



**HEALTHY RURAL
CALIFORNIA, INC.**



**WELCOME TO THE
CHICO COMMUNITY
PREVENTION COALITION**





HEALTHY RURAL CALIFORNIA, INC.

Dear Future Coalition Member,

Thank you for your interest in joining forces with the Chico Community Prevention Coalition (CCPC). We welcome ALL youth, parents, and community members to join and discuss youth prevention efforts related to reducing access and substance use in Butte County. This orientation packet is designed to provide an overview of the Chico Community Prevention Coalition. This information is to be reviewed by you and submitted for review. Please review and fill out the following information:

- New Member Agreement
- Member Rights & Responsibilities
- Our Mission Statement & Values
- Meeting Timeline

This coalition meets the **second Thursday of every month, from 3:30 PM- 5:00 PM** * either in person or you can attend virtually. Please call or e-mail us to confirm attendance and location of the meeting.

Please contact us directly if you have any questions at 530-433-0847 or by email.

Project Coordinator, MWallace@HealthyRuralCA.org

Project Assistant MTeso@HealthyRuralCA.org

We are looking forward to having you attend our next meeting!

Sincerely,

The Drug-Free Communities Team,



Membership Agreement

New Members and Membership Renewal

January – December

For new members and current members seeking renewal, please fill out this form. The Chico Community Prevention Coalition is open to any individual or organization who supports the coalition’s mission and acts to serve as a volunteer to support our cause. Membership with the Chico Community Prevention Coalition is free of charge and members do not receive compensation for service.

The mission of the Chico Community Prevention Coalition is to serve our community by working to prevent and reduce youth substance use. We seek to do this by engaging youth and families, promoting protective factors, minimizing the impact of risk factors, while increasing community education and collaboration.

First & Last Name: _____

Credentials: (if applicable) _____

Organization (if applicable): _____

Membership Status: Are you a New Member or Renewing Your Membership?

New ___ Renew ___

New Member (as of today’s date: _____ - _____ - _____)

Member Phone: _____ **Email:** _____

Do we have permission to list you or your organization as a member in coalition related materials, advertisements, website, and/or social media posts, as appropriate?

Yes _____ No _____

Please indicate the population(s) you serve check all that apply: ___Asian and Pacific Islander ___African American ___American Indian/Alaskan Native ___Behavioral Health ___Hispanic/Latino ___Low Socioeconomic Status ___Military ___Rural Residents ___Youth ___ Lesbian, Gay, Bisexual, Transgender, 2 Sprit + ___ |Other: _____





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Optional: Please indicate the population(s) you represent as an individual check

all that apply: Asian and Pacific Islander African American American Indian/Alaskan Native Caucasian Hispanic/Latino Low Socioeconomic Status Military Rural Resident Lesbian, Gay, Bisexual & Transgender, 2 Spirit+ |Other: _____

Priority Areas: Which priority areas do you have expertise in and/or would be most interested in working with?

- Reduce Exposure to Alcohol, Drugs or Tobacco
- Reduce the Availability of Alcohol, Drugs or Tobacco
- Lived Experiences with Alcohol, Drugs or Tobacco
- In Recovery for Alcohol, Drugs or Tobacco
- Cultural Diversity and Equity
- Outreach/Tabling for events

What skills or experience do you currently possess, that you can contribute to the coalition's efforts? Check all that apply.

- Data Collection Event Planning Evaluation Analysis Graphic Design
- Grassroots Organizing Media Writing/Outreach Meeting Facilitation
- Presentations (Preparing/Giving) Priority Population Outreach Public Speaking
- Social Media Strategic Planning Training Others Website/Social Media Maintenance Writing and Editing Materials Other _____

What youth prevention materials or health-related issues would you like to learn more about and/or skills do you wish to develop in the next year, that the coalition could potentially provide through resources and training?

As a member of the Chico Community Prevention Coalition, I endorse the mission of the coalition and pledge my participation in attendance at coalition meetings, coalition sponsored-events, evaluation activities, etc.

Signature: _____ Date: _____





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OUR MISSION:

The mission of the Chico Community Prevention Coalition is to serve our community by working to prevent and reduce youth substance use. We seek to do this by engaging youth and families, promoting protective factors, minimizing the impact of risk factors, while increasing community education and collaboration.

Our goal by meeting monthly through effective partnerships support, we aim to address mental health services, substance abuse prevention, intervention, treatment, and recovery treatment options for youth in Butte County. Together, as a coalition, we are driven by local conditions to implement local solutions that help build a safe, healthy, and drug-free community. We MUST have representatives from 12 sectors that include:

- 1) Youth
- 2) Parents,
- 3) *Business*
- 4) *media*
- 5) schools,
- 6) Youth-Serving Organizations,
- 7) law enforcement,
- 8) *faith-based*,
- 9) Civic or Volunteer Organization,
- 10) Healthcare Professional or Organizations,
- 11) State, Local, and Tribal Government Agencies,
- 12) Substance Use Organizations.

Each group retains its identity but agrees to work together toward a common goal to reduce access or spread awareness of substance abuse, alcohol, opioid and prescription drugs which impacts the youth in Butte County.

COALITION RIGHTS & RESPONSIBILITIES



Chico Community Prevention Coalition Responsibilities:

- Informing coalition goals and objectives.
- Increasing new membership of the coalition.
- Working with coalition staff to fulfill the goals and objectives of the action plan.
- Collaborating for sustainability of the coalition.
- Respecting the rights of CCPC members to hold their own opinions and beliefs.

Coalition Members Rights and Responsibilities:

- Being a community leader amongst the sectors represented.
- Ensuring clear communication between the sector represented and the coalition.
- Acting as a positive role model for youth, families, and peers.
- Supporting the coalition’s mission.
- Attending coalition meetings held monthly, the second Thursday of every month.
- Participating in coalitions subcommittees as needed.
- Attending coalition sponsored trainings, town hall meetings, and community events.
- Contributing to the strategic planning process.
- Participating in sustaining the coalition’s capacity, involvement, and goals.
- Preventing youth substance use through environmental strategies.

By signing you agree to represent the Chico Community Prevention Coalition and uphold rights & responsibilities listed above:

Coalition Representative’s Name: _____ **Title:** _____

Signature: _____ **Date:** ___/___/___

Sector Representative’s Name & Org: _____

Signature: _____ **Date:** ___/___/___





HEALTHY RURAL CALIFORNIA, INC.

2024 MEETING DATES

Every Second Thursday from 3:30-5:00PM *

Hybrid Meeting- In person TBA/Virtually Using Microsoft Teams Link

January 11th

February 8th

March 14th

April 11th

May 9th

June 13th

July 11th

August 8th

September 12th

October 10th

November 14th

December 12th

DATES & TIMES ARE SUBJECT TO CHANGE

*PLEASE CONTACT COALITION LEADERS TO FIND DATES TIMES AND LOCATION *

Location: TBA /join us virtually online via Microsoft Teams

Please submit this application to
MWallace@HealthyRuralCA.org

Questions?

Contact: Marie Wallace, Project Coordinator, (530) 433-0847 or at
MWallace@HealthyRuralCA.ORG

Healthy Rural California 1905 Notre Dame Blvd Suite 200 Chico, CA 95928

<https://healthyruralca.org/drug-free-communities/>

