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Strategic Plan Executive Summary

St. Joseph County Strategic Prevention Framework
State Incentive Grant (SPF/SIG) Project

The Strategic Prevention Framework State Incentive Grant (SPF SIG) is a five year cooperative agreement from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP) awarded to the Office of the Governor to reduce substance use and abuse across the lifespan of Indiana citizens. The priority drug that St. Joseph County was awarded funding for was crack/cocaine and the target population was defined as 18-25 year olds. The priority as stated in the State’s Epidemiological report is to prevent the first use and reduce the use of cocaine among 18-25 year olds.

In accordance with State guidelines, the Drug Free Community Council, in conjunction with the Local Advisory Council of the SPF SIG project, the Local Epidemiological Workgroup (LEOW) and the other workgroups working on the SPF project, studied and thoroughly reviewed the data collection and analysis that were later translated into a format known as the St. Joseph County Epidemiological Report. This report is a comprehensive needs assessment of the substance abuse trends, consumption and consequences in our community as well as an examination of risk and protective factors in our community. The LEOW will continue to expand the scope of its analysis over the next few years and incorporate additional data sources in an effort to more fully understand the use and consequences of alcohol, tobacco and other illicit drugs in our community. Upon review of this document and considering available resources, the following strategies and programming have been selected for implementation in St. Joseph County to address the pervasive problem of crack/cocaine in our community: Relapse Prevention for Re-entry program, Strengthening Families Program, a Media Campaign and updated software for the Narcotics Unit of the South Bend Police Department, which is a Metro operation serving the whole county.

Our LEOW works under the direction of John Hagen, PhD, researcher and evaluator and president of Health Strategies, Inc. This group was established to collect, analyze and report on local and state data with regard to incidence and prevalence of the problem of crack cocaine and other substance abuse problems in St. Joseph County.

Some of the major key findings are: Arrest rates for possession of cocaine are notably higher in St. Joseph County than in the rest of the State. Arrest rates for possession are also higher than for dealing. In addition, despite the major increase in cocaine possession arrests, the property crime index and property crime arrest rates declined, possibly suggesting a reallocation in law enforcement resources, possibly from traffic control and DUI arrests to illicit drug arrests.
In St. Joseph County schools, in 2007, students in the 9th grade reported higher cocaine and crack lifetime, annual and 30-day use rates than their peers in the State and 11th graders were statistically significantly higher than 11th graders in the State. Whereas, students in the 10th grade showed lower than expected annual cocaine and lifetime and annual crack use rates, compared to the rest of the region. In 2007, the mean age of first time use for St. Joseph County students was 14.2 and 12.7 years for cocaine and crack respectively. State mean ages of first use were 14.2 years for cocaine and 13.3 years for crack.

Between 2001 and 2005, over 39% of substance abuse clients were treated for cocaine use or abuse in St. Joseph County compared to the State rate of 12%. While the overall substance abuse treatment rate in the County was 90% of the State rate, St. Joseph County’s cocaine treatment rate per 100,000 population was 2.9 times higher than the State as a whole.

We chose the Strengthening Families Program to address the youth substance abuse and to increase the protective factors in the lives of our youth (and families). Strengthening Families is an evidence based program with proven results of promoting protective factors and addressing risk factors that contribute to substance abuse in youth. We expect this activity will lead to changes in risk/protective factors, which in turn will lead to our program goal.

We chose the Relapse Prevention for Re-entry program. This is a pilot project that we will implement by building off of the current programs in the Department of Correction’s Plus Dorms. We chose to target this population because based on court and law enforcement reports and drug courts, there is a direct correlation between relapse rates and recidivism. Therefore, with a reduction in addiction relapses, jail and prison recidivism rates will also decrease.

We chose to implement a media campaign to heighten the awareness of the dangers of crack/cocaine use. When crack first emerged onto the scene in the 1980’s, there were plenty of media advertising scare tactics to persuade people not to use the drug. However, in the recent past, not as much emphasis has been placed on the crack cocaine dangers. Instead, other new drugs have gained popularity, namely methamphetamine and prescription drug abuse, which have garnered more media attention. A media campaign will enable us to reach a large number of people and target certain demographics.

Lastly, we chose to support further efforts of law enforcement to collect data that will be helpful in building our capacity and enabling us to have the data accessible that we need to keep an idea of how the crack cocaine problem is in our community in terms of law enforcement efforts. If a greater level of detailed data is gathered through updated software, then a more accurate baseline can be established to gauge the direction of resource allocation while increasing capacity. In addition, increasing and enhancing data
collection will enable categorization of arrests (e.g. powder or rock) and clarify the high usage areas more accurately.

In conclusion, based on the findings of our needs assessment, we have opted to implement the aforementioned strategies/activities in our community. Our findings correlate with the components of our logic model and the strategies selected correlate with the percentage of SPF SIG programming funding going to each program.

Healthy Communities Initiative and the Drug Free Community Council are committed to both process and program evaluation and will seek guidance and counsel from the contracted consultant and the Indiana Prevention Resource Center (IPRC)
ST. JOSEPH COUNTY STRATEGIC PLAN  
MAY, 2008

STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT

INTRODUCTION

Coalition Name: Drug-Free Community Council  
Fiscal Agent Name: Healthy Communities Initiative of St. Joseph County  
Coalition Community: St. Joseph County, Indiana  
Contact Name: Beth Baker  
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401 E. Colfax, Suite 310  
South Bend, IN 46617  
Contact E-Mail Address: bbaker@hcisjc.org  
Contact Phone/Fax Number: Wk 574-239-8585, ext. 346; Cell 574-360-5098  
Fax 574-289-0358

The Strategic Prevention Framework State Incentive Grant (SPF SIG) is a five year cooperative agreement from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP) awarded to the Office of the Governor to reduce substance use and abuse across the lifespan of Indiana citizens. The vision of the SPF SIG is to Imagine Indiana together—with a network of grassroots organizations collaborating to develop ‘healthy, safe, and drug-free environments that nurture and assist all Indiana citizens to thrive. With the administration of the initiative being awarded to the Division of Mental Health and Addiction (DMHA), a five year cooperative agreement involving assessment, capacity building, strategic planning, implementation and evaluation has begun. Based on a grant proposal written and submitted by the staff of Healthy Communities Initiative Drug Free Community Council, St. Joseph County was one of twelve Indiana communities selected for funding for this project. The awards were granted in May of 2007 and dollars were available and the project officially began at the start of the State’s fiscal year, which is July 1, 2007. The priority drug that St. Joseph County was awarded funding for was crack/cocaine and the target population was defined as 18-25 year olds. The priority as stated in the State’s Epidemiological report is to prevent the first use and reduce the use of cocaine among 18-25 year olds. As part of the creation of a solid foundation for the SPF SIG, we mirrored what the State had already done in terms of setting up workgroups and oversight bodies. We created a Local Epidemiological Outcomes Workgroup (LEOW) to collect and analyze county level data for out epidemiological (epi) report. We also created the Local Advisory Council (LAC) to provide oversight and guidance for the project and assist with creating this strategic plan and assist in the subsequent
implementation of it. In addition to these two primary workgroups, we also created a youth advisory workgroup, a program, policy and practice workgroup, a cultural competency workgroup and an evaluation workgroup. This Strategic Plan is organized in such a manor as to address, in sequence the requirements of building a cohesive plan which delineates the comprehensive assessment process, a review of the systems (capacity and infrastructure), the priority, the planning and allocation process, cultural competency, sustainability, implementation and the evaluation of the SPF SIG project in St. Joseph County.

The county encompasses the communities of New Carlisle, Indian Village, Osceola, North Liberty, Lakeville, Walkerton, Granger, Mishawaka and South Bend—the urban center and home to world famous Notre Dame University. The population base of St. Joseph County is primarily situated along the east-to-west corridor of I-80/90 identified by the Drug Enforcement Agency in 2008 as a significant drug trafficking route.

St. Joseph County has a population of 266,795. Table 1 represents the racial and ethnic distribution within the county.

**Table 1. Race/Ethnicity 2004 Estimates (2005)**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>St. Joseph</th>
<th>Indiana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>81.12</td>
<td>86.62</td>
<td>75.69</td>
</tr>
<tr>
<td>Black</td>
<td>11.53</td>
<td>8.16</td>
<td>12.15</td>
</tr>
<tr>
<td>Asian</td>
<td>2.48</td>
<td>1.3</td>
<td>4.29</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>2.03</td>
<td>1.58</td>
<td>2.3</td>
</tr>
<tr>
<td>Hispanic origin</td>
<td>5.29</td>
<td>4.14</td>
<td>14.45</td>
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</table>


Table 2 provides more detail on the character of the communities within the county.
Table 2. Other Relevant Census Data

<table>
<thead>
<tr>
<th>Age</th>
<th>St. Joseph</th>
<th>Indiana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>7.2</td>
<td>6.9</td>
<td>6.8</td>
</tr>
<tr>
<td>5-9</td>
<td>7.1</td>
<td>7</td>
<td>6.7</td>
</tr>
<tr>
<td>10-13</td>
<td>5.8</td>
<td>5.8</td>
<td>5.6</td>
</tr>
<tr>
<td>14-17</td>
<td>6</td>
<td>5.8</td>
<td>5.6</td>
</tr>
<tr>
<td>18-20</td>
<td>3.9</td>
<td>3.6</td>
<td>3.5</td>
</tr>
<tr>
<td>21-24</td>
<td>3.1</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>25-64</td>
<td>54</td>
<td>55</td>
<td>NA</td>
</tr>
<tr>
<td>65 +</td>
<td>13</td>
<td>12</td>
<td>NA</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Gender</th>
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<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>51.6</td>
<td>50.8</td>
</tr>
<tr>
<td>Male</td>
<td>48.4</td>
<td>49.2</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Household Income</th>
<th>St. Joseph</th>
<th>Indiana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Household Income</td>
<td>$54,570</td>
<td>$57,745</td>
<td>$64,443</td>
</tr>
<tr>
<td>Per capita income</td>
<td>$18,973</td>
<td>$22,093</td>
<td>$24,385</td>
</tr>
<tr>
<td>Median Age of Householder</td>
<td>48.5</td>
<td>47.8</td>
<td>48</td>
</tr>
<tr>
<td>Below Poverty</td>
<td>12</td>
<td>10</td>
<td>12.3</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>2007-2008 Student Enrollment Grades 6 – 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Parochial</td>
</tr>
<tr>
<td>Correctional</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

St. Joseph County’s urban center includes South Bend, Mishawaka and Granger home to 182,101 residents or 68% of the total population. Unique to this mid-sized community is the significant university community with an athletic program that draws a great deal of national attention. As is often associated with collegiate sporting events, excessive alcohol and other drug abuse has become the norm 9 months out of the year. With a stadium capacity of over 80,000, it is not uncommon for the community to experience acute population influxes greater than 30%. The health and safety risks to the greater South Bend community and those along the I-80/90 corridor increase exponentially during these events.
ASSESSMENT

1. Assessing the Problem – St. Joseph County Epidemiological Profile

Overview
The problem assessment was an epidemiological examination of drug use and abuse in St. Joseph County, Indiana. As such, it was a description of drug consumption and drug consequence patterns for St. Joseph County residents associated with particular licit and illicit drugs and the risk and protective factors that influence the patterns observed.

For each drug at issue, the report essayed the prevalence and incidence of use in general and for area youth (under age 18) and adults (over age 18) in particular. Where possible, the County’s overall, adult, and youth patterns were compared with the consumption and consequence patterns found in the North Central Region of the State, the State, and United States.

For each drug, prevalence was specified by monthly use for the most part, and lifetime, annual, and daily use where available. Incidence was specified by age of first use. Risk and protective factors were expressed as attitudes about the risk of infrequent or regular use, and by the level of support or disapproval by peers and (for youth) by parents. In this regard, the report focuses attention on specific outcome measures chosen by the Nation and State.

In accordance with the directives of the State Advisory Council for the Strategic Prevention Framework State Incentive Grant (SPF SIG), this study reviewed consumption and consequence patterns for cocaine use and abuse in St. Joseph County, as well as the following drugs: alcohol, tobacco, and marijuana. Future refinements to this report will include attention to other drugs, such as heroin, methamphetamine, and prescription medications.

For the most part, descriptive statistics were presented. Statistical analyses on publicly available local, regional, and national data sets were conducted wherever possible using statistical analysis software. For national and regional surveys that did not have publicly available data sets, analysis tables provided by the agencies that conducted the data collection were consulted. Descriptive comparisons were made across gender, racial, and age groups for both drug-consumption behaviors and drug use/abuse consequences.

This report relied heavily on available data sets from national and State surveys that have been conducted on a regular basis. Accordingly, the
report not only examines the experience of the County against external comparison groups (e.g., regions or the State), but also displays change internally by setting out multi-year comparisons. In some cases, in the absence of available data, the report relied upon special surveys of local providers. In such cases, no additional comparisons were performed.

Cocaine

Consumption

Prevalence - Higher rates of past year use of cocaine were evident from the years 1999-2001 to the years 2002-2004 in the U.S., Indiana, and the North Central Indiana region.

For all persons ages 12 and older, the North Central Indiana region’s past year cocaine use rates were lower in both time periods compared to either Indiana or the U.S. (2.1% vs. 2.4% and 2.5% respectively). However, rates in North Central Indiana were higher for persons ages 18-25 in 1999-2001 compared to the State and higher for ages 12-17 in 2002-2004 than either the State or the U.S.

At the national and State levels, past year use of cocaine showed a small decline between 2002-2004 and 2005-2006 among youths aged 12 to 17, persons aged 26 or older, and in the combined 12 or older population.

In 2007, lifetime, annual, and monthly uses of cocaine and crack cocaine among 10th grade students appeared higher in the North Central region and Indiana schools compared to the U.S. levels.

In St. Joseph County schools in 2007, students in the 9th grade reported higher cocaine and crack lifetime, annual, and 30-day use rates than their peers in the State; students in the 10th grade showed lower than expected annual cocaine and lifetime and annual crack use rates compared to North Central regional rates; and, annual use rates for 11th graders were statistically significantly higher than 11th graders in the State.

Incidence - In 2007, the mean age of first time use for St. Joseph County students was 14.2 and 12.7 years for cocaine and crack respectively. State mean ages of first use were 14.2 years for cocaine and 13.3 years for crack.

Consequences

Health System - Between 2001 and 2005, over 39% of substance abuse clients were treated for cocaine use or abuse in St. Joseph County compared to State rate of 12%. While the overall substance abuse treatment rate in the County was 90% of the State rate, St. Joseph County’s cocaine treatment rate per 100,000 population was 2.9 times higher than the State as a whole.
Those between the ages of 35 and 44 represented the highest proportion of treatment episodes for cocaine in the County at 44.6 percent. Other groups with the highest percentage In St. Joseph County were Blacks (59.1%) and males (64.1%).

The percent of general hospital inpatient discharges for cocaine use/abuse were higher in St. Joseph County than in the State over the years 2002-2006. The percent of cocaine discharges for abuse (compared to dependence) were higher in St. Joseph County than in the State.

Of the total number of newborns screened for drugs in St. Joseph County over the years 2002-2006, 13.9 percent indicated the presence of cocaine/metabolite in their meconium. This compared unfavorably to the State rate of 6.5 percent. In the County, cocaine represented a larger proportion of all positive screens for drugs (37.7%) compared to the State (27.6%) – about 36 percent higher.

Visits to area hospital emergency departments for cocaine dependence or abuse averaged about 305 per year in 2006 and 2007. Cocaine dependence accounted for 17.4 percent of all drug dependence visits, while cocaine abuse comprised 3.1 percent of visits for non-dependent abuse of drugs.

**Criminal Justice** - Arrest rates for drug abuse violations have increased in the State and in St. Joseph County. In St. Joseph County, arrest rates were lower for drug sales but higher for possession, and arrest rates for possession were notably higher in St. Joseph County than the State for 2003-05.

Drug possession arrests for cocaine in St. Joseph County were 75% higher than the State for all ages and 27% higher than the State in 2003-05 for juveniles. Compared to other large counties in the State, overall drug abuse violation arrests in St. Joseph County in 2003-05 trailed those in Allen, Marion, and Vanderburgh Counties. However, arrest rates for opium/cocaine possession in St. Joseph County were second to Marion County.

Trends in arrest rates show that rates were higher in St. Joseph County compared to the State as a whole for all ages and juveniles for total drug abuse violations, drug possession, and possession of opium/cocaine. For adults, trends were up and rates higher for total drug abuse violation and opium/cocaine possession.

Over the years 2000 to 2005, the property crime index dropped 18.4 percent and property crime arrest rates declined 20.4 percent while the drug abuse violation arrest rates increased 21 percent and arrests for cocaine possession increased nearly 52 percent in St. Joseph County. Drug abuse arrests claimed an increasingly larger share of total arrests during the period with declining law enforcement officer resources. Little change in the enforcement of property crime suggests a reallocation of resources – possibly from traffic control and DUI arrests to illicit drug arrests.
Youth Risk and Protective Factors

Among St. Joseph County students, 68.4 percent of 6th graders believe their peers would disapprove of their using cocaine occasionally; that proportion climbs to 75 percent by grade 12. Surprisingly, higher proportions are not reported for peer disapproval for regular use of cocaine.

Nearly eight in 10 6th graders reported parental disapproval of their taking cocaine occasionally and nearly identical proportions believed their parents or guardians would disapprove of their using cocaine on a regular basis. The rates of parental disapproval rose gradually over the subsequent seven grades.

About 71 percent of St. Joseph County students in the 6th grade report moderate to great risk in occasional use of cocaine; by grade 12, that proportion rises to 82 percent. The risk perceptions of regular cocaine use are similar, increasing from 72 percent in grade 6 to 83 percent in grade 12.

See Appendix 1

We have sought out college statistics and data but at this time we do not have the CORE survey information, which is what is used to collect this data. One of our strategies for future years will be to work with community colleges to get CORE data to build our data base.
Alcohol Consumption

Prevalence - Alcohol is the most frequently used drug in the North Central region of Indiana as well as in the State and the Nation. About 47 percent of persons ages 12 and older in the North Central region reported using alcohol in the past month, and 21.5 percent say they binge drank in the past month.

When compared to Indiana and the Nation, adults (18 and older) in North Central Indiana were slightly less likely to have used alcohol in the past month. Average annual use based on 2002-2004 data indicate that 58.7 percent of adults ages 18-25 in North Central Indiana used alcohol in the month before the survey compared to 61.6 and 60.6 for Indiana and the U.S. respectively.

Compared to an earlier period (1999-2001), the proportion of adults that drink has increased. In Indiana and the North Central region, past month use for those over 25 rose from 46.3 to 50 and from 42.6 to 49.4 percent respectively.

Although the proportion of adults engaging in binge drinking has increased, the rates of binge drinking reported by adults over 25 and their perception of risk for heavy drinking were comparable for the region, the State and Nation.

Youth (ages 12 to 17) in North Central Indiana were slightly more likely (but not significantly so) than their counterparts in the State or Nation to have used alcohol in the past month. Binge drinking among youth appears to be up in Indiana and the Region between two recent three-year time periods, rising 3.6 percentage points in the Region and 2.2 percentage points in the State. Survey estimates indicate that 28.5 percent of underage youth (12 to 20) used alcohol in the month prior to the survey, and that 19 percent had engaged in binge drinking at least once in the past 30 days.

Students surveyed in 2007 from St. Joseph County Schools reported prevalence rates higher than the State rates for alcohol use: lifetime prevalence rates were higher than State rates for alcohol in the 6th, 7th, 8th, and 12th grades; annual prevalence rates were higher than State rates for alcohol in the 6th and 8th grades; monthly prevalence rates were higher than State rates for alcohol in the 6th, 8th, and 12th grades; and, daily prevalence rates were higher than State rates for binge drinking (6th, 8th, and 12th).

The prevalence in the population of overall chronic addiction reported by the Indiana Division of Mental Health and Addiction varies by age group and income. In the North Central region, past year alcohol dependence or abuse at 7.8 percent was below the State level (8.0%) and nearly equal to the national figure of 7.7 percent over the years 2002-2004. Those 18- to 25-years of age are estimated to have the highest rate. Prevalence rates for persons that are poor (under 200% of
federal poverty level) are estimated to be more than 1.5 times higher than the prevalence in the general population.

In St. Joseph County in FY2006, it was estimated that there were about 20,140 individuals with a chronic drug or alcohol addiction, 8,728 or 43 percent of whom had incomes below 200 percent of FPL.

**Incidence** - Nationally, the average age of first use among 12- to 17-year-olds who reported using alcohol was about 13 years old. The mean age of first use of alcohol in Indiana schools, grades 6 through 12 (roughly, ages 12-18), was 12.9 years in 2007. In St. Joseph County Schools in 2007, the average age of first use was 12.7 years. In grade 6, the average age of initiation was 9.9 years; for those in the 12th grade, the average age of first use was 14.9 years.

**Consequences**

**Health System** - The majority of admissions to treatment programs in the County are for alcohol abuse or dependence. In 2003, 53.5 percent of clients were admitted for alcohol as the primary drug of abuse or dependence. While this was below the State average of 58.8 percent in 2001-2003, the percent of episodes treated for alcohol as the primary drug of abuse or dependence in the County rose from 43.7 percent to 53.5 percent, or about 11 percent. Those between the ages of 35 and 44 represented the highest proportion of treatment episodes for alcohol at 42 percent.

The age-adjusted alcohol-related mortality rate for St. Joseph County covering the years 1994-2000 was 263 per 100,000 population. This compared unfavorably with the State rate of 259. From 2002 to 2006, 51.6 percent of all fatal traffic accidents in St. Joseph County were alcohol-related. St. Joseph County, with an alcohol-related fatality rate of 24.5 deaths per 100,000 population, ranked 6th highest among counties in the State.

St. Joseph County hospitals discharge about 275 persons each year for alcohol abuse, dependence, or psychoses. Alcohol dependence syndrome accounted for nearly two-thirds (63.4%) of County alcohol-related discharges during 2002-2006.

Patients with alcohol-related diagnoses treated in St. Joseph County hospitals accrued on average over $1.6 million annually for care in hospitals at an average charge per patient of $5,965. Over 2002-2006, patients in St. Joseph County stayed, on average, 10.2 days, although more typically the average length of stay was about 4.8 days. In 2006, the local community mental health center’s psychiatric hospital discharged nearly two-thirds of all St. Joseph County hospitals’ patients with an alcohol-related diagnosis.

Trends indicate a notable and consistent increase in the use of emergency department (ED) visits for alcohol-related diagnoses. Currently, about 12 percent of emergency department visits to the County’s two area...
hospitals are for drug-related conditions. Of those visits, 17 percent were for alcohol-related diagnoses. The majority (67.8%) of those admitted to the ED for alcohol-related diagnoses are between the ages of 35 and 64. Non-dependent alcohol abuse is more likely to affect younger persons than either alcoholic psychosis or alcohol dependence.

St. Joseph County students reported a number of ill-consequences from drinking. For those in grade 12, nearly four in 10 (39.2%) reported suffering a hangover while 35.7 percent suffered nausea or vomiting. About 35 percent said they had ridden in a car with a person that was drunk while 22 percent said they had driven while under the influence of alcohol.

**Criminal Justice** - St. Joseph County authorities have been arresting a considerably smaller proportion of the population for alcohol-related violations in comparison to the rest of Indiana. During the three-year period, 2003-2005, the rate for DUI in the County was 371.3 per 100,000 compared to the rest of the State at 606 – or, about 60 percent of the rate of the State. Similarly, the liquor law violation rate was 67.3 compared to State at 277.4, while the arrest rate for public intoxication in St. Joseph County was only 20 percent of that of the rest of the State.

For juveniles, the arrest rate for DUI was 13.8 per 100,000 population 0-17, about two-thirds of that of the rest of the State. For liquor law violations, St. Joseph County youth were arrested at a rate of about 85 percent of the rest of Indiana, and for public intoxication, the County rate was only about 9 percent of the State rate.
Youth Risk and Protective Factors
About four in 10 respondents to a national survey report that heavy drinking is a great risk. Among St. Joseph County students, about 60 percent at the 6th grade level believe their peers would disapprove of their drinking one to two drinks occasionally, but that proportion drops considerably by grade 12 when only a quarter hold that belief. Higher proportions report peer disapproval for binge drinking, however; 68 percent of 6th graders and 44 percent of 12th grade students perceive peer disapproval.

Rates of parental disapproval for occasional drinking decline over the grades, but disapproval rates for binge drinking in grade 12 are similar to those in grade 6.

About one third of St. Joseph County students in the 6th grade report “moderate” to “great” risk in the occasional drinking of alcohol; by grade 12, that proportion drops to one quarter. The risk perception of binge drinking is twice as high however, and remains fairly flat over the next six grade levels.

Tobacco

Consumption
Prevalence - About a third of Indiana residents use tobacco products, and those ages 18 to 25 show the highest rate of use. Most tobacco product users smoke cigarettes and Indiana ranks third highest in the Nation for adults that smoke. Teenage smoking rates look more promising, however, with declines that by 2005 were lower than those in the U.S.

Higher rates in Indiana have been due in part to a larger proportion of Hoosiers that do not believe regular smoking is harmful, and in part to high and unchanging smoking rates in non-metropolitan areas of the State.

The North Central region, that includes St. Joseph County, has registered higher tobacco product and cigarette smoking rates along with lower risk perception than either the State or the Nation across all age groups for the years 2002-2004.

More promising are the results of school surveys of youth in the 8th, 10th, and 12th grades that show notable declines in cigarette smoking nationally over the past 10 years. Rates in Indiana have remained relatively high, however. In the North Central region, there were significantly lower differences compared to the State – in daily use among 8th graders, daily and ½ pack per day use among 10th graders, and annual, 30-day, daily, and ½ pack per day use among 12th graders. In 2007, the prevalence of smoking among St. Joseph County students was highest in the early grades and notably lower in later ones. Lifetime, annual, monthly, and daily cigarette use and lifetime, annual and monthly cigar use rates were higher than State rates for students in the
6th grade, as were lifetime cigarette and cigar use rates for 8th graders. However, in both the 10th and 12th grades, all measures were significantly lower for both cigarette and cigar use.

On nearly all measures and in all grades use rates for smokeless tobacco were significantly lower in St. Joseph County than State rates.

Over the years 2002-2004, St. Joseph County was among Indiana counties with the lowest smoking rates for women that are pregnant. Overall, the prevalence of smoking during pregnancy has declined significantly regardless of race or Hispanic origin, and County rates are notably lower than those in the State.

**Incidence** - Nationally, 2006 data indicate that the average age of first use among 12- to 17-year-olds who reported using cigarettes was about 13 years of age. In Indiana, 2007 data indicate the average age was 12.6, and in St. Joseph County it was 12.1 years of age.
Consequences

Health System - The preeminent effect of tobacco use is on rates of lung cancer. While Indiana’s overall cancer death rate has been about 5 percent higher than the national rate, cancer mortality of the lung and bronchus has been about 16 percent higher.

The incidence rates for all cancers was about one percent higher in Indiana than the U.S. over the years 2000-2004; however, the rate for lung and bronchus cancer was 33 percent higher, and higher for males but less so for females.

Age-adjusted death rates in St. Joseph County from malignant neoplasm of the trachea, bronchus, and lung have declined more rapidly than rates for the State. Over the six years – 2000 to 2005 – the death rate in the County fell 18.1 percent compared to the decline in the State of 4.1 percent. By 2005, the rate in St. Joseph County was 84 percent of the rate for the State.

Incidence and mortality rates by gender show little difference between County and State rates. Roughly the same proportion of new cases of lung and bronchus malignancies was present for both the County and the State for both sexes.

Criminal Justice - Non-compliance rates under the Tobacco Retailer Inspection Program (TRIP) have declined considerably over the 2002-2007 period in the State – from 19 percent to 13 percent non-compliance. St. Joseph County’s rate has varied – from a high of 22.2 percent to a low of 8.1 percent. In 2007, 19 percent of the 210 businesses inspected, failed the TRIP inspections - matching highs in 2004 and 2005.

The tobacco outlet density (outlets per 100,000 population) in St. Joseph County was about 87 percent of the rate for the State in 2004 and appears to have remained notably below that rate through 2007.

While 57.5 percent of total failed inspections in the County from in South Bend businesses, 59 percent of businesses inspected were located in South Bend.

Youth Risk and Protective Factors

Nearly two-thirds (64%) of St. Joseph County 6th grade students believe their peers would disapprove of their smoking a pack of cigarettes per day. That proportion remains fairly constant through grade 12.

Students in the 6th grade in St. Joseph County schools report that 77 percent of their parents or guardians would disapprove or strongly disapprove of their smoking a pack a day, and that figure rises over the next six grades to about 79 percent.

Five of every eight (62.5%) St. Joseph County students in the 6th grade report moderate to great risk in smoking a pack of cigarettes daily; by grade 12, that proportion increases to nearly eight out of 10 students - a 17 percentage point increase.
Consumption

Prevalence - Nearly 11 percent of persons ages 12 and older used marijuana in the past year whether in North Central Indiana, Indiana as a whole, or the Nation. Past month use was higher in the North Central region of the State compared to the State or Nation, and the trend was toward higher prevalence rates in the Region as well.

Higher past year use rates for marijuana were reported by those ages 12 to 25 in the Region compared to the State or Nation, and similar patterns emerged for past month use as well. Higher prevalence rates in the North Central region of Indiana were driven by higher incidence of first use rates in the face of and despite no lower levels of risk perception than either State or national populations.

In contrast, school surveys of U.S. 8th, 10th and 12th grade students over the past 10 years indicate declining rates of regular use of marijuana. In recent years, while Indiana rates for 8th grade students were slightly higher than national rates, in the North Central Region, rates for 10th grade daily users were notably lower, and lower (but non-significant) differences were evident among all three grades.

School surveys in St. Joseph County conducted in 2007 show reported prevalence rates for marijuana use higher than the State rates. Lifetime prevalence rates were higher in grades 6,8,10, and 12; annual prevalence rates were higher in grades 8, 10, and 12; and, monthly use rates were higher in grades 6, 8, and 12.

Incidence - The incidence rate of marijuana use (rate of new users) was higher in the North Central Region than in either the State or the Nation, and would appear to indicate higher prevalence rates in the near future. Most current data indicate about two new users for every 100 persons ages 12 and older in the Region.

Nationally, the average age of first use among 12- to 17-year-olds who reported using marijuana was 14 years of age in 2006. In 2007 school surveys in Indiana grades 6 through 12 indicate an average age of first use of 13.7 years, while in St. Joseph County the average ages was 13.4

Consequences

Health System - Nearly 13 percent of substance abuse clients in St. Joseph County were treated for marijuana use/abuse over the years 2001-2006 compared to the overall State rate of nearly 27 percent. While all drug admission rates to facilities in St. Joseph County have been about 87 percent of total State rates, treatment rates for
marijuana/ hashish in St. Joseph County were, on average over the six year period 2001-2006, only 42 percent of State rates.

About 77 percent of all persons admitted in St. Joseph County and 85 percent admitted in the State overall for treatment of this drug were under 35 years of age. Other groups with high proportions relative to their representation in the general population in St. Joseph County were Blacks (43.4%) and males (78.1%).

While the admission rate to treatment facilities for marijuana use/abuse for 2001-2006 in Indiana was 2.4 times higher than the rate in St. Joseph County, the admission rate in Indiana has increased over 37.5 percent between 2001 and 2006 and the rate in St. Joseph County has risen over 50 percent.

Marijuana use is more likely to be reported by younger individuals as the primary drug of use/abuse at admission to treatment facilities. Still, in St. Joseph County, less than four percent of admissions are under 18 years of age compared to the State 3-year average of 17 percent.

**Criminal Justice** - Arrests for drug abuse violations for both the sale and possession of marijuana constituted 57.1 percent of all drug violations in St. Joseph County. In Indiana and the Nation it was it was 55.3 and 41.9 percent respectively. About six of ten arrests for drug possession in the County were for possession of marijuana – about the same as the proportion for the State but considerably higher than the Nation.

The St. Joseph County arrest rate for sales/manufacture of marijuana was about 60 percent of the State rate and 75 percent of the National rate. For possession, the rate in the County was comparable to the State rate (244 vs. 245 per 100,000), but 16 percent higher than the National rate. Marijuana sales arrest rates in the County increased at a faster clip than the State against a decline at the national level. Over the years 2000 to 2005, the County’s marijuana possession rates increased 14.4 percent while the State’s rates were nearly flat at a 2.8 percent increase and the national rate declined 2.2 percent.

While the arrest rate for marijuana possession violations among juveniles was exactly half the rate of adults in St. Joseph County in 2005, County possession arrest rates for juveniles rose dramatically between the years 2000 and 2005– from 113 per 100,000 under 18 years of age in 2000-2002 to 161.2 in 2003-2005. This was in stark contrast to juvenile arrest rates in the State and Nation that declined 5.1 and 8.3 percent respectively.

**Youth Risk and Protective Factors**

There has been a notable drop in the perception that smoking marijuana monthly presents a great risk. In 1999-2001, nearly 47 percent living in North Central Indiana held this belief; by 2002-2004, only 41 percent reported it.
Perception of disapproval by peers and parents can lower drug use among youth. About two-thirds of St. Joseph County students at the 6th grade level believe their peers would disapprove of their using marijuana occasionally. That proportion drops considerably by grade 12 when only 45 percent hold that belief. Generally higher proportions report peer disapproval for smoking marijuana on a regular basis.

Among St. Joseph County students in the 6th grade, in 2007 surveys 78 percent reported parental disapproval of their using marijuana occasionally or regularly. There appeared to be no difference in perception of parental disapproval between occasional and regular use of this drug.

Perceived risk of harm in using drugs has been found to be inversely related to prevalence of use. St. Joseph County students do not perceive the same level of risk for occasional use as they do for regular use. Two-thirds of those in the 6th grade reported belief that occasional marijuana smoking presented moderate to great risk; by grade 12, that proportion dropped to 46 percent. While the risk perception of regular marijuana use is slightly higher, it remained fairly flat over the next six grade levels.
Major Data Sources

Alcohol-Related Hospitalizations
Indiana State Department of Health, "Indiana Hospital Discharge Data."
Retrieved from:  

Alcohol-Related Mortality
Data on alcohol-related mortality was gathered from the Indiana State Department of Health, “Mortality Reports,” for 2001-2005. Reports were retrieved from:  
http://www.in.gov/isdh/dataandstats/mortality/mortality_index.htm

Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (ATOD)
The ATOD has been conducted for the past 17 years and the Indiana Prevention Resource Center (IPRC) has managed and reported the resulting data since 1991. The project is administered through a contract with the Division of Mental Health and Addiction of the Indiana Family and Social Services Administration to provide data for State and local planning groups with respect to the use of alcohol, tobacco, and other drugs (ATOD), gambling behaviors, and risk and protective factors. The ATOD includes data addressing the NSDUH’s national outcomes measures (NOMs) as well as additional information. Data tables and graphs for the current survey were retrieved from the IPRC website:  
http://www.drugs.indiana.edu/data-survey_monograph.html

Fatality Analysis Reporting System (FARS)
National Highway Traffic Safety Administration’s database on fatal traffic crashes, including motor vehicle crashes that result in the death of an occupant of a vehicle or a non-motorist within 30 days of the crash. Variables include crashes and deaths involving alcohol.  
Retrieved from:  

Monitoring the Future (MTF)
National Institute on Drug Abuse’s annual national survey of 8th, 10, and 12th grade students’ behaviors, attitudes, and values. 
Retrieved from:  
http://www.monitoringthefuture.org/data/data.html

National Survey of Drug Use and Health (NSDUH)
The NSDUH (formerly known as the National Household Survey on Drug Abuse) is an annual survey of Americans age 12 and older conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA).  NDSUH data are used to report the status
of National Outcomes Measures (NOMs) for SAMHSA as required under the Government Performance and Results Act of 1993. The Indiana Survey (see below, “ATOD”) collects data on the majority of the NOMs. The latest NSDUH survey was retrieved from: [https://nsduhweb.rti.org/](https://nsduhweb.rti.org/).

Prevalence of Chronic Diseases
Indiana Division of Mental Health and Addiction, Indiana Family and Social Services Administration. Retrieved from: [http://www.in.gov/fssa/dmha/4575.htm](http://www.in.gov/fssa/dmha/4575.htm)

Treatment Episode Data Set (TEDS)
Annual survey of populations treated for drug and alcohol conditions maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) which records information about individuals entering treatment for substance abuse and/or dependence. Data are submitted to TEDS by State mental health departments on an annual basis. Retrieved from: [http://webapp.icpsr.umich.edu/cocoon/](http://webapp.icpsr.umich.edu/cocoon/)

Uniform Crime Reports (UCR)
A national database maintained by the FBI that records information on the rates of property crimes, violent crimes, and drug-related reported crimes throughout the United States, and arrests for sale and possession of drugs. Retrieved from: [http://webapp.icpsr.umich.edu/cocoon/SAMHDA-SERIes/00056.xml](http://webapp.icpsr.umich.edu/cocoon/SAMHDA-SERIes/00056.xml)

**Assessing the Systems (Capacity and Infrastructure)**

Healthy Communities Initiative (HCI) and the Drug Free Community Council (DFCC) have a cooperative agreement to work together and benefit each other in the work that is being done in the community. The DFCC is just one of several “councils” under the auspices of HCI. HCI has the St. Joseph County Tobacco Quit Project (STQP), which is a tobacco prevention and awareness coalition initiative funded by the tobacco master settlement dollars. HCI also has the Youth Development Council (YDC), which focuses on a variety of issues related to youth, the Woman’s Alliance, which focuses on issues related to women and the Community United Religious Effort, (CURE), which is a faith based violence prevention coalition. In each of these instances, HCI serves as the umbrella 501 C3 organization, providing the necessary operational infrastructure and support to conduct these initiatives such as office space, telephone, administrative support, copier, computers and internet access, etc. In addition, HCI has a financial officer that serves to oversee all financial aspects of the organization. At this time, HCI does not currently have an Executive Director; our finance director is the interim executive director at this time. The infrastructure provided by HCI to the DFCC has been crucial to the success and growth of the DFCC over the years.
The DFCC of HCI is a grassroots community coalition that has been in existence for nearly 17 years. Shortly after then-Governor Evan Bayh advocated for the creation of Local Coordinating Councils (LCC’s) in all 92 Counties in Indiana in 1989, the St. Joseph County Association Against Drugs (SJCAAD) merged with HCI to form the DFCC and it was at that time that the DFCC was awarded the designation for this function for St. Joseph County. Fortunately, we have had the opportunity over these years to expand our infrastructure and capacity and build collaborative partnerships with many diverse organizations in the community.

The DFCC currently has 140 members representing each of the required sectors. The DFCC falls under the governance of the Healthy Communities Initiative, Inc., an independent 501(c)(3) corporation that provides administrative and DFCC coordination (staffing) support. HCI is governed by board of directors that provides fiscal and operational oversight; however, defers prevention planning and program implementation to the Drug Free Community Council.
Organizational Chart
Drug Free Community Council

St. Joseph County, IN
Target Community

DFCC Coalition
(Volunteers, Keyleaders, etc.)

DFCC
Executive Board

Project Director

Prevention Specialist

DFCC
Subcommittees

HCI
Board of Directors

HCI Executive Director
One of the greatest assets of Healthy Communities Initiative (HCI) is our ability to facilitate communication and collaboration among area agencies. We serve as one of the most high profile agencies in the county for bringing diverse agencies together to establish a strategy and to encourage information sharing. DFCC, under the auspices of HCI has established a solid reputation in coordinating efforts in the community to combat ATOD use and to bring community partners together to encourage healthy habits and behaviors. HCI seeks community input in a variety of ways and serves as a springboard from which citizens and businesses can define community strategies and build alliances with others to formulate and advance local initiatives. We have established trusted relationships with many agencies in the community and as a mature coalition, we are not only ready to affect systems change and launch an evolution of social change in regards to perceptions and attitudes on substance abuse and related ATOD issues, but we have a diverse and non-traditional group of coalition members with which to accomplish our goals. We have established ourselves as a substance abuse resource and we are recognized in the community for our dedicated work. We have a history of getting all key sectors involved and have the great asset of our reputation of dedicated efforts.

The DFCC hosts 10 general business meetings annually. Committees meet as needed to discuss strategy and develop recommendations for action. The recommendations are represented by the committee chair at the general business meetings prior to a call for action. This process is facilitated and supported by the HCI staff including the Executive Director, Director of Finance, Program Director, and Administrative Assistant neither of whom enjoy voting privileges in the decision making process. Decisions affirmed by the general membership are then communicated through email updates, newsletters, and official meeting minutes. Each member receives a copy of the minutes (record of proceedings) within three weeks post-event.

The DFCC employs a formal structure designed to:
  o Involve all key players.
  o Choose a realistic strategy.
  o Establish a shared vision.
  o Agree to disagree in the process.
  o Make promises that can be kept.
  o Build ownership at all levels.
  o Institutionalize change.
  o Publicize successes.

Inherent in each of the elements listed above is the opportunity to participate at varying levels of effort. It is these themes that are emphasized in volunteer recruitment efforts in both general and committee membership. The DFCC structure includes an Executive Committee including the annually elected positions of President, Vice President, Treasurer and Secretary; the immediate past president, each committee chairperson and the community consultant assigned to the DFCC by the Indiana Criminal justice Institute. The DFCC includes five standing committees—Membership/Sustainability, Prevention, Treatment, Criminal Justice, & Public Relations/Policy. The DFCC hosts 10 general business meetings annually. Committees meet as needed to discuss strategy and develop recommendations for action. The recommendations are represented by the committee
chair at the general business meetings prior to a call for action. This process is facilitated and supported by the HCI staff including Executive Director, Director of Finance, Program Director, and Administrative Assistant neither of whom enjoy voting privileges in the decision making process. Decisions affirmed by the general membership are then communicated through email updates, newsletters, and official meeting minutes.

The following table illustrates the distribution of sector representation within the Drug-Free Community Council.

**Sector Representation**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>4%</td>
</tr>
<tr>
<td>Staff</td>
<td>1%</td>
</tr>
<tr>
<td>Faith-based</td>
<td>4%</td>
</tr>
<tr>
<td>Government</td>
<td>6%</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>19%</td>
</tr>
<tr>
<td>Healthcare</td>
<td>14%</td>
</tr>
<tr>
<td>Youth Serving</td>
<td>14%</td>
</tr>
<tr>
<td>Media</td>
<td>6%</td>
</tr>
<tr>
<td>Youth</td>
<td>6%</td>
</tr>
<tr>
<td>Parent</td>
<td>6%</td>
</tr>
<tr>
<td>Healthcare</td>
<td>6%</td>
</tr>
<tr>
<td>Civic</td>
<td>6%</td>
</tr>
<tr>
<td>Civic</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
</tbody>
</table>

Coalition members were identified based on their visibility and ability to influence their respective sectors. The list includes the primary role of each member.

Law enforcement representation assists us with our alcohol and tobacco compliance checks. They also participate on our executive board. Our State Excise Police conduct the server training classes in the community required by all individuals working in the alcohol server industry. The role of our youth members has been to advocate for the DFCC and participate in recruiting additional youth to participate in leadership and prevention/education activities. They also play a role in data collection, strategic planning and providing feedback from a youth’s perspective. The role of our youth serving agencies is to provide the prevention/education programming to the youth of our community. The role of local government is to advocate on behalf of the DFCC and provide support for coalition activities conducted in the community. Our faith-
based/religious partnership also provides access to youth and the opportunity for reaching often-times a connection to the minority and grassroots population of the community. The healthcare professionals’ role is to provide information and educate the parents and other field professionals about drug and alcohol abuse dangers and trends. Parents have a powerful role in influencing their children’s behavior and attitudes, and in our county, the parental involvement we have observed is that of impassioned parents who are great leaders and take an active leadership role in environment strategies and changes at that level. Certainly the media plays a role in all of our public media campaigning strategies and helps boost the visibility and viability of our coalition. The school’s roles are crucial to our data collection efforts and prevention/education programming of the youth. The business community has an important role of bringing the voice and best interest of the business community to the table. Civic and volunteer organizations provide volunteer/man-power hours and ideas for the work that we do and provide leadership for coalition activities. They also have a key role in our recruitment efforts. Representatives from the treatment sector provide the clinical information we need when dealing with the addicted population and provide an important perspective from the treatment aspect. They play an important role on our treatment committee and sponsoring educational activities for treatment professionals.

The diverse membership roster is just one of the contributing factors to the strength and effectiveness of our coalition. We also have a variety of financial resources (cash and in-kind). The Drug Free Community Council administers the Local Drug Free Community Fund (Indiana Criminal Justice Institute) consisting of $189,300 annually in partnership with St. Joseph County Commissioners and obtained through court-imposed fines from ATOD-related offenses. These resources are augmented by an additional $128,500 received through the Strategic Prevention Framework State Incentive Grant (SPF SIG) to coordinate implementation of the Strategic Prevention Framework over the next five years. HCI also manages the St. Joseph County Tobacco Quit Project (STQP), a parallel initiative in conjunction with a regional youth tobacco prevention component funded by the State of Indiana Tobacco Settlement Fund for a total of $306,000.00. Finally, HCI and its initiatives enjoy the use of a 1,200 square foot office suite provided partially in-kind by the South Bend Chamber of Commerce with an estimated value of $5 per square foot or a total annual amount of $3,000. The following table represents the total cash and in-kind financial resources currently available to the DFCC either directly or through collaborative ventures.

### Current Financial Resources.

<table>
<thead>
<tr>
<th>Source</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Drug Free Community Fund – Indiana Criminal Justice Institute</td>
<td>Prevention, Treatment &amp; Criminal Justice Intervention Programming</td>
<td>$183,300.00</td>
</tr>
<tr>
<td>Strategic Prevention Framework State Incentive Grant – State of Indiana</td>
<td>Comprehensive Planning</td>
<td>$128,500.00</td>
</tr>
<tr>
<td>Tobacco Settlement Fund – State of Indiana</td>
<td>Tobacco Cessation &amp; Prevention</td>
<td>$246,000.00</td>
</tr>
<tr>
<td>Tobacco Settlement Fund – State of Indiana</td>
<td>HUB Youth Tobacco Prevention</td>
<td>$60,000.00</td>
</tr>
<tr>
<td>South Bend Chamber of Commerce</td>
<td>Office Space</td>
<td>(In-Kind) $3,000.00</td>
</tr>
</tbody>
</table>
Other community resources that are coordinated by the Healthy Communities Initiative of St. Joseph County include the following coalitions:

- Building Better Neighborhoods: Reviewing, coordinating and implementing actions to improve neighborhoods and youth development countywide.
- CommUnity Religious Effort (CURE): Promoting racial harmony and decreasing violence countywide.
- Healthy Communities Access Project: Coordinating healthcare resources for low-income and un/underinsured countywide.
- Safe Communities Project: Injury/Accident prevention through environmental design and awareness.
- The Women’s Alliance: Advocating for increased female representation in political, economic and social forums.
- Youth Development Commission: Youth leadership development and community engagement.

These collaborative partners work together to ensure cultural competency and broad-based community involvement including youth, racial and ethnic minorities, and women throughout the planning, implementation and evaluation phases of the Drug Free Communities Initiative.

Other resources providing direct services in St. Joseph County through partnerships with HCI DFCC include:

- DARE Program; substance abuse prevention programming – Mishawaka Police Department, St. Joseph County Police
- SMART Moves; substance abuse prevention programming – Boys & Girls Club
- Perinatal Exposure Prevention Project; outreach to mothers addicted to ATOD – Alcohol & Addictions Resource Center
- Center of Addictions, Assessment, Referral and Education; advocacy and support to family of addicts – Alcohol & Addictions Resource Center
- Juvenile Drug & Alcohol Education; alternative education for youth with dependencies on ATOD – The Crossing Educational Center

Existing gaps in resources that limit the capacity of our coalition are listed below followed by strategies for addressing each challenge.

- Lack of involvement from parents and school communities outside of the South Bend urban center.
- Lack of countywide key stakeholder representation specifically within the business, education and faith-based sectors.
- Lack of trained coalition staff and volunteers to support countywide capacity building activities.
- Lack of policies and local ordinances (and consistent enforcement of) promoting substance abuse prevention.
- Inadequate number of trained prevention specialist to guide prevention programming in each sector of the community.
- Inadequate financial resources to support expanded staffing and training.
Pervasive community-wide norms favorable towards substance use and abuse.

Lack of coordination with neighboring county and state substance abuse prevention initiatives.

**Gap Mitigation Strategies**

*Engaging parents and school communities outside of South Bend:* DFCC staff including the Program Director and Prevention Specialist will conduct outreach to key school administration, parents and youth including traditionally under represented (ethnic and racial minorities) groups. Activities will include parent/teacher organization meeting presentation, teacher professional advancement seminars, and youth forums to raise awareness of the issues and encourage participation.

*Increase countywide key stakeholder representation:* DFCC staff including the Program Director and Prevention Specialist will devote some of their time conducting outreach to key stakeholders. Staff will use data from the community assessment and identify strategies dependent on the resources represented by the key stakeholders to compel participation.

*Policies and local ordinances favorable to prevention:* DFCC staff and partner agencies will work with law enforcement officials to provide training and support to local police officers. HCI currently supports all countywide tobacco and alcohol compliance check operations in partnership with local law enforcement and state regulating entities.

*Increase trained prevention specialist:* DFCC will offer regular professional development opportunities focusing on substance abuse prevention policy and programming. The following is a list of trainings and workshops:

- **Life Skills Training:** universal classroom program designed to address a wide range of risk and protective factors associated with youth substance abuse. Three major content areas are covered: drug resistance skills and information, self-management skills and social skills.

- **All-Stars:** a school-based prevention program designed to reduce the intent to use alcohol, tobacco, and illegal drugs in middle and high school students. Focus is on:
  - Appropriate attitudes toward alcohol, tobacco, and illegal drug use
  - Knowledge of the negative consequences of alcohol, tobacco, and illegal drug use and benefits of a drug-free lifestyle
  - Positive peer norms
  - Personal and interpersonal skills relating to alcohol, tobacco, and illegal drug use

- **Philanthropy:** Training on charitable act of donating money or goods or providing some other support to a cause, usually over an extended period of time.

- **Normative Education:** Normative Education is the approach to teaching students to establish beliefs in conventional norms.

- **School City Parent Trainings:** Motivating our youth, Time management, and Peer pressure- Workshops topics related to improving the success of children in the learning process.

- **Law Enforcement Trainings:** Crisis Intervention and Emergency Preparedness- Worship topics related to improving the success of the local law enforcement officers.

- **Principles of Drug Abuse Prevention Training:** The Principles of Drug Abuse Prevention is a 40 hour course that includes an Exploring Ethics in the Prevention Field course and Cultural Competence Workshop.
• **CAPT Substance Abuse Specialist Training:** The training covers the history of the prevention field, prevention research, program planning, prevention strategies, evaluation and the importance of culture and ethics in all prevention efforts.

*Increase financial resources to support coalition staff and training:* The DFCC will host a resource development committee made up of key stakeholders from each sector. The development committee will collaboratively develop policy encouraging future countywide development activities include a “set-aside” for DFCC administration. In addition, the committee will direct coalition staff in identifying viable resource development opportunities.

*Community norms favorable to substance abuse:* The social marketing and public policy campaign will serve to reduce local attitudes/opinions favorable to youth substance use. The community assessment will add depth and breadth to the knowledge available to the coalition and community at large and planning to ensure appropriate marketing strategies are employed. The Public Relations/Policy Committee will take the lead in reviewing and amending local laws and policies to reflect a prevention philosophy. They will also serve as hubs for information distribution throughout the county. DFCC staff will work to expand the public relations/policy committee over the project period.

*Coordination with state and neighboring county prevention initiatives:* DFCC membership will position at least one representative on one or more of the workgroups of the Strategic Prevention Framework State Incentive Grant project. This will ensure continuity, fidelity with the statewide plan, and coordination with regional initiatives to improve efficacy.

The DFCC has been fortunate over the past years to benefit from various grants and other funding sources to expand capacity by trainings and collaborative arrangements with many, many different community organizations. Most relevant to this particular project is the fact that the DFCC has been a recipient of the Drug Free Communities Support (DFC) Grant from 2001 to 2006 and has also been the beneficiary of the Drug Free Communities Support Grant Mentoring Program during 2005 and 2006, in which the DFCC served in a mentoring capacity to other community coalitions addressing the issues of substance abuse in this community. The premise of the DFC grant program is none other the Strategic Prevention Framework (SPF). Therefore, when this grant project was first introduced to the State, the DFCC and HCI staff had already been trained in the SPF process at several different venues on several different occasions. Our coalition had already benefited from conducting needs assessments, capacity building, planning, implementation and evaluation. In addition, we had already built so many collaborative partnerships and conducted so much outreach that building our workgroups necessary for this project was that much easier (although it still wasn’t easy).

In comparing our Coalition’s influence of community capacity, we looked at the seven common characteristics with the greatest organizational capacity identified by Join Together. The factors identified were: 1.) Received more funds for coalition building, 2.) Housed in supportive agencies, 3.) Delayed establishing new independent agencies, 4.) Maintained stable, participatory, decision-making bodies, 5.) Cultivated active involvement of local government, 6.) Practiced collaborative leadership styles, and 7.) Had effective, long-serving project directors. Clearly, we possess all seven identified
factors. Our Project Director is respected as working closely with and having an intimate understanding that comes from experience in ATOD issues. She is considered an insider, having access to a network of constituents, exhibiting bridge building skills and employing a shared leadership style.

**Criteria and Rationale for St. Joseph County’s SFP SIG Priority: Cocaine**

Based upon an analysis of the Indiana State Epidemiology and Outcomes Workgroup (SEOW) and subsequent report to the Governor’s Strategic Prevention Framework (SPF) Advisory Council (GAC), St. Joseph County was listed as a high priority funding area in 2007 for cocaine.

The SEOW made this and other priority determinations based upon data on the consumption and consequences of alcohol, tobacco, marijuana, heroin, methamphetamine, prescription drug use and poly-substance use. In general, the SEOW considered the overall current rates and estimated number of users, the extent and nature of short- and long-term consequences associated with the abuse of each drug, and recent trends in both consumption and consequences. In short, targeted areas were identified in terms of overall magnitude of the problem, severity, and trends. Additional selection criteria were added to identify certain geographical areas for funding within the overall areas of concern. These exogenous factors were: existing capacity and resources, changeability of the problem, and community readiness.

From a State-wide perspective, three areas remained priority prevention challenges:
- Underage and binge drinking among 18-25 year olds
- First use of tobacco among 12 to 17 years olds, reduction or elimination of tobacco use among 18 to 24 year olds and certain minority populations
- First use of marijuana among 12 to 17 years olds, reduction or elimination of marijuana use among 18 to 24 year olds

From a local perspective, there were three “significant substance abuse prevention patterns which appear to be concentrated in particular social groups and/or social geographic areas within the State.”¹ These were: the prevention of first use and reduction of use of (1) cocaine among 18 to 25 year olds; (2) prescription drugs among persons 12 to 25; and, (3) methamphetamine among Black youth, White women, and males 18 to 44 years of age.

¹ State of Indiana Strategic Plan: Strategic Prevention Framework State Incentive Grant (draft), p. 28.
Additional selection criteria were added to identify certain geographical areas for funding within the overall areas of concern. These exogenous factors were: existing capacity and resources, changeability of the problem, and community readiness. The initial allocation of resources bases upon an assessment of these additional factors was 60 percent for alcohol, with the remaining funds to be used to address the prevention needs regarding cocaine (20%) and meth (20%).

The selection criteria used to identify specific geographic areas as ‘high need communities’ differed depending upon the drug under consideration. For cocaine use and abuse, the SPF Council used rate and total number of arrests for cocaine possession as proxy indicators of need. Data from the 2004 Uniform Crime Reports were used. Communities identified as “high need” were those in the top 10\textsuperscript{th} percentile of either rate or number of arrests. Consequently, the three counties of highest need among nine were: Marion (Indianapolis), Wayne (Richmond), and St. Joseph (South Bend). St. Joseph County, with 369 cocaine possession arrests in 2004, had an arrest rate of 1.97 per 100,000 – behind to Marion (2.78) and Wayne (2.40) counties.

The DFCC and the Local Area Plan

The DFCC is a coalition of area ATOD agencies and has been designated by the State as the Local Coordinating Council (LCC) for St. Joseph County. One of the primary responsibilities of this privilege is overseeing the allocation of the Local Drug Free Community Fund, which is the receipts of all fines and fees assessed in our county courts for drug and alcohol related offenses. In addition to funding operational and overhead expenses of the council, the majority of the funds are allocated in the form of mini-grants to local agencies addressing drug and alcohol related issues in the areas of prevention, treatment and criminal justice.

The LEOW and LAC, established in 2006, are operating entities under the DFCC. The DFCC is one organizational component of Healthy Communities Initiative (HCI) of St. Joseph County. HCI Is the umbrella agency for DFCC. HCI also serves as the lead agency for the Indiana Tobacco Prevention and Cessation (master settlement dollars), known as the St. Joseph County Tobacco Quit Project (STQP). Through STQP, emphasis is on changing the culture in our community so that tobacco use is no longer socially acceptable.

In addition to the data sources cited in Section 1 (‘Assessing the Problem”), the DFCC acts in accordance with the intent of its adopted strategic plan. The most recent Comprehensive Community Plan for St. Joseph County, Indiana, developed by the Drug Free Community
Council (DFCC), adopted by the St. Joseph County Commissioners, and updated in January of each year, identified five problem statements with regard to substance abuse issues in the St. Joseph County community:

1. Due to the community norms and the lack of knowledge and/or denial of the harmful consequences of alcohol, tobacco and other drug use, individuals in St. Joseph County make decisions and exhibit behavior that is destructive to themselves and others;
2. The number of affordable, accessible intervention, treatment and aftercare resources and services for substance use/abuse is limited in St. Joseph county, especially for the under-insured, uninsured and indigent. Unhappily, correctional institutions continue to be used as placements or requirements of sentencing outcomes in the absence of an adequate amount of treatment facilities in the community;
3. The use/abuse of alcohol and other drugs continues to place a burden on the criminal justice and law enforcement systems in St. Joseph County;
4. Businesses in St. Joseph County suffer economic consequences from the use/abuse of ATOD by employees and community members;
5. Due to characteristics of being young, such as an invincible mentality, impulsivity, and lack of education and awareness of long-term and life-altering affects of using ATOD, use among youth continues to occur at alarming rates in St. Joseph County. The propensity for risk-taking behaviors as youth as well as the availability and social acceptability of using such drugs further perpetuates this problem.

For purposes of The Plan, data and information sources were either from the several community forums held by the DFCC or by looking at existing data through sources noted. Recent Community Forums saw participation from every sector required by the DFCC and every neighborhood and community within the County. By the end of the process we had recruited over 20 new active members to the coalition. The forums were facilitated by professional consultants and the results were put together with help from coalition members and our evaluator

Most often, the consequences of alcohol, tobacco and other drug (ATOD) abuse show up in data of the criminal justice system. Other consequences may be more subtle and ill-defined, such as ill health effects or lost productivity in education or business. According to the National Drug Intelligence Center:
Law enforcement reporting, national drug prevalence studies, and emergency department reporting all indicate that the adverse impact on society brought about by the trafficking and abuse of cocaine is very high, higher than for other drugs in many measured areas. For example, National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) data for 2007 show that 40.1 percent of State and local law enforcement agencies report cocaine or crack cocaine as the greatest drug threat in their area--higher than for any other drug.” In the Great Lakes Region, including Indiana, 44.3 percent of State and local agencies reported cocaine as the greatest drug threat, followed by methamphetamines (23%), marijuana (18%), pharmaceuticals (9%), and heroin (6%).

NDTS data show that the percentage of State and local agencies that identified cocaine as the drug that most contributed to violent crime (46.9%) and property crime (40.9%) was much higher than for any other drug.

The Uniform Crime Reports (UCR) for 2005 show that arrests for drug abuse violations for both the sale and possession of opium or cocaine amounted to 33 percent of all drug violations in St. Joseph County, while in Indiana and the Nation it was it was 24 and 28 percent respectively.

The percentage of arrests for opium/cocaine sales or manufacture as a share of all drug sales/ manufacture arrests was higher in St. Joseph County compared to either the State or the Nation, and the percentage of possession arrests in the County led both the State and Nation as well. In St. Joseph County, 60 percent of total drug-related sales arrests were for the sale or manufacture of opium/cocaine - considerably higher than the proportion for Indiana or the Nation. Arrestds for opium/cocaine possession for the U.S. as a whole accounted for 26 percent of all drug possession arrests in the Nation. In Indiana, these arrests made up 20 percent of all possession-related arrests, while in St. Joseph County, they amounted to a notably higher proportion at 29 percent.

In 2000, the rate per 100,000 of cocaine/opiate arrests for sale or manufacture in the U.S. was 1.6 times higher than the rate in Indiana and over twice the rate in St. Joseph County. Over the years 2000-2005, the rate of opium/cocaine arrests for sales/manufacture in the Nation declined by nearly 17 percent. In Indiana, it increased 41.5 percent while St. Joseph County saw a rate increase of 72.2

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Treatment Episodes Data Set (TEDS) data gathered by the Indiana Division of Mental Health (DMH) provide counts of patients that received services from State-funded substance abuse treatment programs. An unduplicated count of clients treated in St. Joseph County programs in the years 2001-2006 indicated that 39.5 percent of clients were treated for cocaine as the primary drug of abuse or dependence compared to the State rate of 12.9 percent. Older data, from the years 1992-1996 for the South Bend-Mishawaka MSA, which includes St. Joseph County, show that the average percentage of drug abuse admissions was 35 percent compared to the proportion for the State at 18.8 percent.³

An increasing and relatively higher proportion of persons served in the DMH system were served for chronic addiction in St. Joseph County compared to the Region or State over the most recent 2004-2006 years. The trend for treatment of cocaine or crack cocaine indicates that for St. Joseph County: (a) an increasingly larger percentage of persons were treated for cocaine use or dependency, and (b) the proportion of persons treated in the County was about three times higher than those treated throughout the State.

However, on a rate basis, while the St. Joseph County facilities are serving a smaller proportion of the population for addictions than the State taken as a whole, the treatment rates per 100,000 population for cocaine abuse or dependency in County community facilities has been from 2 to nearly 3 times higher than the State rates over the past six years (2001-2006).

From 2001 to 2005, the percent of total episodes for duplicated clients treated for cocaine as the primary drug of abuse or dependence in the County rose from 36 percent to 39 percent. Those between the ages of 35 and 44 represented the highest proportion of treatment episodes for cocaine at 44 percent – notably higher than the proportion for that age group across all drugs treated. Other groups with the highest percentage in St. Joseph County were Blacks (56%) and males (62%).

Peer perception of disapproval can lower drug use. Among St. Joseph County students, 68.4 percent of 6th graders believe their peers would disapprove (“disapprove” or “strongly disapprove”) of their using cocaine occasionally; that proportion climbs to 75 percent by grade 12.

Surprisingly, higher proportions are not reported for peer disapproval for regular use of cocaine.

Adolescents' perceptions of parental disapproval of drug use have been found to be positively related to the frequency of adolescents' use of drugs. Among St. Joseph County students in the 6th grade, nearly eight in 10 reported parental disapproval of their taking cocaine occasionally but nearly identical proportions believed their parents or guardians would disapprove of their using cocaine on a regular basis. The rates of parental disapproval rose only slightly over the next seven grades.
4. **Description of Local Priorities**

The current DRCC Comprehensive Community Plan states that “due to community norms and the lack of knowledge and/or denial of the harmful consequences of alcohol, tobacco and other drug use, youth in St. Joseph County make decisions and exhibit behavior that is destructive to themselves, others and the community.” The evidence includes the consequences of use and abuse seen in the criminal justice system and educational system:

- Lack of parental involvement in educational programs aimed at addressing issues of alcohol and other drug use and lack of focus on ensuring parental responsibility to discourage use.
- Lack of appropriate programs aimed at vulnerable/at-risk behaviors of youth and a continuation of efforts to implement prevention/education programs.
- The need to engage educational and law enforcement agencies in the county to participate in an organized, county-wide data collection effort to obtain necessary information that would support the need for bringing resources into the community for coordinated education and prevention efforts.
- The need to continue the support and encouragement of educational collaborative efforts of the DFCC member agencies, school corporations and businesses, regarding the negative effects of ATOD.
- The need to create an atmosphere where alcohol and tobacco use are no longer socially acceptable; raise the norms and standards in the community; and lessen the atmosphere of tolerance.
- The need to limit access to alcohol, tobacco and other drugs.
- The high need for alcohol-related problems, underage drinking and binge drinking, drinking and driving.
- The high need for cocaine related problems – possession and dealing of cocaine/opiates.

Research has shown that drug treatment for cocaine use is a more cost-effective way of achieving the goal of reducing drug abuse than arrest and incarceration.\(^4\) In addition to reducing the proportion of our youth (12-17) that report using cocaine and increasing the perception of risk of harm and peer pressure for this age group and this drug, we intend to have an affect on the arrest rate for cocaine possession among the adult population. Within the control of the Coalition, we hope to

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increase the treatment referral rate of those arrested for cocaine possession/use to area treatment resources, and to examine ways of improving treatment outcomes for targeted populations of prior offenders and former prisoners.\footnote{For instance, successful community re-entry programs typically include, in addition to drug treatment, life skills training, job readiness skills, and literacy training, among other components.}

In summary, our local priorities for addressing the problems evidenced by the data and expressed in community forums are to increase awareness of the problems and the availability of existing community resources for the public in general and to enhance the protective factors for youth in particular. We believe that our capacity building and assessment function will be improved when all area schools participate in collecting ATOD survey data, and when we are more accurately informed by agents of the criminal justice system regarding the environment of the sale, possession, arrest, and adjudication of drug users. Finally, we hope to affect the relapse rate of drug offenders that are incarcerated and to more effectively deal with their re-entry problems.

The problem statements were created prior to being funded by the SPF SIG project and completing the epidemiological profile. We will be revising problem statements in January, 2009 when a new plan is due to be completed.
CAPACITY BUILDING

1. Areas needing strengthening:

Due to the nature of the state’s governmental structure, Indiana’s prevention infrastructure and capacity is varied, fragmented, and lacks overall coordination. This impacts the efforts at the local level and St. Joseph County is no exception to the experience of this challenge. However, due the established nature of the coalition and the experienced staff now serving a fifth year of leadership with the coalition, we’ve done our best to navigate the system and make the most out of initiating collaborative partnerships in the community to maximize our visibility, viability and effectiveness.

Existing gaps in resources that limit the capacity of our coalition are listed below followed by strategies for addressing each challenge.

- Lack of involvement from parents and school communities outside of the South Bend urban center.
- Lack of countywide key stakeholder representation specifically within the business, education and faith-based sectors.
- Lack of trained coalition staff and volunteers to support countywide capacity building activities.
- Lack of policies and local ordinances (and consistent enforcement of) promoting substance abuse prevention.
- Inadequate number of trained prevention specialist to guide prevention programming in each sector of the community.
- Inadequate financial resources to support expanded staffing and training.
- Pervasive community-wide norms favorable towards substance use and abuse.
- Lack of coordination with neighboring county and state substance abuse prevention initiatives.

Gap Mitigation Strategies

Engaging parents and school communities outside of South Bend: DFCC staff including the Program Director and Prevention Specialist will conduct outreach to key school administration, parents and youth including traditionally under represented (ethnic and racial minorities) groups. Activities will include parent/teacher organization meeting presentation, teacher professional advancement seminars, and youth forums to raise awareness of the issues and encourage participation.

Increase countywide key stakeholder representation: DFCC staff including the Program Director and Prevention Specialist will devote some of their time conducting outreach to key stakeholders. Staff will use data from the community assessment and identify strategies dependent on the resources represented by the key stakeholders to compel participation.

Policies and local ordinances favorable to prevention: DFCC staff and partner agencies will work with law enforcement officials to provide training and support to local police officers. HCI currently supports all countywide tobacco and alcohol compliance check operations in partnership with local law enforcement and state regulating entities.
Increase trained prevention specialist: DFCC will offer regular professional development opportunities focusing on substance abuse prevention policy and programming. The following is a list of trainings and workshops:

- **Life Skills Training:** universal classroom program designed to address a wide range of risk and protective factors associated with youth substance abuse. Three major content areas are covered: drug resistance skills and information, self-management skills and social skills.
- **All-Stars:** a school-based prevention program designed to reduce the intent to use alcohol, tobacco, and illegal drugs in middle and high school students. Focus is on:
  - Appropriate attitudes toward alcohol, tobacco, and illegal drug use
  - Knowledge of the negative consequences of alcohol, tobacco, and illegal drug use and benefits of a drug-free lifestyle
  - Positive peer norms
  - Personal and interpersonal skills relating to alcohol, tobacco, and illegal drug use
- **Philanthropy:** Training on charitable act of donating money or goods or providing some other support to a cause, usually over an extended period of time.
- **Normative Education:** Normative Education is the approach to teaching students to establish beliefs in conventional norms.
- **School City Parent Trainings:** Motivating our youth, Time management, and Peer pressure- Workshop topics related to improving the success of children in the learning process.
- **Law Enforcement Trainings:** Crisis Intervention and Emergency Preparedness- Worship topics related to improving the success of the local law enforcement officers.
- **Principles of Drug Abuse Prevention Training:** The Principles of Drug Abuse Prevention is a 40 hour course that includes an Exploring Ethics in the Prevention Field course and Cultural Competence Workshop.
- **CAPT Substance Abuse Specialist Training:** The training covers the history of the prevention field, prevention research, program planning, prevention strategies, evaluation and the importance of culture and ethics in all prevention efforts.

Increase financial resources to support coalition staff and training: The DFCC will host a resource development committee made up of key stakeholders from each sector. The development committee will collaboratively develop policy encouraging future countywide development activities include a “set-aside” for DFCC administration. In addition, the committee will direct coalition staff in identifying viable resource development opportunities.

Community norms favorable to substance abuse: The social marketing and public policy campaign will serve to reduce local attitudes/opinions favorable to youth substance use. The community assessment will add depth and breadth to the knowledge available to the coalition and community at large and planning to ensure appropriate marketing strategies are employed. The Public Relations/Policy Committee will take the lead in reviewing and amending local laws and policies to reflect a prevention philosophy. They will also serve as hubs for information distribution throughout the county. DFCC staff will work to expand the public relations/policy committee over the project period.

Coordination with state and neighboring county prevention initiatives: DFCC membership will position at least one representative on one or more of the workgroups of the Strategic Prevention Framework State Incentive Grant project. This will ensure
continuity, fidelity with the statewide plan, and coordination with regional initiatives to improve efficacy.

2. **Community-level activities and programs:**

   - **Afternoons R.O.C.K. in Indiana**
     The Division of Mental Health and Addiction (DMHA) and its community-based partners provide the program, Afternoons R.O.C.K. in Indiana here in St. Joseph County. Afternoons R.O.C.K. in Indiana is an after school drug prevention program for youth aged 10 - 14 years. The acronym "R.O.C.K." represents the mission of the program to provide Recreation, Object lessons, Culture and values and Knowledge via active and entertaining Focused and Supportive Prevention Activities designed to teach youth about social and media influences, conflict resolution and refusal/resistance skills, gang and violence prevention and the structuring of leisure time to be free of alcohol, tobacco and other drug use. (Descriptive text excerpted directly from program website: http://www.rock.indiana.edu/.)

   - **Local Coordinating Councils (LCC’s)**
     LCCs are organized to identify alcohol, tobacco and other drug abuse problems, and to plan, promote and coordinate community efforts and resources to reduce the abuse. The LCC operating in St. Joseph County is the Drug Free Community Council

   - **Healthy Families, FSSA/Division of Family and Children (provided locally by the Family and Children’s Center)**
     Voluntary home visitation program designed to promote healthy families and healthy children through a variety of services including child development, access to health care and parent education. The program serves families identified as at-risk, with children 0-5 years. Program goals include prevention of negative birth outcomes (low birth weight, substance abuse, child abuse and neglect); increased parenting skills, healthy pregnancy practices; and the use of social systems.

   - **Underage Drinking Task Force**
     A newly created task force or coalition of sorts of concerned community advocates concerned about the issue of underage drinking in our community

   - **St. Joseph County Tobacco Compliance Checks (STQP)**
     These are designed to systematically monitor the effectiveness of tobacco retail compliance. The purpose is to enforce Indiana laws restricting the sale of tobacco products to minors. Local law enforcement from all of the different departments participate, including state excise, South Bend City, Mishawaka City, St Joseph County and Indiana State Police. They are accompanied by adult civilian volunteers and two kids. Tobacco retailers are randomly picked by computer and those establishments are visited where the minor children attempt to purchase tobacco.

   - **Alcohol and Addictions Resource Center**
CARE program – Center for Addictions, Assessment, Referral Education. This program provides information and a referral helpline, a resource guide, prevention programming, clinical assessments and intervention services and a young adult alcohol education program

PEPP program – Perinatal Education Prevention Program. This program provides education to pregnant women about the dangers of alcohol, tobacco and other drug use while pregnant.

- **Boys and Girls Club – SMART Moves program**
  This is an evidence based prevention program provided to the participants in the B&GC of St. Joseph County

- **AIDS Ministries/AIDS Assist**
  This program provides education and relapse prevention services to the HIV positive population.

- **Dismas House**
  This is a house for ex-prisoners re-entering the population in St. Joseph County. It has a faith based mission and provides the Residents Living in Balance Program, which is an evidence based program to prevent relapse prevention.

- **Drug Court/Court Substance Abuse Program (CSAP)**
  This is a diversion program for individuals charged with non violent felony drug related charges.

- **Hope Rescue Mission**
  Matrix Model – This is an evidence based treatment model used for the addicted populations that come to live at the Hope Rescue Mission. This was adopted in the community recently as a treatment option because it was proven effective in working with methamphetamine addicts and there was anticipation that we would see a rise in Meth-addicted cases. However, the meth addicted cases did not increase but the model has proven to be effective working with other kinds of addiction.

- **Indiana State Police K-9 program**
  We are fortunate to have a full time drug canine unit in St. Joseph County with the Indiana State Police

- **Life Treatment Center**
  Social Detoxification Unit – They provide social detox, not medical detox. We have no medical detoxification program in St. Joseph County.

- **Metro Special Operation Section**
  This is the undercover narcotics operation unit that is responsible for leading many drug busts in St. Joseph County.

- **DARE program**
  Both the St. Joseph County Police Department and the Mishawaka Police Department implement the DARE program in several of the school systems in St. Joseph County.

- **SUDS Program**
  The St. Joseph County Police Department currently runs the SUDS program (Stop Underage Drinking and Sales). They have set up a 24 hour anonymous text messaging system for the youth and others in the community to anonymously report tips about underage drinking parties or establishments that sell alcohol to minors.

- **Addictions Recovery Center**
  They provide addiction treatment to the indigent population
• **Madison Center**
  They are the Community Mental Health Center and are supposed to supply addiction treatment to the indigent populations

• **Victory Clinical Services**
  They provide methadone treatment to opiate addicted individuals. They also provide alcohol education treatment to the individuals to educate them about the dangers of using alcohol while on methadone.

• **YWCA**
  They provide addiction treatment to indigent women victimized by domestic violence

• **Youth Development Commission**
  All Stars Program – an evidence base drug and alcohol education program

• **Urban Youth Services (YMCA)**
  They provide a program on improving the status of African American males in St. Joseph County.

• **Companions on the Journey**
  They provide programs to assist individuals re-entering St. Joseph County from the Department of Corrections.

3. **State Level Resources**

• **Indiana Criminal Justice Institute (ICJI)**
  The Substance Abuse Services Division of ICJI encourages the linking of resources, advocacy, collaboration, and coordination among state, regions, localities, and citizens of Indiana to mobilize to create a safer, healthier place to live

• **Governor’s Commission for a Drug-Free Indiana (GCDFI)**
  The Governor’s Commission for a Drug-Free Indiana (GCDFI) was established by legislative statute to coordinate drug policy throughout the state. It supports planning, training, and technical assistance provided to the state’s Local Coordinating Councils (LCCs), a statewide system of county-based prevention, treatment, and enforcement coordinating bodies funded through local court fees.

• **Indiana Collegiate Action Network**
  A statewide coalition of campuses committed to lead Indiana in reducing alcohol misuse, tobacco use, and violence through environmental change.

• **Smoke Free Indiana**
  The mission of Smoke free Indiana is to improve the quality of life in Indiana by promoting tobacco-free, healthy lifestyles through community action and advocacy to prevent tobacco use, provide assistance to tobacco users who want to quit and protecting nonsmokers from secondhand smoke.

• **Indiana Tobacco Prevention and Cessation (ITPC)**
  The Indiana Tobacco Use Prevention and Cessation Trust Fund and Executive Board exists to prevent and reduce the use of all tobacco products in Indiana and to protect
citizens from exposure to tobacco smoke. Following the Centers for Disease Control (CDC) Best Practices for Tobacco Control, Indiana established a tobacco control program that is coordinated, comprehensive and accountable. In addition, guidance is provided through recommendations outlined in the Guide to Community Preventive Services for Tobacco Control Programs. This Guide provides evidence the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control: 1) Preventing tobacco product use initiation, 2) Increasing cessation 3) Reducing exposure to secondhand smoke. The Hoosier Model for tobacco control incorporates all elements recommended by the CDC and has five major categories for funding. The Hoosier Model consists of Evaluation and Surveillance; Community Based Programs; Statewide Media Campaign; Enforcement; and Administration and Management.

- **Indiana Department of Education (IDOE) Safe and Drug-Free Schools Program (SDFS)**
  SDFS is the federal government's primary vehicle for reducing substance use and violence through education and school-based prevention activities. This program is designed to prevent violence in and around schools, and strengthen programs that prevent the illegal use of alcohol, tobacco, and other drugs, involve parents, and are coordinated with related Federal, State, and community efforts and resources. SDFS provides funding for the National Prevention Coordinator initiative and this Training and Technical Assistance Center.

- **Mothers Against Drunk Driving (MADD)**
  MADD’s mission is to stop drunk driving, support the victims of this violent crime and prevent underage drinking. MADD is a 501 (c) (3) charity with approximately 400 affiliate offices and 2 million members and supporters nationwide. Founded in 1980, MADD has helped save more than 300,000 lives.

- **Indiana Prevention Resource Center (IPRC)**
  The IPRC at Indiana University is a statewide clearinghouse for alcohol, tobacco and other drug prevention resources for those working in drug prevention in Indiana. The IPRC coordinates the annual survey of Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents.

- **Indiana National Guard Demand Reduction program**
  The Indiana National Guard Demand Reduction program works with Boys and Girls Clubs, public housing authorities, Weed and Seed programs, and schools to provide mentoring and other drug-free alternative activities.

- **Indiana Point of Youth**
  Promotes youth leadership and drug-free activities for youth from across Indiana. Supports annual Youth Summit where youth set an annual ATOD advocacy agenda.

- **Governor’s Safe Haven program**
Grant pays schools to keep their doors open after regular hours and offers various activities such as tutoring, substance abuse prevention and structured recreation.

- **Drug Reduction Program**  
  Consists of providing guard personnel as speakers, for events, to help at camps, aimed at informing students of the consequences of drug abuse and teaching how to avoid abusing drugs.

- **L.E.A.D Initiative**  
  The goal of the LEAD ((Leading and Educating Across Domains) program is to strengthen youth leadership across Indiana by providing opportunities for youth including training, resources, and networking.

- **SYNAR Amendment Compliance**  
  Compliance checks to document required 20% compliance with no sales to youth under Synar amendment.

**Additional Community-level activities**

- **Students Again Destructive Decisions (SADD)**  
  To provide students with the best prevention and intervention tools possible to deal with the issues of underage drinking, other drug use, impaired driving and other destructive decisions.

- **4-H**  
  An organization committed to teaching leadership, citizenship and life skills to young people across America.

- **Boys Scouts of America (BSA)**  
  BSA provides an educational program for boys and young adults to build character, to train in the responsibilities of participating citizenship, and to develop personal fitness.

- **Girl Scouts of America (GSA)**  
  GSA is dedicated to building girls of courage, confidence, and character, who make the world a better place

- **Boys and Girls Clubs**  
  This organization inspires and empowers all young people, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible, and caring individuals.

- **Young Men's Christian Association (YMCA)**  
  The YMCA is focused on putting Christian principles into practice through programs that build healthy spirits, minds and bodies for all.

- **PRIDE Youth Programs**
A national peer-to-peer organization devoted to drug abuse and violence prevention through education and is celebrating its’ 30th anniversary.

4. **National Level Resources**
   - Community Anti Drug Coalitions of America (CADCA)
   - Community Anti Drug Coalitions of America Institute (CADCA Institute)
   - Substance Abuse Mental Health Services Administration (SAMHSA)
   - Center for Application and Prevention Technologies (CAPT)
   - Office of National Drug Control Policy (ONDCP)
   - Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Where the numbers of agencies and organizations focused on the prevention of substance issues may appear impressive, this also creates some of the oppositional issues within the community as well as the state. The areas that are in most need of strengthening are focused primarily on the ‘silo’ing of services amongst agencies and not on building a more unified effort in addressing the substance use and abuse within the state. Another major concern is with the lack of reporting critical data from the community agencies to assist in the identification of a comprehensive picture illustrating the most prevalent areas of drug use. A strong message is being echoed in Indiana that the SPF process, now the keystone to unify efforts in creating a solid foundation for the fight against substance abuse, is not optional. Reporting county data is not optional either, if the communities and counties want to be supported by grant funds they will be required to comply with assessment analysis and the analysis of their capacity to show where they can focus efforts based on data-driven decision making, which will in turn drive the strategic plan for their communities.

The idea is that with funded projects such as the SPF and the continued strong presence of the LCC in St. Joseph County that the substance abuse prevention and intervention initiatives can be somewhat streamlined and maximum progress can be achieved.

3. **Role of the LEOW workgroup**

The Local Epidemiology and Outcomes Workgroup (LEOW) was established in October 2007 after funding from the SPF SIG was secured in St. Joseph County to review epidemiological data on the patterns and consequences of substance use and abuse in St. Joseph County. The LEOW makes recommendations to the Local Advisory Council (LAC) for the SPF SIG regarding priorities for prevention funding for 2008-2009 based on the fact we were funded for cocaine. Cocaine was identified as a priority in St. Joseph County based on a systematic analysis of available data from the State Epidemiological Workgroup.

The LEOW was chaired by John Hagen PhD, president and CEO of Health Strategies, Inc. located in South Bend, IN. John is a researcher and evaluator in the community and has much experience with various issues and organizations in the health and social service field. In addition to John, we recruited other local members that had either
experience in collecting and analyzing data or access to the data. The findings of our community can be found in our report and elsewhere in this strategic plan.

The LEOW will continue to stay cohesive and meet regularly throughout the second year of this project. They will assist John in making updates to our epidemiological report and will assist the staff with conducting focus groups in year two to add qualitative data to the report.

The LEOW decided to do a total of at least four focus groups within the second year. We will interview a group of users, recovering addicts, youth, community leaders and possibly drug dealers. The DFCC/SPF staff have been trained in how to do focus groups and will initiate those in year two.

**PLANNING**

**St. Joseph County Planning Model**

Based on the analyses and recommendations put forward by the SEOW and the LEOW, the following is the recommended plan for St. Joseph County:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Prevent the first use and reduce the use of cocaine among 18-25 year olds.</th>
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<tbody>
<tr>
<td>Resource Allocation Indicators</td>
<td>For cocaine a similar methodology was used to identify the “high need” communities. Because the original priority highlighted rising rates of use, the Council used the rate and total number of arrests for possession as the proxy indicators. As noted above, UCR data represent the primary county-level data source available to the Council and SEOW. As with alcohol, we used 2004 UCR data as it was the only data available at the county-level at the time the State Strategic Plan was developed. For the list of “high need” communities for cocaine, we selected the counties in the top 10\textsuperscript{th} percentile of either high need (i.e., highest rate) or highest contributor (i.e., largest number) of arrests for possession. The counties identified based on this methodology are listed in Table 2 as illustrated on page 32.</td>
</tr>
</tbody>
</table>

| Outcome Expectations | • A decline in the rate of self-reported cocaine use by Hoosiers between 18 and 25 years of age. |
| | • A decline in the rate of treatment admissions for cocaine abuse and/or dependence. |
| | • A drop in the number of cocaine-related arrests. |
| | • A drop in cocaine-related hospital admissions. |
| | • A drop in the number of infants diagnosed at birth with cocaine dependence |
The mission statement of the DFCC is as follows: *The mission of the Drug Free Community Council 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.* This mission statement was last revised in October, 2004 and is revisited each year by the coalition members to determine if any changes or updates need to be made. The vision of the DFCC is to: *Create a culture where underage drinking and the use of tobacco and marijuana are no longer socially acceptable. We also intend to reinforce the culture where the use of other illicit drugs remains socially unacceptable and to impact the attitudes and behavior of youth and parents in our community so that we altogether eliminate the number of harmful incidents and deaths related to substance abuse in our community.*

Based on the Epidemiological Report by the LEOW and the State’s report by the SEOW, the Drug-Free Community Council has adopted the following goals and objectives as part of this project specific to cocaine reduction:

**Goal One:** Establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local and tribal governments to support the efforts of the community coalition to prevent and reduce cocaine use among 18-25 year olds.

**G1; Objective 1:** Expand the substance abuse prevention coalition to a regional format further enhancing and diversifying resources throughout each sector.

**Expected Outcome:** Improved coordination of prevention and awareness programming through increased parental, school and business participation.

**G1; Objective 2:** Increase cross-sector awareness of substance abuse and related issues, specifically cocaine.

**Expected Outcome:** Broad-based public knowledge and understanding of cocaine abuse patterns in the county.

**G1; Objective 3:** Increase cross-sector coordination and collaboration.

**Expected Outcome:** More efficient and effective data collection

**G1; Objective 4:** Continue comprehensive community planning and information generating efforts. Will start this by collaborating with local law enforcement (Metro Special Operations) and assisting them with upgrades to their reporting software.

**Expected Outcome:** Improved capacity to conduct assessment and planning.

**G1; Objective 5:** Expand and enhance parental support network.

**Expected Outcome:** Increase in parental participation, knowledge and awareness of substance abuse patterns in the county with a focus on the dangers of cocaine use.

**G1; Objective 6:** Increase training opportunities designed to strengthen the community’s capacity to deliver substance abuse prevention services.

**Expected Outcome:** Improved capacity to deliver substance abuse prevention services.

**G1; Objective 7:** Increase the visibility of the coalition and the message about the dangers of cocaine use. We will start this with a media campaign this year.

**Goal Two:** Reduce cocaine abuse use among 18-25 year olds and, over time among all youth and adults by addressing the factors in the community that increase the risk of cocaine abuse and promoting the factors that minimize the risk of cocaine abuse.

**G2; Objective 1:** Implement Social marketing and public policy campaign in favor of preventing youth substance abuse including wide variety of advocacy activities (e.g.,
pass/amend local laws, work within each sector to raise awareness, media campaigns).

**Expected Outcome:** Increased awareness of the substance abuse focusing on cocaine issues prompting the adoption of local policies/ordinances supporting substance abuse prevention and information dissemination.

**Expected Outcome:** Increased universal exposure to substance abuse and DFCC information.

**G2: Objective 2:** Increase the amount of youth in evidence base programming such as the Strengthening Families Program

**Expected Outcome:** More youth in programming and a reduction of past 30 day usage and an increase in the age of onset of first use.

**G2: Objective 3:** Increase access to relapse prevention programming

**Expected Outcome:** Decrease in crime recidivism and addiction relapsing.

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**Planned Activities**

Please note that activities selected reflect both primary prevention activities (youth) and secondary prevention, or what is also known as relapse prevention, which is typically what is used when dealing with the adult population. You will recall that the priority definition, per the State’s epidemiological report specifically indicates targeting 18 – 25 year olds.

1. **Media Campaign** – We will kick off a media campaign about the dangers of cocaine and crack abuse. We will utilize public service announcements (PSA’s), billboards, newspaper advertising and movie theatre announcements. 38% of program allocation dollars are dedicated to this media campaign. ($20,000 or $53,333). We will be consulting with a media specialist in our community to help us identify demographic information to be our target audience, based on our epidemiological findings. We will seek out someone who has media expertise in this area.

2. **Relapse Prevention for ReEntry** – This will be a pilot project that we will implement by building off of the current programs in the Department of Corrections’ Plus Dorms. These dorms were created for prisoners to voluntarily move on to during their last 16 months of incarceration. The tracks associated with them are character and faith based and when DOC created these dorms, their anticipation of success was based on how the community stepped up to the plate to provide the programs, as the DOC did not have resources to allocate for programming but recognized the value in these opportunities in ensuring success or prisoners upon re-entry into their communities. We are going to start with regionally located facilities; Westville Correctional Center, Michigan City State Prison and Miami Correctional Facility. We will target the prisoners in these Plus Dorms...
that will be re-entering into St. Joseph County. The curriculum is based on the philosophies of Dr. Phillip Zimbardo, a Psychologist at Stanford University, whose research shows that there are three main components to address when addressing rehabilitation of criminal offenders: Individual, situational (environmental) and systemic. This will be a twelve week course and we are recruiting ex-prisoners to be the facilitators within the three aforementioned facilities. It is our community’s strong opinion that ex-offenders are a great un-tapped resource in our community and are eager to assist the community and give back upon re-entering their communities. Therefore, we are tapping this goldmine. The Curriculum is being developed as an in kind service by our community partners and prison re-entry experts at Companions on the Journey and they are already positioned to recruit ex-prisoners that they currently work with to begin the first programs. We will pay them a stipend for their time and reimburse for mileage. The Curriculum will include medical issues, cultural issues (Bridges out of poverty), civic, planning, options, techniques and choice. Evaluation measures are to include prisoner pre and post self inventory, course/facilitator evaluation (process evaluation), completion rate and tracking one year and three year post release. We eventually want to expand this program into the St. Joseph County Jail and the Women’s Prison in Indiana. We’ll evaluate and determine how we can roll this out and expand it in phase two. We are anticipating that this program will meld nicely with the State’s new Access to Recovery (ATR) initiative. We believe we will be able to recruit potential clients for the ATR program through this RPR program. Approximately 28% or our programming line item will be budgeted for this relapse prevention program. ($15,000 of $53,333). Although we are developing our own curriculum specific to this project, there is evidence and research already cited that indicates relapse prevention programming works for this population. We are utilizing evidence based curriculum from Hazleden called New Direction. However, we are tweaking it and adding modules to the schedule for teaching. We are fortunate to already have DOC administration buy-in for this project. We have preliminary approval to conduct this program within the prison system and we have a meeting set up with the new commissioner, the deputy commissioner of re-entry, the head chaplain and the deputy commissioner for substance abuse programming scheduled in Indianapolis for August 11, 2008 to give a formal presentation to explain our proposal.

3. **Strengthening Families Program (SFP)**—This is already an evidenced base prevention program. We will be collaborating with the Crossing Educational Center and implementing this program with children and families associated The Crossing. The Crossing is an alternative school. Therefore, most all kids enrolled have either dropped out of school or were expelled, have histories of substance
abuse, have single parent households and are generally considered “at risk.” SFP is a program where parents and their children come together and there is separate curriculum for the youth and parents but the emphasis is on communication skills, structured family time and self esteem improvement. We have implemented this program in the community several times in the past and have a translated version to Spanish so that we can serve the Spanish speaking population as well. Approximately 19% ($10,000 of $53,333) of our programming budget will be dedicated to funding for the Strengthening Families program. The staff at the Crossing Educational Center will help in the recruiting of families since they have built relationships with the families we will potentially be serving. By and large, this is a voluntary program with incentives. However, depending on capacity, we will eventually use the court system to get referrals. We will send the judges letters letting them know that we are implementing this program and ask them for referrals of families. For example, we will contact our juvenile family court judge and suggest he refer families with episodes of substantiated child abuse or neglect. This program has been used in the past for families to attend as a requirement of being reunified with their children in situations where the children have been removed from the home due to abuse or neglect allegations.

This entire plan was made possible by the hard work and dedication of the SPF SIG workgroups. Our Local Advisory Council (LAC) will continue to meet and oversee the project. Our chair person will continue the same. Our LEOW will also continue to meet and operate and assist us in continuing to gather and analyze data for our epi report updates. Our cultural competence workgroup will not continue to meet but we will utilize newsletters and the DFCC coalition to bring visibility and emphasize the importance of embracing cultural competence. Our training and outreach group will continue to convene also but the focus will be on the outreach and the media campaign. Our youth workgroup will continue to meet and be a strong voice speaking out against ATOD use in our community. The Program, Practices and Policy workgroup will also continue to convene and it’s function will be more vital then ever during this time of implementation of these programs in year two.

**IMPLEMENTATION**

In the program implementation phase, the St. Joseph County Drug Free Community Council (DFCC) is required to develop proposals that
address the priority identified by the SEOW, approved by the Governor’s Advisory Council and consistent with the statewide strategic plan.

The DFCC has received training and technical assistance to help develop a community-specific logic model consistent with its proposed intervention strategy with regard to cocaine use and abuse. The LAC reached their goal and objective recommendations by discussion and consensus.

Exhibit C is one suggested rendition of a “logic model” for cocaine use. The model – basically, a field model of disease prevention and health promotion – indicates that there are several determinants that comprise sets of factors that can pre-dispose individuals or communities or that put individuals and communities more or less at risk for the use/abuse of the drug.

This field concept of health should provide a more balanced approach to the development of health policy. It would include such dimensions as the environment, or those external conditions over which the individual has little control. The social and psychological factors involving behavior modification, perceptional problems, and interpersonal relationships (lifestyle) as a result of drug dependency may contribute to homicide, suicide, accidents, social withdrawal, stress, and overstimulation. The attitudes and beliefs of the community and its level of concern about cocaine use/abuse and the sorts of norms the community implicitly or explicitly adopts toward the drug will shape the climate of use/abuse.

Our typical reactions to addressing drug problems have been to focus on prevention (very little), treatment (a little more), and/or enforcement (a lot). Enforcement of our drug laws will show up in pressure on manufacturers and sellers as well as on those that possess and use the drug, which in turn may affect the perception of risk of being arrested, the selling price and availability of the drug, and subsequent prevalence and intensity of use.

Behind these mediating factors are the motives and beliefs of the potential users that may struggle with poverty, have formed destructive lifestyles, or have already adopted drug-using behaviors nourished by peers with similar inclinations and backgrounds. These and other correlates of subsequent drug use may in turn be modified or attenuated by certain protective factors in the home (strong parental presence and guidance), in church or school, or in the community in general that is supportive, sets clear expectations, and provides for appropriate and engaging activities.
To the model in Exhibit C we would add health system of a community and its various dimensions of curing, caring, restoration, and prevention. While the health system has limited preventive elements, it does claim most of the resources in effort and expenditures to improve health in the U.S. What the medical care system shows us is often how well or ill we are performing in preventing the morbidity and mortality of drug-related problems in the first place.

The task of specifying just those factors that will increase or decrease the risk of cocaine abuse in St. Joseph County is a daunting task. In the absence of a database replete with individual records containing just the known correlates that alter the risk of using or abusing cocaine, and to avoid committing the
fallacy of supposing, for example, that if our community has a large proportion of people that have never been married, that we are ripe for an explosion in cocaine abuse, we must flag those factors that are most important from the data sources that are more reliable and consistent. Finally, we need to engage in dialog with individuals and representatives in the community to focus our questions more carefully. In the meantime, we should rely on current research from those that have asked the right questions.

Based on the aforementioned logic model for cocaine, we plan to address some of the following determinants of cocaine use:

- The antecedent risk factors in families that fail to nourish protective assets to resist the temptations of a drug taking culture;
- The moderating or intervening beliefs, attitudes and norms that inform our community about cocaine and its use and misuse; and, the beliefs, practices, and pressure on our youth to use cocaine.
- The information gap regarding the culture of criminal behavior attending the sale, use, and incarceration of those that sell or possess cocaine;
- Lack of programs aimed at vulnerable populations that aim to improve treatment outcomes for targeted populations of prior offenders and former prisoners.

1. Implementation Process

Programmatic logic models are rendered on Exhibits D and E. They specify the components implied in the goals and objectives of the Comprehensive Plan.

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6 Some of the correlates in OAS/SAMHSA reports include the following: age, gender, pregnancy status, race/ethnicity, education, employment, geographic area, frequency of use, and association with alcohol, tobacco, & illegal drug use. Few of these are available at the local level.
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<tr>
<th>Objective</th>
<th>Strategy/Activity</th>
<th>Outcome</th>
<th>Measurement</th>
<th>Responsibility</th>
<th>Resources</th>
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<tr>
<td><strong>A. Increase awareness of ATOD information for youth and parents by 5% at the end of first year of implementation</strong></td>
<td>Update website and survey effectiveness; disseminate information and material on ATOD; continue collaborative and partnership/sponsorship efforts; conduct media and advocacy training; conduct a workplace initiative to raise awareness with adults regarding the negative impact of ATOD</td>
<td>HCI and the DFCC will become more visible and more people will be aware of the dangers of ATOD</td>
<td>Track number of website inquiries; amount of info distributed; number of collaborative events and youth training and advocacy</td>
<td>(these are indicated in terms of sectors) School, Prevention, Youth Serving Agencies, Healthcare, Volunteers, Parents, Businesses, local gov’t, media, youth</td>
<td>Money, Personnel/time, technology (computer) communication, technical assistance, supplies</td>
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<td><strong>B. Increase awareness of the DFCC and related events among all members and sectors of the community by 5% at end of first year</strong></td>
<td>Continue collaborative efforts – Red Ribbon, The Drug Scene Workshop, Ground Hog Job Shadow, Page for a Day, Compliance Checks, Media campaign, community forums, roundtable discussions, editorial letters to the editor of regional newspaper</td>
<td>Coalition will achieve more viability and credibility more youth and adults will be aware of efforts</td>
<td>Amount of new members recruited, amount of times we are approached by media and community members regarding ATOD issues</td>
<td>Schools, media, State government, civic organizations, Law enforcement, treatment, prevention, youth serving organizations, volunteers</td>
<td>Personnel, time, transportation, technology, communication, technical assistance, supplies, money</td>
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<td><strong>C. Increase the membership of the DFCC by 5% by end of first year with emphasis on diversity</strong></td>
<td>Continue supporting all subcommittees in engaging activities, continue collaborative events – Roundtable discussions, media campaigning, workshops; surveying the membership to identify strengths and weaknesses; offer trainings to coalition and community members (sustainability and coalition building as well as other informative subjects)</td>
<td>DFCC membership will grow and coalition’s efforts will be strengthened</td>
<td>Amount of new members recruited</td>
<td>Media, treatment, prevention, law enforcement, parents, youth, local gov’t, faith based, healthcare</td>
<td>Personnel/time, technical assistance, communication (print and telephone), office space, office supplies, technology - computer</td>
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D. Increase youth participation in ATOD awareness programs and leadership opportunities by 5% after year one.

Begin a youth advisory council as a branch off the DFCC, sponsor youth related activities to recruit youth – bowling, basketball, roller skating, movies; provide advocacy and media training to youth, media campaigning, provide trainings to youth through roundtable discussions and Youth Summit; increase the amount of school districts that participate in the IPRC ATOD youth survey.

A viable youth advisory council of the DFCC will be formed.

Track amount of youth involved in activities; the number of youth participating in the advisory council, number of schools participating in ATOD surveying.

Youth, parents, volunteers, businesses, youth serving agencies, healthcare, faith based, schools, media.

Personnel/time, money, technology, communication, office supplies, office space, transportation, technical assistance.

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<th>Resources</th>
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<tr>
<td>A. Increase abstinence from drug use/abuse (30 day use, delay age of onset) among youth by 2% by end of first year</td>
<td>Enroll kids and families in the Strengthening Families program conducted in both English and Spanish at our local Hispanic Community Center; increase after school prevention programming like Toward No Tobacco (TNT), Teens Against Tobacco Use (TATU), Afternoons R.O.C.K. in Indiana, continue collaborating on various activities – Lights on Afterschool, Red Ribbon, fund evidence based programming with mini grants;</td>
<td>More kids will delay the age that they begin to use ATOD, Less kids will report using ATOD in the last 30 days; more adults will seek treatment or will abstain from using ATOD</td>
<td>Youth involved in evidence based programming will participate in surveying – pre and post test; youth in schools will participate in the ATOD survey conducted by the Indiana Prevention Resource Center (IPRC), which measures the four core</td>
<td>Youth, business, youth serving agencies, faith based, prevention, treatment, parents, schools, volunteers, media, healthcare professionals,</td>
<td>Money, personnel/time, technology, transportation, communication both electronic and print, supplies, credibility and reputation</td>
</tr>
<tr>
<td>Increase mandatory new hire and random drug testing in workplaces;</td>
<td>B. Increase the perception of risk/harm of tobacco and alcohol and also increase perception of parental disapproval by 3% at end of year one.</td>
<td>Create a social marketing/media campaign by using billboards and Public Service Announcements with targeting underage drinking, marijuana and cocaine; continue various collaborative activities and after school programming; conduct focus groups within all five school districts in the county.</td>
<td>Using ATOD within the community will become socially unacceptabl e, particularly with regard to the targeted substances noted in section A.</td>
<td>The four GPRA measures as indicated by the IPRC survey, Youth, parents, schools, media, volunteers, faith based organizations, civic organizations, law enforcement</td>
<td>Personnel/time, money, office space, office supplies, transportation; credibility and reputation</td>
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Monitoring trends and Updating the Community Assessment

The Drug Free Community Council’s *Comprehensive Community Plan* contains the essential components of SAMHSA’s “Strategic Prevention Framework” (SPF). The SPF five-step process of assessment, capacity, planning, implementation, and evaluation is the strategic framework of the St. Joseph County Coordinating Council. Assessment is built into the planning process at the beginning and focuses and directs the activities of the other planning steps.

To continually check for changes in data trends and the accuracy of data developed in our original community assessment we will use, initially, and on an annual basis, a more formalized assessment process, using the assessment tool of the SPF to obtain the following output:

1. Community geographical data - An updated description of our project’s community
2. Indicator data - A set of key performance indicators
3. Community demographics - Identification of our project’s priority population
4. Risk and protective factors - Selection of risk and protective factors for our project; and,
5. Assessment report to key constituencies

The updated assessment is to be conducted by the LEOW following an assessment management plan. This plan will consist of a clearly defined purpose of assessment, an identification of major needs or deficiencies in the current data and information set, an identification of existing information, what is to be collected, and how it is to be used, and an identification of data sources and methods.

Following the assessment management plan, the LEOW, supplemented with outside experts, will identify the scope and boundaries of data needs and collection methods; gather the data; develop priorities; and conduct analyses.

We see several methods for gathering data, including those that are directed at the usual constituencies or domains and those that are included in the current assessment, including:

- Conducting and assessment of the community in general - town hall forums; key informants
- Communication with specific target groups or individuals (e.g., clients or patients, students) – rates under treatment; focus groups; school surveys

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• Communication with treatment, prevention and criminal justice providers – focus groups; key informants
• Utilizing community resources (families, schools); example - survey of assets

Our updated assessment is anticipated to provide findings on which needs are most critical, and for those needs that have not been addressed, the existence or lack of alternatives to current practices. This information will allow the DFCC to set priorities at all levels and for all domains, help us decide on needed program and/or organizational improvements, and serve to allocate resources; to aid in developing alternatives; and to develop an action plan.

We anticipate that such an assessment will provide answers to questions about the social conditions ATOD programs are intended to address and the need for the programs. The assessment will also assist the DFCC to determine whether there is a need for a new program(s) and give the DFCC vital information to compare and prioritize needs within and across program areas.8 Most importantly, the assessment will occur as part of an ongoing or cycled process of the other components of the planning framework, namely, strategic planning, program implementation, and evaluation. In short, the needs assessment will be planned, monitored, and evaluated.9

Long term goals and outcome measures established by the State of Indiana through the SPF will frame the critical performance indicators developed and determined through the needs assessment. Accordingly, the needs assessment will comply with the requirements and constraints of Federal and State law and the requirements of funding sources. For instance, SPF grantees are required to provide data on certain ATOD performance measures specified by the NSDUH’s national outcomes measures (NOMs).10

Programmatic Strategies to be Initiated in Phase Two
Planned program strategies include the following:
1. Establishing a “Strengthening Families” program
2. Engaging in a community media awareness campaign. A media specialist will be consulted and we will provide the epi data to them as well as our timeline as is provided in this plan.

10 Age of onset, frequency of use in the past 30 days, the perception of risk or harm, and the perception of disapproval of use by parents and peers.
3. Piloting a “Relapse Prevention for Re-entry” program for prior offenders
4. Expanding our intelligence gathering capacity with the area law enforcement personnel and area schools systems.

2. Expected Outcomes of the Implementation Phase

**Goal One:** Establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local and tribal governments to support the efforts of the community coalition to prevent and reduce cocaine use among 18-25 year olds.

**G1; Objective 1:** Expand the substance abuse prevention coalition to a regional format further enhancing and diversifying resources throughout each sector.

**Expected Outcome:** Improved coordination of prevention and awareness programming through increased parental, school and business participation.

**G1; Objective 2:** Increase cross-sector awareness of substance abuse and related issues, specifically cocaine.

**Expected Outcome:** Broad-based public knowledge and understanding of cocaine abuse patterns in the county.

**G1; Objective 3:** Increase cross-sector coordination and collaboration.

**Expected Outcome:** More efficient and effective data collection

**G1; Objective 4:** Continue comprehensive community planning and information generating efforts. Will start this by collaborating with local law enforcement (Metro Special Operations) and assisting them with upgrades to their reporting software.

**Expected Outcome:** Improved capacity to conduct assessment and planning.

**G1; Objective 5:** Expand and enhance parental support network.

**Expected Outcome:** Increase in parental participation, knowledge and awareness of substance abuse patterns in the county with a focus on the dangers of cocaine use.

**G1; Objective 6:** Increase training opportunities designed to strengthen the community’s capacity to deliver substance abuse prevention services.

**Expected Outcome:** Improved capacity to deliver substance abuse prevention services.

**G1; Objective 7:** Increase the visibility of the coalition and the message about the dangers of cocaine use. We will start this with a media campaign this year.

**Goal Two:** Reduce cocaine abuse use among 18-25 year olds and, over time among all youth and adults by addressing the factors in the community that increase the risk of cocaine abuse and promoting the factors that minimize the risk of cocaine abuse.

**G2; Objective 1:** Implement Social marketing and public policy campaign in favor of preventing youth substance abuse including wide variety of advocacy activities (e.g., pass/amend local laws, work within each sector to raise awareness, media campaigns).

**Expected Outcome:** Increased awareness of the substance abuse focusing on cocaine issues prompting the adoption of local policies/ordinances supporting substance abuse prevention and information dissemination.
**Expected Outcome:** Increased universal exposure to substance abuse and DFCC information.

**G2; Objective 2:** Increase the amount of youth in evidence base programming such as the Strengthening Families Program

**Expected Outcome:** More youth in programming and a reduction of past 30 day usage and an increase in the age of onset of first use.

**G2; Objective 3:** Increase access to relapse prevention programming

**Expected Outcome:** Decrease in crime recidivism and addiction relapsing.

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**EVALUATION**

In this section, we define the methods by which we plan to measure progress toward achieving the outcomes defined in the strategic planning and implementation sections and how achieving those outcomes will impact the problems identified in assessment of local problems. The expected outcomes are to increase awareness of the harmful effects of crack/cocaine and to reduce the use patterns of cocaine.

In general, the evaluation process will be conducted in accordance with an Assessment Management Plan using the LEOW as a Planning & Evaluation Committee of the LAC. Their role in guiding and monitoring the community assessment will be amplified in conducting the evaluation of Coalition objectives. They will direct staff to conduct needed process and outcome studies and report on same to the LAC and community at large. Consultative assistance for conducting specific evaluations will be obtained from area experts. Based on recommendations from local evaluation contractors and IPRC, we will collect and identify NOMS and complete fidelity instruments for this program. We will seek counsel on process objectives and outcome objectives.

We will structure the Committee to meet with sufficient frequency to receive and act on reports during the formative evaluation stages. The reports, completed during the development and improvement phases, will be conducted by the appropriate coalition members(s) under guidance from an external evaluator, and be used to alter program direction, target populations, and emphases, if needed.

Summative evaluations will be used principally in both the intermediate and long-term planning phases of the project, but also with regard to specific program interventions that lend themselves to direct pre- and post-measurement. For example, the principal source of data used the meet the NOM/GPRA performance measures will be derived from the Council’s participation in the State-wide “Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents” survey. This annual survey will be coordinated by the Indiana Prevention Resource Center (IPRC) in Bloomington, Indiana. The survey is designed for use in school settings and measures the prevalence of ATOD for statewide and local evaluation and planning. All of the questions are comparable to both the National High School Survey (conducted by the University of Michigan) and the National Household Survey (conducted by the National Institute on Drug Abuse), which
show drug use rates for high school 8th, 10th and 12th graders, and for persons aged 12 and over, respectively. As part of our implementation efforts we will enlist the participation of all county-level school corporations.11

While data for St. Joseph County specifically are available from the past several surveys, they are not accessible unless and until local participating school corporations agree to have the data released in aggregate for local planning purposes. Our plans are to get a release of information from the schools and provide that to IPRC so that they will aggregate the data for St. Joseph County. To make this possible we will expand membership on the DFCC to include more of the larger school corporations and ensure their representation on a data/evaluation committee. We already have assurances for cooperation from the South Bend Community School Corporation, and will work with the other corporations directly or administer our own survey, which is ”The American Drug and Alcohol Survey”™ from the Rocky Mountain Behavioral Science Institute, Inc

Addressing the problems ATOD use and their ill effects in the County requires a multi-pronged approach. The implementation objectives include attention to the availability of ATOD products, the attitudes and perception of risk among youth users, the character of families that support our youth, the culture and practices of the our community at large, and the capacity of our community to provide timely and appropriate information, instruction, and advocacy.

Increase Awareness of Cocaine and Other Drugs
To increase our community’s participation in substance abuse prevention and reduction efforts and build the capacity needed to collaborate for and implement effective strategies to reduce substance abuse, the Coalition intends to:

- Increase awareness of ATOD information available to youth and parents by 20% within five years.
- Increase awareness of the DFCC and related events among all members and sectors of the community by 20% within the next five years.
- Increase the membership in the DFCC by 20% within five years.
- Increase youth participation in ATOD awareness campaigns/programs by 20% within the next five years.
- Decrease recidivism by 20% by ex-prisoners that participated in the relapse prevention program. We realize there is no baseline data for this since we are just developing this program. We will develop the baseline data.

Changing Community Norms. We expect to change outcomes that relate to community norms and expectations regarding the acceptability of using legal or illegal substances. Our past objective - to alter perceptions and attitudes and change the social acceptability of smoking tobacco products and underage drinking in the community – will include cocaine use as well.

The impact from addressing the problem of cocaine use will not be known until a specific set of strategies is embraced by the community at large and youth in particular. This objective will have to wait upon the development of a specific social marketing plan to be shaped by a Youth Development Committee and clarified through a series of focus groups conducted by the youth in the County.

In time, social marketing efforts should show results in reducing the average age of first use, the prevalence of current use, the intensity of use, and the perceptions of risk and harmful consequences of use. In the absence of this plan, we will continue to make our presence known through other community venues.

- The annual Prom/Graduation Educational Programs offered to all area high schools will take place from March to May during the duration of the grant cycle. The goal at each high school will be a minimum of 75% of the students attending the prom having signed a SADD contract pledging that they will use drugs and drive. The two local city Police Departments will provide baseline data indicating the number of arrests among students during prom time. The goal will be to reduce that number by half, each year. The long-term goal is to have no fatalities and no drug-related crashes by students during prom and graduation season.
- The Penn Harris-Madison (school corporation) Health and Safety Fair is an annual event with approximately 75 educational booths and interactive demonstrations will include a component on substance use. Approximately 7,000 people attend this event and gain information as it relates to the health and safety of family and friends. We will measure the short-term output of the event by the number of materials that are
distributed and by tracking the number of people that attend our booth. Our goal is to have face-to-face contact with 3,000 people of the community during the event.

Enhancing Awareness and Improving Decision-Making Skills
We intend to increase the number of middle school youth in evidence-based ATOD prevention programs and programs that promote healthy decision making and that strengthen family relationships. These are community programs that are or will be conducted by our Coalition partnering organizations. We will assist in the evaluation.

Measure. The measure for this objective is the number of middle-school youth enrolled in evidence-based ATOD prevention programs of the sort mentioned. While this measure is purely an output measure, the outcomes in the form of attitudinal and behavioral changes will vary by the type of program.

Strategy. The Strengthening Families Program (SFP) is family skills training program designed “to increase resilience and reduce risk factors for substance abuse, depression, violence and aggression, delinquency, and school failure in high-risk, 6-12 year old children and their parents.”12 This program was developed with NIDA research funds, and is recognized by many federal agencies as a research-based family model. The program is considered effective in increasing assets and protective factors by improving family relationships, parenting skills, and improving youth’s social and life skills. SFP has been modified to accommodate high risk groups, minority, rural and non-USA populations, and is widely used in many settings.

“Strengthening social bonding and caring relationships with people holding strong standards against substance abuse in families, schools, peer groups, mentoring programs, religious and spiritual contexts and structured recreational activities” is considered an effective approach by the Office of National Drug Control Policy, and may work to eliminate the disconnect between parental disapproval of drug use and child drug-using behavior.13

Strengthening life skills and drug refusal techniques by teaching life skills and drug refusal skills, using interactive techniques that focus on critical thinking, communication and social competency is a recognized evidence-based strategy.14 In SFP, parents learn “to increase desired behaviors in their children, engage in clear communication, effective discipline, substance use education, problem solving, and limit setting. Children learn effective communication, understanding feelings, coping with anger and criticism, stress management, social skills, problem solving, resisting peer pressure, consequences of substance use, and compliance with parental rules.” SFP “has been evaluated by many independent investigators using standardized clinical and prevention measurement instruments. All have reported similar positive results in preventing substance abuse,


14 Office of National Drug Control Policy, op.cit.
conduct disorders, and depression in children and parents, and improving parenting skills and family relationships.”

The long-range outcome for the SFP curriculum is reduced substance use and behavior problems during adolescence. More intermediate objectives include improved skills in nurturing and child management by parents and improved interpersonal and personal competencies among youth. We do not envision the use of a control group for the SFP component so that the design of outcomes will be an elementary quasi-experimental pre-post type. We expect changes from the intervention to have 1) positive effects on parenting behaviors by the SFP through a one-year follow-up; 2) improvement in peer resistance skills and reduction in affiliations with anti-social peers at one year, 3) lower probabilities of initiating any type of substance use as indicated by responses regarding relative risk of harm from ATODs, and 4) lower proportions of adolescents reporting past month frequency of tobacco, alcohol, or marijuana use one year post-intervention (NOM/GPRA measures).

Relapse Prevention for Re-Entry
This program, currently supported by a local hospital, will be conducted by the DFCC in conjunction with “Companions on the Journey,” a local human service organization serving ex-offenders. The curriculum will cover a 12 week period and is modeled after the work of the psychologist Philip Zimbardo and his work at Stanford and the Stanford Prison Experiment. We understand that this is a new program and consequently no baseline data exists. We will identify our first group and future groups will be evaluated against base line data. Companions on the Journey, one of our collaborative partners with this project will collect the post data at year one and year three.

The purpose of the “Relapse Prevention” program is to provide ex-offenders with basic self-management knowledge and skills that would lead them to reduce relapses into controlled substances or recidivism to jail. This is to be considered a pilot project with the following objectives/evaluation questions;

- To determine the acceptability and feasibility of the implementation processes for the Relapse Prevention program.
- To collect data on the potential efficacy of the program to improve knowledge and practices among ex-offenders at risk for relapse due to use of controlled substances.

Methods. The program consists of an orientation session and a 12-week curriculum. The curriculum covers the Zimbardo themes of individual, systemic, and environmental triggers to relapse.

The evaluation will consist of program implementation, with attention to course completion rates of the participants. The evaluation design includes pre- and post-test data collection from participants, process monitoring data, and data collection from program instructor/facilitators.
Evaluation protocols and instruments will be developed and would include: intake and registration forms; coursework questionnaires regarding knowledge, attitudes, confidence levels and behavior; a program evaluation form to determine participants’ reaction to the course; and a facilitator’s evaluation form regarding the materials and methods for feasibility and acceptability. A post-program follow-up contact may be included to reinforce knowledge and behaviors.

Recidivism would be tracked at one- and three-month intervals. Rates will be compared both internally (over time) and externally to publicly available data on Indiana recidivism rates and rates for controlled substances.

Program participants’ characteristics will be described. Pre- to post-test differences in knowledge and attitudes will be examined using pared t-tests. In light of the need to adjust for multiple comparisons, only p-values below 0.01 should be considered statistically significant.

**Building Capacity in Information Gathering**

Updating the assessment plan will require special attention to two areas: criminal justice system and youth in school. Those needs have already been described and identified in general (see above), but entail an examination of the information technology of our local law enforcement agencies in providing easily accessible data on the conditions of use, street drug prices, arrest locations, related crime, and user types, among other components. This information gathering and enhancement activity may not warrant a specific plan objective since it is a function of planning in general, but will require additional resources of staff and possible funding.

The specific components of the Evaluation Plan are included as Exhibit D.
### Exhibit D: Evaluation Plan

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicator</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term (first year of grant)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase awareness of ATOD information for youth and parents by 5% at the end of first year of implementation</td>
<td>Number of website inquiries, Materials distributed, Number of collaborative events, Number of youth training and advocacy sessions</td>
<td>Website staff, Materials distributed, Attendance sheets</td>
</tr>
<tr>
<td>Increase awareness of the DFCC and related events among all members and sectors of the community by 5% at end of first year</td>
<td>Number of new members recruited, Frequency of media and general community contacts</td>
<td>Council minutes, Staff logs</td>
</tr>
<tr>
<td>Increase membership of the DFCC by 5% by end of first year with emphasis on diversity</td>
<td>Growth in new members recruited, Diversity status of DFCC</td>
<td>Council minutes, Survey of membership</td>
</tr>
<tr>
<td>Increase youth participation in ATOD awareness programs and leadership opportunities by 5% after year one.</td>
<td>Growth in number of youth participants</td>
<td>Council minutes</td>
</tr>
<tr>
<td>Increased abstinence from drug use/alcohol abuse (30-day past use of alcohol, ages 12-18; 30-day past use of illicit drugs, ages 12+).</td>
<td>30-day past use of alcohol, ages 12-18, 30-day past use of marijuana, ages 12-18, 30-day past use of tobacco, ages 12-18</td>
<td>School Survey (NOM/GRPA)</td>
</tr>
<tr>
<td>Increase the perception of risk/harm of tobacco and alcohol and also increase perception of parental disapproval by 3% at end of year one.</td>
<td>Perception of alcohol as harmful, Perception of marijuana as harmful, Perception of smoking as harmful</td>
<td>School Survey (NOM/GRPA)</td>
</tr>
<tr>
<td>Reduce the sale of alcohol and tobacco to underage youth by 3% after the first year.</td>
<td>Number of servers successfully trained on dangers of serving youth and over-serving other patrons</td>
<td>Training session data</td>
</tr>
</tbody>
</table>
Number of alcohol compliance checks conducted
Number of tobacco compliance checks

Local law enforcement and the Prosecutor’s Office
DFCC Youth Development Council (YDC) and the St. Joseph County Tobacco Quit Project (STQP) data

Intermediate (1 - 5 yrs)

| Increase awareness of ATOD information for youth and parents by 20% within 5 years. | Number of website inquiries |
| NUMBER OF WEBSITE INQUIRIES | Number of collaborative events |
| NUMBER OF COLLABORATIVE EVENTS | Number of youth training and advocacy sessions |
| NUMBER OF YOUTH TRAINING AND ADVOCACY SESSIONS |
| Increase awareness of the DFCC and related events among all members and sectors of the community by 20% within the next five years. | Number of new members recruited |
| NUMBER OF NEW MEMBERS RECRUITED | Frequency of media and general community contacts |
| Increase membership of the DFCC by 20% within five years. | Growth in new members recruited |
| GROWTH IN NEW MEMBERS RECRUITED | Diversity status of DFCC |
| Increase awareness of ATOD information for youth and parents by 20% within 5 years. | Number of middle-school youth enrolled in evidence-based ATOD prevention programs: |
| NUMBER OF MIDDLE-SCHOOL YOUTH ENROLLED IN EVIDENCE-BASED ATOD PREVENTION PROGRAMS: |

**- Strengthening Families Program (SFP)**

Improvements in following measures:
- Parent Alcohol and Drug Use
- Parent 30-day Alcohol and Drug Use (GPRA) 11-items
- Parent Attitude Towards Adult Drug Use (GPRA) 3-items
- Parent Attitude Towards Risk (GPRA/Household Survey) 5-items

**Child Alcohol and Drug Use**
- Child 30-day Drug and Alcohol Use (GPRA) 11-items

Other measures as needed, e.g.:
- Family Relationships, including family conflict, communication, cohesions, and organization
- Parenting, including parenting style, discipline, monitoring, parenting self-efficacy

Parent, child, and therapist reports
- Parent Reports
- Standardized SFP Parent Interview Questionnaire (195-items) with client satisfaction and recommendations for SFP improvements added for the Follow-up Parent Interviews
- Child reports:
  - The SFP Children's Interview Questionnaire (items)
- Trainer reports:
  - SFP Teacher/Trainer Interview Questionnaire (about 160-items), used in prior SFP studies modified by the local site evaluator recommendations and any pilot tests

Website staff
- Materials distributed
- Attendance sheets

Council minutes
- Staff logs

Survey of membership

Materials distributed
- Attendance sheets
Children's social skills and resiliency
Children's aggression, depression, and conduct disorders
Parent's depression
Association with using or anti-social peers
Perception of risk from smoking
Proportion that believe ATODs are harmful to health

Increase the perception of risk/harm of ATOD by 10% among youths ages 12-17 in St. Joseph County within the next five years.

Recommendation from youth-generated social marketing plan
Percent signing pledge at Prom/Graduation Educational Programs not to use drugs and drive
Number of arrests among students at Prom/Graduation time
Number attending Penn Harris-Madison Health and Safety Fair
Number of servers successfully trained on dangers of serving youth and over-serving other patrons
Number of alcohol compliance checks conducted
Number of tobacco compliance checks

Reduce the accessibility and sale of alcohol and tobacco to underage youth in St. Joseph County by 10% within the next five years.

Number of alcohol compliance checks conducted
Number of tobacco compliance checks

Increase awareness of ATOD information, the Drug Free Community Council and related events.

Number of inquiries received compared to previous use, and by a spot survey of user satisfaction regarding the ease of use and quality of the material posted.
Track the dissemination of relevant, educational material

Teen Advocates
Number of teen advocates trained
Effectiveness of teen advocacy training

Sponsored Events
Number of attendees
Satisfaction with sponsored events

Increase the perception of risk/harm of ATOD by 10% among youths ages 12-17 in St. Joseph County within the next five years. School Survey

Recommendation from youth-generated social marketing plan
Percent signing pledge at Prom/Graduation Educational Programs not to use drugs and drive
Number of arrests among students at Prom/Graduation time
Number attending Penn Harris-Madison Health and Safety Fair
Number of servers successfully trained on dangers of serving youth and over-serving other patrons
Number of alcohol compliance checks conducted
Number of tobacco compliance checks

Reduce the accessibility and sale of alcohol and tobacco to underage youth in St. Joseph County by 10% within the next five years. Signed SADD Contracts

Number of alcohol compliance checks conducted
Number of tobacco compliance checks

Increase awareness of ATOD information, the Drug Free Community Council and related events. DFC Website

Number of inquiries received compared to previous use, and by a spot survey of user satisfaction regarding the ease of use and quality of the material posted.
Track the dissemination of relevant, educational material

Teen Advocates
Number of teen advocates trained
Effectiveness of teen advocacy training

Sponsored Events
Number of attendees
Satisfaction with sponsored events

Reduce the accessibility and sale of alcohol and tobacco to underage youth in St. Joseph County by 10% within the next five years.
Fidelity of media messages

Increase youth participation in ATOD awareness campaigns/programs by 20% within the next five years.
Determine the acceptability and feasibility of the implementation processes for the Relapse Prevention program; to improve knowledge and practices among ex-offenders at risk for relapse due to use of controlled substances

Increase youth membership in the Drug Free Council
Percent youth on the Council
Percent increase in youth on the Council

Pilot Relapse Prevention for Re-entry Program
- Improvements in the following measures
  Recidivism rates post program 1 yr and 3 yrs
  Pre-post-score changes on knowledge & attitudes
  Participant satisfaction with program
  Program completion rate
  Facilitator satisfaction with program

Criminal justice data
Program questionnaires
Participant satisfaction form
Facilitator log
Facilitator satisfaction form

Long-term (5 yrs+)

Increased abstinence from drug use/alcohol abuse (30-day past use of alcohol, ages 12-18; 30-day past use of illicit drugs, ages 12+).

30-day past use of alcohol, ages 12-18
30-day past use of marijuana, ages 12-18
30-day past use of tobacco, ages 12-18

School Survey (NOM/GRPA)
School Survey (NOM/GRPA)
School Survey (NOM/GRPA)

Increased perception of drug use as harmful (ages 12-18)

Perception of ATODs as harmful

School Survey (NOM/GRPA)
<table>
<thead>
<tr>
<th>Decreased criminal justice/juvenile justice involvement</th>
<th>Cocaine arrests</th>
<th>Court-adjudicated cocaine treatment referrals</th>
<th>City and County Police Arrest data Local law enforcement and the Prosecutor’s Office</th>
</tr>
</thead>
</table>
Appendix #1


Exhibit B. Lifetime, Annual, and Monthly Cocaine Use by Grade. St. Joseph County, 2007