**PRI Community Selection Cover Page**

**Instructions for County Contact:** In addition to completing the information requested on this cover page, please submit the following community and school information to Steve Smothers by 5:00PM January 18, 2010 via email: steve.smothers@dshs.wa.gov. (Check the boxes below indicating that the information is included for each community and school that is selected.)

[ ]  **Community Selection Cover Page**

[ ]  **School Readiness to Benefit Screening Checklist(s)**

**[ ] School(s) commitment of support (MOU)**

[ ]  **Community Profile Overview(s)**

**Copy(ies) of Selected Community(ies): [ ]  Sector Letters of Support / MOUs OR [ ]  Signed Support Statement(s)**

Date submitted to DBHR:

 **County name:**       **Contact:**       **Email:**       **Phone:**

 **ESD name:**       **Contact:**       **Email:**       **Phone:**

**The following communities were highlighted by DBHR for possible consideration: (Check the community(ies) selected to participate in Cohort 1)**

1. [ ]
2. [ ]
3. [ ]
4. [ ]
5. [ ]
6. [ ]
7. [ ]

Reminder for County Contact: Along with this cover page, please submit one Community Profile Overview, School Readiness to Benefit Checklist(s), and community support documents for each community selected. A second Community Profile Overview and extra School Readiness to Benefit Checklists are available at the end of this packet.

**Community Profile Overview**

**As a County and ESD team please “paint a picture” about each community that is selected for the PRI Cohort 1. This information provides a valuable look at the uniqueness and similarities of the communities and will be shared with others.**

1. **Please briefly answer the following:**
	1. Community Name:
	2. Has a community coordinator been selected for this community: [ ]  Yes or No [ ]

Name:       Email:       Phone:

* 1. The community boundaries are defined as:
	2. The school district(s) in this community include:
	3. Briefly describe the demographics of community members. (Examples include aspects of diversity such as age, race, ethnicity, gender, socioeconomic status, culture, religion, and sexual orientation, as applicable.):
	4. Is there currently a community coalition established with a primary focus on substance abuse prevention in the identified community? [ ]  Yes or No [ ]

If a substance abuse prevention coalition is established and active please provide the coalition name:      **,** year the coalition formed:      , and their primary focus:.

1. **Highlights of local problems**. The main issues with youth and community substance abuse include:
2. **Contributing conditions**. Briefly describe a historical perspective. (For instance, if there have been significant changes or other aspects of the community that affect the current problems with substance abuse and/or the community’s ability to respond to the issues.)
3. **Strengths of the community to address problems**. Please highlight a few positive elements that demonstrate the community’s ability to work together. Some elements include:
	1. **Key stakeholder involvement**
	2. **Previous successes** in prevention initiatives
	3. **Existing resources** to address local problems

School Readiness to Benefit Screening Checklist

**ESD staff completing checklist:**

**School District:**

**School (if appropriate):**

**Community Name:**

Please complete for each district, or school if appropriate, being considered for participation in the PRI Cohort 1 process. Please check the boxes indicating the willingness to commit to the elements listed.

[ ]  Commitment to participate in HYS and use HYS data in School Improvement Processes. Comments:

[ ]  History of participation in HYS. Comments:

[ ]  Commitment of administration to support program and participate in community coalition process.

Comments:

[ ]  History of working with community partners relative to substance abuse prevention/intervention programming. Comments:

[ ]  Commitment to implement the SAPISP as defined in the manual, including the following key components: core team, educational support groups, internal referral process, staff training, policy implementation, and, program evaluation. Comments:

[ ]  History of providing successful SAPISP services. Comments:

General comments:

Note: A MOU from the school(s) selected to participate in Cohort 1 is the next step. This MOU does not need to be completed until a community is selected and specific school-based services are decided upon. The template for the MOU will be sent out by OSPI.

 Please send a copy of the signed school MOU(s) to County Contact to forward to Steve Smothers once received.

**Community Profile Overview #2 for teams working with 2 communities**

**As a County and ESD team please “paint a picture” about each community that is selected for the PRI Cohort 1. This information provides a valuable look at the uniqueness and similarities of the communities and will be shared with others.**

1. **Please briefly answer the following:**
	1. Community Name:
	2. Has a community coordinator been identified yet for this community: [ ]  Yes or No [ ]

If yes, Name:       Email:       Phone:

* 1. The community boundaries are defined as:
	2. The school district(s) in this community include:
	3. Briefly describe the demographics of community members. (Examples include aspects of diversity such as age, race, ethnicity, gender, socioeconomic status, culture, religion, and sexual orientation, as applicable.):
	4. Is there currently a community coalition established? [ ]  Yes or No [ ]

If a coalition is established and active please provide the coalition name:      **,** year the coalition formed:      , and their primary focus:.

1. **Highlights of local problems**. The main issues with youth and community substance abuse include:
2. **Contributing conditions**. Briefly describe a historical perspective. (For instance, if there have been significant changes or other aspects of the community that affect the current problems with substance abuse and/or the community’s ability to respond to the issues.)
3. **Strengths of the community to address problems**. Please highlight a few positive elements that demonstrate the community’s ability to work together. Some elements include:
	1. **Key stakeholder involvement**
	2. **Previous successes** in prevention initiatives
	3. **Existing resources** to address local problems

School Readiness to Benefit Screening Checklist

**ESD staff completing checklist:**

**School District:**

**School (if appropriate):**

**Community Name:**

Please complete for each district, or school if appropriate, being considered for participation in the PRI Cohort 1 process. Please check the boxes indicating the willingness to commit to the elements listed.

[ ]  Commitment to participate in HYS and use HYS data in School Improvement Processes. Comments:

[ ]  History of participation in HYS. Comments:

[ ]  Commitment of administration to support program and participate in community coalition process.

Comments:

[ ]  History of working with community partners relative to substance abuse prevention/intervention programming. Comments:

[ ]  Commitment to implement the SAPISP as defined in the manual, including the following key components: core team, educational support groups, internal referral process, staff training, policy implementation, and, program evaluation. Comments:

[ ]  History of providing successful SAPISP services. Comments:

General comments:

Note: A MOU from the school(s) selected to participate in Cohort 1 is the next step. This MOU does not need to be completed until a community is selected and specific school-based services are decided upon. The template for the MOU will be sent out by OSPI.

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School Readiness to Benefit Screening Checklist

**ESD staff completing checklist:**

**School District:**

**School (if appropriate):**

**Community Name:**

Please complete for each district, or school if appropriate, being considered for participation in the PRI Cohort 1 process. Please check the boxes indicating the willingness to commit to the elements listed.

[ ]  Commitment to participate in HYS and use HYS data in School Improvement Processes. Comments:

[ ]  History of participation in HYS. Comments:

[ ]  Commitment of administration to support program and participate in community coalition process.

Comments:

[ ]  History of working with community partners relative to substance abuse prevention/intervention programming. Comments:

[ ]  Commitment to implement the SAPISP as defined in the manual, including the following key components: core team, educational support groups, internal referral process, staff training, policy implementation, and, program evaluation. Comments:

[ ]  History of providing successful SAPISP services. Comments:

General comments:

Note: A MOU from the school(s) selected to participate in Cohort 1 is the next step. This MOU does not need to be completed until a community is selected and specific school-based services are decided upon. The template for the MOU will be sent out by OSPI.

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School Readiness to Benefit Screening Checklist

**ESD staff completing checklist:**

**School District:**

**School (if appropriate):**

**Community Name:**

Please complete for each district, or school if appropriate, being considered for participation in the PRI Cohort 1 process. Please check the boxes indicating the willingness to commit to the elements listed.

[ ]  Commitment to participate in HYS and use HYS data in School Improvement Processes. Comments:

[ ]  History of participation in HYS. Comments:

[ ]  Commitment of administration to support program and participate in community coalition process.

Comments:

[ ]  History of working with community partners relative to substance abuse prevention/intervention programming. Comments:

[ ]  Commitment to implement the SAPISP as defined in the manual, including the following key components: core team, educational support groups, internal referral process, staff training, policy implementation, and, program evaluation. Comments:

[ ]  History of providing successful SAPISP services. Comments:

General comments:

 Please send a copy of the signed school MOU(s) to County Contact to forward to Steve Smothers once received.