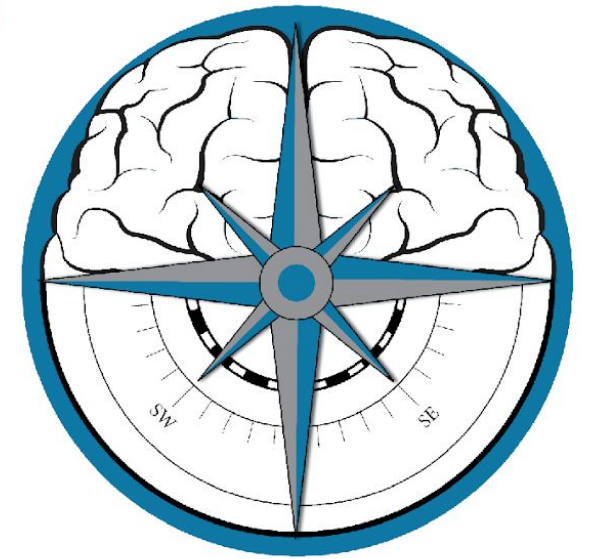


PPC 201:

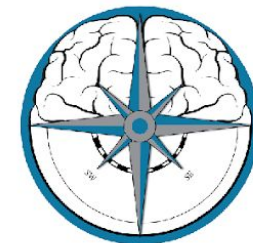
Building & Sustaining Effective Community Coalitions



BEHAVIORAL HEALTH
Engineering

Training Overview (Agenda)

- I. **Intro to Prevention Prepared Communities (PPCs)**
- II. **Coalition Effectiveness and Action Oriented Coalitions**
- III. **Creative Partnerships to Enhance Prevention Efforts**
- IV. **Coalition Evaluation and Sustainability**
- V. **Wrap Up and Evaluations**



BEHAVIORAL HEALTH
Engineering

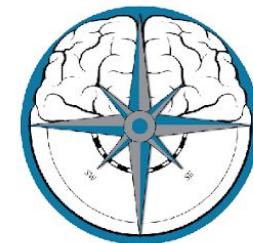
Introductions

- Name, Agency, Coalition affiliated with (write in chat box)
- Think about why you are involved with your local Substance Use Disorder / Behavioral Health (SUD/BH) Prevention Coalition?
What brings you to this work?
- Are there any special interests or topic areas that you would you like to cover today, in addition to topics listed on the agenda
(write in chat box)



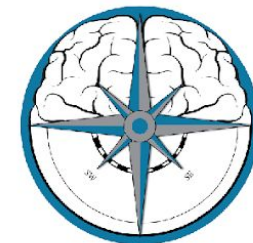
Participant Survey #1 – Poll Question

1. How long have you been actively working with community coalitions in your career?
 - a. 0-3 years
 - b. 3-5 years
 - c. 5-10 years
 - d. 10+ years



SECTION I: Building Systems of Prevention

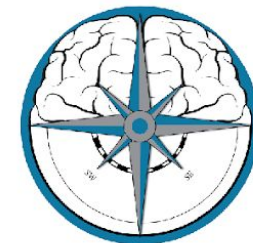
- Align stakeholders, prevention efforts, ROSC and Integrated Care opportunities
- Identify opportunities to expand and braid funding and resources
- Reduced duplication of strategies and services
- Advocacy opportunities
- Stigma Reduction involving Behavioral Health (SUD & MH)
- Federal direction = **Prevention Prepared Communities**



BEHAVIORAL HEALTH
Engineering

Prevention Prepared Communities (PPCs)

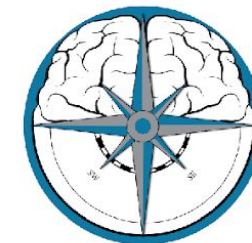
- *Creating Communities (or systems) where individuals, families, schools, faith-based organizations, and workplaces **take action** to promote emotional health and reduce the likelihood of mental illness, substance abuse, and suicide. (SAMHSA)*



BEHAVIORAL HEALTH
Engineering

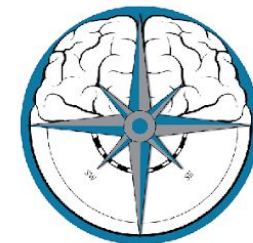
Spectrum of Prevention

LEVEL OF SPECTRUM	DEFINITION OF LEVEL
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability or preventing injury or illness and promoting safety.
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety.
3. Educating Providers	Informing providers who will transmit skills and knowledge to others.
4. Fostering Coalitions and Networks	Convening groups and individuals for broader goals and greater impact.
5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety.
6. Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes.



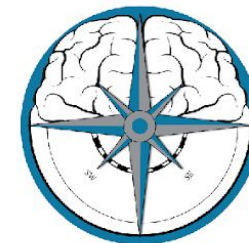
Prevention 201: SPF Information Brief

- 1) **Assessment** - Identifying population needs, resources, and readiness to address these
- 2) **Capacity** - Mobilizing and building capacity to address needs
- 3) **Planning** - Developing a comprehensive strategic plan
- 4) **Implementation** - Implementing evidence-based prevention programs, policies, and practices
- 5) **Evaluation** - Monitoring, evaluating, sustaining, and improving/replacing those programs/policies/practices that fail



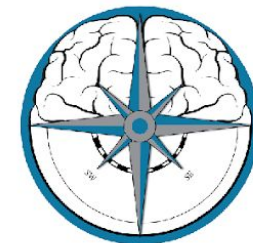
PREVENTION 201: SPF INFORMATION BRIEF

SPF Step	Key Milestones	Key Products
Assessment	<ul style="list-style-type: none">• Formation of a data workgroup and/or collaboration with advisory groups• Collection and analysis of data• Identification of service & data gaps, potential target areas, and populations• Development of problem statements• Assessment of organizational, fiscal, and leadership capacity and cultural competence	<ul style="list-style-type: none">• Data workgroup report with quarterly updates• Clear, concise, and data-driven problem statement(s)• Data sources for ongoing assessment• Gap analysis and community program, resource, and service baseline inventory



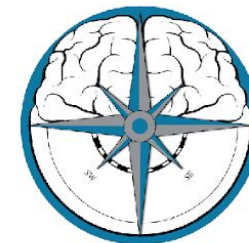
PREVENTION 201: SPF INFORMATION BRIEF

SPF Step	Key Milestones	Key Products
Capacity	<ul style="list-style-type: none">• Creation and continuation of partnerships• Introduction of training and education to promote readiness, cultural competence, leadership, and evaluation capacity• Meetings and workshops with key stakeholders, coalitions, and service providers	<ul style="list-style-type: none">• Capacity Report with quarterly updates• Directory of key stakeholders, leaders, and service providers• Partnership agreements or memorandums of commitment



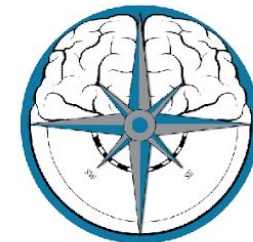
PREVENTION 201: SPF INFORMATION BRIEF

SPF Step	Key Milestones	Key Products
Planning	<ul style="list-style-type: none">• Strategic goals, objectives, and performance targets• Draft strategic plan• Logic Model Development• Planning meetings and strategy development sessions• Selection of policies, programs, and practices• Timelines developed• Creation of evaluation plan and identification measures	<ul style="list-style-type: none">• Comprehensive strategic plan• Logic models• Timelines• Performance outcomes• Evaluation plan and performance measures



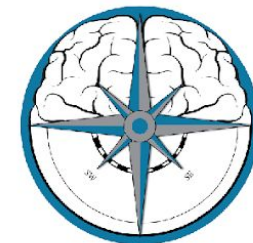
PREVENTION 201: SPF INFORMATION BRIEF

SPF Step	Key Milestones	Key Products
Implementation	<ul style="list-style-type: none">• Implementation of strategic plan• Full action plan development• Collection of relevant materials for implementing policies, programs, and practices• Working with an evaluation team• Development of an evaluation plan• Implementation of an evaluation plan• Data collection	<ul style="list-style-type: none">• Action plans• Identified effective policies, programs, and practices• Evaluation plan



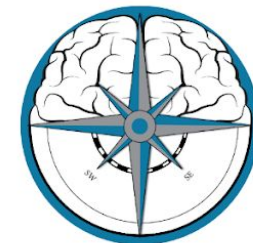
PREVENTION 201: SPF INFORMATION BRIEF

SPF Step	Key Milestones	Key Products
Evaluation	<ul style="list-style-type: none">• Working with evaluation team or evaluator• Process evaluation• Collection of required data• Review of effectiveness of policies, programs, and practices• Development of recommendations for quality improvement	<ul style="list-style-type: none">• Year end Outcome Evaluation report or annual report• Recommendations for quality improvement



SECTION II: Action Oriented Coalitions

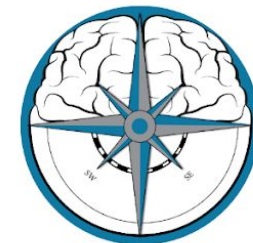
- https://www.youtube.com/watch?v=ypxH_2qdePc
- <https://www.youtube.com/watch?v=OQFfw-Wh-4E>



BEHAVIORAL HEALTH
Engineering

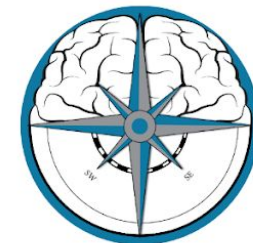
Benefits of Community Coalitions

- Serving as effective & efficient vehicles for exchange of knowledge, ideas, and strategies
- Individuals & organizations can become involved in new broader issues without assuming sole responsibility
- Demonstrate & develop community support or concern for issues



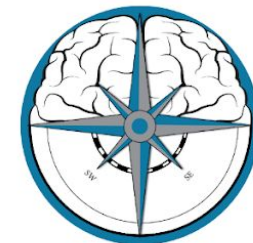
Benefits of Community Coalitions (Continued)

- Maximize power of individuals & groups through **collective action**
- **Improve trust & communication** among agencies and sectors
- **Mobilize diverse talents**, resources, and strategies
- **Build strength and cohesiveness**
- **Build a constituency** for a given issue
- Reduce the **social acceptability** of health risk behaviors
- Change **community norms** and standards
- **Minimize duplication** of efforts and resources



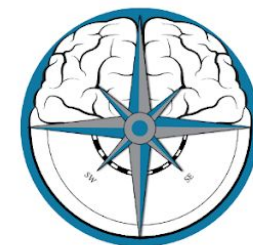
Challenges Coalitions Face:

- Staff does all the work
- Members serve as advisors or supporters
- Inconsistent meeting attendance
- Lots of meetings with little achieved
- Little if any formal decisions being made at or within meetings
- Coalition moves slowly or does not move from assessment and planning into action
- Coalitions cannot demonstrate outcomes
- Little or no communication between meetings



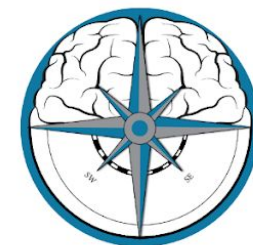
Coalition Meetings Should Not Be:

- Committee report out sessions
- Staff report out sessions
- All about members advising staff on the action the staff should take
- Staff-led sessions where the staff does the majority of the speaking
- Time spent with limited dialog between members without any member accountability



Steps to Facilitating Effective and More Meaningful Meetings:

- Establish an **action-oriented** meeting agenda
- **Engage** the membership
- Determine what and when items should go to committees or workgroups
- **Define** the role of staff and membership
- **Identify intended outcomes** of the meeting (decisions made, next steps identified, etc.)



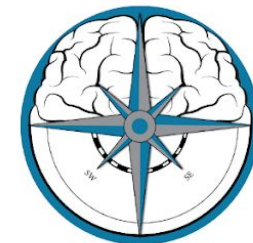
Establish an Action Oriented Agenda

FROM agenda items that are:

- Committee or agency updates
- Introduced by the chair and discussed by paid staff
- Stagnant or cut and pasted
- Members advise staff on action to be taken
- Same five or six people attend the meeting
- New members attend only one or two mtgs and never come back

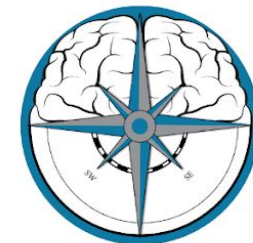
TO agenda items that are:

- Related to the priorities & outcomes of the coalition (Action Plan)
- List person who will be leading, time and action to be taken
- Progress is evident by new and emerging items on agenda
- Continuous action planning and delegation happens
- Members and partners are recruited to mtgs based on agenda
- New members are quickly engaged and continue to participate



Setting the Agenda for Action:

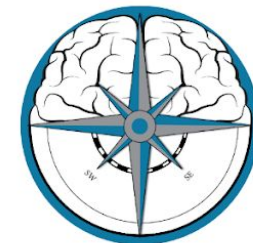
- Make sure that agenda items reflect the current work of the coalition or current action plan
- Set an agenda that requires members to be active participants
- Include action items that require decisions to be made
- Don't over schedule
- Don't hold unnecessary meetings



BEHAVIORAL HEALTH
Engineering

Ineffective / Passive Meeting Agenda:

1. Welcome and Introductions
2. Committee Reports
3. New Business
4. Old Business
5. Director's Report
6. Next Meeting
7. Adjourn



Focused Agenda Items

1. Welcome and Introductions
2. Reduce number of retailers selling to minors
 - a. Successes, challenges, next steps
 - b. Action to be taken, by who, when
3. Respond to Marijuana Dispensary Proposal & City Ordinance Initiative
4. Opioid Prevention Plan Presentation
 - a. Identify next steps and action items
5. Agency Updates and Future Agenda Items

5 Minutes – Coalition Chair

15 Minutes – Access to Alcohol
Committee Chair

15 Minutes – Marijuana Committee
Chair

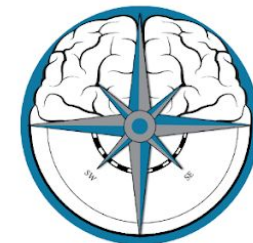
15 Minutes – Opioid Prevention
Committee

10 Minutes – All Participants



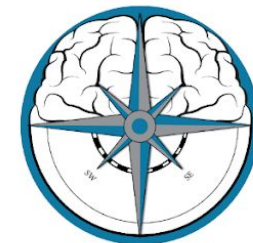
What is the Role of Staff:

- **Assist and support** the group in accomplishing a common task
- Move through the agenda in the time available, **make necessary decisions and plans for implementation or action**
- Staff members **empower coalition members** to make more informed decisions and should promote the idea that each person has a role to play
- Staff members **do not make decisions for the group**, but suggest ways to help the group move forward thru action planning
- It is **not the role of staff to know everything** or have all the answers



Tips for Coalition Staff:

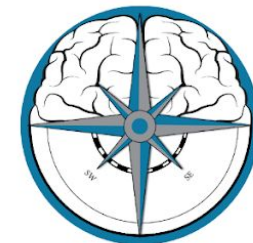
- Remember you are the savant of the group, the **facilitator or steward of the process**
- **Plan ahead and work outside the meeting** – communicate with members that will have agenda items to discuss or take action on
- **Have a clear purpose** for the meeting. Don't hold the meeting unless you can state the true purpose of it
- Be clear about who should attend, **how participants will benefit**, as well as **how participants can contribute** to the meeting's goals
- **Follow up** on previous meetings next steps and action items
- Optional – delegate meeting roles (minutes, time-keeper, scribe, greeter)



The Best Coalitions...

- Are vehicles to bring people together and **communicate efforts**
- **Expand available resources**
- Focus on a problem of community concern thru **annual action planning**
- And **achieve better results** than any single group or agency could achieve alone

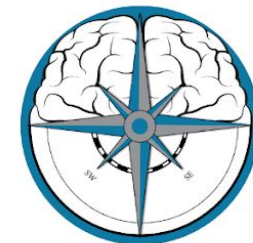
Coalition building involves a long-term investment of time and resources!



BEHAVIORAL HEALTH
Engineering

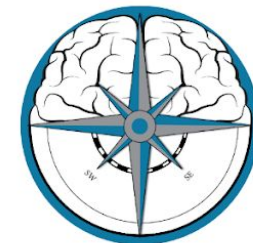
Effective Coalitions Provide the Following:

- Program Information & Referral Sources
- Upcoming Trainings
- Provider Network Updates
- Common Vision, Goals, & Direction
- Opportunities to Network
- New Laws / Legislation / Policy / Advocacy
- Trends in the Field
- Partnership Opportunities & Resource Sharing
- New Funding Streams / Grant Opportunities
- Job Openings
- Clarity / Consistency / Focus
- Action Plans / Work Plans
- Measurable Outcomes



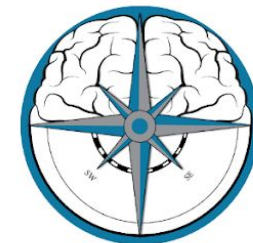
In Summary - Action Oriented Coalitions Should Consider

- Making **action the core element** of your agenda via action planning
- Transforming **ideas into tasks**
- Beginning with a **purpose**
- **Summarizing action steps** at the end of every meeting (Action Items, Take Aways, Next Steps, etc.)



Action Oriented Meeting Agenda Exercise (Small Group Activity – 10 minutes)

In small groups, please draft new coalition agenda or review current agenda format and make recommendations



BEHAVIORAL HEALTH
Engineering

Coalition Effectiveness Evaluation Rubric

(Small Group Activity – 15-20 min)

- Will assist community coalitions and workgroups in determining overall effectiveness
- Involves 5 comprehensive domains
 - Community Ownership
 - Organizational Effectiveness
 - Comprehensive Prevention Approach
 - Commitment to Results Orientation (Action Oriented)
 - Linkage Relationship between Coalition and Communities

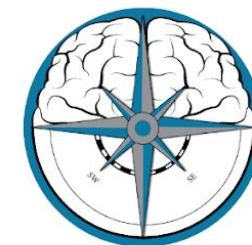


Participant Survey #2 – Poll Question

- Does your community coalition operate with an annual action plan (w/ goals, objectives and strategies) that is known to the coalition members? (Yes / No)

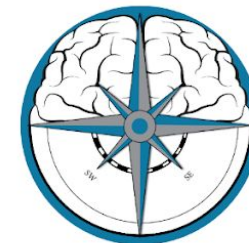


Communication Plans & Creative Partnerships to Enhance Prevention Efforts



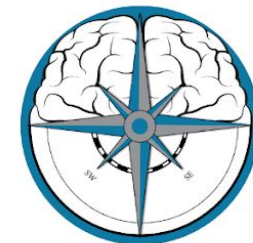
BEHAVIORAL HEALTH
Engineering

Communication Plans



Do You Have a Communication Plan?

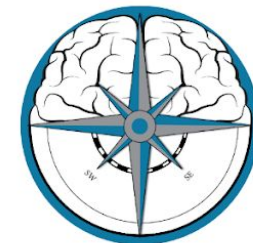
- Communication Plans Include:
 - **Objectives** / Intended Outcomes
 - **Audiences** (Providers, Youth, Parents, At-Risk Populations, Businesses, General Public)
 - **Types of Messaging** (Promote access to services, Community resources, Data, Publications, Prevention tips, Coalition member recruitment, etc.)
 - **Delivery Methods** / Venues / Mechanisms (Emails, Newsletters, PSAs, Press Releases, Billboards, Facebook, TikTok, Media outlets, etc.)
 - **Frequency and Duration**
 - **Responsible Parties**



BEHAVIORAL HEALTH
Engineering

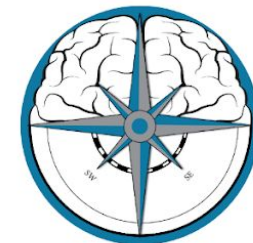
Communication Plan Objectives

- What would you like to accomplish?
 - Increased referrals to services / community education / training opportunities
 - Increased awareness of problem or issue
 - Increased awareness of community resources or prevention tips
 - Increase in potential partnerships / coalition membership
- What types of messages do you share?
- What is your go to delivery method?



What is a Brand? What is Brand Identity and Why is it Important?

- A **brand** is a feature or set of features that distinguish one organization or entity from another. A brand is typically comprised of a name, tagline, logo or symbol, design, brand voice, and more.
- A **brand identity** is made up of what your brand says, what your values are, how you communicate your product, and what you want people to feel when they interact with your company. Essentially, your brand identity is the personality of your business and a promise to your customers.

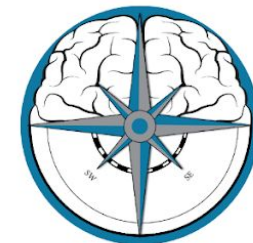


Saturation of Message

Brand saturation is a state that is achieved when an agency or company **is so effective at generating awareness and conversation** around a particular issue or brand, that nearly every person in the target area or market knows, follows, or is engaged by the issue or brand.

Do you know your Brand? What are you known for locally?

Saturation of message is key!



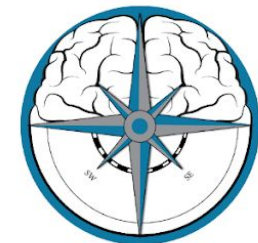
BEHAVIORAL HEALTH
Engineering

SECTION III: Creative Partnerships to Enhance Prevention Efforts

PARTNERSHIP



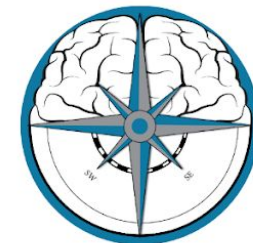
shutterstock.com • 761802658



BEHAVIORAL HEALTH
Engineering

PARTNERSHIPS:

- Unlimited / Endless / Infinite / Untapped Potential
- Act as Change Agents (to drive system change)
- Enhance potential funding opportunities, resources, staffing, co-sponsorship and co-branding, promotion of effort and initiatives, social media potential to amplify message, etc.
- Can include business, industry, hospitals, faith based, regional and statewide associations, coalitions & task forces, boards and health and human service agencies



BEHAVIORAL HEALTH
Engineering

Levels of Collaboration

- Potential community partners will have varying levels of interest and/or availability to participate in prevention efforts. Some may be willing to help out with specific tasks, while others may be willing to take on leadership roles.
- Some participation options for prevention stakeholders are included on the next slide.



Levels of Collaboration

• Participation Options

- No involvement.** Stakeholders engage in separate activities, strategies, and policies. (For example, “You do your thing, we’ll do ours.”)
- Networking.** Stakeholders share what they are doing during interagency meetings. They talk about community issues in which they all have a stake or communicate about existing programs, activities, or services. (For example, “Let’s talk and share information.”)



Levels of Collaboration

• Participation Options (Continued)

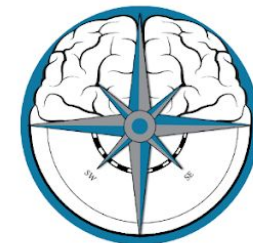
- Cooperation.** Stakeholders publicize one another's programs in agency newsletters, write letters in support of one another's grant applications, co-sponsor trainings or professional development activities, and/or exchange such resources as technology expertise or meeting space. (For example, "I'll support your program, and you'll support mine.")
- Coordination.** Stakeholders serve together on event planning committees and community boards or implement programs and services together. (For example, "Let's partner on an event.")



Levels of Collaboration

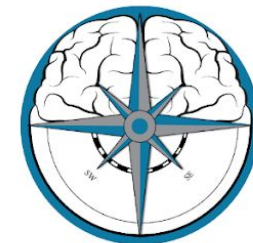
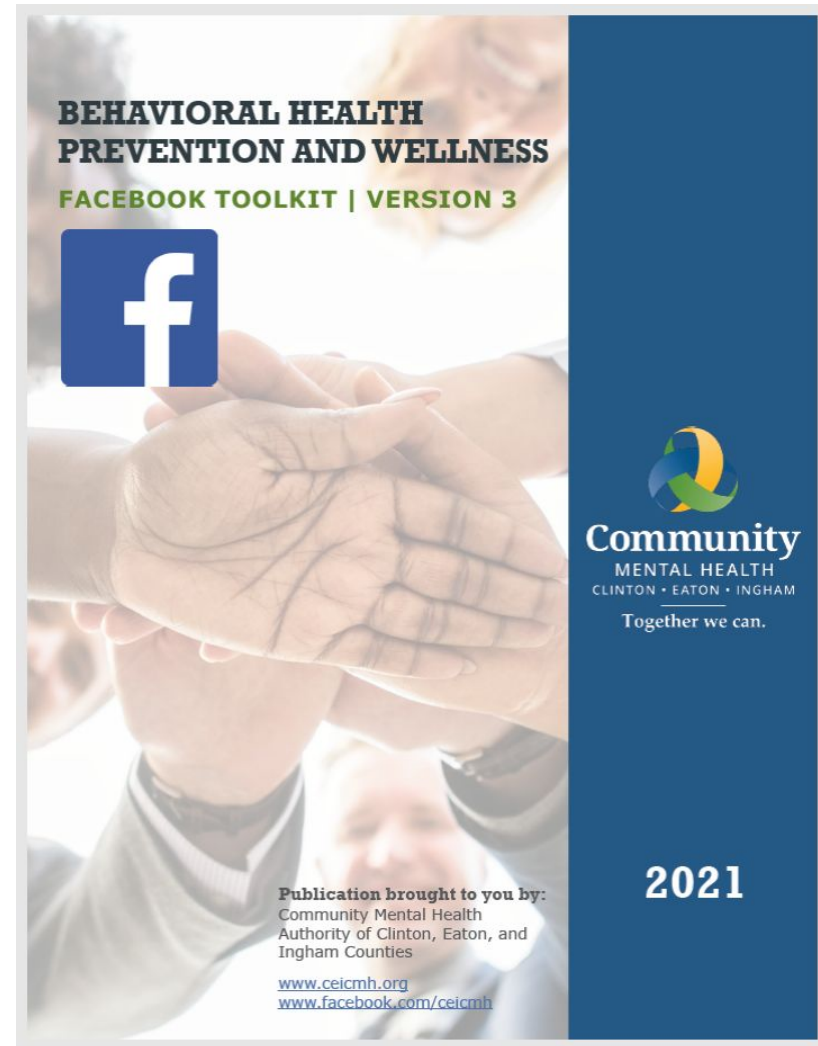
- **Participation Options (Continued)**

- Collaboration.** Stakeholders create formal agreements (e.g., memoranda of understanding or contracts). They develop common data collection systems; partner on joint fundraising efforts; pool fiscal or human resources; and create common workforce training systems. (For example, “Let’s work together on a comprehensive plan to address the issue. After all, our missions overlap.”)



SOCIAL MEDIA - Amplify Message & Enhance Partnerships

Our Facebook Toolkit has been shared and utilized across the state and provides ready made behavioral health prevention related posts and social media content for our partners, networks and community to share. The interest, utility and promotion of this tool continues to grow and expand. Download available at <http://ceicmh.org/about-us/publications> scroll down to Facebook Toolkit



BEHAVIORAL HEALTH
Engineering

Facebook Toolkit - Purpose

The intent is threefold:

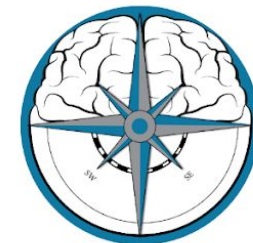
- 1.) Increase awareness of behavioral health issues (SUD & MH)
- 2.) Promote local resources and community education training opportunities
- 3.) Reduce stigma around behavioral health issues

*Provide the **EASY** button for our community networks!*



Brainstorm New Partnerships (Activity)

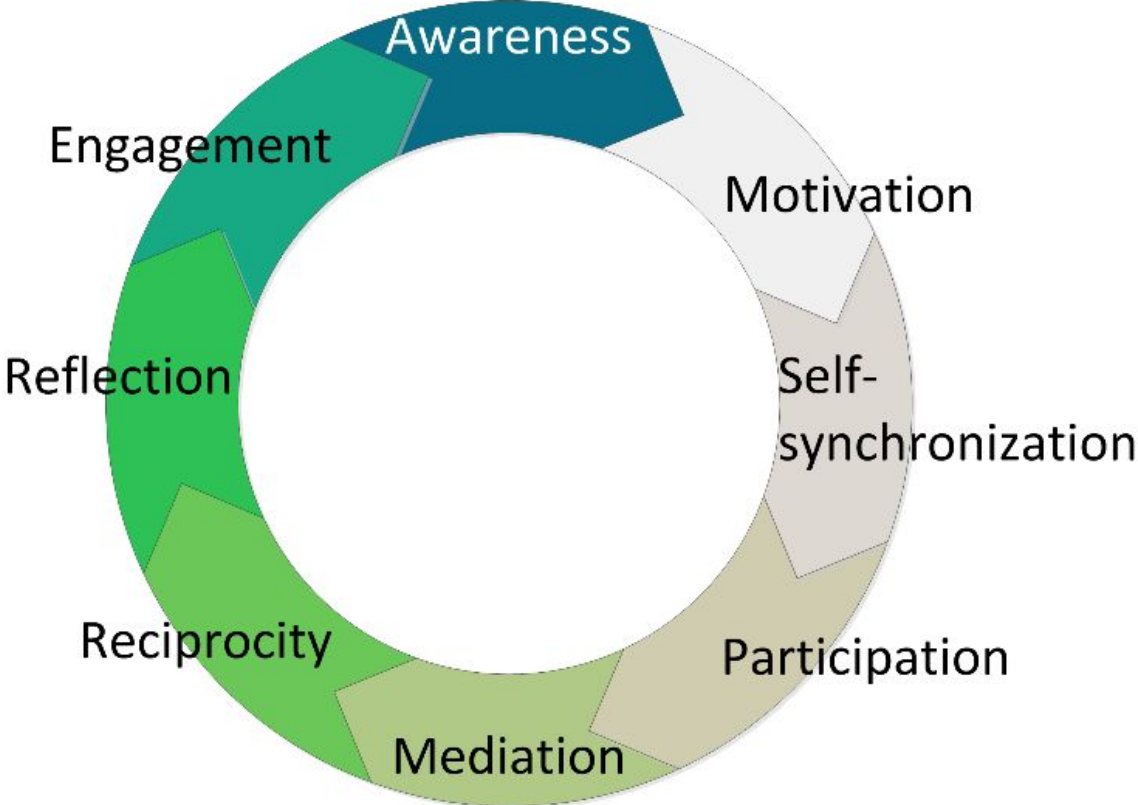
In small or as a large group, please compile a list of new potential partners in your area or across the state that can enhance your efforts and provide a mutually exclusive benefit. (10-15 minutes)



BEHAVIORAL HEALTH
Engineering

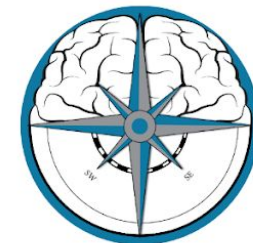
AIIM's Life-Cycle Collaboration Model

AIIM's Life-Cycle Collaboration Model



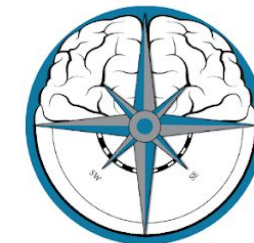
Participant Survey #3 – Poll Question

1. Do you promote behavioral health (inclusive of mental health, substance use disorder, and intellectual & developmental disabilities) services and other community supports on your personal Facebook / Twitter / Instagram or via other communication? (Yes / No)



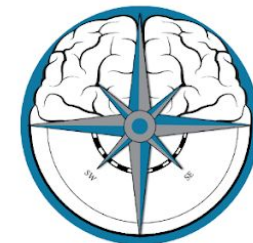
BEHAVIORAL HEALTH
Engineering

SECTION IV: Coalition Evaluation and Sustainability



Coalition Site Review Activity

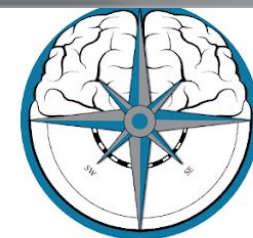
- The Coalition Site Review Tool offers an opportunity to walk through a coalition checklist and identify which elements of a formalized coalition does your group need to work towards or improve.
- As a small group, please work through the Coalition Site Review Tool provided and identify recommendations for improvement. Go as far as you can and consider adding this to your Executive Committee agenda in the future to finalize recommendations and next steps. (Small Group Activity - 20 minutes)



Annual Report Template Activity

Annual Reports allow agencies and coalitions to highlight the programs, partnerships and investments made to improve the health of their communities. They are an effective promotional, communications and reporting tool.

Please work in your groups to review the Annual Report Instruction template provided and begin filling in the sections or become familiar with what is needed to complete.
(Small Group Activity - 20 min)



BEHAVIORAL HEALTH
Engineering

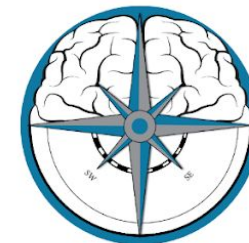
YEAR END OUTCOME EVALUATION REPORT

INSTRUCTIONS:

It is recommended that all coalitions include the following elements in any Year End Outcome Evaluation Reports.

SECTIONS OF YEAR END OUTCOME EVALUATION REPORT:

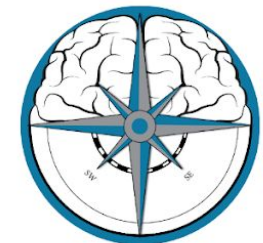
1. A brief introduction of the county, the coalition, and the mission / vision, including:
 - a. Brief overview of the current county prevention system
 - i. Include descriptions of linkages and collaborative partners
 - b. Current community readiness to support prevention efforts as well as ROSC and integration efforts
2. Brief overview of funding streams, current prevention programming, and staffing (including qualifications)
3. Process outcomes, including completed strategies and objectives. This section should also include:
 - a. Estimated completion percentage of milestones
 - b. Major successes, achievements, and stories
 - c. References to important publications, products, media pieces, etc.
4. Behavioral outcomes/achievements involving changes in major data indicators tracked over time and identified in current community logic models:
 - a. Immediate behavioral outcomes achieved by prevention programs and strategies
 - b. Intermediate behavioral outcomes achieved (if any)
 - c. Long-term behavioral outcomes achieved (if any)
5. System outcomes, including:
 - a. New MOU's, system alignment achievements, ROSC activity, and integration efforts, etc.
6. Coalition evaluation, including:
 - a. Strengths and weaknesses of the coalition
 - b. Coalition Effectiveness Evaluation Matrix Summary
 - c. Coalition Site Review Summary of Findings
 - d. Specific opportunities to excel
7. Barriers, challenges, and external factors involved in this work
8. Future plans and identified next steps



BEHAVIORAL HEALTH
Engineering

Sustainability Checklist

In Small Groups, please work through the Sustainability Checklist and identify recommendations and next steps within each section, 3 priorities going forward and any additional considerations for discussion. (Small Group Activity - 20 minutes)



BEHAVIORAL HEALTH
Engineering



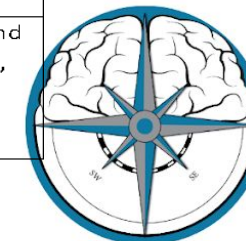
SUSTAINABILITY PLAN AND CHECKLIST

COALITION: _____ DATE: _____

Activity

Sustainability Plan and Checklist

Yes	No	Unsure?	Sustainability Criteria
Strong Membership and Involved Partners			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New members and volunteer groups are actively recruited, oriented, trained, and engaged (orientation process, brief new member mtg, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The coalition promotes relationships and formal partnerships among involved members and volunteer groups (co-branding, sponsorships, vendor opportunities, resource sharing, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coalition members and volunteer groups are provided clear roles and expectations of their involvement within an MOU or other partnership agreement (role delineation, role clarity, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognition and rewards are provided to coalition members, volunteer groups, community leaders, businesses, community residents, and other partners (certificates, awards, annual celebration, etc.)
Recommendations / Next Steps:			
Transparent and Considerate Community Planning Process			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The coalition has or can obtain the skills to implement the Strategic Planning Framework (SPF) (Evaluator, consultant, or data (epi) staff)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The coalition develops and follows annual or biennial action plans to implement its strategies (ideally derived from the SPF steps)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The coalition works actively toward creating the 5 key products and deliverables of the SPF (Needs Assessment, Resource Assessment, Strategic Plan, Action / Implementation Plan, and Year End Outcome Evaluation Report)



Sustainability Worksheet

Questions to ask when planning for sustainability

1. **What collaborative structures are in place to support the functions of your prevention efforts?**

2. **What other programs, groups or services are involved in this collaborative effort and at what level?**

3. **Is there an established communication plan developed to connect the work of the coalition to your community and provider networks?**

4. **What policies and procedures have you developed to foster sustainability?**

5. **How have leadership roles and responsibilities been effectively developed?**

6. **How have you maintained consistency in accessing human, in-kind and financial resources?**

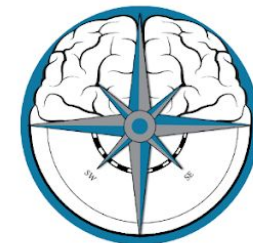
7. **What plan(s) are in place to facilitate the acquisition of resources in the future?**

8. **What kind of expertise is available to help you sustain your prevention efforts?**

9. **How is your prevention work aligned with the identified needs of your priority population?**

10. **How have you fostered ownership in the implementation of your prevention plan?**

11. **What process and / or outcome evaluation measures are in place to assess the quality, effectiveness and appropriateness of your coalition's functioning, planning, programming and implementation?**

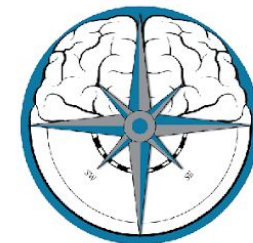


BEHAVIORAL HEALTH
Engineering

Logic Models

Logic models...

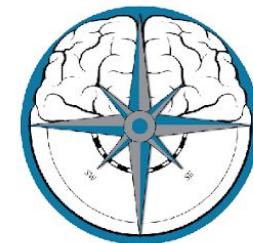
1. Should visually **display the connections** between needs, strategies, expected outcomes, and data.
2. Should assist the prevention field in **choosing relevant and effective strategies** by first understanding the prevalence and patterns of substance abuse problems and the factors that contribute to them.
3. Should illustrate a **theory of change**. A theory of change indicates what specific changes the group wants to see in the world, and how and why a group expects its actions to lead to those changes.



BEHAVIORAL HEALTH
Engineering

Logic Models

- Components of logic models include:
 - Consequence/problem area & supporting data
 - Consumption patterns & supporting data
 - Intervening variable(s)
 - Contributing factors & supporting data (risk/protective)
 - Identified capacity building or evidence-based strategies
 - Evaluation Measures
 - Process measures (products)
 - Behavioral Outcome Evaluation Measures



LOGIC MODELS

Component

Associated Task

Consequence/Problem Area & Supporting Data

Identify the substance-related consequence/problem area, as well as the data from local, regional, or state sources that illustrate that the substance-related consequence/problem area chosen is a significant issue.

Consumption Patterns Data

Identify the substance(s) that are being abused and to what degree (prevalence, use patterns, etc) in relation to the consequence or problem area identified. Remember to source the data used.

Intervening Variables

Identify and list the variables you have selected to target in relationship to your identified consequence and consumption patterns (social norms, laws/policies, social availability, retail availability, enforcement & adjudication, promotion, mediating resources).

Contributing Factors & Supporting Data

Identify the specific risk and protective/causal factors involving the intervening variable and the overall consequence or problem area.

Strategies

Identify a specific and comprehensive strategy that will be implemented to address the contributing factor(s). (CSAP type strategies or capacity building)

Evaluation Measures

Process Measures = products from implementation of strategy
Behavioral Outcome Measures = behavioral effects expected as

SECTION V: Wrap Up & Evaluations

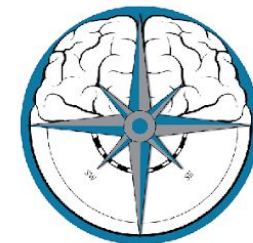
- Final Thoughts
- Participant Comments & Feedback
- Training Evaluation Surveys
- FREE Technical Assistance Offering
- Facilitator Contact Information



Final Thoughts

Our collective interest should be:

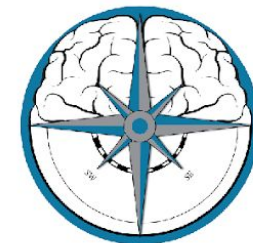
- ✓ To build and sustain county systems of SUD/BH prevention that represent and reflect prevention prepared communities
 - ✓ One of SAMHSA's major goals is to create **prevention prepared communities** (systems) where individuals, families, schools, workplaces, and the communities in which they live take action to promote emotional health and wellbeing, prevent and reduce mental illness, substance abuse, and suicide across the lifespan.
- ✓ To also be **creative, action oriented, partnership driven, effective and intentional** in our work with community coalitions and to **sustain our efforts over time!**



BEHAVIORAL HEALTH
Engineering

Resource Sheet

- Michigan Substance Use Disorder Data Repository at <https://mi-suddr.com>
- Community Data Reports and sample Toolkits at <https://mi-suddr.com/sample-documents/>
- EBP Resource Center at <https://www.samhsa.gov/ebp-resource-center>
- CMHA-CEI Creating a Culture of Health Plan at <http://ceicmh.org/about-us/publications>
- Michigan Association for Suicide Prevention (MASP) at <https://mymasp.org>
- Prevention Network at <https://www.preventionnetwork.org/>
- Community Anti-Drug Coalitions of America (CADCA) - <https://www.cadca.org/>



BEHAVIORAL HEALTH
Engineering

Conclusion: Questions & Discussion

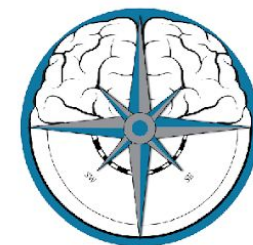
1. What did you find most helpful in regards to the PPC 201 training materials, activities, and associated discussions?

- Discussion – Please add comments in chat box

2. Is there any topic covered today that you would like more information or detail on?

- Add comments in chat box, email me directly or include in evaluation survey

FREE Technical Assistance / Coaching is available on a variety of coalition topics and identified needs!



BEHAVIORAL HEALTH
Engineering

Technical Assistance Available to Coalitions

Topics Include:

Action oriented coalitions

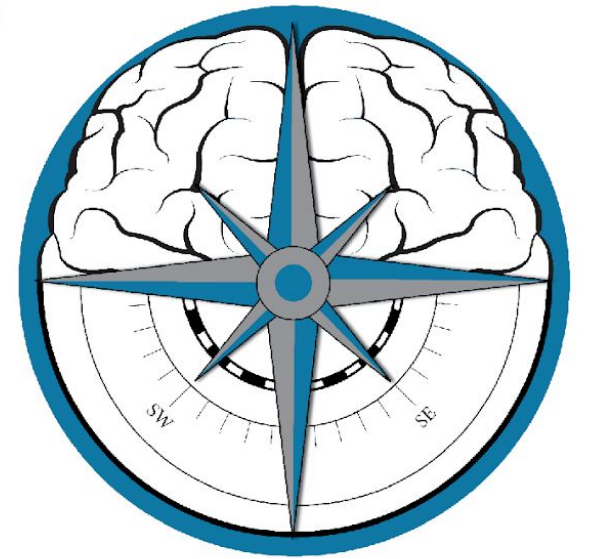
Evaluation and Sustainability Planning

Strategic Planning

Logic Models and Grant Writing

Characteristics of Highly effective coalitions

In partnership with MDHHS / OROSC and CMHAM



BEHAVIORAL HEALTH
Engineering

Conclusion: Evaluation Surveys

- Please fill out the evaluation survey that will be provided via CMHAM email and survey link.
- It should take no more than 3-5 minutes to fill out
- We appreciate your feedback!
- CEUs certificates will be provided in a follow up email from CMHAM staff.



Contact Information

Joel Hoepfner, CPC

Prevention & Outreach Coordinator

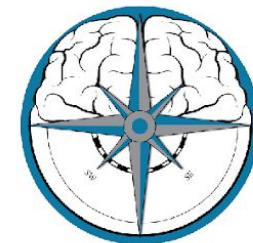
Community Mental Health Authority of Clinton, Eaton, Ingham

812 East Jolly Rd.

Lansing, MI 48911

Office (517) 346-8465 or cell (989) 859-7490

hoepfner@ceicmh.org or joelhoepfner14@gmail.com



BEHAVIORAL HEALTH
Engineering