

North Dakota

**Partnership for Success (PFS)**

Capacity-Building Plan

Community Grantee:

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# Introduction

The Partnership for Success (PFS) grant (through the Substance Abuse and Mental Health Services Administration, [SAMHSA] requires states to use the successful prevention systems and structures put in place through their completed Strategic Prevention Framework State Incentive Grant (SPF SIG).

SAMHSA’s PFS grant goals:

* Prevent the onset and reduce the progression of substance abuse
* Reduce substance abuse-related problems
* Strengthen prevention capacity/infrastructure at the state and community levels
* Leverage, redirect and align funding streams and resources for prevention

The North Dakota PFS plans to address the following substance abuse prevention priority: underage drinking among persons aged 12 to 20.

The North Dakota Department of Human Services’ Behavioral Health Division was awarded the PFS in 2015.

## Strategic Prevention Framework

SAMHSA’s [Strategic Prevention Framework (SPF)](http://www.samhsa.gov/capt/applying-strategic-prevention-framework) is a planning process for preventing substance use and misuse. The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.

Five Steps of the Strategic Prevention (SPF) Framework



Source: Center for Substance Abuse Prevention, 2005

The SPF planning process has five distinctive features. The SPF is:

* **Data driven:** Good decisions require data. The SPF is designed to help practitioners gather and use data to guide all prevention decisions—from identifying which substance misuse issues problems to address in their communities, to choosing the most appropriate ways to address those problems. Data also helps practitioners determine whether communities are making progress in meeting their prevention needs.
* **Dynamic:** Assessment is more than just a starting point. Practitioners will return to this step again and again, as the prevention needs of their communities change and as community capacity to address these needs evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation once an intervention is underway. For these reasons, the SPF is a circular, rather than a linear, model.
* **Focused on population-level change:** Earlier prevention models often measured success by looking at individual program outcomes or changes among small groups. But effective prevention means implementing multiple strategies that address the constellation of risk and protective factors associated with substance misuse in a given community. In this way, we are more likely to create an environment that helps people support healthy decision-making.
* **Intended to guide prevention efforts for people of all ages:** Substance misuse prevention has traditionally focused on adolescent use. The SPF challenges prevention professionals to look at substance misuse among populations that are often overlooked but at significant risk, such as young adults ages 18 to 25 and adults age 65 and older.
* **Reliant on a team approach:** Each step of the SPF requires — and greatly benefits from — the participation of diverse community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant.

## Key Components of Capacity Building

Step two of the Strategic Prevention Framework (SPF) helps prevention professionals identify resources and build readiness to address substance use and misuse. Building capacity involves building and mobilizing local **resources** and **readiness** to address identified prevention needs.

A community needs both *human* and *structural* resources to establish and maintain a prevention system that can respond effectively to local problems. It also needs people who have the motivation and willingness—that is, the *readiness*—to commit local resources to address identified prevention needs. Why? Because prevention programs and interventions that are well-supported with adequate resources and readiness are more likely to succeed.

CAPACITY

#### Raise Stakeholder Awareness

There are two benefits to raising awareness of a community’s substance use problem(s). First, it can help you increase local readiness for prevention; there needs to be awareness of the problem in order to most effectively address the problem. Second, raising awareness can help you garner the valuable resources needed to move your prevention efforts forward.

The following are some strategies for raising community awareness:

* Meet one‐on‐one with public opinion leaders.
* Ask stakeholders to share information in their own sectors.
* Submit articles to local newspapers, church bulletins, club newsletters, etc.
* Share information on relevant websites and social media outlets.
* Host community events to share information about and discuss the problem.
* Convene focus groups to get input on prevention plans.

It’s always helpful to think “outside the box” when looking for new ways to raise community awareness. For example, the local high school may have a media club that may be willing to create a video about your prevention efforts. Which individuals and groups in your community could help you reach out, spread the word, and get others involved?

#### Engage Diverse Stakeholders

Engaging a broad range of stakeholders is key to unlocking a community’s capacity for prevention. Effective prevention depends on the involvement of diverse partners—from residents to service providers to community leaders. These people can help you share prevention information and resources, raise awareness of critical substance use problems, build support for prevention efforts, and ensure that prevention activities are appropriate for the populations they serve.

Build relationships with those who support your prevention efforts as well as with those who do not. Recognize that potential community partners will have varying levels of interest and/or availability to get involved. One person may be willing to help out with a specific task, while another may be willing to assume a leadership role. Keep in mind that as people come to understand the importance of your prevention efforts, they are likely to become more engaged.

Consider involving the following community sectors in your prevention initiative:

* Businesses
* Child Care Providers
* Civic/Volunteer Groups
* Courts & Probation
* Cultural Groups and Organizations
* Elementary/Secondary Education
* Government
* Healthcare Professionals
* Higher Education
* Human and Social Service Providers
* Law Enforcement
* Media
* Parents
* Religious/Fraternal Organizations
* Senior Citizens
* Youth
* Youth Serving Organizations

####

#### Strengthen Collaborative Efforts

Substance use and misuse are complex problems that require the energy, expertise, and experience of multiple players, working together across disciplines, to address. Collaboration can help you tap the resources available in your community, extend the reach of your own resources by making them available to new audiences, and ensure that your prevention efforts are [culturally competent](https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence). By working in partnership with community members and involving them in all aspects of prevention planning, implementation, and evaluation, you demonstrate respect for the people you serve and increase your own capacity to provide prevention services that meet genuine needs, build on strengths, and produce positive outcomes.

Partnering with others requires deliberate and strategic planning. You will want to be clear on the purpose of the collaboration, determine how you plan to achieve that purpose, and establish clear roles and responsibilities for all involved. Over time, you will also want to check in regularly with partners to ensure that the relationship continues to meet their needs. Even those collaborative relationships that begin easily and organically need to be nourished in order to stay healthy.

CAPT’s [Prevention Collaboration in Action toolkit](https://captcollaboration.edc.org/) contains a wide selection of stories and tools to help build prevention professionals’ capacity to initiate, strengthen, and maintain effective collaborations to prevent substance misuse and improve health outcomes.

#### Prepare the Prevention Workforce

The success of any prevention effort depends on the knowledge and skills of the people at the forefront. [Workforce development](http://www.samhsa.gov/workforce) is more than just preparing people to complete specific tasks. Ensuring that prevention professionals and stakeholders have the right credentials, training, experience, cultural competence, and expertise to address the substance use problem(s) in a community is an important component of building capacity.

CAPT’s [Prevention Training*Now!*](https://www.samhsa.gov/capt/tools-learning-resources/prevention-training-now) online training portal offers a variety of free online self-paced courses for practitioners interested in planning, implementing, and evaluating effective efforts to prevent substance use and misuse.

##

## Completing This Workbook

This Capacity Building Workbook is broken up into the following four sections:

1. **Self-Assessment**
2. **Coalition Capacity Building**
3. **Community Capacity Building**
4. **Executive Summary**

The flowchart on the next page walks through the steps you and your community will be taking in these four sections.

**A final copy of the Capacity Building Workbook should be submitted electronically no later than April 15, 2017 to** **lauranderson@nd.gov****.**



Self-Assessment

# Self-Assessment

In order to begin completing this workbook, it is important to check in on the understanding and knowledge you have gained since beginning the SPF process with your Community Assessment Workbook. The self-assessment will assist in determining areas where you could increase your own capacity. Please reach out to the state Training and Technical Assistance staff to connect you with resources and tools. Also, resources are available at [www.prevention.nd.gov](http://www.prevention.nd.gov).

* 1. **In the table below, please rate the level of your knowledge (that of the primary PFS coordinator) in each of the areas listed. Reference Table 1.1 in your Community Assessment Workbook; place an “X” in the boxes below to indicate your current response (identifying any changes since you completed this in the Community Assessment Workbook).** This tool will help you identify your level of capacity and readiness, and identify where your capacity needs to be increased.

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| --- | --- | --- | --- |
| ***1 = Not very knowledgeable*** | ***2 = A little knowledgeable*** | ***3 = Somewhat knowledgeable*** | ***4 = Very knowledgeable*** |

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| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| **The Strategic Prevention Framework** |  |  |  |  |
| **Substance abuse prevention** |  |  |  |  |
| **Ensuring cultural competence in implementation** |  |  |  |  |
| **Evidence-based prevention strategies** |  |  |  |  |
| **Adaptation of strategies** |  |  |  |  |
| **Action planning for implementation** |  |  |  |  |
| **Ensuring sustainability in implementation** |  |  |  |  |
| **Logic models** |  |  |  |  |
| **Identification of indicators for evaluation** |  |  |  |  |
| **Identification of data sources for evaluation** |  |  |  |  |
| **Data collection for evaluation** |  |  |  |  |
| **Data analysis** |  |  |  |  |
| **Reporting evaluation data** |  |  |  |  |

* 1. **Discuss any changes between the table above and Table 1.1 in your Community Assessment Workbook. Identify the steps you have taken and will continue to take to enhance your knowledge in the areas above.**

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## Resources

#### Leadership Development

A community leader can be defined as someone who is self-aware, passionate about a particular cause and/or their community, and who is able to engage with others to achieve tangible outcomes for their community.

As a PFS coordinator, you are considered a community leader. One of your most important responsibilities as a leader is to understand the needs of those around you (what’s in it for them) – both the people you work with and the community you serve. Understanding the needs will help you build morale and reach shared goals, while understanding the community's needs is a crucial first step in addressing them.

TA Resources

* Become a community leader: <http://ctb.ku.edu/en/table-of-contents/leadership/leadership-functions/become-community-leader/main>.
* Developing leaders: <http://ctb.ku.edu/en/table-of-contents/leadership/leadership-ideas/plan-for-building-leadership/main>

#### Collaboration

In the prevention field, collaboration allows for partners with different perspectives to work together towards solving a common problem. This approach leverages the expertise of multiple groups and increases the likelihood that their collective efforts will bring about change.

You can enhance the effectiveness of your collaboration efforts by:

* Involving communities that are already mobilized or ready to engage in community change.
* Combining collaboration with communications and education strategies. This can increase public awareness of a particular issue or program, attract community support, reinforce prevention messages, and keep the public informed of program progress.
* Looking at what the people around you are already doing to prevent substance use disorders and build on their efforts. You can learn from both their successes and their mistakes.

 Building Coalition Capacity

What are Community Coalitions?
Community coalitions can include parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and drug-free.

How do coalitions make a difference in communities?
Coalition building is a strategy that promotes coordination and collaboration and makes efficient use of limited community resources. By connecting multiple sectors of the community in a comprehensive approach, community coalitions can achieve real outcomes.

As part of the ND PFS, you are required to establish, enhance, or maintain a coalition to serve as a local advisory or workgroup. Studies have shown coalitions that effectively engage residents and partners develop more resources and achieve better results. Your established coalition/workgroup will need to have the capacity to assist with the work.

# Coalition Resources

In this section, you will look at two types of coalition resources:

1. Structure
2. Members

## Structure

Coalition structure can best be described as a framework around which the group is organized and functions. It is the operating manual that tells members how the organization is put together and how it works. Structure can explain how new members are established, how roles are decided, how decisions are made, and what activities people are going to do.

###### Why is structure important?

Structure provides members clear guidelines for what to expect and how to proceed. A clearly-established structure gives the group a means to maintain order and focus efforts. Structure brings members together. It gives meaning and identity to the people who join the group, as well as to the group itself. Coalitions and workgroups with good structure are often times more successful than those that offer no structure or organization. You may want to ask members for ideas about structure. Perhaps your group would benefit from some workgroups so that the large group isn’t trying to do it all.

###### Organizational chart

We hope you find use for this chart beyond simply creating it for this workbook. Do you want to share it with new or prospective members? Will you review it periodically to determine if a change in structure may help with issues you are facing?

### Insert your coalition/workgroup’s organizational chart. Include any sub-committees, steering committees, fiscal agents, or other related organizations which may be a part of the larger group. This could be a hand drawn image or something you create using electronic tools. Here is a resource for additional information on organizational structure: <http://ctb.ku.edu/en/table-of-contents/structure/organizational-structure/overview/main>

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In your Community Assessment Workbook, you assessed Coalition Resources (Table 5.2). Review this information as you work through the rest of Section 2.

### In your Community Assessment Workbook, you were asked to assess your coalition’s structure and other related characteristics. Refer back to this information (Table 5.2.2) and place an “X” in the column of the table below if the resource was identified as “Absent” or “Present but Limited.”

### Next, of those characteristics with an “X” in the first column – identify 6-10 to prioritize in capacity building. Put a “Y” in the appropriate rows.

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| **Coalition Structure** |
|  | **Identified as “Absent” or “Present but Limited” in Table 5.2.2 of Assessment Workbook** | **Prioritize in Capacity Building****(Y = Yes)** |
| **Has written job descriptions** |  |  |
| **Has a core planning group** |  |  |
| **Has committees** |  |  |
| **Has by-laws/rule of operation** |  |  |
| **Has Mission statement in writing** |  |  |
| **Has goals and objectives in writing** |  |  |
| **Provides for regular, structured meetings** |  |  |
| **Establishes effective communication mechanisms** |  |  |
| **Has clear roles and responsibilities for members in written form** |  |  |
| **Has organization chart** |  |  |

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| **Coalition Process** |
|  | **Identified as “Absent” or “Present but Limited” in Table 5.2.2 of Assessment Workbook** | **Prioritize in Capacity Building****(Y = Yes)** |
| **Has processes for decision making** |  |  |
| **Has processes for problem-solving and conflict resolution** |  |  |
| **Has process for resource allocation** |  |  |
| **Has mechanisms for evaluation** |  |  |
| **Has a mechanism for accountability of members completing assignments in a timely manner** |  |  |
| **Has a mechanism to regularly assess diversity within its membership to assure that all cultural groups are adequately represented** |  |  |
| **Has a mechanism to deal with changing conditions** |  |  |
| **Meets often enough to effectively conduct business.** |  |  |
| **Has a mechanism for new member orientation** |  |  |
| **Has a mechanism for training members** |  |  |

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| **Coalition Resources** |
|  | **Identified as “Absent” or “Present but Limited” in Table 5.2.2 of Assessment Workbook** | **Prioritize in Capacity Building****(Y = Yes)** |
| **Funding (cash, in-kind)** |  |  |
| **Meeting Space** |  |  |
| **AV Equipment** |  |  |
| **Access to Volunteers** |  |  |
| **Tables/Chairs** |  |  |
| **Computer Equipment** |  |  |
| **Transportation** |  |  |

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| **Coalition Skills** |
|  | **Identified as “Absent” or “Present but Limited” in Table 5.2.2 of Assessment Workbook** | **Prioritize in Capacity Building****(Y = Yes)** |
| **Accounting** |  |  |
| **Communications** |  |  |
| **Computer/Technology** |  |  |
| **Data Collection/Analysis** |  |  |
| **Evaluation** |  |  |
| **Event Planning** |  |  |
| **Filing/Office work** |  |  |
| **Grant Writing** |  |  |
| **Graphic Design** |  |  |
| **Legal** |  |  |
| **Marketing/Advertising** |  |  |
| **Photography** |  |  |
| **Public Policy/laws** |  |  |
| **Public Speaking** |  |  |
| **Strategic Planning** |  |  |
| **Training/Education** |  |  |
| **Web Design** |  |  |

### Create a plan for how to address the areas you prioritized in the tables above. Add additional rows/columns as needed.

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| **What do you want to do?** | **Key Action Steps** | **Who will do it?** | **When will it be done?** |
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#### TA RESOURCES

**South Dakota’s Capacity Building Workbook:** <https://drive.google.com/open?id=0BxfZfrNrKf2AeTE0djdmdGVEXzA>

* Developing a vision/mission statement: pages 30 - 33
* Coalition membership agreement: page 15
* Coalition member roles and responsibilities : pages 17 - 25
* Organizational MOU: page 16
* Sample coalition by-laws: pages 9 - 12

**Creating by-laws:** <http://ctb.ku.edu/en/table-of-contents/structure/organizational-structure/write-bylaws/main>

**Organizational chart:** <http://ctb.ku.edu/en/table-of-contents/structure/organizational-structure/overview/main>

**Meeting facilitation**: <http://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/facilitation-skills/main>

**How to facilitate effective meetings**: <http://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/main>

## Members

People are a valuable and needed resource in implementing community-wide change – specifically leaders. Leaders are crucial to the success and sustainability of the efforts and coalition. It is important to think about who are the leaders of the coalition. Formal leaders can be part of a Steering Committee – informal leaders might be key stakeholders (champions) in the community.

### In your Community Assessment Workbook, you were asked to assess your coalition’s structure and other related characteristics. Refer back to this information (Table 5.2.2) and place an “X” in the column of the table below if the resource was identified as “Absent” or “Present but Limited.”

### Next, of those characteristics with an “X” in the first column – identify 6-10 to prioritize in capacity building. Put a “Y” in the appropriate rows.

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| **Coalition Participants - Leaders** |
|  | **Identified as “Absent” or “Present but Limited” in Table 5.2.2 of Assessment Workbook** | **Prioritize in Capacity Building****(Y = Yes)** |
| **Are committed to the coalition’s mission** |  |  |
| **Provide leadership and guidance in the maintenance of the coalition** |  |  |
| **Have appropriate time** |  |  |
| **Plan effectively and efficiently** |  |  |
| **Have knowledge in the content area** |  |  |
| **Demonstrate flexibility** |  |  |
| **Promote equal status and collaboration among member organizations** |  |  |
| **Are adept in organizational and communication skills** |  |  |
| **Work within influential political and community networks** |  |  |
| **Are competent in negotiation, problem solving and conflict resolution** |  |  |
| **Are attentive to individual member concerns** |  |  |
| **Are effective in managing meetings** |  |  |
| **Are adept in garnering resources** |  |  |
| **Value members’ input** |  |  |
| **Recognize members for their contributions** |  |  |

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| **Coalition Participants - Members** |
|  | **Identified as “Absent” or “Present but Limited” in Table 5.2.2 of Assessment Workbook** | **Prioritize in Capacity Building****(Y = Yes)** |
| **Share coalition’s mission** |  |  |
| **Have a variety of resources and skills to offer** |  |  |
| **Clearly understand their roles** |  |  |
| **Actively plan, implement, and evaluate activities** |  |  |
| **Assume lead responsibility for tasks** |  |  |
| **Share the workload** |  |  |
| **Are regularly involved in meeting and/or activities** |  |  |
| **Communicate well with each other** |  |  |
| **Feel a sense of accomplishment** |  |  |
| **Seek out training opportunities** |  |  |

### Using the information from above and the information gathered in your Community Assessment Workbook, complete the table below identifying individuals in the community you would like to recruit to be a member of your Coalition. Review Tables 5.1.1, 5.1.2 and 5.2.1 in your Community Assessment Workbook and identify areas where you can increase coalition membership to ensure diverse representation.

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| --- | --- | --- | --- | --- |
| **Prospective Coalition Member/ Organization *(Name/ Title)*** | **Sector\*\*** | **Who will contact?** | **By when?** | **What does this person bring to the Coalition?***(Expertise in Needs Assessment, Strategic Planning, Program Implementation, Evaluation, Cultural Competency, Sustainability, etc.)* |
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**\*\*Community Sectors** *(\**[*Drug Free Community Grant*](http://www.samhsa.gov/grants/grant-announcements/sp-14-002) *[a community grant opportunity offered through SAMHSA] required sectors)*

* Businesses\*
* Child Care Providers
* Civic/Volunteer Groups\*
* Courts & Probation
* Cultural Groups and Organizations
* Elementary/Secondary Education\*
* Government\*
* Healthcare Professionals\*
* Higher Education
* Human and Social Service Providers
* Law Enforcement\*
* Media\*
* Parents\*
* Religious/Fraternal Organizations\*
* Senior Citizens
* Youth\*
* Youth Serving Organizations\*
* Others\*

#### TA RESOURCES

**Developing a Plan for Increasing Participation in Community Action:** <http://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/increase-participation/main>

**Developing a Plan for Leadership:** <http://ctb.ku.edu/en/table-of-contents/leadership/leadership-ideas/plan-for-building-leadership/main>

# Coalition Readiness

In your Community Assessment Workbook, you assessed the readiness of the coalition working on the PFS project. In order to be most effective, the coalition members should have a good understanding of evidence-based substance abuse prevention.

1. 1. **In the table below, rate your coalition’s level of knowledge in each of the areas listed. Reference Table 6.2.1 in your Community Assessment Workbook; please place an “X” in the boxes below to indicate your current response (identifying any changes since you completed this in the Community Assessment Workbook).** This tool will help you identify your level of capacity and readiness, and identify where your capacity needs to be increased.

|  |  |  |  |
| --- | --- | --- | --- |
| ***1 = Not very knowledgeable*** | ***2 = A little knowledgeable*** | ***3 = Somewhat knowledgeable*** | ***4 = Very knowledgeable*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| **The Strategic Prevention Framework** |  |  |  |  |
| **Substance abuse prevention** |  |  |  |  |
| **Ensuring cultural competence in implementation** |  |  |  |  |
| **Evidence-based prevention strategies** |  |  |  |  |
| **Adaptation of strategies** |  |  |  |  |
| **Action planning for implementation** |  |  |  |  |
| **Ensuring sustainability in implementation** |  |  |  |  |
| **Logic models** |  |  |  |  |
| **Identification of indicators for evaluation** |  |  |  |  |
| **Identification of data sources for evaluation** |  |  |  |  |
| **Data collection for evaluation** |  |  |  |  |
| **Data analysis** |  |  |  |  |
| **Reporting evaluation data** |  |  |  |  |

### In a paragraph or more, describe the general readiness of your coalition to communicate and plan for effective prevention efforts. Does the coalition know and understand the extent of the underage drinking as a problem in your service area? Can they effectively communicate about this to the general public and key stakeholders? Also, discuss any changes between the table above and Table 6.2.1 in your Community Assessment Workbook.

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### Identify action steps to continue enhancing the coalition’s knowledge/readiness in the areas identified in the tables above.

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| **What do you want to do?** | **Key Action Steps** | **Who will do it?** | **When will it be done?** |
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#### TA RESOURCES

**Building relationships**: <http://ctb.ku.edu/en/table-of-contents/leadership/leadership-functions/build-sustain-relationships/main>

Building Community Capacity

# Community Resources

In tables 5.1.1 and 5.1.2 of the Community Assessment workbook, you identified community stakeholder groups and individual stakeholders. The next step is to identify what programs/efforts these community stakeholder groups and individuals are already implementing - considered community resources. Examples include:

* Businesses with good policy and practices (local bar with server training policy; local business with good worksite wellness program).
* School with good health education program.
* Community with a good policy on special events.
* Hospital/school counselor with good early intervention/SBIRT program.
* Police department with a community service program.
* Business with good communication/media efforts.
* Radio talk show.
* Faith-based group implementing youth programming.

The information you complete below will be important to reference as you complete your strategic plan and begin implementing evidence-based prevention strategies. Also, this information may be helpful in completing the “Inputs/Resources” section of your project logic model.

1. 1. Complete the table below identifying community resources. Refer to Tables 5.1.1 and 5.1.2 of your Community Assessment workbook.

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| **Stakeholder Group/Individual** | **Programs/Efforts Being Implemented** | **Identify any shared risk factors/common interests** |
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* 1. Laws/ordinances related to underage drinking can also be considered community resources. Describe the status of the following laws/ordinances in your community(s) and if applicable, identify any major differences between communities:
		1. Laws/Ordinances related to the Alcohol Licensing. What is the process? Are there restrictions on the amount of licenses? Are there restrictions on where they can be located? Are retailers following the laws set out in the licensing agreements (partitions, pouring, etc.)?

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* + 1. Laws/Ordinances related to the Minor on Premise. Are they in place? Are they enforced? Does the court system/licensing authority provide a penalty? What is the usual penalty? Can a minor be in the bar?

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* + 1. Laws/Ordinances related to the Special Events Permits. Are there restrictions in place? Are they enforced? How many events can take place in a year? What is the process to approve Special Events? Can minors be a part of special events where alcohol is served?

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* + 1. Laws/Ordinances related to the Retail Sales to Minors. Are they in place? Are they enforced? Does the court system/licensing authority provide a penalty? What is the usual penalty?

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* + 1. Laws/Ordinances related to the Minor in Possession. Are they in place? Are they enforced? Does the court system provide a penalty? What is the usual penalty?

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* + 1. Laws/Ordinances related to the Minor Attempting to Purchase. Are they in place? Are they enforced? Does the court system provide a penalty? What is the usual penalty?

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* + 1. Laws/Ordinances related to the False Identification. Are they in place? Are they enforced? Does the court system provide a penalty? What is the usual penalty?

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* + 1. Laws/Ordinances related to the Contributing to a Minor. Are they in place? Are they enforced? Does the court system provide a penalty? What is the usual penalty?

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* + 1. Laws/Ordinances related to the Dram Shop. Is this law known to the public and retailers? Have there been any civil cases related to this?

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* + 1. Laws/Ordinances related to the Loud Party/Unruly Gathering/Social Host. Are they in place? Are they enforced? Does the court system provide a penalty? What is the usual penalty?

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* + 1. Laws/Ordinances related to the Beer Keg Registration. Is this law known to the retailers? Are they enforced? Does the court system/licensing authority provide a penalty? What is the usual penalty?

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* + 1. Laws/Ordinances related to the Compliance Checks. Are they in place? Are they enforced? Does the court system/licensing authority provide a penalty? Who receives the penalty (seller or retailer or both)? What is the usual penalty?

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* + 1. Laws/Ordinances related to the Server Training. Are they in place? Are they enforced? Does the court system/licensing authority provide a penalty? What is the usual penalty?

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* + 1. Describe any other Laws/Ordinances related to the underage drinking, not previously discussed. Are they enforced? Does the court system/licensing authority provide a penalty? What is the penalty? Who would be penalized?

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# Community Readiness

Community readiness is the degree to which a community is ready to take action on underage drinking. That readiness can range from none at all to already having successful programs in place and showing outcomes.

An understanding of community readiness allows you to tailor strategies to what the community is willing to accept and get involved in. Just because a community is at a lower level of readiness to address the problem, doesn’t mean the problem can’t – or shouldn’t – still be addressed. Understanding your community’s stage of readiness provides a starting point. By taking small steps forward, you can make steady progress toward a larger goal.

1. 1. In your Community Assessment workbook, you were asked to assess your service area’s overall readiness and provide a summary (Table 6.1.14). Review your summary and complete the table below providing the steps needed in order to increase your community’s readiness. Specifically focus on what is needed for your community to understand the problem and buy into the planning process. See sample strategies below.

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| **What do you want to do?** | **Who will do it?** | **When will it be done?** | **What resources/information will you use/share?** |
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#### TA Resources

**Sample strategies to increase community readiness based on stage of readiness (based on the Tri-Ethnic Center Model):**

Stage 1 – Community Tolerance/No Knowledge: The community or leaders do not generally recognize substance abuse as a problem. “It’s just the way things are” is a common attitude. Community norms may encourage or tolerate the behavior in social contexts. Substance abuse may be attributed to age, sex, racial, or class groups.

* Hold small-group and one-on-one discussions with community leaders to identify the perceived benefits of substance use and how community norms reinforce use
* Have small-group and one-on-one discussions with community leaders on the health, psychological, and social costs of substance misuse and abuse, in order to change perceptions among those most likely to be part of the group that initiates program development

Stage 2: Denial: There is some recognition by at least some members of the community that the behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include, “It’s not my problem” or “We can’t do anything about it.”

* Offer educational outreach programs to community leaders and community groups interested in sponsoring local programs focusing on the health, psychological, and social costs of substance misuse and abuse
* Use local incidents that illustrate the harmful consequences of substance misuse and abuse in your one-on-one discussions and educational outreach programs

Stage 3 – Vague Awareness: There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited; no identifiable leadership exists or leadership is not encouraged.

* Offer educational outreach programs on national and state prevalence rates of substance misuse and abuse and prevalence rates in communities with similar characteristics
* Conduct local media campaigns that emphasize the consequences of substance misuse and abuse (see [Effective Messaging for Substance Abuse Prevention (link is external)](http://www.samhsa.gov/capt/tools-learning-resources/dos-donts-effective-messaging-substance-misuse-prevention) for guidance on designing a consistent and effective message for your local media campaign)
* Include local incidents that illustrate the harmful consequences of substance misuse and abuse in all outreach efforts

Stage 4 – Preplanning: There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea or how to progress.

* Offer educational outreach programs to community leaders and sponsorship groups that communicate the prevalence rates and correlates or causes of substance misuse and abuse
* Provide educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles
* Conduct local media campaigns emphasizing the consequences of substance misuse and abuse and ways to reduce demand for illicit substances through prevention programming

Stage 5 – Preparation: the community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are sought and allocated.

* Offer educational outreach programs to the general public on specific types of prevention programs, their goals, and how they can be implemented
* Provide educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements, and other startup aspects of programming
* Conduct a local media campaign describing the benefits of prevention programs for reducing consequences of substance misuse and abuse

Initiation Stage 6 – Initiation: Data collected justifies a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic, as few problems or limitations have occurred.

* Offer in-service educational training for program staff (paid and volunteer) on the consequences, correlates, and causes of substance misuse and abuse and the nature of the problem in the local community
* Conduct publicity efforts associated with the kickoff of the program
* Hold a special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities

Stage 7: Institutionalization/stabilization: Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable, and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.

* Lead in-service educational programs on the evaluation process, new trends in substance misuse and abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
* Conduct periodic review meetings and special recognition events for local supporters of the prevention program
* Publicize local efforts associated with review meetings and recognition events

Stage 8: Confirmation/expansion: Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data is regularly collected and used to drive planning.

* Lead in-service educational programs on the evaluation process, new trends in substance misuse and abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
* Conduct periodic review meetings and special recognition events for local supporters of the prevention program
* Present results of research and evaluation activities of the prevention program to the public through local media and public meetings (see [Strategies for Working with the Media (link is external)](http://www.samhsa.gov/capt/tools-learning-resources/strategies-working-media) for more information)

Stage 9: Professionalization: Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions.

* Provide continued in-service training of staff
* Continue to assess new drug-related problems and to reassess targeted groups within community
* Continue to evaluate program efforts
* Provide regular updates on program activities and results to community leaders and local sponsorship groups; share success stories with local media and at public meetings
* Don’t try to skip stages. For example, if you find that your community is in Stage 1, do not try to force it into Stage 5. Change must happen through preparation and process, not coercion.

**Learn how to communicate community issues to influence public opinion, mobilize support, and generate action.** <http://ctb.ku.edu/en/table-of-contents/assessment/getting-issues-on-the-public-agenda/commmunicate-information/main>

**Communication planning template:** <https://drive.google.com/open?id=0BxfZfrNrKf2AWTZwRnNhVlVoNkU>

Summary: Action Plan

# Comprehensive Action Plan

In this section, you will put information you completed in the previous tables together in one comprehensive capacity-building action plan.

A good action plan can:

* help turn a vision into reality.
* increase efficiency and accountability.
* describe the way your group/organization will meet its objectives through detailed action steps that describe how and when these steps will be taken.

Each action step or change to be sought should include the following information:

* What actions or changes will occur?
* Who will carry out these changes?
* When they will take place, and for how long?
* What resources (e.g. money, staff) are needed to carry out these changes?
* What communication is needed (who needs to know)?

An action plan is always a work in progress. It is not something you can write, lock in your file drawers, and forget about. It should be kept in a visible place. You will want to continually revise your action plan to fit the changing needs and barriers of your group and community. Follow up on the action plan regularly. You are asking members to be accountable and to get things done on a regular basis. If they have agreed, you should help them fulfill their commitment as best you can.

Read more here: <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/develop-action-plans/main>

1. 1. Refer back to tables 2.3, 2.5, 3.3, and 5.1 and complete the table below, developing one comprehensive action plan for building your coalition’s and community’s capacity in order to take action on underage drinking. Add additional rows as needed.

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| **What do you want to do?** | **Who will do it?** | **When will it be done?** | **Other notes** |
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