

Welcome

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Crystal Darkness – Phase II  
Methamphetamine Prevention  
Community Forum

# Community Forum Agenda

- 8:00 - 8:30 Welcome / Expectations
- 8:30 – 8:45 I. Prevention Works
- 8:45 – 10:15 II. Problem Identification / Taking Action in Your Community
- 10:15 - 10:30 Break
- 10:30 – 10:45 Strategic Prevention Framework
- 10:45 – 11:30 III. Evidence Based Programs and Practices
- 11:30 – 12:00 Lunch
- 12:00 - 12:30 Media Advocacy: Talking Points
- 12:30 – 1:30 Forum Purpose
- 1:30 – 3:45 IV. Community Action Plan
- 3:45 - 4:00 V. Evaluations and Certificates

# Oklahoma Meth Prevention Toolkit

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- Public Health Model – Page 8
- Community Based Prevention – Page 8
- Risk and Protective Factors – Page 9

# CADCA Assessment Primer

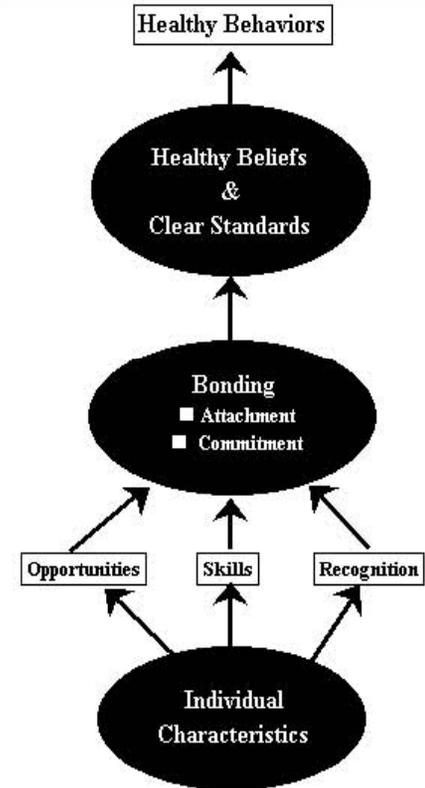
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### Risk and Protective Factor Framework

The following graph supports a public health model using a theoretical framework of risk reduction and protection enhancement. Developments in prevention and intervention science have shown that there are characteristics of individuals and their families and their environment (i.e., community neighborhood, school) that affect the likelihood of negative outcomes including substance abuse, delinquency, violence, and school dropout. Other characteristics serve to protect or provide a buffer to moderate the influence of the negative characteristics. These characteristics are identified as risk factors and protective factors. (Arthur, Hawkins, et al., 1994, Hawkins, Catalano, Miller, 1992).

Domains	Risk Factors	Adolescent Problem Behaviors						Protective Factors	Social Development Model (SDM)
	Risk factors are characteristics of individuals, their family, school, and community environments that are associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school dropout, and violence. The following factors have been identified that increase the likelihood that children and youth may develop such problem behaviors.	Substance Abuse	Depression & Anxiety	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Factors associated with reduced potential for drug use are called protective factors. Protective factors encompass family, social, psychological, and behavioral characteristics that can provide a buffer for the children and youth. These factors mitigate the effects of risk factors that are present in the child or youth's environment.	SDM is a synthesis of three existing theories of criminology (control, social learning, and differential association). It incorporates the results of research on risk and protective factors for problem behaviors and a developmental perspective of age, specific problem, and prosocial behavior. It is based on the assumption that children learn behaviors.
Community	Availability of alcohol/other drugs	✓						Opportunities for prosocial involvement in community Recognition for prosocial involvement	
	Availability of Firearms			✓			✓		
	Community laws and norms favorable to drug use, firearms, and crime	✓		✓			✓		
	Transitions and mobility	✓	✓	✓		✓			
	Low neighborhood attachment and community disorganization	✓		✓			✓		
Family	Media Portrayals of Violence						✓		
	Extreme economic deprivation	✓		✓	✓	✓	✓		
Family	Family history of the problem behavior	✓	✓	✓	✓	✓	✓	Bonding to family with healthy beliefs and clear standards. Attachment to family with healthy beliefs & clear standards Opportunities for prosocial involvement Recognition for prosocial involvement	
	Family management problems	✓	✓	✓	✓	✓	✓		
	Family conflict	✓	✓	✓	✓	✓	✓		
	Favorable parental attitudes and involvement in problem behaviors	✓		✓			✓		
School	Academic failure beginning in late elementary school	✓	✓	✓	✓	✓	✓	Bonding and Attachment to School Opportunities for prosocial involvement Recognition for prosocial involvement	
	Lack of commitment to school	✓		✓	✓	✓	✓		
Individual/Peer	Early and persistent antisocial behavior	✓	✓	✓	✓	✓	✓	Bonding to peers with healthy beliefs and clear standards. Attachment to peers with healthy beliefs & clear standards Opportunities for prosocial involvement Increase in Social skills	
	Rebelliousness	✓		✓			✓		
	Friends who engage in the problem behavior	✓		✓	✓	✓	✓		
	Favorable attitudes toward the problem behavior (including low perceived risk of harm)	✓		✓	✓	✓			
	Early initiation of the problem behavior	✓		✓	✓	✓	✓		
	Gang Involvement	✓		✓			✓		
	Constitutional factors	✓	✓	✓			✓		

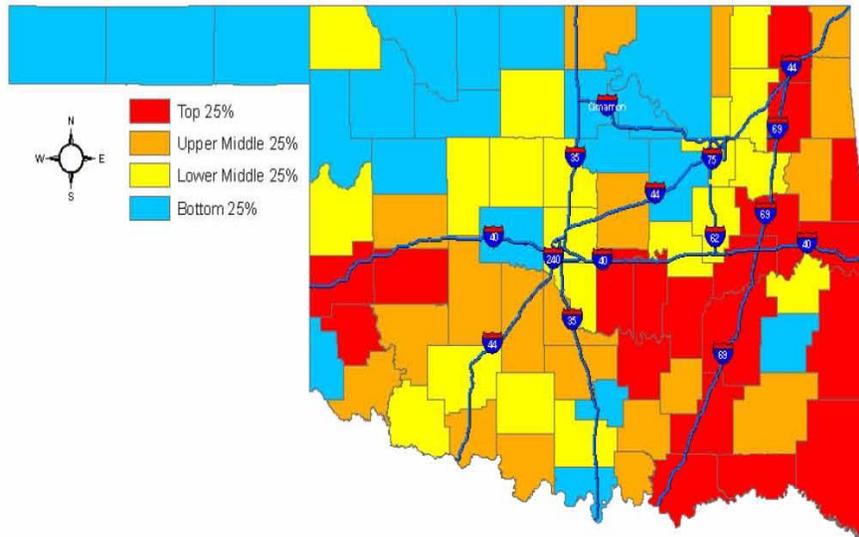


# Problem Identification

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- A. Provide participants with specific county profile data
- B. Identify and outline the methamphetamine problem
- C. County profiles, maps, OPNA admission data
- D. Show Crystal Darkness DVD

## Meth Treatment Rates from FY05 to FY07



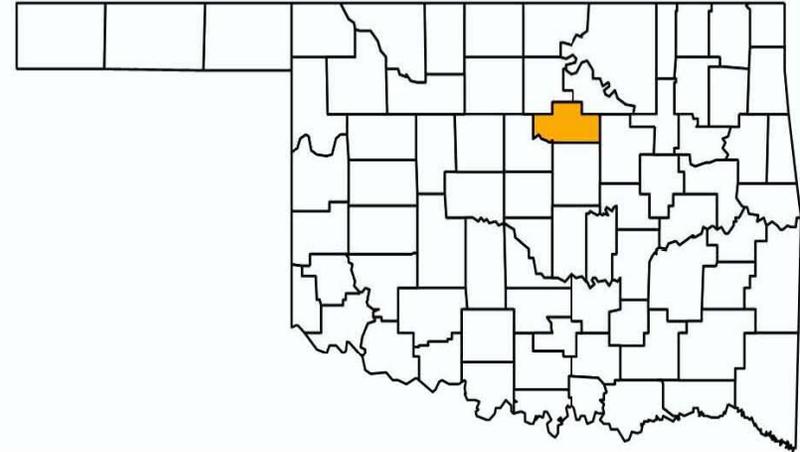
Source: Oklahoma Department of Mental Health and Substance Abuse Services, July, 2008

### Sources:

1. US Census Population Estimates, 2006, [www.census.gov](http://www.census.gov)
2. US Census, 2000, [www.census.gov](http://www.census.gov)
3. US Census Estimates, 2004, [www.census.gov](http://www.census.gov)
4. Oklahoma State Department of Human Services Annual Report, 2007, [www.okdhs.org](http://www.okdhs.org)
5. Oklahoma Labor Force Statistics, 2008, Oklahoma Employment Securities Commission, [www.oesc.state.ok.us/](http://www.oesc.state.ok.us/)
6. Oklahoma Department of Mental Health and Substance Abuse Services, 2008, [www.odmhsas.org](http://www.odmhsas.org)
7. Oklahoma State Bureau of Investigation, [www.osbi.state.ok.us](http://www.osbi.state.ok.us), 2008
8. Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma Prevention Needs Assessment, 2006, [www.odmhsas.org](http://www.odmhsas.org)
9. Oklahoma State Department of Health, Vital Statistics, 2007, [www.health.state.ok.us](http://www.health.state.ok.us)
10. Oklahoma State Bureau of Investigation, Uniform Crime Report, 2006, [www.osbi.state.ok.us](http://www.osbi.state.ok.us)

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oklahoma methamphetamine prevention initiative



## Payne County Profile

Oklahoma Department of Mental Health  
 and Substance Abuse Services

## Payne County Profile

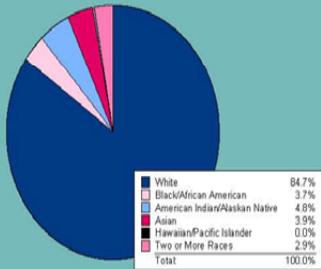
FY = State Fiscal Year from July 1 through June 30.

All rates per 10,000 people based on census estimates, unless otherwise noted.

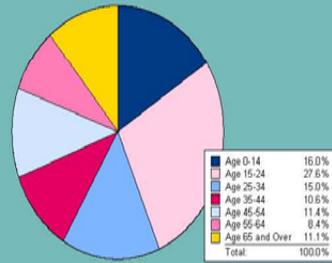
### Population

- During 2006, an estimated 73,818 individuals lived in Payne County and an estimated 3,579,212 lived in Oklahoma (1).
- Payne County had an estimated population density of 99.4 persons per square mile in 2006, compared to the estimated statewide rate of 50.3 persons per square mile (2).
- In Payne County, 51.3% of all residents were male and 48.7% were female according to 2006 population estimates (1).

**Census Population Estimates for Race in 2006 For Payne**



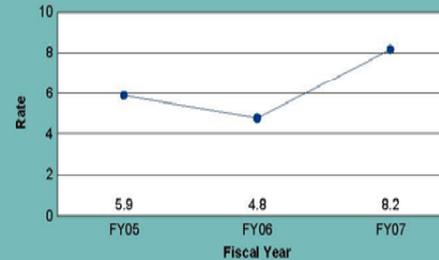
**Census Population Estimates for Age in 2006 For Payne**



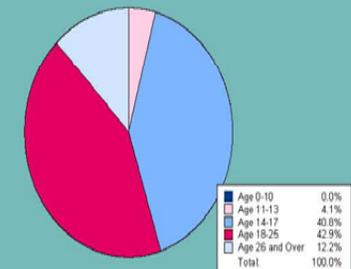
### Methamphetamine and Other Drugs

- Payne County ranked #65 in Oklahoma for residents entering ODMHSAS-funded treatment with methamphetamine as their primary drug of choice from FY05 to FY07. The Payne County rate was 7.5 admitted consumers served per 10,000 in FY07, compared to the state rate of 18.9 (6).
- Alcohol was the number one drug of choice among Payne County residents who were admitted to state-funded treatment in FY07, while marijuana was the second most common drug of choice and the third most common drug of choice was methamphetamine (6).
- The rate of meth labs reported to the Oklahoma State Bureau of Investigation (OSBI) for Payne County was 0.1 in 2007, compared to 2.2 in 2003 (7).
- According to the Oklahoma Prevention Needs Assessment (OPNA) in 2006, 6.4% of the Payne County students surveyed said they had used methamphetamine at least once and 3.0% said they had used meth in the past 30 days, compared to 6.2% and 4.0% respectively of those surveyed statewide (8).

**Trends in Meth Treatment Rates from FY05-07 For Payne**



**Age of First Use for Meth Treatment from FY05-07 For Payne**



Note: Treatment represents ODMHSAS-funded treatment where methamphetamine was the primary drug of choice.

### Education, Employment and Housing

- Among Payne County residents over age 25, 86.7% were high school graduates compared to 80.6% of all residents statewide, 34.2% were college graduates compared to 20.3% statewide (2).
- The median household income in Payne County was \$31,529 in 2004, compared to \$37,109 in Oklahoma (3).
- During 2004, the percent of residents in Payne County living in poverty was 16.3%, compared to 14.0% statewide (3).
- The rate of Temporary Assistance for Needy Families (TANF is a program of the Federal U.S. Department of Health and Human Services created by the Welfare Reform Law of 1996 and administered by the State Department of Human Services) cases in Payne County was 19.5 in FY07, compared to the state rate of 51.7 cases (4).
- Unemployment for Payne County was 3.6% as of January, 2008, compared to 4.2% statewide (5).

### Other Relevant Data

- Among all child abuse cases reported in Payne County during FY06, the rate of confirmed abuse cases was 16.4, compared to the state rate of 13.6 cases (4).
- Among all child neglect cases reported in Payne County during FY06, the rate of confirmed neglect cases was 135.0, compared to the state rate of 118.4 cases (4).
- The divorce rate in Payne County was 49.4 in 2006, compared to 53.0 statewide (9).
- The rate of all adult and juvenile alcohol-related arrests for Payne County during 2006 was 220.3, and the statewide rate was 124.8 arrests (10).
- The rate of all adult and juvenile drug-related arrests for Payne County during 2006 was 70.2, and the statewide rate was 61.9 arrests (10).
- The rate of all adult and juvenile index crimes (murder, rape, robbery, aggravated assault, burglary, larceny and auto theft) for Payne County during 2006 was 44.5 and the statewide rate was 53.9 arrests (10).
- The rate of all adult and juvenile synthetic narcotics arrests for Payne County during 2006 was 3.4, and the statewide rate was 11.0 arrests (10).

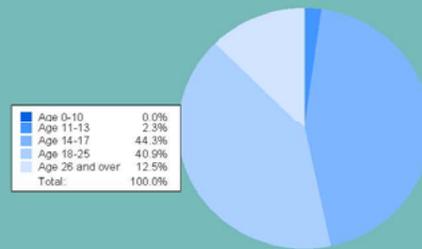
## Meth County Profile-Update

### Payne County

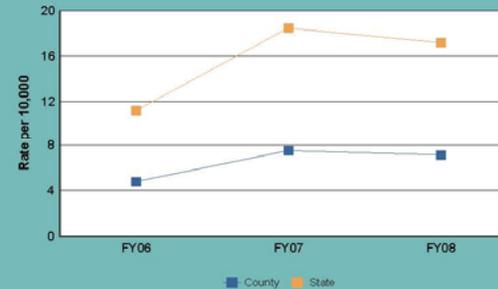
#### Meth Treatment

- Payne County ranked #66 in Oklahoma for residents entering ODMHSAS-funded treatment with methamphetamine as their primary drug of choice from FY06 to FY08. The Payne County rate was 7.1 admitted consumers served per 10,000, compared to the state rate of 17.2.
- Alcohol was the number one drug of choice among Payne County residents who were admitted to state-funded treatment from FY06 to FY08, while Marijuana/Hashish was the second most common drug of choice and the third most common drug of choice was Methamphetamine.

Age of First Use for Persons Entering ODMHSAS-Funded Treatment for Methamphetamine from FY06-FY08 For Payne



Rates per 10,000 of Methamphetamine Treatment from FY06 to FY08 For Payne



#### OPNA\* Data-2008

- In Payne County the percentage of students surveyed who reported any use of methamphetamine in their lifetime was 2.7%, compared to 2.0% statewide.
- Students were asked how easy it would be to get meth, and 15.9% of Payne County students said it would be easy, compared to 16.8% of students statewide.
- The percentage of Payne County students surveyed who reported alcohol use in the past 30 days was 29.2, compared to 25.7% statewide.
- When asked about tobacco use, 18.0% of Payne County students surveyed indicated that they had used tobacco products in the past 30 days compared to 12.7% of students statewide.
- In addition, 17.8% of students surveyed reported that they had used marijuana in their lifetime, while 17.4% reported non-medical use of prescription drugs in their lifetime, compared to 16.6% for Marijuana and 14.3% for prescription drugs statewide.
- When asked if they had talked to their parents/guardian about the dangers of alcohol, tobacco or drug use, 41.7% of Payne County students reported they had not talked with their parents compared to 43.1% of students statewide.

\*Oklahoma Prevention Needs Assessment, conducted every other year, in opposite years as the Youth Risk Behavior Survey by the Oklahoma Department of Mental Health and Substance Abuse Services.

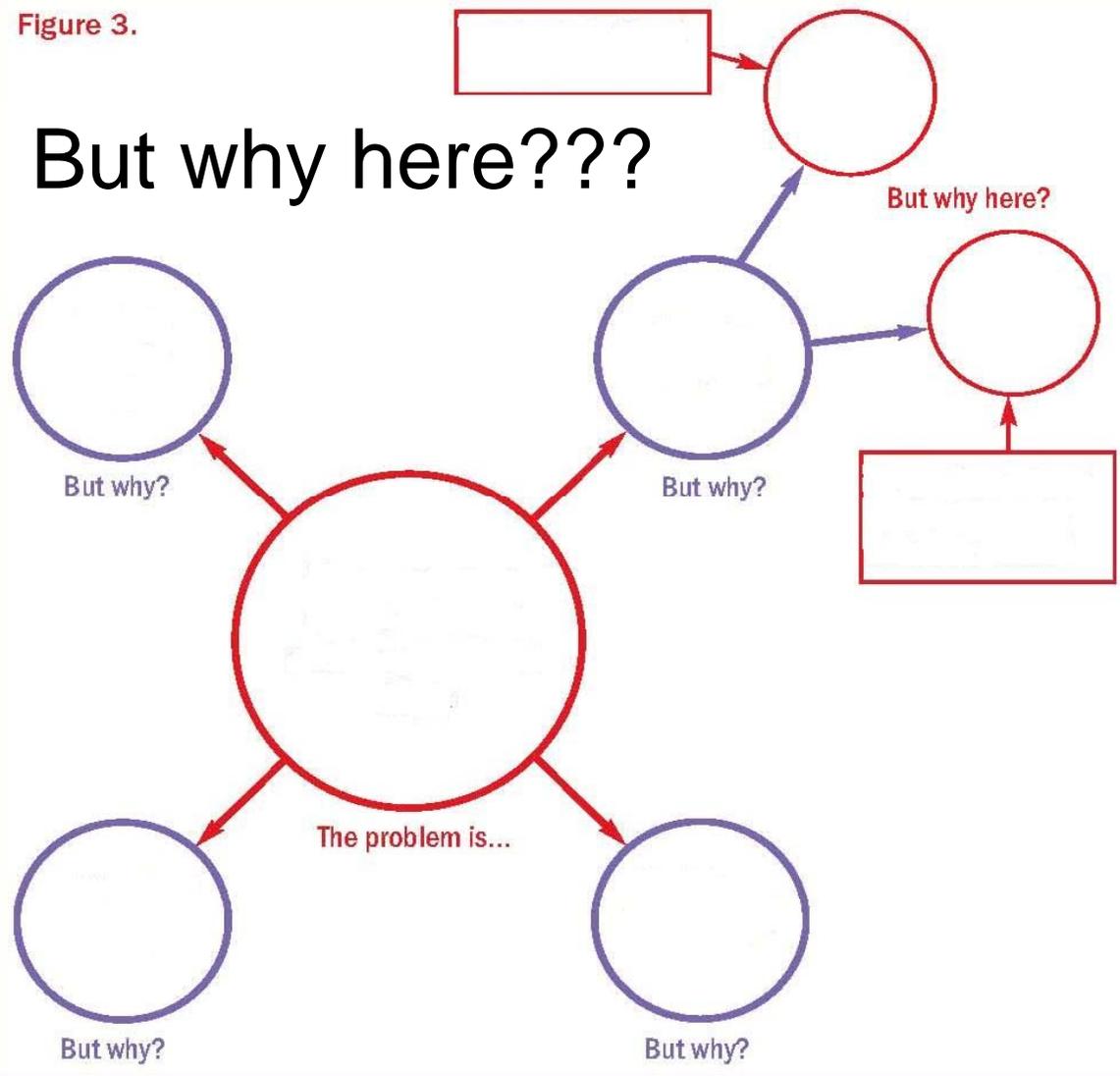
# But Why?

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- Put the problem statement in the middle of a large piece of flip chart paper
- Brainstorm reasons the problem exists
- Recorder to write the answers the group generates around the problem statement with arrows
- The problem is...
- But why? But why? But why? (Avoid placing blame)

Figure 3.

## But why here???



- Take the results of the “But why?” exercise just completed and select an identified root cause

- Ask the group to determine “But why here?” for the root cause they selected

- Repeat for additional root causes that surfaced in the “But why?” exercise

## Selecting the Factors

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### ***Directions:***

You will now identify the one indicator you will use for the rest of the training. Keep in mind how long you are receiving funding. Your group will complete a prioritization process in the following order:

1. Clearly identify the criteria that will guide your process. For example, consider the following for each factor:
  - Magnitude: Burden or Breadth of the factor
  - Impact: Depth of the consequence
  - Changeability: Reversibility
  - Burden vs. rate
2. Rate each factor based on your identified criteria using the following scale on the table below:  
Priority Rating Scale:  
1=Lowest 2=Low 3=Medium 4=High 5=Highest ...
3. Record your selected factor

**Prioritizing Risk and Protective Factors**

Risk/Protective Factors	Magnitude <i>Burden/breadth of problem</i> [E.g., A relatively large number of people are affected; the number affected is sufficient to assess statistically significant change over time, settings and sub-groups]	Impact <i>Depth of problem across dimensions</i> [E.g., The social (i.e., health, economic, criminal justice) costs are high]	Changeability <i>Reversibility</i> [E.g., The indicator is amenable to change; evidence-based strategies are available to affect change in the indicator]			Comments

Adapted from NECAPT SPF training

# Break time!!!

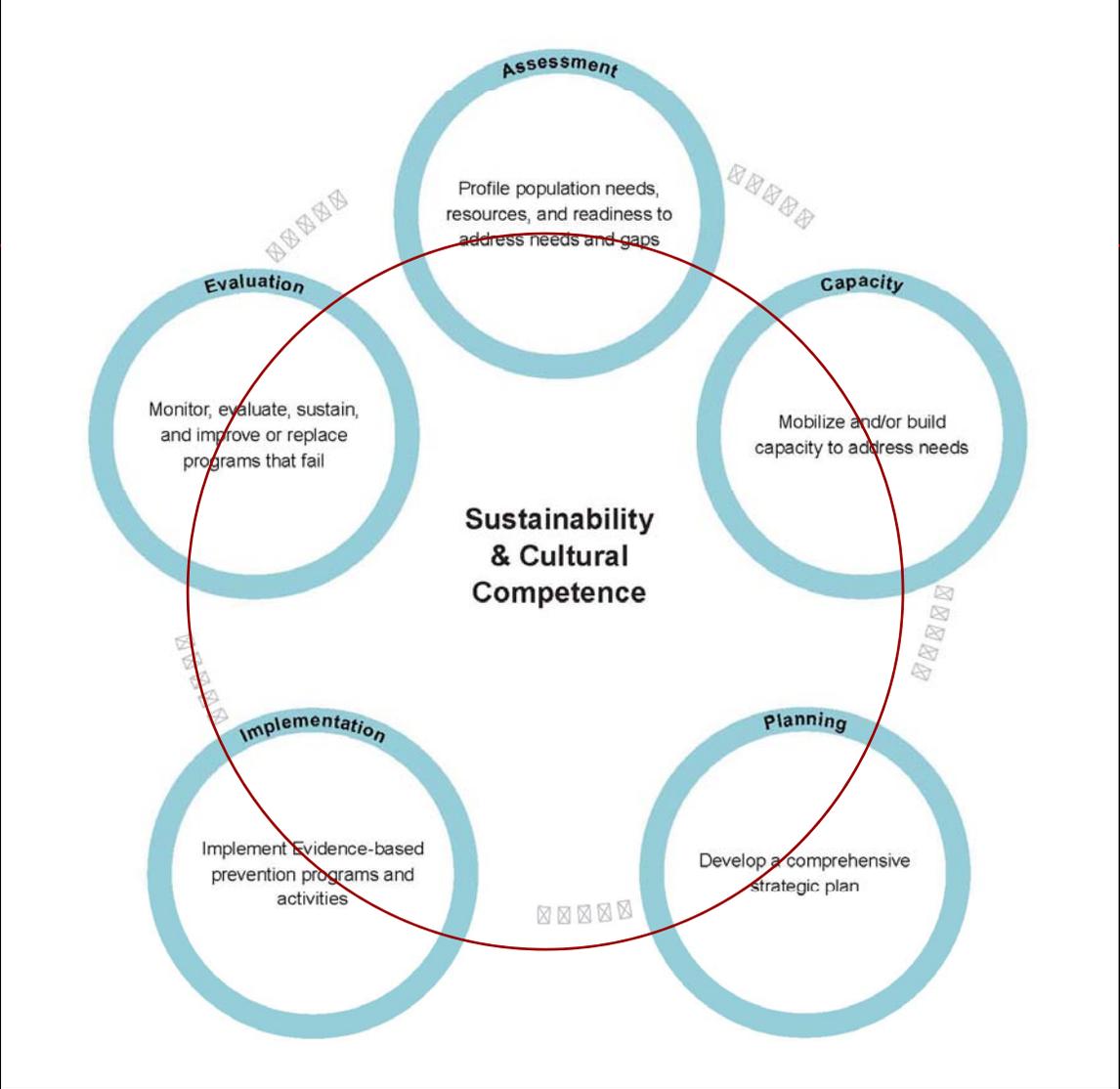
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# SPF – Strategic Prevention Framework

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- **1. Profile population needs, resources, and readiness to address the problems and gaps in service delivery**
- **2. Mobilize and/or build capacity to address needs**
- **3. Develop a Comprehensive Strategic Plan**
- **4. Implement evidence-based prevention programs and infrastructure development activities**
- **5. Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail**



# National Registry of Evidence Based Programs and Practices

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- NREPP is a voluntary rating and classification system designed to provide the public with reliable information on the scientific basis and practicality of interventions that prevent and/or treat mental and substance use disorders.
- Detailed information on all interventions reviewed, regardless of their rating, will be included on the new NREPP Web site.
- [www.samhsa.gov](http://www.samhsa.gov) - click on the "National Registry of Evidence-based Programs and Practices FRN bullet under Quick Picks

# Ask the developer...

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- Oklahoma Methamphetamine Prevention Toolkit – Page 15

# Lunch Time!!!

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# What is a Media Advocacy Campaign?

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*The strategic use of the news media to advance a social, policy, or programmatic goal.*

# What Media Advocacy is not

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## Media Advocacy

Usually earned media

Usually news media outlets

Promotes social change, mobilizes community around a solution - focus on solution

Attempts to influence social norms/attitudes

Media is a tool - a means to a goal

*Example:*

American Cancer Society's initiative to raise state tobacco tax and restrict smoking indoors.

## Publicity/Advertising/Marketing

Usually paid or donated media

Usually places media: billboards, ad, PSA, commercial

Promotes awareness or a product/service - focus on issue, product, or service

Attempts to influence individual behavior change

Media output *is* the goal

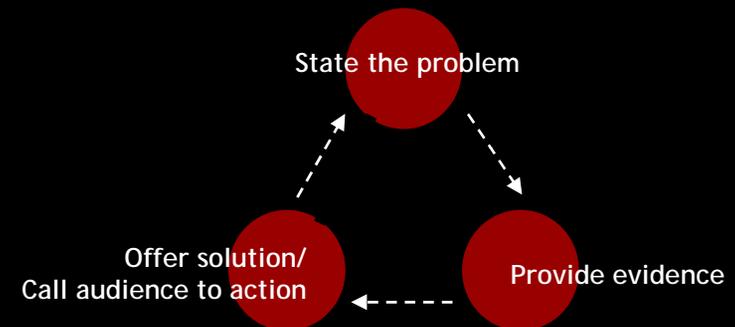
*Example:*

Health Department's promotion of a new tobacco cessation service -or- national TV ads about the harmful effects of smoking.

# Framing the Issue

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- State the problem
- Why is this a problem?
- Provide evidence
- Offer a solution – call audience to action



# Media Advocacy Campaigns

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- Frame the issue - Clearly define the problem and policy goal
- Gather data - local is always best
- Evaluate target audience - identify media outlets
- Identify “authentic community voices”
- Choose strategy, multiple strategies best
  - Letters to the editor, opinion editorials
  - TV news
  - Newspaper, magazine articles
  - Radio - interview, call-in comments
  - Inches or minutes
- Make it newsworthy
  - Timing
  - Conflict
  - Story, not issue

# Things to consider...

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- Single stories to campaigns
- Proactive vs. reactive media advocacy
- Power in multiple partners - agree upon messaging
  - OMPI - 4 county meth prevention campaign
- “Authentic community voices” vs. staff-driven
- Monitor media
- ODMHSAS media staff

# Atoka County Methamphetamine Prevention Initiative

## A project of the Atoka/Coal Partnership for Change

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- Methamphetamine (Meth) is a highly addictive stimulant that effects the central nervous system that has lasting and harmful health effects on the body.
- Across the country Meth use is a growing problem and we are drastically effected. Atoka County has the *highest* meth use rate of any County in Oklahoma.\*
- Meth hurts the individuals who use it, their families, friends and the community they live in. You might not be using meth or know someone who is but it doesn't mean it isn't effecting you. Meth use impacts the economy, puts children at risk, increases crime rates and much more.
- No matter your education level or income or if you are a mother, father, teenager, church member, or active community member .....you can become addicted to Meth.
- *Together we can work to prevent meth use and make Atoka County a healthy and safe place to live, work and play. As a concerned citizen, there is a lot you can do to fight against this devastating drug.*

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For more information or to get involved please contact

Melissa Cross, Choctaw Nation Healthy Lifestyles

580-346-2230 or [mcross@choctawnation.com](mailto:mcross@choctawnation.com)

**EVERYONE** is affected by **METH!**

There **IS** a way out...

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Atoka County Methamphetamine Prevention Initiative needs you to **Join in the fight**, and lets take our community back from this deadly addiction!

**WHY:** Atoka County has the highest **METH** use rate of any county in Oklahoma!

**WHERE:** Atoka Kiamichi Technology Center (Vo-tech)

**WHEN:** Friday, Feb. 1st 10:00am – 2:00 pm (Lunch Provided)

**For more information or to get involved please contact:**

**Melissa Cress, Choctaw Nation Healthy Lifestyles**

**580-345-2230 or [mccress@choctawnation.com](mailto:mccress@choctawnation.com)**

For information on getting treatment for you or someone you love please call 2-1-1, or 1-866-787-METH. After hours and weekends call the National Alcohol and Drug Clearinghouse at 1-800-729-6686.

**A project of Atoka/Coal Partnership for Change and Oklahoma Department of Mental Health and Substance Abuse Services**

# Media Samples...

**F** FIGHT METH

Funded by Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, and by Oklahoma Department of Mental Health and Substance Abuse Services. **McCurtain County - Coalition for Change** • For help call 211

Print ad

# Print ad

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**METH**  
IS A DIRTY WORD.

**FIGHT TO STAY CLEAN.**

**F** **FIGHT METH**

Funded by Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, and by Oklahoma Department of Mental Health and Substance Abuse Services.

McCurtain County - Coalition for Change • For help call 211

# Brochure



## REASONS TO FIGHT...

**Methamphetamine affects your brain.** In the short term, meth causes mind and mood changes such as anxiety, euphoria, and depression. Long-term effects can include chronic fatigue, paranoid or delusional thinking, and permanent psychological damage.

**Methamphetamine affects your body.** Creating a false sense of energy, these drugs push the body faster and further than it's meant to go. It increases the heart rate, blood pressure, and risk of stroke.

**Methamphetamine affects your self-control.** Meth is a powerfully addictive drug that can cause aggression and violent or psychotic behavior.

**Methamphetamine can kill you.** An overdose of meth can result in heart failure. Long-term physical effects such as liver, kidney, and lung damage may also kill you.



## USE YOUR BRAIN...

**Get the facts.** The ignitable, corrosive, and toxic nature of the chemicals used to produce meth can cause fires, produce toxic vapors, and damage the environment.

**Know the risks.** There are a lot of risks associated with using methamphetamine, including:

- Meth can seriously and permanently alter a user's ability to feel ANY pleasure because of the physical effects on the brain.
- Meth can cause a severe "crash" after the effects wear off.
- Meth use can cause irreversible damage to blood vessels in the brain.
- Meth users who inject the drug and share needles are at risk for acquiring HIV/AIDS.

## FIGHT WITH ANSWERS...

**Q.** Isn't methamphetamine less harmful than crack, cocaine, or heroin?

**A.** Some users get hooked the first time they snort, smoke, or inject meth. Because it can be made from lethal ingredients like battery acid, drain cleaner, lantern fuel, and antifreeze, there is a greater chance of suffering a heart attack, stroke, or serious brain damage with this drug than with other drugs.

**Q.** Isn't using methamphetamine like using diet pills?

**A.** No. Though it is easy to obtain, methamphetamine is dangerous. People who take meth can become paranoid, confused, and aggressive; they can die from overheating and convulsions. Over time, meth users risk brain damage and addiction.

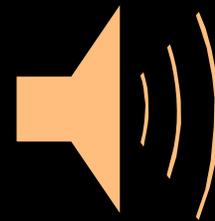
## WHAT CAN YOU DO?

What can you do to help a friend who is using meth? Be a real friend. You might even save a life. Encourage your friend to stop or seek professional help. For information and referrals, call the National Clearinghouse for Alcohol and Drug Information at 800-729-6686.



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Encourage communities to utilize the  
media available from the  
Oklahoma Methamphetamine Prevention  
Initiative Program Counties.



# METH INSIDE OUT

Video Series

METH INSIDE OUT

PUBLIC SERVICE MULTI-MEDIA KIT

As a public service, we've made select multi-media resources from the **METH INSIDE OUT** video series available to you free of charge. These materials are designed to assist treatment professionals in promoting recovery by:

- Adding value to your websites, presentations, and educational materials
- Incorporating research-based treatment materials into your treatment program
- Engaging clients with educational videos and handouts
- Presenting clear scientific explanations of addiction and recovery
- Providing the most up-to-date research
- Conveying key learning points effectively

This "Public Service Multi-Media Kit" makes it simple for you to include these revolutionary, educational materials on your website, in your presentations, and in a classroom or treatment context.

The screenshot shows a web browser window with the URL 'http://'. The page content is organized into three main sections:

- VIDEO & ANIMATIONS:** Features a video player titled "BRAIN ANIMATION: METH AND DOPAMINE NEUROTRANSMISSION". Below the player, text explains that meth use causes a massive release of dopamine, the brain's pleasure chemical. A "Play Video >>" button is visible.
- IMAGES + LEARNING POINTS:** Includes a sub-section "Meth Increases Dopamine" with a paragraph explaining that meth unnaturally raises dopamine levels to more than 10 times the amount caused by normal pleasures. Below this is a bar chart titled "DOPAMINE LEVELS" comparing four substances: Food, Sex, Cocaine, and Meth. The y-axis represents dopamine levels from 0% to 1200%. Meth shows the highest level, significantly exceeding the others.
- GIVE CREDIT:** Lists "Eyes of the World MEDIA GROUP" and "UCLA" as contributors. It also features a thumbnail for the "METH INSIDE OUT" video series with the text "a powerful and engaging research-based treatment curriculum" and a "CLICK TO LEARN MORE" link.

● Additional Resource: Meth Inside Out

For more information on media,  
provide with contact information:

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**Tel: 405-522-2700**

# Forum Purpose: Develop a Community Action Plan!!!

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Blank Action Work Plan Provided  
(Handout #9)

**COALITION NAME:**

1	
COUNTY DESCRIPTION AND MANAGEMENT	
<i>County Name:</i>	
<i>Coalition Vision/Mission:</i>	
<i>Contact Person:</i>	
<i>Address of Lead Coalition:</i>	<i>Phone number:</i>
	<i>E-mail address:</i>
2	
COUNTY DESCRIPTION	
<i>Community Geographic Description:</i>	Zip Codes:  County Lines:  City Limits ( specify cities/neighborhoods within county):  School districts (public and private):  Tribes:
<i>Community Population Description (demographic information):</i>	Number of youth and adults:  Ethnicity of youth and adults:  Languages spoken:  Socioeconomic status of population:  Other relevant data utilized in identifying the target population:



**LEAD AGENCY NAME:**

4				
PLANNING				
Domain	A. Risk Factor Prioritized <i>Specify the risk factors by domain to be addressed through action plan Identify data source</i>	B. Protective Factors Prioritized <i>Specify protective factors by domain to be addressed through action plan Identify data source</i>	C. Resource Assessment	
			Available <i>Specify resources available to address risk and protective factors</i>	Gaps <i>Specify the service gaps to be addressed by the prioritized risk and protective factors</i>
Community				
Family				
School				
Youth/Peer				

**LEAD AGENCY NAME:**

**5a**

**IMPLEMENTATION OF EVIDENCE-BASED PROGRAM/PRACTICE DETAILS**

**Goal 1: Community Needs Assessment:**

Collect, analyze, and report data on \_\_\_\_\_ County risk and protective factors, problems, consequences, and community readiness related to substance abuse prevention

<b>A. Measurable Objectives</b>	<b>B. Tasks</b>	<b>C. Deliverables</b>	<b>D. Timeline for Completion</b>	<b>E. Progress</b>
		1.1:	○	1.1:
		2.1:	○	2.1:

5b

**IMPLEMENTATION OF EVIDENCE-BASED PROGRAM/PRACTICE DETAILS**

**Goal 2: Capacity Building:**

Collaborate with existing (Turning Point Partnership) or establish new community-based partnerships with key stakeholders (i.e. law enforcement, health and social services, educators, parents, and youth) to address identified risk and protective factors, problems, and consequences

<b>A. Measurable Objectives</b>	<b>B. Tasks</b>	<b>C. Deliverables</b>	<b>D. Timeline for Completion</b>	<b>E. Progress</b>
		1.1:	○	1.1:
		2.1:	○	2.1:

**LEAD AGENCY NAME:**

**5c**

**IMPLEMENTATION OF EVIDENCE-BASED PROGRAM/PRACTICE DETAILS**

**Goal 3: Planning:**

Develop a community prevention action plan utilizing the community needs assessment findings to identify the target population for prevention services and to select evidence-based prevention strategy(ies) and outcomes

<b>A. Measurable Objectives</b>	<b>B. Tasks</b>	<b>C. Deliverables</b>	<b>D. Timeline for Completion</b>	<b>E. Progress</b>
		1.1:	○	1.1:
		2.1:	○	2.1:

# Suggest ways of creating sustainability

i.e. National Outcome Measures (NOMs) and evaluation data to support grant seeking

# Resources for Funding:

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- [www.odmhsas.org](http://www.odmhsas.org)
- [www.samhsa.gov](http://www.samhsa.gov)
- [www.grants.gov](http://www.grants.gov)
- [www.hhs.gov/fbci/funding/index.html](http://www.hhs.gov/fbci/funding/index.html)
- Additional Resources are also included in the Meth Prevention toolkit and within the workbook



# Evaluations...

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- Make sure to elect a lead contact person!
- Schedule follow-up