



Coalition Name: \_\_\_\_\_ PIHP Region #: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Address: \_\_\_\_\_  
Coalition Coordinator: \_\_\_\_\_ Website: \_\_\_\_\_ Staff Contact Info: \_\_\_\_\_

Coalition Review Criteria	Item Adequately Addressed? Yes/No/Partial Credit	Documentation Reviewed	Recommendations for Improvements
1. Coalition Vision & Mission			
2. Bylaws			
3. Staffing and Volunteers			
4. Meeting Structure			
5. MOU's / Partnership Agreements			
6. Conflict Resolution Policy			
7. Community Ownership			
8. Identification of Community Needs			
9. Identification of Community Resources			
10. Identification of Community Readiness			
11. Communications Plan			
12. Strategic Plan			
13. Action Plans			
14. Outcome Evaluation & Annual Reports			
15. Sustainability Planning			
16. System Alignment Efforts			
17. Coordination of Prevention Services			
18. Recovery Oriented Systems of Care Activities			
19. Integrated Care Movement			
20. Training Plan for Staff, Coalition Members, Referral Networks & Broader Community			

## COALITION SITE REVIEW TOOL

### **Additional Items for Consideration:**

1. Formal agreements / contracts with subcontractors or partners
2. Technical assistance and training needs identified
3. Need for evaluator or additional consultation?
4. Major barriers / challenges / successes

### **Overall Recommendations for Improvement:**