

Planning Substance Abuse Preventions in New Mexico's Native American Communities



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What this Manual is About

This manual is a tool to be utilized by the Tribes in New Mexico to begin developing community-based coalitions. Community Substance Abuse Prevention Coalitions are unions, alliances, or groups made up of people from the community, behavioral health programs, schools, law enforcement, health clinics, and other programs and agencies in the community. These coalition members agree to coordinate efforts to address the problems of ATOD in the community. Coalitions are not limited to community programs only but may include outside representatives from other state, local, and county agencies and programs. ATOD Coalitions can be made up of parents, youth, elders, and other people in the community who wish to be involved. In fact, Coalitions that include a large cross-section of the community seem to be the most successful.

The Manual is organized into five chapters.

- ✓ The first chapter contains general information on the national trend toward establishing community ATOD prevention programs. It takes this information about national trends and translates it into historical and current contexts for New Mexico's tribal communities. In other words, it includes descriptions of how ATOD prevention planning for New Mexico's tribes is occurring today and what historical forces play a role in implementation.
- ✓ The second chapter includes current science-based prevention theory. The Center for Substance Abuse Prevention Community Mobilization Scorecard and a section for identifying readiness for coalition development is also included.



- ✓ Chapters three through five are planning modules for Community Substance Abuse Coalitions to use as guidelines or road maps to developing a community-based ATOD prevention program. The Manual is designed for everyone in a community to use including youth and elders who may not have as much Western, formal education as service providers, teachers, and other community members may have. It is based on current research about effective prevention program planning but is presented in terms that everyone can understand and use. These chapters can be used alone or together and provide quick tips to acquiring skills that are useful in the planning process for ATOD programs as well as other kinds of education and treatment programs. These chapters contain descriptive information about the process and procedures the organizer/facilitator



Chapter 1: Introduction to Substance Abuse Prevention Planning



Goals for this chapter are:

Goal 1: To define and describe historical trauma.

Goal 2: To review the impact colonization has had on state and federal relationships with Native American communities and Tribes.

Goal 3: To consider the need for a collective a vision and how to go about identifying a collective vision once a substance abuse prevention coalition is established.

Overview

This chapter introduces the concept of historical trauma as a result of European colonization of the Americas. The chapter includes a description of the impact that colonization had on the Tribes. It also describes the implications of colonization and historical trauma with regard to federal and state relationships with tribes and Native American communities. The chapter covers what a collective vision is, why it is necessary for substance abuse prevention coalitions to develop a collective vision, and how to go about establishing a vision.

Section 1: Changing Paradigms

In this section the consequences of historical trauma are investigated. The lack of trust in the relationships between the Tribes and state and federal government is explained in terms of colonization and the paternalistic relationship that was established by the federal government in order to manage indigenous people and assimilate them.



Section 2: Establishing a Collective Vision

This section provides the rationale for engaging in a process to develop a collective vision of the community as its members would like it to be. With the development of a vision, substance abuse prevention planning coalition members can formulate steps to take in order to reach the vision.

Section 1: Changing Paradigms



Historical Background

The sun shone brightly on the clear water running in the creek. Young girls hurried to the water's edge to fill their clay jars with the cold water. This was the first day of the corn harvest in the village. The men had risen early, before the sun came up, and gathered in the fields to begin picking the precious ripe ears of corn while they were still cool and fresh. In the ceremonial house the Holy Ones offered prayers of thanks to the ancestors.

The mothers and grandmothers of the village also were busy making fresh bread, cooking beans, corn soup, and other hearty foods. The whole village made ready for the community harvest. Young and old worked together in this effort so that the village would have food and sustenance for the coming winter.

First Contact

The snapshot above gives us a peek at life in a Native American community before contact with European colonizers. In some ways, life has not changed that much in our communities. Many practices and beliefs are continued just as they have been for hundreds of years. The above illustration shows us how tribal communities have always depended on the people that make up the community for survival. This





picture also reminds us of the various roles that people had in the life of the community. Young and old were involved in the essential design of the community. In fact, the survival and health of any community depends on everyone fitting in and everyone contributing.

Today although many traditional Native American values and beliefs are still taught, changes have taken a toll on Native families and communities. Our tribes and pueblos are not as united as they once were. Native people no longer look to each other for assistance and support when encountering trouble or hard times. Today we see problems such as juvenile delinquent behavior, gang activity, and violence in the family beginning to destroy our once peaceful communities. Suicide, child abuse and neglect, and drug and alcohol abuse claim both young and old members of our communities.

In order to understand how this happened to Native people, we must look to the past. Native American history is a story of change, grief, and devastating loss. The disruption of Native traditional ways of life occurred when Native people first encountered European settlers in the East and Spanish soldiers and missionaries in the Southwest. The colonizers immediately set out to convert, "civilize", and change the Native people they came upon. Those early settlers did not believe there was anything positive in the cultural ways of Native people. They viewed Native people as pagan and less than human.

United States Relations with Indian Communities

Federal policies were enacted over and over again to deal with the "Indian problem". To solve the Native problem for White settlers, warfare, imprisonment, and removal of Native people from their traditional homelands were some of the first methods used by the federal government. Game animals were killed off, disease, and



starvation were other strategies that were used. Finally federal policies were put into place that stripped Native people of their traditional homelands, confined them to reservations, and forced their children to attend residential schools. In these boarding schools, Native children were forced to give up their customs, languages, and beliefs, and were taught English and the traditions and beliefs of an alien European-American culture.

This tragic historical legacy has had a direct impact on Native people today. As a result, some tribes and families have at least four generations of men and women who were not parented by their own parents and not raised in the cooperative, melded communities of extended family and relatives. Several consequences of this legacy are:

- generations of individuals raised by strangers who have lost the traditional parenting practices of their cultures;
- individuals who can not speak their native language; and
- loss of opportunities to practice their cultural traditions.

Instead these generations of Native American boys and girls were forced to learn a different language, practice foreign religion, and taught that their traditional way was the “wrong way”.

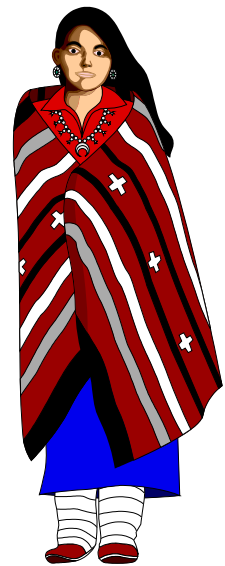
Results of Conflict

When Native American young adults returned to their homes and villages from the boarding schools, they understood little about the old ways of life. They were strangers in their own communities. These were traumatic experiences for Native people. The pain and suffering are a legacy that has been passed on from one generation to the next. Some of the consequences of this inter-generational historic trauma include the following:



- relatively few community members who can be role models to show others how to work and live in a traditional community as well as in the dominant culture;
- several generations of parents who lack Native American or mainstream culture parenting skills;
- substance abuse and other destructive behaviors;
- internalized oppression and identification with the oppressor;
- increasing pressure from the dominant culture to adopt its values through the media; and
- destructive behavior that divides families and communities.

The combination of history and life in the fast technological society of today contribute to the inter-generational problems of substance abuse. Substance abuse is like the ripple in the pond and its effects are ravaging all segments of traditional Native American communities. Alcohol, tobacco*, and other drug abuse (ATOD) is dynamic and changes its face and identity like the Coyote of many of our traditional stories. Although it is subject to powerful social, political, economic, cultural, and racial influences, all the changing faces of substance abuse are devastating. Native communities have tried for years to develop strategies that will stop the destruction that substance abuse has wreaked on the community and family. The effort will continue until ATOD (Alcohol, Tobacco, and Other Drugs) problems are abolished.



* Tobacco is an important part of many pueblo and tribal ceremonies — tobacco when referred to as part of Alcohol, Tobacco, and Other Drug Abuse (ATOD) does not include tobacco use as part of a spiritual / religious ceremony — it is referred to as smoking or chewing tobacco in an addictive manner which contributes to health problems for the individual.



Federal Relations to Tribal Systems

As we have seen, the promotion of the melting pot philosophy in the United States has had a devastating impact on Native people and their communities. Attempts to conquer Native American tribes have focused specifically on forced assimilation of the English language and American cultural norms and beliefs extremely different from Native languages, cultures, and beliefs. For many tribes this has contributed to the breakdown of their communities, families, and cultures.



For example, as recently as 1934, the U.S. federal government tried to change the ways of Native people by creating new governments for tribes. These U.S. government systems were set up to replace the traditional forms of Indian government. Federal bureaucrats went as far as appointing their own non-Indian agents to run these systems. These non-Indian agents then became the "official leaders" for the Indian tribes. They carried out policies that didn't make much sense to Native people. For example, when the government attempted to allocate land to individuals, the Hopi traditional leaders gave the following explanation as to why individuals (especially men) could not own land. In a letter sent to Washington the Hopi elders wrote:

None of us were asked that it should be measured into separate lots and given to individuals for that would cause confusion. The family, the dwelling house, and the field are inseparable because the woman is the heart of these and they rest with her. Among us the family traces its kin from the mother, hence all its possessions are hers. The man builds the house but the woman is the owner because she repairs and preserves it: the man cultivates the field but he renders the harvest into the woman's keeping because upon



her it rests to prepare the food and the surplus of stores for barter depends upon her thrift.

A man plants the fields of his wife and the fields assigned to the children she bears and informally he calls them his although in fact they are not. Even of the field which he inherits from his mother, its harvests he may dispose of at will but the field itself he may not give. He may permit his son to occupy it and gather produce but at the father's death the son may not own it for then it passes to the father's sister's son or the mother's nearest kin and thus our fields and houses always remain with our mother's family.

Native people had many painful experiences when the various (sometimes long-standing enemies) Tribes were forced to live on the same reservation. These tribes were required to operate a single tribal government even though several tribes were involved. Imagine the confusion, anger, and resentment of these people from different tribes and bands with different languages and cultures confined by federal policy to the same small piece of land. Not only did they have to figure out how to deal with the new government system and the English language, but they also had to work together to understand the language, customs, and beliefs of the tribes with whom they were locked into coexistence.

One example of such a nation is the Mescalero Apache group in New Mexico. Originally, the Lapan, Chiricahua, and Mescalero bands lived and hunted separately but were forced to live together on what is now the Mescalero reservation.

An elder Navajo woman (Benedek, 1992) who was forced to relocate during the Hopi-Navajo land dispute, another example of



painful federal policy, explained why she did not want to leave her home:



*The wind won't know me there.
The Holy People won't know me.
I won't know the Holy People.
And there's no one left who can tell me.*

As new leadership systems and constitutional governments emerged, so did new federal Indian programs. These new federal programs had as their primary mission the acceleration of the assimilation process. At the same time, the appointed leaders who were federal bureaucrats assumed greater responsibility over tribal affairs. Although many of the programs designed to assist Native people were developed during this period of time, the programs often had the effect of contributing to apathy and a sense of powerlessness among tribal people. This caused tribes to give up their right to self-government especially in regard to health, social, and education programs. The design of these programs and the experiences Native people had with them contributed to feelings of mistrust and resentment toward both the federal agents and their programs.

Finally in 1975 Congress passed the Indian Education Assistance and Self-Determination Act to give control of federal programs back to the Tribes. While many tribes took advantage of their new rights to self-government, the federal programs they took over were already well-established and followed strict federal guidelines and requirements. The bureaucratic requirements were often a huge barrier for tribes to understand and overcome in order to make the project or program their own.

As a result of these requirements, the health and education programs did not change much to reflect the culture, values, and beliefs of the tribes they were designed to serve. Tribal leaders and



community members found the accountability and reporting requirements of these health and education programs complicated and alien. Tribes often found themselves in trouble with the U.S. government and at-risk for losing services because they did not meet all the requirements exactly as the guidelines described. Although the Tribes gained control and autonomy, the programs continued to run in much the same way as the non-Indian agents had run them.

Sometimes this federal government legacy to the Tribes is referred to as a paternal relationship. This relationship is typified by lack of trust on both sides. Tribes have been told by the federal government that they do not have the knowledge, skills, and expertise to manage their own affairs including the use of reservation resources, the education of their children, and the delivery of their own health care services. The result of this federal attitude has been a lack of Tribal empowerment and inadequate development of indigenous knowledge, skills, and expertise to develop and manage programs. Tribes have remained in a child-like position of dependency on outsiders and the federal government including the Indian Health Services (IHS), private consultants, and the Bureau of Indian Affairs (BIA) to run their education and health programs.

State Relationships with Tribes

More recently, with the advent of the block grant system to flow money for program development and management from the federal government to state governments, similar dependent and paternal relationships have developed between state agencies and governments and Tribes. Currently ATOD prevention dollars are disseminated from the federal government to states, as well as from private foundations to non-profit agencies and coalitions. One of the goals of this Manual is to assist Tribes to acquire the knowledge, skills, and expertise necessary to compete successfully for prevention funds whether from



the State of New Mexico, the federal government, or other sources. Through the development of expertise acquired from this Manual and other sources, Tribes will be empowered to design and implement their own culturally and linguistically relevant and specific ATOD prevention programs. These new community substance abuse prevention Coalitions also offer tribes an opportunity to gain control over a complete system of care for ATOD that may have a profound impact on the health of New Mexico's Native people.

Collaboration and the Opportunity to Reverse Historical Trends

Part of the challenge for Native American communities is to help rebuild and support traditional leadership. The foundation of our old ways remains but has been shoved aside by the formulas and priorities of the non-Indian federal agent leaders who ruled and controlled resources for so long. The new ATOD prevention Coalitions offer Tribes a mechanism to develop new programs and re-design old ones. These Coalitions will allow community members to participate in shared responsibility and shared accountability. This effort will require building infra-structure and support systems which will allow tribal, state, and federal agencies to work closely together. A shared vision for change is essential to forming these Coalitions. Both tribal and non-tribal people from these organizations will have many opportunities to learn from each other and at the same time, establish services that can serve Native people better.

Critical leadership challenges that are specific to ATOD prevention efforts include shifting from:

- treatment-based to prevention-based programs;
- program-driven to community-driven programs;
- top-down to bottom-up leadership;



- problem-focused approaches to assets or strength-focused approaches;
- moving from Western evaluation practices to native practices;
- accountability for meeting federal program requirements to community service and program improvement requirements;
- funding-source control to tribal and community control;
- moving from process oriented program models to outcome driven or performance based programming; and
- utilizing evidence-based models for effective program development.

Building community based Coalitions is a key factor for successfully addressing ATOD issues in Native communities. It will be important to develop strategies that support and develop the shifts described in the list above.

Section 2: Establishing a Collective Vision

When a community group comes together to address a problem like ATOD abuse, they need a clear picture of how they can solve such a huge and complicated problem. Creating a collective vision with the group can help them to figure out how to solve problems like substance abuse.

What is A Collective Vision?

The purpose of having a "Collective Vision" is to unite people in their thinking as they gather to talk about their community concerns or to work on a problem that affects the whole community. The facilitator helps the group create a picture of the goal they want to achieve. Through a process of imagination and brainstorming the group develops an idea of how they want things to be in their community in the near future. The group decides what is attainable and what is not;



they also determine what steps are necessary to achieve this goal and who will be responsible for each task. The Coalition sets a time frame for accomplishing each step and the group meets frequently to talk about their progress.

The collective vision puts words to ideas, thoughts, and feelings that the whole group has about the direction to take to create positive change. Because it is developed by all the group members, it also unites the group so that they feel powerful. Uniting the group helps all members to feel like part of a team that is trying to solve problems that are too big for one person alone to tackle.

Setting the Climate for Creating a Collective Vision with A Group

When the group meets together for the first time, the facilitator will want to establish a "climate" for the group that is relaxed, friendly, and inclusive. That is, the group leader should try to make everyone feel at ease and welcomed. In addition, the group leader or facilitator must help each participant feel like what they contribute to the meeting is important.

The facilitator might begin by welcoming each person individually as they enter the room. He/she can introduce himself/herself to each participant if they don't already know each other. As they begin to establish a relationship, the facilitator should take note of unique qualities, skills, and experience that each of the participants bring to the meeting. Is that individual quick to laugh? Does one of the group members listen carefully to others while they are speaking? Does someone appear shy and quiet? Which group member dominates the conversation? Noticing these qualities will help the facilitator later on as the group process evolves. The facilitator uses knowledge of the group and group process to guide them through the visioning process.



Summary

It is important to keep in mind the impact that colonization and historical trauma have had on Native communities and their relationships with state and federal agencies and programs as Tribes begin to think about planning ATOD prevention programs for their communities. When members are recruited for a coalition to begin planning prevention programs, make sure that all members understand the impact that colonization has had on Tribes and the individuals that make up tribal communities. Bring the Coalition together and establish a collective vision as the first order of business for the group. Once the Coalition has a detailed vision of the way they want their community to be, they can work toward making the vision a reality.





Chapter 2: Utilizing a New Planning Process

The goals for this chapter are:

- Goal 1: To identify and describe what comprehensive prevention is.
- Goal 2: To provide definitions for the new ATOD prevention terminology.
- Goal 3: To review the six CSAP strategies.
- Goal 4: To investigate Institute of Medicine categories.
- Goal 5: To identify risk and resiliency factors by domain.
- Goal 6: To review the steps for establishing a community planning coalition.

Overview

This chapter was designed to provide the reader with a working knowledge of the new terms and concepts involved in planning a prevention program. The information included in the chapter will provide the beginner with an understanding of basic prevention issues and how prevention concepts are related to the theory of prevention program design. The reader will acquire enough basic information to begin thinking about what types of strategies may be needed to provide prevention services in her / his community.

Section 1: Utilizing a New Planning Process

This section provides definitions and concepts that make up the foundation of prevention program planning. There is a three part table



included to help the reader assess readiness for prevention program planning in her / his community. These tables are linked to *The Community Mobilization Scorecard*, an instrument designed to be used by Coalitions to measure readiness to plan a prevention program.

Section 2: Establishing Community Prevention Planning Coalitions

In this section, the reader is introduced to the essential steps in pulling together community members to form a Substance Abuse Prevention Coalition. The section highlights acquiring leadership endorsement and identifying key stakeholders. It also covers ideas to reduce bias in the planning process by leveling the playing field. This section ends with a checklist to use for establishing a coalition.

Section 1: Utilizing a New Planning Process

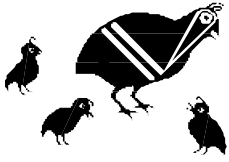
What is Comprehensive Prevention

Community Substance Abuse Prevention Coalitions are different from regular substance abuse programs. They don't provide treatment for addictions. Traditionally Native people have gone to the Indian Health Service or tribal addictions treatment programs for ATOD treatment. Prevention programs instead:

- focus on prevention of substance abuse and activities that help community members avoid self-destructive addictions;
- provide community education on the harmful effects of substance abuse on the individual, family, and community;
- work to reduce community, family, school, and individual risk factors such as permissive alcohol retail laws, community norms that encourage substance abuse, low levels of bonding to school and family, and friendship groups that encourage drug use);



- assist the community to identify factors which will help non-users of ATOD remain non-users (this is referred to as resiliency or protective factors); and
- develop a core group of community members who will work together to address ATOD problems today, tomorrow, and in the future.



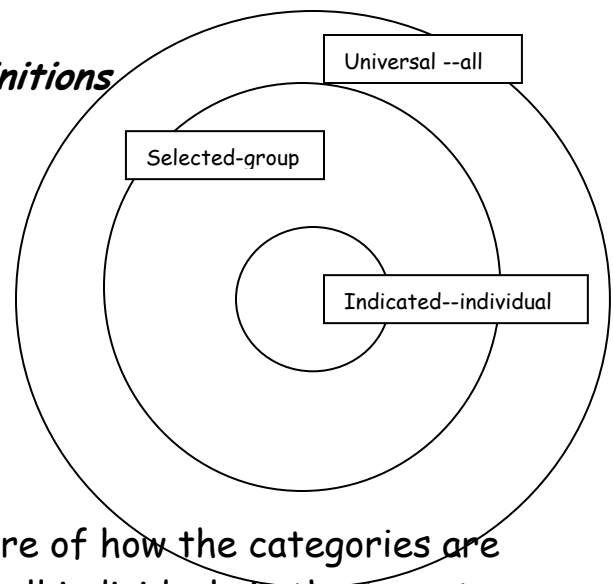
Comprehensive prevention is about working with people and communities to gain awareness and understanding about:

- what substance abuse is;
- how to identify risk and resiliency factors;
- how to increase a community's resiliency factors;
- how to decrease a community's risk factors;
- how to develop strategies that are specific to the culture and values of a community and that will sustain and support ATOD prevention efforts; and
- how to build the capacity within the community to address social problems like gangs, violence, and child abuse and neglect.

Institute of Medicine Prevention Definitions

Prevention is divided into three classifications:

- universal;
- selected; or
- indicated.



The figure at the right provides a picture of how the categories are organized. Universal programs apply to all individuals in the target population and are designed to educate all individuals about the risks of



ATOD use. Media campaigns, health education curricula, and school assemblies are used to disseminate universal prevention information. Selected prevention programs are designed for specific at-risk subgroups that are identified. Skills training and after school classes, as well as, special groups such as AlaTeen are designed for selected prevention activities. Selected groups could be all the fifth grade boys at the tribal day school or children from single parent families. Finally, indicated prevention programs are designed for at-risk individuals. These individuals may have begun to show signs of ATOD abuse. Programs that are indicated are tailored to the needs of the individual such a peer mentoring or tutoring programs and programs that build leadership skills among youth who have been caught using drugs and alcohol already.

The Six Center for Substance Abuse Prevention Strategies (CSAP)

After almost twenty years of research in the area of substance abuse prevention, CSAP identified six basic strategies for preventing ATOD abuse and related problems. An individual component of a program plan of action is a strategy. The strategies are:

1. Information dissemination: includes effective mass media approaches include the use of newsletters, radio and TV messages, billboards, video, CD-ROM and other methods.
2. Education: includes interactive activities designed to affect life / social skills that are intensive and are a year or more in duration with booster sessions for follow-up.
3. Alternatives: provide the target population with opportunities to build skills and develop new interests such as basketball camps, after school programs and drug free dances and fun runs.
4. Problem Identification and Referral: are screening and assessment activities that identify who is abusing substances in the community.



5. Community Based Processes: involve prevention training for community members, technical assistance to community groups and the coordination of different agencies and organizations to increase efficiency and effectiveness.
6. Environmental: promote changes in community standards and attitudes, for example, DWI policies / law reducing BAC limits from .08 to .06.

Most prevention programs incorporate some or all of these strategies in order to affect changes in individual and community attitudes, knowledge and behavior regarding substance abuse. These changes in attitudes and behaviors are sometimes categorized into risk and protective factors.

Domains and Risk and Protective Factors

CSAP looks at an assessment of readiness for prevention in a community by investigating domains. The domains are:

- community;
- family;
- school;
- individual /peer.

By investigating these various domains, risk and protective factors that influence substance abuse can be identified. Once identified, these factors can be increased if they are protective or decreased if they are risk factors by using the six CSAP prevention strategies.

Risk factors include poverty, community norms that allow drinking and early and persistent anti-social behavior. Some protective factors include positive family dynamics, regular attendance at school, and positive social interaction among peers. These risk and protective



factors can be identified in each domain and are useful for identifying strategies to include in a prevention program.

All prevention activities whether they are universal, selected, or indicated are a critical part of what is called a "complete continuum of care". A complete continuum of care includes prevention, treatment, and follow-up or aftercare. Most Native communities in New Mexico have access to some kind of in-patient or out-patient treatment but only a few communities have established prevention and after care components. This Manual will help you plan prevention activities and programs for your entire population (universal), at-risk subgroups (selected), and at-risk individuals (indicated).

Evidence Based Programs and Fidelity to the Model

The Center for Substance Abuse Prevention (CSAP) has a list of substance abuse prevention model programs that have been documented to be effective. This means that the programs have been tested with an experimental or quasi experimental research design. The model is tested by comparing two groups of participants. One group of participants receives the services of the model program (this is referred to as the treatment in a research design) and the other group of participants does not receive any services or treatment. This second group is designated the comparison or control group. Ideally participants are randomly selected from the population and then randomly assigned to either the treatment or control/comparison group. Some form of assessment, survey, or other outcome measure is administered to both groups before and after the program/treatment is implemented and the results of the outcome measurement are compared for the two groups.

To find a list and descriptions of model programs that have been tested this way and that are approved by the New Mexico Department



of Health, Behavioral health Services Division go to the SAMHSA website (www.samhsa.gov) and enter CSAP into the search line. From the list of CSAP findings choose *programs*. The library of evidence based programs includes several models that were developed for working with Native American populations. Many of the other programs were developed with other racial and ethnic groups but these programs have been adapted for use with Native Americans in New Mexico.



Linked to evidence based programs is the concept of *fidelity*. Fidelity means faithful and when a model is developed it usually has essential components and instructions for implementation that must be followed in order for the model program to work or to be effective with the other populations. It is similar to following the instructions from your doctor when she prescribes a medication. You have to take a certain amount of the medication (amount or dose or dosage), a certain number of times a day (frequency) for a certain length of time (duration). Dose, frequency, and intensity are important factors to keep in mind when implementing a model program. If these instructions are not followed then the program probably won't be effective. If medicine isn't taken as it is prescribed you usually won't get rid of the infection either.

Adaptations to model programs have to be made with care in order to ensure that your program obtains the same results as promised by the model. Some model developers offer suggestions and guidance for making adaptations. Other developers say that you can not make changes or adaptations to their model. Generally all programs include elements that can be enhanced by providing the participants with examples from Native American life and history. These examples can be a tailored to fit the specific pueblo or tribe with language and pictures that come from the community. Make sure that you describe



the adaptations or program enhancements when you evaluate the program adaptations. Also make sure to measure the program implementation with outcome instruments so that you will know whether or not the changes affected the outcomes you anticipated.

Assessing Community Readiness

After nearly two decades of grassroots work to establish ATOD prevention programs across the United States at the community level, the Center for Substance Abuse Prevention (1997) has provided communities with a method for assessing readiness for prevention planning. This assessment system is presented in detail in "Effective Community Mobilization: Lessons from Experience" produced by the Center for Substance Abuse Prevention (1997). We have included the three tables that summarize "readiness" factors for your information.



Table 1. Community Readiness for Prevention

Indicator	Strong Sense of Community	Weak Sense of Community
Sense of membership	The active participants proudly display symbols of membership in the community.	The active participants do not view themselves as a community.
Mutual importance	The active participants recognize, cherish, and support the contributions of each other.	Participants are active only because one or a few powerful persons are involved.
Shared world views	The active participants hold common beliefs and promote shared values important to them.	The active participants hold fundamentally different beliefs and values and cannot reconcile their differences.
Bonding/Networking	The active participants enjoy one another and look forward to time spent together.	The active participants have no affinity for each other, and relationships are formal or superficial.
Mutual responsibility for the community	The survival and health of the community is a primary concern of all its active participants.	One or only a few persons struggle to keep the group together.



Table 2. Mobilization Capacity

Indicator	High Mobilization Capacity	Low Mobilization Capacity
Sustained leadership	Strong leaders have emerged to keep activities on track and motivate other community members to stay involved.	The effort is muddling along without leaders who have the qualities to provide direction and motivation.
Formalization	Clear procedures, manuals, ground rules, and role definitions exist to provide a framework for community member participation.	Community members function in an ad hoc manner, and newcomers have to define their own roles.
Rewards and incentives	Those involved feel valued and appreciated and receive rewards that make them feel their efforts are worthwhile.	Participants don't feel that they receive rewards that compensate for the cost of their involvement.
Internal and external communication	Active members share experiences and information on a regular basis, and the effort is well covered by local media.	Members rarely communicate with one another outside meetings or contact the media to get coverage of their activities.
Community organizational know-how	A community member with years of successful community organizational experience is actively involved in recruitment and resource mobilization.	The active members are inexperienced at working on a community-based project.
Behind-the-scenes support	A highly effective support team handles day to day logistics	Tasks sometimes fall between the cracks or logistics are poorly handled because there is no one specifically responsible for their functions.

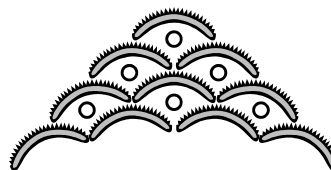


Table 3. Readiness for Focused Action

Indicator	High Capacity for Action	Low Capacity for Action
Clarity of goals	The issues facing the community are clear, and consensus exists on the types of responses needed.	There is concern but no consensus regarding the direction for responding.
Feasibility of plan	A practical and flexible action plan is being implemented and updated based on accurate feedback.	The group is muddling through with quick fixes and unrealizable schemes.
Capabilities and resources	The members collectively possess or have access to all needed talents, skills, and resources.	The members have no access to-or are not aware of-the talents, skills, and resources that are needed to mobilize.
Citizen participation and control	The initiative is made up of, and controlled by, members of the targeted community and includes active participation of those most affected by the proposed changes.	There is minimal representation by persons who will be affected by the initiative.
Passion for immediate action	The members are committed to making some positive, goal-directed an well-conceived change happen in the community as quickly as possible.	The members like to talk, argue, and push their view but are not committed to making some positive change in the community.
High-performance team functioning	The members can function as a high-performance team to get the job done.	The members have a hard time coordinating action and working together.

There is a survey that is linked to the tables and this survey can be used to help determine the community's readiness to begin planning a prevention program. Often in Native American communities, denial that a problem with alcohol, substance abuse, violence, gangs, or teen pregnancy compounds the problem and makes it more difficult to address the prevention of these problems. Using the *Community Mobilization Scorecard* can help identify barriers such as denial. This



information can be used to develop a strategic plan that will address barriers and make use of community strengths and resources.

Section 2: Establishing Community Prevention Planning Coalitions

Establishing Community Advisory Planning Coalitions

Darlene has lived at the Pueblo for most of her adult life. Her mother died when she was 8 years old and her father raised her and her brothers with the help of her mother's sisters and family as well as his own family. Darlene left the Pueblo for about 10 years after she graduated from college. She moved to Albuquerque and worked for the Indian Health Services. After Darlene and her husband divorced, she moved back to the Pueblo with her young daughter, Angie. She knew her father and extended family would be there to help her raise her daughter.

Darlene's younger brother lives with her father and drinks every day. After a few months back home, she notices that her brother isn't the only one with the problem. She asks her aunt who is married to the Governor what the tribe is doing about the problem of drinking. Her aunt talks to her husband. Her husband, the Governor, talks to the Tribal Planner and gets the Tribal Council to think about creating a program to deal with alcohol and drug abuse prevention in addition to treatment. The tribe has a treatment program but no prevention program. When folks come out of treatment, there is no follow-up or aftercare and they often start drinking again.

The tribal planner likes the idea of getting another program going but doesn't know how to get it started. Getting people in the community together, talking about ideas, asking for assistance from



state agencies and other groups are the first steps in establishing an ATOD Prevention Coalition.

Youth and elders, leaders and parents, service providers and spiritual leaders who have been affected by ATOD issues should be included in the initial planning efforts. The Coalition should be large enough and diverse enough to represent all community members but it should also be small enough to get the job done. When groups are too big, it is difficult to make sure that everyone has time to talk and discuss their individual opinions and points of view. The Coalition will need to acquire the skills to work together as a team and this may take some time and training.



Identifying key people to establish a complete system of care

Darlene and the Tribal Planner got together and talked about identifying key people to plan an ATOD prevention program. They came up with a list of names of people in charge in the community (the Council and other leaders), some service providers who treat alcohol and substance abuse problems, the Headstart teacher and a teacher from the Tribe's contract Day School, and some parents. Everyone they asked to be in the Coalition had been touched by the problem of alcohol or substance abuse in some way. Several other parents had expressed interest in finding solutions to the problem but couldn't meet regularly. They said they would help with special projects when they had time. In establishing this planning group it was important for Darlene and the Tribal Planner to include a representative from all segments of the community's population: youth, elders, parents, leaders, teachers, social workers, and other service providers should have representation on the planning committee.



Tribal Leadership Endorsement

In order to establish a representative Coalition, individuals who represent the Tribe's leadership, its service agencies, and community members have to be involved in planning the prevention program. For Tribes, buy-in from leadership is a critical component that will involve formal approval through the Governor or Tribal Chairperson, the Tribal council, and other members of the governing body. A tribal resolution may be necessary to establish this formal approval. Be prepared to follow the correct Tribal protocol in order to be recognized by the leadership. Draft the appropriate document for the leadership's endorsement as a Memorandum of Agreement (MOA) or Understanding (MOU).

Housekeeping – agenda formats, timelines, meeting times, procedures

The first task that the Coalition must accomplish is to identify the purpose for the planning group and the planning process. This purpose will guide the steps the group takes as it works together. Everyone should understand the processes chosen to hold meetings and agree on them. The process should not be complicated or difficult and all Coalition members should agree on them so that in the event there is conflict among members these group norms can be used for some guidance. If the Tribal Planner and Darlene get the Coalition together, housekeeping items should be addressed during the first several meetings. Traditional methods for organizing meetings and running them, Western methods, or a mixture of both can be used. Choice of methods will depend on the composition of the Coalition and the process they are most comfortable with. Everyone in the Coalition will need to learn how to do the various housekeeping chores that are important to running the group smoothly and to advancing the planning process.



Establishing roles and responsibilities



General roles and responsibilities or expectations for all planning group members should be established at the same time that other housekeeping items are addressed. Specific roles such as meeting facilitator or chairperson should be decided at the initial meeting of the planning group. Make sure that all necessary chores and responsibilities are covered by planning group members who have the skills and resources to complete the designated tasks. Often the person that brings the Coalition together assumes a leadership role, chairs the meetings, and sets the agenda until others in the group acquire the skills and the desire to take on a leadership role.

Leveling the playing field

For centuries prior to contact with Europeans, Native people in the Southwest shared in the decision-making, accountability, direction and leadership of their communities. The process of truly including and involving tribal people in planning an ATOD prevention program will guarantee that equity is ensured for all the Coalition members. Leveling the playing field is a process that re-establishes the traditional, participatory and shared leadership to mixed (mixed refers to Tribal members and people from outside the Tribe) planning groups. After contact with Europeans, Tribes were forced to assimilate and some of the process of assimilation involved accepting Western methods for leading the community. Hierarchies were established and the old ways of providing the leadership with feedback and information were discouraged or abolished. However, participatory leadership remains a practice in most Native American communities today.

The new Coalition that is formed to develop an ATOD program will work best if it functions more like the traditional shared



leadership of Native American communities prior to contact with Europeans. This will require that decisions, goals, and objectives be made by the Coalition and owned by them. Parents, service providers, youth, tribal elders must all have an equal voice in the program design and in running the planning group. Everyone's opinion is listened to and respected equally.

There are a variety of useful models available for leveling the playing field. In New Mexico, a home grown model such as "Creating Inter-cultural Communities" (Chené, Suina, and Tafoya, 1994) is very effective for ensuring equity among planning group members. In Long Beach California a local model called the "Unity" model (Ramirez, 1996) is very effective in re-structuring the group so that all members share power equally and are able to contribute to the planning process. There also are traditional participatory leadership methods in all tribal communities that can be used as well.

Think about the model carefully that you want to use for ensuring equity and take the time to implement it. If care is taken with this step of the planning process, the planning process will be more effective and will result in a product that is representative of all Coalition members. Otherwise, the results will reflect only the opinions of the most powerful planning group members.

Needs Assessment: the foundation of a strong plan

Before a program is designed, a needs assessment should be completed to make sure that the program is based on real community needs. In Native American communities, needs assessments and evaluations have been done for years. Make sure the purpose of the assessment is related to program planning and development and not to exploit the community for personal agendas, research purposes, or other reasons. Native American people often say that they have been



surveyed to death and nothing ever gets done with the information. A strong Coalition that conducts its own needs assessment owns the information and will take pride in that ownership. Information about the community's resources, strengths, and needs, are necessary to define goals and related objectives. If the Coalition members are truly representative of all groups and service providers in the community, they should have access to data and information about the extent of need and resources in the community.



Needs assessment is one of the first tasks (after housekeeping) that the Coalition should address in order to plan a strong ATOD program. A *Community Mobilization Scorecard* has been developed by the Center for Substance Abuse Prevention and is one tool that may be used in completing a needs assessment in your community. It is not the only tool / method that should be used. However, it fits with the *Assessing Community Readiness* section of this manual and is one method to use to begin to assess needs in your community.

Evaluation as a planning tool

Darlene remembers taking a class in statistics at the University when she was working on her social work degree. She has always thought that statistics and numbers were the equivalent of a program evaluation. For years, she, her aunt, her aunt's husband (the Governor) and other members of her community have avoided the process of evaluation. Starting with the grades they received in school and moving on to real life job performance evaluation, many Native American people have been hurt by evaluations they have not understood or been actively involved in. To Darlene and other Native Americans, evaluations have meant judgments about abilities and competence that label the Tribe or the individual as "good" or "bad".



However, evaluation is defined as the careful inspection or examination of the processes, products, and impacts of a program or service. Evaluation is valuable when it helps service providers and programs to look back at what they have done and identify what they have done well and what needs to be improved or changed. Time spent in evaluating a program will allow the staff and Coalition to use their money and other resources more efficiently in the future. Evaluation is an essential process to planning an ATOD prevention program in any community. The Coalition needs to ask itself during every step of the planning process,

- "What have we accomplished?"
- Does the work we have done fit with the vision we set for the prevention program we want to establish?
- What have we missed?
- What do we need to do next?
- Who is missing from our planning process?
- Does the community understand why they are involved in planning a prevention program?
- Does the community feel responsible for addressing the problem and are they willing to become involved in planning the prevention program?
- Do the organizers of the prevention planning process understand the impact that historical trauma has had in the development of the community's current substance abuse problems?

Process and Outcome Evaluation

Two types of evaluation are usually conducted together for ATOD prevention programs. The first kind is called *process*



evaluation and it focuses on how the project gets implemented. It can be used to check in to see where everyone is and whether or not any key people have been left out. It asks the question "How did we put the program in place and deliver services?" *Outcome* evaluation is the second kind of evaluation and it identifies whether or not the project accomplished what it set out to accomplish. If the project was supposed to decrease the use of ATOD by middle school students, outcome evaluation is used to check to see that the rates of ATOD decreased after the project was put into place. It asks the question, "Did we accomplish what we set out to accomplish?" Both kinds of evaluation are necessary to check on progress of an ATOD prevention project.

Because there is a long history of negative experiences with evaluation in Native American communities, it will be important for the Coalition to identify an evaluation process that gives back information to everyone involved in the planning process in a way that everyone can understand. When the evaluation is planned by the Coalition, think about how to make the process clear and understandable to everyone so that the information can be shared and owned by everyone. A good evaluation can be used to make changes to improve the program as well as provide accountability information to the funding source. In addition, the evaluation can:

- identify where problems continue to exist in the community and point the way to make changes in the program so that it has an impact on these areas;
- show where gaps in services continue to exist; and
- provide baseline information for comparison for the next program evaluation.



If it is planned to be used for program improvement right from the start, evaluation has a better chance of being used by your Coalition to make a better and stronger program.

After the group has discussed a collective vision and begun to identify how it wants to develop a community advisory planning group, it is time to make a check on what the group has accomplished. This is done through evaluation. The Community Mobilization Scorecard is one way to touch base with the group and see if they are ready for systematic community action. Another way to do this is to use a checklist designed to cover the actions that should be accomplished once the planning group has completed the first chapter of this training. A checklist for the group to use is included here.



Checklist for Assessing First Steps in Planning a Community Based ATOD Prevention Program

<i>Item</i>	<i>yes</i>	<i>somewhat</i>	<i>No</i>
1. Has the group considered the impact of multi-generational colonization and federal policies (historical trauma) on the development of substance abuse problems in the community?			
2. Have barriers to developing a prevention program been explored?			
3. Have possible solutions to barriers been identified?			
4. Have the service providers and others who are dealing with the substance abuse problem in your community been identified?			
5. Are the agencies and providers who are currently dealing with substance abuse involved with the prevention planning process?			
6. Are the planners knowledgeable about risk and resiliency factors?			
7. Do the planners understand the Institute of Medicine classifications for identifying risk in target populations?			
8. Do planners know what prevention strategies are currently being used in their community?			
9. Do planners understand all the prevention strategies described by the Center for Substance Abuse Prevention (CSAP)?			
10. Are planners aware of risk and resiliency factors that are specific for each domain?			
11. Are they familiar with the six domains identified by CSAP?			
12. Have the planners used the Community Mobilization Scorecard to assess sense of community, mobilization capacity, and capacity for action?			
13. Have the planners developed a timeline for establishing a community prevention coalition?			
14. Have the planners recruited other members?			
15. Have the planners delegated responsibility for tasks such as developing a member database, finding meeting locations, etc. to other members?			
16. Has a vision for a drug-free community been developed with the community prevention coalition?			
17. Is the community prevention coalition aware of what is necessary to plan a prevention program?			
18. Is the community prevention coalition unified and supportive of the effort to plan a prevention program?			



Chapter 3: About Collaboration

The goals for this chapter are:

- Goal 1: To learn about the concepts of collaboration and collaborative leadership, and how to apply them to building Coalitions.
- Goal 2: To learn about the process and procedures considered essential for developing strong Coalitions between Indian tribes, Indian community members, and human service agencies.
- Goal 3: To create a respectful and positive learning environment conducive to building good working relationships between Native tribes, Native American community members, and human service agencies.
- Goal 4: To practice, experience, and apply collaborative relationship building strategies and procedures.
- Goal 5: To develop an increased level of cross-cultural understanding, appreciation, and competence.
- Goal 6: To review practical steps for organizing and running the Coalition.
- Goal 7: To adopt and adapt the steps for running a Coalition to fit the needs and concerns of the Coalition's community.
- Goal 8: To understand the process of using a logic model in order to use it for planning Coalition objectives and activities.



Overview

Collaboration is working together as though we have one mind and heart. It means sharing and listening as well as speaking and learning. It is based on cross-cultural values of respect, humbleness, and cooperation that support all the members of the group equally. We will cover these concepts in the four sections described in this chapter.

Section 1: Creating the Context and Climate for Dialogue

Creating a context and climate for communication means that the group works together to establish a learning environment that is respectful and positive. In order to think and work together to create a shared vision it is necessary to make sure that each member is supported without invalidating the suggestions and recommendations of the other partners. It is a willingness to be flexible and creative, and to be humble in the way that members communicate with each other.

Section 2: Collaborative Thinking

Collaborative thinking is shared understanding and equal representation from all at the table taking into account that everyone there has a voice. It is the inclusion of the perspectives from the group's quiet members and silent partners as well as from the group's more outspoken members. This section will walk your Coalition through a process of how to think and how to work together as one with the same voice and a unified perspective. It will help the group to establish a set of shared values that are clearly understood and supported by all.

Section 3: Using a Logic Model

Identifying needs, planning goals, objectives and activities related to those needs, and evaluating the program you plan can be developed through the use of a tool called a logic model. Logic models help the group plan a program based on real, identified needs. The model also



involves specifying the outcomes related to the behaviors / needs that have been identified. Two questions are asked to guide this process:

- 1) "What is the ability of the Coalition to affect the behavior or need that is the target of the program?"
- 2) "What measurable objectives specify how to have the desired effect on the behavior?"

Section 4: Nuts and Bolts

This section includes basic information on organizing the first community meeting, setting an agenda, developing public relations materials, and using a checklist to make sure that tasks are accomplished within a designated time frame.

Section 5: Stages of Coalition Development

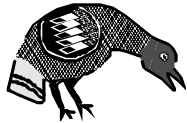
Research and observation has documented a series of stages that groups go through as they develop. These stages have been labeled: forming, storming, norming, and performing. This section provides a brief description of each stage and how coalitions can facilitate development through awareness of these stages.

Section 1: Creating the Context and Climate for Dialogue

This section presents information on how to develop a collaborative working climate for establishing a Community Coalition. It is the first phase of the Coalition building process. It is critical that every effort is made to support and create a working environment that will enhance the building of trust and respect among group members, especially in the way that members communicate with each other. This is particularly important when members first come together to learn about the intent to establish a Coalition.

Setting the Stage

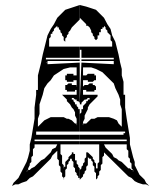




This first meeting represents a critical opportunity for setting the stage as to how the Coalition should work together. The group must see that the key individuals taking the lead in this effort are practicing collaboration. In essence, showing the group how to partner with people of different cultural backgrounds is the best message that could be communicated at this first meeting. There must be a true sense on the part of members that every effort was made to include people who can justifiably represent the groups to be served by the Coalition. There also must be a true sense that there is a high level of cultural understanding and appreciation for differences among everyone involved in this effort. In this first meeting every effort should be made to model how the group is expected to function. The group also must see that it is possible to incorporate differing cultural strengths and practices in building the Coalition.

Using differences to build strength

So how can we incorporate differing cultural strengths and practices into the building of the Coalition planning group? One very powerful way of honoring Native people who are present at this first meeting is to invite one of the Native members from the group to do an invocation to open the meeting. This traditional practice of opening meetings with a prayer is a way of setting the stage for how people will work together. The prayer is actually a way of asking people in a humble manner to work together as one and to communicate with one another in an open and respectful tone. In general, Pueblo Indian prayers begin first with these words,



May there be peace around us and peace within us.



This is immediately followed by thanking all individuals for coming to the meeting. The group is reminded that we should practice honoring one another through our actions and words. Another message that is communicated in the prayer is the reminder that the primary purpose of the group is to work for the benefit of our children and our communities. The words, "We are here for the sake of our children," best captures this message. The invocation ends with strong words of encouragement for the group to work well together.

The messages that are contained in the opening prayer help to set the tone for the meeting. It is in this manner that the work climate is established for the group. It is extremely important for one of the facilitators of the meeting to clarify the purpose of the prayer and the messages contained in the opening comments. These messages serve as ground rules for the group. There may be other ground rules that might be added to help the Coalition move toward seeing themselves as a single entity. Group members should be included in the development of other ground rules that may need to be added.

Developing a positive work climate



It is often very useful to discuss the essential characteristics members may want to incorporate into the ground rules for running the Coalition. In this meeting a challenge that can be posed for everyone, including the facilitators, is to make a strong effort to work together like geese do when they fly in a V formation. It would be wise to check in with all members to see whether the group agrees to emulate the collaborative and supportive behavior of geese.

As a positive work climate develops, facilitators will proceed to explain the purpose for the meeting. At this first meeting it is important to find out if individuals who have been invited to the meeting want to become members of the Coalition. In talking about



this outcome, the facilitators should be clear about the reasons why this group of individuals was invited to become part of the Coalition. Being honest about this information will not only be appreciated by the individuals but will serve also as an excellent opportunity to acknowledge each member for invaluable expertise and experience. Giving the group this kind of recognition sets a positive tone for what may follow.

Identifying a focus for the group

It is at this point that individuals generally will want to learn more about the role and function of the Coalition. As the purpose of the group is clarified, it is important to encourage members to feel free about asking any questions they might have. Specific information about member responsibilities and expectations should be provided at this time. Everyone will want to take time and give serious thought to deciding whether or not they want to join the group. So in talking about the function of the Coalition, facilitators of the meeting must listen openly to questions and concerns that are raised. At times group comments may appear to be negative but remember that it is not only the response that is important but how the concerns are addressed that may ultimately determine who joins the team and how many people join.

As the group engages in this kind of open and honest discussion, the function of the group will become clearer. Also as the function becomes clear to everyone, members will begin to decide whether or not they want to make a commitment to join the group. Specific information that is helpful to members includes the kind of work required and the amount of time the group meetings and work will take. Members of the group also will be asking how the function and work of the Coalition relates to their jobs.



They will want to be certain that by joining the group there will be some significant benefits for the people they serve and for themselves as well. Even when questions and comments appear harsh and negative, they none-the-less serve to provide everyone with valuable information about roles and group function. Often this kind of process helps to develop a foundation for the Coalition.

Turning lemons into lemonade

So what do the facilitators do when the discussion appears to become too hard and negative? One strategy that is familiar to Native Americans is simply to check-in with every member to determine where everyone is on the issues raised. Each individual would be asked to communicate what they think about the issues that have surfaced. Giving each individual an opportunity to comment on either the process or the issues communicates to members that their concerns, even the difficult ones, will be addressed in a serious and respectful manner. Patience, openness, and willingness to listen and respond to the tough questions are key to modeling respectful communication.

Members who join the Coalition will want to know about the next meeting date and should help to shape the next agenda. The next phase of the Coalition process should focus on the development of a group vision along with a work plan. Just as the meeting opened with a prayer, it should once again close with a prayer.



Section 2: Collaborative Thinking

In order to ensure that there is shared understanding and equal representation from every member of the Coalition planning group, the group will need to have some basic training in how to think collaboratively. The first step in collaborative thinking involves establishing a shared understanding of the values, culture, beliefs, and

visions of each member of the Coalition. The responsibility for sharing world views, visions, dreams, and hopes belongs to everyone in the group. However, a skillful facilitator will make sure that everyone shares and that everyone goes away with the same understanding and respect for different cultures and different perspectives. We have put together a set of guidelines for you to use in order to help the Coalition understand what it will take to develop a strong working relationship. They are summarized in the following



table:

<i>Guideline</i>	<i>Definitions</i>	<i>Activities</i>
Introductions	Getting to know each other	<ul style="list-style-type: none"> • Share motivation and reasons for working on the issue • Share expectations for the process
Strategic planning	Orientation to the process of collaborative thinking	<ul style="list-style-type: none"> • Create a collective vision • Conduct a comprehensive • Identify objectives



		<ul style="list-style-type: none"> • Plan activities • Evaluate the final process
Developing a collective vision	Creating a picture of the goal they want to achieve	<ul style="list-style-type: none"> • Negotiating conflict • Addressing diversity issues • Sharing goals that will help the group achieve change in the community
Role assignment	Defining roles and establishing responsibilities	<ul style="list-style-type: none"> • Defining roles and responsibilities • Define decision making process (options include elections, by-laws) • Volunteering for specific tasks • Participant accountability
Record Keeping	Keeping track of what has been done	<ul style="list-style-type: none"> • Track changes • Record group discussions • Charts and notes collect information for group understanding
Logistics	Details of planning and holding a meeting	<ul style="list-style-type: none"> • Set time, place, date • Develop an agenda • Review previous meeting minutes • Update new members • refreshments



Although following these guidelines will not guarantee that everyone in the Coalition will understand what collaborative thinking is, it will facilitate understanding of the knowledge among the group. This kind of group process will allow everyone in the group to experience sharing and being heard which are important elements of collaboration.

Section 3: Using a Logic Model

Logic models have been developed and used by researchers and prevention specialists to outline the work a Coalition needs to accomplish in order to promote effective prevention practices in the community. A completed logic model for a specific target group is provided below.

Target Population	Risk and Protective Factors	Objectives	Intervention / Activities	Immediate Outcomes / Result	Long Term Outcomes
12-17 year old Native American Youth	<p><u>Risk Factors</u></p> <ul style="list-style-type: none"> ○ 60% of 5th grade students in the Tribe have tried alcohol by the time they are 10 years old ○ 75% of target age youth report that they feel that school is a negative place. <p><u>Protective Factors</u></p> <ul style="list-style-type: none"> ○ 50% of the Tribal youth report that they come 	<ol style="list-style-type: none"> 1. Reduce the percentage of 5th grade students who report alcohol use in the past 30 days to 5%. 2. Increase the percentage of students who report bonding to their schools by 20%. 	<ul style="list-style-type: none"> ○ weekly after school Project Venture activities ○ community service once a month ○ parent activities once a month ○ overnight leadership camps once a quarter ○ high ropes challenge course once a year 	<ul style="list-style-type: none"> ○ increased leadership skills ○ improved communication skills ○ improved ability to manage anger and other negative feelings ○ improved ability to work with peers and adults 	<ul style="list-style-type: none"> ○ reductions in 30 day use of alcohol ○ later age of onset of use of alcohol and other drugs ○ lower rates of DWI arrests among Tribal youth in the target age group



	from a family where traditions and native language are used				
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Using a logic model is a simple process. Once a comprehensive needs assessment has been completed, focus on two or three of the needs for the purpose of planning the prevention program. There are three different kinds of prevention programs to consider:

- universal;
- selective; and
- indicated.

They move from being universally appropriate for all members of the community to being more targeted to selected or indicated segments / groups / individuals within the community.

Once the Coalition has identified critical needs, focus upon, consider developing measurable objectives that will address this need. For example, a need might be the high number/percentage of the community's youth in the fifth grade who report that they have already tried alcohol by age 10 years. This is a risk factor associated with the development of problem drinking as the child gets older. Early age of use of alcohol and other drugs often leads to heavier use, binge drinking, drinking and driving as the child gets older. Need statements and statistics are usually grouped a risk factors by domain (individual / peer, school, family, community).

Once a critical need is agreed upon work back from it to identify what objectives are necessary to make the address the need. For the need identified in the example above, here are two possible objectives:



1. Reduce the percentage of 5th grade students who report alcohol use in the past 30 days to 5%.
2. Increase the percentage of students who report bonding to their schools by 20%.

After objectives are decided upon, appropriate activities can be listed to accomplish the objectives. Often the activities have already been described in detail for model programs that have been tested for effectiveness using an experimental design. The Substance Abuse and Mental Health Services Administration website (SAMHSA) website lists model programs that have been proven to be effective and can be investigated at: www.modelprograms.samhsa.gov. The SAMHSA website also has a wealth of information about the Center for Substance Abuse Prevention (CSAP) and prevention research and practice. For the first objective described above, the following activities might be written:

- 1.1 Identify a model program that is effective with Native American students aged 12-17 years.
- 1.2 Hire and train staff to implement the model program with fidelity.
- 1.3 Make any adaptations needed to ensure the program meets the needs of the community.
- 1.4 Implement the program.
- 1.5 Collect process and outcome evaluation data and evaluate the program.

Remember that the logic model is based on asking two simple questions:

- 1) "What is the ability of the Coalition to affect the behavior or need that is the target of the program?"
- 2) "What measurable objectives specify how to have the desired effect on the behavior?"



The logic model connects program development directly to the point where need is identified and activities are implemented to meet those needs.

Section 4: Nuts and Bolts

This section provides information about managing and organizing the Coalition.

Organizing the First Community Meeting



Organizing the first meeting involves setting a time, date, and place to hold the meeting. Think through holiday and work schedules as well as dates and times that will conflict with the community tribal dances and ceremonies. Choose a convenient time and place for the majority of the people and groups you expect to invite. Make sure it is some place that is familiar to everyone who you want to invite to participate.

Identifying key people to establish a complete continuum of care

This step involves identifying key people to plan an ATOD prevention program. It also requires that all agencies, organizations, and groups in the community who work ATOD problems should be included. Many tribal communities have some of the components of a complete continuum of care but not the whole thing. Some key people and agencies to include could be people in charge in the community (tribal Council members and other leaders), some service providers who treat alcohol and substance abuse problems, the Headstart teacher and a teacher from the Tribe's contract Day School, and some parents. In establishing this planning group it is important to include a representative from all segments of the community's population: youth,



elders, parents, leaders, teachers, social workers, and other service providers should have representation on the planning committee.

The Group should be large enough and diverse enough to represent all community members but it should also be small enough to get the job done. When groups are too big, it is difficult to make sure that everyone has time to talk and discuss their individual opinions and points of view. The Group will need to acquire the skills to work together as a team and this may take some time and training.

Getting commitment from the groups and key people

In tribal communities it is especially important to get support from the tribal council. This support is often put together in the form of a tribal resolution. Once the council endorses the community effort by passing the resolution, the partners involved may develop formal agreements called memorandum of agreement (MOA) or memorandum of understanding (MOU). Sometimes a joint power of agreement (JPA) is formulated. These formal agreements usually occur between agencies or organizations. Once approved by the Tribe's leadership, the Tribal Council will usually appoint community members to serve as part of the Coalition. If an appropriate Coalition already exists, the Tribal leaders will often appoint individuals from that group to represent the Tribe.



Parents, students, teachers, and other community members may agree to volunteer their time and energy to the planning effort. These are informal agreements to participate. When resources (money) is identified to pay for the plans the group develops it is important to have formal agreements between the partners which specify which agency will be the fiscal agent. This helps prevent conflict. When



outside agencies are involved with the tribe in putting the plan together, these agreements can outline lines of responsibility and control for the funding and program implementation.

Housekeeping – agenda formats, time lines, meeting times, procedures



The first task that the Coalition must accomplish is to identify the purpose for the planning group and the planning process. This purpose will guide the steps the Coalition takes as it works together. Everyone should understand the processes chosen to hold meetings and agree on them. The process should not be complicated or difficult and all planning group members should agree on them so that in the event there is conflict among members these group norms can be used to help resolve disagreements.

Housekeeping items should be addressed during the first several meetings. Traditional methods for organizing meetings and running them, Western methods, or a mixture of both can be used. Choice of methods will depend on the composition of the Coalition and the process they are most comfortable with. Everyone in the Coalition will need to learn how to do the various housekeeping chores that are important to running the group smoothly and to advancing the planning process.

Establishing roles and responsibilities

General roles and responsibilities or expectations for all planning group members should be established at the same time that other housekeeping items are addressed. Specific roles such as selecting a meeting facilitator or chairperson should be decided on at the initial meeting of the planning group as well. Make sure that all necessary chores/responsibilities are covered by planning group members who



have the skills and resources to complete the designated tasks. Often the person that brings the Coalition together assumes a leadership role, chairs the meetings, and sets the agenda until others in the Group acquire the skills and the desire to take on a leadership role.

The Coalition that is formed to develop an ATOD program will work best if it functions more like the traditional shared leadership of Native communities prior to contact. This will require that decisions made by the Group are owned by the Group. Parents, service providers, students, tribal elders must all have an equal voice in the program design and in running the planning group. Everyone's opinion is listened to and respected equally.

Advertising

Once the Coalition becomes an established entity in the community, it is important to develop an advertising campaign for two reasons:

1. To publicize the effort of the Coalition and encourage the change in ATOD norms and values within the community; and
2. To recruit new members.

Advertising can be as simple as the development of a brochure or flyer or as broad as public service announcements on TV and radio. Some Coalitions develop videos to showcase a particular activity or strategy they used to deal with ATOD problems.

All advertising materials should answer the basic journalism questions. The following box provides an example of how to advertise a Coalition meeting using the: who, what, where, when, why, and how questions.

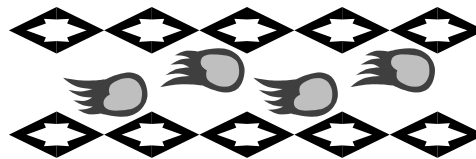


Sample flyer format:

»»	who:	Tribal Coalition Group
»»	what:	Substance Abuse Prevention Program planning meeting
»»	when:	March 25, 2005
»»	where:	Community Center
»»	why:	To identify community service activities for teens
»»	how:	Work as part of a task force to develop funding for a recreational center

Encourage members who are artists to develop campaign logos and other high-interest graphic materials to deliver a visually appealing message to the community. The way it looks is as important as what it says.

Make sure the Coalition works together on the nuts and bolts of putting meetings together and running them. If one person takes responsibility for too much of the work, they will end up burning out and the Coalition will lose vital resources. Ideally, responsibilities should be shared by everyone in the Coalition. This rarely happens unless the Coalition focuses on including every member as completely as possible.



Section 5: Stages of Coalition Development

Every group that forms goes through some easily identifiable stages of development. In some ways, these developmental stages are similar to the development that every living organism goes through.



The members of a group through their interactions with one another that shape the values and direction of the group /coalition. Often this process is not an easy one. It involves cooperation and collaboration as well as conflict and compromise. The stages of coalition development are described in the following sections:

Forming

This initial developmental stage is marked by dependence upon a leader. Usually one person has a vision or the resources or both to start a coalition to work on identified needs and problems. The major concern of the group at this time is a focus on defining tasks and roles, as well as, further defining the vision and mission of the group.

Storming



During the storming phase of development, conflicts arise among members and leaders. During this time it is important for the group to be aware of the risks of conflict. Each member will have to re-assess their commitment to the vision and the cause and will have to be open to methods for accomplishing the vision that may not be their own. They have to open to doing things the way the group wants to and the methods that other members suggest. They also have to be responsible for making suggestions that they feel strongly about or are invested in.

Norming

A corollary to the storming phase, the norming phase involves establishing the rules of the road for managing the coalition and for resolving conflict. This stage usually supports the development of policies and procedures for coalition operation and focuses on codifying



its norms. Often during this stage leadership shifts or is shared. In Native coalitions or groups shared leadership is a common practice.

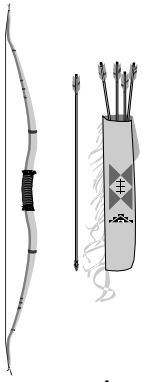
Performing

The final stage of development is performing and this stage is characterized by a high degree of productivity. The group becomes streamlined and can become very inter-dependent. Communication is very effective at this stage of development and creativity is fostered. Groups may remain in this stage for a long time or they may evolve and reform. When this happens they may go through the stages of development again.



For coalitions just forming, a brief review of these developmental stages can be helpful in preventing hurt feelings and in fostering respect among group members. The storming stage can result in the loss of valuable human resources if members leave because they are not respected or because they can't get along with each other. This is when conflict resolution skills need to be used. Burnout for members in later stages can be avoided by recruiting and training new members on an on-going basis. No one member should feel responsible for the entire effort. Shared goals and responsibilities should be the norm and will ensure that group is able to reach its vision.





Chapter 4: Moving From Conflict to Partnerships Within a Group

The goals for this Chapter are:

- Goal 1: To learn about the process for building ally relationships in order to accomplish community change.
- Goal 2: To practice skills such as active listening in order to communicate clearly and understand what our allies are saying.
- Goal 3: To acquire strong problem-solving skills in order to negotiate conflict successfully and achieve Coalition goals.

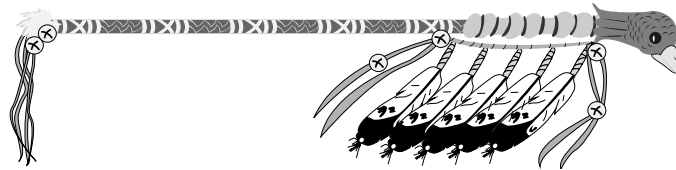
Overview

In order to get Native people to share in the responsibility for doing something about substance abuse in the community, one must first build unity, trust, and confidence in the Coalition. These elements are necessary in order that the Coalition lead a strong, prevention effort. As members of the group gain skills in effective communications and collaborative problem solving, they will become more confident in their ability to effect change and address substance abuse.

This chapter presents information on how to form Coalitions or problem-solving teams within Native American communities. The process of Coalition formation includes adopting ideas and behaviors that will create a dynamic energy or "spirit" that binds the group together, to think and act as a single unit. This "spirit," binds the



group to act and think in much the same way that a family or sports team is bound together. This strong sense of connection among members evolves through the development of a team identity that is unique to the group. The formation of identity is gradual and will evolve through the continued practice of respectful communication, the development of a collective vision, and through becoming allied to one another. In time, the group will learn to work together, resolve differences, and support one another because a strong sense of belonging will develop among all members. This process takes time. However through commitment and strong leadership it can be done.



Section 1: Creating Allies

Ally-building is an essential component of a Coalition that is sustainable and successful. Allies share a common bond, a vision or a mission and remind themselves of this common goal when they disagree. Differences among allies are viewed as an asset and a source of strength for the group. Allies work to understand each others' strengths and accommodate weaknesses.

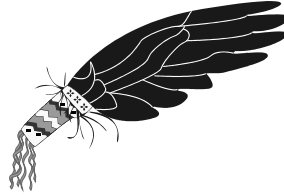
Section 2: Other Leadership Skills

In Chapter 2, facilitation techniques were presented as the foundation for developing trust and strong working relationships among Coalition members. Coalition members and facilitators also need to use active listening and collaborative problem solving techniques to assist the Coalition to reach its goals.



Section 1: Creating Allies

Ally Coalitions



The foundation of a Coalition is formed when members begin to think of themselves as allies. An ally has been defined as

To associate or connect by some mutual relationship as resemblance or friendship. A person that is united with another. (Random House Dictionary)

An ally is someone who comes to join the Coalition on equal terms and doesn't see others as more or less than herself or himself. The following words of an Aboriginal Australian woman best capture what allies are and what the Coalition needs to be about.

If you have come to help me, you are wasting your time. But if you have come because you understand that your liberation is bound up with mine, then let us work together.

Think about what behaviors and attitudes you would include on a list that would describe the ideal family or successful team. What are some characteristics that are necessary in a person in order to gain your trust and confidence? Allies share common characteristics.

Some of these ally characteristics and behaviors include the following:

- Equality and respect for one another are the principle characteristics of ally interactions with those who are different from them. Allies are able to look at differences as an opportunity that will strengthen the group.



- Allies are willing “to get to know each other.” This relationship process cannot be rushed. It is at the heart of establishing trust.
- Allies have a clear understanding of why it’s in their best interest to join the team and to become an ally with other members in the group.
- Allies are willing to accept the cultural differences of people as simply differences.
- Allies make a commitment to collaborate without feeling that they or others have to accommodate or deny part of who they are for the sake of the group.
- Allies take a non-blame attitude toward co-workers and others.
- Allies align themselves with those who are victimized by the system.
- Allies have a good sense of humor.
- Allies expect to make mistakes but do not use mistakes as an excuse for non-action.
- Allies commit to personal growth and development.
- Allies expect to be part of a mutual relationship based on equality.
- Allies take pride in the work they accomplish and celebrate successes.

For the Coalition, becoming an ally with other members of the team will pose some unique challenges for the group. In some sense, this group will be walking on new ground and will, perhaps, set some important precedents in the way that human service agencies and Tribes partner with each other and work together. For each group, members will be challenged to think of themselves as a single entity that is united in their commitment to support one another and to work toward a common mission. Although this appears simple and easy to do, it will require a genuine, cooperative effort to establish a strong bond between each member/entity/agency. Members of each agency or community group must be willing to:



- Listen respectfully to others opinions and concerns, even if they are different from our own;
- Step out of one's comfort zone and try to see the world through the eyes of the other person;
- Acknowledge preconceived notions of mistrust and conflict and be ready to overcome them.
- Be fully aware of the various ways in which society excludes and discriminates against some members. We cannot be naive about the realities of oppression in our society and the principles that favor certain groups.
- Expect some distrust until there has been time to establish credibility. This will usually involve actions and not just words.
- Expect to make mistakes and master the forgiveness of self and others.
- Understand and acknowledge the conditioned mistrust and prejudice within ourselves and others.
- Expect to share history and listen to the history of others.

It is important to recognize that mistrust among groups developed over a long period of time and this should be acknowledged. It is these negative perceptions and attitudes that are generally what has kept groups from working together. A major challenge for the Coalition is to not only to work out any differences or misunderstandings that are brought to the table but also to show a united front to others who may question certain members of the Coalition or confront others because of past experiences. These are factors that the group must deal with in a straightforward yet respectful manner.



Section 2: Other Leadership Skills Useful in Native American Communities



When organizing the Native community to address problems of substance abuse and other issues, it is necessary to utilize effective skills and techniques that will build trust and confidence in the group. Chapter 3 discussed *Creating the Context for Dialogue*, and *Collaborative Thinking*. These are all techniques that are used to bring the group together.

The following strategies and skills are essential to developing ally relationships. They all require practice and patience. However mastering these skills will be a reward not only for you, but also for those who are in your group or those following your leadership. These group leadership skills include:

- Active Listening
- Facilitating a Group
- Collaborative Problem Solving and
- Becoming an Ally

»»» *Active Listening*

Active listening involves silent listening. A good way to build trust is to let the other person know that what they say is important. When a person feels that they have really been listened to, they know that you have heard both their thoughts and their feelings. Active listening helps in the communication process and leads to better understanding. It doesn't mean we all have to agree. It just means that everyone's perspective is being heard. The exercise on Life Stories is a good way to learn how to be an active listener.



Developing the skill to listen actively to others, especially when their ideas or opinions may be different from ours, can be a real challenge for many of us. Associated with this chapter are several handouts on *Structured Listening* and *Active Listening*. Use these handouts as a tool for teaching active listening. Perhaps the most critical value is for us not to pre-judge others or their comments until we have had sufficient time to hear what they have to say. Another important reminder for the listener is to separate the person who is speaking from their ideas. This is especially important when members are striving to practice decision-making through group consensus. Hearing what others have to say can lead to sound decision-making practice for the Coalition.

»»» *Facilitating a Group*



Think of how a baseball coach moves his nine-man team to victory. The coach understands the strengths and weaknesses of each member of the team. He plays each member according to that individual's strengths. This is also the role of a group facilitator. A Facilitator moves a group of people through a process so that they can be victorious and reach their purpose or goal. Guidelines for good facilitation and that will help participants to be able to include:

- encourage participation in a group;
- prevent domination from any group member or group members;
- keep the discussion moving while keeping the group focused and on task.



➤ Collaborative Problem Solving

Whenever people come together in a group to address an issue or concern, inevitably there will be disagreements. It is necessary to incorporate a process that will enable the group leader to hear each group member's feelings around the issue, identify what the differences are, and find the common ground with which to satisfy each member so that a collaborative solution to the problem can be identified. In the back of this section, there are several handouts which will help you move a conflict to a workable solution.



➤ Becoming An Ally

Most of us have had someone in our lives who taught us valuable lessons for living. This person may have been older and has had many experiences we admired. That older mentor was understanding and patient. We knew that we could make mistakes around that person and they would never judge us harshly. An ally is someone like that. The ally, however, is someone who is so different from ourselves that they can teach us about those differences. They can be a co-worker, or they can be from another organization. They can also be from another culture or ethnicity or a different gender than us.

We have now completed a process that has helped us to understand the value of differences and how to develop ally relationships. The first section of Chapter 3 showed us why we need to develop ally relationships. We learned about other skills that help build strong leadership. We are now ready to form our Substance Abuse Prevention Coalitions.



Chapter 5: Needs Assessment and Evaluation

The goals for this Chapter are:

- Goal 1: To learn about the process of conducting a needs assessment and evaluation.
- Goal 2: To acquire an understanding of basic data collection methods and sources.
- Goal 3: To gain an understanding of bias in data sources and methods and to learn how to deal with it.
- Goal 4: To learn how to summarize needs assessment and evaluation information simply and reliably.
- Goal 5: To identify ways to report the information back to the community so that everyone understands it.
- Goal 6: To identify barriers to needs assessment and evaluation within individuals and communities.



Overview

Needs assessment is the process of collecting information from community members, reports, state agency statistics and other sources to document the issues and problems a community has. Needs assessment also can be conducted to collect information on resources the community has to address its problems. It is very helpful for community's and coalitions to contact a professional evaluator or researcher who is familiar with conducting needs assessments, analyzing results and summarizing findings.



Evaluation is done after a program has been implemented to address the issues and problems identified in the needs assessment. Often the indicators that were collected during the needs assessment are used for comparison purposes. These indicators paint a picture of how the community was before the program was started. When the same information is collected after the program has been implemented, then it can be compared to see if positive changes have happened because of the program.

Section 1: Focusing the needs assessment and evaluation

In order to make sure that the needs assessment and evaluation collect the type of information that will be meaningful for program design and program improvement, they must be focused. Identifying the purpose for conducting the needs assessment or evaluation is the first step in the process.

Section 2: Identifying sources for information

Information sources can be people or records and reports. Before the information can be collected the sources for the information must be identified. Multiple sources for information will build a stronger foundation for the needs assessment or evaluation.

Section 3: Dealing with barriers to evaluation and needs assessment

Issues of confidentiality, types of consent, active or passive, approval processes (IRB-HRRC Institutional Review Board-Human Research Review Committee), tribal council approval are all potential barriers to effective evaluation unless addressed when the evaluation is designed. Addressing these issues will allow a Coalition to develop a stronger evaluation plan.

Section 4: Using multiple methods to collect the information

Just as it is important to have multiple sources for the information collected for the needs assessment and evaluation, it is important to



use a variety of methods to collect this information. Coalitions will learn about different ways to collect information — sometimes referred to as tools or instruments, these methods are as different from each other as a hammer is from a saw.

Section 5: Managing the information collection

Once the Coalition decides on what kind of needs assessment and evaluation data to collect, how to collect it, and the sources for the data, it is important to manage the data collection process. A few simple guidelines can be followed to make sure that planning, scheduling, and monitoring the data collection effort occurs without problems.

Section 6: Analyzing and interpreting the results

Making sense out of all the information collected by analyzing and summarizing the results is one of the last steps in the needs assessment and evaluation processes. It is like the point at which the cake is baked and it is cooling on the shelf just before you put the frosting on it.

Section 7: Reporting the information back to the Coalition and community

The final step of any needs assessment or evaluation is formatting the results so that they are clear and easy to understand and then reporting it back to the community from which the information was collected. Suggestions for presenting positive and negative findings and for presenting information to the tribal leadership are discussed. This step will allow everyone to use the results to plan or improve the program.



Section 1: Focusing the needs assessment and evaluation

The Coalition planning group must decide what the purpose is for the needs assessment (or evaluation). The list that follows includes some of the purposes that can be identified and used as a focus for the data collection process. Usually the needs assessment or evaluation is completed for more than one purpose. Additionally, there is overlap between the purpose categories.

- to collect data that can be verified to document needs;
- to ensure that baseline (before the program is implemented) information is collected for comparison to data collected after a program is implemented -- this allows for a strong evaluation;
- to identify strengths in the community;
- to document resources available to address ATOD problems in the community;
- to uncover side effects of the program;
- to examine the relationship between what occurred and what outcomes were accomplished;
- to determine cost effectiveness; and
- to examine which aspects of the program require continuation, strengthening, modification or elimination.

You may think of other good purposes for doing the needs assessment or evaluation. The purpose will point to some of the sources for the information you need to collect as well as to some of the methods you will want to use to collect that information.

When you design your needs assessment and evaluation keep in mind the six steps we outlined in the Overview section of this Chapter:

- identify the purpose or focus;



- identify information sources;
- decide on methods;
- manage the information collection process;
- analyze, summarize and format the information; and
- report the information back to the community and the entire Coalition.

Here is a list of some general guidelines to keep in mind when conducting your needs assessment and evaluation:

- use the rule of three (three different sources) to ensure that your findings are valid;
- include representation from all the people who are affected by the program in the evaluation process and as sources of information for the evaluation;
- make sure the instruments you use or develop reflect the purpose of the needs assessment or evaluation and measure the thing you want to measure in a consistent manner (the instruments are valid and reliable);
- if you design instruments, try them out first to make sure they work as you expect them to;
- eliminate bad or biased information or sources; and
- draft the report and circulate it for feedback.

As we look at the process of conducting a needs assessment or evaluation, you may have other guidelines to add to the list above.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a needs assessment system and an assessment tool that is posted on the website www.preventionplatform.samhsa.gov. This system is designed to assist community collations and program planners with the complex issue of developing a comprehensive substance abuse needs assessment. This tool will help you to assess prevention needs and determine the



appropriate focus of your prevention project in order to reduce risks and increase protective assets. The website is interactive and actually allows for community-specific data entry and the acquisition of census and other data.

By using this website, you will be able to:

- Gather data to construct a profile of your community's prevention needs.
- Based on this data, choose the subset of modifiable risk and protective factors to be the focus of your project.

An Assessment includes the following activities:

1. Specify the Community
2. Select Indicators
3. Retrieve Data
4. Review Data
5. Specify Characteristics
6. Define Outcomes
7. Review assessment report

Information From the website that pertains to steps 1 and 2 are included here. The following are examples of information needed to build a community profile.

1. Specify the Community

Decide which indicators to include in your assessment profile.

A community can be defined in many ways. Usually a community is described in terms of its geography, but it may also be identified by shared interests or characteristics such as ethnicity, religious affiliation, or occupation. From a prevention perspective, the shared values and institutions of a community can be key to developing



prevention strategies for reducing the risk of substance abuse and other related problems.

Your target "Prevention Community" could be a complete geopolitical area like Sandoval County, New Mexico, or a special sub-population such as an ethnic group in a geopolitical area, "Zia Pueblo." Remember that most types of assessment information are organized by geopolitical areas.

2. Select Indicators

Decide which indicators to include in your assessment profile.

You can build a basic profile of the prevention community by collecting data from the following categories of indicators.

Demographics: Population size, density, characteristics of people, households.

Socioeconomics: Economic, education, crime, and policy descriptors of the population.

Health: Average life expectancy, injuries, morbidity and mortality, teen pregnancy, health insurance, infant mortality, substance abuse treatment.

Substance Abuse: Prevalence of tobacco, alcohol, marijuana, and other drug use.

Tobacco use:

- Current Smokers (percent)
- Attempted to quit (percent)
- Smoked before age 13 (percent)
- Smoked 2 or more cigarettes in the past 30 days (percent)
- Smoked on school property in the last 30 days (percent)



Alcohol Use:

- Average drinks per day (number)
- Binge drinking, past 30 days (percent)
- Drank before age 13 (percent)
- 1 drink or more, past 30 days (percent)
- Drank on school property, past 30 days (percent)

Marijuana use:

- Tried marijuana before age 13 (percent)
- Used marijuana 1 or more times in the past 30 days (percent)
- Used marijuana on school property in the past 30 days (percent)

Other drug use:

- Ever used cocaine (percent)
- Used cocaine in past 30 days (percent)
- Ever sniffed or breathed substances to get high (percent)
- Sniffed or breathed substances to get high in past 30 days (percent)
- Ever used methamphetamines (percent)
- Ever used heroin (percent)
- Ever used steroid shots or pills (percent)

Risk Factors-for Individual and Family

Validated indicators of substance abuse risk related to individuals and families.

Individual indicators include:

- Dropout rate prior to 9th grade, per 1,000 students in grades 7-8 (number)
- Vandalism arrests, rate per 1,000 adolescents ages 10-14 (number)



- Alcohol-law violation arrests, rate per 1,000 adolescents ages 10-14 (number)
- Personal and property crime arrests, rate per 1,000 adolescents ages 10-14 (number)

Family indicators include:

- Adults in state-supported AOD Treatment Programs, per 1,000 adults (number)
- Rate of children living without their parents, per 1,000 children (number)
- Average daily rate of children (ages 0-17) in state-supervised, family-based foster care, per 1,000 children per year (number)
- Divorce rate, per 1,000 population (number)
- Domestic violence arrests, rate per 1,000 population (number)

Risk Factors: Community and School

Validated indicators of substance abuse risk related to schools and communities.

School includes:

- Students (grades 9-12) who drop out in a single year without completing high school (percent)
- Adolescents ages 16-19 who have not completed high school and are not enrolled in school (percent)

Community includes:

- Average number of retail alcohol sales outlets per 100,000 population (number)
- Average number of retail tobacco sales outlets per 100,000 population (number)
- Number of new building permits issued for single and multi-family dwellings (number)



- Percentage of households in rental housing (percent)
- Net migration, (new residents moved in minus number moved out of an area), per 1,000 population (number)
- Persons registered to vote, who vote in November elections (percent)
- New admissions to state and local prisons, by prisoners county of residence, per 100,000 population (number)
- Unemployment - percentage of labor force not employed (percent)
- Public school students eligible for Free and Reduced Lunch Program (FRPL) (percent)
- Persons participating in Aid to Families with Dependent Children (AFDC) programs, rate per 1,000 population (number)
- Average monthly number of food stamp recipients, per 1,000 population (number)
- Persons ages 25 and older without a high school diploma (percent) *
- Single parent households (percent)

The needs assessment system developed by SAMHSA is not a quick or easy fix to collecting, analyzing, interpreting, and reporting a community needs assessment. However, it is well organized and will provide the community coalition with an automated system for needs assessment. It will take time and perseverance to work through all seven of the activities listed on the website.

Section 2: Identifying sources for information

Information can be collected from people involved with the program or from permanent records. Current information is best. Recent survey reports or interviews that have been done will provide fresh information that more accurately reflects the status of the community. However some sources for information, such as the national census, are collected once a decade and generally not reported for a year or two after it is collected. The New Mexico Department of Health, Vital Records Bureau compiles a book of birth and death



statistics by county but it is always two years old by the time it is published. Also, as it is reported by county it will not be specific to your tribe or pueblo. Try to spend some time collecting information that is specific to your community even though data collection and analysis is expensive. The cost of the information is almost always worth the effort. The next table summarizes some sources for information:

Information Sources

<i>People</i>	<i>Records</i>
▸ include representatives from all groups	▸ tribal planning documents
▸ students	▸ include information from other programs
▸ tribal employees	▸ results from ATOD prevalence surveys
▸ Bureau of Indian Affairs and Indian Health Service personnel	▸ Department of Health, Vital Records Bureau Facts Book
▸ administrators	▸ Traffic Safety Bureau reports
▸ parents	▸ crime reports from the tribal police
▸ family members	▸ child abuse and neglect counts from social services
▸ business people	▸ death reports from the Office of the Medical Investigator
▸ leaders, elders	▸ hospital emergency room admissions for ATOD problems
▸	▸
▸	▸

The more sources for information identified, the more time and resources will need to be dedicated to the needs assessment/evaluation.



Section 3: Dealing with barriers to evaluation and needs assessment

The following topics are specific barriers to completing a needs assessment of evaluation that the Coalition may encounter and should consider when planning their needs assessment and/or evaluation:

- »» Tribal permission or tribal/institutional human subject review boards to survey or collect data systematically;
- »» Confidentially or anonymity;
- »» Active or passive consent;
- »» Reporting findings to tribal leadership.

Tribal permission or tribal/institutional human subject review boards to survey or collect data systematically;

Some of the larger tribes in New Mexico have developed their own institutional review boards (IRB). This is an advisory group made up of individuals who are knowledgeable about research design and protocols as well as the risks associated with various types of research when human subjects are involved. They assess the risk of the instruments and procedures used and decide whether or not to allow the research to be conducted. Usually for survey questionnaire research, the risks are minimal even when personal and more invasive questions are asked. However, Tribes in New Mexico have become sensitized to survey research and evaluation that has been done without a return of the findings from the survey to the community and Tribal government.

This can be addressed by guaranteeing that the results must be reviewed again by the Tribal IRB or by the government. Usually this guarantee requires approval of the results by the Tribal government before they can be published or disseminated in any way. Tribes have



become distrustful of outside researchers and evaluators because so often, only negative findings have been publicized. An evaluation plan that includes the collection of information about substance abuse in the community is more likely to be approved by a Coalition from within the community especially when Tribal leadership has been involved along the way either through periodic updates or by including leadership representation in the Coalition (this is the best way to go if you can get regular attendance by leadership).

Confidentially or anonymity

Whenever interview, focus, group, survey or observation data is collected, it is important to ensure the confidentiality of the information. Anonymity means that the information can not ever be traced to the individual. This type of data is very difficult to collect and it is rare. However, confidentiality is relatively easy to ensure and procedures can be put in place to guarantee a participant's confidentiality.

The procedures include the following:

- »» Develop a letter of informed consent for participants to sign. This letter explains risks and benefits of the research and identifies how personal information will be handled. Examples of informed consent letters can be found at the SAMHSA website and through New Mexico Behavioral Health Services Division.
- »» Have all staff review policies and procedures with regard to participant confidentiality. All staff should sign a form guaranteeing confidentiality as part of their employment. Policy should be in place that would involve automatic dismissal if a staff member discloses personal information.



- »» Make sure there is a place for the paper copies of all confidential participant information—either a locked room or file cabinet with limited access.
- »» Policies should be in place for handling confidential information that is entered into an electronic computer database. This information should be stripped of names and should be password protected.

Confidentiality is not difficult to protect and to ensure but it does require a systematic policy to control it. Often external evaluators, hired by the Tribe will have the forms and the policies developed already that ensure confidentiality and providing this to the program may be part of the contract developed with the Evaluator. Most evaluators are bound by the same type of ethical confidentiality policy that would bind the program staff.

Active or passive consent

Consent to participate in a prevention program that collects confidential information for the purpose of evaluation can be either active or passive. Active consent means that the participant has signed a form saying that they agree to participate and that they understand the risks and benefits of the program and the data collected. Passive consent involves sending a form out that asks participants to sign it and return it to the program if the **DONOT** want to participate or have their child participate. This type of consent is often used by schools and public or Bureau of Indian Affairs school districts. New Mexico BHSD-funded programs require active consent forms. The signed forms have to be on file for all participants and are reviewed during on-site visits and program audits. Active consent is more difficult and time consuming to acquire but many of the State's BHSD-funded tribal programs have collected these forms for participation.



Reporting findings to tribal leadership

This topic is addressed in section 7. However it is important that staff include this consideration when planning the evaluation. If possible, Tribal leadership should be involved in the coalition and should participate in the development and review of the evaluation or needs assessment. Make sure that if an external evaluator is hired that they are able to produce one page summaries of findings and that they are willing to present findings to the Tribal council or leadership if time permits. They should be knowledgeable about Tribal protocol and cultural competent with regard to working with the Tribe and with the leadership.

Section 4: Methods

The methods that are used to collect information for needs assessment and evaluation are usually identified as either quantitative (based on numbers) or qualitative (based on words). Sometimes quantitative data are called "hard" and qualitative data are referred to as "soft". In order to conduct a thorough needs assessment and evaluation both types of methods for collecting information should be used. Some instruments combine both methods into one form. For example, a survey may include questions such as,

Substance abuse is a major problem in our community.	strongly disagree	disagree	agree	strongly agree
	1	2	3	4

The four point rating scale makes the opinion data quantifiable. The same survey might ask an open-ended question such as,

Describe why you feel ATOD is a problem in this community. What is some evidence that it is a problem?



This question allows respondents to construct their own answer. It will require that the survey designers go through everyone's responses looking for common themes or categories. The following table provides a breakdown of methods as either qualitative or quantitative.

<i>Qualitative (soft)</i>	<i>Quantitative (hard)</i>
interviews	census numbers on demographic information
anecdotal records	checklists
surveys	surveys
questionnaires	crime statistics
observation	child abuse and neglect counts / rates
focus groups	vital records statistics
legal policies	ATOD use prevalence rates

Qualitative methods usually require more time to use and to summarize. Quantitative methods sometimes require knowledge of mathematical and statistical processes to summarize the information correctly. Make sure that summaries of qualitative and quantitative methods are designed to eliminate bias and are both reliable and valid. Ask someone with evaluation experience for assistance with this.



If you decide to develop an instrument to collect data, allow plenty of time for development and involve a number of people in the process. Surveys and checklists should have a large number of items developed for them which are then narrowed to a smaller number. Consider the time it will take a respondent to complete a survey when you are developing it so that it is not too long. Make sure you try the survey out on



a small group of people first. They can give you feedback about any items that are confusing or poorly worded. Make the necessary changes and give it to the sample you have selected.

Section 5: Managing the information collection

In order to make the process of data collection and analysis manageable it is important to plan carefully, schedule using a time line, and monitor the process as you complete each part of it. Consider developing a management chart like the following:

<i>Method</i>	<i>When will the information be collected?</i>	<i>What is the source for the information?</i>	<i>Who is responsible?</i>
Basic community demographic information	before the next meeting in February	government documents	Coalition committee
adult ATOD use survey	end of March	random sample of community adults	Evaluator
focus group with parents of high school students	middle of March	parents of high school students	Evaluator and Coalition members
interviews with tribal leaders	end of February	tribal council members	Coalition members

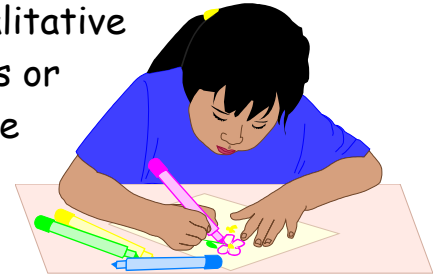
Once a management plan is developed, time lines and accomplishments should be reviewed at every meeting. The responsible planning group members should report on progress as well as being responsible for on-going monitoring until the data are collected.

Remember to use a variety of information sources. You can't apply the rule of three if all the information comes from one source. Three different information sources are necessary in order to be able to apply the rule of three.



Also consider the validity (truthfulness) and reliability (consistency) of each source of information you are collecting and document it.

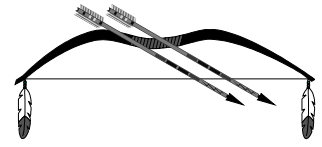
The information you collect should be analyzed using the appropriate methods for the type of information collected. Qualitative information is sorted repeatedly for common themes or categories. The person that analyzes the qualitative information needs to be aware of biases and individual preferences. It is important to start with self-awareness that includes a sense of one's language and culture and how that shapes individual perceptions of the world. This self-knowledge should be considered when analyzing the responses to open ended questions. It helps to avoid bias to have more than one person involved in the analyses of interview and focus group information.



It is also important to consider bias when analyzing quantitative information. Bias in test construction and survey design will affect the results of the needs assessment and evaluation. Consider the types and sources of quantitative information carefully before including it. The types of numerical analyses completed are important as well. Make sure you collect enough information about each respondent to be able to analyze the information by groups. For example, if your program serves several different tribes, make sure you know which tribe each respondent is from so that you can report the results by tribe. Other types of demographic information like age, gender, occupation, and socio-economic status are routinely collected so that the analyses can look at specific groups (e.g. males who are 17 to 25 years of age).



Section 6: Analyzing and interpreting results



Make sure that your analyses are easy to understand. Explain the process you used to analyze the information to the users of the needs assessment and evaluation. When the information is qualitative, make short summary bullet lists by category. Make sure you report the number of respondents involved in the interviews, focus groups, or observations. Here is one way to summarize some responses to a question asked of parents about problems they see with their student's education.

What problems does your student have in school?

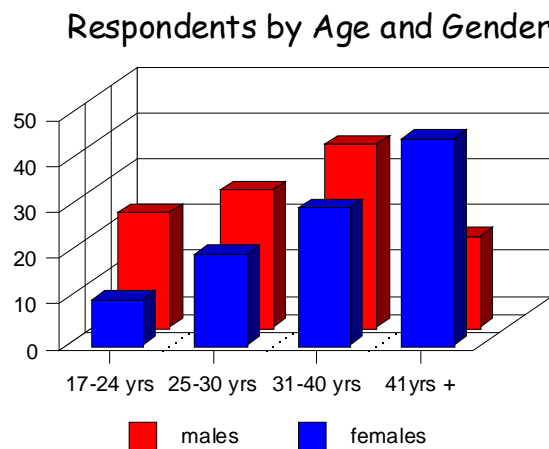
A total of 35 parents responded to this question. These children were attending a K-5, rural, elementary school. Three categories of problems were identified.

<i>Academic Content Problems</i>	<i>Peer Problems</i>	<i>School Environment Problems</i>
my daughter has trouble with reading (10)	two bullies take my student's lunch money (6)	do they have to have hall passes to go to the bathroom? (12)
the math my son has to do is too difficult and doesn't match what is in the text book (2)	my daughter says that the boy behind her hits her when the teacher isn't looking (1)	drugs are available at the school(12)
my kids say the teachers they have don't explain the work they have to do in math (1)	the girls start rumors about my daughter (1)	my kids say the teachers yell at them (5)
my son doesn't like to read (1)	somebody flattened the tires on my son's bike (1)	I can never get a hold of my kid's teacher (3)



The number of respondents who made a similar comment is included in each of the boxes. The table format allows for an attractive and easy-to-understand presentation of the information. Not every comment made is recorded exactly as it was said. Number information can be presented in a similar fashion. Decide on the groups for which information will be analyzed and summarize the information using averages or percents. Always report the number of students or respondents in the sample. Clearly label charts and graphs so that the reader understands what is being presented. The chart, table, or graph should support the information described in the narrative of the needs assessment report.

This chart is clearly labeled but the exact number of respondents in each age group is hard to make out using the bar graph format. Make sure information such as the number of respondents in each group is easy to read.



The next table provides a summary of options to consider when analyzing and formatting quantitative and qualitative information for the needs assessment report.



<i>Quantitative (hard)</i>	<i>Qualitative (soft)</i>
means or averages	Matrices
percents	Charts
ratios	bullet lists
rates	case studies
tables	brief narrative descriptions
charts	
graphs	

Section 6: Reporting the information back to the community

After you have analyzed the data from a variety of sources, using different methods, categories of findings or main themes should be evident. Themes can be readily identified because you will hear them from different sources regardless of the method you choose to collect the information. For example a Coalition group in a large southern pueblo was completing a needs assessment. Interviews with tribal elders indicated that they were afraid of some of the high school age youth. A focus group with the students indicated that they did not have enough recreational opportunities and truancy and absentee rates from the school were high. Finally, parents said that their children did not have enough recreational alternatives. In each case a majority of respondents said that there was a problem with the way high school youth spent their time. The rule of three applied in this case as the data came from more than three sources and more than three methods.

Sometimes the data collected in a needs assessment or evaluation will not produce a clearly defined set of themes or findings. Instead, one



source will indicate a finding that is contradicted by another source. You can do several things in this case:

1. Review the data again and weight the sources of information as more important that you feel are most reliable;
2. Look for sources of bias in any of the methods or analyses that are used and try to eliminate them or weight this information as less reliable;
3. Decide on patterns based on fewer than three sources of information -- however deciding on a course of action based on only one source of information is risky;
4. Re-analyze the data looking for analysis errors; and
5. Collect new information from different sources using different methods.

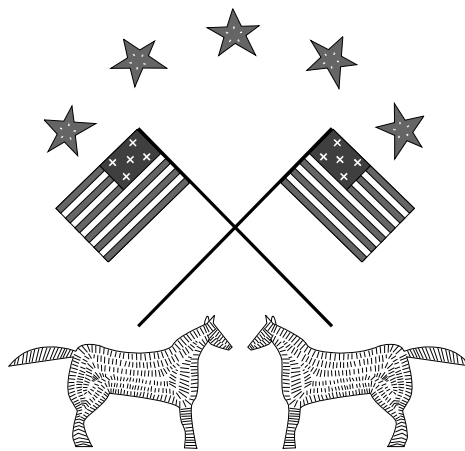
The purpose of the needs assessment or evaluation will guide the process and should be reconsidered before making recommendations. Keep the purpose in mind as you formulate your recommendations and:

- ▶ State major findings matter -of-factly as a result of the needs assessment process;
- ▶ Categorize findings to highlight those that need action;
- ▶ State findings that require action in terms that indicate the necessary action;
- ▶ State options that should be considered;



- ▶ Recommend specific actions that should be taken.

This guideline provides the reader with a holistic process for conducting a comprehensive needs assessment or evaluation. If this process is followed, you can be assured that you have completed the type of comprehensive needs assessment or evaluation required for designing an effective ATOD prevention program and improving it as it is implemented.



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Wong, S., Catalano, R.F., Hawkins, J.D., and Chappell, P.J. (1996). *Communities That Care Prevention Strategies: A Guide to Research That Works*. Developmental Research and Programs, Inc.: Seattle, WA.



Resources

Eastern Region Training Manager
Macro International, Inc.
3 Corporate Square, NE
Suite 370
Atlanta, GA 30329
(404) 321-3211

Western Regional Training Manager
Circle Solutions, Inc.
494 Trailwood Road
Ballwin, MO 63011
(314) 256-9576

New Mexico Department of Health
Behavioral Health Services Division
Prevention Programs
Harold Runnels Building
Santa Fe, NM 87502
(505) 827-9821

Technical Assistance for Non-Grantee Communities
1010 Wayne Ave., Suite 850
Silver Spring, MD 20910
(301) 495-1591

National Women's Resource Center
515 King Street, Suite 410
Alexandria, VA 22314
(800) 354-8824
New and Emerging Issues
7200 Wisconsin Ave., Suite 600



Bethesda, MD 20814
(800) 368-6882

National Clearinghouse for Alcohol and Drug Information (NCADI)
PO Box 2345
Rockville, MD 20852
(800) 729-6686



Websites

- www.health.state.nm.us: New Mexico Department of Health, contacts, calendars. epidemiological data
- www.sde.state.nm.us: New Mexico Department of Education; accountability by district information, Safe and Drug Free Schools program
- www.ed.gov: U.S. Department of Education; links to technical assistance centers, information clearinghouses, and education data
- www.samsha.gov: U.S. Substance Abuse and Mental Health Services Administration (SAMSHA) links to CSAP (Center for Substance Abuse Prevention) and other prevention related centers, programs, and clearinghouse. Information is available on model programs and programs that have been tested scientifically
- info@prevline.health.org: National Clearinghouse for Alcohol and Drug Information

