Insert picture of your community here



**[Name] Community Coalition**

**Prevention Redesign Initiative**

**Key Leader Orientation**

[date]

[location]

**[Name] Community Coalition**

**Key Leader Orientation**

**[date]**

**Agenda**

8:00 Introduction

8:15 Module 1: Setting the Stage and Introduction to PRI

8:45 Module 2: Overview of the Prevention Framework

Be sure this fits your planned agenda.

9:30 Module 3: Building an Effective Coalition

10:15 Module 4: Next Steps/Wrap-up

10:30 The End!

We will work in a few breaks throughout the day as needed.

**Bringing it all together**

* **Why am I here?**

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* **Key Elements to Prevention Redesign Initiative...**

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* **Key Elements to Research Framework...**

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* **Vision/Mission Statement…**

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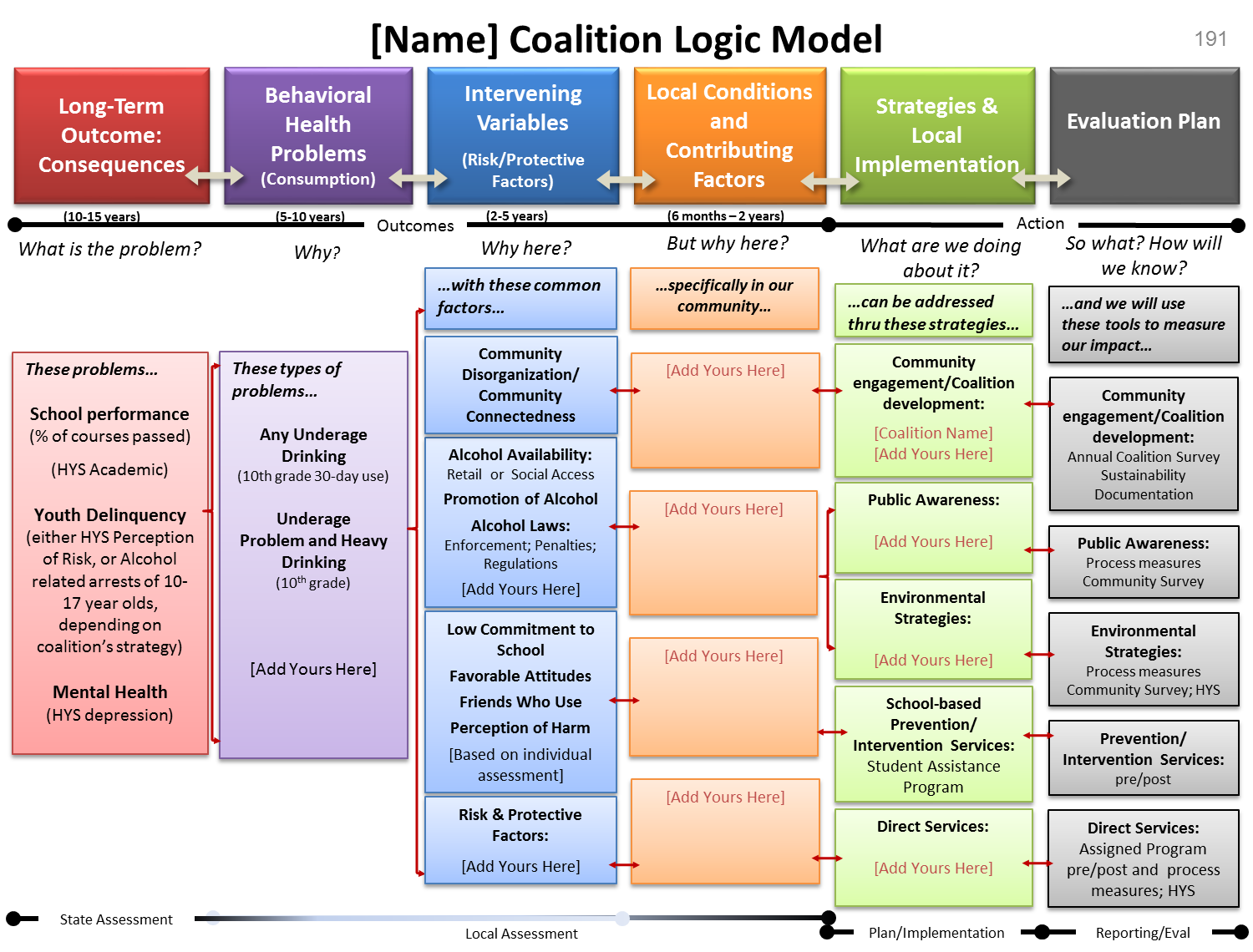
* **Most important thing I want to remember from today….**

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* **Follow up to do list…**
  + **a**
  + **a**

# Quick Reference Overview

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| --- |
| **Getting Started** |
| 1. Participate in The Athena Forum *(within 2 weeks)* |
| 1. Select PRI Community *(by March 31, 2012)* |
| 1. Hire/designate .5 FTE coordinator for each PRI community *(by July 2012)* |
| 1. Establish working relationships with DBHR |
| **Capacity** |
| 1. Recruit and retain membership |
| 1. Conduct a community coalition orientation |
| 1. Establish coalition structure |
| 1. Engage key leaders in coalition’s PRI efforts |
| 1. Participate in training and technical assistance |
| **Assessment** |
| 1. Conduct assessment |
| 1. Use state-provided and local data |
| 1. Gather community information and feedback |
| **Planning** |
| 1. Select goals, population and strategies |
| 1. Develop prevention strategic work plan *(by March 31, 2013)* |
| **Implementation** |
| 1. Participate actively in Cohort 2 learning community *(within 30 days)* |
| 1. Implement media campaigns |
| 1. Confirm partnerships *(specific to implementing services)* |
| 1. Organize and implement P/I services *(by September 2012)* |
| 1. Implement selected environmental strategy(ies) |
| 1. Implement selected direct prevention strategy(ies) |
| **Reporting and Evaluation** |
| 1. Report coalition and community organization functioning |
| 1. Report environmental strategy(ies) |
| 1. Report direct prevention strategy(ies) |
| 1. Participation in statewide evaluation |



MCPE01742_0000[1]***“Begin with the end in mind.” -* -Stephen Covey**

**Risk Factors for Adolescent Problem Behavior**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk Factors** | **Substance Abuse** | **Delinquency** | **Teen Pregnancy** | **School Drop- Out** | **Violence** | **Depression & Anxiety** |
| **Community** |  |  |  |  |  |  |
| Availability of Drugs | 🗴 |  |  |  | 🗴 |  |
| Availability of Firearms |  | 🗴 |  |  | 🗴 |  |
| Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime | 🗴 | 🗴 |  |  | 🗴 |  |
| Media Portrayals of Violence |  |  |  |  | 🗴 |  |
| Transitions and Mobility | 🗴 | 🗴 |  | 🗴 | 🗴 | 🗴 |
| Low Neighborhood Attachment and Community Disorganization | 🗴 | 🗴 |  |  | 🗴 |  |
| Extreme Economic Deprivation | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |  |
| **Family** |  |  |  |  |  |  |
| Family History of the Problem Behavior | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |
| Family Management Problems | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |
| Family Conflict | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |
| Favorable Parental Attitudes and Involvement in the Problem Behavior | 🗴 | 🗴 |  |  | 🗴 |  |
| **School** |  |  |  |  |  |  |
| Academic Failure Beginning in Late Elementary School | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |
| Lack of Commitment to School | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |  |
| **Individual/Peer** |  |  |  |  |  |  |
| Early and Persistent Antisocial Behavior | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |  |
| Rebelliousness | 🗴 | 🗴 |  | 🗴 | 🗴 |  |
| Friends Who Engage in the Problem Behavior | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |  |
| Favorable Attitudes Toward the Problem Behavior | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |  |
| Early Initiation of the Problem Behavior | 🗴 | 🗴 | 🗴 | 🗴 | 🗴 |  |
| Constitutional Factors | 🗴 | 🗴 |  |  | 🗴 | 🗴 |

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# Risk and Protective Factors - Definitions

**What Does It Mean for Community Prevention Planning?**

All across our country, adults concerned about the healthy development of young people are searching for answers to the behavior problems of alcohol and other drug abuse, delinquency, violence, school dropout, and teen pregnancy. How do we step ahead of the problems with solutions which are far-reaching and lasting?

Research has shown there are a number of risk factors that increase the chances of adolescents developing health and behavior problems. Equally important is the evidence that certain protective factors can help shield youngsters from problems. If we can reduce risks while increasing protection throughout the course of young people's development, we can prevent these problems and promote healthy, pro-social growth.

## PROTECTIVE FACTORS:

Protective factors are conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Consequently, enhancing protective factors can reduce the likelihood of problem behaviors arising.

Some youngsters who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, school dropouts, or teen parents. Balancing the risk factors are protective factors--aspects of people's lives that counter or buffer risk. Research has identified protective factors that fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.

* **Individual characteristics**Research has identified four individual characteristics as protective factors. These are characteristics children are born with and are difficult to change: gender, a resilient temperament, a positive social orientation, and intelligence. Intelligence, however, does not protect against substance abuse.
* **Bonding**Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics. Children who are attached to positive families, friends, school, and community, and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. Studies of successful children who live in high risk neighborhoods or situations indicate that strong bonds with a caregiver can keep children from getting into trouble.  
    
  To build bonding, three conditions are necessary: opportunities, skills, and recognition. Children must be provided with opportunities to contribute to their community, family, peers, and school. The challenge is to provide children with meaningful opportunities that help them feel responsible and significant.  
    
  Children must be taught the skills necessary to effectively take advantage of the opportunity they are provided. If they don't have the necessary skills to be successful, they experience frustration and/or failure. Children must also be recognized and acknowledged for their efforts. This gives them the incentive to contribute and reinforces their skillful performance.
* **Healthy beliefs and clear standards**  
  The people to whom youth are bonded need to have clear, positive standards for behavior. The content of these standards is what protects young people. When parents, teachers, and communities set clear standards for children's behavior, when they are widely and consistently supported, and when the consequences for not following the standards are consistent, young people are more likely to follow the standards

## RISK FACTORS:

**COMMUNITY RISK FACTORS**

**Availability of Drugs (Substance Abuse)**

The more available drugs are in a community, the higher the risk that young people will abuse drugs in the community. Perceived availability of drugs is also associated with risk. In schools where children just think that drugs are more available, a higher rate of drug use occurs.

**Availability of Firearms (Delinquency and Violence)**

Firearm availability and firearm homicide have increased together since the late 1950s. If a gun is present in the home, it is much more likely to be used against a relative or friend than an intruder or stranger. Also, when a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal. While a few studies report no association between firearm availability and violence, more studies show a positive relationship. Given the lethality of firearms, the increase in the likelihood of conflict escalating into homicide when guns are present and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor.

**Community laws and norms favorable toward drug use, firearms, and crime (Substance Abuse, Delinquency and Violence)**

Community norms - the attitudes and policies a community holds about drug use and crime - are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people.

One example of the community law affecting drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of alcohol use at every level of use.

When laws, tax rates, and community standards are favorable toward substance use or crime, or even if they are just unclear, children are at higher risk.

Another concern is conflicting messages about alcohol/other drugs from key social institutions. An example of conflicting messages about substance abuse can be found in the acceptance of alcohol use as a social activity within the community. The "Beer Gardens," popular at street fairs and community festivals frequented by young people, are in contrast to the "Just Say No" messages that schools and parents may be promoting. These conflicting messages make it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had little effect on violent crime and those effects usually diminish after the law has been in effect for multiple years. In addition, laws regulating the penalties for violating licensing laws or using a firearm in the commission of a crime have also been related to reduction in the amount of violent crime, especially involving firearms. A number of studies suggest the small and diminishing effect is due to two factors: the availability of firearms from other jurisdictions without legal prohibitions on sales or illegal access, and community norms which include lack of proactive monitoring or enforcement of the laws.

**Media Portrayal of Violence (Violence)**

The effect of media violence on the behavior of viewers (especially young viewers) has been debated for over three decades. Research over that time period has shown a clear correlation between media violence and the development of aggressive and violent behavior. Exposure to media violence appears to impact children in several ways. First, children learn from watching actors model violent behavior, as well as learning violent problem-solving strategies. Second, media violence appears to alter children's attitudes and sensitivity to violence.

**Transitions and Mobility (Substance Abuse, Delinquency, and School Dropout)**

Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school misbehavior, and delinquency result. When communities are characterized by frequent non-scheduled transition rates, there is an increase in problem behaviors.

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves and are more likely to have problems.

**Low Neighborhood Attachment and Community Disorganization (Substance Abuse, Delinquency, and Violence)**

Higher rates of drug problems, juvenile delinquency, and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low income neighborhoods; they can also be found in wealthier neighborhoods.

The less homogeneous a community is in terms of race, class, and religion, the less connected its residents may feel to the overall community, and the more difficult it is to establish clear community goals and identity. The challenge of creating neighborhood attachment and organization is greater in these neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their lives.

If the key players in the neighborhood--such as merchants, teachers, police, human and social services personnel--live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

**Extreme Economic Deprivation (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)**

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, teen pregnancy, school dropout, and violence. Children who live in these areas--and have behavior and adjustment problems early in life--are also more likely to have problems with drugs later on.

**FAMILY RISK FACTORS**

**Family History of the Problem Behavior (Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)**

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of having alcohol and other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, the risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

**Family Management Problems (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)**

The risk factor has been shown to increase the risk of drug abuse, delinquency, teen pregnancy, school dropout, and violence. Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

**Family Conflict (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)**

Persistent, serious conflict between primary caregivers or between caregivers and children appears to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure. Whether the family is headed by two biological parents, a single parent, or some other primary caregiver, children raised in families high in conflict appear to be at risk for all of the problem behaviors. For example, domestic violence in a family increases the likelihood that young people will engage in delinquent behaviors and substance abuse, as well as become pregnant or drop out of school.

**Parental Attitudes and Involvement in Drug Use, Crime, and Violence (Substance Abuse, Violence and Delinquency)**

Parental attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior towards those outside the family, there is an increase in the risk that a child will become violent.

Further, in families where parents involve children in their own drug or alcohol behavior - for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator - there is an increased likelihood that their children will become drug abusers in adolescence.

**SCHOOL RISK FACTORS**

**Academic Failure Beginning in Elementary School (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)**

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, pregnancy, and school dropout. Children fail for many reasons. It appears that the experience or failure--not necessarily ability--increases the risk of problem behaviors.

This is particularly troubling because, in many school districts, African American, Native American, and Hispanic students have disproportionately higher rates of academic failure compared to white students. Consequently, school improvement and reducing academic failure are particularly important prevention strategies for communities of color.

**Lack of Commitment to School (Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)**

Low commitment to school means the young person has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, and school dropout.

In many communities of color, education is seen as a "way out," similar to the way early immigrants viewed education. Other subgroups in the same community may view education and school as a form of negative acculturation. In essence, if you get education, you have "sold out" to the majority culture. Young people who adopt this view are likely to be at higher risk for health and problem behaviors.

**INDIVIDUAL/PEER RISK FACTORS**

**Alienation/Rebelliousness (Substance Abuse, Delinquency, and School Dropout)**

Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of drug abuse, delinquency, and school dropout.

Alienation and rebelliousness may be an especially significant risk for young people of color. Children who are consistently discriminated against may respond by removing themselves from the dominant culture and rebelling against it. On the other hand, many communities of color are experiencing significant cultural change due to integration. The conflicting emotions about family and friends working, socializing or marrying outside of the culture, may well interfere with a young person's development of a clear and positive racial identity.

**Early and Persistent Antisocial Behavior (Substance Abuse, Delinquency, Violence, School Dropout, and Teen Pregnancy)**

Boys who are aggressive in grades K-3 are at higher risk of substance abuse and juvenile delinquency. However, aggressive behavior very early in childhood does not appear to increase risk. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk for drug abuse, juvenile delinquency, violence, school dropout, and teen pregnancy.

**Friends Who Engage in the Problem Behavior (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)**

Young people who associate with peers who engage in problem behavior - delinquency, substance abuse, violent activity, sexual activity, or school dropout - are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with friends who engage in the problem behavior greatly increases the child's risk of that problem. However, young people who experience a low number of risk factors are less likely to associate with friends who are involved in the problem behavior.

**Favorable Attitudes Toward the Problem Behavior (Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)**

During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

**Early Initiation of the Problem Behavior (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)**

The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school, and becoming sexually active, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems as those who wait until after the age of 19.

**Gang Involvement (Substance Abuse, Delinquency, and Violence)**

Research has shown that children who have delinquent friends are more likely to use alcohol or other drugs and to engage in delinquent or violent behavior than children who do not have delinquent  
friends.  But the influence of gang involvement on alcohol and other drug use, delinquency and violence exceeds the influence of delinquent friends on these problem behaviors.  Gang members are even more likely than children who have delinquent friends to use alcohol or other drugs and to engage in delinquent or violent behavior.

**Constitutional Factors (Substance Abuse, Delinquency, and Violence)**

Constitutional factors are factors that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation-seeking, low harm-avoidance, and lack of impulse control. These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, and/or committing violent acts.

The following information is reprinted with permission from Developmental Research and Programs.



# What is a Coalition?

A coalition is a formal arrangement for cooperation and collaboration between groups or sectors of a community. Each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.

**Who is a Coalition?**

* Members are local key players who represent and function on behalf of their respective constituents to carry out strategies for the local community. Members bring the perspective of the sector they represent to the coalition.
* Members act within their own sphere of influence, thus enlarging the coalition’s ability to create needed change and implement multiple strategies. Members act as leaders to promote and gather support for the coalition’s information, strategies, and activities from the sector they represent.
* New members are invited to join to expand the coalition's sphere of influence and gain needed capacity to address additional root causes.

**Members Represent Community Sectors**

* Youth
* Parent
* Law Enforcement
* Civic/Volunteer Groups
* Business
* Healthcare Professionals
* Media
* School
* Youth-serving Organizations
* Religious/Fraternal Organizations
* State/Local/Tribal Governments
* Other Substance Abuse Organizations
* Chemical Dependency Treatment\*
* Mental Health Services Representative\*

\*Sector is recommended for participation in PRI, but is not a required sector for Drug Free Communities grantees.

# Roles and Responsibilities

**Role of the Coalition Members**

The role of the coalition members is to engage in the planning and implementation of the coalition’s Strategic Plan by participating in workgroups, reviewing plan drafts, developing strategies, and leading/facilitating the implementation of strategies and activities in the Plan. In addition, the coalition members determine the functioning of the coalition, priority problems based on assessment, goals and objectives, strategies and activities, and evaluation measures and reporting.

Coalition member tasks include:

* Participate in coalition workgroups and meetings.
* Participate in Community Coalition Orientation.
* Organize and participate in an annual Key Leader Orientation.
* Recruit and retain membership.
* Confirm partnerships to get the work done.
* Create/update and submit the coalition’s Strategic Plan which includes the coalition’s process, decisions, and plan for each of the following steps:
  + Conduct needs and resource assessments.
  + Set goals, objectives, and strategies.
  + Establish implementation steps and timelines.
  + Plan for reporting and evaluating progress on outcomes.
* Lead and oversee the implementation of direct services, environmental strategies, and Washington State media campaigns.
* Report coalition outputs and outcomes to DBHR.
* Implement and support evaluation designed by DBHR. This includes:
  + Support the Healthy Youth Survey (HYS).
  + PBPS reporting.
  + Participate in the annual Coalition Assessment Tool survey.
  + Conduct the annual ‘Community Survey’.

**Role of the Community Coalition Coordinator**

The role of the Community Coalition Coordinator is to manage the processes of strategic planning and implementation. Community Coalition Coordinator and other coalition staff are not considered members of the coalition and should not serve as elected officers. Community Coalition Coordinator and other coalition staff assist with support for planning, problem solving, and information management (evaluation, deadlines, reporting, etc.). The job of the Community Coalition Coordinator is to understand the framework, process, and requirements; keep track of the overall process to guide the coalition through the process and ensure the coalition is moving forward; keep records of the work and decisions of the coalition; ensure reporting is completed; and distribute meeting information prior to meetings (agendas, decisions to be made, and minutes).

Community Coalition Coordinator will:

* Work in community to fulfill requirement of minimum .5 FTE time dedicated to each PRI community.
* Serve as staff for the coalition to plan, implement, and report on task categories.
* Serve as a liaison between PRI coalition and DBHR.
* Participate in PRI learning community meetings, monthly DBHR check-in meetings, and required training.
* Help recruit and retain membership on the coalition and support from local key stakeholders/leaders.
* Provide staff support to the coalition; coordinate regular meetings to ensure implementation on the strategic plan and work plan.
* Coordinate the regular review of coalition budget by the coalition.
* Assist coalition members in navigating PRI Prevention Planning Framework and guide coalition to develop a comprehensive action plan based on needs assessment and strategic planning.
* Work with individual coalition member organizations to help them align and integrate their work with the goals and strategies of the coalition and PRI Prevention Planning Framework-focused work.
* Report to the coalition on progress toward the goals and objectives of the strategic plan and work plans.
* Provide or coordinate services, implement activities and manage coalition trainings with the guidance of the coalition members.
* Work with the coalition and projects to develop and monitor outcomes.
* Coordinate community outreach efforts (presentations, newsletter, volunteer recruitment, etc.).
* Function as the liaison among the coalition members and with the community at large.

**Role of Prevention-Intervention Specialist**

The role of the Prevention-Intervention Specialist (also known as the Student Assistance Specialist) is to work in partnership with the coalition to implement the school-based strategy and activity of the Student Assistance Prevention-Intervention Service Program (SAPISP).

Prevention-Intervention Specialist (P-I) tasks include:

* Provide screening and referral information to students (parents) involved in the SAPISP.
* Conduct early intervention educational support groups for selected and indicated students.
* Attend and participate in local community coalition.
* Provide Prevention Education Series to one grade level per year.
* Provide information and increase awareness of available prevention, intervention, and treatment services to school staff, parents, and students.
* Participate as integral member of the multi-disciplinary team at assigned school(s).
* Assist in developing alcohol, tobacco and other drug related policies at school(s) when needed.
* Implement and maintain methods of program evaluation.

**Role of County**

The role of the County is to work with the Educational Service District (ESD) to review the ‘County Risk Profile’ provided by DBHR, jointly agree on the community selected, submit community selection packet to DBHR, establish or identify coalition, and then continue working with the community coalition while allowing the local community coalition to make decisions and fulfill PRI requirements.

**Role of Educational Service District (ESD)**

The role of the ESD is to work with the County to review the ‘County Risk Profile’ provided by DBHR, jointly agree on the community selected, provide community selection paperwork to county, and establish and/or identify the school contacts and their roles with the coalition.

**Coalition Meetings**

Successful coalitions have action-driven meetings which focus on decision-making, strategic planning, and action steps. Coalition meetings are typically 1½ to 2 hours. The meetings include items related to the priorities and outcomes of the coalition and focus on the action to be taken to achieve those priorities or outcomes. Coalitions often use workgroups to support detailed work and then engage the full coalition in key decisions and action to facilitate broader reach for implementation action.

**Hosting effective meetings** requires coalitions to make strategic transitions in how they manage time together.

|  |  |
| --- | --- |
| From less effective coalition meeting agendas | To engaged action-focused coalition meeting agendas |
| Agenda items are committee or agency updates | Agenda items are related to the priorities and outcomes of the coalition |
| Agenda items are introduced by the chair and discussed by the paid staff | Agenda items list the person who will be leading the discussion, the time allotted and the action to be taken |
| Agenda items are stagnant or cut and pasted from month to month | Coalition progress is evident by new and emerging items on the agenda |
| Members advise staff on action to be taken before the next meeting | Action planning and delegation happens in the meeting |
| The same five or six people at the meeting every month | New members and partners are recruited to the meeting based on the agenda items |
| New members attend only one or two meetings and then never come back | Adults as partners in completing the work |

For additional information about coalition building please see training materials “Enhancing Coalition Impact” at [www.theathenaforum.org/training/pri\_trainings](http://www.theathenaforum.org/training/pri_trainings).

**Assessing membership and identifying new members**

For PRI the coalition is required to have 8 of the 12 DFC sectors represented. \*Sector is recommended for participation in PRI, but is not a required sector for Drug Free Communities grantees.

| **Type** | **Members**  *(new or current)* | **Benefits of Involvement** | **Level of Involvement:**  *(Key Leader/*  *Active Member/*  *Champion)* | **Contact** |
| --- | --- | --- | --- | --- |
| Youth |  |  |  |  |
| Parent |  |  |  |  |
| Law Enforcement |  |  |  |  |
| Civic/Volunteer Groups |  |  |  |  |
| Business |  |  |  |  |
| Healthcare Professionals |  |  |  |  |
| Media |  |  |  |  |
| Education /School |  |  |  |  |
| Youth-Serving Organizations |  |  |  |  |
| Religious/Fraternal Organizations |  |  |  |  |
| State/Local/Tribal Government |  |  |  |  |
| Other Substance Abuse Organizations |  |  |  |  |
| Chemical Dependency treatment\* |  |  |  |  |
| Mental Health services representative\* |  |  |  |  |
| Cultural/  Diversity |  |  |  |  |
| Neighborhood/ Citizens/Seniors |  |  |  |  |
| Others??? |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Community Coalition Member Skills Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **You** | **Your Organization** | **Expertise/Skill** | **Notes** |
|  |  | Administration |  |
|  |  | Advertising/marketing |  |
|  |  | Analyzing/evaluating data |  |
|  |  | Board development |  |
|  |  | Collaboration building |  |
|  |  | Community outreach/involvement |  |
|  |  | Cultural competence/context |  |
|  |  | Database/graphing (MIS/GIS) |  |
|  |  | Data collection |  |
|  |  | Data analysis |  |
|  |  | Fiscal management/budgeting |  |
|  |  | Evaluation |  |
|  |  | Grant writing/fund-raising |  |
|  |  | Group facilitation |  |
|  |  | Implementation/follow up |  |
|  |  | Interviewing/surveying |  |
|  |  | Legislation/codes/policy |  |
|  |  | Media relations |  |
|  |  | Mediation/negotiation |  |
|  |  | Policy analysis |  |
|  |  | Presentations/speaking (one-on-one/ groups) |  |
|  |  | Prevention strategies |  |
|  |  | Public relations |  |
|  |  | Research |  |
|  |  | Strategic planning |  |
|  |  | Systems reform |  |
|  |  | Teaching/training/orientation |  |
|  |  | Translation |  |
|  |  | Word processing |  |
|  |  | Working with city/county/state government |  |
|  |  | Youth involvement |  |

**Community Coalition Member Skills Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expertise/Skill** | **Board Member(s)**  **with skill** | **Who to recruit** | **Who will recruit** |
| Administration |  |  |  |
| Advertising/marketing |  |  |  |
| Analyzing/evaluating data |  |  |  |
| Board development |  |  |  |
| Collaboration building |  |  |  |
| Community outreach/involvement |  |  |  |
| Cultural competence/context |  |  |  |
| Database/graphing (MIS/GIS) |  |  |  |
| Data collection |  |  |  |
| Data analysis |  |  |  |
| Fiscal management/budgeting |  |  |  |
| Evaluation |  |  |  |
| Grant writing/fund-raising |  |  |  |
| Group facilitation |  |  |  |
| Implementation/follow up |  |  |  |
| Interviewing/surveying |  |  |  |
| Legislation/codes/policy |  |  |  |
| Media relations |  |  |  |
| Mediation/negotiation |  |  |  |
| Policy analysis |  |  |  |
| Presentations/speaking |  |  |  |
| Prevention strategies |  |  |  |
| Public relations |  |  |  |
| Research |  |  |  |
| Strategic planning |  |  |  |
| Systems reform |  |  |  |
| Teaching/training/orientation |  |  |  |
| Translation |  |  |  |
| Word processing |  |  |  |
| Working with government |  |  |  |
| Youth involvement |  |  |  |

# Suggested Timeline SAMPLE

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Suggested Timeline to Prepare and Write Coalition Strategic Plan** | | | | | | | | | |
| **Steps** | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
| Step 1 | Develop a timeline for drafting, reviewing, and revising the Coalition’s Plan. | x |  |  |  |  |  |  |  |
| Step 2 | Review this Guide. | x |  |  |  |  |  |  |  |
| Step 3 | Get the Coalition organized (Getting Started and Capacity Building). | x | x |  |  |  |  |  |  |
| Step 4 | Document key decisions about how the Coalition is organized. | x | x | x | x | x | x |  |  |
| Step 5 | Building the Coalition’s Cultural Competency and Sustainability. | x | x | x | x | x | x |  |  |
| Step 6 | The Coalition completes the Needs and Resource Assessments (Assessment).  Insert your timeline here |  | x | x |  |  |  |  |  |
| Step 7 | Begin writing summary reports from each of the Assessments. |  |  | x |  |  |  |  |  |
| Step 8 | Write a first draft of the Plan. |  |  | x | x |  |  |  |  |
| Step 9 | The Coalition reviews the first draft of Plan. |  |  |  | x |  |  |  |  |
| Step 10 | Send a draft of the Plan to your Prevention System Manager. |  |  |  | x |  |  |  |  |
| Step 11 | Revise Plan based on the feedback. |  |  |  | x |  |  |  |  |
| Step 12 | The Coalition develops strategies, activities and timelines for implementation (Planning). |  |  |  | x | x |  |  |  |
| Step 13 | Write the Coalition’s Plan for Action and Implementation sections of the Plan. |  |  |  | x | x |  |  |  |
| Step 14 | The Coalition reviews the revised draft of the Strategic Plan. |  |  |  |  | x |  |  |  |
| Step 15 | Send a draft of the Plan to your Prevention System Manager. |  |  |  |  | x |  |  |  |
| Step 16 | Revise Plan based on the feedback. |  |  |  |  | x |  |  |  |
| Step 17 | The Coalition develops an evaluation plan. |  |  |  |  | x |  |  |  |
| Step 18 | Write the Evaluation section, and Executive Summary of the Coalition’s Strategic Plan. |  |  |  |  | x |  |  |  |
| Step 19 | The Coalition reviews revised draft of Strategic Plan. |  |  |  |  |  | x |  |  |
| Step 20 | Send a draft of the Plan to your Prevention System Manager. |  |  |  |  |  | x |  |  |
| Step 21 | Make final revisions to the Plan based on feedback. |  |  |  |  |  | x |  |  |
| Step 22 | Get Coalition approval of final Plan. |  |  |  |  |  | x |  |  |
| Step 23 | Submit Plan to DBHR by March 31, 2013, for review. |  |  |  |  |  | x |  |  |
| Step 24 | Once approved, disseminate Plan to Coalition, partners, and community. |  |  |  |  |  |  |  | x |
| Step 25 | Celebrate! |  |  |  |  |  |  | x | x |

# Community Coalition Next Steps

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task** | **Resources Needed** | **Barriers/Issues to Resolve** | **By Whom** | **By When** |
|  |  |  |  |  |
|  |  |  |  |  |
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