

## ANTI-METH INITIATIVE QUARTERLY REPORT

Please provide information from the previous quarter (January, February, March) 2008.

Once your report is complete, please forward a copy to Briana Kreibich, Anti-methamphetamine Program Administrator at [bkreibich@az.gov](mailto:bkreibich@az.gov).

When you have completed entering all your information, please print or save a copy for your records.

Thank you.

**Coalition Name:** Navajo County Coalition Against Drug Abuse

**Email address of person(s) completing quarterly report:** [navcoantimeth@gmail.com](mailto:navcoantimeth@gmail.com)

**Quarter and Year you are reporting on:** 1st quarter 2008

### Coalition Activities

Please tell us about the activities that were conducted in the past month to develop or maintain your coalition.

1. Which coalition activities or recruitment took place for the quarter you are reporting on?

(Select all that apply)

- a. Held coalition meetings
- b. Created coalition subcommittees
- c. Held a community forum
- d. Attended training(s)
- e. Attended (had a table at) a community event
- f. Expanded meeting locations
- g. Hired more staff
- h. Partnered with local agency
- i. New project manager hired
- j. New coalition members recruited
- k. Existing member resigned
- l. Identified coalition leader(s)
- m. Better access to data sources
- n. Other (please describe):

### Capacity Building

2. Please tell us about the activities related to capacity building that were conducted in the past quarter. By “capacity building” we mean activities that were conducted to improve the ability of your coalition to deliver substance abuse prevention services, such as improving organizational resources; improving awareness about substance abuse problems; building new relationships, or strengthening existing relationships among coalitions, groups, and organizations involved in

substance abuse prevention; and working to ensure intervention activities and outcomes continue after Anti-Meth Initiative funding ends. (Select all that apply)

- a. Identified key coalition activities and goals
- b. Trained staff
- c. Identified or secured physical space
- d. Coordinated or improved technical resources
- e. Coordinated data collection
- f. Other (please describe):

3. During the past quarter did the coalition work to raise awareness in the community of substance use or abuse problems?  
 Yes     No – if the answer is No, proceed to Cultural Competency, question 5.

4. Indicate the activities that were conducted to raise awareness of substance use or abuse problems in the community. (Select all that apply)

- a. Media activities (TV, radio, newspaper ads, or public service announcements)
- b. Internet activities (listservs, web sites, or mass e-mails to targeted populations)
- c. Direct mailings
- d. Face-to-face outreach (health fairs, classroom visits or other community events, etc.)
- e. Other (please describe): MLK Grant & Alcohol Retail Mapping in Proximity to Youth grant

<b>Cultural Competency</b>
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Cultural Competency can be defined in many ways. For the following questions we are asking you to report on your understanding of Cultural Competency.

5. During the past quarter, did you conduct any cultural competency activities? (For example, the coalition received cultural competency training, conducted a focus group in a language other than English, etc.)

Yes - please describe:

No

6. In the past quarter, did you conduct any coalition meetings in a language other than English?

Yes     No

7. In the past quarter, did the coalition distribute any materials in a language other than English? (For example, coalition pamphlets, surveys, etc.)

Yes – please describe: Spanish language prevention materials

No

<b>Challenges and Successes</b>
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8. Briefly describe any challenges related to coalition activities, capacity building or cultural competency that were encountered in the past quarter.

9. Briefly describe any significant successes related to coalition activities, capacity building or cultural competency that occurred in the past quarter.

First 2 elements of MLK grant were accomplished; ARMPY grant was executed and completed

<b>Coalition Membership</b>
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Please complete the following table by placing an “X” in the appropriate column relating to your coalition membership.

Sector	Currently Represented in Your Coalition	Joined the Coalition Last Month	Left the Coalition Last Month
10. Youth Group Member	x	x	
11. Parent/Family/Caregiver Member	x		
12. Business Group Member	x		
13. Media Group	x		
14. School Group			
15. Youth Serving Group Member	x		
16. Law Enforcement Agency Member	x		
17. Local/State Court Member	x		
18. Department of Justice			
19. Local/State Jails or Prison Member	x		
20. Faith-based Organization Member	x		
21. Civic or Volunteer Organization Member	x		
22. Health Care Professional Member	x		
23. State Governmental Agency	x		
24. Tribal Member	x		
25. Other:			

<b>Changes During the Past Quarter</b>
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During the past quarter, were there any changes in the following areas listed below.

Please indicate any changes in the past month by placing an “X” in the appropriate yes/no column. If changes occurred, please describe the changes.

<b>During the Past Month were there any changes regarding:</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please describe changes</b>
26. Coalition goals and objectives		x	
27. Funding affecting the coalition’s work	x		State grants for MLK & ARMPY
28. Coalition data systems (for example: new computer systems or ways to collect information from participants)		x	
29. Access to data previously unavailable (for example: participation in AYS (Arizona Youth Survey, law enforcement data, hospital data)		x	
30. Any other changes			

<b>Technical Assistance Received This Past Month</b>
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In this section please provide us with information about any Technical Assistance that you received and/or requested during the last quarter.

Please place an “X” under the appropriate response for both “Requested and Received” columns. Also include who the assistance was provided by under the “Provider” column.

Technical Assistance

<b>Topical Area</b>	<b>Requested</b>	<b>Received</b>	<b>Provider</b>
31. Needs Assessment			
32. Strategic Plan			
33. Software			
34. Data			
35. Cultural Competency			
36. Human Resources			
37. Infrastructure			
38. Funding Sources	x	x	State grants
39. Leadership			
40. Organizational Experience			
41. Up to Date Knowledge of Substance Abuse Issues of the Community			
42. Member Recruitment			
43. Accessing Data Sources			

44. Holding a Community Forum			
45. Identifying Key Coalition Activities and Goals			
46. Training Staff			
47. Identifying or Securing Physical Space			
48. Coordinating Data Collection	x	x	MJ Munroe
49. Other (please describe):			

Please describe any TA requests that were not received, or you still need help with:

<b>Meetings and SPF SIG Activities During the last month</b>
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For each meeting of the Coalition or any Subcommittee or other Anti-Meth activities that took place during the last quarter, please provide the following information.

*A. First Meeting or Activity*

1. Name of group or activity: Coalition Steering Committee Meetings
2. Date of meeting or activity (you may enter MM/DD/YY, a range of dates, or indicate that it is on-going): 01/09/08, 02/13/08, 03/05/08
3. Purpose of meeting or activity: Monthly steering meetings
4. Topics covered: general activities, budget, programs, grants
5. Meeting length (hours): 1 1/2
6. Number of people expected to attend: 15
7. Number of people who attended: 10

*B. Second Meeting or Activity*

1. Name of group or activity: Winslow High School Panel Presentation
2. Date of meeting or activity (you may enter MM/DD/YY, a range of dates, or indicate that it is on-going): 01/22/08
3. Purpose of meeting or activity: drug prevention education
4. Topics covered: drug prevention

5. Meeting length (hours): 4
6. Number of people expected to attend: 297
7. Number of people who attended: 297

*C. Third Meeting or Activity*

1. Name of group or activity: MLK Non-Violence Pledge Signing
2. Date of meeting or activity (you may enter MM/DD/YY, a range of dates, or indicate that it is on-going): 01/19 & 21/08
3. Purpose of meeting or activity: non-violence and volunteerism promotion
4. Topics covered: same
5. Meeting length (hours): 12, 5 locations
6. Number of people expected to attend: unk
7. Number of people who attended: 2000

*D. Fourth Meeting or Activity*

1. Name of group or activity: Diamondback Days
2. Date of meeting or activity (you may enter MM/DD/YY, a range of dates, or indicate that it is on-going): 02/07/08
3. Purpose of meeting or activity: Prevention information booth & raffle ticket sales
4. Topics covered: drug prevention information
5. Meeting length (hours): 5
6. Number of people expected to attend: unk
7. Number of people who attended: 500

*E. Fifth Meeting or Activity*

1. Name of group or activity: Winslow High School Parents Night

2. Date of meeting or activity (you may enter MM/DD/YY, a range of dates, or indicate that it is on-going): 02/11/08

3. Purpose of meeting or activity: drug prevention education

4. Topics covered: drug prevention

5. Meeting length (hours): 6

6. Number of people expected to attend: unk

7. Number of people who attended: 12

*F. Sixth Meeting or Activity*

1. Name of group or activity: Barry Wonderful Dog Fair

2. Date of meeting or activity (you may enter MM/DD/YY, a range of dates, or indicate that it is on-going): -2/17/08

3. Purpose of meeting or activity: drug prevention education

4. Topics covered: drug prevention

5. Meeting length (hours): 6

6. Number of people expected to attend: unk

7. Number of people who attended: 60

*G. Seventh Meeting or Activity*

1. Name of group or activity: Bab's Deli Grand Opening

2. Date of meeting or activity (you may enter MM/DD/YY, a range of dates, or indicate that it is on-going): 02/23/08

3. Purpose of meeting or activity: live radio remote, drug awareness, raffle sales

4. Topics covered: drug prevention

5. Meeting length (hours): 3

6. Number of people expected to attend: unk

7. Number of people who attended: 50

*H. Eighth Meeting or Activity*

1. Name of group or activity: Summit Medical Center Health Fair

2. Date of meeting or activity (you may enter MM/DD/YY, a range of dates, or indicate that it is on-going): 03/05-10/08

3. Purpose of meeting or activity: drug prevention awareness booth

4. Topics covered: drug prevention

5. Meeting length (hours): 5 days

6. Number of people expected to attend: unk

7. Number of people who attended: unk

*J. Tenth Meeting or Activity*

1. Name of group or activity: Women's Health Conference

2. Date of meeting or activity (you may enter MM/DD/YY, a range of dates, or indicate that it is on-going): 03/39/08

3. Purpose of meeting or activity: drug prevention awareness booth

4. Topics covered: drug prevention

5. Meeting length (hours): 6

6. Number of people expected to attend: unk

7. Number of people who attended: 185

**YOU HAVE COME TO THE END OF THIS REPORT – THANK YOU!**