

Minerva Reference Sheet – Community Coalition Program Profile

Planning Module: How to build a CPWI Coalition Program Profile in Minerva

Model your Program Profile after the text that is displayed in the screen shots below when building a CPWI Coalition Program Profile in Minerva. The questions that are not highlighted in yellow are dependent on your Coalition. Complete these questions as appropriate.

Substance Use Disorder System Welcome, User

Organization Profiles | Home > Planning > Planning Profile

Budget | Planning | Implementation | Partners/Staff | Enter Session Data | Evaluation & Reports | Expenditure Reports

Entity Selection

Contracted Entity - Select Contracted En Contracted Entity (e.g.	Coordinating Entity - Select - Coordinated Entity (e.	Performing Entity - Select - Performing Entity (e.g
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Program/Activity Profile Details

Enter profiles for planned programs and strategies.

1. Select program/activity type (select one) *

Community Engagement/Coalition Development

2. Select program/activity name (select one) *

Community Coalition

3. Provide local program/activity name. Use the program/activity name from above and your local naming strategy (e.g., LifeSkills Training - Walla Walla 2016/2017) *

Coalition Name - Community Name 2016/2017

4. Provide program/activity description *

A coalition is a formal arrangement for cooperation and collaboration between groups or sectors of a community. Each group retains its identity, but all agree to work together using the CPWI Strategic Prevention Framework toward a common goal of building a safe, healthy, and drug-free community.

5. Program/activity start date *

07/01/2016



6. Program/activity end date *

06/30/2017



7. Program/Activity Budget *

DMA - EBP/RBP	\$	
DMA - Promising	\$	
General Funds - State	\$	
PFS - July - Sept	\$	
PFS - Oct - Jun	\$	
SABG	\$	
Total:	\$	0

8. Select the implementation type (select one) *

Evidence Based (EBP)

Select the evidence-based list this program/activity is on (select all that apply).

- DMA
- Athena - Excellence in Prevention (EIP)
- Mental Health Promotion

9. Select long-term consequence(s) addressed (select all that apply) *

- School Performance
- Youth Delinquency
- Mental Health
- Suicide
- Other

If other, please specify:

10. Select the behavioral health problem(s) addressed (select all that apply) *

- Substance Use Disorders
- Mental Health Disorders

If other, please specify:

11. Select the primary intervening variable (risk or protective factor) addressed (select one) *

(R)Low Neighborhood Attachment & Community Disorganization

12. Select measurable objective of local condition of the primary intervening variable indicated above (select one) *

Community capacity to address ATOD issues

13. Indicate direction of change for the objective (select one) *

Increase

14. Select the secondary intervening variables (risk and protective factors) addressed (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> (P)Community: Bonding (opportunity, skills, and recognition) | <input type="checkbox"/> (P)Community: Healthy Beliefs and Clear Standards |
| <input type="checkbox"/> (P)Engagement and connections in one or more of the following contexts: school, peers, family, employment or culture | <input type="checkbox"/> (P)Family: Bonding (opportunity, skills, and recognition) |
| <input type="checkbox"/> (P)Peer: Healthy Beliefs and Clear Standards | <input type="checkbox"/> (P)Family: Healthy Beliefs and Clear Standards |
| <input type="checkbox"/> (P)School: Healthy Beliefs and Clear Standards | <input type="checkbox"/> (P)Peer: Bonding (opportunity, skills, and recognition) |
| <input type="checkbox"/> (R)Availability of Alcohol/Drugs | <input type="checkbox"/> (P)School: Bonding (opportunity, skills, and recognition) |
| <input type="checkbox"/> (R)Constitutional Factors | <input type="checkbox"/> (R)Academic Failure Beginning in the Late Elementary School |
| <input type="checkbox"/> (R)Early Initiation of the Problem Behavior | <input type="checkbox"/> (R)Community Laws and Norms Favorable to Alcohol/Drug Use, Firearms & Crimes |
| <input type="checkbox"/> (R)Family Conflict | <input type="checkbox"/> (R)Early and Persistent Antisocial Behavior |
| <input type="checkbox"/> (R)Family Management Problems | <input type="checkbox"/> (R)Extreme Economic Deprivation |
| <input type="checkbox"/> (R)Favorable Parental Attitudes & Involvement in the Problem Behavior | <input type="checkbox"/> (R)Family History of Problem Behavior |
| <input type="checkbox"/> (R)Low Neighborhood Attachment & Community Disorganization | <input type="checkbox"/> (R)Favorable Attitudes Toward the Problem Behavior |
| | <input type="checkbox"/> (R)Friends Who Engage in the Problem Behavior |
| | <input type="checkbox"/> (R)Lack of Commitment to School |
| | <input type="checkbox"/> (R)Rebelliousness |
| | <input type="checkbox"/> (R)Transitions and Mobility |

15. Select CSAP strategy category (select one) *

Community-Based Process

16. Select IOM category (select one) *

Universal-Indirect

17. Indicate plan for implementation with fidelity. Please note that adaptations require state approval (select one) *

Adapted, we are planning to make adaptations and/or modifications

Indicate if planned adaptations or modifications been approved by the program's developer

- Yes
- No
- N/A

Provide planned adaptations or modifications (select all that apply)

- Modification to training requirement (e.g. untrained, unofficial training, etc.)
- Modification to dosage/duration (e.g. different # of sessions, different length of time for each session, etc.)
- Modification to delivery site (e.g. at community site instead of school setting as researched)
- Modification to target population (e.g. Delivering to universal population when it researched for indicated, etc.)

Provide explanation and rationale of adaptations

CPWI

18. Indicate expected number of program/activity series (groups) *

19. Indicate expected number of total sessions (For all series (groups) *

20. Indicate expected total hours for program/activity (For all series (groups)) *

21. Indicate expected total unduplicated participants for this program/activity (For all series (groups)) *

22. Select target population(s) (select all that apply) *

- | | |
|---|--|
| <input type="checkbox"/> Business and Industry | <input type="checkbox"/> Civic Groups/Coalitions |
| <input type="checkbox"/> COSAs/Children Substance Users | <input type="checkbox"/> Current or Former Military/Military Families/National Guard |
| <input type="checkbox"/> Delinquent Violent Youth | <input type="checkbox"/> Elected Officials |
| <input type="checkbox"/> General Population | <input type="checkbox"/> Health Professionals |
| <input type="checkbox"/> Homeless/Runaway Youth | <input type="checkbox"/> Individuals Living in Poverty |
| <input type="checkbox"/> Individuals Whose Native Language is not English | <input type="checkbox"/> Law Enforcement/Criminal Justice |
| <input type="checkbox"/> Lesbian/Gay/Bisexual | <input type="checkbox"/> Parents/Families |
| <input type="checkbox"/> People Using Substances | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> People with Mental Health Problems | <input type="checkbox"/> Physically/Emotionally Abused People |
| <input type="checkbox"/> Pregnant Families/Women of Childbearing Age | <input type="checkbox"/> Prevention Professionals |
| <input type="checkbox"/> Religious Groups | <input type="checkbox"/> School Dropouts |
| <input type="checkbox"/> Teachers/Administrators/Counselors | <input type="checkbox"/> Transgender/Questioning/Queer/Intersex |

23. Select target age group(s) (select all that apply) *

- | | |
|---|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> College students |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Elementary school students |
| <input type="checkbox"/> High school students | <input type="checkbox"/> Middle/Jr. high school students |
| <input type="checkbox"/> Preschool students | <input type="checkbox"/> Under 18 |
| <input type="checkbox"/> Under 21 | <input type="checkbox"/> Young adults aged 18-25 |

24. Select the survey instrument(s) to be used in the evaluation (select all that apply)

- Not Applicable
 Coalition assessment tool


25. Select frequency of survey (select one) *

One time ▼

26. Select program/activity status (select one) *

Active ▼

27. Program/Activity notes:

 Save

 Submit

 Exit without Saving