Baseline Year		Target Year
TO	Decrease	Youth	Perceived Availability of Drugs	***AS MEASURED BY***	PAYS 2017	***BY***	6%	29.40	27.64	Percent	***FROM***	2017	***THRU***	2023
									FALSE					

*Note: In regard to **% Change** - A two-percent change is much different than an increase or decrease of two-percentage points – be cautious of this when writing your goals. For example, if your percent of past 30 day alcohol use is 30% and your goal is to reduce it to 27%, you'll need to enter the percent change as 10% not 3%. The spreadsheet will calculate your "To *Goal*" target once you enter your % Change and From (Current Percent/Rate).

In the examples above, the long-term SMART goals for the primary indicators would read as follows:

- To Decrease Youth 30-day Alcohol Consumption by 10%, from 18 percent to 16.2 percent, as measured by PAYS, by 2029
- To Decrease Youth Liquor Law Arrests by 20%, from 5.2 per 1000 to 4.16 per 1000, as measured by PA Uniform Crime Reporting System, 2014, by 2029

The intermediate SMART goal for the prioritized risk factor would read as follows:

- To Decrease Youth Perceived Availability of Drugs by 6%, from 29.4 percent to 27.6 percent, as measured by PAYS, by 2023

Developing a Prevention Action Plan

Writing Your Prevention Action Plan

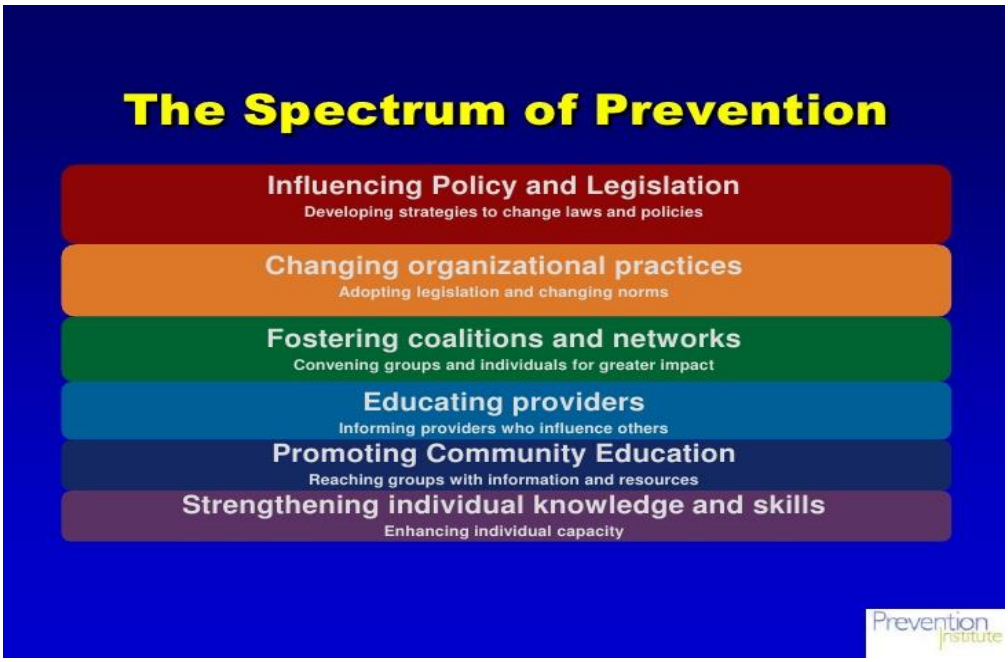
Within each Action Plan – Problem tab, you will begin to outline and describe the programs, practices or services that will address the underlying risk/protective factor(s) and/or contributing factor(s) that have been prioritized for each county problem. (Your problems, as well as your risk/protective factors and contributing factors have been automatically populated into its respective tab).

As you begin writing your plan, you will want to refer back to your Resource Assessment and consider the initiatives that are currently being implemented as possible building blocks for your Prevention Action Plan. You should be prepared to build on the strengths you have identified, and prepare reinforcements for some of the gaps and challenges that you have identified.

Following discussion and planning with your team, you will then identify programs, practices or services that you plan to implement in order to address the underlying risk/protective factors and contributing factors. These strategies should help your county to reach the intermediate

goals that were set in the previous step, which in turn will help to positively impact the problem(s) that you have identified through the needs assessment process.
For each of your problems, you should plan to implement at least three (3) programs, practices or services. You will need to be sure that your efforts will reach your intended audience in order to most impact the overall problem(s). You are also encouraged to have a balanced plan.

One way to determine how well balanced your plan may be is to see where your programs/practices/services fall within the Spectrum of Prevention. Developed by Larry Cohen of *The Prevention Institute*, The Spectrum of Prevention is a framework developed to promote a comprehensive understanding of prevention. In the spectrum there are six areas (see image below) for targeting prevention development. These areas are complementary to one another and should be thought of like a puzzle piece. Each piece provides a critical part of the puzzle. When all of the areas are addressed, the results of prevention are more effective then when focusing on one single area.



As you develop your Prevention Action Plan, you may see some overlap or sharing of similar risk/protective factors among each of your problems. It is okay to have the same program, practice or service listed under multiple problems or multiple risk/protective factors.

PROBLEM #1:		0
Prioritized RISK/PROTECTIVE FACTOR		Name of Program/Practice/Service
0	1	
	2	
	3	
CONTRIBUTING FACTORS		Name of Program/Practice/Service
0	1	
	2	
	3	
0	1	
	2	
	3	
0	1	
	2	
	3	
0	1	
	2	
	3	

It is strongly encouraged that your Prevention Action Plan primarily addresses your priority problems; however, you may have programs, practices or services that you are required to implement that do NOT relate specifically to the prioritized problems, risk/protective factors and/or contributing factors that have been identified. In that scenario, you would utilize the "**Non-Prioritized Plan**" tab within the tool to summarize any programs, practices or services that fall within that category. Additionally, you should utilize the **"Action Plan – Gambling"** tab to outline programs/practices/services related to gambling prevention. If one of your prioritized problems is gambling-related, then the plan for that problem should be outlined in its respective tab not in the **"Action Plan – Gambling"** tab.

As you complete your Prevention Action Plan, it is important to ensure the plan still includes all prevention programs/services required by DDAP. If any of the required items below do not relate to one of your priority problems, then it should be included in the Non-Prioritized Plan tab.

- Student Assistance Program
- Services related to Fetal Alcohol Spectrum Disorders prevention.
- One evidence-based program
- Program/practice/service within all six federal strategies

Completing Action Plan Tabs

Enter the name of the program, practice or service, then you will complete the following information as thoroughly as possible: **Description** (Column D), **Implementing Agency** (Column E), **Implementation Status** (Column F), **Implementation Setting** (Column G), **Target Population** (Column H), **Process Measures** (Column I), **Short-term Outcome Measures** (Column J), **Sustainability** (Column K) and **Other** (Column L). Each of the columns provides a detailed description outlining the information that you should be entering into the tool.

Name of Program/Practice/Service	Description	Implementing Agency	Implementation Status	Implementation Setting
Target Population	Process Measures	Short-term Outcome Measures	Sustainability	Other

Name of Program/Practice/Service – Identify the program, practice or service you plan to implement to influence change respective to the prioritized risk/protective factor(s).

Description – Briefly describe the program, practice or service. *For programs on DDAP's list of evidence-based/informed programs, you do not need to include a description of the program. Instead, use this column to note information such as how many groups you project the program will be implemented with or the number of times the program will be implemented*.

Implementing Agency – Identify all agencies that will be responsible for implementing the program, practice or service.

Implementation Status – Is this program, practice or service a continuation, an expansion or a new implementation from the prior year?

Implementation Setting – Please describe the setting where the program/practice/service will take place and list the geographic location(s) within your county where it will be implemented. If the program will be implemented throughout the entire county, you can list the location as countywide.

Target Population – Identify the target population for this program, practice or service.

Process Measures – Describe your process measure targets (at least one) and how you will measure them. Be specific. Process measures look at the details of implementation. Was the program delivered as it was designed to be delivered? How many people participated? What was the dropout rate? How many materials were disseminated? **Process measures do not tell you if your program was effective**. Instead, process measures can help inform why results—or outcomes—might or might not be met and where to focus on making any corrections mid-course. Example process measures include:

- 10 groups of 20 people each will receive 7 sessions of program
- 4 newsletters will be provided to 200 people
- 75% or more participants report they are very satisfied with the program

Short-term Outcome Measures – List at least one short-term outcome that will be measured and describe how it will be measured. Short-term outcome measures track the program effects that you expect to achieve after the program is completed. These outcomes are often expressed as changes in knowledge, perceptions, attitudes or skills of the focus population as a result of the program. For example, a school-based education program may be expected to show an increase in students' problem-solving skills. Short-term outcomes can also include the target population taking certain action steps. For example, organizations making changes in policy and practice, such as when a community changes the closing time of bars to an earlier

hour or imposes stricter sanctions on alcohol vendors who sell to minors. For activities such as trainings or media campaigns, short-term outcomes may measure how many people followed through with an encouraged action step/call to action. If you do NOT currently have the capacity to measure this outcome as described, please indicate that within the tool.

Sustainability – Do sufficient resources (funding, staff, etc.) exist to implement/sustain this program, practice or service into the future? If not, please explain.

Implementation Rationale – This column will only appear in the "Non Prioritized Plan" tab. Explain why you are implementing the program/practice/service, since it is not related to one of your priorities.

Examining Short-term Outcomes

Short-term outcomes can be easy to think of when you're implementing an educational program. For so many of those programs there are already developed pre/post tests, surveys, teacher surveys/observations, etc. These pre/post test and surveys often measure short-term outcomes related to **knowledge, perceptions, attitudes, skills and behavioral intentions**. For school-based programs, there may also be access to shorter-term outcomes such as **reductions in disciplinary referrals, improvements in attendance, or improvements in grades**.

For many of the other types of programs, practices and services you may implement, short-term outcomes may be harder to define and more challenging to find ways to measure. An important first step in defining short-term outcomes for those programs/services is to start by thinking about your **specific purpose** for the program/service. In many cases there is **something specific you want the target audience to either know or do** in order to impact one of your risk, protective or contributing factors in some way.

Sometimes this **purpose** is very straight forward and easy to measure. For example, if your problem was youth vaping, your risk factor was laws and norms favorable to use, and your contributing factor was a lack of school policies/consequences for vaping, then your strategy may be to work with the school to update their policy. An obvious short-term outcome measure is whether the school policy was changed. Another less immediate short-term outcome you may choose to follow-up on is whether the new school policy is being enforced via school data on policy violations.

Sometimes the **purpose** for your program/service (i.e. what you what people, an organization, etc. to do) is less straightforward. Your **purpose** often relates to the specific contributing factors you have identified or suspect are influencing the risk/protective factor or problem.

Consider the following similar activity with different purposes and therefore different short-term outcomes.

Scenario 1 [Increase Awareness]

Contributing Factor/Background – You have identified a lack of awareness of the opioid crisis and a lack of knowledge about opioid misuse as contributing to low perceived risk of opioid misuse among adults which is influencing your problem of opioid misuse among adults.

Service – Hold a series of community forums

Purpose – To make community aware of the opioid crisis and the consequences of opioid misuse, how to recognize warning signs of opioid misuse, and where to go for help.

Short-Term Outcomes

- Utilize survey to measure changes in knowledge and perceptions of participants after the presentation
- Track increases in calls to phone number provided on where to go for help

Scenario 2 [Address Barrier]

Contributing Factor/Background – Your office has been getting numerous calls from the public complaining that nothing is being done about the opioid crisis. There have also been numerous comments from public in the local newspaper comment section with complaints that your agency has not been doing anything. These perceptions of what your agency is/isn't doing are impacting your ability to engage the community in certain efforts to address the opioid crisis.

Service – Hold a series of community forums

Purpose – To make the community aware of the numerous efforts that your agency and other community agencies have taken to address the opioid crisis.

Short-term Outcomes

- Decrease in number of calls to your agency with complaints that nothing is being done to address the opioid crisis.
- Decrease in the number of comments in newspaper with complaints that your agency isn't doing anything.

Scenario 3 [Improve Plan]

Contributing Factor/Background – You have gotten reports of recent spikes in opioid related overdoses among adults via EMS and ER data. You have a lack of data and information about what is contributing to these sharp increases, and therefore cannot develop a prevention action plan to address this problem.

Service – Hold a series of community forums

Purpose – To learn more about what risk factors and contributing factors are influencing the spikes in overdoses and then develop plan to address those issues.

Short-Term Outcome

- Revision of SCA Prevention Action Plan to include new strategy to address key contributing factor identified.

Scenario 4 [Increase Engagement]

Contributing Factor/Background – You have identified that perceived risk of prescription opioid misuse among adults is fairly high, but that people don't know how to talk to adult friends or family who are misusing prescription opioids to share their concerns and don't know where to seek help for friends/family. Your agency has developed a website that includes resources for getting help and tips for how to start a conversation. Awareness of the website is low, especially for certain populations/communities.

Service – Hold a series of community forums

Purpose – To educate concerned community members and encourage them to be a part of promoting awareness of your agency's new website, where to seek help, and how to start conversations about opioid misuse. At the community forum you provide three calls to action:

- You ask everyone to share one resource from your website with at least two other people.
- You also ask for volunteers join a workgroup to develop strategies to improve reach of informational to certain populations
- You ask for volunteers to be trained to be peer educators.

Short-Term Outcomes

- Increase in visits to your website.
- Number of community members from forums that volunteer for and attend a meeting of the workgroup or the peer educator training.
- Number of forum attendees who report sharing information from your website with two people (survey sent by email to attendees two weeks after forum)

Defining Your Purpose or Call to Action

When your purpose is clear and specific, then your short-term outcomes can be easier to define. When trying to clarify your purpose, think about the following questions:

- What is the risk/protective/contributing factor I'm trying to change?
- Who is my target audience for the program/practice/service? (It's important to remember that your target audience for the program/practice/service is not always the population experiencing the problem, but often people/groups/organizations that are influencing the problem.)
- What do I want my target audience to know?
- What do I want my target audience to do?
    - Is there a specific call to action that I want to promote?

Keep in mind that sometimes your target audience is your own agency. For example, with certain capacity building activities, your short-term outcome will be something that your agency/organization does.

Examples

Below are several common program/practices/services that are implemented. Several example short-term outcome and process measures have been provided.

Program/Practice/Service	Process Outcomes	Short-term Outcomes
Federal Strategy - Education		
LifeSkills Training (LST)	- # of groups implemented - # of participants - # of sessions per group (fidelity) - Degree of fidelity for each session (utilizing fidelity checklist)	- Overall pre/post test improvement - Change in attitudes and perceptions toward alcohol - Improved coping skills - Decreased intention to use alcohol - Improved attendance and grades (measured by data from school for grades program implemented with)
Strengthening Families Program	- # of groups implemented - # of participants completing all sessions - # of sessions per group (fidelity) - Degree of fidelity for each session (utilizing observation form) - # of parents who heard about program from other families who participated previously	- Overall pre/post test improvement for youth and parents - Improvement in family communication - Improvement for youth in refusal skills
Federal Strategy – Information Dissemination		
Media Campaign	- # of materials disseminated - # of ads aired - # of people reached	- # of calls to hotline advertised in campaign (compare before campaign to during and after to determine awareness and engagement) - # of visitors to website advertised in campaign (compare before campaign to during and after to determine awareness and engagement) - # of times posts were shared (to determine awareness and engagement) - Track # of times hashtag promoted in campaign is used (to determine awareness and engagement) - Change in awareness of campaign message and change in knowledge or attitudes measured through

		focus groups or surveys with the target population
Newsletter Distribution	- # of newsletters disseminated - # of people who received newsletter - # of people who opened newsletter (option when newsletter emailed or using service like Constant Contact) - # of people who report that the newsletter contains helpful information (measured via survey sent to all newsletter recipients)	- # of people who clicked on newsletter link back to your website for more information (to determine engagement) - # of people that used information in newsletter or took action encouraged in newsletter (measured via survey sent to newsletter recipients; depending on what call to action is encouraged there may be a variety of other ways to measure if that action was taken)
Health Fair	- # of materials disseminated - # of people who visited table - # of people engaged in conversation at table - # of people who participated in activity at table - # of new organizations or potential partners networked with	- # of actions taken with new partner networked with (outcome is relevant when purpose for attendance at health fair is to build new or strengthen existing relationship with other community partners) - Improved relationship with legislator, e.g. requested information/meeting, more aware of agency goals/needs (outcome is relevant when purpose for attendance at health fair organized by legislator is to build or maintain relationship with that individual) - # of people calling for additional information or attending programs who say they learned about agency/program from health fair (outcome is relevant when purpose for attendance is to increase awareness of your agency or a particular program/service) - # of people who respond to given call to action (outcome is relevant when purpose is to get target audience to take a specific action)
Federal Strategy – Alternative Activities		
Mentoring Program	- # of participants - # of new mentor/mentee relationships	- Improved school attendance and grades for participants - Decreased favorable attitudes toward ATOD use and antisocial

	- # of youth satisfied with their mentor relationship - # of youth who remained in program for entire year	behavior (measured via survey conducted at beginning of program and repeated at points in time throughout program)
After-School Recreation Program	- # of participants - # of youth satisfied with the program - # of youth who attend program at least 70% of time - # of youth who remain in the program for entire school year (or entire length of program)	- Improved school attendance and grades for participants - Decrease in number of close friends engaged in ATOD use or antisocial behavior (measured via survey conducted at beginning of program and repeated at points in time throughout program)
Federal Strategy – Problem Identification and Referral		
Student Assistance Program	- # of team meetings attended - # of students screened - # of students referred for assessment - # of students served in SAP support groups	- Improved school attendance and grades for SAP referred students - Reduced disciplinary referrals - # of students with improvements in regard to reason referred to SAP - Changes in knowledge/attitudes/skills for students in SAP groups (measured via pre/post test) - # of students successfully connected to service referred to
Federal Strategy – Community Based Process		
Training/TA for SAP Teams	- # of trainings provided - # of meetings to provide TA held - # of people in trainings/meetings - # of participants reporting they were satisfied with training/trainer (measured by survey after training)	- Increase in knowledge of SAP and best practice (measured via survey after training/TA) - Increase in number of times SAP core team is meeting - Increase in number of core team members (or representation from certain staff such as administrators) - Increase in number of referrals to core team - Improved accuracy and timeliness of SAP data collection and reporting - Reduction in the number of parents not consenting to child participating in SAP process
Training for Professionals	- # of trainings provided - # of attendees - # of participants reporting they were satisfied with	- Change in knowledge, attitude or skill (measured via survey after training) - Implementation of information, skill or other action encouraged in

	training/trainer (measured by survey after training)	training (measured via follow-up survey or phone calls several months after training; depending on what call to action is encouraged there may be a variety of other ways to measure if that action was taken)
Opioid Taskforce (or other Committee/Workgroup)	- # of meetings - # of stakeholders or sectors attending at least 70% of meetings - # of stakeholders or sectors actively engaged by participating on subcommittee or in events - # of members reporting satisfaction with Taskforce meetings, purpose, goals	- # of new relationships developed - Completion of identified action steps or objectives (could include development of strategic plan and objectives) - # of members reporting making changes to their organization's practices, priorities, etc. to better address goals of Taskforce
Federal Strategy - Environmental		
Town Hall Meeting	- # of meetings held - # of attendees - # of sectors or stakeholder groups represented among attendees - # of attendees who asked questions or made comments	- Change in knowledge or awareness (measured via survey after event) - Implementation by attendees of action or next step encouraged (measured via follow-up survey one month after event; depending on what call to action is encouraged there may be a variety of other ways to measure if that action was taken) - Implementation of changes by organizations or systems based on community feedback during town hall meeting
Policy/Practice Change	- # of meetings held - # of visits made to legislator, decision maker, etc. - # of materials provided to stakeholders, organizations, etc. to educate about the policy/practice change or to provide instruction/support for making policy/practice change	- # of policies changed - # of practices changed

Implementation Evaluation – Additional Tips

For more information on how to evaluate and measure the impact of each of your implementations, you are strongly encouraged to watch the EPISCenter video series around *Creating a Strong Evaluation Plan* by Dr. Jochebed Gayles, EPISCenter Research and Evaluation Analyst, at: http://www.episcenter.psu.edu/StrongEvaluation.

The following three videos are there to assist you in learning more about structuring an evaluation component for each program, practice or service implementation.

1. ***Assessing Quality of Implementation***
    a. Process Data
        i. Program Inputs (& Activities)
        ii. Program Reach (Participants)
            - How many? How often? How well?
        iii. Implementation Logistics

    b. Model Fidelity
        i. Adherence to the model
        ii. Duration/Dosage
        iii. Ensuring effective outcomes

2. ***Assessing Impact***
    a. Data that capture targeted outcomes
    b. Proximal, intermediate & distal
        i. E.g., Participant attitudes, beliefs and behaviors
    c. Utilization of pre/post measures

3. ***Utilizing Data To Improve Quality***
    a. Aggregating Data
        i. Look at trends over time
        ii. Compare to standard benchmark (Developer outcomes)
    b. Utilization of Data Tools – what's already available?
    c. Interpreting & using results
        i. Success stories
        ii. Improve practice & quality
        iii. Stakeholder buy-in
        iv. Sustainability

For additional information as it relates to evaluating evidence-based program implementations, you can visit: http://www.episcenter.psu.edu/ebp. You will find a variety of PCCD supported program specific resources for EBP's being implemented throughout the Commonwealth. Each program specific page will provide you access to logic models, fidelity tools, pre-tests & post-tests and evaluation tools to assist with collecting process and outcome measures. Additionally, these program specific pages offer a variety of other resources beneficial to

program selection and implementation and may provide you with ideas for evaluating other programs, practices or services that are not on this list.

You may also be interested in the following *EBP 101: Essential Training Videos* as you prepare your County-Level Prevention Action Plan:

1. Assessing Community Needs
2. Selecting an EBP
3. Creating a Strong Implementation Plan
4. Creating a Strong Evaluation Plan
5. Planning for Sustainability
6. Grant Writing

You can access this video series here: http://www.episcenter.psu.edu/EBP101

- Once you have developed SMART Goals and a Prevention Action Plan for each problem, you should submit your excel tool via email to your DDAP Program Analyst for review and approval. Your analyst will contact you if there are any issues or questions.