

## TABLE OF CONTENTS

Community Overview .....	2
Project Narrative .....	3-17
• Coalition History and Member Involvement .....	
• Current Youth Substance Use Problems .....	
• 12-Month Coalition Action Plan.....	
• Monitor and Evaluate Effectiveness.....	
• Engaging Youth.....	

## **Community Overview**

The Partnership for the Education and Prevention of Substance Abuse Coalition (PEPSA) service area covers the 461 sq. miles of both urban and rural areas identified as St. Joseph County, In. Located on the Indiana-Michigan Border, adjacent to direct High Intensity Drug Trafficking Areas (HIDTA) linking Chicago and Detroit, the Indiana Toll Road running through the northern county is considered a major drug trafficking corridor.

**Demographics**-Census data indicates 266,931 residents of whom 129,412 are male and 137,519 are female. The median age of county residents is 37.5 years old and 46,721 (17.4%) are considered school age 5-17 and 20,763 are in grades 6-12. The median income is \$43,040 and the Poverty rate in 2015 was 16.7% higher than the state average of 14.4%. Unemployment averaged 4.2%. (Dec. 2016), with most jobs in the health and social service industries. An estimated 3.8% or 10,143 of the residents identify their sexual orientation or gender identity as LGBT. Approximately 2/3 identify a religious affiliation. Protestant (34.5%) and Catholic (19.7%) are considered the primary denominations. The racial and ethnic makeup of the county is 80.9% White, 13.3% African American, 8.4% Hispanic, .1% Native American, 2.3% Asian, and 2.8% multiracial. Nearly half of the residents live in the ethnically diverse, urban cities of South Bend and Mishawaka. The city of South Bend is considered the 4<sup>th</sup> largest city in the state where 37.8% (101,516) reside. The area is served by 6 public school corporations with an enrollment of 39,202 students. Nearly half of these students attend the South Bend Community Schools where 71% of the students receive Free or Reduced Lunch and 67.4% identify as members of racial or ethnic minority groups. Poverty, underemployment, language and transportation barriers, and limited bi-lingual services may contribute to a sense of isolation and disconnect with the broader community.

**Historical perspective**-After 1960, urban flight and the demise of the Studebaker Car Company and other industry led to an economic downturn that left the area with community issues faced in larger inner-city areas including drugs and gangs. School funding was impacted by a declining property tax base and as a result, student services programs were often reduced at a time when they were most needed. Exacerbated by poverty, low wage service jobs provided limited opportunity for our youth as demonstrated by higher than state and national averages for alcohol, marijuana, prescription drugs, and youth suicide. Compounding the issues, the legalization of medical marijuana in the neighboring state of Michigan impacted attitudes and decreased perception of risk. Concurrently, increased opiate misuse fueled a growing heroin issue. For the first time in 50 years however, the area is experiencing a renaissance in economic development. Industrial gentrification in the creation of technology infrastructure is designed to attract new industry and a skilled workforce, but may also further polarize those without the prerequisite skills.

Key to our community prevention solution is engaging and mobilizing youth as change agents and critical stakeholders through leadership development via our STAND programs and Youth Advisory Council. Our coalition challenge is to build capacity to implement and sustain prevention strategies that address the root causes related to community attitudes and availability regardless of socioeconomics and demographics. Strategies are intended to address unique risk and protective factors and cultural issues in both urban and rural areas via culturally competent interventions appropriate for communities within communities.

## **1. What is the history of the coalition and how does it currently operate to prevent youth substance use in the community?**

**1.A. History** The historical formation as a viable coalition began in 1990 with a grass roots group of concerned citizens known as the St. Joseph County Coordinating Council who had been meeting to address community substance abuse concerns. In 1992, it joined forces with the St. Joseph County Coalition against Drugs. In 1996, both organizations merged their membership with the Healthy Communities Initiative, a holistic volunteer health organization and the coalition became known as the Drug Free Community Council (DFCC) of Healthy Communities Initiative. The DFCC was then legislatively sanctioned, as the local coordinating coalition (LCC) for the Governor's Commission for a Drug Free Indiana. In May 2012 the DFCC name was changed by a membership vote to the Partnership for Education and Prevention of Substance Abuse (PEPSA) and was challenged in the spring of 2014, when the Healthy Communities Initiative ceased operation. The PEPSA coalition continued independently as the identified "Local Coordinating Council" and by state statute continues to be the recipient of county drug interdiction fees that are annually allocated to build capacity and sustain coalition efforts. These dollars which totaled \$126,982 in FY 2017 are deposited by the county auditor in the Drug Free Community fund and equitably re-distributed annually back to the community coalition member organizations in the form of local grants. The prevention of youth substance use is part of the coalition's mission and the prevention of youth usage has been a focus since the coalition's inception in 1990 and throughout its 27 year history of leveraging resources, building collaborations, and creating effective and sustainable partnerships. The coalition has successfully and measurably impacted youth substance use through:

- Integration of STAND programs and trained staff in all 12 South Bend Middle and High Schools.
- Integration of the Life Skills curriculum in the schools for 1447 youth participants.
- Creation of a Youth Advisory Council.
- Development of a law enforcement SUDS task force for underage party enforcement.
- Institution of school corporation policy changes i.e. discipline amnesty in seeking help for drug or alcohol use
- Facilitation of Town Hall meetings to raise community awareness on substance use.

**1.B. Mission Statement** The mission of the Partnership for Education and Prevention of Substance Abuse (PEPSA) is to identify alcohol, tobacco, and other drug abuse problems in St. Joseph County and to plan, promote and coordinate community efforts and resources to reduce the abuse among youth and over time, among adults.

**1.C. Organizational Structure** The coalition operates in tandem with the Alcohol and Addictions Resource Center (AARC), a 501c3 organization located at 818 E. Jefferson Blvd. in South Bend. AARC's mission is prevention, education, intervention, assessment and referral, however PEPSA is considered its own fiscal agent. As fiscal agent it is the legal entity in planning and allocating resources, monitoring grant funds, and making personnel decisions with input from the Executive Committee. Financial decisions follow annual CPA audit recommendations and professionally accepted accounting principles. Expenditures are dictated by the approved allocations set in the annual budget with authorized signatures on all checks.

Coalition membership is composed of voluntary community participants representing the various sectors, key stakeholders, and organizations in the community who are interested in supporting

the mission and serving on one or more committees or initiatives. Coalition work is divided among four standing committees: Prevention, Justice, Treatment, and Membership inclusive of all 12 sectors. The full coalition meets bimonthly and is operated under the leadership of an Executive Committee. The coalition operates with formalized bylaws, fiscal policies, decision making and voting guidelines, annual audits, strategic plans, staff, external evaluation, collaborative relationships with postsecondary institutions, and sustainable leveraged funding streams. The policies help guide the organization and delineate non-discrimination clauses, board composition, terms, responsibilities, quorums, appeals, operating procedures, and establishes a set of checks and balances for the organization. Prospective changes require a membership vote.

**1.D. Sectors** The 12 sector representatives identified and represented in the current Coalition Involvement Agreements, reflect the best fit for their assigned sector and serve as the point person and “community champion” for their respective sectors. They have demonstrated leadership influence within their sector and within the community and evidenced their on-going commitment to youth prevention work via their active participation, contributions, and leadership within the coalition.

Sector	Member	Contribution
1)Business	Lindsay Miller	Demonstrated ability to engage Business Community and local & state policy makers.
2)Youth	Indonesia Brown	High school student. Demonstrates ability to lead Youth Advisory activities and influence peers in prevention events.
3)Parent	Rebecca Savage	Mother, nurse, foundation chair, community organizer with prevention experience throughout St. Joseph County.
4)Education	Christine Pochert	Licensed central office School Administrator with demonstrated ability to mobilize community coalition and influence policy via service as Chair of Membership Committee.
5)Media	Sharon Burden	Social media and website moderator with demonstrated ability to utilize media access for PSA’s and other opportunities to communicate prevention messages that align with the mission.
6)Youth-organization	Lisa Dixon	Director STAND (Students Taking a New Direction) Program, affiliated with Oaklawn Community Mental Health.
7)Law enforcement	Kayla Miller	South Bend Police Department, Vice Chair of Coalition.
8)Faith organization	Fred Preston	Pastor St. Luke Church of God in Christ. Able to engage faith community in coalition activities.
9)Volunteer groups	Robert Smith	Retired IT professional and civic leader, serves as PEPSA treasurer.
10)Health professional	Robin Vida	Represents the County Health Department, MPH, CHES.
11)Other Substance Abuse	Margaret Goldsmith	Director of Youth Advisory Council for AARC. Contributes substance abuse expertise in Drugs and Alcohol. Member of Prevention Committee.
12)Government	Ken Cotter	Ability to represent federal government. Acting county prosecutor. Responsible for prosecution and diversion of substance abuse cases.

**2. What are the current youth substance use problems in your community and the methods of assessment and data collection?**

**2.A. Youth Substance Problems** The primary youth substance use problems in St. Joseph County Indiana are quantifiably identified as Alcohol and Marijuana. Based on the 2016 Indiana Alcohol Tobacco and Other Drug Youth Survey (INYS), and the Indiana State Epidemiological Outcome Workgroup (SEOW) report reflect that St Joseph County youth report monthly use rates significantly higher than the state and national averages at all grade levels. Substances are also qualitatively determined based on focus groups, listening sessions, town hall meetings, coalition discussions, event feedback, and input of stakeholders and member organizations and data analysis facilitated by the Coalition’s County Plan Workgroup

**Alcohol**-Data from the 2016 Indiana Youth Survey further demonstrates the issue related to Binge drinking- 10.8% of 8<sup>th</sup> grade, 15.8% of 10<sup>th</sup> grade and 20.8% of 12<sup>th</sup> grade students report binge drinking in the last 2 weeks. Youth alcohol usage is exacerbated by community attitudes behaviors and perceived availability Parental attitudes often reflect a mindset of “we did it when we were kids”, or “at least they aren’t drinking and driving”. The following data points from the 2016 State Epidemiological (SEOW) report for our county add detail to youth alcohol use problem in St. Joseph County and indicate a priority score of 140 out of 230 base on alcohol related crashes, arrests for DUI’s, Public Intoxication, liquor law violations and alcohol related treatment episode which represents the top 25% in the state of Indiana out of 92 counties.

**Marijuana**-Youth Marijuana usage is exacerbated by community attitudes and perceived availability. The movement toward legalization of marijuana and proximity to a medical marijuana state has fostered a perception that marijuana is harmless and a belief, “it’s going to become legal anyway” thus lowering or denying a perception of any risk. A significant 70% of youth report easy availability of marijuana. The 2016 Indiana SEOW report for our county indicates a priority score of 150 out of 288 based on the number and rate of arrests for possession, sale, and treatment admissions. That represents a score in the top 25%.of the state out of 92 counties. (2016 SEOW Report)

**2.B. Local Conditions** The unique local conditions include community laws and norms that are favorable to use and are demonstrated in attitudes related to low perception of risk and ease of availability.

Alcohol is connected to many parts of life i.e. football tailgates, celebrations, festivals, weddings, special events, bonfires, and our youth are exposed in most homes at an early age. It is often the drug of choice in inner-city, blue collar and rural communities as the majority of adults in our county report 30 day usage. Indiana Youth Survey data indicates community norms where youth report that adults in their neighborhood do not consider youth alcohol use as very\_wrong. (45.2%-8<sup>th</sup>, 62.4% 10<sup>th</sup> and 70.1%-12<sup>th</sup>). That attitudinal trend continues with youth usage as parents may justify or tolerate youth alcohol usage, turn a blind eye, or offer safe places for youth to drink. Alcohol is considered by youth to be easily available. 43.1% of 8<sup>th</sup> grade students, 67.2% of 10<sup>th</sup> grade students, and 76.7% of 12<sup>th</sup> grade students believe it would be easy or sort of easy to obtain alcohol (2016 Indiana Youth Survey report for St. Joseph County)

Adjacent to a state that has legalized medical marijuana, we rank in the top 25% of the state for marijuana usage, Reports are indicative of a general climate of acceptance and a rationalization that “it’s going to become legal anyhow”. INYS data indicates that youth report that adults in their neighborhood do not consider youth marijuana use as very wrong (43.4%-8<sup>th</sup>, 60.1%-10<sup>th</sup>,

and 73.8%-12<sup>th</sup> ) .Parents may not be aware of risk factors related to youth marijuana usage as youth report favorable parental attitude whereas only 29.6% of 12<sup>th</sup> grade parents considered their child's marijuana usage as "very wrong"

Economic downturn and urban flight have resulted in a microcosm of community issues seen in larger inner-city areas that are exacerbated by poverty, substance abuse, family violence and juvenile crime rates higher than state averages. High Poverty is often associated with increased youth risk factors and for St. Joseph County's youth, and nearly 1/3 of students report that their parents have served time in jail. Disparities in Community Living Wage calculations indicate employment, is often without benefits, and a parent who is the head of the household may work 80+ hours per week in multiple part time jobs during day time, evening, and weekend hours Limiting parental time and creating a reduction in the protective factor of family involvement.

Mental health climate- Indiana has been identified as #1 in the nation for youth suicide and in St. Joseph County, rates are higher than both state and national average according to the Indiana Youth Survey where serious suicidal ideation over the past 12 months was reported by 19.6% of 8th graders, 18.8% of 10<sup>th</sup> graders and 15.2% of 12th graders. Family Conflict is indicated as our highest contributing risk factor.

**2.C. Community Assessment** Annual data is gathered for a Comprehensive Community Plan submitted to the state Indiana Criminal Justice Institute is based on the community needs assessment. Data is gathered from: Indiana Youth Survey annual report by the Indiana Prevention Resource Center at Indiana University for St. Joseph County. Survey approved for DFC Core Measure data., St. Joseph Regional Medical Center Community Health Report, Memorial Hospital/Beacon Health System Community Needs Assessment, State Epidemiological Outcome Workgroup (SEOW) report (with county breakdowns), Memorial Hospital Emergency Room data, South Bend Police Department data, Alcohol & Addictions Resource Center's Community Survey, focus groups, & member input. Based on the data the workgroup identifies specific substance issues and establishes problem statements, measurable goals, and objectives. Data is indicative of significant alcohol, marijuana, and prescription drug misuse among youth and used to assist in planning focused interventions.

Quantitative data is collected through the annual Indiana Prevention Resource Center's Indiana Youth Survey which is voluntarily administered throughout all school corporations in the state of Indiana. This instrument has been fully approved in other Indiana DFC coalitions by the national DFC Evaluators for submission of core measure data in the DFC-Me reporting platform. The report provides quantitative county and school district survey data, as well as gender and age specific information on age of onset, lifetime usage, mental health issues, information on access, and availability of alcohol and other substances. The report further identifies unique community risk and protective factors for the development of specific logic models related to these substances and assists in planning intervention strategies that support prevention efforts unique to specific urban and rural school communities and cultural groups

Qualitatively, Listening sessions and focus groups related to alcohol and marijuana reveal community attitudes of "we did it when we were kids", and the provision of a safe place to drink is an acceptable practice. Youth justification indicates "at least we aren't drinking and driving". Focus group sessions among youth indicate a passive parental approval of alcohol usage by

providing a safe place to drink. Because alcohol use frequently accompanies other substance misuse and risk behavior, it is imperative that the Coalition also focus on attitudes related to marijuana, prescription drugs and co-occurring mental health concerns that foster substance use. Collateral communications in listening sessions with youth from throughout the community reflect an acceptance of marijuana, reliance on misinformation, and decreased perception of harm. Youth will cite marijuana legalization and the usage of medical marijuana to justify their usage. Youth state that their primary access to prescription drugs is provided by a peer, family member, or stealing pills from a relative. Prescription drug use and availability in the schools is described as supported by a peer distribution network. Prescription drugs, particularly opiates, have garnered local attention as the gateway to heroin usage. Overdoses have resulted in a change in community priorities and police resources have needed to be diverted away from the importance of alcohol and marijuana as enforcement priorities.

**2.D. Current contributing data** The following table depicts the demographic breakdowns, graduation and attendance rates, and inversely drop-out stop out rates, and for the six area corporations. The Kids Count data book indicates that children who have parents with higher education attainment typically correlates to a higher socio-economic status and tend to have greater access to material, human and social resources. Correspondingly, more affluent school corporations with the highest SES typically demonstrate the highest graduation rate, lowest dropout rate, and receive higher evaluative grades by the Indiana Department of Education.

Corp.	FRL %	Ethnic-racial %	Grad. %	Drop/Stop Out %	Attendance %	DOE grade
South Bend	71%	67.4%	83.8	16.2%	93.8%	<b>D</b>
Penn	24.1	21.2%	97.6	2.4%	96.7%	<b>A</b>
Mishawaka	65.1	23.9%	95.5	4.5%	95.5%	<b>C</b>
Union North	49.8	8.2%	85.5	14.5%	96.0%	<b>C</b>
New Prairie	35.5	14.2%	94.5	5.5%	97%	<b>B</b>
John Glenn		9.4%	92.9	7.1%	95.9%	<b>B</b>

The Indiana Department of Education provides a Civil Rights data snapshot related to School Discipline that reflects disproportionately high suspension and expulsion rates for students of color with Black students suspended or expelled at a rate three times greater than white students, and disproportionately referred to law enforcement. Indiana Department of Education data does not however differentiate suspension and expulsion information for substance related offenses.

2016 Kids Count Data book for Indiana indicates that 11.1% of youth live with someone with a mental health or substance abuse problem. Parental substance abuse impacts our youth in multiple ways including parental behavior when under the influence as well as the child's and exposure and access to the substance. 2016 INYS reports indicate that approximately 1/3 of our youth have had parents incarcerated. Memorial Hospital reports an 85% increase in emergency room treatment for opiate abuse and drug overdose is now the single most common cause of accidental death in St. Joseph County and more prevalent than motor vehicle deaths. Local Drug overdoses have increased 62% in the past 5 years from 2010-2015. The impact on youth substance use is further demonstrated in the 2016 State Epidemiological report that assigns our

county with the negative distinction of ranking in the top 25% for alcohol, marijuana, and prescription drugs.

Substance	Arrest	Arrest	Treatment	Priority Score	Rank
Alcohol	DUI=653 PI=94	Liquor law=311	871	140	Top 25%
Marijuana	Possession=464	Sale=29	751	150	Top 25%

**2.E. Needs Assessment Data** Quantitative statistical survey data for St. Joseph County is generated annually and comes from the 2016 Indiana Youth Survey (INYS) administered by the Indiana Prevention Resource Center at Indiana University. The survey report for the county includes data related to age of first use and an analysis of risk and protective factors unique to our county. School superintendents also receive a corporation specific report that provides the opportunity to analyze corporation specific data trends and impact of interventions. The INYS is approved by the DFC National Evaluators to provide the coalition 4 DFC Core Outcomes. a 2016 county baseline for the core measures are depicted for 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students by grade, gender, and overall as follows:

Alcohol	8th			10th			12th		
	M	F	T	M	F	T	M	F	T
<b>30 day use</b>	17.6	21.5	<b>19.5</b>	32.5	37.6	<b>35.0</b>	42.4	41.6	<b>42.0</b>
Perception of No Risk-	17.0	14.9	<b>15.9</b>	10.4	11.3	<b>10.8</b>	15.3	9.0	<b>12.1</b>
Perception Parent Disapproval “Not at all wrong”	1.6	.7	<b>1.1</b>	1.3	2.4	<b>1.8</b>	3.1	1.0	<b>2.0</b>
Perception of Peer Disapproval-not wrong	10.1	5.4	<b>7.7</b>	15.2	12.9	<b>14.1</b>	32.0	16.7	<b>24.2</b>
Tobacco	8th			10th			12th		
	M	F	T	M	F	T	M	F	T
<b>30 day</b>	6.3	4.6	<b>5.4</b>	6.6	5.4	<b>6.0</b>	8.4	9.2	<b>8.8</b>
Perception of No Risk-	14.6	11.8	<b>13.1</b>	8.7	7.2	<b>8.0</b>	8.7	6.4	<b>7.5</b>
Perception Parent Disapproval “Not at all wrong”	1.2	.7	<b>1.0</b>	2.3	1.0	<b>1.7</b>	4.2	1.5	<b>2.8</b>
Perception of Peer Disapproval-not wrong	8.6	5.1	<b>6.8</b>	7.2	5.9	<b>6.6</b>	14.9	7.1	<b>11.0</b>
Marijuana	8th			10th			12th		
	M	F	T	M	F	T	M	F	T
<b>30 day</b>	16.4	12.1	<b>14.2</b>	28.7	24.7	<b>26.7</b>	31.8	29.4	<b>30.6</b>
Perception of No Risk-	34.8	26.5	<b>30.6</b>	48.2	41.8	<b>45.1</b>	59.7	50.0	<b>54.8</b>
Perception Parent Disapproval “Not at all wrong”	3.2	.7	<b>1.9</b>	3.9	4.1	<b>4.0</b>	6.7	5.0	<b>5.9</b>
Perception of Peer Disapproval-not wrong	20.2	15.7	<b>17.9</b>	31.9	28.4	<b>30.2</b>	50.5	32.7	<b>41.5</b>

Qualitative data from community meetings, focus groups, listening sessions and feedback from member organizations are indicative of poly-substance use for alcohol and marijuana, a perception that marijuana is harmless and will “soon be legal anyway”, or “marijuana never killed anyone”. Qualitative data is indicative of a community culture that minimizes alcohol and

marijuana consumption coupled with parental messaging that “we did it when we were kids”. Of particular concern to the coalition is the expressed prevalence of prescription drug misuse when combined with alcohol that has been attributed to a number of overdoses.

**2.F. Focused Priorities** Based on the data the Coalition will address Alcohol and Marijuana and address Risk Factors related to Community Attitudes and Availability related to local conditions identified in our logic models. Data suggests demographics for first use begins in the 6<sup>th</sup> and 7<sup>th</sup> grade. A selected prevention approach will include Life Skills training for students taking health classes, and an indicative prevention approach will include the STAND program for middle and high school students. We will address countywide youth usage, however data suggests the anticipated initial focus will occur within the 67.4% ethnically diverse urban areas served by the South Bend Community School Corporation that reflect 71% of the student population receiving Free and Reduced Lunch.

The Action Plan will integrate all 7 Strategies for community change and continue to build capacity, change perception of harm, and address community specific policies, and practices that limit opportunities for youth access. It is critical to address attitudes that minimize harm and decrease access, by building on existing resources, increase community awareness, promote positive social norms and youth development opportunities and concurrently integrate evidence based strategies and interventions mapped to our logic models that promote positive youth development and optimal mental health aligned with our root cause analysis.

**3. What is the coalition’s 12-month action plan for addressing youth substance use in the community?**

**DFC Goal One: Increase Community Collaboration**

**Objective 1: By Sept. 29, 2019, the coalition will improve organizational capacity as evidenced by an increase in active membership by 20% or 10 new members above 2018 membership baseline of 48 regular and engaged attendees that is reflective of the community demographics through:**

- Enhanced coalition visibility through multiple language appropriate media strategies
- Member recruitment/engagement to include underrepresented populations
- Member Training & knowledge of Strategic Prevention Framework
- Community Trainings for Youth, Parents, Seniors, Workplace & Professionals
- Expansion & training of youth coalition members
- Environmental Scans
- Policy Changes

**Strategy 1:** Increase community awareness of the mission and purpose of the Coalition to promote opportunities for multi-sector involvement.

<b>Activity</b>	<b>Who is responsible?</b>	<b>By when?</b>
1. Utilize print materials, newspaper articles, coalition website, PSA’s, Facebook & other social media, to enhance coalition visibility.	Coalition Coordinator Media Committee Media Sector	Sept. 29, 2019 #media impressions
2. Distribute organization calendars, agendas, minutes, and announcements via website, email, and multi-organization list-serve blasts.	Coalition Coordinator Media Committee Chair Media Sector	October 29, 2018 and monthly @ subsequent months

		#Distributed
3. Feature data, drug trends, impact, coalition events, on coalition website.	Coalition Coordinator County Plan Committee Media Sector	October 29,2018,#Distributed # updates
4. Provide 2 training sessions with Continuing Education Units for members to include specific drug trends and skill building.	Program Coordinator Substance Sector Health Sector	Sept. 29, 2019 #Attendance/CEUS
5 Distribute coalition informational materials in English and Spanish with sensitivity to the age, language & literacy levels of the target.	Parent translator Coalition organizations Student interns	Nov. 30, 2018 Demonstrated by document review
6. Distribute coalition informational materials inclusive of underrepresented populations, family compositions , & nontraditional families	Membership committee Program Coordinator Student interns	Dec. 31, 2018 Demonstrated by document review
6. Identify gaps in representation & focused outreach to promote <b>both</b> needed expertise & inclusivity of the county demographics.	Member Committee	Dec. 31, 2018 & Demonstrated by bimonthly benchmark goals
7. Train at least 2 cohorts of middle and high school youth in the Lead & Seed (NREPP) prevention leadership curriculum.	Program Coordinator E,YSO,Y,& P Sectors Lead & Seed Trainers	Sept 29, 2019 Demonstrated by agendas/ sign ins
8. Host Youth Leadership Summit targeting non-traditional leaders from every middle and high school in county to mobilize youth.	Youth Summit Committee PD Multi-sector participation	Mar. 2019 Sign in sheets & Surveys
9. Train 100 Community Members in the Youth Mental Health First Aid to recognize substance and mental health warning signs.	Program Coordinator Substance & Education Sectors YMHFA Facilitator	Sept. 29, 2019 Quarterly, #certified
10. Develop protocol with School Resource Officers to identify & secure locations prone to school related peer distribution offenses.	School administration SRO resource officer Law sector	Sept. 29, 2019
11. Develop discipline protocol review corporation discipline practices related to school related substance offenses	School administration SRO resource officer	June. 2019 School resource officer reports
12. Conduct environmental scan of area retailers to document alcohol and drug paraphernalia product placement/ proximity to youth access.	Youth Advisory Council, Parent Coalition Member	Mar.2019 Environmental Scan report
14. Train human resource directors to examine workplace policies re: substance misuse.	Business sector rep, Substance Abuse sector	Sept. 29, 2019 Policy changes

**DFC Goal One: Increase Community Collaboration**

**Objective 2: By Sept. 29 2019, increase active participation in one or more coalition committees by 20% above 2018 committee baseline.**

**Strategy 1:** Utilize demonstrated SPF model (Assessment, Capacity, Planning, Implementation & Evaluation to reflect embedded core concepts of Sustainability & Cultural Proficiency).

Activity	Who is responsible?	By when?
1. Host informational training for membership and general	Evaluator, Board	Oct. 2018

community to familiarize with SPF language.		Sign ins
2. Collect annual <b>quantitative</b> data from community Treatment, Coroner, Law, Hospital, Schools, Social Service Providers to <b>Assess</b> status for annual report.	Data Committee, PD, Board, Evaluator	May 31, 2019 Demonstrated by Cty report
3. Conduct focus group-listening sessions to gain <b>qualitative</b> data from all sectors and urban, rural, and ethnocentric communities for <b>Assessment</b> of current conditions for annual County report.	Sectors indigenous to specific communities, Program Director	Apr.30, 2019 Demonstrated by County report
4. Facilitate data retreat to <b>assess</b> , analyze, & interpret data, state & national comparisons, trends, emerging threats, data gaps, update logic models, and prioritization of substances.	Board, Evaluator, PD, Sectors, Data Comm.	June 15, 2019 Agenda, Sign-in County report
5. Build <b>Culturally Proficient capacity &amp; expertise</b> reflective of demographics of entire county & determine gaps in community's <b>human, in-kind, &amp; financial capacity</b> to address needs	Board, Membership committee, PD	June 15, 2019 Gap report
6. Develop data-driven County <b>plan</b> document reflective of member input & buy-in.	Executive Board Plan Committee	June 30, 2019
7. Update organizational strategic <b>plan</b> with measurable "SMART" goals & objectives submitted from all coalition committees.	Board, Planning Committee	June 2019 Per Strategic Plan
8. Develop <b>Sustainability</b> plan to maximize financial, in-kind, organizational support necessary to sustain organization and diversify funding and the pursuit of funding opportunities.	Strategic Plan/Sustainability Committee	June 2019 Sustainability Plan
9. Work with all 12 STAND programs to develop their specific school/community <b>youth developed action plans</b> to drive their prevention efforts in their respective school communities.	Program Director, Educ., Parent, & Youth Coalitions, Social Work intern	Sept. 2019 & updates as new cohorts are trained.
10. Provide ongoing motivation, support, recognition, oversight, implementation of youth developed prevention projects.	Education, Parent, & Youth Sector reps & Social Work intern	Sept. 29, 2019 demonstrated by reports
11. Provide sector training event to orient sector representatives in DFC SPF etc.	Program Coordinator DFC Consultant	October 2018
11. Provide Coalition leadership development via CADCA conferences and Coalition Academy.	Board, Staff and sectors when possible	Feb./Aug 2019 CADCA
12. Collaborate with 3 neighboring counties already DFC's who have formed the <b>Northwest Indiana Regional DFC Alliance</b> to leverage and share resources for regional initiatives	Program Coordinator Sectors	Sept. 29, 2019 Per agendas & schedules, regional event

**DFC Goal Two: Reduce youth substance use**

**Objective 1: Reduce reported past 30 day alcohol use by 1% below prior year baseline (and 5% over time) at each grade level by September 29, 2019 as reflected in annual Indiana Youth Survey report.**

**Objective 1a: Long term Objective-** Reduce 30 day alcohol use by 5% from baseline data reported by grade levels in the Indiana Youth Survey from 2018 to 2022.

**Strategy 1: Provide Information**

Activity	Who is responsible?	By when?
----------	---------------------	----------

1. Disseminate language tailored to the age, language and literacy levels of specific audiences: youth, parents, & community targeting underage drinking	Media committee PD	Sept 29, 2019 Documents & media releases
2. Sponsor 1 school based “Above the Influence” prevention themed Health Fair’s with specific interactive activities related to alcohol i.e. drunk goggles, driving simulator, etc.	Education & Youth Sector, Community organization participation	May 31, 2019 Media articles
3. Host 2 Community Town Hall Meetings on Underage Drinking during the Spring pre-prom time.	Multi-sector participation, PD	March 31, 2019 Media articles & Sign-ins

### Strategy 2: Enhance skills

Activity	Who is responsible?	By when?
1. Train 2 cohorts of youth in the Lead & Seed NREPP curriculum who demonstrate mastery of issues related to youth alcohol.	Education, Youth, Parent, Lead & Seed Facilitator	Sept. 29, 2019 Sign-ins, Pre & Post tests
2. Build alcohol refusal skills and reinforce positive norms via annual prevention focused county-wide Youth Leadership Summit targeting non-traditional youth from every middle and high school.	Coalition and 12 sector participation	Oct. 2018 Sign ins
3. Facilitate Strengthening Families (NREPP) cohort for parents of teens in non-English speaking Spanish communities.	PD, Community based trained Strengthening Families facilitators	Sept. 29, 2019 Sign ins, Pre & Post surveys

### Strategy 3: Provide Support

Activity	Who is responsible?	By when?
1. Strengthening Families (NREPP) program for parents of teens in urban, rural, and non-English speaking Spanish communities <b>with discussion of alcohol issues.</b>	Community based trained Strengthening Families facilitators	Sept. 29, 2019 Sign ins, Pre & Post surveys
2. Support parental understanding of risk & protective factors, limit setting & refusal skills related to youth alcohol consumption through annual Parent Forum held in conjunction with Youth Summit event	Multi Sector & Community participation, PD	Oct. 2018 Sign ins
3. Provide <i>universal</i> support- Community Parent Forums, & 2 Town Hall Meetings related to issues of underage drinking and awareness of social host law.	Law Enforcement, PD Government, Multi-sector participation	March-May 31, 2019 Sign ins

### Strategy 4: Enhance Access/Reduce Barriers

Activity	Who responsible?	By when?
1. Support Students Taking a New Direction (STAND) program in all 12 middle and high schools	Education sector organizations	Sept. 29, 2019 Utilization data
2. Provide bi-lingual alcohol information for non-English Speaking, Spanish participants in Strengthening Families (NREPP) programs.	Bi-lingual Parent representative/trained as SF facilitator, PD	Nov. 2018 sign ins, pre-post surveys
3. Provide <b>language access</b> alcohol talking point sheet, and coalition materials in English & Spanish for legislative meetings and forums.	Bi-lingual Parent representative/trained as SF facilitator, PD	Nov. 2018 & On-going Distribution #s
4. Secure language accessible bilingual prevention materials from SAMHSA & NIDA for distribution to Areas with limited informational resources.	Student intern Sector volunteers	Dec. 2018

### Strategy 5: Changing Consequences (Incentives/Disincentives)

Activity	Who is responsible?	By when?
1. Provide Motivational Interviewing Group for first time <b>alcohol</b> offenders and their parents, taught as a prevention class to help juveniles accept ownership of choice and families reduce risk and increase protective factors.	Substance Abuse Agency.	Sept. 29, 2019 Quarterly groups Sign-ins, Pre-Post Surveys
2. Develop awareness campaign of Indiana Social Host law, and \$1000 fine for a Class B misdemeanor to provide the use of property for the purpose of allowing minor consumption.	Media sector, Parent Sector, Education Sector, Law Enforcement Program Coordinator	Sept. 29,2019 Demonstrated media impressions Police reports
3. Dialogue with school administrators and SRO's regarding discipline protocols and consequences related to school related alcohol offenses.	Program Coordinator, Education & Business sector,	Sept 29, 2019, Policy manual
4. Provide <b>recognition</b> certificates and recognition in coalition annual report for all alcohol retailers who passed Law Enforcement compliance checks	Law Enforcement Sector Coalition	Sept. 29, 2019 Annual report

### Strategy 6: Physical Design

Activity	Who is responsible?	By when?
1. Expand camera/security equipment at Schools per environmental scan.	School administration School Resource, PD	Sept. 29, 2019 And On-going Secured funds
2. Modify product placement based on environmental scan results, provide alcohol retailer letter with recommendations for requested alcohol product placement.	Law Enforcement Coalition members	Jan. 2019 Environmental report

### Strategy 7: Modifying Policies

Activity	Who is responsible?	By when?
1. Review corporation policies & practices, consistent with evidence based practices	PD, Education Sector, School Administration	Jan. 30, 2019 Policy manual
2. Strengthen existing nuisance ordinances in relation to problem locations identified by law enforcement.	Government Officials, Law	Sept. 29, 2019 Policy changes
3. Encourage landlord commitment for lease sanctions in apartment areas known to foster parties where youth may engage in underage drinking and potential other substance use.	Law Enforcement Government	Sept. 29, 2019 Policy

### DFC Goal Two: Reduce youth substance use

**Objective 2:** Reduce reported past 30 day **Marijuana** use annually by 1% below prior year baseline at each grade level by September 29, 2019 per annual Indiana Youth Survey report.

**Objective 2a: Long term Objective-** Reduce 30 day marijuana use by 5% from baseline data as reported by grade levels in the Indiana Youth Survey from 2018 to 2020.

### Strategy 1: Provide information

Activity	Who is responsible?	By when?
1. Disseminate information and leverage media sources directed at issues of marijuana tailored to specific audiences: youth, parents, & community in accordance with language and literacy levels	Media sector PD	Sept 29. 2019 #media impressions

2. Sponsor school based “Above the Influence” prevention themed Health Fair’s with specific interactive activities related to <b>marijuana</b> i.e. driving simulator, etc.	Education & Youth Sector, Community organization participation	May 31, 2019 Media coverage
3. Host a “Blunt Truth” Community Town Hall Meetings to dispel myths related to perception of harm and youth access	Multi-sector participation, PD	March 31, 2019 Sign-ins, Surveys

### Strategy 2: Enhance skills

Activity	Who is responsible?	By when?
1. Train 2 additional cohorts of youth formally trained in the Lead & Seed curriculum who demonstrates mastery of marijuana research issues.	Education & Youth Sectors	Sept. 29, 2019 Sign-ins Pre-Post tests
2. Host annual prevention focused county-wide Youth Leadership Summit targeting non-traditional youth from every middle and high school in county to build marijuana refusal skills and reinforce positive norms	Multi-sector participation	Oct. 2018 Sign ins Pre-Post surveys
3. Build refusal skills and limit setting in Strengthening Families (NREPP) programs for parents of teens in urban, rural, and non-English speaking Spanish communities <b>with unit specifically addressing marijuana access.</b>	Program Coordinator Community based trained Strengthening Families facilitators	Sept. 29, 2019 Sign-ins Pre-Post survey

### Strategy 3: Provide Support

Activity	Who is responsible?	By when?
1. Build support in limit setting & building refusal skills at annual Parent Forum held in conjunction with county-wide Youth Summit	Multi Sector & Community participation, PD	Oct. 2018 Sign-ins Surveys
2. Provide support-“Blunt Truth” Community/Parent Forum to dispel myths regarding youth access to marijuana and perception of harm.	Multi-sector participation, PD	March-May 31, 2019 Sign-ins

### Strategy 4: Enhance Access/Reduce Barriers

Activity	Who is responsible?	By when?
1. Support access to Students Taking a New Direction STAND program in all 12 middle and high schools.	PD, Education sector, youth, School member organization	On-going Utilization data
2. Enhance language access to programs & materials for non-English Speaking Spanish participants Strengthening Families programs <b>on marijuana issues.</b>	Bi-lingual Parent representative/trained as SF facilitator, PD	Nov. 2018 Sign-ins Pre-Post
3. Enhance culturally proficient informational access marijuana talking point sheet, and coalition materials in English & Spanish for legislative meetings and community forums.	Bi-lingual Parent representative/trained as SF facilitator, PD	Nov. 2018 & On-going Document distribution #s
4. Provide additional law enforcement presence at locations prone to marijuana usage consumption i.e. Fireworks, Community festivals & outdoor concerts.	Law Enforcement multi-jurisdictional patrols	March, 2019-July, 2019 Schedule

### Strategy 5: Changing Consequences (Incentives/Disincentives)

Activity	Who is responsible?	By when?
1. Provide Motivational Interviewing Groups for first time <b>marijuana</b> offenders and their parents taught as a required prevention class to help juveniles accept ownership of choice and families reduce risk and increase protective factors.	Substance Abuse organization	Sept. 2019 Cohort offered Quarterly.

2. Review or Modify corporation discipline consequences for school related marijuana offenses	School Administration Education Sector	Sept 29, 2019
---	---	---------------

### Strategy 6: Physical Design

Activity	Who is responsible?	By when?
1. Provide/position additional safety cameras and security equipment in school building locations prone to school related marijuana offenses.	Law Enforcement in collaboration with school resource officer	May. 2019 Additional funds secured
2. Change location of retail product placement per environmental scan results, provide retailer letter with recommendations for restrictions to paraphernalia access.	Law Enforcement Coalition	Jan. 2019 Environmental Scan report

### Strategy 7: Modifying Policies

Activity	Who is responsible?	By when?
1. Review/Modify corporation policies and consistent application related to school related marijuana offenses.	Education Sector, School Administration	Jan. 2019 School policy & data
2.-Strengthen existing nuisance ordinances to habitual problem locations frequented by youth.	Government Law Enforcement,	June 2019 Police data
3. Encourage landlord commitment to implement lease sanctions in apartment areas known to foster parties where youth may engage in marijuana and other substance use.	Law Enforcement, PD,	Sept. 29, 2019 Police data

### **4. How will the coalition monitor and evaluate the effectiveness of the 12 month action plan?**

**4A. Collection Processes** The coalition will collect both quantitative and qualitative data to measure the effectiveness of its comprehensive 12 Month action plan by using indicators as established in their logic model in accordance with established timelines and benchmarks. The Indiana Youth Survey (INYS) report will provide annual quantitative county survey data as well as quantitative school corporation specific data. This instrument is available annually at no cost to school corporations and provides a rich perspective related to County and school corporation information broken down by grades and genders to determine effectiveness of strategies in changing outcomes with specific school populations and geographic locales. Since it is an annual survey it will provide the mechanism to longitudinally measure impact. The INYS is considered the “state survey” and has been fully approved by the DFC National Evaluators for the collection of required core measure data. In addition, the coalition will also administer the Center for Substance Abuse Prevention’s (CSAP’s) National Outcomes Measure (NOMS) measure survey for youth and adults at coalition sponsored events and the Strengthening Families participant surveys to depict community attitudinal changes. Coalition’s indicator data points include: school discipline data, juvenile probation reports, law enforcement data, prescription drug disposals, coalition capacity development reports, and evidence of changes in policies, practices, and procedures. Qualitative data will be generated through discussions at town hall meetings, community events, listening sessions, youth advisory council feedback, direct observations, and environmental scans on product placement and incorporated as part of our county plan update.

An output monitoring system endorsed by CADCA for community coalitions will be implemented to track key coalition outputs: community change (defined as new or modified programs, policies, and practices facilitated in the community by the coalition to reduce substance use), community actions, services provided, media coverage, resources generated and

organizational improvements. The coalition will use an on-line documentation to insure accurate tracking of the key outputs. The Program Coordinator will perform data quality control bolstered by on the ground one-on-one evaluation support from our external evaluator. For each output, key questions can be examined on a quarterly basis to determine if the coalition is on track to achieve expected outcomes. These include: Community changes such as new or modified programs, policies or practices in the community facilitated by the coalition to reduce substance abuse. Community actions are the steps taken by the coalition to implement community changes. Services provided are events that are designed to provide instruction or to develop the skills of people in the community. Media/Information Coverage: are instances of coverage of the initiative, its projects or issues in the newspaper, newsletters, on-line or on the radio or television. Resources Generated: Acquisition of funding for the initiative through grants, donations or gifts in-kind. Resources generated can include money, materials and people's time. Organizational Improvements are classified in three ways: Organizational Change; Training Attended; and Technical Assistance. Each of these is aimed at improving how the coalition functions. The coalition will also collect information related to key events occurring outside the control of the coalition. Key events would include changes in federal, state or local policies related to the coalition issues.

**4B. Data Analysis & Monitoring** The coalition will analyze data collected through its' Data-Outcome Committee and meet at least quarterly to monitor the data collected. The committee is composed of the Executive Director, Evaluator, Executive Committee Members, Program Coordinator and interested coalition and sector members. The Program Coordinator is responsible to enter coalition data indicators monthly and the Evaluator prepares a semi-annual report and provides on-going technical assistance to facilitate optimal data collection and capture contributions for specific local conditions, trends, risk factors. Under the guidance of the evaluator, the data committee is responsible to analyze short, intermediate, and long term indicators and trend data and provide regular analysis of coalition outputs in relation to changing community behaviors as evidenced in the online documentation reports. The Coalition will host an annual "Data Retreat" intended as a working meeting to analyze data, assess data gaps, modify strategies, update logic models, and update planning documents.

**4.C. Modifications and Adjustments** Sector representatives and the Executive Committee monitor and evaluate the effectiveness of the 12 Month Action Plan via monthly DFC Program Coordinator progress reports and semi-annual reports from the evaluator. These reports will synthesize the work of the coalition and the individual sectors and committees. An oral update report is presented by The Program Coordinator for the entire coalition at each regularly scheduled meeting and progress information, discussion and decision making will be incorporated into the coalition minutes. All sector members are encouraged to become a part of the data outcome workgroup committee and are invited to participate in the annual open "data retreat". The coalition and sector members will monitor the changes in short term, intermediate and long term indicators over time in relationship to the coalition's efforts as collected in the online dashboard semi-annual Evaluation reports provided by the Evaluator.

Adjustments will be made to the 12 Month Action Plan if indicator data is not improving and Data committee and sectors who review existing efforts determine if activities are being implemented with consistency and fidelity. If not, the coalition will adjust its implementation of those activities as resources allow and add other evidence based activities that will have an impact on indicator data. The coalition will also use this process to identify activities of success and look to institutionalize those efforts in outside organizations to ensure the sustainability of

the efforts. This will allow the coalition to revise its action to add new efforts to replace those efforts institutionalized outside the coalition.

**4.D. Disseminating Data Outcomes/Informing the Community** The Media subcommittee, Program Coordinator, and the Executive Committee will guide sharing successes and challenges through multiple communication channels and to multiple audiences. Coalition reports will assist in transferring the information to the community in manageable language respective of language and literacy levels of various audiences. The use of the output framework allows for communication in a language that all can understand with documents translated into Spanish to accommodate non-English speaking residents. The coalition will focus on presenting data collected and coalition efforts in that area to specific sectors in a fashion that is relevant to them, i.e. “where kids get alcohol,” to the parents, compliance check data to retailers. Over the course of the year, the community will be informed via regular written and oral reports provided at coalition meetings, news articles, radio interviews, PSA’s, talking point handouts, website communication, email list serve blasts, social media, and flyers included in water bills.. A brochure will be available for distribution at all coalition sponsored community events that highlight the mission, challenges, successes and opportunities for involvement.

## **5. How will the coalition engage youth in its efforts to prevent youth substance abuse?**

**5.A Recruiting and Retaining** PEPSA will continue to recruit youth participation through its association with the AARC Youth Advisory Council and the STAND youth programs through the South Bend intermediate and secondary school system. Through its program offerings and events, students will be educated on substance abuse prevention, provided with leadership opportunities and peer-to-peer engagement and encouraged to share their knowledge and passion with the community at large through town hall meetings, public forums and special events.

**5.B. Youth Engagement** PEPSA will engage community youth through the integration of STAND programs and trained staff in all 12 South Bend Middle and High Schools; integration of the LifeSkills curriculum in the schools for youth participants; creation of a Youth Advisory Council; the institution of school corporation policy changes (i.e. discipline amnesty) in seeking help for drug or alcohol use; and the facilitation of town hall meetings to raise community awareness on substance use. In addition, youth leaders will be selected for opportunities to take part in CADCA-sanctioned programs and events.

**5.C. Youth Training** A multi-faceted training plan will be implemented for community youth, including a seven-session LifeSkills program in the South Bend public school system and Strengthening Families cohorts. Opportunities for coalition training and CADCA-sanctioned leadership training programs will be made available to youth participants, as well.

**5.D. Evaluation** The coalition will collect both quantitative and qualitative data to measure the effectiveness of its youth efforts by using indicators as established in their logic model in accordance with established timelines and benchmarks. Pre- and post-test surveys and NOMS data collection will be used in youth advisory meetings and all training programs involving youth.

**5.E. Youth Communication** Youth involved in the Youth Advisory Council and in STAND programs will be encouraged to utilize multiple strategies to disseminate the message to effectively reach their youth peer groups. Youth Advisory representatives will help facilitate Public Service Announcements to air weekly on local radio channels media impressions. Youth Advisory Council members will utilize social media and maintain a Youth Advisory Facebook page.