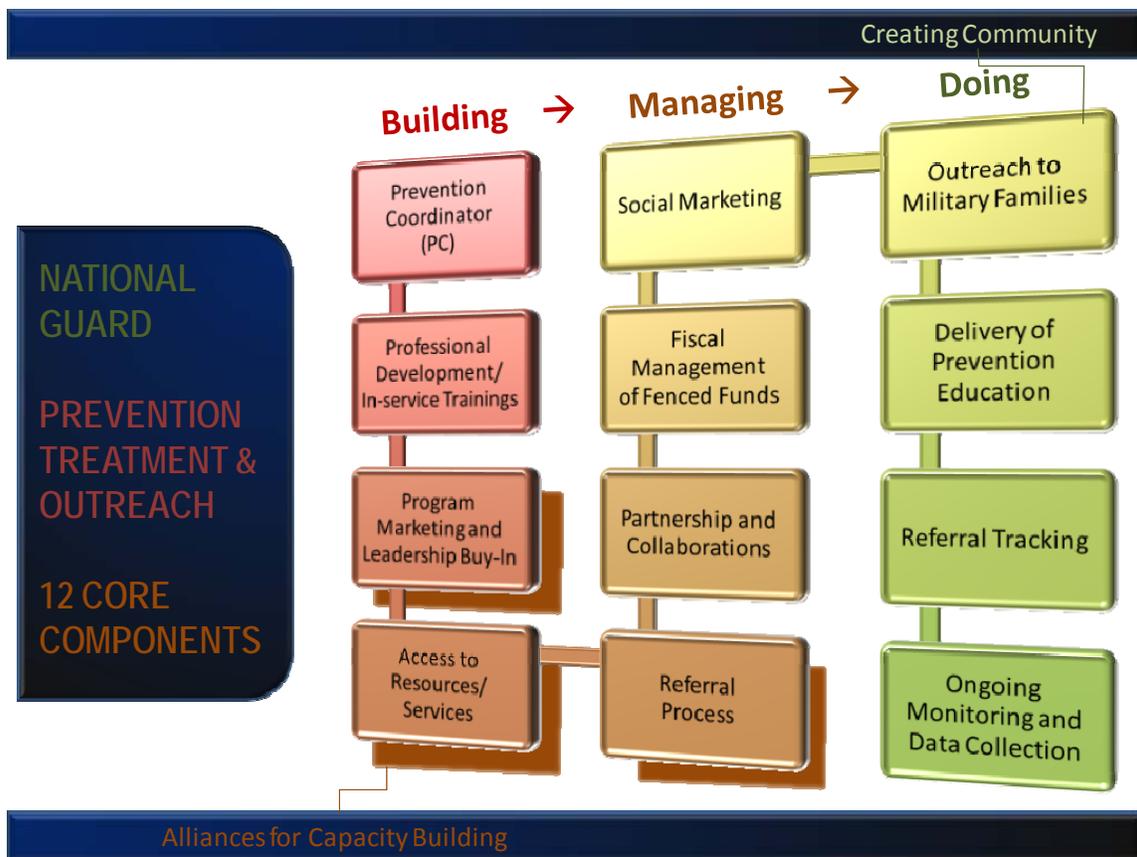


NATIONAL GUARD BUREAU COUNTERDRUG

JOINT SUBSTANCE ABUSE PREVENTION

PREVENTION, TREATMENT, OUTREACH (PTO) PROGRAM

DEFINING THE PTO PROGRAM: THE 12 CORE COMPONENTS



EFFECTIVE APRIL 2009

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DEFINING THE PREVENTION, TREATMENT AND OUTREACH (PTO) PROGRAM: THE 12 CORE COMPONENTS

INTRODUCTION

PURPOSE

Defining the Prevention, Treatment and Outreach (PTO) Program: the 12 Core Components was produced by a diverse group of Prevention Coordinators and subject matter experts from across the country, brought together by the National Guard Bureau (NGB). Every aspect of this document (component descriptions, performance measures and the scoring matrix) were inspired by Prevention Coordinators for Prevention Coordinators (PCs). NGB has offered PCs the unique opportunity to be the creative force in molding and defining this new program.

The National Guard Bureau Counterdrug Office currently funds PCs across the country to conduct prevention education among service members, coordinate prevention activities throughout their states, link service members to treatment services and provide outreach to military families. This document is organized into 12 Core Components, which define the PTO Program. The components and expected performance goals detailed in the following pages distinguishes the PTO program from any other Guard program.

The information presented in this document describes a framework for designing and implementing Prevention, Treatment, and Outreach (PTO) Programs across the country to assist National Guard services members in need of assistance. NGB recognizes that service members present different legal, social, educational, and treatment issues. We acknowledge that differences in local resources, political, and operational issues will impact every local PTO Program's design and implementation. As such, we offer this document to provide as a general, practical guideline on how to get established, what to consider, whom to include, and how to proceed. The goals are meant to serve as a practical, yet flexible plan for developing effective PTO Programs in vastly different locations and to provide a structure for conducting research and evaluation for program accountability and effectiveness.

This document will service four (4) major program goals, as a guidance document, a performance management tool, an accountability system, and a mechanism for deriving outcomes. In such a new field, the best practices of today will no doubt change tomorrow. This document should be considered a starting point in the process of compiling the knowledge and experiences of others on how to best create a blueprint for states.

AUTHORITIES

The authority under which this program is being established and ran is 32 U.S.C. § 112; (AR) 600-85, AFI 44-159.

HOW TO USE THIS DOCUMENT

DOCUMENT SECTIONS

Defining the Prevention, Treatment and Outreach: Core Components document is divided into the following three (3) sections:

1. The PTO Building Section:

This section consists of four core components that focus on the assessment, strategic planning and capacity building within PTO Program, in order to address the specific needs of guard members in each state. This section describes the development of a comprehensive strategic plan that (a) concentrates on policies and program development, (b) is logical and data-driven plan, (c) has the

goal of transforming the climate of health and prevention in the Guard and its approaches concerning social and environmental problems. The creation, maintenance, and monitoring of this strategic plan is the responsibility of the PC and is crucial to achieving the program mission. The four core Components within this section are as follows: The four core Components with in this section are as follows:

- a. Prevention Coordinator;
- b. Professional Development and In-Service Trainings;
- c. Program Marketing and Leadership Buy-in; and
- d. Access to Resources, Tools and Services.

2. The PTO Managing Section:

This section consist of four core components that center around the PC’s coordination of activities to (a) enhance the health and prevention climate, (b) increase knowledge of available resources, and (c) coordinate and streamline services, and (d) building alliances to extend program reach in achieving defined objectives. Within this section, program promotion and innovation are essential. The four core Components within this section are as follows:

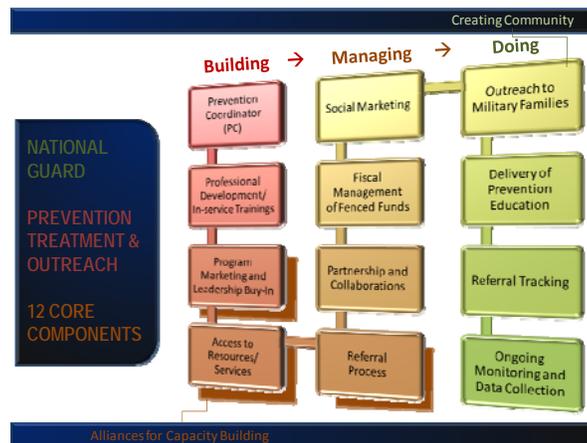
- a. Referral Process;
- b. Partnership and Collaborations;
- c. Fiscal Management of Fenced/Restricted Funds; and
- d. Social Marketing.

3. The PTO Doing Section:

This section consists of four core components that concentrate on the PC's direct work with service members and families. Further, it brings together information on the overall program performance to evaluate the strides the PC makes in the implementation, enhancement, and sustainability of the PTO Program. The four core Components within this section are as follows:

- a. Outreach to Military Families;
- b. Delivery of Prevention Education/Team Readiness;
- c. Referral Tracking; and
- d. Ongoing Monitoring and Data Collection

The Building, Managing, and Doing Core Components are illustrated in the graphic below. The 12 Components described in this document should build upon each other as the Prevention Coordinator develops the initiative in his/her state. The diagram presents each component as part of a logical sequence. This is not necessarily a sequence that occurs over time. Rather, it is more of a strategic viewpoint to help the Prevention Coordinator in assessing how effectively he/she is proceeding across all the core components.



Each of the twelve (12) core components are thoroughly described in this document with delineated expected performance goals and a scoring matrix, and when applicable expected skills and abilities are noted.

SCORING MATRIX

As you review each of the sections and components in the document you will see that each Core Component has a scoring matrix immediate following the written portion. Each component has been assigned a weighted score. Below is a table that illustrated the full score for each component.

12 PTO CORE COMPONENTS	Maximum Component Score
CC1: Prevention Coordinator	10
CC2: Professional Development	10
CC3: Program Marketing and Leadership Buy-In	10
CC4: Access to Resources/Services	5
CC5: Referral Process	10
CC6: Partnership and Collaborations	10
CC7: Fiscal Management of Fenced Funds	5
CC8: Social Marketing	5
CC9: Outreach to Military Families	5
CC10: Delivery of Prevention Education	15
CC11: Referral Tracking	10
CC12: Ongoing Monitoring and Data Collection	5
OVERALL PTO PROGRAM TOTAL	100

Please note that each of the scoring matrixes are broken down into four or five tiers. Each tier has been assigned a score. The scores for each tier stand alone for each component and are not cumulative. The bottom tier signifies the maximum scoring tier or simply the maximum score for the component. PCs will be given guidance from the Substance Abuse Section Chief and/or PTO Program Manager as to the minimum scoring expected for each component and the minimum overall score to be reached per quarter.

PCs are encouraged to follow the matrixes for each component to systematically build their programs. PCs are expected to complete the top tier before moving on to the next tiers. Note that credit will be given where credit is due, meaning that PCs will be given partial points for achievements made in other tiers, if its above and beyond the expected goal. The maximum score for the overall program is based on a one-hundred (100) point score, as noted in the table above. The scoring matrix and methodology was created by NGB-J3-CD, Joint Substance Abuse Prevention Program.

OVERALL DOCUMENT GOAL

The overall goal is to provide PCs and PTO programs a systematic, phased system for program implementation and documented accomplishments. This document will also provide NGB the information necessary to support states in addressing gaps, recognize improvement areas, providing technical assistance and determine training needs, building capacity among PCs, ensuring that all PCs and PTO Programs are ultimately successful in supporting service members and their families in need of assistance.

SECTION ONE: PTO BUILDING COMPONENTS

CORE COMPONENTS 1 THROUGH 4

- 1. Prevention Coordinator**
- 2. Professional Development and In-Service Trainings**
- 3. Program Marketing and Leadership Buy-in**
- 4. Access to Resources, Tools and Services**

CORE COMPONENT ONE: PREVENTION COORDINATOR (PC)

DESCRIPTION

The Prevention Coordinator is ultimately responsible for: (1) ensuring that continual progress is made in meeting all goals of the remaining 11 components of the PTO program; (2) ensuring that they receive the education and support necessary to build their confidence, ability, and efficacy for meeting the goals; and (3) checking in regularly with NGB, state leadership, and regional supports to develop and refine priorities and strategies to meet the goals efficiently and effectively. Additionally, as the PC is seen as a champion in their state, others will come to know them as:

1. **A “trusted agent;”** whereby they have built trustworthiness in keeping confidentiality of soldiers and/or airmen, followed ethical guidelines, and upheld all the policies and regulations that apply to the PTO program.
2. **Knowledgeable;** whereby they are seen as resourceful, able to access information readily, and can make the case for particular resources for themselves, for commanders, for partners, and for guard members and their families.
3. **Committed;** whereby they are seen to follow-up on agreements in a timely fashion and to proactively communicate about those agreements and obligations.

EXPECTED SKILLS AND ABILITIES

Specific skills and abilities are required whereby the PC demonstrates championship with the qualities of energy (passion, commitment), strategy (knowledge of the job, the PTO, and ability to leverage resources and relationships), adaptability (effective and tactical communications for the needs of PTO and others), and effective action planning.

1. The PC speaks with passion and with **well-organized communications** across multiple venues about the PTO program; letters of support, training evaluations, responses to briefs, and a review of any and all correspondence shows a clear commitment to the PTO effort.
2. The PC presents both **an initial action plan and regular follow-ups to that action plan which show steady progress** and reveals situations where the PC adapted communications or made strategic changes rather than give up or otherwise show an indefinite postponement or delay on an action plan goal or item.
3. The PC demonstrates the ability to think strategically and **show how each of the remaining 11 components fit into the big picture of the action plan. Here, the PC indicates the players, time-lines, and goals for strategic implementation of the plan.** This is a coherent plan that the PC demonstrates confidence and energy around.
4. The PC is **knowledgeable in all of the PTO 12 Core Components** and their job responsibilities and duties, and can easily explain these in clear language as well as provide a quick summary of progress made on each responsibility and/or duty and plans for further work in each.
5. Because of their drive and passion, the **PC is invited to meet with and/or to visit AND re-visit** with various groups within the guard and among partners in the community.
6. The PC has **shown initiative in developing resources and a protocol for utilizing those resources that is specific to their situation, and has championed that protocol to get buy-in.**

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7. The PC shows **regular communications with NGB** that indicates a leveraging of support and strategic mindset.
 8. The PC demonstrates **knowledge and proficiency** of all regulations and policies.

EXPECTED PERFORMANCE GOALS FOR THE PREVENTION COORDINATOR

1. **Action Plan:** The Prevention Coordinator uses their action plan well, receiving the support they need to implement it and doing all the networking they need to implement it. The first course of action for the PC is the development of a written document that gives the detail of their action plan. This initial plan is only part of their rating; they must also show how they enacted, revised, do not execute/complete, and succeeded by continuously referencing back to their initial plan and subsequent versions. (Action Plan Template – See Appendix A)
2. **Energy and Strategy:** The Prevention Coordinator acts as the keystone and foundation of the state PTO program. Competent PCs bring energy and strategy to all twelve (12) components of the PTO program. **This subcomponent is rated according to the degree to which all other 11 components have achieved a minimum level of competency.** It is presumed that if the PC is working continuously and strategically across the remaining 11 components. Because their championship is based on their lack of neglect of any one component, they will need energy and strategy to keep “many irons in the fire.”
3. **Adaptability:** The Prevention Coordinator aligns the components and adapts their communications for effective impact and trust. Champions do not give up. They keep finding ways to get their message across, lead others to action, and achieve the mission. This requires adaptability. It requires both the motivation and the skill to keep working with people, and keep working through differences and conflicts. Ultimately, this leads others to view the PC as having three characteristics:
 - a. **they are a “trusted agent,”**
 - b. **they are knowledgeable about the PTO program and all it has to offer, and**
 - c. **they are committed to helping others, be of service, and achieve the PTO mission.**

NOTE ON PREVENTION COORDINATOR:

Although this is the first and most basic component, it is recommended that – except for the PC Action Plan – a full review of this component will be conducted after the other 11 Core Components have been assessed. This is because the scoring for this component receives its weight from the accomplishments achieved in the other components.

SCORING FOR CORE COMPONENT ONE:

SCORE	PREVENTION COORDINATOR (WEIGHTING OF 10 POINTS)
2	<p>INITIAL ACTION PLAN. The PC completes ALL ITEMS in ALL six primary sections of an initial Action Plan and has delivered either their Action Plan Template (See Appendix A) to the NGB. The six areas to be covered include:</p> <ul style="list-style-type: none"> (a) Overall Annual Goals; (b) Core Component Goals; (c) Support Strategy; (d) Strength, Weakness, Opportunity and Threat (SWOT) analysis; (e) Overall Strategy; and (f) Accountability.
4	<ul style="list-style-type: none"> A. The PC provides evidence that they have met Criteria (1) above AND B. Achieves BOTH a self- and NGB-rating of “Adequate” on all eight areas of Expected Skills and Abilities. This includes providing evidence to support a rating of “Adequate. The eight areas are: (a) Well-organized communications; (b) Action Plan updates and/or where communication or strategy is modified; (c) Shows big picture of 11 components; (d) Knowledgeable of all 12 components; (e) Invitation to meet and visit; (f) Initiative in developing resources; (g) Regular NGB communications; (h) knowledge of regulations and policies.
6	<ul style="list-style-type: none"> A. The PC provides evidence that they have met Criteria (1) above AND B. Achieves BOTH a self- and NGB-rating of “Proficient” on FOUR of all EIGHT areas of Expected Skills and Abilities.
8	<ul style="list-style-type: none"> A. The PC provides evidence that they have met Criteria (1) above AND B. Achieves BOTH a self- and NGB-rating of “Proficient” on FOUR of the EIGHT areas of Expected Skills and Abilities, AND C. Achieves BOTH a self- and NGB-rating of “Minimum Competency” on TEN of ELEVEN areas of Energy & Strategy (Achieves a Minimum Total Score of ‘5’ on Energy & Strategy)
10	<ul style="list-style-type: none"> A. UPDATED ACTION PLAN. The PC completes ALL ITEMS in ALL six primary sections of an UPDATED Action Plan and delivers their Action Plan Template to the NGB. AND B. Achieves BOTH a self- and NGB-rating of “Proficient” on EIGHT of the EIGHT areas of Expected Skills and Abilities, AND C. Achieves BOTH a self- and NGB-rating of “Exceeded Minimum” on SIX of ELEVEN areas of Energy & Strategy and a “Minimum Competency” on the Rest (Achieves a Minimum Total Score of ‘8’ on Energy & Strategy) AND D. Achieves an NGB Rating of Proficient in All THREE areas of Adaptability

CORE COMPONENT TWO: PROFESSIONAL DEVELOPMENT/IN-SERVICE TRAININGS

DESCRIPTION

Each PC has received a preliminary Prevention Certification training with the Army Center for Substance Abuse Programs (ACSAP). The PC will be responsible for tracking and maintaining continuing education hours for full certification within the time set forth by ACSAP. Additionally, the PC will be required to attend conferences and/or trainings (such as Team Readiness) as set forth by the Chief of NGB SAP for program enhancement and continued professional development. Moreover, because of the strong emphasis the PTO program has on championship (and strategic focus), the PC engages in two types of activities to support their personal growth:

1. they review the entire scope of their job, proactively identify areas where they may need additional training (or refreshers) and schedule trainings to get up to speed; and/or
2. they continually identify needs within their state and seek out trainings and professionals to help them use the PTO program to meet those needs.

EXPECTED PERFORMANCE GOALS FOR THE PROFESSIONAL DEVELOPMENT/IN-SERVICE

1. **Attendance, full participation, and final certification documentation in core training programs.** PCs attend all training programs and fully participate in all sessions. This includes the ACSAP Prevention Certification training, the Team Readiness training, and ANY AND ALL other training programs that are required by NGB
2. **Either (1) evidence of self-initiated personal growth strategies; and/or (2) Attendance, full participation, and final certification documentation in addition – personally chosen growth opportunities.** The PC proactively registers for courses to build their own capacity to effectively carry out the duties and responsibility of the PC position and/or to better address needs identified in the state. A key feature of this component is that it gives the PC the motivation to proactively think through all of the 11 other components of the PTO program, and identify those areas where they may need some more knowledge, skills, and abilities.

SCORING FOR CORE COMPONENT TWO:

SCORE	PROFESSIONAL DEVELOPMENT/IN-SERVICING TRAININGS (WEIGHTING OF 10 PTS)
2	<p>The PC provides evidence and/or certification that he/she has completed, within the past year, both Job Orientation (1 below) and at least two of the minimum contact hours requirements [two from (2) (3) or (4)]. All three are required to receive the initial base score of “1.”</p> <p>A. JOB ORIENTATION REQUIRED: (1) Job Orientation: Some form of a newcomer/PC job orientation (1 day) -- AND two (2) from below</p> <p>B. <u>AND</u>, MUST COMPLETE TWO OF THREE BELOW: (2) 5 Contact Hours in Substance Abuse: A minimum of 5 contact hours for a certified course or workshop on substance abuse, signs and symptoms, alcoholism, and drug dependence. (3) 5 Contact Hours in Prevention: A minimum of 5 contact hours for a certified course or workshop on prevention in any of the following areas (substance abuse, HIV, mental health, sexual assault, family health, or violence; may include <i>social marketing</i> and <i>outreach</i> techniques and strategies) (4) 5 Contact Hours in Treatment: A minimum of 5 contact hours for a certified course or workshop on treatment of either substance abuse or mental health.</p>
4	<p>The PC provides evidence that they have met Criteria (1) below AND <u>either</u> (2) OR (3)</p> <p>(1) REQUIRED: Basic Orientation/Training: The PC provides evidence and/or documentation that he/she has met the criteria score of “1” above, and has all 15 contact hours from each of the three areas listed above (Substance Abuse, Prevention, and Treatment) --- AND</p> <p>(2) 40 hour Team Readiness Certification Training or other training as set forth by Chief of NGB SAP--- OR</p> <p>(3) 40 hours of ACSAP training--(Army Center for Substance Abuse Programs) training</p>
6	<p>The PC provides evidence that, in the past year, they have met the previous 2 criteria. This includes orientation, 15 CEUs, received either ACSAP <u>or</u> TAITC-Total Army Instructor Training Course (or equivalent). In addition, they also have, in the past year, met ALL 3 criteria below.</p> <p>(1) 40 hours of ACSAP training--(Army Center for Substance Abuse Programs) training (2) 40 hours TAITC (or equivalent) --40 hours of TAITC (Level 1) or another approved Army Training Course (ATC), Small Group Instructor (SGI) Course with the of a minimum of 40 hours (3) 18 hours Conference Attendance (over and above prior 15) from relevant conference and at specific courses pertaining to prevention, treatment, and outreach. (Note. It is recommended that PC contact the NGB to determine course relevance prior to listing course credits toward scoring in this dimension)</p>

SCORING MATRIX CONTINUES ON NEXT PAGE

SCORE	PROFESSIONAL DEVELOPMENT/IN-SERVICING TRAININGS (WEIGHTING OF 10 PTS) <i>CONTINUED</i>
8	<p>The PC provides evidence for ALL criteria above and for (1) or (2) from (A) below and Three from (B) Below (3, 4, 5, or 6). These are proactive practice, transfer of training, and personally chosen growth activities. The PC <i>should also present</i> a professional development plan that lists clear objectives with demonstrated proof of attainment of training below:</p> <p>A. MUST COMPLETE EITHER (1) or (2) BELOW:</p> <p>(1) Rehearsed/practiced a 60 OR 90 minute presentation of <u>BOTH</u> (a) ACSAP AND (b) Team Readiness materials in front of peers or pilot training groups. These can be for deployment, re-deployment, or integration (Session evaluations and/or AAR summaries must be provided as proof); OR</p> <p>(2) Obtained Prevention Professional Certification (ACSAP) of 100 Hours</p> <p>B. <u>AND</u>, MUST COMPLETE 3 From the List BELOW:</p> <p>(3) 5 Contact Hours from any relevant PTO training to enhance other competencies (e.g., financial, family advocacy, Centers for the Application of Prevention Technologies (CAPTs))</p> <p>(4) Attend 12-Step Meetings or Recovery Group (3 different groups to learn differences—rate on honor system)</p> <p>(5) URI, R-URI Training (must show proof that they can use the tool; proof of attendance at training; competency quiz) provided by NGB</p> <p>(6) Attendance and Certification at Facilitator Skills Training</p>
10	<p>The PC provides evidence for ALL criteria above and shows attempts at personal growth through <u>ANY OF 3</u> Below.</p> <p>(1) Conducts a full 6-hour training in Team Readiness to a group while being observed and receiving feedback from NGB or appointed consultant/contractor; the PC demonstrates receptivity to feedback—<u>OR</u></p> <p>(2) To include (a) pursues other education online, distance learning, civilian, or (equivalent of 12 college course credit hours or 60 CEUs); (b) collaborating with other PCs to put on demonstration courses; (c) mentor other state PCs drawing on experience from preceding steps (proof of feedback from these PCs)—<u>OR</u></p> <p>(3) Either Substance Abuse Prevention or other Substance Abuse Professional Certification in their respective state</p>

CORE COMPONENT THREE: PROGRAM MARKETING & GAINING BUY-IN FROM MILITARY AND COMMUNITY LEADERS

DESCRIPTION

PCs are responsible for the promotion and marketing of the PTO program. The marketing of the PTO program should be a coordinated, thoughtfully designed set of activities that help PCs achieve the objectives for the program. Your objectives are strategic goals that fit your program's strengths and are a good way to stretch your reach in your state, to include your reach to both military and community leaders. In order to build a strong PTO program, build relationships and maximize your outreach, you need to put every possible marketing tool to work for you. Marketing encompasses elements as diverse as advertising in military newsletters and magazines, phone calls, web sites, brochures, help cards, posters, articles, packaging, conferences and other events, etc.

COMMAND SUPPORT

Command support is essential for program effectiveness throughout all stages of the PTO program—when building, when managing, and when implementing. Using both an articulate knowledge of their chain of command, and social intelligence, the PCs must develop and re-work strategies to strengthen and sustain the highest level of support from military leadership. Command support is essential for effective functioning of the program. PCs must develop strategies to strengthen and sustain the highest level of support from military leadership.

COMMUNITY BUY-IN

At the same time, the PC needs to engage community leaders to become more active in the PTO mission through program promotion efforts. Such program promotion, should involve a thoughtfully developed marketing strategy that helps build the understanding of local and state leaders regarding the needs of the National Guard service members. It is crucial to engage organizations and connect them to the importance of our mission.

EXPECTED PERFORMANCE GOALS FOR THE PROGRAM MARKETING/GAINING BUY-IN FROM MILITARY AND COMMUNITY LEADERS

1. **Development of Program Marketing Tools.** Marketing tools such as brochures, flyers and presentations are essential to the PC's mission of promoting the PTO program. Although a general, one-size-fits-all message is helpful in promoting the program, PCs are encouraged to develop specific marketing messages targeting the specific needs of different audiences (e.g. service members, command, different units, military families, and community services).
2. **Briefing Skills (Internal/Military).** PCs must – through a standard military briefing – behaviorally show their ability to organize their thoughts, demonstrate a solid understanding of the PTO program in their state, and essentially persuade leadership to provide their support for the PTO program.
3. **Leveraging Relationships through Alternate Routes/One's Sphere of Influence.** The basis for this subcomponent is demonstrated knowledge of the Mission Essential Task List (METL) for both the chain-of-command and other key community leaders requiring access in the state. Competent PCs know both the targets and the methods within their sphere of influence.
 - a. First, they know who to access, how to access them, when to access them, and – most importantly -- who to go through to gain access.

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- b. Secondly, within the command culture of their state, they can distinguish between activities that they know they need to do, activities that they believe they can do, activities that they believe requires support, and activities that they believe they will not be able to get support to do.
 - c. Thirdly, they know what kinds of messages and materials are needed for different types of audiences. For example, TAG may desire data, charts, and statistics; CDC/J1/G1s may want to see a logic diagram or flow chart ('a' leads to 'b' leads to 'c'); and commanders may need something else entirely.
 - d. With discrete knowledge of this sphere of influence, the PC demonstrates a clear sequence or series of activities that shows both that they made efforts to go through alternate routes of (informal) influence and that they succeeded in these efforts. A core personal quality underlying all these efforts is a proactive and demonstrated desire to be helpful ("How can I help? When? I'm on it"). Alternate routes of influence include but are not limited to promotional efforts at a senior leader's conference, an informational paper that was sent to senior leader(s), some method of getting information into a TAG meeting, leveraging the MOU/MOA from the TAG through some coordination between NGB and the State, or any and all alliances within the state that results in any of the following: some request to learn more about the program, an arranged meeting with a positive intermediary who has the ear of key senior leadership, a meeting to present on some occasion where an influential leader will be present, or a formal inquiry to the NGB or other PTO program affiliate to receive further information about the program. Essentially, the PC needs to demonstrate that they continue to find methods for moving within their sphere of influence to promote the program and—as a result—they promoted the program.
- 4. Creating New Alliances, Affiliations and Advocates.** The promotional efforts of the PC extend to initiating new leadership alliances within the military and community. This likely will entail some social activity and an outgoing quality in the PC, a willingness to meet new people, and a good deal of energy and enthusiasm.
- 5. Development/Refinement of Marketing Strategy.** The PC is expected to continually work on a document that represents a marketing strategy; from initial draft of a 6-month plan, to a documented "progress update" of fulfillment of milestones with that initial plan, to an annual review of the marketing strategy. The PC is expected to contact the NGB to receive any technical assistance for developing, refining, and updating this marketing strategy.

NOTE ON PROGRAM MARKETING:

It should be emphasized that program marketing is a long-term process. The scoring system and the 5-levels of the scoring system for this PTO component are designed to help PCs think through the specific steps required to market effectively and to develop a strategy that they can keep pace with over the long-term. The importance of the written marketing plan cannot be emphasized enough. Should there be turnover or changes in the PC position, it is essential that the incoming PC have a living document to help orient them to the marketing strategy so that they can pick up where the previous PC left off.

SCORING FOR CORE COMPONENT THREE:

SCORE	PROGRAM MARKETING & LEADERSHIP BUY-IN (WEIGHTING OF 10 POINTS)
2	<p>The PC provides documentation of effort in AT LEAST THREE of the following areas:</p> <ol style="list-style-type: none"> (1) Develop Program Marketing Tools: Any two of the following that specifically announce the PTO and its resources: (1) a well-crafted newsletter; (2) a web-site; or (3) posters, brochures, and help cards. (2) Briefing: A PowerPoint or other presentation document ready for delivery to allies (e.g., CDC) and TAG (3) Relationship Building: Initial conversation with <u>EACH</u> of the following to align and coordinate PTO with their efforts (1) CDC/J1/G1; (2) military service liaison (e.g., family advocacy); and (3) civilian service liaison (e.g., treatment center). Document should detail topic covered in these meetings and follow-up plans. (4) Community Support Activity: A minimum of 4 hours spent interacting with military or civilian groups for the purpose of supporting their own outreach, prevention, or service efforts. (5) A Written Marketing Strategy: A document that lists specific activities to take place over the next 6 months.
4	<p>The PC meets the following Criteria:</p> <ol style="list-style-type: none"> (1) All of Above: The PC provides documentation of effort in <u>ALL OF THE AREAS</u> listed above, including evidence of (1) marketing tools, (2) a briefing, (3) relationship building, (4) community support activity, and (5) a WELL-WRITTEN Marketing Strategy. (2) Resource List: A comprehensive list of civilian/community organizations located throughout the State that are willing to help soldiers and airmen (3) TAG Commitment: A Signed MOU from the TAG (4) CDC Coordination: Initial efforts made to work with the CDC to market directly to soldiers/airmen/families.
6	<p>The PC provides evidence that they have MET ABOVE CRITERIA AND FOUR OF (2) through (6) BELOW:</p> <ol style="list-style-type: none"> (1) All of Above: met ALL of the criteria from Above (Score 1) and (Score 2); AND 4 of the 5 below (2) Greater Teamwork with CDC: have completed <u>TWO</u> of the following: <ul style="list-style-type: none"> • Co-developed and/or presented with the CDC on a shared prevention strategy to the TAG • Worked with CDC to share NGB resources in a prudent and reasonable manner • Consulted with NGB to ascertain strategies that will help the PC support the CDC (3) TAG Endorsement: Some form of documented PTO (e.g., letter announcing program) shared with others (4) Actual Placement: Placement (of clear visibility) of PTO Materials <u>in at least 10%</u> of units throughout the state (5) Presented Material to Internal (Military) and External Agencies: Both face-to-face presence at meetings and mail-outs introducing PTO to state agencies on Resource List (see above) (6) Documented Progress on Strategy: Self-assessed written review of Marketing Strategy showing initial completion of milestones

SCORING MATRIX CONTINUES ON NEXT PAGE

SCORE	PROGRAM MARKETING & LEADERSHIP BUY-IN (WEIGHTING OF 10 POINTS) <i>CONTINUED</i>
8	<p>The PC provides evidence for ALL the criteria above and demonstrates outcomes in each of the following areas:</p> <ul style="list-style-type: none"> • Receipt of 2 or more written requests from Unit Commanders to conduct prevention • Request by TAG and/or other NG leaders to conduct a briefing (e.g., ADIC) • Demonstrated buy-in from MACOM and CDR through letters, requests to brief, or other visible show of support (e.g., testimonials) • Request by 2 or more community agencies to conduct a briefing or a PTO overview • Placement (of clear visibility) of PTO materials <u>in at least 25%</u> of Units throughout the state
10	<p>The PC provides evidence regarding ALL preceding score levels (1 to 4) along with a thorough WRITTEN review of the marketing strategy; highlighting (a) <u>Accomplishments</u> (b) <u>Opportunities</u> and (c) <u>Future Plans</u> in these areas:</p> <ol style="list-style-type: none"> (1) Placement of Program Marketing Materials and Response to those materials (report number placed, units reached, allies and agencies reached—along with description of how targets responded); (2) Briefing Delivered (Internal/Military) (report number of briefings, who presided, who was present, number reached, and reactions to the briefings); (3) Sphere of Influence Report (document how cooperated with others to spread the word about the PTO in 4 key areas: (1) to Units; (2) Leaders/Commanders; (3) Internal Service Providers; (4) Community Agencies; (4) New Alliances, Affiliations, Advocates (document how you have shown energy in creating new alliances)

CORE COMPONENT FOUR: ACCESS TO RESOURCES, TOOLS AND SERVICES

DESCRIPTION

PCs are expected to identify, develop and maintain a list of resources and services available to service members both internally, within the National Guard, and externally, at the local, community and state level. All current PTO states have received a local, state and national resource manual during orientation to assist them in identifying and collecting resources and information on available services. Familiarity with this manual is the first of many steps involved in both identifying and assembling resources.

IDENTIFYING RESOURCES

Using their State and National Resource manual as a starting point, PC's assemble a comprehensive grouping of internal and external national, regional, and state resources that address such issues as the following:

- (1) Mental Health/Substance Abuse Counseling and Treatment (for substance abuse, depression, PTSD, anger, gambling, domestic abuse for the service member and family);
- (2) Job/Finances: Employment; Financial/credit counseling, small business support;
- (3) Health Care (including Emergency/Crisis Assistance)
- (4) Education – GED, literacy, post secondary education
- (5) Family support, Youth services/activities;
- (6) Other/Recovery Support Services (Housing; Transportation; Faith-based)
- (7) Support groups;
- (8) Guard Services (e.g., Family Readiness, Chaplain, Yellow Ribbon)
- (9) Legal/Law Enforcement
- (10) Red Cross, Special Needs, Volunteer Services, United Way

RESEARCH AND ASSEMBLE

The PC researches each of the internal and external key resources/service providers in the grouping to determine exactly what resources they offer, their target audience for the resources, the geographic area they serve, eligibility requirements, limits, if any, to how much or how long they provide resources, and basic contact information (name, address, telephone, e-mail, website, etc). The PC requests, downloads or links to brochures and other information offered by the resource for easy access. If necessary, the PC adjusts the original list to add or remove resources that do not apply.

UPDATE AND REVISE AND SUSTAIN

The PC continues to research resources as they become known to him/her to determine appropriateness for service member/family needs. The PC also reviews the list annually to update information. Finally, the PC may be expected to make efforts to work with identified resources to determine the availability of tools and services at a sliding scale or no cost to the service members for the primary purpose of accessing resources.

EXPECTED PERFORMANCE GOAL FOR ACCESS TO RESOURCES/SERVICES

DESCRIPTION

The core performance competency revolves around the resource list that is available to the PC (through some manual or web-based format), their working knowledge of this list, and – most importantly – ***their ability to provide on-the-spot or ready information as to the status of any particular resource*** (Who, What, When, How). It is not expected that the PC be a “walking encyclopedia” of resources. However, an up-to-date and thorough knowledge will be very useful for all of the other components of the PTO program, especially the prevention coordinator, partnerships, and social marketing.

NOTE ON DIFFERENTIATION FROM COMPONENT 3 (Program Marketing):

Whereas ***Program Marketing*** requires creating a resource list in order to make contact with potential markets, ***Access to Resources*** requires a solid working knowledge of resources for purposes of future referrals.

NOTE ON SEEKING ADDITIONAL FUNDING:

The PC should be prepared to access additional funding from outside the NGB—for example, through Single State Authorities (SSA), Department of Education, Community Block Grants, Voucher programs, Red Cross, and Access to Recovery (ATR) grants. The PC should be proactive in seeking technical assistance from the NGB to help access these additional financial resources to support their local PTO efforts.

SCORING FOR CORE COMPONENT FOUR:

SCORE	ACCESS TO RESOURCES (WEIGHTING OF 5 POINTS)
1	<p>The PC assembles and shows easy access to a full spectrum list of resources as outlined in ALL the ten (10) categories described above, to include: (1) Mental Health/Substance Abuse Counseling and Treatment; (2) Job/Finances; (3) Health Care (including Emergency/Crisis Assistance); (4) Education – GED, literacy, post secondary education; (5) Family support, Youth services/activities;(6) Other/Recovery Support Services; (7) Support groups;(8) Guard Services (e.g., Family Readiness, Chaplain);(9) Legal/Law Enforcement;(10) Other: Red Cross, Special Needs, Volunteer Services, United Way</p> <p>The PC may be interviewed in an unscheduled phone call from a state or State NG service agency, the NGB, a guard member, or a commander. In this unscheduled call, the PC should demonstrate ALL the following behaviors:</p> <ol style="list-style-type: none"> (1) RESOURCE LIST: The resource list is catalogued, quickly accessible, and is available in electronic format should it be required in a quick e-mail and upon request. (2) PROPS/MATERIALS: All props/materials (e.g., brochures, sign-in rosters, yellow ribbon materials, help cards, pamphlets, posters, prevention tools) appropriate to the callers needs are (a) identified, and (b) can be quickly ordered with specified order amounts (3) STATE TREATMENT AGENCIES: All treatment resources and services in the state are identified
2	<p>The PC meets ALL the criteria above and, in addition, provides proof of EACH of the following:</p> <ol style="list-style-type: none"> (1) Conducted Research via Agency Contact (5 of 10 categories): The PC actively investigates and obtains detailed resource information—through phone calls, e-mails, mail correspondence—from BOTH internal/military AND external/community agencies on at least five (5) of the 10 resource categories (2) Demonstrated Organizational Plan: The PC has drafted a <u>written plan or flow-chart</u> for organizing all resources as the basis for developing a referral procedure; this plan may provide the basis for organizing a state-wide website that lists resources for guard members
3	<p>The PC meets ALL the criteria above and, in addition, provides proof of EACH of the following:</p> <ol style="list-style-type: none"> (1) Conducted Research via Agency Contact (all 10 categories) as above (2) Demonstrated Back-Up Funding Plan: The PC has drafted a <u>written plan for securing additional funds</u> (beyond NGB support) to support continued or broader access to resources (e.g., Access to Recovery Grants; collaborating with other agencies to secure grant funding; local service delivery grants)
4	<p>The PC meets <u>ALL</u> the criteria above and, in addition, shows efforts for <u>AT LEAST TWO</u> of the following. These become the basis for a public website that shows guard members ways in which to get help.</p> <ul style="list-style-type: none"> • BASIC NEEDS ASSESSMENT: Assessments, Surveys (e.g., URI), AARs, and/or needs assessments to determine further or future needs from leaders, soldiers, and airmen to help improve access to services • QUALITY ASSESSMENTS: Assessments that provide information on any of the following: (a) ways to improve self-referral processes, (b) ways to improve approachability of PTO or other military resources, and/or (c) ways to improve the overall ability of the Guard to increase accessibility of substance abuse/mental health resources • FUTURE PLANS: Demonstrated <u>plan for any</u> of the following: (a) a standardized referral procedure, (b) a CDR FAQ handbook, (c) a newsletter or newsletter announcement that gives detailed information on access to resources along with a highlight or case study designed to destigmatize help-seeking, <u>OR</u> (d) template for individualize assistance plans that lists resource categories, plans for accessing, and the Who?, What? and Where?

SCORING MATRIX CONTINUES ON NEXT PAGE

SCORE	ACCESS TO RESOURCES (WEIGHTING OF 5 POINTS) <i>CONTINUED</i>
5	<p>The PC provides evidence regarding ALL preceding score levels (1 to 4) along with EACH of the following:</p> <ol style="list-style-type: none"> (1) Template for Individualized Assistance Plans (2) Public Website that provides quality information on all 10 resource categories along with resource links and CDR/Unit tools (e.g., counseling forms, self-referral checklists, health risk appraisals) (3) Agreements in place (via MOU) from CDC giving access to CD resources (including partnerships with DDR program) (4) Demonstration, upon interview, that the PC has become a subject matter expert (SME) in their state regarding access to resources across the state, including WHO to speak to at each agency, HOW to reach those individuals, and EXPECTATIONS about when resource can be accessed. The PC should have an accurate sense of quality, availability, and usefulness of these resources

SECTION TWO: PTO MANAGING COMPONENTS

CORE COMPONENTS 5 THROUGH 8

- 5. Referral Process**
- 6. Partnership and Collaborations**
- 7. Fiscal Management of Fenced/Restricted Funds**
- 8. Social Marketing**

CORE COMPONENT FIVE: REFERRAL PROCESS

DESCRIPTION

Prevention Coordinators must develop a referral process (a flow chart or system) for service members seeking help that utilizes both internal and external resources. PCs must build a referral process to effectively utilize resources and achieve the PTO program mission: to funnel services to guard members that they may not otherwise receive. This is facilitated by the PC through the following:

- a. developing excellent working relationships with both internal and external resources and services; and
- b. having a ready method to get help for service members and their families in a timely fashion.

Ultimately, this system contributes to service member readiness, safety, and retention. This component builds upon the previous component (Access to Resources and Service, a comprehensive list of resources and services). But further, it involves building a referral process that will open the door to services for service members and their families. An effective referral process lays the foundation for the subsequent competency: long-standing partnerships that leverage new resources and positive change for service members and their families.

DUE DILIGENCE IN FOLLOW-UP CONTACT INTERNAL AND EXTERNAL RESOURCES

The PC contacts internal and external key resources/service providers in the group of resources assembled under the previous component. During these conversations, the PC's mission is to determine how best to link service members to the service/resource. This includes the following seven steps, each of which should be compliant with legal/military standards and policies:

1. The PC identifies personnel (in the service agency) who are key to the referral process (e.g., intake personnel, counselors, etc.)
2. The PC identifies referral or access protocols (from the service agency) so that the PC can facilitate appropriate referral
3. The PC learns key terms used in referral process (for specific agencies)
4. The PC learns about the various service agencies' facilities and services
5. The PC understands agency information sharing and confidentiality guidelines, if applicable
6. The PC determines discharge or follow-up procedures
7. The PC organizes all the above information into a document for internal use

CREATE REFERRAL PROCESS (BUILD THE COMPASS)

Based on what the PC hears from both internal and external resources and service providers as well as what they know about the internal needs of the Guard, the PC creates a referral process that allows for ease of access to services for the service member, meets the needs of the resource/service provider, is simple and straightforward for the referral source and easy for the PC to document. This process should address a majority of the following six elements:

- **A referral protocol document** and process that encourages all known referrals to be routed through the PC – this document and practice will ensure that the PC is able to refer the service member or family member to well-researched resources, to track the referral and to do appropriate follow up
- **A referral questionnaire** along with written step-by-step instructions for referral – these documents should be given to all potential internal referral sources and kept by the PC to ask appropriate questions when referrals come from family members or other external sources

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- **A referral form** that is sent to the service provider – establishes frequency of contact regarding service member status, includes releases for information from service members where appropriate, and documentation needed on discharge from services
 - **Informational handouts/assistance packets** – to be given to service members and/or family members (example: “Signs of Not Coping Well” from Team Readiness curriculum) or command (example: suggestions to help reintegrate service member back into unit, stages of change, self assessment tools).
 - **An internal protocol document** regarding follow-up with service member during and after initial referral
 - Once the referral process is developed, the PC monitors the process to insure that it is working as intended and refines it as necessary.

REFER (REFERRAL SKILLS)

These skills pertain to three related abilities:

- 1) the ability to actively listen, show concern, and – through communication skills -- engender trust in the service member;
- 2) the ability to weigh the information given and subsequently convey accurate information about the different (or most appropriate) referral source; and
- 3) the ability to actively make the referral either by (a) providing the contact information to the service member, (b) actively contacting the referral resource on behalf of the service member, and/or (c) utilizing some other arrangement to follow-up with the service member and/or the referral agency to insure that contact was made and service delivery had begun.

In many cases, and depending upon the nature and severity of the prompting problem, the PC may never know whether the referral resulted in any contact. This is a latter step (referral tracking) and a separate skill. However, data collected during the actual referral scenario will be critical to have for ensuring some way of evaluating any subsequent activity or success.

EXPECTED PERFORMANCE GOALS FOR REFERRAL PROCESS

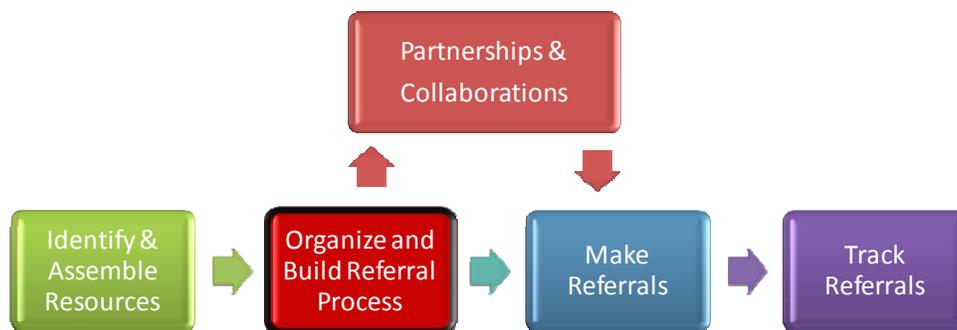
1. **Demonstrate the ability to weigh and convey accurate referral information.** PCs should weigh the information given and subsequently convey accurate information about the different (or most appropriate) referral by (a) providing the contact information to the service member or (b) actively contacting the referral resource on behalf of the service member.
2. **Due Diligence in Following-Up with Internal Contacts and External Resources.** PCs show evidence that they have done more than just identified and assembled various resources but have also obtained intimate and in-depth working knowledge of specific agencies and resources. This includes a close relationship with Family Readiness Group (FRG) for drug-related referrals to the PC.
3. **Create Referral Process (Build the Compass).** Competent PCs create a system (a flow-chart, a decision diagram, a compass, some visual mechanism) that distinguishes the steps they should follow when presented with a service member seeking help. These steps would include utilization of different referral documents as described above under Step 2 (referral

questionnaire, referral forms, and informational handouts). These steps would also be sensitive to the following factors:

- SOPs that dictate how referrals should be made following a positive drug test; the PC recognizes that certain policy guidelines must be adhered to within certain referral tracks.
- SOPs that dictate how referrals should be made following the discovery of a mental health or substance use problem. For example, the PC should be aware of how to handle DWIs, or disclosure by one guard member about problems with a fellow member. They should also be sensitive to a diagnosis of MH disorder such as PTSD, expressions of violence, problems with family.
- Differences for guard members who may have existing benefits through their current employer and place of employment; the PC recognizes that different resources are available depending upon the type and length of employment.
- Differences depending upon region and locale within the state (such as rural versus urban resource access, community differences); the PC recognizes that access varies according to these parameters.
- Differences depending upon the guard members own preferences (e.g., church/religious affiliation; associations within their specific minority groups); the PC recognizes that how they approach the referral may vary greatly depending upon personal inclinations.
- Differences based on culture, race, ethnicity, and gender.
- Differences based on VA versus civilian care, depending on veteran status and M-Day/Traditional service member status.

NOTE ON DIFFERENTIATION FROM COMPONENT 4 (Access to Resources) and COMPONENT 11 (Referral Tracking):

Access to Resources requires knowledge of resources for purposes of future referrals; it refers to the potential to make a referral. In contrast, **Referral Process** refers to the actual (1) organization and building of the referral process and (2) actually making the referral. As a later step, the PC tracks the progress and outcome of the referral process, through **Referral Tracking**, which pertains to the result of the referral process. These 3 components are distinct from each other, in that they refer to the potential, the actual, and the result of the referral process. The diagram below is provided to help further clarify. It also shows the role of **Partnerships and Collaborations** (Component 6) as an aid to building the referral process, since other agencies are where guard members are referred to.



SCORING FOR CORE COMPONENT FIVE:

SCORE	REFERRAL PROCESS (WEIGHTING OF 10 POINTS)
2	<p>The PC develops an <u>initial draft</u> written (text) document that delineates the referral process. The document is IAW applicable to service regulations (e.g., AR 600-85, AFI 44-121, etc.) and shows steps in the referral process that meet legal standards. The initial draft should contain information regarding at least four (4) specific referral resources; 2 internal to the military/guard and 2 external to community/state agencies. The document should meet the following criteria:</p> <ol style="list-style-type: none"> 1. Describe a through process that takes the soldier/airman from problem identification to resolution of the problem. 2. Define clear steps in the process such that the PC can effectively convey the entire process of referral to others. 3. Delineates a method showing the PC knows how to best link service members to the four services/resources. 4. Upon interview about the document, the PC demonstrates that he/she has conducted due diligence following the seven (7) elements described above under “Due Diligence in Follow-Up Contact Internal and External Resources.”
4	<p>The PC meets the criteria above and, in addition, provides proof of <u>EACH</u> of the following:</p> <ol style="list-style-type: none"> 1. To complement the written document, the PC provides an <u>initial draft</u> visual display of a flow-chart, decision diagram, or compass, that distinguishes the steps they should follow when presented with a service member seeking help. 2. The PC provides one of the following; for full description see “Create Referral Process (Build the Compass)” above. <ol style="list-style-type: none"> a. A referral protocol document to help track the referral and to do appropriate follow up b. A referral questionnaire for internal referral sources; used by the PC to ask questions when referrals come in c. A referral form sent to the service provider, for coding frequency of contact and other documentation d. An internal protocol document regarding follow-up with service member during and after initial referral 3. <u>Upon interview about the document</u>, the PC demonstrates knowledge of <u>EACH</u> of the following referral processes: (1) following positive drug-test; (2) following self-referral; (3) following commander/leader directed; (4) following a peer/fellow guard member’s expression of concern; (5) following a guard members expression of concern about a family member; and (6) following a family member’s expression of concern about a guard member.

SCORING MATRIX CONTINUES ON NEXT PAGE

SCORE	REFERRAL PROCESS (WEIGHTING OF 10 POINTS) <i>CONTINUED</i>
6	<p><u>Following interview</u>, the PC has met above criteria for a Score of '1' and '2' and has fully developed <u>EACH</u> of the following:</p> <ol style="list-style-type: none"> (1) A well-written document that delineates the referral process, (2) A well-designed visual display that distinguishes the steps to follow for a referral process, and (3) Inclusion of supplemental forms (protocols for tracking, questionnaires, referral forms, and internal follow-up protocols). <p>The following elements are given consideration when ratings are made of these documents, displays, and forms:</p> <ol style="list-style-type: none"> 1. Positive ratings depend upon the reader's ability to use the documents to explain the referral process to anyone in the guard, without the assistance or verbal explanation of the PC who developed the documents. In other words, the documents should "speak for themselves" in effectively conveying the referral process. 2. The documents incorporate limited use and other policies/ground-rules as defined by the state and the JAG, AR 600-86, AFI 44-121. 3. As a whole, the documents convey a general understanding or a generic <u>referral process</u> for all types of agencies (refer to the list of 10 different agencies provided in the description of Component 4- Access to Resources)
8	<p>If criteria (1) (2) and (3) are met, the PC will be presented with two or more case studies of a presenting problem and will demonstrate the ability to meet the <u>THREE</u> criteria listed under "Expected Performance Goals for Referral Process."</p> <ol style="list-style-type: none"> 1. Demonstrate the ability to weigh and convey accurate referral information. 2. Due Diligence in Following-Up with Internal Contacts and External Resources. 3. Create Referral Process (Build the Compass) <p>In addition, the PC is able to show plans for completing at least one (1) of the four (4) outcomes listed below in 5</p>
10	<p>The PC has met all the above criteria for a score of '4' and in addition provides documented evidence of <u>at least two</u> of the following FOUR outcomes:</p> <ol style="list-style-type: none"> 1. The CDR and 1SG have been provided with the aforementioned tools (documents, displays, and supplemental forms) such that they can handle the referral process on their own 2. A system has been set-up and promoted so that SMs have been informed of the referral process and related policies either through a workshop, web-based training, or other information session that is supported by the JAG and command 3. The PC creates a data-base that includes the ability to track referrals using the various documents and forms 4. The PC can show evidence that the referral process has achieved outcomes in at least 5 different units across the state.

CORE COMPONENT SIX: PARTNERSHIPS AND COLLABORATIONS

DESCRIPTION

The development of partnerships and collaborative relationships is one of the most significant aspects in organizing and sustaining a successful PTO Program. PCs have been tasked to develop collaborative relationships, bring together diverse groups, state and community organizations who recognize the importance of the PTO Program, and build and expand partnerships for leveraging resources, building alliances, strengthening the process, and achieving meaningful change. There are three reasons why partnering is a critical component in any state-level PTO program:

1. PTO program outreach to guard members can be extended through partnerships;
2. The PTO program has inherent limitations that partners can make up for; and
3. Guard members and their families are significant contributors to local communities and – as citizen/members in those communities – they are eligible for resources that (a) they may not otherwise know about, and (b) that partner agencies may recognize as a need before the PC does.

EXPECTED SKILLS AND ABILITIES

Specific skills and competencies are necessary whereby the PC utilizes partnerships to extend the PTO, access supplemental resources, and leverage the conduit partnerships provide.

1. The PC actively searches for internal councils (e.g., ADIC) or external councils that meet regularly and distributes information and determines if there are potential partnerships that would benefit the PTO program
2. The PC demonstrates a creative understanding of many different types of potential exchanges that may be made. Here, the PC develops collaborative relationships in which in-kind and financial resources may be leveraged. Examples of in-kind resources include resources for those on limited income, or working together as a group to access specific resource (e.g., apply for a foundational grant together). Financial resources include setting up a sliding scale payment structure for NG families, using set aside monies for NG from SSA – block grant and/or ATR resources.
3. The PC demonstrates a proactive and strategic mindset about the landscape of partners throughout the state. This is shown through either an informational paper or strategic plan that includes specific answers to the following (or similar) questions, along with time-lines, milestones, and critical success factors to be established:
 - b. How did I develop the relationship?
 - c. What was the short-terms and long-term objective of the relationship?
 - d. How did I plan for the relationship to benefit the Guard?
 - e. How did I plan for the Guard to benefit the agency?
 - f. How did I go about identifying the key individuals within the agency?
 - g. What steps did I take to establish an effective line of communication with the key individuals?
 - h. What meetings, events, or community linkages did I leverage to establish relationship and extend myself to the agency?

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- i. Of all the agencies coordinated, which ones did I establish the most connection with? Were these the most critical? What did I learn from the relationship building (networking) that helped me extend my partnership reach?
 - j. How did I overcome barriers?
 - k. At what point did I revise my plan? Why? With what effect?
 4. The PC continues to strategize. After relationships with resources and/or key statewide and community leaders are established and certain comfort level and trust is established, the PC determines where future and new opportunities exist that would further accomplish some key objectives of the PTO Program as well as those of potential partner(s). (Examples: sliding scales or full funding for treatment; training; job placement; policy change that benefits service members, etc.). With some history and previous collaborations established, the PC embeds him or herself within the specific sphere of influence through very specific actions that strengthen the PTO Program and the mutual benefit of the partnership.
 5. The PC works with NGB to establish operational criteria. To this end, the PC may seek support from NGB, regional leads, or NG consultant (s) to do any of the following:
 - a. Prepare a strategy document that integrates elements from the three (3) above-listed objectives and five (5) elements and then brief NGB and state leadership on the plan, seeking input for refinement and clarity
 - b. Actively and formally propose to potential partners and report the outcome of that proposal back to NGB and the state leadership
 - c. Engage in collaborations and partnerships and provide documentation of (a) meetings attended, (b) role in meetings, (c) service agreements, and (d) ways in which guard members were served as a result of the collaboration
 - d. Track Progress and outcomes to determine if the PTO Program objectives were met or enhanced.

EXPECTED PERFORMANCE GOALS FOR PARTNERSHIPS AND COLLABORATIONS

1. **PC extends the PTO program through partnerships.** PCs utilize skills (1) (2) (3) and (4) above. They search for partners, identify potential exchanges with partners, set up reciprocal agreements, and continue to be proactive and strategic in their partnerships and collaborations.
2. **PC obtains supplements from partners for resource limitations in the PTO program.** PCs utilize at least two (2) of the five skills listed and document how supplements (information resources, brochures) from partnerships helped the PTO Program.
3. **PCs Stay Informed and Leverage the Information Provided by Partnerships.** With the development of partnerships and collaborations, the PC utilizes partners as a means for receiving information about progress, and provides continued and refined services in response to newly identified needs.

NOTE ON DIFFERENTIATION FROM COMPONENT 3 (Program Marketing):

The core difference between Program Marketing and Partnerships and Collaborations is that the latter shows evidence of truly collaborative, give-and-take, mutually beneficial relationships between the PTO and other agencies. While program marketing focuses on unilateral efforts and attempts by the PC to raise awareness of the PTO mission and resources, collaborations pertain more to building relationships, utilizing information from those relationships to help the PTO, and coordinating efforts for events, campaigns, and strategies to support guard members and their families.

SCORING FOR CORE COMPONENT SIX:

SCORE	PARTNERSHIPS AND COLLABORATIONS (WEIGHTING OF 10 POINTS)
2	<p>The PC provides evidence that they have met <u>in person</u> with <u>ONE</u> individual from <u>EACH</u> of the following four categories, to BOTH explain the PTO mission and also to learn how the PTO can support the partner:</p> <ol style="list-style-type: none"> 1. <u>Administrative</u>: Enlisting the Support of—for example—either JAG, J1 (e.g., administrative support), OR J6 (e.g., website programming) 2. <u>Internal Support Alignments</u>: Enlisting the Support of—for example—Family Support, Family Readiness, Chaplaincy, ADIC, Safety, Yellow Ribbon promoters, ESGR, TAP, etc. 3. <u>Other Internal/Military</u>: Enlisting the Support of—for example—DDR, CDRs, CBOs, 1SG, NCOs, etc. 4. <u>External State-Level Support Alignments</u>: Enlisting the Support of—for example—state mental health, state drug enforcement, community and state coalitions, non-profit substance abuse and mental health agencies <p>Evidence of meeting should detail individual met with, meeting notes, agenda of meeting, reports cited or discussed in the meeting, and—most importantly—follow-up plans that show an effort at collaboration and partnership, beyond just awareness raising for the PTO (ideally time set for next meeting and objectives of next meeting)</p>
4	<p>The PC provides evidence that they have met <u>in person</u> with <u>TWO</u> independent individuals from the four categories listed above in ‘1’ and have either: (1) developed memorandum of agreements for external agencies, <u>OR</u> (2) determined and planned for ways to collaborate in which in-kind and financial resources may be leveraged. In addition, the PC presents a brief report to NGB showing they have demonstrated <u>ONE</u> of the following core partnering skills (see descriptions above):</p> <ol style="list-style-type: none"> 1. The PC <u>actively searches for internal councils</u>, <u>OR</u> 2. The PC <u>demonstrates a creative understanding</u> of many different types of potential exchanges that may be made, <u>OR</u> 3. The PC <u>demonstrates a proactive and strategic mindset</u> about the landscape of partners throughout the state. This is shown through either an informational paper or strategic plan that includes specific answers to the questions listed above (3a through 3k), along with time-lines, milestones, and critical success factors to be established:
6	<p>The PC provides evidence that they have met criteria for a score of ‘1’ and ‘2’ above <u>AND</u> also provides evidence that they have completed ALL of the following:</p> <ol style="list-style-type: none"> 1. Evidence that the PC has demonstrated ALL three (3) of the core partnering skills listed above under a score of ‘2’ 2. A written plan for collaboration with at least one internal and one external agency; the plan must be co-signed or show evidence that it was co-written by a representative from the other agency 3. A plan for co-delivering a training or direct service activity for pre- or post-deployment that incorporates material from a resource outside PTO (e.g., CALL material—Center for Army Lessons Learned). 4. Regarding 3, the PC should seek support from NGB, regional leads, or NG consultant (s) to do ANY of the following: <ol style="list-style-type: none"> a. Actively and formally propose to potential partners and report the outcome of that proposal back to NGB and the state leadership b. Engage in collaborations and provide documentation of (a) meetings attended, (b) role in meetings, (c) service agreements, and (d) ways in which guard members were served as a result of the collaboration c. Track Progress and outcomes to determine if the PTO Program objectives were met or enhanced.

SCORING MATRIX CONTINUES ON NEXT PAGE

SCORE	PARTNERSHIPS AND COLLABORATIONS (WEIGHTING OF 10 POINTS) <i>CONTINUED</i>
8	<p>The PC provides evidence that they have met criteria for a score of '3' and have actively demonstrated results that they <u>have fostered a mission enhancing relationship</u> with individuals and agencies from ALL of the ABOVE four categories listed under Score '1' above (administrative, internal supports, other military, and external supports). Specifically, as a <u>result of mutual and collaborative activities</u> described above, the PC provides evidence that the following has occurred:</p> <ol style="list-style-type: none"> 1. Guard members and their families received no cost services that they would have otherwise likely not have received 2. The collaborator facilitated the PC presenting PTO mission & resources to substance abuse and mental health agencies across the state; these meetings would otherwise not have been possible without collaboration 3. The PTO has contributed to enhanced service delivery—through internal and external agencies—to guard members
10	<p>The PC provides evidence that they have met all the above criteria (Score of '4') <u>AND</u> show evidence for either (1) or (2):</p> <ol style="list-style-type: none"> 1. Through partnerships they outreach to guard members 'on demand.' That is, <u>at least three</u> agencies and groups (e.g., ADIC) seek out the PC as a partner in the development, design, and implementation of service delivery programs. 2. Through partnerships they implement a meeting, workshop, or event that brings national level partnerships to the state and to guard members (e.g., using SAMHSA, CADCA, the CAPT, ACSAP, EAP providers, or other national-level agency that addresses civilian and military needs for mental health and substance abuse services)

CORE COMPONENT SEVEN: FISCAL MANAGEMENT OF FENCED/RESTRICTED FUNDS

DESCRIPTION

It is essential that monies designated for PC expenses and PTO Program activities are actually utilized for these purposes. The Prevention Coordinator's (PC) responsibility is therefore clear: use funds as necessary to do the most good across all components of the PTO strategy and within written guidelines. Fiscal integrity requires a basic understanding of accounting procedures and a thorough awareness of which expenditures are and are not appropriate.

It is important to remember that PCs should be responsible for:

- **tracking their own use of funds and travel expenses;**
- **knowledge of budget procedures, processes and expenditures;**
- **awareness of purpose violations (the do's and don'ts); and**
- **working closely with their budget person to receive ongoing updates on PTO budget and request UFRs (Unfunded Requests) when additional funds are needed.**

EXPECTED PERFORMANCE GOALS FOR FISCAL MANAGEMENT OF FENCED/RESTRICTED FUNDS

Listed below are three (3) subcomponents. Each component is followed by a description of the assessment methodology used to determine the degree of competency with the component.

- 1. PC demonstrates knowledge of fiscal policy and procedure.** PCs must demonstrate awareness of fiscal policy and protocol concerning appropriate use of PTO Program funds. Given a set of (for example, 5) open-ended questions concerning appropriate use of funds, purpose violations, budget procedures, accounting processes, and expenditure tracking, the PC should be able to answer all of them correctly.
- 2. PC develops a budget strategy.** PCs are encouraged to develop a written plan for expenditures in two areas: (1) Pay and Allowances (P & A); and (2) Operation and Maintenance (O & M), with the latter funds designated to meet education delivery, social marketing and outreach needs. Part of O & M expenditure includes knowledge and skill with Government Purchase Credit Card (GPC). The planning document would outline allocation and purpose of all funds, expected travel and education expenses, and all marketing costs. Regarding budget, the PC recognizes that the PTO Program has multiple components and the budget should strive to balance resources across components. Accordingly, the PC would work closely with their budget person to develop a plan to support these components. A well-developed plan would justify each budget item and show how the item aligns with (a) the overall PTO action plan, and (b) the other eleven components outlined in this guidance/scoring document.
- 3. PC tracks the use of PTO program funds.** PCs should create and update a personal tracking sheet for the PC's own expenses and use of funds. This tracking sheet should be clearly understandable, require little interpretation by others, and show dates along with expenditures for specific line items. In this effort, PCs are responsible for obtaining ongoing updates on PTO program budget and request UFR (Unfunded Requests) from their budget person/office.

Note. A key element of this component is the "Target Letter." This is the actual request for monies to be spent in the next fiscal year to support the state PTO program. The Target Letter includes P&A, and O&M (including travel).

SCORING FOR CORE COMPONENT SEVEN:

SCORE	FISCAL MANAGEMENT (WEIGHTING OF 5 POINTS)
2	<p>The PC should be prepared to answer the following questions and provide documentation to support their answers. The PC is rated on how well they can answer the questions in a straight forward manner while showing sound knowledge of their state’s PTO funds (both P&A and O&M). A score of “1” occurs for the PC who can answer any FOUR (4) of the below in this manner. A written report will be required with the following attachments: (1) initial budget; and (2) updated tracking of expenses by category. The written portion of the report should be no longer then two (2) pages in length.</p> <ol style="list-style-type: none"> 1. Are the funds that you (the PC) have been using been shown to, or overseen by, a higher fiscal authority (e.g., finance officer; budget NCO; JSAPC)? <i>Give details on meetings and personnel involved.</i> 2. How often are you monitoring your budget? <i>Present detailed spreadsheets with dates and updates.</i> 3. How are you using the funds to meet specific goals as outlined in your action plan? <i>Provide criteria for each goal and how much budget has been allocated, currently spent, and plans for spending.</i> 4. Please describe your involvement in the execution of funds for the PTO; For example, what decisions have you made for budget expenditures? <i>Give details on meetings and personnel involved.</i> 5. How have you forecasted your budget expenses for each of the four quarters of the current fiscal year? 6. (A) What kind of training have you received in fiscal operations and accountability (e.g., GPC card class, financial manager’s class, fiscal law, CMIS)? (B) How specifically have you used what you learned in each of these trainings? 7. How do you manage and keep track of your travel expenditures? <i>Please describe any system you use.</i> 8. Describe several ways in which funds may be misused and plans you have in place to prevent purpose violations.
3	<p>The PC should be prepared to answer all EIGHT (8) of the questions listed above in a straight forward manner while showing sound knowledge of their state’s PTO funds (both P&A and O&M).. A written report will be required with the following attachments: (1) initial budget; and (2) updated tracking of expenses by category. The written portion itself should be no longer then four (4) pages in length.</p>
4	<p>The PC has met the above criteria and has developed a budget and spending plan that meets the following criteria. This strategic budget document may be requested by NGB at any time.</p> <ol style="list-style-type: none"> 1. A plan for developing and submitting the PC target letter on time. 2. A prioritized purchase list for end of fiscal year spending. 3. Monies are designated to support each of the other 11 Core Components. Each component should be identified along with plans to use monies to support the component (to the best of the PC ability). 4. The plan includes scheduled meetings where the PC interacts with appropriate others in their state with updating financial progress and making decisions about PTO program expenses. 5. The plan is reasonable and prudent such that the PC has a good chance of being able to balance their budget at the end of the year with: (a) 100% expenditure rate; and (b) 0% variance-not having to request money to make up for over-expenditures.
5	<p>At the end of the fiscal year, or upon re-review of the State PTO, The PC shows evidence that they have met the five planning areas as outlined in (4) above. In addition, they show evidence to support the following:</p> <ol style="list-style-type: none"> 1. They have spent funds with fidelity to the original plan, showing only reasonable deviance from the initial plan 2. They produce a spreadsheet documenting expenditures and where deviances occurred a justification for those deviances 3. They provide a written review of their prioritized purchase list with a plan for how this may change for the next year (i.e., a “lessons learned” list).

CORE COMPONENT EIGHT: SOCIAL MARKETING

DESCRIPTION

Program marketing is about promoting the program. Social marketing is about promoting healthy choices. The PC will be expected to develop a social marketing strategy, an implementation plan designed to bring about social change using concepts from commercial marketing. Through social marketing, the PC influences the target audience belief that the benefits they receive will be greater than the costs they incur. Social marketing is more than just having written materials that describe, and are used to advertise, the PTO program. (As one PC remarked “It is not just prevention posters.”) Marketing is a social process, where social norms (ways of doing things) are the target of change. PCs should tailor both command-level and individual-level messages. To tailor each message, PCs must identify each audience’s unique desires, needs, capabilities, and restrictions. What message will best attract individual service men and women? What message will best appeal to command? What message will gain community support? Should these messages be tailored further to speak convincingly to each command level, different Guard units, military/civilian communities, or treatment providers? Additionally, each audience will be best reached by different modes (e.g., brochure vs. brief vs. slide presentation). To maximize the effectiveness of these messages and modes of delivery, NGB encourages PCs to seek knowledge and guidance on best marketing practices. PCs would continuously improve their influence tactics and presentation skills, and encourage advocates of the PTO Program at all levels (military and civilian) to build program momentum. (Note. PCs may wish to use the climate URIs and RURIs to gain useful information that would help them to shape messages for social marketing).

EXPECTED PERFORMANCE GOALS FOR SOCIAL MARKETING

Listed below are three (3) subcomponents. Each component is followed by a description of the assessment methodology that would be used to determine the degree of competency with the component.

- 1. PC develops and produces social marketing strategy.** PCs must identify the PTO mission; create a marketing message; and distribute program materials strategically within the military system, surrounding communities and state bureaucracy.
- 2. PC uses persuasion and leverages influence in different contexts.** When speaking to other individuals about the PTO program (and specific aspects of the program), PCs should tailor the message to specific audiences; prepare and deliver appropriate briefs to influential military, community and state personnel; and make face-to-face contact with command and community leaders, soldiers and airmen, their families, and treatment program providers.
- 3. PC follows-up with motivation/engagement of allied change agents.** Due to its state-level focus, the PTO program requires some alliance with change agents throughout the state. The initiation and building of rapport with these allies occurs through two related PTO Program components (Build Support and Partnership). PCs are encouraged to orient, motivate, and build momentum with change agents at all levels of the military and civilian support systems. Initially, the PC (1) orients and informs the change agent of the PTO mission, (2) specifies how the change agent could help achieve the mission, and (3) tailors the message to the change agent in language, argument and delivery mode. Ratings of this subcomponent focus on how PCs follow up with change agents in an effort to motivate action. For example, a successful referral may talk up the PTO Program to fellow service members or an influential community leader might write a letter to command in support of the PTO. Finally, the PC would build

momentum by shaping the efforts of individual change agents or committees to further the PTO Program agenda.

NOTE ON OUTCOMES: There are several different goals that can be targeted by a social marketing strategy. These include: (a) increased awareness of the problem; (b) positive changes in beliefs or attitudes about the risk behavior; (c) positive reactions to particular messages or campaign elements; (d) increases in targeted behaviors (e.g., increased self-referrals; reductions in positive UAs); (e) movement along stages of change; (f) improved customer satisfaction; and (g) policy changes that enhance the initiative. It is important that the PC keep these evaluation/assessment goals in mind because any evaluation of social marketing requires planning and use of the PTO budget.

NOTE ON DIFFERENTIATION FROM COMPONENT 3 (Program Marketing):

The ultimate goal of Program Marketing and Buy-In occurs when the PC has developed support for the overall PTO initiative. This includes proof for conducting briefings, creating alliances, leadership support for the PTO, and expanding the PCs sphere of influence. In contrast, Social Marketing is ultimately geared to creating positive change in guard member's perceptions of alcohol, drugs, and related processes (e.g., risk, referral, prevention, treatment). Program Marketing and Buy-In is the MEANS or channel through which the PC can achieve the END or outcome of Social Marketing. The former focuses on building capacity and support so that the message of the social marketing campaign effectively gets across to guard members and their families.

SCORING FOR CORE COMPONENT EIGHT:

SCORE	SOCIAL MARKETING (WEIGHTING OF 5 POINTS)
1	<p>The PC meets <u>EACH</u> of the following criteria:</p> <ol style="list-style-type: none"> 1. The PC provides evidence that they have received basic education (3 CEUs) specifically in social marketing methods. The program, course, or workshop should have included review of basic concepts in health communication, social norms, public health, personalizing the message, and diffusion of information. 2. The PC has developed a brief that has reviewed efforts of other successful alcohol or drug social marketing campaigns within their state or region 3. The PC has developed a brief or document that outlines <u>EACH OF</u> the following steps of a social marketing strategy: <ul style="list-style-type: none"> • Identified barriers to effectively market a new social message and ways to overcome those barriers • A method for effectively communicating the mission of the PTO to different groups and constituencies (command, guard members, internal-military and external-civilian allies) • A method for piloting or testing out a new or adapted message (e.g., focus group reactions) • A method for tailoring the message to different groups for different purposes (e.g., how the message is worded differently for unit leaders than for members with less than E-5 status) • A system for organizing the strategy using known social marketing planning forms and template (e.g., SAMHSA/CSAP; • Clear goals and objectives for changing specific target behaviors in target group (e.g., reduce state-wide, alcohol-related incidents among guard members by XX% by modifying specific life-style habits and specific cognitions).
2	<p>The PC meets the above criteria and provides evidence that they have begun to implement the social marketing strategy by developing key messages that they have pilot-tested. These messages target social norms and can include material from Team Readiness (e.g., “It is better to Get Help than to Get Caught”), other military social marketing devices (0-0-1-3), ACSAP or other prevention material, <u>and/or</u> the PCs own innovative work. Evidence for meeting this criteria is shown in <u>EACH</u> of the following:</p> <ul style="list-style-type: none"> • At least one focus group with service members where they give their reactions and inputs to the message; provide AAR and summary of comments • Response from at least two unit leaders, commanders on their reactions to the message; provide a summary of comments • A list of tools (pamphlets, brochures, media messages) created that will be used to promote the message • A review and update of the strategy/planning document developed above
3	<p>The PC provides evidence that they have met criteria for a score of ‘1’ and ‘2’ above <u>AND</u> also provides evidence that they have completed ALL of the following milestones for initial implementation of the strategy:</p> <ul style="list-style-type: none"> • They provide tangible evidence that the social message has been reinforced by commanders and unit leaders • They provide tangible evidence that the message has been disseminated into the social environment at more than one location or region throughout the state • They provide tangible evidence that the message in itself leading guard members to take more responsibility for their alcohol, drug behaviors • The PC is otherwise showing that they are carrying out the steps as laid out in the social marketing planning/strategy document

SCORING MATRIX CONTINUES ON NEXT PAGE

SCORE	SOCIAL MARKETING (WEIGHTING OF 5 POINTS) <i>CONTINUED</i>
4	<p>The PC provides evidence that they have met criteria for a score of '3' above <u>AND</u> also provides evidence that they have completed <u>ALL</u> of the following milestones for showing impact of their social marketing strategy:</p> <ul style="list-style-type: none"> • They provide tangible evidence that <u>several</u> commanders and unit leaders throughout the state have shown support and approval of the social marketing message and have requested additional info to either enhance or spread the message • They provide tangible evidence where in <u>several instances</u> they were creative or innovative in adjusting or adapting their message to better fit the target audience (proving that they have maintained contact with the field and remain flexible in being able to adjust the message for better impact) • They provide tangible evidence that they have had some positive impact on a social norm in <u>TWO OR MORE</u> of the areas listed below or listed in the above NOTE ON OUTCOMES (this will require some form of assessment-see above 'NOTE ON OUTCOMES') <ul style="list-style-type: none"> ○ Improvements in unit cohesion from the R-URI or URI ○ Guard member incidents and testimonials that show positive changes ○ Self-reported surveys taken before and after a social marketing campaign ○ Requests for materials from new unit leaders, commanders, and/or service members previously not contacted.
5	<p>The PC meets <u>EACH</u> of the following criteria:</p> <ol style="list-style-type: none"> 1. The PC provides evidence that they have received basic education (3 CEUs) specifically in social marketing methods. The program, course, or workshop should have included review of basic concepts in health communication, social norms, public health, personalizing the message, and diffusion of information. 2. The PC has developed a brief that has reviewed efforts of other successful alcohol or drug social marketing campaigns within their state or region 3. The PC has developed a brief or document that outlines <u>EACH OF</u> the following steps of a social marketing strategy: <ul style="list-style-type: none"> • Identified barriers to effectively market a new social message and ways to overcome those barriers • A method for effectively communicating the mission of the PTO to different groups and constituencies (command, guard members, internal-military and external-civilian allies) • A method for piloting or testing out a new or adapted message (e.g., focus group reactions) • A method for tailoring the message to different groups for different purposes (e.g., how the message is worded differently for unit leaders than for members with less than E-5 status) • A system for organizing the strategy using known social marketing planning forms and template (e.g., SAMHSA/CSAP) • Clear goals and objectives for changing specific target behaviors in target group (e.g., reduce state-wide, alcohol-related incidents among guard members by XX% by modifying specific life-style habits and specific cognitions).

SECTION ONE: PTO DOING COMPONENTS

CORE COMPONENTS 9 THROUGH 12

- 9. Outreach to Military Families**
- 10. Delivery of Prevention Education/Team Readiness**
- 11. Referral Tracking**
- 12. Ongoing Monitoring and Data Collection**

CORE COMPONENT NINE: OUTREACH TO MILITARY FAMILIES

DESCRIPTION

Outreach to service families is mission critical for the PTO program and National Guard readiness. Family matters are priority issues for the National Guard. Family outreach is a critical issue for the quality of life for our service members. The Guard's ability to assist service members and their families to prepare for separations during short and long term deployments or handle substance abuse or mental health issues is paramount to sustaining mission capability and mission readiness. The PCs are to work closely with families to develop seamless, integrated family readiness and support programs that provide information and services.

Since family members can participate in the PTO program outside the military system and because they are intimately connected to NG readiness and reintegration efforts through their service member(s), they offer a potential source of preventive referral unaffected by the help-seeking stigma that may be associated with military service. For example, family members may seek help for their service member's binge drinking which only occasionally affects their weekend training. Such binge drinking may be overlooked, but it could effect service member's long term deployment or reaction to critical incidents and trauma. PCs must (1) identify and understand what service families need in the way of awareness of the referral process, (2) help family members trust that the system will help their service member, and (3) provide ongoing support before and after the service member receives treatment. NGB requests and encourages PCs to personalize the PTO program with service families and family support providers at every opportunity.

EXPECTED PERFORMANCE GOALS FOR OUTREACH TO MILITARY FAMILIES

- 1. PC identifies understands and aligns service family issues with PTO Program goals.** PCs must identify, understand, and align with service family issues and needs concerning referral processes and PTO program goals.
- 2. PC establishes personalizes and promotes PTO program to service families.** PCs should establish PTO Program presence, personalize the program through direct contact, and promote both military and civilian health risk resources. These resources are tailored to identified services that the family needs.
- 3. PC builds trust between service members, service families, and treatment/support resources.** PCs are encouraged to establish trust between families, family services, and support resources. The goal is for service families to become (1) a source of social support and for service members at risk, (2) knowledgeable about referral resources available, and (3) able to actively refer their service member who is showing signs of risk.

SCORING FOR CORE COMPONENT NINE:

SCORE	OUTREACH TO MILITARY FAMILIES (WEIGHTING OF 5 POINTS)
1	<p>Outreach is a key part of “DOING” the PTO program. The PC provides evidence that they have met <u>in person</u> with at least <u>ONE</u> individual who has responsibility for identifying, coordinating, and implementing Family Readiness Groups (FRG) and related activities throughout the state. To ensure that the correct individuals and information is accessed, the PC should prepare a brief explaining initial efforts along with a document that describes the following:</p> <ol style="list-style-type: none"> 1. <u>Family Assistance Centers</u>: Name, location, and contact information for all Family Assistance Centers in the state; This list should also indicate whether (a) the FAC was contacted by the PC and the result of such contact (e.g., plans to present a training along with date), or (b) next steps to engage the FAC 2. <u>FRG Coordinators</u>: Name, location, and contact information for all FRG Coordinators in the state; This list should also indicate whether (a) the FRG Coordinator was contacted by the PC and the result of such contact (e.g., plans to present a training along with date), or (b) next steps to engage the Coordinator 3. <u>Family Needs Assessment</u>: Using the lists developed in (1) and (2) the PC should identify specific PTO-related needs of several FACs or FRG Coordinators. Such needs should specify whether there is a need for information, workshops, pamphlet, brochures on substance abuse and/or mental health, referral, prevention, treatment, or any type of service that could help families deal with the stress of deployment or reintegration. <p>This document will receive higher scores if it is comprehensive, clear, and if it can be used by an independent party to help outreach to service member families <u>throughout the state</u> (not just in specific locations).</p>
2	<p>The PC meets the criteria for a score above <u>AND</u> provides evidence that they have completed at least four (4) of the following activities and can show proof through AARs, surveys, testimonials, or letters from FRG and FAC partners. This is a checklist of ten (10) SEPARATE activities. The same event/activity cannot be counted twice. The PC...</p> <ol style="list-style-type: none"> 1. Provided one-on-one or <u>direct</u> assistance to family support and reintegration service providers 2. Worked in cooperation with chaplaincy to further assist families in need – with <u>direct</u> contact to families 3. Presented PTO materials at meetings, trainings, conferences and fairs (e.g., wellness fairs) <u>directly</u> to family members 4. Assisted with and/or spoke at conference or function directly pertaining to family support (e.g., Family Days) 5. Established a network of providers for service member families that would have not been there otherwise 6. Worked with any local or state-level agency to get substance abuse/mental health resources to families in need 7. Provided information <u>directly</u> to families describing specific treatment options and payment options that are available to service members and to families 8. Brought in speakers and/or other experts to review cultural, ethnic factors as part of outreach <u>directly</u> to families 9. Worked state-level events in conjunction with other state and guard entities to outreach families 10. Reached out to guard units (multiple units) to increase their involvement in Family Days and/or prevention

SCORING MATRIX CONTINUES ON NEXT PAGE

SCORE	<p style="text-align: center;">OUTREACH TO MILITARY FAMILIES (WEIGHTING OF 5 POINTS) CONTINUED</p>
3	<p>The PC meets the criteria for ALL scores above <u>AND</u> provides evidence that they have completed at least one activity across eight (8) of the items listed above. This document will receive higher scores if it shows (a) outreach to service member families <u>throughout the state</u>, and (b) it addresses NEEDS identified in the needs assessment.</p>
4	<p>The PC meets the criteria for ALL scores above <u>AND</u> provides evidence that they have completed at least one activity across ALL TEN (10) of the items listed above. This document will receive higher scores if it shows (a) outreach to service member families <u>throughout the state</u>, and (b) it addresses NEEDS identified in the needs assessment. In addition, the PC shows proof that they have accomplished ONE of the three below:</p> <ol style="list-style-type: none"> (1) Demonstrated a strong relationship with state FRG by providing any type of PTO training, well-received by FRG Coordinators; thereby allowing these coordinators to better utilize resources for their existing guard/family relationships (2) Conducted training at Family Readiness Leaders (annual) conference, providing knowledge of the PTO, knowledge of risks (signs and symptoms), and methods to empower families to use resources for themselves and guard members (3) Demonstrated a strong partnership with state-level re-integration team
5	<p>The PC meets all the above criteria (Score of '8') <u>AND</u> shows evidence that they have completed ALL THREE below:</p> <ol style="list-style-type: none"> (1) <u>on a quarterly</u> basis, sent the following information out to Service Member families (PTO contact info, and info on risks, signs and symptoms, treatment, prevention, and self-referral) (2) published (<u>at least annually</u>) an article on PTO-related information in a Family Support , National Guard, or other newsletter that goes directly to family members and that describes resources available through PTO (3) provided a Team Readiness training TO FRG Coordinators so that they are aware of the unique prevention message in the PTO (Note. more points are given if the entire 6-hour Team Readiness program is delivered)

CORE COMPONENT TEN: DELIVERY OF PREVENTION EDUCATION/TEAM READINESS

DESCRIPTION

The education component requires three basic practices, each building on the other.

1. The first practice is the development of a brief overview (usually 1 hour) training on the PTO program and identified resources for treatment and support of mental and behavioral health problems/risks – this practice would include the delivery of resources, tools, and training to commanders to meet their 4-hour Alcohol and Other Drugs (AOD) training requirements.
2. The second practice is adapting and delivering approved and appropriate prevention training (e.g., Team Readiness, template trainings, ACSAP briefings, lesson plans and PowerPoints) directly to service members, commanders, and other groups whose efforts will directly support and/or achieve PTO goals.
3. The third practice takes advantage of all opportunities to educate as well as strategically creating those opportunities through key change agents, program advocates and/or successful referrals.
4. PCs must develop the first and second educational practices to achieve the performance goals for this component. NGB encourages PCs to engage in the third educational practice in support of other PTO Program components (e.g., partnering and marketing). The ability to educate well – especially regarding training in prevention – depends on the personal training skills of the PC and their ability to receive education and training (personal growth) in facilitation and workshop skills.

BACKGROUND

Because Direct Delivery of Prevention is mission essential to the PTO, some background is provided here. A competent PC would demonstrate mastery of the following components: (1) ability to develop, adapt and deliver promotional training overviews (sample training) to take advantage of initial limited time slots; (2) ability to deliver full training programs directly to service members; and (3) ability to leverage and create opportunities to educate military and civilian leaders, change-agents and potential advocates. Mastery *is expected* on each of these within the first two or three years of a PC's career. It is expected that—regardless of tenure—the competent PC would show significant efforts on all three fronts as this component is the essential task of the Prevention Coordinator and the primary mechanism by which the PTO program will achieve its mission goals.

State size and number of Guard units is certainly a factor in the PCs ability to directly deliver training and training overviews – as is the reality of limited access to busy commanders and units. However, this should not impede the process of developing and adapting full training programs into relevant, brief (often one-hour) sessions that both promote the full training program and offer an initial “awareness hook” specific to each command's or unit's identified needs. Brief training sessions must immediately involve the audience, be they service members, command, or civilian partners. The brief training sessions must set them thinking and motivate action. The brief training sessions must give them next steps for making contact with PTO and/or support/treatment resource partners. These brief sessions will most likely be the first test of the PCs ability to deliver training. It is possible that much of the PTO program's momentum, perceived relevance and overall effectiveness will depend on the PC's ability to develop, adapt and deliver the right message with the right passion to the right audience.

Having developed and adapted these brief training sessions, knowing command requirements for 4-hours of AOD training and possessing an effective training program (e.g., Team Readiness), neither entitles nor guarantees PCs access to service members or their leaders. ***It is therefore essential that PCs leverage and create opportunities, instead of waiting for an invitation, to deliver training.*** This ability is closely related to other components and subcomponents (e.g., Social Marketing, Partnering, Getting Buy-In and Support) but is uniquely centered on the PCs ability to educate and promote education at all levels of military and civilian communities. Social Marketing provides buzz. Partnering provides interlinked processes. Getting Support provides buy-in. Prevention Delivery is where the “rubber meets the road.” Here, the PC must deliver the promise built in the practice of the other components. It still requires its selling points (i.e., brief training sessions and creating training opportunities), but it is the timely and effective exposure to the training material through the PC’s passion that will ultimately build trust and motivate referral.

EXPECTED PERFORMANCE GOALS FOR THE DELIVERY OF PREVENTION EDUCATION/TEAM READINESS

- 1. PC develops, adapts, and delivers training overviews and promotions.** PCs must develop, adapt and deliver training and resource overviews in an effort to promote support services and full training programs.
- 2. PC delivers full training programs to achieve PTO Program goals.** PCs should deliver prevention training directly to service members, command, and others whose mission will achieve the PTO program goals.

PC leverages and creates opportunities to educate change-leaders and potential advocates, military and civilian, to achieve PTO goals. PCs are encouraged to leverage (and create) opportunities to communicate and educate command, service members, community leaders, family members, and others whose mission directly supports PTO goals

SCORING FOR CORE COMPONENT TEN:

SCORE	DELIVERY OF PREVENTION EDUCATION/TEAM READINESS (WEIGHTING OF 15 PTS)
3	<p>The PC has delivered ANY <u>ONE</u> of three (3) below. In each instance the PC must maintain sign-in rosters, standard session ratings, and AAR surveys. Session ratings and AAR will include participant ratings of PC presentation skills. (Note. You may not substitute training for other service providers, CDC, or any other professional group; the purpose of this component is Direct Delivery of Prevention Education to Guard Members). Proof of program delivery requires: (a) sign-in rosters, and (b) positive ratings on post-training standard session rating forms. Contact NGB to receive and use the proper session rating forms</p> <ol style="list-style-type: none"> 1. At least <u>one</u> full six-hour Team Readiness training to a group of <i>at least</i> <u>one dozen service members</u> in their local unit setting; OR 2. At least two 1-hour Team Readiness training modules to <i>at least</i> <u>three (3) separate groups (units/wings)</u> of service members (of at least one dozen participants each) in their local unit settings. That is, the PC delivers the same or similar Team Readiness programs to three different groups; OR 3. At least one one-hour ACSAP or other prevention education training modules to <i>at least</i> <u>six (6) distinct separate groups (units/wings)</u> of service members (of at least one dozen participants each) in their local unit settings. That is, the PC delivers the same or similar programs to six different groups.
6	<p>The PC meets the criteria for the score of “3” above and <u>ALSO</u> completes the remaining two (2) areas. For example, if they delivered six-hour Team Readiness (1), they complete two 1-hour module of Team Readiness to three separate groups (2) and a 1-hour module of ACSAP training to six different groups. (NOTE. The same groups should not be used to meet all three criteria. The purpose of this component is to deliver prevention to many <u>different</u> units. No substitutes).</p>
9	<p>The PC meets the criteria for the score of “5” above and completes (1) of the following Three Options. In each instance the PC must maintain sign-in rosters, standard session ratings, and AAR surveys. Session ratings and AAR will include participant ratings of PC presentation skills. (Note. The PC may combine different areas below to achieve a score of ‘9’ if a total of 36 contact training hours has been achieved).</p> <ol style="list-style-type: none"> 1. Delivery of at least one <u>full six-hour Team Readiness training</u> (all modules) to <i>at least</i> <u>six (6) separate groups (within units/wings)</u> of service members (of at least nine participants each) in their local unit settings (36 hours); OR 2. Delivery of at least two <u>one-hour Team Readiness training module</u> to <i>at least</i> <u>eighteen (18) separate groups (within units/wings)</u> of service members (of at least nine participants each) in their local unit settings (36 hours); OR 3. Delivery of at least one <u>one-hour ACSAP (or equivalent) prevention training</u> to <i>at least</i> <u>thirty-six (36) distinct separate groups (within units/wings)</u> of service members (of at least nine participants each) in their local unit settings (36 hours).

SCORING MATRIX CONTINUES ON NEXT PAGE

SCORE	DELIVERY OF PREVENTION EDUCATION/TEAM READINESS (WEIGHTING OF 15 PTS) <i>CONTINUED</i>
12	<p>The PC first meets criteria for score of “9” above. In addition, the PC meets criteria for ANY of the three areas below:</p> <ol style="list-style-type: none"> (1) The PC has acquired an additional 48 hours of direct contact in prevention service delivery either through six-hour Team Readiness; two-hour modules of Team Readiness; or one-hour ACSAP (or equivalent) training; OR (2) The PC has been certified as a training-of-trainer (master-level trainer) in delivery of Team Readiness; OR (3) The PC has collected and tabulated pre-test and post-test substance abuse risk data from groups (units, wings) where he/she delivered prevention training. A total of 100 participants (200 surveys) must be achieved.
15	<p>The PC meets above criteria (Score of ‘12’) AND shows evidence that they have completed TWO of FOUR below:</p> <ol style="list-style-type: none"> 1. The PC achieves ALL THREE (3) Criteria from a Score of “12” above: 48 hours + certification as TOT + risk data. 2. The PC has conducted a training-of-trainers to UPLs in the state so that those UPLs can deliver Team Readiness (Note. evidence is certification of attendance and review of UPL delivering TR as part of the certification process) 3. The PC has fully developed and utilized a tracking mechanism to monitor prevention efforts made by UPLs/DTPAMs whereby the PC can show that these individuals have delivered PTO relevant training, that training was completed, and that there are POSITIVE scores on standard session ratings (not only AARs) as proof. (Note. UPLs/DTPAMs should show evidence for providing at least 2-hours of prevention training to at least 30% of the units throughout the state.) 4. The PC indicates an established track record for both leveraging existing opportunities for delivering prevention and also creating new educational opportunities for prevention delivery throughout the state (not just specific locations). <p>Note. PCs can achieve a score above 12 if showing significant efforts across the four areas above, whether or not the PC fully meets the criteria within the four groups.</p>

CORE COMPONENT ELEVEN: REFERRAL TRACKING

DESCRIPTION

A referral process (observing the limited use policy) for command directed referrals, self-referrals, and drug positive referrals must be developed by the PCs for appropriate tracking of referrals to the PTO Program (see Component 5). PCs are expected to track the type of referrals, the services that soldiers and airmen are referred to, and status of compliance with completion of rehabilitation.

The following data are expected to be included in the referral tracking system:

- (a) Type of Referral (e.g., self, command, positive UA, DWI, etc. – see Component 5),
- (b) Type of Substance involved-if any (e.g., alcohol, THC, coke, etc.);
- (c) Type /Class of Case (e.g., M-Day, Veteran, rank),
- (d) Date of Initial Referral;
- (e) Type of Informational handout/assistance packet provided or sent to the case individual and whether family member involved (i.e., information on relevant substance use or mental health condition),
- (f) Agency or agencies used in the referral (including dates of contact or attempted contact; internal/external; address),
- (g) Name of individual at agency contacted,
- (h) Notes on how contact made (e.g., via phone, in person);
- (i) Follow-up contact notes showing attempt to discern status progress (with dates); and
- (j) Progress (30, 60, 90, 180 days) and/or Final outcome (if appropriate; with dates).

EXPECTED PERFORMANCE GOALS FOR REFERRAL TRACKING

1. **PC gathers and updates referral data from various sources as necessary.** PCs should gather appropriate referral data and update CMIS (or other designated data management system) in a timely manner either directly from the service member referred, the commander, or utilizing some other arrangement to follow-up with the referral agency to insure that contact was made.
2. **PC educates referral sources on the need for and proper gathering of pertinent referral data.** PCs should establish strong relationships with referral sources (i.e., service members, family members, and commanders) to receive and provide (confidentially) tracking information throughout the referral, treatment, and support processes.
3. **PC follows-up and evaluates referral procedures, treatment resources, and status of service member.** PCs are encouraged to diligently, and in a timely manner, follow-up on treatment or support services with service members, family members and commanders to evaluate referral procedures, treatment/support resource, and status of service member.

SCORING FOR CORE COMPONENT ELEVEN:

SCORE	REFERRAL TRACKING (WEIGHTING OF 10 POINTS)
2	<p>Following the development of a Referral Process (See Component 5), The PC demonstrates the actual results of the tracking process through the collection of data in a clearly described tracking document (typically a spreadsheet or data-base system that shows the progress of a client through initial contact, referral, and outcome). Importantly, the presence of a tracking document and system, by itself, does not earn a score of '1' in this PTO component scoring system. Rather, the PC must demonstrate that actual referrals have taken place and that the status of those referrals has been recorded. To achieve a rating score of '1' the PC must demonstrate BOTH (1) below and two other criteria (two from 2 through 6).</p> <ol style="list-style-type: none"> 1. REQUIRED: Has established <u>at minimum one (1) case file</u> that contains the following information on the referral client: (a) type of referral, (b) type of substance involved-if any; (c) type/class of case, (d) date of initial referral; (e) type of informational handout/assistance packet provided or sent to the case individual and whether family member involved, (f) agency or agencies used in the referral, (g) name of individual at agency contacted, (h) notes on how contact made; (i) follow-up contact notes showing attempt to discern status progress; and (j) final outcome. 2. In conveying the results of the single case file (either through portfolio, paper, or spreadsheet), the PC (a) conveys a process for protecting the confidentiality of the case/client, including disclaimers signed by PCs to protect client information as appropriate to regulations; (b) conveys an understanding of the limited use policy and the role of the PC under that policy, and (c) follows regulatory guidance for referral tracking (e.g., AR 600-85/44-121). 3. The data from this single case file is displayed in the tracking spreadsheet or data-base system. 4. The system demonstrates capacity to capture each type of referral and the above information (1.a through 1.i) 5. The system demonstrates capacity to generate a report showing a detailed time-line regarding the assistance path 6. The system demonstrates capacity to generate a report showing the degree of success and cooperation within and across specific agencies
4	<p>The PC meets <u>ALL SIX of the ABOVE</u> criteria (in a Score of '1' above) for <u>at least two (2) case files</u>. In addition, in presenting this data, the PC conveys <u>EACH</u> of the following:</p> <ol style="list-style-type: none"> 1. Relationships have been established with both internal and external agencies that allows transfer of information from the agency to the PC (i.e., the file could not have been completed without PC contact with the agency) 2. Relationship established with command to demonstrate capacity in keeping referral tracking documents updated 3. Actual contact and follow-up with referred agencies to insure that contact was made in both cases, AND 4. Progress in treatment or other referral outcomes for at least 30 days post referral

SCORING MATRIX CONTINUES ON NEXT PAGE

SCORE	REFERRAL TRACKING (WEIGHTING OF 10 POINTS) <i>CONTINUED</i>
6	<p>The PC meets ALL criteria for a Score of '1' and '2' above for <u>at least five (5) case files</u>. In presenting this data, the PC:</p> <ol style="list-style-type: none"> 1. Conveys actual contact and follow-up with referred agencies to insure that contact was made <u>in all five cases</u>, 2. Conveys progress in treatment or outcomes for the 30, 60, and 90 days post referral for <u>at least 3 of the five cases</u>. <p>In addition, the PC provides a report or other evidence that <u>EACH</u> of the following has been accomplished:</p> <ol style="list-style-type: none"> 1. Memorandum of Agreements in place with all agencies cited in the five cases; with MOUs/MOAs allowing the transfer of information and progress 2. A method for tracking the relationship between the initial PC referral efforts and the progress/outcomes of the case 3. A method for rating the agencies in terms of their ability to provide the requested treatment or support
8	<p>The PC meets <u>ALL</u> criteria for a Score of '3' above for <u>at least ten (10) case files</u>. In presenting this data, the PC:</p> <ol style="list-style-type: none"> 1. Conveys actual contact and follow-up with referred agencies to insure that contact was made <u>in all ten cases</u>, 2. Conveys outcomes for the 30, 60, 90, and 180 days post referral for <u>at least 7 of the ten cases</u>. <p>In addition, the PC provides a formal report to NGB making a case that the initial PC referral efforts results in success or significant progress for the majority of the cases seen to date. This formal report should include</p> <ol style="list-style-type: none"> 1. A PowerPoint file that documents outcomes by referral type and other information (see 1.a through 1.j above) 2. A status-report evaluation of referral procedures, treatment/support resources, and status of service members. 3. Presentation of tools used as part of the tracking process (e.g., protocols, release forms, assistance packets)
10	<p>ANY <u>ONE</u> OF THE FOLLOWING results in a score of '5'; Specifically, the PC:</p> <ol style="list-style-type: none"> 1. Meets <u>ALL</u> criteria for '4' above for <u>at least twenty (20) case files</u> (including MOUs/MOAs and agency ratings), <u>OR</u> 2. Provides evidence that he/she has presented (described in '4' above) to commanders and leaders, with AAR, <u>OR</u> 3. Documents 180 day follow-up clean UAs for <u>majority</u> of substance abuse cases initiated into the PC tracking system

CORE COMPONENT TWELVE: ONGOING MONITORING & DATA COLLECTION

DESCRIPTION

Ongoing monitoring of the PTO program effort requires the PC to continually collect data from sources beyond just the referral tracking requirements (see Component 11). Examples of these data sources include (but are not limited to): Unit Risk Inventory (URI) and Reintegration Unit Risk Inventory (RURI) reports, positive urinalysis reports, referrals, training calendar, presentation and briefing log, program promotion materials log, budget, Team Readiness (or other prevention training) attendance and session ratings, outreach activities, etc. Collection of data in a timely manner will potentially assist the PC in continually improving the PTO Program. Improvement may come in the form of adjusting promotional strategies, altering referral protocols, or creating more effective social marketing messages.

The key activity for this component requires that the PC accurately, honestly, and fully completes a “Data Tracking Checklist.” This is a summary checklist of activities within eight of the previous core components. These are: Program Marketing, Access to Resources, Partnerships, Fiscal, Social Marketing, Outreach, Prevention Education, and Referral Tracking.

For this ongoing monitoring component, it is not essential or required that the PC conducts all activities within a quarter, only that they document what has and what has not been accomplished. PCs are expected, however, to show – within the tracking checklist – that they are making progress in each of the eight tracking components. It is the responsibility of the PC to provide back-up documentation for any and all of the eight tracking components that have an indicated activity within the past quarter.

NOTE ON DIFFERENTIATION FROM OTHER COMPONENTS:

Although documentation is required for the 8 components in the Data Tracking Checklist, the PC is responsible for providing documentation for all 12 components as indicated in the “Quarterly 12 Core Components Reporting and Assessment” Form.

EXPECTED PERFORMANCE GOALS FOR ONGOING MONITORING & DATA COLLECTION

- 1. PC actively monitors, collects, and enters data into current Management Information System (MIS).** PCs must actively monitor their sources of potential data as specified by the examples above. These data should be gathered in a timely fashion so as to assist the PC in implementing meaningful improvements to the program. PCs should be knowledgeable and efficient when it comes to using the information management system. Accurate and timely entry of data is critical to ongoing improvement efforts.
- 2. PC reviews data/reports to help improve PTO program strategy.** PCs are encouraged to interpret the meaning in data trends and create a responsive strategy. For example, should positive test results dramatically increase at the unit level without a corresponding increase in referrals or referral contacts, then adjustments may need to be made to program promotion, marketing materials, referral protocols or command briefings.
- 3. PC demonstrates improvement in all core components.** PCs should utilize data collection and ongoing monitoring as feedback for improving documentation, protocols, procedures, skills and abilities in the 12 core components (including this one).

SCORING FOR CORE COMPONENT TWELVE:

SCORE	ONGOING MONITORING & DATA COLLECTION (WEIGHTING OF 5 POINTS)
1	The PC completes the Data Tracking Checklist with ALL items (either “yes” or “no”) checked for all eight (8) tracking domains: Program Marketing, Access to Resources, Partnerships, Fiscal, Social Marketing, Outreach, Prevention Education, Referral Tracking
2	The PC has checked all items (no blanks) <u>AND</u> The PC completes the Data Tracking Checklist with meeting the 50% criteria for four of the eight (8) tracking domains. Note. 50% criteria means that the PC has checked at least 50% of the items within the tracking domain.
3	The PC has checked all items (no blanks) <u>AND</u> The PC completes the Data Tracking Checklist with meeting the 50% criteria for six of the eight (8) tracking domains. Note. 50% criteria means that the PC has checked at least 50% of the items within the tracking domain.
4	The PC has checked all items (no blanks) <u>AND</u> The PC completes the Data Tracking Checklist with meeting the 50% criteria for eight of the eight (8) tracking domains. Note. 50% criteria means that the PC has checked at least 50% of the items within the tracking domain.
5	The PC completes all of the above criteria and shows evidence for ONE of the following: (a) PC actively monitors, collects and enters data into current IMS; (b) PC reviews data/reports to help improve PTO program strategy; (c) PC demonstrates improvement in all core components

APPENDIX A – ACTION PLAN TEMPLATE

National Guard

Prevention Treatment & Outreach

Template for Creating an Individualized Action Plan

Action Plan Elements

Below are seven (7) core elements for an effective action plan. This template is provided to assist the Prevention Coordinator in creating an annual plan, developing a strategy, and identifying time-lines, milestones, and success factors for periodic review. Both the development and quarterly review of this action plan is a core competency for the Prevention Coordinator.

1) OVERALL PROGRAM ANNUAL GOALS:

List three to five specific goals that you hope to achieve one year from now in your PTO Program.

Overall Program Annual Goals:		
	Progress Noted	Goal Achieved
Goal 1)		<input type="checkbox"/> YES Date:
Goal 2)		<input type="checkbox"/> YES Date:
Goal 3)		<input type="checkbox"/> YES Date:
Goal 4)		<input type="checkbox"/> YES Date:
Goal 5)		<input type="checkbox"/> YES Date:

2) CORE COMPONENT GOALS:

For each of the following areas, list (at minimum) one short-term (in the next 4 to 6 months) goal and one long-term (annual) goal. The goals should be specific, describe particular action steps, and particular outcomes to be achieved.

1. Program Marketing & Leadership Buy-in
2. Partnerships & Collaborations
3. Social Marketing
4. Outreach to Military Families
5. Delivery of Prevention Education
6. Referral Process, Tracking, and Outcomes

CORE COMPONENT GOALS

	Progress Noted	Goal Achieved
Program Marketing & Leadership Buy-in		
Short-term Goal 1)		<input type="checkbox"/> YES Date:
Long-term Goal 1)		<input type="checkbox"/> YES Date:
Partnerships & Collaborations		
Short-term Goal 1)		<input type="checkbox"/> YES Date:
Long-term Goal 1)		<input type="checkbox"/> YES Date:
Social Marketing		
Short-term Goal 1)		<input type="checkbox"/> YES Date:
Long-term Goal 1)		<input type="checkbox"/> YES Date:
Outreach to Military Families		
Short-term Goal 1)		<input type="checkbox"/> YES Date:
Long-term Goal 1)		<input type="checkbox"/> YES Date:
Delivery of Prevention Education		
Short-term Goal 1)		<input type="checkbox"/> YES Date:
Long-term Goal 1)		<input type="checkbox"/> YES Date:
Referral Process, Tracking, and Outcomes		
Short-term Goal 1)		<input type="checkbox"/> YES Date:
Long-term Goal 1)		<input type="checkbox"/> YES Date:

3) SUPPORT STRATEGY:

Part 1. What kind of support do you need for both your short-term and long-term plans? Provide the names and contact information of those individuals you report to and who you feel you will have to get complete support and understanding of your roles as the PC, the PTO effort, and Core Components before you can have success in implementing the program. Explain why it is necessary to have their support.

Part 2. What help will you need from NGB, to get the support of management/administration for your PTO efforts.

Support Strategy

	Name, Contact Information of Person(s)	Was Support Provided?
What kind of (Non NGB) support do you need to achieve Core Component goals (list up to three areas with names)		
		<input type="checkbox"/> YES <input type="checkbox"/> NO Explain:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Explain:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Explain:
What help will you need from NGB to achieve Core Component goals (list up to three areas with names)		
		<input type="checkbox"/> YES <input type="checkbox"/> NO Explain:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Explain:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Explain:

4) SWOT ANALYSIS:

STRENGTHS. *Based on your knowledge of the PTO effort, previous training, and exposure to Core Components, please list a minimum of three (3) specific strengths that you personally bring to your position*

WEAKNESSES. *Please list a minimum of three (3) weaknesses you have that you feel may undermine your success?*

OPPORTUNITIES. *Please list a minimum of five (5) opportunities you see in the local/state National Guard environment that can help your success.*

THREATS. *Please list a minimum of five (5) threats you see in the local/state National Guard environment that can impede your ability to capitalize on the opportunities you listed.*

5) OVERALL STRATEGY: *Based on all the information you provided above,*

TIMELINE: *Develop a time-line for your work*

Original plan and update:

MILESTONES: *Specific milestones you will achieve by certain dates*

Original plan and update:

SUCCESS FACTORS: *Critical success factors that let you know you have succeeded,*

Original plan and update:

STEPS: *Steps you need to have taken prior to realizing success*

Original plan and update:

COMPETENCIES: *The competencies you will need to develop in order to realize your plan.*

Original plan and update:

6) ACCOUNTABILITY:

ACCOUNTABILITY: *Who will you report to as a way to make sure that you continue to fulfill the commitments you have outlined above?*

7) UPDATES: *Please provide updates on progress toward goals, changes in strategy, updates on SWOT, and accomplishments in the tables provided above in these categories*

- Prevention Coordinator Core Component Goals
- Prevention Coordinator Support Strategy
- SWOT ANALYSIS
- OVERALL STRATEGY

APPENDIX B
PTO REPORTING & ASSESSMENT FORMS

National Guard

Prevention Treatment & Outreach

PTO Reporting and Assessment Forms

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 1: PREVENTION COORDINATOR -- QUARTERLY REPORT

[Note. Please attach any documents that you list below as part of fulfilling the criteria]

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(1.A) ACTION PLAN DOCUMENTATION (Enter Date and name of file; e.g., ACTPLAN.doc, ACTPLANupdate.doc)				
Initial Document (check "YES" if section included)			Follow-up (check "YES" if updated)	
	Name	Date (xx/xx/xx)	Name	Date (xx/xx/xx)
ACTION PLAN DOCUMENT				
<i>For each section, check if included:</i>			<i>For each section, check if updated</i>	
PC Overall Annual Goals	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PC Core Component Goals				
Program Marketing & Leadership Buy-in	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Partnerships & Collaborations	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Social Marketing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Outreach to Military Families	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Delivery of Prevention Education	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Referral Process, Tracking, & Outcomes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PC Support Strategy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SWOT Analysis				
Strengths	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Weaknesses	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Opportunities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Threats	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Overall Strategy				
Timelines	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Milestones	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Success Factors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Steps	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Competencies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Accountability	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

(1.B.1) REVIEW of EXPECTED SKILLS AND ABILITIES				(Self-Rated)	
	Inadequate	Adequate	Proficient	Evidence Provided	
1. Speaks with passion and with <u>well-organized communications</u> across multiple venues about the PTO program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EVIDENCE: Letters of support, training evaluations, responses to briefs, and a review of any and all correspondence shows a clear commitment to the PTO effort.					<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Updates to Action Plan reveal progress, modified communications or strategic changes rather than delay on an action plan goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EVIDENCE: Action Plan shows progress or reveals modifications					<input type="checkbox"/> YES <input type="checkbox"/> NO
3. The PC shows how remaining 11 components fit into big picture of the state plan; indicates players, time-lines, and goals for strategic implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EVIDENCE: Action Plan shows progress or reveals modifications; the PC has a coherent plan and demonstrates confidence and energy around that plan.					<input type="checkbox"/> YES <input type="checkbox"/> NO
4. PC is <u>knowledgeable in all of the PTO 12 Core Components</u> and their job responsibilities and duties, and can easily explain these in clear language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EVIDENCE: PC can provide a quick summary of progress made on each responsibility and/or duty and plans for further work in each.					<input type="checkbox"/> YES <input type="checkbox"/> NO
5. The <u>PC is invited to meet with and/or to visit AND re-visit</u> with various groups within the guard and among partners in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EVIDENCE: Rating supported through documentation from (1) Program Marketing & Leadership Buy-In, and (2) Partnerships and Collaborations					<input type="checkbox"/> YES <input type="checkbox"/> NO
6. The PC has <u>shown initiative in developing resources and a protocol for utilizing resources specific to their situation; has championed protocol to get buy-in.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EVIDENCE: Rating supported through documentation from (1) Access to Resources, (2) Social Marketing, and (3) Outreach					<input type="checkbox"/> YES <input type="checkbox"/> NO
7. The PC shows <u>regular communications with NGB</u> that indicates a leveraging of support and strategic mindset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EVIDENCE: Rating supported through documentation of NGB correspondence					<input type="checkbox"/> YES <input type="checkbox"/> NO
8. The PC demonstrates knowledge and proficiency of all regulations and policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EVIDENCE: Rating supported through documentation of NGB correspondence					<input type="checkbox"/> YES <input type="checkbox"/> NO
(1.B. 2) REVIEW of EXPECTED SKILLS AND ABILITIES				(NGB Rated)	
	Inadequate	Adequate	Proficient		
1. Speaks with passion and with <u>well-organized communications</u> across multiple venues about the PTO program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Updates to Action Plan reveal situations where PC modified communications or made strategic changes rather than delay on an action plan goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. The PC shows how remaining 11 components fit into big picture of the state plan; indicates players, time-lines, and goals for strategic implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. PC is <u>knowledgeable in all of the PTO 12 Core Components</u> and their job responsibilities and duties, and can easily explain these in clear language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. The <u>PC is invited to meet with and/or to visit AND re-visit</u> with various groups within the guard and among partners in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. The PC has <u>shown initiative in developing resources and a protocol for utilizing resources specific to their situation; has championed protocol to get buy-in.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. The PC shows <u>regular communications with NGB</u> that indicates a leveraging of support and strategic mindset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. The PC demonstrates knowledge and proficiency of all regulations and policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ENERGY AND STRATEGY

For each of the following core components, please indicate the degree to which a rating of “2” or “3” has been obtained from the scoring system. A total energy and strategy score is based on the sum of each of these components. For each category a rating of “1” is worth 0 points, a rating of “2” is worth ½ (0.5) point, and a rating of “3” is worth 1 full point.

(1.C.1) ENERGY & STRATEGY		(Self-Rated)		
		Below minimum competency (0 or 1)	Minimum competency (2)	Exceeded minimum (3 or above)
		0 points	.5 points	1 point
1. Professional Development/In-service Trainings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Program Marketing & Leadership Buy-In		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Access to Resources, Tools and Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Referral Process		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Partnerships & Collaborations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fiscal Management		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social Marketing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Outreach to Military Families		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Delivery of Prevention Education/Team Readiness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Referral Tracking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ongoing Monitoring & Data Collection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL POINTS (range from '0' to '11')				

(1.C.2) ENERGY & STRATEGY		(NGB Rated)		
		Below minimum competency (0 or 1)	Minimum competency (2)	Exceeded minimum (3 or above)
		0 points	.5 points	1 point
1. Professional Development/In-service Trainings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Program Marketing & Leadership Buy-In		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Access to Resources, Tools and Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Referral Process		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Partnerships & Collaborations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fiscal Management		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social Marketing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Outreach to Military Families		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Delivery of Prevention Education/Team Readiness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Referral Tracking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ongoing Monitoring & Data Collection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL POINTS (range from '0' to '11')				

(1.D) OTHER (HIGH PERFORMANCE) ACTIVITIES for PREVENTION COORDINATOR (ADAPTABILITY) (NGB rated)

	Inadequate	Adequate	Proficient
<input type="checkbox"/> PC behaves as a trusted agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PC is knowledgeable about the PTO program and all it has to offer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PC is committed to helping, be of service, achieve the PTO mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 2: PROFESSIONAL DEVELOPMENT/IN-SERVICE TRAININGS -- QUARTERLY REPORT

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(2.A) PROFESSIONAL DEVELOPMENT COURSES TAKEN				
Name of Course/Orientation	Course Dates	Location/Instructor	Hours Earned	Certificate for Course Received?

(2.B) OTHER PROFESSIONAL DEVELOPMENT INFORMATION	
Total hours of Professional Develop/In-Service Training this Quarter:	
Hours earned toward Prevention Certification:	
If Prevention certification issued (ACSAP), please list date:	
Hours earned toward other substance abuse certification in your state	
Other certification	

(2.C) OTHER CAPACITY BUILDING ACTIVITIES			
<input type="checkbox"/> Rehearsed/Practiced a 60 or 90 minute presentation this Quarter?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Rehearsal Date	What was presented?	Target Audience	AAR/Session Evaluations Completed
<input type="checkbox"/> Did you conduct 6-hr Team Readiness while being observed by an NGB appointee this Quarter as part of your professional development?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date	Course Dates	Location and NGB Appointee Observer	AAR/Session Evaluations Completed
<input type="checkbox"/> I attend a 12 Step self-help group this Quarter? (i.e. NA, AA, Al-Anon/Alteen, etc.)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Attended	Type of Meeting	Location	

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 3: PROGRAM MARKETING & LEADERSHIP BUY-IN -- QUARTERLY REPORT

[Note. Please attach any documents that you list below as part of fulfilling the criteria]

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(3.A) BRIEFINGS

Briefing Title	Date Delivered	Names of Key Attendees (e.g., TAG, CDC, etc.)	Post-Briefing Action Items (Buy-in Indicators; comment below)		
			Endorsement	Additional request	Invitation to Do PTO Activity

Comments (provide detail on any endorsements, additional requests, or invitation to conduct PTO Activity)

Type	What was the Action Item?	Status

(3.B) PROGRAM MARKETING TOOLS

Tool Developed (e.g., pamphlet, website, etc.)	Date Approved by Leadership	Date Materials Placed or Delivered/Mailed	Quantity and Reach (comment below)		
			# pamphlets, website hits	# of units reached	# of alliances (mil and non-mil) reached

Comments (provide detail on any alliances-e.g., community groups, etc.)

(3.C) RELATIONSHIP BUILDING AND COMMUNITY SUPPORT ACTIVITIES

Identify Group/Ally	Date of Meeting/Call	No. of Hours/Phone	Purpose of Meeting/# reached	Post-Activity Action Items

Comments (provide detail on any alliances-e.g., community groups, etc.)

(3.D) KEY DOCUMENTATION (Enter Date and name of file; e.g., TAGLTR.doc, Marketstrat.doc)

	Initial Document		Follow-up Document	
	Name	Date (xx/xx/xx)	Name	Date (xx/xx/xx)
Marketing Strategy*				
TAG Letter				
Sphere of Influence Report				
Resource List				
Written Requests (for prevention or briefings)				

*see checklist below for full summary report

Comments (provide detail on any document or progress)

(3.E) OTHER PROGRAM MARKETING & BUY-IN ACTIVITIES

<input type="checkbox"/> CDC Coordination to market the PTO effort			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date	Activity	Target Audience/# reached	AAR/Action Item
<input type="checkbox"/> Additional requests to market or conduct briefings/prevention			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date	Activity	Invitation from/# reached	AAR/Action Items

MARKETING-STRATEGY: CHECKLIST FOR SUMMARY REPORT (HIGH PERFORMANCE)

(Note. This is provided so that the PC can document progress on their market strategy to meet criteria for this core component. The final written document should cover each of these areas).

	Accomplishments	Opportunities	Future Plans
Placement of Marketing Materials			
Briefing Delivered			
Sphere of Influence			
Units			
Leaders/Commanders			
Internal Service Providers			
Community Agencies			
New Alliances			

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 4: ACCESS TO RESOURCES, TOOLS AND SERVICES -- QUARTERLY REPORT

[Note. Please attach any documents that you list below as part of fulfilling the criteria]

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(4.A) BASIC RESEARCH ON RESOURCES

Refer to Core Component doc for detail	# of new agencies identified	Research on Agencies		Action-Item (networking, added to resource list,)
		# agency contacts made (call, e-mail, face-to-face)	# gave info on available service that applies to PTO	
(1) Counseling & Treatment				
(2) Job/Finances				
(3) Health Care				
(4) Education				
(5) Family support				
(6) Other/Recovery Support				
(7) Support groups				
(8) Guard Services				
(9) Legal/Law Enforcement				
(10) Other Services				

(4.B) ASSEMBLING of Tools and Resources for Distribution (e.g., to a caller in need, to other agencies)

Refer to Core Component doc for detail	List All NEW relevant props/materials (brochures, sign-in rosters, yellow ribbon, help cards, pamphlets, posters, prevention tools)	props/materials added this QTR	props/materials deleted this QTR
(2) Job/Finances			
(3) Health Care			
(4) Education			
(5) Family support			
(6) Other/Recovery Support			
(7) Support groups			
(8) Guard Services			
(9) Legal/Law Enforcement			
(10) Other Services			

(4.C) PLANNING DOCUMENTS

These documents provide evidence that the PC plans to organize the resources accessed, obtain more funding for additional resources, and project resource utilization in the future.

	Initial Document		Follow-up Document	
	Name	Date (xx/xx/xx)	Name	Date (xx/xx/xx)
PLANNING DOCUMENTS				
Organizational Plan/Flow Chart for organizing resources				
Back-up Funding Plan (Beyond NGB Support)				
Future Plan (for at least one of following): Standardized Referral Procedure <input type="checkbox"/> Commander FAQ handbook <input type="checkbox"/> Resource Newsletter <input type="checkbox"/> Template for Individualized Assistance Plans <input type="checkbox"/>				

(4.D) ASSESSMENT DOCUMENTS

These documents provide evidence that the PC has assessed needs for future resources and has conducted a quality review of ways to improve access to resources

	Initial Document		Follow-up Document	
	Name	Date (xx/xx/xx)	Name	Date (xx/xx/xx)
ASSESSMENT DOCUMENTS				
Needs Assessment (for future resources)				
Quality Assessment (at least 1 of following): Ways to improve self-referral <input type="checkbox"/> Ways to improve PTO approachability <input type="checkbox"/> Ways to increase accessibility of resources <input type="checkbox"/>				

(4.E) OTHER (HIGH PERFORMANCE) ACTIVITIES for ACCESS TO RESOURCES

<input type="checkbox"/> Created Template for Individualized Assistance Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Document:	
<input type="checkbox"/> Created Public Website that provide information on all resource	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (URL) of Website:	
<input type="checkbox"/> Agreements (MOUs) with CDC giving access to resources	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of MOU Document:	

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 5: REFERRAL PROCESS -- QUARTERLY REPORT

[Note. Please attach any documents that you list below as part of fulfilling the criteria]

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(5.A) DOCUMENT ASSEMBLY

	Initial Document		Follow-up (Well Written) Document	
	Name	Date (xx/xx/xx)	Name	Date (xx/xx/xx)
REFERRAL PROCESS DOCUMENTS				
Referral Process Describes process: identification to resolution <input type="checkbox"/> Clear steps outlined <input type="checkbox"/> Linkages to services clearly delineated <input type="checkbox"/> 7 Due Diligence steps outlined <input type="checkbox"/>				
Flow-Chart, Decision Diagram, Compass				
A Referral protocol document				
A Referral questionnaire				
A Referral form				
An Internal protocol document				

(5.B) DO ABOVE DOCUMENTS MEET FOLLOWING CRITERIA?

For each of the 3 criteria, check the box if the process document meets the criteria	1. Documents speak for themselves	2. Incorporates policies (e.g., limited use)	3. Shows understanding of referral process
REFERRAL PROCESS DOCUMENTS			
Referral Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow-Chart, Decision Diagram, Compass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Referral protocol document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Referral questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Referral form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An Internal protocol document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(5.C) REFERRAL PROCESS SELF-ASSESSMENT

Rate your knowledge of how to conduct a referral in each of the six situations below:			
	Inadequate	Adequate	Proficient
(1) following positive drug-test			
(2) following self-referral			
(3) following commander/leader direction			
(4) following a peer/fellow guard member's expression of concern			
(5) following a guard member's expression of concern about a family member			
(6) following a family member's expression of concern about a guard member			

(5.D) REFERRAL PROCESS CASE STUDY REVIEW		(To be completed by NGB)		
		Inadequate	Adequate	Proficient
CASE STUDY 1				
<input type="checkbox"/>	Demonstrates the ability to weigh and convey accurate referral information			
<input type="checkbox"/>	Due Diligence in Following-Up with Internal Contacts and External Resources			
<input type="checkbox"/>	Creates Referral Process (Build the Compass)			
CASE STUDY 2				
<input type="checkbox"/>	Demonstrate the ability to weigh and convey accurate referral information			
<input type="checkbox"/>	Due Diligence in Following-Up with Internal Contacts and External Resources			
<input type="checkbox"/>	Creates Referral Process (Build the Compass)			

(5.E) OTHER (HIGH PERFORMANCE) ACTIVITIES for REFERRAL PROCESS						
<input type="checkbox"/>	The CDRs and 1SGs have been provided with the aforementioned tools (documents, displays, and supplemental forms)				<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/>	A system has been set-up and promoted so that SMs have been informed of the referral process and related policies				<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/>	The PC creates a data-base that includes the ability to track referrals using the various documents and forms				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of Data-Base Document (include screen shots):						
<input type="checkbox"/>	Referral process has achieved outcomes in at least 5 different units (Provide Unit location names below)				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unit:	Unit:	Unit:	Unit:	Unit:		

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 6: PARTNERSHIPS & COLLABORATIONS -- QUARTERLY REPORT

[Note. Please attach any documents that you list below as part of fulfilling the criteria]

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(6.A) IN PERSON MEETINGS AND CONTACTS									
Partner Category	Met with 1 st Representative		Met with 2 nd Representative		MOU (Name of Doc.)	Collaborative Events (planned)			
	Agency/Rep	Date	Agency/Rep	Date		Event 1		Event 2	
						Name	Date	Name	Date
Administrative (e.g., JAG, J1, J6)									
Internal Alignment (e.g., Family, Chaplain, ADIC, ESGR)									
Other Internal/Military (DDR, CDR, 1SG NCOs)									
External (State/Community) (e.g., MH, Drug Enf., non-profit)									

(6.B) DOCUMENT EVIDENCE OF COLLABORATIVE NATURE OF THE RELATIONSHIP (this is not marketing)		
Partner Category	QUESTION 1	QUESTION 2
	How will the collaborative events listed above help the Partner?	How will the partnership leverage in-kind and financial resources?
Administrative (e.g., JAG, J1, J6)		
Internal Alignment (e.g., Family, Chaplain, ADIC, ESGR)		
Other Internal/Military (DDR, CDR, 1SG, NCOs)		
External (State/Community) (e.g., MH, Drug Enf., non-profit)		
Name of document reviewing evidence for above:		

(6.C) COLLABORATIVE REACH		
<input type="checkbox"/> Is there a plan for delivery of training or direct service (between PTO and Partner)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Is this plan for a pre- or post-deployment service?	<input type="checkbox"/> PRE	<input type="checkbox"/> POST
<input type="checkbox"/> Does the plan utilize resources from outside the PTO?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Have you activated or implemented the plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Have you reported the results back to NGB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Have you provided documentation of meetings attended, role in meeting, service agreements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Have you documented how guard members were served as a result of this collaborative plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of document reviewing evidence for above:		

(6.D) RESULTS OF COLLABORATIVE EFFORT				
Partner Category	As a result of mutual and collaborative activities described above, the PC provides evidence that the following has occurred. The PC must show that these results would not have otherwise occurred without the collaborative effort.			
	Guard members and their families received no cost services	The collaborator facilitated the PC presenting PTO mission & resources to agency providers	The PTO contributed to enhanced service delivery—through internal and external agencies—to guard members	
Administrative (e.g., JAG, J1, J6)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Internal Alignment (e.g., Family, Chaplain, ADIC, ESGR)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Internal/Military (DDR, CDR, 1 st Sgt, NCOs)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
External (State/Community) (e.g., MH, Drug Enf., non-profit)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of document reviewing evidence for above:				

(6.E) OTHER (HIGH PERFORMANCE) ACTIVITIES for PARTNERSHIPS & COLLABORATIONS			
<input type="checkbox"/> Agencies and groups (e.g., ADIC) have sought out the PC as a partner in the development, design, and implementation of service delivery programs.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Agency 1:	Agency 2:	Agency 3:	
<input type="checkbox"/> Through partnerships the PC implements a meeting, workshop, or event that brings national level partnerships to the state and to guard members			<input type="checkbox"/> YES <input type="checkbox"/> NO
o What National-level partner was involved?			
o What was the name of the event?			
o When and where did it take place?			
o How did it address Guard Member needs for MH and/or substance use?			

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 7: FISCAL MANAGEMENT -- QUARTERLY REPORT

[Note. Please attach any documents that you list below as part of fulfilling the criteria]

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(7.A) DOCUMENT EVIDENCE OF FISCAL MANAGEMENT	
Name of document	
1.	Initial Budget Document (Target Letter)
2.	Updated Tracking of Expenses to Date
3.	Written Report (covers the 8 areas below; 2 to 4 pages)
4.	Planning Document

(7.B) REVIEW OF WRITTEN REPORT--INITIAL CRITERIA FOR FISCAL RESPONSIBILITY		(To be completed by NGB)		
		Inadequate	Adequate	Proficient (includes ✓sample)
1.	Are the funds that you (the PC) have been using been shown to, or overseen by, a higher fiscal authority? <i>✓ Gives details on meetings and personnel involved.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	How often are you monitoring your budget? <i>✓Presents detailed spreadsheets with dates and updates.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	How are you using the funds to meet specific goals as outlined in your action plan? <i>✓Provides criteria for each goal and how much budget has been allocated, currently spent, and plans for spending.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Please describe your involvement in the execution of funds for the PTO; For example, what decisions have you made for budget expenditures? <i>✓ Gives details on meetings and personnel involved.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	How have you forecasted your budget expenses for each of the four quarters of the current fiscal year? <i>✓ Shows spreadsheet or table with forecast</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	(A) What kind of training have you received in fiscal operations and accountability? <i>✓ Describes detail on training (dates and location)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(B) How specifically have you used what you learned in each of these trainings? <i>✓ Provides specific example</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	How do you manage and keep track of your travel expenditures? <i>✓ Describe any system uses.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Describe several ways in which funds may be misused and plans you have in place to prevent purpose violations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7.C) BUDGET AND SPENDING PLAN		(To be completed by NGB)		
	Inadequate	Adequate	Proficient	
1. A plan for developing and submitting the PC target letter on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. A prioritized purchase list for end of fiscal year spending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Monies are designated to support the other 11 Core Components.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Scheduled meetings to update financial progress and make decisions about PTO program expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The plan is reasonable, prudent; has a good chance of being able to balance budget at the end of year with: 100% expenditure rate; 0% variance-no requests to make up for over-expenditures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(7.D) END OF YEAR REVIEW		(To be completed by NGB)		
	Inadequate	Adequate	Proficient	
1. Funds spent with fidelity to the original plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Spreadsheet documents expenditures, deviances, and justifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Written review of prioritized purchase list with a plan for how this may change for the next year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 8: SOCIAL MARKETING -- QUARTERLY REPORT

[Note. Please attach any documents that you list below as part of fulfilling the criteria]

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(8.A) EARLY STAGE PREPARATION FOR SOCIAL MARKETING (PC Education and Initial Briefings)				
1. Received basic education in social marketing <input type="checkbox"/> YES <input type="checkbox"/> NO				
Course Name:	Date:	Location:	Instructor:	No. of Hours/CEUs:
2. Brief reviewing efforts of other social marketing in state/region: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name of Document:				
3. Brief showing initial social marketing strategy <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name of Document:				
• Identified barriers and ways to overcome those barriers			<input type="checkbox"/> YES	<input type="checkbox"/> NO
• A method for communicating PTO to different groups and constituencies			<input type="checkbox"/> YES	<input type="checkbox"/> NO
• A method for piloting new or adapted message (e.g., focus group reactions)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
• A method for tailoring the message to different groups			<input type="checkbox"/> YES	<input type="checkbox"/> NO
• A system for organizing the strategy using social marketing planning forms			<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Clear goals and objectives for changing specific target behaviors in target group			<input type="checkbox"/> YES	<input type="checkbox"/> NO

(8.B) INITIAL IMPLEMENTATION OF SOCIAL MARKETING (Pilots, Leader Engagement, Tool Assembly)				
1. Conducted focus group with service members: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Unit:	Date:	Location:	Number Attending:	AAR conducted:
Name of Document (showing reactions and AAR):				
2. Unit leader responses to messaging: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Unit:	Unit Representative (Rank/Name):	Unit:	Unit Representative (Rank/Name):	
Name of Document (showing reactions):				
3. List of tools used to promote social marketing message				
<input type="checkbox"/> Tool 1:				
<input type="checkbox"/> Tool 2:				
<input type="checkbox"/> Tool 3:				
<input type="checkbox"/> Tool 4:				
Name of Document(s) showing tools:				

(8.C) INITIAL RESULTS OF SOCIAL MARKETING (Commander Reinforcement, Dissemination, Guard Response)

1. Commanders and Unit Leaders reinforce message <input type="checkbox"/> YES <input type="checkbox"/> NO		
Unit:	Name of Leader:	Describe Event:
Unit:	Name of Leader:	Describe Event:
Unit:	Name of Leader:	Describe Event:
2. Message Disseminated into local environments in more than one location: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Location :	Dates:	Describe Dissemination (how innovative):
Location :	Dates:	Describe Dissemination (how innovative):
Location :	Dates:	Describe Dissemination (how innovative):
3. Evidence Social Marketing Efforts resulting in Guard Member responsibility: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Example 1:		
Example 2:		
Example 3:		
4. Additional notes on Progress following original Social Marketing Strategy (Initial Brief)		

(8.D) OTHER (HIGH PERFORMANCE) ACTIVITIES for SOCIAL MARKETING

<input type="checkbox"/> Improvements in unit cohesion from the R-URI or URI	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Guard member incidents and testimonials that show positive changes	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Self-reported surveys taken before and after a social marketing campaign	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Requests for materials from new unit leaders, commanders, and/or service members previously not contacted	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of document reviewing evidence for above:	

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 9: OUTREACH TO MILITARY FAMILIES -- QUARTERLY REPORT

[Note. Please attach any documents that you list below as part of fulfilling the criteria]

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(9.A) INITIAL BRIEF (Family Outreach Development)		
Brief has been developed explaining initial Outreach Efforts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Document describing the following three elements:		
1. Includes Review/List of all Family Assistance Centers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Includes Review/List of all FRG Coordinators	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Identifies PTO-related Needs for FACs and FRGs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CRITERIA FOR EVALUATING DOCUMENTS:		
1. Is it comprehensive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Is it clear?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Can an independent party (anywhere in the state) use it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of Briefing Document:		
Name of Document showing lists:		

(9.B) DOCUMENTATION OF OUTREACH ACTIVITIES			
	Single Event (give location/date)	Outreach Across State	Addresses Needs identified in Initial Brief
<input type="checkbox"/> Provided one-on-one or direct assistance to family support and reintegration service providers		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Worked in cooperation with chaplaincy to further assist families in need – with direct contact to families		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Presented PTO materials at projects and fairs (e.g., wellness fairs) directly to family members		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Assisted with and/or spoke at conference or function directly pertaining to family support (e.g., Family Days)		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Established a network of providers for service member families that would have not been there otherwise		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Worked with local or state-level agency to get substance abuse/mental health resources to families in need		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Provided information directly to families: treatment and payment options available to SMs and to families		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Brought in speakers and/or other experts to review cultural, ethnic factors as part of outreach directly to families		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Worked state-level events in conjunction with other state and guard entities to outreach families		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Reached out to guard units (multiple units) to increase their involvement in Family Days and/or prevention		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Document providing evidence for above:			

(9.C) OTHER (HIGH PERFORMANCE) ACTIVITIES for FAMILY OUTREACH (consult scoring document for details)		
<input type="checkbox"/> Demonstrated a strong relationship with state FRG	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Conducted training at Family Readiness Leaders (annual) conference	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Demonstrated a strong partnership with state-level re-integration team	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> On a quarterly basis, sent PTO information out to Service Member families	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Published (at least annually) an article on PTO-related information in a Family Support , National Guard, or other newsletter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Provided a Team Readiness training to FRG Coordinators	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of document reviewing evidence for above:		

(10.C) OTHER (HIGH PERFORMANCE) ACTIVITIES for PREVENTION TRAINING (consult scoring document for details)		
<input type="checkbox"/> Certified as Trainer of Trainers in Team Readiness	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Conducted Training of Trainers to UPLs/DTPAMs in the States	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Developed, utilized tracking mechanism to monitor prevention efforts made by UPLs/DTPAMs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> UPLs/ DTPAMs actually provide at least 2 hours of prevention training in state	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Indicate number of units/wings and # of participants:	# Units/Wings:	Total # participants:
<input type="checkbox"/> Has collected pre-test and post-test substance abuse risk data from among units receiving prevention training (this includes the use of URI and R-URIs)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Indicate number of participants providing both pre-test and post-test:		
<input type="checkbox"/> The PC indicates an established track record for leveraging existing opportunities for delivering prevention	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> The PC indicates an established track record creating new educational opportunities for prevention delivery throughout the state (not just specific locations).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of document reviewing evidence for above:		

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 11: REFERRAL TRACKING -- QUARTERLY REPORT

[Note. Please attach any documents that you list below as part of fulfilling the criteria]

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

(11. A) BASIC FILE SET-UP FOR REFERRAL TRACKING

Does the case file contain the following (field) information on the referral client:		
(a) type of referral (e.g., command directed, self-refer, positive UA, DWI, family referred)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(b) type of substance involved-if any	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(c) type/class of case (e.g., M-Day, Veteran, Rank)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(d) date of initial referral	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(e) type of informational handout/packet provided to case individual/family member	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(f) family member involved	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(g) agency or agencies used in the referral	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(h) name of individual at agency contacted	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(i) notes on how contact made	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(j) follow-up contact notes showing attempt to discern status progress	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(k) final outcome	<input type="checkbox"/> YES	<input type="checkbox"/> NO

(11.B) FILE DISPLAY AND CAPACITY FOR REPORTING

1. In conveying the results of the single case file (either through portfolio, paper, or spreadsheet), the PC:	
a. conveys a process for protecting the confidentiality of the case/client	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. conveys understanding of the limited use policy and the role of the PC	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. follows regulatory guidance for referral tracking (e.g., AR 600-85/44-121)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The data from case file is displayed in the tracking spreadsheet or data-base system	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. The system captures each type of referral and the above information (a through j)	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. The system generates a report showing time-line regarding assistance path	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. The system generates a report showing cooperation across specific agencies	<input type="checkbox"/> YES <input type="checkbox"/> NO

(11.C) PROCESS SUPPORT ACTIVITIES for REFERRAL TRACKING (consult scoring document for details)

<input type="checkbox"/> Internal and external agencies allow transfer of information to PC to update case progress	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of new agencies added to tracking this quarter?	Number:
A) MOAs in place with agencies allow transfer of information and progress report	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of MOAs added this quarter?	Number:
B) PC has method for tracking process from initial PC referral → progress → outcomes	<input type="checkbox"/> YES <input type="checkbox"/> NO
C) PC has method for rating agencies in terms of ability to provide requested tx or support	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PC demonstrates capacity to commander for keeping referral documents updated	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PC contacts agencies to insure post-referral contact was made	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PC able to track progress in cases for at least 30 days	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PC able to track progress in cases for at least 60 days	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PC able to track progress in cases for at least 90 days	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PC able to track progress in cases for at least 180 days	<input type="checkbox"/> YES <input type="checkbox"/> NO

(11.D) NUMBER OF NEW CASE FILES ADDED (OPENED) THIS QUARTER

Number Here:

Number Followed Up within this QTR?

Provide detail on #30, 60, 90 days?

Other Detail:

For all new case files added, check [[✓]] whether data entered from (11.A) above for each of items (a) through (k)

	a	b	c	d	e	f	g	h	i	j	k
CASE 1											
CASE 2											
CASE 3											
CASE 4											
CASE 5											
CASE 6											
CASE 7											
CASE 8											
CASE 9											
CASE 10											

(11.E) NUMBER OF CASE FILES FROM PREVIOUS QUARTER/ALONG WITH FOLLOW-UP

TOTAL # Cases accumulated from all previous QTRS	# Followed-up This QTR	# of 30 Day	# of 60 Day	# of 90 Day	# of 180 Day

(11.F) OTHER (HIGH PERFORMANCE) ACTIVITIES for REFERRAL TRACKING (consult scoring document for details)

<input type="checkbox"/> PC made contact with referred agencies for new cases (added in D above)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notes (# contacts):	
<input type="checkbox"/> PC notes on case convey outcomes for post-referral progress	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notes (# cases where outcomes conveyed):	
<input type="checkbox"/> PC documents 180 day follow-up clean UAs for substance abuse cases initiated in system	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notes (# cases where clean UA cases):	
<input type="checkbox"/> PC provides a formal report to NGB making a case that the initial PC referral efforts results in success or significant progress for the majority of the cases seen to date	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Report includes PowerPoint documents outcomes by referral type/other information	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Report includes status-report evaluation of referral procedures, treatment/support resources, and status of service members	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Report includes presentation of tools used as part of the tracking process (e.g., protocols, release forms, assistance packets)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Data Tracking Checklist

PREVENTION, TREATMENT, and OUTREACH

COMPONENT 12: ONGOING MONITORING & DATA COLLECTION -- QUARTERLY REPORT

PC Rank/Full Name:		QTR/Fiscal Year:	
State:			

Data Tracking Check-List

Program Marketing	(Note. To obtain 50% Criteria 4 of 7 items should be checked "Yes")
1. Marketing Materials have been placed	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Briefings have been Delivered	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Sphere of Influence Report Filed with information on each	
Units	<input type="checkbox"/> YES <input type="checkbox"/> NO
Leaders/Commanders	<input type="checkbox"/> YES <input type="checkbox"/> NO
Internal Service Providers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Community Agencies	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. New Alliances Formed	<input type="checkbox"/> YES <input type="checkbox"/> NO
Access to Resources	(Note. To obtain 50% Criteria 2 of 4 items should be checked "Yes")
5. Needs Assessment completed	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Quality Assessment completed with information on following:	
Ways to improve self-referral	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ways to improve PTO approachability	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ways to increase accessibility of resources	<input type="checkbox"/> YES <input type="checkbox"/> NO
Partnerships & Collaborations	(Note. To obtain 50% Criteria 5 of 10 items should be checked "Yes")
Partner Category	Meetings Held
7. Administrative	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Internal Alignment	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Other Internal/Military	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. External (State/Community)	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. National-Level Partner	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Collaborative Events (not Meetings)
12. Administrative	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Internal Alignment	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Other Internal/Military	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. External (State/Community)	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. National-Level Partner	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fiscal Management	
17. Has a Quarterly Written Report been submitted	<input type="checkbox"/> YES <input type="checkbox"/> NO
Social Marketing	(Note. To obtain 50% Criteria 4 of 7 items should be checked "Yes")
18. Commanders and Unit Leaders reinforce message	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Message Disseminated in local environments in more than one location	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Evidence Social Marketing Efforts resulting in Guard Member responsibility	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Improvements in unit cohesion from the R-URI or URI	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Guard member incidents and testimonials that show positive changes	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Self-reported surveys taken before and after a social marketing campaign	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Requests for materials from new unit leaders, commanders, and/or NG members not contacted	<input type="checkbox"/> YES <input type="checkbox"/> NO

Outreach						
25. Provided 1-on-1 or <u>direct</u> assistance to family support and reintegration service providers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
26. Worked in cooperation with chaplaincy to assist families– with <u>direct</u> contact to families	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
27. Presented PTO materials at projects and fairs (e.g., wellness) <u>directly</u> to family members	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
28. Assisted with and/or spoke at conference or function pertaining to family support	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
29. Established a network of providers for service member families	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
30. Worked with local or state-level agency to get substance abuse/MH resources to families	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
31. Provided information <u>directly</u> to families: treatment and payment options	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
32. Brought in speakers and/or experts to review cultural, ethnic factors as part of outreach	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
33. Worked state-level events in conjunction with other state and guard entities to outreach	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
34. Reached out to units to increase involvement in Family Days and/or prevention	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
35. Demonstrated a strong relationship with state FRG	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
36. Conducted training at Family Readiness Leaders (annual) conference	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
37. Demonstrated a strong partnership with state-level re-integration team	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
38. <u>On a quarterly</u> basis, sent PTO information out to Service Member families	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
39. Published (<u>at least annually</u>) an article on PTO-related information in a newsletter	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
40. Provided a Team Readiness training to FRG Coordinators	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
Prevention Training						
TRAINING/EDUCATION CONDUCTED BY SELF						
Team Readiness	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
41. Partial (1 hour) Team Readiness Training Delivered to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
42. 3 Hour Team Readiness to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
43. Full 6-Hour Training Delivered to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
44. Were post-session ratings collected on any of above?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
45. Were pre-and post-surveys on substance use risk collected on any of above?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
Other Prevention						
46. Other Prevention Education (1 Hour) to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
47. Other Prevention Education (2 or more Hours) to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
48. Were post-session ratings collected on any of above?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
49. Were pre-and post-surveys on substance use risk collected on any of above?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
TRAINING/EDUCATION CONDUCTED BY UPLs/DTPAMs						
Team Readiness						
50. Partial (1 hour) Team Readiness Training Delivered to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
51. 3 Hour Team Readiness to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
52. Full 6-Hour Training Delivered to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
53. Were post-session ratings collected on any of above?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
54. Were pre-and post-surveys on substance use risk collected on any of above?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
Other Prevention						
55. Other Prevention Education (1 Hour) to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
56. Other Prevention Education (2 or more Hours) to Units/Wings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
57. Were post-session ratings collected on any of above?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
58. Were pre-and post-surveys on substance use risk collected on any of above?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
Referral Tracking						
	None	(1)	(2)	3 to 5	6- 10	11 +
59. Number of new case files added this quarter	<input type="checkbox"/>					
60. Number of case files followed up this quarter	<input type="checkbox"/>					
61. Number of Times PC made contact with referred agencies for new cases	<input type="checkbox"/>					
62. Number of Times PC made contact with referred agencies for follow-up	<input type="checkbox"/>					
63. Number of cases that were closed (discharged, completed, referred and not compliant with treatment)	<input type="checkbox"/>					
64. Of cases closed in 63 above, what number showed a positive or successful outcome (clean UA screens, completion of TX, positive status reports, etc.)?	<input type="checkbox"/>					

OTHER (HIGH PERFORMANCE) ACTIVITIES for DATA COLLECTION (completed by NGB)			
	Inadequate	Adequate	Proficient
1. PC actively monitors, collects and enters data into current IMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PC reviews data/reports to help improve PTO program strategy <i>Based on previous data collection, the PC has (for example)</i> <ul style="list-style-type: none"> • adjusted promotional strategies • altered referral protocols • created more effective social marketing messages • enhanced/modified prevention education approach 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PC demonstrates improvement in all core components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PC collects URI data on certain percentage of units in state	Less than 10% of units	10%-25% of units	25% of more of units
5. PC collects RURI data on certain percentage of deployed units in state	Less than 40%	40-70% of units	70%-100% of units
6. Conducted Training of Trainers to certify UPLs/DTPAMs			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Inadequate	Adequate	Proficient
7. Level of Skill demonstrated in this training of trainers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C
PREVENTION EDUCATION/TEAM
READINESS SESSION RATING FORMS

National Guard

Prevention Treatment & Outreach

PTO Prevention Education/Team Readiness Session

Rating Form

PREVENTION EDUCATION/TEAM READINESS SESSION RATING FORM

FACILITATOR'S NAME: _____

SESSION/MODULE: _____

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
	1	2	3	4	5
1. I clearly understood the session objectives.	1	2	3	4	5
2. The session met its stated objectives.	1	2	3	4	5
3. Participant materials (handouts, questionnaires) used were helpful.	1	2	3	4	5
4. I was made aware of health risks I may have now or in the future and ways to address those risks.	1	2	3	4	5
5. I had enough time to learn the subject matter (the session was neither too long nor too short).	1	2	3	4	5
6. The instructor(s) provided clear and complete answers to questions.	1	2	3	4	5
7. The instructor(s) helped make the session useful to my duty/life situation.	1	2	3	4	5
8. Today's session made me more comfortable seeking help for problems.	1	2	3	4	5
9. Things learned today will be helpful to my service members or others in my work group.	1	2	3	4	5
10. What I learned today will benefit my own stress, health or wellness.	1	2	3	4	5
11. I can use what I learned to help others with their stress or health	1	2	3	4	5
12. My knowledge of health and substance use prevention resources increased as a result of today's session.	1	2	3	4	5
13. Overall, I was satisfied with this session.	1	2	3	4	5

COMMENTS:

APPENDIX D
TREATMENT LOCATORS & RESOURCES

National Guard

Prevention Treatment & Outreach

Treatment Web Links and Resources

TREATMENT LOCATORS

Find Substance Abuse and Mental Health Treatment
www.samhsa.gov/treatment

Call SAMHSA's 24-Hour Toll-Free Referral Helpline
at 1-800-662-HELP (1-800-662-4357)

Find Treatment for Substance Abuse

- **Substance Abuse Treatment Facility Locator**
(<http://findtreatment.samhsa.gov>)
- **Buprenorphine Physician & Treatment Program Locator**
(http://buprenorphine.samhsa.gov/bwns_locator)
- **Opioid Treatment Program Directory**
(<http://dpt2.samhsa.gov/treatment>)

Find Mental Health Services & Treatment

- **Mental Health Services Locator**
<http://mentalhealth.samhsa.gov/databases>

Additional Substance Abuse Resources

- **Understanding Drug Abuse and Addiction (NIDA)**
<http://www.drugabuse.gov/Infofacts/understand.html>
- **SAMHSA's Quick Guide to Finding Effective Alcohol and Drug Addiction Treatment**
<http://csat.samhsa.gov/faqs.aspx>
- **SAMHSA's Family Guide to Keeping Youth Mentally Healthy & Drug Free**
<http://family.samhsa.gov>
- **SAMHSA's Health Information Network** offers publications and materials on substance abuse prevention and treatment
<http://www.samhsa.gov/shin>
- **SAMHSA's Recovery Month program** is a public education effort to bring more awareness of substance abuse treatment issues to communities
<http://www.recoverymonth.gov>
- **SAMHSA's Recovery Community Services Program** supports long-term recovery resources in communities around the country
<http://rcsp.samhsa.gov>
- **Medline Plus (NIH)** offers a library of information on Substance Abuse
<http://www.nlm.nih.gov/medlineplus/substanceabuseproblems.html>

SUICIDE PREVENTION



1-800-273-TALK (8255)
SuicidePreventionLifeline.org

E-MAIL UPDATES

Join the
eNetwork

<http://samhsa.gov/enetwork>

Additional Mental Health Resources

- **Mental Health Topics (NIMH)** offers information on signs, symptoms, diagnosis, and treatment
<http://www.nimh.nih.gov/health/topics/index.shtml>
- **SAMHSA's Guide to Choosing the Right Mental Health Therapist**
<http://mentalhealth.samhsa.gov/publications/allpubs/KEN98-0046/default.asp>
- **SAMHSA's Family Guide to Keeping Youth Mentally Healthy & Drug Free**
<http://family.samhsa.gov>
- **SAMHSA's Resources for Coping with Traumatic Events**
<http://www.samhsa.gov/trauma/index.aspx>
- **SAMHSA's Health Information Network** offers publications and materials on substance abuse prevention and treatment
<http://www.samhsa.gov/shin>
- **SAMHSA's Resource Center to Address Discrimination & Stigma Associated with Mental Illness (ADS Center)** provides information and advice on countering discrimination and stigma associated with mental illness
<http://stopstigma.samhsa.gov>
- **SAMHSA's Consumer/Survivor Mental Health Information Program** supports the meaningful participation of mental health Consumers/Survivors in all aspects of the mental health system, including the planning, design, implementation, policy formulation and evaluation of mental health services
<http://mentalhealth.samhsa.gov/consumersurvivor>
- **Medline Plus (NIH)** offers a library of information on Mental Health
<http://www.nlm.nih.gov/medlineplus/substanceabuseproblems.html>

Additional Medication Assisted Treatment Resources

- **Medication Assisted Treatment (MAT)** is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.
<http://www.dpt.samhsa.gov>
- **MAT Patient & Family Resources**
<http://www.dpt.samhsa.gov/patients/patientsindex.aspx>
- **Buprenorphine FAQ**
<http://buprenorphine.samhsa.gov/faq.html>