Name of Community / Town / City:_______________________________________________

Name of Coalition:__________________________________________________________

Name of individual(s) completing assessment:____________________________________________________

In what stage of development is your coalition currently?
   ' Building Infrastructure ' Planning ' Implementation

COMMUNITY READINESS / OWNERSHIP
Is substance abuse prevention a high priority for your community?   
   How do you know?__________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Does your community have a cross-sector key stakeholder group that is committed to substance abuse prevention?    YES    NO    N/A

Has your coalition identified any external barriers that may present challenges to local substance abuse prevention work (i.e. local politics, recent tragedy, etc.)?    YES    NO    N/A

Is your community aware of the coalition’s existence?    YES    NO    N/A

COALITION CAPACITY
Does your coalition have a designated coordinator (hired / volunteer)?    YES    NO    N/A

Does your coalition have designated administrative support (volunteer or hired)?    YES    NO    N/A

Do your coalition members have current training in the principles of effective prevention?    YES    NO    N/A

Does your coalition have policies & procedures in place for regular, outcome-based meetings?    YES    NO    N/A

Is your coalition regularly trained in cultural competency?    YES    NO    N/A

Does the coalition’s fiscal agency adequately support the mission of the coalition?    YES    NO    N/A
   What agency is responsible for fiscal management for the coalition?____________________

Does your coalition have a cross-sector membership roster?    YES    NO    N/A
   What groups are you interested in recruiting to the coalition?_________________________
   ___________________________________________________
   ___________________________________________________

Which description, from the following continuum of partnerships, best represents the relationships in your coalition?

NETWORKING
Exchanging Information

COORDINATING
 Altering or changing activities
 Includes networking

COOPERATING
Sharing Resources
 Includes coordinating

COLLABORATING
Enhancing each other’s Capacity
 Includes cooperating
How does your coalition *demonstrate* true collaboration and consensus?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Does your coalition have partnership agreements / MOAs with coalition member agencies? YES NO N/A
If yes, what percent of your members have signed MOAs?______________%

Does your coalition have a current organizational structure chart with member roles & responsibilities clearly defined? YES NO N/A

Do your coalition members clearly understand their roles & responsibilities? YES NO N/A

Does your coalition value community & youth input? not at all 2 neutral 4 definitely

**ASSESSMENT**

Does your coalition have a group which is dedicated to data? YES NO N/A

Has your coalition developed specific research questions to understand your local substance abuse issues? YES NO N/A

Has your coalition selected an appropriate survey tool to measure youth substance abuse? YES NO N/A

What is the name of the survey? ________________________________
When was the survey administered? ________________________________
Who took the survey? ________________________________
Who analyzed the data? ________________________________

Did the analysis report help identify areas of need? YES NO N/A

How is your data organized (Risk & Protective Factor Framework, Healthy People 2010 framework, other)?
___________________________________________________________________________________
___________________________________________________________________________________

Has your coalition collected state & national comparison data? YES NO N/A

Has your coalition recorded & tracked your data sources? YES NO N/A

Has your coalition collected *other* data to increase the understanding of substance abuse in the community? YES NO N/A

What have you collected? How? ________________________________

___________________________________________________________________________________

___________________________________________________________________________________
Has your coalition intentionally collected community input regarding local substance abuse issues? YES NO N/A

What were your methods?__________________________________________

__________________________________________________________________
__________________________________________________________________

Does the coalition have a data-driven problem statement/ hypothesis which identifies your target group & geographic area? YES NO N/A

What process did the coalition use to identify areas of greatest need for programming?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Has the coalition analyzed what resources & evidence-based strategies exist in the community and what is missing? YES NO N/A

PLANNING
Has your coalition engaged in an intentional planning process? YES NO N/A

Has your coalition ever used a neutral facilitator for decision making? YES NO N/A

How useful would a neutral facilitator be to your process?______________________________

What decision making process has your coalition chosen?______________________________

Do you have a mutually agreed upon, comprehensive strategic plan including (check all that apply): YES NO N/A

- Problem statement
- Plan to collect & include youth input
- Plan to collect & include community input
- Vision statement
- Mission statement
- Goals & objectives
- Action plan with timeline
- Evaluation plan that includes realistic outcomes, benchmarks & indicators
- Logic model

Has your coalition selected approved evidence-based strategies related to your goals, including at least one environmental strategy? YES NO N/A

Please list your strategies:

<table>
<thead>
<tr>
<th>Individual Strategies</th>
<th>Environmental Strategies</th>
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<tbody>
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IMPLEMENTATION

Does your coalition have adequate funding available to implement your selected strategies?  

| YES | NO | N/A |

What is the source of your funding (check all that apply)?

- MA DPH / Bureau of Substance Abuse Services
- MA EOPS
- Local Funding
- Other _______________________

What is/are the name(s) of the grant that funds your coalition?________________________________________________

Has your coalition acquired program materials for your selected evidence-based model?  

| YES | NO | N/A |

Does your coalition have an identified individual who is accountable for program activities, reporting to funders & reporting to the coalition?  

| YES | NO | N/A |

Is this individual trained to implement the selected evidence-based model?  

| YES | NO | N/A |

Does your coalition have individuals who are trained to implement your selected model?  

| YES | NO | N/A |

Has your selected evidence-based model been marketed to the public to recruit participants?  

| YES | NO | N/A |

Is your evidence-based program monitored for fidelity to the selected model?  

| YES | NO | N/A |

Are your program activities tracked regularly?  

| YES | NO | N/A |

Is program progress communicated to key stakeholders?  

| YES | NO | N/A |

Is program progress communicated to the coalition?  

| YES | NO | N/A |

Are program & coalition successes publicly celebrated?  

| YES | NO | N/A |

Has the media been engaged to showcase your program?  

| YES | NO | N/A |

EVALUATION

Has program evaluation data been collected?  

| YES | NO | N/A |

Has outcome data been collected?  

| YES | NO | N/A |

Has an evaluation report (including status of stated outcomes, summary of program activities and recommendations for improvement) been produced?  

| YES | NO | N/A |

Have program progress & positive outcomes been communicated to funders, community, coalition & stakeholders?  

| YES | NO | N/A |

Has an annual coalition self-assessment been completed?  

| YES | NO | N/A |
### SUSTAINABILITY

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Is your coalition’s strategic plan revised annually?</td>
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<tr>
<td>Is your coalition’s program plan aligned with potential federal &amp; state grant priorities?</td>
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<td>Does your coalition have 501©3 status OR a trusting relationship with an existing 501©3?</td>
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<td>Are your coalition’s funding sources diversified?</td>
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<tr>
<td>Has your coalition planned for long-term, sustainable financing of your initiative?</td>
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<td>Has your coalition planned for sharing initiative costs between coalition member agencies?</td>
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