**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?**

**DBHR Community Prevention & Wellness Initiative (CPWI) Community Coalition Guide (page 52)**

**Appendix 3: Strategic Plan Outli ne TEMPL AT E**

### 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](http://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?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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:**

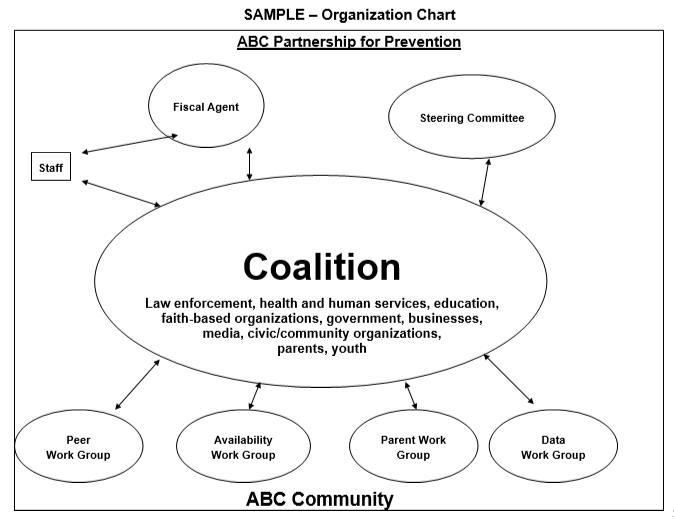
* One- to three-year position
* Eight to Twelve Coalition meetings per year (1 ½ to 2 hours per meeting)
* and task **force/action team meetings as needed**

**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



**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](http://www.foundationcoalition.org/home/keycomponents/teams/conflict.html)) | • Low on cooperation scale (see [conflict paper](http://www.foundationcoalition.org/home/keycomponents/teams/conflict.html)) |   **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](http://www.foundationcoalition.org/home/keycomponents/teams/communication.html)) | | |

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

1. Membership Responsibilities
2. Active/Inactive Membership
3. Voting

Article IV –Executive Committee

A. Overall Responsibilities

B. Chair

C. Vice Chair

D. Secretary

E. Members at Large

F: Staff

Article V – Committees

1. Executive Committees
2. Standing Committees
3. Ad Hoc Committees

Article VI – Meetings

Article VII - Financial Administration

1. Fiscal Agent
2. Staff
3. Contributions
4. 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.

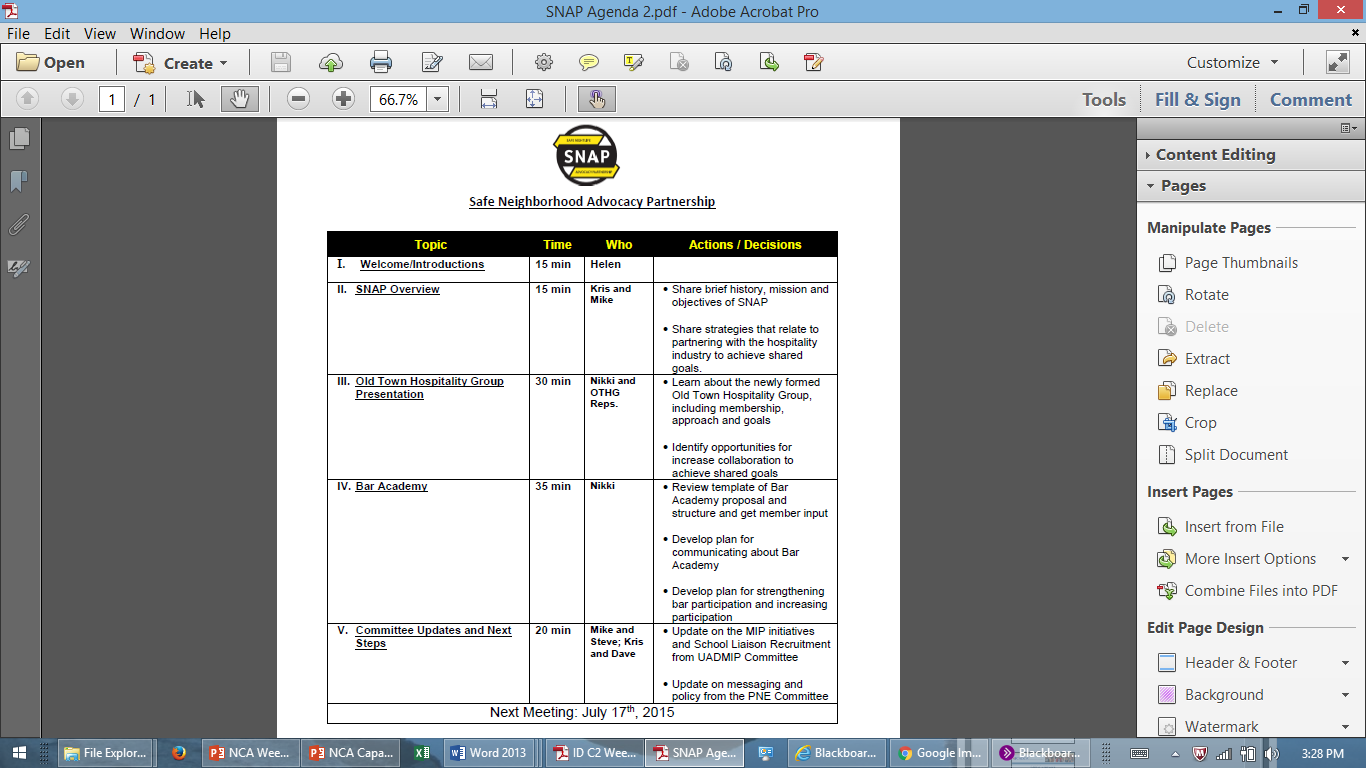
e. Maintain all records pertaining to costs and expenses to reflect costs of labor, materials, equipment, supplies, services, and other costs and expenses when reimbursement is claimed or payment is made and share such information with the coalition.

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**

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **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**

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

**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?

**DATA Triangulation**

***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**

***Coalition:***

***Problem Root Causes Local Conditions & Data***

***(Specific, identifiable, actionable)***

Data:

Data:

Data:

Data:

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Data:

# 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.

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| **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 |

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| **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. |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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** |  |

**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** |  |

**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

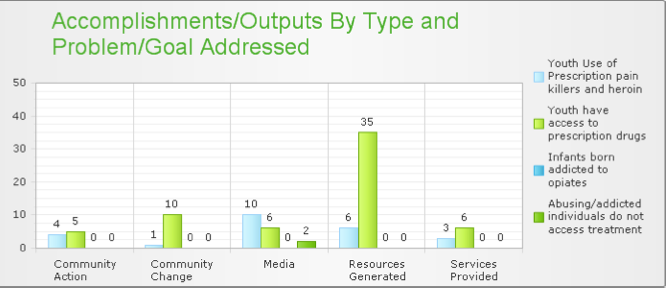
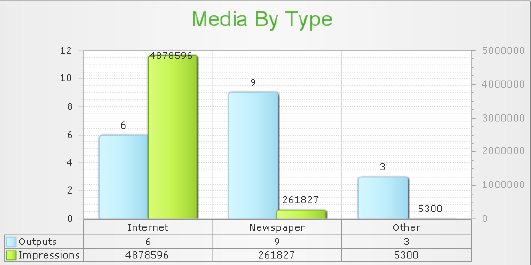
**For more information, please contact Pat Grimsley, Opioid Work Group Chair at patg@abc.org**

**Adapted from:** [**http://www.health.state.mn.us/divs/hpcd/chp/hpkit/pdf/build\_samp1.PDF**](http://www.health.state.mn.us/divs/hpcd/chp/hpkit/pdf/build_samp1.PDF)

**Evaluation Plan**

Coalition Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Logic Model** | **Data** | **Data**  **Source** | **Collection Frequency** |
| *Local Conditions & Contributing Factors* | | | |
|  |  |  |  |
|  |  |  |
|  |  |  |  |
|  |  |  |
| *Intervening Variables / Risk Factors* | | | |
|  |  |  |  |
|  |  |  |
|  |  |  |  |
|  |  |  |
| *Problem / Consumption* | | | |
|  |  |  |  |
|  |  |  |
|  |  |  |  |
| *Problem / Consumption* | | | |
|  |  |  |  |
|  |  |  |
| *Consequences* | | | |
|  |  |  |  |
|  |  |  |

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**Evaluation “Communication” Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who?** | **What?** | **Why?** | **How?** |
|  |  |  |  |
|  |  |  |  |
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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!**

**Coalition Planning Timeline**

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

**Report Out**

**Prepare a 3-minute report:**

1. **Community / Coalition**
2. **Members of your Leadership Team**
3. **3 Specific Action Steps**
4. **Potential challenges**
5. **Training / Technical Assistance needs**

**Action Planning Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTION** | **HOW? (Steps)** | **BY WHOM?** | **BY WHEN?** |
|  |  |  |  |