
Community Prevention and Wellness Initiative (CPWI) Community Coalition Guide

**Building a Substance Use Disorder Prevention Coalition in Your
Community for Equitable and Sustainable Prevention Efforts**



**Health Care Authority / Division of Behavioral Health & Recovery
(DBHR)**

Updated July 2021

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Chapter 1:

CPWI General Information

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Using this Guide

The purpose of this guide is to provide guidance for CPWI Coalitions in planning and implementing CPWI required tasks. This guide includes the following five main sections:

- **Chapter 1: General Information** – provides general information about the CPWI planning framework.
- **Chapter 2: Implementing CPWI** – identifies the required tasks and provides guidance, definition, and clarification on each task category grouped by the CPWI Planning Framework steps.
- **Chapter 3: Strategic Plan Requirements** - provides the CPWI requirements for completing the Coalition’s Strategic Plan.
- **Appendix** – provides an overview of the CPWI objectives, data and coalition resources, and helpful links.

Note: This guide is not intended to be a comprehensive handbook for community organizing. Furthermore, as additional funding is made available to support CPWI efforts, this guide may be updated to include additional requirements and information.

CPWI General Information

CPWI History

The Community Prevention and Wellness Initiative (CPWI) is a strategic, data-informed, community coalition model aimed at preventing youth alcohol, tobacco, marijuana, opioids, and other drug use by targeting prevention efforts in the highest risk communities throughout the state. CPWI began in 2011, and is a community and school-based model for delivering prevention programs and strategies. The Washington State Health Care Authority / Division of Behavioral Health and Recovery (HCA / DBHR) partners with other state agencies, counties, educational service districts, schools, and prevention coalitions to implement CPWI. CPWI has funded prevention coalitions in 81 communities, located in all 39 counties and nine Educational Service Districts (ESDs).

The CPWI model uses a data-informed, community-level decision making process to determine root social and emotional causes that predict problem behaviors. CPWI provides community coalitions with funding, training and technical assistance for coordination, assessment, strategic planning, implementation, and evaluation of prevention services needed in their communities. This support helps communities build on their past successes and better measure how well prevention programs are meeting goals. CPWI also provides funding to ESDs to support a 1.0 FTE Student Assistance Program Specialist (SAPS) position in the school.

With new funding opportunities, DBHR has the opportunity to bring on new “cohorts” of CPWI sites. Currently, there are seven cohorts of CPWI, all who started at a different time.

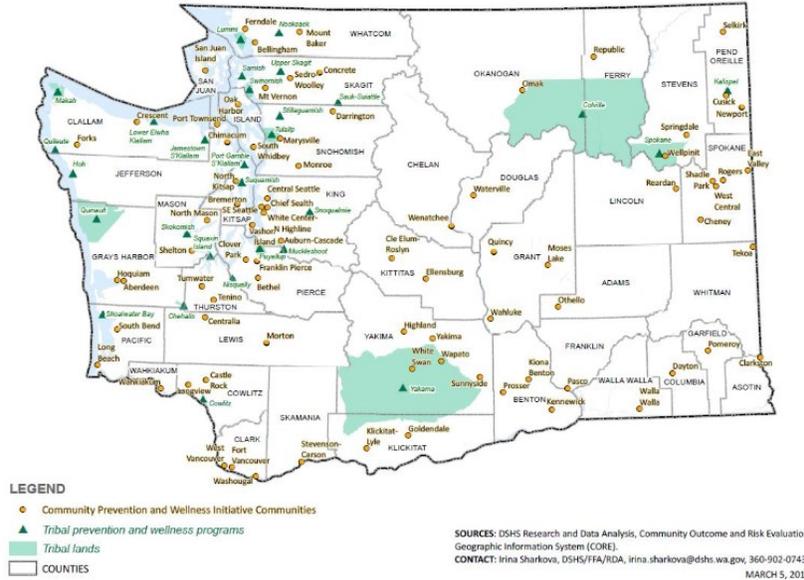
- Cohort 1 began in 2011, Cohort 2 began in 2012, Cohort 3 began in 2013.
- As a result of the Dedicated Marijuana Account (DMA) funding, Cohort 4 began in 2015.
- Through the State Targeted Response (STR) grant, Cohort 5 began in 2017.
- In a successful effort to leverage funding sources, Cohort 6 began in 2018 with the Partnerships for Success (PFS) 2018 and State Opioid Response (SOR) grants.
- Cohort 7 is planned for a July 2021 launch.

Find an overview of all CPWI communities at:

https://www.theathenaforum.org/community_prevention_and_wellness_initiative_cpwi

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Prevention services are focused in communities and Tribes throughout Washington



*Cohort 7 CPWI communities began on July 1, 2021. The CPWI map will be updated in the next version of the CPWI Guide.

With each cohort of the CPWI, the guidance documents have been refined for utility. However, the Key Objectives section of the Community Coalition Guide remains as it was originally developed by the stakeholder group in order to preserve the history of the development of the Community Prevention and Wellness Initiative (formerly the Prevention Redesign Initiative). **This can be found in Appendix 1 on page 34.**

The Community Prevention & Wellness Initiative (CPWI) uses the Strategic Prevention Framework (SPF) for planning, with two enhancements. Based on our learning from the Strategic Prevention Framework State Incentive Grant (SPF-SIG) process, we have added a “Getting Started” section and expect “Capacity Building” to be ongoing throughout the process. All tasks associated with CPWI planning must be conducted in a culturally competent manner, ensuring that coalition efforts focus on reducing health disparities and increasing equity in accessing prevention services. In addition, we focus on funding/resource/coalition sustainability and evaluation throughout the CPWI model.

DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK

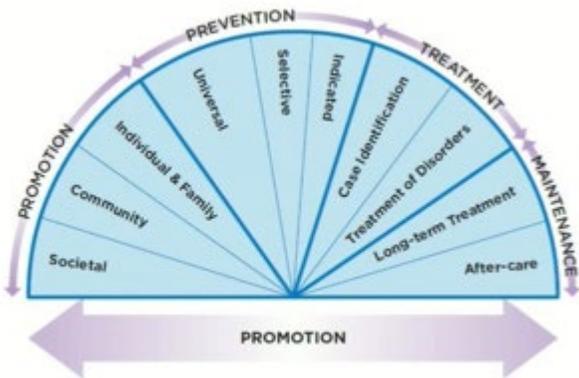


A note on cultural competency

HCA/DBHR's Substance Use Disorder and Mental Health Promotion Section is dedicated and committed to eradicating health disparities that exist in the behavioral health field. HCA/DBHR works to hold ourselves accountable to principles of health equity and justice to understand how current work can be used to address inequities in prevention services. We recognize that the description around the equity efforts that we are focused on in our prevention work has been referred to as addressing "cultural competency". We acknowledge that "cultural competency" is sometimes considered an outdated term, largely because we cannot ever be competent in another culture. Differing terminology, such as "cultural humility" has been suggested by some to incorporate self-reflection and attention to power imbalances in equity efforts¹. "Cultural competency" is embedded in years of guidance, resources, and trainings at DBHR and within other national Prevention systems. As part of HCA/DBHR's healthy equity efforts, it is important to note that we are engaging in discussions and policy decisions around how to expand our language to be more inclusive of all of our equity, diversity, and inclusion efforts. This Guide contains references to "cultural competency" as part of the Strategic Prevention Framework, and we have expanded components of the Guide to include strategies and discussion points on how prevention providers have a role in reducing health disparities, how coalitions can meet the needs of a diverse population of individuals within one's community, and how we can promote health equity as a system. With an evolving field, HCA/DBHR commits to continued assessment, learning, and growth to improve these efforts statewide.

¹ https://melanietervalon.com/wp-content/uploads/2013/08/CulturalHumility_Tervalon-and-Murray-Garcia-Article.pdf

Institute of Medicine (IOM)



In addition to the CPWI framework above, we also follow the Center for Substance use disorder Prevention (CSAP) Institute of Medicine (IOM) categories. The IOM model divides the continuum of services into three parts: prevention, treatment, and maintenance. The prevention category is divided into three classifications--(Primary), Selective (Secondary), and Indicated (Tertiary). The IOM model framework was newly updated in 2019 by the National Academy of Science. **More information may be found in Appendix 5 on page.**

Does CPWI Work?

An evaluation by Washington State University shows that CPWI is meeting its goals: 95% of programs implemented between July 2015 and June 2016 had positive results in delaying the first use of alcohol or other drugs, reducing use, decreasing risk factors and/or increasing protective factors. Between 2011 and 2016, communities in Cohort 1 showed improvements in all family and community risk factors. Evaluation results also showed significant decreases in 10th grade substance use outcomes:

- Alcohol use and binge drinking - **down 42%**
- Cigarette use - **down 49%**
- Marijuana use - **down 11%**

Continued evaluation of CPWI has indicated ongoing positive impacts as a result of CPWI implementation.

Resources for Implementing CPWI

Resources for Implementing CPWI

DBHR has created the following primary guidance documents and templates referenced in this Community Coalition Guide available on [Athena Forum](http://www.TheAthenaForum.org) found at www.TheAthenaForum.org. From the homepage, click on the link in the bottom right corner under "[CPWI Guides.](#)" **Community Coalition Guide** – includes requirements for tasks to be completed as part of CPWI.

- **County Risk Profile** – full reports are sent to each county to be used to identify and select high-need communities within each county. Summary reports by county are available on Athena Forum.
- **CPWI News/Media Release Template** – this template includes the general information and layout for the required press release. Included within this Guide and available on Athena Forum.
- **Coalition Assessment Tool** – this annual survey is to gather information from the Coalition members about the organization and functioning of the Coalition. Available on the online reporting system (currently known as "Minerva") site.
- **Strategic Plan Requirements and Related Templates** – includes guidance on requirements, formatted outline with section headings document, budget, list of coalition members table, 'Community Survey' Results, Action Plan, and Plan-on-a-Page. **Quick link:** <https://www.theathenaforum.org/tags/cpwi-guide-guidance-and-forms>
- **Community Profile Brochure**– the template provides the layout for this one-page handout. Each community can add local information.

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[Many other helpful resources](#) are available. We encourage you to review [the information available in the CPWI Training section](#) found under the “training tab” of The Athena Forum. We have developed resources to guide Community Coalition Coordinators and Coalitions through the steps and provide samples for Coalition discussions and workgroups.

Technical assistance

We are here to help! We encourage you to actively engage your DBHR Contract Manager for assistance as the Coalition is working through each step of the Community Coalition Guide as well as the Strategic Plan Requirements.

DBHR will provide guidance to assist the community coalition Coordinator in working with the Coalition for completion of the CPWI Implementation Tasks and each section of the Strategic Plan. We encourage you to use the training materials developed to assist the Coalition in completing each step and building a Strategic Plan. For technical assistance, please contact your DBHR Contract Manager.

You can also consult the online courses that have been recorded and posted in [the OWL E-learning](#). **A list of self-guided trainings are located on the Athena forum and in Appendix 2 on [page 41](#).**

Sources:

Primary sources of information used in developing this Guide: Communities That Care, Community Anti-Drug Coalitions of America (CADCA), Drug Free Communities (DFC) grantee workshops. [Coalitions and Partnerships in Community Health](#) (Frances Dunn Butterfoss), DBHR, preliminary evaluation information from Washington and national SPF-SIG project, Substance Abuse Mental Health Services Administration / Center for Substance Abuse Prevention (SAMHSA/CSAP), and the following publications:

www.communitiesthatcare.net/research-results/;

www.TheAthenaForum.org/collective_impact;

www.TheAthenaForum.org/collective_impact_part_ii;

www.TheAthenaForum.org/understanding_the_value_of_backbone_organizations_turner_et_al_2012; and

www.TheAthenaForum.org/community_responsibility_for_child_protection_possibilities_and_challenges_daro_and_dodge_2009.

What is the Makeup of a CPWI 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 bring the perspective of the group of people/sector they represent to the Coalition and function on behalf of those they represent to carry out strategies for the local community.
- 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 increase capacity to address additional root causes. **For more information see [page 9](#).**

Members Represent Community Sectors

We require 8 of the following 12 sectors to participate in the CPWI coalition:

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1. Youth
2. Parent
3. Law Enforcement
4. Civic/Volunteer Groups
5. Business
6. Healthcare Professionals
7. Media
8. School
9. Youth-serving Organizations
10. Religious/Fraternal Organizations
11. State/Local/Tribal Governments
12. Other Substance Abuse Organization

In addition to the 12 sectors of support, HCA encourages partnerships and Coalition collaboration with Substance Use Disorder Professionals, Mental Health Service Professionals, Licensed Marriage and Family Therapists, and other related professionals.

Overview of Roles in the CPWI model

Role of DBHR Prevention System Manager

DBHR provides guidance, resources, technical assistance, and support within the CPWI contract guidelines. DBHR Prevention System Managers provide monthly check ins to all CPWI sites, support ongoing coalition activities, provide technical assistance when it comes to reporting and coalition problem solving, and contract management activities. Prevention System Managers help monitor progress and contract compliance.

Role of Fiscal Agent/Contractor

In areas where the County is involved in the provision of prevention services, counties who HCA currently has a County Program Agreement for Prevention Services is the preferred fiscal agent for CPWI contracts. Should the County not wish to be the fiscal applicant, other eligible entities such as Educational Service Districts, school districts, and nonprofit entities may apply for a new CPWI grant. After being selected for funding for a CPWI coalition, the county or other fiscal agent is responsible to establish/lift up the Coalition, and then continue supporting the Coordinator and Coalition to make decisions and fulfill CPWI requirements. Fiscal agent staff may be non-voting members of the Coalition and should not serve as elected officers.

Coalitions will work with a county or a non-county contractor (Contractor) to serve as a pass-through agency for CPWI funding for staff, strategies and activities. While the Contractor provides fiscal oversight and limited administrative management, the Coalition retains discretion and control over fiduciary decision making within the laws and regulations related to the funding source.

Fiscal agent staff tasks include:

- Ensure that all provisions of CPWI are met in a timely manner.
- Participate in monthly CPWI Learning Community Meetings (County prevention staff).
- Work with their ESD partner in the community selection process.
- Serve as the Coalition's Contractor for grant management.
- Provide the Coalition with regular budget expenditure reports.
- Fiscal oversight and limited administrative management.
- Provide human resources support in hiring Coalition staff.

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- Supervise Coalition Coordinator.
- Ensure coalition coordinators participates in required and non-required training to increase knowledge and skills in prevention theory, community organizing, and the Strategic Prevention Framework.
- Participate in annual meetings and training as required.

Note: Other roles and responsibilities may be negotiated with DBHR.

Role of the Community Coalition Coordinator (Coordinator)

The community Coalition Coordinator's role is to provide staff support to the Coalition. As staff, the Coordinator manages the processes of strategic planning and implementation. The Coordinator and other Coalition staff are not members of the Coalition and should not serve as elected officers. The Coordinator and other Coalition staff assist with support for planning, problem solving, and information management (evaluation, deadlines, reporting, etc.). The job of the 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). (See [page 13](#) for a detailed task list of CPWI Coalition responsibilities.)

- Community Coalition Coordinator will:
 - Work in community to fulfill requirement of minimum .5 FTE time dedicated to each CPWI community.
 - Serve as staff support for the Coalition to plan, implement, and report on task categories.
 - Function as the liaison among the Coalition members, DBHR and other state partners, and with the community.
 - Serve as a liaison between CPWI Coalition and DBHR.
 - Participate in CPWI 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 Action Plan.
 - Coordinate the regular review of Coalition budget by the Coalition.
 - Assist Coalition members in navigating CPWI 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 CPWI Prevention Planning Framework-focused work.
 - Report to the Coalition on progress toward the goals and objectives of the Strategic Plan and Action Plan.
 - 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 (i.e., presentations, newsletter, volunteer recruitment, etc.).

Promoting health equity as a Coalition Coordinator

As a Coordinator, you can aim to increase health equity by meeting the prevention needs of diverse cultural groups in each community. An understanding of race, ethnicity, and culture (Including one's own cultural identity), is necessary to appreciate the diversity of your community.

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

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strategies and activities in the Plan. In addition, the Coalition members determine the functioning of the Coalition, priority problems, 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 Event.
- 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.
- May lead and oversee the implementation of direct services, environmental strategies, and media campaigns.
- Track on / Report Coalition outputs and outcomes to Coalition Coordinator.
- Support evaluation designed by DBHR. This includes:
 - Support the Healthy Youth Survey (HYS).
 - Participate in the annual Coalition Assessment Tool (CAT) survey.
 - Conduct the annual 'Community Survey.'
 - Monthly reporting in the online reporting system (currently known as "Minerva"), if applicable.

Promoting health equity as a Coalition Member

Coalitions are tools to engage people to make meaningful changes in one's community. Having a wide net of diverse sectors participating in and collaborating with the coalition can help to reduce disparities. Advocacy of culturally responsive practices can increase trust among the community. The community can then be empowered with a voice in the coalition's efforts.

Role of Student Assistance Professional

The role of the Student Assistance Professional (also known as the SAP) is to work in partnership with the Coalition to implement the school-based strategy and activities of the Student Assistance Prevention-Intervention Service Program (SAPISP). The SAP should not be the identified Sector representative for the School. SAP voting and leadership roles should be determined locally by Coalition to avoid a conflict of interest.

Student Assistance Professional (SAP) 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 meetings.
- Provide Prevention Education Series to at least 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.
- Additional tasks to support the coalition are at the discretion of their supervisor.

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Role of Educational Service District (ESD)

The role of the ESD is to work with the fiscal agent to complete and provide the community selection paperwork as part of the application process, and establish and/or identify the school contacts and their roles with the Coalition; and then continue working with the SAP and community Coalition while allowing the local community Coalition to make decisions and fulfill CPWI requirements. ESD Supervising Staff may be non-voting members of the Coalition but, should not serve as elected officers.

ESDs may also serve as the Contractor for CPWI Coalition Services, in which case see the “Role of the Contractor for CPWI Coalition Services” section above.

ESD tasks include:

- Supervise Student Assistance Professional (SAP).
- Participate in monthly CPWI Learning Community Meetings.
- Participate in annual meetings and training as required.
- Work with their county partner in the community selection process.
- Manage the Match contribution for SAP services.

Note: Other roles and responsibilities may be negotiated with DBHR.

Role of School District

The role of the school district is to host the Student Assistance Professional at the identified school. The school district should provide a confidential space for the SAP to conduct intervention individual and group services as identified through work with youth in the school. The school district should participate on the community Coalition and support Coalition efforts. In some instances, the school district is the fiscal agent.

School District tasks include:

- Provide confidential office space for Student Assistance Professional to conduct intervention for individual and group services as identified through work with youth.
- Support efforts of the Coalition by attending meetings or sending representative to attend Coalition meetings on behalf of the School District.
- Assign a Healthy Youth Survey Coordinator and do all things necessary to implement the Healthy Youth Survey every biennium. Ensure School District is registered to take the Healthy Youth Survey. Deliver HYS in October of odd years. Data can be available for planning and implementing CPWI.
- Support implementation of the Annual Community Survey.

Role of Subcommittees/Workgroups

Subcommittees (or workgroups) can be used in various ways by the coalition to ensure a cohesive and efficient group. While there is no limit to the number of subcommittees and coalition can have, the following are a few ideas a coalition can use.

Leadership Committee	Advise and coordinate high-level coalition decisions. This is a critical and important subcommittee to form in the initial stages of a Coalition.
Community Engagement Committee	Responsible for growing community awareness of the Coalition, including the mission, vision, and principles for which it serves.

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Environmental Strategies Committee	Bring awareness of the needs, resources, and health disparities of the community as they relate to substance use disorder prevention. Oversee information dissemination and the implementation of all environmental strategies of the Coalition.
Direct Services Committee	Manage the coordination and implementation of direct services, including health and prevention education programs, and will lead assessment efforts of programs to ensure fidelity of program implementation.
Committee for Promoting Health Equity	Review material, projects, policies, and procedures set forth by the Coalition and Coalition committees and provide recommendations on how to reduce health disparities, reduce barriers to services, and how to promote equity in prevention strategies.

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 the detailed work and then bring this back to the full Coalition for key decision making. This helps facilitate broader reach for implementation action.

Hosting effective meetings sometimes requires Coalitions to make strategic transitions in how they manage time together. See the grid below for suggestions.

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

For additional information about Coalition building please see the various training materials at: www.TheAthenaForum.org/training/cpwi_trainings.

Collaborative Partnerships in the Coalition

Working collectively and collaboratively as a Coalition is hard work. To do this successfully, it takes a strong leader, facilitator, a large focus on building and maintaining relationships, and a shared, vested interest in the mission and goals. Below are a few initial steps as you start a coalition, or are re-energizing an existing coalition, to support you:

1. At the first coalition meeting, discuss:
 - a. What the core mission of each sector's organization/field is.
 - b. How this work compliments or supplements each sector's current efforts.
 - c. Why did each sector/coalition member show up to the table?
 - d. Communication styles of each member.
 - e. Level of involvement/engagement each member can commit to.
2. Identify a meeting facilitator that is *not* the Coalition Coordinator. A chair should be selected from the coalition members.
3. As coalition meetings continue, start to develop what the common focus and goal is together.
4. Develop the subcommittees and workgroups to get coalition members invested in the work from the start.
 - a. Provide leadership opportunities in each workgroup.
 - b. Rotate hosting of meetings at members' agencies.
5. Develop decision-making process that is agreed upon by the group.
6. Find ways to celebrate not only the coalition's progress and success, but find ways to celebrate and recognize each individual coalition member in their own unique way.
7. Acknowledge and address conflicts as they arise to avoid any disruption in collaboration within the coalition.
 - a. Identify the source of the conflict; is it about a misalignment of goals? Communication challenges? Turf challenges? This Prevention Institute resource may be of help!
https://www.preventioninstitute.org/sites/default/files/uploads/Tension%20of%20Turf%20%20col%20final_040511.pdf

Chapter 2:

Implementing CPWI in Your Community

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Implementing CPWI in Your Community

Purpose of this Section of the Community Coalition Guide

The purpose of this section is to identify the required tasks and provide guidance, definition, and clarification on each task category grouped by the CPWI Planning Framework steps. Please note: this guide is not intended to be a comprehensive handbook for community organizing.

The Quick Reference Timeline Overview on the following pages is categorized by tasks and does not indicate a direct sequence to follow. This is not expected to be a linear process. The timeline is based on an annual schedule starting at the beginning of the fiscal year.² **New coalitions (such as CPWI Cohort 7) starting on an alternate timeline will be reviewed to establish starting timeline and will be negotiated with DBHR.**

Task items marked “**required**” are due according to the Task Category Timeline Overview. As indicated in the following pages, some items will be submitted to DBHR via electronic files or reported into the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (also called Minerva), while other items will be documented during site visits.

A Microsoft Word template of the Timeline Overview has been prepared for your use, saved here:

<https://www.theathenaforum.org/tags/cpwi-guide-guidance-and-forms>.

² New Coalitions starting on an alternate timeline will be reviewed on a case-by-case basis to establish starting time and timeline to follow will be negotiated with DBHR.

Tasks (Note: for Cohorts 1-6 currently) <i>Start date: July 1, _____</i> Community Name: _____	Frequency	Due Date <i>Negotiate complete timeline with DBHR based on individual coalition readiness.</i>
Getting Started		
1. Register and participate in The Athena Forum website.	---	---
<input type="checkbox"/> County, ESD, and community coalition coordinators register and actively participate in The Athena Forum. <i>Note: "Register" means to become a member of the Athena Forum within two weeks of staff participation in CPWI. "Actively participate" means to go to site to access materials posted by DBHR.</i>	Ongoing	Within 2 weeks of start
2. Confirm CPWI Community	---	---
<input type="checkbox"/> Fiscal agent/Contractor will collaborate to work with eligible community(ies) to submit a responsive Request for Application (RFA) to DBHR.	First Year only	<i>Through RFA opportunities, community selection will occur.</i>
<input type="checkbox"/> Funded Fiscal agent/Contractor and/or Coalition will issue media release, within 60 days following approval of community selection, to outlets serving the CPWI community using 'CPWI News/Media Release Template' provided by DBHR.	First Year only	Within 60 days from DBHR approval
<input type="checkbox"/> If needed, sign a Memorandum of Understanding (MOU) between Fiscal agent/Contractor and Coalition.	First Year & As needed	
3. Community Coalition Coordinator (.5 FTE minimum – 1.0 recommended) for each CPWI community	---	---
<input type="checkbox"/> Review Coordinator job description with DBHR	First Year & As needed	Prior to posting
<input type="checkbox"/> Ensure new hire Coordinator has office space in CPWI community	First Year & As needed	Upon new hire
<input type="checkbox"/> Review new hire Coordinator qualifications with DBHR	First Year & As needed	Upon new hire
<input type="checkbox"/> Submit new Coordinator training plan if necessary	First Year & As needed	Upon new hire
<input type="checkbox"/> Ensure Coordinator is working with coalition. Coordinator shall be in place within one month of contract execution/ new community selection the first year and ongoing for the duration of participation in CPWI.	Ongoing	Starting July 1
		<i>[Start date TBD for new communities]</i>
<input type="checkbox"/> Ensure Coordinator spends at least 80 hours per month on community. Recommendation is 1.0 FTE (160 hours per month).	Ongoing	Starting July 1
		<i>[Start date TBD for new communities]</i>
<input type="checkbox"/> Ensure Coordinator is Certified Prevention Professional (CPP) within 18 months of hire and	Ongoing	According to current status

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
maintains CPP thereafter according to Prevention Specialist Certification Board of Washington guidelines.		
3. Confirm SAPISP Services	---	---
<input type="checkbox"/> County/Contractor will coordinate with ESD to confirm school district and school building participation in CPWI and implementation of SAPISP and SAP services.	Annually	Within 30 days prior to start of school
Capacity		
1. Recruit and retain membership	---	---
<input type="checkbox"/> Ensure Coalition members and sector representatives maintain active participation in the Coalition. Locally develop an “active participation” standard that is agreed to by members and followed by Coalition.	Ongoing	Starting July 1 [Start date TBD for new communities]
<input type="checkbox"/> Develop and implement membership recruitment and retention strategies including minimum participation rules. Include plan for “membership recruitment and retention” in Strategic Plan, update as needed but at a minimum every two years. Recruitment and retention must include elements of promoting equity.	Ongoing & Update 2022; 2024	[enter date]
<input type="checkbox"/> Administer the Annual Coalition Survey Coalition Assessment Tool (CAT) among all current Coalition members in October, analyze and discuss results at Coalition meeting(s).	Annually	October
<input type="checkbox"/> Coalition will complete “Community Profile” brochure with DBHR. Update “Community Profile” as needed but at a minimum every year within 45 days following approval of annual Action Plan updates. A template is provided.	First Year & Update 2021 & 2023	Within 45 days of Plan/ Action Plan Approval
2. Sector Representation at Monthly Coalition Meetings	---	---
<input type="checkbox"/> Monthly full-Coalition meetings shall be attended by at least eight (8) sector representatives at least nine (9) months of the calendar year. (Variation in sectors participating monthly is acceptable.)	Ongoing	Starting July 1 [Start date TBD for new communities]
3. Community coalition member orientation	---	---
<input type="checkbox"/> Coalition will conduct a training/meeting to meet the following goals: <ul style="list-style-type: none"> ○ Review CPWI goals. ○ To increase the understanding for the Coalition members in the CPWI/Strategic Prevention Framework planning model, related local data, goals, and activities of Coalition. ○ Develop Coalition membership’s understanding of their role. 	First Year & As needed	[enter date]

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
<ul style="list-style-type: none"> ○ Develop Coalition structure. ○ Develop capacity building plan. ○ Further engage members in implementing Action Plan. 		
4. Establish and maintain coalition structure	---	---
<ul style="list-style-type: none"> □ Coalition will establish and maintain, at a minimum, the following: <ul style="list-style-type: none"> ○ A meeting schedule and structure to achieve components required for strategic planning and implementation. Once the schedule and structure are established, the Coalition shall demonstrate adherence to the structure through attendance reporting in the Minerva. ○ A mission statement. Include ‘mission statement’ in Strategic Plan. ○ An operational commitment to reducing health disparities and promoting equity by the coalition to be included in the Strategic Plan. ○ A decision-making model to be used and included in the ‘decision-making processes’ in Strategic Plan. ○ Procedures for communication to be included ‘communication procedures’ in Strategic Plan. ○ Develop job descriptions for Coalition members (including school representatives), “leadership team,” and Coalition staff. ○ A Coalition orientation for new Coalition members on an ongoing basis. 	<i>Ongoing & Update 2022; 2024</i>	<i>[enter date]</i>
<ul style="list-style-type: none"> □ Coalition will review mission, goals, activities, budget and strategies annually to decide if revisions are needed. <ul style="list-style-type: none"> ○ Establish work groups as necessary. ○ Address how the Coalition will ensure inclusion and participation of members, address health disparities, and implementation of National Culturally and Linguistically Appropriate Services (CLAS) Standards. 	<i>Ongoing & Annually</i>	<i>[enter date]</i>
5. Engage key leaders in coalition’s CPWI efforts	---	---
<ul style="list-style-type: none"> □ Coalition will host Key Leader event annually that will meet the following goals: <ul style="list-style-type: none"> ○ Bring selected key leaders and Coalition members together. ○ Provide necessary training to increase the understanding for the key leaders in the CPWI/Strategic Prevention Framework 	<i>Annually</i>	<i>[enter date]</i>

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
<p>planning model, related local data, goals, and activities of Coalition.</p> <ul style="list-style-type: none"> ○ Develop ‘buy-in’ for Coalition by key leaders by sharing the CPWI process and informing key leaders about prevention science and evidence-based programs. ○ Provide opportunity to hear perspective of key leaders on the goals, activities, and Coalition efforts. ○ Commitment/re-commitment from key leaders to support the goals, activities, and efforts of the Coalition. ○ Celebrate outcomes and successes to date. ○ (Re) energize Coalition members. ○ Set up and maintain communication updates with key leaders. <p>Definition: “Key leader” means local influential people who can influence decisions, funding, and resources for the local community (For example, Mayor, Superintendent, County Executive, County/City council members, Business Owners, PTS President, Sheriff, Police Chief, etc.) Any community key leader who is not already participating as a member of the Coalition will be invited to participate in an annual event to discuss the Coalition.</p> <p><i>Note: Key Leader event may be integrated with other local currently established annual event but must meet the goals above.</i></p>		
<p>6. Gather community information and feedback</p>	<p><i>Ongoing</i></p>	<p><i>[enter date]</i></p>
<p>7. Participate in training and technical assistance</p>	<p><i>Ongoing</i></p>	<p>---</p>
<p>Assessment</p>		
<p>1. Conduct Needs Assessment</p> <p>The Coalition, with support from the Coalition Coordinator, will make data-informed decisions and define problem statements using archival, Healthy Youth Survey, and local indicator data. The needs assessment is completed by the Coalition, with support from the community Coalition Coordinator, using workgroups as needed to review and discuss data in detail. The Coalition will regularly update the needs assessment to make adjustments based on progress towards meeting goals and objectives and to meet the needs of the community. Assessment will be updated as needed but at a minimum every two-years.</p>	<p>---</p>	<p>---</p>
<p><input type="checkbox"/> Coalition will establish a process to compile data, review the information, and ensure data is reflective</p>	<p><i>First Year & Update 2022 & 2024</i></p>	<p><i>[enter date]</i></p>

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
<p>of community demographics. Include ‘explanation of process’ in Strategic Plan.</p> <ul style="list-style-type: none"> ❑ Coalition (or workgroup) will collect, compile, and review data. <ul style="list-style-type: none"> ○ Review data provided in ‘Community Needs Assessment Data Book’ 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 local data and add to assessment. ○ Identify important and/or significant data that demonstrates areas to focus substance use efforts to include in Strategic Plan. Include “significant data” in Strategic Plan. <p><i>Note: The Coalition may choose to use a workgroup for this part of the needs assessment. It is recommended to have 3-5 people for the workgroup. There should be some members from the Coalition to help guide the work of the workgroup but not all members need to be Coalition members. Invite 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 join workgroups.</i></p>	<p><i>First Year & Update 2022 & 2024</i></p>	<p><i>[enter date]</i></p>
<ul style="list-style-type: none"> ❑ Conduct “Community Survey” provided by DBHR with community annually between August and December. Coalition will review results of the survey. To ensure data from the survey reflects the attitudes of the community, respondents of Community Survey should reflect the population of the community in age, race, ethnicity, education, and socio-economic status; for best results, the Coalition should develop a plan to recruit representative survey participation from the community for a representative sample in their data. 	<p><i>First Year & Annually</i></p>	<p>September-December</p>
<ul style="list-style-type: none"> ❑ Coalition will prioritize outcomes for long-term consequences, behavioral health problems, intervening variables/risk and protective factors, and contributing factors to include in Strategic Plan. Include “priorities” in Strategic Plan. 	<p><i>First Year & Update 2022 & 2024</i></p>	<p><i>[enter date]</i></p>
<p>2. Conduct Resources Assessment</p>	<p>---</p>	<p>---</p>

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
<ul style="list-style-type: none"> ❑ Coalition will establish a process to collect, compile, and review resource data. Include “explanation of process” in Strategic Plan. 	<p><i>First Year & Update 2022 & 2024</i></p>	<p><i>[enter date]</i></p>
<ul style="list-style-type: none"> ❑ Coalition (or workgroup), with the support from the Coalition Coordinator, will collect, compile, and review resource data. <ul style="list-style-type: none"> ○ Collect and compile information about the providers and prevention-related services in the community related to the prioritized outcomes for long-term consequences, behavioral health problems, intervening variables/risk and protective factors, and contributing factors. ○ Identify important and/or significant information that demonstrates areas to focus substance use efforts to include in Strategic Plan. Include “significant information” in Strategic Plan. ○ Identify gaps in services, prevention resources, capacity following review of needs assessment and resources assessment. <p><i>Note: The Coalition may choose to use a workgroup for this part of the resources assessment. It is recommended to have 3-5 people for the workgroup. There should be some members from the Coalition to help guide the work of the workgroup but not all members need to be Coalition members. Invite members of the Coalition who have knowledge of a wide range of providers of prevention related services to participate.</i></p>	<p><i>First Year & Update 2022 & 2024</i></p>	<p><i>[enter date]</i></p>
<ul style="list-style-type: none"> ❑ Coalition will review results of the resources information and integrate results into strategies and activities. Include “results” in Strategic Plan. 	<p><i>First Year & Update 2022 & 2024</i></p>	<p><i>[enter date]</i></p>
Planning		
<p>1. Select goals, objectives, strategies, & programs/activities</p>	<p>---</p>	<p>---</p>
<ul style="list-style-type: none"> ❑ Coalition determines goals, and objectives. Include “goals and objectives” in Strategic Plan. 	<p><i>First Year & Update 2022 & 2024</i></p>	<p>Update June 15, 2021</p>
<ul style="list-style-type: none"> ❑ Coalition determines “strategies, and programs/activities” and identifies who will receive services and what services they will receive. Include “Action Plan” in Strategic Plan. 	<p><i>First Year & Annually</i></p>	<p>Update June 15, 2021</p>
<p>2. Develop and update Prevention Strategic Plan</p>		<p>Update June 15, 2021</p>

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
	<i>First Year & Update 2022 & 2024</i>	<i>[Start date TBD for new communities]</i>
<p><input type="checkbox"/> Coalition will develop, write, and submit a strategic plan, including a logic model, to DBHR for approval according to the schedule below, using the Strategic Plan Requirements. The Coalition will regularly update strategic plan to make adjustments based on progress towards meeting goals and objectives and to meet the needs of the community. Plan will be updated as needed but at a minimum according to the schedule below.</p> <p>The Strategic Plan includes the Coalition’s process, decisions, and plan for each of the following steps:</p> <ul style="list-style-type: none"> -Organization development and building capacity. -Conduct needs and resource assessments. -Set goals, objectives, and strategies. -Establish implementation steps and timelines. -Plan for reporting and evaluating progress on outcomes. 	<i>First Year, Annually, & Bi-Annually</i>	<p>Action Plan and Budgets required to be updated and submitted to DBHR Contract Manager annually by June 15th.</p> <p>Comprehensive Full Update of Strategic Plan for all CPWI Cohort 1-6 Coalitions is due June 15, 2022.</p> <p><i>Cohort 7 timeline will be negotiated separately.</i></p>
3. Confirm implementation partnerships for strategies & programs & activities	---	---
<p><input type="checkbox"/> Coalition will confirm lead organization/responsible party for implementation of activities/programs in Strategic Plan and date(s) services will commence. Include “Action Plan” in Strategic Plan.</p>	<i>First Year & Annually</i>	<i>[enter date]</i>
<p><input type="checkbox"/> If needed, subcontracts or Memorandum of Understanding (MOU) or subcontract may be signed to ensure partnerships for implementation of services. This must be reviewed by DBHR Contract Manager per Contract requirements.</p>	<i>First Year & Annually</i>	<i>[enter date]</i>
Implementation		
1. Maintain active community coalition	---	---
<p><input type="checkbox"/> Community Coalition Coordinator (minimum .5 FTE) supports and maintains the community substance use prevention Coalition, provides assistance to the community Coalition, and helps guide the continuous development and implementation of a community substance use prevention plan.</p>	<i>Ongoing</i>	<p>Starting July 1</p> <p><i>[Start date TBD for new communities]</i></p>
<p><input type="checkbox"/> Coalition will regularly conduct monthly full Coalition meetings, workgroup/sub-committee meetings as needed, and maintain a structure to achieve components required for strategic planning and</p>	<i>Ongoing</i>	<p>Starting July 1</p> <p><i>[Start date TBD for new communities]</i></p>

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
implementation (as determined by Coalition, see Capacity Building C. Establish and Maintain Coalition Structure).		
<input type="checkbox"/> Coalition will review Coalition structure at least annually and revise if needed, to ensure it still represents Coalition’s actions and intentions.	<i>Annually</i>	<i>[enter date]</i>
<input type="checkbox"/> Coalition will complete tasks included in “Community Coalition Guide.”	<i>Ongoing</i>	Starting July 1
2. Participate in monthly meetings with DBHR	<i>Ongoing</i>	Within 30 days
<input type="checkbox"/> Participate in bi-monthly CPWI Learning Community Meetings. ESD staff/county staff/community Coalition Coordinator attends monthly CPWI Learning Community meetings by phone, webinar, or in-person.	<i>Ongoing</i>	Starting July 1
<input type="checkbox"/> Participate in monthly CPWI/DBHR check-in meetings. County/Contractor and ESD staff are invited to participate in monthly check-in meetings.	<i>Ongoing and monthly</i>	<i>[enter date]</i>
3. Implement strategies and programs/activities according to Strategic Plan	---	---
<input type="checkbox"/> Organize and implement SAP services in coordination with ESD	<i>Ongoing</i>	September – June Annually
<input type="checkbox"/> Coalition will implement capacity building strategies and activities according to approved Strategic Plan, including Coalition meetings and training and technical assistance.	<i>Ongoing</i>	<i>[enter date]</i>
<input type="checkbox"/> Coalition will implement strategies and activities in order to promote health equity in each community, according to approved Strategic Plan. <ul style="list-style-type: none"> ○ Coalition shall adopt and implement policies to address health disparities. Coalitions shall follow the National CLAS Standards, as they apply to Coalition development and function. 	<i>Ongoing</i>	<i>[enter date]</i>
<input type="checkbox"/> Coalition will implement sustainability strategies and activities according to approved Strategic Plan.	<i>Ongoing</i>	<i>[enter date]</i>
<input type="checkbox"/> Coalition will implement public awareness campaign(s) according to approved Strategic Plan. Minimum of one required.	<i>Ongoing</i>	<i>[enter date]</i>
<input type="checkbox"/> Coalition will implement environmental strategy(ies) according to approved Strategic Plan. Minimum of one required. Environmental strategies on the Excellence in Prevention list as an evidence-based Practice (EBP), implemented to fidelity, can be included in the ratio of evidence-based program	<i>Ongoing</i>	<i>[enter date]</i>

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
<p>percentage requirements to meet contract deliverable for EBP's.</p> <p>Environmental Strategies NOT on the Excellence in Prevention list will not be counted <i>against</i> the EBP ratio requirement.</p> <p><i>Note: as of June 2019, Social Norms Marketing is no longer considered an environmental strategy and is considered an information dissemination activity.</i></p> <p>Social Norms Marketing Guidance.</p>		
<p><input type="checkbox"/> Coalition will implement selected direct prevention strategy(ies) according to approved Strategic Plan. Minimum of one required. Must meet contractual requirements for percentage of evidence-based programs according to funding source. Ensure you are using the correct EBP list for your Cohort (i.e. Cohort 4 = DMA List; Cohorts 5 + 6 = PFS/SOR List).</p>	<i>Ongoing</i>	<i>[enter date]</i>
Reporting and Evaluation		
1. Develop reporting and evaluation strategies	---	---
<p><input type="checkbox"/> Determine coalition's intended major outcomes, impacts</p>	<i>First Year & Update 2022 & 2024</i>	<i>[enter date]</i>
<p><input type="checkbox"/> Determine how evaluation information will be shared</p>	<i>First Year & Update 2022 & 2024</i>	<i>[enter date]</i>
2. Complete Minerva reporting	---	---
<p><input type="checkbox"/> Report Coalition & community organization functioning and activities</p>	<i>Ongoing</i>	<i>Monthly by the 15th of each month</i>
<p><input type="checkbox"/> Report the following Community Coalition Guide Deliverables (requirements)</p> <ul style="list-style-type: none"> a. Annual Key Leader Event b. Annual Community Survey Completion c. Community Profile Brochure completion (New Communities/ As Needed/ Every year) d. Community Coalition Orientation (New Communities and As Needed) e. News Release submission to DBHR. (New communities) f. Coalition Assessment Tool (Every year) 	<i>Annually</i>	<i>October</i>
<p><input type="checkbox"/> Report public awareness & environmental strategy(ies). All public awareness and environmental services, including reach for media posts, website analytics, lock box distribution numbers, Take Back Day data on pounds of medication collected, etc.</p>	<i>Ongoing</i>	<i>Monthly by the 15th of each month</i>
<p><input type="checkbox"/> Report direct prevention strategy(ies), including: -All direct services.</p>	<i>Ongoing</i>	<i>Monthly by the 15th of each month</i>

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
-Pre- and post-test assessments per contractual requirements.		
3. Review and analyze output and outcome information with coalition according to Strategic Plan.	---	---
<input type="checkbox"/> Use the Coalition Assessment Tool (CAT) report to evaluate Coalition capacity building efforts	<i>Annually</i>	October
<input type="checkbox"/> Review effectiveness of message dissemination	<i>Annually</i>	<i>[enter date]</i>
<input type="checkbox"/> Will use the Minerva reports, state data, & other local reports to monitor & evaluate progress	<i>Annually</i>	<i>[enter date]</i>
4. Participate in statewide evaluation	---	---
<input type="checkbox"/> Ensure participation in the Healthy Youth Survey (HYS). Target is 80% participation of eligible students in each grade that is surveyed.	<i>Every 2 years</i>	October In odd years (2021, 2023)
<input type="checkbox"/> Provide results of annual Coalition Assessment Tool . Requirement is 80% of the Coalition membership participation in survey.	<i>Annually</i>	<i>October</i>
<input type="checkbox"/> Achieve minimum response rates for the Community Survey. Coalition shall work to collect surveys from a representative sample of the population in their community.	<i>Annually</i>	August-December

Chapter 3:

STRATEGIC PLAN, ACTION PLAN, AND BUDGET REQUIREMENTS



Section Contents

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Overview of Strategic Plan, Action Plan, and Budget

Purpose of this Section of the Guide:

The purpose of this chapter is to provide the CPWI requirements for completing the Coalition's Strategic Plan, Action Plan, and Budget. It is meant to be helpful for communities and Coalitions in developing their plans on an ongoing basis. This first part is general information that applies to the overall development of your plan. Annual Action Plan and Budget Updates

Each year by June 15th for Cohorts 1-4 and August 15th for Cohort 5-6, Coalitions submit an updated Action Plan and Budget for review and approval to their DBHR Contract Manager. This update should include changes needed to strategies, programs, and/or activities based on the Coalition's review and discussion of evaluation information or enhanced/decreased capacity. With new Coalition cohorts on a different timeline, the annual action plan updates will be negotiated with DBHR.

Timeline for Strategic Plan Due Dates

- Action Plan and Budget is required to be updated **annually by June 15th for Cohorts 1-4 and August 15th for Cohorts 1-6.**
- Comprehensive Update of Strategic Plan for all Cohorts 1-6 is **due June 15, 2022.**
- **Cohort 7** Strategic Plans are due **January 15, 2022.** Comprehensive Updates for Cohort 7 will be negotiated separately.

2022 Update of Strategic Plan

By June 15, 2022, all Cohort 1-6 Coalitions will submit an update of their Strategic Plan. This update should include changes to goals, objectives, strategies, programs, and/or activities based on the Coalition's review and discussion of evaluation information, new assessment information, or enhanced/decreased capacity. Coalitions will need to do an update to their needs and resources assessment based on new HYS and other assessment data available. Coalitions will need to determine what other updates/revisions are needed in each section of their Plan to reflect changes made to Coalition functioning, goals, objectives, strategies, programs, and/or activities. Coalitions are not expected to re-write their Plans at this time. They are simply to review new information and update the Plan as needed.

What is a Strategic Plan?

The Coalition's Strategic Plan brings together in one place the process, findings, decisions, and plan for the future for each step of the planning framework. Strategic Plans create, confirm and provide documentation of the intended vision and goals of a Coalition. A Strategic Plan should set the course for the work of the Coalition with a long-term focus while also maintaining the immediate work that needs to be completed. Strategic Plans should be "living documents" that provide direction but also are updated regularly to account for assessment and evaluation information.

CPWI Strategic Plan

The Coalition should follow the guidance set forth in this document to develop and write their Strategic Plan.

The Coalition's Strategic Plan should be for your community. We encourage Coalitions to consider including all of the Coalition efforts in the Plan; however, the Coalition is only required to submit a Plan for the Coalition's CPWI activities. The Coalition may choose to do it either way, but you should note your choice in the beginning of the Plan and follow that choice consistently for each section throughout the entire Plan. If non-CPWI efforts are included in the Plan, the CPWI-specific (DBHR-funded) activities must be indicated throughout the Plan.

The Strategic Plan is intended to be a long-term document with frequent updates as new data and evaluation information are available. The Coalition's Strategic Plan should be a vision for at least five years into the future and will include annual Action Plan updates and a two-year update as new HYS data is available. The Coalition may choose to

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have the Strategic Plan vision extend beyond four years, however regular updates will be required as a course of doing good Coalition work.

Writing the Coalition's Strategic Plan:

Each section of the Plan should present a clear picture of:

1. The **Coalition's process** for completing the step. (For example: the Coalition formed a workgroup, which met weekly to review data presented in the data book and additional locally gathered data...)
2. The **results of the work**. (For example: the Data Workgroup found that the following three intervening variables are most present in our community...)
3. The **plan for the future** based on the results of the work. (For example: the Coalition reviewed the workgroup's recommendations and decided to prioritize two of the three identified intervening variables. The Coalition then developed strategies to address these behavioral health problems...)

Each section should be developed based on the information presented in the previous section and provide a logical link to the next section. (For example, the data highlighted as priorities in the assessment should be the data that is used to write the goals and objectives.) Similarly each strategy the Coalition chooses should be directly linked to the goal and objective that the strategy is aimed at achieving.

The sections in this chapter of the Guide provide detailed requirements for each section of the Coalition's Plan. The Strategic Plan must include the following sections:

- I. Executive Summary
- II. Strategic Plan
 - A. [Organizational Development](#) (*Getting Started*)
 - B. [Capacity Building](#)
 - C. [Assessment](#)
 - D. [Plan for Action](#)
 - E. [Implementation](#)
 - F. [Reporting and Evaluation](#)
- III. Appendix
 - Appendix 1. Logic Model
 - Appendix 2. List of Coalition Members
 - Appendix 3. Needs Assessment
 - Appendix 4. Community Survey Results
 - Appendix 5. Resources Assessment
 - Appendix 6. Action Plan
- IV. Attachment
 1. Budget

Steps for the Coalition in Developing the Plan

Below is a **suggested sequence** and steps for the Coalition in developing a **NEW** Plan. See [Appendix 3](#), page 54 for a suggested timeline overview.

- Step 1. Start early! Develop a timeline for drafting, reviewing, and revising the Coalition's Plan. We suggest that as each step of the planning framework is completed, that section should be written. Developing and writing a good Strategic Plan will take, at minimum, six months. Work with your DBHR Contract Manager to establish a drafting schedule. Allow enough time to draft sections, submit them to the Coalition for review, and incorporate multiple revisions as the Coalition's Plan is being developed. Do not wait until March to start drafting the Coalition's Plan that is due in June.
- Step 2. Review this Strategic Plan Requirements chapter. In the main body of the chapter are descriptions of the content required for the Strategic Plan. The appendices provide other helpful information. **Note:** In addition to this guide, you will need to access the templates listed in the appendix. Templates are provided as separate editable documents so that you can use them for inclusion in the Coalition's Plan. Templates can be found at [the Athena Forum](#). (See [page 5](#) for instructions.)
- Step 3. Get the Coalition organized (Getting Started and Capacity Building).
- Step 4. Document key decisions about how the Coalition is organized; utilize decision making model throughout strategic planning process and anytime the Coalition needs to make decisions (Capacity Building).
- Step 5. Begin building the Coalition's Cultural Competency and Sustainability. Cultural Competency and Sustainability are included in each section and are an essential part of the process; therefore, it is important to start discussing and developing these from the beginning.
- Step 6. The Coalition completes the Needs and Resource Assessments (Assessment).
- Step 7. Begin writing summary reports from each of the assessments.
- Step 8. Write a first draft of the Plan with Introduction, Getting Started, Capacity, Assessments, Sustainability and Cultural Competency sections. Develop and fill in the first four columns of the Coalition's Logic Model. We encourage the Coalition to establish a writing team and designate a lead writer. It is important that the writing and reviewing is not completed by only one person or in isolation from the Coalition.
- Step 9. The Coalition reviews the first draft of Plan that includes Introduction, Getting Started, Capacity, Assessments, Sustainability, and Cultural Competency sections.
- Step 10. Send first draft of the Plan to your DBHR Contract Manager for feedback and guidance.
- Step 11. Revise the draft based on feedback from your Coalition and DBHR Contract Manager.
- Step 12. The Coalition develops strategies, activities, and action steps for implementation (Planning and Implementation).
- Step 13. Write the Coalition's Plan for Action and Implementation sections of the Plan. Update the Coalition's Logic Model to include new information from these sections. Develop and fill in the Coalition's Action Plan.

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- Step 14. **The Coalition reviews** the revised draft of the Strategic Plan which now includes planning and implementation sections.
- Step 15. Send updated draft of the plan to your DBHR Contract Manager for feedback and guidance.
- Step 16. Revise the updated draft based on feedback from your Coalition and DBHR Contract Manager.
- Step 17. The Coalition develops an evaluation plan.
- Step 18. Write the evaluation section, finish the Logic Model, finish the Action Plan and write the Executive Summary of the Strategic Plan.
- Step 19. **The Coalition reviews** revised draft of Strategic Plan which should now include all sections.
- Step 20. Send updated draft of the Plan to your DBHR Contract Manager for feedback and guidance.
- Step 21. Make final revisions based on feedback from your Coalition and DBHR Contract Manager.
- Step 22. **Coalition reviews** the final draft for final approval.
- Step 23. **Submit final Plan to DBHR for review.** The Plan must be submitted electronically via email to your DBHR Contract Manager. The Plan should be accompanied by a cover letter signed by the Coalition chair.
- Step 24. Once approved, disseminate plan to Coalition, partners, and community.
- Step 25. Celebrate!

Review Process

The Coalition submits the final Strategic Plan to DBHR for review and approval. DBHR will review each section of the Plan for clear and complete responses to each of the required items in each section listed in this Strategic Plan Requirements chapter. Your DBHR Contract Manager will provide feedback and discuss revisions needed. Please note, in an effort to have complete and working plans, multiple revisions may be required. Once all revisions have been submitted, reviewed, and approved, the Coalition will receive approval for the Strategic Plan.

Resources for Writing Strategic Plan

DBHR has created the following documents which contain the templates referenced throughout this chapter for your use:

- Strategic Plan Template (Microsoft Word) - includes formatted document outline with section headings, List of Coalition Members table, Community Survey Results, and Action Plan.
- Coalition Budget (Microsoft Excel) – includes instructions and budget template.
- Logic Model (Microsoft PowerPoint) – includes template and sample.
- Suggested Timeline to Prepare and Write Coalition Strategic Plan (Microsoft Excel) – includes template of timeline.

These templates as well as this Plan Guide can be found at the Athena Forum at <https://www.theathenaforum.org/tags/cpwi-guide-guidance-and-forms>.

Many other helpful resources can also be found at [the Athena Forum](#).. We encourage you to review the information available in the CPWI Training section found under the “[training](#)” tab from the top menu. We have developed resources to guide you through the steps and provide samples for Coalition discussions and workgroups.

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Appendix 1: CPWI Key Objectives

The following Community Prevention and Wellness Initiative (CPWI) Key Objectives were developed through discussions and negotiations with counties, Office of Superintendent of Public Instruction representation, Educational Service Districts, researchers, and other community stakeholders in 2009-2010. The objectives were designated as “community” or “state” responsibilities in order to clarify roles. This process was an effort to move toward a *Prevention Redesign Initiative* (PRI) for the Washington State Prevention System in order to incorporate the guidance and lessons learned from the Washington Strategic Prevention Framework-State Incentive Grant (SPF-SIG).

The [Key Objectives](#) identified through the redesign process were developed to set standards and benchmarks to demonstrate community impact on behavioral health long term outcomes. Each objective includes the minimum requirements to participate as a CPWI community Coalition and target benchmarks for the state and Coalitions to achieve. The Key Objectives were developed on the findings from the WA SPF-SIG, Office of National Drug Control Policy/Drug Free Communities Support Program, Community Anti-Drug Coalitions of America, Communities that Care, coalitions and Partnerships in Community Health, and SAMHSA.

Key themes received (highlighted below) are general comments received by DBHR during CPWI planning sessions in the fall of 2009.

Establishment of a community Coalition (community)

- Specific substance use disorder prevention focus.
- Minimum: Eight (8) out of the twelve (12) following sectors represented. Sectors include youth under the age of 18, parents, law enforcement, civic/volunteer groups, businesses, health care professionals, media, schools, youth-serving organizations, religious/fraternal organizations, state/local/tribal government, and other substance use disorder organizations.
- **Benchmark:** All 12 sectors are represented by different people for each sector, and will include substance use disorder professionals, mental health, and primary health care providers.

Identification of a Community Coordinator (community)

- Coordinator must be identified for each community selected.
- Minimum .5 FTE community Coordinator.
- **Benchmark:** 1.0 FTE community Coordinator.

Define and select communities (community)

- Communities are defined as a local school district or High School Service Area (HSSA) as a geographic proxy and must be described in geographic terms or at-risk populations which can be described demographically.
- Communities must have baseline data describing the extent of the substance use disorder problem that places their residents at risk for substance use disorder issues. The identified communities must also have the ability to measure change in risk/protection as well as prevalence of substance use disorder.
- Communities are not expected to be county-wide as they need to be small enough to measure community-wide change with limited resources. Examples include: towns, small cities, communities surrounding a rural school district or urban school building.
- Schools within the community will participate in the Washington State Healthy Youth Survey (HYS) on a biennial basis.
- **Benchmark:** Community risk and protective factors, as well as substance use disorder prevalence rates can be measured with existing databases including Washington State Healthy Youth Survey, and archival data collected in the CORE GIS.

Implementation of environmental, public awareness, direct service, and capacity building strategies (community)

- Each community will have some level of capacity building with an environmental strategy, as well as a public awareness and direct service evidence-based approaches.
- **Benchmark:** Identified communities will invest in capacity building activities, a minimum of two environmental strategies per year, one public awareness campaign relating to a priority drug issue in their community, and multiple direct service evidence-based approaches.

School-based Student Assistance Professional (community)

- A minimum of 1.0 FTE school-based Student Assistance Professional (SAP) is employed in the identified community.
- Student Assistance Prevention-Intervention Service Program (SAPISP) model developed by the Office of the Superintendent of Public Instruction (OSPI) will be followed.
- SAP will be actively involved in the community Coalition.
- **Benchmark:** A minimum of 1.0 FTE SAP is employed for every 1,000 middle and high school students in the identified community.

Participating communities are distributed statewide (community)

- Each county will identify a minimum of one community. In counties with larger populations, more than one community is expected to be identified.
 - Counties under 195,000 people = 1 community
 - Counties between 195,000 and 700,000 people = 2 communities
 - Counties between 700,000 and 1,500,000 people = 3 communities
 - Counties over 1,500,000 people = 4 communities
- Counties/ESDs were phased into the CPWI in six cohorts.
 - Cohort 1 began in 2011, Cohort 2 began in 2012, Cohort 3 began in 2013.
 - As a result of the Dedicated Marijuana Account (DMA) funding, Cohort 4 began in 2015.
 - Through the State Targeted Response (STR) grant, Cohort 5 began in 2017.
 - In a successful effort to leverage funding sources, Cohort 6 began in 2018 with the Partnerships for Success (PFS) 2018 and State Opioid Response (SOR) grants.
- **Benchmark:** All counties/ESDs will be actively participating by the beginning of FY2013.

Resources match outcomes (community/state)

- Performance-based contracts will be tied to community prevention planning and program implementation outputs.
- **Benchmark:** Performance-based contracts will be tied to community substance use disorder outcomes.

DBHR technical assistance/support (state)

- Community Coalition development.
- Strategic planning, evaluation, and reporting.
- Social marketing/public awareness.
- Substance use disorder prevention/mental health promotion.
- **Benchmark:** DBHR staff will have the technical expertise to support providers in their efforts to organize communities, develop strategic plans, select programs/practices/policy development work, and report/market their progress and incorporate mental health promotion strategies where appropriate.

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Evaluating program and community-level change (community)

- All programs will need to report into the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva); those serving individuals age 10 and older will report into Minerva using assigned measures tied to their program/practice objectives.
- Environmental strategies will be reported in the Minerva.
- Community level change will be tracked using HYS and Core GIS Data.
- HYS will be implemented in all schools within the identified community.
- **Benchmark:** All program/practice/policy efforts supported by DBHR funds will be reported in Minerva which will generate real-time reports.

Workforce development (community/state)

- Prevention certification offered in Washington State.
- Substance use prevention specialists training offered in Washington State.
- Prevention Summit.
- Spring Youth Forum.
- Coalition Leadership Institute.
- Athena website and OWL E-Learning for prevention professionals in Washington State.
- Fellowship Program and High School Intern Program.
- **Benchmark:** Direct-service providers are trained in the programs they are offering. Each agency receiving DBHR prevention funds will have at least one Certified Prevention Professional (CPP) on staff.

“What Works” (community/state)

- A minimum percentage of programs/practices/policies must be evidence-based per the contract requirements.
- Principles of prevention for all programs.
- **Benchmark:** 75% of program groups of programs/practices/policies must be evidence-based, based on the Washington State specific list.

Compliance with Synar (community/state)

- Communities will support Synar compliance activities locally.
- **Benchmark:** All counties will support their local health departments in Synar compliance activities, such as; retail compliance checks and retailer education.

Other

*Seek opportunities in Healthcare Reform (community/state)

- DBHR staff and providers will establish a workgroup, or use the Learning Community Meetings to study potential collaborative opportunities between substance use prevention, mental health promotion, and primary health care.
- **Benchmark:** At least one co-developed/selected and co-funded substance use prevention/mental health promotion project in each community on an annual basis will be implemented.

*Healthcare reform was passed by Congress since the CPWI stakeholder workgroup met in the fall of 2009. It is essential that the CPWI follow the direction currently being formulated at the state and federal level.

Note: Previous Performance Based Prevention Services (PBPS) Online reporting system referenced in previous versions. References to this system have been replaced with the current DBHR Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System, or (Minerva as it is currently known).

Appendix 2: Resources for New Coalitions/Coordinators

CPWI Coalition Coordinator Job Description

Form available at https://www.theathenaforum.org/New_CPWI_Coordinator

CPWI Coalition Coordinator New Hire Qualifications Checklist

Form available at https://www.theathenaforum.org/New_CPWI_Coordinator

New Hire Qualifications Checklist

Date submitted to Division of Behavioral Health & Recovery (DBHR): _____

CPWI Community Name: _____

Contact Person Submitting this form: _____

Contact email address: _____

Anticipated Start Date of new CPWI Community Coalition Coordinator: _____

County/Contractor please complete this form and submit via email to your DBHR Prevention System Manager for review.

The following are required Community Coalition Coordinator qualifications to ensure the coalition is successfully supported.

Please check the box if your new hire candidate meets the qualification requirement.

Required Community Coalition Coordinator Qualifications:

- Bachelor's Degree in Education, Health Education, Communications, Social Sciences, or closely related field.
- Certified Prevention Professional.
- 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.
- Demonstrated ability to create and sustain effective relationships with community partners, foster and share leadership among individuals in the community, and build bridges among diverse community members and organizations.

Desired Work Skills:

- Organization skills, excellent oral and written communication, public speaking and training skills, and group and meeting facilitation skills.
- Proficient computer skills.
- Learns new concepts quickly and is self-motivated with ability to work independently.
- Possesses knowledge of local organizations, services available and the community to be served.

DBHR Review:

Name of DBHR staff reviewing checklist: _____

Date form returned to County/Contractor: _____

- Community Coalition Coordinator appears to meet Required Qualifications from information provided.
- Community Coalition Coordinator does not appear to meet one or more of these qualifications, **please submit a training plan** to your DBHR Contract Manager within 30 days of new hire's start date per the contract requirement.

News/Media Release TEMPLATE

Purpose: To announce the funding your community is receiving to prevent youth substance use and to encourage community members and leaders to get involved in your Coalition’s plans and strategies.

Tips:

1. Localize this template by adding a few sentences about your local data, planned strategies, prevention successes, and a quote.
2. The DBHR director’s quote must be used as is.
3. Keep your final news release to one page, or as concise as possible.
4. Email your news release to newspapers and TV and radio news reporters. You are more likely to get coverage if you follow up with a phone call to offer additional information.
5. Please email a copy of your localized news release, and links to any news coverage, to your DBHR Contract Manager and to _____.

(Your organization’s logo)

Date: (insert date)

Contact: (name, phone number, email)

(Community Name) joins statewide initiative to prevent underage use of alcohol and other drugs

(Your City)- The community of **(name)** has received a state grant of **(amount)** to reduce youth alcohol, marijuana and other drug use, and work with community members to support youth in making healthy choices. The grant, awarded by the Washington Health Care Authority’s (HCA), Division of Behavioral Health and Recovery (DBHR), includes funding for training, technical assistance, and community and school-based prevention services.

(Community name) is one of **(Insert UPDATED Number)** communities statewide participating in DBHR’s Community Prevention and Wellness Initiative (CPWI). The Initiative supports new or existing Coalitions in partnering with parents, youth, educators, health professionals, law enforcement, faith leaders and local government. Coalitions identify their highest prevention needs, plan and implement evidence-based strategies, leverage local resources and evaluate the impact of selected programs.

“Extending these resources to local communities means greater reductions in risky behavior including substance abuse and the harm it causes to people and their families,” said Michael Langer, Deputy Assistant Director of the Washington State Health Care Authority’s Division of Behavioral Health and Recovery. “Community leaders can use this grant to help young people make healthy choices and succeed.”

CPWI’s primary goals are to reduce underage use of alcohol and marijuana, improve academic performance, and reduce juvenile crime. An evaluation by Washington State University shows that 95% of CPWI programs implemented between July 2015 and June 2016 resulted in delaying the first use of alcohol or other drugs, reducing use and reducing risk factors. In addition, the Washington State Healthy Youth Survey shows that underage drinking in among 10th graders in **(your county)** has decreased from ___% in 2006 to ___% in 2016.

“A number of factors were considered in selecting **(name of community)** for services”, said **(county or school spokesperson)**. “These included **(list key risk factors)** as well as successes in **(provide examples)**. Additional information about CPWI can be found at TheAthenaForum.org. State and county Healthy Youth Survey data is available at www.AskHYS.net. Prevention tips for parents can be found at www.StartTalkingNow.org.

For information about joining the **(Coalition name)** Coalition, contact **(name)**.

Public Awareness / Public Education Campaign Implementation

Each CPWI Coalition is required to promote a minimum of one (1) statewide media campaign messages to the local news media and through social media, publications, and donated/paid advertising using professionally developed and tested materials from DBHR as well as its federal and national partners. These partners include:

- The Substance Abuse and Mental Health Services Administration (such as the “[Talk. They Hear You](#)” campaign)
- The [Partnership for Drug Free Kids](#), provides ongoing media messages/materials and attitude tracking research.
- The [National Institute on Drug Abuse](#) provides research and educational materials
- [Out of the Picture](#) – underage alcohol use prevention campaign for teens
- [Looks Can Deceive](#) – underage alcohol use prevention campaign for parents
- [Starts With One](#) Statewide Media Campaign – opioid misuse and abuse prevention campaign
- [Washington Tribal Opioid Solutions](#) Media Campaign -opioid misuse and abuse prevention campaign
- [Rethinking College Drinking](#) – underage alcohol use prevention campaign for college students
- [Under the Influence...Of You](#) – marijuana prevention campaign
- [You Can](#) – marijuana prevention campaign
- [Know this about Cannabis](#) – marijuana prevention campaign
- [Focus On](#) – underage alcohol use prevention campaign for teens
- [Not A Moment Wasted](#)- substance use disorder prevention and general wellness campaign for young adults
- [Start Talking Now](#)- underage alcohol and marijuana use prevention and general wellness campaign for parent

Self-Guided Training List

The table below has been created to help Coordinators identify resources available on the Athena Forum categorized by the Strategic Prevention Framework. Take time to review all relevant documents to help yourself learn more and gather resources on how to move your Coalition through the Strategic Prevention Framework. Note: the picture below does not capture the entire list of trainings. Visit the following link for the whole list:

<https://www.theathenaforum.org/training/trainings>

Trainings Offered – Self Guided	Audience
THE ATHENA FORUM	
Prevention Basics	
<input type="checkbox"/> CPWI Coordinator Orientation Slides, 2017 (PPT) <input type="checkbox"/> CPWI Coordinator Orientation Slides, 2016 (PPT) <input type="checkbox"/> CPWI Coordinator Orientation Slides, 2015 (PPT) (Handouts)	CPWI Coordinators
Strategic Prevention Framework – Capacity Building	
<input type="checkbox"/> Coalition Development, <i>Ginlin Woo</i> , 2017 (PPT) <input type="checkbox"/> Organizational Development, Governance, Mission Statements, 2017 (PPT) <input type="checkbox"/> Substance Abuse Prevention Capacity Building Workshop, 2016 (PPT) (Handouts) <input type="checkbox"/> Strategic Plan Overview Slides, 2016 (PPT) <input type="checkbox"/> Why are we Here? C4 Webinar Series #1, 2016 (PPT) <input type="checkbox"/> Coalition Development C4 Webinar Series #2, 2016 (PPT) <input type="checkbox"/> Facilitation Techniques, <i>Mike Beebe</i> , 2016 (Handouts) <input type="checkbox"/> Key Leader Orientation SAMPLE PPT, 2015 (PPT) <input type="checkbox"/> Strategic Plan Update Overview Webinar, 2015 (PPT) <input type="checkbox"/> Building Your Coalition Toolkit, 2013 (PPT) (Handouts)	CPWI Coordinators
Strategic Prevention Framework – Assessment	
<input type="checkbox"/> Needs Assessment, Data Resources, and Resources Assessment, 2017 (PPT) (Handouts) <input type="checkbox"/> Needs Assessment 101 Webinar Series, 2015 (PPT) <input type="checkbox"/> Data Books Training, 2017 (PPT) <input type="checkbox"/> Using your 2015 Data Book, 2015 (PPT) <input type="checkbox"/> Gaps Analysis/Strategy Selection, 2015 (PPT) <input type="checkbox"/> Community Survey and Local Evaluation, 2015 (PPT) <input type="checkbox"/> Logic Model-Fine Tuning Your Logic Model, 2013 (PPT) <input type="checkbox"/> Community Surveys webinar series, <i>Dr. Marc Bolan</i> 2012 (PPT) (Handouts) <input type="checkbox"/> Healthy Youth Survey 2012 Webinar Series (4 total) (PPT) <input type="checkbox"/> Needs Assessment Clinic Modules (1-4), 2011 (PPT) <input type="checkbox"/> HCA DBHR Strategic Prevention Framework: Assessment (TLC)	CPWI Coordinators
Strategic Prevention Framework – Planning	
<input type="checkbox"/> Developing a Comprehensive Prevention Approach, 2017 (PPT) <input type="checkbox"/> Linking Strategies to Objectives <i>Rhonda Ramsey Molina</i> of CADCA (PPT) (Handouts) <input type="checkbox"/> HCA DBHR Strategic Prevention Framework: Planning (TLC)	CPWI Coordinators
Strategic Prevention Framework – Implementation	
<input type="checkbox"/> Environmental Strategies Implementation, <i>Dr. Rodney Wambeam</i> , 2017 (PPT) <input type="checkbox"/> Informatics for Coalition Implementation and Sustainability, <i>Amy Hockenbery</i> , 2017 (PPT) <input type="checkbox"/> Program Implementation and Community Partnerships, <i>DBHR</i> , 2017 (PPT) <input type="checkbox"/> Increasing Capacity for Implementation & Ensuring Cultural Competency, 2016 (PPT) <input type="checkbox"/> Secure Medicine Take Back, <i>TEP Projects</i> , 2015 (PPT) <input type="checkbox"/> Environmental Prevention Strategies, <i>DBHR</i> , 2015 (PPT) <input type="checkbox"/> Balancing Adaptations and Fidelity, <i>Brittany Rhoades-Cooper Ph.D.</i> , 2015 (PPT) <input type="checkbox"/> We Have a Plan, Now What? <i>Rhonda Ramsey Molina</i> , <i>CADCA</i> , 2012 (PPT) <input type="checkbox"/> What's School Got to Do with It: Schools working with PRI Coalitions, <i>Rhonda Ramsey Molina</i> , 2012 (PPT) <input type="checkbox"/> HCA DBHR Strategic Prevention Framework: Implementation (TLC)	CPWI Coordinators

Last Revised 3/3/2021

Tracking Community Coalition Coordinator Hours in Minerva³

Below is a list of Coalition coordination categories that must be entered monthly into the SUD Prevention and Mental Health Promotion Online Reporting System to track the Coordinator’s hours spent in the CPWI community. For more information on reporting Community Coalition Coordinator Hours please review the Minerva User Manual 3.0 at www.TheAthenaForum.org/Minerva.

Enter estimated Coalition Coordinator hours monthly in the following categories:	
Membership recruitment and retention hours/minutes	Maintaining sector representation and recruitment of new members. Ensuring Coalition membership is engaged and active. Includes time spent recruiting new members, providing orientation for new individual members, making new contacts, efforts retaining membership, and developing Coalition materials- such as Coalition brochures, new releases, and new articles.
Coalition communication/meeting preparation hours/minutes	Effective communication with Coalition/Tribe to ensure they are supported to accomplish their work. Includes time spent organizing monthly calendar, preparing for Coalition/workgroup meetings and workgroup needs, sharing information about opportunities and initiatives, and planning communication to and from Coalition/Tribe leadership.
Coalition development and training hours/minutes	Capacity building to ensure the Coalition has a clear understanding of CPWI goals, Strategic Prevention Framework planning model and Coalition structure. Includes time spent planning and organizing Community Coalition Orientation (CCO), relaying pertinent information to build Coalitions? Knowledge about prevention issues and frameworks, preparing all other training for the Coalition, preparing and coordinating membership participation in state-wide or national training opportunities. (NOTE: Actual time conducting training Coalition members as a group recorded in recurring services under the Coalition program.)
Community Outreach hours/minutes	Increasing community awareness of Coalition's/Tribal prevention program efforts, initiatives, and building community support. Includes time spent making contracts and communicating with partner to coordinate media/public awareness campaigns or projects, preparing and participating in Coalition presentations, participating in community meetings to support planning and implementation of common efforts, and working with media (newspaper articles, social media, newsletters, billboards, preparing media interviews with Coalition members, etc.).
Key leader engagement/relationship building hours/minutes	Increasing key leader (i.e. Tribal leaders, elders, elected officials) and policy makers' awareness of Tribe/Coalition's strategic prevention plan. Nurture community partnerships. Includes time spent organizing and implementing Key Leader Orientation (KLO) events, Tribal leader events, meetings with key decision or policy makers in the community to build and strengthen relationships that will result in future partnerships or common visions for services. Includes any effort to build community awareness of Coalition or Coalition's direction with Key Leaders (i.e., emails, phone calls, meetings, interactions).

³ Note that the online reporting system is changing in Fall 2021 and this guidance will be updated at that time.

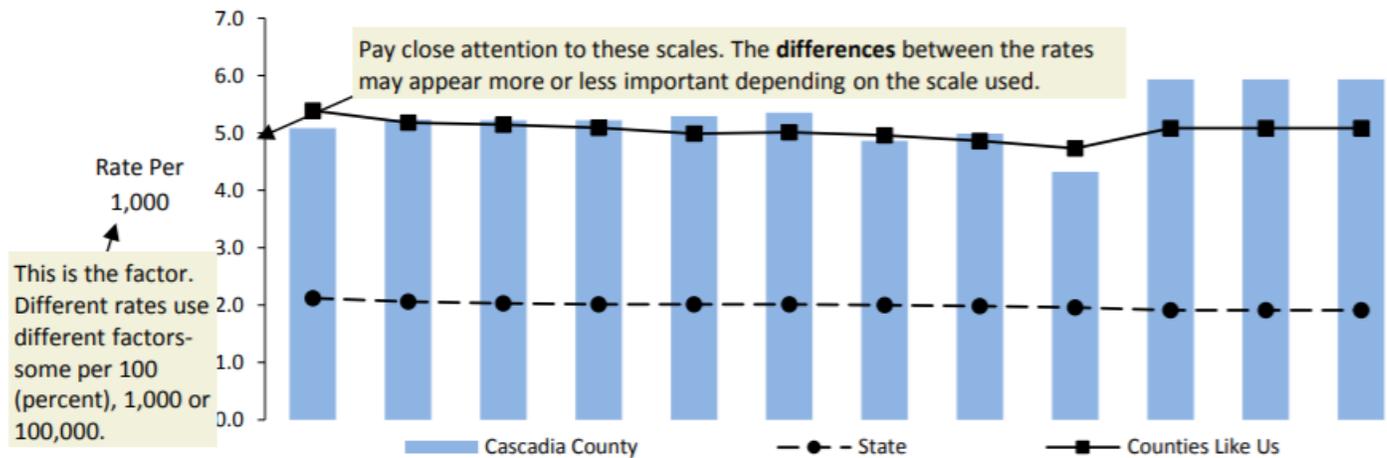
Coordinator / Tribe Staff professional development hours/minutes	Increasing knowledge and skills of Coordinator/Tribe prevention staff to support Coalition and/or prevention efforts. Includes time spent viewing webinars, reading resources related to prevention research and new information, strategic prevention framework, attending prevention and wellness training, learning about hot topics and topics of interest that the Coalition has requested more information about, training related to Coalition development and community organization and participating in and attending required DBHR meetings for Community Coalition Coordination.
Strategic planning hours/minutes	The process, findings decisions and plan for the future for each step of the planning framework. Includes time spent supporting Coalition/Tribal prevention program structure development, ensuring cultural competency, advancing sustainability, assessing needs, and overseeing Coalition's/Tribal community priority needs selection, resources assessment, gap analysis, strategy selection, action plan development, evaluation planning, and involvement in developing and writing plan.
Technical assistance to Coalition strategy implementation hours/minutes	Providing technical assistance to support Coalition members to carry out action plans. Includes time spent supporting Coalition efforts and related initiatives as needed to assist the Coalition in successful implementation. Includes technical assistance to youth Coalitions, Coalitions and workgroups and subcommittees.
Reporting and evaluation hours/minutes	Ensuring all data related to the Coalitions/Tribal prevention strategies activities are reported analyzed and evaluated. Includes time spent collecting pre/post-tests, community surveys, Coalition assessments (annually), providing Technical Assistance for evaluation, gathering community input, preparing evaluation tools for Coalitions/Tribal workgroups, meeting with community partners to facilitate outreach for community participation in evaluation, collecting local data from partners, reviewing outcomes, support Coalition's evaluation workgroup, preparing reports for Coalitions feedback, entering service date and evaluation on behalf the Coalition/Tribe into the online reporting system.
Organization support hours/minutes	Ensuring proper functioning and accountability to internal structures/fiscal agent. May include time spent participating in budget/fiscal meetings and communication, attending internal staff meetings, sub-contracting related to Coalition's/Tribal prevention plan and processing billing paperwork.
Other please specify:	Coordinator/Tribal prevention staff time that does not include coordination services. Examples include: Sick leave, annual/vacation leave, maternity/paternity leave, bereavement, jury duty, and holiday.

Appendix 4: Data Resources

County Risk Profiles

The picture below is for reference only. The County Risk Profiles are developed by DBHR and sent to counties to use when selecting CPWI community. Risk Profile Summaries can be found at https://www.theathenaforum.org/cpwi_coalitions for each coalition.

Alcohol Retail Licenses

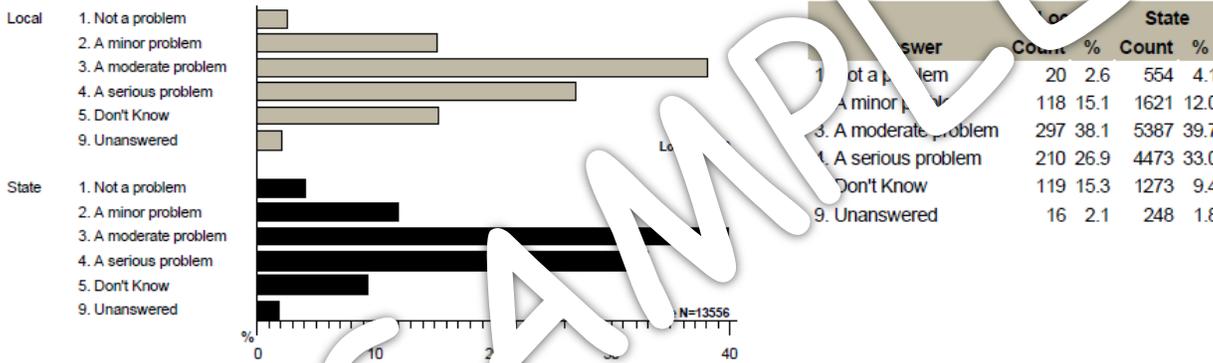


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
National	Comparable National Data Not Available											
State	2.12	2.06	2.03	2.01	2.01	2.01	2.00	1.98	1.96	1.91	1.91	1.91
Counties Like Us	3.27	3.12	3.11	3.08	2.98	3.00	2.96	2.88	2.77	3.17	3.17	3.17
Cascadia County	5.08	5.23	5.22	5.22	5.29	5.35	4.86	4.99	4.32	5.93	5.93	5.93
Licenses	32	34	35	36	37	38	35	35	31	43	43	43
All Persons	6,295	6,497	6,703	6,899	7,000	7,103	7,198	7,012	7,177	7,250	7,250	7,250

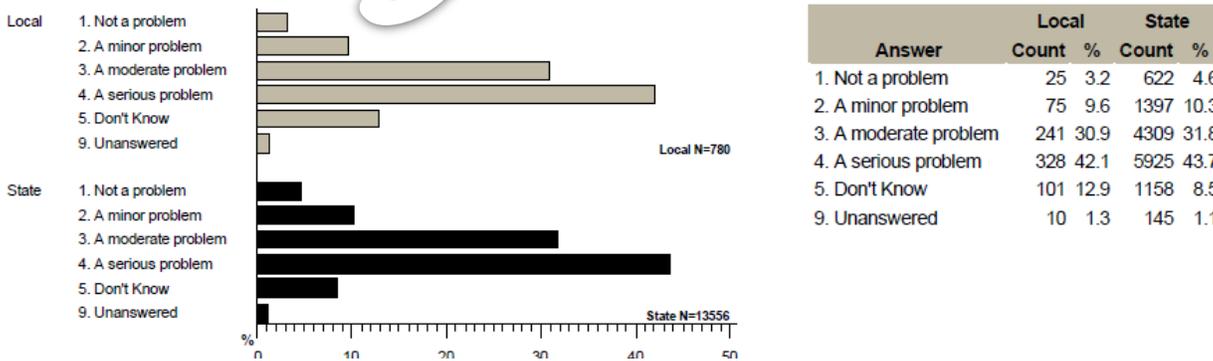
Community Survey

Include a copy of the Community Survey Results in the Attachments of the Plan using report provided by DBHR. The Coalition will receive this report following the administration of the community survey.

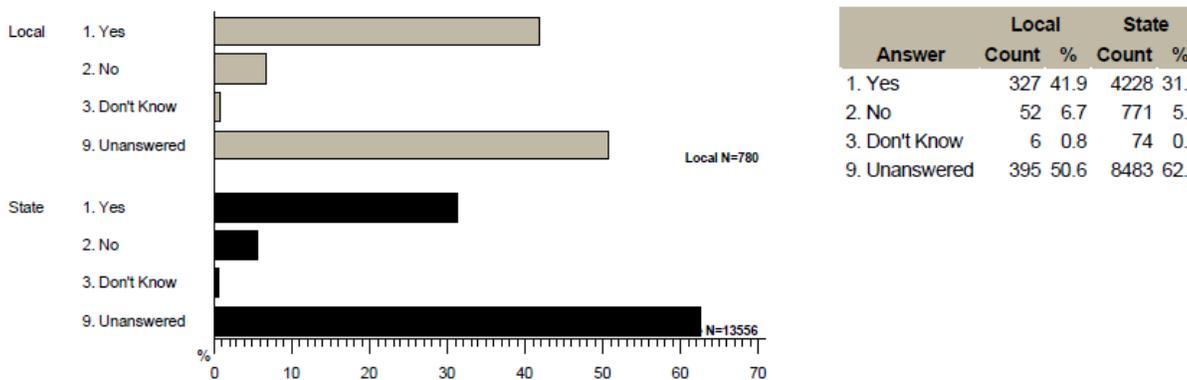
01a. How much of a problem do you think each of the following is among youth (6 – 12th grade) in your community? Alcohol use



01b. How much of a problem do you think each of the following is among youth (6 – 12th grade) in your community? Marijuana or hashish use (weed, hash, pot)



22a. Have you talked to your child (6 - 12th grade) in the last 3 months about the risk or harms from underage alcohol use?



Community Survey Requirements for CPWI Communities

The following table provides the required minimum community surveys to be collected annually by CPWI Community Coalitions (Revised July 2021).

Number of Minimum Required Surveys	Population Group	County	CPWI Community	Population
100	Up to 3,999	Whitman	Tekoa	942
		Stevens	Wellpinit	1,130
		Douglas	Waterville	1,755
		Pend Oreille	Cusick	2,087
		Garfield	Pomeroy	2,147
		Pend Oreille	Selkirk	2,314
		Pacific	South Bend	2,526
		Clallam	Crescent	2,827
		Lewis	Morton	2,891
		Wahkiakum	Wahkiakum	3,345
		Stevens	Springdale	3,427
		Snohomish	Darrington	3,435
		Ferry	Republic	3,435
		Klickitat	Klickitat / Lyle	3,676
Columbia	Dayton	3,879		
140	4,000-10,999	Lincoln	Reardan	4,491
		Yakima	White Swan	4,495
		Skagit	Concrete	5,283
		Yakima	Cowiche / Tieton	5,883
		Skamania	Stevenson	6,786
		Clallam	Forks	6,997
		Klickitat	Goldendale	7,709
		San Juan	San Juan	8,346
		Pend Oreille	Newport	8,572
		Kittitas	Cle Elum	9,397
		Grant	Wahluke	9,409
		Benton	Benton City	9,542
		Thurston	Tenino	10,467
		Cowlitz	Castle Rock	10,577
		Grays Harbor	Hoquiam	10,592
		Okanogan	Omak	10,702
		Pacific	Long Beach	10,709
		King	Vashon Island	10,795
		Jefferson	Chimacum	12,123
		Grant	Quincy	13,563
		Benton	Prosser	13,961
		Yakima	Wapato	14,073
		Jefferson	Port Townsend	15,224
		Whatcom	Mount Baker	15,844
		Mason	North Mason	16,118

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180	11,000-29,999	Adams	Othello	16,326
		Island	South Whidbey	17,065
		Asotin	Clarkston	19,124
		Grays Harbor	Aberdeen	20,250
		King	Central Seattle	20,543
		Clark	Washougal	22,192
		Lewis	Centralia	23,656
		Mason	Shelton	24,806
		Yakima	Sunnyside	25,674
		Spokane	East Valley	28,086
		Skagit	SedroWoolley	28,719
		Kittitas	Ellensburg	29,198
		215	30,000-49,999	Spokane
King	White Center			32,583
Whatcom	Ferndale			35,156
Walla Walla	Walla Walla			39,442
Island	Oak Harbor			39,725
Skagit	Mount Vernon			40,597
Spokane	Cheney			41,012
Snohomish	Monroe			41,776
Thurston	Tumwater			42,231
King	Chief Sealth			43,339
Grant	Moses Lake			44,540
Chelan	Wenatchee			45,645
Cowlitz	Longview			47,098
Clark	West Vancouver			48,349
Kitsap	Bremerton			48,362
King	Auburn	48,651		
250	More than 50,000	Kitsap	North Kitsap	50,306
		Spokane	NE Spokane	50,590
		Clark	Central Vancouver	53,721
		Pierce	Franklin Pierce	55,026
		Snohomish	Marysville	75,389
		Yakima	Yakima	79,829
		Pierce	Lakewood	82,835
		Franklin	Pasco	83,041
		King	South East Seattle	89,835
		Benton	Kennewick	98,457
		Spokane	West Central	102,420
		Whatcom	Bellingham	111,974
		Pierce	Bethel	120,522

Data Source: Washington State Office of Financial Management, Forecasting and Research Division,
2019 SAEP Population Estimates

Appendix 5: Institute of Medicine (IOM) Categories

IOM CATEGORIES

The Institute of Medicine (IOM) model, often referred to as a continuum of services, care, or prevention, classifies prevention interventions according to their target population. Classification by population provides clarity to differing objectives of various interventions and matches the objectives to the needs of the target population. The IOM identifies the following categories based on level of risk: Universal – Indirect, Universal – Direct, Selective, and Indicated.

Category	Definition/Description
Universal - Indirect Targets the general population and are not directed at a specific risk group.	Interventions support environmental strategies. Universal direct activities include modifying policy related to alcohol, tobacco, or other drugs, limiting advertising practices for alcohol, tobacco, or other drugs, and coalition activities.
Universal – Direct Targets the general population and are not directed at a specific risk group.	Interventions directly serve a group of participants who have not been identified as having any risk factor for substance abuse.
Selective Targets those at higher-than-average risk for substance abuse; individuals are identified by the magnitude and nature of risk factors for substance abuse to which they are exposed.	Selective prevention measures target subsets of the total population that are considered at risk for substance abuse by virtue of their membership in a particular segment of the population. Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group.
Indicated Targets those already using or engaged in other high-risk behaviors to prevent heavy or chronic use.	Indicated prevention measures are designed to prevent the onset of substance abuse in individuals who do not meet the medical criteria for addiction, but who are showing early danger signs. The mission of indicated prevention is to identify individuals who are exhibiting problem behaviors and to involve them in special programs.

Appendix 6: Center for Substance Abuse Prevention (CSAP) Definitions

Center for Substance Abuse Prevention (CSAP) Definitions:

1. **Information dissemination:** This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
2. **Education:** This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages targeting youth), and systematic judgment abilities.
3. **Alternatives:** This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to – or otherwise meet the needs usually filled by – alcohol and drugs and would, therefore, minimize or obviate resort to the latter.
4. **Problem identification and referral:** This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.
5. **Community-based process:** This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
6. **Environmental:** This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population.
7. **Other:** Prevention Training

BARS	CSAP Strategy
22.1.X	Information Dissemination
22.2.X	Education
22.3.X	Alternatives
22.4.X	Problem ID & Referral

Appendix 7: Commonly Used Prevention Resources

- **Division of Behavioral Health and Recovery (DBHR)** website: <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/behavioral-health-and-recovery>.
 - www.TheAthenaForum.org/ online resource for prevention professionals- managed by DBHR
 - www.StartTalkingNow.org/ Washington Healthy Youth Coalition website targeted for parents.
 - **New CPWI Community Coalition Coordinator Welcome Page**
www.TheAthenaForum.org/New_CPWI_Coordinator
 - CPWI training www.TheAthenaForum.org/training/cpwi_trainings
Modifiable slides on the following topics are available for your use:
 - Community Coalition Orientation
 - Key Leader Event
 - Needs Assessment Clinic
 - Resources Assessment
 - See Self-Guided Training List for additional topics (Appendix 18).
 - For more information about programs that have shown outcomes in substance use disorder prevention and mental health promotion <https://www.theathenaforum.org/EBP> .
 - List of **Programs and Practices for Youth Marijuana Use Prevention** is at www.TheAthenaForum.org/I502PreventionPlanImplementation.
- **Minerva** resources including important documents listed below www.TheAthenaForum.org/Minerva
 - Data Entry for Coalition Groups Reference Document
 - User Guide Version 3.0
 - Quick Reference Guide
 - Reporting Environmental Strategies and Information Dissemination
 - Understanding Survey Selection
 - Available evaluation tool surveys
- **Minerva Login** –DBHR Substance Use Disorder Prevention and Mental Health Online Data reporting site. <https://wadshs.health-e-link.net/login>
- **Healthy Youth Survey (HYS)** student survey reports are available at www.AskHYS.net/.
- **Archival data – Community Risk Profiles** is at www.dshs.wa.gov/sesa/research-and-data-analysis/community-risk-profiles, and clicking on School District will provide a list to narrow down to community level.
- Information on how to obtain the **Certified Prevention Professional (CPP)** accreditation is at <https://www.pscbw.com/copy-of-associate-prevention-profes>
- Important CPP **Due Dates** <https://www.pscbw.com/copy-of-associate-prevention-profes>
- The **SAMHSA-** Federal Substance Abuse and Mental Health Services Administration is at www.samhsa.gov/prevention.
- The **CSAP Principles** of Effective Substance Abuse Prevention are important for program implementation and planning and are located at <https://www.theathenaforum.org/CSAPprinciples> .
- The **CADCA** Community Anti-Drug Coalitions of America Series of Primers at www.cadca.org/resources/series/Primers.

*Community Prevention
& Wellness Initiative*



Community Prevention & Wellness Initiative (CPWI) is a partnership with Washington State Health Care Authority Division of Behavioral Health and Recovery (HCA/DBHR), Local County Governments, Educational Service Districts, School Districts, and Local Community Coalitions.

For more information about CPWI go to: [The Athena Forum](#).