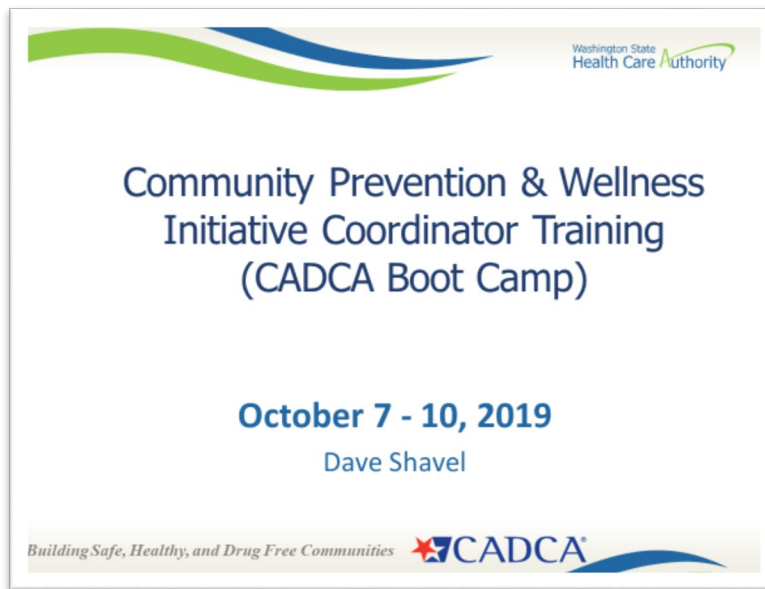# CADCA BOOT CAMP TRAINING

Objectives: Participants will be able to:

- Establish an effective, action-oriented coalition
- Use tools and techniques to implement the CPWI Planning Framework
- Take specific steps to build cultural competence throughout the Strategic Prevention Framework
- Identify and access resources and technical assistance
- Network with other Coalition Coordinators

Role of a Coalition

What is community-level change?

What is the role of a coalition in achieving community-level change?

Getting Started: Identify the Community

Describe the community boundaries.

List the key Jurisdictions in the community (e.g., county, cities, law enforcement, health districts):

Identify Key institutions (e.g., colleges, businesses, hospitals) in the community:

What are the demographics of the population in your community?

Appendix 3: Strategic Plan Outline TEMPLATE

The information on the following page is for reference. A Microsoft Word template has been prepared for your use and can be found at www.TheAthenaForum.org/strategic_planning_templates. *(See page 5 for download instructions.)*

Executive Summary/Introduction

Organizational Development (Getting Started)
- *Mission Statement and Key Values*
- *Coalition Structure and Organization*
- *Membership Recruitment and Retention*
- *Cultural Competency in Organizational Development*
- *Sustainability in Organizational Development*

Capacity Building
- *Outreach*
- *Training/Technical Assistance (TA)*
- *Cultural Competency in Capacity Building*
- *Sustainability in Capacity Building*

Assessment
- *Needs Assessment*
  - *Process*
  - *Summary of Key Data*
  - *Needs Assessment Conclusions*
- *Resources Assessment*
  - *Process*
  - *Summary of Key Information*
  - *Resources Assessment Conclusions*
- *Cultural Competency in Assessment*
- *Sustainability in Assessment*

Plan
- *Process for Planning*
- *Goals, Objectives and Strategies*
- *Action Plan*
- *Cultural Competency in Plan*
- *Sustainability in Plan*

Implementation
- *Structural Support for Implementation*
- *Budget*
- *Cultural Competency in Implementation*
- *Sustainability in Implementation*

Reporting and Evaluation
- *Expected Outcomes (Baseline and Target Data)*
- *Plan for Tracking and Reviewing Evaluation Information*
  - *Use of Evaluation Information*
  - *Minerva*
  - *Local Evaluation*
- *Cultural Competency in Reporting and Evaluation*
- *Sustainability in Reporting and Evaluation*

Appendix to Coalition Strategic Plan
   Appendix 1.   Logic Model
   Appendix 2.   List of Coalition Members
   Appendix 3.   Needs Assessment
   Appendix 4.   Community Survey Results
   Appendix 5.   Resources Assessment
   Appendix 6.   Action Plan

Attachment 1: Budget

Build a Leadership Team

Organization	Name	WIFM	Who Can Contact?

Cultural Competence Primer - Summary
Incorporating Cultural Competence into Your Comprehensive Plan

What is cultural competence?
The U.S. Department of Health and Human Services defines cultural competence as a "set of behaviors, attitudes and policies that come together in a system, agency or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among and between groups." When coalitions incorporate cultural competence into their work, they:
- Invest time and resources in training staff and volunteers in cultural competence.
- Carefully examine their structure, practices and policies to ensure that these elements truly facilitate effective cultural interactions.
- Display respect for differences among cultural groups.

Understanding culture is a process:
1. **Cultural Knowledge**—Knowledge of some cultural characteristics, history, values, beliefs and behaviors of a different group.

2. **Cultural Awareness**—Openness to the idea of changing cultural attitudes.

3. **Cultural Sensitivity**—Knowledge of cultural differences without assigning values to the differences.

4. **Cultural Competence**—Ability to bring together different behaviors, attitudes and policies and work effectively in cross-cultural settings to produce better results.

Overarching principles of cultural competence
Individuals who work in various areas of substance abuse prevention served on the SAMHSA Center for Substance Abuse Prevention's Racial and Ethnic Specific Knowledge Exchange and Dissemination Project committee, which drafted the following overarching principles that define cultural competence:
- Ensure community involvement at all levels.
- Use population-based definitions of community (let the community define itself).
- Stress the importance of relevant culturally appropriate approaches.
- Support the development of culturally specific services.
- Adhere to Title VI of the 1964 Civil Rights Act (42 U.S.C. 2000d et seq.), which prohibits discrimination on the basis of race, color and national origin in programs and activities receiving federal financial assistance.
- Use culturally relevant outcomes and indicators.
- Employ culturally competent evaluators.
- Engage in asset mapping—identify resources and start from this point.
- Promote organizational cultural competence—staff should reflect the community it serves.
- Allow the use of indigenous knowledge in the body of "evidence-based" research.
- Include target population(s) (e.g., youth, consumers, participants, elders).

Source: CADCA Cultural Competence Primer
http://www.coalitioninstitute.org/SPF_Elements/CulturalCompetence/CulturalCompetenceHome.asp

Cultural Competence Throughout the Planning Process

Assessment	Capacity	Planning	Implementation	Evaluation
• Accurately assess the influence of their own values, perceptions, opinions, knowledge, and social position on their interactions with others.	• Learn to be an ally to groups that experience prejudice and discrimination in the community. Help others learn to be an ally to their own cultural groups.	• Learn to embrace new, ambiguous, and unpredictable situations, and be persistent in keeping communication lines open when misunderstandings arise.	• Encourage and accommodate a variety of learning and participation styles, building on community members' strengths.	• Be skeptical about the validity of diagnostic tools applied to people who are culturally different from those upon whom the norms were based.
• Provide and promote an atmosphere in which similarities and differences can be explored, and understand that this process is not only cognitive but attitudinal and affective, as well.	• Help expand other people's knowledge of their culture, and affirm and legitimize other people's cultural perspectives.	• Encourage community members to see themselves in a multicultural perspective, and encourage skills-building in cross-cultural interactions and communication.	• Draw upon the experiences of participants or collaborators to include diverse perspectives in any given intervention.	• Understand, believe, and convey that there are no culturally deprived or culturally neutral individuals or groups, and that all cultures have their own integrity, validity, and coherence, and deserve respect.

Culture and Diversity

Community Sector Worksheet

For each community sector listed below a) identify organizations or individuals who are currently ACTIVE members of your coalition, and b) where there is no active membership, identify potential organizations or individuals that could represent the sector.
Note: An individual or organization should only be listed one time.

Sector	Active Member (Organization/Individual)	Potential Organization/Individuals
Businesses *		
Child Care Providers		
Civic / Volunteer Groups *		
Courts & Probation		
Cultural Groups & Organizations		
Elementary & Secondary Education *		
Government *		
Healthcare Professionals *		
Higher Education		
Human & Social Service Providers		
Law Enforcement *		
Media *		
Parents *		
Religious & Fraternal Organizations *		
Senior Citizens		
Youth *		
Youth Serving Organizations *		
Others involved in ATOD *		

- DFC Required Sectors

Coalition Resources Worksheet

For each skill listed below: 1) Determine whether the skills/resources are needed by the coalition at this point in time, 2) Identify an organization or individual that may have the skill/resource or currently provides the skill/resource, and 3) identify who can contact the organization or individual.

Skills/Resources	☑ = Needed at this time	Organization/Individual	Contact?
Skills			
Accounting	☐		
Child Care	☐		
Communications	☐		
Computer / Technology	☐		
Data Collection / Analysis	☐		
Evaluation	☐		
Event Planning	☐		
Filing / Office Work	☐		
Grant Writing	☐		
Graphic Design	☐		
Legal	☐		
Marketing/Advertising	☐		
Photography	☐		
Public Policy / Laws	☐		
Public Speaking	☐		
Strategic Planning	☐		
Training / Education	☐		
Web Design	☐		
	☐		
	☐		
Resources			
$ - Cash, In-Kind	☐		
Meeting Space	☐		
AV Equipment	☐		
Access to Volunteers	☐		
Tables/Chairs	☐		
Computer Equipment	☐		
Transportation	☐		
	☐		
	☐		
	☐		

Member Recruitment Worksheet

List each of the organizations/individuals to be recruited for the coalition. Specifically indicate how they will be involved in the coalition, what benefits can accrue to them and their organization, and who will contact the individual/organization.

Organization	Individual (If known)	Desired Involvement (Role/Skills/Resources)	WIFM	To be contacted by: 1) Coalition Member 2) Other Influential person

Coalition Membership Worksheet

Complete a form for each member of the coalition. Update the worksheet on an annual basis.

Name:

Contact Information (Address, Phone, Email):

Title / Role:

Organization Name / MOU?

Organization Contact Information (Address, Phone, Email, Website):

Skills/Resources/Connections:

Reasons for getting/staying involved in the coalition:

Current involvement with the coalition:

History of involvement with the coalition:

Involvement in other community-based organizations and efforts:

Other comments:

Coalition Talking Points

Talking points are a great way to get your message out to a lot of people in just 2 – 5 minutes... however, 2 – 5 minutes is not a lot of time. Consider the following elements in your talking points:

- Your coalition **vision** and **mission** – what else do they need to know about your coalition?

- Key **data** (both positive and negative) that relate to the substance abuse issue in your community

- Your coalition's **strategies and /or programs** (1 or 2 at most) that will most relate to your audience

- What are the **key goals and outcomes** that the coalition seeks to achieve (that is, why should the audience care?)

- Add a **personal story** of someone who has benefited from your coalition or partner's efforts. Pull on those heartstrings. The personal story can also relate to your involvement with the organization

- **Call to action**. Make it clear what the audience should do to support your coalition's work: donate, volunteer, petition, etc.

- Clearly give your coalition's **contact information**. Provide a name, phone number, email, website.

SAMPLE – Sector Representative Job Description

Sector Representative Job Description

Sector Representatives play a significant leadership role within the Coalition. Sector Representatives will promote their Sector perspectives in efforts to develop and implement strategies to accomplish the vision and mission of the **Coalition**.

Specific Responsibilities:

- Represent their Sector at Coalition meetings
- Serve as a Sector Representative on appropriate work groups
- Meet with and engage Sector Leaders throughout the community
- Participate as a Sector Representative of the Coalition (or identify others) at community events
- Provide training and outreach to other members of the Sector in the community
- Assist in Coalition efforts to develop communication tools targeting the Sector
- Identify and recruit others from the Sector to participate in Coalition planning and implementation efforts
- Participate in the identification and selection of a replacement Sector Representative

Time Commitment:

- One- to three-year position
- Eight to Twelve Coalition meetings per year (1 ½ to 2 hours per meeting)
- and task **force/action team meetings as needed**
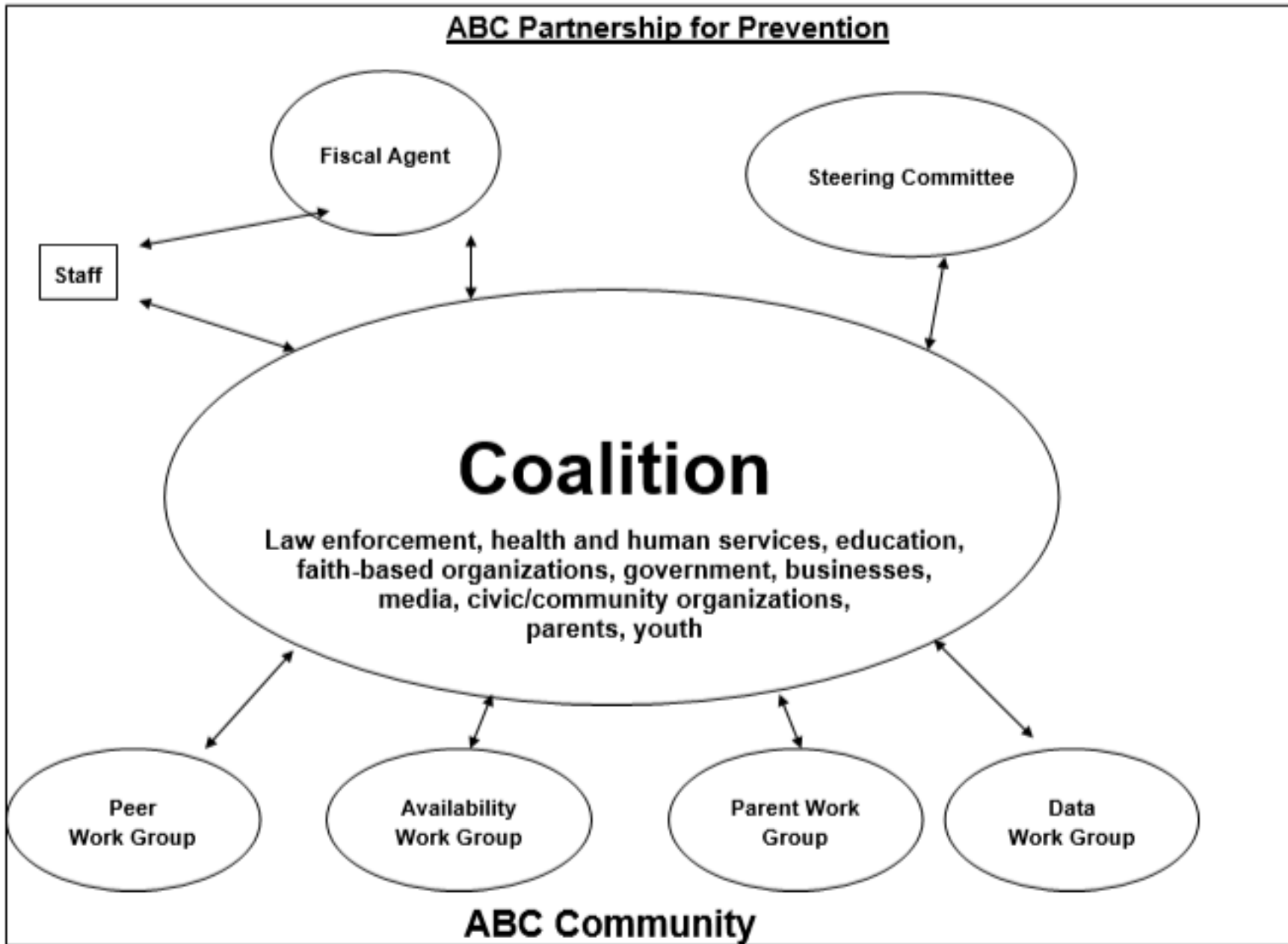
Personal Qualities:

- Commitment to improving the health of Steele County residents
- Knowledge of the County area and its people
- Broad perspective in identifying and planning programs
- Enthusiasm
- Resourcefulness

Serving as a member of the coalition will provide you with the opportunities to:

- Broaden your knowledge
- Become a leader within your Sector
- Gain new experiences and skills
- Increase communication skills
- Work with other community professionals

SAMPLE – Organization Chart

ABC Partnership for Prevention

Fiscal Agent

Steering Committee

Staff

Coalition

Law enforcement, health and human services, education, faith-based organizations, government, businesses, media, civic/community organizations, parents, youth

Peer Work Group

Availability Work Group

Parent Work Group

Data Work Group

ABC Community

Organization Chart

Decision Making & Responsibilities

Strategic	Organizational	Operational
- Vision/Mission - Strategic Planning - Logic Models - Prioritization of strategies - Schedule / Timelines - Implementation of specific initiatives - Member recruiting Other:	- Staffing - Budget / Fiscal Mgt. - Office location - Board elections - Member recruiting - Leadership recruitment & development - Coalition Structure Other:	- Meetings - Correspondence - Coordination among workgroups - Grant reporting - Logistics / Supplies - Website / social media Other:

Decision Making Procedures

Method 1. Decision made by authority without group discussion

Process: The designated leader makes all decisions without consulting group members.

Strengths	Weaknesses
• Takes minimal time to make decision	• No group interaction
• Commonly used in organizations (so we are familiar with method)	• Team may not understand decision or be unable to implement decision
• High on assertiveness scale (see conflict paper)	• Low on cooperation scale (see conflict paper)

Method 2. Decision by expert

Process: Select the expert from group, let the expert consider the issues, and let the expert make decisions.

Strengths	Weaknesses
• Useful when one person on the team has the overwhelming expertise	• Unclear how to determine who the expert is (team members may have different opinions)
	• No group interaction
	• May become popularity issue or power issue

Method 3. Decision by averaging individuals' opinions

Process: Separately ask each team member his/her opinion and average the results.

Strengths	Weaknesses
• Extreme opinions cancelled out	• No group interaction, team members are not truly involved in the decision
• Error typically cancelled out	• Opinions of least and most knowledgeable members may cancel
• Group members consulted	• Commitment to decision may not be strong
• Useful when it is hard to get together to talk	• Unresolved conflict may exist or escalate
• Urgent decisions can be made	• May damage future team effectiveness

Method 4. Decision made by authority after group discussion

Process: The team creates ideas and has discussions, but the designated leader makes the final decision. The designated leader calls a meeting, presents the issue, listens to discussion from the team, and announces her/his decision.

Strengths	Weaknesses
• Team used more than methods 1–3	• Team is not part of decision
• Listening increases the accuracy of the decision	• Team may compete for the leader's attention
	• Members may tell leader "what he/she wants to hear"

	• May not have commitment from all to the decision

Method 5. Decision by minority

Process: A minority of the team, two or more members who constitute less than 50% of the team, make the team's decision.

Strengths	Weaknesses
• Method often used by executive committees	• Can be railroading
• Method can be used by temporary committees	• May not have full team commitment to decision
• Useful for large number of decisions and limited time	• May create an air of competition among team members
• Some team perspective and discussion	• Still may not have commitment from team to decision

Method 6. Decision by majority vote

Process: This is the most commonly used method in the United States (not synonymous with best method). Discuss the decision until 51% or more of the team members make the decision.

Strengths	Weaknesses
• Useful when there is insufficient time to make decision by consensus	• Taken for granted as the natural, or only, way for teams to make a decision
• Useful when the complete team-member commitment is unnecessary for implementing a decision	• Team is viewed as the "winners and the losers"; reduces the quality of decision
	• Minority opinion not discussed and may not be valued
	• May have unresolved and unaddressed conflict
	• Full group interaction is not obtained

Method 7. Decision by consensus

Process: Collective decision arrived at through an effective and fair communication process (all team members spoke and listened, and all were valued).

Strengths	Weaknesses
• Most effective method of team decision making	• Takes more time than methods 1–6
• All team members express their thoughts and feelings	• Takes psychological energy and high degree of team-member skill (can be negative if individual team members not committed to the process)
• Team members "feel understood"	
• Active listening used (see communication paper)	

Source: Coalition Foundation.
http://www.foundationcoalition.org/home/keycomponents/teams/decision2.html

Coalition Planning Timeline

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Planning Tasks																
Coalition Strategies																
Grants and Reporting																
Community Events																

Job Descriptions

Coalition Chair
Coalition Vice Chair
Secretary / Treasurer
Steering Committee
Subcommittee Chair
Subcommittee Member
Coalition Member

Coalition Chair

Reports to: The coalition

Job Duties and Responsibilities

- Maintains or expands current subcommittees with assistance from the Coalition Coordinator
- Serves as a liaison for subcommittees and coalition
- Facilitates coalition meetings
- Designates a recorder for the coalition meeting as needed
- Contacts members and coordinates coalition responsibilities with them
- Represents coalition in the community (with staff assistance)
- Consults with Coalition Coordinator and other staff as needed
- Deals with coalition members and staff fairly, sensitively, and confidentially
- Promotes collaboration, conflict resolution, and decision making
- Accepts diverse opinions and points of view

Time Commitment

- Approximately three to four hours per month
- Attends coalition meetings, subcommittee meetings as requested/needed, and major coalition events
- At least a one-year commitment

Qualifications

- Ascribes to coalition mission, goals, and bylaws
- Possesses strong leadership and organizational skills
- Knows or is willing to learn principles of parliamentary procedures

Coalition Vice Chair

Reports to: The coalition and the Coalition Chair

Job description
- Presides over the coalition meetings in the absence of the Coalition Chair
- Assumes the role of chair in the event of the chair's inability to complete a responsibility or term
- Consults with subcommittees as needed
- Performs other duties as requested by the Coalition Chair, Coalition Coordinator, or other staff
- Specific duties not assigned to the Chair

Time Commitment
- Approximately one to two hours per month
- Attends coalition meetings, subcommittee meetings as requested/needed, and major coalition events
- At least a one-year commitment

Qualifications
- Ascribes to coalition mission, goals, and bylaws
- Possesses strong leadership and organizational skills
- Is familiar with or willing to learn principles of parliamentary procedure

Coalition Secretary/Treasurer

Reports to: The Coalition Chair

Job Description
- Serves as secretary to the coalition and the subcommittees
- Assists with the coalition and subcommittees meeting agenda layout and distribution
- Notifies all coalition and steering committee members of upcoming meetings two weeks in advance
- Locates and secures facilities and arranges supplies for meetings
- Takes minutes at coalition and steering meetings and distributes them electronically to all members within two weeks of the meeting
- Maintains current roster
- Serves as custodian for all records and reports
- Prepares annual budget and works with auditor for routine audits
- Collects dues (if any) and maintains financial records

Time Commitment
- Approximately two to four hours per month
- Attends coalition and steering committee meetings
- One-year commitment

Qualifications
- Ascribes to coalition mission, goals, and bylaws
- Possesses strong communication skills

Steering Committee
Job Description

Purpose of the Steering Committee:

The Steering Committee serves as governing body for the coalition and is responsible for overseeing recruitment and retention of coalition members, the operational and fiscal management of the coalition, and providing direction to committees and paid staff in order to achieve the overall goals of the Coalition.   Steering Committee members set the tone for how the coalition operates by modeling a spirit of involvement, collaboration, perseverance, dedication and passion.

Steering Committee Functions

The Steering Committee will perform the following functions and/or ensure the functions are delegated to specific coalition work groups and/or individuals:

Strategic Planning
- Articulate the Coalition Vision and Mission
- Facilitate coalition processes to identify community issues (assessment) and community solutions (planning and implementation)
- Ensure accountability, review, evaluate and re assess to determine what's working and what's not (evaluation)
- Establish timelines and budgets to coalition efforts
- Ensure the coalition operates in a manner that will exist long enough to achieve community-level changes (sustainability)

Membership, Capacity and Organizational Structure
- Define clear roles, responsibilities, expectations for work groups and coalition members
- Determine and adjust coalition structure (e.g., work groups, committees) as needed
- Ensure commitments to State, Federal and other funders are met
- Set meetings, agendas, notes, how is this going to work/structure
- Identify, recruit and sustain coalition membership
- Ensure inclusion cultural competence and respect in all coalition activities
- Oversite of coalition staff (in conjunction with Fiscal Agent)

Promotion, Branding and Communication
- Describe the "Big picture" of prevention and the role of the coalition
- Develop and maintain community relations
- Ensure coalition branding is consistently communicated to the community (e.g., logos, vision, mission)
- Foster cooperation, collaboration, coordination and communication with individuals and organizations in Fremont County

Decision Making

The Steering Committee will make decisions (or delegating as needed) related to:
- Hiring and termination of coalition Staff- in conjunction with Fiscal Agent
- Setting and allocating Coalition budget
- Approval of formal community collaborations (e.g., partner on grants, events, strategies organized and managed by other community organizations)
- Establish long-term goals and measurements
- Establish overall timelines for coalition efforts
- Choose the Steering Committee Leadership (e.g. Chair, Vice-Chair, Secretary)

Term and Commitment

- Term: Steering Committee Members will service 1 year terms with annual commitment and no term limits
- Commitment: Steering Committee members will be expected to attend at least __ out of 12 Steering Committee meetings each year, and participate as a leader or member on at least one work group
- MOU (Memorandum of Understanding): Steering Committee members will complete an MOU which states their commitment as a Steering Committee member
- Values include: open discussion, united decision making and appropriate behavior

Steering Committee Membership

- The Steering Committee will be composed of up to 12 voting members
- Steering Committee membership will be open to all coalition members who volunteer to serve as Steering Committee members
- Steering Committee members will be nominated by coalition members
- CPP's (PMO Fiscal Agent staff) can serve as Steering Committee members (representing one of the 12 members with one vote)
- Other fiscal agents will have one vote

Subcommittee Chair

Reports to: The Coalition Chair

Job Description
- Maintains or expands current subcommittee membership with assistance from Coalition Coordinator and staff
- Serves as liaison for subcommittee to the coalition
- Develops subcommittee agenda with staff assistance
- Serves as moderator of subcommittee meeting
- Designates a recorder for each subcommittee meeting as needed
- Contacts members and coordinates subcommittee responsibilities with them
- Represents coalition and subcommittee in the community (with staff assistance)

Time commitment
- Approximately one to two hours per month
- Attends coalition meetings, subcommittee meetings, and major coalition events
- At least a one-year commitment

Qualifications
- Ascribes to coalition mission, goals, and bylaws
- Possesses strong leadership and organizational skills
- Knows or is willing to learn principles of parliamentary procedure

Subcommittee Job Description

Coalition Member Job Description

The _____ Subcommittee operates as an "ad hoc" work group of the ABC Coalition. Members of the Subcommittee will work together to develop and implement comprehensive plans to address_____ in ABC County. The Subcommittee is composed of 5 – 10 individuals from the community interested in addressing the_____ issue. Specific sectors will be recruited to the Subcommittee including: youth, parents, law enforcement, health care providers, education, treatment providers, government, faith community, recovery community, and others.

Time Commitment

Members of the Subcommittee are asked to work together from April – September, 20XX. The Subcommittee will schedule meetings on an "as needed" basis depending on the specific tasks to be accomplished. It is anticipated that the Subcommittee will meet at least once per month, or six times over the six-month period.

Specific Responsibilities

- Attend Subcommittee meetings.
- Participate in the planning process including assessment, planning, implementing and evaluation of prevention strategies.
- If appropriate, represent their organization and sector in the Subcommittee's activities.
- As appropriate, provide specific resources to support the Subcommittee's efforts.
- Engage and recruit community members to participate in the Work Group's efforts

Personal Qualities

- Commitment to improving the health of ABC County residents
- Knowledge of the ABC County area and its people
- Broad perspective in identifying and planning programs
- Enthusiasm and resourcefulness

Serving as a member of the coalition will provide you with the opportunities to:

- Broaden your knowledge of prevention strategies
- Gain new experiences and skills
- Increase communication skills while conducting outreach with coalition & community members
- Network with "like-minded" individuals in the community
- Participate in creating a "safe and healthy" community in ABC County

Job Description
Coalition Member

Purpose
- Advance the coalition's mission to increase awareness of and address community problems through networking and collaborative project planning.
- Support coalition efforts to create community-level change through education, programs, and advocacy.

Responsibilities
- Attend committee meetings regularly
- Respond to meeting notifications to notify meeting coordinator of the inability to attend
- Ensure clear communication between the ABC COALITION and the community sector you represent
- Promote the ABC COALITION's efforts in the community by helping provide access to the sector you represent, as applicable
- Commit to following the Strategic Prevention Framework model, including:
  - Participate in community assessment efforts by helping collect and review police daily crime reports, the ABC Youth Survey, ABC City codes and related fines, town hall meeting feedback, etc.;
  - Participate in ABC COALITION sponsored trainings for current members;
  - Recruit new members who can contribute to the success of the ABC COALITION;
  - Participate in the community assessment data to determine priorities;
  - Volunteer to carry out tasks that are identified in the strategic plan or as assigned at committee meetings; Some tasks will require time outside of a meeting;
  - Participate in the collection of new community assessment information to determine if the ABC COALITION has been successful in making the intended change in the community
  - Support the overarching principles of cultural competence and participate in efforts to recruit diverse community representation for the ABC COALITION as well as ensure coalition activities can be accessed by community residents of all cultural backgrounds
  - Participate in sustaining the ABC COALITION's financial and human resources

Qualifications
- Knowledge of/relationship with community sector represented on the coalition
- Passion and interest in building a safer and healthier community

Time Requirements
- 3 hours/month

Primary Contact
- Committee Chair, if unavailable or not applicable then, Coalition Coordinator

Sample By-laws

Article I – Name

Article II – Vision & Mission

Article III – Membership

    A. Membership Responsibilities
    B. Active/Inactive Membership
    C. Voting

Article IV –Executive Committee

    A. Overall Responsibilities
    B. Chair
    C. Vice Chair
    D. Secretary
    E.   Members at Large
    F: Staff

Article V – Committees

    A. Executive Committees
    B. Standing Committees
    C. Ad Hoc Committees

Article VI – Meetings

Article VII - Financial Administration

    A. Fiscal Agent
    B. Staff
    C. Contributions
    D. Liability

Article VIII - Decision-making processes
Article IX - Conflict of Interest
Article X – Amendments

Article XI – Non Discrimination

Sample Memorandum of Understanding between
Grant Award Recipient/Legal Applicant and Coalition

This agreement between [Grant Award Recipient/Legal Applicant] and [Coalition name] shall be from

[Month/Date/Year] until terminated by mutual agreement:

RESPONSIBILITIES OF THE COALITION:

a. Set policy for and oversee its own programs including goals and objectives in alignment with the DFC Support Program's Terms and Conditions.

b. Participate, advise, and/or direct staff and volunteers, set goals and objectives for contract employees, and negotiate and make recommendations for contracts in collaboration with the grant recipient/legal applicant.

c. Create, approve, and partner in the management of the DFC budget in compliance with grant requirements.

d. Provide copies of all required documentation to the grant recipient/legal applicant as requested.

e. Reimburse grant recipient/legal applicant for any indirect or direct expenses incurred by the coalition with prior approval.

f. Be solely responsible for liabilities arising out of its program and its interaction with program participants.

g. Other…

RESPONSIBILITIES OF THE LEGAL APPLICANT/GRANT RECIPIENT:

a. Provide the coalition staff with office space.

b. Compile financial reports on a mutually agreed upon schedule and provide to coalition.

c. Provide accounting services to prepare and distribute payroll, pay invoices, prepare and submit the appropriate forms for employment, wages and payroll taxes on behalf of the coalition.

d. Negotiate and/or bid and approve contracts in collaboration with the coalition.

e. Maintain all records pertaining to costs and expenses to reflect costs of labor, materials, equipment, supplies, services, and other costs and expenses when reimbursement is claimed or payment is made and share such information with the coalition.

f. Obtain Workman's Compensation Insurance and liability coverage for the coalition's employees.

g. Other…

Source: ONDCP 2017 Drug Free Communities Grant RFA

Sample "Action Oriented" Meeting Agenda

SNAP

Safe Neighborhood Advocacy Partnership

Topic	Time	Who	Actions / Decisions
I. Welcome/Introductions	15 min	Helen	
II. SNAP Overview	15 min	Kris and Mike	• Share brief history, mission and objectives of SNAP • Share strategies that relate to partnering with the hospitality industry to achieve shared goals.
III. Old Town Hospitality Group Presentation	30 min	Nikki and OTHG Reps.	• Learn about the newly formed Old Town Hospitality Group, including membership, approach and goals • Identify opportunities for increase collaboration to achieve shared goals
IV. Bar Academy	35 min	Nikki	• Review template of Bar Academy proposal and structure and get member input • Develop plan for communicating about Bar Academy • Develop plan for strengthening bar participation and increasing participation
V. Committee Updates and Next Steps	20 min	Mike and Steve; Kris and Dave	• Update on the MIP initiatives and School Liaison Recruitment from UADMIP Committee • Update on messaging and policy from the PNE Committee

Next Meeting: July 17th, 2015

BASIC GUIDE TO CONDUCTING EFFECTIVE MEETINGS

Developing Agendas

- Develop the agenda together with key participants in the meeting. Think of what overall outcome you want from the meeting and what activities need to occur to reach that outcome. The agenda should be organized so that these activities are conducted during the meeting.
- In the agenda, state the overall outcome that you want from the meeting
- Design the agenda so that participants get involved early by having something for them to do right away and so they come on time.
- Next to each major topic, include the type of action needed, the type of output expected (decision, vote, action assigned to someone), and time estimates for addressing each topic.
- Ask participants if they'll commit to the agenda.
- Keep the agenda posted at all times.
- Don't overly design meetings; be willing to adapt the meeting agenda if members are making progress in the planning process.
- Think about how you label an event, so people come in with that mindset; it may pay to have a short dialogue around the label to develop a common mindset among attendees, particularly if they include representatives from various cultures.

Opening Meetings

- Always start on time; this respects those who showed up on time and reminds late-comers that the scheduling is serious.
- Welcome attendees and thank them for their time.
- Review the agenda at the beginning of each meeting, giving participants a chance to understand all proposed major topics, change them and accept them.
- Note that a meeting recorder if used will take minutes and provide them back to each participant shortly after the meeting.
- Model the kind of energy and participant needed by meeting participants.
- Clarify your role(s) in the meeting.

Establishing Ground Rules for Meetings

- You don't need to develop new ground rules each time you have a meeting, surely. However, it pays to have a few basic ground rules that can be used for most of your meetings. These ground rules cultivate the basic ingredients needed for a successful meeting.
- Four powerful ground rules are: participate, get focus, maintain momentum and reach closure. (You may want a ground rule about confidentiality.)
- List your primary ground rules on the agenda.
- If you have new attendees who are not used to your meetings, review *each* ground rule.
- Keep the ground rules posted at all times.

Time Management

- One of the most difficult facilitation tasks is time management -- time seems to run out before tasks are completed. Therefore, the biggest challenge is keeping momentum to keep the process moving.
- You might ask attendees to help you keep track of the time.
- If the planned time on the agenda is getting out of hand, present it to the group and ask for their input as to a resolution.

Evaluations of Meeting Process

- It's amazing how often people will complain about a meeting being a complete waste of time -- but they only say so after the meeting. Get their feedback during the meeting when you can improve the meeting process right away. Evaluating a meeting only at the end of the meeting is usually too late to do anything about participants' feedback.
- Every couple of hours, conduct 5-10 minutes "satisfaction checks".
- In a round-table approach, quickly have each participant indicate how they think the meeting is going.

Evaluating the Overall Meeting

- Leave 5-10 minutes at the end of the meeting to evaluate the meeting; don't skip this portion of the meeting.
- Have each member rank the meeting from 1-5, with 5 as the highest, and have each member explain their ranking.
- Have the chief executive rank the meeting last.

Closing Meetings

- Always end meetings on time and attempt to end on a positive note.
- At the end of a meeting, review actions and assignments, and set the time for the next meeting and ask each person if they can make it or not (to get their commitment)
- Clarify that meeting minutes and/or actions will be reported back to members in at most a week (this helps to keep momentum going).

Source: Free Management Library, Basic Guide to Conducting Effective Meetings.
http://www.managementhelp.org/misc/mtgmgmnt.htm

New Member Orientation Packet

Coalition Overview Information (these items can be included in a 1 or 2-page handout)
- Vision/Mission
- History (Brief)
- Summary of Goals and Objectives
- Current Initiatives for each committee
- Key Accomplishments
- Current Funding Sources
- Contact Information (Coordinator and Social Media)

Prevention Overview
- What is Prevention?
- Definitions & Acronyms
- Strategic Prevention Framework Overview
- DFC Overview
- Risk and Protective Factors
- ATOD Problem Information: UAD, Marijuana, Rx Drug Use (NIDA Summaries)

Planning
- Community Assessment Highlights
- Logic Models
- Action Plan Summary
- Youth Involvement Committee Summary
- Nightlife Committee Summary
- Evaluation Results

Organizational Information
- Organization Chart
- Steering Committee Members and Sub-Committee Chairs
- By-Laws
- Latest Financial Report
- Meeting Schedule (Calendar)
- Coalition Member List

Membership Information
- How to Get Involved – Membership Sign-up Sheet
- In-kind Match Form

Samples of Key Documents and Flyers
- Marijuana Position Paper
- Parent / School MJ Handout

Cultural Competence Checklist

Use the following checklist to ensure that important issues are addressed for each cultural identified in the community.

Culture to be addressed: _____

Issue	Is the issue adequately addressed? Yes/No	How do you / will you address this issue?
Are coalition members and staff representative of the target population?		
Are the published materials and curricula relevant to the target population?		
Have the curricula and materials been examined by experts or target population members?		
Has the coalition taken into account the target population's language, cultural context, and socioeconomic status in designing its materials and plans?		
Has the program developed a culturally appropriate outreach action plan?		
Are activities and decision-making designed to be inclusive?		
Are meetings and activities scheduled to be convenient and accessible to the target population?		
Are the gains and rewards for participation in your program clearly stated?		
Have coalition members and staff been trained to be culturally sensitive in their interactions with the target population?		

Adapted from: Getting to Outcomes, Volume 1. SAMHSA, CSAP, NCAP, June 2000.

Community Assessment Workgroup Job Description

Description

The Community Assessment Work Group operates as an "ad hoc" work group of the ABC Coalition. Members of the Community Assessment Work Group will work together to collect and analyze data to address the Substance Abuse problem in the ABC Community. The Community Assessment Work Group is composed of 5 – 10 individuals from the community interested in addressing collecting qualitative and quantitative information about the substance abuse issue. Specific sectors will be recruited to the Community Assessment Work Group including: youth, parents, law enforcement, health care providers, education, treatment providers, government, faith community, recovery community, and others.

Time Commitment

Members of the Community Assessment Work Group are asked to work together for a 1 – 3 month period. The Community Assessment Work Group will schedule meetings on an "as needed" basis depending on the specific tasks to be accomplished. It is anticipated that the Community Assessment Work Group will meet at least once per month, or three times over the 3 month period. Members may be asked to engage in activities outside of the Work Group meetings.

Specific Responsibilities

- Attend Community Assessment Work Group meetings.
- Participate in the data collection process including collecting data, conducting interviews and conducting scans of community hot spots.
- If appropriate, represent their organization and sector in the Community Assessment Work Group's activities.
- As appropriate, provide specific resources to support the Community Assessment Work Group's efforts.
- Engage and recruit community members to participate in the Work Group's efforts

Personal Qualities

- Commitment to improving the health of ABC Community residents
- Knowledge of the ABC Community and its people
- Broad perspective in identifying and planning programs
- Enthusiasm and resourcefulness
- Optional qualities include the ability to collect and analyze quantitative and qualitative data for assessment purposes

Serving as a member of the coalition will provide you with the opportunities to:

- Broaden your knowledge of Community Assessment prevention strategies
- Gain new experiences and skills
- Increase communication skills while conducting outreach with coalition & community members
- Network with "like-minded" individuals in the community
- Participate in creating a "safe and healthy" community in ABC County

For more information, please contact Pat Grimsley, Community Assessment Work Group Chair at patg@abc.org

Risk Factors for Health & Behavior Problems	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Community						
Availability of Drugs	•				•	
Availability of Firearms		•			•	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	•	•			•	
Media Portrayals of the Behavior	•				•	
Transitions and Mobility	•	•		•		•
Low Neighborhood Attachment and Community Disorganization	•	•			•	
Extreme Economic Deprivation	•	•	•	•	•	
Family						
Family History of the Problem Behavior	•	•	•	•	•	•
Family Management Problems	•	•	•	•	•	•
Family Conflict	•	•	•	•	•	•
Favorable Parental Attitudes and Involvement in the Problem Behavior	•	•			•	
School						
Academic Failure Beginning in Late Elementary School	•	•	•	•	•	•
Lack of Commitment to School	•	•	•	•	•	
Individual/Peer						
Early and Persistent Antisocial Behavior	•	•	•	•	•	•
Rebelliousness	•	•		•	•	
Gang Involvement	•	•			•	
Friends Who Engage in the Problem Behavior	•	•	•	•	•	
Favorable Attitudes Toward the Problem Behavior	•	•	•	•	•	
Early Initiation of the Problem Behavior	•	•	•	•	•	
Constitutional Factors	•	•			•	•

Key Informant, Listening Session Questions
Alcohol

USE OF ALCOHOL & CONSEQUENCES OF ALCOHOL USE

Questions to ask about underage consumption of alcohol?
- Who is drinking alcohol? What ages?
- What types of alcohol are being consumed? Beer, wine, liquor, alcopops, kegs?
- When are they drinking? After school, at school, weekends, around sporting events?
- Where are they drinking?
- How much are they drinking?
- Are they any specific occasions that they are drinking?

Questions to ask around consequences:
- What consequences do we see of underage drinking?
    - Health?
    - Financial?
    - Educational?
    - Legal?
    - Professional?
    - Employment?

BUT WHY? / BUT WHY HERE? - ALCOHOL

When identifying root causes ("but why") and local conditions ("but why here?") the questions should get at the context /environment in which the drinking occurs. The questions should be collected to identify local conditions that are specific, identifiable and actionable.

Alcohol Availability

Retail Availability:
- Are stores selling alcohol to minors?
- Are they checking ID's?
- Are store owners and staff trained in Responsible Beverage Server Training?
- Are compliance checks conducted?
- What happens to those retailers who fail? Who pass?
- Are youth stealing alcohol from stores? Which ones?

Social Availability:
- How are youth getting alcohol from non-retailer (social) sources?
- Who is providing the alcohol? Friends, siblings, parents, strangers? When, under what conditions? Are they special occasions when this occurs?
- Are youth standing outside retailers and asking adults to buy?
- Are youth getting alcohol at local colleges? Are they attending parties? Which ones?
- Are parents providing or just not monitoring?
- Do youth have access at family or community events?

Favorable Youth Attitudes:

- Do youth feel like they will get caught drinking? By parents? By local law enforcement? At school?
- What are the legal, health, fiscal and social consequences if they get caught (by each of the above)?
- Do youth fear the consequences – are they meaningful?
- Where do youth go to drink? After school, before school, evenings, on weekends?   Will they get caught at these locations?
- What are the practices around the drinking? Do they binge drink?
- What does "peer pressure" look like? (only youth can tell this)
- How are youth seen as cool when they drink?
- Do youth know the risk of physical harm by drinking? Binge Drinking?
- What does monitoring look like for youth when they might be drinking? After school, evenings, weekends?

Favorable Parental Attitudes:

- What are parent attitudes toward alcohol for themselves? For youth?
- Do parents know the harm caused by underage drinking? Are they aware of the latest research on brain development?
- Do parents see underage drinking as a rite of passage?
- Do parents see underage drinking as "inevitable"
- Do parents take a "harm reduction" approach – e.g. take away the keys?
- Do parents talk with their children about underage drinking? Do they provide clear standards about no use and provide consistent consequences if caught?
- If the child has a party in the home what do parents do?
- Do parents host parties and allow alcohol or provide alcohol or ignore the situation?
- If the parents know alcohol is going to be involved in a youth party what do they do?

Community Laws and Norms:

Laws:
- What laws are in place related to underage drinking?
- What is the perception of enforcement of these laws in the community?
- How much support is provided to law enforcement by the community to support the laws?
- Are the laws adjudicated? What is the follow up to an arrest or citation?
- Do youth perceive that laws are a) in place? b) enforced and c) adjudicated?

Community Norms?
- Is alcohol associated with community events?
- What are norms in the community related to alcohol?
- What is the exposure of young people to these norms? Advertising?
- How is alcohol promoted as part of community events? Public events? Private events?
- Are there "rites of passages" in the community that involve alcohol? What are they? Do youth see them?

Key Informant, Listening Session Questions
Non-medical use of Prescription Drugs / OTC Drugs

USE OF Rx Drugs & CONSEQUENCES OF Rx Drug Use:
Questions to ask about underage consumption of Rx drugs for non-medical purposes?
- Who is using the Rx drugs for non-medical purposes? What ages?
- What types Rx drugs are being consumed?
- When are they using the Rx drugs? After school, at school, weekends, around sporting events?
- Where are they taking the drugs?
- How much are they consuming?

Questions to ask around consequences:
- What consequences do we see from the use Rx drugs for non-medical purposes?
    - Health?
    - Financial?
    - Educational?
    - Legal?
    - Professional?
    - Employment?

BUT WHY? / BUT WHY HERE? – Non-medical use of Prescription Drugs / OTC Drugs
When identifying root causes ("but why") and local conditions ("but why here?") the questions should get at the context /environment in which the drinking occurs. The questions should be collected to identify local conditions that are specific, identifiable and actionable.

Questions about Use
- Which Rx drugs are the youth using? What OTC drugs are being abused?
- In what settings are the youth using the drugs? Individuals alone, at parties, or other situations?
- When are the prescription drugs being used? Daily, before school, after school, evenings at parties?
- In what quantities are the youth using the prescription drugs? OTC Drugs?

Availability
Where are the youth getting the Rx drugs? OTC Drugs?
- Are youth getting the Rx drugs from friends who obtained the drugs legally through prescriptions?
- Are youth taking the Rx drugs from their family "medicine cabinet"?
- Are youth stealing the drugs from friends, family or strangers' homes / "medicine cabinets"?
- Are youth buying the Rx drugs from strangers on the street? From classmates at school?
- Are there any OTC drugs that are abused by young people?
- What laws are in place that restrict access to and distribution of Rx drugs? Are they enforced?
Rx drugs prescription & sales practices:
- Are there MDs/clinics that are known to subscribe drugs?
- Are people "doctor shopping" – getting multiple prescriptions and then selling the drugs?
- Do people try to obtain multiple prescriptions from multiple pharmacies? What are pharmacies doing to limit people abusing the prescription controls?
- Do MDs/clinics provide prescriptions for large quantities (e.g. for people in rural areas or who can't easily travel to pick up the prescriptions?
- Are there places to go to dispose of unused Rx drugs?
- Do pharmacies and stores monitor purchases of OTC drugs that are being abused? Are there age limits or quantity restrictions in place?

Favorable Youth Attitudes:
- Do youth feel like they will get caught using Rx drugs? By parents? By local law enforcement? At school?
- What are the legal, health, fiscal and social consequences if they get caught (by each of the above)?
- Do youth fear the consequences – are they meaningful?
- Where do youth use the Rx drugs? After school, before school, evenings, on weekends?   Will they get caught at these locations?
- What are the practices around the use of Rx drugs?
- What does "peer pressure" look like? (only youth can tell this)
- How are youth seen as cool when they use Rx drugs?
- Do youth know the risk of physical harm of using Rx drugs?
- What does monitoring look like for youth when they might be using Rx drugs? After school, evenings, weekends?

Favorable Parental Attitudes:
- Do parents know that Rx drug abuse among youth is a problem?
- Do parents monitor the Rx drugs in the house?
- Do parents of youth who have prescriptions monitor the supply of the Rx drugs?
- Are parents aware of all the possible sources of Rx drugs available to young people?
- What attitudes and behaviors toward Rx drugs and medications to parents model?
- Do parents discuss the Rx drugs issue with their children?

Community Laws and Norms:

Laws:
- What laws are in place related to the use of Rx drugs for non-medical purposes?
- What is the perception of enforcement of these laws in the community?
- How much support is provided to law enforcement by the community to support the laws?
- Are the laws adjudicated? What is the follow up to an arrest or citation?
- Do youth perceive that laws are a) in place? b) enforced and c) adjudicated?

Community Norms?
- Are Rx drugs for non-medical purposes associated with community events?
- What are norms in the community related to Rx drugs for non-medical purposes?
- What is the exposure of young people to these norms? Advertising?
- How are Rx Drugs promoted in the community?
- Are there "rites of passages" in the community that involve Rx Drugs? What are they? Do youth see them?
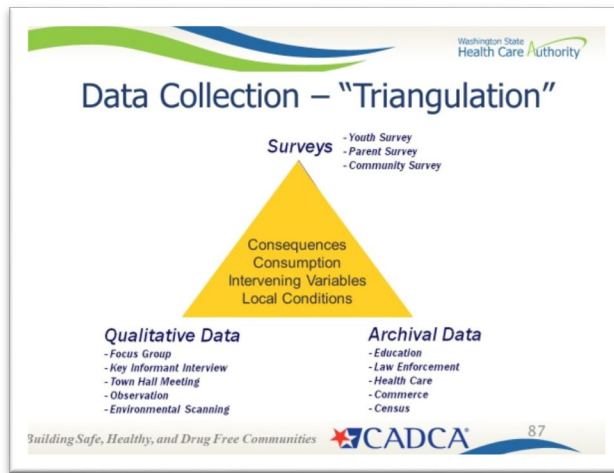
Problem / Consumption:

Intervening Variable / Risk Factor:

Local Condition / Contributing Factor:

Survey Data:

Archival Data:

Qualitative Data:

Resource Assessment

Problem / Consumption:

Intervening Variable / Risk Factor:

Local Condition / Contributing Factor:

Resources Available in the Community:

- *Protective Factors:*

- *Existing facilities, programs etc.:*

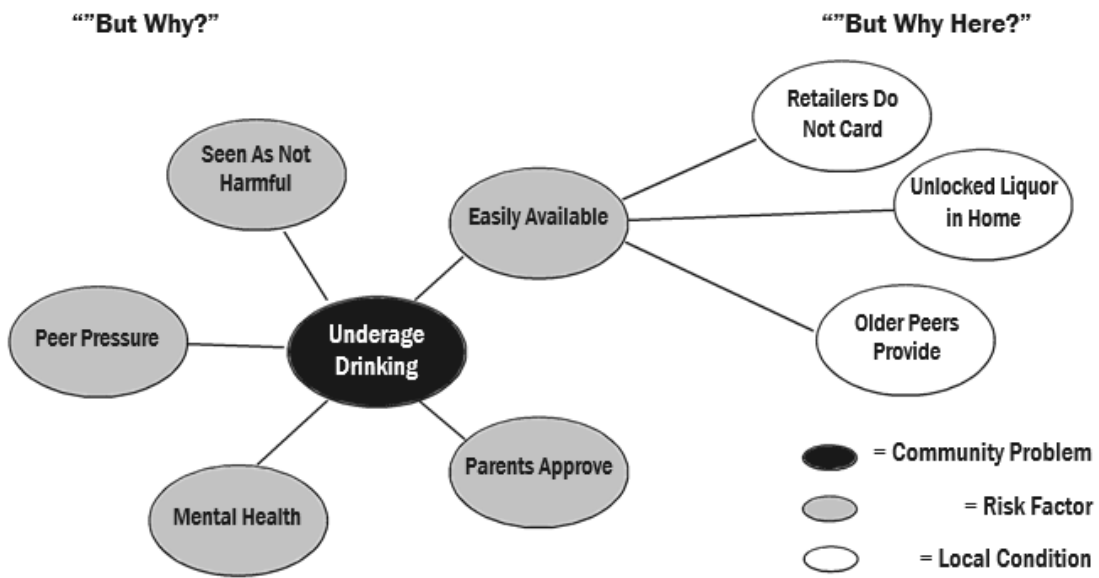- *Prevention Infrastructure:*

Gaps in resources:

Problem Analysis

"'But Why?'" "'But Why Here?'"

- Retailers Do Not Card
- Seen As Not Harmful
- Unlocked Liquor in Home
- Easily Available
- Older Peers Provide
- Peer Pressure
- Underage Drinking
- Parents Approve
- Mental Health

● = Community Problem
◐ = Risk Factor
○ = Local Condition
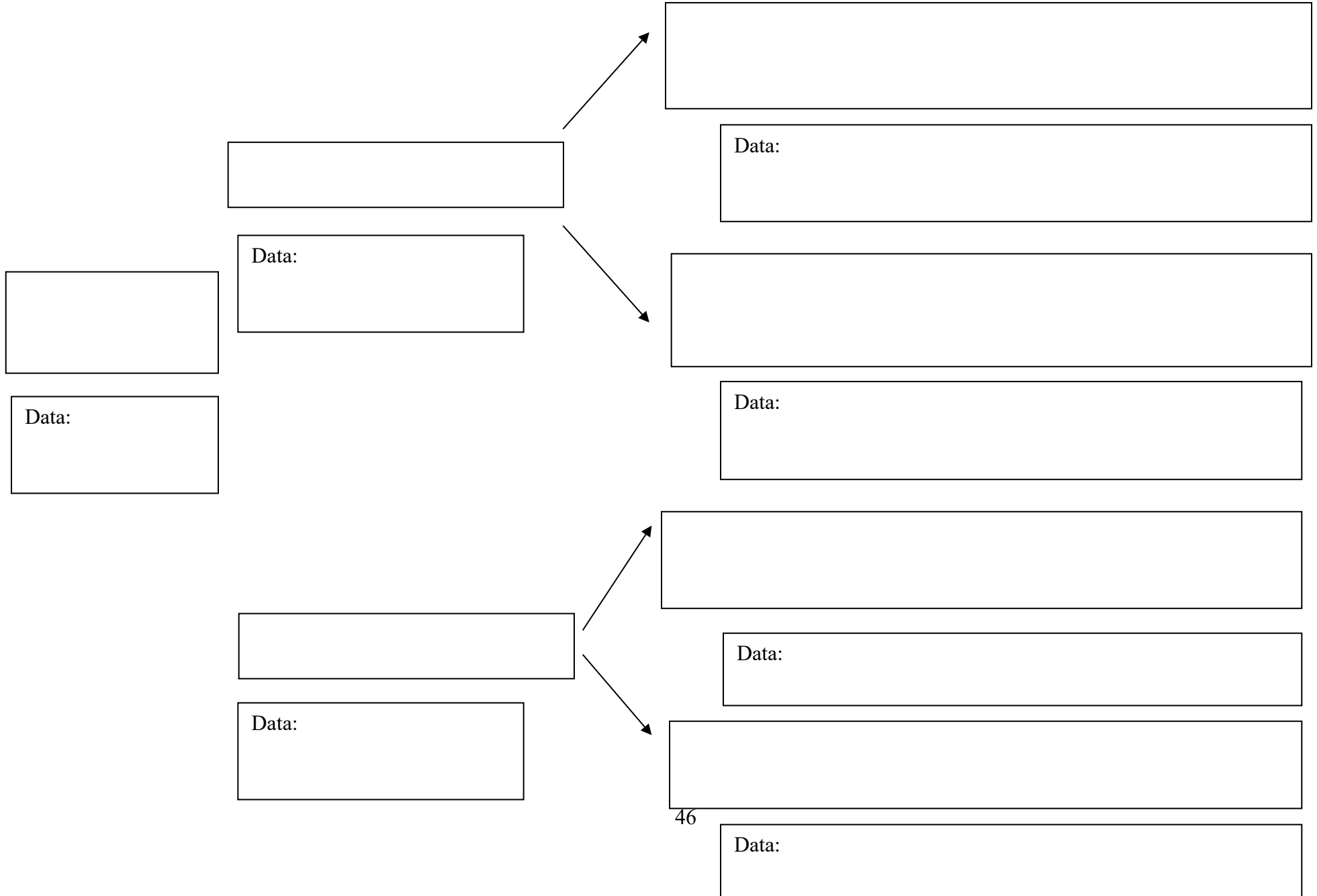
Figure 3.4

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Coalition:

Problem	***Intervening Variable /Risk Factor***	***Local Contributing Factor / Local Conditions & Data*** ***(Specific, identifiable, actionable)***

Data:

Data:
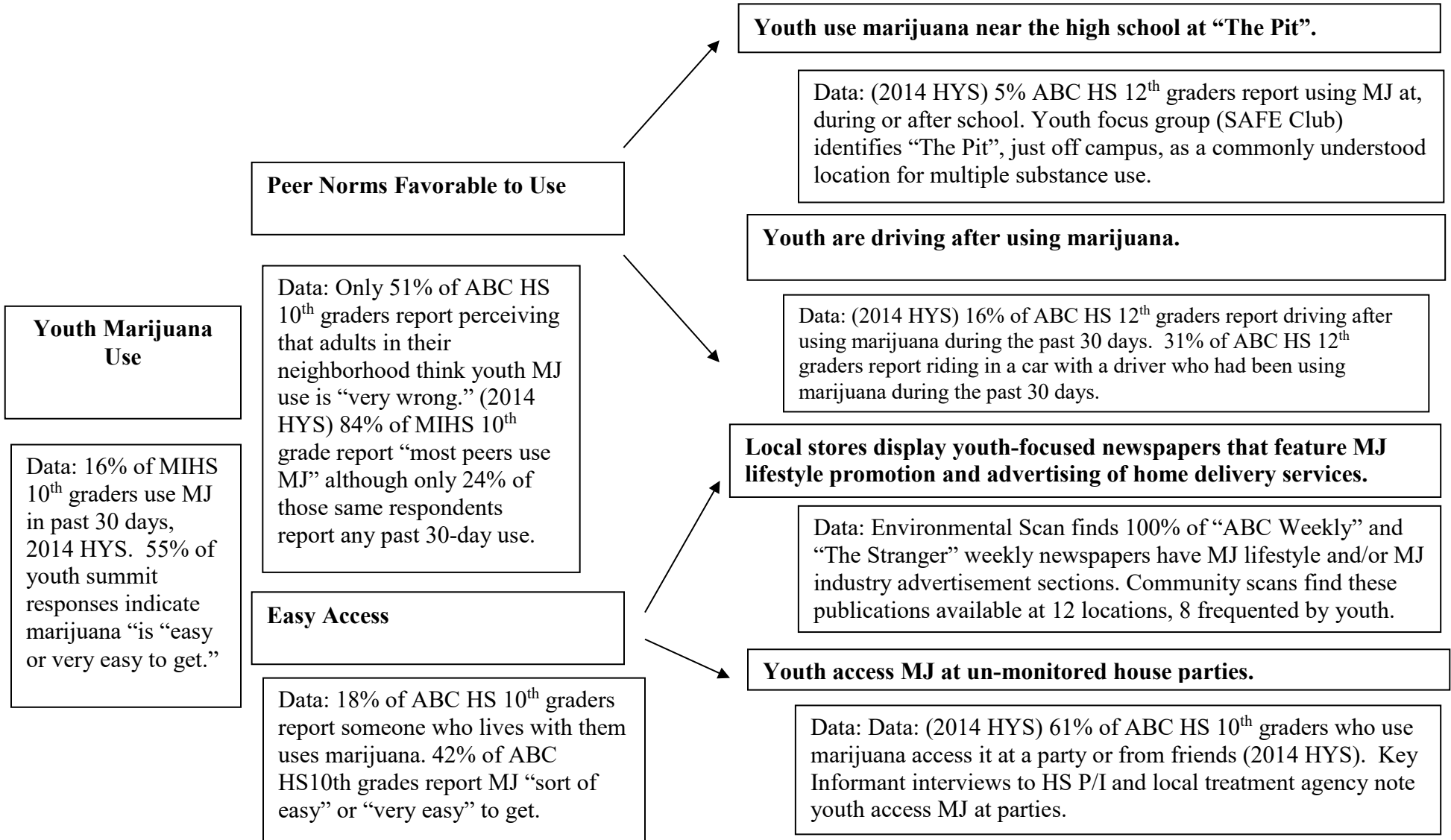
Data:

Data:

Data:

Data:

Data:

Demonstration Logic Model – For Discussion Purposes Only

Coalition: **ABC Community Coalition**

Problem	*Root Causes*	*Local Conditions & Data* *(Specific, identifiable, actionable)*

Youth use marijuana near the high school at "The Pit".

Data: (2014 HYS) 5% ABC HS 12th graders report using MJ at, during or after school. Youth focus group (SAFE Club) identifies "The Pit", just off campus, as a commonly understood location for multiple substance use.

Peer Norms Favorable to Use

Youth are driving after using marijuana.

Data: Only 51% of ABC HS 10th graders report perceiving that adults in their neighborhood think youth MJ use is "very wrong." (2014 HYS) 84% of MIHS 10th grade report "most peers use MJ" although only 24% of those same respondents report any past 30-day use.

Data: (2014 HYS) 16% of ABC HS 12th graders report driving after using marijuana during the past 30 days. 31% of ABC HS 12th graders report riding in a car with a driver who had been using marijuana during the past 30 days.

Youth Marijuana Use

Local stores display youth-focused newspapers that feature MJ lifestyle promotion and advertising of home delivery services.

Data: 16% of MIHS 10th graders use MJ in past 30 days, 2014 HYS. 55% of youth summit responses indicate marijuana "is "easy or very easy to get."

Data: Environmental Scan finds 100% of "ABC Weekly" and "The Stranger" weekly newspapers have MJ lifestyle and/or MJ industry advertisement sections. Community scans find these publications available at 12 locations, 8 frequented by youth.

Easy Access

Youth access MJ at un-monitored house parties.

Data: 18% of ABC HS 10th graders report someone who lives with them uses marijuana. 42% of ABC HS10th grades report MJ "sort of easy" or "very easy" to get.

Data: Data: (2014 HYS) 61% of ABC HS 10th graders who use marijuana access it at a party or from friends (2014 HYS). Key Informant interviews to HS P/I and local treatment agency note youth access MJ at parties.

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CSAP STRATEGIES & SUB-CATEGORIES

In order to help classify interventions implemented as part of its State Incentive Grants (SIG) SAMHSA's Center for Substance Abuse Prevention (CSAP) categorized prevention strategies into six main   categories: Alternative Activities, Community-based Processes, Education, Environmental, Information   Dissemination, and Problem ID and Referral. Each of these strategies is described below and includes a description of common sub-categories as well as examples.   Source: Colorado Division of Behavioral Health / OMNI – 2010.

Alternative Activities This strategy provides the opportunity to participate in healthy, positive, and constructive activities that exclude substance use. These activities are assumed to offset the attraction to and/or meet the needs filled by alcohol and drugs, thereby reducing the likelihood of substance use. It is recommended to implement alternatives as part of a comprehensive substance use prevention plan since research has shown that implementing these activities alone is not sufficient to prevent substance use.	
Community Drop-In Centers	Activities and events held at a community drop-in center that offer social, recreational, and learning environments free from alcohol, tobacco, and other drugs (ATOD). Examples: After-school programs, senior centers, recreation centers, community centers
Community Service Activities	Activities in which youth and adults provide a variety of community services. Examples: Community or neighborhood clean-up, repairing/painting homes, support to the elderly or persons with disabilities, Meals on Wheels, developing a community park
Drug-free Social, Recreational &/or Cultural Activities	Social and recreational activities for individuals that specifically exclude the use of alcohol, tobacco, and other drugs. Examples: Outdoor activities and programs (such as Outward Bound), sports, games, program events, school dances, community events/parties
Mentoring Programs	Activities that provide youth with structured time with a mentor. Examples: Homework help/assistance, afterschool programs, one-to-one mentoring activities
Youth/Adult Leadership Activities	Services through which youth and adults serve as role models who work with youth. Examples: Tutoring programs, coaching activities, , Big Brothers, Big Sisters
Other Alternative Activities	Other alternative activities that do not fit into defined subcategories Example: Teen Maze

CADCA

Community-Based Process This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions and networking.	
Accessing Services & Funding	Increasing or improving capacity by developing resources to support activities. Examples: Develop and maintain a resource listing of federal, state, and local fun ding, accessing and coordinating federal, state, and local grants, etc.
Community Team-Building	Any activity that establishes some sort of trust and dedication between the organization and the community. This relationship is used to help build a community identity. Examples: Outdoor/Indoor pursuits, workshops, social events, community service or charitable work, changes to work practices.
Community & Volunteer Training	Education or instruction of knowledge, skills, and competencies with the goal of building a person's capacity and performance. This includes the development of, delivery, and participation in training. Training is considered a structured event that is intended to develop proficiency in program design, development, and delivery of skills. Examples: Training of Trainers (TOT), skill-building activities, board trainings, neighborhood action training, impactor training, staff/officials training, training instructors in PAT.
Community Technical Assistance and Training	Refers to the delivery of expert programmatic, scientific, and specialized support to organizations and communities to aid in the design, implementation, and evaluation of prevention-related topics and to enhance promotion of activities. Examples: Addressing cultural competence, capacity-building, quality assurance/improvement, conducting evaluations, developing funding and resources, organizational development
Multi-agency Coordination & Collaboration/Coalition	Establishing coalitions, committees and workgroups with representatives from multiple agencies/organizations to collaborate to address a specific issue /topic. Examples: Youth Coalition, Underage Drinking Prevention Committee
Systematic/Strategic Planning	Structured activities that help states and communities to identify needs, assess existing programs, set priorities, and allocate resources systematically based on objective needs assessments. Examples: Evaluation needs assessment, capacity assessment, logic model development, research/evidence-based practices and policies
Other Community-Based Process	Other community-based activities that do not fit into defined subcategories.

Education
This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills and critical analysis (e.g., of media messages).

Ongoing Classroom &/or Small Group Sessions	Lessons, seminars or workshops that are presented as a recognized curriculum in a classroom setting. Examples: All Stars, DARE To Be You, Life Skills Training, Project ALERT, Reconnecting Youth, etc.
Parenting & Family Management	Structured classes and programs intended to assist parents and families in skills development. Examples: Parent/family management classes, Strengthening Families Program, Family Effectiveness Training
Peer Leader/Helper Programs	A structured recurring activity that use peers (people of the same rank, ability, or standing) to provide guidance, support and other activities for youth or adults. Examples: Peer resistance development/peer/cross-age tutoring, teen leadership institutes, peer support activities
Preschool ATOD Prevention Programs	Youth enrolled in a public or private preschool program that practices ATOD prevention. Examples: Preschool programs, child day care, or youth 4 years and younger
Other Education Activities	Other educational activities that do not fit into defined subcategories. Examples: Media Literacy classes, Adult Skills Classes, GED classes

Environmental This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the incidence and prevalence of alcohol and drug abuse in the general population.	
Enforcement Activities	Activities related to increasing the enforcement of alcohol laws and policies. Examples: Compliance Checks, Shoulder Taps, Party Patrols, Enforcing Impaired Driving Laws, Sobriety Checkpoints, Alcohol Restrictions at Community Events
Modifying Alcohol/Tobacco Practices	Activities intended to prevent the sale and use of alcoholic beverages and tobacco products to minors, such as placing signs in bars, restaurants and other establishments as well as efforts to educate servers, vendors and law enforcement personnel about these issues. Examples: Social or commercial host training and management programs, TIPS training, vendor carding programs.
Promoting Establishment/Review of School/Workplace ATOD Policies	Activities intended to establish schools and workplaces that are free of alcohol, tobacco, and other drug (ATOD) products and use. Examples: Establishment of drug-free school zones or workplaces, school use policies and procedures, or business use policies and procedures
Public Policy Efforts	Activities intended to change public policy. Examples: Public policy campaigns to change product pricing, working to establish a Social Hosting ordinance, developing uniform law enforcement policies within a jurisdiction or jointly with surrounding jurisdictions in order to provide a community standard in the management of underage drinking, smoking and related behaviors
Social Marketing Campaign	This type of a campaign tells you how to adopt and sustain a certain healthy behavior, or how to change or stop an unhealthy behavior. Examples: 5 A Day campaign, Parents the Antidrug campaign, Own your C Campaign
Social Norms Campaign	The social norms approach uses a variety of methods to correct negative misperceptions (usually overestimations of use), and to identify, model, and promote the healthy, protective behaviors that are the actual norm in a given population. This type of a campaign tells people what the true normative behavior is when there is perception survey data that shows a misperception around what that normative behavior is. Example: Most of Us campaign
Other Environmental Strategy	Other environmental activities that do not fit into defined subcategories. Examples: Price interventions, minimum-purchase-age intervention, license revocation, limitations on the location and density of retail alcohol/drug outlets

Information Dissemination	
This strategy provides awareness and knowledge of the nature and extent of substance use, abuse and addiction, and their effects on individuals, families and communities as well as available prevention programs and services. Information Dissemination is characterized by one-way communication from the source to the audience with limited contact between the two. Unlike Social Marketing and Social Norms campaigns, the information provided does not offer or promote a specific behavior change. It is recommended to use this strategy as part of a comprehensive substance use prevention plan since research has shown that information dissemination alone is not sufficient to prevent substance use.	

Brochures, Fact Sheets, Newsletters & Handouts	Brochures, fact sheets, newsletters or handouts provide information on a specific topic and can be disseminated via paper copies, or electronically in the forms of a PDF, a website posting, a message sent out on a listserv, etc. Examples: Brochures, fact sheets, newsletters, postcards, handouts
Clearinghouse/ Information Resource Centers	Clearinghouses and Information Resource Centers provide educational reference materials such as books or DVDs. In many cases, the clearinghouse and resource center also answers questions related to the materials. Examples: DVDs, VHS, visual aids, or informational materials that are *borrowed from a library or resource center* (i.e., not original to coalition/organization's efforts)
Health Fairs, Other Health Promotion	Having a booth or exhibit at a fair or event that displays or disseminates information and that has a focus on an ATOD prevention message related to the target population. Examples: Health fairs, health screenings, health clinics
Information Lines/Hot Lines	Phone lines that provide information on specific issues and services (does not include telephone calls that are a normal part of day-to-day business). Examples: Toll-free number services, hotlines, crisis lines, Colorado 'QuitLine'
Media Campaigns	A print or broadcast media campaign that delivers information and educates on specific topics. In contrast to PSAs, the information is usually more than five-minutes long. Please note that Media Campaigns are separate from Social Marketing and Social Norm Campaigns. Examples: Yellow Ribbon & Red Ribbon campaigns
Radio & TV Public Service Announcements	A media message or campaign, usually less than five-minutes long, and provided through public airways that are designed to inform and educate audiences concerning a specific topic. Examples: Television PSA, Radio PSA, newspaper advertisements/announcements

Information Dissemination
This strategy provides awareness and knowledge of the nature and extent of substance use, abuse and addiction, and their effects on individuals, families and communities as well as available prevention programs and services. Information Dissemination is characterized by one-way communication from the source to the audience with limited contact between the two. Unlike Social Marketing and Social Norms campaigns, the information provided does not offer or promote a specific behavior change. It is recommended to use this strategy as part of a comprehensive substance use prevention plan since research has shown that information dissemination alone is not sufficient to prevent substance use.

Resource Directories	A list of related programs and services in a particular community, county or state. Examples: State services resource directory, community service directory, website directory
Speaking Engagements	Activities intended to impart information about specific issues to general or targeted audiences. Examples: Speeches, one-time presentations, assemblies, news conferences
Other Information Dissemination	Other methods of providing information that do not fit into defined subcategories. Examples: Creating an informational DVD, developing coalition website

Problem ID and Referral This strategy aims to identify those who have indulged in the illegal use of alcohol or drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment.	
DUI/DWI Education Programs	Structured education activities intended to change the behavior of individuals who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle. Examples: Alcohol-related highway traffic safety classes, alcohol and other drug awareness seminars, court-mandated alcohol and other drug awareness education programs
Employee Assistance Programs	Activities intended to provide information for individuals whose problems may be interfering with work performance. Examples: Workplace education programs, referrals to another agency, follow-up services, health education and health programs for employees, workplace policy development
Student Assistance Programs	Structured activities intended to provide for students whose problems may be interfering with school performance. Examples: School Counselor's early identification of student problems, referrals, follow-up services, in-school support groups, school policy development
Other Problem ID & Referral	Other Problem ID and Referral activities that do not fit into defined subcategories. Examples: Home visits to check in, office visits, in-depth telephone conversations, case management, advocacy, treatment services, treatment planning, crisis intervention, screening/assessment/evaluation

Comprehensive Strategies / Intervention Map

Problem:
Intervening Variable / Risk Factor:
Local Condition / Contributing Factor:

Strategy	Intervention
Alternative Activities	
Community-Based Processes	
Education	
Environmental	
Information Dissemination	
Problem ID and Referral	

CADCA's National Coalition Institute

Defining the Seven Strategies for Community Change

1. Providing Information – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).

2. Enhancing Skills – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).

3. Providing Support – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).

4. Enhancing Access/Reducing Barriers- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).

5. Changing Consequences (Incentives/Disincentives) – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).

6. Physical Design – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).

7. Modifying/Changing Policies – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

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Comprehensive Strategies / Intervention Map

Problem:
Intervening Variable / Risk Factor:
Local Condition / Contributing Factor:

Strategy	Intervention
Provide Information	
Build Skill	
Provide Support	
Access / Barriers	
Incentives / Disincentives	
Physical Design	
Policies or Regulations	

Strategic and Action Plans

Coalition: ABC Coalition for Youth

Vision Statement - ABC Coalition for Youth envisions a community, in which substance abuse and its risk factors and consequences are reduced to a minimum.

Mission Statement - The mission of the ABC Coalition for Youth is to build and sustain a broad-based, culturally competent coalition to develop and implement strategic, evidence-based policies and programs to reduce substance abuse in ABC County**.**

Objectives
Long-Term Objectives (Problem Statement): Underage Drinking Decrease underage drinking by 10% for 30-day use in 10th graders as measured by the ABC Youth Survey by 2024. • Baseline 2016 – 28% of 10th graders report 30-day use of alcohol. • Target 2024 – 18% of 10th graders report 30-day use of alcohol.
Intermediate Objectives (Root Causes): Retail Access Decrease the percentage of 10th graders who purchase alcohol at a retail establishment by 1% by 2020 as measured by the ABCYouth Survey. • Baseline 2016 – 7% of 10th graders who drank in the past year report purchasing alcohol at a retail establishment. • Target 2020 – 6% of 10th graders who drank in the past year report purchasing alcohol at a retail establishment.
Short-Term Objectives (Local Conditions): Youth purchase alcohol at local gas stations, stores, bars and restaurants. Decrease the percentage of 10th graders who purchase alcohol at a bar or restaurant by 1% and those who purchased at a store or gas station by 1% by 2018 as measured by the ABC Youth Survey. • Baseline 2016 – 5% of 10th graders who drank in the past year report purchasing alcohol at a bar or restaurant and 3% report purchasing at a store or gas station. • Target 2018 – 4% of 10th graders who drank in the past year report purchasing alcohol at a bar or restaurant and 2% report purchasing at a store or gas station.

Strategies and Action Plans
(For each Local Condition)

Problem Statement: Underage Alcohol Use

Root Cause: Retail Access

Local Condition: Youth purchase alcohol at local gas stations, stores, bars and restaurants.

Strategy(s)	Action Plan		
	Who? Will do What? By When?	**Resources Needed?**	**Who Should Know?**
Provide Information • Share with store owners the importance of not serving or selling to under 21.	Youth committee members will talk with store owners January 1, 2017	Materials to share with store owners.	Students, parents
Build Skill • Between trainings have someone attend a staff meeting to show various ID's and how to identify real ones.	Police and coalition members will attend staff meetings annually during the first quarters of the year.	Fake IDs and real IDs	Store owners, police chief
Provide Support • Sharing with the public establishments that have passed compliance checks.	Coalition will publish a "thank-you" to establishments that passed compliance checks in the local paper by 5/1/17	Compliance Check Data, Local paper support	Local businesses, public, police
Change Access / Barriers • Placing ID Scanners at bars, restaurants, gas stations and stores.	Business owners will place scanners at registers by 12/31/17	Scanners	Community, Store employees
Change Consequences (Incentives / Disincentives) • Harsher penalties for the establishment if caught selling to youth. (may be additional compliance classes)	Police/city council will implement harsher penalties for establishments that sell to youth as of 1/1/17	Penalties from other communities	Store owners and employees, police/city council, community
Change the Physical Design • Tags on bottles that say "We don't sell to under 21" • Window clings saying they don't serve or sell to under 21.	Coalition will provide tags and/or window clings to all businesses by 4/1/17	Tags and Window clings	Store owners, police, community members
Change Policy • Every establishment must have a ID Scanner to operate. • Staff who sell without carding lose their job, "one-strike, you're out"	City council will pass an ordinance by 7/1/17 requiring ID scanners in all establishments that sell alcohol by 12/31/17. Businesses will establish a policy that would terminate employment if caught not carding.	ID scanners Training on how to use the scanners Examples of policy	City Council, Community Members, Business owners, employees Business owners, employees

SAMPLE: Opioid Work Group Job Description

Coalition Member Job Description

The Opioid Work Group operates as an "ad hoc" work group of the ABC Coalition. Members of the Opioid Work Group will work together to develop and implement comprehensive plans to address the Opioid problem in ABC County. The Opioid Work Group is composed of 5 – 10 individuals from the community interested in addressing the Opioid issue. Specific sectors will be recruited to the Opioid Work Group including: youth, parents, law enforcement, health care providers, education, treatment providers, government, faith community, recovery community, and others.

Time Commitment

Members of the Opioid Work Group are asked to work together from April – September. The Opioid Work Group will schedule meetings on an "as needed" basis depending on the specific tasks to be accomplished. It is anticipated that the Opioid Work Group will meet at least once per month, or six times over the six month period.

Specific Responsibilities

- Attend Opioid Work Group meetings.
- Participate in the planning process including assessment, planning, implementing and evaluation of prevention strategies.
- If appropriate, represent their organization and sector in the Opioid Work Group's activities.
- As appropriate, provide specific resources to support the Opioid Work Group's efforts.
- Engage and recruit community members to participate in the Work Group's efforts

Personal Qualities

- Commitment to improving the health of ABC County residents
- Knowledge of the ABC County area and its people
- Broad perspective in identifying and planning programs
- Enthusiasm and resourcefulness

Serving as a member of the coalition will provide you with the opportunities to:

- Broaden your knowledge of Opioid prevention strategies
- Gain new experiences and skills
- Increase communication skills while conducting outreach with coalition & community members
- Network with "like-minded" individuals in the community
- Participate in creating a "safe and healthy" community in ABC County

For more information, please contact Pat Grimsley, Opioid Work Group Chair at patg@abc.org

Adapted from: http://www.health.state.mn.us/divs/hpcd/chp/hpkit/pdf/build_samp1.PDF

Evaluation Plan

Coalition Name _____

Logic Model	Measure		Baseline Data / Date	Data Source	Collection Frequency
Local Conditions & Contributing Factors					
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
Intervening Variables / Risk Factors					
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
Problem / Consumption					
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			
Consequences					
		☐ Sensitive ☐ Proximate ☐ Feasible			
		☐ Sensitive ☐ Proximate ☐ Feasible			

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Evaluation Plan

Coalition Name _____

Logic Model	Measure		Baseline Data / Date	Data Source	Collection Frequency
Local Conditions & Contributing Factors					
Retailers Note Carding	Retailer compliance checks	☐Sensitive ☐Proximate ☐Feasible	34% failure rate in 2018	ABC Police Department	Every 6 Months
	MIP arrestees reporting obtaining alcohol from retailers	☐Sensitive ☐Proximate ☐Feasible	36% of arrestees in 2018	ABC Juvenile Court	Every 6 months
		☐Sensitive ☐Proximate ☐Feasible			
		☐Sensitive ☐Proximate ☐Feasible			
		☐Sensitive ☐Proximate ☐Feasible			
		☐Sensitive ☐Proximate ☐Feasible			
		☐Sensitive ☐Proximate ☐Feasible			
		☐Sensitive ☐Proximate ☐Feasible			
Intervening Variables / Risk Factors					
Availability	8th- 12th graders reporting alcohol is "easy" or "very easy" to obtain	☐Sensitive ☐Proximate ☐Feasible	45% in 2018	ABC Student Survey	Every 2 Years
	Youth focus group report alcohol is "readily available from retailers	☐Sensitive ☐Proximate ☐Feasible	(2018) 8 of 12 Participants	Youth Focus Group	Annual
		☐Sensitive ☐Proximate ☐Feasible			
		☐Sensitive ☐Proximate ☐Feasible			
Problem / Consumption					
Underage Drinking	8th – 12th graders reporting use within last 30 days	☐Sensitive ☐Proximate ☐Feasible	35% in 2018	ABC Student Survey	Every 2 Years
	8th – 12th graders reporting "binge" drinking within last 2 weeks	☐Sensitive ☐Proximate ☐Feasible	18% in 2018	ABC Student Survey	Every 2 Years
Consequences					
MIP Arrests	MIP Citations issued	☐Sensitive ☐Proximate ☐Feasible	291 in 2018	ABC Police Dept.	Annual
Alcohol-related ER Cases	Alcohol-related ER Visits 18 -20 Year Olds	☐Sensitive ☐Proximate ☐Feasible	41 in 2018	ABC Hospital	Annual

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Evaluation "Communication" Plan

Coalition Name:

Who Cares About Substance Abuse?	What do we want them to do?	How will they benefit from the coalition's work"?	What data must be shared with the Audience?	How will the data be shared with the audience?
AUDIENCE	ACTION	WIFM	Information	REPORT

Reducing Underage Drinking in Eau Claire County, Wisconsin

Jennifer Eddy MD, Mark Gideonsen MD, Peggy O'Halloran MPH, Francie Peardon, Rick McClaflin MD
Eau Claire City-County Health Department & University of Wisconsin School of Medicine and Public Health, Department of Family Medicine
Alliance for Substance Abuse Prevention in Eau Claire County with funding from the Wisconsin State Incentive Grant and the Wisconsin Partnership Program

Context: Youth consume almost a quarter of the alcohol in this nation, most often in the form of binge drinking. Wisconsin has the highest rates of underage alcohol use in the nation, with higher rates in Western Wisconsin than in the state as a whole. In Eau Claire County, alcohol is the most used drug by both adults and youth.

Objective: Develop a comprehensive approach to reduce underage alcohol use in Eau Claire County based on the SPF, and measure its effectiveness.

Setting: Eau Claire County, a Western Wisconsin county of 96,000 people living in rural and urban municipalities.

Design: The Strategic Prevention Framework facilitated development of a comprehensive approach to address alcohol consumption by youth 12-18. Four evidence-based programs were implemented county-wide. Underage drinking was assessed using school Parent Resource Institute Drug Education surveys.

Eau Claire County, WI
X

Assessment
Evaluation
Sustainability and Cultural Competence
Capacity
Implementation
Planning

Assessment: Reviewed local youth data, identified alcohol as target drug
Capacity: Formed broad coalition of schools, law enforcement, youth, Health Department
Planning: Used Risk/Protective factors and local needs to select 4 evidence-based programs
Implementation: Gradually implemented programs in communities and schools countywide
Evaluation: Core measures evaluated by school PRIDE survey, conducted every 2-3 yrs
Sustainability: Involve local policymakers and cultural leaders, pursue long-term funding

Protective factors
Active members of the community
Negative attitudes about alcohol
Healthy beliefs
Positive relationships with adults
Clear standards of behavior

Risk factors
Favorable attitude toward alcohol
Friends who drink alcohol
Family management problems
Availability of alcohol

COMPREHENSIVE APPROACH TO REDUCE UNDERAGE DRINKING

Educate youth and parents

All Stars, program to prevent/delay the onset of high risk behaviors in 11-14yr olds, provided to youth in school and community based settings
Guiding Good Choices works with families of youth age 9-14 to increase parents' ability to provide teenagers opportunity for family involvement, recognize competencies and skills, teach children how to maintain popularity while using drug-refusal skills and set/enforce clear standards for youth behavior
Staying Connected with your Teen works with families of youth age 12-17 to help parents improve family management and strengthen family bonds

Build community awareness   Change policies & practice

Communities Mobilizing for Change on Alcohol, a community-organizing program to reduce youth access to alcohol, based on the importance of the social and policy environment

Displays, presentations, newsletters
Media exposure, marketing campaigns
Town suppers in urban and rural locations
Youth and adult involvement
Resources for alcohol licensees
Information sheets* for local leaders

Conduct alcohol compliance checks
   (at grocery stores, bars, community events)
Work with community event organizers
Engage community leaders
Form action groups in all communities
Prioritize & implement effective strategies*

Results: Consistent incremental improvement in youth alcohol measures from the Eau Claire County PRIDE survey since implementation.

Core Measures from PRIDE Survey	2001	2004	2007	2009	Change
Age of First Use Average age students report first use of any alcohol	Unavailable	12.3 years	12.9 years	13.1 years	+0.8 years*
Monthly Use % of youth reporting past 30day alcohol use High School (Middle School)	38.2 (7.7)	36.2 (5.7)	32.0 (3.8)	26.8 (3.4)	-11.4* (-4.3*)
Binge Drinking % of youth reporting binge drinking HS (MS)	Unavailable	43.0 (6.2)	37.2 (4.4)	31.4 (4.0)	-11.6* (-2.2*)
Availability % youth reporting alcohol is easy/very easy to get HS (MS)	82.5 (41.1)	72.3 (31.3)	63.9 (22.6)	58.8 (25.2)	-23.7* (-15.9*)
Parental Disapproval % reporting parents feel it is wrong/very wrong HS (MS)	Unavailable	58.6 (79.2)	71.9 (89.5)	73.3 (89.7)	+14.7* (+10.5*)

* See handouts from Eau Claire County 2008 Policymakers' Breakfast Meeting   *Statistically significant differences at p=0.05 level. Change is measured from 2001 to 2009 where available, otherwise from 2004 to 2009

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Telling the Coalition Story

Talking Points:

1. **What and who is the coalition?**

2. **What are the key substance abuse problems in the community?**

3. **What has the Coalition done about the problems? And plans to do?**

4. **What has changed in the community as a result of the Coalition's and partner's work? (Include short-, intermediate- and long-term data.)**

5. **What's next? Call to Action!**

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Coalition Planning Timeline

Task	Month													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14

Action Planning Worksheet

ACTION	HOW? (Steps)	BY WHOM?	BY WHEN?

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