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Introduction

The purpose of this guide is to provide communities with support in implementing grassroots substance abuse prevention efforts. Created by the Indiana Prevention Resource Center (IPRC) at Indiana University, this guide is a compilation of the technical assistance (TA) and evaluation expertise developed over nearly three decades. The Indiana Division of Mental Health and Addiction (DMHA) has contracted with the IPRC to provide TA and evaluation services to DMHA grantees in navigating through the Strategic Prevention Framework (SPF). This guide is designed to provide assistance to DMHA grantees as well as general information for any Indiana prevention provider no matter their funding source. The purpose of this guide is to provide prevention providers with technical assistance for planning, implementation, and evaluation of prevention efforts. It is intended to be a resource for providers when in need of guidance.

The IPRC is uniquely positioned to provide TA, training, and evaluation services to any community embarking on a journey of substance abuse prevention. Please visit our website at http://iprc.iu.edu/ to learn more about our services, which include:

- TA - assessing community needs as well as developing and implementing substance abuse prevention strategies.
- Training – onsite or distance education and coaching for communities, coalitions, key stakeholders, and staff.
- Evaluation - developing an evaluation plan, data collection and analysis, interpretation and reporting.

Capacity

Coalition-Building

All prevention efforts should complement the work being done by existing groups and coalitions focusing on substance abuse prevention such as Local Coordinating Councils (LCCs). It is the hope that an existing coalition (e.g., LCC) will guide the SPF process and incorporate the workgroup structure into its existing subcommittee structure, use the needs assessment and strategic plan to expand the existing comprehensive plan, and utilize the Indiana Criminal Justice Institute (ICJI) staff for additional support. LCCs can benefit greatly from using and becoming involved with the prevention efforts in their own county. The SPF process is helping the state in accomplishing its objectives and action steps set forth by the Governor’s Commission for a Drug-Free Indiana. Specifically, the process:

- Helps build the capacity of the LCC’s and their community partners
- Aids in the data collection and analysis process
- Provides assistance in sub-grant process
- Helps create a more comprehensive Needs Assessment through greater access to data to form the Comprehensive Community Plan
- Aids in making LCC more competitive in receiving funding
Consult the RECRUITMENT PACKET for a document titled Capacity Building and Funding Information for the CTC Process - a guide to identify service clubs and organizations that have missions aligned with SPF. In it you will find suggestions for ways to begin the conversation with these entities about how their organization fits with your grant, the benefits of SPF, and how they might become involved in the process.

Whether creating a new coalition to support an endeavor or community need, or recruiting more members to an existing coalition, it is important that recruitment efforts reflect that membership in the coalition is honorable. Too often, requests for membership in a coalition are seen as pleas to serve a certain role or to reach a certain number of members for a vote. Here are some things to consider in creating an environment of honor and recognition surrounding coalition membership.

Start with recruitment that highlights the positive aspects of participation in the coalition, including decision-making, social approval, community change, networking, etc. Reveal to potential members that coalition members act as agents of change in the community and that they will be fully engaged in the process of prevention.

Consider using an application form or packet for new members. This will show that the coalition conducts a formal process to membership and also is a chance for the coalition leaders to understand the skills that the new member can bring to the cause. An example application can be located in the Appendix of this document.

One important consideration for a potential coalition member is the level of engagement the prospective member wishes to have. It may be helpful to create and outline different levels of membership for the coalition. For example, a coalition may have Active Members (members who participate in workgroups and attend most, if not all meetings), Supporting Members (members who participate in workgroups but may not attend meetings), and Stakeholder Members (members who receive quarterly updates on the happenings of the coalition). Asking applicants to indicate their desired level of commitment will be beneficial for both current coalition members and those who are interested in joining the coalition.

Establish a new member orientation. No one appreciates being in a meeting and being told “you may not understand what we’re discussing quite yet”. Properly orient new members before their first meeting and discuss the mission, goals and objectives of the coalition. Share with members the current successes and challenges of the coalition, and current prioritized tasks. The history and purpose of the coalition is helpful to understand the context of how the coalition works in the overall community. Also inform the new member of the meeting schedule, voting structure, typical agenda and provide a list of all coalition members with contact information.

Align responsibilities and roles with the member’s skill set, knowledge and interests. The application and orientation process will allow coalition leaders to ascertain the assets of the new member. Be sure to ask the new member why they joined the coalition and what he/she values most about being a member. Get to know their interests and skills so that you can suggest committees and tasks for the member. Consider asking members (established and new) questions about their involvement,
such as: “What motivates you?” “What does success look like to you (in regard to the purpose behind the coalition)?” “Why did you join?” “What do you hope to contribute via your membership?” “What is your potential reward (meaning why are they taking time away from work, home and other responsibilities to contribute to the coalition)? Remember that coalition involvement and meeting involvement dwindles when members feel as though they aren’t contributing in a positive way or deriving personal benefit from membership.

Provide a welcoming atmosphere. All members (established and new) can benefit from a host that greets individuals and provides a chance for introductions, opportunities to network, and time in the agenda to share information from the agencies or organizations that represent coalition membership. An important reason people join a coalition is to build professional and personal relationships. Coalition meetings that only focus on the task, rather than incorporating networking and unity, may appear to not have a vested interest in the individuals who make the coalition. A pleasant environment can also include sufficient seating, food, printed agendas and name tags. Establishing a hospitable environment at each meeting will go a long way to show members that they their time and resources are both respected and valued.

Remember to convey results. With time management being important, sometimes the focus is solely on the next task to accomplish. At each meeting, reveal to members the accomplishments from the overall coalition and coalition committees. Link the accomplishments to the overall outcomes and objectives of the coalition. This will motivate members, show recognition and reinforce the meaning and purpose of the coalition.

Don’t forget about the rewards. As often as possible, review the rewards that coalition members sought out through membership. Whether it is networking, idea sharing, improving skills, training, providing education, a reference or support letter, etc. be sure to offer the opportunity on a regular basis. These incentives will improve moral and longevity of members.

Recognition will also demonstrate appreciation. Recognition can be highly motivating and create role models in a coalition. Consider a system of recognition whether it be each meeting, quarterly or at the end of a year. Recognition can come in many forms- a handwritten thank you letter, public accolades, nomination for an award, creating a scholarship or award in someone’s name, a spotlight in a newsletter, a formal letter of appreciation, a recognition ceremony or naming a park, building or facility after a person. Not all recognition has to be for the person who accomplished a tremendous achievement. Persistency, mentoring and leadership are other examples of deserving traits that can be recognized.

Evaluate the coalition. The coalition will appear distinguished and professional if evaluation of the health of the coalition is evaluated regularly. Consider a yearly evaluation of the members of the coalition to establish if the coalition is running smoothly and accomplishing goals from each individual’s perspective. Evaluation can capture information regarding meetings (are they structured in an effective manner), membership (is the coalition reflective of the population it serves and also, does it have representation of a variety of sectors), goals (are they appropriate, are small tasks effective in achieving the overall goal), communication (are agendas and minutes distributed in a
way in which all members want to receive them, does every member feel as though they can speak openly). These examples are not comprehensive. This tool can be used or adapted for your coalition.

The infrastructure that supports community prevention efforts is important to their effective implementation. It is suggested that several players are needed to effectively carry out a comprehensive prevention plan.

**Fiscal Agent/Contractor**

The role of the fiscal agent is to oversee the financial expenditures and assure that funds are allocated in accordance with the funded proposal. The Fiscal Agent holds the grant or contract and is responsible for maintaining staff and managing human resource issues, including making hiring and termination decisions. Fiscal Agent responsibilities include developing and managing budgets as well as overseeing progress.

**Community Coordinator**

The role of the Community Coordinator is to facilitate and guide the coalition through the phases of the planning model (e.g., Strategic Prevention Framework). The Community Coordinator is responsible for the day-to-day operations of all activities in the community, which includes community mobilization and assisting in developing a comprehensive strategic prevention plan. Community coordinator may work for the contracted fiscal agency or a sub-contracting agency. Coordinator tasks may include:

- Create a community prevention coalition. Facilitate recruitment of community prevention board members and ensure that composition of board includes appropriate community agencies, entities and individuals.
- Facilitate delegation of community prevention board tasks, including but not limited to collecting, organizing, and analyzing data; community outreach and public relations; and board meetings. Lead discussions related to project planning and maintenance.
- Work with community prevention board members to develop and implement a comprehensive community prevention plan that includes a needs assessment, action plan, and sustainability plan. The National Quality Form has developed an Action Guide called *Improving Population Health by Working with Communities* that includes resources for assessment, organizational, and sustainability planning, which may be useful when creating the community prevention plan.
- Work with community board members to establish systems for the community prevention board to monitor the implementation of selected interventions.
- Train program facilitators.
- Oversee implementation of the preventive interventions selected by the community prevention board.
- Monitor implementation fidelity of individual and environmental strategies.
- Coordinate dissemination of planning model to key leaders, schools and other youth service providers and the public.
- Make presentations and community outreach.
- Assist in writing grant proposals, reports, concept papers, and other materials needed to obtain continued/increased funding.
• Follow fiscal procedures, as outlined by grant’s fiscal agent. These procedures may include steps to spend grant money, receive reimbursements, tracking programmatic and salary expenses, etc.
• Advocate for local data collection, through various agencies and organizations, including the Indiana Youth Survey (INYS) and/or Indiana College Substance Use Survey (ICSUS).

NOTE: It is recommended that paid staff (including the fiscal agent and coordinator) NOT have voting rights on the coalition.

Community Coalition and Coalition Board/Workgroups
Research supports the effectiveness of a community coalition focused on prevention, and as it is strongly recommend that each community have an active prevention coalition. The role of this coalition is to provide input and decision-making around data-driven prevention planning for the community. This is the body that decides what will be implemented in the community to address identified priority areas. Coalition tasks may include:
• Participating in drafting vision statement, coalition mission, bylaw creation and updates, other policy and procedure documents.
• Participation and attendance at regular coalition, boards, and workgroup meetings.
• Bringing data to the group for consideration.
• Compiling evidence of effectiveness for existing programs.
• Participating in decisions related to intervention selection.
• Supporting the sustainability of the coalition and increasing prevention capacity.

Community Coalition Subgroups
Each coalition is encouraged to create boards, workgroups, and committees in order to keep ensure the continuation of prevention infrastructure as time passes. A “one-size fits all” approach is not feasible, and what works in one community may not be sustainable or effective in a different community. However, prevention efforts are best supported by a highly-functional coalition. Boards and committees should remain active throughout all phases of the SPF process, and meet on a regular basis. Workgroup activity may wax and wane throughout the process (e.g., when the coalition is involved in updating the assessments, the risk and protective factor workgroup will be more active and tasked with prioritization), but each of the following subgroups are highly recommended.

<table>
<thead>
<tr>
<th>Boards/Workgroups</th>
<th>Duties/Skills</th>
</tr>
</thead>
</table>
| **Key Leader Board**    | Engage other leaders
                          | Oversee implementation of the process
                          | Hold the Community Board accountable                                          |
| **Community Board**     | Coordinate work-group activities
                          | Participate in decision-making
<pre><code>                      | Communicate with Executive Committee                                          |
</code></pre>
<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **Executive Committee**                       | Set agendas  
Provide oversight  
Report to Key Leader Board                                                                         |
| **Risk and Protective Factor Workgroup**      | Collect and analyze data  
Facilitate prioritization of needs  
Report findings                                                                                   |
| **Community Outreach and Public Relations Workgroup** | Maintain contact with stakeholders  
Educate and involve community members  
Work with the media and distribute the report/plan                                                      |
| **Youth Involvement Workgroup**               | Identify and involve existing youth groups  
Recruit youth to serve on Boards/Workgroups  
Coordinate skills development and recognition                                                        |
| **Resources Assessment and Evaluation Workgroup** | Inventory existing prevention efforts  
Identify gaps  
Design the evaluation of the plan                                                                     |
| **Funding or Sustainability Workgroup**       | Identify resources and sources of funding  
Write grant proposals                                                                                  |
| **Community Board Maintenance Workgroup**     | Establish communication and reporting protocols  
Establish by-laws, operating procedures, & fiscal/legal status  
Recruit and educate new Community Board members                                                      |

Once workgroups are established, several steps can be taken to strengthen them and better address the needs of the community. SAMHSA has created a helpful [document](#) with action items for communities to strengthen their workgroups.

**Program Facilitators**
Program Facilitators are those individuals who do much of the implementation and facilitation of the various strategies the Community Coalition has decided to implement. These individuals are hired by the Fiscal Agent, with input from the Community Coordinator. Multiple Program Facilitators may be hired, depending on the strategies implemented and the needs of the specific community.

Program Facilitator tasks may include, but are not limited to:
- Receive training in interventions for implementation.
- Facilitate implementation of selected interventions.
- Implement selected interventions with fidelity.
- Utilize identified fidelity measures.
- Ensure collection of data as outlined in community evaluation plan.
- Report any challenges or changes in intervention implementation to Community Coordinator.
Conflict of Interest Format
It is strongly recommended that conflict of interest is monitored among coalition members.

Conflict of Interest Policy and Annual Statement¹
For Directors and Officers and Members of a Committee with Board Delegated Powers

Purpose
The purpose of this Board conflict of interest policy is to protect _______________ (fiscal agent and/or coalition) interests when it is contemplating entering into a transaction or arrangement that might benefit the private interests of an officer or director of _______________ (fiscal agent and/or coalition) or might result in a possible excess benefit transaction.
This policy is intended to supplement, but not replace, any applicable state and federal laws governing conflicts of interest applicable to nonprofit and charitable organizations.

Definitions
1. **Interested person**: Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.
2. **Financial interest**: A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
   a. An ownership or investment interest in any entity with which __________ (fiscal agent and/or coalition) has a transaction or arrangement,
   b. A compensation arrangement with __________ (fiscal agent and/or coalition) or with any entity or individual with which __________ (fiscal agent and/or coalition) has a transaction or arrangement, or
   c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which __________ (fiscal agent and/or coalition) is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.
A financial interest is not necessarily a conflict of interest.
A person who has a financial interest may have a conflict of interest only if the Board or Executive Committee decides that a conflict of interest exists, in accordance with this policy.

¹ This policy is based on the IRS model Conflict of Interest policy, which is an attachment to Form 1023. It adds information needed to allow __________ (fiscal agent and/or coalition) to assess director independence in order to answer questions on Form 990.
3. **Independent Director**: A director shall be considered “independent” for the purposes of this policy if he or she is “independent” as defined in the instructions for the IRS 990 form or, until such definition is available, the director:
   a. is not, and has not been for a period of at least three years, an employee of _________ (fiscal agent and/or coalition) or any entity in which has a financial interest;
   b. does not directly or indirectly have a significant business relationship with _________ (fiscal agent and/or coalition), which might affect independence in decision-making;
   c. is not employed as an executive of another corporation where any of _________ (fiscal agent and/or coalition)’s executive officers or employees serve on that corporation’s compensation committee; and
   d. does not have an immediate family member who is an executive officer or employee of _________ (fiscal agent and/or coalition) or who holds a position that has a significant financial relationship with _________ (fiscal agent and/or coalition).

### Procedures

1. **Duty to Disclose**: In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Board or Executive Committee.
2. **Recusal of Self**: Any director may recuse himself or herself at any time from involvement in any decision or discussion in which the director believes he or she has or may have a conflict of interest, without going through the process for determining whether a conflict of interest exists.
3. **Determining Whether a Conflict of Interest Exists**: After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board or Executive Committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or Executive Committee members shall decide if a conflict of interest exists.
4. **Procedures for Addressing the Conflict of Interest**
   a. An interested person may make a presentation at the Board or Executive Committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
   b. The Chairperson of the Board or Executive Committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
   c. After exercising due diligence, the Board or Executive Committee shall determine whether _________ (fiscal agent and/or coalition) can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
   d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board or Executive Committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in _________ (fiscal agent and/or coalition)’s best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

5. **Violations of the Conflicts of Interest Policy**
a. If the Board or Executive Committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board or Executive Committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Records of Proceedings
The minutes of the Board and all committees with board delegated powers shall contain:
  a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board’s or Executive Committee's decision as to whether a conflict of interest in fact existed.
  b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Compensation
a. A voting member of the Board who receives compensation, directly or indirectly, from _________ (fiscal agent and/or coalition) for services is precluded from voting on matters pertaining to that member's compensation.
b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from _________ (fiscal agent and/or coalition) for services is precluded from voting on matters pertaining to that member's compensation.
c. No voting member of the Board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from _________ (fiscal agent and/or coalition), either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Annual Statements
1. Each director, principal officer and member of a committee with Board delegated powers shall annually sign a statement which affirms such person:
   a) Has received a copy of the conflict of interest policy,
   b) Has read and understands the policy,
   c) Has agreed to comply with the policy, and
   d) Understands _________ (fiscal agent and/or coalition) is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax exempt purposes.

2. Each voting member of the Board shall annually sign a statement which declares whether such person is an independent director.
3. If at any time during the year, the information in the annual statement changes materially, the director shall disclose such changes and revise the annual disclosure form.

4. The Executive Committee shall regularly and consistently monitor and enforce compliance with this policy by reviewing annual statements and taking such other actions as are necessary for effective oversight.

**Periodic Reviews**

To ensure _________ (fiscal agent and/or coalition) operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

a. Whether compensation arrangements and benefits are reasonable, based on competent survey information (if reasonably available), and the result of arm's length bargaining.

b. Whether partnerships, joint ventures, and arrangements with management organizations, if any, conform to _________ (fiscal agent and/or coalition)'s written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement or impermissible private benefit or in an excess benefit transaction.

**Use of Outside Experts**

When conducting the periodic reviews as provided for in Article VII, _________ (fiscal agent and/or coalition) may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

Signature __________________________________________
Title ______________________________________________
Date ______________________________________________

**Prevention Code of Ethics**

The principles of ethics are models of exemplary professional behavior. First created by the former National Association of Prevention Professionals and Advocates, the principles were adopted and updated by the Prevention Think Tank. They have since been adopted by both SAMHSA and the International Certification and Reciprocity Consortium. These principles of the Prevention Think Tank Code express prevention professionals’ recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field. There are six principles: Non-Discrimination, Competence, Integrity, Nature of Services, Confidentiality, and Ethical Obligations for Community and Society. The definitions of each of these principles (taken from the Prevention Think Tank) are as follows:

i. **Non-Discrimination**
Prevention professionals shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, age, sexual orientation, education level, economic or medical condition, or physical or mental ability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.

II. Competence
Prevention professionals shall master their prevention specialty’s body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one’s career.

a. Prevention professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable standards.

b. Due care requires prevention professionals to plan and supervise adequately, and to evaluate any professional activity for which they are responsible.

c. Prevention professionals should recognize limitations and boundaries of their own competence and not use techniques or offer services outside those boundaries. Prevention professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.

d. Prevention professionals should be supervised by competent senior prevention professionals. When this is not possible, prevention professionals should seek peer supervision or mentoring from other competent prevention professionals.

e. When prevention professionals have knowledge of unethical conduct or practice on the part of another prevention professional, they have an ethical responsibility to report the conduct or practice to funding, regulatory or other appropriate bodies.

f. Prevention professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment.

III. Integrity
To maintain and broaden public confidence, prevention professionals should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

a. All information should be presented fairly and accurately. Prevention professionals should document and assign credit to all contributing sources used in published material or public statements.

b. Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations.

c. Where there is evidence of impairment in a colleague or a service recipient, prevention professionals should be supportive of assistance or treatment.

d. Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.

IV. Nature of Services
Practices shall do no harm to service recipients. Services provided by prevention professionals shall be respectful and non-exploitive.

a. Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.

b. Prevention professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.

c. Where there is suspicion of abuse of children or vulnerable adults, prevention professionals shall report the evidence to the appropriate agency.

V. Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including—but not limited to—verbal disclosure, unsecured maintenance of records or recording of an activity or presentation without appropriate releases. Prevention professionals are responsible for knowing and adhering to the State and Federal confidentiality regulations relevant to their prevention specialty.

VI. Ethical Obligations for Community and Society

According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual’s right to services and personal wellness should guide the efforts of prevention professionals to educate the general public and policy makers. Prevention professionals should adopt a personal and professional stance that promotes health.

Assessment

Rationale and Guidelines

A needs and resources assessment is a process of gathering information about the current conditions of a targeted population that underlie the need for an intervention. Needs and resources assessments are important to identify elevated risk and depressed protective factors, determine whether existing community resources are addressing the problem, and assess the level of community readiness to respond. The needs and resources assessment should justify the selections of evidence-based strategies in the community plan.

Needs and Resources Assessment Elements

Data are critical to every community’s need assessment. Data relating to contributing factors or risk and protective factors, substance use, and consequences should be collected. Substance use and consequences of this use are concepts with which many are familiar. However, contributing factors may require some explanation. These are factors that are related to substance use such as risk and protective factors.
NOTE: To access the hyperlinked data sources listed in the graphic above, CTRL click to open the page in a new browser window.

Risk factors are characteristics of an individual, family, school, or community environment that are associated with increases in the development of problem behaviors (alcohol and other drug use, delinquency, teen pregnancy, school dropout and violence).
### Risk Factors for Adolescent Problem Behavior

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Substnse Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Dropout</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNITY</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Availability of drugs</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Availability of firearms</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community laws and norms favorable toward drug use, firearms, and crime</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>Media portrayals of violence</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Transitions and mobility</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Low neighborhood attachment and community disorganization</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Extreme economic deprivation</td>
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</tr>
<tr>
<td><strong>FAMILY</strong></td>
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<tr>
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<td>Academic failure beginning in late elementary school</td>
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<tr>
<td>Lack of commitment to school</td>
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<td>Early and persistent antisocial behavior</td>
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<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Rebelliousness</td>
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<td>Friends who engage in the problem behavior</td>
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<td>✓</td>
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<tr>
<td>Favorable attitudes toward the problem behavior</td>
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<td>Early initiation of the problem behavior</td>
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<td>Constitutional factors</td>
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</table>
Protective factors are associated with reducing potential for problem behaviors by mitigating the effects of risk factors. Protective factors are related to family, social, psychological and behavioral characteristics that provide a buffer to risk factors for young people.

Data used in the needs assessment will likely be secondary, or information and data collected from existing sources. These sources include those listed in the figure above as well as:

- **Prev-Stat**
- Behavioral Risk Factor Surveillance System: Selected Metropolitan/Micropolitan Area Risk Trends ([BRFSS SMART](#))
- **County Health Rankings**
- Local data collected by hospitals, police departments, prosecutors, social service agencies, schools, and the like.
- Additional data sources can be found on the IPRC’ SPF [webpage](#)
Primary data (data that your community has gathered) will provide a more complete picture of the need and resources in your community. This may involve conducting a focus group, administering a survey, or performing an environmental scan.

A primary data source for many community assessments is the Indiana Youth Survey (INYS). Administered by the IPRC, the Indiana Youth Survey assesses risk and protective factors, drug use, and consequences of use among 6th - 12th grade students. Participation is free and open to any school that registers by the December deadline. Visit the online registration system to register to participate in the survey.

Participating school corporations will receive a report detailing their local results and comparing local school corporation data with state and national comparison norms (where available) on a grade by grade basis. Reports may be released to agencies/organizations by submitting a data release from participating schools to the Indiana Prevention Resource Center. A sample data agreement can be found in the Appendix. It is strongly suggested that a data release be obtained for any data received from outside sources (e.g., local prosecutor) so that it is clear to all parties how the data will be used and distributed.

The Indiana Youth Survey recently underwent changes that may be unfamiliar to communities who have previously utilized information from the survey. More information about these changes, as well as additional information about the survey, is outlined in the Technical Assistance Brief below:

**Technical Assistance Brief**

**Changes in the 2015 Indiana Youth Survey Methodology**

This year, as in previous years, the report shares statewide prevalence-of-use data for prior years. However, for the 2015 INYS, comparisons between data from 2015 and data from 2014 and earlier years are explicitly discouraged. The data cleaning methodology was changed substantially and surveys which may have been counted in previous years have been removed. Comparing data from previous years may suggest significant changes, either upward or downward in substance use trends that are primarily a result of methodological differences and not actual differences in youth substance use. The results cannot be assumed to show a trend, either positively or negatively except between 2015 and 2016.

- In 2015 the IYNS was changed to create a separate 6th grade instrument. The instrument is shorter, asks questions about fewer drugs, and uses simpler languages.
- The 2015 IYNS survey eliminated the category of “lifetime use.” Students are now asked about use during the past 30 days, and a lifetime prevalence may be inferred from questions about “age of first use,” and “never used.”
- Substances were altered or added
  - Electronic vapor products were added
  - Cocaine and crack were merged
• Hallucinogens and ecstasy were merged
• A “fake” drug, “Vivoxiline” was added as part of the data cleaning protocol
• Steroids were removed from the list of substances
• Additional street names added for a number of drugs
• The binge drinking question was revised to a flat frequency of use (5 or more drinks)
• Questions about obtaining alcohol and prescription drugs were modified
• Consequences of drug use questions were replaced by CRAFFT screening
• Communities that Care questions were modified in the 6th grade instrument and only questions about the following were asked:
  • Poor family management
  • Family conflict
  • Parental attitudes favorable toward drug use
  • School academic failure
  • Perceived risk of drug use
• Gambling items were modified
• Data cleaning removed surveys for the following reasons:
  • Blank surveys
  • Truthfulness (students reported that they did not answer truthfully)
  • Vivoxiline use (fictitious drug)
  • Missing gender information
  • Missing or invalid grade information
  • Implausible age and grade combination
  • Implausible age and onset age combination (first use was older than the student’s current age)
  • Substance use inconsistencies (said they didn’t use but then said that they did)
  • Pharmacological implausibility (40 or more monthly uses of multiple drugs)

Changes in the 2016 Indiana Youth Survey

This year a random sample taken from additional schools was added to the survey data collection. The additional information provided by the sampling methodology will benefit the state in multiple ways, including increased perception of the data’s validity by funding agencies outside of the state. At the same time, the convenience sample of all schools and corporations who participated was retained.

In 2016, few changes were made to the survey instrument itself.

• The introduction to the survey and initial instructions were modified in order to clarify the purpose of the survey and to emphasize the confidential and voluntary nature of the process.
• The item asking about sources of alcoholic beverages was modified. The following response options were added:
  • A person under 21 years old gave it to me.
  • I got it at a party.
The Indiana Youth Survey

Additional information about the Indiana Youth Survey can be found at inys.indiana.edu. New schools can register to take part in the survey at inys.indiana.edu/signup. Registration opens for the INYS school year on August 15 each year. Survey registration closes on December 1 for paper surveys and January 31 for online surveys. In order to register for the survey, schools must provide the following information:

- The name of the school corporation
- The names of schools that will participate in the survey
- Contact name and information for the survey coordinator(s)
- The date(s) the school would like to administer the survey
  - These must be during the spring semester before or at least two weeks after Spring Break
- The dates of the school corporation’s Spring Break
- Whether the school will be administering the survey on paper, online, or both
- The corporation’s policy on parental consent
- For the paper survey only:
  - The number of participating classrooms
  - The number of participating students in each grade

Local survey reports for the 2016 Indiana Youth Survey will be available in September. The local survey coordinator(s) will receive a username and password to access the report.

Advocacy for participation in the survey

The Indiana Youth Survey is a valuable tool for communities in that it allows schools to:

- Determine how behavioral variables relate to school and academic performance.
- Allows schools to understand their unique needs in terms of programming and implementation.
- Assists in the facilitation of needs assessments, planning, and evaluation of programs.

Many school prevention programs rely on federal grant dollars which require the use and collection of National Outcomes Measures (NOMS). NOMS data include: rates of alcohol, marijuana, and other illicit drugs, perception of harm of each of these drugs, perceived peer approval of use, and perceived parental approval of use. Each of these data points are collected in the Indiana Youth Survey.

In addition to the data available in the Indiana Youth Survey the IPRC conducts the Indiana College Substance Use Survey (hereafter referred to as Indiana College Survey) which assesses the prevalence of alcohol, tobacco and other drug use, consequences of use, alcohol availability, and student perceptions of peer behaviors. The Indiana College Survey can be a primary source of information on college students in a community. Participation is free and open to any school that registers by January 31st. Contact Rosie King (rosking@indiana.edu) to register. Participating schools receive a customized report of their campus results, including analysis by gender and age categories.
Comparison to the statewide data is also provided. Reports may also be released to communities by submitting a data release from participating schools to the Indiana Prevention Resource Center. It is strongly suggested that a data release be obtained for any data received from outside sources (e.g., local prosecutor) so that it is clear to all parties how the data will be used and distributed. Benefits of the Indiana College Survey include:

- Collection of data on student’s substance use, reasons for and consequences of use, what students think their peers are doing and more.
- Customized report of your campus results with comparison to statewide data and analyzing the data by gender and age categories.
- Participation in a state-wide survey at no charge.
- Data can be used to provide valuable input on substance use programming needed at colleges throughout the state.

**Health Disparities**

An important piece of any assessment is an analysis of health disparities. Health disparities are differences in health outcomes between groups that reflect social, economic, and/or environmental inequalities. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their:

- racial or ethnic group;
- religion; socioeconomic status;
- gender;
- age;
- mental health;
- cognitive, sensory, or physical disability;
- sexual orientation or gender identity;
- geographic location; or other characteristics historically linked to discrimination or exclusion.

(Healthy People, 2020)

There are specific activities related to health disparities that are a part of community mobilization and coalition management. These include:

- Advocate for the inclusion of health disparities questions on INYS and College Survey
- Membership includes individuals from sub-populations that have been identified as experiencing health disparities
- Define specific sub-population(s) with health disparities in your community
- Identify the specific substance abuse related health disparities experienced by sub-population(s)

**Advocate for the inclusion of health disparities questions on INYS and ICSUS**

The Indiana Youth Survey (INYS) and Indiana College Substance Use Survey (ICSUS) allow for the addition of 5+ questions that could assess health disparities in your community including:

- Primary Language – What is the language you use most often at home? English, Spanish, etc.
- Survey Special Report – Request a special report with breakdowns of substance use and perception data by race/ethnicity, gender, deployment question and/or incarceration question.
• Sexuality – Q* Who are you sexually attracted to? Females, males, females and males, not sure. Q* During your life, with whom have you had sexual contact? Females, males, females and males. Q* Which of the following best describes you? Heterosexual (straight), Gay or lesbian, etc.
• Gender Expression - A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you? Very feminine, Mostly feminine, Somewhat feminine, Equally feminine and masculine, etc.
• Gender Conformity – Do you consider yourself to be gender noncomforming? How would you describe yourself? Trans woman (male-to-female), Trans man (female-to-male), etc.

Membership includes individuals from sub-populations that have been identified as experiencing health disparities

Coalitions best serve those experiencing health disparities by involving those individuals in the planning, implementation and evaluation. You will want to think about how your coalition is representative of your community.

• Identify the populations in your community that meet criteria for likely experiencing health disparities.
• Identify populations in your community that tend to have higher rates of substance use.
• Identify populations in your community that are underserved by prevention efforts.
• Identify organizations that serve populations that you may not be serving and reach out to them.

Recruiting and maintaining members that represent your community may involve:

• Promoting your coalition within areas and using communication channels most frequented by underserved populations.
• Collecting demographic data via a membership application.
• Creating a roster that includes: name, organization, race/ethnicity, gender, sector/category of each member.

Define specific sub-population(s) with health disparities in your community & Identify the specific substance abuse related health disparities experienced by sub-population(s)

Through the process of updating your assessments and plan (Q2), you will be using census data and other resources to better understand substance use behavior in populations that experience disparate health outcomes and are underserved in your community. There are a variety of data resources that can be of assistance, which include:

• Prev Stat
• CLEI
• Indiana County Health Rankings
Interpreting Risk and Protective Factor Data

The Indiana Prevention Resource Center uses a cut-point method to identify elevated risk and depressed protective factors on the Indiana Youth Survey. Students from around the country were asked the same questions, and Indiana survey respondents are divided into two categories – low risk and high risk – based upon national data.

For example, youth are asked:

How wrong do you think it is for someone your age to smoke cigarettes?

- Not wrong at all (4)
- A little bit wrong (3)
- Wrong (2)
- Very wrong (1)

Their responses were scored with a numerical value and put in order from lowest to highest and the middlemost score identified. This score is the median and divides all responses into two halves (50% of responses are below the median and 50% are above the median). The median is used to determine the cut point for low and high risk. In this example, any youth that indicated a 2 or higher is considered high risk.

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</thead>
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<tr>
<td>50% Low Risk</td>
<td>MEDIAN</td>
<td>50% High Risk</td>
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In simple terms, when 50% are high risk and 50% are low risk, Indiana students are similar, in terms of risk, to the nation. Those areas where more than 50% of youth in your community are high risk are areas where youth are not faring as well as youth nationally.

IDENTIFYING ELEVATED RISK FACTORS
When examining state risk factor data in the Indiana Youth Survey reports, there is a red line indicating the cut point. Elevated risk factors are those that extend above this cut point. In addition,
the table indicates areas where more than 50% of Indiana youth are high risk, thus not faring as well as youth nationally.

Indiana 8th graders are above the cut-point for high family conflict. In simple terms, we can say:

The number of Indiana 8th graders at risk for family conflict is greater than that of other communities across the nation.

Communities can examine their local data and fill in the following stem:

The number of [grade]_____ in our community at risk for _[risk factor]_______ is greater than that of other communities across the nation.

IDENTIFYING DEPRESSED PROTECTIVE FACTORS

When examining state protective factor data, there is also a red line indicating the cut point. Depressed protective factors are those that extend above this cut point. In addition, the table indicates areas where more than 50% of Indiana youth are low in protection, thus not faring as well as youth nationally.
Indiana 8th, 10th, and 12th graders are above the cut-point for low community rewards for prosocial involvement. In simple terms, we can say:

*The number of Indiana 8th, 10th, and 12th graders benefitting from community rewards for involvement is less than that of other communities across the nation.*

Communities can examine their local data and fill in the following stem:

*The number of [grade]________ in our community benefitting from _[protective factor]_____ is less than that of other communities across the nation.*

**Planning**

**Selection of Strategies**

One of the goals of CTC is to decrease substance use and consequences of its use by focusing on elevated risk and depressed protective factors. Selection of strategies should be focused on these goals. It is optimal to utilize evidence-based strategies to achieve these goals. It is critical that any selected strategy be data driven. That is, strategies should link back to problems (substance use and consequences), contributing factors (risk and protective factors), and target populations identified in the needs assessment. Strategies should not be selected simply because they have always been done or it sounds like a good idea. Rather, there should be justification for the need. For example, a program targeted toward a small population of Hispanic/Latino residents is not appropriate if there are no data to support a documented need. Intervening on this type of circumstance is unlikely to have much of an impact. Rather, a strategy should be selected based on available data such as failed...
tobacco inspections (see below). Knowing the percentage of failed inspections can tell us the impact of stores selling tobacco to underage youth. See the following TA brief for information about finding these data.

**Technical Assistance Brief**

**Understanding Tobacco Sales to Minors**

Does your town or county have a problem with retailers selling tobacco to children? How can you know? Do you know many stores sell tobacco in your community? Where can you find out? The Indiana Prevention Resource Center can help you find this information.

**Access to tobacco products and prevalence of youth smoking are directly correlated.** The Center for Disease Control says that 80% of all adult smokers started smoking before their 18th birthday. The 2015 Indiana Youth Survey ([INYS](#)) notes that fewer youth are smoking now than have smoked in previous years. The survey results indicate that 83.8% of 12 grade students have never used tobacco. Five percent of them have smoked more than 40 cigarettes in the past month. Sixty-six percent of these 12 graders say that it is easy to get cigarettes. Where do they obtain cigarettes? Some students buy or steal cigarettes from stores, others may ask friends to purchase them while others may take them from their parents. On a positive note, 64.2% of these youth believe there is “great risk” in smoking one pack of cigarettes a day.

The Indiana Criminal Code (IC): **IC 35-46-1-10** assigns penalties for retailers and clerks who sell tobacco to anyone under the age of 18, and **IC 35-46-1-11**, fines retailers who fail to post mandatory signs regarding tobacco sales to anyone under the age of 18. Indiana Criminal Code **IC 35-46-1-11.7** prohibits minors from entering establishments which primarily sell tobacco products.

**IPRC’s Global Information Systems (GIS) In Prevention:** The Indiana Prevention Resource Center has a useful tool to discover how many tobacco retailers there are in your county or town. This is part of the [GIS In Prevention](#) database on the IPRC website. The GIS prevention tool will also tell you what the per capita density of tobacco sellers are in your area. Monroe County, for example, has 138 tobacco outlets. Monroe County is slightly higher than the rest of Indiana in the number of tobacco outlets per 1,000 youth ages 10-17. Search by using [this web page](#) and clicking the drop-down menu on the left to select a county.
FDA Compliance Checks: Another source of information about retailers who have sold (or conversely those who have not sold) tobacco products to minors is the Food and Drug Administration’s (FDA) Compliance Check Database. The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) of 2009 gives the Food and Drug Administration broad powers for the oversight of tobacco. The FDA regulates the manufacture, distribution, and marketing of tobacco products, this includes inspecting retailers to discourage sales to minors. On this web page (Compliance Check Database), select the state in the menu and select the desired type of search (date range, store name, whether there was a sale to a minor, whether there was a fine, etc.).

This is an example of FDA Compliance Check Database search results showing one page from Bloomington, Indiana of outlets who have sold (or not sold) to minors. Most of these retailers are gas stations.
Please contact the IPRC for help with these databases, more information on tobacco, or finding anti-tobacco curricula or prevention strategies.

Coalitions should also consider the **changeability** of risk or protective factors and the **importance** of the risk and protective factors in the community. Choosing to address factors that have high importance and high changeability can increase the chance that a community will see changes in their identified problem behaviors.

**Importance** is how much a risk or protective factor is impacting the problem in the community. Looking at the data above for failed tobacco inspections, we see that few establishments are found to be in non-compliance. Therefore, if youth are obtaining tobacco cigarettes from their older peers, then addressing a risk factor of “retail access” would not be as important as addressing a risk factor for “social access”. Examining the importance of a risk and protective factor is a way to determine how pertinent and important a specific risk factor is to the identified problem, in order to increase the likelihood that the community will see results when addressing the problem.

**Changeability** examines if a community has the capacity (readiness and resources) in order to change the identified risk and protective factors. This can include the existence of an evidenced based intervention (discussed below) to address it, and the time-frame the coalition is working within. If the community does not have the needed resources, or is not ready to address an issue, an intervention would be labeled with “low changeability”. That does not mean it’s a risk/protective factor or intervention that can never work, but simply that the community coalition does not have the needed capacity to address it at this time. Efforts should be focused on areas with high levels of changeability, in order to increase the likelihood that a community will see results when addressing their problems.

When selecting strategies based on prioritized risk and protective factors, it is important to fully understand the risk factor, its measurement, and what need must be addressed. For example, family conflict is measured by the following scale:
As one can imagine, family conflict could take many forms. So, examination of the specific survey items will enhance your understanding of the construct of family conflict. A program aimed at building parents’ skills at setting boundaries for their children may not change how youth respond to these questions. Thus, you may want to choose a program that focuses on communication and conflict resolution. If we have an understanding of how a construct was measured, then it gives insight into the type of program that will yield the outcomes we expect (e.g., improvement in responses to the family conflict scale).

**Evidence-Based Strategies**

When selecting a strategy intended to decrease use and consequences of use, it is important to select an evidence-based strategy. An “evidence-based” strategy is one that has some evidence of influencing use rates and consequences in similar communities under similar circumstances. Having evidence of effectiveness is not the same as a strategy having research conducted on its outcomes. When examining evidenced-based strategies, the community should dig deeper than simply reading a program is evidenced-based, and instead examine a programs level of effectiveness (discussed below). According to CSAP, evidence-based strategies are those that are:

- Included on federal lists or registries of evidence-based interventions
  - Find Youth Info
  - Blueprints
  - Comparison Matrix for Science-Based Prevention Programs
  - National Registry of Evidence Based Programs, Policies, and Practices (NREPP)
- Reported (with positive effects) in peer-reviewed journals (search [http://scholar.google.com/](http://scholar.google.com/) for scholarly articles); and
- Documented effectiveness supported by other sources of information and the consensus judgment of informed experts, as described in the following set of four guidelines (**all must be met**)
  - Based in solid theory documented in a logic or conceptual model(such as the Social Development Model); and
  - Similar in content and structure to interventions that appear in registries or peer-reviewed literature (address risk and protective factors, have similar contact hours, and teaching techniques, but address a different population); and
  - The Intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects (there are unpublished evaluation results from several sites that show positive results); and
  - The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are
experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate (e.g., the state-level Evidence-Based Practice Workgroup, Strategic Plan Review Team, and Indiana Prevention Resource Center TA/Evaluation Team).

Again, just because a strategy meets these criteria (i.e., is listed on NREPP) does not mean that a strategy has evidence of being effective; simply that it has had one (or more) research studies conducted on it. Communities should make sure that programs that are selected not only address their identified risk and protective factors, but also have been found to have positive effects in communities similar to the one it will be implemented in. If using NREPP, community coalitions should consider setting a minimum level score regarding the research, but (at a minimum) should make sure that the outcomes with high research scores are the outcomes desired, and have positive key findings. The Evidence-Based Workgroup has generated a list of evidence-based programs, policies, and practices.

Example:

<table>
<thead>
<tr>
<th>VOICE</th>
<th>NO</th>
<th>YES</th>
<th>Please List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the program, policy, or practice included on federal lists or registries of evidence-based interventions?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported (with positive effects) in peer-reviewed journals?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All of the Following Criteria MUST be Met:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Based in solid theory documented in a logic or conceptual model?</td>
<td>X</td>
<td>Based on Social Influence Theory <a href="http://abs.sagepub.com/content/48/2/189.short">http://abs.sagepub.com/content/48/2/189.short</a></td>
<td></td>
</tr>
<tr>
<td>Similar in content and structure to interventions that appear in registries or peer-reviewed literature</td>
<td>X</td>
<td>The activities that youth undertake in VOICE are similar to those of Media Sharp (an evidence-based CDC program) and <a href="http://www.mediaready.org">Media Ready</a>.</td>
<td></td>
</tr>
<tr>
<td>The Intervention is supported by documentation that it has been effectively implemented in the past and shows a consistent pattern of credible and positive effects?</td>
<td>X</td>
<td>A program evaluation of a VOICE group in Bloomington, Indiana reported that at least 70% of respondents showed a measurable decrease in the reduction of negative ATOD activity and increase of the knowledge of ATOD health and psychological impacts.</td>
<td></td>
</tr>
</tbody>
</table>
The intervention has been reviewed and deemed appropriate by a panel of informed prevention experts?

- Reviewed by public health professionals at the Foundation, IPRC, and CELL and deemed to have adequate evidence of effectiveness.

Another way of determining effectiveness is to examine the level of effectiveness.

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**Levels of Effectiveness of Science-based Prevention:**

- **Level 1** programs have only anecdotal (subjective) evidence of positive results. Examples: Testimonials, newspaper reports or non-refereed publications.

- **Level 2** programs have documented positive effects using qualitative data. Program outcomes have been recorded in conference reports, internal reports, published non-academic articles, etc. Examples: Program evaluations and source documents.

- **Level 3** programs use scientific methods that include pre-and post-testing with a comparison group to assess impact. Results are published in at least one scientific, peer-reviewed journal. Examples: Single trial effectiveness.

- **Level 4** programs are analyzed for effectiveness through meta-analysis or expert review. Results appear in refereed publications, dissertations, evaluation reports, and source documents. Examples: Meta-analysis, expert review, and peer consensus.

- **Level 5** programs have been successfully replicated in several settings. They have been evaluated using scientific methods that include a pre and post-test to show positive results that are published in more than one scientific, peer-reviewed, academic journal. Examples: Multiple site replication studies.
**Recommendation:** In order to be considered an evidence-based program (EBP), a Level 3, 4 or 5 on the effectiveness scale must be achieved. Examples of non-evidence-based strategies include DARE, drug testing, and red ribbon campaigns. These strategies have been shown to have no or harmful effects. However, one may include strategies like red ribbon campaigns to raise awareness among community members and keep schools that value this campaign engaged in prevention efforts. Also, one might approach DARE officers to become trained in implementing an evidence-based strategy such as LifeSkills as was done in two State Incentive Grant communities.

**Environmental Strategies**
Prevention strategies typically fall into two categories, individual and environmental. Individual strategies target the knowledge, attitudes, and skills of individuals. Programs and curricula (e.g., Lifeskills, Project Alert) are often individual strategies that focus on a circumscribed group of people who attend sessions or prevention activities. Environmental strategies (often referred to as systems-change or community-based) target the broader physical, social, cultural, and institutional forces that contribute to problem behaviors. These strategies increase barriers to use by decreasing availability, increasing enforcement, and changing norms related to substance use.

Some examples of environmental strategies include:
- Party patrols
- Shoulder taps
- Outlet density restrictions
- Responsible Beverage Service trainings – must be combined with compliance checks
- Compliance checks – must be all outlets, not random sample
- Increased enforcement of minimum drinking age laws
- Consistently enforcing disciplinary actions

Research shows that environmental strategies are effective. However, very few environmental strategies are included on lists of evidence-based interventions (e.g., NREPP) and there is no curriculum that can be pulled off the shelf and delivered. There are several helpful resources located on the IPRC SPF website including policy briefs about best practice in establishing and enforcing policies.
Selected strategies should be a mixture of evidence-based environmental strategies (e.g., CMCA, revision of student assistance policies to include in school rather than out of school suspension for ATOD related offenses) and programs focused on reduction of risk factors and increasing of protective factors among individuals (e.g., Strengthening Families, LifeSkills, Project Alert). This combination of strategies ensures that the prevention approach is comprehensive and addressing as many individuals as possible, thus maximizing resources and reach. An environmental scan and strategy selection guide (for Rx drugs and alcohol) are available through the IPRC.

Estimating the reach of an environmental strategy can be difficult. The following TA brief provides some guidance on how to calculate the number of individuals served.

Technical Assistance Brief

Estimating Reach

The purpose of this TA brief is to provide guidance on estimating the number of individuals impacted by environmental strategies. The Division of Mental Health and Addiction (DMHA) must provide the number and demographics of those impacted by SAPT Block Grant-funded efforts to federal funders. These numbers are the combination of reports provided by community grantees, thus it is important for grantees to report these numbers in a uniform manner. Environmental strategies have the potential to reach a large number of individuals. However, estimating their reach can be difficult.

**Determine the current census estimates for the target population of the strategies.** For example, a county-wide prevention initiative in Dearborn County seeks to serve 18-24 year olds. Prev-Stat provides the total population (49,579) for the county and identifies the percent of the population for each age range (8.6% are 18-24). This county’s population of 18-24 year olds is 4,264 (8.6% of 49,579).

**Determine the reach of direct prevention programs** (including universal, selective, and indicated). Examine the rosters for each program with a defined group of participants and sum all of the participants across programs. If possible, remove duplicates from your calculations. For example, a large employer participated in drug-free work week activities and employs 1,000 young adults aged 18-24. An additional 300 young adults participated in an alcohol education course. This is 1,300 served from the target population.

**Estimated reach for all prevention strategies should not exceed current census estimates for the target population(s).** In our example, the estimated reach from all prevention strategies should not exceed 4,264 people in the 18-24 age group. 1,300 individuals were served through direct prevention programs. In order to not exceed census estimates, the indirect strategy reach should be reduced from the total population of 18-24 year olds, to 2,964 (4,264 – 1300 = 2,964).

**Calculate the number of impressions from indirect prevention strategies.** Impressions, sometimes referred to as a view, are the number of times a message is viewed. Dearborn County also launched a social norms campaign. This campaign involved social media, billboards, and pamphlets distributed at community events. The following data were collected:

- Social media analytics revealed 800 impressions.
- The billboard company indicated that 6,500 motorists passed the billboards with the normative messages over the course of the campaign.
• 400 pamphlets were distributed at the fair. These total 7,700 impressions (800 + 6500 + 400 = 7700).

Adjust reach estimates. The estimated reach (2,964) should be divided proportionally between these media. For example:
• Social media posts represent approximately 10% of the impressions (800 of the 7,700), thus would equal 296 individuals reached.
• Billboards represent approximately 84% of the impressions (6,500 of the 7,700), thus would equal 2,490 individuals reached.
• Pamphlets represent approximately 6% of the impressions (400 of the 7,700), thus would equal 178 individuals reached.

Media and Social Marketing Campaigns
One goal of SPF is to increase prevention infrastructure and capacity. Communities may set out to raise awareness of the problems of substance abuse in their community, increase data collection in an effort to be more competitive for grant funding, or increase community readiness to act on the problem of substance abuse. Some of these objectives can be met via media or social marketing campaigns. There is evidence to support the notion that these campaigns can also change health behaviors. For example:

A 2006 study examined a social norms marketing campaign at 18 universities to lower college student drinking. The campaign message of normative drinking behavior, definition of a drink, and the campaign logo was delivered by means of posters, newspaper advertisements, emails, and presentations. The trial’s results found lower alcohol use, lower BAC, and lower number of drinks consumed per week in the institutions conducting the campaign.

However, these campaigns are most effective when they complement evidence–based environmental strategies or curricula designed to decrease use and consequences of use. While it’s helpful to use evidence-based media campaigns to raise awareness of the problems associated with substance use or the services available in your community, media campaigns are unlikely to change perceptions of harm associated with substance use, the intention to use, or actual use behavior. Media campaigns are most effective when paired with an evidence-based curriculum or environmental strategy.

When pairing a media campaign with an evidence-based strategy, it is important to understand the impact of today’s changing patterns of media use. For example:

1.) Today’s television market is fragmented. Major networks lose viewers as cable channels appeal to ever more specialized audiences. TV ad purchases, including PSAs, will be diluted in terms of reaching a specific target audience, unless that audience happens to fit a narrowly-defined niche. Thus, it is more important than ever to understand your target audience.
2.) Many households are using DVRs, or Internet media outlets (e.g., Netflix), which let viewers bypass commercials. Drug prevention media campaigns would be better served by focusing more closely on local campaigns, such as print or interactive displays in areas where youth congregate, such as schools, churches, and youth centers.

3.) More young people are using the Internet as their main source of media and also using multiple forms of media simultaneously, such as the Internet and television. With their attention divided, it’s more likely that commercial messages on television will be ignored. Testing your message with your target audience will minimize the likelihood that it will be overlooked amidst the other competing messages. Explore the use of targeted online advertising such as Google Grants, social networking sites (e.g., Facebook and Twitter), and You Tube.

While they may not represent the “new media,” don’t ignore your local radio or TV stations. The FCC requires them to air a certain amount of PSAs. Particularly in smaller media markets, local stations are often searching for PSAs to air. Contact them with your message, or, even better, generate interest among your target audience by sponsoring a contest for local youth to create a PSA and have local broadcasters serve as judges. The winning entries could be submitted to local TV/radio stations for airing.

For those using media advocacy to supplement evidence-based strategies or curricula, it’s important to have current and relevant facts and figures on hand, as well as being able to discuss the implications of those facts for the issues. Reporters are more likely to contact people they know who have access to reliable facts and figures when they are researching a story. Solid research information is available for those who are interested in doing media advocacy from resources such as the Center for Substance Abuse Prevention’s National Clearinghouse for Alcohol and Drug Information (NCADI). At the state level, Regional Alcohol and Drug Abuse Resource (RADAR) Network Centers serve as local information clearinghouses. The IPRC is one such RADAR Network Center. For more information on becoming a media advocate, contact Barbara Seitz-de-Martinez (seitzb@indiana.edu) at the IPRC.

Below is an examination of popular media campaigns and the evidence for each one’s effectiveness. It is intended to provide information to guide communities toward the media campaign for a specific target audience that best complements the chosen evidence-based strategy.

Additional resources are available to help you stay current on alcohol industry activities and tactics (the Marin Institute www.marininstitute.org), producing media messages (The FACE Project www.faceproject.org), and evaluating media campaigns (http://kdpaine.blogs.com/files/social-media-measurement-checklist-3_2012-1.pdf).

Please feel free to contact the IPRC for assistance.

**The National Youth Anti-Drug Media Campaign**

**Website:** [http://www.abovetheinfluence.com/](http://www.abovetheinfluence.com/)
Developer: White House Office of National Drug Policy (ONDCP)

Target Audience: Youth, parents, and influential adults

Goal: To prevent and reduce youth drug use

Established Outcomes: Marijuana use among high-sensation-seeking adolescents and pro-marijuana attitudes and beliefs decreased, most likely as a result of the campaign’s dramatic depiction of negative consequences of marijuana use. The campaign had no effect upon low sensation seeking adolescents.


Parents Who Host Lose The Most

Website: https://preventionactionalliance.org/

Developer: The Prevention Action Alliance

Target Audience: Parents of Teenagers

Goal: Educate parents about the health and safety risks of serving alcohol at teen house parties.

Established Outcomes: A 33% increase of parents indicating that knowledge of the campaign prevented them from hosting teen parties where alcohol is available. A 42% decrease among youth who knew of parents hosting parties where alcohol was available to teens.

Source: According to an independent evaluation by the Miami University’s Applied Research Center based on telephone surveys conducted in Ohio from 2001 to 2006.

Resources: For more information or to receive a copy of the campaign materials, contact Prevention Action Alliance at (614) 540-9985 or https://preventionactionalliance.org/contact/

Prevention Awareness Month/Community Engagement Activities

Communities may wish to increase local knowledge of substance use and prevention in addition to recovery by sponsoring activities related to awareness months. Listed below are resources for detailed information about activities month to month and how to spread the word in your community and bring attention to local needs or problems with the use of the data mentioned above. A link to the SAMSHA Prevention and Promotion guide is provided below to serve as a resource for community engagement activities. The activity examples and month by month
prevention and promotion guide may be used as a tool to educate and engage the community. The Indiana Prevention Resource Center highlights each awareness month on the website (www.drugs.indiana.edu). Press releases may be generated to increase awareness around substance abuse prevention and mental health promotion. Tools are available that offer step-by-step instructions for crafting press releases, proclamations, and success stories.

<table>
<thead>
<tr>
<th>Month</th>
<th>Awareness Month</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Recovery Awareness Month</td>
<td><a href="http://www.recoverymonth.gov">http://www.recoverymonth.gov</a></td>
</tr>
<tr>
<td>March (Begins 3rd Saturday):</td>
<td>Inhalants and Poisons Awareness Week</td>
<td><a href="http://www.inhalants.org/nipaw.htm">http://www.inhalants.org/nipaw.htm</a></td>
</tr>
<tr>
<td>April</td>
<td>Alcohol Awareness Month</td>
<td><a href="https://www.ncadd.org/about-ncadd/events-awards/alcohol-awareness-month">https://www.ncadd.org/about-ncadd/events-awards/alcohol-awareness-month</a></td>
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<tr>
<td></td>
<td>Public Health Week</td>
<td><a href="http://www.nphw.org">http://www.nphw.org</a></td>
</tr>
<tr>
<td>May</td>
<td>Mental Health Awareness Month</td>
<td><a href="http://www.mentalhealthamerica.net/may">http://www.mentalhealthamerica.net/may</a></td>
</tr>
</tbody>
</table>
Implementation

Implementation is where the rubber-meets-the-road. It provides the means to show successful change. When implementing programs it is necessary to follow the evidence-based curriculum faithfully. While planning, it is essential to show need based on consequences, behaviors and risk/protective factors. One of the areas that fall in post planning and pre-implementation is obtaining the necessary venue (physical resource) and human resources to see that the programs, practices and policies will be successful. This should be documented in Memorandums of Understanding and hiring practices. Applying planning without the correct community buy-in will delay actual implementation. Applying implementation without the fundamentals met is like planning a road trip without a driver’s license. It’s a great idea but the means to provide are not there.

Physical provision of:

- Who - Facilitators, coordinators, participants (demographics to fit the program)
- Materials - Incentives, handouts, programs
- Physical resource - area of need, size, available, can provide MOU
- When - Best time for program, best time for training

Should there be a strategy needing time for buy-in, documentation should be provided as to the progress of the strategy. Some strategies require little preparation and some require long-term ground work. Programming, once in the proper element, should continue. Recruitment may be a necessary component of implementation and time must be allowed for this. For instance, planning for policy change may take months of becoming familiar with the existing policies and gaining trust among the people who have the responsibility to use the policies.

Emergency Preparedness

Emergency preparedness involves analyzing potential situations that compromise the safety and well-being of organization staff and participating individuals. These potential situations can range from unauthorized visitors or participant injury to severe weather or fire. Provisions for preventing and responding to such emergency situations should be put in place to assure the safety of everyone.
A site specific emergency preparedness plan should be in place prior to the beginning of any program. Organization staff and participants should be familiar with the plan and rehearse emergency action steps such as emergency evacuation. Examples include:

- When providing services to youth in a school or youth center, it is highly recommended that pictures of each youth are kept on file with roster and emergency contact information for emergency situations. Photos of youth could be taken as part of the sign-in procedure during the first several sessions. These photos may serve as useful tools for locating your participants in an emergency.
- Put a policy in place to require sign-in and sign-out procedures for all youth participants. Know who is authorized to pick up youth. Require staff to wear identification badges so that unauthorized visitors are easily spotted.
- Assure a minimum ratio of adult to child supervision (at least 1:15 is suggested).
- Obtain a criminal background check (State Police: $16.32 for non-subscribers, $15 for subscribers, $7 for government agencies) and sexual offender registry checks (Indiana Sherriff’s Sexual Offender Registry free of charge) on each staff member and volunteer and the vicinity of the program delivery sites (3 mile radius).
- Complete First Aid/CPR/AED training through the local American Red Cross. Adult and Pediatric classes are available. Training can occur either in a classroom, online, or through a hybrid method with online lessons and on-site practice. In-person classes can be taken throughout the state. For more information on training, including a list of upcoming trainings, visit [http://www.redcross.org/take-a-class/first-aid](http://www.redcross.org/take-a-class/first-aid).

A sample Emergency Preparedness Plan is available in the [Appendix](#) and demonstrates suggested plan structure and recommended depth of each content area. The following checklist provides critical elements of an emergency preparedness plan along with examples of specific provisions that must be put in place. This checklist does not represent a comprehensive plan, but may be used to assess an existing plan or aid in the development of a new plan.

A Critical Components Checklist

<table>
<thead>
<tr>
<th>Needs</th>
<th>Yes</th>
<th>No</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
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<tr>
<td>- Weak areas and holes in the plan have been identified.</td>
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<tr>
<td><strong>Prevention</strong></td>
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<tr>
<td>- Provisions are in place for basic safety such as securing the premises, monitoring play areas, and protocol for picking up youth.</td>
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<tr>
<td>- Planning for crises such as fire, severe weather, fights, suicides, and vehicle accidents has occurred.</td>
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<tr>
<td><strong>Education</strong></td>
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<tr>
<td>- Agency engages in ongoing review of safety policies and procedures with staff and youth.</td>
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<tr>
<td>- Emergency drills are executed periodically.</td>
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<tr>
<td>- Staff is trained in first aid, CPR, and universal precautions.</td>
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Communication
- Local fire, police, and EMS have been informed of the agency’s plan.
- Staff is aware of emergency communication system, which includes protocol for chain of communication, parent phone list, and designation of media liaison.
- Procedures and protocol have been circulated and are prominently available to staff, youth, and parents.

Intervention
- Protocol for managing an emergency situation is in place, which includes provisions for notifying authorities, securing or evacuating the premises, keeping track of all youth, and tending to injured individuals.

Referral
- Protocol is in place to identify and refer those exhibiting symptoms of post-traumatic stress to mental health professionals.

Debriefing
- Staff convenes following an emergency to discuss the events.

Evaluation
- Plan is updated on a regular basis.
- Strengths and weaknesses are identified following an emergency and adjustments to the plan are made accordingly.

Important Precautions When Working with Youth

Youth organizations have indicated that the single most important factor in the success of their programs is the relationship between participants and the adults who work with them. Programs can provide the opportunity for youth to gain self-confidence through development of caring relationships with adults and peers. However, as youth development professionals, we need to take the proper precautions to ensure the safety of both staff (volunteer or paid) and youth participants alike. Give new employees and volunteers a general orientation of key points to be mindful of (boundaries, etc.) when working with youth. Here are some guidelines that various organizations have implemented to protect both children from the threat of abuse and adults from false accusations. Some have been adapted from the following publication found at https://www.nonprofitrisk.org/resources/articles/preventing-false-accusations-of-child-sexual-abuse/.

- Avoid situations in which you are alone with a child. Always be in sight of others.
- Document (in transportation plan) how youth will be transported to and from site, home, field trips, etc.
- Staff members should not be allowed to transport youth in personal car (alone or otherwise).
• In the event that a youth’s privacy may be forfeited (due to illness, may need a change of clothes, accidents, etc.) at least two adults should be present. Also, the gender of the staff should be the same as the youth.

• Avoid touching areas that are normally covered by swimming suits: breasts, buttocks, and groin.

• When hugging is appropriate, hug from the side over the shoulders, not from the front.

• Sexual jokes, comments of a sexual nature, kissing, sensual massages or sexual gestures are not appropriate behavior for an adult staff member or volunteer.

• When volunteering to supervise overnight activities, adults should not share sleeping quarters with children other than their own.

• Revealing personal information about one’s sex life by an adult volunteer or staff member is never appropriate.

• Do not use corporal punishment in any form — spanking, slapping, hitting, etc.

• It is the adult’s responsibility to set and respect boundaries. When a child attempts to involve an adult in inappropriate behavior, the adult must reject the overture. This situation should be reported to one’s supervisor and addressed immediately.

The Organization Darkness to Light is committed to preventing childhood sexual abuse. They offer a training entitled Stewards of Children which is designed to prevent this abuse and empower individuals to recognize signs of abuse. It also encourages organizations to create prevention policies. This training is available online and in person, and can be completed individually or in groups. More information about Stewards of Children, including how to register for trainings, can be found on the Darkness to Light website.

Consent and Disclosure
For programs in which there are participants present onsite (e.g., an after-school program or family program), it is strongly recommended that a signed consent and disclosure form be kept on file. When minor children are involved, parental consent and youth assent are necessary. This consent form should include the following elements:

• the funding source
• the nature and format of the program
• any risks associated with program participation
• the collection of survey data
• race/ethnic category and Hispanic/Latino status

A sample consent form is in the Appendix. Adult consent forms and Spanish versions are available upon request.

1 Until the current racial and ethnic standards were adopted in 1977, Federal data collections used an assortment of definitions for broad racial categories. In response to that problem, a Federal interagency committee recommended development of common categories for racial and ethnic data. Directive No. 15 provides a minimum set of standard categories and definitions for presenting data on various racial and ethnic groups in our population. The Directive requires compilation of data for four racial categories (White,
Black, American Indian or Alaskan Native, and Asian or Pacific Islander), and an ethnic category to indicate Hispanic origin, or not of Hispanic origin. [http://www.whitehouse.gov/omb/fedreg/race-ethnicity.html](http://www.whitehouse.gov/omb/fedreg/race-ethnicity.html)

Using Preferred Pronouns
There are approximately 700,000 individuals in the United States who identify as transgender or gender neutral. With this in mind, it is important to consider and respect the gender identity of the youth who will participate in community programs. One easy yet significant way to do this is to ask each participant what their preferred pronouns are. These may be: she/her/hers, he/him/his, or they/their/theiris. Making a note of these on the first day of the program and using them throughout will promote inclusiveness among the youth in the community. For more information on why using correct pronouns matters, click here.

Using Appropriate Rewards and Discipline
A common practice among facilitators of youth programs and educators is to use physical activity as a punishment or food as a reward. However, these practices can be counterproductive and even change the health habits of youth.

Using physical activity as a punishment can take several forms, but the most common is forcing students to perform physical activity because of behavioral issues (i.e., talking, disrupting the class, etc.). The Society of Health and Physical Educators states, “using negative consequences to alter behavior suppresses the undesirable behavior only while the threat of punishment is present; it does not teach self-discipline or address the actual behavior problem.” The Society also argues that time spent on punishing a student with physical activity could be better used positively promoting physical activity. The Center for Science in the Public Interest also states that children can learn to dislike activities that are used as punishments, and will be less likely to be physically active outside of programs if they use physical activity as a punishment. Instead of using physical activity, some alternative strategies for discipline include:

- Outlining facilitator expectations early in the program
- Consistency with enforcing behavioral expectations
- Offering positive feedback; catching students doing the right thing
- Develop routines that keep students involved in learning

By the same token, food is commonly used as a classroom reward. The Center for Science in the Public Interest states that these rewards can influence children’s eating patterns, promoting unhealthy eating habits. Students may come to see food as a reward; in addition, they may be encouraged to eat when they are not hungry. With the prevalence of childhood obesity continuing to increase, this practice is becoming a public health issue. Instead of using food, some alternative rewards could include:

- Social rewards (i.e., attention, praise)
- A recognition certificate, trophy, note home to parents
- Choosing a classroom activity
- Small toys/trinkets (stickers, stuffed animals)
Indiana University has implemented a policy for Programs Involving Children (PIC) that can be viewed on their website. The components of the policy could be modified in community programs to ensure the safety and well-being of participants.

**Evaluation**

Thorough evaluations often utilize a tiered approach to evaluating the effectiveness of efforts, which involves process evaluation and outcome evaluation. Outcome evaluation occurs both at the community-level and at the program-level.

**Process evaluation** involves the monitoring of steps or activities leading to the achievement of a result. These steps serve as a planning tool to decide what needs to happen in the planning process, a checklist to ensure that all appropriate steps are taken and as an assessment and evaluation tool that can assist in identifying training and technical assistance needs. For an example of generic factors that can impede or support completion of benchmarks and activities see the Appendix.

**Outcome Evaluation** seeks to understand to what extent our efforts were effective. A discussion of each type of outcome evaluation is included below.

**Community-level** evaluation begins with the needs assessment and involves monitoring the changes in determinants (e.g., risk/protective factors), behaviors (e.g., substance use), and related consequences among the community over time. [See the logic model in the Appendix for more details about the elements of the logic model.] This type of change often takes years to see at the community-level, but the overall goal of substance abuse prevention is to impact behaviors of those beyond a given program, policy, or practice and achieve population-level change. This is achieved by updating needs assessments annually to monitor whether the originally identified need continues to be an issue in the community.

For example, a needs assessment may indicate that youth are accessing alcohol through retail outlets (e.g., grocery stores are not carding minors) and the community coalition partners
with local law enforcement to conduct compliance checks of retailers. Let’s assume that this strategy is effective in limiting minors’ retail access to alcohol. However, a follow-up needs assessment indicates that more minors are indicating that they obtain alcohol from social sources (e.g., older peers). This indicates a change in the need within the community. Not only is there a need to limit retail access, but there is a need to limit social access and possibly increase perceptions of harm associated with alcohol use.

Periodic updates of the community needs assessment will provide this type of monitoring and increase responsiveness to changing circumstances.

<table>
<thead>
<tr>
<th>CONSEQUENCE(S)</th>
<th>BEHAVIOR(S)</th>
<th>DETERMINANT(S)</th>
<th>STRATEGIES</th>
</tr>
</thead>
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<tr>
<td>Legal</td>
<td>Substance abuse</td>
<td>Contributing Factors</td>
<td>Programs</td>
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<td>Alcohol</td>
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<td></td>
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<tr>
<td>Health</td>
<td>Tobacco</td>
<td>Risk Factors</td>
<td>Policies</td>
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<td></td>
<td>Prescription drugs</td>
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<tr>
<td>Social</td>
<td>Marijuana</td>
<td>Protective Factors</td>
<td>Practices</td>
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<tr>
<td></td>
<td>Other drugs</td>
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<tr>
<td>Financial</td>
<td>Delinquency</td>
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<tr>
<td></td>
<td>Teen pregnancy</td>
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<tr>
<td></td>
<td>School dropout</td>
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<td></td>
<td>Violence</td>
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<td></td>
<td>Depression and anxiety</td>
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<td></td>
<td>Gambling</td>
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Most community-level evaluation data can be collected via the Indiana Youth Survey or Indiana College Survey. The youth survey captures the National Outcome Measures (NOMs) and risk and protective factors as well as other critical information such as mental health, parental deployment history, and parental incarceration. The college survey also captures the NOMs as well as other information such as sexual identity, mental health, and deployment history. Grantees are required to advocate for local schools to participate in one or both of these surveys (depending on the audience targeted by grant activities) and obtain a data release. These data will be the core of the community-level evaluation. If local schools are not willing to participate and/or share these data, other data collection efforts will be required. For example, data may be collected from youth participating in activities at local YMCAs, Boys and Girls Clubs, or community events such as sporting events or theatre productions. In these instances, indirect measures may also be identified (e.g., non-compliance rates as a measure of retail access, divorce rate as a measure of family conflict) to form a more complete picture of substance abuse in your community.
Program-level evaluation consists of evaluating the elements of the program, policy, or practice including impact on determinants and behaviors. Program evaluation provides information about whether the program, policy, or practice is impacting participants (rather than the community at-large) in the expected ways (e.g., decreased risk, increased protection, decreased substance use). If positive outcomes are achieved at the program level, then it is likely that change will be effected at the community level. This population level change is the goal of CSAP. Most program evaluation data can be collected via the National Outcome Measures (NOMs adult and youth) as well as risk and protective factor scales for identified risk and protective factors.

<table>
<thead>
<tr>
<th>Intermediate Outcome: BEHAVIOR(S)</th>
<th>Short-Term Outcome: DETERMINANT(S)</th>
<th>STRATEGIES</th>
</tr>
</thead>
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<tr>
<td>Substance abuse</td>
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<td>Alcohol</td>
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<td>Prescription drugs</td>
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<td>Marijuana</td>
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<td>Other drugs</td>
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<td>Delinquency</td>
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<tr>
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<tr>
<td>School dropout</td>
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<tr>
<td>Violence</td>
<td></td>
<td></td>
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<tr>
<td>Depression and anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gambling</td>
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</tbody>
</table>

Evaluation data can be either quantitative or qualitative in nature. Quantitative data is numerical data that includes NOMs and risk and protective factors. Qualitative data is non-numerical data, such as information from interviews or observations. The technical assistance brief below features more information about collecting and interpreting qualitative data:

**Technical Assistance Brief**

**What is Qualitative Data?**

Qualitative data is non-numerical data that comes from sources such as observation, interviews, and document reviews. Qualitative research approaches can be used for many purposes. For example, this data can be used when someone wants to answer questions about the following:

- A group’s behaviors
- How opinions and attitudes are formed
- How people are affected by events in their community
- Differences between social groups
Qualitative data collection is important for all community coalitions, because any qualitative data that is collected is a beneficial companion to quantitative data that is collected. Qualitative data adds richness and context to quantitative data and fills gaps in data.

**Qualitative Data Collection**

Before setting out to do qualitative research, coalitions should write a purpose statement, which is a single sentence that describes what one hopes to learn from the qualitative data. Writing a purpose statement is an important step because the purpose statement allows a coalition to develop a framework which the data collection can be focused around. An example of a purpose statement is: “The purpose of this focus group is to explore why males in the community are more likely to consume alcohol underage than females.”

The most commonly used method of qualitative data collection is through an interview. Interviews are generally used because they provide detailed answers. For example, in order to prioritize the issues to be addressed by the coalition, one could conduct key stakeholder interviews and explore the most critical concern among local youth as it pertains to drug use. Another common way to collect qualitative data is through focus groups. These groups allow for information to be gathered from individuals who have common experiences or share common views about a topic. This could involve a short focus group at a PTO meeting to explore parents’ feelings about allowing drinking within the home. If a community has never moderated a focus group before, there are several handouts available online that walk through the process and provide additional resources.

Other types of data collection are also used among community coalitions. In some instances, members of a coalition will observe a common substance use setting. For example, coalition members could observe and record the carding practices of local grocery stores. Document reviews are also used for qualitative data collection. For example, coalition members could monitor comments on substance abuse-related news stories to capture the feelings and beliefs held by the community on the issue. This can give insight into what the community sees as high priority. Other media sources such as blogs, chat room conversations, online support group interactions, Facebook pages, e-mails, and Tweets can generate qualitative data in a similar manner.

**Qualitative Data Analysis**

The main goal of qualitative data analysis is to capture themes from the information collected. There are several steps to ensuring that your data is able to be analyzed. The first step is to transcribe any audio or video recordings that have been taken. The next step is to determine a strategy for organizing data, such as by focus group, by question, or by topic area, and creating appropriate files for the approach.

Coding is one of the most important steps in qualitative data analysis. Coding is the process of organizing and sorting qualitative data, and involves assigning a word, phrase, number, or symbol to each category. These codes are representative of the themes that are captured; themes become the categories that are used to organize the data. An approach that some communities use when coding is to have small groups code an interview, focus group session, etc. and discuss the reasoning behind each code at a meeting. This approach allows for immediate feedback on coding and collaboration between the coalition members for a smoother coding process. During coding, it is important to keep a running commentary and analysis of what is being seen in the data. An example of the coding process is below:

*Question: What are some ways you believe the underage drinking problem could be resolved in our county?*

*Education (1):*

- *Alcohol awareness classes*
• Community awareness campaigns
• Education in schools
• Educating parents
• Talk to public about why drinking underage shouldn’t be condoned
• Host events about youth access to alcohol
• Media messages
• Provide more information to children than “just say no”

**Enforcement (2):**

• Enhanced enforcement in stores
• Consequences for providing alcohol to minors
• Tighter laws
• More excise police

**Partnerships (3):**

• Collaboration with local university
• Collaboration with nonprofits

The final step of qualitative data analysis is to report findings. By using the commentary and coding that was completed in the previous stage, coalitions can identify patterns in the data. Some patterns that may emerge include:

• Distinctions within categories
• Finding examples between themes and that run counter to themes

When interpreting qualitative data, coalitions can summarize the main points of the data based on the patterns that emerge. It is important to not only include points that support the coalition’s view. Some additional helpful tips when interpreting qualitative data include:

• Avoid over-generalizing; the goal of qualitative data is not to generalize across a population.
• Avoid simply reporting the number of people who provided a certain answer or response; frequency of response should be supplementary to the story that qualitative data can tell.

Qualitative data is an important tool that can help a coalition better understand the ways in which people think and feel about a topic. It allows coalitions to see the reasoning behind the quantitative data that will also be collected. While the qualitative data collection and analysis process can be time-consuming and strenuous, the insight that can be gained from qualitative data is beneficial to any community coalition.
Participant Demographics
Federal funders require that all grantees must collect and enter demographic information for each program that has a circumscribed group of participants. The following information must be collected and reported regularly. For environmental strategies, this information may be obtained in a variety of ways. However, when it is not available, census data are a great option for estimating reach.

<table>
<thead>
<tr>
<th>Age Range:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ 0-4</td>
</tr>
<tr>
<td>_ 5-11</td>
</tr>
<tr>
<td>_ 12-14</td>
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<tr>
<td>_ 15-17</td>
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<tr>
<td>_ 18-20</td>
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<tr>
<td>_ 21-24</td>
</tr>
<tr>
<td>_ 25-44</td>
</tr>
<tr>
<td>_ 45-64</td>
</tr>
<tr>
<td>_ 65 and over</td>
</tr>
<tr>
<td>_ Age not known</td>
</tr>
</tbody>
</table>

___ Male    ___ Female

___ Not Hispanic or Latino   ___ Hispanic or Latino
___American Indian/Alaska Native    ___ Asian    ___ White
___Black/African American

___ Native Hawaiian/Other Pacific Islander
___ Unknown    ___ More Than One Race

Cultural Competency

Cultural Competency Definitions
The following are key definitions
(from SAMHSA* and the Indiana State Cultural Competency Workgroup**)

**Although Cultural Diversity encompasses racial or ethnic information, it can include: national origin, gender, sexual orientation, religion, location (rural/urban, suburban), socioeconomics (employment, poverty, student status and income or education level), disability status, family structure and age. It is important to view each stage of a program with cultural lenses, bringing in outside viewpoints to do so, if necessary.
**Cultural Competence**: Refers to an ability to interact effectively with people of different cultures. Cultural competence is comprised of four components: (a) Awareness of one's own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) Cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

**Cultural Competence** is a set of congruent behaviors, attitudes, policies, knowledge and skills that come together in a system, agency, or among professionals that enable them to work effectively in multi-cultural situations.

**Cultural Competence** is the understanding and appreciation of cultural differences and similarities within and between groups.

**Cultural Competence** is a willingness and ability to draw on community-based values, traditions and customs, and to work with knowledgeable persons of and from the community in developing prevention strategies. (from Cultural Competence for Evaluators, HHS, ADM92-1884, 1992).

**Cultural Competence** can be viewed as a point on a continuum representing the policies and practices of an organization which enable it to interact effectively in a culturally diverse environment.

**Cultural Diversity**: Differences in race, ethnicity, language, nationality, or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

**Cultural Sensitivity**: An awareness of the nuances of one's own and other cultures.

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

**Cultural Competence Checklist**

The following checklist may be used as a starting point for determining your coalition’s cultural competence.

Adapted from SAMHSA’s “Getting to Outcomes”

<table>
<thead>
<tr>
<th>Issue</th>
<th>Has the issue been adequately addressed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are program staff representative of the target population?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Are the curriculum materials relevant to the target population?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Have the curricula and materials been examined by experts or target population members?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Question</td>
<td>Yes / No</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Has the program taken into account the target population’s language,</td>
<td></td>
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<tr>
<td>cultural context, and socioeconomic status in designing its materials</td>
<td></td>
</tr>
<tr>
<td>and programming?</td>
<td></td>
</tr>
<tr>
<td>Has the program developed a culturally appropriate outreach action</td>
<td></td>
</tr>
<tr>
<td>plan?</td>
<td></td>
</tr>
<tr>
<td>Are activities and decision-making designed to be inclusive?</td>
<td></td>
</tr>
<tr>
<td>Are meetings and program activities scheduled to be convenient and</td>
<td></td>
</tr>
<tr>
<td>accessible to the target population?</td>
<td></td>
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<tr>
<td>Are the gains and rewards for participation in your program clearly</td>
<td></td>
</tr>
<tr>
<td>stated?</td>
<td></td>
</tr>
<tr>
<td>Have the administrative, support, and program staff been trained to</td>
<td></td>
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<tr>
<td>be culturally sensitive in their interactions with the target</td>
<td></td>
</tr>
<tr>
<td>population?</td>
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</tbody>
</table>

SAMHSA has also created a list of areas for organizations to improve their cultural competence within each stage of the Strategic Prevention Framework. Items that make an organization culturally competent include:

**Continually assesses** organizational diversity
- The organization conducts a regular assessment of members’ experiences working with diverse communities and/or focus populations.
- The organization regularly assesses the range of values, beliefs, knowledge, and experiences within the organization that would facilitate working with focus communities.

**Invests in building capacity** for cultural competency and inclusion
- The organization has policies, procedures, and resources that facilitate the ongoing development of cultural competence and inclusion.
- The organization is willing to commit the resources necessary to build or strengthen relationships with groups and communities.
- Members are representative of the focus population.

**Practices strategic planning** that incorporates community culture and diversity
- The organization collaborates with other community organizations, and organization members are involved in supportive relationships with other community groups.
- The organization is seen as a partner by other community organizations and members.

**Implements** prevention strategies using culture and diversity as a resource
- Community members and organizations have had an opportunity to create and/or review audiovisual materials, public service announcements, training guides, printed resources, and other materials to ensure they are accessible to, and attuned to their community or focus population.
Evaluates the incorporation of cultural competence

- There is a regular forum for a wide variety of community members to provide both formal and informal feedback on the impact of interventions in their community

Implementation

With regard to Evidence-Based Programs, Policies and Practices, SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated for that population are encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus.

Cultural Competency with regard to CTC includes assessing and mobilizing community capacity by engaging workforce, financial, and organizational resources to build prevention infrastructure. In working with diverse populations, the principles of cultural competence can ensure that environments as well as relationships are built on inclusion and mutual respect. It is important to assure that culturally competent adaptations are made without sacrificing the core elements of the policies, programs and practices. As your community chooses their evidence-based programs, policies, and practices, the coalition should help assure that the evidence shows that the proposed program, policy or practice will be appropriate and effective for the population(s) for which it is intended in the community

Cultural competence needs to be maintained in each step of the CTC process, including addressing the cultural competence aspects of the evaluation criteria. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov.

The Center for the Application of Prevention Technologies (CAPT) has created a collection of tools including tip sheets and hands-on worksheets for prevention providers to better understand the connection between cultural competence and reducing health disparities. The tools can be found here. CAPT has also created tools specifically to help create substance use prevention and behavioral health programs addressing boys and young men of color; this suite of tools can be found here.

Readability Tests

If you have a version of Microsoft Word for Windows, you can use it to determine the readability level of text. You will need to enter several passages of at least 100 words each.

1. On the file menu, click Options;
2. Click Proofing;
3. Under “When Correcting Spelling and Grammar in Word” Select Check grammar with spelling;
4. Select Show readability statistics;
5. Run the spellcheck (as you go through the text, allow Word to correct spellings by all means, but you should be able to ignore comments on grammar, unless it picks up a genuine mistake you missed, rather than an aspect of your style). When you have completed the check, a message box like the one below will appear:

![Readability Statistics](image)

**Interpreting the statistics**

When Word finishes checking spelling and grammar, it can display information about the reading level of the document, including the following readability scores. Each readability score bases its rating on the average number of syllables per word and words per sentence.

- **Flesch Reading Ease score**
  Rates text on a 100-point scale; the higher the score, the easier it is to understand the document. For most standard documents, aim for a score of approximately 60 to 70.

- **Flesch-Kincaid Grade Level score**
  Rates text on a U.S. grade-school level. For example, a score of 8.0 means that an eighth grader can understand the document. For most standard documents, aim for a score of approximately 7.0 to 8.0.

**Gunning-Fog Index**

The following is the algorithm to determine the Gunning-Fog index ([http://juicystudio.com/services/readability.php#gunning](http://juicystudio.com/services/readability.php#gunning))

- Calculate the average number of words you use per sentence.
- Calculate the percentage of difficult words in the sample (words with three or more syllables).
- Add the totals together, and multiply the sum by 0.4.
  \[(\text{average_words_sentence} + \text{number_words_three_syllables}) \times 0.4\]

The result is your Gunning-Fog index, which is a rough measure of how many years of schooling it would take someone to understand the content. The lower the number, the more understandable the content will be to your visitors. Results over seventeen are reported as seventeen, where seventeen is considered post-graduate level.

**Sustainability**

Sustainability does not mean ‘forever and ever’; it means continuation in the right form, at the right level, for the right amount of time needed to achieve your goals. There are three main categories of sustainability: Organizational Capacity, Effectiveness, and Community Support.

Community coalitions that are delivering programs, policies, and practices need to be able to carry out the administrative functions that make it possible to implement strategies and keep them going to achieve the targeted behavior change. Maintaining administrative functions falls into the Organizational Capacity sustainability category.

In addition to sustaining organizational capacity, communities must also have the capacity to identify, prioritize, and implement effective interventions appropriate to targeted populations whose substance use consumption is contributing to community problems. This involves making sure that your strategies make sense and that they are addressing the needs of your community.

Coalitions must also maintain community support; maintaining the capacity to foster positive relationships among key stakeholders, identify and nurture supportive system leaders and champions, and build ownership among those who have a stake in sustaining the outcomes of chosen strategies. Achieving positive outcomes is built on the success of organizational collaboration.

When creating a sustainability plan, community coalitions should consider these three areas of sustainability, and seek to provide areas of strength and challenges within each one, in addition to identifying elements that must be sustained for a coalitions’ strategy to continue. Identifying where a coalition is currently (in each of these areas), and what challenges it will face in the future, will allow the community to be better prepared to acquire and maintain resources. Items that could assist in sustainability planning include creation of a timeline of funding sources per strategy (such as the table below) or a funding strategies worksheet (see the Appendix). Additionally useful may be a coalition case statement (example/guidelines in the Appendix), and building a strong coalition that will be able to withstand loss of funding (coalition checklist found in the Appendix).

**Funding**

A diversified funding stream can ensure sustainability of efforts beyond any one funding opportunity.
• Adoption of a business model by providing of goods and services can provide revenue to support programs and administrative costs. As an example, see the goods and services offered by The Middleway House (http://www.middlewayhouse.org/services-layout/) and White River Humane Society (http://whiteriverhumanesociety.org/Services_2.php)
• Take advantage of free or in-kind services available (Google docs, Evites, Google for nonprofits).
• Membership dues provide a source of revenue while increasing the exclusivity of membership. Requiring applications for volunteers also has the same effect by making it a position of honor.
• Investigate innovative fundraising ideas such as advertising and recycling programs.
  o Abitibi Paper Retriever®-Community Recycling Program
  o Good Search
  o Google AdSense
  o Printer Cartridge and Battery Recycling
• Grants are available from a variety of National, State, and local sources.
  o Indiana Youth Institute – Grant Tips
  o Indiana Nonprofit Resource Network
  o The Fundraising School
  o Indiana Grantmakers Alliance
  o Indiana Office of Faith-Based and Community Initiatives (OFBCI)
  o Community Anti-Drug Coalitions of America (CADCA) – Funding
  o JoinTogetherOnline
  o SAMHSA Funding Opportunities
  o Grants.gov
  o CSAP’s Central Center for the Application of Prevention Technologies
  o The Grantsmanship Center
  o The Foundation Center
  o U.S. Department of Education - Grants & Contracts
  o U.S. Department of Justice - Grants
  o Schoolgrants
  o Just Grants! Indiana

NOTE: A letter must be submitted to DMHA if a grantee is submitting a Drug-Free Communities Grant application.
Appendices

Gift Card Security Plan Template

This plan should give assurance that safeguards and controls are in place in order to document that the cards were given out to their intended recipients.

*Please use the process below when purchasing, distributing, documenting gift cards:*

1. **Purchase:** Indicate who will purchase the gift certificates: [Name or title]

2. **Custody:** Indicate who will review and document by signature the type, number, and amounts of gift cards that were purchased. [Name or title]

3. How will they be safeguarded until they are given out? [Detail where gift cards will be kept after purchasing but before giving them out]

4. Who will give out the cards to participants? [Name or title]

5. Indicate what information will be requested from the recipient when distributing the cards. [Detail what will be collected of participants to document they received their gift card—signature, receipt form, etc.]
   
   Suggestion: The receipt should be preprinted with the amount and item that is given out. There should be a place for the date, subject’s printed name, and signature.

6. **Managerial Review:** Indicate who will be responsible for reviewing this process and making sure these controls and any others that might be necessary are in place and operating as planned: [Name or title]

7. Document what you plan to do if there are any cards left over: [Detail what will be done with leftover cards].
   
   Suggestion: Best practice is to purchase only the number of cards necessary at one time, so that none are left over.
Gift Card Tracking Documentation Template

[Program Title]
[Fiscal Year]

Custodian

Type of cards purchased: ________________________  # of cards purchased: ________

Amount of Cards Purchased: _________________

Total Spent on Cards: (Number * Amount)= $______________________________

Custodian Name: __________________________________________________________________

Signature: _______________________________________________________________________

Distribution

Name: ____________________________________  # of cards given out:____________

    Amount of each card: ______  Total: ____________________________

Name: ____________________________________  # of cards given out:____________

    Amount of each card: ______  Total: ____________________________

Name: ____________________________________  # of cards given out:____________

    Amount of each card: ______  Total: ____________________________

Name: ____________________________________  # of cards given out:____________

    Amount of each card: ______  Total: ____________________________

Name: ____________________________________  # of cards given out:____________

    Amount of each card: ______  Total: ____________________________

Name: ____________________________________  # of cards given out:____________

    Amount of each card: ______  Total: ____________________________

Name: ____________________________________  # of cards given out:____________

    Amount of each card: ______  Total: ____________________________

Name: ____________________________________  # of cards given out:____________

    Amount of each card: ______  Total: ____________________________

Name: ____________________________________  # of cards given out:____________

    Amount of each card: ______  Total: ____________________________
Distribution (continued)

Name: ___________________________  # of cards given out: ___________
    Amount of each card: ______  Total: ____________________________

Name: ___________________________  # of cards given out: ___________
    Amount of each card: ______  Total: ____________________________

Name: ___________________________  # of cards given out: ___________
    Amount of each card: ______  Total: ____________________________

Name: ___________________________  # of cards given out: ___________
    Amount of each card: ______  Total: ____________________________

Name: ___________________________  # of cards given out: ___________
    Amount of each card: ______  Total: ____________________________

Name: ___________________________  # of cards given out: ___________
    Amount of each card: ______  Total: ____________________________

Name: ___________________________  # of cards given out: ___________
    Amount of each card: ______  Total: ____________________________

Name: ___________________________  # of cards given out: ___________
    Amount of each card: ______  Total: ____________________________

Name: ___________________________  # of cards given out: ___________
    Amount of each card: ______  Total: ____________________________

Remaining # of cards: ___________
    Balance: ____________________________

Distributor Name: _______________________________________________________

Signature:  ______________________________________________________________

Managerial Review:  ______________________________________________________
Gift Card Receipt Form Template

Gift Card Receipt Form
Payment for Participation

Program: [Type Project Name/Event]
Recipient Name: [Type Name of Winner]
Mailing Address:

Amount Paid: [Type Amount of Gift Card]
Signature: ________________________________________________
Date: __________________________________

Program: [Type Project Name/Event]
Recipient Name: [Type Name of Winner]
Mailing Address:

Amount Paid: [Type Amount of Gift Card]
Signature: ________________________________________________
Date: __________________________________

---
Thank you for your interest in our Community Coalition! We are engaged in a process of determining our community’s needs related to substance abuse prevention, developing a plan, and implementing strategies. We are seeking members with a strong commitment to the health of our community and a desire to contribute to our goals. Our coalition meets each month and members are expected to attend at least half of all meetings and serve on at least one workgroup. If you are interested in applying for a membership within the coalition, please fill out the enclosed form.
Community Coalition Membership Application

Nominee Information

CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>Phone:</th>
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<table>
<thead>
<tr>
<th>Email:</th>
</tr>
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</tbody>
</table>

BIOGRAPHICAL INFORMATION

1. Sex  
   - [ ] Male  
   - [ ] Female

2. Do you consider yourself to be gender nonconforming?  
   - [ ] Yes  
   - [ ] No

3. If yes, how would you describe yourself?  
   - [ ] Trans woman (male-to-female)  
   - [ ] Trans man (female-to-male)  
   - [ ] Intersex (living primarily as female)  
   - [ ] Intersex (living primarily as male)  
   - [ ] Intersex living androgynously (neither clearly male nor clearly female)  
   - [ ] Gender queer  
   - [ ] Questioning my gender  
   - [ ] Other (specify)

4. Which of the following best describes you:  
   - [ ] Straight  
   - [ ] Gay  
   - [ ] Lesbian  
   - [ ] Bisexual  
   - [ ] Queer  
   - [ ] Questioning my sexual identity
5. Are you Hispanic or Latino? (Check one)
   [ ] Yes  [ ] No

6. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
   [ ] Yes  [ ] No

7. During any time in your life, have you served time in jail or prison?
   [ ] Yes  [ ] No

SPECIAL SKILLS/EXPERTISE (see also Trainer’s Guide CBO 6-22 & 6-23)

[ ] Grant writing  [ ] Re-Entry
[ ] Evaluation
[ ] Marketing, graphic design, etc.
[ ] Data collection/analysis
[ ] GLBTQ population
[ ] Military population
[ ] Hispanic/Latino population
[ ] Alcohol
[ ] Prescription drugs
[ ] Mental health promotion

SECTOR

[ ] Youth (18 or younger)
[ ] Parents
[ ] Businesses
[ ] Media
[ ] Schools
[ ] Organizations serving youth
[ ] Law enforcement
[ ] Religious or fraternal organizations
[ ] Civic/Volunteer groups
[ ] Healthcare professionals
[ ] State, local, or tribal governmental agencies with expertise in substance abuse
[ ] Other organizations involved in reducing substance abuse
### PREFERRED ROLE

<table>
<thead>
<tr>
<th>Boards/Workgroups</th>
<th>Duties/Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Key Leader Board</td>
<td>Engage other leaders</td>
</tr>
<tr>
<td></td>
<td>Oversee implementation of the process</td>
</tr>
<tr>
<td></td>
<td>Hold the Community Board accountable</td>
</tr>
<tr>
<td>☐ Community Board</td>
<td>Coordinate work-group activities</td>
</tr>
<tr>
<td></td>
<td>Participate in decision-making</td>
</tr>
<tr>
<td></td>
<td>Communicate with Executive Committee</td>
</tr>
<tr>
<td>☐ Executive Committee</td>
<td>Set agendas</td>
</tr>
<tr>
<td></td>
<td>Provide oversight</td>
</tr>
<tr>
<td></td>
<td>Report to Key Leader Board</td>
</tr>
<tr>
<td>☐ Risk and Protective Factor Workgroup</td>
<td>Collect and analyze data</td>
</tr>
<tr>
<td></td>
<td>Facilitate prioritization of needs</td>
</tr>
<tr>
<td></td>
<td>Report findings</td>
</tr>
<tr>
<td>☐ Community Outreach and Public Relations Workgroup</td>
<td>Maintain contact with stakeholders</td>
</tr>
<tr>
<td></td>
<td>Educate and involve community members</td>
</tr>
<tr>
<td></td>
<td>Work with the media and distribute the report/plan</td>
</tr>
<tr>
<td>☐ Youth Involvement Workgroup</td>
<td>Identify and involve existing youth groups</td>
</tr>
<tr>
<td></td>
<td>Recruit youth to serve on Boards/Workgroups</td>
</tr>
<tr>
<td></td>
<td>Coordinate skills development and recognition</td>
</tr>
<tr>
<td>☐ Resources Assessment and Evaluation Workgroup</td>
<td>Inventory existing prevention efforts</td>
</tr>
<tr>
<td></td>
<td>Identify gaps</td>
</tr>
<tr>
<td></td>
<td>Design the evaluation of the plan</td>
</tr>
<tr>
<td>☐ Funding Workgroup</td>
<td>Identify resources and sources of funding</td>
</tr>
<tr>
<td></td>
<td>Write grant proposals</td>
</tr>
<tr>
<td>☐ Community Board Maintenance Workgroup</td>
<td>Establish communication and reporting protocols</td>
</tr>
<tr>
<td></td>
<td>Establish by-laws, operating procedures, &amp; fiscal/legal status</td>
</tr>
<tr>
<td></td>
<td>Recruit and educate new Community Board members</td>
</tr>
</tbody>
</table>

### AGENCY INFORMATION

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Web Address:</td>
<td></td>
</tr>
</tbody>
</table>
Please list each of your agency’s programs, policies or practices related to substance abuse. Indicate the risk/protective factor that it addresses and how the factor is addressed.

<table>
<thead>
<tr>
<th>Program, Policy, or Practice</th>
<th>Risk/Protective Factor</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Summer Reading Program</td>
<td>S1</td>
<td>Builds literacy skills of elementary school children</td>
</tr>
</tbody>
</table>

**Risk Factors (Youth):** Characteristics that are associated with increases in the development of problem behaviors.

<table>
<thead>
<tr>
<th>Community (C)</th>
<th>Family (F)</th>
<th>School (S)</th>
<th>Individual/Peer (IP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Availability of drugs</td>
<td>F1 Family history of the problem behavior</td>
<td>S1 Academic failure beginning in late elementary school</td>
<td>P1 Early and persistent antisocial behavior</td>
</tr>
<tr>
<td>C2 Availability of firearms</td>
<td>F2 Family management problems</td>
<td></td>
<td>P2 Rebelliousness</td>
</tr>
<tr>
<td>C3 Community laws and norms favorable toward drug use, firearms, and crime</td>
<td>F3 Family conflict</td>
<td>S2 Lack of commitment to school</td>
<td>P3 Friends who engage in the problem behavior</td>
</tr>
<tr>
<td>C4 Media portrayals of violence</td>
<td>F4 Favorable parental attitudes and involvement in the problem behavior</td>
<td></td>
<td>P4 Favorable attitudes toward the problem behavior</td>
</tr>
<tr>
<td>C5 Transitions &amp; mobility</td>
<td></td>
<td></td>
<td>P5 Early initiation of the problem behavior</td>
</tr>
<tr>
<td>C6 Low neighborhood attachment &amp; community disorganization</td>
<td></td>
<td></td>
<td>P6 Constitutional factors</td>
</tr>
<tr>
<td>C7 Extreme economic deprivation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Protective Factors (Youth):** Characteristics that are associated with reducing potential for problem behaviors by mitigating the effects of risk factors.

<table>
<thead>
<tr>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1 Individual characteristics</td>
</tr>
<tr>
<td>P2 Opportunities</td>
</tr>
<tr>
<td>P3 Skills</td>
</tr>
<tr>
<td>P4 Recognition</td>
</tr>
<tr>
<td>P5 Bonding</td>
</tr>
<tr>
<td>P6 Healthy beliefs and clear standards</td>
</tr>
</tbody>
</table>
DATA

Throughout the planning process, the coalition will need to access various types of data related to substance abuse in our community.

Data can be accessed through the link provided below: http://indianaproblemgambling.org/reports.cfm

Please indicate and describe the types of data your agency may be able to provide.

<table>
<thead>
<tr>
<th>CONSEQUENCE(S)</th>
<th>BEHAVIOR(S)</th>
<th>DETERMINANT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>Substance abuse:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alcohol</td>
<td>Contributing factors</td>
</tr>
<tr>
<td></td>
<td>Tobacco</td>
<td>Risk Factors</td>
</tr>
<tr>
<td></td>
<td>Prescription drugs</td>
<td>Protective Factors</td>
</tr>
<tr>
<td></td>
<td>Marijuana</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other drugs</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Delinquency</td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>Teen pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School dropout</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression and anxiety</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>Gambling</td>
<td></td>
</tr>
</tbody>
</table>

Example: Legal Consequences

Juvenile arrests for underage drinking offenses
Sample Data Agreement

DATE

SCHOOL / AGENCY / ORGANIZATION / HOSPITAL
ADDRESS

COALITION
ADDRESS

To Whom It May Concern:

This letter is authorization for the COALITION to use the SCHOOL / AGENCY / ORGANIZATION / HOSPITAL DATA for YEAR-YEAR.

We understand that:

- These data will be used for a COUNTY needs assessment and strategic plan.
- De-identified data will be provided to the coalition implementing Communities That Care (CTC) and Indiana Prevention Resource Center staff only after it has been released to the school.
- Data will be aggregated to avoid identification of individuals.
- Secondary analysis of these data may be conducted for research purposes with prior approval from an institutional review board.
- A copy of the needs assessment and strategic plan may be provided to each SCHOOL / AGENCY / ORGANIZATION / HOSPITAL’s designated representative upon request.
- The report will be distributed throughout the community and state, which may include distribution by media outlets and inclusion in other public documents.
- The report may be used to procure grant funds.
- SCHOOL / AGENCY / ORGANIZATION / HOSPITAL representatives are welcome to be members of the coalition.

Sincerely,

_____________________________________________
SCHOOL / AGENCY / ORGANIZATION / HOSPITAL
REPRESENTATIVE

_____________________________________________
Community Coordinator
Sample Emergency Preparedness Plan

Introduction:

The purpose of this Emergency Preparedness Plan is to ensure the protection of all children, staff and/or volunteers involved with after-school programs associated with the Agency.

The following criteria are set forth by the Agency based upon various recommendations proposed by the Indiana Department of Education and the Indiana Family and Social Services Administration Division of Mental Health and Addiction.

Concerning all staff, subcontractors, program supervisors, and volunteers:

1) All staff and volunteers working with after school programs must pass a criminal background check prior to starting any participation with the program.
2) The Agency needs to be notified of any staff or volunteers that are arrested or convicted of any criminal activity during the duration of after-school programming.
3) It is the responsibility of the Agency employees, subcontractors, and/or program supervisors to become familiar with the safety and security plans at location sites in order to know the protocols and evacuation exits in the event of unforeseen emergencies. In the event of a bomb threat, natural disaster, fire, and any other hazardous threat; subcontractors must be ready to relocate students to pre-determined safe areas.
4) Subcontractors and or program supervisors are prohibited from making any safety and security announcements to the media. The Indiana Division of Mental Health and Addiction, The Agency, and/or respective coalitions are responsible for handling the release of information and any program alterations or cancellations. A subcontractor or any other member of a coalition, unless authorized, may not speak on behalf of the Coalition.
5) The admittance of all visitors must be monitored strictly. Deterring the admittance of strangers will hopefully deter potential harm towards children.
   a) Students involved in after-school programs need to inform their friends that visitation cannot occur during program hours.
   b) Children may leave only with adults that are specifically approved by legal custodian(s).

Concerning program locations:

1) Drugs, alcohol, and tobacco are prohibited from location sites.
2) The possession of weapons is prohibited from location sites.
3) Vandalism and theft on program location sites need to be reported immediately to location sponsors and local law enforcement officials.
4) It is the determination of the program supervisor to allow cell phones, beepers, and/or any other electronic devices which could possibly be distracting to other students.
5) Agencies subcontracting under the Agency reserve the right to make regulations in accordance to their own policies, unless it violates IC 22-9-1-10, the Civil Rights Act of 1964, the Americans With Disabilities Act of 1990, the Family Education Rights an Privacy Act (20 USC 123h sec. 44 amended).
Concerning the conduct of employees and volunteers:

1) Discipline for staff for non-criminal violations will be handled by the subcontractor, program supervisor and/or the Agency.
2) All criminal violations must be immediately reported to the police and will result in immediate termination.
3) In the event of alleged sexual misconduct, statements will be taken from the all victims, witnesses, and suspects and cases will be immediately reported to local law enforcement officials.
4) Employees and volunteers are strictly prohibited from dating, fraternizing, having sexual relations, and inappropriately touching students.
5) Employees and volunteers are encouraged to minimize any form of physical contact (e.g. “rough-housing”) which could cause an unforeseen injury.

Concerning conduct of children:

1) All discipline for incidences of non-criminal misbehavior must be handled in manner that corrects delinquent behavior.
2) Discipline is to be handled by the subcontractor under the supervision of the Program Director and/or Project Director.
3) All misconduct that warrants discipline needs to be documented, dated, and signed by all witnesses, victims and suspects.
4) All cases that involve criminal behavior needs to be documented, dated, and signed by all witnesses, victims and suspects, and turned over to police.
5) Above all, parents need to be notified of their children’s behavior if it warrants discipline or it involves a case turned over to police for investigation.

The following suggestions must be implemented to ensure the overall safety of program:

1) Program Directors, Program Supervisors, and Subcontracting Agencies are responsible to keep adult to children ratios in accordance with pre-determined formulas at all times (e.g. 12:1 for Afternoons R.O.C.K.). This ensures quality of care and helps adult supervisors de-escalate potentially harmful situations.
2) Adults need to constantly monitor and respond appropriately to the early warning signs or any other indicators of violent or aggressive behavior (e.g. stare-downs, verbal exchanges, posture, and audience formation).
3) The use of force should only be used in the most extreme of situations (e.g. pulling a student off of another student being attacked). Adults need to be aware that actions involving the use of force will later be determined by the Agency and DMHA as appropriate or inappropriate. In the case of force being inappropriately used, termination of employment or subcontracting will result.
4) Adults supervising children should be aware and discourage any form of gang presence. Adults should try to identify graffiti, colors and tattoos which are symbolic of gang association. Suspicious hand signs and uncommon language should be prohibited in programming areas. No child should feel any form of intimidation especially from other children in an Agency after-school programs. Therefore, it is the program supervisors or subcontracting agency responsibility to prohibit gang paraphernalia.
5) Adults should prohibit the presence of suspicious devices or any other material from programming areas which could be used as an object to harm another individual.
6) In the event of a bomb threat or gunfire, subcontractors need to first relocate students and staff to a safer site and then contact local law enforcement officials. All bomb threats should be treated as real.

7) In the event of suspected drugs or weapons possession, a program supervisor or designated staff person should:
   a) Escort the student to an office or predetermined location for questioning. The location should have location sponsored personnel such as school staff, social workers, clergy, or other adult professionals.
   b) Subcontractors should always maintain visible contact of the student until the destination is reached. It is most ideal to have two adults escort a student in order to prevent running away, possible assault of the escort, or disposing of illegal drug or weapon.
   c) It is best to have students lead the way to the determined questioning area. This way adult can keep their eyes on the child.
   d) Before beginning an interrogation, an adult supervisor needs to ask if a student is keeping illegal materials either in their own possession, with a friend, or at another location on the grounds of the program area.
   e) If an interrogation is necessary, do the following:
      i) If alone, move the child to an area where another adult will be.
      ii) State your reasons for suspicion.
      iii) Ask students to remove heavy clothing (i.e. large jackets)
      iv) Know the legal parameters of searching.
      v) If illegal materials are found, secure the evidence, document the incidence, and contact the police immediately.
   f) Parents should not be able to disturb or ambush programs. For the safety of persons running youth programs, parent conferences should be scheduled in advance. All meetings with parents should be scheduled in facilities where other adults will be present. It is also recommended to keep the door at these meetings open, in case a call for assistance is needed.
   g) It is necessary that program supervisors, subcontractors, and Agency employees keep accurate records, in case a police reports need to be made.

**Conclusion:**

The success of an Emergency Preparedness Plan is dependent on prevention, intervention, and enforcement of these policies. Crime reporting is an effective safety tool. If there is a hotline for anonymous tips in your location, make those numbers readily available to students.
Sample Youth Consent and Disclosure Form

We, the undersigned parent or legal guardian, and youth agree to the youth’s participation in the SPF SIG drug prevention program provided by agency.

We understand that the sponsoring agency will provide a paid professional staff member to supervise all program sessions, and that the parent/guardian may visit the program site during any program session and may ask questions of program staff concerning any aspect of the program.

We understand that agency expects the youth to attend program sessions on a regular basis.

As with all sports and recreation programs, there is a slight risk of injury from participation. We understand that the sponsoring agency will supply group accident insurance, but that might not cover all medical bills. We understand that any medical bills above those covered by the insurance are the responsibility of the youth’s parents/guardians. We agree to hold the sponsoring agency and other people and agencies participating in this program harmless from all claims that might result from participating in this program, unless they were caused by negligence. However, absent negligence on the part of the program provider, we are responsible for our youth’s medical bills.

We understand that the youth will be asked to participate in a short, confidential survey about use of alcohol, tobacco, and other drugs and related behaviors. The purpose of these surveys is to provide agency and the funding agency with some information indicating how well the program works in preventing drug use. Answers will be private and the surveys will not record the youth’s name or any other identifying information. Youth who do not wish to answer any or all of the survey questions need only to leave blank any question(s) they do not wish to answer. Parents/guardians have a right to see the blank survey forms before signing this consent form.

________________________________ ______________________________
Full Legal Name of Youth (printed)  Nickname or Preferred Name

________________________________ ______________________
Signature of Youth    Date

________________________________ ______________________
Signature of Parent/Guardian    Date

________________________________ ______________________
Witness    Date

Name of Individual, other than parent above, authorized to pick-up youth from program site:

________________________________ ______________________________
Name       Relationship to youth
Photo Release:

We understand that in the event that the youth is photographed, audio or videotaped for the purposes of promoting and publicizing the program, we hereby waive all rights to the photographs, audio and video tapes in which the youth appears. We understand that sole ownership and copyrights belong to agency. The photograph, audio or video tape may be used whole, in part, or in composite as the program sees fit in publication of education material, and the advertising thereof, and for any other lawful purpose.

_________________________________  ______________________
Signature of Youth     Date

_________________________________  ______________________
Signature of Parent/Guardian     Date

_________________________________  ______________________
Witness       Date
Factors that Can Support or Impede Completion of Benchmarks and Activities

**GENERIC** (can apply to any)
- Availability of staff time
- Level of effort required
- Amount of funding available
- Level of organizational/agency commitment and support
- Level of expertise of agency staff
- Extent of previous experience of agency staff
- Availability of internal consultants, external consultants or both
- Level of priority or perceived importance
- Agency regulations regarding use of external contractors or consultants

**PROCESS EVALUATION**
- Availability of defined goals, objectives, and activities
- Existence of external reporting requirements
- Existence of internal reporting requirements
- Availability of external reviewers

**AGENCY COMMITMENT**
- Placement of positions
- Status of positions within the agencies
- Salary level offered
- Specified job requirements or duties
- Availability of space and facilities
- Formal hiring procedures
- Timing
- Stability of political environment
- Organizational history
- Agency budget regulations

**INTERAGENCY AGREEMENT**
- Level of staff participation
- Interagency history
- Prior progress or effort
- Priority of high-level administration
- Previous precedents
- Status of legislation or regulation governing agency functions
- Availability of support staff
- Availability of resources
- Level of knowledge of the process
- Level of commitment to the process
NEEDS ASSESSMENT
- Level of understanding of systematic needs assessment
- Level of commitment to systematic needs assessment
- Previous experience with needs assessment
- Level of expertise related to data collection
- Access to existing data sources
- Access to needs assessment consultant
- Level of concern about potential findings
- Organizational implications of conducting needs assessment
- Agency regulations regarding use of consultants
- Availability of internal expertise

COALITION BUILDING
- Amount of previous effort devoted to coalition building
- Level of acceptance of coalition concept
- Agency history with coalitions
- Stability of leadership in stakeholder organizations
- Amount of “turf” consciousness
- Level of awareness of CSHP within stakeholder organizations
- Agency position on staff utilization
- History of agency relationship with stakeholder organizations

MARKETING/COMMUNICATION
- Extent of project staff training and experience
- Accessibility to target audience representatives
- Accessibility of production expertise
- Level of stakeholder enthusiasm
- Political environment
- Status of previous marketing efforts

POLICY/REGULATION
- State/district regulations and guidelines governing employees’ participation
- Capacity for conducting fast, broad-based communication
- Level of expertise in analysis of policy and the policy adoption process
- Extent of availability to attend official policy meetings
- Number of opportunities to present information to decision-makers, elected or appointed officials
- Capacity of coalition to participate in the process
- Level of influence of the coalition and/or coalition members with decision makers
• Capacity to disseminate information to other interested staff within education and health agencies

**STAFF DEVELOPMENT**

• Extent of previous experience in conducting staff development programs
• Extent of expertise on staff development available within agencies
• Level of need for staff development programs
• Availability of external staff development programs
• Availability of consultants to conduct staff development
• Availability of dedicated funding
• Access to agency-wide staff development programs
• Level of quality of required national-level training programs
• Capacity to establish internal programs for staff development

**LONG-RANGE PLAN**

• Availability of planning expertise
• Quality of needs assessment report
• Level of stakeholder participation
• Status of knowledge and understanding of CSHP
• Capacity for creating a vision
• Extent of conflict over roles and responsibilities
• Level of expertise in long-range planning
• Level of experience with long-range planning
• Capacity to develop high-quality objectives

**SUMMATIVE EVALUATION**

• Quality of program objectives
• Extent to which intended impact measures are defined
• Availability of baseline data for comparison
• Extent of staff willingness to participate and contribute
• Availability of external reviewers

**OTHER**

While extensive, the listing above may not be exhaustive. Add other factors that are not included in the above list as applicable.
Consequences

Consequences of substance abuse and poor mental health impact many areas of one’s life. These include:

- **Legal** consequences such as crime, drug charges, and arrest.
- **Health** consequences such as drug dependence, cardiovascular or liver disease, intentional/unintentional injury and death.
- **Social** consequences such as school failure, conflict, and violence.
- **Financial** consequences such as traffic accidents and fires.

Data on consequences of use can be collected from a variety of sources including:

- Prosecutor, law enforcement, or Uniform Crime Report
- Hospitals, DAWN, coroner, Treatment Episodes Data
- Indiana Department of Education, CLEI, and local judges/courts
- Local law enforcement and fire departments

Behaviors

Strategies must have substance abuse prevention as a primary focus. The State Epidemiological Outcomes Workgroup identified four priority areas including alcohol, tobacco, prescription drugs, and marijuana. Other drugs also may be addressed. A secondary focus may be other behaviors with common risk/protective factors such as depression/anxiety and gambling.

Determinants
Determinants are factors that contribute to or cause a health behavior to occur. Determinants can be contributing factors, risk factors, or protective factors. Many risk and protective factors can be measured via the Indiana Youth Survey.

**Contributing Factors:** Contributing Factors are attitudes, behaviors, and other characteristics associated with a likelihood of the health behavior.

<table>
<thead>
<tr>
<th>Contributing Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visible enforcement</td>
</tr>
<tr>
<td>Laws</td>
</tr>
<tr>
<td>Community norms</td>
</tr>
<tr>
<td>Promotion</td>
</tr>
<tr>
<td>Price</td>
</tr>
<tr>
<td>Retail Availability (TRIP and SAC)</td>
</tr>
<tr>
<td>Social availability</td>
</tr>
<tr>
<td>Use beliefs</td>
</tr>
<tr>
<td>Family, school, and peer influence</td>
</tr>
<tr>
<td>Context</td>
</tr>
<tr>
<td>Perceived risk of arrest</td>
</tr>
<tr>
<td>Community concern about harm</td>
</tr>
</tbody>
</table>

**Risk Factors (Youth):** Risk factors are characteristics of an individual, family, school, or community environment that are associated with increases in the development of problem behaviors (alcohol and other drug use, delinquency, teen pregnancy, school dropout and violence) among youth and adolescents.

<table>
<thead>
<tr>
<th>Community (C)</th>
<th>Family (F)</th>
<th>School (S)</th>
<th>Individual/Peer (IP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of drugs</td>
<td>Family history of the problem behavior</td>
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</tr>
<tr>
<td>Availability of firearms</td>
<td>Family management problems</td>
<td>Lack of commitment to school</td>
<td>Rebelliousness</td>
</tr>
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<td>Community laws and norms favorable toward drug use, firearms, and crime</td>
<td>Family conflict</td>
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<td></td>
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</tr>
<tr>
<td>Low neighborhood attachment and community disorganization</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Extreme economic deprivation

Constitutional factors

**Protective Factors (Youth):** Protective factors are associated with reducing potential for problem behaviors by mitigating the effects of risk factors. Protective factors are related to family, social, psychological and behavioral characteristics that provide a buffer to risk factors for young people.

<table>
<thead>
<tr>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual characteristics</td>
</tr>
<tr>
<td>Opportunities</td>
</tr>
<tr>
<td>Skills</td>
</tr>
<tr>
<td>Recognition</td>
</tr>
<tr>
<td>Bonding</td>
</tr>
<tr>
<td>Healthy beliefs and clear standards</td>
</tr>
</tbody>
</table>

**Strategies**

“Evidence-based” strategies refers to those that have some evidence of influencing use rates and consequences in similar communities under similar circumstances. Visit the Evidence-Based Strategies section of this guide for more information.
## Funding Strategies Worksheet

<table>
<thead>
<tr>
<th>Description</th>
<th>What must be sustained?</th>
<th>What resources are required?</th>
<th>What strategies match the function and resource needs identified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human</td>
<td></td>
<td></td>
<td>Share</td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
<td>Ask</td>
</tr>
<tr>
<td>Material</td>
<td></td>
<td></td>
<td>Charge</td>
</tr>
<tr>
<td>Earn</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Funding Strategies Worksheet

**Description**

- **Human**
- **Social**
- **Material**
- **Earn**

**Partners**

**Rationale**

**Action Steps**

**Desired Outcomes**

**What must be sustained?**

**What resources are required?**

**What strategies match the function and resource needs identified?**
<table>
<thead>
<tr>
<th>What must be sustained?</th>
<th>What resources are required?</th>
<th>What strategies match the function and resource needs identified?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td><strong>Human</strong></td>
<td><strong>Share</strong></td>
</tr>
<tr>
<td>- What needs to be sustained?</td>
<td>Personnel</td>
<td>Asset Sharing</td>
</tr>
<tr>
<td><strong>Desired Outcomes</strong></td>
<td>Time</td>
<td>In-Kind Contributions</td>
</tr>
<tr>
<td>- What are the desired outcomes that will be achieved?</td>
<td>Skills</td>
<td>Leveraging Shared Positions</td>
</tr>
<tr>
<td><strong>Action Steps</strong></td>
<td>Experience</td>
<td>Incorporate strategies into host organizations</td>
</tr>
<tr>
<td>- What actions need to be taken to achieve the outcomes?</td>
<td>Leadership</td>
<td><strong>Ask</strong></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>Ideas</td>
<td>Grants</td>
</tr>
<tr>
<td>- Why is it needed?</td>
<td><strong>Social</strong></td>
<td>Fundraisers</td>
</tr>
<tr>
<td>- Benefits to the coalition/community:</td>
<td>Connections</td>
<td>Individual/Business Donations</td>
</tr>
<tr>
<td>- Harm if Lost/Not achieved:</td>
<td>Relationships</td>
<td>United Way / Payroll Giving</td>
</tr>
<tr>
<td><strong>Partners</strong></td>
<td>Agreements</td>
<td>Endowed Funds / Planned Giving</td>
</tr>
<tr>
<td>- What partners need to be involved?</td>
<td>Social networks</td>
<td>Online Giving</td>
</tr>
<tr>
<td>- What partners will benefit?</td>
<td><strong>Material</strong></td>
<td><strong>Charge</strong></td>
</tr>
<tr>
<td></td>
<td>Supplies</td>
<td>Fee for Service</td>
</tr>
<tr>
<td></td>
<td>Office/Meeting Space</td>
<td>Fine / Penalty Revenue to Prevention</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
<td>Line Item in Budget</td>
</tr>
<tr>
<td></td>
<td>Technology</td>
<td>City/County Prevention Budget</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td>Other CBO/NPO’s Budget</td>
</tr>
<tr>
<td></td>
<td>Money</td>
<td>Membership Dues</td>
</tr>
<tr>
<td></td>
<td><strong>Share</strong></td>
<td>Acquiring Tax Revenues</td>
</tr>
<tr>
<td></td>
<td>Asset Sharing</td>
<td><strong>Earn</strong></td>
</tr>
<tr>
<td></td>
<td>In-Kind Contributions</td>
<td>Entrepreneur Activity</td>
</tr>
<tr>
<td></td>
<td>Leveraging Shared Positions</td>
<td>Business Plan</td>
</tr>
</tbody>
</table>
Coalition Case Statement Example

Coalition Case Statement

The Case Statement should be easy to understand, targeted to those outside of your coalition, and make an emotional appeal for the value of your work. It’s essentially a 1-Page selling point about how important what you do is to the community.

Once your generic Case Statement is completed, you can then make minimal changes to target specific donors/organizations by customizing the information to tailor to them.

For the Case Statement, write a (one-page maximum) document that includes:

• Why the coalition is needed, benefits, and successes
• What would be the loss or consequence if it were to go away?
• Why is the issues addressed important to the community overall, and what is the connecting interest and shared outcome (for the specific audience)?
• Indicate what resources are needed, and offer examples of different levels of support and what that support provides.

If you need further guidance, break it into three parts:
Part 1 would include:
- Coalition Name
- Brief Description (include the coalition's key advantage—what is its *unique* role?)
- Desired Outcomes/Mission/Vision Statement
- Action Steps to What You’re Doing

Part 2 is the Rationale
- Why is it needed? (Based on assessment, experts, etc.)
- Benefits to the community (How does the coalition makes a difference?)
- Harm if Lost/Not Achieved
- List of potential partners who need to be involved/will benefit
- Show that you are cost effective

Part 3 includes the Resources Required:
- Describe who is involved.
- List Human/Social/Material Resources Needed (this is where you can make an appeal and/or tailor it to various targeted groups)

---

**Coalition Sustainability Checklist**

<table>
<thead>
<tr>
<th>Leaders take responsibility for their coalition’s success.</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>Coalition leaders have been identified</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>Coalition leaders are clear about their roles and responsibilities</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>Coalition leaders actively fill their roles and responsibilities</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>Training and recognition are provided to coalition leaders (and others)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Involve community leaders, partner organizations, and a variety of community members.</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>New members are actively recruited</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>The coalition reaches out to community organizations on a regular basis</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>New members are oriented and trained</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>Champions have been identified and trained</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>Champions are used effectively</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diversified funding from the start.</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>A long-term budget has been developed.</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>A long-term funding plan has been developed</td>
</tr>
</tbody>
</table>
### The funding plan includes...

| ☐ | ☐ | ☐ | ☐ | - Local fund raising |
| ☐ | ☐ | ☐ | ☐ | - Grant writing |
| ☐ | ☐ | ☐ | ☐ | - Professional fund development activities |
| ☐ | ☐ | ☐ | ☐ | - Inclusion in organizational budgets |
| ☐ | ☐ | ☐ | ☐ | - Fees for Services |
| ☐ | ☐ | ☐ | ☐ | - Other |

#### Solid Infrastructure.

| ☐ | ☐ | ☐ | ☐ | Job descriptions” for all roles created by the coalition are written |
| ☐ | ☐ | ☐ | ☐ | Members agree on the expectations for active membership |
| ☐ | ☐ | ☐ | ☐ | Objectives and authority of each committee/workgroup are established |
| ☐ | ☐ | ☐ | ☐ | Meetings held regularly |
| ☐ | ☐ | ☐ | ☐ | Agenda is used – distributed before the meeting |
| ☐ | ☐ | ☐ | ☐ | Meeting kept on track/minutes recorded |
| ☐ | ☐ | ☐ | ☐ | E-mail lists, on-line groups, blogs keep information flowing |
| ☐ | ☐ | ☐ | ☐ | Contact made with reporter/editor at your local papers |
| ☐ | ☐ | ☐ | ☐ | Meeting minutes, agendas and other information available |
| ☐ | ☐ | ☐ | ☐ | Responsibility for fiscal accounting, 501(c)(3) status, insurance etc. is clear |

#### A clear focus on the coalition’s goals.

**The coalition has clear statements of...**

| ☐ | ☐ | ☐ | ☐ | - Vision |
| ☐ | ☐ | ☐ | ☐ | - Mission |
| ☐ | ☐ | ☐ | ☐ | - Specific goals and objectives |

**The Vision, Mission, goals and objectives are clearly communicated to...**

| ☐ | ☐ | ☐ | ☐ | - All coalition members |
| ☐ | ☐ | ☐ | ☐ | - Community leaders |
| ☐ | ☐ | ☐ | ☐ | - Partner organizations |
| ☐ | ☐ | ☐ | ☐ | - The community |

#### Address problems the community cares about and demonstrate results.

| ☐ | ☐ | ☐ | ☐ | The community is informed about substance abuse problems and issues |
| ☐ | ☐ | ☐ | ☐ | The coalition has a process in place to monitor community priorities |
| ☐ | ☐ | ☐ | ☐ | The community is aware of what the coalition and its partners are doing |
| ☐ | ☐ | ☐ | ☐ | The coalition shares result / outcomes from the coalition and partners |

#### Comprehensive Coalition Planning.
**Required Adult National Outcome Measures (NOMs)**

These questions are DMHA-required to be collected from adults (age 18 and older) when they are the focus of a strategy funded with DMHA dollars.

**Instructions:**

Your help is needed to collect important information about the effects of this program.

Do not put your name or any other identifying marks on it or the survey. Your answers will become part of school statistics and your responses cannot be linked to you.

Please answer each question as truthfully, as you can. If you are unsure of how to answer any question, you may leave it blank.

This survey is voluntary. You do not have to fill it, although your response is valued.

Again, please answer the questions the best you can, and when you are finished, place your survey in the envelope.

These questions ask for general information about you. Please mark the response that best describes you.
1. What is your sex? (Check one)
   □ Male    □ Female

2. Are you Hispanic or Latino? (Check one)
   □ Yes      □ No

3. What is your race? (Select one or more)
   □ White
   □ Black or African American
   □ American Indian
   □ Native Hawaiian or Other Pacific Islander
   □ Asian
   □ Alaska Native

4. How old are you?
   □ 0 – 17 years old      □ 25 – 44 years old
   □ 18 – 20 years old    □ 45 – 64 years old
   □ 21 – 24 years old    □ 65 years old or older
5. Think back over the past 30 days and report how many times, if any, you used the following substances:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Question</th>
<th>Never</th>
<th>1-5 Times</th>
<th>6-19 Times</th>
<th>20-39 Times</th>
<th>40 Times or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes</td>
<td>During the past 30 days, how many times did you smoke part or all of a cigarette?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe</td>
<td>During the past 30 days, how many times did you use other tobacco products?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor</td>
<td>During the past 30 days, how many times did you drink one or more drinks of an alcoholic beverage?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Marijuana or hashish: Also known as grass, pot, hash, or hash oil</td>
<td>During the past 30 days, how many times did you use marijuana or hashish?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Methamphetamine: It is a highly addictive stimulant, also known as meth, crystal, ice or speed</td>
<td>During the past 30 days, how many times did you use methamphetamine?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cocaine or crack cocaine: A highly addictive stimulant, also known as coke, snow or smack (usually a white powder)</td>
<td>During the past 30 days, how many times did you use crack or crack cocaine?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heroin: A highly addictive drug that relieves pain (usually injected)</td>
<td>During the past 30 days, how many times did you use heroin?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hallucinogens: Drugs that cause people to see or experience things that are not real, such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust)</td>
<td>During the past 30 days, how many times did you use any hallucinogens?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Inhalants or sniffed substances: Such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish  

<table>
<thead>
<tr>
<th>During the past 30 days, how many times did you use inhalants?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

Prescription drugs without a doctor’s orders: **Just to get high**  

<table>
<thead>
<tr>
<th>During the past 30 days, how many times did you use prescription drugs without a prescription?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

6. Think back over your entire lifetime and try to remember whether you have **EVER** used any of the following substances. If so, what was your age the **FIRST TIME** you used the substance:

| Substances                                                                 | Age
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes</td>
<td>Never Used 10 or Younger 11 12 13 14 15 16 17 or Older</td>
</tr>
<tr>
<td>Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe</td>
<td>Ever used any other tobacco product? Never Used 10 or Younger 11 12 13 14 15 16 17 or Older</td>
</tr>
<tr>
<td>Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor</td>
<td>Ever had a drink of an alcoholic beverage? Never Used 10 or Younger 11 12 13 14 15 16 17 or Older</td>
</tr>
<tr>
<td>Marijuana or hashish: Also known as grass, pot, hash, or hash oil</td>
<td>Ever used marijuana or hashish? Never Used 10 or Younger 11 12 13 14 15 16 17 or Older</td>
</tr>
<tr>
<td>Substance</td>
<td>Ever used methamphetamine?</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Methamphetamine: A highly addictive stimulant, also known as meth, crystal, ice or speed</td>
<td>☐</td>
</tr>
<tr>
<td>Cocaine or crack cocaine: A highly addictive stimulant, also known as coke, snow or smack (usually a white powder)</td>
<td>☐</td>
</tr>
<tr>
<td>Heroin: A highly addictive drug that relieves pain. (usually injected)</td>
<td>☐</td>
</tr>
<tr>
<td>Hallucinogens: Drugs that cause people to see or experience things that are not real, such as LSD (sometimes called acid), ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust)</td>
<td>☐</td>
</tr>
<tr>
<td>Inhalants or sniffed substances: Such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish to get high</td>
<td>☐</td>
</tr>
<tr>
<td>Prescription drugs without a doctor’s orders: Just to get high</td>
<td>☐</td>
</tr>
</tbody>
</table>

7. For each of the five questions below check one box that shows HOW MUCH you think people RISK HARMING themselves physically or in other ways when they do the following things:
<table>
<thead>
<tr>
<th></th>
<th>No Risk</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
<th>Don’t Know or Can’t Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>When they smoke one or more packs of CIGARETTES per day?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>When they smoke MARIJUANA once or twice a week?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>When they use COCAINE once or twice a week?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>When they use METHAMPHETAMINE once or twice a week?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>When they have five or more drinks of an ALCOHOLIC BEVERAGE once or twice a week?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

This section asks just a few additional questions about your attitudes and experiences.

8. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you? (Check one)
   ☐ More Likely
   ☐ Less Likely
   ☐ Would Make No Difference
   ☐ Don’t Know or Can’t Say

9. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you? (Check one)
   ☐ More Likely
   ☐ Less Likely
   ☐ Would Make No Difference
   ☐ Don’t Know or Can’t Say

10. DURING THE PAST 12 MONTHS, have you driven a vehicle while you were under the influence of alcohol?
    ☐ Yes
    ☐ No
    ☐ Don’t Know or Can’t Say

11. Now think about the past 12 months through today. DURING THE PAST 12 MONTHS, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or drugs?
    ☐ Don’t have any children
    ☐ 0 times
    ☐ 1 to 2 times
    ☐ A few times
    ☐ Many times
| 12. During the past 12 months, do you recall hearing, reading, or watching an advertisement about prevention of substance abuse? | ☐ Yes | ☐ No | ☐ Don’t Know or Can’t Say | ☐ Don’t know or can’t say |
Optional Adult National Outcome Measures (NOMs)
The following questions are optional to be collected from adults (age 18 and older) when they are the focus of a strategy funded with DMHA dollars. These additional questions allow for the collection of surveillance data of populations that may be hard to reach.

1. Which of the following best describes you:
   - Straight
   - Gay
   - Lesbian
   - Bisexual
   - Queer
   - Questioning my sexual identity

2. Do you consider yourself to be gender nonconforming?
   - Yes
   - No

   (if yes) How would you describe yourself?
   - Trans woman (male-to-female)
   - Trans man (female-to-male)
   - Intersex (living primarily as female)
   - Intersex (living primary as male)
   - Intersex living androgynously (neither clearly male nor clearly female)
   - Gender queer
   - Questioning my gender
   - Other (specify)

3. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
   - Yes
   - No

4. During any time in your life, have you served time in jail or prison?
   - Yes
   - No

5. During the past 12 months, did you ever feel so sad or hopeless almost every day (for two weeks or) more in a row that you stopped doing some usual activities?
   - Yes
   - No
6. During the past 12 months, did you ever seriously consider attempting suicide?
   □ Yes
   □ No

7. During the past 12 months, did you make a plan about how you would attempt suicide?
   □ Yes
   □ No

8. During the past 12 months, how many times did you actually attempt suicide?
   □ Never
   □ Once
   □ 2 or 3 times
   □ 4 or 5 times
   □ 6 or more times

9. Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
   □ Yes
   □ No
Required Youth National Outcome Measures (NOMs)

These questions are DMHA-required to be collected from adults (age 18 and older) when they are the focus of a strategy funded with DMHA dollars.

**Instructions:**

*Your help is needed to collect important information about the effects of this program.*

*Do not put your name or any other identifying marks on it or the survey. Your answers will become part of school statistics and your responses cannot be linked to you.*

*Please answer each question as truthfully, as you can. If you are unsure of how to answer any question, you may leave it blank.*

*This survey is voluntary. You do not have to fill it, although your response is valued.*

*Again, please answer the questions the best you can, and when you are finished, place your survey in the envelope.*

**These questions ask for general information about you. Please mark the response that best describes you.**

1. What is your gender? (Check one)
   - Male
   - Female

2. Are you Hispanic or Latino? (Check one)
   - Yes
   - No

3. What is your race? (Select one or more)
   - White
   - Black or African American
   - American Indian
   - Native Hawaiian or Other Pacific Islander
   - Asian
   - Alaska Native

4. How old are you?
   - 5 – 11 years old
   - 12 – 14 years old
   - 15 – 17 years old
   - 18 – 20 years old
5. In the last 10 years, has either of your parents served in the military such as the Army, Navy, or Air Force?
   - Yes
   - No

   IF YES, in the last 10 years, did your parent ever serve in a combat or war zone, for example in Iraq, Afghanistan, or Africa?
   - Yes
   - No

6. During any time in your life, has either of your parents served time in prison?
   - Yes
   - No

7. During the past 12 months, did you ever feel so sad or hopeless almost every day (for two weeks or) more in a row that you stopped doing some usual activities?
   - Yes
   - No

8. During the past 12 months, did you ever seriously consider attempting suicide?
   - Yes
   - No

9. During the past 12 months, did you make a plan about how you would attempt suicide?
   - Yes
   - No

10. During the past 12 months, how many times did you actually attempt suicide?
    - Never
    - Once
    - 2 or 3 times
    - 4 or 5 times
    - 6 or more times

11. Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
    - Yes
    - No
The next few questions ask about your use of and attitudes toward tobacco, alcohol, and other substances.

12. Think back over the past 30 days and report how many times, if any, you used the following substances:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never</th>
<th>1-5 Times</th>
<th>6-19 Times</th>
<th>20-39 Times</th>
<th>40 Time or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>During the past 30 days, how many times did you smoke part or all of a cigarette?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past 30 days, how many times did you use other tobacco products?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past 30 days, how many times did you drink one or more drinks of an alcoholic beverage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana or hashish: Also known as grass, pot, hash, or hash oil</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past 30 days, how many times did you use marijuana or hashish?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methamphetamine: It is a highly addictive stimulant, also known as meth, crystal, ice or speed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past 30 days, how many times did you use methamphetamine?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine or crack cocaine: A highly addictive stimulant, also known as coke, snow or smack (usually a white powder)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past 30 days, how many times did you use crack or crack cocaine?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin: A highly addictive drug that relieves pain (usually injected)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past 30 days, how many times did you use heroin?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens: Drugs that cause people to see or experience things that are not real, such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or</td>
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<tr>
<td>During the past 30 days, how many times did you use any hallucinogens?</td>
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</tbody>
</table>
13. Think back over your entire lifetime and try to remember whether you have EVER used any of the following substances. If so, what was your age the FIRST TIME you used the substance:

<table>
<thead>
<tr>
<th>Substances</th>
<th>Ever had a drink of an alcoholic beverage? (Do NOT include any time when you only had a sip or two from a drink.)</th>
<th>Never Used</th>
<th>10 or Younger</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes</td>
<td>Ever smoked part or all of a cigarette?</td>
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<tr>
<td>Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe</td>
<td>Ever used any other tobacco product?</td>
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<tr>
<td>Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor</td>
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<tr>
<td>Marijuana or hashish: Also known as grass, pot, hash, or hash oil</td>
<td>Ever used marijuana or hashish?</td>
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<tr>
<td>Methamphetamine: A highly addictive stimulant, also known</td>
<td>Ever used methamphetamine?</td>
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</tbody>
</table>

peyote (sometimes called angel dust)

Inhalants or sniffed substances: Such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish

During the past 30 days, how many times did you use inhalants?

Prescription drugs without a doctor’s orders: Just to get high

During the past 30 days, how many times did you use prescription drugs without a prescription?
<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Question</th>
<th>Disapprove</th>
<th>Somewhat Disapprove</th>
<th>Neither Approve nor Disapprove</th>
<th>Somewhat Approve</th>
<th>Approve</th>
<th>Strongly Approve</th>
<th>Don't Know</th>
<th>Can't Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>as meth, crystal, ice or speed</td>
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<tr>
<td>Cocaine or crack cocaine: A highly addictive stimulant, also known as coke, snow or smack (usually a white powder)</td>
<td>Ever used cocaine?</td>
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<tr>
<td>A highly addictive stimulating drug that relieves pain. (usually injected)</td>
<td>Ever used heroin?</td>
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<tr>
<td>Drugs that cause people to see or experience things that are not real, such as LSD (sometimes called acid), ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust)</td>
<td>Ever used hallucinogens, like LSD, ecstasy, PCP, or peyote?</td>
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<tr>
<td>Such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish to get high</td>
<td>Ever used inhalants or sniffed substances?</td>
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<tr>
<td>Prescription drugs without a doctor’s orders: Just to get high</td>
<td>Ever used prescription drugs without a doctor’s orders?</td>
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</tbody>
</table>

14. For each of the following nine questions check the box that shows how YOU think or feel.
15. For each of the five questions below check one box that shows HOW MUCH you think people RISK HARMING themselves physically or in other ways when they do the following things:

<table>
<thead>
<tr>
<th>Question</th>
<th>No Risk</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
<th>Don’t Know or Can’t Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>When they smoke one or more packs of CIGARETTES per day?</td>
<td></td>
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<tr>
<td>When they smoke MARIJUANA once or twice a week?</td>
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<tr>
<td>When they use COCAINE once or twice a week?</td>
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<tr>
<td>When they use METHAMPHETAMINE once or twice a week?</td>
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<tr>
<td>When they have five or more drinks of an ALCOHOLIC BEVERAGE once or twice a week?</td>
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<tr>
<td>Question</td>
<td>Options</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>16. Would you be more or less likely to want to work for an employer</td>
<td>More Likely, Less Likely,</td>
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<tr>
<td>that tests its employees for drug or alcohol use on a random basis?</td>
<td>Would Make No Difference,</td>
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<tr>
<td>Would you say more likely, less likely, or would it make no difference</td>
<td>Don’t Know or Can’t Say</td>
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<tr>
<td>to you? (Check one)</td>
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<tr>
<td>17. DURING THE PAST 12 MONTHS, have you driven a vehicle while you</td>
<td>Yes, No, Don’t Know or Can’t Say</td>
<td></td>
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<td>were under the influence of alcohol?</td>
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<tr>
<td>18. Now think about the past 12 months through today. DURING THE</td>
<td>Yes, No, Don’t Know or Can’t say</td>
<td></td>
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<tr>
<td>PAST 12 MONTHS, have you talked with at least one of your parents</td>
<td></td>
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<tr>
<td>about the dangers of tobacco, alcohol, or drug use? By PARENTS, we</td>
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<tr>
<td>mean your biological parents, adoptive parents, stepparents, or adult</td>
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<tr>
<td>guardians—whether or not they live with you.</td>
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<tr>
<td>19. During the past 12 months, do you recall hearing, reading, or</td>
<td>Yes, No, Don’t Know or Can’t Say</td>
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<tr>
<td>watching an advertisement about prevention of substance abuse?</td>
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</tbody>
</table>
CTC Risk and Protective Factor Scales

Instructions:
Mark the Big “NO!” if you think the statement is definitely not true for you.
Mark the little “no” if you think the statement is mostly not true for you.
Mark the little “yes” if you think the statement is mostly true for you.
Mark the Big “YES!” if you think the statement is definitely true for you.

<table>
<thead>
<tr>
<th>Family Attachment</th>
<th>NO!</th>
<th>no</th>
<th>yes</th>
<th>YES!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel very close to your mother?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you share your thoughts and feelings with your mother?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Do you feel very close to your father?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you share your thoughts and feelings with your father?</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Opportunities for Prosocial Involvement</th>
<th>NO!</th>
<th>no</th>
<th>yes</th>
<th>YES!</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents give me lots of chances to do fun things with them.</td>
<td></td>
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</tr>
<tr>
<td>My parents ask me what I think before most family decisions affecting me are made.</td>
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<tr>
<td>If I had a personal problem, I could ask my mom or dad for help.</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Rewards for Prosocial Involvement</th>
<th>Never or almost never</th>
<th>Sometimes</th>
<th>Often</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents notice when I am doing a good job and let me know about it.</td>
<td></td>
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</tr>
<tr>
<td>How often do your parents tell you they’re proud of you for something you’ve done.</td>
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<tr>
<td>Do you enjoy spending time with your mother?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you enjoy spending time with your father?</td>
<td></td>
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</tbody>
</table>