

VISION

Promote a safe, healthy, substance-free community for youth.

MISSION

Collaborate with community partners to prevent substance misuse among youth by raising awareness, using evidence-based programs, advocating for policy change, and implementing environmental strategies.

TAG LINE

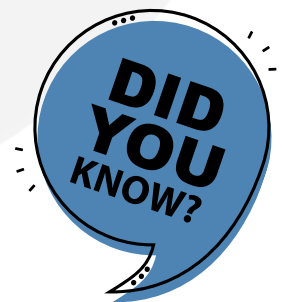
Inform. Empower. Prevent.

DRUG-FREE COMMUNITY (DFC) GRANT GOALS

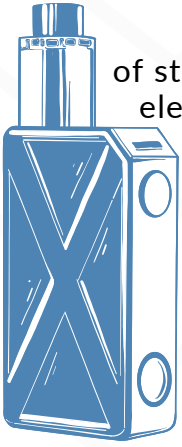
- Reduce 30-day past use of substances
- Increase perception of harm of substance
- Increase perception of peer disapproval
- Increase perception of parental disapproval

*In 2020, DFC coalitions reported significant declines in youth use/misuse of the following substances:

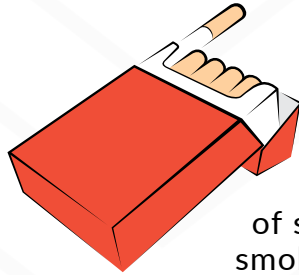
- Alcohol
- Tobacco
- Marijuana
- Prescription drugs**



LOCAL HIGH SCHOOL YOUTH DATA



35.8%
of students tried an
electronic vapor
product



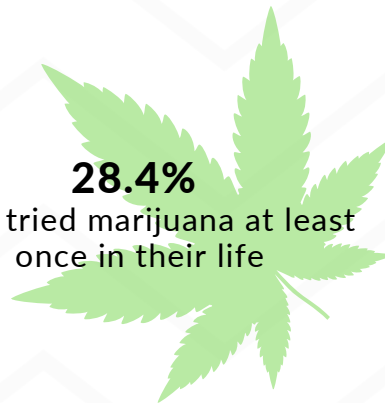
20.6%
of students tried
smoking a cigarette



10.9%
have been offered, sold,
or given an illegal drug
on school property



31.6%
lived with someone who
was having a problem with
alcohol or drug use



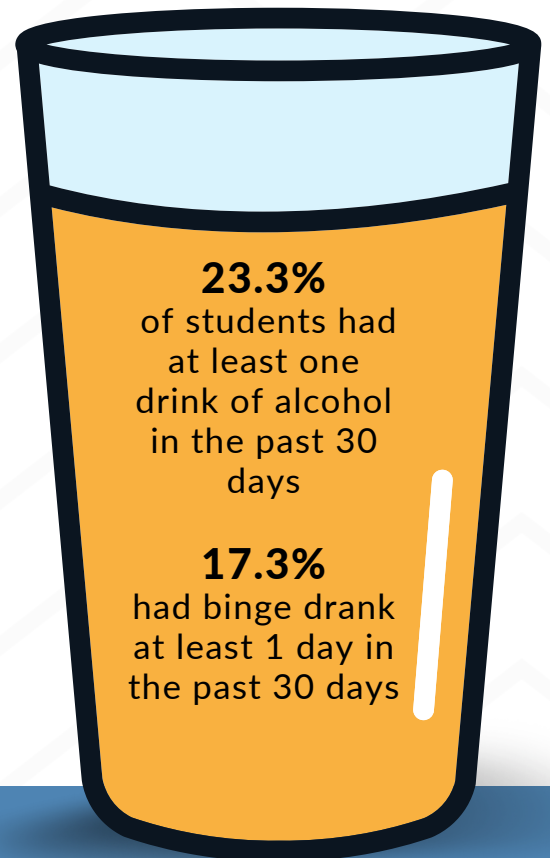
28.4%
have tried marijuana at least
once in their life



14%
rode in a car driven by someone
who had been drinking alcohol,
at least once in the past 30 days



12.7%
had taken a
non-prescribed
pain medication or
misused it at least
once in their life



23.3%
of students had
at least one
drink of alcohol
in the past 30
days

17.3%
had binge drank
at least 1 day in
the past 30 days

BRIEF HISTORY

CLARK COUNTY PARTNERS IN PREVENTION AND CLARK COUNTY SUBSTANCE ABUSE COALITION

In 2013, as a result of a Clark County Combined Health District's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), it was determined the community needed a task force to address substance abuse.

During this initial phase, the Clark County Substance Abuse Prevention, Treatment, and Support Coalition, presently the Clark County Substance Abuse Coalition (CCSAC) focused on reducing Opioid overdoses and provided support for those in recovery. Workgroups included: data, communication, prevention, supply reduction, and harm reduction.

Coalition initiatives included: (agency taking leadership role)

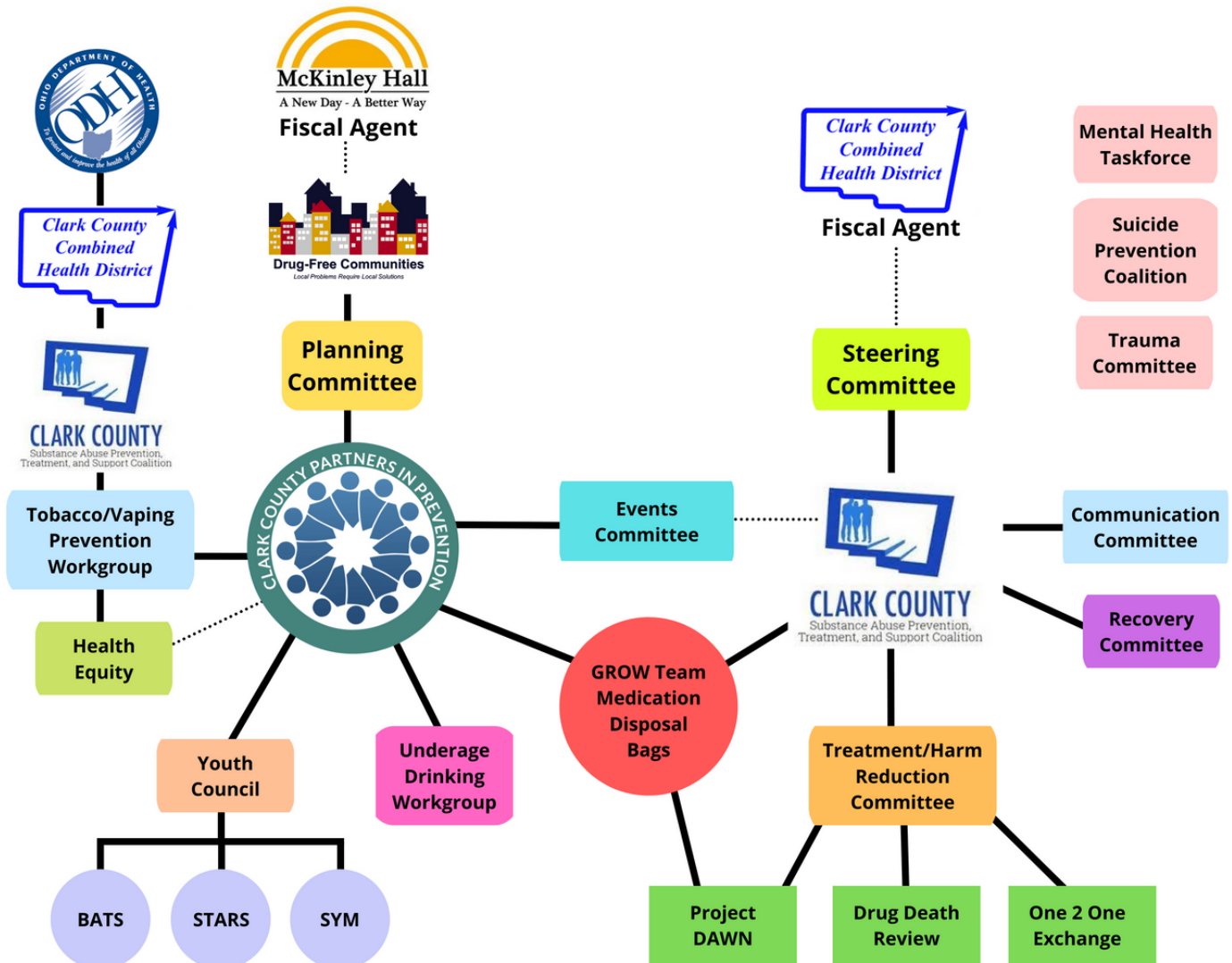
- Drug Death Review Team 2016
- First Response Team (Springfield Regional and McKinley Hall)
- Diversion Officer (Springfield City Police)
- Peers Support Specialist (Rocking Horse, Mercy Reach, McKinley Hall)
- Warm Hand-Off Safe House (McKinley Hall)
- MAT treatment (McKinley Hall)
- One-2-One Needle Exchange (Clark County Combined Health District (CCCHD) & McKinley Hall) 2018
- Project Dawn – Narcan Distribution (McKinley Hall)
- Get Recovery Options Working (GROW Team) (McKinley Hall, Mercy Reach, Springfield City Police, Clark County Sheriff)
- Medicine Disposal Bag Distribution
- Botvin LifeSkills prevention in schools (Wellspring)
- Community Response Plan (CCCHD)

In December 2020, The CCSAC was awarded the DFC Grant. At that time, it was determined that it would be best to separate prevention efforts from harm reduction, substance abuse, and recovery efforts. It was then that Clark County Partners in Prevention (CCPIP) became a separate entity. McKinley Hall volunteered to serve as the fiduciary agent of the newly formed prevention coalition.

Although both coalitions work closely together, the grants governing the two coalitions require different working groups, reporting, data collection, and deliverables. CCPIP still maintains connections with CCSAC and collaborates on many prevention strategies and events throughout the community. CCCHD's Tobacco Taskforce and CCPIP work in collaboration on tobacco prevention efforts. CCPIP is trained in the Community of Anti-Drug Coalition's (CADCA) best practices and utilizes these strategies to raise awareness, create community solutions, and build partnerships.

ORGANIZATIONAL CHARTS

Clark County Community Health Improvement Plan Coalitions: Mental Health and Substance Abuse



12 Sectors Working Together

As a DFC Coalition, CCPIP must have at least one representative from each of the twelve community sectors.



SEVEN STRATEGIES FOR CHANGE *

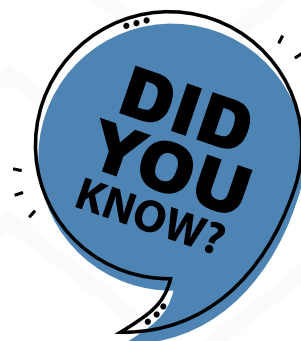
DFC coalitions as a whole focus on environmental changes to prevent substance use in the community. The environmental changes fit into seven different strategies listed below. DFC coalitions decide which strategies to utilize based on data gathered from their specific communities.

DFC coalition prevention activities include:

- | | | | |
|---|---|---|---|
|  | Providing information via social networking platforms |  | Promoting drug-free school policies |
|  | Providing youth education/training |  | Strengthening enforcement |
|  | Reducing home/social access to substances |  | Identifying physical design problems that increase risk |
|  | Supporting drug-free social events | | |



10%



The percentage of high school youth in Clark County who have tried an electronic vapor product dropped ten percent from 45.8% in 2019 to 35.8% in 2021!
(2021/2019 YRBS Survey)

More information on the Seven Strategies for Change can be found at www.cadca.org.

*Defining CADCA's Seven Strategies for Community Change

STRATEGIC PLANNING FRAMEWORK*

Drug-Free Communities utilizes the Strategic Prevention Framework (SPF, pronounced like Spiff). The SPF was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). It assists community coalitions in developing the infrastructure needed for community-based, public health approaches that can lead to effective and sustainable reductions in alcohol, tobacco, and other drug (ATOD) use and abuse.*



DFC coalitions work to reduce substance use among youth and, over time, reduce substance use among adults. They address the factors in a community that increase the risk for substance use *and* promote factors that minimize risk for substance use.**

*<https://www.cadca.org/sites/default/files/OverviewSPF.pdf>

**<https://www.cdc.gov/drugoverdose/drug-free-communities/about.html>

SECTOR MEMBER AND VOLUNTEER ROLES

- Participate in determining the direction of the coalition and working groups
- Assist with recommending and recruiting new members
- Serve as a liaison from their represented sector to the community coalition
- Help assess community assets, strengths, and needs; identify and inventory existing resources
- Gather and relay appropriate information to the coalition to serve as a basis for decisions
- Assist in prioritizing goals and objectives
- Assist in creating a 12-month strategic plan
- Assist in the implementation of activities
- Collaborate, endorse, and support the implementation of the coalition priorities
- Help represent the coalition at key official meetings and events
- Serve as an ambassador for the work of the coalition and promote its mission when and wherever possible
- Respect the rights of all coalition members to hold their own opinions and beliefs

Prevention strategies used by DFC coalitions include:

- **Community Involvement**
- **Peer Group Support**
- **Positive school climate**
- **Family involvement**
- **Acknowledgment of individual efforts**

COMMITTEES AND WORKGROUPS

Planning Committee

- Completed Tri-Ethnic Community Readiness Survey
- Developed Welcome Packet
- Assisted with logic models and organizational planning
- OHYES Survey
- Budget
- Agenda planning
- Bylaws

Tobacco Taskforce (Collaboration with CCCHD Tobacco Grant)

- Passed Tobacco Retailer Licensing Ordinance
- Completes compliance checks for retail establishments
- Addresses social norms through social media posts
- Created alternative to suspension
- Facilitated Anti-Vaping Calendar Art Contest

Underage Alcohol Working Group

- Researches practices concerning compliance checks
- Identifies problem areas of underage serving
- Creates educational resources and training for retailers
- Social norming campaign

Youth Ambassadors

- Social media campaign on the misuse of alcohol
- Roll Out Bowl Out – alternative youth activity

Prevention Education (Collaboration with Wellspring and McKinley Hall)

- Assists in prevention-based education efforts throughout the community
- Current initiatives: Botvin Life Skills Training, The PAX Good Behavior Game®, and Creating Lasting Family Connections® (CLFC)

Ad-hoc Workgroups

- As needed to address issues or efforts
- Current initiatives: Event workgroup to plan an alternative event or program for youth, Summer 2022, A Night of Hope “Celebrating Prevention, Treatment, and Recovery”

Get Recovery Options Working (GROW) (Collaboration with CCSAC)

- Oversees community distribution of Narcan, recovery, and prevention resources and information
- Current initiatives: monthly distribution events focused on neighborhoods as determined by local hotspot mapping

Narcan Distribution (Project DAWN) (Project supported and hosted by CCSAC)

Project DAWN is a community-based overdose education and naloxone distribution program. Project DAWN participants receive training on:

- Recognizing the signs and symptoms of overdose
- Distinguishing between different types of overdose
- Performing rescue breathing
- Calling emergency medical services
- Administering intranasal Naloxone

Call Kelly Binegar at McKinley Hall (937.328.5300 ext. 109) to receive Narcan training.



TIMELINE AND ACCOMPLISHMENTS

2020

- DFC Grant acquired
- DFC Project Coordinator Hired

2021

- Funding for Part-Time Staff
- Coalition Assessment
- Website and Social Media Accounts
- Conducted Parent and Adult Survey, established baseline measures for perception data
- Completed Tri-Ethnic Community Readiness Survey
- Executed 1st Annual Recovery and Prevention Event (Communities That Talk event)
- Sponsored prevention training and outreach into the community
- Facilitated Talk. They Hear You.® campaign at Clark County Fair
- Graduated CADCA National Coalition Academy Training and midyear Leadership Forum: completed logic models; and strategic, work, evaluation, sustainability, and communication plans
- Planning committee: coalition assessment, mission/vision, logo/name contest, and community readiness survey
- Underage Drinking Taskforce: logic models, action plan, Talk. They Hear You.® campaign and Keep Kids Safe Campaign
- Tobacco Taskforce: compliance checks, Anti-Vaping campaign, retail licensing policy, vaping presentations, Anti-Vaping Calendar Art Contest, Alternative to Suspension
- Dispensing of 4,061 medication disposal bags
- Coalition re-branding
- 8 articles in the Springfield News-Sun and social media messaging

AS OF JANUARY 2022

- Coalition Welcome Packet
- Alcohol Retail Outlet Density research and presentation
- Retail access information distribution

2020

2025

2021 COALITION SUPPORTED PREVENTION COLLABORATIONS IN THE COMMUNITY

Springfield Youth Movement (SYM)

- Alcohol Learning Session
- Social Norming Campaign
- Bowl Out – Roll Out

Students Talking About Real Stuff (STARS)

- Red Ribbon Week
- Zen Den

Bringing Awareness To Students (BATS)

- What's Wellness

Events

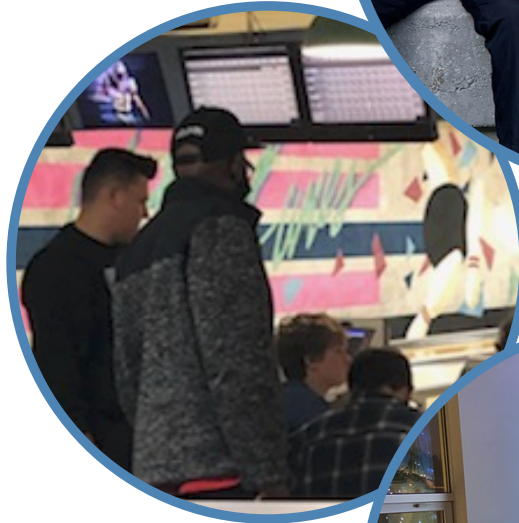
- Overdose Awareness
- A Night of Hope
- Clark County Fair Booth

Presentations

- City Commissioners
- Cliff Park High School
- School of Innovation

Coalition-Led Training

- Prime for Life
- Creating Lasting Family Connections
- Building Prevention with Faith Training
- The Landscape of Alcohol Training
- What is a Coalition Training
- Ineffective Prevention Practices Training
- Effective Coalition Practices Training



Current Funding Sources 2021-2022

Acquired Funding

DFC Grant
MHRB - SOR
Communities That Talk
Ohio CIP/UMADAO

Donations

Big Fish Local
Prosecuting Attorney's Office
Rali Ohio

CURRENT ROSTER OF 12 COMMUNITY SECTORS

Parent	Marcy Ivory	Marcylvory@mercy.com
Youth	Noah Chesshir	Chesshir101@gmail.com
Business	Kristina Downing	kristina.downing@expresspros.com
Health Care Professional	Sheri Haines	sherihaines@mercy.com
Media	Brett Turner	bturner004@woh.rr.com
Law Enforcement	Josh Pacine	Josh.pacine@cslocal.org
Religions/Fraternal Org.	Pastor Rachel Tune	RTune@oesterlen.org
State Local Government	Leah Behler	lbehler@ccchd.com
Substance Abuse Organization	Trish Williams Chase	twilliamschase@yahoo.com
Youth Serving Organization	Beth Dixon	beth@wellspringfield.org
Civic Volunteer	Joan Elder	jelder@mercy.com
Schools	Sherry Akers	Sherry.Akers@cslocal.org



CURRENT COMMUNITY PARTNERS

CONTACT INFORMATION

Coalition Leadership

Chair Person – Trish Williams-Chase
Vice-Chairs – Joan Elder and Dr. Huma Bashir
Secretary – Leslie Hoylman
Treasurer – Dawn White

Coalition Staff and Administration

Carey McKee, OCPS
DFC Project Coordinator
cmckee@clarkcountypip.org
937-328-5300 ext. 120

Leslie Hoylman
Prevention Support
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Wendy Doolittle, LISW-S, PCC-S, LICDC-CS
DFC Project Director
CEO McKinley Hall
wdoolittle@mckinleyhall.org

Carol Groeber
DFC Authorized Official
Director of Finance - McKinley Hall
cgroeber@mckinleyhall.org

Websites and Social Media



www.clarkcountypip.org



<https://www.facebook.com/ClarkCountyPartnersinPrevention>



www.cdc.gov/drugoverdose/drug-free-communities/index.html



<https://www.cadca.org>



GLOSSARY OF TERMS*

Many of the terms in this glossary are used interchangeably by various funding sources. The definitions included here are those appropriate for DFC coalitions.

Agent: In the public health model, the agent is the catalyst, substance, or organism causing the health problem. In the case of substance abuse, agents are the sources, supplies, and availability.

Assumptions: Assumptions explain the connections between immediate, intermediate, and long-term outcomes and expectations about how your approach is going to work.

24/7 Zero Tolerance Policy: Written policy in a school or school district. It allows schools to provide consequences to youth who are involved in alcohol, tobacco, or other drug-related behavior even when they are not on school property, during school hours, or while participating in a school-related function.

ATOD: Acronym for alcohol, tobacco, and other drugs.

Baseline: The level of behavior or the score on a test that is recorded before an intervention is provided or services are delivered.

Capacity: The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions.

Capacity building: Increasing the ability and skills of individuals, groups, and organizations to plan, undertake and manage initiatives. The approach also enhances the ability of those individuals, groups, and organizations to deal with future issues or problems.

CADCA: Community Anti-Drug Coalitions of America; a nonprofit organization that is dedicated to strengthening the capacity of community coalitions to create and maintain safe, healthy, and drug-free communities.

CDC: Centers for Disease Control and Prevention, As the nation's health protection agency, CDC saves lives and protects people from health, safety, and security threats.

Clean Air Law: Law prohibiting smoking indoors (i.e., public buildings, restaurants, airplanes, etc.) or within a short distance of public entrances.

Coalition: A formal arrangement for cooperation and collaboration among groups or sectors of a community, in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.

Community assessment: A comprehensive description of your target community (however your coalition defines community). The assessment process is a systematic gathering and analysis of data about your community.

Community-level change: This is a change that occurs within the target population in your target area.

Community Readiness: The degree of support for or resistance to identifying substance use and misuse as significant social problems in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

GLOSSARY OF TERMS*

Comprehensive Strategies: Include both individual and environment-focused strategies that can be used to change specific local conditions identified on a coalition's logic model.

Continuum of Care: Provides a framework for understanding the range of approaches to addressing mental, emotional, and behavioral disorders. The continuum distinguishes between health promotion, prevention, treatment, and recovery. Prevention is further divided into three categories: Universal, Selective, and Indicated.

Counter-advertising: In its broadest sense, it refers to the dissemination of prevention messages through the media. These messages run counter to pro-alcohol or tobacco advertisements. It can occur via the same media as pro-alcohol or advertising—namely, in print publications (magazines, newspapers, etc.), in outdoor media (billboards, transit ads), in broadcast media (television and radio), over the internet, by direct mail and through promotional techniques, such as sponsorship of sporting and entertainment events.

Cultural competence: (1) A set of behaviors, attitudes, and policies that come together in a system, agency, or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among, and between groups. (2) A point on a continuum with several guiding principles that enable coalitions to have positive interactions in culturally diverse environments.

Cultural diversity: Differences in race, ethnicity, language, nationality, or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

Distributed leadership: A model of leadership in which key functions are shared among all members.

Dram Shop Law: Refers to an alcohol establishment's potential financial liability for serving alcohol to an intoxicated or underage person who later causes injury to a third party (i.e., in a drunk driving crash). This law normally only covers businesses and not private parties.

Environment: In the public health model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is the societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Environmental scan: A form of community assessment that investigates the physical elements within a community that may contribute to alcohol, tobacco, or other substance use.

Environmental strategies: Environmental strategies are prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems, and policies.

Epidemiological data: Measures of the frequency, distribution, and causes of diseases in a population, rather than in an individual.

Evaluation: A process that helps prevention practitioners discover the strengths and weaknesses of their activities so that they can do better over time. Time spent on evaluations is well spent because it allows groups to use money and other resources more efficiently in the future. Some evaluations can be done at little or no cost and some can be completed by persons who are not professional evaluators.

GLOSSARY OF TERMS*

Evidence-based approach or strategy: An evidence-based approach or strategy has research information to suggest that it really works; that the intervention, not something else, brought about the observed improvements in related behavior and outcome.

Expected outcomes: The intended or anticipated results of carrying out program activities. There may be short-term, intermediate, and long-term outcomes.

Framework: A framework is a structure that is used to shape something. A framework for a strategy or approach supports and connects the parts.

Geographic Information System (GIS): The use of digitized maps to view, understand, question, interpret and visualize data in ways that reveal relationships, patterns, and trends in a specific geographic area.

Goal: A goal states intent and purpose, and supports the vision and mission statements. For example: "To create a healthy community where drugs and alcohol are not abused by adults or used by underage youth."

Host: In the public health model, the host is the individual affected by the public health problem. In the case of substance abuse, the host is the potential or active user of substances.

Intervention: An intervention comes between what exists (our assessment) and where we hope things will be (our goal). Intervention refers to what is done to prevent or alter a result—the means by which we change behavior and environmental conditions related to a group's goals.

Local Condition: Conditions or behaviors in the community that are maintaining or contributing to root causes. Local conditions must be:

- Specific = must be an actual behavior (youth drink in the park at lunch) or condition (billboards are located near the schools) and not an attitude or a perception
- Identifiable = must be a behavior that occurs regularly in the community and can be measured
- Actionable = the behavior can be changed

Logic model: Presents a diagram of how the effort or initiative is supposed to work by explaining why the strategy is a good solution to the problem at hand and making an explicit, often visual, statement of activities and results. It keeps participants moving in the same direction through a common language and points of reference. Finally, as an element of the work itself, it can rally support by declaring what will be accomplished and how.

Members: Organizations, groups, or individuals that agree to affiliate themselves with the mission of the coalition, participate in coalition meetings on a regular basis, and contribute to community-wide planning and evaluation efforts.

Multi-sector: More than one agency or institution working together.

Multi-strategy: More than one prevention strategy—such as information dissemination, skill-building, use of alternative approaches to substance abuse reduction, social policy development, and environmental approaches—all working with each other to produce a comprehensive plan.

Objective: Objectives are the specific, measurable results a coalition plans to accomplish and serve as the basis by which to evaluate the work of the coalition. Each objective should have a timeframe by which it will be accomplished. "To reduce the number of youth in our community who smoke at age 15 from 18.5 percent to 10 percent by 2007."

GLOSSARY OF TERMS*

Outcome: Outcomes are used to determine what has been accomplished, including changes in approaches, policies, and practices to reduce risk factors and promote protective factors as a result of the work of the coalition. An outcome measures change in what you expect, or hope will happen as a result of your efforts.

Partners: Groups or organizations that work with the coalition on specific issues or projects.

Readiness: The degree of support for, or resistance to, identifying substance use and abuse as a significant social problem in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

Protective Factors: Those factors that increase an individual's ability to resist the use and misuse of drugs, e.g., strong family bonds, external support system, and problem-solving and coping skills.

Resiliency Factors: Personal traits that allow children to survive and grow into healthy, productive adults despite having experienced negative or traumatic experiences and high-risk environments.

Resources: A resource is any or all of those things that can be used to improve the quality of community life—the things that can help close the gap between what is and what ought to be.

Results. The consequences and outcomes of a process or an assessment. They may be tangible such as products or scores, or intangible such as new understandings or changes in behavior.

Risk Factor: Those factors that increase an individual's vulnerability to drug use and misuse, e.g., academic failure, negative social influences, and favorable parental or peer attitudes toward or involvement with drugs or alcohol.

SAMHSA: Substance Abuse and Mental Health Services Administration, is charged with improving the quality and availability of treatment and rehabilitative services to reduce illness, death, disability, and the cost to society resulting from substance abuse and mental illnesses.

Stakeholders: Groups, organizations, or sectors of the community with an interest in and/or perspective on a common issue, such as reducing substance abuse.

Strategy: Identifies the overarching plan of how the coalition will achieve intended results.

Substance misuse: The use or misuse of illegal drugs; the misuse of inhalants; or the use of alcohol, tobacco, or other related product as prohibited by state or local law.

Sustainability: The likelihood of a strategy to continue over a period of time, especially after specific funding ends.

Synar Checks: In 1992, the federal government passed the Synar Amendment that mandates annual checks of tobacco retailers in every state. States that fail to maintain a tobacco sale rate during the checks of 20 percent or less are at risk of losing 40 percent of the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant dollars.

Targets: Defines who, where, and what you expect to change as a result of your efforts.

Theory of Change: A theory of change creates a commonly understood vision of the problem being addressed and defines the evidenced-based strategies or approaches proven to address that problem.

*Glossary of terms used with permission from Allies for Substance Abuse Prevention Coalition (ASAP)