PRIMER

# HANDBOOK

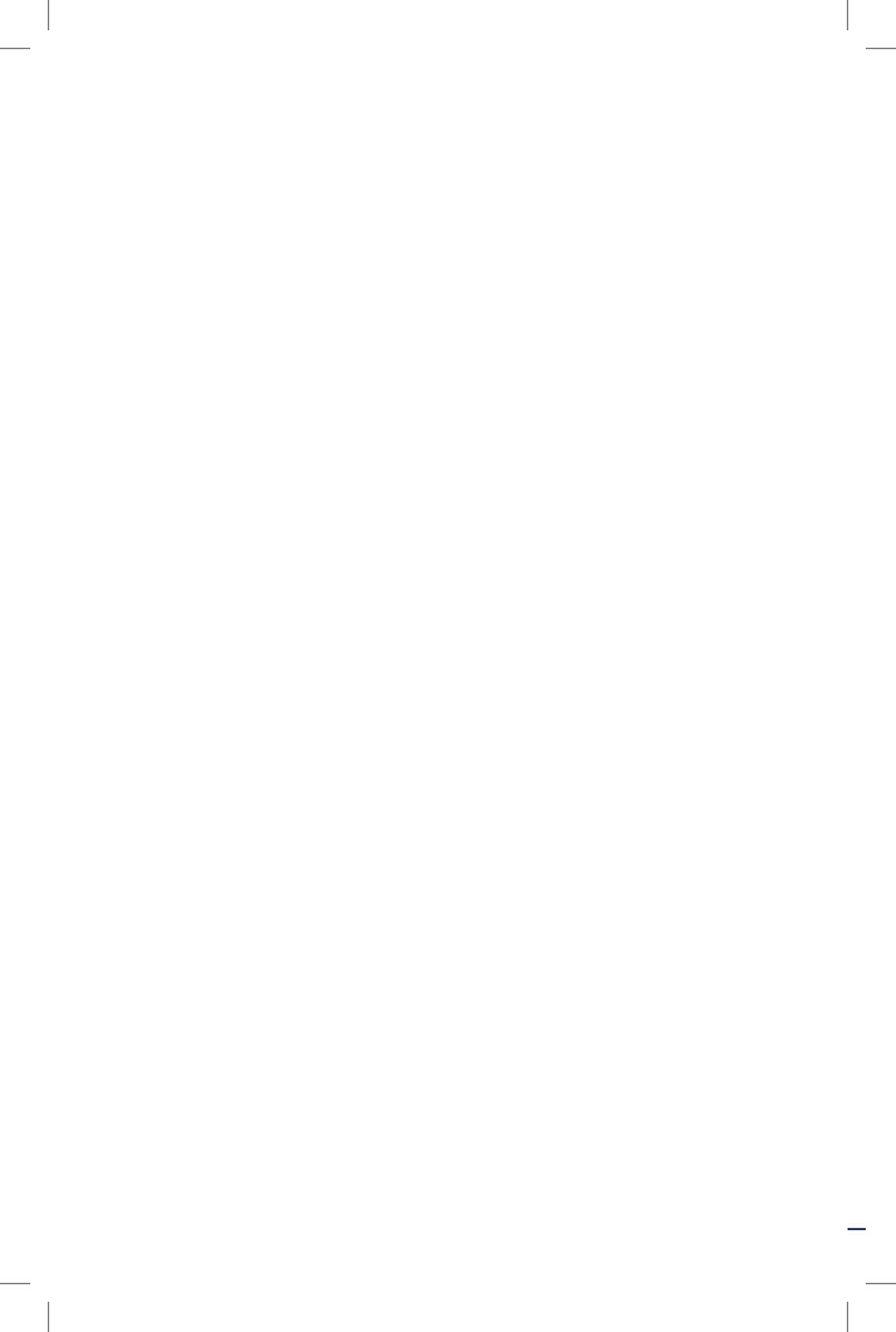# Community Coalitions
# Handbook

★✈CADCA®
Community Anti-Drug Coalitions of America
National Coalition Institute

*CADCA's National Coalition Institute, developed in 2002 by an Act of Congress, serves as a center for training, technical assistance, evaluation, research, and capacity building for community substance misuse coalitions throughout the United States. The Institute developed these primers to serve as a guideline for coalitions navigating the U.S. Department of Health and Human Services Administration (SAMHSA)'s Strategic Prevent Framework (SPF). These primers highlight the CADCA model of prevention and its applied uses to the SPF. Each primer is designed to stand alone and work with others in the series. Research suggests that prevention of substance use and misuse before it starts is the most effective and cost-efficient way to reduce substance use and its associated costs. Coalitions are critical to the success of prevention efforts in local communities. Through your work in engaging key sectors of the community, we can create population-level change and positive, sustainable outcomes that can truly change the world. To learn more about our work, visit the CADCA website, www.cadca.org.*

—Arthur T. Dean
Major General, U.S. Army, Retired
Chairman and CEO
CADCA (Community Anti-Drug Coalitions of America)

# CONTENTS

# INTRODUCTION

CADCA's National Coalition Institute developed this handbook to educate, inform, and empower community coalitions. It provides some of the basic tools needed for success and offers links to a myriad of resources to help coalitions achieve the goal of safer, healthier, and substance-free communities.

## About CADCA

CADCA (Community Anti-Drug Coalitions of America) is an international membership organization representing more than 5,000 community coalitions in the United States and abroad. CADCA holds consultative status with the United Nations' Economic and Social Commission and enjoys nonprofit status in the U.S.

CADCA builds and strengthens the capacity of community coalitions by providing coalition development support and training, public policy education and advocacy, coalition-specific media strategies, national conferences, and special events.

As the nation's leading substance use prevention organization, CADCA educates the public about the latest trends in substance misuse, builds community coalitions from the ground up, and develops helpful tools and resources that empower communities to solve their substance use problems.

## About CADCA's National Coalition Institute

CADCA administers the National Coalition Institute which was established in 2002 by the Drug Free Communities Act. The institute has three primary goals:

1. Provide education, training, and technical assistance for coalition leaders and community teams, with emphasis on the development of coalitions serving economically disadvantaged areas.

2. Develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes.

3. Bridge the gap between research and practice by translating knowledge from research into practical information.

The institute is funded through a grant as part of the Drug Free Communities Support Program (DFC) that is administered by the Executive Office of the President, Office of National Drug Control Policy (ONDCP) in partnership with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP).

The institute provides training, coalition development support, online and print materials, and other resources to community coalitions. Institute staff respond to coalition or prevention related questions and provide resources to improve the effectiveness of community coalitions. The institute also provides support on issues pertaining to evaluation and research focusing on coalitions and coalition-related organizations.

## What Are Community Coalitions?

Throughout the United States, community coalitions make a significant difference. Local coalitions continue to change the way that American communities respond to the threats of alcohol and prescribed medication misuse and tobacco and other substance use. By mobilizing the entire community—parents, teachers, youth, police, health care providers, faith communities, business and civic leaders, and others—communities can transform themselves.

CADCA defines a coalition as a "formal, voluntary arrangement for collaboration among groups or sectors of a community, in which each group retains its identity, but all agree to work together toward the common goal of a safe, healthy, and drug-free community."

> Coalition building, collaborative problem solving, and community development are some of the most effective interventions for change available to us today. Coalitions are partnerships of the many sectors of a community which gather together collaboratively to solve the community's problems and guide the community's future. When they are driven by citizen identified issues, citizens become involved in all steps of the problem-solving process.
>
> **Source:** Excerpts from "What Coalitions Are Not" by Tom Wolff

Effective coalitions have deep connections to the local community to serve as a catalyst for reducing local substance misuse rates. As such, community coalitions are not prevention programs or traditional human service organizations that provide direct services, rather they are directed by residents and sector representatives who have a genuine voice in determining the best strategies to address local problems.

## Essential Differences Between Coalitions and Programs

| Coalitions | Programs |
|---|---|
| Scale- coalitions measure success by examining community-level indicators and outcomes. | Programs measure change in individuals who have been directly affected by the intervention(s). |
| Addresses multiple causes Coalitions seek to ensure that all causes of identified problems are addressed. | Programs focus on single strategies, e.g., parenting class or tutoring. |
| Actors- coalition activities are diffused and implemented by all members with staff coordinating and providing support. | Program staff lead the process and are responsible for implementing interventions. |

Coalitions incorporate evidence-based approaches when developing their strategic plans to achieve population-level change through implementing strategies that focus on improving systems and environments. **Population-level change** focuses on change for entire populations. By entire populations, we mean "collections of individuals who have one or more personal or environmental characteristic(s) in common." Information demonstrating population-level change should be measured at the same town, community, or region that the organization serves." (SAMHSA/CADCA)

**Footnote:**
- US Department of Health and Human Services, SAMHSA, Center for Substance Abuse Prevention, ". (2005). *SPF SIG Overview and Expectations*.". Presented at New Grantee Workshop, Gaithersburg, MD.

- CADCA, 2008. US Department of Health and Human Services. SAMHSA, Center for Substance Abuse Prevention. (2008). *Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation.* Community Anti-Drug Coalitions (CADCA).

*Community Sectors*

To achieve population-level change, coalitions must work to connect with community members at a grassroots level. Coalition development takes time and skill. To impact the entire community, coalitions must engage individuals and organizations from multiple sectors in the community. Examples of community sectors include:

- 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 prevention, treatment, or recovery *

* Sectors required for DFC Applications

While the DFC requires a minimum of 12 community sectors to participate in the coalition, coalitions can increase their potential power by ensuring that they include not only the "movers and shakers," but also the "grassroots" folks who have strong links within neighborhoods and informal institutions.

## Drug Free Communities Support Program

The Drug-Free Communities Support Program (DFC) is a federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use. Since the passage of the DFC Act in 1997, the DFC program has funded more than 2,000 coalitions. The philosophy behind the DFC program is that local substance use problems require local solutions.

Drug-Free Coalition grant recipients receive funding to address two main goals:

- Goal 1: Establish and strengthen collaboration among communities, private nonprofit agencies and federal, state, local, and tribal governments

to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

- Goal 2: Reduce substance use among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance misuse and promoting the factors that minimize the risk of substance abuse.

Recent evaluation data (FY2013) indicates that where DFC dollars are invested, youth substance use is lower. Over the life of the DFC program, youth living in DFC communities have experienced reductions in alcohol, tobacco, and marijuana use. Among all DFC grantees ever funded, DFC-funded community coalitions have achieved significant reductions in youth alcohol, tobacco, and marijuana use. Specifically,

- For middle school youth living in DFC-funded communities, data from the DFC national evaluation indicates a 24.4% reduction in alcohol use, 29.4% reduction in tobacco use, and 15.1% reduction in marijuana use.

- High school-aged youth have reduced their use of alcohol by 15.5%, tobacco by 23.7%, and marijuana by 4.9% in DFC-funded communities.

To learn more about this important program, please visit the DFC website at: *https://whitehouse.gov/ONDCP*

If you are a coalition and do not currently receive funds through the DFC program, e-mail CADCA's National Coalition Institute at **training@CADCA.org** or call 1-800-54-CADCA, ext. 240, to find out about application criteria and guidelines.

## What are ONDCP, SAMHSA and CSAP?

**The Office of National Drug Control Policy (ONDCP)**, a component of the Executive Office of the President, was established by the Anti-Drug Abuse Act of 1988. The principal purpose of ONDCP is to establish policies, priorities, and objectives for the nation's drug control strategy. The goals of the program are to reduce illicit drug use, manufacturing and trafficking, drug-related crime and violence and drug-related health consequences. To achieve these goals, the director of ONDCP is charged with producing the national drug control strategy.

By law, the director of ONDCP also evaluates, coordinates, and oversees the international and domestic anti-drug efforts of executive branch agencies and ensures that such efforts sustain and complement state and local activities. The director advises the president regarding changes in the organization, management, budgeting, and personnel of federal agencies that could affect the nation's anti-drug efforts; and regarding federal agency compliance with their obligations under the strategy.

Congress has given ONDCP authority to administer the DFC. The institute is funded as part of the DFC program, through a grant from SAMHSA. To learn more about ONDCP and its many initiatives, visit its website at: *http://www.whitehouse.gov/ONDCP*

### The Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is composed of three centers: Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT), and the Center for Mental Health Services (CMHS) and supporting offices. SAMHSA engages in program activities to carry out its mission. With a fiscal year 2018 budget of nearly $3.9 billion, SAMHSA funds and administers a rich portfolio of grants and contracts that support state and community efforts to expand and enhance prevention and early intervention programs, and to improve the quality, availability, and range of substance use treatment and mental health and recovery support services in local communities.

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### SAMHSA Vision and Mission

**Vision:** SAMHSA provides leadership and devotes its resources, including programs, policies, information and data, contracts, and grants to help the United States act on the knowledge that:

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover from mental and substance use disorders

**Mission:** It is SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities.

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**The Center for Substance Abuse Prevention (CSAP)** provides national leadership in the development of policies, programs, and services to prevent the onset of illegal substance and underage alcohol and tobacco use. CSAP disseminates effective substance misuse prevention practices and builds the capacity of states, communities, and other groups to apply prevention knowledge effectively. An integrated systems approach is used to coordinate these activities and collaborate with other federal, state, public, and private organizations. SAMHSA's website, *www.SAMHSA.gov* contains valuable information about its many initiatives, three centers, and funding opportunities.

CADCA collaborates with these and many additional federal partners including the Drug Enforcement Administration (DEA), National Highway Traffic Safety Administration (NHTSA), and the National Institute on Drug Abuse (NIDA). CADCA also partners with numerous states, local and private organizations to support coalitions in their prevention efforts.

**Coalition Alphabet Soup**

**CADCA—**Community Anti-Drug Coalitions of America
**CADCA NCI—**CADCA's National Coalition Institute
**CADCA NCA—**CADCA's National Coalition Academy
**CCDO—**Community Capacity Development Office
**OJJDP—**Office of Juvenile Justice and Delinquency Prevention
**ONDCP—**Executive Office of the President, Office of National Drug Control Policy
**CDC—**Centers for Disease Control and Prevention
**CSAP—**Center for Substance Abuse Prevention
**DFC—**Drug Free Communities Support Program
**NIH—**National Institutes of Health
**DHHS—**United States Department of Health and Human Services
**NIAAA—**National Institute on Alcohol Abuse and Alcoholism
**NIDA—**National Institute on Drug Abuse
**NYLI—**National Youth Leadership Initiative
**SAMHSA—**Substance Abuse and Mental Health Services Administration
**SPF—**Strategic Prevention Framework
**CSAT—**Center for Substance Abuse Treatment
**CMHS—**Center for Mental Health Services
**DOJ—**Department of Justice

## SAMHSA's Strategic Prevention Framework (SPF)

The DFC initiative uses the **Strategic Prevention Framework** (SPF) developed by SAMHSA. The SPF's seven elements guide coalitions in developing the infrastructure needed for community-based public health approaches leading to effective and sustainable reductions in substance use. The elements include:

- **Assessment.** Collect data to define problems, resources, and readiness within a geographic area to address needs and gaps.

- **Capacity.** Mobilize and/or build capacity within a geographic area to address needs.

- **Planning.** Develop a comprehensive strategic plan that includes policies, programs, and practices creating a logical, data-driven plan to address problems identified in assessment.

- **Implementation.** Implement evidence-based prevention programs, policies, and practices.

- **Evaluation.** Measure the impact of the SPF and its implemented programs, policies, and practices.

- **Cultural competence.** Interact effectively with members of diverse population

- **Sustainability.** Achieve and maintain long-term results.

To be successful, coalitions leaders and members need to implement each of these elements in their community. Fortunately, all the skills and knowledge don't need to reside in any one individual, but in the coalition members' collective repertoire of skills and knowledge.

## A Word About Cultural Competence and Sustainability

The SPF places cultural competence and sustainability at its center, as these key concepts must be incorporated into every step. You will find recommendations for incorporating both from the earliest stages of coalition development through evaluation.

**Cultural competence** is a point on a continuum with several guiding principles that enable coalitions to have positive inter- actions in culturally diverse environments. Here are some key principles:

- **Each group has unique cultural needs.** Your coalition should acknowledge that several paths lead to the same goal.

- **Significant diversity exists within cultures.** Recognize that cultural groups are complex and diverse; do not view them as a single entity.

- **People have group and personal identities.** Treat people as individuals and acknowledge their group identities.

- **The dominant culture serves people from diverse back- grounds in varying degrees.** Coalitions must recognize that what works well for the dominant cultural group may not work for members of other cultural groups.

- **Culture is ever-present.** Acknowledge culture as a predominant force in shaping behaviors, values, and institutions.

- **Cultural competence is not limited to ethnicity**, but includes age, gender, sexual identity, and other variables.

**Sustainability** requires creating a strong coalition that brings together a community to develop and carry out a comprehensive plan to effectively address a relevant problem. While long-term sustainability must include a focus on funding, it depends on much more than maintaining sufficient fiscal resources.

Sustaining an initiative over time also requires a combination of non-financial resources from the initiative itself and the broader community. Necessary internal resources include: leadership from management and board members; access to technical expertise from within the organization; and the existence of strong administrative and financial management systems. Critical external resources include: support from policymakers, the public, or other key stakeholders; access to technical expertise outside the organization; and engagement of community-based organizations, parents, or other community members. *

CADCA's institute has published primers dealing with cultural competence and sustainability and offers other useful online resources. You may access these by visiting our website at *www.cadca.org*.

# CHAPTER 1.
# Community Coalitions and Community Change

## Understanding Substance Misuse Problems

Substance misuse problems are complex and impact international, national, state, and local efforts to create healthy communities. Current substance use prevention strategies seek to limit availability of alcohol, tobacco, and other substances to youth, change norms favorable toward substance use, prohibit illegal substances from entering the country, stop use before it starts, and help those who need treatment.

While community coalition leaders should be aware of national and international trends in substance misuse and take advantage of current research, to be effective they must focus on **local conditions** within their own communities. Understanding these problems in a local context focuses on identifying and addressing risk and protective factors in the community. This framework, based on a **public health approach,** provides an important way to understand the causes of substance misuse. Research identifies risk and protective factors in various domains: individual and peer, family, school, and community. Many evidence-based prevention strategies have been developed to address these factors, with a strong emphasis on individual, family, school, and community domains.

CADCA acknowledges the importance of understanding risk and protective factors in all identified domains. We believe that coalitions can have the greatest impact when they address local conditions related to these risk and protective factors by examining unique characteristics in their communities that promote substance use and misuse, and addressing these factors through comprehensive strategies.

## The Public Health Approach

Effective prevention efforts focus on impacting the individual, peers, families, and the overall community environment. It is the role of coalitions to reduce substance abuse in the larger community by implementing comprehensive, multi-strategy approaches using a public health approach to prevention.

Community coalitions use the public health approach to look at what substances (**the agent**) are being used by youth and adults (**the host**) in the community and to impact those conditions **(root causes in the environment**) that promote the use of substances, and strengthen those conditions that promote and support healthy choices and behaviors.

Community Coalition

AGENT
Root Causes

HOST

AGENT
Environment
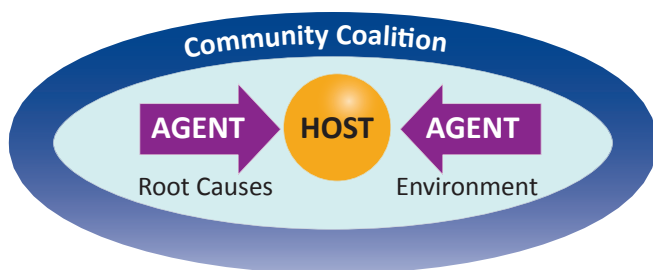
**Root causes**, also known as risk and protective factors or intervening variables, are those conditions in the community, family, peer group, and school that make it more or less likely a person will use substances. In another area, consider the risk factors for heart disease. A poor diet is not the only cause of heart attacks, but we know that a poor diet can significantly increase the likelihood you might have a heart attack. Eating healthy foods and exercising are examples of protective factors that can decrease the likelihood of future heart disease. (Note: these risk factors are discussed in detail in the *Assessment Primer* - Chapter 2: Collect Needs and Resource Data.)

**Community coalitions** are often one of the only groups in a community that is organized to address the entire community environment in which young people may use substances. Many organizations and individuals can impact the individual and address specific aspects of the environment, but the coalition is the only group that is looking comprehensively at the environment seeking to achieve **population-level changes** to the entire community.

**Individual-focused** strategies target individual users by providing information, building skills, and providing support for efforts to make healthy decisions. For example, the impact of a school-based curriculum that provides information to teenagers is limited to those students enrolled in the classes. Prevention program providers that provide direct services to individuals are important partners in a comprehensive community-level response to substance abuse.

**Environmental-focused** strategies that focus on the availability of the substance, community norms, and promote regulations to impact community-wide behaviors in the entire community environment—although more difficult to implement—are likely to impact many more people. Implementing community-wide compliance checks and establishing ordinances mandating responsible beverage server training for alcohol retailers impacts all youth and adults in the entire community. Such environmental-focus strategies target the substance (e.g., the availability of alcohol) and the environment (e.g., implementing policies to reduce youth access).

Chances of keeping youth from using alcohol are greater if both individual and environmental strategies are part of a **comprehensive strategy** implemented by multiple organizations in the community. The role of the coalition is to identify or coordinate the implementation of these comprehensive strategies.

## The Continuum of Care

It is important for coalitions to recognize their role in supporting prevention efforts within a broad **continuum of care**. In 2009, the National Research Council and Institute of Medicine published an updated version of the continuum of care framework (also called mental health/substance abuse intervention spectrum). The framework places prevention in a graded continuum of care that distinguishes between prevention, treatment, and maintenance, and shows their interrelation. It also distinguishes between three levels of prevention services according to the risk levels of the target populations.

The IOM framework has been visibly adopted in prevention policy language, which describes the range of interventions and strategies which support healthy lifestyles and choices
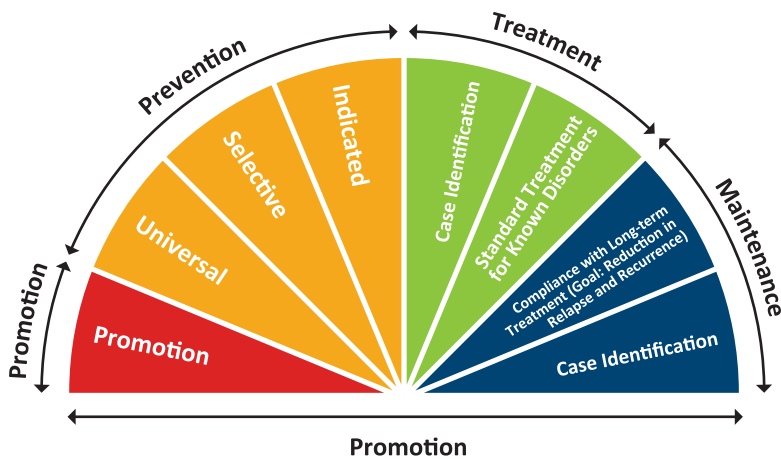


**Mental health promotion interventions**: Usually targeted to the general public or a whole population. Interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity.

> **Example:** Programs based in schools, community centers, or other community-based settings that promote emotional and social competence through activities emphasizing self-control and problem solving.

**Universal preventive interventions**: Targeted to the general public or a whole population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

> **Example:** School-based programs offered to all children to teach social and emotional skills or to avoid substance abuse. Programs offered to all parents of sixth graders to provide them with skills to communicate to their children about resisting substance use.

**Selective preventive interventions**: Targeted to individuals or a population subgroup whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a mental, emotional, or behavioral disorder.

>   **Example**: Programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, abuse, or community trauma, to reduce risk for adverse mental, emotional, and behavioral outcomes.

**Indicated preventive interventions**: Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorder, or biological markers indicating predisposition for such a disorder, but who do not meet diagnostic levels at the current time.

>   **Example**: Interventions for children with early problems of aggression or elevated symptoms of depression or anxiety.

(Source: National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.)

## Comprehensive Strategies Create Population-level Change

Undoubtedly, people in your community want to "move the needle" to create a safe and healthy community for youth and families. In order to impact the entire community population, coalitions must identify and implement comprehensive strategies that include both individual and environmental-focused strategies.

**Environmental-focused strategies** that are aimed at changing or influencing community conditions, standards, institutions, structures, systems, and policies that shape behaviors must be implemented. The following table provides examples of environmental strategies.

| Environmental Strategies | |
| --- | --- |
| • Hours/days of sale | • Outlet density reduction |
| • Clean air laws | • Open container ordinance |
| • Happy hour ordinance/laws | • Festivals – beer gardens |
| • Advertising ordinance/laws | • Shoulder tap enforcement |
| • Social host ordinances | • Drug courts |
| • Compliance checks | • Rx drug monitoring system |
| • Party patrol | • Controlled party dispersal |
| • Prescribing guidelines | • Restriction on marijuana dispensaries |
| • Restrictions on "pill mills" | • Paraphernalia ordinances |

Environmental strategies:

- Produce quick wins and instill commitment toward long-term impact on practices and policies within a community.
- Require substantial commitment from various sectors of the community to contribute to sustainable community change.
- Create lasting change in community norms and systems, producing widespread behavior change and, in turn, reducing problems for entire communities.

**Individual-focused strategies**, such as prevention education classes, are based on the premise that substance use develops because of deficits in knowledge about negative consequences, inadequate resistance skills, poor decision-making abilities, and low academic achievement. But these efforts, while important in a multiple strategy approach, do little to independently alter the overall environment in which people live and work.

**Comprehensive strategies** involve implementing both individual and environmental-focused strategies. For example, numerous education campaigns and public awareness efforts related to heart disease exist. We are encouraged to avoid certain foods, exercise daily, and get regular check-ups. This information is familiar and repeated often, yet we live in a society where heart disease remains an insidious public health problem. So, in addition to information sharing strategies, environmental and policy-based strategies (such as expanding healthy food options in community grocery stores, providing exercise breaks and incentives for employees, establishing smoke-free work and public spaces, and providing smoking cessation coverage in insurance policies) will work to address the risk and protective factors related to preventing heart disease.

**Strategies Targeting Individualized Environments**

Family

School

Faith Community

INDIVIDUAL YOUTH

Health Care Providers

**Strategies Targeting Shared "Community" Environment**

Norms

Regulations

ALL YOUTH

Availability
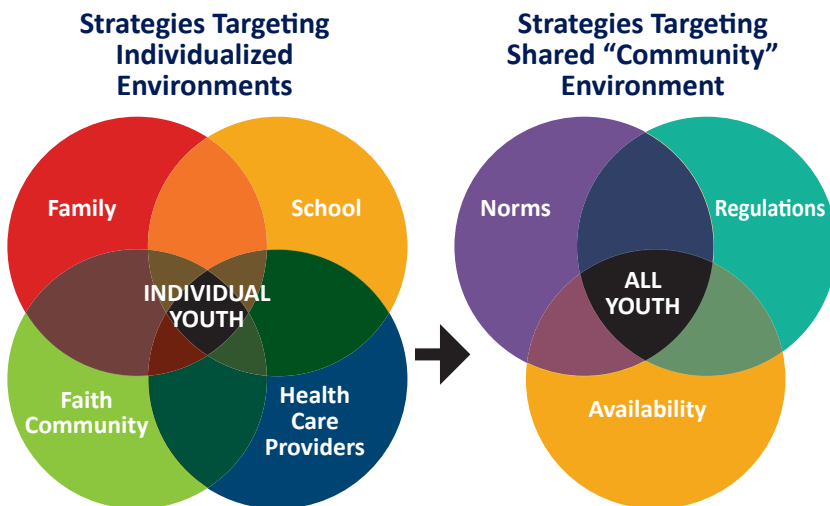
As the diagram above illustrates, both the coalition and its partners are responsible for ensuring the appropriate combination of individual- and environmental-focused strategies are put in place to change the overall community environment to reduce substance use. Specifically, coalitions can support the efforts of community partners to implement parenting classes, after-school programs, school curricula, and other individual focused strategies, while also addressing environmental factors such as institutional rules and regulations, community norms, mass media messages, and the accessibility of alcohol, tobacco, and other substances.

When a comprehensive, multi-strategy effort is in place, coalitions contribute to achieving population-level change by focusing on multiple targets of sufficient scale and scope to make a difference communitywide. Costs associated with implementation, monitoring, and political action within a community can be considerably lower than those associated with ongoing education, services, and therapeutic efforts applied to individuals. The bottom line is environmental strategies are effective in modifying the settings where a person lives, which plays a part in how that person behaves.

## Building an Effective Coalition to Achieve Population Level Change

An effective coalition **builds capacity** to implement each element of the SPF. This includes providing training for community and coalition leaders and members. Most people have not studied coalition building and, although they have good intentions, they often lack the requisite skills to generate community-level change.

CADCA's National Coalition Institute understands that capacity building is important and has published a primer and other materials on the topic. The *Capacity Primer* and other materials regarding capacity can be found on our website: www.CADCA.org

### Examples of Coalition Capacity Building

Coalition capacity building entails providing training and support to coalition members to "do the work" of the coalition. Examples include:

- Training community members how to engage and run a successful meeting with elected officials to support a change in local ordinances. **(Implementation)**
- Supporting youth efforts to conduct to an environmental scan of alcohol and marijuana advertising in the community. **(Assessment)**
- Translating materials into various languages used in the community **(Cultural competence)**
- Providing talking points and appropriate "handout" information allowing coalition members to recruit parents to join a youth empowerment action team. **(Capacity)**

# CHAPTER 2.
# Increasing Community Collaboration

## What is "Increase Community Collaboration?"

Coalitions are collaborative entities comprised of various stakeholders working together to address a common goal of improving community health and well-being, such as reducing youth substance abuse, teen pregnancy, cardiovascular disease, and other community public health problems.

While coalitions engage in a community problem solving process (identified by the SPF), conducting a community assessment, developing a logic model and strategic and action plans, they are also tasked with doing the work in a way that engages community members and builds collaboration among individuals and organizations. These two tasks must occur simultaneously.

The ONDCP DFC Support Program clearly defines two goals for its grantees:

**Goal 1.** Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments, to support the efforts of community coalitions working to prevent and reduce substance abuse among youth.

**Goal 2.** Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

A key distinction between the goals is that under goal 2, coalitions engage in collaboration building activities while implementing strategies targeting specific objectives outlined in their strategic and action plans. Collaboration building efforts under goal 1 are not necessarily tied to any specific local conditions or strategies, rather they focus on engaging the broad community in general prevention and coalition-building strategies.

## Elements of Increasing Community Collaboration

Building community collaboration involves working with coalition members to a) communicate about the substance use issue and what the coalition is doing to address the issues; b) providing opportunities for coalition partners, other community organizations, and key community stakeholders to work together; and c) having coalition members engage and participate in community events and organizations on behalf of the coalition.

There are a number of ways to build collaboration with partners and stakeholders in the community including:

- **Outreach and networking**—Actively establish and maintain contact with grass root, agency, and organizational stakeholders for the purpose of developing long term-relationships for mutual benefit. These efforts create opportunities to build trust and establish common goals to sustain ongoing collaboration for community problem solving.

- **Public awareness of substance abuse issues**—Provide information to coalition and community members about the substance abuse problem in the community, state, and country. This includes information about the consequences and incidence and prevalence of individual substances. This information builds community readiness to address the problem.

- **Coalition communications and branding**—Provide information to coalition and community members about the coalition and its work. The goal is to establish the coalition as a "go to" organization when it comes to substance abuse by creating name and logo recognition among community members.

- **Community education and training**— Provide opportunities for community members to gain knowledge, skills, and abilities to support the coalition's processes and interventions to impact substance use prevention in a meaningful way.

- **General prevention activities**—The coalition engages in a variety of prevention, health, and safety related activities in the community. While the coalition asks partners to participate in its activities, the coalition must demonstrate its collaboration by participating, and leading if necessary, community activities.

- **Build coalition capacity to collaborate**- Coalition members need relevant information and skills in order to successfully collaborate in the community.

Examples of specific strategies to increase community collaboration include:

- Conduct initial research and/or gather background information about stakeholder/stakeholder group.

- Attend non-coalition related meetings and events open to the public.

- Make contact to get on stakeholder's meeting agenda, where applicable and appropriate.

- Host community events to invite and meet diverse community stakeholders.

- Create press releases reporting significant community data and research findings.

- Respond to specific incidents in the community (e.g., reports of overdose deaths).

- Provide flyers or pamphlets identifying specific issues and recommending community responses (e.g., proper storage and disposal of Rx medications).

- Maintain a website with information and resources for the public.

- Create and share the coalition's vision and mission.

- Develop a "tag line" and logo for the coalition that is easily recognizable and can be included on communications and marketing of the coalition and partner organizations.

- Create a "one pager" pamphlet/brochure that provides info about the coalition and its work.

- Conduct or engage community members in various types of training events (workshops, coalition academy).

- Provide technical assistance to community members to engage in processes (i.e. conducting focuses groups) or interventions (responsible server training).

- Participate in health fares, back to school nights, county fairs, etc. by hosting a booth and providing flyers.

- Co-sponsor or provide volunteers at fundraising and community events of partner organizations (e.g., volunteers at a fun run or bingo night).

- Become members of key community organizations (e.g. chamber of commerce, rotary).
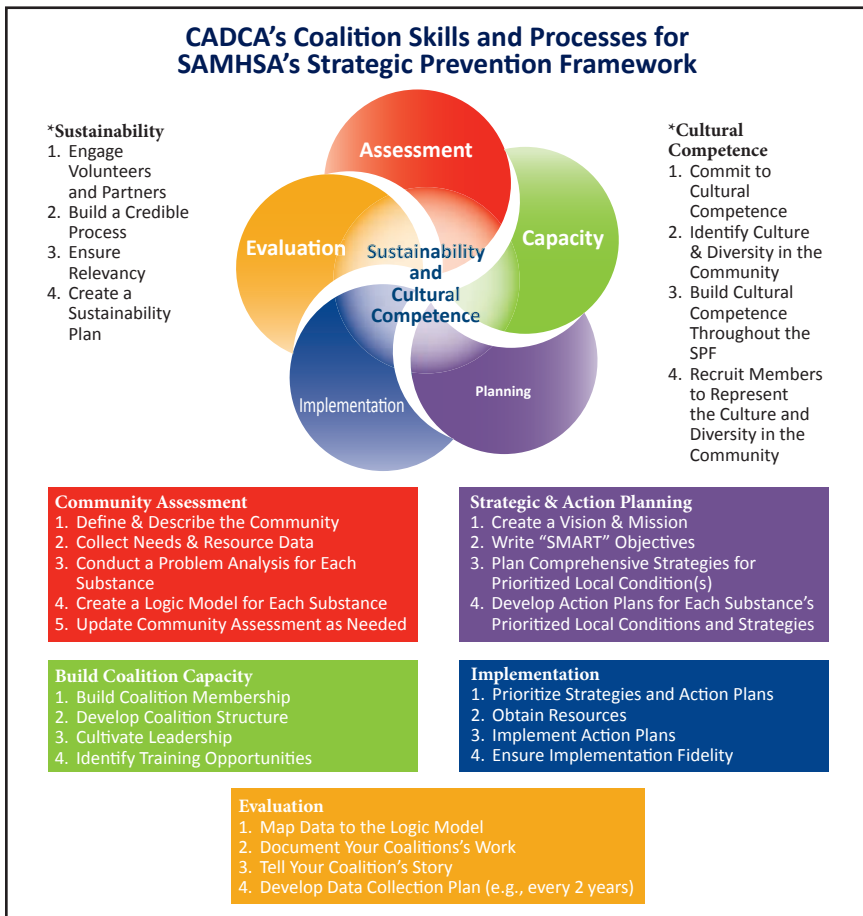
# CHAPTER 3.
# Using the SPF to Reduce Substance Use

## Elements of the Strategic Prevention Framework

An effective coalition is not a collection of prevention programs. An effective coalition builds its member capacity to complete each of the steps of the Strategic Prevention Framework (SPF) as it develops strategies to bring about population-level change. Figure 1 displays the key skills and processes that CADCA has identified as essential for a coalition to be successful. (The *CADCA Primer Series* describes each of the SPF elements in detail.)

**Figure 1**



CADCA's Coalition Skills and Processes for SAMHSA's Strategic Prevention Framework

*Sustainability
1. Engage Volunteers and Partners
2. Build a Credible Process
3. Ensure Relevancy
4. Create a Sustainability Plan

*Cultural Competence
1. Commit to Cultural Competence
2. Identify Culture & Diversity in the Community
3. Build Cultural Competence Throughout the SPF
4. Recruit Members to Represent the Culture and Diversity in the Community

Assessment
Capacity
Evaluation
Sustainability and Cultural Competence
Implementation
Planning

**Community Assessment**
1. Define & Describe the Community
2. Collect Needs & Resource Data
3. Conduct a Problem Analysis for Each Substance
4. Create a Logic Model for Each Substance
5. Update Community Assessment as Needed

**Strategic & Action Planning**
1. Create a Vision & Mission
2. Write "SMART" Objectives
3. Plan Comprehensive Strategies for Prioritized Local Condition(s)
4. Develop Action Plans for Each Substance's Prioritized Local Conditions and Strategies

**Build Coalition Capacity**
1. Build Coalition Membership
2. Develop Coalition Structure
3. Cultivate Leadership
4. Identify Training Opportunities

**Implementation**
1. Prioritize Strategies and Action Plans
2. Obtain Resources
3. Implement Action Plans
4. Ensure Implementation Fidelity

**Evaluation**
1. Map Data to the Logic Model
2. Document Your Coalitions's Work
3. Tell Your Coalition's Story
4. Develop Data Collection Plan (e.g., every 2 years)

*Community Assessment*

A community assessment is a comprehensive description of your target community (however your coalition defines community). The assessment process is a systematic gathering and analysis of information about the community for the purpose of identifying and addressing local substance use problems.

Understanding how community strengths, needs, resources, and make up change and evolve is also critical to coalition effectiveness. This can occur through regular (annual or biannual) assessments so that your coalition can be responsive to the community in a proactive manner. A community assessment involves the following steps:

1. **Define and Describe the Community**
   – Define the coalition's community and boundaries (neighborhood, county, city, etc.).
   – Identify features of the community environment that impact substance misuse.
   – Describe the "communities within the community" which include communities of place, interest, and experience.
   – Identify and build on the relevant local history of substance misuse, community mobilization, and prevention work in the community.

2. **Collect Needs and Resource Data**
   – Identify the relevant data to collect including information about consequences, problems, root causes, local conditions, and community demographics.
   – Use quantitative data collection methods such as conducting surveys and collecting "archival" or "secondary" data from partners and outside sources.
   – Use qualitative data collection methods such as community forums, focus groups, listening sessions, key informant interviews, and surveys.
   – Use "triangulation" techniques to identify the best data collection methods.

3. **Conduct a Problem Analysis for Each Substance**
   – Facilitate group problem analysis techniques including the "but why" or root cause analysis technique.
   – Include and incorporate the experience and expertise of coalition members to thoroughly name and frame problems and goals.

     – Select objective criteria to facilitate the prioritization of problems, root causes, and local conditions.

4. **Create a Logic Model for Each Substance**

     – Move from problem analysis to a logic model based on established criteria including community data, prevention science, and input from community members.

     – Create a logic model or road map to guide the development of comprehensive strategies to achieve community-level change.

     – Critique your logic model to ensure the coalition will achieve its desired changes to the community environment.

5. **Update the Community Assessment as Needed**

     – Identify additional data needed to be collected.

     – Determine how new data and conditions in the environment can be used to make adjustments to the coalition's logic model.

     – Create an ongoing community surveillance mechanism to ensure the coalition and community can identify and proactively respond to new trends in substance misuse.

### *Capacity*

The definition of capacity building is: "Increasing the ability and skills of individuals, groups, and organizations to plan, undertake and manage initiatives." Coalition capacity building enhances the ability of coalition members, individuals, groups, and organizations to deal with current and future issues and substance use problems in the community.

It is important to understand that a coalition is a living entity – its membership, organization, and leadership (form) will evolve and change over time based on the work, strategies, and activities (function) in which the coalition is currently engaged plans to engage in in the near future.

This is the concept called "form follows function." How the coalition operates is based on the work it is doing. Therefore, as the work of a coalition changes over time, it is not unusual for a coalition to change as it develops and responds to local conditions or external circumstances. In summary, successful coalitions constantly change to do the work necessary to achieve the coalition's vision.

Building coalition capacity allows community coalitions to establish clear guidelines for building the capacity needed to develop and carry out a comprehensive community plan to reduce substance abuse. While all coalitions need similar kinds of capacity to engage partners, stakeholders and populations to maintain high levels of commitment, and organize their work effectively,

how the coalition builds the capacity will be unique to each coalition. Coalition capacity building includes four key elements: 1) membership, 2) organizational structure, 3) leadership and 4) providing training to coalition members.

## Coalition Membership

The task of building coalition membership becomes one of finding the right match between an individual or organization's interest, skills, and resources with the work or activities of the coalition. This notion of **targeted recruitment** requires the coalition to clearly articulate what work the coalition is doing and then recruiting the right mix of stakeholders to engage in doing that work. Consequently, as the work of the coalition changes, the appropriate mix of stakeholders for a community's coalition can also be expected to change over the course of the coalition's work.

Once the coalition has recruited a solid base of members, it is critical for the coalition to **retain** the resources and connections these members represent over the long-term. Unfortunately, even coalitions with a strong array of members can lose out when key members do not remain actively engaged. Successful coalitions recognize that their success hinges on making it easier for the coalition to engage partners and tap their knowledge and resources when needed; and encouraging partners to share what they have to offer in ways that fulfills their own mission and goals.

## Organizational Structure

Just as having the right members and partners involved in your coalition is essential, it is also important for coalitions to have an organizational structure and processes that are clear and apparent to all members and appropriate to your coalition's work.

As coalitions grow and expand their outreach and impact in the community, the coalition organization and infrastructure must also evolve to ensure the organization can maintain the involvement over the long-term. Specifically, addressing coalition organization and infrastructure can include the following elements:

1. Clear roles for coalition members and staff
2. Organizational tools: org chart, timeline, and by-laws
3. "Action-oriented" coalition
4. Coalition communication
5. Legal and fiscal structures and practices

Finally, we encourage coalitions to think comprehensively, even when they may not be able to act comprehensively at that time. In coalition building, "form follows function." Your community is engaged in developing an effective coalition and mobilizing residents for the central goal of reducing substance misuse and related problems. Consequently, you should not try to identify coalition

structural "models" or seek to "borrow" another group's organization plan and apply it as your own. Rather, develop a coherent organizational structure that is strong and big enough to bring about population-level change in your community.

## Leadership

Leadership is an essential element of coalition success. Why is good leadership so critical? Coalitions involve harnessing the knowledge, resources, and energies of members, community partners, and other organizations, groups, and policymakers to create and implement cross-cutting approaches to complex issues. To accomplish this goal, efforts must be well coordinated and strategic, and must attend to the community's most important resources: the relationships among people and organizations. Promoting and balancing these practical and relational concerns embodies good leadership.

Coalition leadership also must address these concerns at multiple levels. First, the internal processes of the coalition must be managed. This includes promoting openness and trust among members, helping meetings run smoothly, and maintaining communication and connections among members between meetings. This is the "inner game" of coalition work.

Next, coalitions must bridge to and influence activities and resources in the larger community. This is referred to as the "outer game" of coalition work. The outer game involves making sure that your coalition's efforts in the community are moving it toward its goals. Coalitions must have leaders who can attend to both the inner and outer games.

## Providing Training to Coalition Members

As with any vocation or hobby (e.g. practicing medicine, speaking a foreign language, bowling, playing piano) it is important to continually update and enhance the knowledge and skills necessary for success. Coalitions are no different, as they must continually build member knowledge and skills in each element of the Strategic Prevention Framework. Thus, the final element of building coalition capacity is to identify training opportunities to build the knowledge and skill base of coalition members and staff through:

- Assessing their capacity across the SPF
- Ensuring cultural competence within your coalition processes
- Troubleshooting coalition capacity
- Providing appropriate training

### *Planning*

The term "strategic planning" can be used as both a verb and a noun—it can describe the planning process (verb) and a concrete plan (noun). Generally speaking, a strategic and action plan covers a three- to five-year period. It describes the coalition's hopes for the future, that may include problems in the

community that can be addressed with current funds, as well as problems the coalition hopes to address as it secures additional resources.

The strategic planning approach allows coalitions to first identify the alcohol, tobacco and/or other substance-related problem(s) or issue(s) in the community. It would then decide what it wants to accomplish (an objective that can be measured). The coalition would select strategies or approaches to accomplish the objectives. Finally, the coalition chooses activities or steps to achieve the desired outcomes.

### VMOSA

The development of the coalition's strategic and action plans are based on the coalition's logic model (discussed in detail in the *Community Assessment Primer*) which identifies the problem statement, root causes, and local conditions. The logic model facilitates concise and clear communication about the conditions in the community which the coalition seeks to change. The strategic and action plans describe how the coalition will achieve the changes.

The coalition's strategic and action plans consist of the coalition's: vision and mission statements, objectives, strategies, and an action plan. The acronym for this strategic planning process is VMOSA:

The **vision statement** represents what the coalition seeks to accomplish in the future by creating a healthy, vibrant, and substance-free community.

The **mission statemen**t describes the organization's role in making the vision a reality. This statement often explains the unique role the coalition plays in facilitating a robust community problem solving process directed at reducing substance abuse.

The **objectives** spell out the specific, measurable results the coalition intends to achieve. The coalition develops data-based objectives based on the problem (long-term), root causes (intermediate-term), and local conditions (short-term) identified on the logic model.

The coalition's **strategies** include the policies, strategies, and practices that create a comprehensive plan to address the specific local conditions identified on the logic model.

The **action plans** ensure that all coalition members are involved in carrying out the work of the coalition with sufficient support and appropriate accountability.

### *Implementation*

Implementation is where the "rubber hits the road." In this element of the SPF it is important for coalitions to complete the following four steps:

1. **Prioritize Strategies and Action Plans**

   This step requires the coalition to review the logic model and strategic and action plans developed during the previous phases of the SPF. When reviewing these products, the coalition should ask the following questions BEFORE starting implementation:

   – Do the local conditions represent specific, identifiable, and actionable behaviors or conditions in the community?

   – Are there at least 2 pieces of data (measures) that can be used to measure the changes in the local conditions?

   – Are the strategies identified to change the local condition based on evidence of strategies that have empirically demonstrated the ability to change local conditions in similar communities?

   – Are the strategies comprehensive in that they include multiple components (e.g., provide information, build skills, provide support, change access/barriers, change consequences, change the physical design, and change policy)?

   – Do the strategies contain enough "dosage" to change the community environment- for the defined community- and achieve the short-term objectives?

   If the answer to any of these questions is not "yes," then the coalition should go back and review their planning efforts to ensure the coalition's implementation efforts will be effective, and not be wasteful of the coalition and community's scarce resources.

2. **Obtain Resources**

   Before starting the actual implementation of strategies and activities, it is important for the coalition to have a clear picture of the resources that will be needed. This effort entails creating a budget that fully describes what cash and in-kind resources are needed and how those resources will be obtained.

   – **Cash resources** – the money needed to purchase materials, supplies, and contracting with individuals and organizations that provide necessary expertise.

   – **In-kind resources** –the skills, technology, office and meeting space, communication, transportation, and other items that are provided by individual volunteers and partner organizations.

   Due to the fact that some of these resources may take time to obtain, it is important that the coalition and its partners begin planning well in advance of the expected start date of the strategies and activities.

As such, coalition members and partners must be involved in obtaining resources. It is not the responsibility of any one person to obtain the resources necessary to implement strategies and activities. Just as the planning effort required the involvement of coalition members and coalition partner organizations, the effort to secure resources requires their involvement as well.

The saying "people own what they create" applies to the need to engage coalition members and partners in both planning and implementation efforts. When members and partners are engaged in doing the problem analysis, developing the logic models and strategic and action Plans, they will likely be investing in the strategies and anxious to ensure they are implemented effectively.

3. **Implement the Action Plan**

Implementation is the act of carrying out or executing the strategic plan. During the planning stage, the coalition selected a comprehensive set of strategies to address the defined local conditions to be changed. In implementation, the role of coalition members shifts from planning to executing, overseeing the carrying out, holding each other accountable, and monitoring the action. It is at this point coalition members must step up and honor the commitments they made during planning.

Successful implementation requires moving beyond a solid action plan into mobilizing resources of the coalition to get the work done. It requires analyzing, organizing, and growing both internal and external resources and relationships of the coalition. Achievement in implementation is the culmination of all coalition activities that ensures actions are performed effectively.

Before the coalition gets to work, the following considerations may be helpful to ensure the success of the implementation effort:

**Build capacity.** This is a good time to build additional capacity specific to the strategies your coalition is implementing. The coalition can ensure it has built sufficient capacity to implement specific strategies by asking the following questions:

– Who within the coalition and/or partners has taken a leadership role in implementing the strategy?

– Has appropriate training needed to implement the specific tasks been identified and delivered?

– Have key relationships and partnerships the coalition needs to implement the strategy been identified and addressed?

– Have sufficient resources needed to implement the strategy been secured?

- Have appropriate action teams been identified and created to implement the strategy?

- How will the coalition spend time at monthly meetings to ensure it stays focused on implementation?

**Recruit allies.** This requires coalitions to think outside of the box, beyond the partners we have always worked with, to purposely recruit others who are invested in the change we are seeking to achieve. Identify the people or groups who have the same interest. This level of recruitment is likely going to be issue-driven, though coalitions may find that some allies are interested in remaining invested in the coalition's work once the common problem is addressed.

Thus, analyzing and identifying potential allies follows a slightly different process than recruiting sector representatives. To identify potential allies, the coalition can ask questions such as:

- Whose problem is it?

- Who is directly affected and who is indirectly affected?

- What are the benefits for their participation? What do they gain if you win?

- What risks are they taking? What might they lose?

- What groups are they organized into?

- What individuals or organizations are already working on the issue?

4. **Ensure implementation fidelity**. During the planning process, your coalition researched and then selected evidence or theory-based strategies, or their core components, proven to be effective. Funders want assurances that the activities they support grow out of approaches that together will be likely to reduce alcohol and substance use rates in the community.

According to SAMHSA, implementation fidelity describes "the degree to which a program or practice is implemented as intended."

Adaptation describes how much, and in what ways, a program or practice is changed to meet local circumstances. Evidence-based programs are defined as such because they consistently achieve positive outcomes. The greater your fidelity to the original program design, the more likely you are to reproduce these positive results. Customizing a program to better reflect the attitudes, beliefs, experiences, and values of your focus population can increase its cultural relevance. However, it's important to keep in mind that such adaptations may compromise program effectiveness.

Remaining faithful to the original evidence-based design while addressing the unique needs and characteristics of your target audience requires balancing fidelity and adaptation. When you change an intervention, you risk compromising outcomes. However, implementing a program that requires some adaptation may be more efficient and cost-effective than designing a program from scratch.

SAMHSA identifies key considerations to ensure fidelity of implementation of evidence-based programs and strategies:

– Retain core components
– Build capacity before changing the program
– Add rather than subtract
– Adapt with care
– If adapting, consult experts first

### *Coalition Evaluation*

Coalition evaluation involves using specific information to tell the story of how the coalition contributes to community-level changes in substance misuse and healthy behaviors. Information fuels and powers strong community coalitions. They use it to understand local concerns, report on their work, and monitor progress. Information lies at the heart of each stage of coalition development—planning, action, celebration, and renewal.

Coalition evaluation describes a coalition's plan to gather and carefully use information to report data accurately and appropriately to stakeholders and partners. The powerful ways people can use the results, not merely the process of collecting statistics, makes coalition evaluation essential.

The effort to conduct a coalition evaluation involves four specific steps that are fully described in the *Evaluation Primer*:

1. **Confirm data on your logic model**— Through the community assessment and logic modeling processes, the coalition has already collected the necessary data that can provide a baseline of community-level changes that the coalition seeks to achieve in the community. This data, recorded on the logic model, is used to measure changes in the problem statement, root causes and local conditions.

2. **Document your coalition's work**— The coalition must capture all the efforts conducted by the coalition and its partners that contribute to the changes identified on the coalition logic model. The coalition's efforts, which we call coalition outputs, capture all the new or changed processes, programs, programs, services, community resources, and media exposure that have resulted from the coalition's efforts.

3. **Tell your coalition's story**— To build and sustain the ongoing support and involvement of the community, the coalition must be able to describe how it (and its partner organizations) have contributed to changes in substance misuse that have occurred in the community. The coalition can use the community-level data and coalition outputs to tell this story.

4. **Develop a data collection workplan**— Many people see evaluation as intimidating, overwhelming and difficult. Coalitions foster volunteer involvement and ownership by making tasks understandable, reasonable in size, and specific to individual skills and interests. Making the most of evaluation requires participation by a broad group of community members. Do not limit the task of planning for evaluation to staff and paid evaluators.

   Create a coalition evaluation workgroup by involving coalition members who are suited to and interested in telling the coalition story. For example, people who work in marketing or public relations often have experience working with large populations—after all, they generally try to sell products or services to a lot of people. Likewise, business professionals involved in human resource management or process improvement are accustomed to using information to guide decision-making. Staff who collect data for hospitals, police departments or public health agencies also may be great candidates.

### *Sustainability*

A definition of coalition sustainability: "A sustainable coalition has enough resources to intervene at the community level and can maintain these resources long enough to see population-level outcomes."

Achieving population-level change in your community takes time. Conditions that foster substance misuse did not develop overnight, and your coalition will not change them quickly. If you are serious about affecting the problem in a meaningful way, acknowledge that you are in it for the long haul. It may take several years to enact the changes you identify and realize the long-term effects. Much can, and likely will, happen over the course of those years. Smart coalitions not only get things done now, they also prepare for changes that can affect coalition work in the foreseeable future.

Coalition sustainability involves four initiatives a coalition must take to ensure it will be around long enough to achieve population-level change.

1. **Engage volunteers and partners** includes recruiting diverse members and sectors of the community to be involved in the work of the coalition and building and sustaining the volunteer and partner involvement in the coalition over the long-term.

2. **Build a credible process** involves clarifying how the coalition will sustain the processes included in the Strategic Prevention Framework (SPF) over the long-term.

3. **Ensuring relevance** encourages the coalition to reach out beyond existing partners to a broad range of individuals and organizations to emphasize how the work of the coalition supports their visions, issues and concerns.

4. **Create a sustainability plan** involves conducting a six-step process for ensuring that both financial and in-kind resources are sustained long enough to achieve the coalitions long-term objectives.

### *Cultural Competence*

Community coalitions must incorporate cultural competence as they work through the elements of the SPF. By putting cultural competence in the middle of the SPF, SAMHSA highlights cultural competence as a crucial cross-cutting aspect of the SPF. Cultural competence affects all aspects of coalition building and must be considered in every element of the Strategic Prevention Framework.

Although cultural competence affects all elements of the SPF, coalitions should emphasize it when developing capacity. Individuals and organizations are able to increase their cultural competence at this stage, because the skills and knowledge required can be learned and implemented in a reasonable period of time.

The *Cultural Competence Primer* addresses four aspects of cultural competence that allow a coalition to think comprehensively about cultural competence:

1. **Commit to cultural competence** – Coalitions can commit to cultural competence by doing the following:

   – **Write it down**. Make including diverse populations part of your mission and vision statements. Incorporate these concepts into your logic model, strategic plan, and action plan.

   – **Commit from the top**. Coalition governance should officially commit to enhancing its cultural competence as it works to reduce substance misuse.

   – **Do not assign and forget**. Do not delegate work on cultural issues to one individual or department. Focus and responsibility must remain with the coalition.

   – **Expand outreach efforts**. Your coalition encourages outreach to diverse groups, makes outreach part of your strategic plan, and assigns responsibilities to coalition members to conduct the outreach.

   – **Use inclusive language**. You use inclusive language when referring to groups in your community ("we" and "our community" rather

than "those people" or "those kids"). Coalition members and staff demonstrate an understanding of cross-cultural concepts.

  – **Commit leadership**. Your coalition leaders support cultural competence and demonstrate commitment to the concept.

  – **Promote training and development**. Your coalition provides or facilitates cultural competence training for community and coalition members, staff, and volunteers.

  – **Share responsibility and accountability**. Coalition and community members, staff, and volunteers work together and share responsibility for developing effective strategies.

2. **Identify culture and diversity in the community** – It is important for coalitions to increase their "knowledge" and "awareness" of diverse cultural groups. Opportunities to identify and engage diverse cultures occur throughout the SPF. A prime opportunity to learn about different diverse cultures in the community is when the coalition conducts its community assessment. For example, the community description provides a great place to start the identification of the culture and diversity of your community.

3. **Build cultural competence throughout the SPF** – As previously noted, cultural competence should never be an afterthought or something to worry about after your coalition has been formed and has developed activities. Addressing issues of diversity and cultural competence from the coalition's inception increases the likelihood of establishing a firm foundation to build on in later years. Simply stated, coalitions should incorporate key concepts of cultural competence from the very beginning of their work on the SPF.

4. **Recruiting members to represent the diversity and culture in your community** – In order to ensure the coalition's efforts are culturally competent, coalitions must proactively recruit coalition members that represent the diversity and culture in your community. Ways to engage diverse members of your community include:

**Reach out to existing community-based organizations** whose membership and/or clients base may include members of diverse populations. The effort to connect with these organizations may be conducted in either a **formal or informal** manner. The coalition may make a formal offer to meet with the leaders of the organizations to introduce the coalition and identify potential collaborations. Alternatively, coalition members may informally attend relevant meetings and events. It is important for coalition members to continually identify and participate in networking opportunities in the community it serves.

**Create opportunities or mechanisms for disenfranchised or hard-to-reach populations to become involved.** Despite all the coalition's efforts to identify and engage members of diverse communities, there may still be populations that are not accessible, who choose not to become involved or are simply hard to reach. These groups can include youth who do not participate in extra-curricular activities, youth who are not attending school, families where the parent(s) work swing shifts and/or commute long distances, communities that may distrust mainstream organizing efforts, immigrants with questionable legal status, people engaged in illegal activities, etc.

**Providing opportunities for involvement**. When reaching out to diverse populations it is important for coalitions to provide appropriate opportunities for involvement. For example, some coalitions may conduct their meetings in a school or a police station – institutions with which some people may not have had positive experiences.

## Products Coalitions Use to Guide their Work

As coalition work through the SPF, they will create products or plans that will guide the coalition and community's efforts. In its National Coalition Academy, CADCA has identified five products that are essential to communicating the work of the coalition:

1. Community assessment
2. Logic model and intervention map
3. Strategic and action plans
4. Evaluation plan/evaluation communication plan
5. Sustainability plans

The products and descriptions are displayed on the following pages. The "Products Your Community Needs to Create" graphic depicts how the products line up with the elements on the SPF.

A. Community Assessment

E. Sustainability Plan

D. Evaluation Plan

B. Logic Model

C. Strategic Action Plan

Assessment

Capacity

Planning

Implementation

Evaluation

CAPACITY BUILDING

CULTURAL COMPETENCE

The "Strategic Prevention Framework: Product Descriptions" document provides a detailed list of each of the products and specific elements that must be included within each product. This "product summary" provides a convenient checklist for coalitions to use as they develop and enhance their products.

## Strategic Prevention Framework—Product Descriptions

| | Product | Component | Status | Description |
|---|---|---|---|---|
| **Week One** | Community Assessment | Definition of Community | | Defines the boundaries of communities being assessed, includes the rational for the definition |
| | | | | Includes relevant geographic and demographic information to describe community context |
| | | Community History | | Describes major events and forces that have affected the community |
| | | | | Describes major events and forces that have influenced targeted audiences |
| | | Needs Assessment | | Provides qualitative and quantitative data for problems, root causes and local conditions |
| | | | | Provides data describing root causes and local conditions that contribute to identified problems |
| | | Resource Assessment | | Describes resources currently being used to address identified community problems |
| | | | | Describes resources that could be directed toward addressing identified community problems |
| | | Problem Statement(s) | | Provides one problem statement for each identified community issue |
| | | | | Provides a rationale for naming and framing choices made for each problem statement |

## Strategic Prevention Framework—Product Descriptions *continued*

| | Product | Component | Status | Description |
|---|---|---|---|---|
| **Week One** *continued* | Logic Model | Problem Statement | | Problems identified by the community are the ultimate goal or outcome portrayed in the logic model |
| | | Root Causes | | The reason targeted problems exist are clearly identified (often risk/protective factors) |
| | | Local Conditions | | The local conditions that maintain risk or build protection are clearly identified |
| | | Measures | | Specific indicators are provided for every element of the logic model |
| | | | | Indicators identified are measured at the same "community level" as defined in the needs assessment |
| | | Line Logic | | There is a logical and defensible relationship between each element |
| | | Strategies | | A comprehensive set of strategies is defined for each local condition |
| **Week Two** | Strategic & Action Plan | Vision | | Describes the ideal conditions sought by the group in language that motivates and invites involvement |
| | | Mission | | Provides a specific description of th coalition's role in achieving the stated vision |
| | | Objectives | | Provides goal and objective statements that are specific, measurable, achievable, relevant, and timed |
| | | Strategies | | Names the specific strategies that will be used to achieve stated objectives |
| | | | | Uses a broad array of strategies (information, skills, support, access/barriers, consequences, etc. |
| | | Action Plan | | Identifies who will do what, by when, to realize targeted community changes |
| | Evaluation Plan | Outcomes | | Identifies the short- intermediate, and long-term outcomes based on the coalition logic model |
| | | Indicator | | Describes the specific data that will be used to measure the outcome |
| | | Data Source | | Lists the source of the indicator |
| | | Collection Frequency | | Defines how often the data will be collected for evaluation purposes |
| | Evaluation Communication Plan | Audience | | Identifies the specific people and organizations with whom the coalition must communicate regularly |
| | | Question | | Provides list of questions posed by each person or organization |
| | | Data | | Lists and describes the specific data elements to be collected |
| | | Method | | Methods reflect appropriate safeguards for data quality and privacy |
| | | Report | | Identifies the specific reports to be generated noting their timing, format, language, and delivery method |
| **Week Three** | Sustainability Plan | Case Statement | | Names specifically what must be sustained and provides a rationale for why it is essential |
| | | Resources | | Details the resources required (including ash, technology, time, expertise, etc. |
| | | Strategy | | Identifies the best strategies for securing each resource (in-kind, shared, fee-for-service, etc.) |
| | | Source | | Identifies the source(s) that best suit the goal, resource amount, and strategy |
| | | Action Plan | | Lists who, will do what, by when to secure a commitment for resources from targeted sources |

The following graphic demonstrates how the development of each product builds off other products. As the diagram shows, the community assessment provides key data and descriptions of the community that are used to develop the logic model and, ultimately, each of the other required products.

# National Coalition Academy Products



Community Assessment → Logic Model → Strategic and Action Plan → Evaluation Plan → Evaluation Communication Plan → Sustainability Plan

For current examples of coalition efforts utilizing these products to reduce substance misuse, please contact the Coalition Development Support Team at **training@cadca.org**.

# CHAPTER 4.
# Resources for Coalitions

CADCA and its National Coalition Institute offer numerous resources for communities. Most institute resources are available to any coalition and are offered free or on a cost-reimbursement basis. Many of the Institute's resources are available electronically and CADCA membership is not necessary for access. CADCA charges a nominal fee for multiple copies of some publications and products.

If you are a DFC grantee, we encourage you to utilize institute resources. Free technical assistance is available for coalitions on a variety of topics. However, questions related to your grant are more appropriate for your CSAP project officer or other federal officials. Institute policy prohibits staff from writing, reviewing, or evaluating grant applications or re-applications to the DFC or any federal program.

The Institute incorporates two departments to meet its goals: Training, Coalition Development & Outreach, and Evaluation & Research. Information on CADCA and Institute resources are identified under those headings on the following pages.

## Training and Coalition Development Support

*No-cost Training and Coalition Development Support Options*

**Coalition Development Support.** CADCA's Institute offers free telephone or web-based support (often called coalition development technical assistance- CDTA) to any coalition in the U.S. on a wide variety of topics to help build coalition effectiveness. To receive support, please contact our Coalition Development Support Team at (800) 54-CADCA, ext. 240, email training@cadca.org, or fill out the coalition development support request form on the CADCA website at www.cadca.org

**Personal coaching.** Coalitions meet with an experienced coalition leader for a "one-on-one session" on topic(s) requested by the coalition. Personal coaching takes place at the CADCA Mid-Year Institute, other training conferences, and through coalition development support requests.

*Low-cost Training and Events*

**The National Coalition Academy (NCA),** the institute's flagship training, offers a unique format that combines three weeks of classroom instruction with web-based teleconferencing, mentoring, and an online workstation for participant support.

Course materials are provided free through support from the institute. Coalitions are responsible only for travel costs to and from the academy sites, lodging, and meals.

The NCA training equips coalition leaders with vital skills and techniques necessary to make real change happen in their community. Participants receive instruction on core competencies essential for a highly effective coalition ranging from developing strategic and action plans and building partnerships to enhancing cultural competence and resource development.

For more information or to register, contact the institute's training department at 1-800-54-CADCA, ext. 240, or go to the training page of the website.

**CADCA's Youth Leadership Initiative (YLI)** helps coalitions build their capacity to foster youth leadership. Youth involved with coalitions learn to build, apply, and evaluate strategies to address community problems. Through a combination of education, collaboration, training, and practical application, young people and adults learn to carry out strategic action plans to help their coalitions become more effective in producing community change. The YLI's motto is "youth led, adult guided." In keeping with the motto, the YLI cultivates an environment of a forward-moving, progressive way of thinking that places young people in a position to lead with adult guidance.

For more information, contact our development and youth programs department at youth@cadca.org or at 1-800-54-CADCA, ext. 270.

**CADCA's National Leadership Forum** is the nation's premier training conference for community coalition members. Prevention professionals, senior federal officials, members of Congress, and three former presidents have addressed participants at past Forums. The Forum is an annual event, held within the first months of the new year in the Washington, D.C., area.

The Forum provides networking opportunities, a chance to meet key congressional leaders ,training, and workshops on coalition core competencies, substance use trends, and the latest techniques and research in substance misuse. Other conference highlights include regional receptions, roundtable discussions, a special program for youth participants, Capitol Hill day, and CADCA's annual award luncheon. Visit the website for details.

**CADCA's Mid-Year Training Institute** provides focused and hands-on training on core coalition competencies to participants in a small group format. The Mid-Year is held in a different city each year to provide coalition members and leaders from all regions of the country the opportunity to participate. Visit the website for more information.

### Fee-for-service Trainings

In addition to the many free and low-cost training options, arrangements can be made for CADCA trainers to come to your location to train your coalition on a variety of topics including strategic planning, evaluation, cultural competence, and sustainability on a fee-for-service basis.

CADCA also contracts with states and other governmental, non-governmental, and tribal agencies to provide customized training and technical assistance to meet their specific needs.

### Evaluation and Research Resources

**CADCA's Annual Survey of Coalitions** (formerly the National Coalition Registry) is administered by CADCA to collect information on substance abuse prevention coalitions across the country. CADCA's Annual Survey brings national attention to community-level substance abuse prevention efforts.

The survey data has informed training and technical assistance needs, policy advocacy, creation of national partnerships, and the broader community-based prevention research. In addition, the Annual Survey of Coalitions Fact Sheet allows coalition members to see the successes of their work, how some of their efforts align with coalitions across the country, and where they may need additional assistance.



All coalitions across the county can participate— you don't have to be a CADCA member. Your contribution is equally important whether your coalition is emerging or established.

The annual survey period opens each January and asks coalitions to respond based on their work from the prior year. Coalitions are encouraged to update their information yearly. One person, preferably one who is very familiar with the day-to-day activities of the coalition should fill out the survey. The survey typically takes less than one hour to complete. You are able to start the survey and return to it at any time. All your information is automatically saved. Don't forget your Annual Survey response this year!

**The "Got Outcomes! Coalition of Excellence Awards"** are a National Coalition Institute-sponsored competition recognizing coalitions that have successfully impacted substance misuse rates in a measurable way through the implementation of a sound strategic plan/logic model. The Got Outcomes! Awards consist of a two-phase process.

CADCA's "Got Outcomes! Coalition of Excellence Awards" coalitions are seen as effective change agents in their community. These coalitions have contributed to community-wide declines in substance misuse problems and can demonstrate that work with their evaluation. These model coalitions have undergone a comprehensive community assessment, used the data to develop a community-wide plan, implemented a truly comprehensive response to their local substance misuse problems, and as a result, can document the community changes they have helped bring about and their contributions to population-level substance misuse outcomes.

Coalitions qualify for one of four categories: short-term outcomes (6-24 months), intermediate outcomes (2-3 years), long-term outcomes (4-10 years), and Coalition of the Year—a coalition that has successfully addressed two substance abuse problems in their community.

### *Print and Web-based Resources*

### No-cost Print Resources
**Primer Series.** This series consists of seven publications, each covering one element of the SPF. Each of the primers provides a basic understanding of the element and provides examples of how to implement the themes into your coalition work.

While the primers were designed to be a series, they also serve as stand-alone publications. The titles include:

- *Assessment Primer:* Describing Your Community, Collecting Data, Analyzing the Issues and Establishing a Road Map for Change

- *Capacity Primer:* Building Membership, Structure, and Leadership

- *Planning Primer:* Developing the Coalition's Vision, Mission, Objectives, Strategies and Action Plans (VMOSA)

- *Implementation Primer:* Putting Your Plan Into Action

- *Evaluation Primer:* Setting the Context for a Community Coalition Evaluation

- *Cultural Competence Primer:* Incorporating Cultural Competence Into Your Comprehensive Plan

- *Sustainability Primer:* Fostering Long-Term Change to Create Drug-Free Communities

You may order limited copies of each primer for free. For larger quantities, a small shipping and handling charge is applied. The primers are also available in PDF format on the CADCA website and unlimited copies may be made. To order primers, please email institute@CADCA.org.

Most of the publications in the primer series are also available in Spanish, in print versions and on the Spanish-language section of the CADCA website.

**The *Beyond the Basics: Topic - Specific Publications for Coalitions Serie*s.** The Institute developed this series to provide more in-depth information about several important topics. The series works in conjunction with the *Primer Series* to move coalitions closer to their goals. As with the primers, these publications work as a set; but each also can stand alone. They were developed for practitioners and are somewhat more advanced and designed for those who have mastered the basic coalition building blocks outlined in the *Primer Series*.

Examples of publications in this series include:

***The Coalition Impact: Creating Environmental Strategies*** provides an overview of the environmental strategies approach to community problem solving. It includes real examples of efforts where environmental strategies aimed at preventing and reducing community problems related to alcohol and other substances have been successful.

***Telling the Coalition Story: Comprehensive Communication Strategies*** focuses on working with media and advocates a comprehensive approach to planning and implementing coalition marketing and communications.

***People Power: Mobilizing Communities for Policy Change*** provides guidance on coalition development and mobilizing communities for policy change.

You may order limited copies of each *Beyond the Basics* publication free. For multiple quantities, a small shipping and handling charge will be applied. The publications are also available in PDF format on the CADCA website.

### *Web-based and Distance Learning Resources*

The **CADCA website (www.cadca.org)** is the major portal through which you can access many CADCA resources. Conveniently designed with the user in mind, the website provides copies of our major publications, a schedule of events, and links to other resources. You can also learn about membership, funding, and public policy programs operated by CADCA through the website. The site also incorporates sections with Spanish and Portuguese language resources.

***Coalitions Online,*** CADCA's electronic newsletter, is distributed on a weekly basis to more than 33,000 subscribers. Content includes feature articles highlighting the work of America's coalitions. If you want up-to-date information about what is happening at CADCA and in the coalition field, subscribe to this newsletter by visiting our website at *www.cadca.org*.

***Research into Action*** is a webinar series that bridges the gap between scholarly research and day-to-day coalition efforts. Throughout the year, we moderate live conversations with substance misuse prevention experts and participating

coalition members. This is your opportunity to learn about the latest research and its implications for coalition work and ask pertinent questions of experts in their fields.

**Coalitions.** CADCA's bi-annual print newsletter provides information about CADCA and practical tips for coalition leaders and others who support coalitions. *Coalitions* is available in PDF format on the website.

**The CADCA blog,** on the CADCA website features short articles on topics related to community coalitions such as environmental strategies and cultural competence.

**Distance learning/webinars.** Each year, the institute hosts distance learning sessions known as webinars. Examples of topics include coalition evaluation and environmental strategies.

**Web-based courses.** Visit the website to see the list of available online courses and learn how you can use the courses to reinforce face-to-face CADCA trainings and how other members of your coalition who cannot attend face-to-face CADCA trainings can benefit from online trainings.

*Low-cost Print Resources*

**Strategizers.** CADCA has published more than 54 strategizers. These brief publications provide practical guidance to coalition leaders about a wide variety of topics related to coalition operations and effectiveness and are available at *www.CADCA.org*. Please note that three of the strategizers have been translated into Spanish and are available in print and electronic versions.

**Practical Theorist.** CADCA publishes the *Practical Theorist* in collaboration with leading research institutions including the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. This series is devoted to illustrating how research results can be applied to the daily practice of community coalitions. Available at *www.cadca.org*.

## General Prevention and Coalition Resources

The American Indian and Alaskan Native National Resource Center for Substance Abuse Services, *www.oneskycenter.org*

CADCA (Community Anti-Drug Coalitions of America), *www.cadca.org*, 1-800-54-CADCA

Centers for Disease Control and Prevention, CDC Alcohol Program, *http://www.cdc.gov/alcohol*

Center on Addiction at Columbia University (CASA), *www.casacolumbia.org*

Drug Enforcement Administration, *http://www.justice.gov/dea/*

Drug Free Communities Support Program,
*https://www.whitehouse.gov/ondcp/grants-programs/*

Partnership for Drug Free Kids *http://www.drugfree.org*

National Association for Children of Alcoholics, *www.nacoa.org*

National Institute on Alcohol Abuse and Alcoholism, *www.niaaa.nih.gov*

SAMHSA, Substance Abuse Publications, ***https://store.samhsa.gov/***

National Institute on Drug Abuse, *www.drugabuse.gov*

SAMHSA Prevention, *https://www.samhsa.gov/prevention*

University of Kansas Community Tool Box, *http://ctb.ku.edu/*

White House Office of National Drug Control Policy,
*https://www.whitehouse.gov/ONDCP*

## Funding Links

**Centers for Disease Control and Prevention (CDC)- funding opportunity announcements (FOAs),** *www.grants.gov*

**The Foundation Center online.** Foundation directory, library, and searchable issues of Philanthropy news digest, *www.fdncenter.org*

**SAMHSA funding opportunities.** Information on current grant funding opportunities, awardees, assistance with applications, special notices, and archives, *www.SAMHSA.gov/grants/*

**U.S. Department of Education—grants.** Funding opportunities forecast, searchable guide to ed programs, discretionary grants process overview, *www. ed.gov/about/offices/list/ocfo/grants/grants.html*

## Glossary

**Activities.** Efforts to be conducted to achieve the identified objectives.

**Adaptation.** Modifications made to a chosen intervention; changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when underlying program theory is understood, core program components have been identified, and both the community and needs of a population of interest have been carefully defined.

**Agent.** In the public health model, the agent is the catalyst, substance, or organism causing the health problem. In the case of substance misuse, the agents are the sources, supplies, and availability.

**Baseline.** The level of behavior or the score on a test that is recorded before an intervention is provided or services are delivered.

**Capacity.** The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions.

**Capacity building.** Increasing the ability and skills of individuals, groups, and organizations to plan, undertake, and manage initiatives. The approach also enhances the capacity of the individuals, groups, and organizations to deal with future issues or problems.

**Coalition.** A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.

**Community.** People with a common interest or experience living in a defined area. For example, a neighborhood, town, part of a county, county, school district, congressional district or regional area.

**Community readiness.** The degree of support for or resistance to identifying sub- stance use and misuse as significant social problems in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

**Culture.** The shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, language, nationality, or religion.

**Environment.** In the public health model, the environment is the context in which the host and the agent exist. Environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance misuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

**Evaluation.** A process that helps prevention practitioners discover the strengths and weaknesses of their activities so that they can do better over time. Time spent on evaluations is well spent because it allows groups to use money and other resources more efficiently in the future. Some evaluations can be done at little or no cost and some can be completed by persons who are not professional evaluators.

**Goal.** A broad statement of what the coalition project is intended to accomplish (e.g., delay in the onset of substance misuse among youth).

**Host.** In the public health model, the host is the individual affected by the health problem. In the case of substance misuse, the host is the potential or active user of drugs.

**Logic model.** A comprehensive and sequential method of moving from defining needs to developing goals, objectives, activities, and outcome measures. The logic model shows the link between each component. The goal is often built around the ultimate impact that is sought by the program. The objectives are often built around the risk and protective factors. The activities then may indicate several interventions.

**Objectives.** What is to be accomplished during a specific period of time to move toward achievement of a goal, expressed in specific measurable terms.

**Protective Factors.** Those factors that increase an individual's ability to resist the use and misuse of drugs, e.g., strong family bonds, external support system and problem-solving skills.

**Risk Factors.** Those factors that increase an individual's vulnerability to drug use and misuse, e.g., academic failure, negative social influences and favorable parental or peer attitudes toward or involvement with drugs or alcohol.

**Substance Misuse.** The use or misuse of illegal drugs; the misuse of inhalants; or the use of alcohol, tobacco or other related product as prohibited by state or local law.

**Sustainability.** The likelihood of a program to continue over a period of time, especially after grant monies disappear.

**Technical Assistance (TA).** Services provided by professional prevention staff in- tended to provide technical guidance to prevention programs, community organizations and individuals to conduct, strengthen or enhance activities that will promote prevention.

**Theory of Change.** As used in the Achieving Outcomes Guide, a set of assumptions (also called hypotheses) about how and why desired change is most likely to occur as a result of a program. Typically, the theory of change is based on past research or existing theories of human behavior and development.