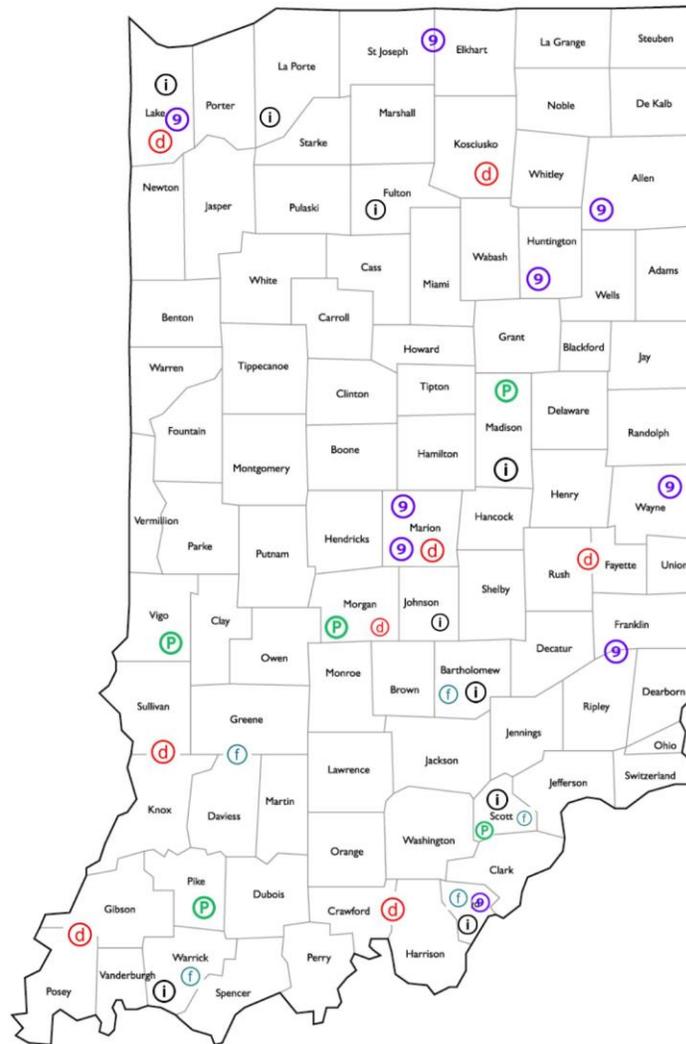


State of Indiana

Community Prevention Framework

Evaluation Report

State Fiscal Year 2014



Indiana Prevention Resource Center
October 2014

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Summary

Indiana was awarded a Strategic Prevention Framework-State Prevention Enhancement (SPF-SPE) Grant in 2011 to develop a five year strategic plan to address the issues of substance abuse prevention and mental health promotion by the Substance Abuse and Mental Health Services Administration (SAMHSA)—Center for Substance Abuse Prevention (CSAP). The primary goal of awarding these funds to the states was to assist them in aligning their state prevention and mental health promotion activities with Substance Abuse and Mental Health Services Administration (SAMHSA).

The Indiana Division of Mental Health and Addiction (DMHA) had embarked upon a planning process even prior to the announcement of the grant opportunity. This process intended to improve data collection at the state and local levels, enhance and expand the reach of services to populations at highest need, better prepare the prevention workforce, and improve evaluation practices. Upon receipt of the grant, planning intensified and focused on building capacity and enhancing existing infrastructure. As a result, communities across Indiana were better positioned to implement the SPF model to respond to substance abuse and mental health issues through the implementation of data-driven, evidence-based programs, policies, and practices.

The purpose of this evaluation report is to provide a snapshot of where the Indiana prevention system currently is, and provide recommendations to enhance, strategically align, and evaluate the infrastructure of the Indiana prevention system in an effort to reduce the impact of substance abuse and mental illness on Hoosiers.

Challenges, and their resulting successes, experienced state fiscal year 2014 (SFY14) include:

- Staff and community readiness, resulting in increased availability of online trainings and processes to prepare new individuals
- Providing technical assistance to 38 DMHA grantees, including multiple in-person trainings, webinars, email and phone assistance, reviewing of reports, and conducting site visits.
- New online system to increase the collection of demographics, evaluation data, and submission of community deliverables.
- Difficulties arising from unclear communication and changing preferences, resulting in confusion and occasional lack of timely information
- Providing technical assistance on an as-needed basis to nine newly funded DMHA grantees, resulting in deliverables that vary widely in quality across all grants

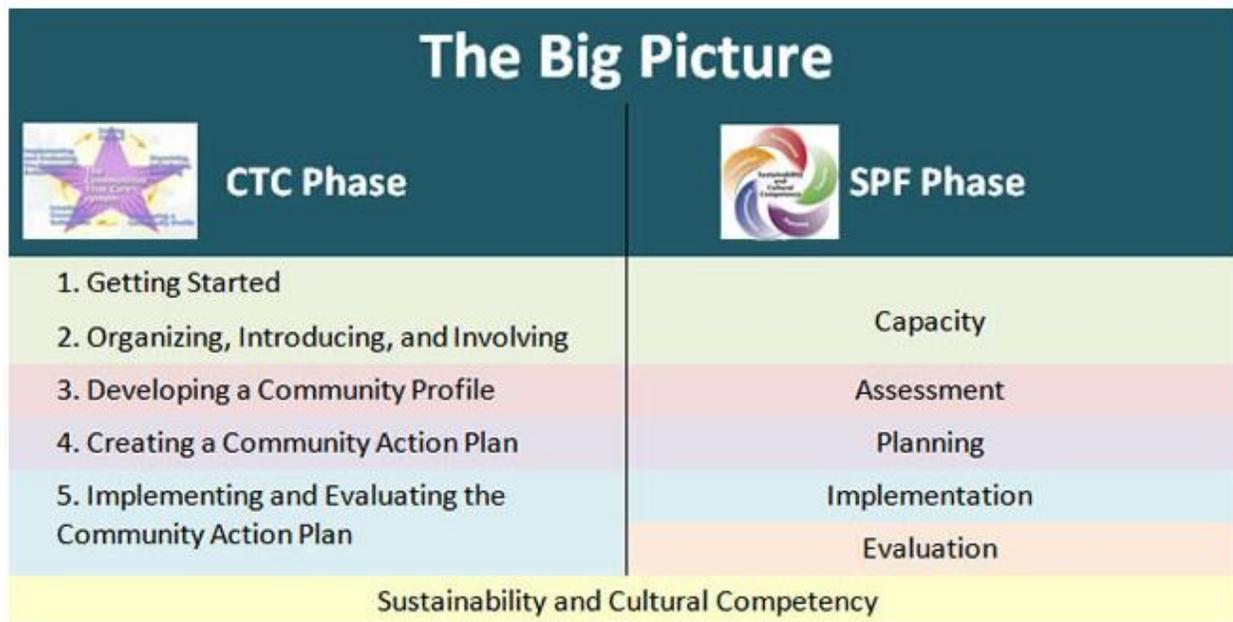
As a result of compiling this report, looking forward to additional fiscal years and possible changes to the funding structure, the IPRC has six recommendations to be implemented both in the current and future fiscal years:

- Continued support of the Communities that Care process as a tool for disseminating the Strategic Prevention Framework prevention infrastructure in Indiana
- Increasing prevention capacity of individuals and Indiana communities, not just those currently funded by DMHA
- Continued (and improve) process-evaluation, leading to adjustments and turning challenges into successes for each community as the fiscal years progress

- Leveling of the current level of technical assistance provided by project officers to their communities, despite differences in original funding dates
- Consideration of switching to a regional structure for funding
- Continue to build on recent successes.

Community Prevention Framework Overview

Currently, Indiana utilizes both the Strategic Prevention Framework (SPF) and Communities that Care (CTC) models in Indiana. Both exist and work to help communities get organized, identify problem areas based on community-level data, make knowledgeable decisions, and evaluate actions taken to address problem areas. It is important to note that the CTC system is simply a tool to aid in building a prevention infrastructure through the SPF process. The use of this blended model to increase prevention capacity and data-driven implementation across the state is referred to as the Community Prevention Framework (CPF) by the Indiana Prevention Resource Center (IPRC). This past year, the IPRC provided technical assistance to three different grant types within this Community Prevention Framework: Development, Implementation, and Family grantees. Additionally, technical assistance was provided to nine implementation grants on an as-needed basis.



There were nine Development Grant communities or counties across the state in July 2013. These communities received funding to address the beginning phases of building a prevention infrastructure. In the CTC process, this involves phases 1-4: Getting Started; Organizing, Introducing, and Involving; Developing a Community Profile; and Creating a Community Action Plan. These phases line up with the SPF phases of Capacity, Assessment, and Planning. Most communities completed their Community Action Plan during the spring of 2014, and had it approved for implementation once their community was ready. Few communities began implementing SFY14, instead opting to start implementing with the beginning of a new fiscal year. As they have not yet begun implementation, evaluation of

these communities exists is a process-evaluation detailing the progress they've made in forming and sustaining their prevention infrastructure.

There were ten Implementation Grant counties and communities across the state in July 2013. An additional nine communities were given implementation grants in September 2013. These communities had previously built the prevention infrastructure needed to begin Phase 5 of the CTC plan (Implementing and Evaluation the Community Action Plan) or Phases 4 and 5 of the SPF (Implementation and Evaluation). These communities received funding to implement their action plan created last fiscal year. Evaluation of each community was conducted at both the program-level and community-level. However, as these communities have only been funded to implement their targeted programs for a short-time, it is important to remember that community-level changes can often take several years to materialize.

There are five Family Grant county and communities across the state. These five communities were chosen to implement programs specifically targeted toward family risk and protective factors. These communities are also evaluated at the program-level and community-level, again noting that community-level changes often take several years to appear in the data.

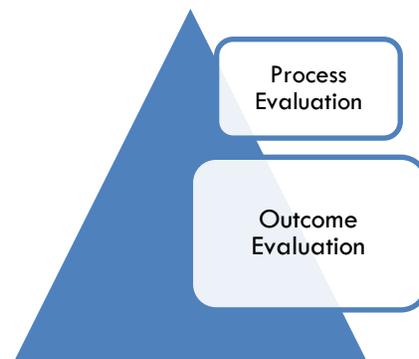
There are also five counties with grants to address Prescription Drug Misuse and Abuse. These grantees are often called the Partnership grantees, as they are funded by the national Partnerships for Success II grant from SAMHSA. These grants are evaluated primarily at the community level, as most are enacting environmental strategies. Those implementing individual programs will also be evaluated at the program-level.

Evaluation Approach

The Community Prevention Framework uses a tiered approach to evaluate the effectiveness of the effort in each community, which includes both process evaluation and outcome evaluation. Process evaluation involves the monitoring of steps or activities leading to the achievement of a

result. Each quarter, the grantees complete the Milestones and Benchmarks tracking in Corkboard. The Milestones and Benchmarks serve as a planning tool to decide what needs to happen in the planning process, a checklist to ensure that all appropriate steps are taken, as

an overall strategy and coalition assessment, and evaluation tool that can assist in identifying training and technical assistance needs. As a recommendation for future fiscal years, the IPRC will seek to add in additional process evaluation regarding specific program fidelity, in an attempt to help grantees spot challenges as they occur, in order to adjust as the fiscal year progresses. Outcome Evaluation seeks to understand to what extent the efforts were effective, at both the community- and program-level.



As a part of the outcome evaluation, community-level evaluation involves monitoring the changes in determinants (e.g., risk/protective factors), behaviors (e.g., substance use), and related consequences (e.g., arrests) among the community over time. This type of change often takes several years to see, but the overall goal of substance abuse prevention is to impact behaviors of those beyond a given program, policy, or practice and achieve population-level change. Most community-level evaluation data can be collected via the Indiana Youth Survey or Indiana College Survey. The youth survey captures the National Outcome Measures (NOMs), risk and protective factors, as well as other critical information such as mental health, parental deployment history, and parental incarceration. These data will be the core of the community-level evaluation, in addition to available community-level archival data, and data from local organizations (law enforcement, hospitals, etc.).

Also a part of outcome evaluation, program-level evaluation consists of evaluating the elements of the program, policy, or practice, including impact on determinants and behaviors. Program evaluation provides information about whether the program, policy, or practice is impacting participants (rather than the community at-large) in the expected ways (e.g., decreased risk, increased protection, decreased substance use). Most program evaluation data will be collected via the NOMs as well as risk and protective factor scales for identified risk and protective factors of focus for that strategy. As a recommendation for the future fiscal years, the IPRC seeks clear guidance as to the importance of collecting the full NOMs for each strategy in each community, as compared to the importance of NOMs of focus or the program-specific evaluation tool.

At the end of the each fiscal year, communities are required to submit a final evaluation report to present both their process and outcome evaluation data, reflect on their challenges of the past year, and highlight adjustments to their implementation plan for the following fiscal year. This Community Prevention Framework Evaluation Report details the key findings for the past fiscal year (State Fiscal Year 2014) from each community in each of the grant types. This evaluation report details the progress each Development, Implementation, Family, and Partnership grantee made in the second year of their grant, and the progress made in the first year of the grant for those designated as “New Nine” (receiving grant funds starting September 2013). This report also details changes at the state level (in funded and non-funded communities), the evaluation of the CPF Team of project officers at the IPRC, and the Team’s recommendations for future years, based off of the experiences and activities of the past fiscal year.

Community Evaluation

Development Grants

Development Grants were in eight Indiana communities with the focus on building and sustaining their prevention capacity at the conclusion of SFY14. One community (Elkhart County) had a development grant, at the beginning of the fiscal year, but the state chose to terminate their contract at the end of the 3rd quarter. Communities receiving development funding include: Crawford and Harrison Counties, City of Gary, Gibson and Posey Counties, Knox and Sullivan Counties, Kosciusko County, Pike Township in Marion County, Morgan County, and Rush and Fayette Counties.

Crawford and Harrison Counties. The Crawford County Council for a Drug-Free Community (CCCDFC) and the Harrison County Substance Abuse Prevention Coalition (HCSAPC) was first organized in 1990 in response to the problems of alcohol and drug abuse in their counties. The coalitions have identified a risk factor (Interaction with Anti-social Peers) and a protective factor (Community Rewards for Involvement) to focus on this coming fiscal year.

- Social Media Campaign/Positive Norms Framework – interaction with antisocial peers, community rewards for involvement
- Faith Partners – community rewards for involvement
- Collaboration with College Success Coalition – interaction with antisocial peers
- Party Dispersal Training/Implementation – interaction with antisocial peers
- Footprints for Life – interaction with antisocial peers, community rewards for involvement

The Community Action Plan has been approved. Implementation of programs and practices is set to begin on July 1, 2014. Crawford and Harrison have been very successful in building an inclusive group that will cater to the needs of the community, gathering MOUs and practicing clear standards for the process. While creating and working with the group was a challenge, due to the many different views, a large geographic area, and a small population, the end result has been valuable to the coalition.

Elkhart County. Created in 2012, Elkhart County Communities That Care incorporates the vision that all young people in Elkhart grow up safe, supported and nurtured by their families, schools and community, and become healthy adults who are engaged, educated and contribute positively to society. To address substance abuse issues in their county, the Elkhart County Communities that Care coalition has identified the high risk factors of Family Conflict, and Interaction with Antisocial Peers, and the low protection factor of Community Rewards for Involvement as areas of focus. At the end of year one, the Elkhart County Communities That Care underwent a change in fiscal agent which created various internal challenges compromising the fidelity of the Communities That Care process **preventing the completion of the grant cycle**. Prior to the grant closure, noteworthy achievement were completions of the Community Assessment and Resource Assessment reports. In addition, Elkhart County Communities That Care was successful in securing the participation of Elkhart Community School in the Indiana Youth Survey after a ten year nonparticipation status.

City of Gary in Lake County. Created in 2012, the Gary Communities that Care Coalition was created to address the community's vision that young people in Gary should grow up safe, supported and nurtured by their families, schools, and community. The coalition has identified two elevated risk factors as their initial point of focus: high risk for Family Conflict/Poor Family Management and extremely high risk for Interaction with Antisocial Peers. Additionally, due to data from the Indiana Youth Survey, Gary CTC has also chosen to reduce stigma surrounding mental health issues in an attempt to increase the treatment seeking behaviors of youth. Gary Communities that Care are implementing four strategies in SFY 15:

- Strengthening Families Program– family conflict and poor family management
- Reconnecting Youth –interaction with antisocial peers
- Youth Violence Prevention Conference – interaction with antisocial peers
- Mental Health First Aid – sigma/fear reduction regarding mental health issues

This fiscal year, the coalition was met with the continued challenge in collecting city-level data (as county level data does not always describe Gary accurately), but was successful in getting an extended data release and gaining support from other community organizations. They will begin implementing their approved Community Action Plan and Workplan with the new fiscal year.

Gibson and Posey Counties. Created in 2012, the Community That Care Coalitions of Gibson and Posey Counties were created to promote healthy behaviors for a thriving community. The coalition has identified two elevated risk factors and one depressed protective factor as their initial points of focus: family conflict, peer/individual rewards for anti-social behavior, and community rewards for involvement. Gibson and Posey Counties are implementing an array of prevention strategies in SFY 15:

Gibson County programs include:

- Life Skills Training – family conflict and rewards for anti-social behavior
- School Social Work Services – family conflict and rewards for anti-social behavior
- Strengthening Families – family conflict
- Social Norms Campaign – rewards for anti-social behavior
- Question Persuade Refer (QPR): Gatekeeper Training for Suicide Prevention – mental health indicators
- Al’s Pals - family conflict and rewards for anti-social behavior
- Project MAGIC - family conflict, rewards for anti-social behavior, and community rewards for involvement

Posey County Programs include

- Life Skills Training – family conflict and rewards for anti-social behavior
- School Social Work Services – family conflict and rewards for anti-social behavior
- Strengthening Families – family conflict
- Social Norms Campaign – rewards for anti-social behavior
- Question Persuade Refer (QPR): Gatekeeper Training for Suicide Prevention – mental health indicators
- Big Brothers/Big Sisters – family conflict, rewards for anti-social behavior, and community rewards for involvement

This fiscal year, the coalition was met with challenges related to involving youth in the CTC process, but enjoyed success in the assessment and planning phases. They will begin implementing their approved Community Action Plan and Workplan with the new fiscal year.

Knox and Sullivan Counties. The Knox/Sullivan Communities That Care Project Community Board works to empower the community by “coming together to promote positive development in children and youth by preventing problem behaviors”. Through their work, they have identified three risk factors and a protective factor to focus on: high risk for family conflict, high risk for favorable parental attitudes toward antisocial behavior

and drug use, high risk for favorable peer rewards for antisocial behavior and drug use, and depressed protection for rewards for pro-social involvement in school. Knox/Sullivan is planning on implementing the following programs:

- Project Towards No Tobacco –Peer/Individual Rewards for Anti-Social Behavior
- Safe Dates – Peer/Individual Rewards for Anti-Social Behavior
- Project Towards No Drug Abuse – Peer/Individual Rewards for Anti-Social Behavior
- Botvin’s Lifeskills – Peer/Individual Rewards for Anti-Social Behavior
- Active Parenting Now-Parental Attitudes Favorable to Anti-Social Behavior and Family Conflict
- KNOW! – Parental Attitudes Favorable to Anti-Social Behavior
- Faith Partners – Parental Attitudes Favorable to Anti-Social Behavior

This fiscal year, the coalition was met with challenges working without a full-time coordinator (due to a delayed contract) and identifying evidenced-based strategies for the community at large, but enjoyed success in collaborating with other organizations and key leaders, including the ability to pilot implement a program. They will begin implementing their approved Community Action Plan and Workplan with the new fiscal year.

Kosciusko County. The Kosciusko Communities That Care coalition was created in 2012 with the mission to promote healthy youth development designed to increase positive lifestyle choices and decrease problem behaviors, as a result of the Development Grant funding. The coalition identified two risk factors and a protective factor to focus their efforts on: high risk for Favorable Parental Attitude towards Antisocial Behavior, high risk for Family Conflict, and depressed Community Rewards for Involvement. Specifically in Kosciusko County, youth problem behaviors are in the areas of prescription drug misuse, use of tobacco products, and alcohol use. Through building an all-encompassing coalition, the Kosciusko Communities That Care has maintained a high degree of fidelity to the Communities That Care development phase. The Community Assessment and Resource Assessment reports are constructed on sound local data that systematically identified the following strategies for implementation:

- Guiding Good Choices – family conflict, favorable parental attitudes towards antisocial behavior
- Safe Place – family conflict
- Mental Health First Aid/Youth Mental Health First Aid – family conflict
- Public Awareness and Prevention Campaign – community recognition for pro-social involvement
- Parents Who Host - favorable parental attitudes towards antisocial behavior

This fiscal year, the coalition was met with the challenge of keeping coalition members engaged in the planning process, but had success with coalition members identifying and wanting to implement programs. They will begin implementing their approved Community Action Plan and Workplan with the new fiscal year.

Morgan County. In 2012, Morgan County created a Communities That Care coalition committed to helping their youth grow into healthy, successful, productive adults. The coalition identified two elevated risk factors (laws and norms favorable toward

substance use, perceived risk of drug use) and one depressed protective factor (interaction with pro-social peers). To address these factors, Morgan County is proposing to implement:

- An Underage Task Force – laws and norms favorable toward substance use
- Youth Council- laws and norms favorable toward substance use,
- *Most of Us* Social Norms Marketing –laws and norms favorable to drug use
- General Enhancement of After-School Programs – perceived risk of drug use, interaction with pro-social peers

Morgan County was met with challenges in getting involvement from all sectors and regions of the county, in addition to getting their Community Action Plan completed and approved. They experienced success with their media coverage of activities and involving key leaders and the community in selecting programs for implementation. They will begin implementing their approved Community Action Plan and Workplan with the new fiscal year.

Pike Township in Marion County. The Pike Township has a vision of a “diverse community foster[ing] opportunities for growth in the areas of education, economic development, and wellness, while building respect and unity” and created a CTC coalition in 2012 as a result of Development Grant funding. The coalition has identified three risk factors to focus on in the coming year: family conflict, early and persistent anti-social behavior, and availability of drugs. Focusing on these three risk factors, Pike Township will be implementing the following programs:

- Too Good for Drugs – early and persistent antisocial behavior
- Updated Comprehensive Health Curriculum – early and persistent antisocial behavior
- Social Norm Campaign – early and persistent antisocial behavior, availability of drugs
- Active Parenting Now – family conflict

This fiscal year, the coalition was met with challenges related to gaining support from the faith community, and the harsh winter in Indianapolis. They experienced success in their ability to connect with many other community organizations to discuss the implementation plan and sharing information. They will begin implementing their approved Community Action Plan and Workplan with the new fiscal year.

Rush and Fayette Counties. Created in 2012, Rush and Fayette CTC Coalitions were established to focus efforts on the individual needs of the county. The vision for the CTC process in both Fayette County and Rush County is that “all young people in Fayette/Rush County will grow up supported and nurtured by their families, schools and community, and become healthy adults who contribute positively to society.” Both counties identified the same priority high risk factors as Favorable Attitudes toward Substance Use and Family Conflict. Rush and Fayette Counties are implementing an array of prevention strategies in SFY 15:

Fayette County programs include:

- Project Alert – favorable attitudes toward substance use
- Too Good for Drugs and Violence – favorable attitudes toward substance use
- Why Try? – favorable attitudes toward substance use

- Developing a Students Against Destructive Decisions (SADD) Chapter at Connersville High School – favorable attitudes toward substance use
- Partnering with the SADD group to develop a social media campaign based on Above the Influence – favorable attitudes toward substance use
- Increased enforcement of underage drinking/driving by both the Fayette County Sheriff's Department and Connersville Police Department – favorable attitudes toward substance use
- Guiding Good Choices – favorable attitudes toward substance use and family conflict

Rush County programs include:

- Keepin'it REAL/Too Good for Drugs and Violence – favorable attitudes toward substance use
- Increase enforcement of underage drinking/driving by both the Rush County Sheriff's Department and Rushville Police Department – favorable attitudes toward substance use
- Partners in Parenting – family conflict
- Mental Health First Aid – family conflict

Implementation Grants

Implementation Grantees can be found in eighteen communities across the state, as previously mentioned. Having already established the prevention infrastructure needed, these communities have received funding to implement their community action plan. As these communities are implementing their programs, policies and practices, the desired effect is a community-level change. However, these communities have only been funded to implement their targeted programs for a short-time, and it is important to remember that community-level changes can often take several years to materialize. Implementation Communities in Indiana include: Bartholomew, Floyd, Fulton, Johnson, LaPorte, Madison, North Township in Lake County, Scott, and Warrick Counties. DeKalb County originally had an implementation grant, however, the State chose to terminate the contract at the end of the 3rd quarter. An additional nine communities were funded during the fall of 2013 to continue implementation, known as the “New Nine”: Allen County, City of Batesville, Drug Free Marion County, Floyd County, Geminus Corporation (in Lake County), Huntington County, Indiana Youth Group (in Marion County), St. Joseph and Elkhart Counties, and Wayne County.

Allen County. The Allen County Drug and Alcohol Consortium, Inc. (DAC) was created provide an effective network to collaboratively prevent substance abuse, primarily by youth, and to reduce the negative impact of alcohol and other drugs in the Allen County Community. This fiscal year, the coalition was met with both success and challenges. Success included collecting several sources of data as needed to supplement IPRC Survey due to the strong history and foundation in data collection and our thorough and effective annual Comprehensive Plan. There is also a diverse, representational list of [potential] community coalition members. Allen County was challenged to ensure implementers had received needed training and technical assistance, as well as facilities for effective programming. The coalition has identified one elevated risk factor (Family Conflict) and one depressed protective factor (family and school rewards for prosocial involvement) as

their initial point of focus. To address these areas, the coalition has selected Strengthening Families Program for implementation.

Strengthening Families Program. A family-building program targeting both parents and their children, Strengthening Families Program includes separate programming for youth and adults, a family meal, and childcare for those under age 6. Four cohorts were completed in 2014, enrolling 29 families (29 adults and 52 children). Of these 29 families, 16 completed. Pre and post surveys were implemented with the adults participating, however data was not available for this report.

Bartholomew County. The Implementation Grant for Bartholomew County is overseen by the Foundation for Youth (FFY), which created the Bartholomew County Communities that Care coalition in 2012 to “provide and promote inspiration, education, and opportunities for youth to live Above the Influence of alcohol, tobacco and other harmful substances”. They have identified three risk factors (early initiation of substance use, favorable attitudes toward substance use, and the availability of drugs) and two depressed protective factors (opportunities for pro-social involvement, and healthy beliefs and clear standards) to focus on. To address these risk and protective factors, FFY has begun implementation of Project ALERT, Above the Influence Campaign, a Social Host campaign, and a Party SAFE program.

Project ALERT. At the end of the second state fiscal year, Project Alert reached 142 youth, each completing both pre and posttest surveys (80 males and 61 females). Using a pre survey of the Youth NOMs, continued non-use was identified with most of the population of participants (94% had not smoked a cigarette in past month, 83% had not drank alcohol in past month, 92% did not use marijuana in past month). The same percentage of non-users reported not planning on using substances in the following six months (94% would not smoke a cigarette, 84% would not drink alcohol, 92% would not use marijuana). Surveys also found most youth reported a perception of harm for kids their age if they smoked a cigarette occasionally (85%), used marijuana (69%), and alcohol (80%). The results from the post-survey of these responses increased slightly, but likely within the margin of error (significance tests were not conducted).

Above the Influence. Alcohol free events, and alternative programs were held in Bartholomew County in the past fiscal year, often using the iPartySAFE brand instead of the Above the Influence name. The iPartySAFE logo and events incorporate the core components from the national Above the Influence campaign. Additional data is not available, as it was not collected this past fiscal year. The evaluation plan has been updated to include measures of this strategy for data collection this fiscal year.

Social Host – Parent Pledges. Bartholomew no longer uses the “Parents Who Host Lose The Most” approach, instead creating their own campaign modeled after the Ohio initiative. In the past year, 153 pledges from adults committing to not hosting/providing alcohol to minors were signed, in addition to educational and alcohol-free events.

Party SAFE. The Party SAFE program is a local initiative used to support the national Above the Influence anti-drug media campaign. Over 1,100 pledges were collected from youth committing to be substance free. Additional data related to risk and protective factors was not collected this past year. The evaluation plan for Bartholomew Implementation has been updated, and additional data should be available next year.

City of Batesville in Ripley and Franklin Counties. Created in 2012, The Coalition for a Drug Free Batesville was created to reduce substance use and abuse in the Batesville community, and was formed under the control of the city. This fiscal year, the coalition was overcome contract and weather challenges that delayed their implementation. As a coalition, they completed their second annual community perception survey (over 400 respondents), and held their first ever National Night Out with over 450 attendees. As a part of their “new nine” funding from DMHA, the coalition has identified the elevated risk factor of peer approval of substance use as their initial point of focus, and have implemented AlcoholEdu in the school system.

AlcoholEdu. Providing a scalable and user-friendly evidenced based online program, AlcoholEdu works to create a “counter-epidemic” of healthy behavior and a social safety net. Intended to be implemented to every student in a community at a certain age range, it works to “immunize” the community youth. In the 2013-2014 school year, AlcoholEdu was completed by 227 youth in the City of Batesville at two schools. Outcome data is collected by the online-hosts, Everfi, and evaluation data is not available until August 1.

DeKalb County. Created in 2012, DeKalb County Communities That Care incorporates the vision that all young people in DeKalb grow up safe, supported and nurtured by their families, schools and community, and become healthy adults who are engaged, educated and contribute positively to society. To address substance abuse issues in their county, DeKalb County Communities That Care identified the high risk factors of Family Conflict, Parental Attitudes Favorable toward ATOD Use, Involvement with Antisocial Peers, and the social Availability of Drugs as areas of focus. Similar to the above mentioned Elkhart County challenges, the DeKalb County Communities That Care originated within the same fiscal agent, resulting in various internal challenges compromising the fidelity of the Communities That Care process and **preventing the completion of the grant cycle.**

Drug Free Marion County. Created as a part of the Governors Commission for a Drug Free Indiana, Drug Free Marion County Coalition works to prevent and reduce the impact of substance use on crime, health, and individuals in the community. This fiscal year, the coalition was able to train multiple facilitators for their program, but was challenged in training facilitators outside of two main organizations. The coalition has identified family conflict as an elevated risk factor of focus, and has implemented Strengthening Families Program to address it.

Strengthening Families Program (10-14). Strengthening Families Program (SFP) started twelve (12) cohorts in FY14, serving a total of 237 individuals (115 parent/caregivers, 122 youth). Three (3) cohorts were cancelled due to fidelity reasons, and an additional three are ongoing through the end of the fiscal year. Seventy-one (71) individuals completed five or more of the seven programs, and are therefore considered program completers. Results from parent/caregiver participants indicate a significant level of perceived improvement on all items from the SFP retrospective posttest (minimum $p < 0.05$). Additionally, parent/caregivers had an overall increase in their perceived level of parenting effectiveness from before to after the program ($p < 0.001$). Youth experienced positive changes in six dimensions, and a significant improvement in their overall

perceived family functioning. Both youth and adults participating in SFP reported low levels of substance use on the National Outcome Measures.

Floyd County. Floyd County continued to implement evidenced based prevention programming in the schools for 4th, 7th, and 10th grade. They have identified Low Perception of Harm/Risk, Perception of Peer and Parent Approval, Parental Attitude toward Anti-social Behavior, and Social Availability as elevated risk factors to focus on. To address these factors, they implemented: LifeSkills, Ripple Effects Whole Spectrum Intervention System, Too Good for Drugs, MyStudentBody, and Parents Who Host Lose the Most.

LifeSkills. This program was implemented in three different grades (4th, 7th, and 10th) within the school system, and had over 1200 participants (150 4th graders, 305 7th graders, and 807 10th graders). The results show substantial gains in knowledge at the middle school level. Results at the high school level are less clear; some areas this may be because students are well versed in the material, however there were several areas in the curriculum that indicated improvement was needed. As a result of the data collected, the coalition will be enhancing teaching efforts around questions that saw little or no improvement.

Ripple Effects and Too Good for Drugs. As afterschool programs implemented at three different schools, the two programs had a total of 149 students who participated. This program was conducted after school at Grantline, Georgetown, Fairmont, Slate Run, Mount Tabor, S. Ellen Jones, Greenville and Green Valley elementary schools in Floyd County. Ripple Effect uses a teacher-based pre and posttest measurement tool. This tool showed a 33% increase in social emotional learning skills as reported by the classroom teacher. Too Good for Drugs and Violence uses a student-based pre and post measurement tool, which also showed marked increases, including a 21% overall improvement rate, and an overall net gain (worst to best gain) of 27%.

MyStudentBody. My Student Body was implemented through Indiana University Southeast and Ivy Tech. This program reached 466 students from IUS and 46 students from Ivy Tech. At IUS, there were increases in each of the modules utilized from the pre to posttest scores. For the alcohol module, average scores increased 26 percentage points (60% to 86%). Average scores for the drugs module increased 28 percentage points (59% to 87%), while the sexual violence module increased 18 percentage points (68% to 86%). It is important to note that Indiana University is adopting MyStudentBody for all of its campuses starting this fall. The number of participants at Ivy Tech was disappointing and the coalition will be examining if it is worthwhile to continue to use the program if the utilization numbers do not improve. Ivy Tech also experienced increases in the alcohol module (64% to 79%), drug module (67% to 92%), and sexual violence module (80% to 89%).

Parents Who Host Lose the Most. This initiative started out with a strong Facebook showing however an error was made when trying to link pages and efforts will continue to be made to rebuild the page. "Know" articles were sent out twice per month through various community e-blasts totaling over 1,000 direct emails that contain encouragement for parents to share the information. A Party Dispersal Training for local law enforcement officers and physician training in regards to alcohol, tobacco and other drugs was held in

June 2014. This training crossed county borders to include Clark, Scott, Harrison, and Crawford Counties.

Floyd, Clark, Harrison, Scott, and Washington Counties. Our Place Drug and Alcohol Education Services, Inc. received funding to provide prevention services for a five county area in southeast Indiana. Floyd, Harrison and Scott Counties have undergone prevention planning through either the Strategic Prevention Framework or Communities that Care prevention planning. Clark County has been involved in prevention planning through a Drug Free Communities Grant and their Local Coordinating Council, and Washington County has been involved in prevention planning through their Local Coordinating Council. This fiscal year, successes included providing services to five of the five counties in the projected target populations. A significant challenge was due to weather conditions this school year. There were numerous cancellations or two hour delays which impeded the consistency of program delivery and fidelity. The coalition has identified three elevated risk factors as their initial point of focus: peer rewards for anti-social behavior, low commitment to school, and laws and norms favorable to drug use. To address these areas, Our Place, Inc. selected LifeSkills and Footprints for Life to be implemented in the five county area.

LifeSkills. As an evidence-based prevention curriculum that utilizes a comprehensive approach and multiple teaching methods to help adolescents develop the skills they need to make healthy choices and avoid the use of drugs and alcohol, *Lifeskills* was implemented during the 2013/2014 school year in Harrison County (for 4th, 7th, 8th, and 10th graders). At the high school level, the mean test scores showed modest improvement (from 11.7 to 12), in addition to an increase in the perception of harm from pre to post (Moderate or Great Risk: 9.4% to 13.4% for smoking marijuana once or twice a week; 5.4% to 6.6% for using cocaine once or twice a week; 3.5% to 6.7% for using methamphetamine once or twice a week; 10.1% to 12.4% for having five or more drinks of an alcohol beverage once or twice a week). Increases were not seen in the perception of harm for smoking one or more packs of cigarettes (17.2% to 6.7%). In the middle schools, preliminary findings suggest an increased perception of the risk associated with regular cocaine and methamphetamine use resulting from participation in the *LifeSkills* program. The elementary school *LifeSkills* assessment includes 18 knowledge questions. The mean score on these questions increased by 29% (5.2 points) from 11.9 out of 18 on the pre-test to 17.1 out of 18 on the post-test. The change in assessed knowledge suggests that many students increased their knowledge about drug use as the result of their participation in the program. These findings are inconclusive as a large number of post-tests have not yet been completed and entered into the data set. However, preliminary findings are strong and suggest the program increased student knowledge about drug use.

Footprints for Life. Implemented in the five county area to second grade students; all nine elementary schools in Floyd County, all three elementary schools in Washington County, one elementary school in Scott County, eight elementary schools in Clark County, and four in Harrison County. The program includes a six-week in-school curriculum with a parent information letter and weekly home assignments. The program was delivered per curriculum guidelines in six weekly sessions that were approximately 40 minutes in length. Of the data available, the percent of participants responding correctly increased by more than ten percent for every item assessed and a full 96.6% of students improved their scores

from pre-test to post-test. The five county average increased from 6.2 to 10.9 from pre to posttest (Clark from 5.9 to 11; Floyd from 6.8 to 11; Harrison from 6 to 10.9; Scott from 5.2 to 10.9; Washington 6.2 to 10.9)

Fulton County. Created in 2012, Fulton County Communities That Care incorporates the vision of “improving awareness of risk factors for adolescent problem behaviors; and, increasing protective factors in our families, schools, and county.” To address substance abuse issues in their county, the Fulton County Communities that Care coalition has identified the high risk factors of family conflict, low school commitment, low perceived risk of drug use, and the low protection factors of community rewards for involvement, interaction with pro-social peers, and mental health promotion as areas of focus. To decrease the identified risk and protective factors the following strategies have been selected:

Guiding Good Choices. GGC is delivered in two five hour sessions to the caregivers of children aged 9-14, or in grades 6th to 9th. Year two showed a slight increase in numbers served with a total of 12 participants. As measured by the IYS Survey, year two showed positive results with 10th and 12th graders falling below the high risk cut-point for low school commitment and peer-individual interaction with prosocial peers.

Mental Health First Aid. Fulton County held two twelve-hour Mental Health First Aid (MHFA) trainings, conducted by the community members who were certified as trainers last fiscal year. These trainings resulted in 42 adult community members were trained at Tippecanoe Valley Middle School and Rochester Learning Center.

Geminus in Lake County. Geminus Corporation was awarded a grant in September 2013 to gather data and conduct a needs assessment in Northwest Indiana regarding the mental and behavioral risks imposed on members of the Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer (LGBTQQ) community. Using a snowball sampling method, Geminus Corporation was able to reach 242 individuals in St. Joseph, LaPorte, Porter, and Lake Counties.

Needs Assessment Results. Key findings of the data gathered include the percent of individuals who experienced a sense of hopelessness lasting for at least two weeks (30%) and the respondents reporting seriously considering suicide in the past year (34%). Other highlights include the finding that the LGBTQQ population in Northwest Indiana has statistically significant levels of social isolation (some pockets), low income, and is subject to various forms of violence throughout their life. Many individuals reported experiencing positive and protective relationships, including marriage. Next fiscal year, Geminus Corporation will use these findings to implement mental health promotion and substance abuse prevention programming.

Huntington County. Created in 2010, Huntington County was one of the first Indiana counties selected to implement the Communities that Care process. Re-awarded a grant in September 2013, the Local Anti-Drug Coalition Efforts (LACE) works with the Boys and Girls Club of Huntington County to “comprehensively gather data and assess needs regarding alcohol and drug abuse and addiction in Huntington County”. This fiscal year, the coalition was met with a challenge in having the Indiana Youth Survey implemented in their schools, due to weather. The Coalition was able to overcome this challenge by training

volunteers from the Boys and Girls Club and LACE to go into the schools and implement the survey, providing Huntington County with data for the coming year. In 2011, the coalition identified several risk and protective factors that were elevated and depressed in Huntington County. This fiscal year, they implemented Guiding Good Choices (to address family conflict, favorable parental attitudes towards problem behavior, family management, and laws and norms favorable for use), Project ALERT (to address friends who engage in problem behavior, academic failure, and favorable attitudes toward problem behaviors), and Too Good For Drugs (to address availability of drugs, friends who engage in problem behaviors, lack of commitment to school, and early antisocial behaviors). These programs also addressed the protective factors of recognition, skills for social interaction, pro-social opportunities, interaction with pro-social peers, refusal skills, and family opportunities for pro-social involvement.

Guiding Good Choices. Guiding Good Choices (GGC) is a five session program for parents with youth aged 9-14. LACE and the Youth Services Bureau (YSB) implemented one cohort of eight parents/caregivers. Pre and post survey results from the GGC session evaluations indicated an increase in families reporting intents to hold (or actually holding) family meetings, however, only 1/3 of those who did hold meetings reported them going well. GGC also fell short in reaching the goal of 75% of parents indicating they'd coach their child on refusal skills, with only 60% of respondents indicating this was true. Additional data is not yet available, as the cohort was still going at the time the evaluation report was submitted.

Project ALERT. Project ALERT was implemented at two sites in Huntington County, twice a week for three hours a day. The curriculum lesson was only 45-60 minutes, with the remaining time spent in supportive relationship-building activities. A pre and post survey was used to assess perceptions and past substance use. Both pre and post surveys indicated low levels of substance use. For the population served (44 who started the program, and 29 who completed the post survey), the value of the intervention ended up being in the ability to reinforce positive factors and reinforce the negative opinion of drug use. Project ALERT experienced challenges with retention, which could impact the validity of the evaluation results. This is a challenge that will be examined and addressed in the next fiscal year

Too Good For Drugs. Too Good For Drugs (TGFD) was implemented at two sites, twice a week, for 2.5 hours. Each day consisted of a 45-60 minute lesson, and 1.5 hours of homework time and team-building activities. A pre and post survey was used to assess perceptions and past substance use. As with Project ALERT, substance use was low at both the pre and post survey, again giving this program the ability to reinforce positive attitudes and behaviors, in addition to influencing future behaviors. Seventy-two (72) participants completed the pre-survey, with 52 completing the post-survey. The same challenges of retention and scheduling faced TGFD, and will be examined for future cohorts.

Indiana Youth Group in Marion County. Due to the striking data of depression and suicides of lesbian, gay, bisexual, transgender, and questioning youth, IYG received funding to focus on three initiatives that worked in these areas.

Coping and Support Training. CAST (Coping and Support Training) is an 8-week program for cohorts of 6-8 youth. This program focuses on the internal youth: mood management especially with depression and anger, coping skills, goal setting, decision-

making skills, communication, and education/career support. Participant responses to the pre/post survey used indicate decreases in drug use frequency and drug use control problems, in addition to decreases in interpersonal adverse consequences from drug use and slight increases in intrapersonal adverse consequences from drug use. While changes were noted from pre to post, most were small changes, and may have been within the margin of error.

Systematic Training for Effective Parenting. STEP (Systematic Training for Effective Parenting) focuses on the family, especially the parents and care-givers, relationship building, communication skills, building parenting skills. This program has been adapted to include specific information about LGBTQ youth and to help parents deal with the confusion and feelings of loss that many parents feel upon learning that their child is LGBT. Pre/post data regarding the frequency with which parents reported solving a problem by talking about solutions with their youth indicate increases in the percent reporting “Always”, although most fell into the “Often” and “Always” category in the pre-survey.

Strengths-Based Case Management. The SBCM (Strengths-Based Case Management) is a 6-8 week intensive case management program. It will proceed in a continuous manner by the Program Manager and both Program Coordinators. As goals are met and youth’s cases are closed, new youth are brought on as case management clients. The case management program seeks to assist youth in achieving goals they’ve identified, increase their self-esteem, increase their sense of self-efficacy, and decrease depressive feelings. There was a significant reduction in depression in the group ($p < .05$), however there were not significant increases in self-esteem and self-efficacy. It should be noted that there were increases in the scores between pre-tests and post-tests for most of the participants. Additionally, a reduction in depression was expected and it could be inferred that the minor increases in self-esteem and self-efficacy contributed to this reduction. This was a small sample and as participation increases there will most likely be significant increases in self-efficacy and self-esteem.

Johnson County. Created in 2012, the Johnson County Communities that Care was created to build a “successful collaborative community...to create an alcohol, tobacco, and other drug-free environment for Johnson County citizens”. Through a Community Assessment, Johnson County CTC has identified high risk for family conflict, high risk for early initiation of problem behaviors, high risk for the availability of drugs, and a high risk for the lack of commitment to school as priority risk factors. Evidenced based programs implemented to address these issues include: Keepin’ it REAL, Community Forums, Children in the Middle: Divorcing Families, Nurturing Parent Program, in addition to collaboration with Esperanza Ministry and the existing Prescription Drop Boxes and events.

Keepin’ it REAL. An evidenced based program implemented in the 7th grade classrooms, Johnson County reached approximately 198 students during the 2013-2014 academic year (91 females, 96 males, 11 unknown). A pre and posttest evaluating the program was implemented, using the Keepin’ it REAL program evaluation tool. These data were not available from their outside evaluator at the time of this report. Johnson County did not collect the National Outcome Measures (NOMs) with this program, as their outside

evaluator applied for a waiver from DMHA, regarding the passive consent in schools, and the content of the NOMs.

Community Forums. Data for four community events was provided to the IPRC. These four events included a Professional R&R, a CIT training, POST Team training, and a community discussion. From these four events, a total of 84 individuals completed a survey, but additional data was not provided or available from their external evaluator.

Nurturing Parent Program. An evidenced based program was implemented with modifications (individual sessions instead of group sessions) to families mandated by the court system. Ten (10) individuals were enrolled, however only 1 male completed the program. Data from this program is also not available, as it would be identifying to the one male participant.

Prescription Drop Boxes and Events. Collaboration with the local Rx Drop Day and promotion of the existing Prescription Drop Boxes supported two DEA Take-Back days (October 2013 and April 2014) at five locations. At these five locations, a total of 1220lbs. of medicine and prescription drugs was collected (540lbs. in October, 680lbs. in April).

Collaboration with Esperanza Ministries. This partnership with a local organization was to provide services and afterschool programs to local Hispanic students and their families. Implemented by Esperanza Ministries, the goal was to help students and guardians understand the importance of their child's education and increase their English skills. Little data was collected regarding outcomes of the collaboration, or the afterschool program, and only ten individuals were reported participating.

Children in the Middle: Divorcing Families. The Children in the Middle program was originally in the Community Action Plan to be implemented in the first fiscal year. However, due to a slow start, it was not implemented in the first fiscal year. The second fiscal year showed more promise, however, the Coalition ran into collaborative issues resulting from turnover in organizations and lack of community support, as such, the program was not implemented in Johnson County.

LaPorte County. The community coalition was created through the Governors Commission for a Drug Free Indiana in 1989, and was formed as a grassroots movement of community members who wanted to do something about the emerging drug and alcohol problems in LaPorte County. A 2009 assessment identified two risk factors as priority: the high risk for availability of drugs and favorable attitudes toward substance use. Additionally, a need for an increase in awareness and capacity building was identified. To address these issues, the following strategies and programs have been implemented this fiscal year: S.M.A.S.H., Strengthening Families Program, a Juvenile Diversionary group, and Community Forums.

S.M.A.S.H. S.M.A.S.H. is an environmental approach to increase consistent enforcement by three local law enforcement agencies in the county. The program provides an hourly rate for off-duty officers to work the S.M.A.S.H. detail to increase enforcement availability. In this fiscal year, the S.M.A.S.H. officers reported an additional 21 alcohol-related arrests, 15 of which were of underage individuals.

Strengthening Families Program. As an evidenced based program implemented by trained facilitators, the program had 18 adults and 14 youth this fiscal year, according to the pre-session survey. All youth respondents indicated that substance use was accepted and used widely within their neighborhoods in the pre-survey, and with low percentages of

youth indicating no risk of drug use at the post-survey. Data was only gathered (in post-surveys) from five youth.

Juvenile Diversionary Group. Participation in this group is mandated by the Juvenile Court as a diversion from the court system. Thirty (30) first time youth offenders who were arrested for alcohol or marijuana usage completed this program this year. Probation data indicates that 29 of these participants had not re-offended at the end of the fiscal year (96.7%). Sixty-four percent (64%) of youth indicated they believed using alcohol once a twice a week was at least a moderate risk, with only 46% indicating the same for marijuana use once or twice a week.

Community Forums. Sixteen separate community forums were held to increase community awareness and build capacity for the CTC coalition, ranging from health fairs at local schools, underage drinking town hall meetings, various presentations, and youth events. At these sixteen events, there were demographic data provided for 370 attendees total (257 adults, 113 youth). As several of these events were held at schools, where multiple grades participated, but no data were collected, it is possible this number is a low estimate of the overall impressions made in the community by the coalition.

Madison County. The mission of the Intersect coalition is to promote, encourage and empower our community toward healthy living. The identified risk factors in Madison County include Retail and Social Availability of Substances, high risk of Family Conflict, and high risk for Favorable Parental Attitudes toward the Problem Behavior (Substance Use). To address these risk factors, Madison County has implemented the Strengthening Families Program, the Team Awareness Program, and the Communities Mobilizing for Change on Alcohol organizing program.

Strengthening Families Program. SFP is an evidenced-based program that includes both parents and children in separate groups to increase protective factors and decrease risk factors for youth. This fiscal year established the baseline for the risk factors of family conflict and parental attitudes favorable to drug use. Grades 6th, 8th, and 10th illustrated a three year decrease, with 12th graders demonstrating an increased trend in 2013 for family conflict on the Indiana Youth Survey. While 8th grade has resided above the high risk cut-off point for three year the decrease trend is encouraging.

Similar results emerged for parental attitudes favorable to drug use. Grades 6th, 8th, and 10th illustrated a three year decrease with 12th graders demonstrating an increased trend in 2013 on the Indiana Youth Survey.

Program level data collection continues to present difficulties. There appears to be internal communication and logistical difficulties that conflict with proper survey administration at a pre/post level as well as data entry. Therefore, results from this fiscal year relied solely on the Indiana Youth Survey for measurement.

Team Awareness Program. TAP is implemented through the workplaces of adults as a stress-management course that also presents information about alcohol, tobacco and other drugs. In addition to the above listed risk factors of family conflict and parental attitudes favorable to drug use, the Team Awareness Program will address the risk factors of parental attitudes favoring antisocial behavior and poor family management. This fiscal year will establish the baseline for all four factors. While implementation has not yet begun, training of the trainers took place in April 2014 with plans for implementation to begin by September 1st 2014.

Communities Mobilizing for Change on Alcohol. CMCA is an evidenced-based community-organizing program aimed to reduce youth's access to alcohol by changing policies and practices. Programs included within the CMCA include a Parents Who Host Lose the Most campaign and the creation and adoption of Social Host Ordinances. Fiscal year 2014 also established the baseline for the risk factors perceived availability and social availability. For perceived availability, grades 6th through 10th showed positive results with decreasing trends from 2012 on the Indiana Youth Survey. Grade 12th maintained a consistent level in comparison to 2012 while grade 11th illustrated an increase (INYS).

Social Availability showed positive results for 7th through 9th graders having a decreasing trend in comparison to 2012 (INYS). However, grades 6th, 11th, and 12th indicate areas of concern with increased trend from 2012 Indiana Youth Survey data.

North Township in Lake County. Started in 2010, the North Township Communities That Care coalition aims to reduce substance abuse, delinquency and violence and the "roots of risks that cause them among community members by increasing opportunities for pro-social involvement" and using a unity of a community approach. Two risk factors were identified as priority areas: family conflict and parental attitudes favoring antisocial behavior. A secondary priority area was identified in the area of Mental Health, regarding service gaps and stigma. To address these issues, the North Township CTC coalition has implemented Guiding Good Choices, the Strengthening Families Program, a mental health awareness and promotion program, and Mental Health First Aid.

Guiding Good Choices. An evidenced based program, GGC had seventy-five (75) participating families in the 2013-2014 academic year, resulting in 118 individuals (75 families) completing the program in North Township. From the pre-test to posttest, parents showed favorable changes toward problem behaviors, including strong disapproval of someone smoking cigarettes (47% to 51%), and of having one or two drinks of alcohol nearly every day (48% to 51%).

Strengthening Families Program. SFP is an evidenced-based program often implemented in a group setting over several weeks. Due to the time commitment needed by families, North Township had a hard time recruiting and retaining participants in the first year, and consequently did not have any participants for their first fiscal year. They were able to hire a recruiter and have twenty-six (26) families participate this fiscal year (8 parents/guardians, and 18 youth). The youth pre and posttests showed a reduction in the family conflict CTC scale on both the yelling/insulting question and the serious argument question. However, numbers from the youth pre/post surveys was low, so percentages are not applicable to be included, and caution should be used in interpreting these results.

Mental Health First Aid. One-hundred seventy eight (178) individuals participated in the MHFA trainings in North Township. Pre and post surveys of the NOMs were gathered, increasing the data collection of the National Outcome Measures for adults in North Township. Of the 178 pre-surveys gathered, six (6) had served in the military and ten (10) had served some time in jail or prison. Collecting data from these individuals (even in small numbers) increases the adult surveillance data for DMHA-focused populations in North Township. Past month use was not reported, however pre/post surveys indicated that perception of harm for alcohol and marijuana increased over the training, in addition to an increase in disapproval of regular alcohol use by someone their age. As the program consists of a two day training, changes in lifetime substance use is not expected. The MHFA

program evaluation tool was also collected, and indicated an increase in knowledge and skills related to mental health and stigma, with a majority of participants scoring themselves as competent in areas such as: reaching out to someone who may be dealing with a mental health problem or crisis, asking if a person is considering suicide, offering basic “first aid” level information and reassurance about mental health problems, and assisting a person who may be dealing with a mental health problem or crisis to seek professional help. Each of these areas had over 90% of participants reporting their competence at high levels, however, only 58% of individuals (after the training) felt as if they could recognize and correct misconceptions about mental health and mental illness as they encountered them.

Mental Health Awareness and Promotion campaign. Community awareness events and positive mental health promotion events were held throughout the first fiscal year. North Township reported attendance at these events of 458 community members; of which 280 were in attendance at open house events and the other 178 participated in the Mental Health First Aid discussed above.

Scott County. Scott County has selected the elevated risk factors relating to Low Commitment to School, and Laws and Norms Favorable to Drug Use as the focus of their Implementation Grant. To address these elevated risk factors, they have implemented the LifeSkills program, All-Stars program, the Parents Who Host Lose the Most campaign, and the Seeking Safety program.

LifeSkills. All students grades 3-8 in Scott County School District 2 (1227 students) participated in the LifeSkills in the 2013-2014 academic year. Required pre and post tests were not used in Scott County School District 1. Pre and post data indicate little change in the percentages of youth disagree/strongly disagreeing with the eight opinion statements regarding substance use.

All-Stars. New training for All-Stars facilitators were completed so that the program could be used in the 2014-15 school year. The Austin Learning Center wanted to have members of their staff trained as All Stars facilitators so that they could continue to provide the program in the future. They were awarded a cohort 7 - 21st Century Community Learning Center grant to provide after-school programming over the next 4 years. The Austin Learning Center has now been trained in this program. Their after-school budget will be able to provide the needed materials, and thus All-Stars will continue to be taught at the middle school level.

Parents Who Host Lose the Most. Used as a community education on social hosting. Parents Who Host Lose The Most is a community based environmental approach that has helped Scott County educate the community and publicize their efforts. They held three successful community forums including the STOMP Drugs Film Festival. The Feeling Good Scott County magazine was also distributed throughout the community. Additionally, officers were trained in OJJDCP Party Dispersal in connection with Floyd County.

St. Joseph and Elkhart Counties. Created in as a part of the Governor’s Commission for a Drug Free Indiana, the Local Coordinating Council in St. Joseph County was awarded a grant in September 2013 to address the identified problem statement regarding a lack of substance abuse education and prevention programming for youth, parents, and families. The coalition has been met with challenges in receiving referrals and

a late contract start, but has built the groundwork for a successful second fiscal year. The coalition selected Celebrating Families! as a program addressing family conflict and parenting skills, specifically for families where one or both parents are in recovery.

Celebrating Families! Celebrating Families! (CF) is a twelve-week program. St. Joseph/Elkhart County has completed one cohort, serving 11 adults. Another cohort has started, and will finish in August, due to the late start in the contract and the required length of the program. The first cohort appears to have an increase in the perceived risk of substance use, with nearly every item in the National Outcome Measure perceived risk question increasing to in the post-survey.

Warrick County. Four elevated risk factors were identified for focus areas in Warrick County, the high risk for Interaction with Anti-social Peers, Family Conflict, and Favorable Attitudes towards the Problem Behavior. Additionally, a secondary priority of Suicide Prevention was identified. To address these areas, Warrick has implemented Project ALERT, Family Connections, Parents in Partnership, and Question Persuade Refer.

Project ALERT. Implemented in three middle schools, Project Alert is an evidenced-based program implemented during school hours to 7th graders. This program served 354 youth and results revealed a slight increase in the number of students reporting having two or more close friends who engaged in anti-social behavior in the past month (8% pre vs. 9% post). Family conflict decreased from 60% of youth reporting some form of family conflict at pre and 51% at post. Youth NOMs pre and post surveys showed a drop from 2012 results and remained steady in alcohol and marijuana use.

Family Connections. Focusing on at-risk youth aged 15-18, Family Connections is an evidenced-based program for youth and their families. Nine families completed at least 80% of the program in the last fiscal year, for a total of 30 individuals (16 adults and 14 youth). Pre and post-surveys were given that included both the Youth NOMs and CTC scales addressing Interaction with Anti-Social Peers and Family Conflict. The pre and post-surveys found no change in the percentage of respondents who reported having two or more close friends engaging in anti-social behavior in the past year (16% pre and post). Family conflict increased dramatically from 25% of youth reporting some form of family conflict at pre and 83% at post. Youth NOM's survey comparison from pre to post survey show large drops in alcohol and marijuana use among youth participants of the program.

Parents in Partnership. Parents in Partnership is a county-wide online registry to connect parents who have pledged to actively support efforts to create a healthy atmosphere for children with each other. As this is an environmental approach, data will be tracked at the community level with the *Indiana Youth Survey*, however, 25 out of 45 registered parents completed a parent survey. Results revealed that:

- 92% of parents reported talking to their teen about alcohol use within the past month (2013 baseline = 75%)
- 92% of parents reported they would be extremely unlikely to allow their teen to attend a friend's *un-chaperoned* party where alcohol would be served or available (2013 baseline = 88%)
- 96% of parents reported they'd be extremely unlikely to allow their teen to attend a *chaperoned* party where alcohol would be available or served (2013 baseline = 78%)

Question, Persuade, Refer Gatekeeper Training. QPR is an evidenced-based “best practice” used to train individuals how to best respond to individuals in mental health crisis and save lives. Warrick was able to train 4 school and social service personnel as QPR trainers. Two middle schools implemented QPR and reached approximately 579 students.

Wayne County. The Boys and Girls Club of Wayne County received a grant in September 2013 to increase protective factors in the community and reduce substance use. This fiscal year, the coalition was able to gain two new partnerships that have increased their reach into the community; however, they’re facing a challenge of getting parents involved in their children’s lives and programming attached to the club. The coalition has identified elevated risk factors (laws and norms favorable to use, family conflict, perceived risk of drug use, interaction with anti-social peers, and rewards for anti-social involvement) and protective factors (community, family, and school rewards for pro-social involvement) as their initial point of focus. To address these factors, they’ve implemented Guiding Good Choices, All Stars, and Positive Action.

Guiding Good Choices. Implemented in five sessions for 2.5 hours each, Guiding Good Choices (GGC) is aimed at caregivers of youth currently in 4th to 8th grades. Two cohorts were completed, but both with lower participation than was targeted. Of those who participated, positive outcomes were seen in the specific outcomes of the program, including 100% of parents on the post-survey indicating they would coach their child on refusal skills. Efforts are underway to increase participation and retention for future cohorts.

All Stars. All Stars was implemented in combination with Positive Action, providing a two month intervention for youth. Data for this program can be found below.

Positive Action. Positive Action was implemented in combination with All Stars Sr. at two locations for no more than 1.5 hours for each session. The program served a total of 168 youth aged 10-14. The Youth Risk Behavior Survey was used as a pre and post survey to assess changes in behavior and attitudes. Despite being a two month intervention, there was little difference between the pre and post surveys, due to low substance use at onset. While changes were not experienced in substance use (as the level was already so low), the program did appear to have a positive impact on helping participants make healthier choices (including food and physical activity).

Family Grants

Family Grantees can be found in five communities across the state, working to reduce family risk factors and promote family protective factors. Similar to the Implementation Grantees, these communities received funding to implement a community action plan focused on improving youth’s lives at home. These communities are also evaluated at the program-level and community-level, again noting that community-level changes often take several years to appear in the data. Communities receiving the Family Grant include: Bartholomew, Floyd, Green Daviess, Scott, and Warrick Counties.

Bartholomew County. The Family Grant in Bartholomew County is contracted with the Eastside Community Center. As discussed earlier, Bartholomew County also has a contract for an Implementation Grant, and further information on this county can be found above. Challenges specific to the Family Grant include inconsistent data collection by the

facilitators, and the participants desire for a longer program. Their Family Grant addresses favorable parental attitudes towards substance use through the Guiding Good Choices (GGC) program.

Guiding Good Choices. As mentioned, there was a problem with consistent data collection of the early cohorts, leading to numbers that are possibly under the total served by the Guiding Good Choices program. There were a total of 43 youth surveys collected this fiscal year, with an additional 57 adult surveys collected, from 16 cohorts. Record-keeping indicated a total of 83 adults and 36 youth participating this fiscal year. Using the NOMs collected, data was collected indicating high levels of youth disapproval of substance use (88% of youth disapproved of smoking cigarettes, 85% disapproved of using marijuana, and 95% disapproved of alcohol use). Most (79%) of youth had not participated in any kind of alcohol or drug prevention programming. The GGC program evaluation tool was also used each session (pre and post survey). From this data collected, a small change in parental knowledge was noted, as 43% of adults (at the beginning of class) felt children were no different than adults in terms of how drugs affected them, compared to 39% at the end of the session.

Floyd County. Floyd County also has an Implementation Grant; however, their family-based prevention programs are different from their implementation grant programs. Having identified the family risk factor of family conflict, Floyd County is implementing the New Beginnings Program with referrals from the court system, and the Families in Transition program.

New Beginnings Program. This evidence-based program works directly with the parents of children involved in a troubling event (divorce or separation), providing tools to the parents to address multiple issues that may arise in their child's developmental process. This program affords parents the opportunity to learn and practice skills to improve the quality of the parent-child relationship, the effectiveness of discipline, reduce exposure to interparental conflict, and decrease barriers to non-residential parent-child contact - all of which support healthy child development. Twenty two parents enroll in the New Beginnings Program. Nineteen completed the program (9 mothers, 10 fathers). This is an 86% completion rate, above our goal of 80%. Eighteen (18) of the participants were court ordered to participate. Of these 16 completed the program, which is 89%, well beyond the goal of 80%. Of the 4 voluntary participants, 3 of the 4 completed the program, or 75%.

Families in Transition. This research based program is designed to help parents facilitate positive parent-child communication and to help both parents and children to cope more effectively with problems resulting from divorce. Families in Transition began during the final quarter of the 2014 grant year, and had 4 parents enroll and complete the program.

Green and Daviess County. The Green and Daviess Family grant focuses on the risk factors of Family Management and Family Conflict by implementation of the Strengthening Families Program in three separate age groups (3-5, 6-11, and 12-16), Footprints for Life and Guiding Good Choices.

Strengthening Families Program. Strengthening Families Program (SFP) is designed to address the entire family, so no one is left out. Child care is provided for those

under the age of 2; skill training sessions for ages 3-5, 6-11, 12-16, and for the parents. SFP defines a “family” as one or more adults with long-term responsibility for one or more children. Referrals for the program are currently received from several sources: the Department of Child Services, Justice System and School System. Additional referrals may come from the Community Corrections and Mental Health Centers for the fall 2014 sessions. Eighty-six (86) families were invited to attend SFP this fiscal year; 19 families graduated from the fall 2013 session, 26 families graduated from the spring 2014 session, for a total of 45 graduating families this year.

Guiding Good Choices. The program is currently running through the Work Release Centers in both counties, in the local county jails. The pre and post program tools were used to collect participant feedback data. While most reported not holding family meetings in the past week (an emphasis of the program), it is likely due to the families being separated while parent(s) were in jail. As the program progressed, individuals increasingly began rating the program as worthwhile.

Footprints for Life. The Footprints for Life program started in March in North Daviess Elementary school, with plans for expansion to Greene County Elementary School. At North Daviess Elementary school, forty students completed the program. Additional data is not available at this time.

Scott County. The Scott Family Grant focuses on the risk factor of Family Conflict, through implementation of Guiding Good Choices and Children in the Middle: Divorcing Families.

Children in the Middle. In fiscal year 2014, 135 parents going through divorce participated in the program. No data on individual results is available. Pre and post surveys will be provided for 2015.

Guiding Good Choices. In the fiscal year 2014, 58 parents participated in Guiding Good Choices, of which 83% were female and 17% were male. Of those, 41 families completed the surveys for all the five sessions. Information provided from the surveys showed that there was a buy-in from the participants such as an increase in the use of the guide and an increase in the feeling of value provided from the guide.

Warrick County. The Warrick County Family Grant focuses on the risk factor of Family Conflict, while the Implementation Grant focuses on other risk factors both within and outside the family domain. The Family Grant is implementing the Strengthening Families Program (ages 3-5).

Strengthening Families Program. There were 61 families that completed at least 70% of the program last year. Within the pretest, 69% indicated positive attitudes, skills, and behaviors among their family. This percentage rose to 74% in the posttest, indicating an improvement in the reduction of family conflict.

Community Prevention Framework Statewide Evaluation

In addition to conducting community-level outcome evaluation, the CPF team examined progress made at the state level for funded and non-funded communities using the Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents survey (Gassman, et al.). The tenets of prevention science advocate for choosing strategies to address underlying

risk and protective factors that can contribute to problem behaviors. Subscribing to this principle in Indiana, each community identified the elevated risk factors and depressed protective factors in their communities, and work to address them through interventions.

While many communities choose to focus on reducing risk factors, enhancing protective factors is also important. Protective factors do not cancel out risk factors; rather they provide an additional buffer to protect the youth from engaging in problem behaviors. The following table outlines the increasing and decreasing in protective factors of DMHA funded communities from 2011 to 2014. Using the cutpoint method of the Communities that Care scales, the percentages below indicate the portion of Indiana youth experiencing low protection for each of the factors, as compared to their peers nationally. The most substantial gains observed over the course of the DMHA grants were increases in community and school rewards for involvement. More modest gains were seen in family and school opportunities for involvement.

Protective Factor (Percentage at Low Protection)	2011 CPF Funded Communities n=41,667	2014 CPF Funded Communities n=32,123
Community Rewards for Involvement		
8 th Grade	57.7	64.5
10 th Grade	57.7	63.7
12 th Grade	58.4	63.2
Family Opportunities for Involvement		
8 th Grade	36.4	34.3
10 th Grade	40.5	38.9
12 th Grade	40.8	38.1
School Opportunity for Involvement		
8 th Grade	32.2	30.8
10 th Grade	35.9	34.5
12 th Grade	35.9	34.4
School Rewards for Prosocial Involvement		
8 th Grade	42.3	45.4
10 th Grade	36.7	42.6
12 th Grade	48.5	52.4
Peer/Individual Interaction with Prosocial Peers		
8 th Grade	51.6	47.8
10 th Grade	50.6	51.1
12 th Grade	52.8	52.8

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2011; Gassman, et al., 2014).

Protective factors can provide a buffer to Indiana youth, but many will still experience risks in the environment around them. The following table outlines the changes in the percentage of Indiana youth at high risk in DMHA funded communities in 2011 and 2014.

Using the cutpoint method of the Communities that Care scales, the percentages below indicate the portion of Indiana youth experiencing high risk for each of the factors, as compared to their peers nationally. The most substantial changes observed over the course of the DMHA grants were decreases in perceived risk of drug use (e.g., drugs were seen as more risky over the course of the grant). More modest changes were seen in interaction with antisocial peers, early initiation of drug use, family management, commitment to school, and perceived availability of drugs as well as parental attitudes toward drug use and antisocial behavior.

Risk Factor (Percentage at High Risk)	2011 CPF Funded Communities n=41,667	2014 CPF Funded Communities n=32,123
Laws and Norms Favorable to Drug Use		
8 th Grade	33.4	32.2
10 th Grade	40.8	41.4
12 th Grade	36.0	39.1
Perceived Availability of Drugs		
8 th Grade	28.4	25.5
10 th Grade	36.5	31.8
12 th Grade	41.1	40.2
Poor Family Management		
8 th Grade	28.3	24.6
10 th Grade	26.3	22.4
12 th Grade	29.7	25.9
High Family Conflict		
8 th Grade	53.2	52.0
10 th Grade	43.6	43.5
12 th Grade	39.6	40.0
Parental Attitudes Favor Drug Use		
8 th Grade	26.0	16.2
10 th Grade	38.0	28.2
12 th Grade	43.7	35.1
Parental Attitudes Favor Antisocial Behavior		
8 th Grade	42.6	32.8
10 th Grade	45.0	35.6
12 th Grade	43.1	37.1
School Academic Failure		
8 th Grade	34.5	30.7
10 th Grade	34.9	34.1
12 th Grade	31.7	31.1
Low School Commitment		
8 th Grade	37.2	37.8
10 th Grade	39.3	44.7

12 th Grade	44.6	47.8
Peer/Individual Rebelliousness		
8 th Grade	27.2	21.9
10 th Grade	29.3	24.8
12 th Grade	29.8	25.5
Peer/Individual Early Initiation of Drug Use		
8 th Grade	28.5	21.7
10 th Grade	26.9	21.5
12 th Grade	27.2	23.1
Peer/Individual Attitudes Favorable to Antisocial Behavior		
8 th Grade	28.7	23.9
10 th Grade	32.2	29.2
12 th Grade	31.5	28.1
Peer/Individual Attitudes Favorable to Drug Use		
8 th Grade	25.6	21.7
10 th Grade	34.1	32.4
12 th Grade	34.9	34.1
Peer/Individual Perceived Risk of Drug Use		
8 th Grade	35.9	54.8
10 th Grade	34.5	54.1
12 th Grade	41.5	63.6
Peer/Individual Interaction with Antisocial Peers		
8 th Grade	42.5	37.2
10 th Grade	43.5	38.5
12 th Grade	44.0	39.7
Peer/Individual Rewards for Antisocial Involvement		
8 th Grade	37.6	36.5
10 th Grade	36.5	36.9
12 th Grade	45.0	46.3

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2011; Gassman, et al., 2014).

Changes at the risk and protective factor level are often seen before changes in problem behaviors. The following table illustrates the changes in Indiana's four priority drugs (alcohol, cigarettes, marijuana, and prescription drugs without a prescription) since 2011 for those communities receiving DMHA funds. Significant decreases were experienced for each of the priority substances from 2011 to 2014.

Priority Substance	2011 CPF Funded Communities n=41,667	2014 CPF Funded Communities n=32,123
30-Day Alcohol Use (percentages)		
8 th Grade	18.1	13.4***
10 th Grade	29.9	24.2***
12 th Grade	40.0	35.7***
Overall	28.0	22.8***
30-Day Cigarette Use (percentages)		
8 th Grade	10.7	6.1***
10 th Grade	17.5	11.5***
12 th Grade	25.0	17.3***
Overall	16.8	10.8***
30-Day Marijuana Use (percentage)		
8 th Grade	10.1	8.0***
10 th Grade	18.6	15.5***
12 th Grade	22.9	19.5***
Overall	16.5	13.5***
30-Day Prescription Drug Use (percentage)		
8 th Grade	4.5	2.3***
10 th Grade	8.7	4.2***
12 th Grade	11.0	5.4***
Overall	7.7	3.8***

* indicates $p < 0.1$, ** indicates $p < 0.05$, *** indicates $p < 0.001$

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2011; Gassman, et al., 2014).

Progress made within DMHA funded communities since 2011 could indicate that strategies are working. However, to account for possible state or national trends, it is necessary to also examine data for those communities not funded by DMHA. The following table shows the 2014 rate of use in the past 30 days for Indiana's four priority drugs Statewide, and examines the difference between those communities receiving DMHA funds, and those not receiving DMHA funds.

Priority Substance	2014 Statewide n=55,583	2014 Non-Funded Communities n=23,460	2014 CPF Funded Communities n=32,123
30-Day Alcohol Use (percentages)			
8 th Grade	12.2	10.3	13.4***
10 th Grade	22.6	20.5	24.2***
12 th Grade	33.9	31.5	35.7***
Overall		19.5	22.8***
30-Day Cigarette Use (percentages)			
8 th Grade	6.0	5.9	6.1
10 th Grade	11.9	12.3	11.5
12 th Grade	17.6	18.1	17.3
Overall		11.4	10.8*
30-Day Marijuana Use (percentage)			
8 th Grade	6.8	5.0	8.0***
10 th Grade	13.6	11.3	15.5***
12 th Grade	17.6	15.1	19.5***
Overall		9.9	13.5***
30-Day Prescription Drug Use (percentage)			
8 th Grade	2.0	1.4	2.3***
10 th Grade	3.9	3.5	4.2**
12 th Grade	5.0	4.4	5.4**
Overall		3.0	3.8***

* indicates $p < 0.1$, ** indicates $p < 0.05$, *** indicates $p < 0.001$

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2014).

Results from the 2014 Indiana Youth Survey indicate significant differences in each grades' use of alcohol, marijuana, and prescription drugs between those communities that are funded and those that are not funded. Specifically, those that are receiving DMHA funds have statistically higher rates of use for alcohol, marijuana, and prescription drugs. There was no significant difference in cigarette usage rates for individual grades between the two community types, although the overall cigarette usage was significantly lower for funded communities. While it can be concerning to see that funded communities have higher use rates in 2014, it is important to remember that, when compared to themselves, they experienced significant decreases since 2011. This indicates that even though usage rates in DMHA funded communities are higher than non-funded communities, grantees have made significant progress in reducing substance use in their respective communities. These data would suggest continual involvement with these communities to continue to decrease their rate of substance use, as behavior change takes years to achieve.

Community Prevention Framework Team Evaluation

At the conclusion of the state fiscal year, the Community Prevention Framework team created and distributed a survey to key staff at the community level. The survey sought to assess gains in capacity attained through participation in the SPF/CTC process and satisfaction with IPRC services.

The majority of respondents reported an increase in knowledge related to risk and protective factors and their impact on different problem behaviors, evaluation and program assessment skills, and awareness of resources for ATOD prevention in Indiana. Fewer were aware of resources for suicide prevention in Indiana. Restructuring within DMHA will allow for greater collaboration between state-level substance abuse and suicide prevention efforts. This will enhance the IPRC's capacity and resources to provide guidance in the area of mental health promotion and suicide prevention. Few respondents indicated increases in skills related to changing local policies to reduce ATOD use. The IPRC is launching a series of informative briefs via Prev-L listserv and IPRC website (www.drugs.indiana.edu) to provide education and advocacy regarding policies related to prevention of substance abuse.

Ninety-four percent (94%) of respondents (15 of 16) were satisfied with IPRC services and the support they receive from their Project Officer. One respondent commented: "I appreciate the depth of assistance available. Someone always tries to point me in the right direction and to the right person." Benefits received from working with the IPRC included:

- Gained skills in the SPF/CTC process
- Received training opportunities
- Received ideas for new programs or efforts
- Received evaluation assistance
- Opportunities to dialogue with peers

In the coming year, the IPRC has plans to continue offering training and technical assistance around SPF/CTC, implementation and fidelity, evaluation, and provide opportunities for peer-sharing.

Challenges and Successes

The communities and the IPRC recently finished a two-year grant, and recently began a one-year grant. This one-year grant extension provides perfect timing to review past challenges and successes and make needed adjustments to improve the Community Prevention Framework process. Fiscal year 2014 brought both unique and reoccurring challenges to both the communities and the IPRC, many of which were seized and turned to successes. These challenges and successes fall within four categories: staff and community readiness, data collection and deliverables, overall communication, and level of technical assistance.

Staff and Community Readiness. Workforce development continues to be both a challenge and strength. This past fiscal year, the IPRC hired a new Project Officer, due to office turnover, bringing the CPF team back up to seven project officers serving as technical assistance providers to the 38 grantees. This Project Officer was able to jump into the position, but not without a learning curve related to the CPF process and their individual

communities. Several communities also experienced turnover related to their community coordinators, assistant coordinators, and even several change of fiscal agents at the end of the fiscal year. While each of these situations presented some challenges, the IPRC believes it has been able to adapt and provide quality technical assistance for each of the communities experiencing this challenge, including email and phone assistance, and reviewing multiple reports per communities. Recordings of online trainings were provided to new community staff as a part of their training and orientation process, and many project officers were able to schedule site visits related to new community staff starting.

Data Collection and Deliverables. Grantees have embraced the online data reporting system, Corkboard. Though compliance was slow to gain momentum, most grantees are proficient in navigating around the system and have begun to enter their data in a timely and complete manner. All deliverables were required to be submitted via Corkboard, in addition to being attached to electronic filing of fiscal claims. Corkboard provided a central storage place for all deliverables, and allowed both project officers and the community's access to past reports and files when desired. As fiscal year 2015 begins, Corkboard will undergo an update to increase functionality, ease of use, and additional features to help streamline the reporting and deliverable process. Additionally, fiscal year 2015 contracts have included specific monthly reporting requirements in Corkboard which will help with community process evaluation, ongoing evaluation of program outcomes, and collection of demographics for reporting. These added contract requirements will allow project officers to be more involved in monitoring process data, and provide coaching opportunities to communities as they're implementing their strategies. One additional area that is presenting itself as a challenge is the collection (and emphasis on the collection of) the National Outcome Measures. Many prevention professionals and youth workers are not yet accustomed to the importance of NOMs at a national level (and therefore at the state level), and are instead accustomed to incorporating the program evaluation tool. While emphasis and education has been provided in this area to community coordinators, there is still a challenge to get the NOMs embraced (in full) by all communities.

While data entry has been streamlined, and challenges have presented themselves with the collection of the NOMs, an additional challenge was recognized during the review of community evaluation reports and the completion of this report. This challenge centered on general evaluation data not being completed and collected in a uniform manner both within the various communities and across all DMHA grantees. While each grantee has an evaluation plan (created by their IPRC project officer or outside evaluator) that is updated yearly, this does not necessarily mean the plan was followed. As such, when evaluation reports were being reviewed, there were gaps in data collected and reported. These gaps were noted within each community above. This challenge will be addressed in FY15 with the requirement of monthly data entry to Corkboard, in addition to the availability of real-time evaluation reports that are available to both the community and project officer. These reports will update as new data is entered into Qualtrics (through Corkboard), and will allow both community coordinators and project officers to monitor that the data needed is being collected, and even to allow for mid-course adjustments.

Overall Communication. Clear communication and expectations is essential for all organizations to thrive. While the CTC process has been mostly successful, many of the challenges can be related back to problems in communication at various levels. Some communication delays between DMHA and the IPRC resulted in rushed timelines and

expectations, whereas miscommunications between IPRC staff have resulted in differing expectations of communities in terms of deliverables. While improvements were made in fiscal year 2014 (as compared to fiscal year 2013), there were still challenges and lessons learned from each challenge. These situations have allowed the IPRC project officers to understand the importance for clear communication between both the communities and DMHA. While communication will likely always have room for improvement, the IPRC has learned the importance clear expectations and frequent meaningful communication can have in determining the success or challenge of projects.

In addition to the implementation of the Corkboard system to increase communication, file sharing, and deliverable submission with the communities, the IPRC has also created an online reporting system for project officers to track their communication. Tracked communication can be with their respective communities, communication with DMHA or meetings with other project officers, in addition to tracking specific tools and trainings provided to communities. While this system was just rolled out at the beginning of the fiscal year 2014, both have provided an invaluable resource for sharing documents, submitting deliverables, and tracking communication.

Technical Assistance Levels. Fiscal year 2014 included the addition of nine new DMHA grantees, separate from the existing grantees funded by DMHA and IPRC-contracted to have technical assistance and evaluation provided to them. The new nine received a lower level of assistance than other grantees. Though their performance was adequate, these grantees were not incorporated into the group as such. It is recommended that they receive more technical assistance in the coming year as the amount of technical assistance required by Development grantees will wane as implementation begins.

Recommendations

The IPRC's CPF staff of seven project officers, four of which are exclusively project officers, currently provides technical assistance for the 38 grantees discussed in this report. In addition to providing the technical assistance, education, training and fiscal coordination to these 38 community grantees, the IPRC is the leader in providing free, quality prevention training and education in Indiana. As a result of compiling this report, the IPRC has six future recommendations:

- Continued use of Communities that Care as a tool for disseminating the Strategic Prevention Framework prevention infrastructure in Indiana
- Increasing prevention capacity of individuals and Indiana communities, not just those currently funded by DMHA
- Continued (and improve) process-evaluation, leading to adjustments and turning challenges into successes for each community as the fiscal years progress
- Leveling of the current level of technical assistance provided by the IPRC project officers to their communities, despite difference in original funding date
- Consideration of switching to a regional structure for funding
- Continue to build on recent successes.

The combination of the CTC process to disseminate the SPF model in Indiana appears to provide a great guide for many of the funded communities. While not all currently use the CTC model in its entirety, those that do find the guidelines and processes useful. It provides opportunities to draw community members in for ownership of the coalition, thereby

increasing the level of prevention knowledge in each individual community. To set the state up for future success, and to expand the number of counties or communities in Indiana that are ready to be funded by DMHA, the IPRC recommends increasing the prevention capacity of those not currently funded by DMHA. The IPRC currently does this by opening trainings to other communities, and plans to create a resource guide for prevention professionals in Indiana, but greater strides can be made to prepare other communities for future DMHA and prevention funding. One such way this may be able to be increased is through the switch to a regional funding structure. As contracts are currently set up, each grantee has separate contracts with DMHA. Switching to a regional structure would allow DMHA to reduce the number of contracts (and therefore the number of claim forms to be processed each month), and allow fiscal agents the ability to distribute funds in a wider area across the state. Technical assistance would then be able to be provided to the fiscal agents as they support a variety of communities in their region. This would also help level the assistance given to communities across the state. This is a recommendation from the CPF team, but no matter the direction DMHA goes, the IPRC plans on constantly improving the process-evaluation measures in place to identify needed adjustments as the fiscal year progresses, in order to overcome challenges and build successes.

Conclusions

While challenges were experienced this fiscal year, many positive outcomes have also resulted. Nine development grantees across the state have successfully completed steps and processes of the Communities That Care system to build prevention infrastructure fitting with the Strategic Prevention Framework. Twenty-seven communities also currently have Community Assessments, Community Resource Assessments, Community Action Plans, and each grantee has a year-long workplan. These reports provide a snapshot of where their community currently stands with local resources in existence and gaps and local data from a variety of sources. Process and outcome evaluations are conducted on community programs, and also provide an opportunity for the NOMs to be collected locally. Additionally, each community submits monthly reports and quarterly Milestones and Benchmarks to mark progress in creating a prevention infrastructure in their community, and have the beginning of a sustainability plan to continue prevention efforts at the end of their grant. Several grantees have applied for and received outside funding (e.g. Drug Free Communities) after completing DMHA's SPF/CTC model. While these items may seem basic, it is important to remember that they are the products of an evidenced-based system to get communities mobilized and engaged in prevention efforts. Without the existence of DMHA funds, the CTC training and framework, many of these communities would not have a prevention coalition in place to implement evidenced-based programs and make the sustained difference in their communities.

References

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