Tools for Community Leaders:

A Guidebook for Getting Started

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Communities That Care

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Introduction

Together, this *Tools for Community Leaders* guide and *Investing in Your Community's Youth: An Introduction to the Communities That Care® System* give community members the tools and information needed to initiate a community-wide youth-development and prevention-planning effort.

This guide will help your community successfully complete the planning phase of the *Communities That Care* process—Phase One: Getting Started.

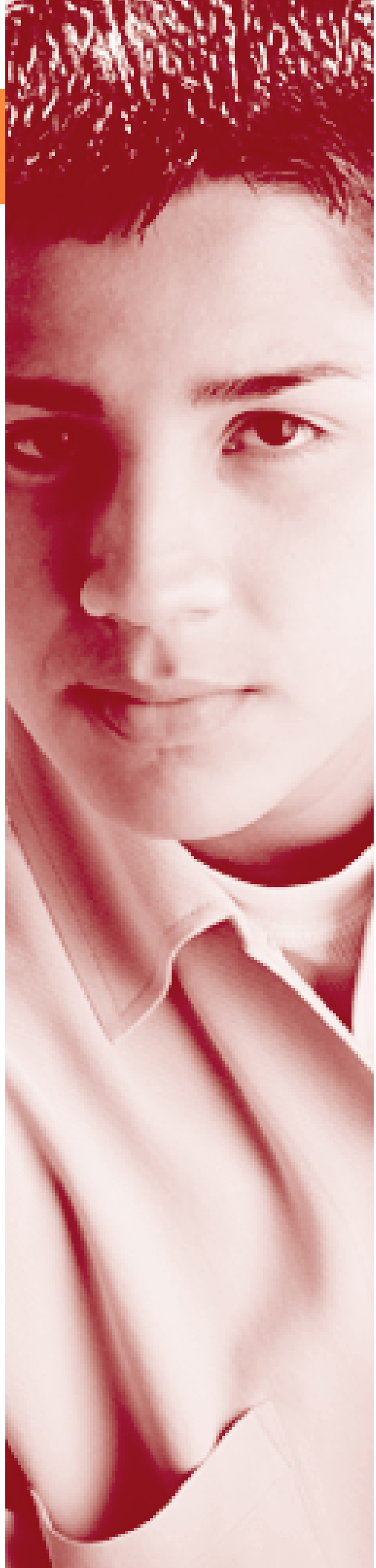
It will help you:

define the community
to be involved

recruit leaders
and other participants

identify and address community readiness issues
(potential building blocks and stumbling blocks)

plan the next steps.



This guide describes the four steps for getting started with the *Communities That Care* process:

Step 1 Complete preliminary organization tasks.

Step 2 Define the scope of the prevention effort.

Step 3 Address community readiness issues.

Step 4 Plan for Phase Two: Organizing, Introducing, Involving.

The descriptions for each step include:

Milestones—the goals to be achieved

Benchmarks—steps that can help achieve the milestone

Discussion—relevant research and information

Activities—specific actions to help achieve the benchmark. Some activities include worksheets that can be used for achieving the benchmark. (Reproducible versions of the worksheets are in Appendix 3.)

Communities may use this guide in different ways.

They may use it as:

- a step-by-step guide for implementing the Communities That Care prevention-planning system
- an aid to existing planning efforts (using selected pieces of the guide)
- a prevention-planning reference tool.

***Communities That Care* strategic consultants**

can guide community leaders through the steps for getting started, to increase the chances for success in this critical phase.

Phase One: Getting Started

Milestones	Benchmarks
1-1: Organize the community to begin the Communities That Care process.	Designate single point of contact to act as catalyst for the process. Identify a Champion (a community leader) to guide the process. Inventory existing community services addressing youth and family issues. Identify "lead" agency committed to supporting the project. Secure Coordinator/Facilitator (at least half time). Form core work group 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 scope of the prevention effort.	Define key aspects: Define the community to be organized. Identify health and behavior issues to be addressed. Agree on what is involved in the "prevention" response. Identify legislative/funding supports or constraints. Agree on Community Board's role. Begin to define how Community Board will operate in community. Summarize issues related to key aspects. Develop action plan to address outstanding issues related to key aspects.

Milestones	Benchmarks
1-3: Identify community readiness issues.	Investigate community readiness issues. Ensure agreement on issues to be addressed. Ensure that community members have a common definition of "prevention." Ensure that the community values collaboration. Ensure that community-wide support exists for a risk- and protection-focused, data-driven, research-based, outcome-focused prevention approach. Obtain school district support for ***Communities That Care***® Youth Survey. Administer the survey as early as possible. Plan for coordination among existing initiatives and planning efforts. Identify community stakeholders. Identify other community readiness issues.
1-4: Analyze and address community readiness issues, or develop a plan for addressing them.	Analyze outstanding community readiness issues. Address "show-stopper" issues (critical to moving forward). Develop action plan for outstanding community readiness issues.
1-5: The community is ready to move to Phase Two: Organizing, Introducing, Involving.	Develop work plan for moving to Phase Two: Organizing, Introducing, Involving. Identify resources needed for Phase Two: Organizing, Introducing, Involving.

Step 1 Complete Preliminary Organization Tasks (Milestone 1-1)

Benchmark

Designate a single point of contact to act as catalyst for the process.

Discussion

The catalyst is the individual or group that introduces the *Communities That Care* system into the community.

The catalyst may be:

- an employee or director of a human services organization (e.g., police department, school district, health agency, recreation department)
- a concerned community leader (e.g., faith leader, parent, community activist, business leader)
- a staff person for the lead agency for the grant, if the ***Communities That Care*** system is being introduced into the community through a state or federal grant.

Catalyst tasks

The catalyst is the "spark plug" that ignites the community's interest in the ***Communities That Care*** system.

The catalyst's role is to:

- organize the core work group that will initiate the ***Communities That Care*** effort, if not already in place
- identify interested community leaders and help prepare for the first training event—the Key Leader Orientation
- work with the ***Communities That Care*** strategic consultant to assess the community's needs
- identify and recruit a Champion (a community leader) for the Communities That Care process, if not already identified
- work with the Champion to plan the

During Step 1, one of your primary goals will be to identify and recruit the people, organizations and agencies in your community to involve in the *Communities That Care* process. The *Communities That Care* Benchmarks and Milestones chart for Phase One: Getting Started on pages 4 and 5 lists those you will seek to involve. From pages 6 to 18, you'll find detailed information about each role and how to fill it. A glossary in Appendix 2 also provides a quick reference to "who's who" in the *Communities That Care* process.

The Key Leader Orientation introduces the *Communities That Care* system to those community leaders who control resources, impact policy and influence public opinion, and involves them as members of the Key Leader Board, the group that supports and oversees the *Communities That Care* process.

Skills/expertise needed

The catalyst may be an individual or a team of people, with:

- knowledge of the community—including community leaders (influential community members who can provide leadership and support to the process), existing youth-prevention/youth-development initiatives and community politics
- access to one or more leaders in your community to recruit as Champion
- dedication to youth issues
- communication and organizational skills.

Activities

1. Build a list of potential catalysts, using the following worksheet.
2. Identify the best person to invite the selected potential catalyst(s) to join the process.

Potential Catalysts

Name/organization	Strengths	Challenges	Who will contact?

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Step 1 Complete Preliminary Organization Tasks (Milestone 1-1)

Benchmark

Identify a Champion (a community leader) to guide the process.

Discussion

The Champion is a community leader having credibility and influence with peers.

The Champion serves as the "host" of the Key Leader Orientation, lending his or her position and standing to influence other community leaders to attend. Examples of people who have been ***Communities That Car***e Champions are police chief/sheriff, publisher of local newspaper, superintendent of schools, hospital CEO, executive director of a children's initiative, county commissioner, chief juvenile judge and mayor.

Champion tasks

If a catalyst has not already been identified, the Champion helps with identifying and recruiting the catalyst. The Champion works with the catalyst to build support for the Key Leader Orientation by:

- helping to identify community leaders to invite to be part of the Communities That Care Key Leader Board
- personalizing the sample invitation and putting it on Champion's letterhead
- inviting (by phone or in person) community leaders without whose support the initiative might fail
- arranging for mailing of invitations, tracking of RSVPs and orientation logistics.

Skills/expertise needed

The Champion should be someone who has:

- a positive relationship—and influence—with leaders in formal and informal systems within your community
- a desire to play a visible role in improving the lives of children and youth.

Activities

1. Build a list of potential Champions using the following worksheet. Identify each person's organization, strengths and any possible challenges (e.g., the person is very busy, may not be seen as a non-partisan leader, etc.).
2. Identify the best person to invite the selected potential Champion to lead the process.

Potential Champions

Name/organization	Strengths	Challenges	Who will contact?

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Step 1 Complete Preliminary Organization Tasks (Milestone 1-1)

Benchmark

Identify the lead agency committed to supporting the project.

Discussion

The lead agency "houses" the *Communities That Care* initiative.

It often serves as the funding channel.

Lead agency tasks

These can vary over the life of the project.
For example, they may include:

- hosting the planning and implementation process (through Phase Five: Implementing and Evaluating the Community Action Plan)
- providing fiscal oversight (with the Community Board responsible for staffing and logistics)
- providing financial support, staffing, office support, office space and meeting rooms.

Skills/expertise needed

The lead agency should have:

- the experience to support the functions previously listed
- experience working with volunteers and volunteer organizations.

Activities

1. Identify organizations that could serve as lead agency.
2. Discuss with potential lead agencies how they could manage and support this process.
3. Obtain agreement from the selected organization.
4. Record key contact information on the following worksheet.

Key Contact Information

Name and organization	Contact information: address, phone, fax and e-mail
Catalyst:	
Champion:	
Lead agency (include contact person):	
Other key contacts:	

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Step 1 Complete Preliminary Organization Tasks (Milestone 1-1)

Benchmark

Secure a Coordinator/Facilitator (at least half time).

Discussion

A coordinator or facilitator is critical to the Community Board's success.

Experience with the ***Communities That Care*** prevention-planning system across the U.S. and overseas has shown the importance of this role.

The success of the Communities That Care process depends on the efforts of a wide range of participants: for most, involvement is added to existing job duties; for Community Board members, duties are often outside of regular professional responsibilities altogether. Therefore, securing a paid staff member (at least half time) is highly recommended.

Funding

Funding for this position may come from one source (such as a state, county or city agency) or several.

Coordinator/Facilitator tasks

These may vary. Following are some useful functions a paid staff person can perform:

- Provide staff support to the Community Board and its working groups.
- Work with the ***Communities That Care*** trainer/site manager to coordinate training and technical assistance (including ensuring readiness for next training event, securing a training site, contacting participants, arranging for needed equipment, securing refreshments if appropriate, coordinating materials).
- Handle Community Board meeting preparation and follow-up (including scheduling, securing a site, coordinating materials, arranging for refreshments if needed, maintaining rosters, and preparing and distributing agendas and minutes).
- Document the Communities That Care effort by keeping files of all related activities.
- Prepare reports as needed.

Step 1 Complete Preliminary Organization Tasks (Milestone 1-1)

Benchmark

Form a core work group to activate the process.

Discussion

Typically, the initial *Communities That Care* effort is spearheaded by one or more individuals who have learned about the ***Communities That Care*** system through a workshop, orientation or training; an article or other publication; or someone who knows about it—a parent, school superintendent, the mayor, a counselor, teacher, students, service providers—anybody who sees the ***Communities That Care*** process as a potentially exciting opportunity for the community.

The challenge at the outset is to involve the "right" group of people to determine if and how the ***Communities That Care*** process will be started in the community. Generally, the most effective way is to involve a small group of people who have a "feel" for the community and can draw on others to participate. Communities That Care strategic consultants can help engage and orient this core group.

This core group typically has four to seven people, and may include any of the following:

- chair or staff of a prevention or health-related coalition
- law enforcement representative
- education representative
- local government representative
- social services provider
- health services provider
- community "activist"
- parents and/or youth.

Activities

1. Identify group members.
2. Invite the core group to participate. Provide each person with the background material presented in ***Investing in Your Community's Youth: An Introduction to the Communities That Care***® System.
3. Convene a core group meeting to begin Phase One: Getting Started.

Step 2 Define the Scope of the Prevention Effort (Milestone 1-2)

Benchmark

Define key aspects.

Discussion

One of the biggest challenges of starting any community-wide effort is clearly communicating its scope. Each person has his or her own experiences, knowledge and agenda—affecting his or her views of the effort and where it is headed. It is important for the core work group to come to an agreement about the scope.

This section discusses the following key aspects for defining the scope of your community-wide prevention effort:

- Define the community to be organized.
- Identify health and behavior issues to be addressed.
- Agree on what is involved in the "prevention" response.
- Identify legislative or funding supports or constraints.
- Agree on the Community Board's role.
- Begin to define how the Community Board will operate in the community.

During Step 2, one of your primary goals will be to define the key aspects of your prevention effort, in order to fully define the effort's scope. The *Communities That Care* Benchmarks and Milestones chart for Phase One: Getting Started on pages 4 and 5 lists the aspects you'll need to consider. From pages 20 to 28, you'll find detailed information about each key aspect, as well as help for planning ways to address any outstanding issues related to these.

Define the community to be organized.

Defining the boundaries of the community is critical to determining the participants in the planning process. The community can be defined by geography, jurisdictional boundaries, language, culture, norms and values, etc.

The following factors can affect the definition of the community to be involved in the prevention effort:

Factor	Description	Examples
Lead Agency Focus	The lead agency that is sponsoring the effort may serve a defined community.	• The city council constituency includes only those within city limits. • A local funding agency serves the entire county. • The public health department serves a three-county health district.
Funding	Funding may require that a specific community be included.	• Department of Education funding may require the recipient to be a school district. • Law enforcement grants may be specific to jurisdictions (e.g., city police or county sheriff).
Geographic Area	The area may be too large or spread out for a single planning effort.	• A county that takes one to two hours to cross may need to be split. • A county with distinct and distant rural population centers may be organized by individual centers of population. • A city may be organized by distinct neighborhoods that residents identify with (but caution must be taken not to define too small an area, as it is not likely to get necessary political or economic support).
Resources	The amount of available resources (staff, budget) may limit the extent of community organizing.	• In a county with several distinct population centers and not enough staff for each, the effort may need to be county-wide or piloted in a single population center.
Preference	How people see themselves organized as a community can be based on various factors —geography, language, culture, socioeconomics, history, etc.	• The population identifies itself as "the entire Tri-Cities area." • Residents define themselves as a distinct neighborhood north of the downtown area.

South King County, Washington
An area with eight school districts, the community established a separate Community Board in each.

Charlotte, North Carolina
A large city with many existing prevention initiatives, community members chose a single neighborhood based on data and on input from neighborhood representatives.

Sandoval County, NM
A county with several population areas, community members broke the county down by cities, pueblos and Native American reservations.

Portland, Oregon
A large city with many neighborhoods, residents of Southeast Portland organized around a single high school area.

Identify health and behavior issues to be addressed.

Communities are faced with numerous issues related to the health and safety of children and families—for example: positive youth development, alcohol and other drug use, juvenile delinquency, youth violence, dropping out of school, teen pregnancy, suicide prevention, childhood disease prevention, injury prevention and mental health promotion.

The Communities That Care prevention-planning system focuses on building positive youth development by addressing risk and protective factors that are predictive of five adolescent problem behaviors:

- alcohol and other drug use
- juvenile delinquency
- dropping out of school
- teen pregnancy
- youth violence.

Differences may be found within the community in:

- awareness of issues
- perceptions of a problem's seriousness
- feelings about whether the community can or should address the problem
- the missions of different funding sources and organizations (e.g., addressing specific behaviors).

In light of these potential differences, communities must:

- specify the issues the prevention effort will address
- be clear that the other issues will not be ignored, but addressed either secondarily by the current effort or by other existing efforts.

Agree on what is involved in the "prevention" response.

Individuals and organizations may differ not only on ***which*** health issues and problem behaviors to address, but also on the appropriate range of response to them.

Because people in various fields (mental health, juvenile justice, public health, substance abuse and other fields) interpret and define this continuum differently, those involved in the prevention planning effort need to:

- agree on what responses to health and behavior issues are and are not included in the ***Communities That Care*** effort
- identify ways for the Communities That Care prevention effort to most effectively complement intervention, treatment and aftercare initiatives.

Identify legislative or funding supports or constraints.

A federal, state or county agency may sponsor a prevention planning effort. This sponsorship may come with mandated restrictions or requirements. Any mandates should be clearly defined and discussed with the community. For example:

- A federal agency may require that a certain portion of the grant funds be allocated to approaches that have been proven effective.
- A state-sponsored initiative may require that the Community Board include a specific number of members appointed by the county council.
- A state agency may provide funding specifically for community prevention plans that are based on a community-wide assessment of risk and protective factors.

Agree on the Community Board's role.

The board is expected to continue its Communities That Care role through the planning and implementation phases. Board members commit for a three- to five-year period.

A typical board would feature:

- membership rules
- three-year, renewable terms
- staggered exit (so not all terms end at the same time)
- regular recruitment of new members.

The Community Board may be:

Advisory

The board's findings serve as the foundation to inform prevention planning in the community, but with no specific agency bound to follow the board's suggested initiatives.

Decision-making

The board is authorized to make decisions regarding allocation of funding and other resources.

Begin to define how the Community Board will operate in the community.

The best position for the Community Board in relation to existing coalitions and initiatives is not always easy to determine.

Existing coalitions and boards each may have:

- a unique focus (e.g., pregnancy prevention, family preservation, substance abuse)
- a unique assessment and planning framework (e.g., a county-wide social services agency and the department of health each use distinct assessment tools)
- representation from different community sectors.

In a community with existing coalitions:

- The Community Board must not duplicate existing boards' efforts or be seen as simply "another coalition meeting" to attend.
- The core work group should investigate ways to establish the Community Board in a manner acceptable to other coalitions.

There is no one right way to establish a Community Board.

The following examples can help guide the process:

A new coalition

If the ***Communities That Care*** approach is seen as unique and beneficial, it may be established as a new coalition. Board members may come from existing coalitions, and other community organizations and sectors.

A subcommittee of an existing coalition

If the Communities That Care process is seen as complementing an existing coalition's mission, it may be created under the umbrella of that coalition. The board may include members from the umbrella coalition and other community members.

An ad hoc work group sponsored by the lead agency

If there is concern about establishing a new coalition, or if there is no good "fit" with an existing coalition, the Community Board may be established under the sponsorship of the lead agency as an ad hoc, or work, group. It may include members from existing coalitions and organizations, and other community members.

It is not necessary to make a final decision about how to establish the Community Board during this first planning phase. It can be discussed during the Key Leader and Community Board orientations in Phase Two:

Define the Scope of the Prevention Effort (Milestone 1-2)

Benchmark

Summarize issues related to key aspects.

Discussion

In order to ensure agreement on the key aspects of the community-wide effort, it is important to gather input from:

- core work group members
- key members of related community initiatives
- community stakeholders.

Activities

1. Have members of the work group discuss issues related to each key aspect and complete the following summary worksheet, noting issues agreed upon and those that will require further discussion or action before agreement can be reached. Include the worksheet as a reference document in the orientation material.
2. Share the completed worksheet with other selected community members, to see if they agree with the conclusions.

Key Aspects Summary

Key Aspect	Issue(s) needing further discussion/action:
1. Community definition:	
2. Health and behavior issues to be addressed:	
3. Scope of the "prevention" response:	
4. Funding source/sponsor:	
5. Requirements of the funding source/sponsor:	
6. The Community Board's role:	
7. The Community Board's manner of operation in the community:	

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Step 2 Define the Scope of the Prevention Effort (Milestone 1-2)

Benchmark

Develop an action plan to address outstanding issues related to key aspects.

Discussion

It is important to clearly define and articulate the scope of the prevention effort early in the planning process. Not doing so can result in miscommunications and misunderstandings, which may not surface until later. Issues not resolved during Phase One: Getting Started can be addressed during Phase Two: Organizing, Introducing, Involving at the Key Leader or Community Board Orientation.

Activity

Discuss each outstanding issue from the previous summary worksheet, and document any proposed action for addressing it on the following planning worksheet.

Outstanding Planning Issues

Issue (include date of origin)	Description	Proposed action (include who will address it, and when)	Resolution

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Step 3 Address Community Readiness Issues (Milestones 1-3 and 1-4)

Benchmark

Investigate community readiness issues.

Discussion

Addressing readiness issues can help prevention planners:

- identify issues that may become obstacles
- identify additional individuals or organizations that need to be included
- clarify aspects of the prevention-planning effort that the community needs to know about
- prepare to continue to Phase Two: Organizing, Introducing, Involving.

The following specific issues should be addressed early in the planning process by investigating each issue with the diverse economic, cultural and racial groups that make up your community:

- Is there agreement on issues to be addressed?
- Do community members have a common definition of "prevention"?
- Does the community value collaboration?
- Is there community-wide support for a risk- and protection-focused approach to prevention?
- Is there school district support for the ***Communities That Care***® Youth Survey?
- Is there coordination among existing initiatives and planning efforts?
- Have community stakeholders been identified for the Key Leader Board and Community Board?
- Can other community readiness issues be identified?

During Step 3, your goal will be to determine your community's readiness for a successful community-wide prevention effort. The *Communities That Care* Benchmarks and Milestones chart for Phase One: Getting Started on pages 4 and 5 lists the issues you'll need to consider. From pages 30 to 46, you'll find detailed information about each issue, as well as help for planning ways to address any issues that may present obstacles.

Agreement on issues to be addressed

Community members will differ in their awareness and interpretations of the issues and problems facing the community. For example:

- A wealthy part of a community may be in denial about the extent of alcohol and other drug use among its children, in spite of student survey results and other evidence of the issue. They may not feel the need to actively engage in a prevention effort.
- A community with a recent departure of a major industry may not be ready to address prevention issues. It may need to focus on providing for the immediate needs of unemployed and homeless people.
- A community may have started responding to a series of assaults and rapes, calling for immediate action and demanding more streetlights. This community may need to address immediate security issues before engaging in a long-term effort to prevent youth problem behaviors.

When communities have divergent views on a problem, it may be necessary to delay the prevention effort until there is more agreement. In some cases it may be necessary to address more immediate issues prior to, or along with, the Communities That Care effort.

A common definition of "prevention"

Certain attitudes may be stumbling blocks in defining what prevention should be in a community:

Skepticism about prevention

If a community acknowledges a problem but does not believe it can be prevented, it will be difficult to generate interest in prevention activities.

A feeling that youth development and problem prevention are "not my job"

- Some people see it as the school's responsibility to educate and take care of youth.
- The schools may see it as the family's responsibility to control children.
- Others may place responsibility on government, law enforcement or the juvenile justice system.

Unless community members see the safe and healthy development of the community's young people as their shared responsibility, little progress is likely. In such cases, the planning effort must first build support for prevention across multiple sectors.

Seeing a "get-tough" approach as the only solution to problems in the community

This can lead to imposing more severe sanctions on youth involved in problem behaviors, without addressing the underlying conditions that led to those problems.

The community values collaboration

It is important to determine the attitudes of individuals and organizations toward collaborating on a planning effort:

- If the community has a history of successfully working together—identifying common goals and priorities, and implementing shared solutions—these positive attitudes toward collaboration will act as building blocks.
- If past collaboration efforts have not resulted in successful partnerships and outcomes, efforts must be made to overcome this potential stumbling block in order to build a sense of trust and cooperation.

It is important that community members agree to collaborate on the planning effort, or it may be hampered by mistrust and lack of cooperation. When community members agree to collaborate, they can build a coalition that takes full advantage of community resources and avoids "turf wars."

Community-wide support for a risk- and protection-focused approach to prevention

The community needs to agree that the risk- and protection-focused approach provides a sound theoretical framework, a useful and manageable methodology, and research-based solutions. If community members do not agree, apathy, lack of support or conflict among individuals and organizations could cause the effort to stumble.

During the readiness phase, communities need to take the time to understand the research foundations, language and tools of the risk- and protection-focused approach. ***Investing in Your Community's Youth: An Introduction to the Communities That Care® System*** provides information about the Communities That Care risk- and protection-focused, data-driven, research-based and outcome-focused framework for prevention planning.

School district support for the *Communities That Care®* *Youth Survey*

Having the most current and complete set of data possible gives communities the clearest possible picture of where their needs—and strengths—are. It's strongly suggested that communities use the ***Communities That Care®*** ***Youth Survey*** for their risk and protection assessment in Phase Three: Developing a Community Profile.

The ***Communities That Care® Youth Survey:***

- measures a comprehensive set of risk and protective factors among a community's adolescent population (students in grades six through twelve), to identify problem behaviors and their prevalence rates
- provides a means to explain why these problem behaviors exist and what communities can do to prevent them.

Obtaining school district support may take time, and this should begin as early in the ***Communities That Care*** planning process as possible. Use the worksheet on the following page to start the process of obtaining support for the ***Communities That Care®*** Youth

Obtaining School District Support for the *Communities That Care® Youth Survey*

List below the people you will need to contact to obtain survey support.

Name/title	Role in survey support	Who will contact?

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Coordination among existing initiatives and planning efforts

As discussed earlier, the Community Board should communicate and collaborate with each existing community initiative as early as possible.

Use the following worksheet to start to identify existing coalitions and initiatives that address related issues, and to understand their mission and process.

Community Initiatives

List below the coalitions, collaboratives and initiatives addressing the prevention of health and behavior problems in your community.

Collaborative/ initiative	Mission/goals	Key contact person	Who will contact?

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Identification of community stakeholders for the Key Leader Board and Community Board

The Communities That Care effort involves change. Changing the way a community addresses norms, values and behaviors—and allocates resources—takes significant time and effort.

It is important that the ***Communities That Care*** effort organize and involve all community members who have a stake in healthy futures for young people, by bringing together representation from all of those stakeholders—groups such as: elected officials; the business community; schools; public health officials; law enforcement; agencies and organizations serving local youth and families; the faith community; youth; parents; residents.

The ***Communities That Care*** process involves stakeholders as:

- Key Leader Board members—the influential community leaders who control resources and who support and oversee the ***Communities That Care*** effort, including securing needed resources for implementing the programs, policies and practices recommended by the Community Board as a result of the planning and assessment process
- Community Board and work group members—the community members who carry out the Communities That Care process, reporting to the Key Leader Board
- community members who take part in other ways—by attending neighborhood meetings about prevention needs, for example.

Community Board members commit for a three- to five-year period. Key Leader Board members serve for the duration of their community leadership positions.

The Stakeholder Identification and Analysis worksheet can help you identify community stakeholders and their representatives, and determine how they can best be involved to start building a strong Key Leader Board and Community Board.

Stakeholder Identification and Analysis

For each stakeholder representative, determine the appropriate involvement, and who will invite the person to participate.

Stakeholder (group & representative)	Key Leader Board	Community Board (indicate possible role—leader, active member, work group member)	Who will invite?

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Identification of other community readiness issues

Readiness and diversity

Today, most communities include people from different races, cultures and economic groups. Different groups have unique challenges and perspectives that influence their attitudes about prevention. A thorough examination of these unique challenges and perspectives can identify potential obstacles to collaborative prevention efforts.

As a part of this examination and dialogue, it is critical to:

- engage representation from each diverse stakeholder group in the assessment of community readiness
- continue to involve those groups in actions to address readiness issues.

The questions discussed below illustrate possible factors to consider with each group in the community during readiness assessment.

Which adolescent behaviors are considered to be problems in the community?

Many communities are home to a variety of competing issues and problems. It can be tempting for a community to single out one problem behavior and focus all efforts on its elimination.

However, while such an approach may reduce one problem, many others are likely to persist. In such communities, it can be helpful to determine which problems are considered most important, and tie others to them.

For example, one community might perceive youth substance abuse as a greater problem than youth violence. In this case, it may be important to emphasize that youth substance abuse and youth violence are related through common risk and protective factors. By addressing these risk and protective factors, the community can deal with both youth substance abuse and youth violence ***simultaneously***.

When a community understands that targeting priority risk and protective factors can reduce multiple problems, it is on its way to readiness for the ***Communities That Care*** process.

To what extent does each group see prevention as a solution to these problems?

Some communities might be more willing to focus on treatment or law enforcement approaches than on prevention.

In this case, it can be helpful to explain the benefits of prevention to someone in the community who favors treatment or law enforcement. Once that person is convinced of the benefits of a prevention-based approach—and sees that this approach doesn't necessarily exclude other approaches—he or she can serve as a spokesperson to help gain acceptance of a prevention-based approach in the community.

How experienced is the community with effective prevention programs?

If the community is relatively inexperienced with effective prevention programs, it may need to invest in training existing staff or hiring new staff. This can be a significant obstacle to communities that are already facing limited financial resources.

This part of readiness is best done in conjunction with the development of the strategic youth development plan, once you have chosen the effective programs that address your prioritized risk factors.

Will the community's desire to protect its image interfere with prevention efforts?

A community may be less receptive to prevention efforts if it believes that identifying and acknowledging risk factors and problem behaviors will harm its reputation.

One way to counteract such concerns is to emphasize that the ***Communities That Care*** assessment process relies on objective data. Using objective data:

- helps communities accurately portray their challenges, often debunking negative stereotypes and misconceptions in the process
- highlights areas in which communities are doing well
- increases community awareness of programs, policies and practices that are effectively increasing protection and decreasing risk.

Has the community had negative experiences with past programs?

Attempts by agencies outside a community to impose programs designed to "fix" the community's problems can leave leaders and residents feeling left out or helpless.

It can be important to help communities wary of external, "cookie-cutter" approaches understand that the choice to initiate the ***Communities That Care*** process lies with the community itself. The ***Communities That Care*** prevention-planning system:

- is a self-directed process, which each community tailors to meet its unique challenges and needs
- emphasizes broad community involvement and "ownership" of the community's problems.

When all the community's interested stakeholder groups are involved in some way in creation and adoption of a prevention plan, it's possible to change the entire local environment—creating the foundation for long-term, positive change.

Additional readiness questions

to consider may include:

- Is the community marked by rapid cultural and other changes due to migration and integration?
- Does the community believe that drugs or crime play an important economic role?
- Is tolerance of inappropriate behavior prevalent in the community?
- Does the community believe that positive change is possible?

Remember,

the best way to ensure representation from diverse groups is to identify an individual or organization in the community that has successfully engaged each group in the past and find out from them what strategies were successful.

In addition to the prevention readiness issues identified above, there may be other issues that are obstacles to organizing the community and conducting prevention planning and action. Their nature and severity will vary across communities. It is important to identify these issues, even if they cannot all be addressed at this time.

The following are examples of potential obstacles:

- A controversial city election will occur in six months—there will be no decisions about prevention planning until the election results are known.
- Recent incidents in the news—unrelated to health and safety, youth and families, or prevention—currently dominate the headlines and people's attention. Any organizing efforts will have to compete with these issues.
- There is a sense of mistrust and separateness in the community over issues of race and ethnicity. Consequently, community members are not always willing to commit to community-wide efforts.

It is important to determine how each issue might affect the organizing and planning effort. If an issue is significant (a "show-stopper")—threatening your ability to move forward—it may need to be addressed before continuing with the ***Communities That Care*** process.

The role of readiness

Communities that don't assess and address key readiness issues directly are likely to encounter more difficulty in initiating the ***Communities That Care*** process.

In some communities, dealing with readiness is a straightforward process. In others, it takes a considerable amount of time. But in either case, assessing and addressing readiness issues is a crucial step in the Communities That Care process.

Step 3 Address Community Readiness Issues (Milestones 1-3 and 1-4)

Benchmarks

Analyze outstanding community readiness issues.

Address "show-stopper" issues (critical to moving forward).

Discussion

The following community readiness questionnaire provides an opportunity to analyze readiness issues. It is important to gather a variety of responses (for example, from core members of the planning effort, key members of related initiatives in the community and stakeholders).

Activities

1. Have core group members complete the questionnaire.
2. Ask stakeholder groups and leaders from related initiatives to complete the questionnaire.
3. Share the completed questionnaire with other selected members of the community, to see if they agree with the group's conclusions.
4. Review the questionnaire results, to identify any common issues that need to be addressed.

A. Agreement on community issues to be addressed

1. List "problems" currently faced by your community. Address all aspects (e.g., economics, health, social conditions, housing, infrastructure, youth issues and senior issues).

2. Of the above problems, which do community members feel should be addressed immediately?

3. If alcohol and other drug use, delinquency, teen pregnancy, dropping out of school or youth violence are not included in #2, how receptive will the community be to addressing these issues?

4. What are some ways to increase community awareness of these issues?

B. A common definition of "prevention"

1. Do people in the community believe that adolescent problems can be prevented? Do they believe that a prevention strategy (vs. incarceration, for example) can effectively address youth problems?

2. Has the community made any efforts in the past to prevent adolescent problem behaviors? Were they successful? Why or why not?

C. Community values collaboration

1. Do the stakeholders in your community value collaboration?

2. Has your community had any collaborative initiatives? Were they successful? Why or why not?

D. Mandate for a risk- and protection-focused approach to prevention

1. Is there a legislative or policy mandate in your community or state for a risk- and protection-focused, data-driven, outcome-based approach to prevention?

2. Does your community currently use a prevention model or framework? If yes, is it seen as successful? How can it be used with the ***Communities That Care*** prevention-planning system?

E. Coordination among existing initiatives/planning efforts

1. List existing community collaboratives from the Community Initiatives worksheet (page 35) that may have missions or goals similar to this planning effort.

2. How can these be included in this planning effort? How can duplication or competition be avoided?

F. Identification of community stakeholders

1. List anyone from the Stakeholder Identification and Analysis worksheet (page 37) whose commitment is so critical that moving forward without it would endanger a successful collaborative initiative.

2. For each person in #1, identify how commitment would be demonstrated (e.g., memorandum of understanding, membership on Key Leader Board, dedication of resources).

G. Other potential obstacles in the community

Identify other issues that may impact the organizational and planning efforts. (Consider the readiness issues discussed on pages 38-41 and any others that may affect your community.)

Step 3 Address Community Readiness Issues (Milestones 1-3 and 1-4)

Benchmark

Develop an action plan for outstanding community readiness issues.

Discussion

It is important to address outstanding readiness issues early in the planning process. Failure to do so can result in miscommunication and misunderstanding, which may not surface until later. Issues not resolved during Phase One: Getting Started can be addressed during Phase Two: Organizing, Introducing, Involving at the Key Leader or Community Board Orientation.

Activity

Document each outstanding readiness issue on the following worksheet. For each one, determine if it is a "show-stopper," meaning it must be resolved before moving forward.

Outstanding Readiness Issues

Issue (include date of origin and description)	Show-stopper	Proposed action (include what, by whom and when it will be addressed)	Resolution

Document prepared by: **Last update:**

Step 4 Plan for Phase Two: Organizing, Introducing, Involving (Milestone 1-5)

Benchmark

Develop a work plan for moving to Phase Two: Organizing, Introducing, Involving.

Discussion

This first planning phase is critical to the success of the Communities That Care process. It's important to make a plan for completing any steps still needed for moving forward.

Activity

Review the following Phase Two planning list to identify the steps still needed before conducting the Key Leader Orientation.

During Step 4, your goal is to ensure that everything needed to prepare for the Key Leader Orientation in Phase Two: Organizing, Introducing, Involving is in place. From pages 48 to 51, you'll find detailed information for identifying the steps and resources still needed for moving to Phase Two.

Moving to Phase Two: Organizing, Introducing, Involving

Before scheduling Key Leader Orientation:

Task	Who does it?	Tools needed
Identify catalyst	Core work group	Potential Catalysts worksheet (page 68)
Identify Champion	Core work group	Potential Champions worksheet (page 69)
Identify lead agency	Core work group	Key Contact Information sheet (page 70)
Summarize issues related to key aspects; develop action plan to address outstanding issues	Core work group	Key Aspects Summary worksheet (page 71) Outstanding Planning Issues worksheet (page 72)
Address community readiness issues	Core work group Other stakeholders already involved	Community Initiatives worksheet (page 74) Stakeholder Identification and Analysis worksheet (page 75) Assessing Community Readiness for Prevention questionnaire (pages 76-80)
Develop action plan for outstanding community readiness issues	Core work group	Outstanding Readiness Issues worksheet (page 81)

For the Key Leader Orientation (KLO):

Task	Who does it?	Tools needed
Contact CSAP for necessary materials	Catalyst	Communities That Care contact:
Schedule KLO — Set date — Provide completed: • Key Contact Information worksheet (page 70) • Key Aspects Summary worksheet (page 71) • Assessing Community Readiness for Prevention questionnaire (pages 76-80) • Outstanding Readiness Issues worksheet (page 81) — Review the materials listed at right	Catalyst	• Sponsoring Site Information (pages 84-86) • Suggested Room Setup (page 87) • Sample Invitation Letter (page 88) • Communities That Care Key Leader Orientation Information (page 89)
Find a site	Catalyst	Sponsoring Site Information (pages 84-86) Suggested Room Setup (page 87)
Invite Key Leaders	Champion, catalyst, other stakeholders already involved	Sample Invitation Letter (page 88)
Publicize the event	Catalyst, Champion, other stakeholders already involved	Communities That Care Key Leader Orientation Information (page 89)
Contact Lead Communities That Care Trainer to discuss KLO	Catalyst, Champion	Communities That Care Lead Trainer name and contact information
Conduct KLO	All	Sponsoring Site Information (pages 84-86) Suggested Room Setup (page 87)

Step 4 Plan for Phase Two: Organizing, Introducing, Involving (Milestone 1-5)

Benchmark

Identify the resources needed for Phase Two: Organizing, Introducing, Involving.

Discussion

As you develop a work plan for Phase Two, it is important to identify needed resources and develop a budget.

The Key Leader Board and Community Board are responsible for providing needed resources. The planning process will be more successful if resources are identified and available during the initial planning meetings.

Types of resources and expenses needed

Clerical
preparing mailings; typing minutes and agendas; making reminder calls; photocopying

Meetings logistics
planning agendas; taking minutes; locating and preparing the meeting site; facilitating; coordinating with the coalition's chairperson or steering committee; providing refreshments

Membership
recruiting; orienting; contacting, supporting and encouraging others

Research and fact gathering
collecting data; evaluating the process and outcome

Resources and expenses (continued)

Public relations and public information
developing materials and press releases; contacting local reporters

Coordination of planning activities
planning coalition events, media campaigns and joint projects

Fund-raising
raising money and other resources

Activities

1. Create a list of resources anticipated for Phase Two: Organizing, Introducing, Involving.
2. Provide the list to the Key Leader Board and Community Board.

Appendix 1

Milestones and Benchmarks

Phase One: Getting Started

Milestones	Benchmarks
1-1: Organize the community to begin the Communities	Designate single point of contact to act as catalyst for the process.
	Identify a Champion (a community leader) to guide the process.
	Inventory existing community services addressing youth and family issues.
	Identify "lead" agency committed to supporting the project.
	Secure Coordinator/Facilitator (at least half time).
	Form core work group 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 scope of the prevention effort.	Define key aspects: Define the community to be organized. Identify health and behavior issues to be addressed. Agree on what is involved in the "prevention" response. Identify legislative/funding supports or constraints. Agree on Community Board's role. Begin to define how Community Board will operate in community.
	Summarize issues related to key aspects.
	Develop action plan to address outstanding issues related to key aspects.

Milestones	Benchmarks
1-3: Identify community readiness issues.	Investigate community readiness issues. Ensure agreement on issues to be addressed. Ensure that community members have a common definition of "prevention." Ensure that the community values collaboration. Ensure that community-wide support exists for a risk- and protection-focused, data-driven, research-based, outcome-focused prevention approach. Obtain school district support for ***Communities That Care***® Youth Survey. Administer the survey as early as possible. Plan for coordination among existing initiatives and planning efforts. Identify community stakeholders. Identify other community readiness issues.
1-4: Analyze and address community readiness issues, or develop a plan for addressing them.	Analyze outstanding community readiness issues. Address "show-stopper" issues (critical to moving forward). Develop action plan for outstanding community readiness issues.
1-5: The community is ready to move to Phase Two: Organizing, Introducing, Involving.	Develop work plan for moving to Phase Two: Organizing, Introducing, Involving. Identify resources needed for Phase Two: Organizing, Introducing, Involving.

Phase Two: Organizing, Introducing, Involving

Milestones	Benchmarks
Engage Key Leaders (positional and informal).	Hold Key Leader Orientation for Key Leaders and Coordinator/Facilitator.
	Obtain formal Key Leader commitment.
	Identify role of Key Leaders.
	Identify Key Leader Board (core group of Key Leaders).
	Develop plan for communication between Community Board and Key Leaders.
	Solicit Key Leader input on potential Community Board members.
	Obtain necessary memoranda of agreement or joint operating agreements from relevant stakeholder groups.
Develop a Community Board to facilitate assessment, prioritization, selection, implementation and evaluation of tested, effective programs, policies and practices.	Identify and recruit diverse, representational list of potential Community Board members.
	Hold Community Board Orientation.
	Ensure that Community Board members understand roles and responsibilities.
	Establish organizational structure (including leadership roles and committee and/or work group structures).
	Define the Community Board's relationship with other coalitions and collaboratives.
	Develop formal method of communication among Coordinator/Facilitator, Community Board members and Key Leader Board.
	Ensure development and approval of initial work plan and time lines for implementation by stakeholders.
	Develop documentation mechanism for Communities That Care process.

Milestones	Benchmarks
Educate and involve the community in the Communities That Care	Develop vision statement with input from Key Leaders, Community Board and community; share with community.
	Inform community members of Communities That Care process.
	Develop mechanisms for community member involvement.
	Create plan for youth involvement.
	Ensure that Community Board has developed process for ongoing communication with community.
	Develop orientation mechanism for new Key Leaders and Community Board members.
The community is ready to move to Phase Three: Developing a Community Profile.	Create initial work plan and time line for Phase Three: Developing a Community Profile.
	Identify and acquire resources needed for Phase Three.

Phase Three: Developing a Community Profile

Milestones	Benchmarks
The Community Board has the capacity to conduct a community assessment and prioritization.	Create assessment work group to conduct data collection and analysis.
	Ensure that assessment work group has appropriate skills and expertise.
	Hold Community Assessment Training.
	Develop work plan and time line for data collection and analysis.
	Identify and acquire resources required for assessment process.
Collect community assessment information and prepare it for prioritization.	Ensure that ***Communities That Care® Youth Survey*** has been conducted.
	Collect archival data as needed to supplement ***Communities That Care® Youth Survey***.
	Prepare ***Communities That Care®*** Youth Survey and archival data for prioritization.
Prioritize populations or geographic areas for preventive action, based on risk- and protective-factor data.	Identify populations with high levels of risk and low levels of protection.
	Identify geographic areas with high levels of risk and low levels of protection.

Milestones	Benchmarks
Identify priority risk and protective factors.	Decide who will be involved in prioritization process. Identify priority risk and protective factors. Brief Key Leaders on community assessment results. Distribute Community Assessment Report.
Conduct a resource assessment and gaps analysis.	Create work group to conduct resource and strengths assessment. Involve service providers and other youth service agencies in resource assessment. Hold Community Resources Assessment Training. Identify and assess existing policies, programs and practices that address the priority risk factors. Identify gaps in services. Brief Key Leaders on resource assessment and gaps analysis results. Distribute Resource Assessment and Gaps Analysis Report.
The community is ready to move to Phase Four: Creating a Community Action Plan.	Develop initial work plan and time line for Phase Four: Creating a Community Action Plan. Identify and acquire resources needed for Phase Four.

Phase Four: Creating a Community Action Plan

Milestones	Benchmarks
The Community Board has the capacity to create a focused community action plan.	Ensure that Community Board has necessary skills and expertise to support plan development.
	Engage all stakeholders whose support is required to implement plan.
	Create appropriate work groups to support plan development.
	Develop work plan and time lines for plan creation.
	Identify and acquire resources required for plan development.
Specify the desired outcomes of the plan, based on the community assessment data.	Specify desired outcomes (long-term goals) for problem behaviors.
	Specify desired outcomes for risk and protective factors.
Select tested, effective programs, policies and practices to address priority risk and protective factors and fill gaps.	Specify population or geographic area to be addressed.
	Investigate relevant tested, effective programs, policies and practices for each priority risk and protective factor.
	Involve Key Leaders, Community Board members, service providers, youth and community members in selecting tested, effective programs, policies or practices.
	Select tested, effective programs, policies or practices for each priority risk and protective factor.
	Engage organizations, agencies or groups to be involved in implementing each new program, policy or practice; obtain their commitment to implementation.
	Identify desired program and participant outcomes for each program, policy or practice.

Milestones	Benchmarks
Develop implementation plans for each program, policy or practice selected.	Develop preliminary tasks, time lines and budget for each new program, policy or practice.
	Identify training and/or technical assistance needed for each new program, policy or practice.
	Identify resources required to implement each new program, policy or practice.
	Identify potential funding sources and allocation strategies for each program, policy or practice.
	Involve youth in implementation planning as appropriate.
Develop an evaluation plan.	Develop work plan and time lines for collection of problem-behavior, risk-factor and protective-factor data every year from participants, to measure progress toward desired outcomes. Consider administering the ***Communities That Care***® Youth Survey to participants.
	Develop a work plan and time lines for collection of program and participant outcome data for each new program, policy or practice.
Develop a written community action plan.	Ensure plan endorsement by Key Leaders, Community Board members and community members.
	Distribute plan throughout community.
The community is ready to move to Phase Five: Implementing and Evaluating the Community Action Plan.	Develop an initial work plan and time line for Phase Five: Implementing and Evaluating the Community Action Plan.
	Identify and acquire resources needed for Phase Five: Implementing and Evaluating the Community Action Plan.

Phase Five: Implementing and Evaluating the Community Action Plan

Milestones	Benchmarks
Specify the role of the Key Leader Board, Community Board and stakeholder groups in implementing and evaluating the plan.	Clarify plan-implementation roles and responsibilities of individual Key Leaders, Community Board members and service providers.
	Develop collaborative agreements with implementing organizations or providers.
	Ensure that Community Board has necessary skills and expertise to support plan implementation and evaluation.
	Develop appropriate committees or work groups to support plan implementation and evaluation.
	Engage and orient new Key Leaders, Community Board members and stakeholders to Communities That Care process.
	Establish partnerships with outside evaluators as needed.
Implementers of new programs, policies or practices have the necessary skills, expertise and resources to implement with fidelity.	Ensure that implementers have received needed training and technical assistance.
	Ensure that funding has been acquired to support implementation of each new program, policy or practice.
Implement new programs, policies and practices with fidelity.	Ensure that implementers have necessary skills and tools to measure implementation fidelity.
	Ensure that the program, policy or practice reaches targeted population.
	Ensure that the program, policy or practice includes sufficient timing, intensity and duration to achieve desired results.
	Ensure that the program, policy or practice achieves desired program and participant outcomes.

Milestones	Benchmarks
Conduct program-level evaluations at least annually.	Measure program and participant outcomes. Collect baseline, mid- and post-project evaluation data. Refine programs, policies and practices based on data.
Conduct community-level assessments at least every two years.	Ensure annual plan review by Key Leader Board and Community Board. Ensure a review of risk-factor, protective-factor and problem-behavior assessment at least every two years. Readministration of the ***Communities That Care®* Youth Survey**, for example, can assist this review. Refine plan based on assessment results.
Share and celebrate observed improvements in risk and protective factors and child and adolescent well-being.	Share community and program-level evaluation results with Community Board, Key Leader Board and community at least annually. Share community-level evaluation results after readministration of the ***Communities That Care®*** Youth Survey.

Appendix 2

Glossary

Communities That Care Roles

Catalyst

The individual or group that introduces the ***Communities That Care*** system into the community (pages 6 & 7).

Champion

One of the community's leaders having credibility and influence with peers, who supports and guides the process (pages 9 & 10). Hosts the Key Leader Orientation.

Coalition

Group of community agencies, service providers and other stakeholder groups who have agreed to work together to achieve a common goal. May refer to the Community Board or other existing community coalitions.

Community Board

The group, representing the community's diverse stakeholder groups, responsible for carrying out the ***Communities That Care*** process of assessment, prioritization, selection, implementation and evaluation of tested, effective programs, policies and practices (pages 23 & 24).

Coordinator/Facilitator

A paid staff member (at least half time) who provides staff support for the Community Board (pages 15 & 16).

Core work group

A small group of people who have a "feel" for the community and can draw on others to participate. Determines if and how the ***Communities That Care*** process will be started in the community (pages 17 & 18).

Key Leader Board

The influential community leaders who control resources and who support and oversee the ***Communities That Care*** process, including securing needed resources for implementing the programs, policies and practices recommended by the Community Board as a result of the planning and assessment process. Membership lasts as long as the members hold community leadership positions. New leaders should be recruited as they are elected or appointed.

Lead agency

The agency that initiates or "houses" the Communities That Care process. Often serves as the fiscal agency and provides other kinds of support (pages 12 & 13).

Appendix 3

Worksheets

Potential Catalysts 68

Potential Champions 69

Key Contact Information 70

Key Aspects Summary 71

Outstanding Planning Issues 72

Obtaining School District Support for the ***Communities That Care® Youth Survey*** 73

Community Initiatives 74

Stakeholder Identification and Analysis 75

Assessing Community Readiness for Prevention . .76

Outstanding Readiness Issues 81

Moving to Phase Two: Organizing, Introducing, Involving 82

Potential Catalysts

Name/organization	Strengths	Challenges	Who will contact?

Potential Champions

Name/organization	Strengths	Challenges	Who will contact?

Key Contact Information

Name and organization	Contact information: address, phone, fax and e-mail
Catalyst:	
Champion:	
Lead agency (include contact person):	
Other key contacts:	

Key Aspects Summary

Key Aspect	Issue(s) needing further discussion/action:
1. Community definition:	
2. Health and behavior issues to be addressed:	
3. Scope of the "prevention" response:	
4. Funding source/sponsor:	
5. Requirements of the funding source/sponsor:	
6. The Community Board's role:	
7. The Community Board's manner of operation in the community:	

Outstanding Planning Issues

Issue (include date of origin)	Description	Proposed action (include who will address it, and when)	Resolution

Obtaining School District Support for the *Communities That Care® Youth Survey*

List below the people you will need to contact to obtain survey support.

Name/title	Role in survey support	Who will contact?

Community Initiatives

List below the coalitions, collaboratives and initiatives addressing the prevention of health and behavior problems in your community.

Collaborative/ initiative	Mission/goals	Key contact person	Who will contact?

Stakeholder Identification and Analysis

For each stakeholder representative, determine the appropriate involvement, and who will invite the person to participate.

Stakeholder (group & representative)	Key Leader Board	Community Board (indicate possible role—leader, active member, work group member)	Who will invite?

Assessing Community Readiness for Prevention

A. Agreement on community issues to be addressed

1. List "problems" currently faced by your community. Address all aspects (e.g., economics, health, social conditions, housing, infrastructure, youth issues and senior issues).

2. Of the above problems, which do community members feel should be addressed immediately?

3. If alcohol and other drug use, delinquency, teen pregnancy, dropping out of school or youth violence are not included in #2, how receptive will the community be to addressing these issues?

4. What are some ways to increase community awareness of these issues?

B. A common definition of "prevention"

1. Do people in the community believe that adolescent problems can be prevented? Do they believe that a prevention strategy (vs. incarceration, for example) can effectively address youth problems?

2. Has the community made any efforts in the past to prevent adolescent problem behaviors? Were they successful? Why or why not?

C. Community values collaboration

1. Do the stakeholders in your community value collaboration?

2. Has your community had any collaborative initiatives? Were they successful? Why or why not?

D. Mandate for a risk- and protection-focused approach to prevention

1. Is there a legislative or policy mandate in your community or state for a risk- and protection-focused, data-driven, outcome-based approach to prevention?

2. Does your community currently use a prevention model or framework? If yes, is it seen as successful? How can it be used with the Communities That Care system?

E. Coordination among existing initiatives/planning efforts

1. List existing community collaboratives from the Community Initiatives worksheet (page 35) that may have missions or goals similar to this planning effort.

2. How can these be included in this planning effort?
   How can duplication or competition be avoided?

F. Identification of community stakeholders

1. List anyone from the Stakeholder Identification and Analysis worksheet (page 37) whose commitment is so critical that moving forward without it would endanger a successful collaborative initiative.

2. For each person in #1, identify how commitment would be demonstrated (e.g., memorandum of understanding, membership on Key Leader Board, dedication of resources).

G. Other potential obstacles in the community

Identify other issues that may impact the organizational and planning efforts. (Consider the readiness issues discussed on pages 38-41 and any others that may affect your community.)

Outstanding Readiness Issues

Issue (include date of origin and description)	Show-stopper	Proposed action (include what, by whom and when it will be addressed)	Resolution

Moving to Phase Two: Organizing, Introducing, Involving

Before scheduling Key Leader Orientation:

Task	Who does it?	Tools needed
Identify catalyst	Core work group	Potential Catalysts worksheet (page 68)
Identify Champion	Core work group	Potential Champions worksheet (page 69)
Identify lead agency	Core work group	Key Contact Information sheet (page 70)
Summarize issues related to key aspects; Develop action plan to address outstanding issues	Core work group	Key Aspects Summary worksheet (page 71) Outstanding Planning Issues worksheet (page 72)
Address community readiness issues	Core work group Other stakeholders already involved	Community Initiatives worksheet (page 74) Stakeholder Identification and Analysis worksheet (page 75) Assessing Community Readiness for Prevention questionnaire (pages 76-80)
Develop action plan for outstanding community readiness issues	Core work group	Outstanding Readiness Issues worksheet (page 81)

For the Key Leader Orientation:

Task	Who does it?	Tools needed
Contact CSAP for necessary materials	Catalyst	Communities That Care contact:
Schedule KLO — Set date — Provide completed: • Key Contact Information worksheet (page 70) • Key Aspects Summary worksheet (page 71) • Assessing Community Readiness for Prevention questionnaire (pages 76-80) • Outstanding Readiness Issues worksheet (page 81) — Review the materials listed at right	Catalyst	• Sponsoring Site Information (pages 84-86) • Suggested Room Setup (page 87) • Sample Invitation Letter (page 88) • Communities That Care Key Leader Orientation Information (page 89)
Find a site	Catalyst	Sponsoring Site Information (pages 84-86) Suggested Room Setup (page 87)
Invite key leaders	Catalyst, Champion, other stakeholders already involved	Sample Invitation Letter (page 88)
Publicize the event	Catalyst, Champion, other stakeholders already involved	Communities That Care Key Leader Orientation Information (page 89)
KLO information	Catalyst, Champion	Communities That Care Lead Trainer name and contact information
Conduct KLO	All	Sponsoring Site Information (pages 84-86) Suggested Room Setup (page 87)

Sponsoring Site Information

One Month Prior to Event

- Ensure that invitations (personalized from Sample Invitation Letter on page 88, on Champion's letterhead) are sent to potential participants with information about the training, what funding (if any) is sponsoring this event and reservation information.
- Confirm location. Make maps or directions as needed.
- Confirm food decisions—e.g., breakfast or lunch provided, need to brown bag, whatever works for your community. For a half-day training as the Key Leader Orientation generally is, we strongly suggest a snack break halfway through. (If the training includes the lunch hour, we strongly suggest that participants stay on site for lunch; but if they do not, be sure to research restaurants that can serve a large group in the customary one-hour lunch time frame. If a one-hour lunch is not enough, please discuss an agenda adjustment with the ***Communities That Care*** contact before the agenda is finalized.)
- Seek donations for food, equipment, room or whatever may be needed.
- Order copies of ***Investing in Your Community's Youth: An Introduction to the Communities That Care® System***.

Two Weeks Prior to Event

- Send a confirmation notice to each potential participant. Include: information about start and finish times and food arrangements; a copy of ***Investing in Your Community's Youth*** (to serve as a reminder and help prepare participants for the subject matter to be covered); the agenda, if ready. Below are sample agendas to help you prepare yours.

Sample Morning Training Agenda

8:00-8:30	Registration/ continental breakfast
8:30	Training begins
10:00	Break
12:00	Training ends

Sample Afternoon Training Agenda

1:00-1:30	Registration/light snacks and beverages available
1:30	Training begins
3:00	Break
5:00	Training ends

Two Weeks Prior to Event (continued)

Equipment needs (see room setup diagram on page 87)

- Computer projector and laptop computer and/or overhead projector and overheads
- Screen
- Table for overheads
- Easel and flip chart pads (1 for each table group if possible)
- Wireless microphone (depending on room size, number of participants)
- Round tables (preferred). (Plan on 6-8 people at each table, to allow enough space and to allow for productive group discussions by table, which are an integral part of the event. If round tables are not available, use large enough oblong tables to set 3 people per side, to provide plenty of space.)
- Trainer table (large enough for 2 trainers)
- Markers for each table
- Post-it® notes
- Pads of paper
- Registration table
- Snack table
- Name tags
- Curriculum materials will be shipped to your choice of locations; we suggest the location of the training event, as boxes are quite heavy. Have materials on site one hour prior to registration.

Trainers will bring sign-in sheets, overheads and other training materials as required.

Confirm with Trainer:

- number of participants
- agenda items (including arranging for a Key Leader or other involved stakeholder to start the event—welcoming participants and thanking them for attending, and reviewing the objectives of the training and progress made to date)
- event location, directions from hotel, and any other needed arrangements.

Sponsoring Site Information (continued)

Week of Event

- Call participants who have not responded.
- Confirm food, room and equipment issues.
- Make copies of whatever may need to be shared with the group.
- Check delivery of curriculum.
- Arrange for setup team to help with room setup.

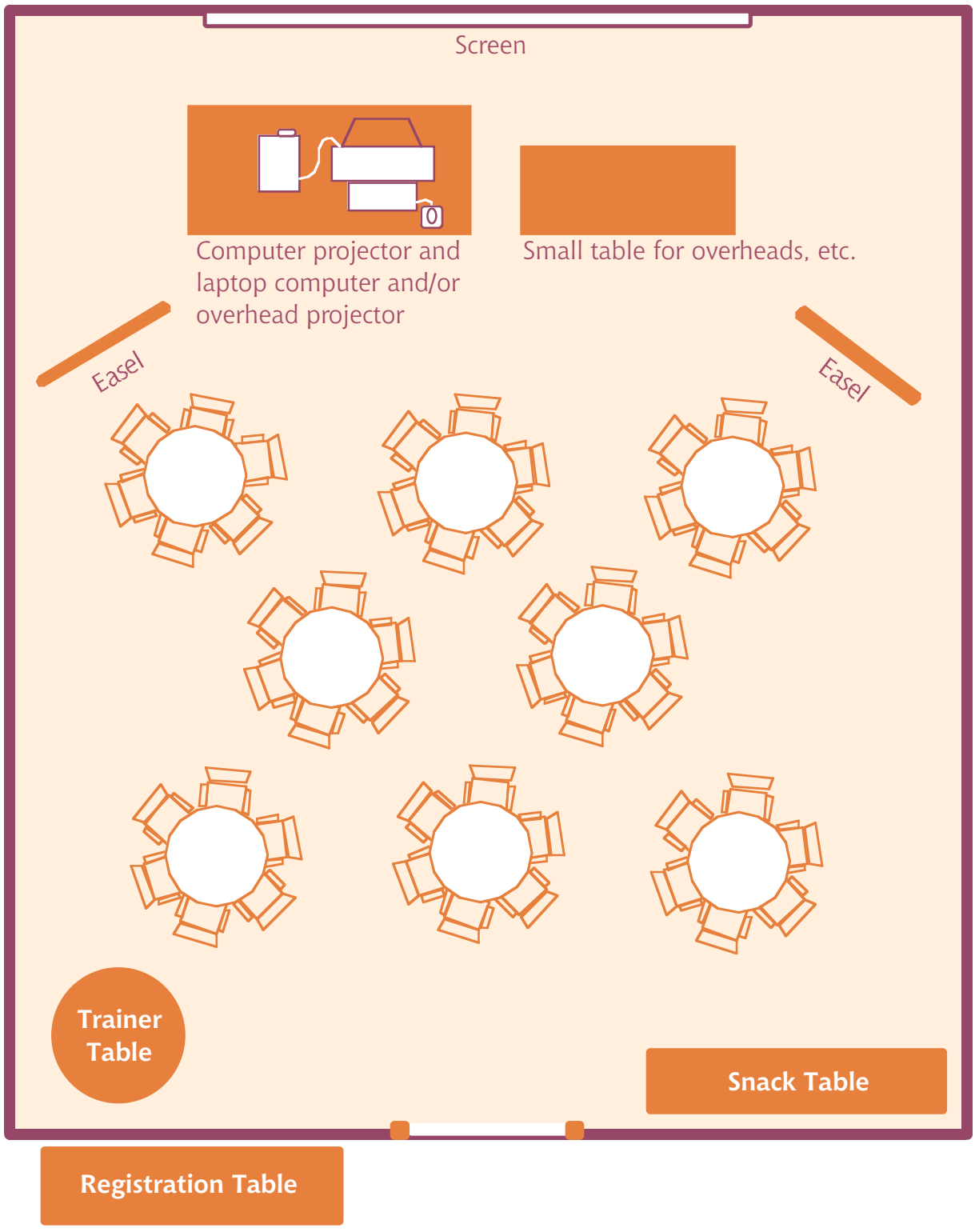
Day of Event

- Arrive at site with materials and equipment one hour prior to registration time.
- Assist with logistics (e.g., room setup, food, site questions).
- Manage registration (materials distribution, seating issues, sign-in sheets, name tags, and getting people started on opening exercise as directed by Trainer).
- Stay for training event to answer questions, understand what training is about and be available for other needs.

Post-Event

- Provide Trainer with copies of sign-in sheets, evaluations and other documentation as needed.
- Provide feedback to Key Leaders or other involved stakeholders about the event and implementation issues.
- Arrange for follow-up on technical assistance, additional training events or other information needs.

Suggested Room Setup



Sample Invitation Letter

Date

Dear _____,

I would like to take a moment of your time to share some information about an exciting opportunity to join with other community leaders to improve the lives of our community's youth, through a customized, community-wide project called the Communities That Care® prevention-planning system.

Programs to promote the healthy development of youth, and reduce teen health and behavior problems, have become more widespread during the past decade. But the problems of adolescent delinquency, violence, alcohol and other drug use, school dropout, and pregnancy still disrupt the lives and threaten the futures of too many of our young people. A growing body of research in the field of prevention science now gives us information on how to support healthy youth development and protect against problem behaviors in adolescence, by reducing risk factors and enhancing protective factors in children's lives. Researchers have developed and tested programs to address these risk and protective factors, identified those programs that have been shown to be effective, and have developed tools to help match tested, effective programs with a community's unique profile of risk and protective factors.

The *Communities That Care* system takes a practical, research-based, outcome-focused approach that involves the whole community in promoting positive youth development by reducing risk factors and enhancing protective factors. The *Communities That Care* system can help our community use prevention science research to enhance how our community, schools, families and youth groups operate to prevent youth behavior problems and promote healthy development. It can also help us use our money, efforts and energy efficiently and effectively, by using objective data to determine priorities, by implementing programs that have been shown to work, and by giving us the tools to measure and track results.

The *Communities That Care* system is sponsored and supported by the following organization(s):

A successful *Communities That Care* effort will need the commitment of dedicated community leaders like you, representing all the significant segments of our community. Community leaders have been identified from education, local government, law enforcement, juvenile justice, social services, health services, parent groups, students, religious and business leaders, the media, and other important stakeholder groups to attend a Key Leader Orientation on (date)_____ at (time)_____ at (place)_____. Please contact _____ at _____ to confirm your interest or for more information.

We hope that you will join us in building a shared vision of our community as a safe, nurturing environment for all children.

Sincerely,

Who should attend?

This orientation is for those community leaders who control resources, affect policy or influence public opinion, representing: business; education; public health; social services; law enforcement; the faith community; government; media; parents; youth; other community groups who have a stake in healthy futures for young people.

What to Expect

The orientation, lasting generally half a day, provides Key Leaders with an overview of the ***Communities That Care*** process to prepare them for their role as members of the Key Leader Board, the group that oversees and supports the ***Communities That Care*** process.

The goal is to provide Key Leaders with the background needed to designate a 15- to 30-member Community Board, representing all the community's diverse stakeholder groups, that reports to the Key Leader Board and works on planning, implementing and sustaining an outcome-focused, data-driven, research-based strategic approach to positive youth development.

Key Leaders will learn about:

- the ***protective factors*** that buffer young people from exposure to risk and promote healthy development
- the ***risk factors*** that increase the likelihood that young people will become involved in certain problem behaviors in adolescence—alcohol and other drug use, delinquency, teen pregnancy, dropping out of school, and violence
- the five phases of the ***Communities That Care*** process and the key tasks for successfully carrying out each phase
- the roles and responsibilities of the Key Leader Board and Community Board.

Key outcomes of the Key Leader Orientation:

- a shared vision of a positive future for youth in a community that provides a safe and nurturing environment
- definition of the community to be involved
- development or designation of a 15- to 30-member Community Board
- clarification of the role and structure of the Key Leader Board.

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