



Prevention

Training

Technical

Assistance

Service

Center

Sector of the Month Learning Community

Faith Based Organizations



Overview

Often, community substance prevention issues are too large and complex for any one agency or organization to tackle. In these circumstances, putting together a coalition of groups and individuals can be an effective strategy for impacting programs and policies - in schools, business, government, and other relevant sectors - that are needed to solve an identified set of objectives or achieve shared goals.

This learning event places the Strategic Prevention Framework into the context of the 12 Stakeholders Sectors within coalition prevention work.

This Presentation will

- Walk you through the Faith Sector within the SPF Model
- Gain knowledge of the different levels of sector involvement
- Learn from a shared experience through a coalition speaker representing that sector
- Identify ways to engage with the sector
- Identify barriers to deeper levels of participation of the sector and how to overcome them
- Time for Q and A



Strategic Prevention Framework (SPF)

The five steps and two guiding principles of the SPF offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.

The SPF includes these five steps:

- 1 . **Assessment:** Identify local prevention needs based on data. What is the problem?
- 2 . **Capacity:** Build local resources and readiness to address prevention needs. What do you have to work with?
- 3 . **Planning:** Find out what works to address prevention needs and how to do it well What should you do and how should you do it?
- 4 . **Implementation:** Deliver evidence-based programs and practices as intended. How can you put your plan into action?
- 5 . **Evaluation:** Examine the process and outcomes of programs and practices (Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps:

Cultural Competence. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

Sustainability. The process of building an adaptive and effective system that achieves and maintains desired long-term results



What are Faith-based Organizations?

Faith-based organizations are affiliated with a specific church or religious group, or a private foundation which operates based upon the principles of a religious/spiritual faith. A church or other place of worship **CAN** be a faith-based organization; however, the faith sector is made up of other types of groups, organizations, and programs, such as:

- Parish Hospitals
- Peer led programs, such as Alcoholics Anonymous
- Religious Schools and Universities
- Charities with religious missions/values: YMCA/YWCA and Habitat for Humanity
- Religious groups with prevention and addiction programs, Salvation Army



Why Is The Involvement Of Faith-based Organizations In Prevention Is Important?

- Their presence lends credibility to the coalition.
- Faith groups touch people of all ages, economic levels, and ethnicities and can mobilize them.
- Members provide a sense of community to one another and accept that they have responsibilities to each other, their faith, and themselves.
- Members seek guidance and respect the wisdom of their faith leaders.
- Faith groups exist in nearly every community.
- Provide services to those who might otherwise not be involved in prevention.
- Religious beliefs and spirituality can provide protective factors in substance prevention, and resiliency in treatment and recovery.



Faith As A Protective Factor



Faith can provide visible role models who abstain from substance use or who provide testimonial of overcoming addiction.



Establishes moral directive of self-control and personal virtue.



An important source of social capital which provides an individual with the ability to build relationships with people of all ages, life stages and backgrounds



Encourages youth spiritual development.



Promotes spiritual health in a way that encourages positive self-worth, values, and life purpose.

Faith in the Needs Assessment

Faith organizational data can be collected through various methods: Community-based programs and services, populations served, substances addressed and demographics. Surveys, key informant interviews, and focus groups can be conducted to find this information.



This data is used to identify priority substances, associated risk factors and determine the strategies to employ to prevent and reduce substance misuse.

- Various tools exist for this purpose:
- Inventory of Faith Based Organizations
- Analysis of programs and services provided



Programs and activities are planned to address identified risk factors and strengthen the coalition's efforts.



Capacity

Examples of how the Faith sector can build capacity:

- Invite Faith leaders to attend coalition meetings and activities.
- Seek out Faith sector input on policies of the coalition.
- Evaluation is a key area where an inventory of Faith-based organizations and their programs and services can lend insight on use of data to improve programming. Consider faith-based programs/organizations in your needs assessment as they increase community readiness and provide much needed resources.
- Invite them to inform members of their organizations of coalition activities, messaging and their partnership in the prevention efforts of the community.
- Elevate the Faith sector through recognition of prevention efforts.



Capacity in Faith



Faith groups can be physically located in their community of service and share knowledge and experience of the challenges residents may face in areas of substance misuse and other socioeconomic factors.



Faith groups have a wealth of human capital in attendance through the skills of their members, as well as available physical capital in the form of building space, classroom areas, and space to provide drug-free education, AA/NA groups and other health promotion groups.



Faith groups tend not to categorize people by their “need” and treat them like clients or patients. Congregations tend to take a more holistic approach (mind, body, spirit) and welcome people to give and receive services in the context more akin to extended family.

Planning

Prevention strategic plans include:

- Evidence based strategies that are effective in reducing substance use amongst and increase awareness of the issues. These strategies are “best fit” – they address the substance and risk factors and will work in this specific community.
- Measurable goals and objectives, several strategies that are ongoing and reinforce each other, and an evaluation plan to measure effectiveness of the strategies and whether goals were met.

Use your plan to:

- Engage the Faith sector and additional sectors to collaborate on the planning phase and how they will collaborate in the coalitions plans.
- Be aware of cultural competency with different populations and inclusion

Some examples include:

- LGBTQ
- POC
- Women
- Faith based youth groups



Implementation

How the coalition can implement its strategies:

- Alternating day, night and weekend events will allow for broad community attendance at your events. Ask sectors for their input on what works best for them.
- Ensure all sectors and members are aware of your events. There has been communication through various tools; email, social media accounts, school e-blasts, town distribution. Ask sectors to promote events and initiatives through their channels.
- Keep track of your attendance and demographics for reporting purposes.





Evaluation

Collect data on your impact to share your success.

- Process data ensures the program was implemented as intended.
- Outcome data helps identify if selected strategies contributed to changes in risk factors and substance misuse.

Refer to the Faith data sources utilized in your needs assessment.

Once you have the results from your data sources, create a presentation that displays your change over time on the goals and strategies you set during your needs assessment and planning phases.

Identify the areas where you were successful and the areas that are still in need of further focus and intervention.

Sustainability & Cultural Competency

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps:

- **Cultural Competence:** The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships .
- **Sustainability:** The process of building an adaptive and effective system that achieves and maintains desired long-term results.



Cultural Competency

By considering culture at each step, planners can help to ensure that members of diverse population groups can actively participate in and benefit from prevention practices .



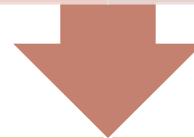
Describe how youth contribute to the role of cultural competency within your organization.

Dive deeper into your data to look for hidden or underserved populations.

Are there demographic changes happening in your community?

Hold focus groups with different Faith groups

Are materials available in multiple languages? Are materials written with target population in mind?



Appendix B: Opportunities to Integrate Cultural Competency Across the SPF steps Chart



Sustainability



Sustainability is the capacity of a community to produce and maintain positive prevention outcomes over time. To maintain positive outcomes, communities will want to sustain an effective strategic planning process as well as those programs and practices that produced positive prevention results.



Describe how the Faith sector contribute to the sustainability of your organization.

Work toward partners owning prevention initiatives.
What training, technical assistance and resources do they need?
Identify sector champions to lead and generate enthusiasm.



Appendix C: How the SPF Contributes to Sustainability Chart



Coalition Shared Experience & Speaker

Insert Coordinator Name(s) and
Organization(s)

- Introduction of Coalition and Sector Representative.
- Provide an overview of the Faith sector role within the coalition.

Describe how the Faith sector plays across the SPF model within the coalition.

- What data and strategies has the Faith sector played a part in within the coalition and broader community?
- Were there any areas of the SPF that you found the Faith sector particularly impactful?
- What have been the results or outcomes of the sector in the coalition? Share some of your goals and achievements in those areas.
- How does the Faith sector contribute to prevention efforts in the community?

How has Faith members being a part of the coalition benefitted the coalition and/or community?

What are some success stories you can share of the collaboration between the coalition and the Faith sector?

Faith Highlights in CT Prevention

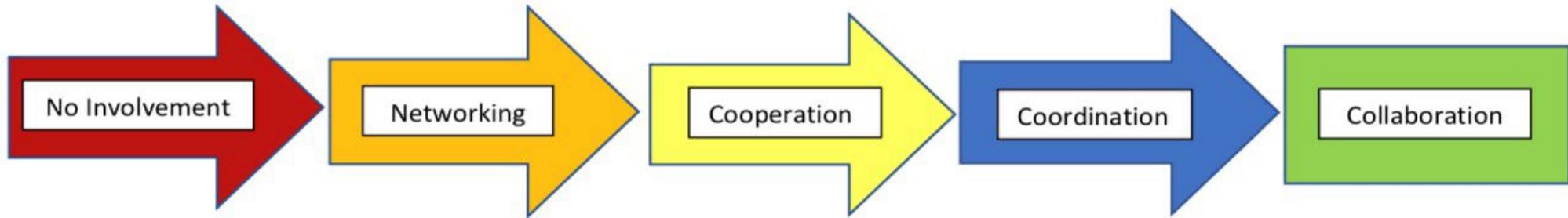
Margaret Lancaster, a health program coordinator at Ledge Light Health District, trains the pastors and other faith leaders Madry Temple Church in New London on how to administer Narcan, the opioid overdose reversal treatment.



In partnership with the Dixwell Church in New Haven, Dr. Ayana Jordan, Yale psychiatry professor, has funded the “**Black Church Project**”. The pilot program will merge behavioral therapy with spiritual sessions to see if retention in treatment can be increased. Dr. Jordan seeks to use her training to create a new evidence-based treatment, “that brings the care to folks instead of expecting folks who are already marginalized and face racism to find it.”



SECTOR LEVELS OF INVOLVEMENT



Potential community partners will have varying levels of interest and/or availability to participate in prevention efforts. Some may be willing to help with specific tasks, while others may be willing to take on leadership roles. Some participation options for prevention stakeholders are included below.

- **No involvement:** Stakeholders engage in separate activities, strategies, and policies. For example, “You do your thing, we’ll do ours.”
- **Networking:** Stakeholders share what they are doing during interagency meetings. They talk about community issues in which they all have a stake or communicate about existing programs, activities, or services. For example, “Let’s talk and share information.”
- **Cooperation:** Stakeholders publicize one another’s programs in agency newsletters, write letters in support of one another’s grant applications, co-sponsor trainings or professional development activities, and/or exchange such resources as technology expertise or meeting space. For example, “I’ll support your program, and you’ll support mine.”
- **Coordination:** Stakeholders serve together on event planning committees and community boards or implement programs and services together. For example, “Let’s partner on an event.”
- **Collaboration:** Stakeholders create formal agreements (e.g., memoranda of understanding or contracts). They develop common data collection systems; partner on joint fundraising efforts; pool fiscal or human resources; and create common workforce training systems. For example, “Let’s work together on a comprehensive plan to address the issue. After all, our missions overlap.”

- **Discuss how the Faith sector can be engaged in each of these levels of involvement.**

Levels of Engagement Tool provided at the end of this presentation.

Poll # 2 What level of involvement would you place the Faith sector in your prevention work?



Barriers To Engagement

Common barriers may include:

- Willingness/ability of leadership to provide sermons on substance related matters.
- Having the opportunity for training and coursework on prevention and substance use.
- Availability of members of the Faith sector to actively participate.
- Poor links to the community.
- Efforts to embed spiritual dimensions into the health model which are not evidence-based.
- Recruiting and sustaining faith participation over time.
- Coalitions not doing the initial legwork to reach out.



Engaging the Sector

The following list includes some of the ways to approach people and organizations in the community with information about, and invitations to participate in, prevention efforts:

- Create a recruitment flyer and interest form
- Invite leaders of faith organizations to attend and speak at community meetings and events.
- Leverage Faith knowledge of their congregation and place within the community.
- Host faith-based focus groups on substance use prevention initiatives and for their insight on current trends .
- Ask for their insight on policy provisions.
- Be mindful of varying denominations special days and holidays when planning events.
- Anticipate and overcome roadblocks

Question #3: Identify at least 2 ways in which you think your coalition could further engage this sector in your community coalition work?

Included below are different ways to encourage youth who are already engaged to get more involved in prevention efforts:

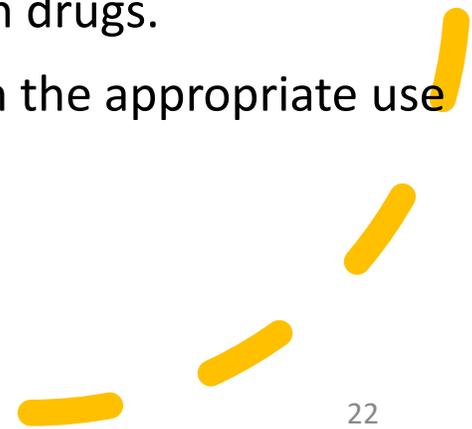
- Extend invitations to attend and speak at future prevention events and activities
- Maintain relationships by keeping stakeholders informed of prevention activities and progress made
- Plan on a consistent schedule for meetings and activities
- Provide training and materials on substance use and prevention to the sector so it may be incorporated into their education programs.
- Elevate programs and events that Faith organizations are hosting to the public.
- Encourage youth who are members of a faith-based youth group to interact with or become a part of the coalition youth committee.

Leaders Of Faith-based Organization Can...

- Provide members with information to assist them in making healthy decisions about substance use.
- Teach members to identify and counteract social influences that encourage alcohol, tobacco or other drug use, such as advertising and social influences.
- Host or run groups, such as youth groups or substance groups such as Alcoholics Anonymous.
- Share Social Norms Campaign messages.
- Support prevention efforts within the broader community.
- Referrals, support groups, social action and community involvement are some examples of activities that help support individuals through recovery.



Faith Organization Education and Event Examples:

- Sponsor a Health Day. Each year, a date is selected, and materials are provided for use within worship service, youth education, adult education and other appropriate areas of the group.
 - Integrate information on alcohol and other substance use as a part of Communion program for members.
 - Incorporate the youth. Sessions on alcohol, tobacco and other drug use can be incorporated into the religious education young people.
 - Provide information to adults on the safe and appropriate use, storage, and disposal of alcohol and prescription drugs.
 - Encourage faith leaders to integrates content on the appropriate use and alcohol and substances into the sermon.
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Faith Sector and Social Norms:

“Religious organizations, clergy and spiritual leaders can take a leadership role in the prevention of alcohol and other drug use problems. This can be done through the roles of teacher, policymaker, counselor, guide and role model. More than being caregiver for members of our community who are in trouble, religious and spiritual leaders are in the unique position to influence the collective conscience of religious organizations”

Roger Svendsen Interfaith Center
for Health Issues

- Establish a clear vision and guidelines around substance misuse and abuse for members through policy, resolutions, and/or position statements.
- Acknowledge that these policies, resolutions and/or position statements may vary by Faith, denomination, and congregation.
- Develop a plan to assist faith members on individual responsibility about drugs and alcohol use, provide conversation tips, and provide resources for those struggling with substance misuse.
- Encourage input from faith members, representatives, and leaders, and the specific needs of the organization and its members.

Regional Behavioral Health Action Organizations



<https://www.thehubct.org/>



<https://www.apw-ct.org/>



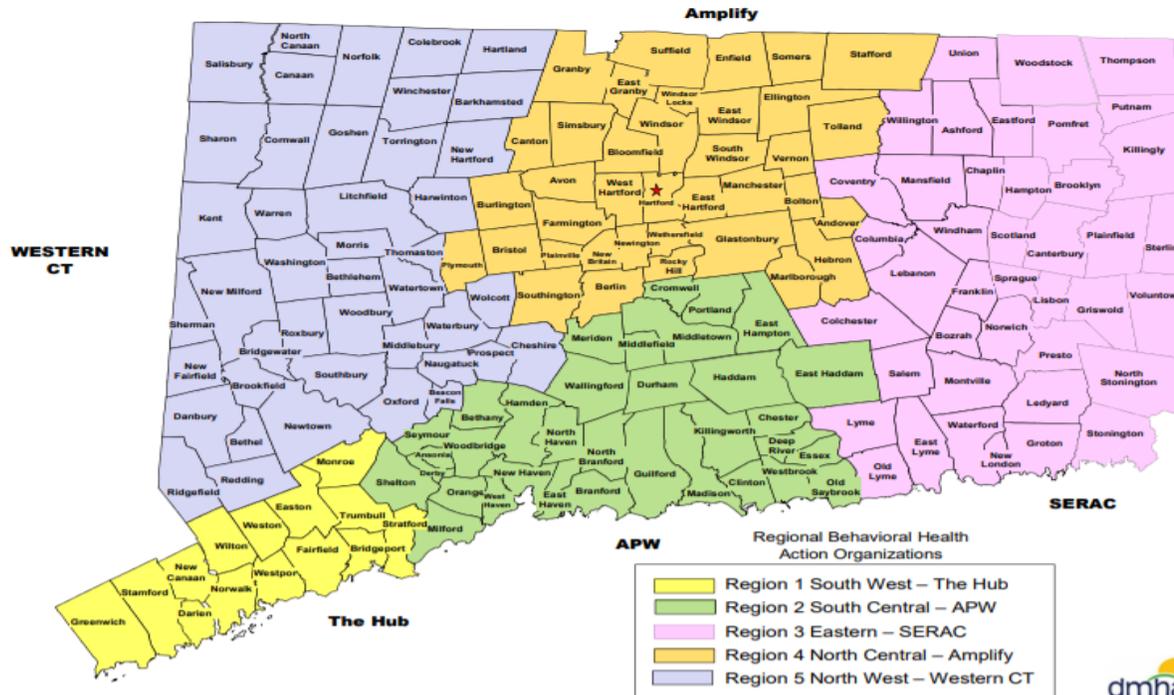
<https://www.seracct.org/>



<https://amplifyct.org/>



<https://www.wctcoalition.org/>



A Congregational Checklist for Assessing Substance Abuse Prevention and Recovery Needs

The following are elements of a comprehensive congregational effort.

The checklist adapted from People of Faith, Partners in Prevention is designed to assist individuals or planning groups to assess current efforts and plan future policies and programs.

Elements	Yes	No	Action Needed	Person Responsible	Timeframe
A planning group of clergy, lay leaders, youth, parents, seniors and others develop and implement and maintain alcohol, tobacco and illicit drug use prevention and recovery programs.					
A substance abuse prevention and recovery team has been organized and trained to provide ongoing prevention and recovery services and programs within the congregation.					
Clergy and lay staff participate in/with other community groups in planning prevention and recovery programs.					
An alcohol, tobacco and other drug position/policy for the congregation exists					
Collaboration occurs with other local faith groups regarding alcohol, tobacco and other drug issues.					
Procedures are in place to follow when a staff or congregational member seeks help for a personal/family problem					



Instructions: Circle the response that most clearly indicates the way you feel about each item.

SA = Strongly Agree A = Agree U = Undecided D = Disagree SD = Strongly Disagree

- Substance abuse prevention is a primary concern for the faith community. SA A U D SD
- The basic issues in the prevention and treatment of substance abuse problems have spiritual components. SA A U D SD
- Most prevention specialists are comfortable working with faith groups. SA A U D SD
- The faith community, as well as the broader community, has communicated with a clear, consistent message regarding the use and nonuse of alcohol, tobacco and other drugs. SA A U D SD
- The faith community has the expertise necessary to play a primary role in responding to the community's issues with substance abuse. SA A U D SD
- Science and faith don't mix. SA A U D SD
- It is possible for one key person within a congregation to initiate the creation of a successful prevention effort to address substance misuse/abuse issues. SA A U D SD
- It will take significant funding for faith groups to initiate prevention and recovery programs within their congregations. SA A U D SD
- The effectiveness of prevention efforts can be significantly enhanced when multiple community sectors work together. SA A U D SD
- The faith community can engage audiences that enhance the reach of many prevention efforts. SA A U D SD

Tools For Use In The Faith Sector

- Congregational Checklist for Assessing Substance Abuse Prevention and Recovery Needs**
- Faith Sector and Substance Prevention Assessment**

SPF Step	How the SPF Contributes to Sustainability
Assessment	<ul style="list-style-type: none"> During assessment, practitioners begin making decisions based on a clear understanding of local prevention needs. They also begin building relationships with data keepers and stakeholders who can play important roles in supporting and sustaining local prevention efforts over time.
Capacity	<ul style="list-style-type: none"> Intentional capacity building at all levels helps to ensure that successful programs are sustained within a larger community context, and therefore less vulnerable to local budgetary and political fluctuations. Effective capacity building increases an organization's or community's ability to respond to changing issues with innovative solutions. Building capacity also involves promoting public awareness and support for evidence-based prevention, and engaging partners and cultivating champions who will be vital to the success—and sustainability—of local prevention efforts.
Planning	<ul style="list-style-type: none"> When developing a comprehensive approach to preventing substance misuse, communities should consider the degree to which prevention interventions fit with local needs, capacity, and culture: the better the fit, the more likely interventions are to be both successful and sustainable.
Implementation	<ul style="list-style-type: none"> By working closely with community partners to deliver evidence-based programs and practices as intended, closely monitoring and improving their delivery, and celebrating "small wins" along the way, planners help to ensure their effectiveness and begin to weave prevention into the fabric of the community.
Evaluation	<ul style="list-style-type: none"> Through process and outcome evaluation, communities can make important mid-course corrections to prevention efforts, identify which practices are worth expanding and/or sustaining, and examine ongoing plans for—and progress toward—sustaining those practices that work. By sharing evaluation findings, planners can also help build the support needed to expand and sustain effective interventions.
Cultural Competence (Guiding Principle)	<ul style="list-style-type: none"> To ensure that prevention practices produce positive outcomes for members of diverse population groups, communities must engage in an inclusive and culturally appropriate approach to identifying and addressing their substance misuse problems. Culturally competent prevention is the only type of prevention worth doing—and sustaining.

Appendix C

How the SPF Contributes to Sustainability

SPF Step **Opportunities to Integrate Cultural Competence**

Assessment	<ul style="list-style-type: none">◆ Take steps to identify those sub-populations who are vulnerable to behavioral health disparities and the disparities that they experience.◆ Identify data gaps and take efforts to fill them.◆ Develop plans to share and solicit input about assessment findings with members of these sub-populations, and describe these findings using terms and phrases that are devoid of jargon.
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Capacity	<ul style="list-style-type: none">◆ Build the knowledge, resources, and readiness of prevention practitioners and community members to address disparities, as well as to provide culturally and linguistically appropriate services.◆ Make sure that practitioners understand the role of cultural competence in their work, overall, and the unique needs of those sub-populations experiencing disparities.◆ Develop new partnerships that will help engage members of these groups in prevention planning efforts.
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Planning	<ul style="list-style-type: none">◆ Make community representation in the planning process a priority.◆ Involve members of the focus population as active participants and decision-makers.◆ Identify and prioritize factors associated with disparities.◆ Develop logic models that include a reduction in health disparities as a long-term outcome.◆ Incorporate effective prevention programs and practices that have been developed for and evaluated with an audience similar to the focus population.◆ If and when misunderstandings arise, be persistent in keeping communication lines open.
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Implementation	<ul style="list-style-type: none">◆ Implement prevention programs that target populations experiencing behavioral health disparities.◆ Involve members of these groups in the design and delivery of those programs.◆ Understand that people may choose to participate in different ways and that they may also have different learning styles.◆ Adapt and/or tailor evidence-based practices to be more culturally relevant. For example, create an in-person version of a training that was originally designed to be delivered virtually so that it is accessible to audiences with limited online access.
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Appendix B

Opportunities to Integrate Cultural Competence across Steps of the Strategic Prevention Framework

Evaluation	<ul style="list-style-type: none">◆ Conduct process and outcome evaluations to demonstrate whether selected programs and practices are having the intended impact on identified disparities.◆ Track all adaptations.◆ Allocate the evaluation resources needed to learn whether the interventions you selected are having the intended impact on the behavioral health disparities you are hoping to reduce.◆ Conduct follow-up interviews with program participants to better understand program evaluation findings.
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Sustainability (Guiding Principle)	<ul style="list-style-type: none">◆ Engage partners who represent and work with sub-populations experiencing behavioral health disparities in your sustainability planning efforts.◆ Sustain processes that have successfully engaged members of these populations.◆ Sustain programs that produce positive outcomes for these populations.
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Additional Resources

[People of Faith - Partners in Prevention: Engaging the Faith Community in Substance Abuse Prevention](#)

[A Practical Toolkit For Preventing Drug Overdose and Supporting Recovery in Faith and Community Settings \(hhs.gov\)](#)

[Spirit of Harm Reduction: A Toolkit for Communities of Faith Facing Overdose - National Harm Reduction Coalition](#)

[Engaging the Faith Community in Substance Use Prevention Rationale and Resources | PTTC Network](#)

[Faith Matters: Race/Ethnicity, Religion and Substance Use - The Annie E. Casey Foundation \(aecf.org\)](#)

[Preventing and Addressing Alcohol and Drug Problems | A Handbook for Clergy](#)

[Opportunities for Faith Based Organizations in Substance Use Prevention: A Christian Perspectives - ARJESS](#)

Discussion Q&A



Please provide feedback on this session!
<https://www.surveymonkey.com/r/12sectorfaith>



Access tools on the TTASC Website:
<https://preventiontrainingcenter.org/>



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