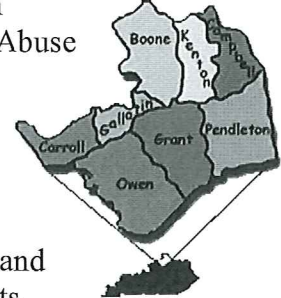


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Community Overview

With roots dating back to the early 2000's, Champions for a Drug Free Grant County was formed to implement initiatives related to the prevention of alcohol, tobacco, and other drug use among youth up to the age of 18 in Grant County, Kentucky. Established initially with funding from the Regional Prevention Center, the coalition has remained intact even though that funding ended. The Northern Kentucky Agency for Substance Abuse Policy Board has continued to fund prevention activities at a modest level (\$5,000 per year) since 2011. The continued implementation of prevention initiatives demonstrates the County's strong commitment to creating safer, drug free environments for our youth.



Grant County is home to two public school districts, Grant County Schools and Williamstown Independent Schools. These two districts serve 4,700 students grades K-12. The school districts are the largest employers in the county with about 850 employees.

Grant County is primarily rural, with four towns—Crittenden, Corinth, Dry Ridge, and Williamstown—with a total population of 24,662 (2010 Census). Approximately a third of the population is eighteen years of age or younger (6,923). The majority of the population is Caucasian (96%), with less than 5% of the population reporting racial diversity. Only 2% of the population reports being Hispanic or Latino (577). There are 9,928 households living in Grant County. Out of the 9,928 households, 35.3% have children under the age of 18 living there, and 55.8% are traditional husband-wife families.

The median income for a household in Grant County is \$42,814 as compared to \$42,576 for the State of Kentucky. There are also 14.9% of families living below poverty level. Approximately, 64% of children are eligible for free or reduced lunch, which has increased by 12% since 2007. Many of our youth live in poverty, which puts them at risk for substance abuse.

Grant County is located in the “Golden Triangle” with convenient access to 3 larger urban areas – Lexington, Louisville, and Cincinnati. Interstate 75, a major thoroughfare, runs through the county and is known as a drug-trafficking route. Grant County is part of the Northern Kentucky region as established by the Area Development District. Historically, the county is known for its agricultural background in tobacco and cattle. With the tobacco buyout, farmers have had to seek jobs outside of the county, typically in manufacturing, commuting 1-2 hours away, while others subdivided their farms into low-income, single-family units and/or mobile home parks. Thus Grant County has become a “bedroom community” for those able to get jobs elsewhere or others are stuck in poverty/unemployment. This economic situation compounds the risk for substance use by our youth, as they have a lot of unsupervised and unstructured time.

5.3.1 Discuss the coalition's capacity to create community change concerning youth substance use?

Bullet 1: Champions for a Drug Free Grant County was formed in 2003, following a meeting of concerned citizens, school personnel, and prevention professionals about youth drug use in Grant County. The coalition began by addressing youth tobacco use, which was of concern. Over the years, despite inconsistent funding, the coalition sustained its work and began to broaden our scope to include alcohol, marijuana, and other drugs. We successfully partnered with the local school systems to implement 100% tobacco free (including e-cigarettes) policies on school grounds beginning in 2012. Since our formation, we have successfully carried out several strategies and activities, including the distribution of prescription drug lock boxes to high risk families, town hall forums, social norm projects, Project Sticker Shock, and more.

Our **community readiness** has continued to grow over the last several years, especially with the media attention on both youth and adult substance use. Our coalition has worked to educate both the citizens of the county and coalition members on the issue of addressing youth substance use early, and the need for environmental strategies and policy change to make a difference. The recent heroin epidemic in our region has also helped to shine a light on the need for substance use prevention. As a result, we have seen increased attendance at coalition meetings, community events, and collaboration between community partners has increased.

Bullet 2: The coalition's organizational structure consists of an Executive Committee comprised of these elected officers.

Table 1 – Executive Committee/Duties

Chair	The Chairperson's responsibilities include presiding at all meetings and performance of duties as may be assigned by the Executive Committee. The Chairperson shall facilitate the mission of the group and shall serve as member ex-officio of all committees.
Vice-Chair	The Vice-Chair shall serve as an aide to the Chairperson and shall perform the duties of the Chairperson in the absence or inability of that office to act.
Secretary	The Secretary shall record the minutes of all meetings of the Coalition and perform duties as delegated by the Chairperson.
Treasurer	The Treasurer shall keep a full and accurate account of receipts and expenditures, and provide a financial report to the Coalition report quarterly.

The coalition meets monthly, with the chair providing the agenda. Detailed minutes are recorded and shared with coalition members. Coalition by-laws detail membership and officer roles within the group. The executive committee equips members with training opportunities and recruits workgroups from the coalition based on current needs and projects. The workgroups develop strategies to address the specific need or focus, and then carry out those activities. For example, we have a workgroup focused on asset-building which is implementing the *CoreLife* program in our schools.

Bullet 3: The process of identifying individuals from each of the 12 sectors has strengthened our coalition and has provided us the opportunity to collaborate with many of the most influential individuals in our community. In every sector, we have documented support from not just one but several individuals, each holding the highest role of leadership for their organization. For example, for law enforcement, we have worked closely in the past with the Grant County Sheriff on various projects but also have signed Coalition Involvement Agreements from

leadership at the State Police as well as each town's Chief of Police. **Table 2** shows each representative's contribution within the coalition and to the county.

Table 2 – Sector Representation

Sector	Member Name	Organization	Contribution
Youth	Brianna Smallwood	NA	Connection/coordination with other youth for drug prevention efforts/local coalition projects. Participates in prevention activities.
Parent	Rhonda Dupuy	NA	Parent of two; son died due to overdose battling addiction; well connected to families in the community battling addiction. Other son is a freshman and desires to share his family story to help others.
Business	Jamie Baker, President	Grant County Chamber of Commerce	Provides access and engages key leaders within the local business sector. Businesses participate in prevention activities, such as the social-norming projects.
Media	Brian Marshall Lead Writer	Grant County News	Experienced journalist. Provides ads and coverage on coalition activities.
School	Sally Skinner Superintendent	Williamstown Independent School District	Engages and influences key leaders within school sector and respected community leaders. Assists with data collection efforts through administration of Kentucky Incentives for Prevention (KIP) Survey.
Youth Serving Organization	Allison Mortenson Youth Service Center Director	Grant County Schools	Provides access to school youth/youth groups. Extensive experience with 40 Developmental Assets, Substance Abuse Prevention, and Capacity Building.
Law Enforcement	Sheriff Chuck Dills	Grant County Sheriff's Office	Extensive law enforcement experience and respected community leader. Partners with Grant County Schools to provide 2 school resource officers. Sponsors drug take back program and alcohol and drug tip line.
Religious/Fraternal Organization	Greg Nimmo Director of Missions	Crittenden Baptist Association of Churches	Engages/influences key religious leaders in community. Works with faith-based efforts in substance abuse prevention and treatment, specifically, our recent wet/dry election and efforts to implement <i>Celebrate Recovery</i> .
Civic/Volunteer	Debbie Stone President	Williamstown Kiwanis Club	Experience in planning community outreach activities and increasing community involvement. Williamstown Kiwanis Club provides volunteers for prevention activities.
Healthcare Professional	Beverly Hearn, RN	St. Elizabeth Healthcare – Grant County	Provides hospital admissions substance use data. Engages and influence key leaders within the healthcare community.

State/Local Government	Hon. Leslie Knight	Grant County Circuit Court	Engages/influences key community leaders. Personal experience with individuals impacted by addiction fuels her passion for efforts in the areas of prevention/treatment.
Other Substance Abuse Organization	Camille Croweak Assistant Manager	NorthKey Community Care	Provides professional expertise and insight regarding best practices and regional prevention efforts. Extensive experience in substance abuse prevention, the SPF model, and is a long-time member of the coalition.

Bullet 4: Grant County Champions will ensure cultural competency by developing communication and marketing plans that address the diversity of youth and adults in our community. With 64% of our youth qualifying for free/reduced meals, Grant County experiences substantial socio-economic diversity. The coalition collaborates with various service organizations, including Grant County Community Action and the Family Resource Youth Service Centers to reach this population. The coalition will also ensure that all materials are printed at a 5th grade reading level, and that these materials are available online, at Cabinet for Families and Children, Community Action Center, public library, courthouse, and even pawn shops. Members of the coalition also work with a local educational attainment committee, chaired by the Director of Northern Kentucky University – Grant County, to identify and enhance the educational needs of our adult population. Less than 5% of Grant County youth identify as Hispanic, African American, or other. The Grant County ESL teacher will help translate printed materials into Spanish and other languages as needed.

Bullet 5: The **current role of the coalition** within Grant County is to provide prevention resources, education, and activities; participate in policy development; and develop partnerships with the 12 sector representatives identified in **Table 2**. The public has become aware of the role of the coalition through news articles published in the Grant County News. The coalition also has a web presence, an active Facebook page, and has participated at events within the community such as back to school fairs, festivals and health fairs. With the dramatic increase in drug overdose deaths in our region, our community is alarmed, and is looking to the coalition for leadership and guidance in prevention. The coalition works to reduce access to substances for youth, and enhance the resistance skills of our youth, parents, and community through education and community involvement.

In the future, our coalition will work towards mobilizing the community for a more comprehensive approach to youth substance use. Specifically, we will collaborate with school administration to develop intentional programming to include school day curriculum taught to students to reduce youth substance use in our community.

5.3.2 Discuss how the community youth substance use issues are impacting public health and public safety?

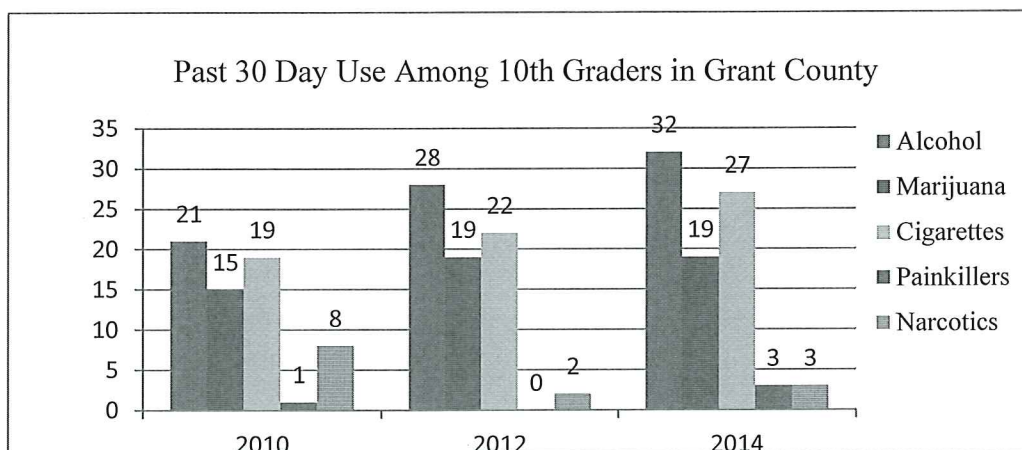
Bullet 1: The **youth substance abuse problem** in Grant County is alcohol and marijuana. More than two-thirds of 10th graders in Grant County feel that drug use is a problem in their school, and more than half feel that the selling of drugs in their school is also a problem. Students have an overall low perception of risk of using alcohol and marijuana, and the perception of risk decreases even lower as they get older. Our students reported in the 2014 Kentucky Incentives for Prevention (KIP) survey that it is just as easy to get marijuana and alcohol, as it is tobacco.

The accessibility of alcohol, marijuana, and tobacco to our youth is a precursor to later addiction issues.

KIP data from 2010 – 2014 indicate the youth in Grant County are using substances at younger ages. In 2014, 16% of 6th graders reported first using alcohol at age 12 or younger; 13% of 12th graders reported *regularly* using alcohol beginning at age 16; 10% of 12th graders report first using marijuana at 14. A lesser, but still alarming number (5%) of 10th graders report first using prescription drugs at age 14.

Since 2010, the number of 10th graders reporting past 30 day use of alcohol, marijuana, cigarettes, and painkillers has increased as depicted below in **Figure 1**. While the rates of narcotic and painkiller use are low, the increase in use of painkillers seen in 2014 is concerning considering the heroin epidemic in the Northern Kentucky region. A review of the raw 2014 KIP data reveals the increase in painkillers is primarily among females.

Figure 1: Comparison of drug use among youth in Grant County from 2010-2014



Our youth substance use issues are affecting adults and families in our community. Our students report that because of their alcohol use they are having trouble remembering what they did, are getting into fights, and are getting into trouble at school. According to the Kentucky State Police in 2014, there were 168 convictions for driving under the influence in Grant County and 95 arrests for drunkenness, with 8 of those arrests being juveniles. 9% of 12th graders report getting into fights with their parents because of their drinking or drug use. 6% of 12th graders report getting into car accidents because of their drinking or drug use. Similar statistics involving our youth over the past several years has now led to a young adult population with progressed addiction issues. Their addictions have led to an increase in overdose deaths, higher crime rates, and traumatic financial and emotional costs to families.

Bullet 2: Multiple local conditions contribute to the problems we are seeing in our youth:

- Grant County was a dry county until 2004 when 3 cities voted to allow alcohol sales at restaurants. In 2015, the county voted to go wet, allowing quota and non-quota licenses to sell packaged liquor and liquor by the drink within the county. Our youth were already reporting high rates of use prior to this wet election, and now there will be increased access. Prior to the 2015 election, the 2014 KIP survey indicated 72% of 12th graders viewed alcohol as easy or very easy to get, and most reported that this alcohol comes from their friends, parents, and siblings. Grant County is considered a “bedroom

community.” Many citizens commute 1-2 hours for work each day, leaving large numbers of youth unsupervised at home before and after school, weekends, summers, and some even overnight while their parents work. The most commonly reported places where students drink alcohol are parties, a friend’s home, or in their own home-indicating a lack of supervision and a lack of knowledge or respect for underage drinking and social host ordinances and consequences.

- Currently, marijuana is the leading cash crop in Kentucky, far above both hay and tobacco. Kentucky is considered one of the top five states for marijuana production in the country, and is estimated to produce over one billion dollars annually in marijuana. Medical marijuana legislation has been introduced in years past, and gained some support in 2012 when the bill made it successfully out of a house committee. In the current legislative session, a bill has been introduced which would treat marijuana more like alcohol, and would allow recreational use of marijuana for anyone over 21. While this bill is still pending in committee and is not expected to become law this year, the support behind this type of legislation is still growing and is gaining support from powerful politicians in Kentucky. The attitudes and norms around marijuana use are changing, and it is important that there is a strong message to counter these attitudes for our community and youth. While medical marijuana gains traction in the Kentucky legislature the facts remain that marijuana use for the developing adolescent brain is detrimental. It is more important now than ever that the coalition build capacity through training and to increase community willingness to address prevention of marijuana use.
- In October of 2013, there was an explosion in a home caused by someone trying to extract liquid from marijuana, known as “cooking budder.” There were 5 people injured in the explosion, including one child. The liquid that is extracted can be used in food products as an alternative way to get high. These products are highly attractive to youth.
- According to the 2014, Attitudes & Behaviors Survey (Search Institute), the average number of assets students in Grant County have is 19.6. Only 28% of our youth report having a positive adult role model, while only 26% of our youth report feeling valued by adults in the community. These low numbers of protective factors will increase our students’ likelihood of high risk behavior, such as binge drinking and DUI.

Bullet 3: The following **relevant social indicator data** describes the extent of our youth substance use problem in Grant County. As indicated, there are two school districts in Grant County. As seen in **Table 1** below, there were 208 disciplinary incidents that were directly related to alcohol, tobacco, or other drug use.

Table 3: Disciplinary Actions in Grant County School Districts

School District	# of Students	# of Disciplinary Incidents	Disciplinary Incidents – ATOD Related	# of Student Suspensions
Grant County Schools (6 th -12 th grade)	1,124	740	198	405
Williamstown Schools (6 th -12 th grade)	245	115	10	29

In 2013, 137 Grant County children were victims of substantiated child abuse. 23.0 per 1,000 children lived in out-of-home care in 2013 due to abuse or neglect. Grant County continues to see a large number of children being raised by grandparents; 35% of children in subsidized

kinship care are living with their grandparent(s). The number of children placed in out of home care has increased 37% since 2008, 67.3% of these are due to substance abuse problems by their biological parents/guardians.

Approximately, 64% of children in Grant County are eligible for free or reduced lunch, which has increased by 12% since 2007. A review of raw 2014 KIP data (using free lunch as an indicator of income) reveals participants in the lunch program are about 10% more likely to drink alcohol, use marijuana, and painkillers.

According to the Kentucky State Police in 2014, there were 691 arrests for drugs in Grant County, with 176 of those being for marijuana. Kids Count Data from 2013 indicates 129 youth were charged with a public offense, which would be a crime if committed by an adult; 97 youth were referred by petition to court. The local 2014-2015 district court data showing individuals **pleading/found guilty** to marijuana and alcohol offenses indicates our youth are being referred for diversion and/or teen court for these offenses.

Table 4: Grant County District Court Data

Age	Possession of Marijuana	Alcohol Intoxication	DUI
Juvenile	8	1	1 (under 21)
Adult	97	72	1 st offense -105 2 nd offense – 19 3 rd offense - 1

Bullet 4: The following **quantitative data** comes from the 2014 KIP Survey. Both districts have administered the KIP survey every two years since 2004. The coalition does not have any qualitative data about our substance use problems, but plan to collect this data in the future through focus groups, key informant interviews, and community observations. For example, a focus group with our youth will provide us with information on topics that directly affect our young people and how to best provide services to that population. The sample size for the 2014 KIP exceeded 1000 students from these two districts. In 57 of the 64 measures shown below in **Table 5**, Grant County use and perception of risk/harm is poorer than regional data.

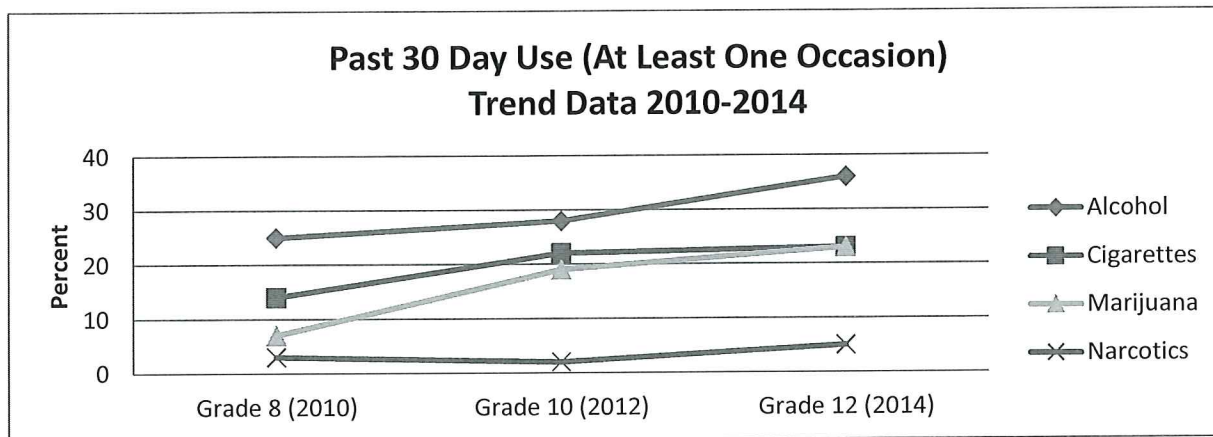
Table 5: Four Core Measures

2014 Grant County Data in bold / Regional Data comparison in italic								
	6th	<i>6th</i>	8th	<i>8th</i>	10th	<i>10th</i>	12th	<i>12th</i>
Past 30 Day Use								
Alcohol	4%	<i>2%</i>	21%	<i>10%</i>	33%	<i>22%</i>	36%	<i>32%</i>
Tobacco	3%	<i>4%</i>	17%	<i>13%</i>	27%	<i>19%</i>	23%	<i>25%</i>
Marijuana	1%	<i>1%</i>	8%	<i>6%</i>	19%	<i>14%</i>	15%	<i>18%</i>
Prescription Drugs	1%	<i>1%</i>	5%	<i>3%</i>	4%	<i>4%</i>	5%	<i>4%</i>
Perception of Risk/Harm (Moderate Risk or Great Risk)								
Alcohol	71%	<i>81%</i>	81%	<i>89%</i>	67%	<i>86%</i>	68%	<i>86%</i>
Tobacco	66%	<i>82%</i>	82%	<i>90%</i>	74%	<i>88%</i>	77%	<i>88%</i>
Marijuana	66%	<i>81%</i>	72%	<i>84%</i>	45%	<i>71%</i>	45%	<i>67%</i>
Prescription Drugs	74%	<i>82%</i>	83%	<i>90%</i>	81%	<i>89%</i>	86%	<i>90%</i>
Perception of Parental Disapproval of Use (Very Wrong or Wrong)								

Alcohol	97%	99%	89%	98%	81%	96%	84%	94%
Tobacco	97%	99%	91%	98%	81%	95%	82%	94%
Marijuana	98%	97%	92%	97%	82%	94%	86%	93%
Prescription Drugs	97%	99%	98%	99%	95%	98%	98%	98%
Perception of Peer Disapproval of Use (Very Wrong or Wrong)								
Alcohol	86%	97%	65%	91%	47%	78%	51%	73%
Tobacco	88%	97%	62%	89%	45%	78%	52%	71%
Marijuana	89%	97%	72%	87%	49%	73%	54%	68%
Prescription Drugs	94%	98%	82%	95%	80%	91%	81%	91%

As illustrated in **Figure 2** below, use of all substances become more prevalent as students get older. For example, 36% of 12th graders in 2014 reported past 30-day use of alcohol, compared to 28% of 10th graders in 2012.

Figure 2: Past 30-Day Use, Cohort Analysis, 2010-2014



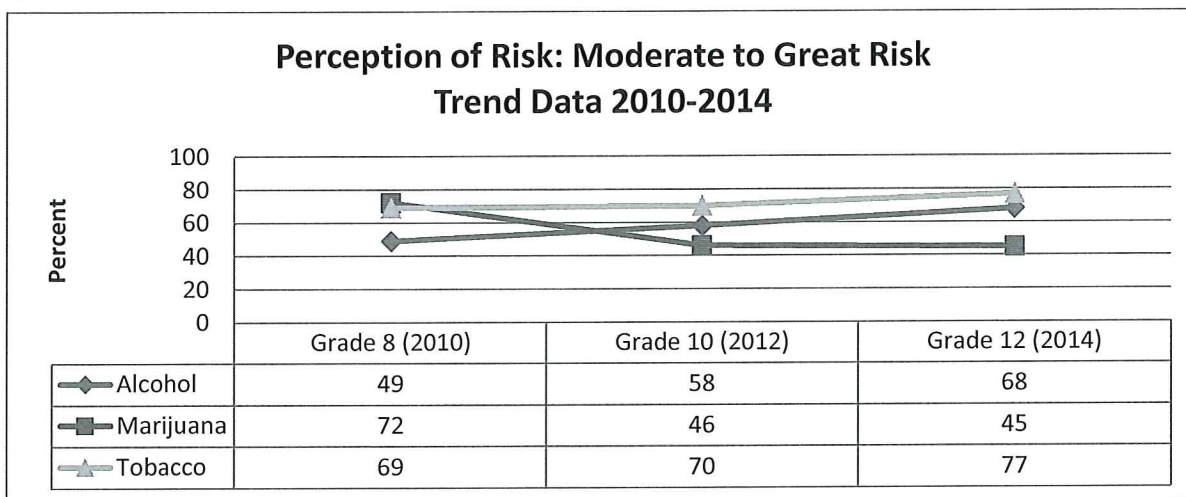
Even more concerning is the fact that Grant County 8th graders are using marijuana and alcohol at rates higher than the region and the state of Kentucky (**Table 5**). According to statistics, these rates will only increase with age, so it is imperative that these higher-than-average rates of past 30-day use be addressed.

A strong indicator for youth substance use rates is youth perception of harm for that substance. **Table 5** above shows that 55% of 12th graders in Grant County find regular use of marijuana to be only a slight risk to no risk at all. This decrease in youth perception of harm can explain **Figure 2** above, which illustrates as youth perception of harm goes down, youth marijuana use increases. The same goes for past 30-day alcohol use—as perception of harm decreases, youth past 30-day use of alcohol increases. Perception of harm of cigarettes also decreases across grade levels, but youth do have a much higher perception of harm of regular tobacco due to recent attention to tobacco prevention, than to alcohol and marijuana.

Cohort analysis, as illustrated in **Figure 3** below, demonstrates that 72% of 8th graders in 2010 reported a moderate to great risk of using marijuana regularly, but those rates gradually decreased to a mere 45% reporting a moderate to great risk of smoking marijuana regularly as 12th graders in 2014. Perception of harm of smoking cigarettes tends to stay the same or increase

with age, which proves that students are recognizing the dangers of smoking cigarettes, while they are not learning about, or are choosing to ignore, the dangers of adolescent marijuana use.

Figure 3: Perception of Risk or Harm Cohort Analysis 2010-2014



Perceived parental disapproval can be linked to use rates because of boundaries and expectations that have been set by parents for their children. Sixteen percent of 12th graders in Grant County feel that their parents would think it is only slightly wrong or not wrong at all to use alcohol (**Table 5** above); this coincides with the cultural norms of the county—some parents report that they prefer their children drink at home, because then at the very least, they would be able to keep an eye on them.

Peer disapproval depicts how wrong the student thinks his or her peers would feel it was if he or she used a particular substance. Similarly to parental disapproval rates, peer disapproval rates also decrease as students get older, but they are lowest for alcohol and marijuana for youth in Grant County. Large decreases occur during 8th and 10th grade (**Table 5** above), with 65% of 8th graders reporting peer disapproval of alcohol use as wrong or very wrong, to only 47% reporting the same in grade 10. A similar decrease can be seen for the use of marijuana, with 72% of 8th graders reporting peer disapproval of marijuana as wrong or very wrong, to only 49% reporting same in grade 10.

The coalition wishes to address the perceived availability of substances, which can correlate with the rate in which they are using these substances. **Table 6** below shows that 72% and 77% of 12th graders find it very easy or sort of easy to access alcohol or cigarettes respectively. Also, 62% of these 12th graders find it very easy or sort of easy to access marijuana. This is an illegal drug, yet nearly 2 in 3 students in the 12th grade find it easy to access.

Table 6: Perceived Availability, 2014 (Sort of Easy or Very Easy)

	Grade 6	Grade 8	Grade 10	Grade 12
Alcohol	24	44	58	72
Cigarettes	30	60	68	54
Marijuana	10	27	77	62

Bullet 5: There were a number of factors that went into the coalition’s decision to focus on youth alcohol and marijuana use. Foremost was county data as presented in the 2014 Kentucky

Incentives for Prevention (KIP) survey data which identified alcohol and marijuana use, together with low perceptions of harm (especially among our 8th and 10th graders) as areas of major concern. When compared to regional, state, and national norms, our youth's use was higher and our youth's perception of harm was lower for each of these substances. This problem area is further complicated by current policy proposals in the Kentucky legislature to legalize marijuana, and a recent "wet" vote in our county which increases access to alcohol. These recent actions taken by adults nurture an even lower perception of harm by our youth.

Also considered was emerging data that shows our youth have a disproportionate exposure to prescription drug and heroin use – further eroding the perception of harm for "lesser" drugs, alcohol and marijuana. In the 2015 Q3 Report of the Kentucky All Schedule Prescription Electronic Reporting System (KASPER), there were 209,768 doses of Oxycodone prescribed in Grant County, or 8.5 doses per citizen. These numbers were actually higher (per capita) than the three more populated counties to our north. This access and exposure, in our homes and community, has led to 16% of our 10th graders reporting in the 2014 KIP Survey that at least one of their friends has taken a prescription drug without doctor's order; this figure exceeds both regional and state levels. Oxycontin and other painkiller use has increased from 0% to 3% among 10th graders, and 10% of youth do not perceive any harm in opioid or heroin use. The influx of heroin in the Northern Kentucky region has had a dramatic impact and alarm in Grant County. St. Elizabeth treated 1,074 people for drug overdoses January – November of 2015 in their 5 Northern Kentucky hospitals – one of which is in Grant County. This is an increase from 745 in 2014. The number of overdose runs by our local emergency responders has increased and several of our young adults have died from overdose. Currently, the data indicates most opioid users / overdose victims are aged 18-27, though it appears the trend may soon involve younger youth. Meanwhile, the alarming numbers among our youth is in the area of alcohol and marijuana use, combined with low perceptions of harm for these substances. **The Grant County Coalition believes that by stemming the use of alcohol and marijuana among our youth, we can circumvent a progression to heroin use.** The 12-month action plan, therefore, provides for intentional instruction and training related to the dangers of these substances, both with youth and adults, plus provides for the continued implementation of regional projects, such as the PUSH initiative and *CoreLife* to prevent the use of these gateway drugs.

Also, despite the high percentage of student past 30-day use rates, the majority of students still are not using alcohol, tobacco, marijuana, or other substances. The coalition will work to market this among youth through social norms campaigns and positive messaging. The coalition's plan is to increase perception of peer disapproval and parental disapproval rates by building awareness around the fact that the majority of youth are not using alcohol and marijuana, which will lead to the ultimate goal of reducing youth substance use.

5.3.3 Provide the coalition's 12-Month Action Plan that will address youth substance use in the community?

**Champions for a Drug-Free Grant County
12-Month Action Plan
Seven Strategies for Community Change Implementation
September 30, 2016-September 29, 2017
DFC Goal One: Increase community collaboration**

Objective 1: *By September 29, 2017 we will broaden and improve organizational capacity through increasing member participation by 30%, as measured by coalition roster.*

Strategy 1: *Strengthen collaboration, structure, and capacity.*

Activity	Who is responsible?	By when?
Facilitate sector collaboration on initiatives through coalition meetings on the first Monday of each month.	Executive Committee, Project Coordinator, Sector members	9.30.16-9.29.17
Provide monthly updates during coalition meetings on DFC initiatives.	Project Coordinator	10.1.16-9.29.17
Provide quarterly updates in the county paper on progress of the coalition and special feature on alcohol and marijuana.	Project Coordinator, Coalition Members, Media partners	1.01.17-9.29.17
Coalition staff and coalition members will attend CADCA conferences and trainings, quarterly NKY Prevention Alliance meetings; and state and local conferences on prevention framework to successfully accomplish action plan.	Project Coordinator, Coalition Member (depending on availability)	9.29.17
Network with various existing community groups to introduce project coordinator, share coalition action plan and build coalition membership, specifically with the Religious, Business, and Law Enforcement sectors	Project Director, Project Coordinator, Coalition Members	9.29.17
Evaluate by-laws and overall coalition structure and make changes as needed.	Executive Committee	9.29.17
Conduct annual meeting to discuss progress and review priorities.	Executive Committee, Project Coordinator	9.29.17
Collaborate with our regional prevention network and sector representatives to develop a social marketing campaign aimed at increasing perception of risk of youth substance use.	Project Coordinator; Coalition Members; PR & Marketing Contractor	9.29.17
Collaborate with school administration to offer training for educators during professional development days with information on recognizing and responding to adolescent substance use.	Project Coordinator, Coalition Members, Grant County and Williamstown Independent Schools	9.29.17
Collaborate with parents, local government, law enforcement, and the business sector to research and develop social host ordinances, responsible beverage training ordinances, and SAMSHA best practices.	Project Coordinator, Government Sector, Law Enforcement Sector, Parent Sector	9.29.17

Activity	Who is responsible?	By when?
Collaborate with local healthcare system and religious organizations to develop toolkits to combat youth substance use.	Project Coordinator, Healthcare Sector, St. Elizabeth Healthcare	1.02.17-9.29.17

Strategy 2: *Strengthen sector involvement in prevention activities, with particular focus on youth.*

Activity	Who is responsible?	By when?
Work with youth to develop peer-to-peer public service announcements for distribution via social media.	Project Coordinator, Media, Youth Champions Group, PR & Marketing Contractor	9.29.17
Coalition members will target youth organizations for participation in substance use focus groups two times per year.	Project Coordinator, Coalition Members, School Sector	9.30.16-9.29.17
Project Coordinator, through their shared office space in the Family Resource Youth Service Centers will recruit middle school youth annually for a Junior Champions group to assist in carrying out activities and to participate in developing the annual action plan.	Project Coordinator, Grant County Schools and Williamstown Independent School District	9.29.17
Provide partial scholarships to 4 youth representing each school district to attend the National Youth Leadership Initiative at the CADCA Mid-Year Forum.	Project Coordinator, School Sector, Youth Serving Organization Sector, Family Resource Youth Center Staff	9.29.17
Recruit youth organizations to complete projects associated with the regional PUSH app and recognize participating youth organizations.	Project Coordinator, Coalition members, Youth Serving Organization Sector, School Sector, NKY Prevention Alliance	9.30.16-9.29.17
Collaborate with Junior Champions and school administration in both districts to facilitate prevention activities for all students, with a focus on elementary.	Project Coordinator, Coalition Members, School Sector, Youth Serving Organization Sector, School Resource Officer	9.30.16-9.29.17

DFC Goal Two: Reduce youth substance use

Objective 1a: *By September 29, 2017, there will be a 2% decrease in alcohol use by youth ages 13-18 as measured by 12th grade 30-day alcohol use on the 2018 annual KIP survey. Baseline: 35% in Grant County and 27% in Williamstown.*

Strategy 1: *Provide information to youth, parents, and community.*

Activity	Who is responsible?	By when?
Provide information to middle and high school youth on dangers and consequences of underage drinking on brain development.	Project Coordinator; Grant County Schools and Williamstown Independent School District; St. Elizabeth Healthcare	9.29.17
Implement social marketing campaign and/or newspaper campaign aimed at increasing perception of risk of youth alcohol use.	Project Coordinator, Junior Champions, Youth Sector, Media Sector, PR & Marketing Contractor	9.29.17
Distribute Responsible Beverage Server (RBS) Training information and resource packets to local businesses.	Project Coordinator, Law Enforcement Sector, Government Sector	9.29.17
Attend community events to provide information on the harms of underage alcohol use.	Project Coordinator, Coalition Members	9.29.17

Strategy 2: *Build Skills.*

Activity	Who is responsible?	By when?
Provide a community training/forum on the dangers of underage alcohol use and provide strategies for recognizing and discouraging underage alcohol use.	Coalition Members; Prevention Specialist from the state Alcohol Prevention Enhancement Site	9.29.17
School/mentoring programs and youth organizations will incorporate peer education about the dangers of underage drinking.	Project Coordinator, Coalition Members, Youth Champions Group	9.29.17
Implement <i>Youth LifeStyle Management Suite</i> or similar curriculum in computer labs at middle and high schools to be administered in group or individual sessions by facilitator.	Project Coordinator, Project Director, Grant County and Williamstown Independent Schools	9.29.17
Provide SAMHSA's <i>Talk They Hear You</i> Partner Tool Kit to relatives raising relative children within the school district.	Project Coordinator, Parent Sector, Youth Sector	9.29.17

Activity	Who is responsible?	By when?
Provide SAMHSA's <i>Talk They Hear You</i> conversation tips to equip parents with the skills they need to talk to their children about underage drinking	Project Coordinator, Media, Parent Sector, Members of All Sectors	September 29, 2017

Strategy 3: Provide Support.

Activity	Who is responsible?	By when?
Offer RBS Trainings.	Project Coordinator, Government Sector, KY ABC	9.29.17
Support the expansion of the CoreLife program to include all elementary-aged students and parents in both school districts.	Project Coordinator, Grant County and Williamstown Independent Schools	9.29.17
Community social service agencies and concerned parents will increase access to preventive interventions for indicated and targeted youth populations.	Project Coordinator, Grant County and Williamstown Independent Schools	9.29.17
Display student silhouettes of high school students with social norming messages at high-traffic areas in the community and at special community events.	Project Coordinator, Business Sector, Youth Sector, Youth Serving Organization Sector	9.29.17
Provide students with opportunities to participate in creative challenges and community service projects for substance abuse awareness with the <i>PUSH</i> initiative.	Project Coordinator, Youth Prevention Education Committee, Youth Sector, Youth Serving Organization Sector, Youth Task Force	9.29.17

Strategy 4: Enhance Access/Reduce Barriers.

Activity	Who is responsible?	By when?
Provide free or low-cost RBS training to servers in the community.	Project Coordinator, Business Sector, KY ABC	9.29.17
Assist law enforcement and local ABC Board in conducting compliance checks at businesses selling alcohol – preventing sale to minors.	Project Coordinator, Law Enforcement Sector, Business Sector, KY ABC	9.29.17
Provide RBS training materials in other languages as needed.	Project Coordinator	9.29.17

Activity	Who is responsible?	By when?
Provide <i>Parents Who Host, Lose the Most</i> campaign materials to parents of middle and high school youth.	Project Coordinator, School Sector, Parent Sector, Youth Sector	5.31.17

Strategy 5: Change consequences/incentives.

Activity	Who is responsible?	By when?
Recognize compliant retailers and establishments.	Project Coordinator, Media Sector	9.29.17
Implement the sticker shock program at local alcohol retailers, particularly during prom and graduation seasons.	Project Coordinator, Coalition Members, Youth Champions Members	9.29.17
Provide a disincentive for alcohol use by maintaining the alcohol and drug tip line.	Project Coordinator, Law Enforcement Sector	9.29.17
Existing Teen Court will provide mandated alternative and educational sentencing program for underage consumers of alcohol.	Project Coordinator, Law Enforcement Sector, Local Government Sector	9.29.17
Work with Family, Accountability, Intervention, and Response (FAIR) Teams to ensure that youth charged with alcohol related offenses are following through with court recommendations.	Project Coordinator, School Sector, Local Government Sector	9.29.17
Local media will publish results of compliance checks.	Project Coordinator, Media Sector	9.29.17

Strategy 6: Physical Design.

Activity	Who is responsible?	By when?
Work with school districts to increase monitoring of identified troubled areas on school grounds where youth may consume alcohol.	Project Coordinator, School Sector, School Resource Officers	5.31.17
Assist local parks in electronic monitoring of youth alcohol use and to increase safety.	Project Coordinator, Law Enforcement Sector, Local Government Sector	9.29.17
Provide door signs for alcohol retailers about carding before alcohol purchase.	Project Coordinator, Business Sector, Media Sector, Law Enforcement Sector	September 29, 2017

Strategy 7: Policy Change.

Activity	Who is responsible?	By when?
Pass policy mandating RBS training in Grant County for all retail liquor establishments.	Project Coordinator, Local Government Sector, Business Sector	9.29.17
Provide local government officials with best practices as defined by SAMHSA in county and city ordinances pertaining to newly “wet” county.	Project Coordinator, Local Government Sector	9.29.17

Objective 1b: *By September 29, 2017, there will be a 2% decrease in marijuana use by youth ages 13-18 as measured by 12th grade 30-day marijuana use on the 2018 annual KIP survey. Baseline: 23% in Grant County and 18% in Williamstown.*

Strategy 1: *Provide information to youth, parents, and community.*

Activity	Who is responsible?	By when?
Provide information to middle and high school youth on dangers and consequences of marijuana use on brain development.	Project Coordinator; Grant County Schools and Williamstown Independent School District; St. Elizabeth Healthcare	9.29.17
Implement social marketing campaign aimed at increasing perception of risk of youth marijuana use.	Project Coordinator, Junior Champions, Youth Sector, Media Sector, PR & Marketing Contractor	9.29.17
Attend community events to provide information on the harms of marijuana use.	Project Coordinator, Coalition Members	9.29.17

Strategy 2: *Build Skills.*

Activity	Who is responsible?	By when?
Provide a community training/forum on the dangers of adolescent marijuana use.	Coalition Members; Prevention Specialist from the state Marijuana Prevention Enhancement Site	9.29.17
Provide training for educators during professional development days to identify and respond to student marijuana use.	Project Coordinator, Grant County Schools and Williamstown Independent School District, Law Enforcement Sector	9.29.17

Activity	Who is responsible?	By when?
School/mentoring programs and youth organizations will incorporate peer education about the dangers of marijuana use.	Project Coordinator, Coalition Members, Youth Champions Group	9.29.17
Implement <i>Marijuana Toolkit (Hazelden)</i> in schools in both districts.	Project Coordinator, Grant County and Williamstown Independent Schools	9.29.17
Implement <i>Youth LifeStyle Management Suite</i> or similar curriculum in computer labs at middle and high schools to be administered in group or individual sessions by facilitator.	Project Coordinator, Project Director, School Sector, Grant County and Williamstown Independent Schools	9.29.17

Strategy 3: Provide Support.

Activity	Who is responsible?	By when?
Community social service agencies and concerned parents will increase access to preventive interventions for indicated and targeted youth populations.	Project Coordinator, Grant County and Williamstown Independent Schools	9.29.17
Display student silhouettes of high school students with social norming messages at high-traffic areas in the community and at special community events.	Project Coordinator, Business Sector, Youth Sector, Youth Serving Organization Sector	9.29.17
Equip parents to talk to their children about marijuana use and safety at parties.	Project Coordinator, Parent Sector, School Sector	9.29.17
Support the expansion of the CoreLife program to include all elementary-aged students and parents in both school districts.	Project Coordinator, Grant County and Williamstown Independent Schools	9.29.17

Strategy 4: Enhance Access/Reduce Barriers.

Activity	Who is responsible?	By when?
Provide marijuana training materials in other languages as needed.	Project Coordinator	9.29.17
Provide sector representatives with <i>Marijuana Toolkit</i> .	Project Coordinator	9.29.17

Strategy 5: Change consequences/incentives.

Activity	Who is responsible?	By when?
Work with local law enforcement to increase the number of citations given for marijuana possession by youth.	Project Coordinator, Local Government, Law Enforcement Sector	9.29.17
Work with Court Designated Workers (CDW) to ensure that youth charged with marijuana related offenses are following through with court recommendations.	Project Coordinator, Local Government Sector, Law Enforcement Sector	9.29.17
Work with Family Accountability, Intervention, and Response (FAIR) Team to pilot alternative and educational sentencing program for marijuana offenses.	Project Coordinator, Local Government Sector, Law Enforcement Sector	9.29.17
School Resource Officer (SRO) will conduct canine drug searches at least two times per school year in middle and high schools.	Project Coordinator, Law Enforcement Sector, Grant County and Williamstown Independent Schools	9.29.17
Pilot a mandated alternative and educational program for students with marijuana offenses on school property.	Project Coordinator, School Sector	9.29.17
Existing Teen Court will provide mandated alternative and educational program for students with marijuana offenses.	Project Coordinator, Law Enforcement Sector, Local Government Sector	9.29.17

Strategy 6: Physical Design.

Activity	Who is responsible?	By when?
Work with school districts to increase monitoring of identified troubled areas on school grounds where youth may smoke marijuana.	Project Coordinator, School Sector, School Resource Officers	5.31.17
Assist local parks in electronic monitoring of youth marijuana use and to increase safety.	Project Coordinator, Law Enforcement Sector, Local Government Sector	9.29.17
Work with tobacco retailers to move electronic cigarettes (which can be used for smoking marijuana) and accessories away from spots where easily accessed by youth.	Project Coordinator, Business Sector, Parent Sector, Youth Sector	9.29.17

Strategy 7: Policy Change.

Activity	Who is responsible?	By when?
Implement policies that restrict the age of purchase of electronic cigarettes (which can be used for liquid marijuana) through local government officials.	Project Coordinator, Local Government Sector, Business Sector	9.29.17
Work with businesses to update policies pertaining to the use of electronic cigarettes (which can be used for liquid marijuana).	Project Coordinator, Business Sector	9.29.17
Follow up with the schools to review policies pertaining to the use of electronic cigarettes (which can be used for liquid marijuana) in need of revision.	Project Coordinator, Grant County and Williamstown Independent Schools	9.29.17

5.3.4 Discuss how the coalition will assess the effectiveness of the 12-Month Action Plan, disseminate findings, and engage the community in moving the plan forward?

Bullet 1: The process the coalition will use to monitor its 12 month action plan include the collection of both quantitative and qualitative data to measure the effectiveness of its action plan by using indicators as established in their logic model.

Table 7: Data Collection Efforts

Data Type	Collection Efforts	Frequency	Staff/Coalition/Evaluator Roles
Core Measures – 30 day use, peer prevalence, risk of perception of harm	Kentucky Incentives for Prevention (KIP) Survey in schools	Every other year	In cooperation with the school districts, coalition staff, and evaluator will review data for decision making and communication to the community. Progress on measures will be shared in annual report and will be reviewed as part of the SPF process.
Community Attitudes and Norms	Community Survey	Once a year	Coalition staff and members will administer at community events. Data will be shared in coalition annual report.
Drug related school offenses – including offenses related to alcohol and marijuana	Infinite Campus Reporting System	Once a year	Grant County Schools and Williamstown Independent School District will input data in to system and evaluator will review. Findings will be shared in coalition annual report.
Adolescent and Adult Crime Data	Kentucky State Police Report	Once a year	Coalition members will input data in to system and evaluator will review. Data will be shared in coalition annual report.
Student Wellbeing	Gallup Poll	Once a year	Williamstown Independent School District and Grant County Schools

			will administer the survey. Coalition staff will input in to data system and evaluator will review. Data will be shared in coalition annual report.
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The coalition will be implementing an output monitoring system based on the Centers for Disease Control and Prevention's recommended methodology for community coalitions. This science-based monitoring system is endorsed by CADCA and the World Health Organization, as well as, other leading authorities in health promotion. This monitoring system tracks six key coalition outputs: community change, community actions, services provided, media coverage, resources generated and organizational improvements. Five of these outputs monitor the action plan of the coalition and the sixth is aimed at tracking the coalition's progress in improving capacity to address substance abuse. The coalition will use an on-line documentation software to ensure accurate tracking of the key outputs. The contracted evaluator performs data quality control in accordance with the CDC recommended protocol. This is bolstered by on the ground one-on-one evaluation support from an 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.

1. Community Change: Community changes are new or modified programs, policies or practices in the community facilitated by the coalition to reduce substance abuse. Statements of community changes will include information about the impact on the community. As activities result in community change, the environment in which people operate becomes more supportive. Questions that will be answered include: Is the coalition facilitating change in the community? How much change has the coalition facilitated and when? What strategies have these community changes put in place? In what sectors did these changes occur? What local conditions was the coalition working to change? Do the changes facilitated match the coalition's plan?

2. Community Actions: Community actions are the steps taken by the coalition to implement community changes. It is important to track these activities targeting community changes. Outside influences may impact the accomplishment of community changes and tracking the efforts tracks the efforts of the coalition. Questions that will be answered include: Is the coalition engaging in strategies targeting the community change? Is the coalition targeting the local condition associated with the community change? Is the coalition leveraging resources and support to accomplish the community change?

3. Services Provided: Services provided are events that are designed to provide instruction or to develop the skills of people in the community. Services provided include classes, programs, screenings and workshops. Records on services provided include the number of classes or programs conducted and the number of participants in those classes or programs. Questions that will be answered include: How many services were provided to whom and when? Were these services designed to build awareness or capacity? Do the services provided match the coalition's plan?

4. Media/Information Coverage: Media events are instances of coverage of the initiative, its projects or issues in the newspaper, newsletters, on-line or on the radio or television. Questions that will be answered will include: What is the total amount of media coverage generated? What is the amount by goal or campaign? What is the amount by platform (radio, TV, internet, etc.)?

5. 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. Questions that will be answered include: How many resources have been generated by the coalition? What sources provided these resources? What strategies were used to secure these resources? What percentage of these resources were cash vs. in-kind?

6. Organizational Improvements are classified in three ways: Organizational Change; Training Attended; and Technical Assistance. Questions to be answered include: What strategies has the coalition employed to improve the organizations capacity? What was the impact of these strategies? Was there enough organizational improvement to increase the capacity of the coalition? 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, attention grabbing events such as major drug busts, new substance abuse prevention funding and other issues that may impact the coalition efforts to create change.

Currently the entire coalition is overseeing the evaluation of the coalition and its work. In order to improve and assign appropriate responsibility, within the first three months of DFC funding the coalition will form an evaluation committee that will be responsible for the overall monitoring of the activities being implemented by the coalition; determination of priority areas of the logic model; determination of short term, intermediate and long term indicators and sources of indicator data. The logic model is the key to knowing 1. What the coalition is aiming at; 2. Indicators for success and 3. Demonstration of line logic or impact of strategies on outcomes.

The coalition in collaboration with their evaluator will work do regular analysis of the coalition outputs. As the number of coalition outputs in the online documentation software increase and indicator data is updated an analysis of contribution for specific local conditions, risk factors and ultimately problems will occur to review coalition efforts in relation to changing community behaviors. The analysis of contribution includes the following steps 1. Collection of dose (outputs); 2. Establish a time sequence; 3. Demonstration of a plausible mechanism; 4. Account for alternative explanations and 5. Showing similar effects in similar contexts.

The project coordinator will report on action plan activities at monthly coalition meetings. These updates will also be shared through the coalition meeting minutes, which will be distributed to all sector representatives. Coalition members will participate in an annual work meeting where the coordinator will share a DFC project summary highlighting good news and coalition members will review data to determine the future work to be done.

Bullet 2: Sector members will have a specific role on the evaluation committee. The evaluation committee will be comprised of members representing various sectors. The evaluation committee will meet quarterly with our external evaluator to monitor and evaluate the effectiveness of our 12-Month Action Plan. The role of this committee is to provide oversight to the implementation to the coalition's efforts and to provide feedback to coalition members when activities on the action plan are not being implemented. The evaluation committee will also work to support staff in coordinating data collection related to the measures as related to the coalition's indicators for success. The evaluation committee reports to the entire coalition

regarding the current status of the action plan and asks for support from all members to collect needed data and to provide insight into the barriers to implementing the action plan.

Bullet 3: Over time the coalition will develop **specific processes** (an action plan) for making improvements and/or enhancements to our 12-Month Action Plan. Based upon our quarterly meetings with our evaluator the coalition will monitor the changes in short term, intermediate, and long term indicators in relationship to the coalition's efforts as collected in the online software. If indicator data is not improving the coalition will review existing efforts to determine if activities are being implemented with consistency and fidelity. If not, the coalition membership will be mobilized to make recommendations and adjust the implementation of those activities as resources allow. If activities are being implemented consistently and with fidelity the coalition will consider discontinuing those efforts and adding activities that will have an impact on indicator data. The coalition may consider adding additional efforts to existing efforts to see if additional support is needed for current efforts to be successful.

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

Bullet 4: The coalition will **disseminate evaluation findings** through a formal evaluation report prepared for our executive committee and our members. This report will detail our successes and any shortcomings we might have had from the previous year. We will also provide detailed reports on specific programs or strategies, such as alcohol compliance checks or *CoreLife*. When we collaborate with our partners to implement a program or a strategy, a summary of outcomes will be provided to the partnering agencies. We will also provide an executive summary of our activities and outcomes to the key leaders and stakeholders in our community, including the school districts and local civic groups, such as Kiwanis. In order to publicize our successes, we will release any findings and outcome data through press releases to our local media, including the newspaper and radio. Access to infographic software will allow our information to be engaging to our community members, and will be helpful in relaying our message.

The coalition will communicate evaluation findings through our sector representatives at our annual meeting. The coalition will use flash drives to download and share our evaluation reports with our community, plus a variety of social media and traditional media to maintain engagement in our action plan. The project coordinator will work closely with ESL faculty to ensure that we are reaching non-English speakers in our community. The ESL faculty will provide translation services for materials, as well as collaboration on specific projects within the Hispanic community. The use of Reach output data through the dashboard as well as mid-year, annual, coalition capacity reports will assist in transferring the information to the community in manageable language. The use of the output framework allows for communication in a language that all can understand. 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.

Bullet 5: The coalition's evaluation findings will be **used to engage the community** by creating awareness around the two substances we are focusing on: alcohol and marijuana, as well as

overall youth substance use. We will reinforce a sense of urgency within the community to act upon our issues and to help implement the action plan we have created. We will also continue to recognize and celebrate our coalition's successes throughout the year and with the community, in order to maintain engagement in our action plan. The project coordinator and coalition will work to improve networking and outreach of the coalition and other partnering agencies, which will allow our coalition to implement our activities successfully. The coalition will also increase the intensity of our strategies, moving forward from providing information to policy change, which will have a direct impact on the community and its members. As community members see real changes being made around them, they will be more likely to be engaged in our work and will help move us forward as a coalition.

5.3.5 Discuss how the coalition and/or community will determine successful implementation of this five-year grant?

Bullet 1: Our community has several unique characteristics that will strengthen the coalition's ability to successfully implement this grant. First is the strength of our coalition – both in breadth and depth. Our coalition involvement includes not just a single leader from every sector, but in most instances every community leader in each sector. Our coalition includes several staff members from both local school districts - including Family Resource, Safety, Health, and administrative personnel - that actively lead in carrying out coalition activities in the schools. This strong school involvement fosters a strong youth involvement that has been instrumental in facilitating Sticker Shock, social norming projects, and provides access to our target population for social media strategies, such as the regional PUSH initiative. Our coalition has a solid partnership with both the Health Department and St. Elizabeth Healthcare, which includes our local hospital and all local physician offices. Leaders from local faith-based organizations have served in elected positions within the coalition and have been actively involved in recent prevention and treatment endeavors. Our law enforcement sector participation includes not only a long-standing relationship with the local Sheriff who has allowed us to successfully establish and monitor a drug and alcohol tip line, provides assistance with compliance checks, hosts a drug-take-back station, and more, but also the local Captain of the Kentucky State Police and the chief of police in each town – all who have expressed willingness to assist in any possible initiative. In our government sector, we have signed Coalition Involvement Agreements from each town mayor, county magistrates and judge executive, and the Circuit Judge. Our business representative is the president of our Chamber of Commerce, and presides over a well-attended monthly breakfast meeting of business leaders; our civic representative is president of the largest civic organization, a group who meets weekly. The coalition is a welcome presenter at both venues.

The depth of our coalition's strength is demonstrated by several of members who have been actively engaged since 2008, contributing to a vast knowledge of the way the coalition operates within the community. Their contribution is complemented by the services of an actively engaged prevention specialist who lends expert guidance and assistance with needs assessment, coalition training, program implementation, and evaluation. While our community may lack financial resources, it is strong in collaboration.

Our community is also strong in its desire to address substance abuse. Northern Kentucky, including Grant County, has recently experienced a surge in heroin use, which is affecting many

of our communities and families. Because of this epidemic, community leaders and members have become very concerned and interested in prevention efforts across our region. We have seen an increase in attendance at coalition meetings and activities, plus more coverage of prevention efforts in the local and regional media. Our communities are looking for solutions to this epidemic and are beginning to realize that substance use prevention with our youth is important to curbing this epidemic. Local government and school officials are having discussions on policies and curriculum that could potentially impact youth substance use, such as social host ordinances, consequences for use on school grounds, and the re-implementation of a solid curriculum which includes decision making, health lifestyles, and of course drug education.

The coalition has been able to collect KIP data since the beginning of the survey in 2004, and will continue to do so in the years to come. Our school district has also participated in the Search Institute's Attitude and Behavior Survey multiple times, and is always willing to share both surveys' results with our coalition. Our coalition also has access to data from the local health department and law enforcement, which will help us guide our action plan and make changes as needed. The coalition will also be partnering with an experienced external evaluator, who will interpret our data, monitor changes within our community, and guide us in making changes to our strategies.

Over the past several years our coalition has enjoyed notable successes. We have worked with both school districts to purchase, train, and implement LifeSkills in the elementary and middle schools, (though neither district is currently providing this curriculum). In 2012, we helped the local school districts develop and implement a 100% tobacco free policy on school grounds. The coalition addressed the need for positive role models for youth through a long running social norms campaign.

Bullet 2: The coalition employs several **key practices** which are important to the successful implementation of this grant. The coalition will continue our regular monthly meetings to maintain coalition membership and interest. At our monthly meetings, we will discuss and share new data and trends, as well as share information on current community events. The coalition uses work group structure to allow interested coalition members to work on particular component of action plan. The coalition will also offer all members the opportunity to attend trainings on prevention topics, such as the Strategic Prevention Framework. The coalition will work with an external evaluator to monitor process indicators to insure that we are making progress on our action plan, and that modifications are being made as needed. Communication about coalition activities and opportunities for member involvement will be shared through email and social media. Our coalition will also share outcomes from our evaluator and evaluation committee with the coalition and community members through prepared reports.

Our coalition will look at **key indicators** to monitor our success, such as increased coalition meeting attendance and new relationships with community agencies. Increased coalition meeting attendance will lead to increased collaboration across sectors for our action plan activities. By developing new relationships, we will be sure to not duplicate services and we will be able to reach more community members with our efforts.

There are **key factors** that will play an important role in our success in the implementation of the DFC grant. Our coalition has been able to sustain itself since the main funding source ended in

2009. The coalition approached new funding sources, and formed new relationships which allowed us to continue to implement our programs and strategies. We have successfully existed within our county for over 10 years. The sector relationships that we have are very strong and meaningful, and have allowed us to continue our efforts within the community and schools. These relationships include several school, parent, health, and local law enforcement officials.

It will be very important for the coalition to collaborate with existing community agencies to further enhance our prevention efforts. For example, we will work closely with the Family Resource Youth Service Centers in each school system to recruit for a youth task force, and for participation in activities. We will also work closely with both school systems' administrators to collect data, and to review current policies and to develop new ones that will impact students, parents, and faculty. The coalition will also continue to work with regional partners, such as the Northern Kentucky Regional Prevention Alliance, to address youth substance use on a larger scale and to push for state-wide policy changes, particularly against marijuana legalization.

Bullet 3: By working with existing **community systems**, we will ensure that the coalition is not duplicating services within the county. This will allow us to maximize the effectiveness of our prevention activities. For example, we will also collaborate with the Family Accountability, Intervention, and Response (FAIR) teams to provide prevention services to families and youth within our community. This collaboration will allow us to partner with a variety of key leaders including the Department of Juvenile Justice, the Department for Community Based Services, and local government officials.

The coalition will use certain **procedures** to ensure that we will be able to successfully implement the DFC grant. For example, we will collaborate with the Kentucky Alcohol and Beverage Control to provide Responsible Beverage Server Training for alcohol vendors in the community, with a particular focus on new alcohol outlets that have opened since the recent wet/dry election. We will also work with local law enforcement to carry out compliance checks in our county.

The coalition will also need to follow certain **protocols** that will be vital to our success. We will work with the administration in both school districts to insure that any needed student data releases are in place which will allow our coalition to have access to this information as needed for evaluation purposes. For any programs or strategies that will be implemented, particularly for youth, we will have informed consents in place which will allow for increased participation and parent buy-in for prevention activities.

Bullet 4: Key coalition practices that will be needed to promote collaboration and community engagement include ensuring that the coalition is being culturally competent with all programs and strategies to ensure inclusivity of all subpopulations within the community. The coalition will also need to always seek feedback and input on our activities from the various sectors in the community, as well as those who participate in the activities. For example, with the implementation of *LifeSkills*, we will use pre/post surveys to ensure that we are maintaining the fidelity of the program and that our participants are learning the material. The coalition will also be sure to share any and all successes with our community and our sectors which will also foster collaboration. We will use both traditional and social media to share successful community events, and any changes we may see in our student data.

Coalition member education will also be vital to our success. By providing our members with opportunities to be trained on a variety of prevention topics, including specific programs and strategies, we will strengthen our ability to collaborate with other community agencies. For example, we will provide the opportunity for members to receive training at the National Coalition Academy which will allow for increased understanding of our action plan and what we hope to accomplish. Providing opportunities for the whole community to receive training on a specific topic will only increase their involvement with our efforts. An informational meeting for parents on underage drinking will lead to greater understanding and support of the activities we will be implementing to combat youth alcohol use.

Bullet 5: The coalition will use its logic model indicators to determine its key outcomes regarding substance abuse behaviors. The evaluation process and methodology will allow the coalition to effectively determine its impact on changes in community behaviors as a result of its efforts. As the number of coalition outputs in the online documentation software increase and indicator data is updated an analysis of contribution for specific local conditions, risk factors and ultimately problems will occur to review coalition efforts in relation to changing community behaviors. The analysis of contribution includes the following steps 1. Collection of dose (outputs); 2. Establish a time sequence; 3. Demonstration of a plausible mechanism; 4. Account for alternative explanations and 5. Showing similar effects in similar contexts.

In addition to determining outcome successes the coalition will also review its efforts in regards to building community collaboration, increasing partnerships, and engaging new areas of the coalition. The coalition will track its membership numbers, number of partnerships, training and technical assistance utilized to identify its key successes as related to Goal 1 of the DFC program. Yearly coalition capacity surveys will allow for this evaluation to take place in addition to a review of existing records.

Outcome successes related to Goal 2 of the DFC program will show an increase of 8% in perception of harm and a decrease of 8% in both youth alcohol and marijuana use rates. This will be determined by the KIP survey administered by both school districts.