Division of Behavioral Health and Recovery

Welcome to the Cohort 2 All Provider Meeting

Please sign in and get your handouts

October 2011

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PART 1 –

PRI Cohort 2
Task Categories Guide

Guide for PRI requirements

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Task Category Modules

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General Information

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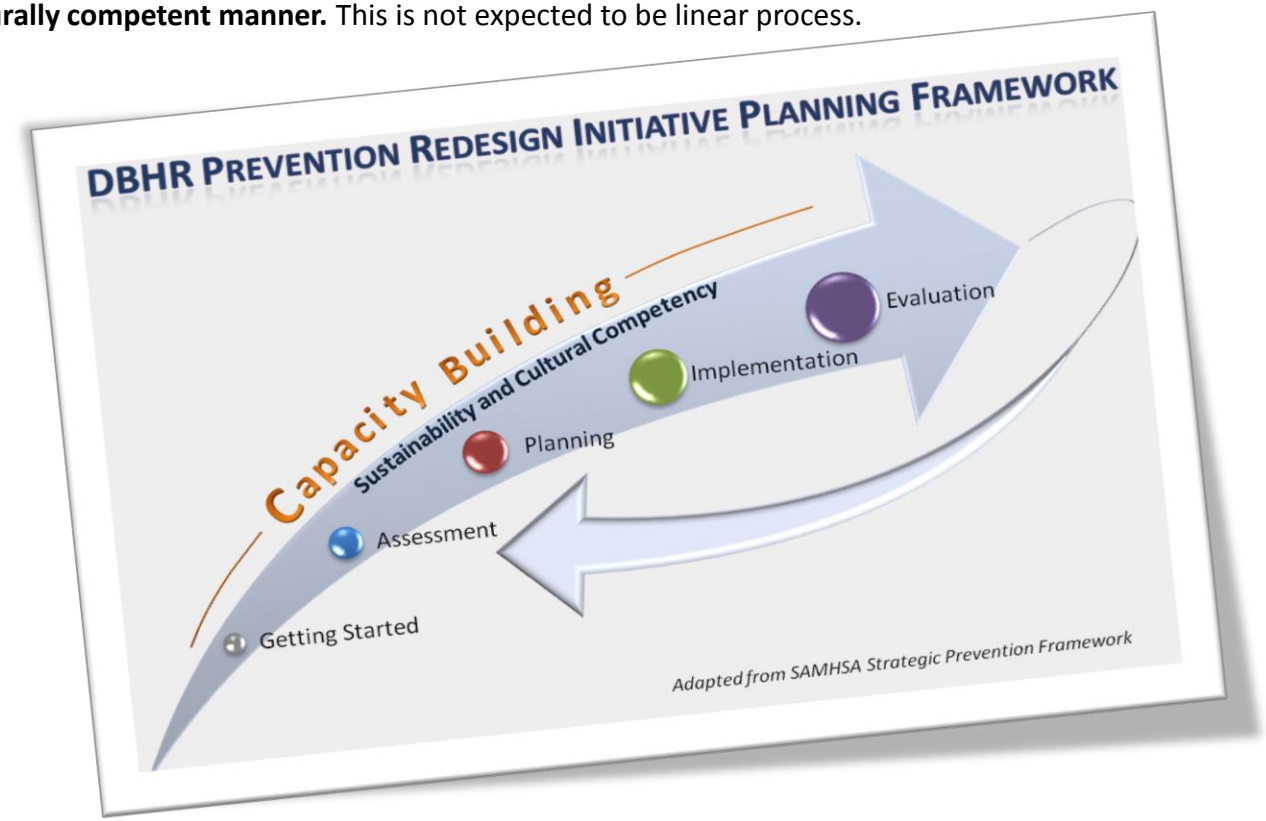
The PRI is generally following the Strategic Prevention Framework (SPF) as the overall planning framework for this process. Based on our learning from the Strategic Prevention Framework State Incentive Grant (SPF-SIG) process, for the purposes of PRI, we have added a "Getting Started" section and have included "Capacity" as an ongoing step throughout the process. **It is expected that all tasks associated with PRI will be conducted in a culturally competent manner.** This is not expected to be linear process.



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General Information

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Purpose of this Guide:

- Identify required tasks (marked "required")
- Provide guidance, definition and clarification on each task category.

Included in this guide:

- General definitions
- A list of the required tasks and
- Clarification on each task category grouped by the SPF steps.

Note: Depending on the developmental stage and previous work completed by individual coalitions some required tasks may already be completed and can be incorporated into your PRI Strategic Plan. Specific tasks to be considered as "previously completed" must be approved by DBHR.

Primary sources of information used in developing Task Categories: *Communities That Care, CADCA, Coalitions and Partnerships in Community Health (Frances Dunn Butterfoss), DBHR, preliminary evaluation information from Washington and national SPF-SIG project, SAMSHA/CSA.*

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General Information

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What is a Coalition?

A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which 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 (Sector Representatives) are local key players who represent and can function on behalf of their respective sector constituents to contribute to carrying out planning and strategies for the local community.
- Members (Sector Representatives) act within their own sphere of influence thus enlarging the coalition's ability to create needed change and implement multiple strategies.
- New members are invited to join in an effort to enlarge the coalition's sphere of influence and to gain needed capacity to address additional root causes
- Coalition staff assists with support for planning, problem solving and information management (evaluation, reporting, etc.).

Sectors:

- Youth
- Parent
- Law Enforcement
- Civic/Volunteer Groups
- Business
- Healthcare Professionals
- Youth-Serving Organizations
- Religious/Fraternal Organizations
- State/Local/Tribal Government
- School
- Media
- 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.

Adapted from DFC grantee workshop.

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Task Category Modules Outline

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Below is categorization of required tasks by subject and does not indicate sequence to follow. This is not expected to be linear process.

Getting Started

A. Participate in The Athena Forum
B. Select PRI community
C. Hire/designate .5 FTE coordinator for each PRI community
D. Establish working relationships with DBHR

Capacity

A. Recruit and retain membership
B. Conduct a community coalition orientation
C. Establish coalition structure
D. Engage key leaders in coalition's PRI efforts
E. Participate in training and technical assistance

Assessment

A. Conduct assessment
B. Use state-provided and local data
C. Gather community information and feedback

Planning

A. Select goals, population and strategies
B. Develop prevention strategic work plan

Implementation

A. Participate actively in Cohort I learning community
B. Implement media campaigns
C. Confirm partnerships
D. Organize and implement P/I services (September 2011)
E. Implement selected environmental strategy(ies)
F. Implement selected direct prevention strategy(ies)

Reporting and Evaluation

A. Report coalition and community organization functioning
B. Report environmental strategy(ies)
C. Report direct prevention strategy(ies)
D. Participation in statewide evaluation

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Timeline Overview

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- Display to follow is categorized by Tasks and does not indicate sequence to follow. This is not expected to be linear process.
- Marks indicate that work on this task should be happening during this quarter.
- Quarters are relative to project start on an annual schedule of 3 month periods.
- All Cohort 2 projects must start by July 1, 2012; however communities may chose to begin earlier. Complete timeline will be negotiated with DBHR based on individual coalition readiness.

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Timeline Overview

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Key:

S = Start working on this task during this quarter
S/C = Start and completed working on this task during this quarter
O = Ongoing task

Task Category	Before	Q1 *0 - 90 days*	Q2 *91 - 180*	Q3 *181-270*	Q4 *271-360*
Getting Started					
A. Participate in The Athena Forum *(within 2 weeks)*	S	O	O	O	O
B. Select PRI Community *(by March 31, 2012)*	S/C				
C. Hire/designate .5 FTE coordinator for each PRI community *(by July 2012)*	S/C				
D. Establish working relationships with DBHR	S	O	O	O	O
Capacity					
A. Recruit and retain membership		S	O	O	O
B. Conduct a community coalition orientation					
C. Establish coalition structure					
D. Engage key leaders in coalition's PRI efforts					
E. Participate in training and technical assistance		S	O	O	O
Assessment					
A. Conduct assessment					
B. Use state-provided and local data					
C. Gather community information and feedback					

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Timeline Overview

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Task Category	Before	Q1 *0 - 90 days*	Q2 *91 - 180*	Q3 *181-270*	Q4 *271-360*
Planning					
A. Select goals, population and strategies					
B. Develop prevention strategic work plan					
Implementation					
A. Participate actively in Cohort 2 learning community *(within 30 days)*		S	O	O	O
B. Localize media campaigns					
C. Confirm partnerships *(specific to implementing services)*					
D. Organize and implement P/I services *(by September 2012)*		S	O	O	O
E. Implement selected environmental strategy(ies)					
F. Implement selected direct prevention strategy(ies)					
Reporting and Evaluation					
A. Report coalition and community organization functioning		S	O	O	O
B. Report environmental strategy(ies)				S	O
C. Report direct prevention strategy(ies)				S	O
D. Participation in statewide evaluation		S	O	O	O

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Getting Started

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Task Categories:

A. Participate in The Athena Forum

B. Select PRI community

C. Hire/designate .5 FTE coordinator for each PRI community

D. Establish working relationships with DBHR

Templates:

❑ Sample job descriptions

Possible Trainings:

- Understanding the Task Categories
- Athena Forum trainings
- Community Readiness

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Getting Started

Guide p. 6-7

A. **Participate in The Athena Forum:** county, ESD, coordinators, and community points of contact register and actively participate in The Athena Forum. *Please go to www.TheAthenaForum.org or contact Sarah Mariani, sarah.mariani@dshs.wa.gov, to register for the site.*

- *(Required)* Register is defined as county, ESD, coordinators, and community points of contact register within 2 weeks of project start date.
- *(Required)* Actively participate is defined as go to site to access materials posted by DBHR.

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B. Select PRI community: County and ESD will work together to review DBHR provided data profiles and select community (ies) to participate.

a. Review DBHR provided data profiles and list of high need communities.

b. Determine willingness of identified communities to participate and engage in PRI.

c. Review community and school readiness of each potential community identified in data profile.

i. Assess community readiness stages for communities listed as highest risk in the data profile. *Note: Lower stages of community readiness may help indicate communities that are of higher-need for services, therefore being an optimal PRI community choice.*

ii. Identify resources available to address readiness challenges.

d. (Required) Select PRI community. Submit 'Community Selection Form' to DBHR Prevention System Manager.

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C. Hire/designate .5 FTE coalition coordinator for each PRI community.

- *(Required)* County will hire/designate coordinator to help organize and maintain the community substance abuse prevention coalition; provide assistance to the community coalition; and to help guide the continuous development and implementation of a community substance abuse prevention plan.

- *(Required)* County will meet with DBHR to review Coalition Coordinator job description and hiring/designation process.

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Getting Started

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- **Coalition Coordinator will:**
  - Serve as staff for the coalition to plan, implement and report on task categories.
  - Serve as a liaison between PRI coalition and DBHR.
  - Recruit and retain membership on the coalition and support from local key stakeholders/leaders.
  - Provide staff support to the community coalition; coordinate regular meetings to ensure implementation on the strategic plans and work plans.
  - Coordinate the regular review of Coalition budget by the Coalition.
  - Assist coalition members in navigating Strategic Prevention 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 SPF-focused work.
  - Report to the community 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.

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- **Suggested Coalition Coordinator qualifications:**
  - B.A. Degree in Education, Health Education, Communications, Social Sciences, or closely related field;
  - Two years of work experience in community organizing, program coordination, or community-based programs involving youth, drug/alcohol/tobacco abuse or other related community health prevention or counseling.
  - working knowledge of: Substance abuse prevention and prevention science, community development and mobilization, youth development principles, and community organizing approaches
  - Ability to: create and sustain effective relationships with community partners; foster and share leadership among individuals in the community; build bridges among diverse community members and organizations;
  - Work skills: Organized, excellent oral and written communication, public speaking and training, group and meeting facilitation, word processor, spread sheet, and internet skills, good sense of humor, ability to learn new concepts quickly, self motivated with ability to work independently.
  - Knowledge of local organizations, services, the community to be served; and prevention.

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E. Establish working relationships with DBHR: DBHR Prevention Manager, county, ESD, and coordinator will: set up meeting schedules, determine how communications will occur, and establish a baseline profile of the community(ies) to be served.

- *(Required)* DBHR, county, ESD, coordinator meet at least once per month or more frequently as needed to discuss:
  - Negotiate timeline
  - Progress on strategic work plan
  - Contract compliance
  - TA/training needs
  - Next steps
- If needed, MOU between county and coalition.

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Discussion Questions

- What experience do you have to offer to the learning community around this category?
- What questions do you have or anticipate having as you work on these tasks?
- What additional clarification is needed, if any, in order to move forward?

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Capacity

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Task Categories:

A. Recruit and retain membership
B. Conduct a community coalition orientation
C. Establish coalition structure
D. Engage key leaders in coalition's PRI efforts
E. Participate in training and technical assistance

Templates:

- ❑ Information on organizing frameworks
- ❑ Sample MOUs and Letters of Support
- ❑ Sample Roberts Rules
- ❑ Decision making model information
- ❑ Membership recruit and retention plan questions (to be included in overall Plan)
- ❑ Communication Plan questions (to be included in overall Plan)

Possible Trainings:

- Key Leader/Board orientation training (membership)
- SPF overview – basics 101 (pull out of KLO)
- Decision making models (pull out of KLO)
- Membership – how to get them and keep them…or get them back!

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A. Recruit and retain membership: Coalition will recruit and maintain membership and participation consistent with PRI requirements, coalition charter, and demographics and culture of the community.

- *(Required)* Maintain 8 of 12 DFC sectors actively participating in the coalition.
- Active participation is defined as locally developed standard that is followed by coalition.
- *(Required)* Develop and implement a recruitment and retention plan. Submit 'recruitment and retention plan' in Capacity Building section of Strategic Plan. Recruitment and retention plan must include elements of cultural competency.
- *(Required)* Set up and maintain coalition communication plan. Submit 'communication plan' in Capacity Building section of Strategic Plan.
- Map network of connections and revisit regularly to review progress on outreach.
- Establish work groups as necessary.
- *(Required)* Coalition feedback survey adopted, implemented and analyzed with results discussed at coalition meetings.

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B. Conduct a community coalition orientation: Coalition will ensure that coalition members have clear understanding of PRI goals and objectives, PRI/Strategic Prevention Framework planning model and coalition structure and capacity building plan.

- *(Required)* Coalition will to conduct a meeting/training to meet the following goals:
  - Review PRI goals.
  - Providing necessary training that will increase the knowledge of the key leaders in the community organizing framework; data; and goals and activities of coalition.
  - Establish coalition structure.
  - Develop capacity building plan.
- Coalition will review annual mission, goals, activities and strategies.

Note: Orientation will vary depending on the developmental stage and previous work completed by individual coalitions. Please contact your Prevention System Manager.

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C. Establish coalition structure: Coalition structure will include, at a minimum, the coalition's mission statement, decision-making strategy, meeting schedule and minimum participation rules.

- *(Required)* Coalition will establish a mission statement. Submit 'mission statement' in Capacity Building section of Strategic Plan.
- *(Required)* Coalition will determine decision making model to be used. *(May need to revisit in future, especially in instances of new coalitions.)* Decision making model is to determine "How will decisions be made by local community Core Workgroup*?" Submit 'Decision making model' information in Capacity Building section of Strategic Plan.
- Job descriptions developed for coalition members (incl. schools), "leadership team", and staff.
- Role of ESD and county is to get coalition established or identified and then let the local community coalition make decisions.
- Use structure with coalition to guide planning decisions.
- *(Required)* Review and revise coalition structure at least annually to make sure it still represents coalition's actions and intentions.

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D. Engage key leaders in coalition's PRI effort: Leaders are asked for their commitment to support coalition goals and activities. Key community leaders participate in an annual event to discuss coalition.

- Key leaders are defined as local influential people who can influence decisions, funding, and resources for the local community.
- Set up and maintain communication updates with key leaders.
- *(Required)* Coalition will host Key Leader event annually that will meet the following goals:
  - Bring selected key leaders and coalition together.
  - Present goals and activities to date to key leaders and coalition.
  - Present related local data.
  - Providing necessary training that will increase the knowledge of the key leaders in the community organizing framework; data; and goals and activities of coalition.
  - Celebrate successes to date.
  - Get buy in for coalition by key leaders.
  - Get key leaders perspective.
  - Get key leaders to (re)commit to support the efforts of the coalition.
  - (Re)energize coalition members.

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E. **Participate in training and technical assistance:** Participation by the coalition coordinator, and in some cases coalition members, will be required at some training and technical assistance events and activities.

- *(Required)* Participate in the following trainings: [Use of CPT funds is allowed.]
  - Annual training in coordination with All Provider Meeting. Participants: ESD/county/coalition coordinators or designees.
  - Prevention Summit. Participants: ESD/county/ coalition coordinators or designees.
  - 1 DBHR training per year. Participants: ESD/county/ coalition coordinators or designee.
  - Community Coalition Coordinator Orientation. Participants: Coalition coordinator.
  - SAPST within six (6) months. Participants: Coalition coordinator (if they haven't already completed SAPST).
- Potential Training topics:
  - Strategic Prevention Framework steps
  - DBHR PRI process (e.g. Tasks)

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Discussion Questions

- What experience do you have to offer to the learning community around this category?
- What questions do you have or anticipate having as you work on these tasks?
- What additional clarification is needed, if any, in order to move forward?

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Assessment

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Task Categories:

A. Conduct assessment
B. Use state-provided and local data
C. Gather community information and feedback

Templates:

- ❑ Resource assessment tools
- ❑ Community survey tools

Possible Trainings:

- Community Assessment Training/Clinic
- Community Resources Assessment Training/Clinic
- Using local data updates to re-energize your coalition

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Assessment

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A. Conduct assessment: Coalition will establish a process and conduct assessment to compile data, review the information, ensure data is reflective of community demographics, and make recommendations for selection of priorities to full coalition. DBHR will support training and technical assistance to the assessment workgroups. Existing assessments specific to the community or coalition can be used initially to satisfy this requirement. However, a new assessment of needs and resources must be conducted and accepted by DBHR before the next contract period.

- *(Required)* Coalition will conduct a needs assessment and resource assessment.
- Needs Assessment:
  - Identify people in the community who have expertise and/or interest in data relating to youth risk and protective factors, substance use, and related community indicators of problem behaviors to complete task "Use state-provided and local data". These may not necessarily be coalition members, but there should be some members from the coalition to help guide the work of the workgroup. Recommend 3-5 people for workgroup.

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Assessment

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A. Conduct assessment: *(cont.)*

- Resource Assessment:
  - Identify members of the coalition who have knowledge of a wide range of providers of prevention related services. Recommend 3-5 people for workgroup.
  - Create a complete list with contact information of providers of all types of prevention-related services in the community.
  - Develop a process for requesting those providers to fill out the resource survey on PBPS. Follow-up with reminders until a 70% completion rate is achieved. For providers who are not willing or able to complete a survey, use workgroup members to gather the information and complete short survey in PBPS.
  - Using the report generated by the PBPS of the Resource Assessment, present findings to coalition. (Keeping this data up to date can be an on-going project of the coalition.)
- *Note: If plan has already been established this work group will re-visit and update current plan.*

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Assessment

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B. Use state-provided and local data: The coalition will make data-based decisions and define problem statements using archival, Healthy Youth Survey, and local indicator data.

- *(Required)* Needs Assessment:
  - Review data provided by DBHR. Discuss implications for the community and the work of the coalition.
  - Identify gaps in the data, and possible sources of more precise local data to fill those gaps. Collect those data and add to assessment.
- *(Required)* Present data to full coalition and the coalition will make an initial prioritization.

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Assessment

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C. Gather community information and feedback: Information will be gathered periodically from community members about the coalition and its work. Coalition will incorporate the community feedback into its decision-making processes.

- *(Required)* Coalition will use survey tool provided by DBHR to gather information about the work and strategies of the coalition from the community at large annually.
- Community at large is defined as beyond coalition members.

– Coalition will review results of the survey and integrate results into strategies.

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Discussion Questions

- What experience do you have to offer to the learning community around this category?
- What questions do you have or anticipate having as you work on these tasks?
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Planning

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Task Categories:

A. Select goals, population and strategies
B. Develop prevention strategic work plan

Templates:

- ❑ CAPT report regarding organizing frameworks to communities
- ❑ PRI prevention strategic plan to include:
  - Membership recruit and retention plan questions
  - DBHR develops logic model for PRI project

Possible Trainings:

- Community Planning Training/Clinic
- Using systems models to preventing unintended consequences

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Planning

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A. Select goals, population and strategies: Coalition will develop a logic model using information and priorities from assessment to set change goals, and select focus populations, environmental strategy(ies), and direct prevention strategy(ies).

- Coalition identifies gaps from Resource and Needs Assessment and priorities.
- Coalition identifies who will receive services, what services they will receive, and what changes the coalition anticipates being made.
- *(Required)* Coalition will use the DBHR template to develop a logic model that explains its decisions.
- *(Required)* The logic model will be submitted to DBHR as part of its strategic prevention work plan.

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Planning

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B. Develop prevention strategic work plan: Coalition will develop a strategic work plan which incorporates the logic model, describes how community culture and demographics were considered in making selections, and how overall behavioral health considerations – substance abuse and mental health – are addressed. Coalition will develop an interim work plan that will guide coalition work until the final plan is developed and adopted.

- To complete the plan, coalitions will need to:
  - Describe their community culture and demographics and identify what needs to be done to ensure selected initiatives are appropriate for the residents of the community.
  - Identify anticipated barriers to implementation and strategies for overcoming those barriers.
  - Identify timelines for implementing selected environmental and direct prevention service projects and key implementation benchmarks.
  - *(Required)* The coalition will submit their strategic work plan, along with its logic model, to DBHR for approval.
- *(Required)* Coalition will complete "Community Profile" with DBHR.

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Discussion Questions

- What experience do you have to offer to the learning community around this category?
- What questions do you have or anticipate having as you work on these tasks?
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Implementation

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Task Categories:

A. Participate actively in Cohort 2 learning community
B. Implement media campaigns
C. Confirm partnerships
D. Organize and implement P/I services (September 2012)
E. Implement selected environmental strategy(ies)
F. Implement selected direct prevention strategy(ies)

Templates:

- ❑ Media campaign options and materials

Possible Trainings:

- Community Plan Implementation and Evaluation Training
- Environmental strategy training

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Implementation

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A. Participate actively in Cohort I learning community.

- *(Required)* ESD/county/coordinator attends monthly meetings by phone, K20, or in person and documents in PBPS.

B. Implement media strategies: Coalition will locally implement statewide media campaigns developed by DBHR.

- *(Required)* Coalition will promote statewide media campaign messages to the local news media, and through social media, publications and donated advertising using materials developed by DBHR.
- Coalition will encourage news media to announce coalition events, activities and successes.

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C. Confirm partnerships: Coalition will ensure that necessary relationships are established and permissions obtained so strategies can be implemented effectively.

- *(Required)* Community coordinator manages partnerships.
- *(Required)* Coordinator identifies partnership gaps.
- *(Required)* Coordinator plans outreach and recruitment strategies.
- If needed, MOU is signed to ensure partnerships for implementation of services.

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D. Organize and implement P/I services (September 2012): Educational Service Districts in coordination with coalition will work with selected schools to implement P/I services.

- *(Required)* Beginning September 2012 P/I services.

E. Implement selected environmental strategy(ies): Implementation of strategies according to coalition strategic work plan.

- *(Required)* Community coordinator and coalition members lead and oversee population level strategies as identified in work plan.

F. Implement selected direct prevention strategy(ies): Implementation of strategies according to coalition strategic work plan.

- *(Required)* Community coordinator and coalition members lead and oversee population level strategies as identified in work plan.

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Discussion Questions

- What experience do you have to offer to the learning community around this category?
- What questions do you have or anticipate having as you work on these tasks?
- What additional clarification is needed, if any, in order to move forward?

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Reporting and Evaluation

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We will continue to use the current systems to collect information via Plan; PBPS and OSPI/RMC MIS; and Prevention System Managers.

Task Categories:

A.Report coalition and community organization functioning
B.Report environmental strategy(ies)
C.Report direct prevention strategy(ies)
D.Participation in statewide evaluation

Templates:

- ❑Resource assessment surveys
- ❑Coalition survey

Possible Trainings:

- •Community Plan Implementation and Evaluation Training
- •Is the community getting your message? Planning and tracking how far did your message go

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Reporting and Evaluation

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A. **Report coalition and community organization functioning:** Coalition will report outputs and outcomes to DBHR. Coalition will make necessary changes based on data and performance.

- *(Required)* All Coalition, Community Coordination, and Training services will be reported in the PBPS.
- *(Required)* Coalition will use the report in its own capacity building efforts.
- *(Required)* Pre and Post-test assessments for all participants in recurring services who are at least 10 years old as of the first date of service will be reported in PBPS.
- *(Required)* Coalition members will complete a baseline coalition survey in the PBPS by the 15th of the month following their 2nd recorded coalition meeting.
- *(Required)* Coalition members will complete an annual coalition survey using the instrument provided by DBHR to be entered into the PBPS.
- *(Required)* The coalition will conduct an annual resource assessment using the instrument provided by DBHR with data entered into the PBPS.

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B. Report environmental strategy(ies): Coalition will report outputs and outcomes to DBHR. Coalition will make necessary changes based on data and performance.

- *(Required)* The coalition will review effectiveness of message dissemination into community.
- *(Required)* All Environmental services will be reported.
- *(Required)* Pre and Post-test assessments for all participants in recurring services who are at least 10 years old as of the first date of service will be reported.

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Reporting and Evaluation

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C. **Report direct prevention strategy(ies):** Coalition will report outputs and outcomes to DBHR. Coalition will make necessary changes based on data and performance.

- *(Required)* All Direct services will be reported in the PBPS.
- *(Required)* P&I services will continue to be report through the OSPI/RMC MIS and uploaded to PBPS monthly.
- *(Required)* Pre and Post-test assessments for all participants in recurring services who are at least 10 years old as of the first date of service will be reported into PBPS.

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Reporting and Evaluation

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D. Participation in statewide evaluation: Coalition will implement evaluation designed by DBHR.

Coalition will:

- *(Required)* Work with (or support) the local school district to ensure participation in the Healthy Youth Survey. *[Target is 80% participation in survey.]*
- *(Required)* Work with coalition members to develop detailed information of all prevention resources by ensuring participation in the resource assessment survey. *[Target is 70% participation in survey.]*
- *(Required)* Work with coalition to achieve response rates for the annual coalition survey. Work with coalition leadership to use survey results in the on-going formative evaluation work. *[Target is 80% participation in survey.]*

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Discussion Questions

- What experience do you have to offer to the learning community around this category?
- What questions do you have or anticipate having as you work on these tasks?
- What additional clarification is needed, if any, in order to move forward?

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Wrap up

- Questions???

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PART 2 –

PRI Cohort 2
Community Risk Profiles

Preliminary Data to Select Communities

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Introduction

- Purpose: use data to identify high risk communities
- Risk assessment process:
  - Based on PRI logic model
  - Assess alcohol consumption level and consequence
  - Compare communities with state averages

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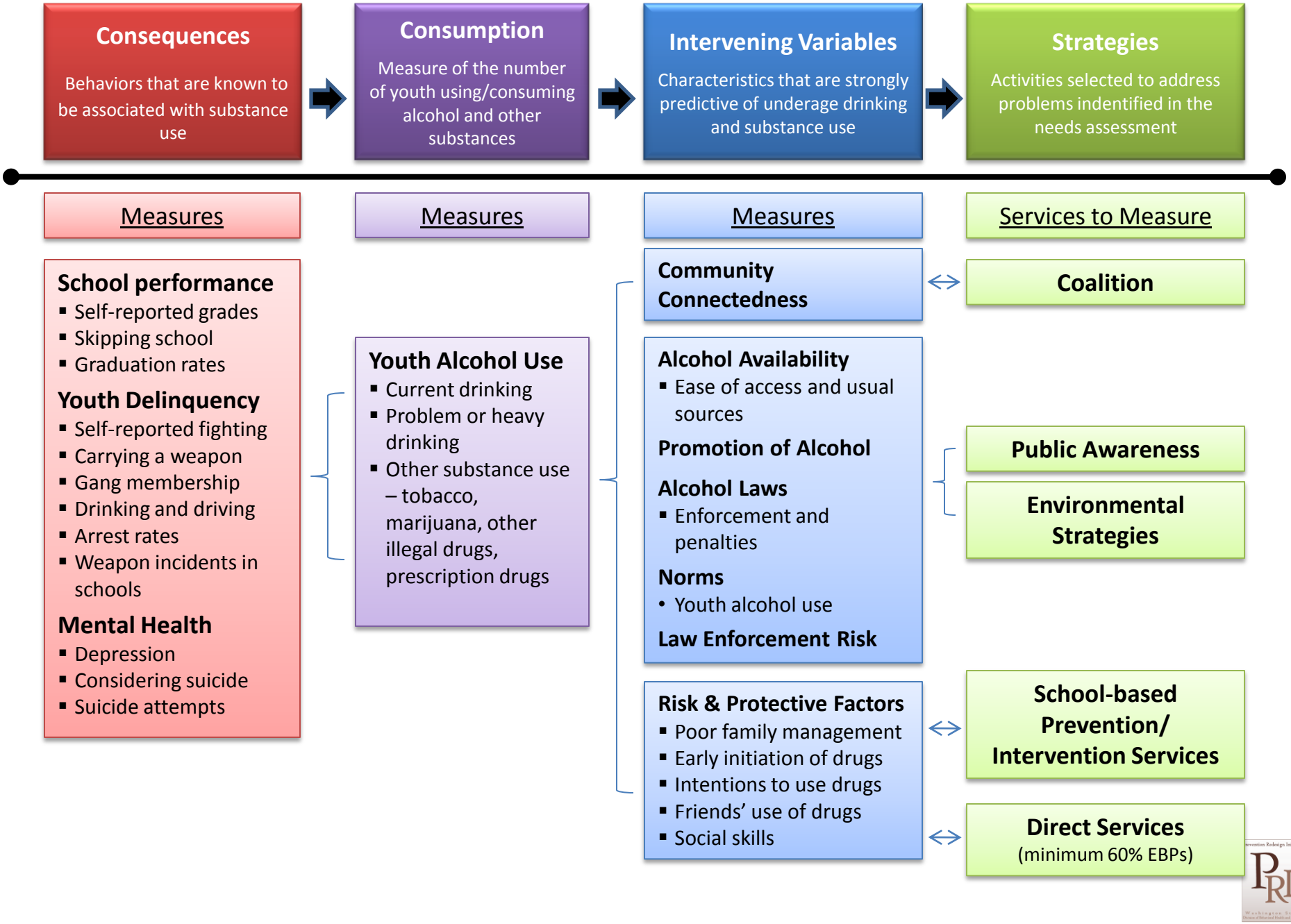
Measures Available for the Community Needs Assessment



Introduction

- Select “High Risk” communities
  - Ranked above the State average
  - Among the 5 communities with the highest risk scores in the county
  - Consider contextual variables: poverty and troubled families

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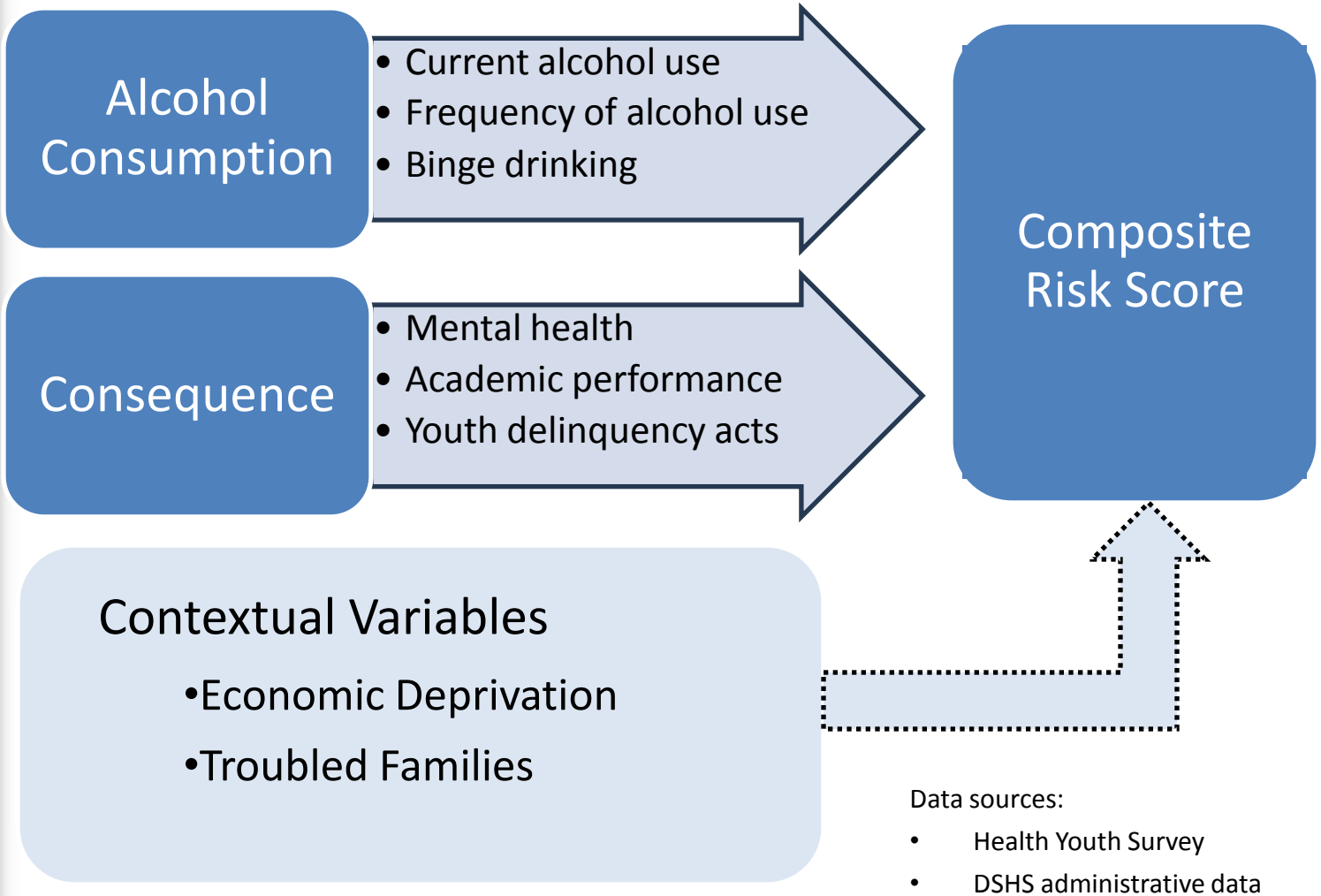
Methodology



Data sources:

- Health Youth Survey
- DSHS administrative data

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Report Components: Data Summary

County Community Risk Profile: County X

Examine the composite risk ranking and select from the communities with the highest risk score:

- Top 5 communities in the county with risk scores 50% or above, or
- The highest ranked community in the county

Highest Risk Score

District	Population: Age 0-17	Risk Ranking: Risk Percentile	Risk Ranking: Risk Indicator with Data	Co…			Indicators: Troubled Family
Community 1	160	99	16	V…			Very High
Community 2	227	76	26				Very High
Community 3	52	72	6				High
Community 4	295	71	26	Average	High	Low	Very Low
Community 5	192	70	26	Average	Average	Average	Very High

Other School Districts

District	Population: Age 0-17	Risk Percentile	Risk Indicator with Data	Consumption (Alcohol)	Consequence	Economic Deprivation	Troubled Family
Community 6	94	31	16	Low	Average	Average	High
Community 7	925	31	26	Low	Average	Average	Average
Community 8	248	12	8	No Data	Low	Average	Very High
Community 9	130	11	26	Very Low	Average	Low	Low
Community 10	3,874	10	26	Very Low	Low	Very Low	Low
Community 11	40	3	6	No Data	Very Low	Low	Very Low
Community 12	264	2	8	No Data	Very Low	Very Low	Average
Community 13	244	1	15	Very Low	Very Low	Low	Very High

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Information to Consider

Consider the number of indicators with data.

Among top ranked communities, select the ones with high level of economic deprivation and more troubled families.

County Community Risk Profile: County X

Highest Risk Score		Risk Ranking		Risk Category Rank			
District	Population: Age 0-17	Risk Percentile	Risk Indicator with Data	Consumption (Alcohol)	Consequence	Economic Deprivation	Troubled Family
Community 1	160	99	16	Very High	Very High	Average	Very High
Community 2	227	76	26	High	Average	Average	Very High
Community 3	52	72	6	No Data	High	Low	High
Community 4	298	71	26	Average	High	Low	Very Low
Community 5	192	70	26	Average	Average	Average	Very High

Other School Districts

District	Population: Age 0-17	Risk Percentile	Risk Indicator with Data	Consumption (Alcohol)	Consequence	Economic Deprivation	Troubled Family
Community 6	94	31	16	Low	Average	Average	High
Community 7	925	31	26	Low	Average	Average	Average
Community 8	248	12	8	No Data	Low	Average	Very High
Community 9	130				Average	Low	Low
Community 10	3,874				Low	Very Low	Low
Community 11	40				Very Low	Low	Very Low
Community 12	264	2	8	No Data	Very Low	Very Low	Average
Community 13	244	1	15	Very Low	Very Low	Low	Very High

Population of community as a reference.

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Information to Consider

County Community Risk Profile: County X

Highest Risk Score		Risk Ranking		Risk Category Rank		Contextual Indicators	
District	Population: Age 0-17	Risk Percentile	Risk Indicator with Data	Consumption (Alcohol)	Consequence	Economic Deprivation	Troubled Family
Community 1			16	Very High	Very High	Average	Very High
Community 2			26	High	Average	Average	Very High
Community 3			6	No Data	High	Low	High
Community 4			26	Average	High	Low	Very Low
Community 5			26	Average	Average	Average	Very High

Consumption and Consequence Ranking:

- **Very high = Top 10%**
- **High = Top 10% to 25%**
- **Average = 25% to 75%**
- **Low = Bottom 10% to 25%**
- **Very Low = Bottom 10%**

Other School D

District	Age 0-17		Indicator with Data	Consumption (Alcohol)	Consequence	Economic Deprivation	Troubled Family
Community 6	94	31	16	Low	Average	Average	High
Community 7	925	31	26	Low	Average	Average	Average
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Report Components: Maps

- Overall risk levels by school district
- Alcohol consumption and consequence risk levels by school district

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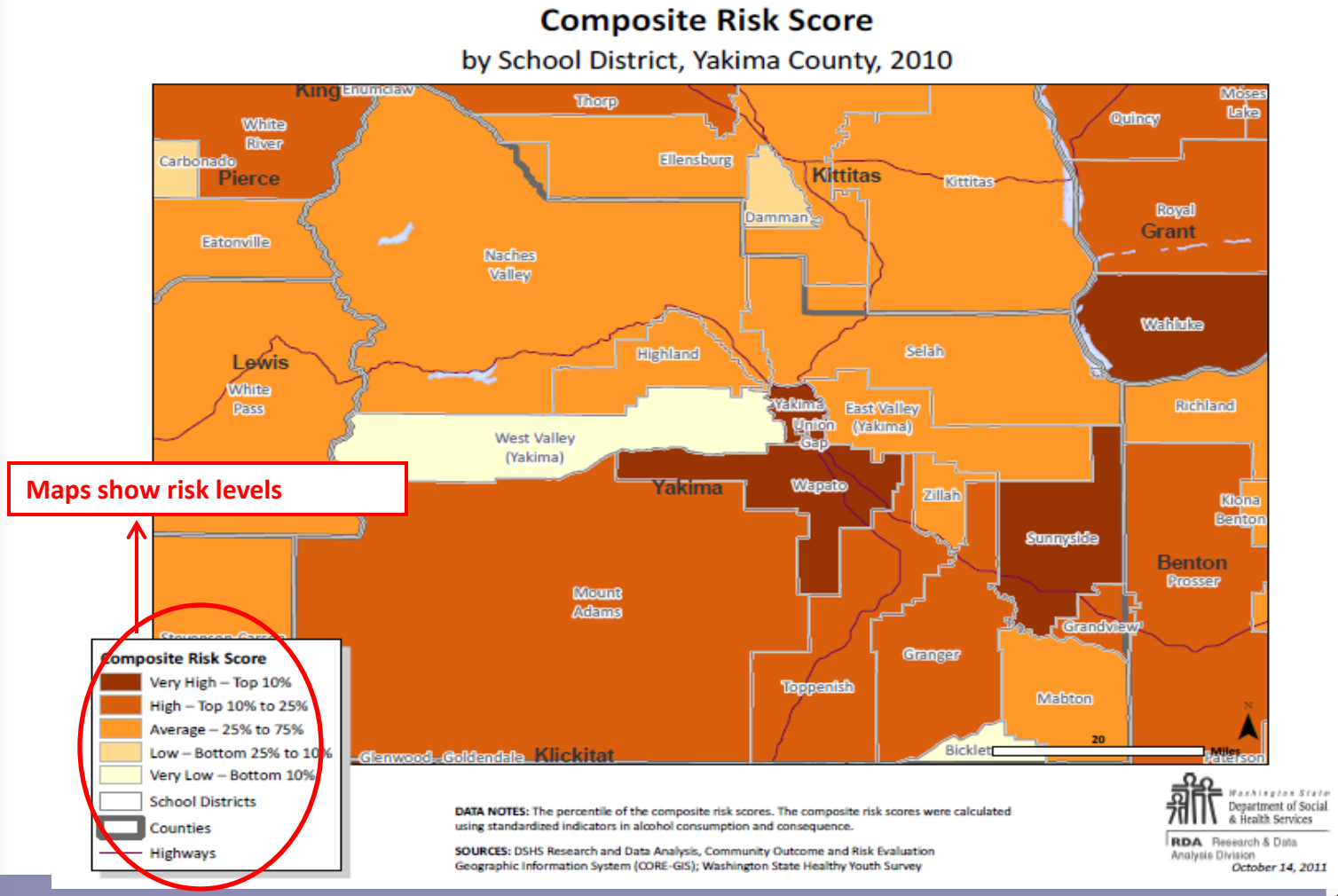
Report Component: Maps



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Report Components: Data Tables

- Data tables show statistics for each indicator.

Students in Grade 8 Reporting Depression

The number of grade 8 students surveyed who curtailed normal activities in prior year due to sadness, hopelessness as a percent of all grade 8 students surveyed.
Based on HYS Question: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual

ort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health
epartment of Commerce, and the Liquor Control Board.

Statistics at the state, county school district levels (and sub-SD levels for Seattle SD and Spokane SD)

Risk: H - very high, h - high, '=' is average, l - low, L - very low.

Level		Risk				Rates				Self-reported Depression				Students Surveyed			
		2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
1	State-wide					29.3	24.8	24.1	25.2	2,275	2,069	1,946	2,208	7,752	8,329	8,058	8,752
2	County X					25.6	22.6	20.3	23.7	671	758	576	765	2,626	3,361	2,831	3,234
3	School District 1	=	=	=	=	30.4	24.2	25.0	26.9	256	53	164	217	841	219	655	806
3	School District 2	=	=	l	l	28.2	21.4	17.8	19.0	238	176	194	203	843	821	1,091	1,066
3	School District 3		l	l	l	.	20.5	17.4	18.0	.	54	49	44	.	264	282	244
3	School District 4	=	=			30.6	24.2	.	.	138	39	.	.	451	161	.	.
4	Health Planning Area 1		=	=	=	.	25.3	21.4	24.2	.	96	98	137	.	379	457	567
4	Health Planning Area 2	=	=	h	h	29.6	27.0	29.6	34.3	105	38	73	98	355	141	247	286
4	Health Planning Area 3	h	=	=	H	40.0	26.7	23.8	37.5	12	27	29	9	30	101	122	24

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Community Selection Criteria

- Select the communities with the highest overall risk scores
  - Among the top 5 communities in the county
  - Has a risk ranking of 50% or higher
  - If none of the communities in the county has a risk ranking of 50% or higher, the community with the highest risk score should be selected.

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Community Selection Criteria

- Among the communities with the highest risk scores
  - Consider the number of indicators with data: Risk scores based on few indicators should be interpreted with caution.

    Example: school districts not participating in HYS
  - Target communities with high levels of poverty and more troubled families

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Questions

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- Prevention System Manager
  - Stephanie Atherton
  - Julie Bartlett
  - Julia Greeson
  - Ivon Urquilla

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Closing

- Wrap up
- Questions???

Thanks for joining us.

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