**Getting Started Worksheet**

|  |  |
| --- | --- |
| Component | Notes |
| **Determine the community to be addressed** - describe:* Boundaries
* Jurisdictions
* Key institutions
* Population demographics
 |  |
| **Identify existing Initiatives** – list existing coalitions and initiatives that:* Address health, mental health, safety, family and youth issues
* Address substance use, misuse and related issues?
* Have similar goals, vision, mission, objectives and/or strategies
 |  |
| **Form a Leadership / Core Team** – identify 3 – 5 potential members from:* Education
* Law Enforcement
* Government
* Healthcare / Treatment
* Parents, youth, others?
 |  |
| **Identify the work to be done** – determine the “scope” of the effort including:* The community to be addressed
* Community issues to be addressed (e.g., substance use and misuse)
* The “Continuum of Care” focus (e.g., prevention)
* Problem solving approach (e.g., SPF, CTC)
 |  |
| **Engage Community Leaders** – can be:* Be “formal” or positional and “informal” leaders
* Provide “legitimacy” to the effort
* Spokespersons for the effort
* Recruit additional leaders and coalition members
* Provide access to resources and support
 |  |
| Clarify the role of a Coordinator / Fiscal Agent to provide initial:* Resources – materials, space
* Financial oversite
* Staff support
* Organizing – initial meeting and coordination
 |  |
| **Build Cultural Competence*** Identify the culture and diversity of the community
* Engaging and inviting diverse representation
* Infusing cultural competence throughout the SPF
 |  |

**Build a Leadership Team**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Name** | **WIFM** | **Who Can Contact?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Community Sector Worksheet**

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

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

\* DFC Required Sectors

**Member Recruitment Worksheet**

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

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

**Coalition Talking Points**

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

* Your coalition **vision** and **mission** – what else do they need to know about your coalition?
* Key **data** (both positive and negative) that relate to the substance abuse issue in your community
* Your coalition’s **strategies and /or programs** (1 or 2 at most) that will most relate to your audience
* What are the **key goals and outcomes** that the coalition seeks to achieve (that is, why should the audience care?)
* Add a **personal story** of someone who has benefited from your coalition or partner’s efforts. Pull on those heartstrings. The personal story can also relate to your involvement with the organization
* **Call to action**. Make it clear what the audience should do to support your coalition’s work: donate, volunteer, petition, etc.
* Clearly give your coalition’s **contact information**. Provide a name, phone number, email, website.

**Coalition Membership Worksheet**

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

Name:

Contact Information (Address, Phone, Email):

Title / Role:

Organization Name / MOU?

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

Skills/Resources/Connections:

Reasons for getting/staying involved in the coalition:

Current involvement with the coalition:

History of involvement with the coalition:

Involvement in other community-based organizations and efforts:

Other comments:

**SAMPLE – Sector Representative Job Description**

**Sector Representative Job Description**

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

**Specific Responsibilities:**

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

**Time Commitment:**

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

**Personal Qualities:**

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

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

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



**Coalition Planning Timeline**

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

**Opioid / Rx Drug Misuse Work Group Job Description**

**Coalition Member Job Description**

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

**Time Commitment**

Members of the Opioid / Rx Drug Misuse Work Group are asked to work together from April – September, 2019. The Opioid / Rx Drug Misuse Work Group will schedule meetings on an “as needed” basis depending on the specific tasks to be accomplished. It is anticipated that the Opioid / Rx Drug Misuse Work Group will meet at least once per month, or six times over the six month period.

**Specific Responsibilities**

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

**Personal Qualities**

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

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

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

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

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

**By-laws (Sample)**

Article I – Name

Article II – Vision & Mission

Article III – Membership

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

Article IV –Executive Committee

A. Overall Responsibilities

B. Chair

C. Vice Chair

D. Secretary

E. Members at Large

F: Staff

Article V – Committees

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

Article VI – Meetings

Article VII - Financial Administration

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

Article VIII - Decision-making processes

Article IX - Conflict of Interest

Article X – Amendments

Article XI – Non Discrimination

**Sample Memorandum of Understanding between**

**Grant Award Recipient/Legal Applicant and Coalition**

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

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

**RESPONSIBILITIES OF THE COALITION:**

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

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

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

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

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

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

g. Other…

**RESPONSIBILITIES OF THE LEGAL APPLICANT/GRANT RECIPIENT:**

a. Provide the coalition staff with office space.

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

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

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

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

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

g. Other…

Source: ONDCP 2017 Drug Free Communities Grant RFA

**Sample “Action Oriented” Meeting Agenda**

****

**New Member Orientation Packet**

**Coalition Overview Information (these items can be included in a 1 or 2-page handout)**

* Vision/Mission
* History (Brief)
* Summary of Goals and Objectives
* Current Initiatives for each committee
* Key Accomplishments
* Current Funding Sources
* Contact Information (Coordinator and Social Media)

**Prevention Overview**

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

**Planning**

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

**Organizational Information**

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

**Membership Information**

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

**Samples of Key Documents and Flyers**

* Marijuana Position Paper
* Parent / School MJ Handout

**Comprehensive Strategies / Intervention Map**

Problem:

Risk Factor (Root Cause):

Local Condition:

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

**Coalition Capacity Building Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes!** | **Sort of** | **No!** | **????** |  Criteria  |
| **General Content Knowledge** |
| ❑ | ❑ | ❑ | ❑ | Coalition leaders/members/staff are familiar with the SPF & related topics. |
| ❑ | ❑ | ❑ | ❑ | Coalition leaders/members/staff have reviewed CADCA’s Capacity Primer. |
| ❑ | ❑ | ❑ | ❑ | Coalition leaders/members/staff have been trained in capacity building. |
| **Building Coalition Membership** |
| ❑ | ❑ | ❑ | ❑ | The coalition identifies other community efforts to address ATOD & health. |
| ❑ | ❑ | ❑ | ❑ | The coalition reaches out to community organizations on a regular basis |
| ❑ | ❑ | ❑ | ❑ | The coalition regularly assesses skills and resources needed. |
| ❑ | ❑ | ❑ | ❑ | New members are pro-actively recruited. |
| ❑ | ❑ | ❑ | ❑ | New members are oriented and trained |
| ❑ | ❑ | ❑ | ❑ | On-going efforts are made to engage and retain coalition members. |
| **Organizing the Coalitions** |
| ❑ | ❑ | ❑ | ❑ | The roles of coalition members, committees and work groups are defined. |
| ❑ | ❑ | ❑ | ❑ | Members agree on the expectations for active membership |
|  |  |  |  | The coalition uses tools as appropriate: |
| ❑ | ❑ | ❑ | ❑ | - Organization Chart |
| ❑ | ❑ | ❑ | ❑ | - Job Descriptions |
| ❑ | ❑ | ❑ | ❑ | - By-laws |
| ❑ | ❑ | ❑ | ❑ | - Meeting protocols |
| ❑ | ❑ | ❑ | ❑ | - Memorandum of Understanding (MOU) |
| ❑ | ❑ | ❑ | ❑ | - Member contracts |
| ❑ | ❑ | ❑ | ❑ | - Decision making procedures |
| ❑ | ❑ | ❑ | ❑ | - Conflict resolution processes |
| ❑ | ❑ | ❑ | ❑ | Meetings held regularly with agenda & minutes distributed before & after. |
| ❑ | ❑ | ❑ | ❑ | E-mail lists, on-line groups, blogs keep information flowing |
| ❑ | ❑ | ❑ | ❑ | The coalition conducts regular “listening” sessions with the community |
| ❑ | ❑ | ❑ | ❑ | Responsibility for fiscal accounting, 501(c)(3) status, insurance etc. is clear |
| **Enhancing Coalition Leadership** |
| ❑ | ❑ | ❑ | ❑ | Coalition leaders have been identified |
| ❑ | ❑ | ❑ | ❑ | Coalition leaders are clear about their roles and responsibilities |
| ❑ | ❑ | ❑ | ❑ | Coalition leaders actively fill their roles and responsibilities |
| ❑ | ❑ | ❑ | ❑ | Training and recognition are provided to coalition leaders (and others) |
| ❑ | ❑ | ❑ | ❑ | Champions have been identified and are used effectively |
| **Fostering Cultural Competence** |
| ❑ | ❑ | ❑ | ❑ | Coalition members/staff are representative of the target populations. |
| ❑ | ❑ | ❑ | ❑ | Published materials and curricula are reviewed by and are relevant to the target populations.  |
| ❑ | ❑ | ❑ | ❑ | The coalition takes into account the language, culture and socio-economics of the target populations in all it’s activities and publications. |
| ❑ | ❑ | ❑ | ❑ | The coalition has developed a culturally appropriate outreach plan |
| ❑ | ❑ | ❑ | ❑ | Coalition members/staff have been trained to be culturally competent. |
| **Planning for Capacity Building** |
| ❑ | ❑ | ❑ | ❑ | Sufficient time and resources have been set aside for the planning effort. |
| ❑ | ❑ | ❑ | ❑ | Specific individuals have been identified to lead the planning effort. |

**Coalition Capacity Building Checklist – page 2**

***What three items need to be addressed first?***

**1.**

**2.**

**3.**

***What additional information is needed?***

***What additional training and technical assistance would assist the Coalition’s capacity building efforts?***

***Comments:***

**Coalition Planning Timeline**

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

**Action Planning Worksheet**

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