

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.

The screenshot shows the Minerva Substance Use Disorder System interface. The top navigation bar includes the system name and a user profile. The left sidebar lists various modules: Organization Profiles, Budget, Planning, Implementation, Partners/Staff, Enter Session Data, Evaluation & Reports, and Expenditure Reports. The main content area is titled 'Entity Selection' and contains three dropdown menus for 'Contracted Entity', 'Coordinating Entity', and 'Performing Entity'. Below this is the 'Program/Activity Profile Details' section, which includes instructions to enter profiles for planned programs and strategies. It contains four numbered steps: 1. Select program/activity type (select one) * with a dropdown menu showing 'Community Engagement/Coalition Development'. 2. Select program/activity name (select one) * with a dropdown menu showing '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) * with a text input field containing 'Coalition Name – Community Name 2017/2018 [or 2017/2019]'. 4. Provide program/activity description * with a text area containing a definition of a coalition.

Substance Use Disorder System

Welcome, User

Organization Profiles

Budget

Planning

Implementation

Partners/Staff

Enter Session Data

Evaluation & Reports

Expenditure Reports

Home > Planning > Planning Profile

Entity Selection

Contracted Entity

- Select Contracted En
Contracted Entity (e.g.

Coordinating Entity

- Select -
Coordinated Entity (e.

Performing Entity

- Select -
Performing Entity (e.g

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 2017/2018 [or 2017/2019]

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.

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5. Program/activity start date *

6. Program/activity end date *

7. Program/Activity Budget * (Enter 0 for sources with no funding)

SFY18 DMA - Dedicated Marijuana Account (Admin)	\$	
SFY18 DMA - Dedicated Marijuana Account - Evidence-based Programs	\$	
SFY18 DMA - Dedicated Marijuana Account - Promising Programs	\$	
Dedicated Marijuana Account - Evidence-Based Programs	\$	

Note: The funding sources listed here are for illustrative purposes only and actual funding sources may differ from the samples shown. System users will see funding sources that were allocated to their organization. Enter the budget for the CPWI Program only.

8. Select the implementation type (select one) *

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

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

Check all that apply regardless of funding source, based on the evidence-based list (linked on www.theAthenaForum.org).

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

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

If other, please specify:

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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) *

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

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

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)Family Conflict | |
| <input type="checkbox"/> (R)Family Management Problems | |
| <input type="checkbox"/> (R)Favorable Parental Attitudes & Involvement in the Problem Behavior | |
| <input type="checkbox"/> (R)Low Neighborhood Attachment & Community Disorganization | |

Select only secondary intervening variables identified during strategic planning.

/Drug

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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) *

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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 ▼

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27. Program/Activity notes:

 Save

 Submit

 Exit without Saving