

Organizational Development & Getting Started

An overview of the prevention science framework and coalition realities

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Welcome

- In the chat let us know who you are, who you are with and answer one for the following:
- Take a minute to think back to either
 - The last time you wrote a full strategic plan OR
 - The first few months on the job
- What is something that you remember or would share with others? A word of advice, a shared experience? Other?

Agenda

Organizational Development and Getting Started: Why it matters

SDRG and the CTC framework

CPWI framework

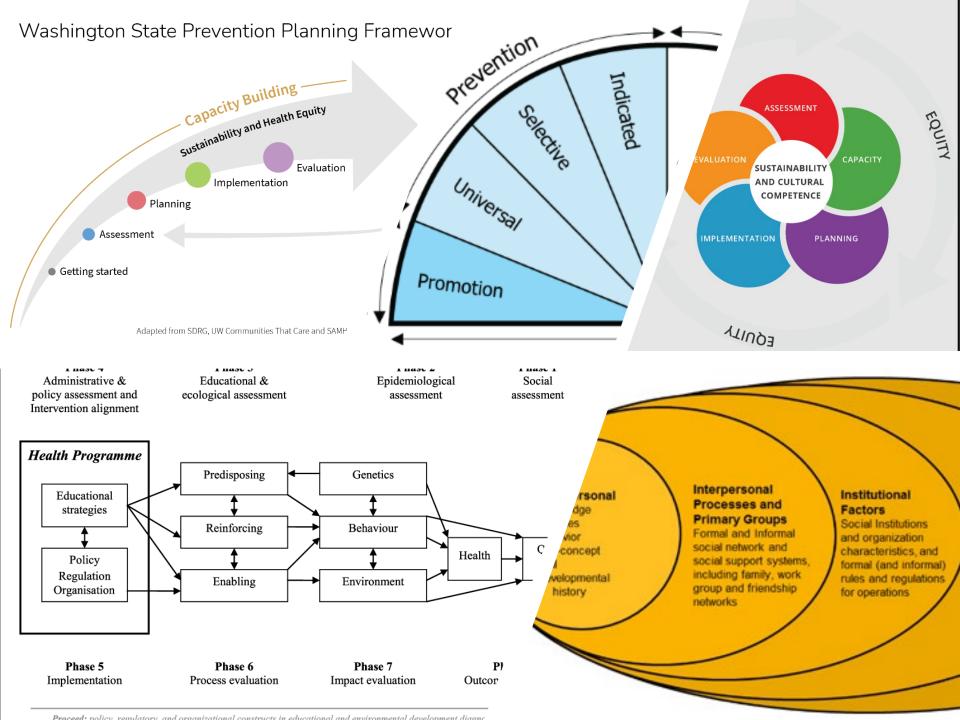
The people, the science

Critical pieces

Closing

A Fictional Situation ©:

- "Hi, Billy, Welcome aboard, we wrote a grant to fund prevention work here in community XYZ, thank you for taking on the coordinator role. Here is a contract and guide of the tasks that are to be completed in the next 6 months. Let us know how we can support you."
- Billy reviews the contract, task list, and timeline and immediately has a panic attack.
- It will be okay, you are not alone, we are here to help you!







THE CONTERFOR COMMUNITES THAT CARE



Social Development Research **Group (SDRG)** and the Communities That Care (CTC) Model.

Foundations of the CPWI model

- SDRG was founded in 1979 by Dr. J. David Hawkins and Dr. Richard F. Catalano
- CTC is a result of findings from the research of this group
- The Washington State Community Prevention and Wellness Initiative (CPWI) is an adapted version of the CTC model.
 - ► The primary adaptation is the training portion of the model.



Core components of the CTC & CPWI models

Benchmarks of CTC vs. Tasks for CPWI

Tasks (Note: for Cohorts 1-6 currently)	Frequency	Due Date
Start date: <u>July 1,</u> Community Name:		Negotiate complete timeline with DBHR based on individual coalition readiness.
Getting Started		reddiness.
Register and participate in The Athena Forum website.		
County, ESD, and community coalition coordinators register and actively participate in The Athena Forum. Note: "Register" means to become a member of the <u>Athena Forum</u> within two weeks of staff participation in CPWI. "Actively participate" means to go to site to access materials posted by DBHR.	Ongoing	Within 2 weeks of start
2. Confirm CPWI Community		
☐ Fiscal agent/Contractor will collaborate to work with eligible community(ies) to submit a responsive Request for Application (RFA) to DBHR.	First Year only	Through RFA opportunities, community selection will occur.
☐ Funded Fiscal agent/Contractor and/or Coalition will issue media release, within 60 days following approval of community selection, to outlets serving the CPWI community using 'CPWI News/Media Release Template' provided by DBHR.	First Year only	Within 60 days from DBHR approval
 If needed, sign a Memorandum of Understanding (MOU) between Fiscal agent/Contractor and Coalition. 	First Year & As needed	
3. Community Coalition Coordinator (.5 FTE minimum - 1.0 recommended) for each CPWI community		
☐ Review Coordinator job description with DBHR	First Year & As needed	Prior to posting
 Ensure new hire Coordinator has office space in CPWI community 	First Year & As needed	Upon new hire
 Review new hire Coordinator qualifications with DBHR 	First Year & As	Upon new hire



Milestones & Benchmarks

Phase 1: Get Started

Milestone	Benchmarks to Achieve this Milestone
1.1 Organize the	Designate a single point of contact to act as a catalyst for the process.
community to begin the Communities	Identify a champion (a community leader) to guide the process.
That Care Process.	Inventory existing initiatives addressing youth and family issues.
	Identify "lead" agency committed to supporting the project.
	Secure coordinator/facilitator (at least half time).
	Form core workgroup to activate the process.
	Develop roster of key leaders to be involved in the process.
	Prepare initial work plan and time line for getting started.
	Identify and acquire resources needed to get started.
1.2	Define the community to be organized.
Define the scope of the prevention effort.	Identify health and behavior issues to be addressed to confirm that CTC is appropriate for your efforts.
	Agree on what is involved in the "prevention" response.

Three key pieces to today



THE PEOPLE



THE SCOPE



THE PREVENTION SCIENCE PROCESS



Identify the People

Designate roles and leads

- Key leaders that will support the work
- Fiscal agent (if needed)
- Coordinator
- Core workgroup(s) that will get everything up and running



Key Leaders





Influencers in the community who can allocate human and fiscal resources as well as those that have political capitol that can support the coalition

CEOs, EDs, Faith Leaders, Superintendents, Elected officials, Appointed officials, Philanthropic leaders, etc



May or may not attend coalition meetings but are "in the know"



End goal for Key Leaders is that they have enough awareness of what the coalition is up to that they can understand, speak to, and support the work.

Fiscal Agent





Depending on how the coalition is set-up, they may need fiscal management.

Independent Non-Profit

Independent for-profit (may or may not be eligible for funding)

Government agency

City, County, Tribe, Region, school, etc.

\$

Must be able to manage grants, staffing, insurance, funding requirements, taxes, etc.



- The coordinator is the master puppeteer
 - Should be at least .5 FTE (1.0 strongly recommended)
 - New coalitions should expect needing a 1.0 minimum for the first couple of years.
 - Responsible for ensuring that the prevention science process is followed to fidelity.

Core Workgroups & Committees





Leadership workgroup (Community Board in CTC).

Usually consisting of a president, Vice President, secretary, etc.

This group can get things up and running and may shift over time as they are best served in terms



Sub-committees as needed

Youth and family engagement committee

Data work group

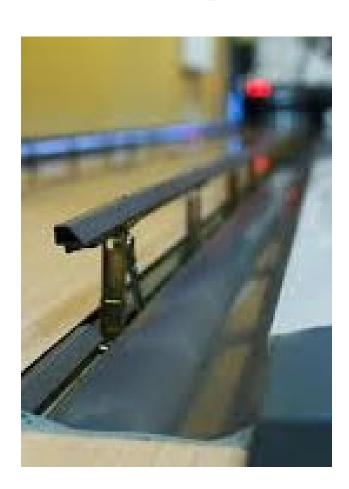
Coalition maintenance committee

Policy committee



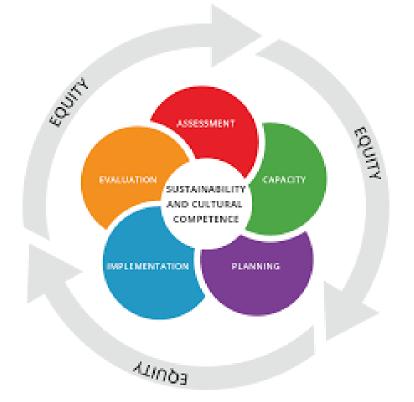
Identify the Scope

- Putting bumpers on the lanes
 - We all want to improve the health and wellness of individuals, families, schools, and Communities.
 - By trying to do everything, we will succeed in doing nothing.
- Set Vision (where are we going) and Mission (how we are going to get there)
 - Define the geographic and/or demographic of the work
 - Define the issues
 - > SUD, Delinquency, Mental health, Suicide, High risk sexual activity, etc.
- This is often influenced by funding

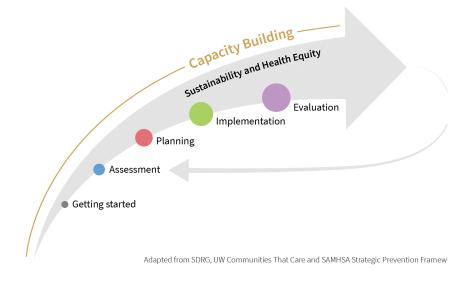


Prevention Science Process

Coalition model and the Strategic Planning Framework (SPF)



Washington State Prevention Planning Framework



Other Critical Pieces

- Member recruitment, retention and maintenance
- Creating your elevator pitch
 - Who we are, what we do, why we do it, how it impacts you
 - Should always be individualized to the audience and must be consistent across members and Key Leaders.
- Conflict resolution and redirection
 - People are passionate and will want to do things differently
 - Maintaining the peace is critical and often time resolving differences and refocusing falls to the coordinator
- Community readiness
 - Understanding where the community stands on priority issues is critical to the process
 - Community Survey, community readiness assessment from Tri-Ethnic Center Community Readiness assessment.



Recruitment & Retention







Sectors needed?

What's In it For Me (WIFM)



Active engagement.

Members are here because they want to "do something" if all you do is plan and talk, they will leave.

WIFM changes constantly so ensuring that regular check-ins are happening is key



Know where the priority topics fall in the overall community priorities as this can help to draw linkages and answer WIFM.



Find those on your coalition that are great at relationships, form a workgroup and put them in charge of recruitment and retention.



Elevator Speech



GOAL = PRESENT A UNITED FRONT FOR THE COALITION AND ITS WORK.



MUST CLEARLY AND
ARTICULATELY
COMMUNICATE WHAT THE
COALITION VISION AND
MISSION ARE WITH SOME
EXPLANATION OF THE
PREVENTION SCIENCE
MODEL.



DOES NOT NEED TO BE IDENTICAL FOR EVERYONE.



MUST MATCH OTHERS ELEVATOR PITCHES

Conflict Resolution

Could be a full graduate level course.

Keep everyone focused on the same goal.

When disagreements arise, remind of the vision and mission and try to move towards consensus.

It is okay to parking lot items and follow-up with 1:1 conversations.

"Same team" mentality is often the best path forward.

Always fall back on the science when possible.

Community Readiness

Know where your issue(s) falls in the grand scheme of things

It is okay if your topic is not the most important concern in the community. It likely is not and your passion does not make it so.

If safety, housing security, food security, access to healthcare, etc. is, don't panic. Seek to understand how you fit in.

Use assessments and anecdotal data to inform the coalition

 Community Survey, Tri-Ethnic Center
 Community Readiness assessment.

Know Your Obligations

They may not always align perfectly with the model.

 Reporting requirements, deliverables, budget tracking, timelines, etc.

DFC, CTC, CPWI, Others: all have different deliverables, benchmarks, cadences, restrictions, etc.

- Know your resources and ask questions.
 - CPWI Prevention System Manager, CTC coach, grant Project Officer. They are most often there to assist you in being successful.

You are not alone!

Prevention work can feel isolating at times, you are not!
 Reach out, we have incredible people in this field that would love to assist you or be an open ear.

It takes a village



Remember that you are not alone in this process



There are more than a hundred of us here in WA doing this work and we are here to support you



Forward progress is the goal



Thank You!

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