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Community Systemwide Response

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TABLE OF CONTENTS

PREFACE	1
Laying the Groundwork for the Community Systemwide Response	3
BACKGROUND	6
Scope of the Youth Drug, Alcohol, and Impaired Driving Problem	7
The Social and Economic Costs of Substance Abuse and Impaired Driving	9
Causes of Substance Abuse and Impaired Driving	11
Role of the Juvenile Justice System	18
Juvenile Justice and a Systemwide Strategy	22
The Continuum of Substance Abuse and Impaired Driving Services	23
Service Delivers, Targets and Objectives: A Typology of Programs Based on the "Continuum of Services" Framework	30
Relationship of Justice System Components to Service Continuum	35
MECHANICS	37
Mechanics of the Community Systemwide Response	37
First Meeting: Setting the Context for the CSR	45
Second Meeting: Problem Identification and Resource Inventory	50
Third Meeting: Analysis of Needs	58
Fourth Meeting: Develop Implementation Plan	64
Fifth Meeting: Conference and Training Session	70

TOOLS	76
Collaboration	76
Principles of Systemwide Planning and Coordination	77
Examples of Systemwide Responses	81
Role Description	87
Group Goal Descriptions	88
Community Segments Mapping Guide	90
RAP Inventory	91
Community Resource Inventory	92
Facilitation	93
Methods for Problem Analysis, Resource Assessment, Data Collection and Needs Analysis	94
Youth Traffic Safety Program Model: NHTSA "Pizza"	105
Techniques for Facilitating Group Process	107
Tips for Brainstorming	113
Fishboning	114
Tips for Storyboarding	115
Tips for Nominal Group Process	116
Tips for Discussion Groups	117
Tips for Buzz Groups	119
Community Meeting Plan	121
Conference Summary	123
Four Components of a Community Meeting	124
Marketing	125
An Outline of the CSR Process: Five Meetings	126
Collaboration Team Informational Flyer	132

Guide to Developing Marketing Presentations	133
The Press Kit	134
Recognition and Evaluation	135
Techniques for Program Assessment and Monitoring	136
Providing Motivation, Incentives and Recognition	139
Recognition Ideas	140
Evaluation Worksheet	141
CSR Implementation Checklist	142
CSR Training Conference Evaluation	144
Supplemental Information	146
Prevention, Intervention, Treatment, and Aftercare Program Models	147
Recognizing Obstacles	161
Youth Drug and Alcohol Abuse: Introduction of Effective Systemwide Strategies	169
RESOURCES	176
National Resource Agencies and Organizations	177
Other Possible Resource Agencies and Organizations	186
Obtaining Financial Support for Your Program: Sources of Funding	187
Developing Your Funding Plan	188
Asking for Funding: A Proposal Letter	189
Asking for Funding: A Personal Visit	190
A Fund Raising Bibliography	191
Glossary	192

PREFACE

This manual is a complete, all-in-one-package guide to the implementation of the Community Systemwide Response (CSR) -- a comprehensive, communitywide planning and action process aimed at countering impaired driving and the use of alcohol and other drugs by young people.

The manual is made up of four major sections. They are:

1. A **BACKGROUND SECTION**, which discusses the social costs of substance abuse and impaired driving, explains how these problems come about, and proposes solutions based on comprehensive planning and concerted action by public agencies and private citizens working together;
2. A **MECHANICS SECTION**, which lays out the steps involved in carrying out the CSR;
3. A **TOOLS SECTION**, which contains advice and methods for enhancing collaboration, conducting marketing, facilitating meetings, analyzing communitywide problems and resources, and monitoring progress, as well as supplementary information for background reading; and
4. A **RESOURCES SECTION**, which contains a glossary, names of agencies that operate programs in the prevention of impaired driving and substance abuse, and tips on obtaining financial support for programming.

The CSR implementation steps laid out in the **MECHANICS SECTION** divide the planning process into five meetings. Some communities, however, might want to schedule more meetings, and some fewer. The manual provides a checklist for each meeting. Each checklist specifies what must be done to prepare for the meeting and what should be done to follow through, nail things down, and get ready for the next meeting. Each checklist is followed by a list of objectives and an agenda for the meeting it concerns.

The process laid out in this manual originally was developed by Pacific Institute for Research and Evaluation (PIRE) through a cooperative agreement with the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice and the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation. The process then was tested in five communities: Fredericksburg, Virginia; Sikeston, Missouri; Bedford, Indiana; Grants Pass, Oregon; and Salt Lake City, Utah. Following these trials, the manual was revised substantially.

For documentary materials about the introduction of the CSR in Fredericksburg, Virginia, see "Youth Drug and Alcohol Abuse: Introduction of Effective Systemwide Strategies" under *Supplementary Information* in the TOOLS SECTION.

The manual is being distributed by the U.S. Department of Agriculture through its network of salaried and volunteer staff of the Cooperative Extension System. These dedicated men and women are skilled, resourceful individuals, specifically trained to help communities solve their problems and to provide wholesome activities for young people. At this moment, they are standing by to help organize and lead your community in its coordinated attack on substance abuse and other problems facing your young people. National 4-H Council is providing staff and resource support in the formative stages of the Community Systemwide Response.

Many persons helped to put this manual together. Most important, perhaps, were the contributions of the judges who helped implement the CSR (initially known as Systemwide Response Planning Process) in the first five communities. Juvenile Court Judge J. Dean Lewis of Fredericksburg, Virginia and Judge Linda Chezem of the Indiana Court of Appeals provided special assistance before, during, and after implementation. Volunteer assistance in revising the manual was provided by Cooperative Extension Staff, including Juanita Russell of Lawrence County, Indiana; Judy Groff of the North Carolina Cooperative Extension Service; Margaret Amos of the Virginia Cooperative Extension Service; and Julie Haisler of Fairfax County, Virginia. All of these persons have earned profound thanks.

LAYING THE GROUNDWORK FOR THE COMMUNITY SYSTEMWIDE RESPONSE

The purpose of the Community Systemwide Response (CSR) is to encourage communities to view the problems of impaired driving and abuse of alcohol and other drugs as "systemwide"; that is, they involve all segments of the community and they therefore require that the community adopt a systemwide approach to dealing with them. That approach -- a "systemwide strategy" -- is based on principles of information sharing, coordination of activities, accommodation of new initiatives, and integration of services. The CSR includes four major components:

- o A set of principles that define and regulate the process used to arrive at a cooperative and coordinated communitywide action plan;
- o A set of "mechanics" that guide the community through successive stages of discovery and self-education concerning problems and the resources needed to address them;
- o A guide to identifying and recruiting a group of key participants, representing the major public and private agencies having roles and responsibilities in the areas of impaired driving and substance abuse, who come together to explore problems and augment existing resources; and
- o A comprehensive, systemwide action plan, spanning a full range of services and activities, aimed at addressing a well-defined, agreed-upon problem.

Many communities throughout the United States already have recognized the need to develop new programs and new methods of delivering services. Such communities have made great strides toward creating more comprehensive and better coordinated systems. The approach described here builds upon, and in many ways emulates, the innovative efforts undertaken in those communities. It is unique, however, in several important respects:

- o First, the strategy was developed to focus exclusively on impaired driving and the use of alcohol and other drugs by young people.
- o Second, the strategy is aimed at youth who, because of social conditions, school record, prior contact with the juvenile justice system, and previous use of drugs and alcohol are at high risk of substance abuse.
- o Third, the strategy is anchored in the juvenile justice system and capitalizes on the convening power and dignity inherent in the office of the juvenile court judge. It also

draws upon the judge's power to marshal and even create resources on behalf of the youth over whom the judge has jurisdiction.

- o Fourth, the strategy incorporates a facilitated planning process that involves public agency heads and essential staff and leads to the identification of problems, needs, solutions, and action plans.

These areas of emphasis and concentration place parameters on the conduct of the strategy and have implications for the agencies involved and the activities, policies, and programs pursued. A systemwide strategy that has the juvenile justice system at its core is constrained in some areas but extraordinarily powerful in others: juvenile court judges have the authority to mandate drug and alcohol treatment for adjudicated offenders, but they hold no formal power over those who never come into contact with the system.

The CSR involves a series of five meetings of key decision-makers representing all agencies and organizations involved with youth (see Figure 1). The purpose of the activities to be carried out in connection with these meetings is to:

- o Identify the most important youth drug and alcohol problems in the community
- o Assess existing resources
- o Define the most pressing community needs to be addressed by the CSR; and
- o Develop a detailed plan for coordinated action to address a selected problem.

The process then can be applied to other problems.

The overall goal of the Community Systemwide Response (CSR) is to guide a community through a formal planning process that will ultimately result in a comprehensive and coordinated package of policies, procedures, programs, and practices to combat specific problems related to drug and alcohol abuse and impaired driving among young people. It is an on-going process by which top decision-makers in public and private agencies involved with youth or substance abuse, their deputies or Seconds-in-Command (Seconds), and other community leaders develop a plan to address a single, well-defined youth drug, alcohol, or impaired driving problem. When the plan for the first problem has been developed and implemented, the community selects another problem and repeats the planning process without contradicting or undermining the policies, procedures, programs, and practices developed previously.

The strategy is built, block by block, as agencies come together in mutual self-interest to address the problems of their community. With willingness to share information and to learn together, leaders of those agencies see the commonality of their concerns and come to appreciate the power of coordinated action in solving problems for which they all share responsibility.

FIGURE 1: SUMMARY OF COMMUNITY SYSTEMWIDE RESPONSE MEETINGS

FIRST MEETING: SETTING THE CONTEXT FOR THE CSR

- o Ensure understanding and support.
- o Agree upon a list of participants.
- o Meet Key Participants.

SECOND MEETING: PROBLEM IDENTIFICATION AND RESOURCE INVENTORY

- o Describe the process.
- o Develop a list of specific problems.
- o Select a problem for action.
- o Conduct an inventory of existing resources.

THIRD MEETING: ANALYSIS OF NEEDS

- o Review problem analysis and resource assessment.
- o Identify gaps in programming.
- o Brainstorm ideas.

FOURTH MEETING: DEVELOP IMPLEMENTATION PLAN

- o Develop an implementation plan.
- o Identify barriers, needs for technical assistance, and resource issues.
- o Obtain commitments.
- o Set monitoring procedures.

FIFTH MEETING (OPTIONAL): CONFERENCE AND TRAINING SESSION

- o Announce the program to the public.
- o Involve the media and opinion leaders.
- o Provide on-site training and technical assistance.

(This figure may be copied onto a transparency and used as an overhead projection.)

BACKGROUND

Your community is about to embark upon a process of Community Systemwide Response (CSR) to develop a comprehensive, coordinated, and integrated response to substance abuse and impaired driving among youth. Everyone has beliefs about the scope of these problems, their social and economic costs, their causes, and what can be done about them. Many of these beliefs are accurate; some are not. Because you will want your CSR to be based on the most current knowledge, it is worthwhile to briefly consider what available research tells us about the scope, costs, causes of, and potential solutions to, substance abuse and impaired driving.

If you are interested in more in-depth treatments of the scope, costs, causes of, and potential solutions to, youth substance abuse and impaired driving problems, you might wish to read the introductory chapters of Community Responses to Youth Drug and Alcohol Abuse: An Agenda for Action. The following discussions have been excerpted from those chapters.

THE BACKGROUND SECTION CONTAINS:

- o Scope of the Youth Drug, Alcohol,
and Impaired Driving Problem 7
- o The Social and Economic Costs of
Substance Abuse and Impaired Driving 9
- o Causes of Substance Abuse
and Impaired Driving 11
- o Role of the Juvenile Justice System 18
- o Juvenile Justice and a Systemwide Strategy 22
- o The Continuum of Substance Abuse and
Impaired Driving Services 23
- o Service Deliverers, Targets, and Objectives:
A Typology of Programs Based on the
"Continuum of Services" Framework 30
- o Relationship of Justice System Components
to the Service Continuum 35

SCOPE OF THE YOUTH DRUG, ALCOHOL, AND IMPAIRED DRIVING PROBLEM

Alcohol and tobacco probably have always been a part of American youth culture, and as we will see, these two drugs continue to cause significant problems for American youth. However, it was not until the later part of the 1960s, when marijuana use began to spread on American college campuses, that citizens and governments became concerned about the youth "drug" problem.

Gallup conducted the first national surveys on illicit drug use, beginning in 1967. In 1967, only 5 percent of all college students admitted to ever having used marijuana. But by 1969, that number had grown to 22 percent. By 1971, fully half of all college students reported using marijuana sometime in their lifetime, 41 percent had used in the preceding year, and 30 percent in the preceding 30 days. American youth were in the throes of an epidemic.

The drug epidemic appeared to have peaked in the late 1970s, and overall rates of illicit drug use have been declining gradually over the intervening years. However, rates of illicit drug use in the United States remain at high levels among our youth. The drug epidemic has spread quickly to include the youth of most other industrialized nations. But the United States still has the dubious distinction of having the highest rates found anywhere in the world of illicit drug abuse among the school-age population. The rates are particularly high for marijuana and cocaine use.

Currently, almost half (48 percent) of the youth in this country report some experience with an illicit drug before their high school graduation, according to a 1990 survey of high school seniors conducted by the National Institute on Drug Abuse. Nearly a third of the youth surveyed (29 percent) have tried a drug other than marijuana. Forty-one percent of 1990 high school seniors indicated they had tried marijuana; 27 percent had used it in the preceding year. About one in seven reported use in the preceding month, and 2.2 percent indicated they were daily marijuana smokers. Alcohol use remained nearly universal among high school seniors, despite the fact that the legal drinking age in all states is 21. Fully 90 percent of the graduating class of 1990 indicated some alcohol use in their lifetime, 5.7 percent in the preceding month. Nearly 4 percent use daily, and an astonishing 32 percent reported having 5 or more drinks in a row at least once in the preceding two weeks. Among college students, nearly half (41 percent) reported having five or more drinks in a row in the past two weeks. And while there is evidence of a significant downturn in the use of most illicit drugs since the late 1970s, this has not been matched by a correspondingly large drop in alcohol use among this population in the last few years.

These statistics call attention to an important problem, one that has been identified as the number one killer of youth in this country -- drinking and driving. Of the 32 percent of 1988 high school seniors who indicated they had been stopped and warned or ticketed while driving an automobile, about 15 percent reported they had consumed alcohol before being stopped. One in 20 had smoked marijuana before being stopped, and 1.5 percent had used other illicit drugs. Of the 26 percent who had been involved in a crash, more than 8 percent had been drinking, 3 percent had been smoking marijuana, and 1.3 percent had used some other illicit drug before the crash. An even greater problem is that nearly a quarter of all seniors (23.4 percent) indicated they had driven while under the influence of alcohol at least once during the preceding two weeks. In the two weeks before the survey, nearly 14 percent had driven after consuming five or more drinks in a row. Nearly four out of 10 seniors indicated that within the preceding two weeks they had been passengers in vehicles being driven by drivers who had been drinking, and one in five recently had been a passenger in a car being driven by an individual who had consumed five or more drinks.

In summary, while the overall rates of illicit drug and alcohol use (as well as cigarette smoking) among young people have shown some decline in the last decade, they remain at extremely high levels -- higher than those of any other industrialized nation in the world.

Adolescence is the transition period between childhood and adulthood. It is characterized by dramatic psychological, biological, and environmental changes. Because adolescents are at the stage in the life cycle when an individual acquires the skills to move into adulthood, drug use in adolescence has the potential to interfere significantly with development. If young people turn to drugs in an effort to deal with their problems, they fail to develop problem-solving and coping skills.

If young people habitually turn to drugs for fun and recreation, they can come to equate drug use with fun; the two begin to seem inseparable. Adolescents heavily involved with alcohol or other drugs inevitably will exhibit dysfunction in other spheres of their lives -- in school, in the family, and with peers.

THE SOCIAL AND ECONOMIC COSTS OF SUBSTANCE ABUSE AND IMPAIRED DRIVING

The social and economic costs of substance abuse are difficult to estimate. However, a 1984 study conducted by the Research Triangle in North Carolina attempted to put a dollar value on the costs to the nation of alcohol and drug abuse and mental illness (estimate based on figures available for 1980). Direct costs in the areas of treatment and health care, motor vehicle crashes, the criminal justice system, and social welfare programs for alcohol were estimated at more than \$17 billion. The comparable costs for drug abuse were more than \$7 billion. Indirect costs were estimated in the areas of premature mortality; reduced productivity; lost employment; time lost due to motor vehicle crashes; the costs of incarceration; the losses of victims of crime; and, specifically for drugs, the costs of crimes committed in the course of drug trafficking and of property crimes motivated by addiction. The indirect costs attributable to alcohol abuse were more than \$71 billion; the indirect costs were more than \$39 billion for drug abuse. The overall costs to the nation for alcohol abuse then totalled more than \$88 billion dollars, and for drug abuse more than \$46 billion in 1980 alone.

These costs are incredibly high. Notice, however, that alcohol abuse costs the nation nearly twice as much as does drug abuse. This fact speaks to the tremendous problem of alcohol abuse in this country. It is also important to note that tobacco, a drug that often is forgotten, undoubtedly will take the lives of more people than alcohol and drug abuse combined. The habit of cigarette smoking clearly is established in the adolescent years. Very few individuals take up the smoking habit after leaving high school, and almost no one starts to smoke at 21 years of age or older.

Many studies have looked at the relationship between criminal behavior and drug or alcohol use. Those studies often have reached somewhat contradictory conclusions concerning the exact nature of the relationship. Although it has been established that there are strong correlations among different types of deviant behavior, there is no firm evidence of a causative relationship -- that is, either that drug or alcohol use causes crime or that involvement in criminal activity causes drug or alcohol use. However, the age ranges for both the most serious involvement in criminal behavior and the most frequent and intense use of alcohol or drugs are the same -- the late teens and early twenties.

Use of illicit drugs is by definition delinquent behavior for all, as is, for adolescents specifically, consumption of alcoholic beverages by underage individuals. Several studies have validated the high degree of statistical correlation among problem behaviors, including delinquency, illicit drug use, early alcohol use, school failure, and early sexual involvement.

Even cigarette smoking has been found to be correlated with involvement in delinquent activity. These findings have led to the conclusion that youth likely to engage in one problem behavior are likely to engage in others as well.

The costs to our nation in any single year for alcohol and drug abuse is staggering, not only economically, but also in the toll it takes on human lives, both physically and intellectually. Certainly, the costs in terms of crime are significant, involving not only those factors already mentioned, but also those related to the corruption of public officials. The costs of drug abuse are not limited to our shores. The illicit drug supply in our nation is dependent on the production of drugs in other countries and their shipment here from those countries. In drug-producing countries, the costs in political and social disruption also are devastating.

CAUSES OF SUBSTANCE ABUSE AND IMPAIRED DRIVING

Why do young people use drugs and alcohol? This question has challenged researchers, public policy makers, and the media, as well as concerned parents, teachers, and young people. There is no shortage of answers; practically everyone has an opinion and, usually, a favorite "causal" factor or set of factors some expert believes "explains" why people use drugs, drink alcohol, or mix drinking and driving.

Existing theories of drug and alcohol abuse and impaired driving can be organized into several categories. First, some theories seek the major explanation for drug and alcohol abuse in social forces over which individuals have little or no influence. Second, some theories focus attention on the environmental context within which individuals grow and learn (for example, the family, school, and neighborhood) and on how those forces influence a person to use or not to use drugs and alcohol. Third, some theories focus on forces that exist primarily within the individual, forces that exist at the attitudinal, personality, or biological level. Finally, there are some special characteristics of youth drinking and youth driving that put young people at particular risk.

All our theories about drug and alcohol use are limited and in the formative stages of development. None is considered robust enough to explain why some young people decide to use drugs and alcohol, while others who have similar characteristics choose never to drink or to use drugs. Therefore, the theories discussed below should be considered the beginnings of explanations, not "the" answer to the question why young people in our society use and abuse drugs.

SOCIAL FORCES

Many theorists have argued that substance abuse and impaired driving are caused, in part, by influences prevalent in our society. These influences include social norms and expectations; representations of drinking, drug use, and driving in the popular media; and our laws and regulations and the ways in which they are or are not enforced. The effects of social influences on alcohol and drug use are difficult to document. However, one such influence -- the simple availability of drugs and alcohol -- is clearly a key factor in explaining levels of use and related problems.

It seems obvious that if drugs and alcohol were not available to them, young people wouldn't start using them. This is the "full and unguarded cookie jar" notion. It is difficult to resist the temptation. The greater the availability, the greater the likelihood of use.

With regard to alcohol, the relationship between availability and use has been studied well. It is now generally well accepted that the harder we make it for youth to get alcohol, the fewer alcohol-related problems youth will experience. For this reason, the minimum age for buying alcohol was raised to 21. This change in the law certainly didn't stop all youth from gaining access to alcoholic beverages. But in every state in which such a change has been studied, alcohol-related traffic crashes among youth have dropped. The same appears to hold true in studies of the effects of increased prices. When taxes on alcoholic beverages go up, "economic" availability goes down and so does the number of alcohol-related traffic crashes.

There also is evidence of the importance of availability with regard to drugs other than alcohol. Drugs are consumer products. They are marketed in ways similar to the ways in which other consumer products are marketed. Thus, they are subject to some of the same market forces. If the supply is low, the price is high and the pool of potential buyers and users is limited -- most potential buyers cannot afford the product. On the other hand, when the supply is ample, the price drops, the purity increases, and the pool of potential users grows. For example, crack is now widely available and inexpensive, at least in this country's largest cities. Thus, unlike powdered cocaine, which was largely a drug of the well-to-do, crack has come into wide use among lower income individuals.

CONTEXTS IN WHICH INDIVIDUALS GROW AND LEARN

The institutions of every society -- the family, religion, education, government, communications, the legal system, and so forth -- perform important functions. They set the tone for the entire society. These institutions or systems operate in the broad social environment, but they also have counterparts in each community. These systems are responsible for setting and enforcing standards of conduct in each community, for defining right and wrong, for protecting those who are unable to protect themselves, and for helping us all be better and more caring citizens than we otherwise might be.

Clearly, one important social institution in which children grow and learn is the family. Many believe that family systems have broken down, that they have failed in their missions. Many consider the breakdown of the family one of the causes of increased substance abuse among our youth. Some theories of adolescent drug use emphasize such factors as closeness to mother and father, the degree of parental supervision, warmth versus coldness in the relationship between parent and child, the degree to which the parent(s) knows the child's friends, and disciplinary styles -- authoritarian, authoritative, or permissive. Some theories about why persons go on to use such drugs as heroin have identified trauma in early childhood -- physical neglect or abuse, or sexual abuse, for example -- as an important predictor of subsequent drug abuse. It is important to note that a renewed interest in family factors in explaining substance abuse coincides with newly rekindled interest in such factors as causes of juvenile delinquency and subsequent adult criminality.

A second social institution in which children grow and learn is the neighborhood. In neighborhoods characterized by a high poverty rate, a large percentage of single-parent families, a large number of families on welfare, and high rates of unemployment and crime, there is often no organized force or presence within the community that credibly can encourage individuals to exhibit positive attitudes or behavior. Children who are poor have a greater risk of becoming substance abusers than do their more fortunate peers. This higher rate of risk results from the hopelessness such children feel at being trapped at the bottom level of the society, with almost no chance of getting out. They feel a need to escape. They are tempted to deal drugs because they see such activity as the only way to make enough money to buy some of the nicer things in life. Simply put, neighborhoods where poverty is rampant are breeding grounds of discontent. Such neighborhoods are in themselves incentives for "making it" outside the legitimate system, because "making it" within the system seems impossible. Blunted and blocked opportunities for legitimate activity seem to go hand in hand with apparently open opportunities for illegitimate activities, including drug use and drug trafficking.

A third important social institution in which children grow and learn is the school. The ostensible function of schools and education is to train youth to serve as citizens and workers in society. However, the educational systems of many of our central cities are able to retain only one-half of their students until high school graduation. Those youth who do remain in school often must contend with a lack of adequate security and a shortage of the resources necessary to provide quality education and instruction. Those who drop out usually are in even worse shape. The educational system cannot perform its functions if students drop out, and dropping out is related to substance abuse. No one really knows the extent to which failure to achieve in school leads to substance abuse or substance abuse leads to failure in school. Regardless of the direction of the influence, there are significant difficulties associated with an educational system that is not able to do its job and with students who are being short-changed by that system, which is failing to prepare them for life in the "real world."

A final important social institution in which children grow and learn is the peer group. Research suggests that as young people enter adolescence, the peers with whom they associate become an important -- and sometimes the most important -- source of learning about what is and is not acceptable behavior. It also seems clear that the need to be accepted by peers and the fear of peer rejection become important motivations for teenagers. It is not clear exactly how substance abuse among an individual's peers influences that individual to begin using. Some theorists believe that the mechanism is some sort of direct "peer pressure," while others believe that the influence of peers is more subtle. Whatever the mechanisms, association with substance-abusing peers is one of the single best predictors that a young person will begin to use.

The family, the neighborhood, the school, and the peer group are important contexts within which young people perceive that opportunities either exist or do not exist and within which young people feel either accepted and wanted or rejected. When one does not perceive that favorable opportunities exist and one seems to be getting more punishments than rewards, one tends to look for different and better experiences. Substance abuse provides a "way out." Simply put, the stronger the bonds to the conventional forces in society, the less the likelihood that substance abuse will occur. The weaker the bonds and the less adequate the family in helping the youth through the turbulent waters of adolescence, the more likely that child will choose to use drugs, alcohol, and tobacco.

FACTORS INTERNAL TO THE INDIVIDUAL

Although people share certain characteristics -- sex, race and ethnicity, rural or urban residence, region, religious preference, and other factors -- each of us is unique. Parents who have several children will tell you with no hesitation. It is almost as if each child came from a different planet. Teachers and others who deal with children focus more readily on the differences than on the similarities. More often than not, the differences are based on something that is not visible -- something internal to the individual.

There actually is a substantial amount of agreement concerning the factors that "predispose" youth to become involved in substance abuse:

- o Parental substance abuse
- o Perceived adult substance abuse
- o Use of drugs, alcohol, and tobacco among peers
- o Poor grades in school
- o Poor relationships with parents
- o Low self-esteem, depression, and psychological distress
- o Unconventionality and tolerance for deviance
- o Sensation-seeking and the desire for novel and unusual experiences
- o Low sense of social responsibility
- o Lack of religious commitment
- o Lack of purpose in life.

This obviously is not an exhaustive list. The 1986 Anti-Drug Abuse Act included another list of risk factors that are social, environmental, and behavioral rather than psychologically-oriented. That list includes:

- o Youth who experience economic disadvantages
- o Runaways or homeless youth
- o School dropouts
- o Youth who are pregnant
- o Youth who have mental health problems
- o Youth who have attempted suicide
- o Children of substance-abusing parents
- o Victims of physical, sexual, or psychological abuse
- o Youth involved in violent or delinquent acts.

It is critical to understand that it is not so important which of the risk factors are present, but what is the total number of risk factors that predispose one to use drugs, alcohol, and tobacco. The higher the number of risk factors, the greater the likelihood one will become a substance abuser.

WHAT CAUSES YOUTH TO DRINK AND DRIVE?

In many ways, the causes of youth drinking and driving (driving while intoxicated or DWI) are the same as the causes of youth substance abuse. In fact, most of the risk factors already discussed also have been studied as causes of DWI offenses among youth. However, to understand youth drinking and driving, it is also important to consider the following: youth drinking patterns are not like adult drinking patterns, and youth driving patterns are not like adult driving patterns. Youth drinking and youth driving have special characteristics which put youth at particular risk for DWI and crashes involving alcohol-induced impairment.

Inexperienced drinkers become impaired at much lower blood alcohol concentrations than do experienced drinkers. Young drivers' risk of involvement in a crash begins to increase when there is any measurable blood alcohol content, and the "safe limit" guidelines publicized for adults or reflected in legal definitions of impairment can be dangerously misleading if applied to youth.

Young drivers also are greater risk-takers, whether or not they have been drinking. Obviously, they are inexperienced drivers. But, perhaps more important, research suggests that, for some youth, driving fulfills a variety of needs beyond getting from here to there. Such needs include reducing tension, participating in competition, showing off, and sensation-seeking. None of these "extra motives" is likely to lead to safer driving.

Many teens drink in cars simply in order to avoid detection. It also seems clear that driving is a social occasion for youth. To the extent that drinking is associated with teen socializing -- and for many teens drinking and socializing are closely associated -- the social event of going for a ride can constitute just another occasion for drinking.

Unfortunately, little is known about either youth drinking or youth driving that brings comfort to parents, police, medical personnel, or others concerned about young people's safety. In fact, it is fair to say that the safest conclusion is that all youth are at high risk of a drinking-and-driving tragedy -- whether as a driver, a passenger, or an innocent motorist or pedestrian.

POTENTIAL SOLUTIONS

It should be clear from the above discussions that the youth substance abuse problem is widespread, that the costs of these problems are shared by everyone in society, and that the causes of these problems are many and varied. The proposed solutions to these problems also have been many and varied. Unfortunately, research has provided very little guidance concerning which of these solutions are the most effective. Many programs designed to address youth substance abuse and impaired driving have produced inconsistent, weak, and generally disappointing results. Whether at the level of prevention, intervention, treatment, or aftercare, most programs and strategies have not been demonstrated to produce significant or lasting reductions in substance abuse and related problems.

The reasons for these programmatic failures include the application of inherently weak program models, a failure to apply theory adequately in program planning, poor program implementation, inadequate staff training, and a failure to take into consideration differences among users and patterns of use. Perhaps the most commonly cited reason for the failure of substance abuse and impaired driving programming for youth is that such programs have too narrow a focus. As discussed, the causes of youth substance abuse are to be found at all levels of society. Influences related to substance abuse are to be found at the level of the individual user, the family, the peer group, the school, the work place, the community, and the broader social environment. Yet programs have tended to focus on a single level of influence. Thus, prevention programs might address peer group influences but ignore the school environment. Treatment programs might seek to alter individual behavior without addressing family influences that enable and support those behaviors. Communities might pass new ordinances limiting alcohol availability to youth without giving sufficient attention to whether and how those ordinances will be enforced. In short, positive programmatic interventions at one level of influence can be undermined unless influences at other levels are addressed at the same time.

The consistent failure of narrow or fragmented approaches to youth drinking, drug use, and impaired driving has led some communities to attempt to mount broader and more systematic and coordinated responses to these problems. Such approaches are characterized by attempts to involve a variety of community agencies and organizations and by attempts to use a variety of strategies to combat substance abuse. Originally dubbed "community organizing" or "community programming," these approaches began to appear in the mid- to late 1970s and have gained steadily in popularity since that time. By the time the Anti-Drug Abuse Act of 1986 (PL 99-570) was passed, the communitywide model was so much a part of the thinking about substance abuse programming that community planning councils were given funding priority among high risk youth projects.

One goal of communitywide efforts is to develop improved coordination and comprehensiveness in drug, alcohol, and impaired driving programming and policy. A second goal is to engender and foster increased awareness of the nature and extent of the drug problem, an increased sense of unified purpose in the community, and a change in norms and values to increase intolerance of substance abuse and emphasize positive roles for youth. This sense of shared purpose in the community is less tangible than specific programs and policies, but can be equally important in bringing about positive changes.

Communities feel a sense of urgency and even desperation in their attempts to deal with youth drug, alcohol, and impaired driving problems. As a result, community leaders, concerned parents, and young people themselves have mobilized to take action. Public enthusiasm for efforts to address youth drug, alcohol, and impaired driving problems has been a very positive force. However, this positive force must be channeled and directed into effective community action. The CSR described in this manual is one method by which a local government can plan and implement a comprehensive, coordinated, communitywide response to youth drug, alcohol, and impaired driving problems. The CSR and the systemwide response it is designed to develop have not yet been subjected to rigorous evaluation. However, the above discussions suggest

that a planning process like the CSR might be the only effective way for communities to overcome the programmatic fragmentation that has undermined most attempts to create an environment where young people can live and grow, free from the devastation brought about by substance abuse and impaired driving.

ROLE OF THE JUVENILE JUSTICE SYSTEM

Although underage drinking, use of nonprescribed drugs, and driving under the influence are by definition crimes, the juvenile justice system has developed very few standardized mechanisms for dealing with substance abusers. One reason is that, until the 1970s, drug abuse was believed to occur relatively rarely among juveniles -- even among juvenile offenders; another reason is that, while drug trafficking always has been considered a serious crime, drinking and drug use typically have not been seen as such. Often, substance abusers were shunted away from the juvenile court and referred to other agencies for counseling or treatment.

Today, with youthful substance abuse viewed as one of the country's greatest problems, juvenile courts are far more willing to accept responsibility for users and to hold them accountable. Moreover, judges now recognize that the majority of their cases are involved in some manner with illegal substances, and they see effective court action as ultimately a means of reducing caseloads. For these reasons, the juvenile court and the juvenile justice system generally must play a central role in the development of a systemwide strategy.

Juvenile justice procedures vary greatly from state to state and even across jurisdictions within states. Detailed descriptions of local juvenile court procedures often are available from local juvenile court judges; state agencies responsible for youthful offenders often publish such descriptions. Communities that organize systemwide strategies with the juvenile justice system at its core are encouraged to find and distribute these descriptions of procedures to participants.

SYSTEM COMPONENTS

All the activities of the juvenile justice system are subsumed under four categories: prevention, intervention, adjudication, and supervision. To avoid confusion, it is important to note that this classification is similar to, but not congruent with, the "continuum of care" categories used in public health: prevention, intervention, treatment, and aftercare.

Prevention

In juvenile justice, "prevention" refers specifically to delinquency prevention and therefore to activities designed to reduce the incidence of delinquent acts. To the extent that delinquency and substance abuse are related and stem from the same set of risk factors, activities aimed at the prevention of delinquency usually affect substance abuse as well.

Conventionally, prevention activities are directed at youth who have not come in contact with the juvenile justice system. However, elements of prevention programs frequently are

found in activities subsumed by the intervention, adjudication, and supervision categories, since an obvious goal of the system is to reduce recidivism -- that is, to prevent a youth from engaging in additional delinquent acts.

One approach to prevention is to address the known causes and correlates of delinquency and substance abuse. These include school failure; lack of attachment to such cultural institutions as school, family, or community; low self-esteem; association with delinquent peers; and a history of abuse and neglect. Another approach is to address environmental conditions that result in inappropriate labeling or that deny youth the opportunity to develop social, occupational, and other skills or competencies.

Activities, policies, or programs designed to prevent substance abuse and delinquency clearly fall within the purview of a multiplicity of agencies, acting individually or in concert. For example, programs aimed at reducing school failure can involve welfare, housing, recreation, employment, and mental health agencies, as well as schools. Efforts to address destructive environmental conditions can involve police and public health departments in addition to public housing authorities. Because of the pervasiveness of drugs and alcohol, practically all agencies can play an active role in prevention.

Intervention

An "intervention" is any justice system activity which takes place after arrest and before a formal hearing in front of a judge or juvenile court referee. The opportunity for discretion at this stage in the juvenile justice system is greater than at any other point, and it is crucial for the success of a systemwide strategy that youth who have substance abuse problems not be allowed to "fall through the cracks" or to be referred inappropriately.

Discretion originates with the arresting officer, who has the options of (1) lecturing and releasing the offender to parents (often done in cases of underage drinking); (2) diversion to a youth services bureau for voluntary participation in counseling or referral to another agency; or (3) referral to juvenile court. It is estimated that nationwide approximately half of all arrested youth are referred to court.

Discretion is exercised further at the juvenile court intake stage. The options here -- exercised variously by a prosecutor, a probation officer, or a special court intake unit -- include (1) filing of a formal petition and, consequently, continued court processing; (2) dismissal, in which case the youth is released and no further action is taken; (3) diversion to a social services agency; or (4) delay in filing of a petition pending satisfactory completion of informal probation.

Clearly, an effective systemwide strategy must include all the individuals involved in the intervention process -- police, prosecutors, court intake units, youth service bureaus (where they exist), and community social service agencies. All must be made aware that intervention with substance abusers is a priority, and they should be trained and given the tools to identify users and others at high risk. An ideal tool would be a carefully tested and validated screening and assessment instrument designed to be administered at the various "gates" of the intervention

process. The instrument would be structured to allow quick and relatively unobtrusive screening at the earlier gates and more careful diagnosis as the juvenile becomes more involved in the system.

Careful screening and assessment should result in a more accurate evaluation of the offender's problems and more appropriate sanctioning. It should prevent substance abusers from slipping out of the system and provide judges and probation officers with better information on which to base decisions about a particular offender.

Adjudication

It is during the adjudication process that the juvenile court judge finally steps into the picture. The adjudication process is divided into two stages: the adjudicatory hearing, or "trial," and the dispositional hearing, or sentencing. Usually, the two hearings take place at the same time; occasionally they are "bifurcated" into two separate hearings. Always, they are private and closed to the public on the theory that disclosure of the youth's identity is injurious to his or her welfare.

In practice, the adjudicatory hearing is bypassed in as many as 95 percent of cases, because the offender admits to the facts stipulated in the petition. Meanwhile, a probation officer collects information on the youth's background, progress in school, living situation, prior record, and other factors. These considerations are included in a "social history" report that is presented at the dispositional hearing.

The decision made at a dispositional hearing is a juvenile court judge's single most important duty. At that point, the judge quite literally holds the fate of the defendant in his or her hands. That decision would appear to be a choice between probation and incarceration, made by the judge on the basis of the offender's crime; prior record; and, perhaps, age. In fact, it is much more complex and rests on the judge's perception of the offender's likelihood of rehabilitation; amenability to treatment; and social, medical, and mental-health needs; as well as on the availability of resources to meet those needs. In addition, the judge must weigh the probability of harm to the offender against the public right to safety.

How well judges perform their duties depends, to some extent, on their sensitivity to the needs of offenders and their knowledge of the law. It also depends upon their knowledge of available resources in the community and their own ability to advocate the development of new or better resources.

The central role of the juvenile court judge in a systemwide strategy to curb youth substance abuse is obvious. The judge is the focal point of the juvenile justice system and the one person to whom the entire system must respond. Moreover, the judge's power to marshal and even create resources on behalf of those under his or her jurisdiction is awe-inspiring. By exercising leadership and exerting pressure on community institutions, a judge can ensure to a great extent the success of a systemwide strategy.

Supervision

As measured by the calendar, the supervision stage is the longest in the juvenile justice system. It begins immediately upon removal of an offender from the courtroom after disposition and includes probation, incarceration, and parole. Supervision involves several different levels, which may range from essentially no supervision, in cases of "paper probation" for offenders at very low risk of recidivism, to total supervision, in cases of confinement of serious and repeating offenders in secure institutions. Another differentiating characteristic is whether supervision takes place in a residential or nonresidential environment.

Probation always involves terms or conditions, usually simple admonitions to stay out of trouble, avoid other delinquents, attend school, and obey parents and teachers. However, there are almost no limits on the conditions judges can set on probation, so long as they are within the offender's ability to comply. Increasingly, probationers are being required to pay restitution and to perform community service. The length of probation varies, but for juveniles, probation typically averages about six months.

Depending upon the location of the jurisdiction and availability of facilities, juvenile offenders might be incarcerated locally in a county institution, or they might be placed in the custody of a state agency for confinement in a state institution. Generally, only juveniles who have committed the most serious offenses are placed under state jurisdiction, where, in many states, they might remain in custody until they reach adulthood.

Offenders who are released before they complete their full sentences or before they reach adulthood (in cases of indeterminate sentences) are placed on parole. Parole is similar to probation, except that the conditions tend to be fewer and more stringently enforced. Often, parolees enter a group home or "halfway house" to ease the transition between institutionalization and liberty.

Occasionally, juveniles are required to undergo treatment for substance abuse as a condition of diversion, in which adjudication and a police record are avoided. If the juvenile is a serious offender or has a serious substance abuse problem, he or she is more likely to be ordered into treatment as part of a disposition involving probation or incarceration.

Again, treatment in the supervision stage of the juvenile justice system should be based on a sound assessment and diagnosis of the offender's needs. Obviously, facilities for treatment in both residential and nonresidential settings must exist; it might be one task of the agencies involved in the systemwide strategy to bring these facilities into being.

JUVENILE JUSTICE AND A SYSTEMWIDE STRATEGY

In one sense, the juvenile justice system is a systemwide strategy in that it provides, or at least sponsors, a continuum of youth services, from prevention of delinquency through supervision of juveniles paroled from state institutions. However, responsibility for a continuum of services only implies coordination and case management; it does not guarantee them. Professionals, especially probation officers and other providers of services, have struggled for years with issues involved in coordination and case management; many, in fact, refer to juvenile justice as a "non-system" rather than a "system."

Coordination issues are particularly nettlesome for juvenile court judges, who constitutionally are excluded from all decisions made at intake, and who often, by statute, relinquish jurisdiction over offenders referred to state agencies. Offenders who have substance abuse problems leave the system through both gates, thus frustrating the efforts of judges to exert corrective influence on the problem.

Procedures in the juvenile justice system vary greatly from state to state, and sometimes even among jurisdictions within a single state. It would be helpful for all participants in the CSR to be familiar with procedures in their own juvenile justice system. A description of these procedures should be available from your local juvenile court or from the state agency responsible for juvenile justice.

Implementation of a systemwide strategy would, at the least, enhance the sharing of information throughout the juvenile justice system. It could promote vertical case management so that a youth who has a chemical dependency problem can be diagnosed correctly in the intervention stage and subsequently tracked so that appropriate services can be provided through supervision and aftercare.

Moreover, through closer cooperation with schools, law enforcement agencies, recreation departments, and public health agencies, the role of the juvenile justice system in the primary prevention of substance abuse and delinquency could be greatly expanded.

THE CONTINUUM OF SUBSTANCE ABUSE AND IMPAIRED DRIVING SERVICES

We now will take an initial look at the programmatic responses available to communities. These programs, strategies, policies, and activities primarily fall within the domain of "demand reduction." We speak relatively seldom about interdiction of the supply of illicit chemicals or about the arrest and prosecution of offenders. Rather, we will attempt to place a framework around prevention, intervention, and treatment strategies used to control substance abuse, including the problem of impaired driving.

We call this framework a "continuum," a word that connotes a single line of related responses to the problem. It implies that the different forms of substance abuse cannot be isolated from each other. It also implies that effective responses to the problem cannot be isolated from each other, that there is no "magic bullet." The notion of a "continuum" of responses to the problem respects the unique contribution of every program at every stage and by every individual involved. However, it also honors the synergy that happens when complementary approaches are woven into a tapestry of problem-solving.

THE CONTINUUM OF THE PROBLEM

Concerned citizens often ask: "Where do we start? What are the priorities? What is our responsibility for solving the problem?" Early in the process of community action, the basic questions might seem more philosophical than practical. But the way we think about those basic questions strongly influences what we do in the community.

One very basic issue concerns the definition of substance abuse. Many ask, "After all, what is the practical difference between substance use and substance abuse? Or between minimally impaired driving and seriously impaired driving?"

Is it drug abuse when a 17-year-old has that first marijuana cigarette? Is it alcohol abuse when a 13-year-old girl has some wine at the family dinner table? Is it only really "abuse" when "hard drugs" like cocaine and heroin are used, or when health or behavior are seen to be deteriorating? Is experimentation with chemicals or slightly impaired driving by the young abusive merely because it is illegal, even if the same behavior might not be illegal for adults?

There are no right or wrong answers to these questions. But many communities have found themselves in conflict, paralyzed because they cannot agree on the answers. Too often, community leaders become polarized, adopting "hard line" vs. "soft line" positions. That

polarization does not have to happen. Let us offer a perspective that has proven to be helpful in sidestepping unnecessary argument and confusion.

Suppose the community takes the following position:

- (1) Any non-medical use by young people of psychoactive drugs, including alcohol, is by definition substance abuse, harming the body or mind more than helping it.
- (2) Driving or riding in a car when the driver recently has used any amount of drugs or alcohol is impaired driving and imparts some risk to the driver, to passengers, to other drivers and their passengers, and to pedestrians.
- (3) The degree of substance abuse or impaired driving varies on a continuum from very low risk to very high risk. The degree of risk, whether to physical health, mental health, family relations, or other people, varies depending on the chemical used, the frequency and amount of use, the nature of the individual, and the environment in which the use occurs.

Figure 2 (p. 25) presents the progression of substance use, from extremely slight to extremely heavy use. This model, "A Sample Continuum of Substance Abuse Risk", allows us to be consistent in our messages to youth. We condone no substance abuse. We try to prevent any level of harm to our young people. Yet we recognize individual differences in severity and threat to the community, enabling us to assign different priorities to the array of strategies the community might adopt.

It is important both to be consistent in our messages and to be flexible in our approaches. We know that the degree or type of substance abuse will vary in different demographic settings, even though such problems exist in some form in every American community. While all youth substance abuse, whether minor or severe, demands our concern, we must identify priorities. When communities recognize this, they can design prevention, intervention, treatment, and aftercare programs specifically targeted to unique community needs.

A CONTINUUM OF INTERVENTIONS

When we discuss "Prevention," "Early Intervention," and "Treatment and Aftercare" -- as they apply to drug, alcohol, and impaired driving problems -- what do those terms mean? Obviously, they represent ways of addressing the problems of substance abuse. In one sense, anything we try to do is an "intervention." Anything systematic a community might try, such as policies, activities, and organized strategies, can be called a "program."

We think it is easier first to categorize attempted solutions according to the stage to which substance abuse has progressed. We can draw a parallel here with Figure 2. Programs can be designed to target individuals and groups at different stages of possible risk for substance

FIGURE 2:
A SAMPLE CONTINUUM OF SUBSTANCE ABUSE RISK

EXAMPLES OF BEHAVIOR	DEGREE OF RISK
<ul style="list-style-type: none"> • Total abstinence from drugs, alcohol, or cigarettes 	<ul style="list-style-type: none"> • NONE
<ul style="list-style-type: none"> • Use of medically prescribed antibiotics 	<ul style="list-style-type: none"> • EXTREMELY SLIGHT
<ul style="list-style-type: none"> • Drinking one beer four hours before driving 	<ul style="list-style-type: none"> • SLIGHT
<ul style="list-style-type: none"> • Smoking one marijuana cigarette per month 	<ul style="list-style-type: none"> • LOW TO MODERATE
<ul style="list-style-type: none"> • Using tranquilizers or barbituates daily without supervision 	<ul style="list-style-type: none"> • MODERATE
<ul style="list-style-type: none"> • Daily marijuana use 	<ul style="list-style-type: none"> • MODERATE TO HIGH
<ul style="list-style-type: none"> • "Dealing" illicit drugs 	<ul style="list-style-type: none"> • HIGH
<ul style="list-style-type: none"> • Using crack cocaine daily 	<ul style="list-style-type: none"> • EXTREMELY HIGH
<ul style="list-style-type: none"> • Overdosing on heroin 	<ul style="list-style-type: none"> • EXTRAORDINARILY HIGH

abuse or impaired driving. In this manual, we are focusing on young people. However, the general principles are not so different for adults.

We might refer to Figure 3 (p. 27) as "Stages of Risk." We call a series of programs that respond to the entire range of risk stages a "continuum of services." This continuum describes the specific services most appropriate for youth who have never tried illicit substances, for youth who are just experimenting, for youth who are social users, for youth who are compulsive users, for youth who are truly dependent, and even for youth who have been dependent but who currently are trying to stay out of trouble.

It is much more difficult to describe services in terms of the type of program operation involved. For example, "education" as a strategy might target non-users as well as heavy users. "Peer programs" can benefit both experimenters and addicts. "Legal remedies" can have impact on those who rarely ride with intoxicated drivers as well as on those who frequently drive while impaired.

Depending on the distribution of age groups in the community, each will have different proportions of youth in each risk stage of the continuum of abuse. Programs must be appropriate for each community's unique conditions.

Now, let's further define the major areas of effort, which are illustrated in Figure 4 (p. 28).

Prevention

Prevention programming is aimed primarily at youth who have never used drugs or who have never been in high-risk impaired driving situations. In the public health model, which discusses primary, secondary and tertiary prevention, this stage of intervention is called "primary prevention." Prevention also is aimed at the early experimenter.

Those occasional users who have gone beyond experimentation but who are not yet in discernible trouble are on the borderline between those targeted by prevention and those approaching the domain of "early intervention."

Early Intervention

Early Intervention, sometimes merely called "intervention," usually refers to program strategies that target persons whose misuse of substances is accompanied by some related, identifiable problem. For example, these young people might have come into contact with the juvenile justice system through using or selling drugs. They might be identified as intoxicated drivers. They might be having such severe difficulties in school that teachers express concern to parents. Their substance abuse might be producing turmoil in the family, ranging from symptoms like hostility to temper tantrums to runaway threats or suicide threats. Still, these young people usually are not "addicted" in the classical sense to the substances. They still are reasonably functional and could stop using drugs or alcohol on their own if they were motivated to do so. However, such young people most often benefit from some kind of screening and referral for their emotional, family, school, and substance abuse problems.

**FIGURE 3:
STAGES OF RISK IN TARGET POPULATION**

EXAMPLES	STAGE OF PROGRESSION OF SUBSTANCE ABUSE
<p>Never uses drugs or alcohol</p> <p>Tastes alcohol at family celebrations under parental supervision</p>	STAGE 1: CONTINUOUS ABSTINENCE
<p>Tries illicit drugs for first, second, or third time</p>	STAGE 2: EXPERIMENTATION
<p>Consumes alcohol heavily at parties</p> <p>Regularly uses drugs with peers</p>	STAGE 3: SOCIAL USE
<p>Uses drugs or alcohol daily and while driving</p> <p>Steals or deals to buy drugs</p> <p>Personality and behavior change substantially</p>	STAGE 4: COMPULSIVE USE
<p>Experiences tolerance, withdrawal, or loss of personal control</p> <p>Self-destructive</p> <p>Seeks help</p>	STAGE 5: FULL CHEMICAL DEPENDENCY
<p>Quits drugs "cold turkey"</p> <p>Enters voluntary or involuntary treatment</p>	STAGE 6: REDUCTION OF DEPENDENCY
<p>No longer uses, but still is vulnerable</p>	STAGE 7: ABSTINENCE AFTER TREATMENT

**FIGURE 4:
CONTINUUM OF SERVICES**

EXAMPLES OF PRIMARY TARGET OF SERVICE	TYPES OF SERVICE
Have never used	----- PREVENTION
Experimenters	
Casual social users	
Impaired drivers from parties	
Users who "act out" (get in trouble)	----- EARLY INTERVENTION
Users contacting juvenile justice system	
Compulsive users	----- TREATMENT
Alcoholics	
Physically dependent users	
Addicts involved in serious crime	
Self-referred "dependers"	----- AFTERCARE
"Detoxed" and treated recently	
Abstinent for one year or more	

Treatment

Treatment usually targets kids who are at or beyond the verge of true addiction or dependency -- that is, the teen-age alcoholic, the crack addict, the youth who is functionally dependent on marijuana, or the young driver who cares nothing about being intoxicated. Often, these individuals cannot change their high-risk behavior unless they stop their substance abuse, and stopping such use is very difficult. At the treatment stage, we usually do not expect the young person to be able to change his or her lifestyle without significant help from others, sometimes in a very highly structured therapeutic situation.

Aftercare

Aftercare is really a part of treatment, specifically the final phase. "Rehabilitation" is another term often used to describe services for clients who have completed certain stages of treatment and are relatively substance-free. Still, program clients need reinforcement to prevent their return to destructive patterns ("relapse prevention") and to re-integrate them into society. Certain kids have so profoundly disturbed their growth and educational development that much work must be done in simple social skills training and re-education. Some treatment providers refer to this process not so much as "rehabilitation," but as "habilitation," since the kids never had basic skills and abilities in the first place.

No community plan can truly succeed unless all elements of service are provided. For example, to eliminate all traffic crashes caused by impaired driving, communities must encourage already responsible drivers to remain substance-free when driving. Communities also must work effectively with individuals when they are first found to be engaging in high-risk behavior, so that they do not repeat the behavior. Finally, there must be programs in place to work with those persons who are so chemically dependent that they care little about arrest or about doing harm to themselves or to others.

SERVICE DELIVERERS, TARGETS AND OBJECTIVES: A TYPOLOGY OF PROGRAMS BASED ON THE "CONTINUUM OF SERVICES" FRAMEWORK

The following information illustrates the interrelationships among service deliverers in different components of the community, target populations, and specific objectives of substance abuse programs. The "deliverers" can be public agencies, private organizations, or individuals. The "services" include one-shot activities, routine practices, prescribed procedures, complex programs, and simple policies. Each of these activities, policies, procedures, programs, and practices is directed at a particular group and has a specific set of objectives. All programs can be classified according to location, objectives, target population, and activities.

Figure 5 (p. 31) shows how one would classify a public service announcement (PSA) aimed at Hispanic youth. The deliverer (Level One) in this instance is the media, and specifically a television station (Level One-A). The content of the PSA places it at the "Prevention" end of the continuum of services (Level Two), and it is targeted at Hispanic youth who might be tempted to experiment with "crack" cocaine (Level Three). The PSA itself is the activity or service provided (Level Four).

The classification of programs in a hypothetical community is depicted by the diagram in Figure 6 (p. 32). At the center of the diagram are the community's service deliverers, including schools, community agencies, the justice system, and others. The classification scheme radiates out from the center to embrace subtypes of deliverers, stage of intervention, target population, and activities. In Figure 7 (p. 33), we focus on the "Justice System" wedge of the "deliverers" pie to show how the Drug Abuse Resistance Education program (DARE) would be categorized: It is a justice system program operated by the police for prevention and intervention purposes and is targeted at elementary school pupils. Examples of other subtypes of service deliverers are shown in Figure 8 (p. 34).

FIGURE 5: PROGRAM TYPOLOGY

LEVEL ONE:	DELIVERER Example: Media
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General sectors of community responsible for the delivery of the program, policy or activity
Nine sectors, generally mutually exclusive

LEVEL ONE-A:	SUB-TYPE OF DELIVERER Example: MEDIA (TV station)
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Subsets of the general sector, specifying further the prime deliverer of the program

LEVEL TWO:	STAGE OF INTERVENTION Prevention/Intervention/Treatment/Aftercare
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“Stage of intervention” refers to the continuum of service: Prevention, Intervention, Treatment, and Aftercare.

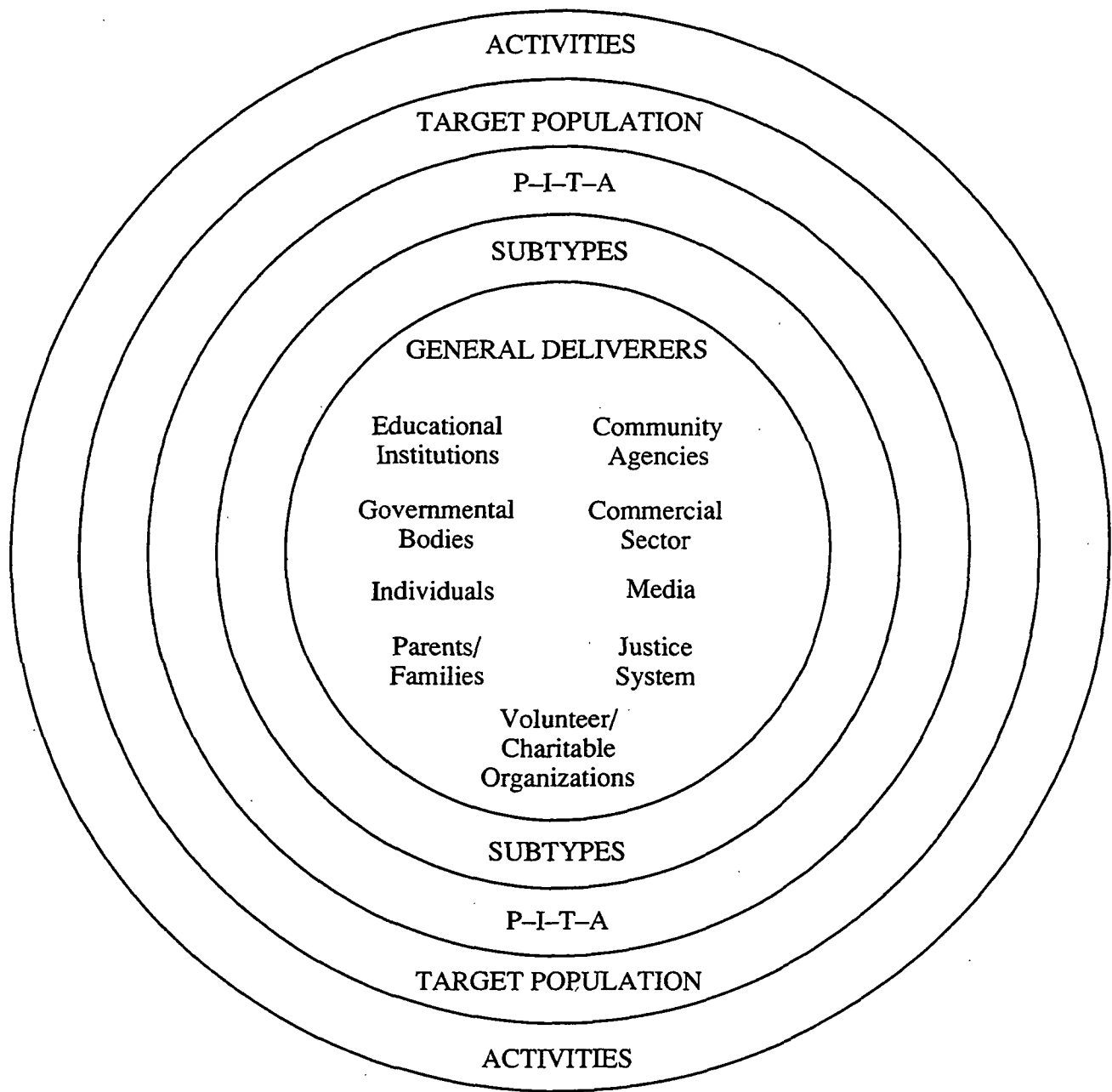
LEVEL THREE:	TARGET POPULATION Example: Media, TV station, Prevention, Hispanic kids, high risk for crack cocaine
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This further specifies the characteristics of the primary targets, in terms ranging from age, gender, race, type of drug use, school attendance, pregnancy, or whatever. It could be as general or specific as necessary.

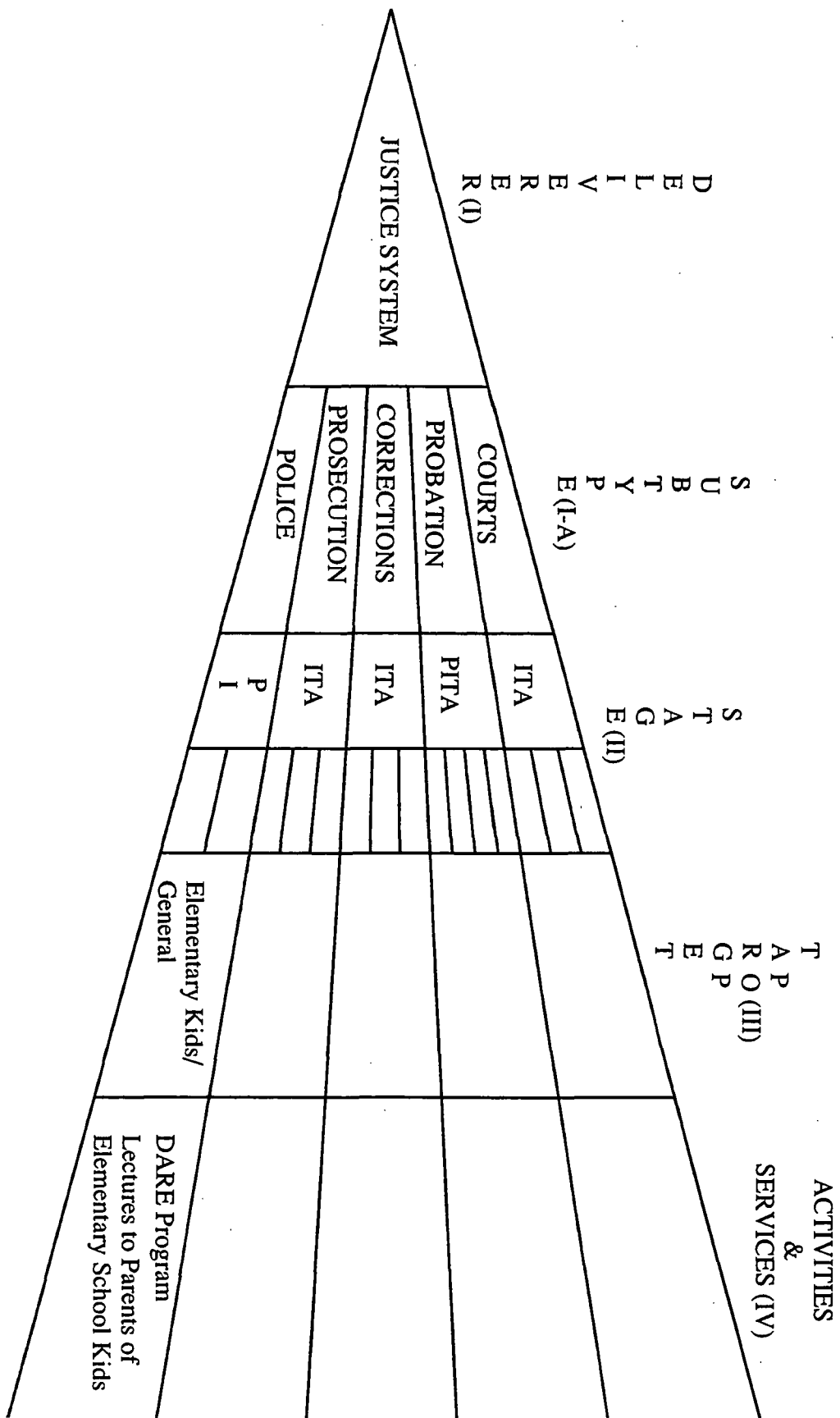
LEVEL FOUR:	ACTIVITY—SERVICES Example: Media, TV station, Prevention, Hispanic kids, Public service spots
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This describes the program activities, again as general or specific as necessary.

**FIGURE 6:
HYPOTHETICAL COMMUNITY**



**FIGURE 7:
THE JUSTICE SYSTEM CATEGORY**



**FIGURE 8:
EXAMPLES OF DELIVERER/SUBTYPES**

JUSTICE SYSTEM:	<ul style="list-style-type: none"> • Police • Courts • Probation 	<ul style="list-style-type: none"> • Corrections • Prosecution
GOVERNMENTAL BODIES:	<ul style="list-style-type: none"> • Legislatures • Oversight committees • Executive offices • Commissions 	<ul style="list-style-type: none"> • Regulatory boards • Councils
FAMILIES/PARENTS:	<ul style="list-style-type: none"> • Nuclear families • Neighborhood groups • Parent support groups 	<ul style="list-style-type: none"> • Extended families • Foster parents
COMMERCIAL SECTOR:	<ul style="list-style-type: none"> • Businesses • Medical practices • Trade associations • For-profit hospitals 	<ul style="list-style-type: none"> • Corporations • Chambers of Commerce
MEDIA:	<ul style="list-style-type: none"> • Newspapers • TV stations • Motion pictures 	<ul style="list-style-type: none"> • Radio stations • Periodicals • Billboard providers
COMMUNITY AGENCIES:	<ul style="list-style-type: none"> • Health Departments • Mental Health Departments • Employment Departments • Community task forces 	<ul style="list-style-type: none"> • Public hospitals • Housing Offices • Social Welfare Departments
VOLUNTARY/CHARITABLE ORGANIZATIONS:	<ul style="list-style-type: none"> • Service clubs • Volunteer programs • Private non-profit hospitals • Public charities • United Way agencies 	<ul style="list-style-type: none"> • Churches • Foundations • National Groups • Fraternal orders
EDUCATIONAL INSTITUTIONS:	<ul style="list-style-type: none"> • Preschools • Adult Education • Residential schools • Public elementary/junior high/high schools 	<ul style="list-style-type: none"> • Private schools • Daycare centers • Colleges • Student groups
INDIVIDUALS:	<ul style="list-style-type: none"> • Self-help groups • Grass-roots actions • Idiosyncratic activities 	<ul style="list-style-type: none"> • Citizen action • Groups

RELATIONSHIP OF JUSTICE SYSTEM COMPONENTS TO THE SERVICE CONTINUUM

Although the entire juvenile justice system must be involved in a comprehensive strategy designed to reduce youth substance abuse, different agencies within the system will be involved at different levels, depending upon the scope and nature of the activity. For example, law enforcement is central to the intervention stage and often is involved in prevention (as is the case in the DARE program), but it has no role in treatment and aftercare. On the other hand, probation officers, who bear the brunt of responsibility for supervising juvenile offenders, have an extremely limited role in prevention and intervention, but have major responsibilities in treatment and aftercare.

This in-and-out, ebb-and-flow relationship of components of the justice system to the continuum of services is represented by Figure 9 (p. 36). As the matrix suggests, only three agencies -- mental health, public health, and welfare -- are involved across the entire continuum of drug abuse services, but those agencies have much more limited responsibilities in the juvenile justice system.

The matrix also highlights the importance of integration of services, both across agencies (horizontal integration) and within agencies (vertical integration). For example, mental health agencies must coordinate their services across the entire spectrum of activities in substance abuse, ranging from prevention to aftercare, while, in the juvenile justice system, they must cooperate with other agencies in the prevention of delinquency. These concerns are examined in greater detail in "Prevention, Intervention, Treatment, and Aftercare Program Models," included under *Supplemental Information* in the TOOLS SECTION.

**FIGURE 9:
CONTINUUM OF SERVICES**

JUVENILE JUSTICE SYSTEM COMPONENTS	PREVENTION	INTERVENTION	TREATMENT	AFTERCARE
Prevention:				
Mental Health	X	X	X	X
Public Health	X	X	X	X
Schools	X	X		X
Recreation	X			X
Housing	X			
Employment	X	X		X
Welfare	X	X	X	X
Intervention:				
Police	X	X		
Adjudication:				
Juvenile Court		X		X
District Attorney's Office		X		X
Supervision:				
Probation			X	X

MECHANICS OF THE COMMUNITY SYSTEMWIDE RESPONSE

The Community Systemwide Response (CSR) is designed to help local community governments develop a comprehensive and coordinated package of policies, procedures, programs, and practices to combat drug and alcohol abuse and impaired driving by young people. The CSR assists in:

- o Identifying and analyzing specific problems
- o Assessing resources related to these problems
- o Determining needs
- o Developing an action plan with concrete objectives, tasks, and responsibilities.

The CSR facilitates cooperation and information-sharing among community agencies. It must involve, at a minimum, the highest officials from the juvenile court, schools, law enforcement, mental health, public health, welfare, and other key local governmental agencies. When the CSR is operating properly, it maximizes the resources of the participating agencies and helps them do a better job in their areas of responsibility.

The CSR relies on three key principles:

- o Information-sharing at all levels within the planning group and the agencies represented with respect to policies, procedures, programs, practices, and resources related to the problem under consideration
- o Coordination of efforts and accommodation of the initiatives of participating agencies in order to set priorities, concentrate resources, and maximize the contribution of each agency
- o Establishment of procedures to facilitate integration of services for selected target populations, including setting priorities for delivery of services and systemwide case management.

The CSR provides a blueprint for identifying problems, enumerating resources, assessing needs, and developing an implementation plan. This blueprint is dubbed "IDENTIFY," an acronym which doubles as a mnemonic device describing each of its steps (see Figure 10, p. 38).

FIGURE 10: THE IDENTIFY MODEL

- I - Identify the problem.
- D - Define system components (agencies) responsible for responding to the problem.
- E - Enumerate policies, procedures, programs, practices, and resources that currently impact the problem.
- N - Needs for policy, procedure, program, practice, and resource enhancement are clarified.
- T - Target strategies that would be effective in responding to the problem.
- I - Implementation plan is designed, defining goals, objectives, tasks, and resources.
- F - Focus responsibilities for implementation and report on success.
- Y - Yell if monitoring and assessment reveal it doesn't work; make adjustments as needed.

(This figure may be copied onto a transparency and used as an overhead projection.)

The use of IDENTIFY as the mnemonic for these planning steps reflects the philosophy that planning must be based on information and that the plan for system change must reflect an in-depth understanding of the system as it currently operates and a clear vision of how the system will operate once the plan is implemented.

The CSR requires communities to develop an action plan, including assignment of responsibility for portions of the problem to all relevant agencies and determination of how activities, policies, procedures, programs, and practices can be coordinated for maximum impact. For any given problem, the participants ultimately will be able to fill in all cells of a matrix formed by plotting categories of activities, such as the juvenile justice system categories of prevention, intervention, adjudication, and supervision, or the health system's continuum of care categories, against the questions of Who does What, When, Where, Why, and How? An example of the matrix, which plots the "5 Ws and H" against the juvenile justice system categories, is presented in Figure 11 (p. 40). A more detailed discussion of the matrix, along with sets of planning forms, can be found in "Methods for Problem Analysis, Resource Assessment, Data Collection, and Needs Analysis," included under *Facilitation* in the TOOLS SECTION of this manual.

The matrix can be an effective planning guide, because it forces planners to allocate responsibilities in specific areas of activity. The matrix requires that the following questions be addressed:

WHO -- what agencies and individuals -- should be involved in the activities, policies, procedures, programs, and practices undertaken to address the problem?

WHAT are the things -- activities, policies, procedures, programs, and practices -- that are most appropriate?

WHEN should these activities be initiated or conducted -- for example, during the school year? Summer? Holiday periods?

WHERE should the activities take place? Locations might include schools, churches, recreation centers, youth service facilities, and certain business establishments.

WHY should these activities, policies, procedures, programs, and practices be adopted? Is there a sound theoretical basis to assume the probable effectiveness of these activities? Are there other programs which might be better suited to addressing the problem?

HOW should these activities be carried out? What resources must be brought to bear? Who else should be involved?

FIGURE 11: SYSTMEWIDE PROCESS MATRIX

	WHO	WHAT	WHEN	WHERE	WHY	HOW
PREVENTION						
INTERVENTION						
ADJUDICATION						
SUPERVISION						

SELECTING PROBLEMS TO BE ADDRESSED BY THE CSR

Care must be exercised in the consideration of problems which might be approached through the systemwide strategy. Problems must be carefully defined, so that they are manageable and, at least in appearance, amenable to solution. Often, community task forces focus on efforts that are too broad, such as a "Drug-Free America," or on those which have no measurable objectives, such as "Get High on Life, Not Drugs." In either case, lack of success and dismay over slow progress soon saps the energy of task force members and the effort sputters to a stop.

The list on the following page suggests sample problems which communities might consider. Note that these sample problems involve major issues and, in most cases, have many facets. What is seen as a single problem might, in fact, be made up of many smaller, more specific problems which offer several different agencies likely points of attack. Also note that the problems fall into certain categories, including problems involving the sale or use of drugs in particular locations; problems involving the police or public order; problems suggesting the need for system improvement; problems involving treatment opportunities; and problems related to risk factors.

It is important to emphasize that the CSR basically is a series of steps leading from initial introductory meetings through problem identification, resource assessment, and planning for implementation of a coordinated, systemwide strategy to combat youth substance abuse. It is designed to address problems one at a time. Further iterations, or cycles, of the CSR can begin as the community selects additional problems to address. Ultimately, the strategy will grow, problem by problem, into an approach which is comprehensive as well as coordinated. Care must be taken, however, that responses to subsequently-identified problems never hinder or compromise activities aimed at the problems identified in an earlier round. Activities which conflict with or contradict one another well might erase hard-won gains.

FIGURE 12: SAMPLE PROBLEMS FOR COMMUNITIES TO CONSIDER

1. Problems involving locations:

- A. Distribution of particular kinds of drugs in particular parts of the community
- B. Use of particular kinds of drugs by youth at particular locations
- C. Drug-related crimes in particular places
- D. Crimes related to drug distribution in particular locations.

2. Problems involving police or public safety:

- A. High rate of car crashes resulting from driving under the influence of alcohol and other drugs
- B. Disruption by youth in certain settings (for example, school athletic events)
- C. Drug-related gang activity.

3. Problems suggesting needs for system improvements:

- A. High rates of school failure and dropping out
- B. Lack of recreational opportunities for youth
- C. Easy access to alcohol by youth
- D. Town economy too dependent on alcohol or drugs
- E. High rates of youth unemployment
- F. Community denial and lack of understanding
- G. Lack of dispositional options for drug-involved offenders.

4. Problems relating to treatment services:

- A. Lack of treatment services for young people
- B. Too many youth dependent on a particular drug, such as crack cocaine
- C. Youth who have drug and alcohol problems not identified and not gaining access to existing services.

5. Problems relating to drug and alcohol risk factors:

- A. High rates of alcohol and drug use among adults
- B. Early onset of drug use by youth
- C. High rates of teen pregnancy, fetal drug and alcohol complications, and sexually-transmitted diseases.

(This figure may be copied onto a transparency and used as an overhead projection.)

KEY PARTICIPANTS

In considering who should be involved in the CSR, it is important to remember that the CSR can succeed only if it has the involvement and full support of all the local governmental agencies which share responsibility for dealing with youth substance abuse and impaired driving. Thus, Key Participants in the initial meetings of the CSR should include duly appointed or elected community officials responsible for the policies, procedures, programs, practices, and resources of the Juvenile Justice System. Of course, participation in both the planning and the implementation phases of the CSR also must include other community leaders and constituencies, such as parents, community action groups, service providers, youth, and business leaders. However, if the CSR is to be an effective tool for planning, policy change, resource allocation, and coordinated action, it must obtain the full support and participation of those responsible for decision-making at the highest levels of local government.

The initial group of Key Participants should include all of the following (or their equivalent in the particular community):

- 1) The Juvenile Court Judge
- 2) The District Attorney
- 3) The Chief of Police or the Sheriff
- 4) The Superintendent of Schools
- 5) The Director of Probation Supervision
- 6) The Director of Mental Health
- 7) The Director of Public Health
- 8) The Director of Recreation
- 9) The Director of Housing
- 10) The Director of Employment Services
- 11) The Director of Welfare or Child Protective Services
- 12) The Mayor, County Commissioner, or County Executive
- 13) The state legislator representing the community
- 14) Recognized leaders from grass-roots organizations and interests, especially those most likely to be affected by the CSR.

In some communities, it also will be important to include one or more of the following individuals as Key Participants:

- 15) The Chairman of United Way or Community Chest
- 16) The Chairman of the Chamber of Commerce
- 17) The Chief Executive Officer (CEO) of a major private industry

Whether to include any or all of these individuals is a decision to be made at the local level. How and when this decision should be made is discussed under *The First Meeting: Setting the Context for the CSR*.

The CSR requires concentrated planning over a relatively short period of time. For this reason, Key Participants might wish to designate a Second-in-Command (Second) to assist with planning. When considering candidates to serve as the Second, Key Participants should keep in mind the following criteria:

- 1) The Second should have ready access to the Key Participant.
- 2) The Second should have sufficient time to devote to the CSR planning activities.
- 3) The Second should be thoroughly familiar with the current policies, procedures, programs, practices, and resources of the agency.
- 4) The Second should understand the obstacles that might be encountered in implementing new policies, procedures, programs, practices, and resources.
- 5) The Second should be able to make (or at least suggest) agency policy in the areas of youth drug and alcohol abuse and impaired driving, with mutual confidence that such policy is likely to meet with the approval of the Key Participant.

These criteria suggest that the Second generally should be drawn from among managerial staff. For example, an assistant school superintendent responsible for curriculum or staff development would be an appropriate Second, since he or she probably already is involved in the development of district policy concerning substance abuse issues. By contrast, a district substance abuse counselor -- although actively involved in the district's drug, alcohol, and impaired driving program -- would be a weaker choice, since such an individual implements rather than sets policy. Again, this is not to say that school counselors would not be an important group to involve at later stages, as the CSR develops. However, in the early planning stages of the CSR, the Second must be sufficiently high up in the agency's hierarchy that he or she can take the broadest possible view -- next to the Key Participants themselves -- of the agency's role in the overall systemwide response to youth drug, alcohol, and impaired driving problems.

A note of caution concerning the role of the Seconds is in order. Important though the involvement of Seconds may be in taking some of the burden off the Key Participants, the active participation of the Key Participants themselves, as key community decision-makers, is crucial to the success of the CSR. Without active participation of the Key Participants, ownership in the CSR will not be built, the process will falter, and frustration will become a more likely outcome than success. Thus, the role of the Second as second in command constantly must be kept in mind. A Key Participant who delegates his or her entire role (or even a major portion of it) to the Second is not fulfilling his or her commitment to plan as a total local government. This commitment is the base and framework of the CSR.

THE FIRST MEETING: SETTING THE CONTEXT FOR THE CSR

CHECKLIST

PREPARATION Responsible Party: Juvenile Court Judge

- 1) Arrange a meeting of the Judge's intimates drawn from among the Key Participants.
- 2) Send a description of the CSR process to invitees (that is, "An Outline of the CSR Process: Five Meetings" under *Marketing* in the TOOLS SECTION and the CSR Brochure supplied by National 4-H Council).
- 3) Review objectives for the meeting.
- 4) Copy the agenda for distribution at the meeting.
- 5) Select the meeting space or meeting space options for the work sessions which constitute the initial phase of the CSR.
- 6) Review materials in the TOOLS SECTION on *Collaboration* and *Marketing*.
- 7) Copy the "Community Segments Mapping Guide" (see *Collaboration*) for each participant.
- 8) Review the "Role Description" and "Group Goal Descriptions" under *Collaboration*.

FOLLOW-THROUGH Responsible Party: Judge and the Judge's staff

- 1) Write thank-you notes to all who attended the meeting.
- 2) Set a date for the first work session (Second Meeting).
- 3) Write letters to selected Key Participants inviting their participation in the CSR process.

THE FIRST MEETING: SETTING THE CONTEXT FOR THE CSR

OBJECTIVES

- 1) To ensure that the Juvenile Court Judge and a select group of the Judge's intimates drawn from among the Key Participants understand the CSR and enthusiastically support it
- 2) To decide who among the optional Key Participants should be involved in the CSR
- 3) To meet, as required, with Key Participants other than the Judge's intimates in order to gain their participation.

THE FIRST MEETING: SETTING THE CONTEXT FOR THE CSR

AGENDA

- I. INTRODUCTION
- II. EXPLANATION OF THE PROCESS
- III. REVIEW OF PARTICIPANTS
- IV. QUESTIONS AND ANSWERS

THE FIRST MEETING: SETTING THE CONTEXT FOR THE CSR

DESCRIPTION

In this manual, it is suggested that the CSR process be conducted over five meetings. Some communities will finish the CSR in fewer than five meetings, and others might take longer. That the CSR be done in three, five or seven meetings is not in itself important, and communities should retain flexibility in their approach to the process. It is important, however, that all of the steps outlined in this section of the manual be followed.

Before attempting to implement the activities that the CSR includes, the effort must be expended to set the appropriate context within the community. To this end, communities might wish to organize a "pre-meeting." This pre-meeting is an optional feature of the CSR, but many communities might find it a useful first step in getting the CSR off to a good start.

In order to meet the first objective -- to ensure that the Juvenile Court Judge and a select group of the Judge's intimates among the Key Participants understand the CSR and enthusiastically support it -- the Judge should assemble a small group (approximately five people) selected from the Key Participants whom he or she trusts and with whom he or she has a good working relationship. Although it is not anticipated that this "core group" necessarily will be more actively involved in the CSR than will other Key Participants, their initial support is crucial to getting the CSR going and ensuring that the first work session of the CSR is a success.

The second objective -- to decide who among the optional Key Participants should be involved in the CSR -- also will be accomplished in the "core group" meeting (see "Community Segments Mapping Guide" under *Collaboration* in the TOOLS SECTION). Remember that we have discussed three optional Key Participants: the Chairman of United Way or Community Chest, the Chairman of the Chamber of Commerce, and the CEO of a major private industry. These individuals are considered "optional" because they do not meet the criteria for Key Participants: elected or appointed government officials or grass-roots leaders.

The decision whether to include any or all of the optional Key Participants will be predicated on an analysis of those individuals' stature in the community. When such individuals are "opinion leaders," have high credibility with community members, or control a significant amount of resources, they probably should be included. For example, in some smaller communities, a single industry or business (for example, manufacturing, logging, or food

processing) employs a substantial percentage of the community's residents. In such cases, inclusion of the management of this business or industry would be an important resource to the CSR, since the productivity of the enterprise is affected directly by drug, alcohol, and impaired driving problems.

Finally, the "core group" will determine the necessity of addressing the third objective - to meet, as required, with Key Participants other than the Judge's intimates in order to gain their participation. The "core group" should consider those Key Participants who might be particularly resistant to the CSR; having a face-to-face meeting with them might help overcome such resistance.

Depending upon the number of persons invited to this meeting, it might be held in the Judge's chambers or even in the courtroom. In the invitation, the Judge should include a brief description of the process to help the group understand what lies ahead. Letters of appreciation to the initial core group help bond them to the process and further solidify their support.

THE SECOND MEETING: PROBLEM IDENTIFICATION AND RESOURCE INVENTORY

CHECKLIST

PREPARATION Responsible Party: Judge and Judge's staff

- 1) Invite the entire list of Key Participants and ensure the maximum possible attendance (see "Collaboration Team Informational Flyer" under *Marketing* in the TOOLS SECTION).
- 2) Explain to the Key Participants the role of the Second and the criteria for selecting one.
- 3) Make final arrangements for the meeting space.
- 4) Arrange for snacks, coffee, and meals for the session (either catered at the meeting site or at a nearby facility).
- 5) Provide an overhead projector, blank flip charts, marker pens, masking tape (to secure flip charts to walls), and other supplies.
- 6) Copy Figures 1 (p. 5), 10 (p. 38), and 12 (p. 42) onto transparencies for overhead projection or onto another form of visual.
- 7) Review materials on *Facilitation* in the TOOLS SECTION.
NOTE: "Methods For Problem Analysis, Resource Assessment, Data Collection, and Needs Analysis"
 - o Copy pages from this document that will be helpful in explaining methodologies for problem analysis and resource assessment.
 - o Copy pages to give to those responsible for gathering information between the second and third meetings.
- 8) (optional) Create an overhead of the Problem Analysis Grid from "Methods For Problem Analysis, Resource Assessment, Data Collection, and Needs Analysis".

- 9) Review objectives.
- 10) (optional) Arrange for a facilitator to take over from the convener and conduct the meeting.

FOLLOW-THROUGH Responsible Party: Chair and staff

- 1) Type and copy minutes.
- 2) Send copies of minutes, letters of appreciation, and notice of the next meeting to all participants.
- 3) Send letters to those responsible for gathering information on resources and reporting back. Enclose any tools that they did not receive at the meeting (see "Methods for Problem Analysis, Resource Assessment, Data Collection, and Needs Analysis").
- 4) Ensure that interim tasks are completed.
- 5) Explore means of expanding participation.

THE SECOND MEETING: PROBLEM IDENTIFICATION AND RESOURCE INVENTORY

OBJECTIVES

- 1) To explain to the Key Participants and Seconds the nature and purpose of the CSR and to motivate them to participate
- 2) To develop a list of specific youth drug, alcohol, and impaired driving problems in the community, and to select one as the initial problem for the CSR
- 3) To review and adjust methods and protocols for an in-depth analysis of the selected problem (problem analysis) and the community's current response to that problem (resource assessment).

THE SECOND MEETING: PROBLEM IDENTIFICATION AND RESOURCE INVENTORY

AGENDA

I. INTRODUCTION:

- A) Overview of the national youth drug, alcohol, and impaired driving problem
- B) Rationale for the CSR
- C) Description of the CSR
- D) Outline of working relationships between and among local government agencies, community leaders, and other interests.

II. PROBLEM IDENTIFICATION:

- A) Define specific youth drug, alcohol, and impaired driving problems in the community, working from the list of typical problems presented by the facilitator.
- B) Select one problem for further analysis.

III. PREPARATION FOR PROBLEM ANALYSIS AND RESOURCE ASSESSMENT:

- A) Provide descriptions of problem analysis and resource assessment methodologies and adjust the methodologies to suit the community.
- B) Design specific protocols to:
 - i) Analyze in detail the problem selected (who, what, where, when, why, and how -- Problem Analysis).
 - ii) Analyze the current policies, procedures, programs, and practices of each agency represented as they affect the problem (who, what, where, when, why, how, and how much -- Resource Assessment).
- C) Develop a work plan for the problem analysis and resource assessment, including tasks, responsibilities, and timelines.

IV. SELECTION OF A CHAIR FOR THE WORKING GROUP

V. SCHEDULING THE NEXT MEETING (two weeks to one month)

THE SECOND MEETING: PROBLEM IDENTIFICATION AND RESOURCE INVENTORY

DESCRIPTION

The second meeting accomplishes the "I" of the IDENTIFY model -- problem identification -- and prepares the community to gather data to complete the "D" and "E" -- definition and enumeration of current responses to the problem.

This meeting is a one-day gathering of all the Key Participants and Seconds. The meeting will be convened by the Juvenile Court Judge or by another well-known and respected community leader designated by the Judge. The convener will preside over welcoming remarks and introductions. The convener then can continue to conduct the meeting or turn it over to someone with training and skills in meeting facilitation and small group process (see *Facilitation* in the TOOLS SECTION of this manual).

After introductions, the Juvenile Court Judge or another member of the "core group" of Key Participants should provide an overview of the national youth drug, alcohol, and impaired driving problem (see BACKGROUND SECTION), discuss the rationale for the CSR, describe the mechanics of the CSR (using visuals of Figures 1 and 10), and explain how community officials and grass-roots leaders can work together on these issues. This morning session accomplishes the first objective, which is to explain to the Key Participants and Seconds the nature and purpose of the CSR and to motivate them to participate.

After the description of the substance abuse and impaired driving problem and of the CSR, the group should conduct a working session designed to meet the second objective -- develop a list of specific youth drug, alcohol, and impaired driving problems in the community and select one for further study. The list of typical youth drug, alcohol, and impaired driving problems to which the CSR can be applied (Figure 12, page 42) will help guide this effort. The problems listed are sufficiently specific to allow systemwide planning to address them. They also are of sufficient scope to warrant the application of the CSR to solve them.

The Key Participants should review the problem list (using the visual of Figure 12) and suggest ways in which the list should be narrowed down, expanded, or modified in order to reflect local circumstances. For example, Problem 1. A on the list reads: "Distribution of particular kinds of drugs in particular parts of the community." Key Participants will be asked to consider whether drug distribution is a pressing community problem and, if so, which drugs and in which areas. The resulting modified problem statement might read: "Crack distribution

in the Lakeside Public Housing Project," or "Marijuana distribution on the North High Campus."

The facilitator for this portion of the meeting should not be content with a list of general problems expressed in general terms. From this list will be selected a single problem relevant to this particular community at this particular time. If "after-school drinking" is suggested as a problem, the facilitator should press the group for evidence and examples.

The facilitator must use good judgment to determine when the problem-identification effort has achieved its purpose. But the process should not be cut off prematurely -- more than likely, this is the first time that this community has had an opportunity to discuss this issue in an open meeting, and there is a lot to be gained by allowing the participants to work through the process thoroughly.

Once the problem list has been refined, modified, and, if necessary, re-categorized, Key Participants must select a single problem for further study. The selection of this problem will be based on the following criteria:

- 1) All Key Participants believe their agencies and organizations have a role to play in addressing the problem.
- 2) All Key Participants believe the problem can be addressed effectively with available resources.
- 3) All Key Participants believe that effectiveness can be defined and measured.

It is important to note that this problem is only one of many problems to which the CSR can respond. However, the selection of an initial problem is necessary in order to get the planning process moving. Other problems -- which might be equally pressing -- can be addressed in subsequent applications of the CSR.

Selecting a single problem from a list of 20 or more will not be a simple matter. Individuals or individual agencies, such as the police department or community action groups, might be intensely concerned with a particular problem and believe that if that problem is not addressed immediately, it never will be addressed. Many individuals might fear that their "stake" or role in the CSR will shrink if their "pet" problem is not selected. The facilitator must take pains to convince concerned participants that setting priorities among problems is necessary if the CSR is to achieve concerted, communitywide action.

If there is a large group of participants and a large number of problems on the list, it might be advisable to streamline the process of setting priorities by dividing the group into committees of equal size. Each committee then can be given responsibility for a single category of problems; each committee then would select one problem from that category as a candidate for approval by the whole group (see "Tips for Nominal Group Process" under *Facilitation* in the TOOLS SECTION of this manual). The process of selecting the single problem must be seen as fair and considerate. If consensus cannot be achieved, a vote should be taken.

After it has selected a specific problem, the group should turn its attention to accomplishing the third objective -- outline the community's current response to the problem (resource assessment) and review and adjust methods and protocols for an in-depth analysis of the selected problem (problem analysis). In practice, the problem analysis -- What are the specific parameters of the problem as it currently exists in the community? -- and the resource assessment -- What are the current policies, procedures, programs, and practices of the Key Participants' agencies with respect to the problem? -- are information-gathering tasks (who, what, where, when, how, and how much?). Sample information-gathering protocols and descriptions of information-gathering methods are included in "Methods for Problem Analysis, Resource Assessment, Data Collection, and Needs Analysis" under *Facilitation* in the TOOLS SECTION of this manual.

Although it is probable that no one in the community knows all aspects of the community's current response to the problem, many of the participants in the meeting will have some information about specific things which currently are being done. The meeting facilitator should elicit this information from the participants and list all facts according to categories which reflect, for example, agency responsibilities or target groups. A useful tool for doing this is the "NHTSA Pizza" found under *Facilitation* in the TOOLS SECTION of this manual. Developed by the National Highway Traffic Safety Administration (NHTSA) to show where activities intended to prevent impaired driving should be located in the community, the "pizza" is composed of "slices" which represent different parts of the community. It also focuses attention on the "continuum of care": prevention, intervention, treatment, and aftercare. (For a discussion of how the "NHTSA Pizza" was used to assess community response to a given problem, see "Youth Drug and Alcohol Abuse: Introduction of Effective Systemwide Strategies" under *Supplemental Information* in the TOOLS SECTION; the document describes the implementation of the CSR in Fredericksburg, Virginia.

After the community's response to the problem has been outlined, a work plan to complete the problem analysis and resource assessment should be developed. The work plan should specify who among the Key Participants and Seconds will be responsible for each of the problem analysis and resource assessment tasks and the time frames within which these tasks should be accomplished. At the end of the first work session, the Key Participants will be asked to select a chair for the coming year. This individual could be the Juvenile Court Judge who initiated the CSR or any other Key Participant who feels that he or she has the time and inclination to spearhead the CSR.

Preparing for the third meeting

In the interval between the second and third meetings, the Participants should complete the problem analysis and resource assessment for the selected problem. These tasks should be completed within a period of no longer than one month, and preferably about two weeks.

The problem analysis and resource assessment of the problem selected for further study accomplish the definition ("D") and enumeration ("E") steps of the IDENTIFY model -- that is,

they provide an opportunity for close analysis of the specific dimensions of the problem and the community's current responses to it.

By the end of the second meeting, the participants will have information-gathering protocols for the problem analysis and resource assessments and a well-defined work plan for implementing the information-gathering activities. As mentioned above, instructions for obtaining this information are provided under *Facilitation* in the TOOLS SECTION of this manual. As explained there, completion of the problem analysis and resource assessments might require a review of the procedures manuals and other policy and procedure documentation of the relevant community agencies; review of official records (police arrest records or school disciplinary records, for example); interviews with agency staff, community members, and youth; and observation of such youth hangouts as malls, parks, and shopping centers. This may seem like a great deal of work to accomplish in a short period of time. However, experience suggests that the information needed can be gathered in the allotted time. It is very important that the problem assessments and needs analysis be completed before the second work session. Without that information, the CSR cannot proceed.

THE THIRD MEETING: ANALYSIS OF NEEDS

CHECKLIST

PREPARATION Responsible Parties:

Participants (resource reporters)

- 1) Collect the information specified in the information-gathering protocols developed during the second meeting.
- 2) Prepare this information for presentation at the third meeting.

Chair and staff

- 3) Ensure that the information gathering for the problem analyses and resource assessments is complete and ready for presentation and discussion.
- 4) Ensure the attendance of all Key Participants and Seconds.
- 5) Make final arrangements for the meeting space.
- 6) Arrange for snacks, coffee, and meals for the session (either catered at the meeting site or in a nearby facility).
- 7) Provide an overhead projector, blank flip charts, marker pens, masking tape (to secure flip charts to walls), and other supplies.
- 8) (optional) Arrange for a facilitator to take over from the convener and conduct the meeting.
- 9) Review Needs Analysis in "Methods for Problem Analysis, Resource Assessment, Data Collection, and Needs Analysis" under *Facilitation* in the TOOLS SECTION of this manual.

FOLLOW-THROUGH Responsible Parties: Chair and staff

- 1) Collect all the protocols, forms, and other written information used by the participants to report on policies, procedures, programs, practices, and resources.
- 2) Ensure the completeness of the forms; if necessary, call agencies and fill in missing information.
- 3) Contact persons who did not report as scheduled and ensure that they will get the information.
- 4) Compile the information by categories into a preliminary draft of a "Community Resource Manual."
- 5) Copy the draft Community Resource Manual and arrange to have it available for distribution at the next meeting.
- 6) Type, copy, and distribute minutes of the meeting.
- 7) Start planning for the Fifth Meeting: Conference and Training Session.

THE THIRD MEETING: ANALYSIS OF NEEDS

OBJECTIVES

- 1) To review problem analysis and resource assessment data
- 2) To complete a needs analysis which indicates areas where policies, procedures, programs, practices, and resources must be developed or refined
- 3) To begin defining a systemwide strategy to plug existing gaps and approach the problem in a comprehensive manner.

THE THIRD MEETING: ANALYSIS OF NEEDS

AGENDA

- I. **PROBLEM ANALYSIS AND RESOURCE ASSESSMENT REPORTS:** Presentation and discussion of problem analysis and resource assessment data.
- II. **NEEDS ANALYSIS:** Identification of policies, procedures, programs, practices and resources needed to mount a systemwide response to the selected problem.
- III. **BRAINSTORMING STRATEGIES:** Initial identification of target populations and strategies to address the programming gaps uncovered in the needs assessment.
- IV. **NECESSITY OF FIFTH MEETING:** Decide whether it is necessary to have a public meeting for training and to announce the plan (see *Fifth Meeting: Conference and Training Session*).

THE THIRD MEETING: ANALYSIS OF NEEDS

DESCRIPTION

The third meeting should take place when the problem analysis and resource assessments have been completed -- about two weeks to one month after the first work session. The meeting will last one day, but additional work might be required of some members of the group. The meeting will be opened by the newly-elected chair of the group but might be turned over to a facilitator who can help participants complete their tasks.

The third meeting provides an opportunity to review the definition ("D") and enumeration ("E") of the community's current responses to the selected problem, as those responses are described in the problem analysis and resource assessment data. Using these data, the Key Participants will identify needs for policies, procedures, programs, practices, and resources (needs analysis) -- the "N" of the IDENTIFY model. The ultimate goal is to target policies, procedures, programs, practices, and resources that will effectively address the selected problem -- the "T" of the IDENTIFY model.

Like the second meeting, the third meeting is a formal, working gathering of the Key Participants and Seconds. The first order of business is reports by participants concerning the problem analysis information. Experience suggests that as many as 20 to 40 such reports might be needed, in order to cover all the relevant information. Thus, it is wise to mix group discussion with the report presentations in order to keep the meeting lively.

Following the presentation of the reports, the participants will address the second objective of the work session -- complete a needs analysis which indicates areas in which policies, procedures, programs, practices, and resources should be developed or refined. This task relies on the resource assessment information concerning the problem which is to be addressed.

As discussed under *Facilitation* in the TOOLS SECTION of this manual, the resource assessment information will reveal the policies, procedures, programs, practices, and resources of community agencies currently employed to address the selected problem (who, what, where, when, why, how, and how much?). The participants will examine this information to answer the three key questions that constitute a needs analysis:

- 1) Are there gaps to be filled in the current policies, procedures, programs, practices, and resources of community agencies -- that is, is there a need for new policies, procedures, practices, programs, or resources?
- 2) Are there policies, procedures, programs, practices, or resources that should be refined or redirected?
- 3) Are there policies, procedures, programs, practices, or resources that should be abandoned because they are clearly -- or probably -- ineffective?

The answers to these three questions provide specific guidance concerning the steps the community must take to respond effectively to the selected problem. A "brainstorming session," in which the participants suggest strategies and actions to fill the identified gaps in programming, will begin to build the framework for the development of the systemwide strategy.

For example, the needs analysis might suggest a need for new police procedures for identifying youth who drive while impaired, for streamlining the existing procedures for prosecuting youthful DWI offenders, or for new rehabilitation measures to replace the outdated "traffic school" to which offenders are sent as a condition of probation.

Both during and following the meeting, the chair and support staff should make certain that they collect all the completed protocols used to assemble information about resources. With minimal editing and organizing into categories, these reports might be publishable as a "Handbook of Resources" for the community. At the least, they should be copied and circulated to all persons participating in the CSR.

Toward the end of the third meeting, participants must decide whether to hold a fifth meeting to announce the plan to the public. The meeting might include specialized workshops on aspects of the plan, a keynote speaker, and other invited guests (see *Fifth Meeting: Conference and Training Session*). The decision to hold a fifth meeting should be made at this point in order to allow ample time to make arrangements for it.

THE FOURTH MEETING: DEVELOP IMPLEMENTATION PLAN

CHECKLIST

PREPARATION Responsible Parties: Chair and staff

- 1) Work with the Key Participants to determine which front-line agency staff and staff of other agencies should be invited to the session.
- 2) Issue invitations to all participants and ensure attendance.
- 3) Make final arrangements for the meeting space, including break-out rooms for the small group sessions.
- 4) Arrange for snacks, coffee, and meals for the session (either catered at the meeting site or in a nearby facility).
- 5) Provide an overhead projector, blank flip charts, marker pens, masking tape (to secure flip charts to walls), and other supplies.
- 6) Review the instructions on Program Assessment and Monitoring under *Recognition and Evaluation* in the TOOLS SECTION of this manual.
- 7) Review "Recognizing Obstacles" under *Supplemental Information* in the TOOLS SECTION.

FOLLOW-THROUGH Responsible Parties: Chair, staff, and group leaders

- 1) Collect, assemble, and edit all materials used by small groups to develop implementation plans.
- 2) Collect signed commitments from agency heads or Seconds; request affirmation of commitments on the agencies' letterheads.

- 3) Collect and edit timelines and monitoring materials and distribute them to all individuals who have responsibilities for implementation of the plan. Include letters of appreciation for their efforts.
- 4) Copy and distribute to all participants minutes of the meeting, including the implementation plans.
- 5) Ensure that individuals having responsibilities for implementation of the plan have a clear understanding of what they are to do, when, where, why, and how.
- 6) Begin making plans for the next meeting and the second round of planning for the next problem on the community's agenda.

THE FOURTH MEETING: DEVELOP IMPLEMENTATION PLAN

OBJECTIVES

- 1) To develop an implementation plan for the policies, procedures, programs, practices, and resources, including an analysis of barriers to implementation, need for technical assistance, and issues of allocation of resources
- 2) To develop a plan for monitoring and assessment
- 3) To obtain a written commitment from each Key Participant to follow through on his or her agency's part of the implementation plan.

THE FOURTH MEETING: DEVELOP IMPLEMENTATION PLAN

AGENDA

I. INTRODUCTION:

- A) Review the selected problem; the needs analysis; and the targeted policies, procedures, programs, practices, and resources.
- B) Describe the small-group planning task.

II. SMALL GROUPS:

- A) Select group leader and reporter.
- B) Discuss implementation barriers and plans to overcome them.
- C) Discuss technical assistance needs and develop a technical assistance plan.
- D) Discuss resource needs and how resources will be allocated.
- E) Develop a monitoring and evaluation plan.

III. FINAL IMPLEMENTATION PLANS:

- A) Present implementation plans (reporters or group leaders).
- B) Discuss duplications or inconsistencies.
- C) Sign written commitments.

THE FOURTH MEETING: DEVELOP IMPLEMENTATION PLAN

DESCRIPTION

During the fourth meeting, an implementation plan and a monitoring plan for responding to the identified problem will be developed. This session should last one full day.

The fourth meeting focuses on the "I," "F," and "Y" of the IDENTIFY model -- development of an implementation plan, focusing responsibility for implementation; and development of a monitoring and assessment plan that will indicate the need to "yell" if implementation is poor.

Participants in the fourth meeting should include Key Participants and Seconds and, if needed, outside experts in the specific content areas to be discussed. It usually will be appropriate also to include front-line staff of the Key Participants' agencies or representatives of other agencies. For example, if the problem being addressed is drug use on school campuses, one component of the systemwide response to this problem might be a student identification and referral system (a "student assistance program"). In such a case, it would be appropriate to include in the third work session school principals, vice principals, or school counselors. Similarly, if improved youth treatment services are part of the systemwide response to a given problem, treatment service providers should attend the session.

The first agenda item should be a brief review of the selected problem; the needs analysis conducted in the second work session; and the policies, procedures, programs, practices, and resources targeted for implementation or revision. This review is particularly important if individuals new to the CSR effort (agency staff, for example) are participating in the meeting.

Next, participants should meet in small groups. These small groups should accomplish the first and second objectives -- develop an implementation plan for the policies, procedures, programs, practices, and resources identified in the needs analysis. The plan should include an analysis of the barriers to implementation, the need for technical assistance, and issues of allocation of resources. An extremely useful device for formulating the plans is the "Who, What, When, Where, Why, and How?" model presented earlier and included in "Methods for Problem Analysis, Resource Assessment, Data Collection, and Needs Analysis" under *Facilitation* in the TOOLS SECTION of this manual. Using this model requires planners to

examine assumptions, outline steps which must be taken to implement the plan, focus responsibility on individuals, and set reasonable deadlines for completion.

The small groups can be organized loosely according to participants' roles in the juvenile justice system. For example, agencies that focus on prevention (schools, mental health centers, and recreation and housing agencies) might form one group; agencies that focus on intervention (police and prosecutors) might form another; and those concerned with supervision and aftercare (courts and probation offices) might form a third. These groups should determine the implementation issues that the appropriate policies, procedures, programs, practices, and resources must address.

Finally, the small groups will reconvene to present their implementation plans. During this session, duplications or inconsistencies in the implementation plans developed by the small groups will be discussed and resolved. Once the implementation plans have been completed and agreed upon, the Key Participants should sign written commitments stating that each agency will follow the implementation plans for a specified period of time. To do this quickly, these commitments can be in the form of brief letters which refer to the plans as "attachments."

All materials used in formulating the plan, along with detailed descriptions of the plans, roles, responsibilities, and timelines, should be collected by the chair and support staff. The chair and staff should allow themselves time to review the plans, check them for consistency both within and across activities, and prepare an overall schedule for the accomplishment of the strategy. Copies of these materials should be sent to participants, along with the minutes. In addition, follow-up contact should be made with all persons who have major roles in carrying out the strategy to ensure that they understand their responsibilities, have the resources they need to do their jobs, and have a realistic chance of success. Completed plans also must be sent to all Key Participants who signed letters of commitment.

The Chair and staff should develop a plan for monitoring progress on the plan and for evaluating activities. Guidelines for the preparation of such plans are included in "Techniques for Program Assessment and Monitoring" in the TOOLS SECTION under *Recognition and Evaluation*. The monitoring plan should be discussed with everyone responsible for implementing the strategy, and arrangements should be made for regular reporting of progress and activities.

THE FIFTH MEETING: CONFERENCE AND TRAINING SESSION

CHECKLIST

PREPARATION **Responsible Parties:** Juvenile Court Judge, Chair, select committee, and consultant, if needed

- 1) Decide early on the content and format of the workshop, including the number of participants, its length, and arrangements for food service (see "Community Meeting Plan" under *Facilitation* in the TOOLS SECTION).
- 2) Review materials on prevention, intervention, treatment, and aftercare under *Supplemental Information* in the TOOLS SECTION of this manual.
- 3) Select and make arrangements with a hotel or motel for meeting rooms, sleeping rooms for guest speakers, and meals.
- 4) Decide upon speakers and issue invitations to faculty. The prospective faculty members should be contacted first by phone and then by letter, since they might need a letter in order to obtain their agencies' permission to attend. Prospective speakers should be asked to respond within days, so that other speakers can be invited if necessary.
- 5) Raise funds, from the budgets of participating agencies or from the private sector, to cover the expenses of the speakers (see information on funding in the RESOURCES SECTION of this manual). Determine whether it will be possible to pay a consulting fee to speakers. (Federal and state employees will not require a fee, but private consultants usually do.)
- 6) Well in advance, ask all speakers to provide written materials for inclusion in a participants' manual. Also determine audio-visual needs so that you can make arrangements with the workshop facility.
- 7) Prepare and print sufficient copies of a participants' manual, including an agenda, a resource manual containing the materials presented at the second CSR work session, details of the CSR action plan, and materials received from the workshop presenters.

- 8) Prepare an invitation list and contact all those selected to participate.
- 9) If the workshop cannot be financed in other ways, set a registration fee based on the cost of the materials and the cost of meals.
- 10) Contact media and invite coverage; plan a press conference (see *Marketing* in the TOOLS SECTION).

FOLLOW-THROUGH Responsible Parties: Judge, Chair and staff

- 1) Ensure that all training materials are available for distribution to participants.
- 2) Ensure that the attendance list is complete.
- 3) Write letters thanking all persons who attended for their interest, and invite them to subsequent meetings.
- 4) Write letters of appreciation to all faculty members.
- 5) Complete the "Conference Summary" you will find under *Facilitation* in the TOOLS SECTION and use it when planning future conferences.

THE FIFTH MEETING: CONFERENCE AND TRAINING SESSION

OBJECTIVES

- 1) To announce the action plan and its components to the general community. It is not until the conclusion of the third meeting that all details of the action plan are known. This meeting will allow for a formal revelation of the specific goals and objectives of the plan.
- 2) To involve the media and other community opinion leaders in the project in as favorable a manner as possible. For previous sessions, it might not be a good idea to invite media participation since the presence of the media could have a depressing effect on the openness with which problems are discussed, and could result in mostly negative stories emphasizing problems rather than the search for solutions.
- 3) To receive direct, on-site training and technical assistance from nationally-recognized experts and practitioners and to develop relationships with these persons for future technical assistance if necessary. Depending upon the details of the action plan, some components might involve highly technical skills and knowledge. With advance planning, it is possible to bring experts in for a day to explain the operation and implementation of such components.

THE FIFTH MEETING: CONFERENCE AND TRAINING SESSION

AGENDA

- I. GET ACQUAINTED AND WELCOME
 - A) Continental breakfast
 - B) Welcoming remarks (Judge and/or Chair)
 - C) Keynote speaker
- II. OVERVIEW OF ACTION PLAN (Judge and/or Chair)
- III. SPECIALIZED WORKSHOPS AND TRAINING
- IV. SUMMARY AND CLOSE

THE FIFTH MEETING: CONFERENCE AND TRAINING SESSION

DESCRIPTION

Some communities will find it useful to conduct a fifth meeting. Logistics for this optional session are more complicated than for the others, since arrangements must be made for preparation and printing of materials, securing outside speakers, and providing food service and break out rooms. Therefore, it is strongly recommended that the decision to hold this session be made before the fourth meeting, so that planning can be initiated as early as possible. The fifth meeting should be held four to six weeks after the fourth meeting -- far enough into the future to allow for complete planning, but near enough to capitalize upon enthusiasm generated by adoption of an action plan.

The purpose of this meeting is twofold. First, it is intended as a forum in which to make a public announcement of the program and action plan adopted at the previous session. Second, it is a specialized training conference in which sophisticated technology, directed at accomplishing specific purposes, is transmitted from experts and experienced practitioners to local personnel.

The recommended format for this session is a customized one-day workshop lasting about eight and one-half hours. Generally, because of expenses and logistics, a long one-day workshop is preferable to multiple-day sessions. The meeting should be held in a hotel or motel, rather than a public building, to facilitate food service, availability of conference rooms, and convenience -- especially for outside speakers. Participants at the workshop would include the Key Participants and Seconds, staff persons who would have direct involvement in implementation of the plan, and invited guests from the community. Of particular importance are persons actively involved in drug and alcohol abuse, including treatment providers, prevention experts, school teachers and administrators, hospital personnel, and persons who work in the juvenile justice system.

Ideally, a continental breakfast should be provided, to give participants the opportunity to meet one another and exchange social pleasantries before the meeting. The meeting should begin at 8:30 a.m. and be convened by the Juvenile Court Judge or the recognized chair of the drug and alcohol task force (if that person is someone other than the judge). Welcoming remarks should be offered by the judge, mayor, or county council chair, and by the highest-ranking elected official.

A "keynoter" would follow the welcoming remarks. It is highly desirable to have a keynote speaker who is both knowledgeable in the field and recognizable to the community at large. A "name" speaker will be more likely to increase attendance and gain the attention of the news media. Possible speakers include state-level elected officials (governor, lieutenant governor, attorney general or U.S. senator); head of a major state agency involved in substance abuse programming (for example, corrections, welfare, or education); or a leading federal official from, for example, the U.S. Department of Justice, National Office on Drug Policy, the National Institute on Drug Abuse, or the Office of Substance Abuse Prevention.

After the keynote speech, the working group chairman should present an overview of the CSR and the components of the action plan. This presentation will bring the participants "up to speed" on where the community is in approaching youth substance abuse and how it got there. The presentation should include a brief review of the problem analysis and the basis for the selection of the specific problem to be dealt with in the CSR action plan.

The rest of the conference should consist of workshops lasting from 45 to 90 minutes, depending upon the complexity of the topic. The organization and content of the workshops would depend, of course, upon the details of the action plan. One approach might be to offer one workshop on each major component of the plan, such as "Increasing Public Awareness," "Structuring Youth Leisure Time," or "How to Have Drug- and Alcohol-Free Fun." Another approach might be to offer more narrowly focused workshops on specific topics, such as "Screening and Assessment," "Case Management for Drug Treatment," "Juvenile Justice Sanctions," or "Motivating Clients."

If the workshop topics are more general, they should be offered consecutively and made available to all who wish to attend. If they are more specific, they can be offered concurrently, with each aimed primarily at those who would be involved in implementation of that component. The material could be presented in lecture format or as a panel discussion.

The agenda should include ample time for breaks so that participants can refresh themselves and make necessary phone calls. It is important, however, that someone be designated to keep the workshop moving on time and in accordance with the agenda.

Allow about a half-hour to close the conference. This session should be conducted by the person who convened the workshop and should include a summary of the day's activities and a schedule for future events.

Following the conference, a complete list of participants should be circulated along with letters of appreciation. Providing a list of participants encourages networking among the people who attended the conference and provides a source for identifying new participants in the CSR.

COLLABORATION

You will use this section as you initiate the CSR process. It provides key principles for systemwide planning, hypothetical examples of systemwide responses, and role and group goal descriptions to help define responsibilities. There also are three worksheets to use as you pull together the community collaboration team. Some of these pieces are referred to specifically in the section on preparing for the first meeting; others are for use as you see fit.

THE COLLABORATION SECTION CONTAINS:

- o Principles of Systemwide Planning and Coordination 77
- o Examples of Systemwide Responses 81
- o Role Description (Juvenile Court Judge and/or Chair) 87
- o Group Goal Description (Facilitator(s) of CSR) 88
- o Group Goal Description (Community Collaboration Team) 89
- o Community Segments Mapping Guide (to list individuals from different segments of the community who are possible Key CSR Participants) 90
- o RAP Inventory (to be used to help the collaboration team see their strengths and weaknesses) 91
- o Community Resource Inventory (to chart what the team has, what it needs, and where it will get what it needs in the areas of people, facilities, information, finances, and other resources). 92

PRINCIPLES OF SYSTEMWIDE PLANNING AND COORDINATION

As we have discussed, the overall purpose of systemwide planning is to develop a response to youth drug, alcohol, and impaired driving problems that is comprehensive, coordinated, and consistent across community agencies. At a practical level, to accomplish this overall goal the various components of local government must interact with one another, in accordance with three key principles. These are:

- 1) Information sharing
- 2) Coordination and accommodation
- 3) Integration of services

Adherence to these basic principles does not, in and of itself, constitute a systemwide response. But without adherence to these principles, a systemwide response can not be realized in practice.

INFORMATION SHARING

A story is told around Washington of the time that Lyndon Johnson became enraged because a middle-level manager in the old Department of Health, Education, and Welfare effectively had blocked the implementation of one of Johnson's pet programs. "Why not just fire him?" suggested an aide. "Fire him?" Johnson is said to have replied; "I can't even find him!"

This story illustrates an all too common characteristic of governments -- whether federal, state, or local: Those in authority in one agency of government often do not know enough about what is going on in other agencies. In order to mount an effective systemwide response to youth drug, alcohol, and impaired driving problems, such knowledge is crucial. For example, courts need to know the admission criteria of local treatment programs, so that they can refer clients appropriately. School officials should know the conditions of probation of adjudicated youth returning to their campuses, so that they can help enforce these conditions. Police must be aware of the provisions of school drug and alcohol policies, so that they are prepared to respond when necessary.

Information sharing -- about target populations, policies, procedures, programs, practices, and resources relating to youth substance abuse and impaired driving problems -- is a prerequisite for systemwide response planning. It also is a working, on-going characteristic of community systems in which a systemwide response is in place.

Before systemwide planning to respond to a given problem can occur, all participating agencies must understand what all other participating agencies are doing about the problem. In the early planning phases, this exchange of information might reveal that the activities of various agencies are inconsistent, redundant, or even contradictory. For example, the schools might be working aggressively to eliminate alcohol use at school functions, while at the same time, police are turning a blind eye to drinking by students in parks or parking lots adjacent to school property. The police might have good reasons for their informal policy concerning youth drinking (that is, they believe that if youth are arrested they will not be prosecuted). However, the policies of the school, the police, and -- in this case -- the prosecutor are not mutually supportive, nor are they likely to communicate a consistent "no use of alcohol by minors" message to the community's young people.

Information sharing concerning policies, procedures, practices, programs, and resources is the first step toward a more integrated and systematic approach. In the example above, information sharing between the school superintendent and the chief of police could lead to a change in police practice, making police policy more supportive of school policy. This, in turn, could lead to a decrease in arrests. Similarly, discussions between police and the prosecutor might lead to more aggressive prosecution, thus motivating police to more active enforcement of underage drinking laws.

As suggested, information sharing also is an on-going characteristic of systemwide responses. This information sharing takes place both at the level of policies, procedures practices, and programs and at the level of the individual youth. An example of the former type of information sharing might involve the police alerting schools of their intention to set up roadblocks on prom night. Schools then can integrate information about the roadblocks into prom-related publicity, thus increasing their deterrent effect. Similarly, if police are made aware of a housing authority plan to increase the number of outside flood lights in areas of housing projects where drug sales take place, they can support the housing authority plan by increasing foot patrols in the same areas.

Information sharing also must take place at the level of the individual youth. One example -- sharing an adjudicated youth's conditions of probation with the school the youth attends -- already has been mentioned. Other examples might include a drug treatment program sharing a client's progress information with the courts, or a school sharing attendance and performance records with a probation officer. Often, perceived differences in philosophy (between human service providers and law enforcement officials, for example) or the real constraints of confidentiality regulations can hamper such communication. However, experience suggests that both such obstacles can be overcome to the overall benefit of the young people involved.

COORDINATION AND ACCOMMODATION

Closely related to information sharing are coordination and accommodation among agencies. Several of the examples presented above relate to these two important characteristics of a systemwide response.

Let us return to the example of police roadblocks on prom night. As discussed, such roadblocks will be much more effective as a general deterrent if publicity for them is provided by the schools. But other inter-agency coordination will also be required if the roadblocks are to be as effective as possible. Prosecutors must be willing to pursue the cases that arise from arrests at the roadblocks and must be willing and able to defend the constitutionality of the roadblocks as part of the prosecution. Court calendars must be able to handle the increased DWI caseloads that might arise. Finally, if convicted DWIs are to receive screening for alcohol problems, the cooperation of alcohol treatment agencies will be required, and treatment slots should be available for those youth whose level of alcohol involvement suggests the need for intervention.

A systemwide response also requires accommodation. We have discussed the importance of alerting schools to the conditions of probation for youth attending those schools. Meeting these conditions might require that the school make accommodations in its usual procedures. For example, the conditions of probation might stipulate that student X is not to associate with student Y. In order to help meet these conditions, school personnel might have to alter their usual procedures for assigning students to classes in order to insure that students X and Y do not wind up in the same home room or gym class. They also might have to take special care to ensure that the lockers assigned to X and Y are in different parts of the school building, that they are assigned to different lunch periods, and so on. Although these accommodations can cause administrative headaches for the school, they are required if the conditions of probation - and the court's rehabilitative objectives for student X -- are to be met. Ultimately, of course, meeting these rehabilitative objectives is also in the best interest of the school, since it cannot effectively fulfill its own objective of educating student X if he or she continues to be in trouble with the police and courts.

Of course, the very structure of the juvenile justice system precludes total coordination and accommodation among agencies. Certain agencies (for example, the juvenile court and the prosecutor) are limited by their respective mandates in the extent to which they can coordinate with and accommodate one another. However, a lack of coordination and accommodation among agencies usually does not arise from mandated separation of agency activities. Much more often, coordination and accommodation are impaired by turf issues, mistrust, lack of communication, or failure to establish shared goals and objectives for youth.

SERVICE INTEGRATION

The third key principle of systemwide planning is service integration for selected target populations. This principle subsumes two additional principles: 1) systemwide case development and case management, and 2) priority of services to the selected target populations in terms of resources and staff expertise.

Let us assume that a given community concludes that a large proportion of its adjudicated juveniles are in need of substance abuse treatment services. The principle of service integration would suggest several characteristics of the response to this problem the community develops. First, the development of treatment plans for adjudicated substance abusers would include not

only the court and probation, but also the schools, substance abuse treatment experts, other human service providers, and possibly community agencies responsible for recreation, housing, and employment. Since youthful substance abusers often experience difficulties in all of the areas for which these agencies are responsible, the agencies' participation in treatment planning will help ensure that the broadest package of services is made available to address these difficulties.

Second, all of these agencies would be active participants in the implementation of the treatment plan, and would share information concerning clients' progress in their particular areas of concern. One mechanism for such sharing is regular case management conferences attended by representatives of all agencies involved in the rehabilitation process. Here, the services of each agency being provided to specific clients are discussed, problems are shared, and mutually acceptable solutions are developed. Without such systemwide case management, clients are likely to fall through the cracks, play one agency against another, or otherwise compromise what might, at the outset, appear to be a comprehensive program of treatment services.

Finally, if the community is serious about its desire to reduce substance abuse among juvenile offenders, participating agencies must be willing to give priority to the services they provide to this population. Simply put, this means that the best probation officers, substance abuse counselors, family therapists, remedial education teachers, vocational counselors, and other service providers will be assigned to these cases. Unless the commitment to provide the highest quality services available is made and honored, the systemwide response to the problem of adjudicated substance abusers will be a commitment on paper only.

Of course, this suggests that most communities will have to pick and choose their priority areas carefully, since the best of all services usually cannot be provided to all target populations. However, as already discussed, careful selection of specific problems to be addressed is an integral part of the systemwide response planning process. Giving priority to the services provided those target populations selected for special attention is a logical and necessary outgrowth of the process by which problems are selected in the first place.

EXAMPLES OF SYSTEMWIDE RESPONSES

We now present examples of systemwide responses that illustrate the points made thus far. Two hypothetical examples -- one dealing with drug abuse in public housing and one dealing with youth drinking and driving -- will be discussed. A number of systemwide strategies currently are in operation in communities across the country. Ten strategies which appear to be operating effectively are reviewed in the report "Community Organization to Combat Youthful Substance Abuse: Ten 'Promising' Approaches," which is recommended to all CSR participants.

A HYPOTHETICAL EXAMPLE OF A SYSTEMWIDE RESPONSE: DRUGS IN PUBLIC HOUSING

The hypothetical community of Kramden Heights subsumes a number of transitional neighborhoods in a mid-sized Midwestern industrial city. Although Kramden Heights has a number of youth drug and alcohol problems, the Key Participants all agree that youth drug abuse in the Gleason Square public housing project is their first priority.

The problem analysis conducted by the Kramden Heights Key Participants reveals a number of characteristics of Gleason Square that contribute to high rates of drug abuse:

- o All the risk factors for drug abuse are evident in Gleason Square youth and their families: alienation from social institutions, lack of appropriate role models, poor school performance, poor family management, and high dropout rates.
- o Among Gleason Square youth, respect for law enforcement and other public institutions is low.
- o There appear to be high rates of addiction among both adults and teens.
- o Adult dealers are recruiting Gleason Square youth to serve as runners.
- o The public areas of Gleason Square are poorly lit and shrubs are overgrown, making police patrols of the area difficult.
- o Gleason Square buildings are run down, and walls are covered with graffiti; numerous broken windows remain unrepaired, and walkways are littered with refuse.

This problem analysis suggests that the systemwide response to youth drug abuse in Gleason Square will have to address both the environment of Gleason Square and the people who live in that environment. First and foremost, all the Key Participants agree that resources should be devoted to cleaning up the project. They realize that the current run-down conditions in Gleason Square invite rather than deter crime. The Director of Public Housing prepares a clean-up budget to be submitted to the city council. In addition, an expert in community-oriented policing and community crime prevention is brought in to tour Gleason Square and suggest ways to improve poor lighting and other outdoor conditions conducive to drug dealing.

Since most of the adult dealers who are supplying Gleason Square youth are not residents of the project, the police chief agrees to help residents set up a Crime Watch program, through which police are alerted to the presence of suspicious-looking adults in the project. The chief also agrees to assign more foot-patrol officers to the Gleason Square area.

In order to deter adult dealers from targeting their efforts at Gleason Square youth, the District Attorney agrees to seek prison sentences for all adults charged with drug dealing. He also agrees to work with local radio stations to publicize the fact that dealers convicted under his jurisdiction will do time.

Everyone also agrees that the four public schools serving Gleason Square youth -- Washington and Lincoln Elementary Schools, Grant Middle School, and Kennedy High School - are in need of improvement. Although several problems in these schools are identified, the Superintendent of Schools feels that the most immediate need is to improve attendance and reduce the drop-out rate. The superintendent agrees to implement programs in developing social skills and study skills for students who are experiencing behavioral or academic problems, and to seek funds for additional school counselors.

The Mental Health, Public Health, and Welfare Directors strongly believe that more can be done for Gleason Square parents. Since most of these parents receive medical care at the Gleason Clinic, it is decided to launch an intensive program at that site. Parents bringing children in for pediatric care will be made aware of parenting classes to be held in the project and will be encouraged to attend. Moreover, all medical and mental health staff will be trained in assessing family management skills. Their assessments will be included in the patient histories of adult clinic patients. When family management problems are discovered, parents will be referred to a newly instituted home visit program coordinated by the Welfare Department.

Because of the high rate of addiction among Gleason Square residents, the Mental Health Director agrees to locate a substance abuse outreach worker in the project itself. To facilitate this effort, the Director of Public Housing agrees to allow the conversion of an unoccupied apartment in the project into a store-front office. The outreach worker is an unemployed project resident recruited from an Alcoholics Anonymous group which meets near the project. This individual is known to and respected by project residents. As a first assignment, the outreach worker assembles a directory of local treatment services, their eligibility requirements, and their methods of reimbursement.

The store-front substance abuse outreach office turns out to be so well received by residents that the Employment Services Director agrees to explore the possibility of locating a youth employment office in the project. The development of plans for this office will constitute the first activity of the second year of systemwide response planning.

A SECOND HYPOTHETICAL EXAMPLE OF A SYSTEMWIDE RESPONSE: YOUTH DWI

Let us assume that the Key Participants in Valley Vista decide that the problem they wish to address is high rates among the community's youth of DWI and crashes associated with DWI. Let us further assume that the problem analysis conducted as part of the CSR reveals the following characteristics of Valley Vista's youth DWI problem:

- o It is relatively easy for youth to obtain alcohol, because beer is available in convenience stores and at gas stations, where clerks are not very careful about enforcing the age requirement for its purchase.
- o Youth tend to congregate and drink on weekend evenings in Valley Vista County Park.
- o Valley Vista High's Friday night sports rallies attract large crowds of young people, but the school administration suspects that drinking takes place in the parking lot of an adjacent shopping center before, after, and during the rallies.
- o Older students from North Valley Junior College appear to be attending the sports rallies and supplying beer to the younger Valley Vista High students.
- o There is not much else besides the park parties and sports rallies to keep youth occupied on weekends.
- o Since both Valley Vista County Park and Valley Vista High are outside Valley Vista's main residential areas, students who drink at the park parties and sports rallies later have to drive home over several miles of rural roads.

In considering this problem analysis, the Key Participants conclude that a number of new and revised policies, procedures, programs, practices, and resources must be developed or implemented in their respective agencies.

The School Superintendent, after examining the drug and alcohol policy at Valley Vista High, concludes that the policy concerning prohibitions on alcohol use is not specific. The superintendent discovers that no rules are stated concerning use of alcohol by students on property adjacent to the school. Moreover, no particular effort has been made to make parents and students aware of the policy, and enforcement of the policy by school staff is lax. As a

result of these findings, the superintendent convenes a work group made up of Valley Vista High administrators, parents, students, and staff to revise the policy and develop plans for publicizing the policy to parents and students. In its deliberations, the work group concludes that the school needs a student assistance program (SAP) to identify and refer for counseling or treatment students who are experiencing problems related to substance abuse. The superintendent arranges for a SAP consultant to be brought in from the state education agency. As a result of this consultation, the schools contract with the county Department of Mental Health for assessment, counseling, and treatment services for students.

The superintendent schedules an in-service faculty training concerning new procedures to be employed during sports rallies to discourage drinking and arranges with the police chief to have a cruiser drive through the parking lot of the shopping center every 45 minutes on nights when rallies are taking place.

The superintendent also reviews the alcohol education curriculum being used in Valley Vista High's driver training courses. She concludes that the curriculum probably is as good as it can be, but it lacks information on the use of safety belts. She arranges with the local chapter of the National Safety Council to provide a seat belt "Convincer" demonstration as part of the next semester's orientation week at Valley Vista High.

Finally, the superintendent meets with the Dean of Students of North Valley Community College. They agree that the sports rallies are to be "off limits" for North Valley students. As a result of the meeting, the dean decides to establish a formal alcohol use policy for North Valley, which, up to that point, had paid little attention to student drinking.

After some initial resistance, the Parks and Recreation Director agrees that Valley Vista County Park is a youth hang-out. Up until the implementation of the CSR, he viewed the drinking problem mainly as a litter problem, requiring the disposal of dozens of empty beer cans and wine cooler bottles every Monday morning. He agrees to add an extra shift of park employees between 8 p.m. and midnight on Fridays and Saturdays, even though the park officially closes at dark. These employees will patrol the park entrance and turn away kids who attempt to get in.

The Police Chief agrees to step up weekend evening patrols in the park. However, he points out that officers are reluctant to pick up young people who are drinking because of the time it takes to drive them to the juvenile detention facility and then wait through a lengthy admissions process. Moreover, these youth often are unruly and difficult to manage. Through the cooperation of the County Probation Officer and the Director of Intake at the juvenile detention facility, current intake procedures are streamlined so that police officers can make these arrests and be back on the street far more quickly than had been possible in the past. The focus on intake procedures leads probation officials to review how they routinely handle these cases. As a result, more resources are allocated for working with these young people and their families and locating appropriate services to meet their needs. These changes can help turn the initial arrest into a positive intervention.

The Parks and Recreation Director also conducts a review of the recreational programs offered by the Valley Vista Community Center. He realizes that, although there are numerous activities for children and pre-teens, there is little to attract the interest of high school students. He agrees to conduct a student survey in cooperation with the school superintendent in order to find out what recreational activities Valley Vista students would be interested in.

Many of the youth who work as clerks at convenience stores and gas stations in Valley Vista have found these jobs through the Youth Employment Service. The Employment Service Director agrees to sponsor a three-hour seminar on responsible serving practices for youth working in these positions. The seminar will cover server liability, checking for false IDs, and discouraging "second party" sales. To support these efforts, the County Alcohol Beverage Control board agrees to sponsor seminars for licensees concerning their responsibilities. The board also agrees to step up enforcement efforts.

A plan is developed for weekend evening police roadblocks on the rural roads between Valley Vista County Park, Valley Vista High, and the residential sections of Valley Vista. The city council agrees to allocate funds for the purchase of passive breath sensors for use by police in the roadblock effort. The school superintendent agrees to publicize the roadblocks in the high school paper, in driver education courses, and as part of a schoolwide safety campaign.

A recent review of juvenile records suggests that most juvenile DWI offenses are being charged with reckless driving or another lesser offense. It appears that, at the time of arrest, the police are reducing the charges that they might file against these juvenile offenders. The Police Chief offers one possible reason for this practice. A number of officers, he says, believe that some amount of drinking is normal behavior for teenagers. Because of their lack of experience, most young people don't realize how dangerous drinking and driving can be. An arrest can be used to provide these youngsters with some understanding of the seriousness of mixing alcohol and driving. Such an experience can scare them enough to change their behavior. By charging them with an offense which is less serious than DWI, the police are giving these young people an opportunity to learn from their mistakes without having to pay a high price the first time. Concerned about the potential serious consequences of this police practice, the Police Chief and the Juvenile Court Judge agree to jointly sponsor a seminar on youth drinking and DWI. The seminar will include information about addiction, rates of injury-producing and fatal accidents, and sanctions on juveniles for alcohol-related offenses.

The Juvenile Court Judge, a long-time anti-DWI activist, already is imposing some sanctions on youthful DWI offenders. At the request of the Superintendent of Schools, she agrees to make a twice-yearly presentation at Valley View High. In her presentation, she will remind students that if they wind up in her court on DWI charges, they will lose their licenses to drive.

Participation in the CSR convinces the Judge that these offenders should undergo a pre-sentencing substance abuse assessment. She arranges for such assessments to be conducted by the Department of Mental Health. She also agrees to make treatment or counseling a condition

of probation for all youth who are identified by the assessment as having alcohol or drug problems.

Satisfied that they have done all they currently can do at the local level, the Key Participants in Valley Vista invite their state legislator to one of their planning meetings in order to discuss state-level legislation that can support their efforts. At this meeting, they argue that nighttime driving curfews for youth and legislation lowering to .02 the blood alcohol content limit for those under 21 years old would contribute much to reducing youth DWI, not only in Valley Vista, but also throughout the state.

Valley Vista's systemwide response to youth DWI might appear ambitious. However, it is important to note that almost all of the policies, procedures, programs, and practices described in this example can be achieved in any community. Some of Valley Vista's initiatives are practically cost-free (improving the school drug and alcohol policy, for example). Others require a reallocation of resources (such as increasing police patrols or instituting roadblocks), but none requires a substantial financial investment. Most important, a systemwide response like Valley Vista's would have a high probability of meeting the objective of reducing youth DWI and crashes involving DWI. Thus, it is likely that the investments made in the systemwide response would pay off in measurable successes.

ROLE DESCRIPTION

ROLE OF: The Juvenile Court Judge or Chair of the working group *

GENERAL DESCRIPTION: Convene and preside over the community meetings.
Provide technical assistance and coordination of CSR.

SPECIFIC DUTIES:

1. Display enthusiastic support for CSR to the community participants.
2. Identify and recruit key leaders to participate in the collaboration phase of the project.
3. Sign correspondence on judicial or other appropriate letterhead inviting participants to community meetings.
4. Provide technical assistance in helping participants understand the judicial process in the jurisdiction.
5. Monitor the progress of the project and compile monthly reports for collaboration team members and the CSR state coordinator.
6. Keep CSR state coordinator informed about local needs.
7. Convene collaboration members in regularly scheduled meetings.
8. Oversee project logistics including meeting sites, agendas, correspondence, publicity releases for media, and distribution of minutes from CSR meetings.

COORDINATE WITH:

1. Community collaboration team members
2. CSR state coordinator
3. Local media

TIME COMMITMENT: 1 year

* This role can be filled by one or two people, depending on each community's situation.

GROUP GOAL DESCRIPTION

ROLE OF: Facilitator(s) of Community Systemwide Response (Judge and/or Chair of the working group)

GOAL: Provide leadership and direction for building the community collaboration team.

OBJECTIVES:

1. Recruit the collaboration team.
2. Plan a series of meetings to orient and train the collaboration team members to conduct community meetings.
3. Orient the community collaboration team on the community's situation in the areas of youth drug and alcohol abuse and impaired driving.
4. Train the community collaboration team on group process and facilitation skills.
5. Lead the planning and follow through for the community meetings.
6. Lead the marketing efforts for the community project and recruitment of participants for community meetings.
7. Facilitate monthly follow-up meetings of the collaboration team and task force chairs.
8. Compile and submit monthly reports to the community collaboration team and the CSR state coordinator.

COORDINATE WITH:

1. CSR state coordinator
2. Community collaboration team members
3. Other CSR teams throughout the country

TIME COMMITMENT: 1 year

GROUP GOAL DESCRIPTION

ROLE OF: Community Collaboration Team

GOAL: Guide and direct the Community Systemwide Response program to meet its goal of reducing youth drug and alcohol abuse and impaired driving.

OBJECTIVES:

1. Assist with planning and implementing the community meetings.
2. Serve as small group facilitators in community meetings.
3. Monitor task forces and facilitate their endeavors.
4. Meet monthly throughout the project.
5. Establish liaison with representative groups on the community collaboration team.

COORDINATE WITH:

1. Groups represented on the community collaboration team
2. Facilitator(s) of CSR
3. Community at large

TIME COMMITMENT: 1 year

COMMUNITY SEGMENTS MAPPING GUIDE

SEGMENTS OF THE COMMUNITY

INDIVIDUALS

Judicial System

Highway Traffic Safety Office

Cooperative Extension Service

Law Enforcement Agencies

Sheriff/Chief of Police

FBI/DEA

Health Agencies & Organizations

Health Department

Hospitals

Mental Health Department

Local Government

Mayor/Mayor's Staff

City Councils/County Board

Parks & Recreation Department

Housing Authority

Educational Organizations

Public School/University Staff

School Board

PTA/PTO

Existing Substance Abuse Committees

Coordinating Council

MADD

SADD

Other

Chamber of Commerce

Churches/Ministerial Alliances

Civic Organizations

Industry

Professionals

Attorneys

Doctors

Others

Banks/Financial Institutions

Youth-serving Agencies

* Does your completed guide reflect the diversity in your community in age, gender, ethnic group, and other characteristics?

RAP INVENTORY

(Roles Assessment and Preferences Inventory)

Think back to some recent experiences you have had in groups. Remember some jobs or roles you performed that you really enjoyed and that you did well. Also consider those jobs or roles that you enjoyed doing but really are not too confident about performing. Then think about those roles you really prefer not doing at all.

Now complete the following statements, entering four to eight roles for each statement.

1. Roles I enjoy doing and do well include:

_____	_____
_____	_____
_____	_____
_____	_____

2. I enjoy doing these roles, but my skills need improving:

_____	_____
_____	_____
_____	_____
_____	_____

3. The roles I really do not like and would rather not have to do include:

_____	_____
_____	_____
_____	_____
_____	_____

COMMUNITY RESOURCE INVENTORY

	We Need	We Have	Where We'll Get It
People			
Skill, expertise			
Personpower			
Influence			
Physical			
Facilities			
Supplies			
Equipment			
Other			
Information			
Financial			
Other			

FACILITATION

This section provides information on facilitation skills and techniques, as well as meeting plans and summaries to help the CSR process run smoothly. The following pieces will be useful from the first community collaboration meeting to the final conference, as you select a problem, collect data, develop a plan, and promote a solution.

THE FACILITATION SECTION CONTAINS:

- o Methods for Problem Analysis, Resource Assessment, Data Collection, and Needs Analysis 94
- o Youth Traffic Safety Program Model: NHTSA "Pizza" 105
- o Techniques for Facilitating Group Process 107
- o Tips for Brainstorming 113
- o Fishboning (a brainstorming technique) 114
- o Tips for Storyboarding 115
- o Tips for Nominal Group Process 116
- o Tips for Discussion Groups 117
- o Tips for Buzz Groups 119
- o Community Meeting Plan (outlines who is doing what and when for a community meeting) 121
- o Conference Summary (to document who was in charge, what they did, where they got it, and how much it cost, for future use when planning a conference) 123
- o Four Components of a Community Meeting (discusses the four basic parts of a meeting and how to use them to ensure success). 124

METHODS FOR PROBLEM ANALYSIS, RESOURCE ASSESSMENT, DATA COLLECTION, AND NEEDS ANALYSIS

INTRODUCTION

The definition of the problem to be addressed and the assessment of existing resources might be the most important steps in the process of organizing community action. If the problem can be defined with sufficient precision and if the applicability of existing resources to the problem is well understood, you will develop a feasible plan of coordinated action much more readily.

Community Systemwide Response includes a series of activities for problem analysis and resource assessment. Once these activities have been completed, the unmet needs that remain can be identified and addressed.

PROBLEM ANALYSIS

Communities should define problems in very specific terms and answer the basic Who, What, When, Where, Why, and How questions about these problems. The Problem Analysis Grid is useful for doing this. A preliminary problem analysis can be carried out in the second CSR meeting. Some information will not be available or will require confirmation in the time between the second and third CSR meetings.

For example, if the sale of drugs in schools was selected as one of the major problems to be addressed, a community might fill out the grid in the following way:

- o WHO -- Students at Millard Fillmore and Vista View High Schools
- o WHAT -- Sales of marijuana and PCP
- o WHEN -- Between classes and after school hours
- o WHERE -- In the parking lot of Fillmore and in the bleachers next to the track at Vista View
- o HOW -- Students conceal drugs in their lockers and then sell them to fellow students. The students who have drugs to sell are well known among their peers.

Each of the questions could be answered in a variety of ways depending on what seem to be the most important features. For example, the answer to **WHEN?** might be, "Since 1985 when the availability of illicit drugs seemed to increase dramatically." In this case, the answer to **WHY?** might be particularly complex. At the most superficial level, one might say that the reason students sell drugs at school is that they spend much of their time at school. Many other reasons might suggest themselves, and each answer to the question **WHY?** tends to presuppose a solution. For example, one might say that the reason students deal drugs in school is that they are poorly supervised and therefore have the opportunity to do so. Assuming this reason would lead to the conclusion that better patrols on school grounds would be the solution to the problem. One might conclude that the **WHY?** is a lack of legitimate economic opportunities for youth in the community, implying that a job program would be the answer to the problem. One also might decide that the reason for the problem is low self-esteem among the students involved and that a program designed to enhance self-image would be helpful. All of these reasons might apply, and all of these solutions might help to ameliorate the problem.

To complete the problem analysis, it will be necessary to collect additional data. For example, the drug sales might be rumored but not confirmed. Interviews with the administration, faculty, and students at the two high schools and review of school and law enforcement records might indicate how widespread the problem is or whether it really exists at all. More detailed discussion of methods for collecting needed data appear in the Data Collection section below.

PROBLEM ANALYSIS GRID

PROBLEM

WHO

WHAT

WHEN

WHERE

WHY

HOW

(This page may be copied onto a transparency and used as an overhead projection.)

RESOURCE ASSESSMENT

Most communities have many resources available for dealing with youth substance abuse and impaired driving problems. Resources can be found in public and private agencies. They can include policies, procedures, programs, and practices. You might have to redirect or coordinate them to make them as effective as possible in addressing the community's problems. The first step in addressing the identified problems is determining the resources currently available in each of the participating agencies.

Each participating agency should fill out a Resource Assessment Grid pertinent to the problem selected for study. In the example above, the school might fill out the grid in the following way:

Resource 1 is the school policy regarding substance abuse.

WHO -- The vice principal, who is responsible for administering the policy with the help of faculty and the support of the principal and school superintendent

WHAT -- The policy regarding possession of drugs on school grounds, which establishes the consequences for first and repeated violations of the policy

WHEN -- The date the policy was established

WHERE -- On the school grounds, within 200 feet of school grounds, and at all school sponsored functions, because the policy covers all these areas

HOW -- The process by which the policy is implemented, including the involvement of parents and the police

HOW MUCH -- In this case, a very small cost.

Each participating agency should have a role to play in dealing with the problem under consideration and should fill out a grid accordingly. For example, the city police department might have a DARE program in which officers go into the schools and discuss the potential legal and social consequences of drug violations. Such a program might be helpful in dealing with the drug sales problems at the two high schools. The department might also be called upon to carry out drug searches or to arrest violators at the schools.

Information must be collected from each of the agencies involved if the grids are to be filled out correctly. Written policies, procedures, and program descriptions should be reviewed. The assessment should not stop at that point, however. Often the actual implementation of policies, procedures, programs, and practices, differs greatly from the written guidelines. For example, a school might have a strict policy on the books regarding possession of drugs; however, exceptions are made and students usually are given second, third, and even fourth

chances before consequences are applied. Assessing actual implementation can involve interviewing key informants, reviewing records (for example, school records of disciplinary action), or observing behavior to see whether written guidelines are followed. If the assessment indicates that there are problems with the implementation of the particular resource, those problems should be noted in the "comments" box.

RESOURCE ASSESSMENT

Key Participating Agency: _____

	Policy	Procedure	Practice	Program
WHO				
WHAT				
WHEN				
WHERE				
WHY				
HOW				
HOW MUCH				
COMMENTS				

DATA COLLECTION TECHNIQUES

The problem analysis and resource assessment must be based on facts rather than on assumptions, conjecture, rumor, and faith. As discussed above, just because a problem is widely believed to exist doesn't mean that it actually exists or that it exists in the form in which it is thought to exist. For example, a single instance of crack cocaine use in a small community might precipitate a panic that prompts the belief that crack use is widespread, whereas, in fact, there are many other drugs which are much more common and which pose a much greater threat. Similarly, resources might be assumed to be present because there is a written policy or a federally funded program in existence. Further exploration might indicate that the policy rarely is followed or that the program does not serve the target population it was mandated to serve.

While it is important to base community planning on facts, it is also important not to become so bogged down in detailed data collection that scarce resources are wasted and real action is delayed. This is a difficult balance to maintain, but it is important to try. Keep in mind that much of the data for a satisfactory problem analysis and resource assessment can be obtained by:

- o Interviewing key informants
- o Reviewing existing records
- o Inspecting problem areas

These data collection methods require some time and careful planning, but they can yield valuable insights into what the community needs.

In the example mentioned above of crack cocaine use in a small community, the automatic choice for data collection concerning drug use patterns among youth probably would be a survey of students in the high school. However, this kind of data collection would be time-consuming and expensive. A more efficient approach would be to interview a few people who know what drugs are commonly used by local youth. School counselors or the coordinator of the Student Assistance Program could provide information about the drug problems that students most frequently discuss. The youth officer of the local police department could be asked what drugs most often bring youth into contact with enforcement agencies. A few selected young people could be asked what kinds of drugs are used most commonly by their peers. Of course, the responses of each of these informants are subject to distortions and biases, but talking to people who have a variety of points of view will produce a more accurate picture. At this point, if a survey still seems desirable and resources are available, you will have a much clearer idea of what questions you should ask in a survey and how to ask them.

Records also can be useful. In this example, police patrol logs and arrest records or school discipline records could be used to verify or call into question the impressions that informants convey in the interviews.

In the case of resource assessment, interviews and record reviews are the natural data collection methods. There are likely to be at least two layers of data collection. First, all the resources available to address a given problem must be catalogued. For example, the school principal could describe school policies, counseling resources, the Student Assistance Program, and the drug curriculum currently in use. Second, more information is needed to determine how effectively these resources are used. For example, the student assistance coordinator probably can provide records on the number of students using the program and might have other types of information that could be useful. In addition, the coordinator might report that students do not use the program because it is perceived as stigmatizing or because they fear that confidentiality might be breached. School records might indicate that no one ever has been suspended for drug-related violations, even though the policy is on the books.

First-hand inspection of problem areas in the community can be very enlightening. If "cruising" has been identified as a problem in a community, observation of the favored street on a Friday night can give insights into what resources it might be appropriate to apply. A stroll through local parks on a Saturday morning might indicate -- through the presence and distribution of empty beer bottles -- where the favored drinking spots are. A ride-along with police can be helpful in identifying teen hangouts, trouble spots for vandalism, and areas where environmental changes (improved lighting or hauling away trash) might reduce illegal activity.

Over time, more systematic or elaborate problem analysis and resource assessment might be considered. However, these initial interviews, record reviews, and observations can provide the data needed for initial planning. They also can be very helpful in suggesting fruitful areas of inquiry for later data collection.

Just as the techniques for data collection discussed here are relatively simple and informal, the presentation of the resulting information also can be straightforward. Brief reports can be written and summaries presented at the second work session. The results then can be discussed in light of the rest of the planning process.

DATA COLLECTION WORKSHEET

PROGRAM:

PURPOSE:

SERVICES PROVIDED:

MAJOR THRUST:

ELIGIBILITY REQUIREMENTS:

APPLICATION PROCEDURE:

OFFICE OR SERVICE HOURS:

FEES:

GEOGRAPHICAL AREA SERVED:

AGENCY DIRECTOR:

CONTACT PERSON:

ADDRESS:

TELEPHONE:

FUNDING SOURCE:

NEEDS ANALYSIS

The process of integrating the problem analysis and resource assessment in order to determine needs is not simple and requires that large amounts of information be assimilated. (Participants will do this during the third meeting.) However, once the problem analysis and resource assessment have been completed, the approaches to the problem become more apparent.

There are four steps in the needs analysis:

1. Assemble all the information from the problem analysis and the resource assessment from all agencies.
2. Examine all resource information to determine whether:
 - o There are resources that can be strengthened in the way they are implemented
 - o There are resources that can be redirected to increase effectiveness
 - o There are efforts which are contradictory or which duplicate other efforts
3. Identify areas in which there do not seem to be sufficient resources available.
4. Determine what additional resources would be appropriate to fill these gaps.

In the example, it would be possible to assess the current involvement of each of the participating agencies. Weak implementation of existing resources might be found. For example, a school might have a good policy in effect, but the policy might not be widely known or understood by students, parents, and school staff. An awareness campaign and the practice of briefing transfer students regarding the policy might strengthen this resource.

It might be determined that some existing resources can be rechanneled. For example, one of the teachers who is on duty each day in the cafeteria might be more useful patrolling the parking lot where drug sales and drug use commonly occur.

Contradictory policies might be identified. For example, the police might cooperate with the schools by making arrests when such action is deemed appropriate by the schools, but the juvenile court might have an informal policy of dismissing charges in cases of possession of drugs. Schools and police could meet with the court officials to make joint policy decisions concerning when arrests are appropriate and what sanctions are appropriate when arrested juveniles appear in court.

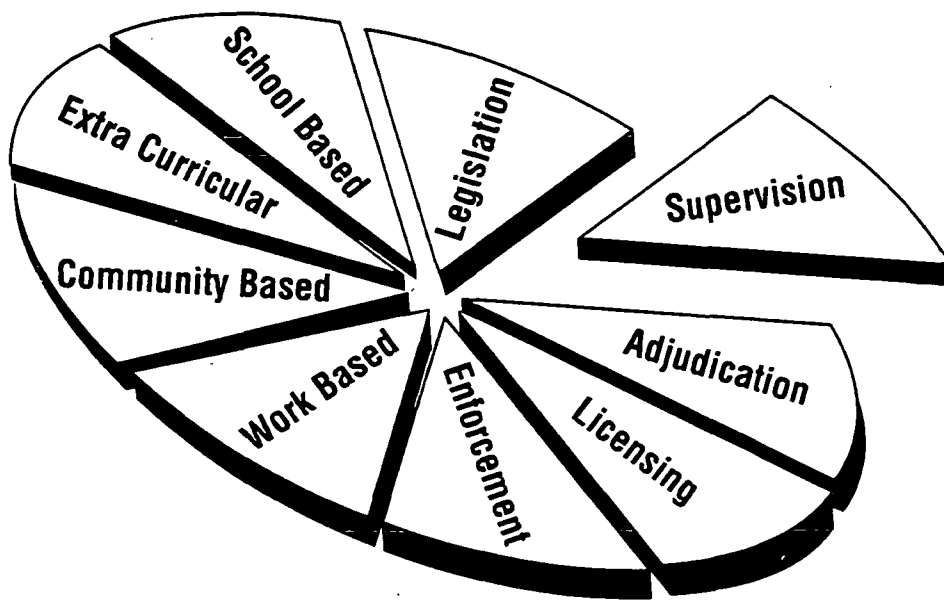
These assessments and improvements of existing resources are essential to a coordinated strategy and can be carried out at little or no financial cost.

Duplication of effort might be identified if, for example, both the courts and social welfare agencies carry out screening and assessment for drug dependency and other problems for those youth arrested on drug charges. A more coordinated approach could save resources.

Resource gaps also might be identified. For example, it might be determined that no adequate means are available to apprehend students in possession of drugs. A variety of ways to address this gap might be considered. The final decision made might be that the use of dogs trained to sniff out drugs in the school would be the most effective means of identifying drug dealers and users in the school and deterring students from bringing drugs to school.

YOUTH TRAFFIC SAFETY PROGRAM MODEL:

NHTSA "PIZZA"



These nine crucial components of a systemwide approach to addressing the specific needs of youth are described in the following text.

SCHOOL RESPONSIBILITIES

This category encompasses both curricular and noncurricular activities, including: formal classroom instruction for students from kindergarten to college that addresses alcohol and drug use; impaired driving, occupant protection, and other traffic safety issues; school intervention programs designed to address the need of individual youth who have substance abuse problems; and teacher training.

EXTRA CURRICULAR ACTIVITIES

These are student activities that often take place in a school setting but are outside the curriculum. Examples include student safety groups, summer camps, statewide conferences, and alcohol-free activities.

COMMUNITY RESPONSIBILITIES

These are grass-roots efforts in which young people and adults work together to promote community awareness and activities. This area focuses on the role of parents and the actions that they can take both privately in the home and publicly in citizen groups. It includes the activities of activist groups, churches, civic groups, and other community organizations.

WORK-BASED ACTIVITIES

These activities take place in the workplace or are sponsored by the private sector. They include: informational activities for young employees; company policies prohibiting the use of alcohol and other drugs during work hours and mandating the use of safety belts in company vehicles; substance abuse assistance for employees; support for community programs directed at young people; employee safety belt programs such as "Saved by the Belt and Bag"; and efforts by retail vendors to stop the sale of alcohol to underage youth.

ENFORCEMENT

These include police or Alcoholic Beverage Control agency programs designed to enforce minimum drinking age and impaired driving laws and laws mandating use of safety belts and child safety seats.

LICENSING

Licensing, which primarily is a state-level responsibility, includes: 1) provisional licensing for youth; 2) licensing sanctions for youth found to have been involved in impaired driving and non-use of safety belts; 3) measures to combat the manufacture and use of fraudulent forms of identification; and 4) other programs dealing with licensing young drivers.

ADJUDICATION

This category concerns activities in which judges or prosecutors play a role. They include strategies for processing, sanctioning, and rehabilitating youthful offenders; programs that provide information or instruction to judges or prosecutors on the youth traffic safety problem; and activities outside the court in which the judge or prosecutor assumes a leadership role to bring about change in the community.

SUPERVISION

These are programs established for youthful offenders which go into effect after the offenders have been adjudicated. They include screening for drug and alcohol problems, intake, probation, education programs, treatment alternatives, and case management.

LEGISLATION

These include laws and policies directed at reducing impaired driving, the use of alcohol and other drugs, and speeding by youth and at increasing the use of safety belts.

TECHNIQUES FOR FACILITATING GROUP PROCESS

ORGANIZING MEETINGS

Without a systematic approach or organized set of procedures to follow, it is difficult to conduct productive meetings. Meetings can become chaotic, causing group efforts to bog down and overall interest to wane. Individual participants might feel that they do not have specific functions in the group or that they are not kept informed about the group's activities and progress. This problem can be prevented by following a careful plan for group organization and action. At first glance, this effort seems like a large task, but it will create a productive working atmosphere and a functional structure for the group.

In his Community Organization Guide, Julio Martinez offers some tips for organized procedures:

- o A chair should be designated to guide the group through the agenda. Chairpersons should not be "bosses," however. Members should be equal, serving as part of a team who work together to accomplish goals.
- o Meetings should be held on a regular schedule with whatever frequency the group decides will be most productive.
- o A consistent time and length for meetings should be established and adhered to.
- o An agenda should be prepared in advance to allocate sufficient discussion time for each item to be covered.
- o Minutes should be prepared and distributed to members soon after the meeting. The minutes should summarize the major points discussed and assignments to be carried out before the next meeting.
- o Despite careful planning, unforeseen complications sometimes will arise. Action plans should be flexible enough to allow the group to respond to changing situations and priorities.

PROBLEM DEFINITION AND DEFINING ISSUES

In Problem Solving: Concepts & Methods for Community Organizing, Ralph Brody states that most community problems are caused and sustained by a wide variety of factors of varying levels of influence. Consequently, it is necessary to research the background of the problem and gather relevant facts. One problem in carrying out such research is that those dealing with a problem tend to limit their perspective to the conceptual methods in which they have been trained. For example, in dealing with the problem of alcoholism, people oriented to psychoanalysis will identify intrapsychic conditions as the major factors to be dealt with, while social psychologists will examine social pressures. Specialists in each discipline tend to use their own terminology to explain the world as they see it, and the terms used well can convey a different meaning to professionals from another discipline. It is not surprising, therefore, that discussion among community members about community problems can be confused.

It is important to refine the definition of the community problem in order to avoid confusion and focus the discussion on potentially fruitful solutions. Initially, groups tend to express problems in vague and ambiguous terms. Groups should work to achieve more refined problem statements that spell out definitions of key terms and give concrete examples of the problem. For example, the vague problem statement, "Teenage unemployment is high," becomes the more precise, "Unemployment for inner city black youth age 16 to 20 is 38 percent, compared to 6 percent unemployment for adults."

One way to obtain precision is to break the problem into component elements by asking a series of basic questions:

- o What is the problem?
- o Where does it exist?
- o Who is affected by it?
- o When does it occur?
- o To what degree is it felt?

While it is important to define the problem precisely, it also is important to avoid a narrow view of the problem, and especially to avoid building a premature solution into the problem statement. For example, defining the problem as "Where should we build the new building needed to handle more clients?" is narrow and presupposes that a new building will resolve the problem of inadequate service to clients.

In defining a problem and specifying solutions, the identification of key factors that contribute to the problem is important. Once that has been accomplished, it then is possible to select those factors that are most important or are most susceptible to change or amelioration.

In The Mediation Process: Practical Strategies for Resolving Conflict, C.W. Moore concludes that conflicts over issues sometimes can be overcome by redefining issues in other terms. For example, in a dispute over the placement of a group home in a neighborhood, it

might be helpful for the residents of the neighborhood to define more precisely what their concerns are (maintenance of safety and property values, for example) rather than just asserting that they don't want a group home. Proponents of the group home then can suggest ways in which those concerns can be addressed. Similarly, it can be helpful for the parties in a dispute to define exactly what their shared subordinate goals are (high quality aftercare for substance abusers who have completed a treatment program and a pleasant, safe neighborhood) and to determine how these goals can be achieved jointly.

GROUP DECISION MAKING

In Emergent Issues in Human Decision Making, G. Phillips and J. Wood point out that consensus often has been proclaimed as the ideal method of group decision-making. There are two reasons for this claim: First, group members are likely to be more satisfied with and more committed to decisions arrived at by consensus; second, decisions arrived at by consensus are likely to be of higher quality. Consensus development can be compared to negotiation and voting. Negotiated decisions, like those arrived at by consensus, incorporate the views of all group members and obtain at least minimal support from all. However, negotiation typically occurs among individuals who have competing goals. It is not essential that each member like the decision, only that each can support it at least minimally.

Voting as a means of resolving conflict has been criticized because it can lead to factionalism and produce narrowly-focused resolutions. With voting, unanimous agreement is not required. The primary objective is the resolution of the conflict. Achieving closure is more important than harmony or equal representation of points of view. Voting assumes that there will be winners and losers. Further, voting engenders the most potentially divisive and egocentric communication of the three decision-making methods. Because all members' views are not necessarily incorporated in a decision reached by vote, there is a weaker base of support for implementation of the decision.

An empirical study of the quality of decisions resulting from the consensus process found that higher-quality decisions resulted only when the group approached the task in a systematic and rigorous manner. That approach included consideration of all feasible solutions.

In Team Management: Leadership Consensus R. Wynn and C. Guditus state that consensus is "agreement to implement decisions on the part of all members of the group." Consensus does not mean unanimous accord. It is a process by which conflicting goals are reconciled by striving for solutions that accommodate opposing views and by securing the commitment to implement the decision from all members -- even from those who would have preferred another solution.

In the consensus process, members of the group might have to accept a decision that they do not prefer but that was settled upon in open and fair discussion. Consensus has been achieved when each member of a group can affirm:

- o I believe I understand your position.
- o I believe you understand my position.
- o I will support the decision, whether I agree with it or not, because it was arrived at openly and fairly.

Group conditions that support consensus include unity of purpose, equal access to power, autonomy of the group from external hierarchical structures, and availability of sufficient time. A specific process for developing consensus is presented in Building United Judgement: A Handbook for Consensus Decision Making, by Michel Avery and others.

In Group Decision Making, W.C. Swap supports the value of the voting process. He concludes that, while achieving group consensus has been endorsed by many, voting often can be a more efficient way of making decisions. For example, if a somewhat arbitrary policy decision is needed, voting can be the most efficient way to reach a group decision.

One of the most promising voting methods discussed by social welfare theorists is "approval voting." In this voting process, individuals can vote for as many alternatives as are acceptable to them. In such a case, even if the voter's most preferred alternative is not likely to be selected by the group, the voter would be able to vote for the one that seems most likely to be adopted, while also voting for his or her own preferred choice. No voter, then, need feel at a disadvantage in the voting process.

Whatever decision-making process is used, it is essential that the method be fair and rational. Unfortunately, many methods do not achieve these qualities. Swap outlines the elements of fair and rational systems but shows that it often is impossible to include all of these elements in a system.

CONFLICT RESOLUTION

In their publication, One Step Ahead: Early Intervention Strategies for Adolescent Drug Problems, J. Muldoon and J. Crowley point out that the problems surrounding adolescent drug use invariably draw out many conflicting attitudes, opinions, and facts. However, such conflict need not be negative. It can raise awareness of problems, encourage change, and increase motivation to deal with problems. In order to resolve conflicts to the benefit of all concerned, conflict must be managed well. The authors offer these suggestions for dealing with conflict:

- o Accept conflict as normal and inevitable. The presence of conflict does not mean that there is something wrong with the people or the organization.
- o Make the organization a safe place for dealing with conflict. Allow people to have differences of opinion and to express these differences openly.

- o Define the conflict clearly. Separate personal issues from organizational issues; separate problems over goals from problems over methods.
- o Emphasize areas of agreement as well as areas of disagreement. Emphasize areas in which trust exists even when a lack of trust must be noted.
- o Avoid polarization. Do not allow conflicts to come down to a "win-lose," "either-or" choice. There often are many alternative resolutions for any one conflict, and a variety of alternatives should be explored before decisions are made.
- o Use a clearly recognized, accepted structure for decision-making. If an organization is autocratic, with a chief executive making decisions with comment from other people, then an autocratic type of conflict resolution is acceptable. If an organization is supposed to be democratic, then a democratic structure should be used to resolve conflicts.

GROUP FACILITATION

C.W. Moore offers a number of techniques for fostering communication and information exchange. These can be useful for all participants, but they are especially useful for the chair of a meeting:

1. Restatement. The chair listens to what has been said and carefully repeats the content.
2. Paraphrase. The chair listens to what has been said and restates the content in different words. This often is called "translation."
3. Active listening. The chair decodes a spoken message and then feeds back to the speaker the emotional content of the message.
4. Summarization. The chair condenses the message of a speaker.
5. Expansion. The chair receives a message, expands and elaborates on it, and then checks to verify that it has been understood accurately.
6. Ordering. The chair helps a speaker order ideas into some sequence, such as size, importance, and so forth.
7. Grouping. The chair helps a speaker identify common ideas or issues and combine them into logical units.

8. Structuring. The chair assists a speaker in organizing and arranging speech into a coherent message.
9. Separation or fractionating. The chair divides an idea or issue into smaller components.
10. Generalization. The chair identifies general points or principles in a speaker's presentation.
11. Probing question. The chair asks questions to encourage a speaker to elaborate on an idea.
12. Questions of clarification. The chair asks questions to encourage the speaker to give further information about a point in question.

In addition to facilitating communication, it is important to create an emotional climate which allows clear communication and joint problem solving. Techniques for promoting a positive emotional climate include preventing interruptions or verbal attacks, translating value-laden or judgmental language into less emotionally charged terms, and intervening to prevent conflicts from escalating.

The Center for Conflict Resolution provides a more comprehensive discussion of group facilitation methods in A Manual for Group Facilitators.

TIPS FOR BRAINSTORMING

"The best way to get good ideas is to have lots of ideas."

Brainstorming is an idea-generating technique that is useful for:

- o Generating many ideas in a short time
- o Encouraging creative, spontaneous thinking
- o Helping people temporarily suspend judgement
- o Expanding or piggy-backing on ideas.

PROCEDURE:

1. Identify a problem for discussion.
2. If there are more than 10 participants, divide them into smaller groups.
3. Ask each group to select a recorder.
4. Explain the purpose and rules of brainstorming:
 - o Quantity is the goal. More ideas mean more likelihood of winners.
 - o Defer judgement. Do not criticize. Evaluation comes later.
 - o Be creative. Wild ideas are great, because they beget wilder ideas. It is easier to tame a wild idea than to think up new ideas.
 - o Combine and amend ideas. Expand; delete; consolidate; substitute; reverse; make analogies; make the problem bigger and smaller.
5. Brainstorm responses to the problem or question. The recorder lists all ideas on newsprint. Give a two-minute warning before calling time.
6. Analyze; discuss unfamiliar terms or ideas. Establish criteria for selecting the best ideas, and then evaluate each idea against those criteria.
7. Develop an action plan. For the idea(s) chosen, outline the steps needed to implement the solution. List forces (situations, people, events, and other factors) that work for or against implementation of this solution.

[illegible]

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TIPS FOR STORYBOARDING

Storyboarding is a unique approach to problem-solving and idea generation that focuses attention on resolving a critical issue. It is designed to provide a method of free, open, and creative thinking, while maintaining the necessary structure and organization to achieve worthwhile results in a very short period of time.

Creative and analytical thinking are the two components of pure-form thinking. Most people find themselves spending too much time in the analytical mode, in which we judge, select, apply logic, and put things into rigid categories. Storyboarding starts with the creative part of our thought process, which allows us to generate ideas, no matter how wild; explore ideas and concepts; and even fantasize about what could be -- without having the idea squelched by "killer" phrases.

PROCEDURE:

The session is conducted by a facilitator who sets up the storyboard with a "Session Purpose" statement, along with "Headers," which are general topic statements around which the group will generate ideas. Every idea is recorded on a card and pinned to the storyboard under the appropriate header. The facilitator controls the time of the session and ensures that the group stays on track. Because each idea is on a card, everyone can see all the ideas generated, and participants can "spin-off" ideas much more easily.

Ideas later can be ranked by allowing participants a number of votes to identify their priorities.

TIPS FOR NOMINAL GROUP PROCESS

PROCEDURE:

1. Form groups of six to eight participants.
2. Each group should select a facilitator and a recorder.
3. Participants work alone to generate ideas on how to address a concern. They will do this by writing as many responses as possible to a statement derived from the session title (allow three to five minutes):
"Youth programs work best if..."
"What this community really needs is..."
"Community awareness can be developed best by..."
4. In each group, proceed around the table, with each person in turn providing one idea from his or her list. No discussion other than clarification is permitted. The recorder will list these ideas by number on the statements. After ideas are listed, encourage each group to discuss them, comparing, clarifying, and defending their statements (allow eight to 10 minutes).
5. The group should choose three to five top priority ideas. Use consensus if possible. If not, vote to resolve disputes (allow three to five minutes).
6. Have each facilitator report to the entire group what that facilitator's group's priorities are (eight to 10 minutes).
7. Have the entire group select its top five priorities. Use consensus if possible. Reaching consensus in a group this large might be difficult. Vote if necessary. You might want to use the following voting system (allow three to five minutes):

On a 3" x 5" notecard, each participant votes, using the numbers assigned to the statements. Everyone ranks the top priority ideas. Scores should be tallied next to each idea statement. To establish group priorities, you might want to assign weights to each participant's ranking as follows:

1st ranking - 5 points	4th ranking - 2 points
2nd ranking - 4 points	5th ranking - 1 point
3rd ranking - 3 points	

Total these scores for each problem. The item with the highest overall score becomes the highest priority; the item with the second highest score the second priority; and so forth. Use the time during the break to tally scores.

TIPS FOR DISCUSSION GROUPS

All of us participate in discussions all the time. We have been discussing since the "family meetings" of our childhood. And yet we sometimes overlook the factors that make discussion meaningful as an educational method. Discussion is not an informal group clustered in a hallway, or a clique-dominated group led by a few powerful people. It's not a situation, either, in which a "leader" assigns readings "to discuss" together, as we often have experienced in the classroom.

A true discussion is an exchange of ideas, with active learning and participation by all concerned. It is a good method of obtaining new ideas, solving problems, teaching controversial material, or ironing out our "gripes." It's an orderly conversation directed toward a definite objective. Communication is the key to a successful discussion.

A true discussion is made up of the following elements:

- o A small group (four to 12)
- o Recognition of a common problem
- o Introduction, exchange, and evaluation of information and ideas
- o Direction toward some goal (often of the participants' own choosing)
- o Verbal interaction, both objective and emotional.

The underlying principle is that discussion promotes meaningful personal interaction and, of course, learning.

DO'S

1. Establish a conducive atmosphere.
2. Be clear in objectives and goals.
3. Stick to the topic.
4. Allow full participation and respect all participants.
5. Allow time to evaluate fully and to reach consensus.

DON'TS

1. Plunge in without an introduction.
2. Choose too broad a topic for too short a time.
3. Allow discussion to wander.
4. Allow members to dominate or disappear.
5. Leave discussion hanging and up for grabs.

SUGGESTIONS:

1. Getting good discussion going is seldom easy. Work at it.
2. Test what is happening after the first 10 to 15 minutes.
3. Set the topic into personal contexts. For example, as an opening question on young people, a facilitator might ask, "Do you worry about your own children or grandchildren and drugs?"
4. Present the objectives simply and clearly. Avoid semantic tangles. Clarify what the group is to achieve.
5. You can't avoid dealing with individuals who block discussion:
 - o Promise them an answer later.
 - o Rule out quibbles with a temporary resolution.
 - o Step in if there are quibbles between two persons in the group.
6. Have references at hand and use them.
7. Break the task into parts. Consolidate ideas. Clarify ideas. Then move along.
8. Use the original, clearly-stated objective to guide the discussion firmly and keep participants on track.
9. Discussion is constantly shaped as it moves along.

TIPS FOR BUZZ GROUPS

Buzz groups are small informal groups meeting for a limited time and with a carefully defined task. Often, they are problem-solving groups who must come up with a workable solution in a given (short) period of time.

DO'S

1. Be sure everyone knows the problem.
2. Be sure everyone knows the time limits.
3. Appoint a recorder or reporter, who also can serve as a time monitor.
4. Announce the time remaining at five-minute intervals.
5. Begin with -- but quickly move beyond -- brainstorming.
6. Accommodate contributions by all.
7. Achieve, within the timeframe, a practical list which includes priorities.

DON'TS

1. Assume everyone knows the problem.
2. Assume everyone knows the time limits.
3. Assume someone has taken this responsibility.
4. Squander time.
5. Begin to list ideas without brainstorming.
6. Squelch quieter members; allow some to hog the floor.
7. Get bogged down in process.

PROCEDURE:

1. State the problem and task (see example) to the group specifically and then give them the problem in written form.

Problem: A busy, affluent family, including a dad (a lawyer), a mom (a gynecologist), a teenage daughter (a cheerleader, club president, and church choir member), and a teenage son (constantly in love) is experiencing an evening telephone crunch. Professional calls are not getting through.

Task: In 13 minutes, solve this busy family's evening telephone problems, appropriately accommodating the needs of all four family members.

2. Divide your group into two buzz groups. Assign a leader for each group.
3. Have groups separate into conversation groups, moving chairs if necessary.
4. Monitor time. Tell them when they have 10 minutes left to work.
5. Tell them when they have five minutes left to work.
6. Monitor participation. Ask questions or join a group if necessary.
7. After 13 minutes, get the final solution from each group.

COMMUNITY MEETING PLAN

1. Anticipated number and profile of participants: _____

2. Date and time of meeting: _____
3. Location of meeting: _____
4. Condition of facilities or how can you enhance them: _____

5. Who will be responsible for:
 - a. Room set-up: _____
 - b. Refreshments: _____
 - c. Notification of participants: _____
 - d. Pre-meeting coordination: _____
 - e. Name tags: _____
 - f. Audio-visual aids: _____
 - g. Meeting supplies: _____
 - h. Meeting evaluation: _____
6. Meeting topics to be covered and objectives:

Topic #1 _____
Objectives: _____

Topic #2 _____
Objectives: _____

7. Get acquainted or warm-up activity: _____

8. Method of setting stage for meeting: _____

9. Group process methods to be used:

Topic #1

Group process method(s):

Time Required:

Topic #2

Group process method(s):

Time Required:

10. Summary and wrap-up: _____

CONFERENCE SUMMARY

Name of Activity _____ Date _____

Location _____ Rent _____ Time _____

Number of Participants _____ # of Helpers _____ Fee _____

General Chairman & Phone Number _____

Committee Chairman

Duties

Telephone Numbers

Committee Members & Helpers

Telephone Numbers

Publicity _____

Expenses _____

Equipment Used: Cost, Quantity, Leftovers, etc. _____ Provided By _____

Thank You Notes Sent To _____

Miscellaneous Information _____

Suggestions for Future (on back)

FOUR COMPONENTS OF A COMMUNITY MEETING

Breaking a community meeting into four basic parts will help us to achieve success. The parts are interrelated. If one part fails, the whole meeting can break down.

PARTICIPANTS

Who are the participants, and what do we need to know about them? How much do the participants know about the subject matter? Why are the participants attending the meeting? How can the participants' interest and involvement be increased?

CONTENT

The content of the meeting must be interesting and relevant to the participants. Two ways to keep the content interesting are:

1. Present information on a level appropriate to the participants.
2. Allow participants to gain more knowledge by participating. Learning-by-doing fosters the greatest gain in knowledge, as well as in the commitment and involvement of the participants.

CONTEXT

Context is the setting or physical environment for the meeting. It should be appropriate for the purpose of the meeting. This includes:

1. Having the necessary equipment
2. Choosing an appropriate facility for the desired atmosphere
3. Working with available space. It is important to check out the facility for electrical outlets, window shades, or what is appropriate for media needs and the comfort of participants.

FACILITATORS

Facilitators are the teachers who design and conduct group activities that move the group along to achieve the objectives of the meeting. Each facilitator uses a different style and technique. It is important that facilitators understand their own styles and methods, and that they know when it is most appropriately to use those methods.

MARKETING

This section is designed to help with promotion of the CSR program. Whether you are explaining the process to an individual, inviting a community member to join the effort, publicizing a community conference, or announcing your CSR plan, these guidelines and suggestions will be a big advantage for your team.

THE MARKETING SECTION CONTAINS:

- o An Outline of the CSR Process: Five Meetings 126
- o Collaboration Team Informational Flyer
(a sample invitation for asking people to join
in the CSR effort) 132
- o Guide to Developing Marketing Presentations 133
- o The Press Kit (a "recipe" for putting together
a packet of information to use when promoting
your CSR plan) 134

AN OUTLINE OF THE CSR PROCESS: FIVE MEETINGS

The formally structured phase of the CSR includes an introductory meeting, at least three working sessions, and a customized workshop which formally launches the planned program of action. During the time between each meeting, both the community and the staff will have specified responsibilities.

THE FIRST MEETING: SETTING THE CONTEXT FOR THE CSR

PURPOSE:

- 1) To ensure that the Juvenile Court Judge and a select group of the Judge's intimates drawn from a list of Key Participants understand the CSR and enthusiastically support it
- 2) To decide who among the optional Key Participants initially should be involved in the CSR
- 3) To meet, as required, with Key Participants other than the Judge's intimates in order to gain their participation

DESCRIPTION:

- 1) Project organizers will ask the Judge to assemble a small group (approximately five) selected from among Key Participants whom the Judge trusts and with whom the Judge has good working relationships. The organizers and the Judge will meet with this group in the Judge's chambers to brief them on the CSR and to enlist their cooperation.
- 2) This group also will decide which Key Participants should be involved in the CSR, and which Key Participants should receive a face-to-face briefing during the course of the preview visit.
- 3) Decisions will be made concerning the facilities in which the community meetings will be held, and logistics for these meetings will be discussed.
- 4) Planning staff and the Judge will meet, as required, with other Key Participants to ensure their support.

THE SECOND MEETING: PROBLEM IDENTIFICATION AND RESOURCE INVENTORY

The second CSR meeting accomplishes the "I" of the IDENTIFY model -- problem identification -- and prepares the community for gathering data to complete the "D" and "E" -- definition and enumeration of current responses to the problem.

PARTICIPANTS: All Key Participants, planning and organizational staff, and the facilitator

PURPOSE:

- 1) To explain to the Key Participants the nature and purpose of the CSR and to motivate them to participate
- 2) To develop a list of specific youth drug, alcohol, and impaired driving problems in the community, and to select one as the initial target for the group
- 3) To review and adjust methods and protocols for an in-depth analysis of the selected problem (problem analysis) and the community's current response to the problem (resource assessment).

AGENDA:

- 1) INTRODUCTION:
 - a) Overview of the local youth drug, alcohol, and impaired driving problem
 - b) Rationale for the CSR
 - c) Description of the CSR
 - d) Roles for the community and expectations of it
- 1) PROBLEM IDENTIFICATION:
 - a) Define specific youth drug, alcohol, and impaired driving problems in the community, working from a list of typical problems prepared by the Judge and/or facilitator.
 - b) Through consensus building or nominal group process, select a single problem for analysis, basing the selection on such criteria as:
 - i) All Key Participants believe their agencies have a role to play in addressing the problem.

- ii) All Key Participants believe the problem can be effectively ameliorated with available resources.
 - iii) Effectiveness can be defined and measured.
 - c) Select a chairman of the working group.
- 3) **PREPARE FOR PROBLEM ANALYSIS AND RESOURCE ASSESSMENT:**
- a) Provide descriptions of problem analysis and resource assessment methodologies and adjust those methodologies as is appropriate to the community.
 - b) Design specific protocols to:
 - i) Analyze in detail the problem selected (problem analysis)
 - ii) Analyze the current policies, procedures, practices, and programs of each agency represented as they affect the problem (resource assessment).
 - c) Develop a work plan for the problem analysis and resource assessment, including tasks, responsibilities, and timelines.

INTERVAL BETWEEN SECOND AND THIRD MEETINGS

During the interval between the second and third meetings, the Key Participants and their deputies (Seconds) will collect problem analysis and resource assessment data as specified by the definition ("D") and enumeration ("E") steps of the IDENTIFY model.

ACTIVITIES:

- 1) Key Participants and Seconds collect data as specified in the problem analysis and resource assessment workplans.
- 2) Project staff serve as telephone resources to answer questions, troubleshoot, and provided other assistance.

THE THIRD MEETING: ANALYSIS OF NEEDS

The third meeting reviews the definition ("D") and enumeration ("E") of the community's current responses to the selected problem as they are revealed in the problem analysis and resource assessment data. With this information, the Key Participants will be able to identify needs in the areas of policies, procedures, programs, practices, and resources (needs analysis) and target strategies for addressing the problem -- the "N" and "T" of the IDENTIFY model.

PARTICIPANTS: All Key Participants, Seconds, staff, and the facilitator

PURPOSE:

- 1) To review problem analysis and resource assessment
- 2) To complete a needs analysis which indicates those policies, procedures, programs, practices, and resources that should be developed or refined
- 3) To target strategies for addressing the problem which plug the gaps identified by the needs analysis.

AGENDA:

- 1) **PROBLEM ANALYSIS AND RESOURCE ASSESSMENT REPORTS:** Presentation and discussion of problem analysis and resource assessment data
- 2) **NEEDS ANALYSIS:** Identification of needed policies, procedures, programs, practices, and resources to mount a systemwide response to the selected problem
- 3) **BRAINSTORMING STRATEGIES:** Initial identification of target populations and strategies which will address the programming gaps uncovered in the needs assessment
- 4) **NECESSITY OF FIFTH MEETING:** Decide whether it is necessary to have a public meeting for training and to announce the plan (see *Fifth Meeting: Conference and Training Session*)

THE FOURTH MEETING: DEVELOP IMPLEMENTATION PLAN

The fourth meeting focuses on the "I," "F," and "Y" of the IDENTIFY model - development of an implementation plan that focuses the responsibility for implementation and development of a monitoring and assessment plan that indicates the need to "yell" if implementation proves to be poor. Much of the work during this meeting will be done by small groups, organized by interest or issue area.

PARTICIPANTS: Key Participants and Seconds; outside experts, if needed; and front-line staff of implementing agencies.

PURPOSE:

- 1) To develop an implementation plan for the policies, procedures, programs, and practices, including an analysis of implementation barriers, needs for technical assistance, and issues of allocation of resources

- 2) To develop a plan for monitoring and assessment
- 3) To obtain a written commitment from each Key Participant to follow up on his or her agency's part of the implementation plan.

AGENDA:

- 1) INTRODUCTION:
 - a) Review of the selected problem, the needs analysis, and the targeted policies, procedures, programs, practices, and resources
 - b) Description of the small group planning task.
- 2) SMALL GROUPS:
 - a) Division into small groups based on interest or issue area (for example, juvenile justice, schools, public housing, and so forth)
 - b) Discussion of implementation barriers and plans to overcome them
 - c) Discussion of technical assistance needs and development of a technical assistance plan
 - d) Discussion of resource needs and how resources will be allocated
 - e) Development of a monitoring and evaluation plan
- 3) COMPLETING IMPLEMENTATION PLANS:
 - a) Present implementation plans.
 - b) Discuss duplications and inconsistencies.
 - c) Sign written commitments.

THE FIFTH MEETING: CONFERENCE AND TRAINING SESSION

Some communities will find it useful to conduct a fifth meeting. The purpose of this optional session is twofold. First, it is intended as a forum in which to make a public announcement of the program and action plan adopted at the previous session. Second, it functions as a specialized training conference during which sophisticated technology, directed at accomplishing specific purposes, is transmitted from experts and experienced practitioners to local personnel.

PARTICIPANTS: All Key Participants and Seconds, guest speakers, trainers, invited guests, and the public

PURPOSE:

- 1) To announce the action plan and its components to the general public in the community
- 2) To involve the media and other community opinion leaders in the project in as favorable a manner as possible
- 3) To receive direct, on-site training and technical assistance from nationally-recognized experts and practitioners, and to develop relationships with these persons for future technical assistance, should it be needed

AGENDA:

- 1) INTRODUCTION:
 - a) Continental breakfast
 - b) Welcoming remarks
 - c) Keynote speaker
- 2) OVERVIEW OF ACTION PLAN
- 3) WORKSHOPS ON SPECIALIZED TOPICS

COLLABORATION TEAM INFORMATIONAL FLYER

The _____ Community Systemwide Response team invites you to participate in a series of community meetings to examine the challenges and risks of youth substance abuse and impaired driving in _____. We need your help as we develop strategies to meet and overcome this challenge.

LOCATION	DATE	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____

For additional information, contact:

GUIDE TO DEVELOPING MARKETING PRESENTATIONS

Marketing presentations can be used for informational programs running about 15 to 20 minutes for civic organizations, as well as for discussion with individuals, corporations, and other potential supporters. Content covered in presentations should include the following:

- o Introduction of team members
- o Credentials of team
- o Program offering - Statistics and Trends of Youth (substance abuse and impaired driving and other trends)

What is the current local situation?

How is the situation currently being handled?

Why is this information important to the audience?

Invitation to community meetings to share their own ideas.

Presentation Materials

Collaboration Team Informational Flyer

Handout sheets listing trends and data

CSR Brochure

)

THE PRESS KIT

A full press kit should be developed to be distributed at press briefings or conferences, or to be given to individual reporters working on a CSR story.

The basic ingredients of a good working press kit include:

- o Background release on CSR --no more than two to three pages, if possible; printed on one side only; double-spaced, with wide margins for reporter's notes; having the most important facts (who, what, when, where, why, and perhaps how) stated in the first paragraph; without editorializing or expressions of opinion; and including the name and phone number of a contact
- o Basic fact sheet -- one page of clear, concise statistics, principal actions, funding sources, participants' names and titles, collaborators, and other facts
- o Bios of CSR team members and any other important participants
- o Captioned black and white photo of CSR activities
- o A kit cover that includes the CSR logo but avoids costly presentation materials
- o Dated press materials that indicate a release time if you are disseminating a news story tied to a scheduled event that requires such a precaution
- o A background brochure or flyer on participating organizations or key participants
- o An appropriate piece on your collaborators, service recipients, the cooperating agencies, and other participants
- o Press clippings on the project

RECOGNITION AND EVALUATION

This section provides reasoning, techniques, and samples for the evaluation of meetings, conferences, and the CSR process in your community. Also included in this section are ideas for motivating and recognizing team members, collaborators, agencies, and sponsors.

THE RECOGNITION AND EVALUATION SECTION CONTAINS:

- o Techniques for Program Assessment
and Monitoring 136
- o Providing Motivation, Incentives,
and Recognition 139
- o Recognition Ideas 140
- o Evaluation Worksheet (chart for determining
possible evaluation dates and methods and
for identifying data to be evaluated) 141
- o CSR Implementation Checklist (can be used
several times during the CSR process to
evaluate the on-going implementation efforts
of the community collaboration team) 142
- o CSR Training Conference Evaluation (sample
evaluation form for participants in the
final training conference) 144

TECHNIQUES FOR PROGRAM ASSESSMENT AND MONITORING

The Community Systemwide Response is likely to lead to the revision of existing policies, procedures, programs, and practices and to the implementation of new efforts. Naturally, questions will arise concerning how well these changes are working. "Is it Working?" can mean a number of things:

- o Does the new approach meet the needs of its target population?
- o Are services being delivered efficiently?
- o Is the effort accomplishing its goals?

Answers to these questions often are obtained by contacts with various constituents (clients, other professionals, citizen groups, and other affected parties) and by other informal methods. However, the accuracy and usefulness of impressions gathered in this way can be enhanced a great deal by more systematic monitoring and assessment.

Program assessment and monitoring can be as simple as an exercise in counting -- that is, counting clients served or meetings held. More complete assessment and monitoring includes analysis of the entire program and all its parts. Assessment and monitoring can become complex and burdensome. Attempts might be made to assess outcomes that are too far in the future or too difficult to measure to produce reliable findings. Information that is not really necessary for realistic decision-making might be gathered. If extra resources are available, more ambitious evaluations can be undertaken. However, for the purposes of the CSR, simple assessment and monitoring are sufficient, at least in the early stages. These efforts can include a variety of components. This section addresses on-going monitoring systems, consumer satisfaction surveys, and analysis of implementation efforts.

ON-GOING MONITORING SYSTEMS

The most important reason for establishing monitoring systems is to provide accountability to funding or sponsoring agencies. These agencies sometimes require that certain kinds of data be collected. Monitoring information also can provide information that is useful for program management and improvement.

On-going monitoring systems most often rely on a service or case record, with data on characteristics of cases (demographics and type of case, for example) and flow (referral source, services provided, and disposition of the case). These records should be standardized, maintained accurately, and easily summarized. If these records are standardized and easily retrievable, a great deal of valuable data can be generated. A monitoring system enables those responsible for a program to produce accurate answers to such questions as:

- o How many participants were served last year?
- o How many interventions or training events were carried out?
- o What were the demographics describing the population served or offenders arrested?
- o What geographical areas of the community received the most, and the fewest, services?

Such information will indicate whether the intended target population is being reached, and, by inference, whether the services available are appropriate and are offered in the right places at the right time. The information might help indicate the need for outreach efforts. Changes over time can be assessed and the reasons for the changes analyzed.

Monitoring systems for programs that deal with individuals should include such information as:

Participant data:

- o Age
- o Sex
- o Ethnicity
- o Residence
- o Socioeconomic status
- o Reason for involvement or referral source

Service data:

- o Dates of first and last contact
- o Types and number of activities involved in
- o Outcome of involvement

Monitoring records for activities that do not deal with individual clients or participants might include:

- o Site of activity
- o Nature of activity
- o Amount of time spent in preparation and delivery
- o General content of activity
- o Number of people involved
- o Apparent outcome

CONSUMER SATISFACTION SURVEYS

Some form of assessment of the satisfaction of program participants can be valuable in fine-tuning the services offered. Such information often can be collected very easily. For example, clients at a clinic could be asked to fill out a questionnaire as they leave. The audience of an informational presentation could be asked to fill out an evaluation form after the presentation. Such surveys are common and easily conducted. Less common -- and requiring more effort -- are call-backs to people who have contacted the police, with the goal of determining how satisfied they were with police response.

Participant satisfaction surveys can ask for information about general satisfaction to determine, for example, whether clients feel their needs are being met. Information in more specific areas also can be collected. For example, a service that is planning to relocate might carry out a survey to determine what sort of location, parking, hours of operations, and other facilities or services would best meet the needs of clients.

IMPLEMENTATION ANALYSIS

Often there is considerable discrepancy between how a policy, procedure, program, or practice looks on paper and how it works in actual practice. Unfortunately, many program models and other promising efforts have been abandoned as ineffective when, in fact, they never were implemented as they were intended. Once an effort has begun, it is very important to assess whether it is taking place, whether it is taking place as planned, and whether it should be revised.

The on-going monitoring system described earlier can be used to help analyze program implementation. For example, if a SADD chapter is formed in a school, the monitoring system can determine how many students are enrolled, how many club events take place, and how many people attend those events. It then can be determined whether the chapter really is accomplishing something or whether it exists only on paper.

Observation and interviews can add to the picture revealed by information gathered by monitoring. In the case of the SADD chapter, interviews of some of the students who are active in the chapter can indicate whether they find the activities engaging and satisfying. Observations of SADD events or interviews with non-member students can indicate whether other students are aware of the SADD activities and whether they respond positively to them. These observations should be carried out by someone not directly involved with the program who can judge it objectively.

In a somewhat different area, the implementation of a roadblock program to apprehend drinking drivers could be assessed by using monitoring records to determine the number of officers involved, the number of roadblocks set up in a given time period, the number of drivers tested, and the number of drinking drivers detected. Since the most important purpose of such programs is the general deterrence of drinking and driving, a survey of public awareness of the roadblock program could be carried out. Such a survey need not be extensive or expensive in order to meet the objective of indicating the level of public awareness.

PROVIDING MOTIVATION, INCENTIVES, AND RECOGNITION

Even in launching an effort as clearly beneficial to all segments of society as is an effort to reduce youth substance abuse, those expected to participate actively must feel that their agency will gain from the effort. All members of the group must be able to see how the group effort will further their own organizations' goals. Their first priority is to represent their own agencies. Whenever the group fails to take into consideration the interests of its member agencies, it jeopardizes its own effectiveness.

In its publication, What You Can Do, The Wisconsin Clearinghouse offers some practical suggestions for maintaining an effective group. All participants should be given important tasks and roles in the decision-making process. This can be done efficiently by assessing each person's skills, resources, and availability, and then by seeking each participant's assistance with appropriate tasks.

All of us need to know when we are doing well or when we could do better. Organizing takes energy and we all need praise to refuel. Make sure that everyone in the group gets positive feedback from time to time.

If negative feedback is needed, separate what it is that the person did poorly from your feelings about the person as an individual. Rather than attacking someone or pointing out poor performance to a person, offer positive suggestions about how something can be done better the next time. If you must vent your feelings, admit that they are your feelings and not necessarily the result of what that person did. All the venting of emotion in the world will not change what has already occurred.

There should also be a concerted effort to give public credit for special accomplishments. Recognition can be given in several ways:

- o Praise can be given at regular meetings or at special events.
- o Recognition can be given in various agency newsletters or in the local newspaper.
- o Letters of commendation can be sent to participants' supervisors.
- o Simple award certificates can be printed and presented at regular meetings or special events.
- o Participants' names and titles can be printed on group stationary, if the budget permits.
- o A reception can be held to thank participants.

RECOGNITION IDEAS

- o Hold a volunteer recognition luncheon, tea, or dinner at which volunteers receive small gifts. Key Participants and other key members of the community should attend to endorse the function.
- o Vary the theme by holding a breakfast with the volunteers and local officials or legislators as a "kick-off" for the program. These events provide an excellent opportunity for media coverage with a chance for volunteers to be interviewed.
- o Letters of thanks, birthday cards, "get well" cards, and other personal communications are all meaningful recognition.
- o Produce a volunteer program newsletter which highlights both the overall program and an individual volunteer's activities. Make sure all volunteers receive the newsletter or some other regular communication.
- o Provide certificates of service at the end of the year for all volunteers and special awards for outstanding volunteers.
- o Enter your volunteers in special local, state, or national competitions; this is an excellent recognition technique.
- o Provide complimentary tickets to theatrical productions and sports events.
- o Provide scholarships, tuition grants, and expense-paid attendance at volunteer meetings and conferences. These growth opportunities for volunteers give them a sense of professional status.
- o Place stories of your volunteers' activities in the local media.

EVALUATION WORKSHEET

Date	Participants in Evaluation	Information/Data To Be Collected/Evaluated	Method of Collection/Evaluation

CSR IMPLEMENTATION CHECKLIST

<u>Goals and Action Orientation</u>	<u>Yes</u>	<u>No</u>	<u>Could Be Improved</u>
Is there a general understanding and consensus of the goals?	_____	_____	_____
Is there general support for the program?	_____	_____	_____
Was the community involved in setting goals?	_____	_____	_____
Is there a clear focus of what we're trying to do?	_____	_____	_____
Have we identified "doable" actions?	_____	_____	_____
Have we clearly identified who is responsible for each action and task?	_____	_____	_____
 <u>Communications</u>			
Is there on-going communication among all members of the effort?	_____	_____	_____
Have we communicated our goals to the total community?	_____	_____	_____
Have we kept the community informed of our progress?	_____	_____	_____
Have we developed or enhanced coalitions among individuals and organizations in the community?	_____	_____	_____
Have we developed linkages outside the community?	_____	_____	_____
 <u>Resources</u>			
Have we sought creative ways to use local resources?	_____	_____	_____
Have we sought to develop coalitions with other communities or countywide efforts to leverage resources?	_____	_____	_____
Have we sought resources (ideas, support, financing) from outside agencies?	_____	_____	_____
Do we know where to find resources?	_____	_____	_____
Do we know how to best use available resources?	_____	_____	_____

Leadership and Management

Yes

No

**Could Be
Improved**

Do we have individuals who are willing to arrange meetings,
assist in communications and carry out much of the legwork?

Are the meetings organized and effective?

Are people's talents used effectively?

Are the leaders committed to the effort?

Do people follow through on actions?

Do we have a mix of people who are "Conceptualizers" and
"implementers"?

COMMUNITY SYSTEMWIDE RESPONSE TRAINING CONFERENCE

EVALUATION FORM

The program sponsors and planning committee are interested in learning how well we met your needs. Please answer the following questions by circling the number that describes your feelings (1 signifying that we fell far short of your expectations and 5 signifying that we greatly exceeded them), or by filling in the blanks.

1. Relevance of this program to your personal or professional needs and interests

	1	2	3	4	5
--	---	---	---	---	---

2. Conference facility

	1	2	3	4	5
--	---	---	---	---	---

3. Conference organization

	1	2	3	4	5
--	---	---	---	---	---

4. Workshop #1
 - o Overall

	1	2	3	4	5
--	---	---	---	---	---

 - o Information presented was up to date and relevant

	1	2	3	4	5
--	---	---	---	---	---

 - o Comments: _____

5. Workshop #2
 - o Overall

	1	2	3	4	5
--	---	---	---	---	---

 - o Information presented was up to date and relevant

	1	2	3	4	5
--	---	---	---	---	---

 - o Comments: _____

6. Workshop #3

- | | | | | | |
|--|-------|---|---|---|---|
| o Overall | 1 | 2 | 3 | 4 | 5 |
| o Information presented was
up to date and relevant | 1 | 2 | 3 | 4 | 5 |
| o Comments: | _____ | | | | |
| | _____ | | | | |

7. Workshop #4

- | | | | | | |
|--|-------|---|---|---|---|
| o Overall | 1 | 2 | 3 | 4 | 5 |
| o Information presented was
up to date and relevant | 1 | 2 | 3 | 4 | 5 |
| o Comments: | _____ | | | | |
| | _____ | | | | |

8. List the most important things that you gained from participating in this training conference (new information, ideas, methods, or other benefits):

9. What is one suggestion that you have to improve this training program?

10. Other Comments:

Thank you for participating in the CSR Training Conference!

SUPPLEMENTAL INFORMATION

This section provides background reading on obstacles you might encounter during the CSR program, as well as program models in the areas of prevention, intervention, treatment, and aftercare. The section also includes an outline of the Fredericksburg, Virginia CSR pilot program; refer to it as you develop your Community Systemwide Response plan.

THE SUPPLEMENTAL INFORMATION SECTION CONTAINS:

- o Prevention, Intervention, Treatment, and
Aftercare Program Models 147
- o Recognizing Obstacles 161
- o Youth Drug and Alcohol Abuse:
Introduction of Effective Systemwide Strategies 169

PREVENTION, INTERVENTION, TREATMENT, AND AFTERCARE PROGRAM MODELS

This section provides a description of some significant prevention, intervention, treatment, and aftercare program models for dealing with youth drug- and alcohol-related problems.

PREVENTION SERVICES

Prevention programming includes a wide variety of approaches. Some prevention approaches are beyond the community's reach; we will mention those only briefly. Other approaches seek to reduce the related risk factors that make young people vulnerable to later chemical dependency; we'll touch only lightly on these as well. In this section, we will try to give special emphasis to approaches of prevention that most easily are stimulated by community action.

NATIONAL FORCES IN PREVENTION: ECONOMIC AND CULTURAL FACTORS AND PUBLIC AWARENESS

There are certain forces and trends operating across America that can make the community's prevention job either harder or easier. No community can remain insulated completely from national events. For example, if the national economy makes it difficult for high school graduates or drop-outs to get work, the general attractiveness of drug dealing will go up. If our culture continues to promote "pill-popping" as the preferred way to deal with stress; if advertising makes alcohol, cigarettes, and pharmaceutical products look appealing to the young; and if the federal government fails to develop a coherent prevention strategy, the local prevention effort must be even more aggressive.

On the other hand, to the extent that the "war" on substance abuse and impaired driving is kept at the front of the national agenda, encouraging national legislation; to the extent that the media present accurate portrayals of the problem; and to the extent that national public awareness campaigns are credible and on target, the job of local prevention can become easier.

LAW, PUBLIC POLICY, AND ENVIRONMENTAL APPROACHES

We know two seemingly contradictory facts: (1) legislation and public policy alone are drastically limited in their ability to prevent substance abuse; and (2) thoughtful legislation and policy can be great helps to an overall prevention strategy.

The legislative approach to controlling harmful substances revolves around reducing supply -- reducing availability and discouraging illicit consumption. Simply put, if the substance cannot be obtained, it cannot be used.

The most complex legislative approaches to prevention focus on alcoholic beverages and on impaired driving, because alcohol is a licit substance subject to regulation, as is the privilege to drive.

Zoning and Availability Constraints

Communities can act independently to regulate where and to whom alcohol is available. Many localities have acted to restrict the sales of alcohol in areas near pockets of crime, in poverty areas, or in places where young people congregate. Some communities have banned the sale of alcoholic beverages at filling stations and athletic events, trying to prevent the combination of alcohol and driving. Other localities have put teeth into ordinances that punish retailers for selling alcoholic beverages to underage buyers.

Legal Deterrents

Although we must recognize the limitations of legal approaches, they are part of the prevention picture. For example, stiffer penalties for impaired driving, such as the administrative revocation of driving licenses, can be meaningful deterrents for adolescents. Other laws, such as the raising of the minimum age for purchasing alcoholic beverages, or raising excise taxes on alcohol, also might have measurable impact.

Server Intervention

A variation on environmental prevention of alcohol abuse involves placing an increased responsibility on those who sell and serve alcoholic beverages. There is now formal training that helps servers -- bartenders -- learn to identify underage users more easily, to discourage customers from over-drinking, and to prevent intoxicated customers from driving. Parents are a part of this intervention. Although most readers probably will find the practice contrary to common sense, some parents have hosted "cash bar" events for young people or have acted as chaperons for keg parties. Obviously, communities will want to discourage such practices, which can have an extremely detrimental effect on safety in the community.

School Policies

Recently, considerable attention has come to focus on drug and alcohol policies in the school. Clearly communicated and intelligently constructed school policies seem to be helpful. They are a public statement of norms and expectations, heightening awareness on the part of parents, teachers, and school staff and perhaps limiting the availability of drugs and alcohol on school campuses. Schools are becoming more sensitive to the potential role of cigarette smoking in the substance abuse syndrome -- among young people, cigarette smoking has been shown to have a high correlation with illegal drug use -- and have banned tobacco from campus.

Normative Deterrents

Effective prevention involves making abstinence from illicit drugs a desirable behavior. It also involves making drugs seem undesirable. Public policy, expressed as law, has a role in the latter strategy. Strict criminal laws against the importation and sale of drugs might not significantly reduce the general supply or availability of all illegal drugs. In the best-case

argument for demand reduction, we can hope for significant reductions in particular drugs, as well as a general increase in price and subsequent personal and economic cost to the buyer. However, such laws also provide powerful reinforcement for the social norm against drug use. The message society sends -- "It's not all right." -- is especially critical for the young.

PREVENTION SERVICES TARGETED AT INDIVIDUALS

The Importance of Motivation

There is one basic notion that supports all prevention approaches targeted at individuals and the programs on which those approaches are based. In one way or another, such prevention programs attempt to reduce the personal motivation or "desire" for mind-altering or mood-altering substances. Emphasizing the reduction of "demand" is good prevention science. It is also common sense. Indeed, behind every prevention program, no matter how or where it is delivered, is some theory involving the reduction of individual demand for harmful substances.

Concern about "motivation," "desire," and "demand" is related to another concept that's becoming more current in the field. Prevention and treatment researchers are becoming especially interested in identifying personal "risk factors" in the most serious cases of substance abuse. In searching for the factors that best predict serious substance abuse, specialists have begun to identify patterns that seem to be related. Much of their research has focused on young people, particularly those in higher-risk populations.

However, as we mention immediately below, once drug use has begun, fewer and fewer users are "relatively safe" from substance abuse, even if their personal histories seem relatively devoid of risk factors. Given the immense potential of substances like crack cocaine to overpower otherwise healthy life styles, we must underscore the importance of delaying -- or, better, preventing -- experimentation with drugs. There simply are too many cases in which otherwise healthy and happy lives have been crippled or lost because the individual has been unable to assess the power of the chemicals to change perception, abilities, and behavior.

Now, let us run through the most important categories of prevention services oriented to the individual, focusing on this issue of motivation.

Prevention Services Aimed at Inherent and Biological Desire

We start with a difficult problem for prevention in general and one which might not be directly relevant to community action. Yet the issues provide important background in many community discussions. Two examples are particularly controversial:

(1) Certain individuals seem hereditarily or genetically more prone to alcoholism than others. Substantial evidence exists that alcoholism runs in families and that the sensitivity to alcohol as a chemical is partially affected by heredity. Thus, certain genetic characteristics can make some people more prone to alcohol addiction than others. Some researchers suggest that the same might be true for other drugs, but the evidence for this theory currently is much weaker than the findings related to alcohol.

Suppose scientists do find "biological markers" in people that put those individuals at higher risk. What then? At this point, prevention strategies might simply involve a great effort

to inform these people about their vulnerability and to help them act on it. At the same time, "labeling" children as at high risk for alcohol or drug problems can create its own problems.

It is possible that biological research will come up with some kinds of biochemical aids that will suppress the tendency toward "inborn" alcohol and drug addiction. Whether and how such agents can be used as preventive measures, how to assess the side effects, and how to justify their administration to non-users would pose difficult ethical and scientific issues in the future.

(2) Another example of biochemically-produced desire involves the fact that some chemicals are so "reinforcing," so temporarily pleasurable, that chemical dependency becomes very likely even if there are no particular high-risk factors in the user's personal history.

Indeed, almost all individuals will become addicted to alcohol if they drink sufficient quantities over a sufficient period of time (and if they are not allergic to it). Almost all individuals will become physiologically addicted to opiates if they take them in sufficient quantities over a period of time. Anyone who uses cocaine in sufficient quantities and with sufficient frequency is at high risk for severe psychological dependency. These chemicals are powerful enough to create dependency no matter what other factors exist in a young person's life. No young person is really "safe" from substance abuse once experimentation occurs.

For prevention efforts, both these examples describe long-term issues. We always can always hope for a "magic biochemical antidote" for those who are genetically more vulnerable. Others look to a wide range of "biochemical blockers," which would knock out the pleasurable effects of various drugs. However, there is no reasonable chance that such chemicals will be available within the next decade. More practically, there is also no assurance that people would wish to use such chemicals, nor that they could be persuaded to take them before problem substance abuse is identified.

In reality, only the smallest incidence of substance abuse is actually "caused" by biological factors. But the capacity of chemicals to change attitudes and behavior never should be underestimated. We probably all have had relatives, friends, or acquaintances who have managed successful lives during the beginning of their alcoholism or "soft drug use." They began by using these substances recreationally and pleasurably. Indeed, they felt that the alcohol or drug experience enhanced their already successful lives in some way. Then the addictive pattern took its toll.

Prevention Services Aimed at Motivation to Alter Feeling

Some theorists hold that problems in feeling or "affect" can create the desire for drug use or "self-medication." Such negative feeling states include depression, anxiety, boredom, loneliness, and the like. These feelings can arise from underlying personality disorders or psychological problems in development.

Prevention programs based on such "affective regulation" will stress identifying at-risk individuals at a very early stage and providing treatment or counseling. However, these programs also can create difficulties by "labeling" kids, as well as dilemmas arising from any effort to "screen" for such problems.

Prevention Services Aimed at Decreasing Motivation through Education about the Effects of Drugs

Providing information and education about the negative effects of alcohol and other drugs is a long-standing strategy. Research indicates that such information can help produce attitude and behavior change, but information alone rarely is powerful enough to overcome other pressures to experiment. Some adolescents are notoriously resistant to "scare" tactics regarding any health problem. Substance abuse information usually is delivered through school curricula, brochures, television and radio spots, and other materials.

Prevention Services Aimed at Decreasing Demand by Increasing Life Skills

Many program activities have been developed to help enhance various "life skills" and self-concept. The designers of these programs assume that deficits in these areas increase the appeal of drugs and alcohol. These programs can emphasize increasing the self-esteem of kids, teaching them communication skills, and introducing them to better ways of making decisions.

Prevention Services Designed to Encourage "Alternatives" to Drugs

Such programs predict that satisfying non-drug experiences, activities, or life styles act as "immunizing" agents against the appeal of "getting high." Prevention programs that feature alternatives might offer a wide range of activities, from employment training to recreational opportunities, spiritual experiences, or charitable and voluntary activities, any of which would compete with the attraction of the chemical high and, one hopes, be inconsistent with drug use.

Prevention Services Designed to Increase Social Bonding

Most often used in schools, social bonding programs attempt to help kids "bond" to conventional adults who stand against deviant behavior. Such programs hope to increase kids' attachments to parents, teachers, coaches, older students, law enforcement officers, and other significant individuals. As such programs are applied in an improved school climate, teachers often are encouraged to reinforce positive behavior, institute cooperative learning approaches, and let students know clearly what is expected of them.

Perhaps related to this approach are program attempts to improve the "social climate" of schools and other centers of youth activity. These efforts can involve attempts to get students to take more pride in their school, to respect school property, and to identify with school spirit (sports teams and other sources of school pride). Simultaneously, the school administration attempts to make changes that increase students' involvement in school affairs and their investment in their own education.

Prevention Approaches Designed to Increase Cultural and Religious Bonding

In many parts of the country, members of minority groups are becoming the majority of the youth population. One preventive approach appearing in minority communities or neighborhoods features the celebration of culture and ethnicity as tools in the battle against drug use. Such programs attempt to get kids more in touch with their "roots," cultural traditions, family values, and their own positive uniqueness. Indeed, many of the values and traditions of ethnic cultures are communicated as directly contradictory to the use of illicit drugs (for example, in Hispanic, native American, Asian, and African heritages).

Religious institutions have been active in providing substance abuse services, although prevention is just beginning to emerge as a priority. There is some evidence that involvement in religion and strong spiritual beliefs are potent antidotes to drug experimentation. Some might consider this a subset of the idea of "alternatives to drugs." The concept might be worth mentioning specifically because of the vast resources of religious institutions that might be brought into the prevention effort.

PREVENTION SERVICES AIMED AT THE PEER GROUP

There is overwhelming evidence that a young person's friends, siblings, and other peers are the most significant source of drugs and a primary source of the motivation to experiment and use. Recently, many prevention programs have been developed to respond directly to this threat.

There are programs, for example, that attempt to counter the notion that drugs or drinking are "in," are a way to "fit in with the crowd." Such programs attempt to let youth know that not everyone is using; substance abuse is not the norm and is not as common among their peers as they might have thought. Some programs encourage elementary age youngsters to pledge that they will not use drugs and to formally identify themselves as members of a "club" or other group in which illegal substances are not used.

Recently popular are prevention programs that attempt to direct peer influence. For example, some programs teach "peer resistance" strategies -- how to "say no" to offers of drugs. These programs use role-playing situations to give kids practice in socially acceptable ways of resisting peer pressure.

There are many peer leadership prevention programs. Here, young people, often students, band together to educate younger kids or their own peers. Popular programs such as SADD (Students Against Driving Drunk) target the specific high-risk behavior of impaired driving and attempt to use peer pressure to prevent it.

PREVENTION SERVICES FOCUSED ON THE FAMILY

Given evidence that poor family experiences can be a significant risk factor for chemical dependency, many prevention services are oriented toward the family. Certainly, educating parents about the problem is one approach. Another type of program attempts to stop the "negative modeling" of parents. Parents are urged not to be bad examples to their children by their own use of both licit and illicit chemicals.

Other programs focus on the functioning of the family unit itself. Such programs often feature training in parenting skills. Topics that often are brought up include: parental permissiveness and inconsistency in discipline, problems in the use of harsh physical punishment, and poor family communication patterns.

Other aspects of parenting training include techniques helpful in imparting to children such basic values as self-control, self-discipline, and self-motivation. Families are shown ways

to structure the home environment so that it strengthens kids' abilities to stay away from anti-social behavior.

Another aspect of family-oriented prevention programming involves increasing the "social control" of parents -- their power to monitor high-risk behavior of kids. One example is a group of neighborhood parents banding together to institute and enforce a consistent set of rules concerning curfews and parties, and to agree on mutual monitoring of neighborhood and school behavior and peer relationships. Often, groups of concerned parents also attempt to influence school policy and other aspects of community awareness.

EARLY INTERVENTION SERVICES

We already have pointed out that the line between "prevention" and "early intervention" can be very thin. We should also emphasize that many of the same program activities or focuses (such as improving family communication) can be important at all stages -- prevention, early intervention, treatment, and aftercare. However, the early intervention stage is uniquely concerned with identifying possible trouble and dealing with it quickly before full chemical dependency sets in.

SCREENING AND REFERRAL SERVICES

Intervention Through Detection and Screening

As is true of most public health crises and social health problems, the earlier the intervention, the earlier and easier the "cure." This principle applies also to individuals who might be starting to use drugs and alcohol "socially" or who find themselves involved in impaired driving situations. Given the fact that youth usually are not able to assess the danger of their own substance use and almost never volunteer such information to adults in authority, there naturally is concern about detecting problem use as early as possible.

Some detection strategies are fairly intrusive. For example, a few especially vulnerable schools have taken to formal monitoring of parking lots and bathrooms, physical searches of lockers and clothing, use of specially trained drug-sniffing dogs, and placement of young undercover agents. Of course, urine testing is a most intrusive strategy. It has not been used very much in prevention, but it is being used more frequently in the cases of young people who already are involved in the criminal justice system for offenses not related to drugs.

Detection strategies that are more indirect, often called "screening" strategies, involve training adults to spot possible young substance abusers. For example, interview schedules and questionnaires have been developed for pediatricians and other primary health-care providers who see a large number of kids as they grow up. Formal screening training also can be given to school staff and to parents. In the best case, parents, educators and other care-givers will be sensitive to changes in behavior, school performance, mood, and peer choices and to other signs that might signal substance abuse. Obviously, there is no complete list of signs and symptoms that indicate without a doubt that a kid is involved in substance experimentation, so we must be

careful to not label kids too quickly. On the other hand, to ignore the signs that have been identified is to court trouble.

We do not wish to minimize the potential legal and ethical difficulties that such detection and screening programs can produce. If they are not handled carefully, such programs can do more harm than good. But the need for early detection is producing more and more experiments in this area.

Referral and Assessment Services

One critical aspect of intervention involves an initial broker of services, a function sometimes called "I & R," or Information and Referral.

One useful form of referral, especially self-referral, is the "hotline." These phone lines, also called "crisis lines," are sometimes national and sometimes local. They do not require the that callers give their names. Depending on their purpose and the training of the phone personnel, hotlines can offer referral to helping agencies, advice, on-the-spot counseling, specific drug information, or other services. Some hotlines specialize in a certain drug (such as 1-800-COCAINE). Others deal with a wide variety of personal difficulties, from suicide to child abuse. When adolescents are involved, many of the major social and health problems prompting young people to contact hotlines are drug- or alcohol-related, so even the most broadly-oriented hotline services are involved in substance abuse issues.

In a continuum of community services, there should be a hotline or crisis line that offers information and referral anonymously to callers, whether they be kids experiencing overdoses, curious adolescents, concerned parents, or worried friends. A good information and referral service has on hand the names and phone numbers of professionals, paraprofessionals, and agencies that can help with specific problems. The referral sources should be well researched and continually updated. A referral center also can have a limited library of brochures and booklets to be sent out when appropriate. Face-to-face intervention referral is just as critical. In cases of potential drug and alcohol problems, the user is usually the last person to become concerned about the problem. More likely, it is a friend, parent, teacher, health professional, juvenile justice officer, employer, or school counselor who suspects a budding substance abuse problem. Very few referral agents are trained in substance abuse counseling. Thus, it is critical that they know what options in substance abuse services are available.

Special attention to referral options must be available to those in the criminal justice system and those in the public and private schools. These are the two formal systems in which disruptive behavior or other symptoms that may be tied to substance abuse are most likely to be noticed. A third likely source of early identification, one more difficult to reach, is parents. It might be better to try to acquaint parents with one hotline number than to have them learn all the options in advance.

Referral is both an art and a science. "Assessment" is a critical part of all referral. Questions must be asked and answered: "What is really the problem? What services might be best for this particular case? What are the reasonable expectations? How should the significant people in the user's life be informed about this?" The handling, by professionals or paraprofessionals, of the assessment, referral, and follow-up process is often called "case

management." Good case management requires helpers and helping systems, not only to carry out effective assessment, but also to track a particular kid (or case) over time and through the several agencies that might be involved.

PEER REFERRAL AND STUDENT ASSISTANCE PROGRAMMING

Needless to say, it often is very difficult for kids to report their own drug or alcohol problems to parents or school authorities. In the first place, the early symptoms simply are not seen as a "problem." In the second place, fear of reprisal is a strong disincentive.

Discussion of possible substance abuse problems within peer groups is easier. A hopeful trend is the rise in peer participation in the early intervention process. It takes many forms:

Rap Groups

These are formal on-going discussion groups, usually led by trained peers or by sympathetic adults, covering a wide range of common pre-teen and teen problems. They can be school-based or community-based.

Rap Rooms

Some schools provide a special room where students can go for confidential sharing of problems or difficulties. In this environment, kids are supervised by a competent adult, but often the programs are at least co-led by students.

Student Assistance Programs

Schools have borrowed from industry -- Employee Assistance Programs (EAP) -- models of confidential assistance to students, often known as SAPs. A SAP might provide a broad range of services to students, most often outside the formal authority structure of the school. The SAP offers counseling, referral, intervention services, and other forms of guidance to students in trouble, usually without imposing the specter of disciplinary action. These programs work best when students refer themselves or refer friends about whom they are concerned.

Peer Counseling

These programs involve youth who are trained and qualified to do introductory counseling and referral for other youth, either peers or younger students. Confidentiality is maintained. Good peer counseling programs put a great deal of emphasis on proper recruiting of counselors, excellent training, and close supervision.

OTHER INTERVENTION PROGRAMS

Given that each will include the central components of early identification, referral, counseling, and specific intervention, there are other forms of intervention programs.

Drop-In Centers

In many communities, there are no places for youth to congregate, either for recreation or for assistance. A "Drop-In Center" can provide a wide array of services or a more narrow range. Usually, the center is situated in a neutral, youth-oriented setting, often one offering recreational facilities and open when kids ordinarily have free time. If it has a good substance

abuse component, a drop-in center can offer counseling, group discussions, advocacy, formal referral services, and expert outside consultation from medical and social health personnel. Often a comprehensive drop-in center will provide help with risk factors associated with substance abuse, perhaps including help with issues of domestic violence, teen sexuality, economic difficulty, physical health problems, running away, school problems, and the like. The substance abuse component can be fit into already existing community centers like Boys and Girls Clubs, YMCAs, and other youth-oriented programs.

Intervention Services of Treatment Programs

Below, we describe the most important treatment programs available to youth. Some of them do not offer formal intervention services (for example, residential hospitals are rare in rural settings), but others do. Treatment programs often offer diagnostic and assessment services, as well as out-patient services that might be appropriate for the social user.

Some self-help groups can provide structured "interventions" for individuals who are denying a substance abuse problem. Such an "intervention" is a surprise confrontation of the individual by his or her close ones and a trained "intervenor." The result hoped for is a commitment to some kind of treatment by the confronted individual. For our purposes, we can think of this kind of intervention as a tactic that can be directed at an adult who is disrupting the family system, as well as one to be directed at a troubled young person.

System-Mandated Intervention

Most of the early intervention services we've mentioned above are primarily voluntary. Some early intervention is mandatory. We talked of the referral capabilities of the juvenile justice system. It is also possible that that system or another juvenile institution can offer its own therapeutic programs; often such programs are a condition of probation.

Frequently, mandated programs are classes, seminars, or group programs that those convicted of drunken or impaired driving are required to attend. Although many of these classes are merely educational, some can target incipient alcoholism and guide the offender into more structured treatment. Judges can exercise individual discretion in teen drinking and driving offenses in cases in which there are no structured classes or in which the classes do not seem to offer a sufficiently intense experience. For example, judges might mandate teen offenders to attend Alcoholics Anonymous meetings several times a week for a certain period of time.

TREATMENT AND AFTERCARE SERVICES

THE "DISEASE" CONCEPT OF ADDICTIONS

Many treatment approaches, especially those that deal with alcoholism, consider chemical dependency a true "disease." Indeed, many of the leading alcoholism treatment centers consider alcoholism a chronic and progressive disease, a disease which ultimately will be fatal unless "recovery" is initiated and full and total "sobriety" is maintained.

There are advantages and disadvantages to thinking of chemical dependency as a "disease." Currently, most clinical workers in the field feel that the disease concept is a great help. First, it is consistent with the "twelve-step" programs (see below) and helps in efforts to prevent relapse. According to this view, one is an "alcoholic" or "drug addict" forever; one always is "recovering." Whether or not this theory can be validated scientifically, it implies the conviction that any return to addicting chemicals is always dangerous and that we would be hard pressed to tolerate any level of social use by an individual who has been affected by severe dependency.

Another advantage of this theory is that it frees the chemically dependent person from the label of "sinner" or the charge of moral weakness. The disease theory admits the validity of a medical approach to the problem. Perhaps more important from a practical point of view, it makes dependency a covered condition under most health insurance plans.

Acceptance of the disease model also encourages research into the physiological and biochemical changes that addicting chemicals cause, as well as into the possible influence of genetic vulnerability.

One disadvantage of the model is the danger of assuming a certain fatalism in how we see developing chemical dependency. If one is "vulnerable to the disease," he or she should never drink or use drugs. Such thinking also can imply that the non-vulnerable can experiment with psychoactive chemicals all they want without danger of dependency. This implication is dead wrong. Anyone who consumes enough of a substance over a long enough time -- a very short time for crack cocaine and a longer period for alcohol -- will become a true alcoholic or drug addict.

Some who are critical of the disease model suggest that it is almost infinitely expandable -- the "disease" of nicotinism, the "disease" of overeating, or the "disease" of sexual promiscuity -- and thus obscures personal responsibility for just about any excess an individual might indulge in.

Probably the least desirable aspect of the model as it applies to youth has been that it ignores the importance of a public health perspective in general and of prevention in particular. Much of the destruction caused by drugs and alcohol occurs before true addiction sets in. The disease model helps us very little in those stages of intervention, and in the case of alcohol abuse, it probably has retarded the cause of prevention.

Do we really have to take a stand on whether alcoholism and drug dependency are true "diseases," like influenza or are better described as physiological and psychological addictions? If communities understand the basic advantages and disadvantages of the model, it matters little.

TYPES OF TREATMENT

Common sense says that the intensity of any program must match the intensity of the problem. In the treatment of substance abuse, we have the most forceful of intensity, both in the compliance demanded from the patient and in the time and effort required from service providers.

Detoxification

We now can safely say that effective treatment is almost impossible if the dependent youth is still captured by physiological addiction. Chronic alcoholics or crack or heroin addicts simply do not respond to any usual form of therapy while they are still using. Perhaps they can be partially managed, but the prognosis is poor. Ending substance use can be achieved in several ways, all of which share the goal of returning the physiological system to some degree of normalcy. This process most often is called "detoxification." It can, of course, be voluntary. A person -- a cigarette smoker, for example -- can just decide to go "cold turkey" and hold to that resolve by force of personal will. Even when an individual is motivated personally to detoxify, it is very difficult to do so. Most of the young people who require treatment are not strongly motivated to stop their habits, so most detoxification is accomplished in structured settings.

When chemical dependency is severe, and withdrawal promises possibly severe physical reactions, medical management is very important. Much detoxification thus requires hospitalization, most often with the patient residing in the facility. Certainly, "detox" also can be accomplished in an outpatient setting. In practice, some detox is done in juvenile detention facilities, simply because, once the youth is incarcerated, drugs are no longer readily available.

In-Patient Treatment Programs

Aside from incarceration, the most powerful short-term intervention is the hospital stay, usually in a chemical-dependency unit. This is particularly true with adolescents. Many of the available medically-oriented residential facilities now are operated by for-profit, commercial companies; some are administered by non-profit groups.

If chemical dependency is the primary problem, a one-month to six-week stay is perhaps the most common; such a treatment plan benefits greatly from good follow-up services. If there are independent mental health or severe behavior problems, longer stays usually are indicated. In any event, such stays are very expensive, usually not less than \$250 per day and up to \$700 per day.

Therapeutic Communities

There is a special kind of residential program, most often associated with drug addiction, called a therapeutic community. Therapeutic communities ("TCs") often involve relatively long stays -- one or two years at a minimum; extremely tight discipline and supervision; the use of former addicts or program graduates as the primary counselors; frank, psychologically devastating group therapy; and, ultimately, powerful group support and program loyalty. Although somewhat controversial because some members almost never "graduate," TCs often have the best records for succeeding with clients considered incurable or non-reformable. When involvement in a TC is made a condition of probation, the probationer's attendance in the program usually is better than that of voluntary participants. Most clients of most TCs are not adolescents, although the programs of more and more long-term residential adolescent programs are beginning to resemble classic therapeutic communities.

Halfway Houses

Between residential programs and outpatient programs is the "halfway house" concept. Here, under supervision, detoxified chemically-dependent individuals live in a kind of

therapeutic community, but they are expected also to go out in the world, including working, making family visits, and participating in recreational activities. The halfway house, long used in mental health treatment, offers a buffer between the demands of normal life in the world and the total protectiveness and discipline of full residential programs.

Out-Patient Treatment

Residential programs are not always possible or cost-effective. Because of limitations on insurance coverage for such treatment, most hospital-based programs release clients when insurance benefits run out, before they are safely sober or drug-free. Out-patient treatment uses many program components used in residential programs, as well as intervention techniques.

One unique out-patient technique is "drug-substitution therapy." Various medicinal drugs are used in detoxification to accomplish gradual withdrawal. Sometimes, for narcotics addicts, a steady dose of opioid substitutes is given, with the intention of decreasing or eliminating craving without inducing the crippling physiological side effects of withdrawal. Best known of these substitution techniques are methadone maintenance programs, which have wide support even though methadone is itself physically addictive. Many experts cite the limitations of this kind of therapy. Others say that it is a valuable temporary measure, especially when those addicted to opiates cannot be forced into treatment by any other means.

There are on-going research and biochemical trials of other drugs that might be helpful in treatment. Aside from substitutes, there are so-called "blockers," which block the psychic action of illicit drugs. Other drugs like Antabuse, called "antagonists," violent nausea when the client taking them uses alcohol. Still other drugs now in development would simply decrease the biochemical demand for specific drugs like cocaine.

Other techniques of out-patient treatment will include such efforts as individual counseling, family counseling, group counseling, peer group formation, vocational development, remediation of poor social skills, religious or spiritual involvement, and membership in on-going self-help groups.

"Twelve-Step" Programs: Self Help Groups

One philosophy dominates all others in the treatment of chronic alcoholism. It also is being used aggressively in the treatment of drug addiction. That technique is the "self-help" approach, which includes such programs as Alcoholics Anonymous (AA), Alanon, Alateen, Narcotics Anonymous, Cocaine Anonymous, Children of Alcoholics groups, and so on. Most hospital or residential treatment facilities feature these approaches substantially.

A very brief summary of the Twelve Steps (originated by Alcoholics Anonymous) was given by AA member and New York Times reporter Nan Robertson: "We admit we are licked and cannot get well on our own. We get honest with ourselves. We talk it out with somebody else. We try to make amends to people we have harmed. We pray to whatever greater Power we think there is. We try to give of ourselves for our own sake and without stint to other alcoholics, with no thought of reward" (Sunshine, L. and J. Wright. The 100 Best Treatment Centers for Alcoholism and Drug Abuse. Avon Books, 1988. New York. p. 435).

With more than 1,000,000 members and 67,000 groups in the United States alone, AA and related groups are a powerful force in prevention of relapse as well as in intervention. There is wide agreement that active participation in the AA approach is extremely helpful in preventing relapse. There is recognition that the 12-step philosophy has not proven as accessible to some minority populations, to those uncomfortable with a spiritual emphasis, and to certain types of drug users. Traditionally, AA also has shown reluctance to become involved in active outreach; until recently, many in AA felt that it was useless to deal with anyone until the individual had truly "hit bottom." Nevertheless, AA and related approaches have proven invaluable for hundreds of thousands trying to stay chemical-free. These organizations have been important resources both for abusers themselves and for relatives, employers, and friends affected by the addictive process.

AFTERCARE: REHABILITATION AND RELAPSE PREVENTION

When lives have been substantially disrupted by chemical dependency -- jobs lost, families fractured, self-esteem crippled, education stunted -- much of the final task of treatment is a rehabilitative process. Treatment counselors help their clients to mend fences and to reenter normal life with an "overhauled" personality.

This rehabilitation process is critically important, because it often predicts whether clients will succeed -- whether they will "make it" in the world without chemicals. In adults, "rehabilitation" is probably exactly the right word. As mentioned previously, for many adolescents, the concept is better phrased as "habilitation." These young people never have mastered the academic environment, interpersonal relationships, desirable work habits, or disciplined social behavior. They cannot re-learn skills they've never had; they must learn those skills for the first time.

Common sense tells us that even changed personalities are vulnerable to relapse if they return to unchanged environments. Historically, the great majority of young substance abusers relapse after their first treatment experience. Many chemically-dependent youth and adults become semi-permanently "drug-free" only after several exposures to treatment programs or "modalities" of treatment. It is naive to expect any single treatment experience to "cure" a severely chemically-dependent person. How many of us tried to stop smoking cigarettes -- and how many times -- before we succeeded in being nicotine-free for five years or more? In individuals who are truly "addicted," with their bodies' biochemical structure altered, desire for the chemical -- for the "high" -- likely will persist long after their detoxification. If the individuals returns to social situations that encourage drinking or getting high on drugs, the urge to relapse becomes even more powerful.

Thus, prevention of relapse is becoming a more important part of the best treatment programs. Structured follow-up by the program or by self-help groups is an important tool in preventing relapse. Another aspect of relapse prevention, just being perfected, is educational and motivational training that anticipates the dynamics of relapse and helps the individual prepare for inevitable pitfalls.

RECOGNIZING OBSTACLES

COMMON ORGANIZATIONAL BARRIERS

CONFIDENTIALITY

One of the key principles of the systemwide strategy is information sharing. However, when information about individual clients is shared, the issue of confidentiality frequently arises. In any particular situation, withholding information to ensure confidentiality can be based on ethical principles, written agency policies, common practices, or the law. Some of these reasons make confidentiality restrictions binding -- a legal or ethical necessity. If the restriction of certain information is based on law or on a written and sworn professional code of ethics, it must be respected. In many cases, however, the reasons that information is not shared or communicated to others who could use it beneficially are much less compelling. Certain types of information might be considered confidential merely because someone, at some time, for some reason decided they should not be shared. Precedence and routine can lend the weight of law to what was originally one individual's decision. One commonly observed barrier to sharing information arises when one agency does not trust another agency to use personal, and perhaps sensitive, information responsibly. The misuse of this kind of information can cause irreparable harm; professionals with access to it have an obligation to handle it carefully and pass it on only when necessary and when it will be used wisely.

In developing a collaboration of agencies to target youth substance abuse and impaired driving, the issue of the confidentiality of certain types of information is sure to emerge. Before it becomes a problem that causes mistrust and blocks the effectiveness of joint efforts, it would be helpful for each member agency to review its own policies and practices involving confidentiality. A careful review should be made of what information is considered confidential and on what basis that determination is made. Any unnecessary restrictions on information sharing should be removed. At the same time, each agency should make certain it has clear guidelines regarding sensitive information and how it is to be protected.

TURF

The instinct to protect one's own turf against outside invasion and interference is a characteristic that humans share with many other animals. Just because our turf might be one certain aspect of the substance abuse and impaired driving problems rather than some other aspect of the issue, we can cling to the notion that that particular area is ours to own.

Like our ancestors, we have good reasons for our tendency to carve out areas of turf. The need to protect our status as a source of expertise in an area or to ensure continued funding

in a competitive field are two common motivators. Unfortunately, holding on to turf can undermine a collaborative effort. Mounting a systemwide process will almost certainly require the participating agencies to give up some degree of autonomy and to share some information and resources with other agencies. The real challenge of this effort lies in discovering ways that member agencies can share with one another and all feel richer as a result.

PROTECTING PET PROGRAMS

Many agencies have on-going programs or projects that they have had an investment in for some time. They might continue to fund or manage some of these with very little scrutiny of the quality of their implementation, their effectiveness, or their appropriateness. An agency's sense of esteem and competence can, in part, rely upon the perception that these programs are making a difference in the substance abuse and impaired driving problems.

When a systemwide process is launched, it is quite likely that an agency's pet programs will be scrutinized. If these programs are found to be inadequate, agencies must be willing to either change them to make them effective or end them and free up the resources they consume.

COMMON BARRIERS IN THE COMMUNITY

Communities react in a number of ways to the youth substance abuse and impaired driving problems and to attempts at solving it. When a systemwide response to the problem is initiated, a variety of obstacles can arise. James F. Crowley provides an insightful discussion of these obstacles in his 1984 book, Alliance for Change. His discussion provides useful cautions and suggestions for initiating a new strategy to address youth substance abuse and impaired driving in a community.

Crowley provides a long list of potential pitfalls such an effort faces. He points out that the causes of the problem -- where to put the blame -- have been argued ad infinitum: families, churches, police, schools, television, alienation from society. Communities have seen program after program; drug sellers have been jailed; drug users have been expelled from school; drug education has been mandated in the schools. Some strategies have been more productive than others, yet all have been "reactions" and they have not solved the problem.

Approaches of the past have underestimated both the nature and the scope of the problem. Some of them have had an impact on the community, but their long-term effects have been minimal. Others could have had merit if the community had not focused all its energy and hope on them, to the exclusion of other ideas.

When isolated efforts don't work, people often give in to apathy and resignation. Crowley has called this the "pendulum effect" -- when reaction swings from one extreme to the other. Faced with difficult problems such as youth substance abuse and impaired driving, communities attempt simple solutions and experience disappointing results. These "quick-fix"

efforts often are fueled by political factors. When these solutions fail, the pendulum swings back to apathy or resignation. This situation sends mixed messages to youth, wastes energy and resources, and increases the sense that the situation is out of control and uncontrollable.

Adults who have good intentions sometimes unwittingly contribute to the problem by their personal actions. Some examples of this problem are:

- o Counselors who prefer to be trusted confidants rather than confronters
- o Teachers who refuse to see what's in front of them, because they are focusing on other things
- o Superintendents who avoid admitting that drugs are a problem for fear of political consequences that might affect their careers
- o Psychologists who ignore drug use and ascribe all adolescent problems to underlying personal and family difficulties
- o Police officers who are adamant about arresting teenagers who use marijuana, but who continue to tolerate teenage beer parties
- o Clergy who are so openly hostile to drug use by teenagers that they scare off anyone who wants help for a drug problem
- o Physicians who too readily prescribe tranquilizers, barbiturates, and diet pills, and
- o Parents who think nothing of helping their 16-year-old celebrate his or her birthday by providing beer for all the kids at the party.

There is a need to educate parents and professionals to achieve a balanced attitude toward approaching the problem. Striking a balance between being rigidly restrictive and overly permissive approaches is the goal. A balanced approach, however, requires the involvement of the community. Crowley states:

"It makes sense that we can be more successful in keeping our own children away from alcohol and other drugs if the parents of our children's peers are also working to achieve this goal. It stands to reason that we can be more successful in preventing kids from driving while drunk if we are also willing to confront our adult friends who drive while under the influence."

Perhaps a truly effective balance can be achieved by making each successive swing of the pendulum a little less severe, a little less extreme.

Barriers to action are inevitable in every community, but they need not be insurmountable. Crowley provides some examples of common individual- and community-level barriers:

DELUSION, DENIAL, AND FEAR

Some members of the community might insist that there simply is no substance abuse problem. Further, it can be expected that individuals who have a substance abuse problem are not likely to admit it. When resistance is encountered from individuals, families, or such agencies as schools, probation officials, or police, some fear usually is at the root of it. Removing this resistance requires dealing with the fear on which it rests. People can be afraid for many reasons:

- o Some might be afraid that they'll be blamed if they talk about their friend's or spouse's or child's substance abuse problems, or they fear that they'll damage their relationship with the person.
- o Some might be afraid that if they point a finger at someone else's problem, that person will point at them. Many individuals are not comfortable enough with their own substance abuse to comment on anyone else's.
- o Kids might fear that if they talk about substance abuse in school, their friends will ostracize them. Many young people adhere to an unwritten code that states it's not OK to open up to parents and teachers about substance abuse.
- o Teachers might be afraid that if they talk about substance abuse problems, they'll be asked to get involved. They even might fear that there will be consequences against them because of their accusations.
- o Public school administrators might be afraid of political fallout; if they speak up about substance abuse problems, their districts could be labeled "substance abuse havens." Private school administrators might fear losing tuition-paying students.
- o Mom might keep secrets from Dad because she's afraid that he'll get angry. They both might keep silent because they don't know what to do once they've admitted there is a problem. They might be afraid of what the neighbors will think. They might be afraid that if it is known their child has a substance abuse problem, he or she will lose status and privileges at school.
- o Everyone might be afraid that by talking openly about substance abuse problems, the consequences will be punitive and damaging instead of helpful.

Crowley concludes that the primary fear is that talking about the way things are will somehow make matters worse. In fact, it is not talking about the situation that exacerbates the

problem. Delusion and denial can be countered best with perseverance, honesty, and open communication. Fear and hopelessness can be countered with courage and optimism.

BLAMING

When communities, schools, and families no longer can deny that there is a problem, there is a tendency to blame others. When parents realize that their child is in trouble with substance abuse, they often turn on each other. When blaming each other does not get them very far, they blame the school. In turn, educators usually reply that their responsibility is to teach kids, not rear them. As pressures mount in the community, everyone plays the blaming game. Educators blame the police. The police blame the court. The court points to mental health professionals or to the clergy, who point to parents. Everyone blames television, advertising, pharmaceutical companies, the liquor industry, gangs, South American countries, the breakdown of the family, and "the way life is today." In effect, all the people involved say that until the other systems do something, they themselves can't make a difference. Meanwhile, while the adults are caught up in blaming each other, the kids are abusing substances.

The anger and frustration that go along with blaming one another can be channeled into constructive efforts, but people first must consider what positive roles they can play. Positive action starts as people begin to rely on one another for help, when they realize that no one individual or agency can solve the problem alone. Success depends on the combined efforts of a team of dedicated people working in every system in the community.

NARROW PERSPECTIVE

Crowley warns that once the blaming stops and the search for solutions begins, the next barrier to overcome is the narrow perspective held by many adults concerning youth substance abuse and impaired driving problems and the programs needed to solve those problems. For example, when community members finally realize that they have a substance abuse problem, they tend to focus solely on drugs. They want to know about their pharmacological aspects, appearance, physical effects, and street names, and they want information about drug paraphernalia. They bring in experts to teach them the details, but they fail to learn about why people, teenagers in particular, use drugs and how they can do something to stop drug use and abuse.

Other people have an overwhelming interest in statistics. Statistics can be helpful in understanding the dimensions of the problem and making a convincing case for funding requests. However, knowing how many other kids of the same age in the same region use the same substance won't help when it comes to dealing with a particular young person who is in trouble. Solving the problem at an individual level involves interacting with families, neighborhoods, schools, and service agencies, because these are the places which can make a difference.

Some people narrow their perspective by limiting their efforts to young people who are acting out. Some youth who are involved with substance abuse are involved in other destructive

activities, including breaking other laws. While these youth deserve attention, those whose pain is silent must not be ignored. Children of alcoholics, for example, often are forgotten when drug programs are set up. These youth are at high risk for abusing substances, and the alcohol problems in their homes eventually will affect their own lives and the lives of others.

Another common error is focusing on substance abuse problems among minority groups, to the exclusion of white, mostly middle-class youth, as well as those young people who, although of minority ethnic descent, by their economic status also belong to the middle class. It is important to realize that no social, economic, or ethnic group is exempt from this problem, although different groups might abuse different types of drugs and respond to different types of interventions and treatment. Crowley reiterates:

"The abuse of alcohol or other drugs is a process and a problem that manifests itself in many ways and thus necessitates a wide variety of intervention techniques. With a wide perspective we can design and implement the comprehensive approach needed to solve this problem. With a narrow perspective we may win a battle or two but lose the war."

GOOD DRUGS, BAD DRUGS

Another barrier that limits chances for success is the idea that there are "good drugs" and "bad drugs." Because they have grown up with it, many people in the United States think that alcohol is not a dangerous drug. Alcohol is an accepted part of life in America. This traditional acceptance of alcohol, however, often results in myopia. For example, many high school sports coaches ignore drinking among athletes, but turn in the athlete caught using another drug. The drinking student, like the student using drugs, needs help. Few people are aware of how dangerous alcohol is for pre-teens and teenagers, whose nervous systems are still developing. Few adults are aware that young people can become addicted to alcohol far more quickly than adults. Given the fact that nearly half of all high school students use alcohol on a weekly basis, a great many adults must be looking the other way.

In addition, many people who grew up during the 1960s think that marijuana is an O.K. drug. They claim that marijuana does not produce the same serious and often tragic effects that alcohol does. They overlook recent findings that marijuana can impair various brain functions, especially those involving memory.

Steroids are another kind of drug that has been widely used and considered safe by many people. The public only recently has been made aware of some of the permanent and serious consequences of steroid use.

There are, of course, differences among the effects of drugs, but the attitude that some are O.K. is a harmful one. The message that should be given clearly and consistently is that the use of any drug by young people can be harmful.

GOOD KIDS, BAD KIDS

People tend to label kids as "bad," and therefore beyond help, when they have crossed over the line which marks the limit of socially acceptable behavior. Crowley states, "Teachers, administrators, counselors, probation officers, youth workers, and parents all draw their lines in different places, but few think they have to be responsible for a kid they've branded as bad."

Once they have been labelled "good" or "bad," young people often are treated differently when they are caught using alcohol or other drugs. It is natural to look more favorably at the likable kids, but this type of selectivity sometimes becomes a barrier to effective action. When a kid who is thought of as unlikable creates problems, he or she more frequently will be sent to the authorities. When a likable kid gets into trouble, adults tend to treat the situation lightly as a mistake or just youthful experimentation. Or they can't understand why the problem situation happened and try to "talk it out." The reasons the good kid gives for using drugs are unconvincing, but adults tend to believe them because they come from a good kid. This is a natural reaction that is called "enabling." By buying into another's system of delusion, we enable that person to avoid the consequences of drug use and thus to keep using. To overcome this barrier, Crowley suggests remaining as objective as possible. A nice kid with a drug problem is in as much danger as a troublemaker with a drug problem, and perhaps even more. In any case, the enemy is not the kid; it is drug use.

PROMISES, PROMISES

After accepting the "good" kid's reasons for using drugs, adults make him or her promise never to do it again. They believe that if they have a rapport with that child, a promise should give them some leverage. Unfortunately, the chances are very good that someone who gets into serious trouble with drugs once will do it again, and, more often than not, promises are broken. A young person whose drug use is out of control probably has a stronger relationship with the drug than with the people around him or her. Consequently, when the youth breaks a promise, the adult who relied on that promise gets angry and feels betrayed. Typically, the adult retaliates by saying things like, "You're off the team," or "Get out of this school," or "Get out of this house." The result of this kind of escalation is that the endangered young person does not get the help he or she needs.

"AIN'T IT A SHAME"

When we are confronted with barriers like these, we run into another scenario: "Ain't it a Shame?" Sometimes this sounds like, "We'd really like to do something about drugs, but our budget won't accommodate it," or "It's a national problem, so it won't do any good for us to start programs here," or "We've already tried everything and nothing works," or "We just can't seem to get the parents -- or the teachers, or the school board members -- to do what we want them to do."

This attitude can have a very powerful influence. It is one of the most difficult barriers to overcome. Those who construct this barrier have detailed information to back their position; their minds are closed to further thinking and action. They already have concluded that nothing can be done.

A survey of 1,000 community leaders commissioned by the Boys Clubs of America asked the leaders this question: What are the major reasons why more people in your community have not become involved in drug and alcohol prevention activities? The most frequent response was that a sense of apathy prevented people from getting involved. Other reasons that these leaders gave were that people have more pressing priorities, that they do not have enough information on what works, and that frequently they accept drug use and use drugs and alcohol themselves.

It is not uncommon for the media to present the news in such a way as to strengthen this attitude. The drug problem has a potential for enormous dramatic effect, and naturally it attracts a great deal of attention from the press and television. Unfortunately, the media tends to sensationalize events and issues and focus on the negative rather than the positive. It is easier to highlight drug-related violence and failures than to document successful prevention and treatment programs. It is important that the media be educated about the issues involved with substance abuse and encouraged to use their power responsibly and positively.

In fact, addressing the problem of youth substance abuse is full of obstacles. What is needed is a realistic appraisal of the obstacles and a willingness to overcome them in creative ways. Barriers will surface, in both predictable and unpredictable ways, but understanding them and dealing with them as challenges will make them easier to overcome.

The discussion above is based on the excellent ideas presented in: Crowley, James F. Alliance for Change. Community Intervention, Inc. Minneapolis, Minnesota. 1984.

YOUTH DRUG AND ALCOHOL ABUSE: INTRODUCTION OF EFFECTIVE SYSTEMWIDE STRATEGIES

COMMUNITY SYSTEMWIDE RESPONSE DEMONSTRATION SITE

*Fredericksburg, Virginia
16th Planning District*

PHASE ONE: CONDUCT PLANNING

OJJDP/NHTSA/Pacific Institute -- Two-Day Workshop

- A. Meeting of representatives from five demonstration sites with representatives from federal agencies
- B. Introduction to "Systemwide Strategies" and explanation of the role of the demonstration site communities
- C. Purpose to coordinate efforts of:
 - 1. Juvenile justice system
 - 2. Law enforcement
 - 3. Schools
 - 4. Social services agencies
 - 5. Grass-roots organizations.
- D. Each community to:
 - 1. Identify major drug and alcohol problems in the community
 - 2. Identify existing resources for dealing with the problems
 - 3. Identify gaps in the continuum of care
 - a. Prevention
 - b. Intervention
 - c. Treatment
 - d. Aftercare
 - 4. Identify new strategies, programs and potential resources
 - 5. Develop action plan
 - 6. Create community council or task force for implementation.

PHASE TWO: CONDUCT ON-SITE PLANNING

- A. Meetings of key leaders in home community, convened by Juvenile Court Judge - one-half day (May 1989)
 - 1. Steering Committee of lead agencies and directors of:
 - a. Office of Youth
 - b. Department of Social Services
 - c. Court service unit
 - d. Mayor
 - e. YMCA
 - f. Police Chief
 - g. Mental health authorities
 - h. Schools
 - i. Hospital treatment center.
 - 2. Decision to create task force to deal with youth drug and alcohol problems (multi-jurisdictional, interagency, and public and private sector)
 - 3. Decision to include all of Planning District 16
 - a. City of Fredericksburg - 20,210 population
 - b. Caroline County - 22,000 population
 - c. King George County - 12,500 population
 - d. Spotsylvania County - 50,000 population
 - e. Stafford County - 55,000 population.
 - 4. Press release
 - 5. Robert Wood Johnson Grant letter of intent
 - 6. Decision that Office on Youth will be the coordinating agency for task force efforts
- B. Meeting of key leaders from all localities and all child-serving agencies - one-half day (June 1989)
 - 1. Invitation of counterparts by steering committee members: Chief of Police invited Sheriffs, FBI, DEA, State Police, and prosecutors
 - 2. Explanation of "systemwide strategies" methods by Peter Schneider
 - 3. First meeting of the full grass-roots membership planned.
- C. Task force membership
 - 1. Judges
 - 2. School Staff
 - a. Superintendent/administrative
 - b. Guidance counselors
 - c. Substance abuse counselor
 - d. Teachers
 - e. Students
 - f. CADRE leaders
 - g. Specialists in drop-out prevention
 - h. PTA representatives

3. Court service unit staff
 - a. Director
 - b. Supervisors
 - c. Intake officers
 - d. Probation officers
4. Department of Social Services
 - a. Directors
 - b. Supervisors
 - c. Child protective service workers
5. Chamber of Commerce
 - a. Staff
 - b. Board members
 - c. Area business men
6. Legislators
 - a. House of Delegates representative
 - b. State Senator
 - c. Legislative aides
7. Mayor and Chairmen of Boards of Supervisors
 - a. City Manager and staff
 - b. County Administrators and staff
8. RADCO (Rappahannock Area Development Commission)
 - a. Director and staff
9. Press
 - a. Newspaper
 - b. Radio
10. Sheriffs and Chief of Police
 - a. Investigators
 - b. FBI
 - c. DEA
 - d. State Police
11. Prosecutors
12. Health Department
13. Virginia Extension Offices and Youth Advisory Staff
14. Churches and youth groups
 - a. Inter-Faith Council
15. Big Brothers and Big Sisters
16. Girl Scouts and Boy Scouts
17. Detention center staff
18. Library
19. United Way
20. Mental health authorities
 - a. Director and staff
 - b. Private therapists
21. Adult jail staff

22. Vocational centers
 - a. Private
 - b. Public schools
 - c. Job placement service
23. Salvation Army
24. Parenting Center coordinator
25. Child Development Center
26. Colleges
 - a. Germanna Community College
 - b. Mary Washington College
27. Division of Motor Vehicles (DMV)
 - a. Local representatives
 - b. State representatives
28. Office on Youth commission members and staff
29. Parks and Recreation and Youth Activities Center
30. Military base representatives
 - a. Dahlgren Naval Weapons
 - b. AP Hill - Army
 - c. Quantico Marine Base
31. Parents
32. YMCA
33. Hospital treatment center
34. People Helping People -- recovering addicts support group
35. Regional adult education specialist
36. "Making the Grade" participants.

Note: Attendance ranged from 45 to 100 task force members participating in day meetings.

PHASE THREE: IDENTIFY RESOURCES

2 days (August and October 1989)

- A. Resources categorized using "NHTSA pizza"
 1. School-based: for example, peer counseling
 2. Extracurricular: for example, SADD
 3. Community-based: for example, Parks & Recreation offerings
 4. Work-based: for example, drug-free basketball teams
 5. Enforcement-based: for example, the Junior Deputy Program
 6. Licensing-based: for example, the ABC licensing criteria
 7. Legislation-based: for example, the Use and Lose Law
 8. Adjudication-based: for example, the role of the court
 9. Supervision-based: for example, the ropes course and urine screening.
- B. Group presentations on each resource
- C. Distribution to the Office on Youth of worksheet on the resource (contact person, eligibility, and other factors)

- D. Publication of a resource directory by the Office on Youth
- E. Analysis of PRIDE survey.

PHASE FOUR: ANALYZE GAPS IN RESOURCES

One day (November 1989)

- A. Presentation by Terry Donahue of OJJDP on community solutions
- B. Task force assigned to workshop committees
 - 1. Enforcement/Licensing/Legislation
 - 2. Community- and work-based
 - 3. School-based
 - 4. Adjudication and supervision
- C. Workshop committee assignments
 - 1. Review existing resources; analyze those needed.
 - 2. Focus on what the task force can do to improve resources.
 - 3. Develop an action plan.
- D. Workshop committee reports to general session
 - 1. Enforcement/Licensing/Legislation
 - a. Public service announcements to businesses that sell alcohol to minors (implemented 12/89)
 - b. Lobbying for "Use and Lose" law to include drugs (implemented 1-2/1990)
 - 2. Community- and work-based
 - a. Task force speakers bureau (implemented 12/89)
 - b. Enhancement of existing programs and resources by marketing and public relations
 - 3. School-based
 - a. Operation Prom/Graduation (implemented 1/90)
 - b. Parent Activist Groups (workshop 12/89)
 - 4. Adjudication and supervision
 - a. Regional forum for dispositional alternatives

PHASE FIVE: DEVELOP IMPLEMENTATION PLAN

1/2 day (January 1990)

- A. Four on-going committees formed by task force and given assignment by choice
 - 1. Enforcement/Licensing/Legislation (Use and Lose bill)
 - 2. Community- and work-based (latch key youth)
 - 3. School-based (parent activist groups)
 - 4. Adjudication/Supervision (predicting high risk youth)
- B. Committee chairs named

- C. General theme action plans chosen for each committee (see above)
- D. Workshop with out-of-town presenters planned
 - 1. To deal with interests of each committee before reaching the final implementation plan
 - 2. To be open to public
- E. Each committee to develop short term and long term goals

PHASE SIX: CONDUCT WORKSHOP

1 day (February 1990)

- A. Workshop held at Sheraton Hotel & Conference Center
- B. Open to public at no charge; more than 100 in attendance
- C. Televised on Cable TV
- D. Topics and presenters
 - 1. "Use and Lose Legislation" - The Honorable William Howell
 - 2. "Getting Parents Involved" - Moses Wright of Virginia Federation of Communities for Drug Free Youth
 - 3. "Planning 3 to 6 p.m. Programs" - Myra Schein, Executive Director of Mayor's Office for Children & Youth, Baltimore, Maryland
 - 4. "Current Drug Fads" - Bob Hasychak, FBI, Quantico, Virginia
 - 5. "Predictors of Drug Use" - Dr. Roy Smith, Professor of Psychology, Mary Washington College, Virginia

PHASE SEVEN: CONDUCT ON-GOING IMPLEMENTATION

- A. Committees meet at least monthly.
 - 1. Each committee chairman sends written summary of action to Office on Youth each month.
 - 2. Office on Youth prints quarterly newsletter.
- B. Full Task Force meets quarterly.
- C. Permanent Grant Writing Committee is formed.
- D. Activities continue.
 - 1. Enforcement/Licensing/Legislation Committee
 - a. Held Alcohol Free Legislative Reception (June 1990 & September 1991).
 - b. Helped win passage of more restrictive "Use and Lose" Law.
 - c. Lobbied for MADD.
 - d. Sponsored radio PSA for reporting youth purchasing alcoholic beverages.

- e. Got Bar Association to pay for an ad in Free-Lance Star newspaper to print laws concerning "youth use of alcohol."
 - f. Conducted mass mailing of letter to all local motels and hotels informing them of dates of proms and graduations and requesting help in keeping youth from having alcohol related parties at their establishments.
 - g. Sponsors quarterly meeting of legislators, judges, sheriffs, Chief of Police and prosecutors to develop strategies to lower DUI and alcohol-related arrests of juveniles.
2. Community- and work-based
- a. Applied for and received a DMV mini-grant to print brochures.
 - b. Created, printed and distributed approximately 80,000 brochures on community substance abuse resources.
 - c. Initiated a "Fit & Sober" New Year's Eve party with the local YMCA.
 - d. Started Midnight Madness basketball and swimming.
 - e. Organized a Forum on Youth Activities.
 - f. Acquired a Ropes and Initiative Course.
3. Adjudication/Supervision
- a. Sponsors an annual "Day of Discovery," a day for resource exchange for direct providers of service.
 - b. Co-sponsored workshop with local juvenile detention center that included agency representatives and youth detainees as participants.
 - c. Presented a seminar on runaways in Planning District 16.
4. School-based
- a. Supported regional after-prom events.
5. Office on Youth/Task Force
- a. Conducted two "Teen Spirit Conferences" in May and June 1990.
 - b. Organized a seminar on "Youth, Music, and Messages," featuring video and speakers.
 - c. Conducted a seminar for ABC license holders: Encouraging Responsible Alcoholic Beverage Sales and Services.
 - d. Sponsored radio P.S.A's by local ABC agents encouraging parents not to purchase alcoholic beverages for minors.
 - e. Formed a Steering Committee to start a Boys & Girls Club.
 - f. Planning a forum with Dr. tenBenzel on Fetal Alcohol Syndrome for May 1992.
 - g. Organized a workshop on teen suicide: The Role of Alcohol & Drugs

RESOURCES

This section includes names and addresses of agencies that can provide information and help for your CSR plan, as well as local and state agencies that might provide helpful data and even Key Participants. You also will find in this section tips for obtaining program funding and a glossary of key words from the notebook.

THE RESOURCE SECTION CONTAINS:

- o National Resource Agencies and Organizations 177
- o Other Possible Resource Agencies and
Organizations (local and state resources) 186
- o Obtaining Financial Support for Your Program:
Sources of Funding 187
- o Developing Your Funding Plan (an outline
for organizing program information to use
when you ask for funding) 188
- o Asking for Funding: A Proposal Letter 189
- o Asking for Funding: A Personal Visit 190
- o A Fund Raising Bibliography 191
- o Glossary 192

NATIONAL RESOURCE AGENCIES AND ORGANIZATIONS

ACTION

The Action Drug Alliance's goal is to strengthen and expand community-based volunteer efforts in drug abuse prevention and education by awarding grants and contracts, sponsoring conferences, and providing technical assistance. Drug Prevention Program, 806 Connecticut Avenue, NW, Washington, DC 20525 (202) 634-9759.

ADULT CHILDREN OF ALCOHOLICS (ACOA)

ACOA is a relatively new network of self-help groups for the children of alcoholics, both young and adult. ACOA programs are based on the recognition that family members, especially children, also are victimized by alcoholism, and that the trauma of growing up in an alcoholic family can be lifelong, requiring counseling and support. Adult Children of Alcoholics, P.O. Box 880517, San Francisco, CA 94188 (415) 931-2262.

AMERICAN BAR ASSOCIATION

Advisory Commission on Youth, Alcohol, and Drug Problems, American Bar Association, 1800 M Street, NW, Washington, DC 20036 (202) 331-2290.

AMERICAN COUNCIL FOR DRUG EDUCATION (ACDE)

The American Council for Drug Education writes and publishes educational materials, reviews scientific findings, and develops educational media campaigns. The pamphlets, monographs, films, and other teaching aids on the health risks associated with drug and alcohol use are targeted at educators, parents, physicians, and employees. Suite 110, 204 Monroe Street, Rockville, MD 20850 (301) 294-0600.

THE AMERICAN LEGION

The American Legion has three education and prevention brochures that are geared to elementary and junior high school students. In addition, American Legion members give drug education talks to community groups and schools on request. A Square Deal for Every Child, National Americanism & Children and Youth Division, P.O. Box 1055, Indianapolis, IN 46206 (317) 635-8411.

AMERICAN PROBATION AND PAROLE ASSOCIATION

APPA's interests include conducting training programs, acting as an information clearinghouse for the field, and serving as a national voice for the parole and probation profession. APPA, Iron Works Pike, P.O. Box 11910, Lexington, Kentucky 40578. Contact: Ben Jones, Staff Director (606) 252-2291.

AMERICAN PROSECUTORS RESEARCH INSTITUTE

The Center For Local Prosecution of Drug Offenses provides local prosecutors with training, technical assistance, and effective techniques in dealing with drug cases. Center For Local Prosecution of Drug Offenses, 1033 North Fairfax Street, Suite 200, Alexandria, VA 22314 (703) 549-6790.

BENEVOLENT AND PROTECTIVE ORDER OF ELKS DRUG AWARENESS PROGRAM

The Elks, dedicated to volunteerism and public service, emphasize the health hazards of marijuana and cocaine in their campaign. The Elks also distribute large quantities of literature on substance abuse to local schools and present talks on the subject as well. C/O Mr. Richard Herndobler, Post Office Box 310, Ashland, OR 97520 (503) 482-3911.

COCANON FAMILY GROUPS

Cocanon Family Groups is a 12-step program for those who are concerned about someone else's cocaine abuse. P.O. Box 64742-66, Los Angeles, CA 90064 (213) 859-2206.

COMP CARE PUBLICATIONS

Comp Care Publications is a source for pamphlets, books, and charts on drug and alcohol use, chemical awareness, and self-help. 2415 Annapolis Lane, Minneapolis, MN 55441 (1-800) 328-3330.

COUNCIL OF SCHOOL ATTORNEYS

The Council of School Attorneys provides a national forum on the practical problems faced by local public school districts and the attorneys who serve them. This organization conducts programs and seminars and publishes monographs on a wide range of legal issues -- including drug use -- that affect public school districts. Council of School Attorneys, 1680 Duke Street, Alexandria, VA 22314 (703) 838-NSBA.

DRUG ENFORCEMENT ADMINISTRATION (DEA)

The Drug Enforcement Administration offers much information on how to implement drug programs, including those for student athletes, the workplace, and the community. 1405 Eye Street, NW, Washington, DC 20537 (202) 786-4096.

FAMILIES ANONYMOUS (FA)

Families Anonymous is a national network of more than 300 local self-help groups patterned after Alcoholics Anonymous. FA groups are open to anyone, including parents, relatives, and friends concerned about drug abuse or related behavioral problems. FA maintains a hotline, helps establish community meetings, and makes referrals to local groups. Families Anonymous, P.O. Box 528, Van Nuys, CA 91408 (818) 989-7841.

HAZELDEN EDUCATIONAL MATERIALS

Hazelden Educational Materials publishes and distributes a broad variety of materials on chemical dependency and recovery. A free catalog is available by calling the toll free number. Box 176, Center City, Minnesota 55012 (1-800) 257-0070 in Minnesota; (612) 257-4010, when calling from Alaska or outside the U.S.

JUNIOR LEAGUE OF ATLANTA

Through its GATE program, the Junior League of Atlanta conducts programs and distributes educational materials aimed at grade schoolers, especially those in grades 3 through 5. Gate Awareness Through Education (GATE), 3154 Northside Parkway, NW, Atlanta, GA 30327 (404) 261-7799.

KIWANIS INTERNATIONAL

Kiwanis International has available for general distribution (in nine languages) public awareness and public relations items for billboards, radio and TV public service announcements, and print ads. It has developed a teaching manual, for grades 4 through 6, entitled "Choices about Drugs." Public Relations, 3636 Woodview Trace, Indianapolis, IN 46268 (317) 875-8755.

LIONS CLUB INTERNATIONAL

The Special Research and Development staff has developed drug awareness materials that emphasize drug prevention through education and that include information on how to get involved in the local community. In conjunction with Quest International, the Lions Club has developed an educational curriculum entitled "Skills for Adolescents," a one-semester course to teach 10- to 14-year-olds how to make responsible decisions and how to combat the adverse influences of peer pressure. Special Research and Development, 300 22nd Street, Oakbrook, IL 60570 (312) 571-5466.

MOTHERS AGAINST DRUNK DRIVING (MADD)

MADD was established by the mothers of victims of drunk drivers. With membership open to all parents, including fathers, MADD is noted for its efforts to bring our nation's drunk driving problem to the attention of legislators and the general public. Among MADD's major activities is the promotion of public

policy against drunk driving. The group also is noted for providing victim assistance and community education. MADD has nearly 400 chapters nationwide. MADD, 660 Airport Freeway, Suite 310, Hurst, TX 76053 (817) 268-MADD.

NAR-ANON FAMILY GROUP HEADQUARTERS, INC.

A support group to Narcotics Anonymous, NAR-Anon is structured like AL-Anon and follows its 12-step program. Started in 1960, NAR-Anon serves families and relatives of drug users throughout the world. World Service Office, P.O. Box 2562, Palos Verdes Peninsula, CA 90274 (213) 547-5800.

NARCOTICS ANONYMOUS (NA)

Narcotics Anonymous is a national network of more than 2,000 regional groups. They are patterned closely after Alcoholics Anonymous. NA groups are conducted by recovered drug addicts, who follow the AA program to aid in rehabilitation. NA publishes a variety of helpful materials for its members, including a directory of group meetings. Narcotics Anonymous, 16155 Wyandotte Street, Van Nuys, CA (818) 780-3951.

NARCOTICS EDUCATION, INC.

A non-profit organization that, for 35 years, has published pamphlets, books, teaching aids, posters, audio-visuals, and magazines that carry drug-free messages. Its periodicals, LISTEN and WINNER, teach reading, life skills, and prevention of drug use. A free catalog, "The Health Connection," and samples of LISTEN and WINNER are available by calling the toll free number. 6830 Laurel Street, NW, Washington, DC 20012 (202) 722-6740, when calling from Washington, DC and Alaska; (1-800) 548-8700 from other locations in the U.S.

NATIONAL ASSOCIATION FOR CHILDREN OF ALCOHOLICS (NACOA)

NACOA publishes magazines, pamphlets, and other information for children of alcoholics. It does not arrange meetings. For information about local meetings of Adult Children of Alcoholics, contact the ACA Center Service Board, (213) 534-1815 (see listing above). 31582 Coast Highway, Suite B, South Laguna, CA 92677 (714) 499-3889.

NATIONAL ASSOCIATION OF COUNTIES (NACo)

NACo provides training, research, and technical assistance concerning the major programs and problems of county government. NACo extends this expertise and assistance to counties through workshops at general purpose conferences; special briefings; responses to individual information requests; and data collection and dissemination. NACo, 440 First Street, NW, Washington, DC 20001. Contact: Donald Murray, Associate Legislative Director for Criminal Justice/Safety, (202)393-6226.

NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS (NASSP)

NASSP advances middle and high school education and provides leadership in such matters as administration and supervision, research, professional standards, and national education problems. 1904 Association Drive, Reston, VA 22091 (703) 860-0200.

NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS (NASADAD)

This agency has information regarding treatment and prevention programs in each state. It manages federal block grant funds. It also manages the state tax revenues which support treatment and prevention. NASADAD also can provide a list of State Prevention Coordinators in each state who have as their prime responsibility the development and delivery of prevention services. This list provides the names, addresses, and telephone numbers of those key state contacts. NASADAD, Hall of States, 444 North Capitol Street, NW, Suite 520, Washington, DC 20001 (202) 783-6868.

NATIONAL BOARD OF THE YWCA (YOUNG WOMEN'S CHRISTIAN ASSOCIATION) OF THE U.S.A.

The YWCA promotes a combined drug and alcohol prevention program for girls and adults called "Women As Preventors: An Adult-Teen Partnership." 726 Broadway, New York, New York 10003 (212) 614-2827.

NATIONAL CHILD SAFETY COUNCIL (NCSC)

The NCSC produces booklets, kits, and other materials for schools to use in drug and alcohol education curricula. P.O. Box 1386, Jackson, MI 49204 (517) 764-6070.

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION

This is the largest clearinghouse for drug information in the country. It has available materials produced by all the departments of the federal government. This organization can provide you with information on all federal community support programs intended to combat drug abuse. P.O. Box 2345, Rockville, MD 20852 (301) 468-2600.

NATIONAL COUNCIL ON ALCOHOLISM (NCA)

The National Council on Alcoholism's two leading missions are to provide education and advocacy on behalf of alcoholics, other drug dependent people, and their families. NCA has 200 affiliates that provide information and referral on both state and local levels. 12 W. 21st Street, New York, NY 10010 (212) 206-670, office; (1-800) NCA-CALL, hotline.

NATIONAL COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS (NCCMHC)

NCCMHC has continuous access to an extensive national network of experts in youth and substance abuse. It regularly calls upon these individuals to serve as consultants to other community agencies seeking to improve the delivery of services. NCCMHC, 12300 Twinbrook Parkway, Suite 320, Rockville, MD 20852. Contact: Bruce Emery, Director of Program Development, (301) 984-6200.

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES (NCJFCJ)

Technically, the Council offers its expertise in curriculum development and training, provision of technical assistance, applied research, and program management abilities to address youth drug and alcohol problems. The Council can rapidly disseminate proven programs nationwide. NCJFCJ, University of Nevada, P.O. Box 8970, Reno, NV 89507. Contact: Louis McHardy, Executive Director and Dean, or Murray Durst, Alcohol and Substance Abuse Specialist, (702) 784-6012 or (702) 784-4836.

NATIONAL DISTRICT ATTORNEYS ASSOCIATION (NDAA)

NDAA's Center for Local Prosecution of Drug Offenses is sponsored by the Bureau of Justice Assistance (BJA). The Center will develop a clearinghouse and provide training and technical assistance to help the nation's prosecutors fight drug-related crime. NDAA, 1033 N. Fairfax Street, Suite 200, Alexandria, VA 22314. Contact: Dwight Price, Director, Juvenile Justice Project, (703) 549-9222 or Gus Sandstrom, Chairman, NDAA Juvenile Justice Committee, (719) 544-0075.

NATIONAL FEDERATION OF PARENTS FOR DRUG-FREE YOUTH (NFP)

NFP is a national umbrella organization of more than 8,000 parent groups and 500,000 members. NFP primarily is involved in public policy promotion and education. The organization's "informed parent groups" provide drug-related education for parents and other interested community members, and they sponsor drug-free youth activities. Among the more popular activities sponsored by NFP and its parent groups are "Project Graduation" and "Safe Homes." Project Graduation provides drug- and alcohol-free activities for graduating high school seniors. "Safe Homes" encourages parents to pledge drug-free, supervised homes for young people and their friends. National Federation of Parents for Drug-Free Youth, 8730 Georgia Avenue, #200, Silver Spring, MD 20910 (301) 585-5437.

NATIONAL ORGANIZATION ON LEGAL PROBLEMS OF EDUCATION

The National Organization on Legal Problems of Education disseminates information on judicial decisions, including those related to drug use in education. 3601 Southwest 29th, Suite 223, Topeka, KS 66614 (913) 273-3550.

NATIONAL PARENT-TEACHER ASSOCIATION (PTA)

The PTA is the nation's largest child-advocacy association. PTA has 5.8 million members in more than 25,000 schools. Through local schools, National PTA provides a number of programs in health, education, and safety. Among PTA's programs in drug and alcohol abuse are the "National Drug- and Alcohol-Abuse Prevention Project," featuring a "Drug- and Alcohol-Awareness Week"; "Parenting: The Underdeveloped Skill," an education program for parents that features drug- and alcohol-abuse prevention and general parenting skills; and a number of education brochures, such as "Drug Abuse and Your Teen: What Parents Can Do." National PTA, North Rush Street, Chicago, IL 60611 (312) 787-0977.

NATIONAL PREVENTION IMPLEMENTATION PROGRAM (NPIP)

The NPIP was created under the auspices of Office of Substance Abuse Prevention (OSAP) of the U.S. Department of Justice to provide technical assistance and conference support to organizations serving parents, youth, and communities in the design, development, and enhancement of their prevention efforts. NPIP, 8201 Greensboro Drive, Suite 600, McLean, VA. Contact: Michael Cunningham, Director, or David Pines, Senior Prevention Specialist, (703) 556-0212.

NATIONAL SCHOOL BOARDS ASSOCIATION (NSBA)

Among other activities, the Association provides training for teachers in the symptoms of drug, alcohol or other substance abuse, research on the causes and effects of abuse, and school districts' policies and procedures regarding alcohol and drugs in the schools. NSBA, 1680 Duke Street, Alexandria, VA 22314. Contact: Thomas Shannon, Executive Director, (703) 838-6722.

NATIONAL SELF-HELP CLEARINGHOUSE

The Clearinghouse provides information and training on self-help, carries out research activities, maintains data bank for self-help referral, and publishes manuals, training materials, and a newsletter. 33 West 42nd Street, Room 620-N, New York, NY 10036, (212) 840-1259.

NATIONAL SHERIFF'S ASSOCIATION (NSA)

NSA manages a number of training and technical assistance programs designed to improve the administration of justice at the city and county level. NSA, 1450 Duke Street, Alexandria, VA 22314. Contact: Anna Laszlo, Director, (703) 836-7827 or (800) 424-7827.

PARENT RESOURCES AND INFORMATION FOR DRUG EDUCATION (PRIDE)

PRIDE is primarily an information and referral resource for parents and other interested individuals. PRIDE maintains a comprehensive library of materials related to drug abuse and community action and awareness. PRIDE sponsors conferences and publishes a newsletter. PRIDE, Robert Woodruff Building, Volunteer Service Center, Suite 1012, 100 Edgewood Avenue, NE, Atlanta, GA, 1-800-241-9746.

SAFE RIDES

Safe Rides is a nationwide program that is frequently affiliated with the Boy Scouts of America. Safe Rides is a loose network of local and regional initiatives that share a common philosophy and function. These programs provide a free and confidential safe ride to any young person who is not in a condition to drive safely or who wants to avoid riding in a vehicle driven by someone who has been drinking or using drugs. Adult involvement in these programs is often limited to an advisory role.

STUDENTS AGAINST DRIVING DRUNK (SADD)

SADD is a national organization with some 14,000 chapters in high schools, 4,000 in junior high schools, and 400 in colleges. Specific initiatives include educational programs within schools and the community regarding the dangers of driving while intoxicated, advertising campaigns, and promoting the creation of weekend hotline services to provide safe rides. Additionally, SADD encourages age-appropriate contracts between teenagers and their parents, and between college students and their schoolmates to facilitate safe behavior if drunkenness were to occur. Students Against Driving Drunk, P.O. Box 800, Marlboro, MA 01752, (617) 481-3568.

STUDENTS TO OFFSET PEER PRESSURE (S.T.O.P.P.)

S.T.O.P.P. provides information and technical assistance on implementing drug prevention programs. 10 Lindsey Street, Hudson, NH 03051 (603) 889-8163.

TOUGHLOVE

TOUGHLOVE is a national network of local self-help programs for families of teenagers troubled with drugs and behavioral problems. Toughlove is a crisis-intervention program that provides support and education for parents seeking to gain the cooperation of and control over their families. Toughlove members practice a distinct, sometimes controversial philosophy that dictates firm action in exercising parental roles. The program offers a newsletter and educational materials to parent groups. Toughlove, P.O. Box 1069, Doylestown, PA 18901, (215) 348-7090.

WASHINGTON LEGAL FOUNDATION

"Courtwatch" monitors what happens to drug dealers in the court system. Courtwatch, 1705 N Street, NW, Washington, DC 20001 (202) 857-0240.

YMCA (YOUNG MEN'S CHRISTIAN ASSOCIATION)

Your local YMCA can provide information on what programs and resources are available. 101 N. Wacker Drive, Chicago, IL 60606, (312) 977-0031.

YOUTH WHO CARE

Youth Who Care provides information on starting drug abuse prevention youth groups. Box 4074, Grand Junction, CO 81502, (303) 245-4160.

THE UNITED STATES CONFERENCE OF MAYORS

The U.S. Conference of Mayors can serve as an informational resource, both to gather information on programs underway in cities and to disseminate to city officials descriptions of innovative and successful programs already in place. U.S. Conference of Mayors, 1620 Eye Street, NW, Washington, DC 20006. Contact Jim Gatz, (202) 293-7330.

OTHER POSSIBLE RESOURCE AGENCIES AND ORGANIZATIONS

State Highway Departments

State Health Departments

State Drug Departments

State Office on Youth

Land Grant Universities

Mental Health Associations

Social Service Agencies

Chemical Dependency Units

Safe Kids and Children Programs

Seat Belt Programs

Car Manufacturers

State Troopers Associations

Manufacturing Councils

School Board Associations

PTO/PTA

Churches

Civic Organizations

Ruritans

4-H

Camp Fire Boys & Girls

Scouts

Junior League

OBTAINING FINANCIAL SUPPORT FOR YOUR PROGRAM:

SOURCES OF FUNDING

- | | |
|---|--|
| <input type="radio"/> Fund-raising activities | <input type="radio"/> Grants |
| <input type="radio"/> Loans | <input type="radio"/> Community foundation |
| <input type="radio"/> Local government allocation | <input type="radio"/> Donations or memberships |
| <input type="radio"/> General revenue bonds | <input type="radio"/> Venture capital fund |

DEVELOPING YOUR FUNDING PLAN

As a preliminary step in developing a funding plan, briefly answer the following questions.

1. Name of Project: _____
2. Who will be involved in it? Project Director: _____
Others: _____
3. Where will it be located? _____
4. When should it begin? _____ End? _____
5. Why do it? (What is the problem or opportunity?)
6. What do you hope to accomplish (goals or objectives)?
7. How will you accomplish it (methods and procedures)?
8. Why are you (or your organization) qualified to do it?
9. How will you prove the results?
10. How much will it cost (estimated budget)?
For salaries: \$ _____ For supplies: \$ _____
For equipment: \$ _____ For other costs: \$ _____
Total estimated cost: \$ _____

ASKING FOR FUNDING:

A PROPOSAL LETTER

1. Best use
 - o Companies, businesses, and plants
 - o Local family foundations or community trusts
 - o Individuals
2. Three pages or fewer
3. Establish early (one brief paragraph)
 - o Purpose, including timetable for activity
 - o Amount
4. Balance of letter
 - o Situation and problem (one paragraph)
 - o Capabilities: What your organization has done and its ability to carry out the project if it receives support (one paragraph)
 - o Program Methods and Operation: What you will do, how you will do it, and who will be involved, such as community agencies, other organizations, donors, and others (two paragraphs)
 - o Impact: How will youth, families, and the community benefit (one paragraph)?
 - o Evaluation, Reporting, and Visibility: How will success be measured, how will the donor be kept informed, and what visibility will the donor receive (one paragraph)?
 - o Budget: How much will you need the donor to pledge and when will you need the actual contribution?
 - o Summary: What, briefly recapped, is the significance of this program for people, for the community, and for the donor?

ASKING FOR FUNDING:

A PERSONAL VISIT

1. Know the donor.
2. Set an appointment.
3. Chat and relax.
4. Establish the donor's involvement:
 - o Relationship
 - o Feeling
 - o Mutual concerns
 - o Donor's needs.
5. Make the presentation (10 minutes).
6. Ask for a specific gift.
7. Listen.
 - o Empathize.
 - o Restate the need.
 - o Switch.
8. Offer a thank-you (close).
 - o Restate need.
 - o Re-establish the appropriate contact and the plan for follow-up and further contact.

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GLOSSARY

Adjudication -	See Adjudication, page 20 in the BACKGROUND SECTION.
Brainstorming -	A technique that uses creative, spontaneous thinking to generate many ideas in a short time.
Buzz Groups -	Small informal groups that come up with a workable solution to a problem in a short period of time.
Coalition -	An alliance or combination, especially a temporary one, of factions, parties, or nations.
Collaboration -	To work together, especially in a joint intellectual effort.
Committee -	A group of people officially delegated to perform a function, such as investigating, considering, reporting, or acting on a matter.
Contracting -	To enter into by contract; to establish or settle by formal agreement.
CSR -	Community Systemwide Response.
Curriculum -	An educational guide which includes content lesson plans, applications, and related material for teaching.
Facilitator -	A teacher who designs and conducts group activities that move the group along to achieve the objectives of the meeting.
Fishboning -	A procedure for brainstorming in which the ideas are recorded on lines representing the bones of a fish.
Group Process -	Involvement of several participants in activities such as brainstorming, storyboarding, nominal group process, discussion groups, and buzz groups.
Impaired Driving -	Driving under the influence of alcohol or drugs.

Mission -	One encompassing goal or destination of a program.
NHTSA -	National Highway Traffic Safety Administration.
NHTSA "Pizza" -	An illustration depicting the various segments of the community that are involved in the prevention of impaired driving.
Nominal Group Process -	An idea-generating technique that establishes priorities among the top five ideas of the group.
OJJDP -	Office of Juvenile Justice and Delinquency Prevention.
PIRE -	Pacific Institute for Research and Evaluation.
Probation -	A trial period in which a person is given the chance to redeem himself or herself.
Program Partners -	The Juvenile Justice System, the Office of Highway Traffic Safety, and the Cooperative Extension Service.
Restitution -	An action by an offender or criminal to make his or her victim "whole" or to restore the victim to his or her condition before the offense or crime.
Storyboarding -	An approach to problem-solving and idea generation that focuses attention on resolving a critical issue.
Substance Abuse -	The misuse of alcohol, tobacco, or drugs.
Task Force -	A temporary grouping of forces and resources for the accomplishment of a specific objective.
Trainer -	One who uses specialized instruction and practice to make others proficient in some skill or body of knowledge.
USDA/ES -	United States Department of Agriculture/Extension Service.
Volunteer -	A person who performs or gives services of his or her own free will without monetary compensation.

