

**WATERVILLE
DRUG-FREE
COMMUNITY COALITION
STRATEGIC PLAN**

Waterville - A Community that Cares

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EXECUTIVE SUMMARY AND INTRODUCTIONS

Introduction:

The Waterville Drug-Free Community Coalition is a COHORT-3 coalition currently comprised of 30 members representing 25 Sectors of the community. The coalition was created in July 2013 through the Prevention Redesign Initiative as a result of data provided by the Healthy Youth Survey conducted in the Waterville School in 2012.

Mission:

To implement programs among Waterville youth to eliminate drug, alcohol, and tobacco use and their related negative consequences by developing a strong and active community coalition.

Geographic Area:

The Coalition serves the community within the Waterville School District boundary in Douglas County, State of Washington. The Waterville School is a K-12 school which currently accommodates approximately 280 students. See appendix for map and legal description.

Coalition Priorities:

1. Eliminate the risks associated with those community laws and norms which may be interpreted as favorable to drug use and underage drinking.
2. Eliminate the risks associated with early initiation of drugs and alcohol.
3. Eliminate the risks associated with the lack of family management skills

Strategies and Activities:

1. Maintain the Waterville Drug-Free Community Coalition and the Community Prevention and Wellness Initiative to address substance abuse issues within the Waterville School District Boundary.
2. Create and implement Environmental Strategies
3. Identify programs that address early use of drugs and alcohol
4. Identify programs that teach effective family communication and discipline techniques
5. Identify and/or create programs to increase effective refusal skills
6. Work in concert with the Student Assistance Specialists.

Waterville Drug-Free Community Coalition Strategic Plan-2

Plan to implement and evaluate strategies and activities:

The Waterville Drug-Free Community Coalition will create a five year Strategic Plan including an Action Plan which will describe the programs selected and how they will be implemented as well as program evaluation techniques.

Included in this Document:

This document includes the executive summary, the organizational development outline, the membership recruitment and retention, the cultural competency, sustainability, capacity building, assessment, action plan, implementation, budget, reporting and evaluation plans for the Waterville Drug-Free Community Coalition. It includes programs selected by the Coalition designed to resolve Risk Factors and to complement Protective Factors found in the community.

ORGANIZATIONAL DEVELOPMENT (Getting Started)

Mission statement and Key Values:

To implement programs among Waterville youth to eliminate drug, alcohol, and tobacco use and their related negative consequences by developing a strong and active community coalition.

The Waterville Drug-Free Community Coalition will assess the risks and protective factors in the community, family, school and individual/peer domains during the needs assessment, planning, implementation, and evaluation stages. Risk and protective factors and local indicator data will be gathered from the Healthy Youth Survey, the Community Survey, information provided by Douglas County Law Enforcement, the Douglas County Prosecutors Office, Chelan and Douglas County Treatment Providers, Waterville School Prevention Specialists, the North Central Educational Service District, the Waterville School Superintendent, Waterville area Health Providers and DBHR. The WDFCC coordinator will receive extensive training in the Risk and Protective Factor Model.

The term “Risk Factor” refers to the characteristic at the biological, psychological, family, community or cultural level that precedes and is associated with a higher likelihood of problem outcomes. The term “Protective Factor” refers to a characteristic at the individual, family, community, or cultural level that is associated with the lower likelihood of problem outcomes.

To build strong, positive outcomes, the WDFCC uses the SAMHSA “Strategic Prevention Framework”, a five step process including assessment, capacity, planning implementation and evaluation, as a framework for success.

COALITION STRUCTURE AND ORGANIZATION

Organizational Supportive Structure:

The Waterville Drug-Free Community Coalition's strategy for implementing its goals is to promote, recruit, and retain members from the community. The Coalition is structured to support the coalition membership as they proceed with prevention activities in the community through workshops and committees.

Meetings are directed by the chairperson according to Robert's Rules of Order. The chair leads discussions of the agenda. Additions and corrections are invited and minutes are taken by the recording secretary. Members volunteer as teams (facilitated by the Coalition coordinator) to conduct short term projects and report to the full membership at monthly meetings where these reports become part of the minutes.

The Waterville Drug-Free Community Coalition has as its fiscal agent, Chelan-Douglas Together for Drug-Free Youth. This organization has been in existence since 1992. "Together" is a non-profit 501(c)3 organization. Fiscal is shared by report to the leadership team.

Financial and other decision making:

The coalition executive committee meets on the third Monday of the month to set the agenda for the full coalition meeting. Agenda items include orientation training, survey education, program updates, press releases, strategic planning, bylaws, DBHR attachments, announcements for upcoming programs and events, member updates, sector reports, survey results, coalition member skill profiles and prevention education. Financial questions are discussed and forwarded to the fiscal agent by the Coalition coordinator and/or the executive committee. Advice and assistance for all financial decisions comes from fiscal agency (Chelan-Douglas Together for Drug-Free Youth) and the North Central Educational Service District. Decisions entered into by the Coalition are made by a majority vote.

Effective Communication with membership:

Agendas are made available to all members via e-mail and are dispersed at the Coalition meetings. For members unable to attend Coalition meetings, the minutes, the agenda and educational handouts are delivered directly to the member by the Coalition coordinator in person and members, work groups, staff and administration are personally informed and brought up to speed with the decisions and information shared at Coalition meetings.

Effective Communication with Community:

The Waterville Drug-Free Community Coalition makes information available to the public via Community Outreach visitations, to Key Leaders if the community at monthly Town Hall Meetings attended by the Coalition coordinator and members of the Executive Committee. In-person community visitations by the Coalition coordinator are conducted on a regular basis, usually on Thursdays between the hours of 9:00 and 3:00 o'clock. In addition, e-mail, telephone and text

messages are regularly sent out to those who have requested this mode of communication. Informational articles are published in *The Douglas County Empire Press* and in the Waterville Town Newsletter. The Coalition office is located at the Waterville School which makes it easy to communicate personally with the school superintendent, the school principals, student leadership and their advisers, the school counselors, and the Student Assistant Specialists.

At the inception of Waterville Drug-Free Community Coalition, an official press release was written and submitted to the *Douglas County Empire Press*, the newspaper for the county in which the Coalition is located. The Coalition recording secretary who is also the media sector representative is a featured writer on the *Douglas County Press* Newspaper. Ongoing articles and news releases are authored by him and other local reporters.

Waterville Drug-Free Community Coalition Organizational Chart:

Executive Officer

Chelan-Douglas Together for Drug Free Youth Director
 North Central Educational Service District 171 Student Assistant Specialists

☐

Coalition Membership

☐☐☐

Fiscal Agent

Coordinator
 Together Director
 Fiscal Agent Bookkeeper

Executive Committee

Coalition Coordinator
 Coalition Secretary
 ESD Coordinator
 Together Director
 Coalition Chair
 Volunteers

Teams Coalition

Coalition Coordinator
 ESD Coordinator
 Together Director
 W.S.D. Superintendent
 W.H.S. Principal
 Law Enforcement
 District Attorney
 Student Assistant Specialist
 Volunteers

MEMBERSHIP RECRUITMENT AND RETENTION

Rules for Membership:

The Waterville Drug-Free Community Coalition bylaws define who is a member and rules for voting. According to the WDFCC bylaws, Article II, Section I, "Membership in the Coalition shall consist of interested residents who represent no fewer than 8 sectors of the community served by the Waterville School District. The 8 required sectors are selected from Law Enforcement, School Administrators, City/Local Government, Parents, Educators, Business Community, Volunteers, Health Care, Mental Health, Prevention Specialists, Faith Based, Youth Organizations and Treatment Providers."

Article II, Section II, Active and Non-Attending Members. "Active members are defined as those who attend the full coalition meetings or Ad-Hoc meetings or both. Non-attending members are those who support the coalition with skills and abilities and who provide informational programs and professional advise concerning prevention of drug and alcohol use and other problems identified as concerns in the community but who cannot attend coalition meetings."

Article V, Section I, Voting. "All members present (active and non-attending members) may vote on issues, Decisions will be made based on a majority vote. The coordinator will notify all members of the coalition about impending issues to insure members are well informed, involved in critical issues, and available to attend a voting meeting.

Maintaining Involvement:

Commitment to the Waterville Drug-Free Community Coalition is defined as attendance of meetings, trainings, Ad-Hoc team meetings, professional presentations, participation at information dissemination events, community programs/activities, professional counseling/advising, and/or other contributions deemed helpful toward the mission and goals of the Waterville Drug-Free Community Coalition. Attending the 6 monthly Coalition meetings per year minimum is not the only measure of Coalition participation and involvement.

For example, a practicing psychiatrist in the area or a state Senator may only attend one Coalition meeting a year but brings invaluable information and inspiration to the membership and desires to be considered a member, and involved in Coalition work and personally informed as to the progress of Coalition programs. Attendance records are maintained for all Coalition meetings, Ad-Hoc meetings,

Coalition programs, and informational dissemination activities, for example the Coalition informational booth at Waterville District Fairgrounds, the Waterville Clinic and Waterville Days.

Sector Participation:

At the first Waterville Drug-Free Community Coalition meeting, August 19, 2013, there were eight members representing 8 sectors. By the second meeting on September 18, 2013, 18 members attended as the result of active recruitment by way of personal visitations throughout the community by the Coalition coordinator. Currently there are 30 community members in the Coalition.

All sector representatives must be attending members except by special circumstance whereby there is an emergency or work hours prohibit attendance. Community Sectors currently represented are: 1)Law enforcement, 2)Substance abuse and prevention, 3)Faith based, 4)City/local government, 5)School administration, 6)NCW- Educational Service District, 7)NCW Library, 8)School and mental health counseling, 9)School Principals 10)Educators, 11)Parents, 12)Youth, 13)Student Assistant Specialists, 14)Banking industry, 15)Agriculture, 16)Business, 17)Volunteer and service clubs, 18)Home schools, 19)Substance abuse treatment providers, 20)Senior citizens, 21)Latinos/Spanish speaking, 22)Young life, 23)Student government, 24)District Attorney, and 25)Healthcare.

If a Coalition member who represents a sector has no interest in maintaining involvement as defined previously, they will be replaced within 60 days and may suggest a replacement or other members may offer names and ideas for replacements and/or the Coalition coordinator may recruit another representative from the community.

Recruitment by the Coalition coordinator involves face to face visitation with information about the Coalition and the sector to be represented, member expectation, schedules, missions and goals. Upon acceptance, new members will receive an orientation in the form of a personal visitation by the Coalition coordinator. New members will be invited to and introduced at the full Coalition meeting. New members will be presented with a notebook containing all training materials, notes, agendas, minutes, calendars of events, and news articles published to date. To keep members engaged in Coalition activities, the coalition coordinator and volunteers will keep members involved in all planning, and tasks, and make and receive phone calls, invite members to share, send meeting reminders, thank you cards and follow-up visitations.

The Student Assistant Specialist (P/I) and the Coalition:

In support of student assistance, counseling and referrals for students with drug, alcohol, tobacco and other drug issues, the Waterville Drug-Free Community Coalition works closely with the school SAS by advising, train-

ing, providing teaching materials and funds for activities. The SAS position at the Waterville school is a shared position between the school nurse and the school counselor. Both are members of the Coalition and their job description requires they attend Coalition meetings. The SAS work with students individually, in groups such as the prevention club and in the classroom as with the “Project Success” program. They plan school-wide prevention activities for substance abuse education, refusal skills and making good choices. They bring direct information concerning the student population to the attention of the community through the community coalition by attending and reporting at meetings.

Grassroots participation in the Coalition:

All participants are grassroots members of the community in that they are not paid to be at coalition meetings or in work groups. The Waterville Drug-Free Community Coalition is made up of representatives from the required sectors plus 22 additional members representing grassroots interests. Community activities, educational opportunities and Coalition programs attract interest in the Coalition and feed recruitment efforts. To ensure grassroots presence and to build interest in coalition work, part of the Coalition meeting is dedicated to informational presentations and programs and are open to the public. These planned presentations may be provided by members of the Coalition, the Coalition coordinator, guest speakers and/or key leaders. Examples of these informational presentations include but are not limited to: Marijuana laws in Washington by Assistant District Attorney G.W. Edgar, Risk and protective factors by Together Director Renee Hunter, Drugs: reward without effort by Coalition coordinator Marie Harding, Friends of Rachel club information by club president Julia Toomey, the new DUI laws by Assistant District Attorney G.W. Edgar and Bath Salts, chemical Russian roulette by Physician Assistant Kevin Whitehall. Sign-up sheets are circulated at all information dissemination sites and are followed up by Coalition coordinator and volunteers.

Staying involved:

Participants, volunteers, members and presenters say they are engaged because of the informational presentations, the opportunity to provide input in the process of determining the risks and protective factors for their community and the shared energy and philosophy expressed in the Coalition Mission statement. They further say they attend for the opportunity to understand how communities can partnership towards these goals. They are excited to know how prevention works to help their children and families avoid the wreckage of substance abuse and crime. They come together to find a way to be of assistance in the community. There appears to be a healthy balance of giving and receiving and this balance will be the best strategy for ongoing participation.

Recruiting new members:

Recruitment is achieved through media releases, word of mouth, informational presentations, community outreach, newsletters and social media. There has been a marked increase in interest from the community in the Coalition. These activities and member participation as well as the

dissemination of information at the District Fair, at the Waterville Clinic, the school prevention club, e-mails to educators and their families, participating in local Chamber of Commerce events, information offered to Faith-based organizations and youth groups are working to recruit new members and will be continued. Training opportunities are excellent recruitment opportunities for those who seek knowledge such as the Prevention Summit in Yakima, Washington in October, 2012 and CADCA in Washington D.C. in February, 2014. Follow-up recruiting contacts are made by the Coalition coordinator and volunteers.

Coalition Membership Roster:

See Appendix of the Plan.

CULTURAL COMPETENCY IN ORGANIZATIONAL DEVELOPMENT

Waterville demographics:

The Waterville Drug-Free Community Coalition serves a community consisting of approximately 1100 residents with a demographic as follows: 87.5% Caucasian, 1.1% Native American, 1.6% Asian and/or Pacific Islander, and 9.8 Latino and/or mixed race (reporting also in other categories). Open enrollment brings an influx of Latinos from a neighboring community which increases the student population at Waterville High School to (according to OSPI 2013) approximately 20.2%. School administrators report the figure closer to 25%.

Waterville norms, values, beliefs, characteristics and special needs:

There are approximately 1100 residents in the town of Waterville with two blocks of business district and 7 empty buildings. There is no local law enforcement. The Coalition believes that the greatest need for pro-social activities for the youth of Waterville is during the summer and on weekends when there are no school activities to occupy the youth of Waterville. The best times of day, days of the week and months or seasons for programs have not as yet been determined. Waterville citizens appear to respond to youth sports, small group activities, the district fair, Waterville days, agriculture interests and their local newspaper. Neighbors are committed to safety and watch out for one another.

Waterville Drug-Free Community Coalition Strategic Plan-10

Special needs in the Waterville School are met with programs as follows: Free or Reduced-Price Meals 46.1%, Special education 13.0%, Transitional Bilingual 9.0%, Migrant 9.0%, Section 504 1.7%, and Foster Care 2.3%. Special need students and those from lower socioeconomic families are at increased risk of underage drinking and the use of drugs and tobacco. Students who are overly concerned with fitting in, being popular and accepted are also at risk for early use of alcohol, tobacco and drugs. The small size of the Waterville school community, however, provides a setting where fewer youth get lost in the educational system which contributes to the resiliency of Waterville youth.

Understanding cultural competency:

The Waterville Drug-Free Community Coalition understands that to be effective in the community, it must incorporate diversity. The Coalition understands that cultural competency means more than inclusion of different races and ethnic backgrounds. Failure to address the needs of minorities and persons who differ from others puts them at risk of substance abuse and their negative consequences. Members of the coalition are representative of varying ages, backgrounds, genders, educational experiences, races, talents, religions and languages.

Insuring cultural competency in all endeavors:

The Coalition invites Spanish speaking residents and students to attend meetings to give their perspective on events and concepts under discussion. It is our belief that differing cultures can embrace one another to elevate quality of life and lower the risk of experimentation and early use of alcohol, tobacco and other drugs.

A Spanish speaking, Latino, a Spanish language teacher and/or the Spanish speaking TA attends coalition meetings and are available to translate when other Latino students and residents attend. Telephone calls are made (in Spanish) to interested Latino families during non-working hours, inviting them to participate.

Recruiting culturally:

The Coalition will partner with the Latino Parent Advisory Council (PAC) in the neighboring community from which many of the Latino students come to attend the Waterville School. Coalition members and the Coalition coordinator will ask to attend PAC meetings and report on coalition activities and events, inviting PAC members to join the coalition as active members.

SUSTAINABILITY IN ORGANIZATIONAL DEVELOPMENT

Policies and procedures for long-term support:

Members of the Waterville Drug-Free Community Coalition have identified the following elements to ensure the long-term success of Coalition: Physical accommodations, Participation from diverse interests, Key leader involvement, Information Dissemination, Effective Prevention and Intervention programs and activities, Educational Offerings, Community Surveys, and Visibility and Participation by the Coalition in area events.

The Coalition office and meeting rooms are located at the Waterville High School Career Center for convenience and functionality which are important for long-term effectiveness. This site provides ample meeting space, work space and parking for participants.

Participation is encouraged from those sectors that may not be commonly engaged in community activities such as Latinos, Senior Citizens, Agriculture, Home Schools, and Healthcare by asking them to share personal and professional experiences with prevention-intervention in their areas.

Key Leaders are informed of Coalition programs and activities at their meetings, offices and workplaces by invitation. Coalition reports are made to City Council meetings monthly. Key leaders are invited to join the Coalition and attend the meetings.

Prevention-Intervention information is made available through manned Coalition booths at the District Fairgrounds, the Waterville Days celebration, PTO Carnival and other annual events. Informational materials (brochures and handout)s are available to teachers for their classrooms, to the SAS, the prevention club, the Friends of Rachel club, the Waterville Clinic, family education programs, and Public Parks activities such as the Public Pool and playgrounds. Other gathering places where families frequent may receive educational materials by request.

Evidence based school and community programs will be implemented to address the risks identified in the Healthy Youth Survey and the Community Survey. Effective programs are vital to the long-term existence of a Community prevention Coalition.

Drug and alcohol and tobacco informational presentations to the membership at Coalition meetings have been identified as an important element of the meetings to those in attendance. As news of the educational presentations gets out to those who missed the meetings, they express regret for their

absence. There is a measure of personal benefit in attending meetings and staying involved is attached to the educational element.

Community Surveys and questionnaires give the community the opportunity to provide information, observances and opinions which are vital to the long-term success of the Coalition. Annual Surveys and questionnaires placed in dissemination booths keep the community involved and aware of Coalition goals and activities.

The Coalition coordinator, officers and members maintain visibility by attending community activities such as sporting events, leadership meetings, City Counsel, School Board meetings, Memorial Dinners, Chamber of Commerce events, Holiday Programs, Hospital Board, and Parks Board. Maintaining memberships in community programs such as PTO, PEO, Waterville Players and Churches keeps the Coalition in the public eye. Presentations on behalf of the Waterville Drug-Free Community Coalition are made by the coordinator at area service clubs and volunteer organizations as invited.

CAPACITY BUILDING

OUTREACH

Shared goals:

The Waterville Drug-Free Community Coalition is closely allied with and shares goals with the Wenatchee Substance Abuse Coalition, Chelan-Douglas Together for Drug-Free Youth and the North Central Educational Service District Student Assistance Professional Coordinator for Safe and Civil Schools. Many of the Coalition members embrace and share the Coalition Mission in their organizations such as prevention and treatment providers, public health, mental health, youth organizations, and law enforcement. There are no other coalitions in the Waterville community.

Collaborations:

Frequent joint meetings and training sessions with the organizations mentioned above provide the opportunity to collaborate and share experiences. Additionally, the trainings and communications with DBHR staff, provide opportunities for collaboration between individual Coalitions and other DFC grantees. The Waterville Drug-Free Community Coalition shares prevention materials with public healthcare through the Waterville Clinic and the Waterville Emergency Responders.

Relationships with other Coalitions:

The Coalition shares a close working relationship with the Coordinator and members of the Wenatchee Substance Abuse Coalition. The coordinator of that organization is also the Director of Chelan-Douglas Together for Drug-Free Youth who employs and trains the Waterville Coalition coordinator. There are no other coalitions, treatment centers or prevention organizations in the Waterville community.

Seeking Community input:

Community input is sought and accepted through the annual Community Survey, at monthly meetings, at information dissemination sites, at activities where conversation can be initiated, at by monthly City Council meetings, at monthly School Board meetings, at Food Distribution sites, and from community questionnaires by the Coalition coordinator and Coalition volunteers.

Key Leader involvement:

The majority of key community leaders are, in fact, members of the coalition. Others identified could be Superior Court Judges at the Douglas County Courthouse here in Waterville, The Grain Growers manager, The Chamber of Commerce president, and the Fairgrounds manager. These persons could become involved in the planning and implementation process by education and invitation.

TRAINING/TECHNICAL ASSISTANCE (TA)

Completed coalition staff, members and coordinator training:

Technical training with Chelan-Douglas Drug Free Youth organization

July 31, 2013

August 8, 2013

August 12, 2013

August 14, 2013

September 12, 2013

October 14, 2013

October 16, 2013

November 8, 2013

November 18, 2013

November 26, 2013

December 9, 2013

December 11, 2013

December 17, 2013

December 23, 2013

January 2, 2014

January 6, 2014

January 10, 2014

January 15, 2014

February 13, 2014

February 19, 2014

DBHR Prevention Redesign Initiative Community Coalition Coordinator Training

July 29, 2013

Leader in Me Training, Year Two
September 3, 2013

DBHR Community Forum for I-502 Implementation Planning Session
October 2, 2013

Washington State Prevention Summit, All Provider Training
October 2, 3, 4, 5, 2013

SAMSHA, Substance Abuse and Mental Health Services Administration Training
October 28, 2013

SAPST, Substance Abuse Prevention Skills Training
November 12, 13, 14, 15, 2013

North Central Educational Service District Trainings:
October 16, 2013
November 20, 2013

DBHR, Division of Behavioral Health and Recovery, PRI Trainings
August 21, 2013
August 26, 2013
September 9, 2013
September 18, 2013
September 23, 2013
October 31, 2013
November 6, 2013
November 25, 2013
December 18, 2013
December 23, 2013
January 15, 2014
January 27, 2014
February 10, 2014
February 19, 2014

Washington State University, Strengthening Families Training:
January 9, 2014
January 17, 2014

Future coalition staff, members and coordinator training:

Annual trainings will be scheduled as they are announced. This list should include the CADCA training, the Prevention Summit, the Regional and monthly DBHR trainings, monthly conference calls, monthly TA trainings, and special program trainings attached to the Evidence Based Programs chosen. Members continually receive training in drug recognition, current drug law, how to influence community norms, strategic planning, available programs, communication, and cultural competency. These are identified as necessary to coalition success and future needs will be determined by Together for Drug Free Youth.

Determining training needs:

Future trainings will be determined by coalition members and coalition coordinator. The coalition members will determine by vote, how many trainings, what type of trainings, and who will provide these trainings. The coalition coordinator will provide information/resources to the coalition members so they may decide which trainings they feel they will need. Possible trainings could be Social Host Ordinances, Parenting Wisely, Positive Action, Cultural Competency training, plus other programs, TBD.

CULTURAL COMPETENCY IN CAPACITY BUILDING

Reaching out to under-served populations:

The plan Waterville Drug-Free Community Coalition has to include all population is to use the tool of inquiry, to insert the question in the “new business” section of the agenda of the regular monthly meetings, asking for input from the coalition membership regarding the under-served community. As these are identified, the Coalition coordinator and Coalition volunteers forming a focus group, will contact the person or persons identified to determine what materials and language needs are not being addressed. If an individual cannot be identified, the coordinator will attempt to locate a representative of the group not represented on the coalition. Home schooled students, library patrons, and pharmacy customers were identified and are now represented on the Coalition. In this manner, the Coalition builds trust and confidence within the community. To further insure cultural competency in the area of ethnicity, a team guided by the Latino community representative on the Coalition will invite the participation of Latino students and parents to discuss their perception of the cultural needs within the boundaries of the Waterville School District relevant to eliminating the use of drugs, alcohol and tobacco.

New Coalition members will be recruited from this team and ongoing “check-ins” will ensure inclusion of under-served communities.

Cultural competency training:

A high level of cultural competency is exhibited within the Waterville Drug-Free Community Coalition. The Mission Statement includes all youth of the community. The makeup of the Coalition represents diverse ages, ethnic backgrounds, socioeconomic levels, gender, educational/ability levels and longevity in the community. Community demographics do not identify all diversity however, the Coalition membership closely follows the demographics for age distribution, homes with children, male to female ratio, English to Spanish speaking, marital status and adult to youth population.

The Waterville Drug-Free Community Coalition will schedule a cultural competency training program yearly for the membership and the community with a selected, age appropriate segment for children to educate youth, parents, community members and the coalition membership to address the cultural needs of the coalition which are: inclusion, communication, compassion and valuing differing opinions and processes. Program and/or facilitator to be announced.

SUSTAINABILITY IN CAPACITY BUILDING

Key Leader involvement in ongoing Coalition efforts:

The Waterville Drug-Free Community Coalition receives financial support from the Division of Behavioral Health and receives strong ideological support from local government, faith-based organizations, youth organizations, educators, law enforcement, mental health professionals, prevention professionals, and the media. Many members of the coalition are key leaders of these sectors and in the community. Most are themselves parents. The coalition has the necessary office space to function effectively. The WDFCC works to create a long-range strategic plan for sustainability and has identified members with successful grant writing skills for continued financial support in the event funds are no longer available from DBHR.

The WDFCC will continue to strengthen the coalition organization by planning an annual event for Key Leaders, area residents, parents, students and politicians wherein the membership can report on the year's activities, events and progress toward goals. It will be covered by the press and open to neighboring communities. Invitations to participate in discussions and programs will be proffered as well as opportunities to engage in and support the Coalition.

ASSESSMENT

NEEDS ASSESSMENT PROCESS

Coalition work groups involved in the review process:

The process involved engaging seven members to undertake the task of reviewing the Waterville Data Book and determining the direction for future programs for the Coalition in the upcoming year. The Ad-Doc committee, calling themselves the Survey Team, represents the following seven sectors of the Coalition: School Administration, Media, Business, Youth Organization, Latino, School Education, and the Coalition coordinator. They established a scope of work and a time line for its completion. The Survey Team completed an Adult Community Survey reaching 10% of the population of Waterville. They next created a summary report of the Healthy Youth Survey and the Community Survey and presented it to the full coalition for its review and action. The Survey Team met approximately six times and Training of the Team was carried out by the Coalition coordinator.

Data used in Assessment and method of collection and compilation:

The Waterville School District conducted a Healthy Youth Survey in 2012. The HYS is a survey of students in the Waterville School District, grades 6, 8, 10 and 12, scientifically designed to determine the attitudes and perceptions of friends, family, community and laws pertaining to the use of alcohol, tobacco and other drugs by Waterville Youth and youth use of alcohol, tobacco and other drugs (marijuana use). See Data Book in appendix.

A Data Book was created by DBHR and forwarded to the school which summarized the data results for the district (see attachment in appendix). Within the data was information needed to identify the risk factors and protective factors prominent among the Waterville student body. The data was studied by the Student Assistant Specialists, a team of coalition members and the Coalition coordinator who attended DHR data training and was well versed in interpreting the Health Youth Survey results.

SUMMARY OF KEY DATA

Summary of key data from all sources:

The survey committee presented to the full Coalition, their report of findings of the Healthy Youth Survey and the Community Adult Survey. A request to the membership to

take the data home and be prepared to discuss their conclusions was put forth. The survey team met prior to the next full coalition meeting to discuss the conclusions and to identify the Risk Factors and Protective Factors in order to be prepared for the full Coalition meeting discussion. The final document was completed to outline the data collection conclusion thereafter.

How the Coalition understood the data:

The Coalition received information from the Survey Team, explaining the Healthy Youth Survey results and the Community Adult Survey results. The Team made recommendations based upon the findings. The 14 page report covered grades 6 through 12 including consumption, intervening variables, risk and protective factors in the community (separating out community, family and individual factors). Mental health data for grades 6 through 12 were also reviewed by the Coalition. The section of the report addressing the Community Survey included the outcomes of questions about conversations with children by parents, the use of alcohol in the home, parents considered consequences for providing alcohol and drugs to minors, and perceptions of law enforcement in the community.

Details of key data:

Out of 110 Community Adults surveyed, the following data was provided on 88 on-line surveys: 71.5% of those polled were between the ages 25 and 64 and 64.7% had children from 1 to 19 years of age, 55% having children between the ages of 10 to 18. 73% of those polled were female. 72% considered themselves to be Caucasian and 27.3% identified themselves as Latino or Hispanic which is above the residential population of 9.8% but is representative of the student population which attends the school from the neighboring community. 81% of those surveyed had some college or post graduate schooling and 59% were aware of the Waterville Drug-Free Community Coalition prior to taking the survey and 80.36% reported they were not on the Coalition.

Key findings from the community survey which was completed in December 2013:

(See entire community survey results in appendix)

- *55.81% of parents report having conversations with their children about underage drinking and not to use alcohol

- *48.84% of parents report having conversations with their children about the risks of marijuana and not to eat, smoke or use marijuana

- *36.96% of parents report telling their children it is permitted to drink on special occasions or have not talked to their children about underage drinking at all.

- *36.96% of parents report they have not talked to their children about marijuana or have told them they will have to decide about using marijuana for themselves.

*80.77% parents report they do not allow their youth to consume alcohol in the home

*3.82% of parents report they do allow their own youth to drink in the home with supervision, on special occasions but not their youth's friends.

*63.64% of parents report they agree or strongly agree that law enforcement personnel are effective when they respond to calls about underage alcohol or drug use

*36.36% of parents report they disagree or strongly disagree that law enforcement personnel are effective when they respond to calls about underage alcohol or drug use

Key Findings from the 2012 Healthy Youth Survey:

(See Waterville Healthy Youth Survey Data in appendix)

Consumption:

*45% of 12th graders report drinking at least once a month

*40% of 12th graders report heavy or binge drinking

*32% of 10th graders report drinking at least once a month

*16% of 10th graders report heavy drinking or binge drinking

Social Access:

*60% of 12th graders report obtaining alcohol from friends and/or at parties

*20% of 12th graders report obtaining alcohol at home, with or without permission

*50% of 10th graders report obtaining alcohol from friends and/or at parties

*50% of 10th graders report obtaining alcohol at home with or without permission

Law enforcement:

*92% of youth believe they will not get caught by police for underage drinking

*56% of youth believe they will not get caught by parents for underage drinking

*50% of 12th graders report driving impaired and/or riding in cars with impaired drivers

*42% of 10th graders report riding in cars with impaired drivers

Favorable attitudes:

*66% of youth report their friends drink alcohol

*32% of youth report they do not think underage drinking is wrong

*18% of youth report that underage drinking is accepted by the community

*45% of youth report parents are tolerant of underage drinking

Youth mental health:

*35.7% of 6th graders report suicide ideation

*13.3% of 6th graders report being bullied several times a week

- *35.3% of 8th graders report being bullied 2 to 3 to several times a week
- *30.4% of 10th graders report feeling sad and/or helpless
- *75.5% of 10th graders report there is no suicide prevention available
- *38.5% of 12th graders report feeling sad and/or helpless, or had suicide ideation and/or had a suicide plan
- *23.1% of 12th graders report the perception that there is no adult help available
- *16% of 12th graders report being bullied 1, 2, or 3 times a week

NEEDS ASSESSMENT CONCLUSIONS

The Process for determining Coalition conclusions and priorities:

The Coalition received the data reports from the Survey Team and discussed the various topics of concern. In their discussions, they chose topics which they believed would be of greatest concern to the community. To aid in this process, the Coalition reviewed worksheet 3.8, pages 14 and 15 and worksheet 3.10, pages 20 and 21 of the *New Revised SAPST's Book* dealing with Prioritizing Risk Factors.

Based on the key data, the Coalition cares first and foremost about the health and safety of Waterville youth. Because of the rate of prevalence, the Coalition chose as its major consumption concern, alcohol. They chose marijuana as second because of the trends in state laws and because a high percentage of youth reported marijuana easy to get and they did not consider experimenting with marijuana risky. According to the Community Survey, only 11.63% of parents had spoken to their children about the dangers of marijuana use. Based on the 2012 HYS results in the category of “no/low risk of trying marijuana 1-2 times” went up from 33% in 2010 to 40% in 2012 for 8th graders. For the same age, in the category of “no/low risk from regular use of marijuana” went up from 8% in 2010 to 20% in 2012. Marijuana statistics for local 10th graders use of marijuana is 21% vs state use of 19% and local 12th graders use marijuana at 35% vs state use of 27%. Also according to the 2012 HYS, early initiation of drugs among 8th and 10th grade students was 35%. Favorable attitudes toward drug use 37%, and intention to use drug 46%. The Coalition prioritized the underage drinking and the availability of alcohol as a primary issue because of the prevalence of alcohol obtained by underage drinkers in homes and social gatherings.

Behavioral issues were identified as bullying, skipping school and academic failure.

How long-term consequences impact the community:

The Coalition prioritized the problems in the community based upon their opinion of the long-term consequences to the health and safety of their children. Alcohol consumption, easy access in the home and social gatherings together with driving impaired and riding with impaired drivers could cause premature death and injury for Waterville youth.

Long term use of marijuana can cause social failure, loss of focus on worthy goals, poor safety in automobiles, and loss of intelligence quotient for regular users. All these losses provide another long-term risk to youth. Mental health problems stemming from the premature use of mind altering substances, bullying and feeling unsafe at school can have long-term effects on the development of youth.

How do behavioral health problems impact the community:

The behavioral health or lack thereof, establishes the level of advancement for that community. For those who stay in the community and those who return to the community after educational years or to raise families, mentally healthy persons have the social and emotional tools to contribute to the overall health of the culture. They become leaders, teachers, guides and heroes for youth to watch and emulate. Youth will always watch and emulate, be it healthy or unhealthy therefore, generational, communities either progress or digress in accordance with its level of mental health. (Data obtained from *New revised SAPST's Book*. There is currently no data available for specific behavioral health needs in Waterville. Due to the lack of data and behavioral health services in Waterville, coalition coordinator will interview the school counselor and school nurse to ascertain data relevant to students in the Waterville school district.

Intervening variables, risk and protective factors identified:

The intervening variables reflected in the Action Plan and the Logic Model are: Laws and norms favorable to drug and alcohol use, favorable attitude toward problem behavior, and family management problems. (Data taken from Healthy Youth Survey.)

The adolescent risks were identified as: favorable attitudes toward drugs and alcohol, early substance use, lack of adult supervision, school failure, low commitment to school, aggression toward peers, society/community permissive norms about alcohol and drug use. (Data taken from Healthy Youth Survey.)

The protective factors identified in the community are: Positive social development (connectedness to peers, family, community; attachment to institutions), supportive relationships with family members, positive social norms (expectations, values), supportive relationships, opportunities to belong in the community and school. (Data taken from Healthy Youth Survey.)

Contributing factors identified:

The Waterville Drug-Free Community Coalition determines, based upon the 2012 Healthy Youth Survey Results: 1.) Favorable attitudes towards drugs and alcohol use for grades 8 and 10 is 37% youth in Waterville lack knowledge of dangers of use and refusal skills to avoid initiation when pressured by peers with favorable attitudes. 2.) Early substance use, Early initiation of drugs among 8 and 10th graders was 35%; youth have a low perceptions of risk of use in Waterville. 3.) Adults and parents belief that underage drinking is a “rite of passage”. Parents in Waterville lack knowledge about the dangers of youth drug and alcohol use and need education to help learn skills to set limits and enforce healthy beliefs. 4.) Lack of local law enforcement and local facilities to hold juveniles who are under the influence and state laws legalizing marijuana for recreational use.

RESOURCE ASSESSMENT PROCESS

The Coalition review process:

At a full Coalition meeting, community resources along with perceived gaps in services and resources were identified and listed. Members at the Coalition meeting who were also members of various service clubs, volunteer organizations and support agencies provided input as to the programs, policies, strategies and initiatives of the groups. The conversation was lively and informative. Additionally, a Skill Resource survey was circulated within the membership to determine what talents and interests were available for Coalition work.

Information collected and compiled:

A fact sheet was created summarizing the organizations by order of how closely their missions and goals complimented those of the Waterville Drug-Free Community Coalition. Included in the list were the community sectors themselves. Because of the knowledge represented by the membership, the Coalition was able to understand to whom they contact to offer informational presentations and to seek resources.

SUMMARY OF KEY INFORMATION, RESULTS

Significant partnerships and resources identified in the community:

The Community Resource List organized by consistency with missions and goals:

1. Prevention Specialists and Personnel
2. Director of Safe and Civil Schools, ESD
3. Clinic/Healthcare Workers and EMTs
4. Mental Health Workers and Counselors
5. Substance Abuse Treatment Workers
6. Law Enforcement
7. Parent Organizations and Latino Parent Groups

8. Young Life and Student Groups, 4-H, Scouting, Booster Club
9. Educators, Teaching Assistants and Home School Providers
10. Senior Citizens
11. School Administrators
12. Faith-Based (guilds, mentors, outreach)
13. Political Leadership
14. City Government, County Government, Parks Departments
15. Service and Altruistic Organizations targeting Key Leaders in the Community:

PEO

Museum Board

Masons

Lions

Chamber

WMA

16. N.C.W. Public Library

17 Business and Banking

18 .Farming

19. Media

Gaps identified in the community:

The gaps in resources identified by the Coalition are pro-social activities for youth in the community during weekends, winter, spring and summer vacations to support positive youth development in our community. There is no local law enforcement or correctional facility in the community. There is also a lack of local community youth activities such a movie house, public gymnasium, mental health or substance abuse counseling, or center for youth to socialize in a monitored setting.

RESOURCE ASSESSMENT CONCLUSIONS

Coalition's conclusions and connection to strategies:

After examining the information from the Healthy Youth Survey and the Community Survey and its resource inventory, the Waterville Drug-Free Community Coalition determines that the resources are adequate for children ages 1 to 8. The activities available for children 8 to 13 are limited to the town's streets and the public pool, the public library and a seasonal museum. For ages 13 to18, activities are limited to the streets, after school sports, the public pool and library.

The Coalition has decided it will pursue these evidence based programs that can be presented both during and out of school which are: “Project Success”, “Positive Action”, “Red Ribbon Week”, and “Parenting Wisely”. The Coalition also plans to support what is already working in the community in terms of resources to expand and create programs within those supportive organizations. For example, the Coalition will partner to expand summer programs with the North Central Washington Public Library, the Douglas County Historical Museum, the municipal pool and parks, the Waterville Players Summer Theater, the N.C.W. District Fair, Faith-based classes and activities, and help the further development of budding youth groups.

CULTURAL COMPETENCY IN ASSESSMENT

Cultural competency in the assessment process:

The wide scope of participants in the Waterville Drug-Free Community Coalition represents 25 different community sectors or interests. This healthy variety of members (gender, age education. Ethnicity, backgrounds, religions, talents and viewpoints ensures that no one will be unheard when it comes to the assessment process. At every juncture in the Coalition assessment process stands the question, “What about the others?”

“Reaching others” is aided by the Student Leadership Adviser who is Latino and teaches Spanish. He took the lead in circulating Spanish language Community Survey forms (and the link to the Spanish language Survey Monkey site) to Latino students and their parents who attend Waterville School and saw that they were collected and tabulated. This effort was expended for Latino population (approximately 9% of the total population of Waterville). For the next community survey, efforts will be made to present the survey face to face with the Latino population and to reach out to those who attend youth sports.

SUSTAINABILITY IN ASSESSMENT

Building and strengthening relationships through the assessment process:

The Ad-Hoc committee, calling itself the Survey Team, each selected a portion of community residents and approached them with printed invitations asking them to take

the survey. Each invitation included contact information, Survey Monkey link and a brief explanation of the purpose of the survey. Church memberships, service clubs, businesses, city and county government, agriculture, the Chamber of Commerce, Waterville Main Street Association, and the *Douglas County Empire Press* readership (detailed previously) were all involved in the Community

Assessment process. A partnership with the Waterville School District, the High School and Grade School Principals resulted in invitations being e-mailed to all student families, teachers and T.A.s and their families and the Waterville School Board and their families. This partnership with the Waterville School is valuable and ongoing.

PLAN

PROCESS FOR PLANNING

Coalition completion of planning process summary:

On November 7, 2013, a community survey was administered to the community. January 15, 2014, the coordinator with the Survey team (the Ad-Hoc committee responsible for administering the community survey) translated the results and reported to the Coalition membership. The Coalition membership selected environmental programs and events based upon the needs indicated by the surveys and the member's perception of community readiness. The Coalition deferred selection of Evidence Based Programs to a specific group.

On February 11, the specific group (the school superintendent, school principal and the Student Assistant Specialists met with the coordinator who provided a list of Evidence Based Programs. Appropriate evidence based activities and programs were selected to ensure the achievement of the Coalition goals and objectives.

On February 24, 2014, the Coalition coordinator and the director and fiscal agent Renee Hunter (Chelan-Douglas Together for Drug Free Youth) authored the Action Plan itself using information provided by the Coalition membership. The Plan was based on the risk factors and protective factors identified from the HYS and Community survey outcomes.

Determining the Coalition goals, objectives and strategies, who and how:

On November 7, 2013 the Survey Team, an Ad-Hoc committee, was formed to conduct an adult community survey and to study the results of the Healthy Youth Survey and report to the full Coalition its findings. On January 15, 2014, the Survey Team presented their report on Waterville intervening variables, risk factors and protective factors describing community and family attitudes about underage drinking and drug use and availability of alcohol and drugs. Based upon this report, the Coalition determined its priorities in terms of goals and objectives.

ACTION PLAN - GOALS AND OBJECTIVES

Summary of goals, objectives and strategies chosen:

Goal 1: Decrease Community Disorganization (R.F.= laws and norms favorable to drug use)

Objective: Increase community knowledge, understanding and support of coalition activities and programs as evidenced by an increased community involvement and participation

Strategy: Build and maintain community Coalition. Disseminate information to the community using Media, presentations and Website.

Goal 2: Increase Coalition Capacity (I.V.= community connectedness)

Objective: Increase knowledge of members and staff as measured by the annual Coalition Survey.

Strategy: Provide specific training on community based process and relevant topics as specified in Strategic Plan

Goal 3: Decrease risks associated with favorable attitudes towards problem behaviors (R.F. = favorable attitude toward problem behavior)

Objective: Increase the perception of risks and dangers among youth ages 5th through 12th grades, as measured by Healthy Youth Survey

Strategy: Education: Positive Action program

Goal 4: Educate parents and youth in family management (R.F. = family management problems)

Objective: Increase communication skills and how to set limits as measured by Community Adult Survey

Strategy: Conduct “Parenting Wisely” program

Goal 5: Decrease the risk associated with community laws and norms favorable to underage drinking, drug use and school violence (R.F.= laws and norms favorable to drug and alcohol use)

Objective: Increase perception of community disapproval of alcohol use by youth 12 to 18 years old, evidenced by the Healthy Youth Survey results

Strategy: Educate students, parents, community leaders and educators

Goal 6: Decrease the risk associated with community laws and norms favorable to drug and alcohol use.

Objective: Reduce the social availability of alcohol provided by adults to youth as measured by the HYS.

Strategy: To educate, draft and mobilize community members plus the city council to pass a Social Hosting Ordinance.

Review of evaluation information as part of program strategies and activities:

Activities under Goal 1 include media articles informing the community of the goals and activities of the Waterville Drug-Free Community Coalition and the goings on at Coalition meetings. The coalition will present topics of news and prevention education to area service clubs, boards of directors and other interested organizations. A website will also be created along with Coalition brochures, mottoes and logos.

Activities under Goal 2, Activities include sustainability through promotion of Coalition attendance plus providing physical accommodations, technical support and supplies for Coalition meetings.

Training in prevention-intervention skills, prevention ethics, cultural competency and leadership will be provided.

Activities under Goals 3, 4, and 5 include education of students, parents, educators and community leaders by way of various Evidence Based Programs and environmental programs. Among the Evidence Based Programs chosen are “Project Success”, “Positive Action”, “Red Ribbon Week” and “Parenting Wisely”. Each of these programs have Pre and Post testing to survey the level of knowledge before and after the programs to evaluate the effectiveness of each program. This aids the Coalition to renew the assessment of intervening variables, risks and protective factors.

Benefits to the community resulting from environmental programs, impact and resources:

Town Hall Meetings, Coalition brochures, posters, Media coverage, social media sites and support of existing protective factors and pro-social activities in the Waterville community will be measured via the Healthy Youth Survey, monthly youth survey and the Community Adult Survey. This will also insure that the Coalition has information needed to evaluate needed resources and renew its assessments of programs for following years. Resources are currently needed to provide meals and incentives for program attendees. Applications for grants and donations are presented by the Coalition coordinator and volunteers to meet those needs.

ACTION PLAN attachment

CULTURAL COMPETENCY IN THE PLAN

Coalition work with diverse population to goals and objectives and strategies:

Both the HYS and Community Surveys offered data within their specific, assigned, target ages. The data provided did not identify or exclude race, gender, social status, financial status, educational levels or any other cultural distinction and neither did the Coalition. No goals, objectives, strategies, activities or programs were chosen that would exclude any person based on cultural demographics.

Waterville Drug-Free Community

Coalition is a culturally diverse group which believes it accurately represents the demographic makeup of the community. Within that group the discussion was thorough and inclusive.

To ensure cultural competency, the demographics of the Survey Team (the Ad-Hoc committee which studied the survey results and reported to the Coalition) reflects the demographic make-up of the community including but not limited to age, gender, education, financial status and social status.

The sectors represented on the Survey Team were: Mental health, youth organizations, business, prevention, media, faith based, school administration and education. Latino and other mixed race

representation on the Survey Team was 11% which exceeds the community demographic of 9.8% for the same group.

Plan addresses behavioral health:

Good health, both behavioral and physical, and safety are the primary and underlying desires of the Waterville Drug-Free Community Coalition. The mission, **“To implement programs among Waterville youth to eliminate drug, alcohol, and tobacco use and their related negative consequences by developing a strong and active community coalition.”** Neither the desires nor the mission statement exempt any recipient due to ethnicity, race, religion, gender, age, geography, socioeconomic status, language, literacy, sexual orientation, veteran status or identity.

Healthy behavior is considered a by-product of healthy choices. The Coalition considers poor behavioral health as one of the negative consequences of the use of drugs, alcohol and (to an extent) tobacco. The “Plan” addresses behavioral health in the implementation of Evidence Based Programs such as “Project Success”, “Positive Action”, and “Parenting Wisely”, “Social Host Ordinance” which are state approved and sanctioned programs and as such, are designed to address cultural disparities in behavioral health. Needs not addressed by the EBPs will be identified after the culmination of these programs.

SUSTAINABILITY IN PLAN

The Waterville Drug-Free Community Coalition cultivates and enjoys good relationships with key community leaders and partnerships within the community. These leaders and partners include the Waterville School District, faith-based organizations, municipal government, the Assistant Prosecuting Attorney, area businesses, the media, youth groups, medical providers, mental health, substance abuse treatment providers and prevention/ intervention specialists. When these organizations receive Coalition data, they are free to utilize the information at their own discretion in relevance to their work. Outside the immediate community, the Coalition is supported by the North Central Educational Service District, DBHR, the Washington State chapter of CADCA, Washington Coalition of Coalitions, the Wenatchee Substance Abuse Coalition and Chelan-Douglas Together for Drug-Free Youth.

Use of the Strategic Plan to guide coalition efforts:

The strategic plan is used by the Coalition as the guide in planning activities and events. It guides the financial decisions, the calendar of events, the priorities and the operation of all Coalition efforts. For example, before preparing involvement in local community activities, the Plan will be used to direct the focus of those efforts. If the activity is Waterville Days, the plan directs the Coalition to establish an informational booth for the dissemination of information per Goal #1. Decrease community disorganization, Objective: Increase community knowledge, understanding and support of coalition

activities and programs as evidence by an increased community involvement and participation.

Strategy 1.1.1: Disseminate information to the community using media, presentations and Website.

IMPLEMENTATION

STRUCTURAL SUPPORT FOR IMPLEMENTATION

Key structures and Coalition's role in implementation:

The Waterville Drug-Free Community Coalition created its Plan based upon the needs of the youth of the community as indicated in the Healthy Youth Survey and the Community Adult Survey as was the mission statement of the Coalition. The culturally diverse make-up of the Community Coalition and its strong ties with community leaders and healthy partnerships in the community makes the Coalition itself, the key structure for the support and implementation of the Plan's strategies, and activities. The Coalition succeeds in this by referring and adhering to the plan in the pursuit of all of its duties and activities. The plan will be the focal guide in meeting agendas and decision making processes. To help the Coalition further succeed in implementation of the Plan is the development of social media sites to promote communication. A Website committee has the project underway. The beginning stage of developing social media is the completed Waterville Drug-Free Community Coalition Facebook page.

Ongoing training of Coalition staff, members, and volunteers is a high priority because it provides knowledge vital to the implementation of the Plan. For example, the monthly CPWI meetings with DBHR staff and other Coalitions around the state furnishes ideas and leadership relevant to the development and execution of the Plan. Other training opportunities are assessed and participated in annually.

Small work groups and teams are key structures vital to the implementation of data collection and the reporting elements of the Plan. Dividing and assigning work to those who show an interest in that area, positions the best resources available to accomplish the details of the Plan. For example, the Survey Team voluntarily took on the duty of distribution of the surveys, promoting the survey process, collecting the surveys, interpreting them and reporting to the full Coalition.

Activities and Program features critical to implementation:

The Evidence Based Programs selected by the Waterville Drug-Free Community Coalition will arrive after this document has been approved. Within the manuals of each of the programs will be directions and program features for operation of the program. Generally, all programs will require basic implementation protocol including a program coordinator, a facilitator or facilitators, physical location suitable for the execution of the program, funding for program needs, pre and post test system to track outcomes, media coverage to promote the programs in the community, follow-up

protocol and participants. The Coalition membership, staff and volunteers will be broached to complete each of these required duties and any other duties that have been overlooked.

Role of Coalition staff, members, partners and volunteers:

The Coalition membership, staff and volunteers will be recruited or will volunteer to act as program coordinator, facilitator or facilitators, locate and secure the physical location suitable for the execution of the program, recruit volunteers, obtain funding for program, conduct pre and post-tests to track outcomes, organize media coverage to promote the programs in the community, provide follow-up protocol and see to the needs of the participants.

Coalition recruitment process re: activities and programs:

A team or committee will be organized by the Coalition members who express and interest in a specific program. This team will be staffed by the Coalition's coordinator. They will identify and recruit volunteers from the community based upon the interests in the community. For example, mental health and other healthcare providers may wish to be involved with a community-wide parenting program along with faith-based organizations, youth organizations, educators and county extension services. Recruits are committed to complete their projects have, thus far, met their commitments.

Media engagement in Coalition efforts:

In addition to the social media sites referred to previously, the media sector representative announces and reports on Coalition meetings, activities and events of the community in the *Douglas County Empire Press* and the *Wenatchee Daily World*. Other print media includes the City of Waterville Newsletter, the Waterville School District Newsletter, printed posters and announcements. Public service announcements are utilized to further media coverage to local radio listeners.

BUDGET

Narrative summary of allocated resources:

The Waterville Drug-Free Community Coalition is funded by the DBHR partnership grant. The Coalition receives in-kind donations of office space, parking, meeting rooms, copy machine and furniture from the Waterville School District. The Coalition receives technical support, training, supplies, and fiscal management from Chelan-Douglas Together for Drug Free Youth. The community provides expertise and volunteer support in areas of media coverage, social media site creation, legal advice, professional informational programs and training.

Budget, See attachment:

CULTURAL COMPETENCY IN IMPLEMENTATION

Coalition ensures programs meet cultural needs:

The first consideration of cultural competency in implementation by the Waterville Drug-Free Community Coalition is the demographic make-up of the Coalition itself. The Coalition is a culturally diverse group in all aspects including age, gender, language, race, ethnicity, religion, geography, socioeconomic status, literacy, sexual orientation, disability, and veteran status to ensure initiatives, activities and programs represent all community interests and establish that as a priority.

The selection of Evidence Based Programs by this diverse group reflects that priority and the Coalition anticipates the Evidence Based Programs, state approved and sanctioned also takes into consideration in their development, the diverse nature of the communities they serve. All program materials are available in Spanish.

To further ensure cultural competency, the Coalition invites and enjoys participation in Coalition activities by area youth, senior citizens, elementary school children, coaches, politicians and Latinos from surrounding areas. For example, the Coalition cultural competency training included an age specific presentation to all school age students, K-12th graders and a community program open to senior citizens, parents, educators, coaches, key leaders and area politicians. The program was open and provided in the appropriate languages to meet the needs of Latinos and persons of mixed races from the Waterville and surrounding communities.

SUSTAINABILITY IN IMPLEMENTATION

Sustaining human, material and social resources:

The Waterville Drug-Free Community Coalition identifies evaluating and reporting as vital to sustaining programs, material, human and social resources. Coalition leaders of special interest teams and Ad-Hoc work groups report on their specific duties and responsibilities as part of the monthly full Coalition agenda.

Staying on task is another important aspect of sustainability. Every member has a copy of the Coalition Strategic Plan and the Action Plan as a separate document which makes it easy to locate in their Coalition notebooks. The plan suggests the format to follow in creation of programs and executing those programs.

Funding is naturally important to sustainability for which the Coalition seeks grants and donations from the community to provide refreshments and incentives for program participants and funds for other local needs which are not covered by DBHR.

In-kind donations to the Coalition include office space, parking, meeting rooms, copy machine and furniture from the Waterville School District. The Coalition receives technical support, training, supplies, and fiscal management from Chelan-Douglas Together for Drug Free Youth. The community provides expertise and volunteer support in areas of media coverage; social media site creation, legal advice, professional informational programs and training.

As with the previously mentioned resources, partnerships within the community are essential to sustainability. Found in every club meeting, business, church, office building, school room, governmental office, courtroom, shop, restaurant, clinic, library, museum and living room are valuable resources, presenting themselves in the forms of skills, available time, wealth and wisdom. Coalition staff and membership will continue to survey the community in order to identify and allocate these resources when programs become available as a result of this document and as this document is approved.

PLAN FOR REPORTING AND EVALUATION

EXPECTED OUTCOMES (Baseline and target data)

Coalition's intended long-term outcomes:

The intervening variables from the data produced by the Healthy Youth Survey considered by the Coalition which lead to the goals, objectives, strategies of the Action Plan are social access and availability of Alcohol, lack of law enforcement of under-age drinking, early use of drugs and tobacco, low commitment to school, friends who use and a low perception of harm.

The Waterville Drug-Free Community Coalition expects to see fewer negative consequences from the use of alcohol, drugs and tobacco and better mental and physical health and safer behaviors among the youth of Waterville as a result of the programs and activities identified in this document. To be specific, the Coalition expects the following outcomes from these identified strategies:

Increased Community involvement and participation

By increasing community knowledge, understanding and support of the Waterville Drug-Free Community Coalition goals, activities and programs through social media, print media, Coalition Website, posters and articles. This will also be accomplished by providing informational meetings and presentations and through informational dissemination sites at community events and holiday activities. Within the scope of the information provided, the coalition will publicize the findings of annual and semi-annual surveys of students in the Waterville school and adults living in the community.

The Coalition believes this will work because a mass educational push like this has not been staged at this level of intensity. These problems in the community which have previously been the subject of whispers are now going to become everybody's business as well documented survey outcomes. As members of the community work together to seek solutions, positive outcomes are expected.

Increased Coalition Capacity

By increasing knowledge of members and staff through specific training on community based processes and relevant topics specific to prevention and intervention of the use of alcohol, drugs and tobacco by youth. Training will continue in the areas of data assessment, computer training, coalition building, cultural competency, ethics, prevention, key leader orientation, risks and protective factors, communication, and consensus building, evaluating and reporting.

Increased awareness of risks and dangers of alcohol, drug and tobacco use

This will work as so indicated by other (Cohort 1 and 2) Coalitions who have traveled this pathway and have shared their experiences and advice. The educational offerings by DBHR and the Prevention Summit and CADCA are efficient, professional and time-tested among youth by educating students, parents and educators through implementation of Evidence Based Programs such as “Project Success”, “Positive Action”, and “Red Ribbon Week” which are focused on reducing favorable attitudes toward alcohol, tobacco and other drug use among students. In addition, community awareness programs, articles and activities and other pro-social activities including dissemination of information at the District Fairgrounds will be created to provide positive messages about prevention-intervention activities that are currently working in Waterville. The Coalition believes this strategy will work because reaching out to youth in the school setting via these Evidence Based Programs is reliable. Repetition and constancy is rewarded with results. As these programs are introduced, more students will become aware of their risky behaviors and realize there is help for them at school within the programs and from the facilitators and the prevention-intervention specialists.

Increased communication and healthy boundaries in families is accomplished

By educating parents, caretakers and youth in family management through the Evidence Based Program, “Parenting Wisely” provided to families of teens and preteens who are at risk for substance abuse, delinquency and drop-out and other struggling families.

This will be effective and work to achieve the desired goal because the Coalition believes all families want better communication, evidence of deep connectedness, safety, support, respect and affection but many do not know how to provide it or accept it. The program will give many families a new start.

Increased perception of community disapproval of alcohol use

By youth ages 12 to 18 years of age through education of students, parents, educators and community leaders at Town Hall meetings, school carnivals, Parent Teacher Organizational meetings, City Council meetings, Hospital Board meetings, School Board meetings, school assemblies, signage, and various school projects.

The Coalition believes this will be effective because these organizations have not been approached and informed about the science of perception. Within these organizations are the key leaders of the community and the Coalition believes when they are informed, they will make certain changes come about. Community support of youth organizations and activities mentioned will aid the participants to believe the community wants what is best for them and the community is invested in their health.

In four years, Waterville will be a community without deaths or injuries from driving impaired and riding in cars with impaired drivers. We will enjoy good mental and physical health as a result of lower incidences of underage drinking of alcohol, use of drugs and tobacco. There will be fewer parties, holiday events and parents serving alcohol to minors. Waterville will be a well-educated and organized community in support of the Waterville Drug-Free Community Coalition which sends a strong message to youth that the use of alcohol, tobacco and other drugs will not be condoned.

Parents and caregivers have a close emotional connection with their children and practice good communication skills, set clear limits and know what their children are doing and where. Waterville School will have excellent attendance records and high commitment to school. Students will feel safer and less depressed at school and know there is help for them and how to access it.

Process and Outcome Measures; having an impact:

Evidence Based Programs have built-in evaluation and outcomes measurement tools in the pre and post-test process. The organizer and/or facilitator will inform the full Coalition as to the progress and effectiveness of each of the Evidence Based Programs toward meeting the goals and objectives of the Action Plan presented as agenda items during the monthly meetings. Other events, activities and programs are less scientifically measured but will be evident in increased Coalition meeting participation, increased awareness of youth activity, the existence of more conversations in social settings and invitations to provide information to the community. Other outcomes may be in the form of closer relationships with partners in the community, more conversation on social media sites, commentaries in the newspaper, having a positive impact on youth behavior. Improvements in youth behavior being the ultimate outcome; the changes will be reflected in the Healthy Youth Surveys conducted semi-annually and perceptions measured by the Adult Community Survey conducted annually.

Tools and instruments used to collect information:

The Waterville Drug-Free Community Coalition will utilize the tools which provided the data precluding the Partnership Grant and the inception of Cohort 3 Coalition in Waterville and that is the Healthy Youth Survey. The Coalition will also use data from the Community Adult Survey. In addition, the Coalition will promote a confidential “Monthly Use” survey within the Waterville Junior and Senior High School. The survey is designed to be conducted, collected, and tallied by the Coalition coordinator in order to have a minimum impact on the school staff. The data will be presented to the school for their information but will be used as additional outcome measurements for the various programs being offered at the school and in the community.

PLAN FOR TRACKING AND REVIEWING EVALUATION INFORMATION

Evaluation information:

Semi-annual reporting of the Healthy Youth Survey data will provide an overall look at the effectiveness of the entire two years in terms of prevention/interventions programs. Annual Community Survey data will provide indications of perceptions from the community. Annual Coalition Survey results will indicate how effective the Coalition Orientations and community based process

trainings are. The Monthly Use Survey data will indicate the effectiveness of those programs and activities that were initiated during the month previous to the survey.

Information shared with Coalition:

Complete Healthy Youth Survey information results in the form of the Waterville Data Book is available to every member of the survey pending issues of confidentiality and permission from the Waterville School District. Survey results will be interpreted by a committee or team of individuals with staff assistance from the Coalition coordinator and a written report will be authored and presented to the full Coalition. Results of the Community Adult Survey and the Coalition Survey will be presented to the Coalition by the Coordinator in a written report. Reports will also be e-mailed to members at their request.

Outcomes data will be shared by written reports and possibly graphs and other tools - first with DBHR, then with the community coalition sectors, the stake holders (such as the school administration), community leaders, policy makers, and then the Waterville community. Finally, the data will be made public in a manner which the Coalition regards as most effective for positive change in the community.

Update schedule and process:

The Strategic Plan undergoes up-dates and changes annually. Changes in programs may be suggested by facilitators, stakeholders and participants. Program evaluations will be conducted on an ongoing bases and changes can be made pending the regulations of the Evidence Based Programs. The process will involve gaining permission by the program coordinator and DBHR.

Revisions of non-evidence based programs and events are made by consensus of the full Coalition responding to the monthly reports by Team leaders who are conducting the various programs and events. The process will follow Robert's Rules of Order and require motions and a 2/3 vote. Evaluations and examinations of programs and inclusion on social media and the website will ensure efficiency, effectiveness and information dissemination of all programs.

Evaluation information is used to improve the plan:

As changes and amendments are made to programs, activities and events, notation will be entered by the coordinator to the Strategic Plan's forthcoming changes. The coordinator will maintain all evaluation reports of outcome data in a file available to DBHR, the coalition and the stakeholders for review and will use these reports together with current survey results to provide information for updating the Strategic Plan.

The Strategic Plan, because of the up-dated information, will continue to reflect the needs of the community and reflect the effectiveness of the strategies in pursuit of the (goals and objectives) of the Coalition Action Plan.

PBPS

Process and time line for reporting to DBHR:

The Coalition Coordinator is responsible for updating and reporting coalition meeting attendance, reporting coordinator hours by category, reporting all Ad-Hoc committee (team) meetings and those in attendance, reporting trainings of Coalition members and staff and is responsible for keeping a Coalition membership roster updated on PBPS monthly. All data mentioned is collected by the coordinator and Coalition volunteers.

The Coalition coordinator shall comply with all reporting requests and requirements placed by DBHR and the fiscal agency, Chelan-Douglas Together for Drug Free Youth.

Coalition meets performance-based contract requirements:

The Waterville Drug-Free Community Coalition meets all requirements placed upon it by DBHR including but not limited to community based programs, coalition building, organizational structure, prevention-intervention training, PBPS reporting, mandated conference calls, CPWI attendance, fiscal compliance, cultural diversity trainings, mandated surveys, Strategic Plan, physical office, computer programs, communications, media compliance and Evidence Based Programs in order to ensure the Coalition meets performance-based contracting requirements.

CULTURAL COMPETENCY IN REPORTING AND EVALUATION

Sensitivity to diversity in the evaluation process:

The Community Adult Survey was provided to the community through all of the faith-based congregations, through the Waterville School District data base, available in area businesses, circulated at the courthouse, post office, city hall, various service clubs, and it was published in the *Douglas County Empire Press*. Relating to sensitivity to diversity, to include more of the Latino and other mixed races than actually reside in Waterville, both paper surveys and the link to Survey Monkey were sent (in Spanish) to homes with Latino and Spanish speaking students from the neighboring communities for their parents to complete. Research into improvements of appropriate collecting methods is ongoing.

The evaluation of the Healthy Youth Survey and the Community Adult survey results was completed by the culturally diverse team of persons that represent a high level of cultural competency. The makeup of the evaluating team represents diverse ages, ethnic backgrounds, socioeconomic levels, gender, educational/ability levels and longevity in the community. It also closely follows the demographics for age distribution, homes with children, male to female ratio, English to Spanish speaking, marital status and adult to youth population.

SUSTAINABILITY IN REPORTING AND EVALUATION

Access to needed assessment tools in the community:

The Waterville Drug-Free Community Coalition fosters strong relationships with the Waterville School District. The Coalition office is in the High School Career Center where regular communication takes place with the school administration. There is ensured access to the Healthy Youth Survey. The Coalition coordinator works closely with the school to assist in facilitating the Evidence Based Programs and has access to pre and post-test information. The Coalition Assessment Tool is administered by the Coalition Coordinator as well the Community Survey. The Coalition Survey Team administers and evaluates the survey results and provides written reports to the Coalition and the School Board. The Coalition will conduct the Monthly Use Survey and deliver data results to the School Administration.

Ensuring ongoing evaluation efforts:

The Coalition coordinator receives training by DBHR to evaluate the Healthy Youth Survey and the Coalition Survey. Evaluating Surveys is complicated and time consuming and ongoing training from DBHR to ensure accuracy in the evaluation process is expected. Accurate evaluation of data is vital in establishing effective programs and activities. The Community Survey is evaluated by DBHR as a service of Survey Monkey to Cohort 1, 2, and 3 Coalitions.

Appendix A

Coalition Membership Roster:

W. Gordon Edgar	Assistant Prosecuting Attorney	Law Enforcement
James Robinson	Pastor, United Lutheran Church	Faith-based
Royal DeVaney	Mayor of Waterville	City/Local Government
Tamara Larson	Librarian	NCW Regional Library
Tabatha Mires	Junior/Senior High Principal	School Administration
Sharina Weber	Parent and Home School Provider	Home School-Prevention
Mike Lynch	Director Safe and Civil Schools	NCW ESD
Alice Ruud	School Career Counselor	Student Counselors
Michael Grande	Young Live Coordinator	Youth Organizations
Cathy Clark	Philanthropic Organization	Community volunteers
Cathi Nelson	Waterville School Superintendent	School Administration
Laurie Riley	School Nurse and SAS	Healthcare/Intervention
Eric Shafer	Officer, Chelan Co. Regional Jail	Law Enforcement
Mark Thomsen	Parent/Wheat Rancher	Agriculture
Kim Landon	Parent/Student Adviser	Student Organization
Katie Shafer	Sterling Savings Bank	Business/Banking
Joel Harding	Writer, Douglas Co. Empire Press	Media/Senior Citizens
Kirsten Thomsen	Parent/Educator	Education
Jill Moomaw	School counselor and SAS	MentalHealth/Prevention
Bruce Clark	Owner Blue Rooster Bakery	Business
Jeremy Weber	Washington State Patrol	Law Enforcement
Heidi Gurnard	Pharmacy Technician	Healthcare
Dan Lopez	Spanish Teacher/Leadership	Cultural Coordinator
Daniel Miranda	Minister and CDP	Treatment Provider
Armondo Davila	TA/Spanish, Computer Lab	Latino Residents
Julia Toomey	Student	Student/Youth
Marie Harding	Coalition Coordinator	Prevention-Intervention
Rich Poppie	County Sheriff's Deputy	Law Enforcement
Kevin Whitehall	PA, Waterville Clinic	Healthcare
Renee Hunter	Chelan/Douglas Together for	Prevention-Intervention
Drug-Free Youth		

Appendix B

Waterville Drug-Free Community Coalition Organizational Chart:

Executive Officer

Chelan-Douglas Together for Drug Free Youth Director
North Central Educational Service District 171 Student Assistant Specialists

Coalition Membership

Fiscal Agent

Coordinator
Together Director
Fiscal Agent Bookkeeper

Executive Committee

Coalition Coordinator
Coalition Secretary
ESD Coordinator
Together Director
Coalition Chair
Volunteers

Teams Coalition

Coalition Coordinator
ESD Coordinator
Together Director
W.S.D. Superintendent
W.H.S. Principal
Law Enforcement
District Attorney
Student Assistant Specialist
Volunteers

Appendix C

Community Resource List

Organized by consistency of missions and goals

1. Prevention specialists
2. Director of Safe and Civil Schools
3. Clinic/Health Care workers and EMTs
4. Mental Health workers and counselors
5. Treatment Providers
6. Law Enforcement
7. Parent Teacher Organization
8. Latino Parent Groups
9. Young Life and Student Groups, 4H and Scouting
10. Educators, T.A.s and Home School Providers
11. Senior Citizens
12. School Administrators
13. Faith-based (guilds, mentors, outreach)
14. Political Leaders
15. City Government, County Government
16. Library
17. Business and Banking
18. Farming
19. Media
20. Service clubs and organizations
 1. PEO
 2. Museum
 3. Masons
 4. Lions
 5. Chamber
 6. WMA

Appendix D

Bylaws

Waterville Drug-Free Community Coalition is a subsidiary of Chelan-Douglas Together for Drug-Free Youth and operates under their guidelines and bylaws. This is the Waterville Drug-Free Community Coalition operations document, describing the group's purpose, structure and operation.

Article I

Section 1. Name

The name of this organization is Waterville Drug-Free Community Coalition.

Section 2. Purpose

The purpose is **to implement programs among Waterville youth to eliminate drug, alcohol, and tobacco use and their related negative consequences by developing a strong and active community coalition.**

Article II

Section 1. Membership

Membership shall consist of interested residents who represent no fewer than 8 sectors of the community served by the Waterville school such as Law Enforcement, School Administrators, City/Local Government, Parents, Educators, Business Community, Volunteers, Health Care, Mental Health, Prevention Specialists, Faith Based, Youth Organizations and Treatment Providers.

Section 2. Active and non-attending members.

Active members are defined as those who attend the full coalition meetings or Ad-hoc meetings or both a minimum of 6 meetings a year. Non-attending members are those who support the coalition with talents and abilities and provide information concerning the use and prevention of drugs and alcohol or other problems identified as concerns in the community but who cannot attend coalition meetings.

Article III

Section 1. Monthly Meetings

WD-FCC will meet together as a full membership meeting one time monthly, the third Wednesday of each month, at 4:00 pm, in the Waterville High School Career Center.

Section 2. Emergency Meetings

Special meetings can be called to vote on important issues that cannot wait for a regularly scheduled monthly meeting. Special meetings may also be called by any member in matters of immediate importance if no other means of communication is available. Ad-Hoc meetings will be called on as needed basis.

Article IV

Section 1. Leadership

WD-FCC will have a Chairperson and a Recording Secretary. The meetings will be facilitated by the Chairperson. The Coalition Coordinator will lead the meetings in the absence of the Chairperson. The Chairperson will disclose any conflict of interest if he or she deems that conflict will interfere with the leadership of the coalition. If the Recording Secretary cannot fulfill his or her duties, they will assign an alternative to replace them.

Section 2. Non-attendance and Resignations

If active members are not able to attend meetings they may ask for a change of status to non-attending members. In the event an officer resigns his or her duties on the coalition, names and referrals from the officer and the membership may be suggested. The Coalition coordinator will follow up and personally recruit a replacement.

Article V

Section 1. Voting

All members present (active and non-attending) may vote on issues. Decisions will be made based on a majority vote. The coordinator will notify all members of the coalition of impending issues to insure members are well informed and involved in critical issues.

Article VI

Section 1. Dissolution

In the event and upon the dissolution of the Waterville Drug-Free Community Coalition, any assets remaining after the payment of debts and other liabilities shall be distributed to Chelan-Douglas Together for Drug-Free Youth.

Article VII

Section 1. Amendments

These bylaws may be amended when necessary by a two-thirds majority vote of the members. Proposed amendments may be submitted during any scheduled monthly meeting.