communities *that* care

Together Promoting Healthy Youth

<Anytown>
Communities That Care
Community Action Plan
<Year> - <Year>

20XX <Anytown> *Communities That Care* Participants

List names of all community board members, and others who were involved in workgroups or decision making concerning the action plan.

<Anytown> *Communities That Care* is a collaborative project of public and private health, education, human service and civic organizations; local businesses; and citizens. Some of those represented include:

Yourtown Farm
Village School
<Anytown> Regional HS
<Anytown> Police Department
Yourtown Rotary Club
<Anytown> Middle School
Chamber of Commerce
Yourtown Baptist Church
HS Parent Group
MS Parent Group
Local Pizza Parlor
Local Printing Co.
Community College Adult Ed.
Harbor Schools
Yourtown Elementary School
Comm. Health Coalition
Central School
United Christian Church
State Inhalant Prevention Task Force
State Youth Suicide Prevention Prog.
Integrated Health Collab.
Junior Golf Association
Local Martial Arts Studio
Local Recreation Center
NAMI
Local Health Care
Local YMCA
Local Boys & Girls Club
Yourtown Police Department
<Anytown> Episcopal Church
Local Preschool
Local Teen Center
University
Local Walmart
Local cable company
Local cell phone carrier
Keep <Anytown> Clean
<Anytown> Substance Control Coalition

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About

Our mission is to promote healthy youth development and to reduce the incidence of problem adolescent behaviors such as substance abuse, suicide, violence, delinquency, school drop-out, in <Anytown>.

Our vision is for a compassionate, accepting community where all people work together to create a safe and healthy environment for all.

[complete this chart every two years when you update the Action Plan]

Our Problem Behavior Reduction Goals (All rates expressed as percentages)				
Behavior (8th Grade)	<Year> rate	<Year> rate	<Year> rate	Goal (For <Year>)
Substance Use Outcomes				
30 Day Use of Alcohol	26.8	20.7	17.8	13.5 (20XX)
30 Day Use of Marijuana	14.7	10.6	5.2	9.0 (20XX)
Inhalants (ever used)**	20.5	13.7	18.0	10.0 (20XX)
Delinquency Outcomes				
Drunk or High at School	11.3	8.5	8.0	4.0 (20XX)
Suspended from School	11.9	13.7	9.8	4.0 (20XX)

The *Communities That Care* model focuses on promoting positive youth development and preventing problem behaviors by assessing predictors both of problem behaviors and of positive youth outcomes. Risk and protective factors have been identified in research in many fields, including for problem adolescent behaviors. We have identified the following risk and protective factors as our priorities for immediate action, and have set the following goals:

Our Risk Factor Goals (All rates expressed as percentages)				
Risk Factor (8th Grade)	**<Year> rate**	**<Year> rate**	**<Year> rate**	**Goal (Year)**
Low Commitment To School	66.7	*65.1*	*48.6*	45.0
Friends Who Engage in Problem Behaviors: Rewards for Antisocial Behavior	41.3	36.0	40.0	25.0
Family Conflict	51.6	44.6	42.5	30.0
Our Protective Factor Goals				
Protective Factor (8th Grade)	**<Year> rate**	**<Year> rate**	**<Year> rate**	**Goal (Year)**
School Recognition for Prosocial Involvement	37.3	38.0	45.7	60.0

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Sample Outline

<Anytown> Community Action Plan Outline

I. Executive Summary

II. Introduction

A. Purpose and use of the plan
B. Prevention science overview
C. Description of community involvement
D. Summary of community planning results
    1. How community-level outcomes were drafted
    2. How programs were selected
    3. How program-level outcomes were drafted
    4. How systems-change strategies were identified
E. How to use the plan

III. The Community Action Plan

A. Community profile
    1. Data collection efforts
    2. Prioritization process
    3. Existing resources
    4. Gaps, issues and barriers
    5. Recommendations
B. Community planning results
    1. Community-level outcomes
    2. Selected programs, policies and practices
    3. Program-level outcomes
    4. Preliminary evaluation plans
    5. Preliminary implementation plans and budgets
C. Goals for Community Board development
D. Goals for using the Social Development Strategy for Board development and community engagement

IV. Conclusions & Recommendations

A. Summary of key findings
B. Recommendations for next steps

V. Appendices

A. Implementation Goals for each proposed program
B. Acknowledgments
C. Supporting information

Executive Summary

This plan describes the ways to address the priority risk factors identified in <Anytown>'s Communities That Care effort. The Communities That Care system is a way for members of a community to work together to promote positive youth development. The system was developed by the Social Development Research Group at the University of Washington. Their research has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed in life.

<Anytown> developed its outcome-focused plan after the Risk- and Protective-Factor Assessment workgroup identified three risk factors as priorities for community planning: low commitment to school, friends who engage in the problem behavior, and family conflict. The Resources Assessment and Evaluation workgroup then completed an assessment of the youth-development and prevention resources that target these risk factors in <Anytown> in <Month> <Year>.

The drafting of this document, the <Anytown> Community Action Plan, was the next step in the Communities That Care process. In <Month> <Year> members of the Community Board attended the Community Planning Workshops. They drafted community-level outcomes to help define the desired changes for the <Anytown> community and measure the progress toward those outcomes. Community-level outcomes include behavior and risk-and protective-factor outcomes.

Community Board members selected preliminary programs, policies and practices at the Community Planning Workshops and finalized their selections at <a> meeting in <Month> <Year>. Program-level outcomes were also finalized at these meetings. These consist of implementation goals, which will measure the way in which the programs will effect change, and participant outcomes, which will measure the extent of the desired change.

The following are the programs, policies and practices selected:

- To address the risk factor friends who engage in the problem behavior, <Anytown> selected Life Skills Training and Guiding Good Choices.
- To address the risk factor lack of commitment to school, <Anytown> selected two programs: Tutoring, and Big Brothers/Big Sisters of America.
- To address the risk factor family conflict, <Anytown> selected a parent training program called Guiding Good Choices.

The following systems-change strategies were selected by <Anytown> to help facilitate the implementation of the selected programs and address gaps, issues and barriers in the community:

- New funding streams will be found to help the expansion of tested, effective resources addressing the priority risk factor low commitment to school to <Anytown>'s middle schools.
- <Anytown> will expand and enhance existing tested, effective resources that address the priority risk factor, "friends who engage in the problem behavior" to reach a greater number of youth in <Anytown>. Specifically, the following agencies & organizations will collaborate and share human and other resources in this effort: school district, police department, YMCA, Boys & Girls Club, Chamber of Commerce and several local faith communities.

Introduction

Purpose and use of the plan

<Anytown> presents its <Year> - <Year> Community Action Plan. This plan describes the results of the work completed thus far in <Anytown>'s Communities That Care effort. It will describe the changes we want for our community, the programs, policies and practices that will be implemented to address the community's identified priority risk factors, and the outcomes that will measure progress toward our community's vision.

<Anytown> implemented the Communities That Care process to help achieve the community's vision for a compassionate, accepting community where all people work together to create a safe and healthy environment for all.

Prevention science overview

In the spring of <Year>, <Anytown> began implementing the Communities That Care system. The Communities That Care system helps community members work together to efficiently and effectively promote positive youth development. The system was developed by Dr. J. David Hawkins and Dr. Richard F. Catalano of the Social Development Research Group at the University of Washington, Seattle. It is based on their research, which has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed in life.

Community involvement

The <Anytown> Community Board is comprised of community members from public and private institutions including local government, education, health, law enforcement, local business and private social services, and parents and youth.

Key Leaders who have been involved in the Communities That Care process for <Anytown> include the Mayor of <Anytown>, <Anytown> Director of Human Resources; the <Anytown> Assistant Director of Prevention; the Director of <Anytown> Hospital; the <Anytown> Chief of Police; and the School Superintendent of the districts that serve youth in <Anytown>.

There have been several organizations that have helped with the development of the Communities That Care process in <Anytown>. The <Anytown> Substance Control Coalition has donated resources for the programs that will be implemented; the <Anytown> Hospital has provided the facilities for many of the Communities That Care training sessions; and the Keep <Anytown> Clean partnership has taken an active role in the planning process.

The community plan

A key goal of the Communities That Care process is to develop a Community Action Plan that builds on the data-based assessment of a community's priorities, strengths and resources. This plan focuses on priority risk factors and draws on community resources and strengths. It also addresses resource gaps, issues and barriers by recommending new tested, effective programs or systems-change strategies.

The <Anytown> plan accomplishes this goal by identifying specific desired outcomes for each selected program, policy or practice; for the priority risk and protective factors on which the plan is focused; and for adolescent health & behavior problems. It describes how each selected program, policy and practice will work to bring about desired changes in <Anytown>'s youth and presents preliminary recommendations for how these programs will be implemented in the community. Finally, it discusses systems-change strategies that will help with implementation.

How the information was collected and drafted

<Anytown> developed its outcome-focused plan after the Risk- and Protective-Factor Assessment workgroup identified three risk factors as priorities for community planning: friends who engage in the problem behavior, low commitment to school, and family conflict.

<Anytown> first drafted community-level outcomes, which consist of behavior and risk- and protective-factor outcomes. Community Board members drafted these outcomes at the Community Planning Workshops in <Month> <Year>. Program selection also took place at these workshops, with the <Anytown> Community Board members selecting <four> programs to address the identified priority risk and protective factors.

Work was next focused on drafting program-level outcomes, which consist of implementation goals and participant outcomes. Implementation goals describe how the programs will be delivered in order to match the program design; participant outcomes describe the desired changes in knowledge, attitudes, skills or behaviors that the program will produce for participants. Community Board members drafted participant outcomes and implementation goals at the Community Planning Workshops in <Month> <Year>.

<Anytown> discussed systems-change strategies at the Systems Change Workshop and two follow up meetings in <Month> <Year>. Preliminary systems-change strategies were discussed & selected in the Systems Change Workshop, with follow up by the Resources and Assessment Evaluation workgroup, various community resource agencies and law enforcement officials. The systems-change strategies were selected to address the findings

of the assessment completed by the Resources and Assessment Evaluation workgroup in <Month> <Year>.

Various members of the Community Board drafted the plan in <Month> <Year>, presenting their finished work in <Month> <Year>.

How to use the plan

The Community Action Plan is intended to help guide participants at the Implementation Planning Workshop, the Evaluation Planning Workshop and the Funding Workshop to develop implementation, evaluation and budgeting plans for the selected programs, policies and practices. Participants developing these plans should use this plan to develop:

- funding strategies by tying funding plans to outcomes and reevaluating funding priorities as outcomes are monitored
- implementation plans for the programs identified in the plan
- evaluation plans for programs by first monitoring the short-term program-level outcomes and then longer-term community-level outcomes.

Data collection efforts

The Risk- and Protective-Factor Assessment workgroup collected and analyzed data on <Anytown>. Then, with input from key leaders and the community, they identified priority risk factors to address, as well as community strengths to build on. The Community Assessment Report details the results of this work.

The assessment was completed using the Communities That Care Youth Survey and existing public data sources. The Communities That Care Youth Survey was administered to students in grades 6-12 in all schools in <Anytown> in <Month> of <Year>. To get the most complete picture of our community, the Risk- and Protective-Factor Assessment workgroup also collected data from public records to measure risk factors and problem behaviors not covered by the survey.

Prioritization process

Based on the analysis of the data and input from the community, the following risk factors were identified as priorities for community attention:

- Friends Who Engage in the Problem Behavior
- Low Commitment to School.
- Family Conflict

These risk factors were selected as priorities for prevention action primarily because data indicated that they are significantly elevated throughout <Anytown>.

The Community Board further decided to focus prevention efforts to impact youth in the late elementary and middle school age range. They determined that the transition from late childhood to adolescence provides multiple challenges to our youth, and at the same time is a time when effective prevention can make a huge difference in the quality of these youths' lives. Additionally, the data show a steep increase in youth health & behavior problems from 6th to 10th grade and the Community Board is determined to reduce that increase.

Existing resources

Based on the assessment information, the Resources Assessment and Evaluation workgroup reported that:

- There are tested, effective resources in <Anytown> working to address the priority risk factor low commitment to school.
- There are several resources in <Anytown> that address the risk factor friends who engage in the problem behavior.

Gaps, issues, and barriers

The workgroup also reported that:

- Most tested, effective resources addressing the priority risk factors academic failure and low commitment to school do not reach students who attend middle schools.
- Some resources addressing the risk factor friends who engage in the problem behavior have not been evaluated for evidence of effectiveness. Many of the tested, effective resources are unavailable or inaccessible to youth in the rural areas and the neighborhoods in the northern part of the community. Furthermore, tested, effective resources fail to serve Spanish-speaking youth & their families.

Recommendations

Based on the results of the community assessment, the workgroup recommended that:

- Tested, effective resources addressing low commitment to school be expanded to <Anytown>'s middle schools, or that new tested, effective programs, policies or practices be implemented to fill this gap.
- Board members develop plans to supplement untested resources with tested, effective programs, policies and practices. Furthermore, board members should consider ways to expand or enhance the existing tested, effective resources to reach a greater number of <Anytown>'s youth & their families.
- The Community Action Plan includes proposals to implement tested, effective programs to address the priority risk factor family conflict. There are no tested, effective resources currently addressing this risk factor.

Community-level outcomes

<Anytown> developed outcome goals for the following priority health & behavior problems:

- Substance use
- Delinquency at school

<Anytown> developed outcome goals for the following priority risk & protective factors:

- Friends who engage in the problem behavior
- Low commitment to school
- Family conflict
- School recognition for prosocial involvement

Health & Behavior Outcomes are meant to identify the changes that need to be made in behaviors to reach the <Anytown> community vision. The outcomes will help measure changes in the problem behaviors of substance use and delinquency. The following behavior outcomes were drafted to help identify the changes that need to be made:

- To decrease substance use as measured by 8th grade students reporting 30-day alcohol use from the current baseline of 26.8% to 13.5% by <Year>.
- To decrease substance use as measured by 8th grade students reporting 30-day marijuana use from the current rate of 14.7% to 9.0% <Year>.
- To decrease substance use as measured by 8th grade students reporting ever using Inhalants from the current rate of 20.5% to 10.0% by <Year>.
- To decrease school delinquency as measured by 8th grade students reporting getting suspended in the past year on the Communities That Care Youth Survey from the current baseline of 11.9% to 4% by <Year>.
- To decrease school delinquency as measured by 8th grade students reporting being drunk or high at school in the past year on the Communities That Care Youth Survey from the current baseline of 11.3% to 4% by <Year>.

Risk-factor outcomes are meant to identify the changes <Anytown> needs to make in its priority risk factors to achieve the previously described behavior changes.

[Include similar statements for each of the priority risk and protective factors]

The following risk-factor outcome was developed to describe this desired change:

- To decrease **low commitment to school** as measured by 8th grade students reporting low commitment to school on the Communities That Care Youth Survey from a current baseline risk-factor scale score of 66.7% to 45.0% by <Year>.

Protective-factor outcomes specify the desired changes <Anytown> wants to make in protective factors, based on the community assessment. The following protective-factor outcome was drafted for the protective factor school recognition for prosocial involvement:

- To increase **school recognition for prosocial involvement** as measured by 8th grade students reporting school recognition for prosocial involvement on the

Communities That Care Youth Survey from the current baseline protective-factor scale score of 37.3% to 60% by <Year>.

Selected programs, policies and practices

[include similar descriptions for each of the proposed programs}

To address the risk factor lack of commitment to school, <Anytown> selected the program Big Brothers/Big Sisters of America. Several factors made this selection sensible:

- risk factors addressed by the program
- costs
- resources included with the program
- current tested, effective resources in <Anytown> that will facilitate implementation of the program.

Big Brothers/Big Sisters of America is a structured mentoring program typically targeting youth ages 6 to 18 from single-parent homes. The core of the program is the matching of a mentor and youth for one-on-one interaction. Mentoring takes place three to five hours a week over the course of a year or longer. Specific goals and activities are defined at the beginning of each relationship with the assistance of a case manager.

There is a rigorous screening process for volunteers who wish to become mentors. This process includes a written application, a background check, an extensive interview and an extensive home assessment. Youth assessment includes a written application, interviews with the youth and parent/guardian, and a home assessment. The assessment process helps to ensure the creation of a mutually satisfying relationship between mentor and youth.

Program-level outcomes

The following participant outcomes were drafted for the Big Brothers/Big Sisters of America program:

- Significantly improve youth's commitment to school in the first year as measured by first and fourth quarter attendance, attitudes and grades.
- Significantly decrease youth's initiation of alcohol, tobacco and other drug use as measured by pre- and post-test surveys of participating youth.

The following implementation outcome was drafted for the Big Brothers/Big Sisters of America program:

- Trained mentors will spend, over a one year period, three to five hours a week engaging in one-on-one activities to be determined by a case manager on a case-by-case basis to 50 <Anytown> youth.

Preliminary evaluation plans

[Include similar statements for each proposed program]

Evaluation of the Big Brothers/Big Sisters of America program will be used to report the program's achievements to <Anytown>'s community members and funders. Implementation goals will be measured by the Big Brothers/Big Sisters of America case manager who will record attendance, hours logged and activities to ensure program implementation fidelity.

Program coordinators will be responsible for coordinating the collection of data to measure implementation goals for Tutoring, Life Skills Training and Guiding Good Choices. These will include keeping high quality registration & attendance records as well as collecting completed implementation checklists from facilitators after their delivery of each session.

Additionally, the Resources & Evaluation Workgroup will recruit, train and support community volunteers to conduct observations of 10-15% of the sessions for Life Skills Training and Guiding Good Choices.

Participant outcomes will be evaluated using pre- and post-testing of identified behaviors. A pre-test will be administered before program implementation, with a post-test administered at the end of the completion of the program. Statistical analysis & reporting will be conducted by an outside evaluator from <Anytown> University. Evaluation costs will be determined by the Funding workgroup at a later date.

Preliminary implementation plans and budgets

[Include similar statements for each proposed program]

Big Brothers/Big Sisters of America will begin in September <Year> in all area school districts in <Anytown>. The Big Brothers/Big Sisters of America case manager will determine the scheduling of mentoring sessions.

Preliminary implementation costs for Big Brothers/Big Sisters of America were worked out in <month><year> by the <Anytown> Treasury Office, which estimated that program implementation would total $XX,000 for the first year ($X,000 for making and supporting a match for each of the 50 youth in <Anytown> who have been identified for this program).

Details concerning the planned implementation of Big Brothers/Big Sisters in <Anytown> will be finalized during an upcoming implementation planning session.

We plan to increase the number of persons actively engaged with CTC (both on the Community Board on specific workgroups) from neighborhoods in the northern part of the community. Currently we have 22 persons actively involved in workgroups; none of them are from two of these neighborhoods, and only three are from the third neighborhood.

Another goal carried forward from last year is to increase the number of Community Board members who are on staff at local middle schools. We currently have 2 school staff members; both are from the same elementary school.

We seek to have two members of the Community Board who are youth (still in high school or under 18), and to increase the number of workgroup and Coalition members who are from this age group. We currently have only one youth member in a workgroup although we have several students who are in our Youth Forum. We also hope to increase representation from the 24-35 year old population; we have three persons who are in the age range at this time. Other priorities for recruitment include individuals with grant writing and fund-raising experience, marketing expertise, and connections to both state and local government.

We plan to increase the number of professional development and issues-based training offered to all Coalition members. Plans are in the works for opportunities to increase expertise in topics such as inhalant abuse, suicide prevention and awareness, and to provide opportunities to gain knowledge in social marketing and data analysis.

Goals for Promoting the Social Development Strategy

A key element of our CTC effort is to build protection community-wide by promoting the Social Development Strategy. During this action plan period, we plan two activities to do this:

1. SOaR Speakers Bureau. We will create a 'speakers bureau' to be trained to deliver the SOaR presentation. This group will work with the Outreach and PR Workgroup to develop a list of community audiences to engage in the SOaR conversation, and will successfully deliver the presentation to at least 5 different audiences each year. For example, businesses, churches, PTAs, service clubs, public employees, school staff, etc.

2. Mayor's Youth Recognition Program. We will work with our Mayor's office to design a youth recognition program similar to the Tooele City program described in the CTC video, How the Social Development Strategy Helps Communities. We'll work with our schools to develop a system for nominating youth for the recognition, and will arrange for time in City Council meetings to publically provide the awards.

We also will explicitly apply the Social Development Strategy to our own Board functioning, ensuring that Board members have opportunities to use their skills, and are recognized for their contributions.

Summary of key findings

The following are previous key findings that have importance to the <Anytown> Community Action Plan:

- <Anytown> has identified the following priority risk factors for the community: friends who engage in the problem behavior, low commitment to school, and family conflict.

The following are the key findings of the <Anytown> Community Action Plan:

- To address the risk factor friends who engage in the problem behavior, <Anytown> selected Life Skills Training and Guiding Good Choices.
- To address the risk factor low commitment to school, <Anytown> selected the program Big Brothers/Big Sisters of America.
- To address the risk factor family conflict, <Anytown> selected the program Guiding Good Choices.

The following systems-change strategies were selected by <Anytown> to help facilitate the implementation of the selected programs and address gaps, issues and barriers in the community [*complete this section after the Systems Change Workshop*]:

- New funding streams will be found to help the expansion of tested, effective resources addressing the priority risk factor low commitment to school to <Anytown>'s middle schools.
- <Anytown> will expand and enhance existing tested, effective resources that address the priority risk factor "friends who engage in the problem behavior" to reach a greater number of youth in <Anytown> and help with the implementation of Guiding Good Choices.

Recommendations for next steps

The following are recommendations for next steps that need to be taken by those responsible for implementing, budgeting and evaluating programs in Phase Five of the Communities That Care effort:

- Develop detailed implementation plans to deliver each program with fidelity.
- Develop specific evaluation plans to monitor program delivery and participant outcomes.
- Recruit a case manager to monitor the Big Brothers/Big Sisters of America program.
- Recruit volunteer mentors for the Big Brothers/Big Sisters of America program.
- Partner with the school district to develop the evaluation plan for the tutoring program.
- Identify future sources of funding, including local, state and federal funding streams and local, state and federal grants.
- Schedule program trainings for community staff who will be administering Life Skills Training and Guiding Good Choices.
- Recruit a program coordinator for the Life Skills Training and Guiding Good Choices programs.
- Recruit and train observers to assist in monitoring program delivery.