Date funded:	October 2001
Agency Source:	Governors Office on Substance Abuse Prevention (______)
Grant program:	State Incentive Grant Program
The subject area:	Substance Abuse Prevention
Total amount of funding:	$360,000 (3 years)

Executive Summary

The ____________ ____________ ___________ ___________ has identified Friends Who Engage in the Problem Behavior, Alienation and Rebelliousness, Early Initiation of the Problem Behavior, Family Management Problems, and Favorable Parental Attitudes and Involvement in the Problem Behavior as the community's prioritized risk factors. These risk factors were identified based on data showing child abuse and neglect cases in fourth quintile and rising, foster care placements higher than the state average and rising, adolescent pregnancies high and rising, birth to teen girls in fourth quintile for state, and drug use during pregnancy high and rising. Other data showed alcohol arrests (age 10-14) almost twice the state average, drug arrests for adolescents higher than the state average, high rates of guns in school, and 9.1% of students participating in gang activity.

With these needs in mind, the ______ has chosen programs and strategies that will address all of the prioritized risk factors and fill identified gaps in existing services. The chosen programs and strategies address all four domains (Family, Community, School, and Individual/Peer) with implementation activities targeted throughout a variety of public and private agencies and organization. Key activities of the project include school related activities, family focused activities, and community based activities.

School targeted approaches involve the implementation of the Adolescent Transitions Program (ATP), and the Project Towards No Drug Abuse (TND). ATP involves presenting 12 lessons to students in grades 6th through 8th and is aimed at reducing drug use, improving problem solving and communication skills, and encouraging positive behaviors. The program also includes a parent curriculum aimed at enlisting parents to help encourage these behaviors. TND involves presenting 12 lessons to H.S. students age 14-19 aimed at reducing drug use.

The family focused portion of the project involves the implementation of the Strengthening Families Program (SFP). The program addresses the prevention, early intervention, and treatment of behavior problems that include substance abuse and other related disorders. Services include 12 lessons focused on the youth, parents, and family each in their own sessions in an agency setting. SFP also provides incentives for families and provides childcare to families with younger children to eliminate the barriers to participation. SFP has been rigorously evaluated in a number of studies with experimental designs. The approaches have been found to be effective in improving youth behavior, and in improving family relationships.

The ______ will also implement a comprehensive environmental strategy targeting community change on alcohol. Communities Mobilizing for Change on Alcohol (CMCA), recognized by CSAP as an exemplary program in 1999, aims to reduce the flow of alcohol to young people from illegal sales and from the provision of alcohol to youth by adults. Successful replication of the model will involve assessing the community, creating a core leadership group, developing a plan of action, building as base of support, implementing the action plan, institutionalizing the changes, and evaluating the efforts. Activities may include media activities, promotion of model ordinances, and encouraging alcohol compliance checks.

Community Coalition

____________ ____________, ______ is a rural county located one and a half hours west of _______________ The county is nestled in the beautiful ______________ with _______ running through it. The county is 92% White, 6% Black, 1 ½% Hispanic, and ½% Asian and Native American. Almost 25% of ____________ Counties over 30,000 residents are under the age of 18. The county has had problems with teen pregnancies, children in foster care, and child abuse and neglect. All of these issues fall into the fourth quintile for ____________ ____________.

Until recent years, the county had little political will and community support to face the problems of the community. However, in the 1989-1990 school year, with a drop out rate of 14.3%, over eight times the state average, the school system made a decision to face this major issue and begin to address the problem. Since that time, ____________ ____________ Schools has reduced its drop out rate to 4.7%, only slightly higher than the state average. Shortly after the start of this effort, in 1994, the ____________ ____________ ___________ ___________ was formed. The coalitions first task was to bring community leaders together to begin a dialogue about community health needs. The coalition began by asking local healthcare, human service, and community leaders to complete a community health survey (Appendix #1) to begin to identify community needs.

This original survey identified teen health issues, especially substance abuse, mental health, and teen pregnancy as one of the top three issues facing the community. A second community health need identified was the need for classes to teach parenting skills. The coalition has achieved several goals since it established these priority health needs identified through the 1994

survey. The coalition, in conjunction with ____________ ____________ Middle School, implemented the "Teen Smart" program, a nurturing and preventative services program for at risk students.

The coalition also supported the implementation of the "Becoming a Love and Logic Parent" program through the ______ Cooperative Extension Service. The hospital and the ____________ ____________ Department of Social Services (WCDSS) offered support in getting the program started and the ____________ ____________ Council on Domestic Violence and the Fraternal Order of Police have provided scholarships for parents who cannot afford the registration fee. The coalition has also supported the local mental health Community Service Board (CSB) to offer "Step" parenting classes to local families.

The coalition has also been established as the ____________ ____________ School Health Advisory Board. In this capacity, the coalition assists the local school system with the development of school health policy and the evaluation of school health status, health education, and school health services. The school system has been an active and involved partner in the coalition and has developed a progressive and responsive attitude to address school health needs. ____________ ____________ schools and the coalition have identified substance abuse, teen pregnancy, and child abuse and neglect as major health issues to address.

The coalition has participation from almost every youth serving, family serving and social service agency in the county. Board Members include representatives from Community Services Board (_______), the ____________ ____________ Council on Domestic Violence, ____________ Memorial Hospital, Healthy Families, the ______ ______ Police Department, ____________ ____________ Schools, the ____________ ____________ Ministerial

Association, ____________ ____________ Department of Social Services, the ____________ ____________ Sheriff's Office, The ______ Cooperative Extension Service, the ______ ______ /____________ ____________ Chamber of Commerce, the ____________ ____________ Workshop, the Concern Hotline, and local businesses. The ____________ ____________ ___________ ___________ reflects the make up of ____________ ____________ in diversity. The coalition has members reflecting diversity of race, gender, and youth (Appendix #2).

Organizational Capacity

The ____________ ____________ ___________ ___________ has continually increased the capacity of the community to address youth health issues pertaining substance abuse, violence, and other issues. In addition to the accomplishments addressed above, the coalition has undertaken a comprehensive community needs and resource assessment effort. This effort involved broad support from the community, collecting extensive archival data, providing agency reports of activities and accomplishments, and administering the PRIDE Survey to students in grade 6th through 12th.

Since 1994 the coalition has operated under the non-profit status of ____________ Memorial Hospital. Although this arrangement has been functional, it has also limited the coalitions fund raising activities and its potential for growth. The coalition is now in the process of becoming incorporated and plans to seek the designation as a 501 (C)(3) tax-exempt organization. The coalition plans to complete this process within the next 6 months. This independence opens new opportunities for growth that the coalition plans to take full advantage of. The tax-exempt status will allow the coalition to apply for grants that were previously unavailable to them and to expand their fund raising activities.

In addition, the ______ has garnered a tremendous amount of community support for this project. These supporters represent almost every youth serving and human service agency in the county. This support is evident in the attached MOA's and involves the commitment of staff, financial, and in-kind resources. The ____________ ____________ Public Schools (_______) has agreed to house the coordinator, provide telephone access, reception support, and supervision support. ________ has also committed staff time to have staff trained in the chosen models, to coordinate groups, and to co-facilitate support groups at no cost to the ______.

________ has also offered support for the project and has committed to act as the employer for the coordinator, providing clerical support, fringe benefits, and to conduct the interviewing and hiring process. _________ and _______ have also committed staff time to have staff trained in the chosen models, to coordinate groups, and to co-facilitate support groups at no cost to the ______. The services of ___________ include the staff time of the Prevention Specialist to coordinate groups, recruit families, schedule staff, and provide overall program supervision at no cost to the ______.

Community Needs and Resource Assessment

The ____________ ____________ ___________ ___________ has conducted a comprehensive needs and resource assessment over the past year (Appendix #3). This process has enabled us to identify priorities related to youth substance abuse, violence, and other high-risk behavior. The resulting needs assessment was gleaned from social indicator measures, key leader interviews and surveys, and focus group data. The process also analyzed the PRIDE Survey data for ____________ ____________ students in grades 6 through 12 (Appendix #4). The survey data looked at trends from the last 3 PRIDE Surveys covering the last nine years.

Data was gathered from a multitude of sources, including Northwestern Community Services Board, the ____________ ____________ Council on Domestic Violence, ____________ Memorial Hospital, ____________ ____________ Schools, and the ____________ ____________ Department of Social Services. All of this data was then analyzed in relation to the communities comprehensive local prevention plan, prepared by Community Services Board. The process identified the five prioritized risk factors of Friends Who Engage in the Problem Behavior, Alienation and Rebelliousness, Early Initiation of the Problem Behavior, Family Management Problems, and Favorable Parental Attitudes and Involvement in the Problem Behavior as the community's prioritized risk factors. Finally, the process included an analysis of service gaps as they relate to environmental and policy issues.

The preliminary data analysis found a total of ten areas that were at higher than acceptable levels. These areas were identified due to higher than average social indicator data or indicators that were shown to be on a continuous rise. The risk factors identified were Availability of Drugs, Transitions and Mobility, Extreme Economic Deprivation, Family Management Problems, Favorable Parental attitudes and Involvement in the Problem Behavior, Family Conflict, Low Commitment to School, Early Initiation of the problem Behavior, Friends Who Engage in the Problem Behavior, and Alienation and Rebelliousness. A core group of community leaders met to prioritize these risk factors and to identify the top three to five priority risk factors to address immediately.

Friend Who Engage in the Problem Behavior was chosen based on PRIDE Survey data from ____________ ____________ Schools, teen pregnancy data from the ______ Department of Health, and teen birth rate data from the Kids Count Data Book. The PRIDE Survey Data

showed higher than national average rates of drug use for marijuana, cocaine, alcohol, and hallucinogens. ____________ ____________ 6th graders use marijuana at a rate of 25% higher than the national average and 10th graders at nearly 35% higher rates. Cocaine use among 6th graders was more than twice the national average. Alcohol use (Beer) was higher for every grade level from 6th through 12th and hallucinogen use was higher for every grade except 7th grade.

Data from the ______ Department of Health showed a rising trend in adolescent pregnancies that has risen above the state average. In 1998, ____________ ____________ showed 20.54 teen pregnancies per 1,000 female adolescents compared to the state average of 16.15. This reflects a rate 25% higher for local youth. Lastly, according to the Kids Count Data Book, ____________ ____________ falls into the fourth quintile for births to teen girls.

Alienation and Rebelliousness was chosen based on high rates of guns in school and gang participation identified in the PRIDE Survey. The survey also showed high rates of police involvement, suicidal thinking, and low rates of participation in school-sponsored activities. According to the PRIDE Survey, 3.1% of ____________ ____________ students have brought a gun to school in the past year (2.7% nationally) and 9.1% have participated in gang activity. Students who report getting in trouble with the police was about 10% higher than the national average for and an astonishing 6.4% of students report thinking of suicide “often” or “a lot.” Lastly, only 38.9% of ____________ ____________ students report taking part in school sponsored activities, a known protective factor, compared to 82.3% nationally.

Early Initiation of the Problem Behavior was chosen based on data from the Kids Count Data Book and the ______ State Police. According to the ______ State Police, while juvenile arrests

for drug violation have been down sharply throughout the state, juvenile arrests for drug violations in ____________ ____________ have been rising. ____________ ____________ had an arrest rate 25% higher than the state average. ____________ ____________ has also consistently had a higher rate of juvenile alcohol arrest violations than the state average. Lastly, data from ____________ ____________ Schools shows a higher than average drop out rate.

Family Management Problems and Favorable Parental Attitudes Toward the Problem Behavior were chosen based on data on children in foster care and child abuse and neglect cases. Additional data on pregnant women receiving treatment for alcohol and other drug treatment was considered. According to the ______ Department of Social Services, foster care placements have almost doubled from 1996 to 1998. The average daily rate of children in foster care was 8.15 per 1,000 for ____________ ____________ and only 5.17 per 1,000 for the statewide average. Reported child abuse cases have also risen sharply in the past three years, with the greatest increase, 10%, in 1998. Lastly, the rate of pregnant women receiving treatment for alcohol and drug use was 235 per 1,000 live births. This rate of almost 25% is higher than the state rate of 158 per 1,000.

The ______ readily admits that the community has not been proactive in addressing prevention needs. The community resource assessment reflects this lack of services and the inadequate state of prevention efforts in ____________ ____________. The coalition currently has no grant funding to address substance abuse issues. In fact, the entire community as a whole has an incredible lack of services. Most available services are through the local school system, the Department of Social Services, or the local mental health Community Services Board.

The schools offer some alternative education programs aimed at reducing the drop out rate and serving high-risk students. However, they have no services directly addressing substance abuse. WCDSS has services targeting families, as does the local Community Services Board. Unfortunately, the services available do not focus on these prioritized risk factors. The coalition has made a decision to rectify these gaps in services by implementing appropriate services. The coalition has learned through the needs and resource assessment that these prevention issues will only get worse when ignored. It is critical that ____________ ____________ begin to secure funding and implement services to address these issues.

Goal(s), Objective(s), and Proposed Activities

Goal #1: **Implementation of the Strengthening Families Program will result in a reduction of the Community Risk Factors of Family Conflict, and Family Management Problems and an increase in the Protective Factors of Healthy Beliefs and Clear Standards, Bonding, and Skill Building as evidenced by a 5% improvement on the relevant questions on the 2003-2004 PRIDE Survey.**

Objective 1-A: Youth will report improved communication with their parents as evidenced by 80% of youth participants answering "A good bit of the time" OR "Most of the time" to the question "My parent(s)/caregiver(s) and I can sit down together to work on a problem without yelling or getting mad" on the Iowa State University Extension's Youth Survey (Appendix #5).

Activities:

1-A-1: Family Session "Building Family Communication."

1-A-2: Family Booster Session "Listening to Each Other."

1-A-3: Youth Booster Session "Getting the Message Across."

Objective 1-B: Youth will feel better equipped to deal with stress and peer pressure as evidenced by 80% of youth participants answering “A good bit of the time” OR “Most of the time” to the questions “I know how to tell when I am under stress,” “I use the Peer Pressure Steps when I'm pressured to get into trouble” and “I do things to help me feel better when I am under stress” on the Iowa State University Extension’s Youth Survey.

Activities:

1-B-1: Parent Booster Session “Reviewing How to Help with Peer Pressure.”

1-B-2: Presentation and youth participation in the Youth Session “Dealing with Stress.”

1-B-3: Youth Sessions “Handling Peer Pressure I,” and “Handling Peer Pressure II.”

Objective 1-C: Parents will show gains on general child management including setting rules and following through with consequences as evidenced by 80% of parent/caregiver participants answering “A good bit of the time” OR “Most of the time” to the questions “I help my youth understand what the family and house rules are,” “I let my youth know what the consequences are for breaking rules,” “I follow through with consequences each time he or she breaks a rule” and “I let my youth know the reason for the rules we have” on the Iowa State University Extension’s Parent/Caregiver Survey.

Activities:

1-C-1: Parent Booster Session “Reviewing Love and Limits Skills.”

1-C-2: Parent Session “Using Love and Limits.”

1-C-3: Parent Session “Making House Rules.”

Goal #2: Reduce the number of alcohol related arrests (10-14) and juvenile Drug arrests by 10% as evidenced by State Police Records by 2004.

Objective 2-A: Reduce by 10% the number of 6th-12th grade students saying marijuana is "fairly easy" or "very easy" to get as measured by the PRIDE Survey in the year 2004.

Activity 2-A-1: Presentation of TND Program to H.S. Students

Activity 2-A-2: Presentation of ATP Program to M.S. Students

Activity 2-A-3: Substance Abuse Assessments

Objective 2-B: Reduce the number of incident of students possessing alcohol or other drugs in school to below the statewide average by 2004 as reported in the Kids Count Data Book.

Activity 2-B-1: Presentation of TND Program to H.S. Students

Activity 2-B-2: Presentation of ATP Program to M.S. Students

Activity 2-B-3: Substance Abuse Assessments

Objective 2-C: There will be a 10% reduction in reported marijuana use as measured by the PRIDE Survey in the year 2004.

Activity 2-C-1: Presentation of ATP Program to M.S. Students

Activity 2-C-2: Presentation of TND Program to H.S. Students

Activity 2-C-3: Substance Abuse Assessments

Goal #3: To decrease the number of child abuse and neglect by 10% and children in foster care by 10% by 2004 as evidenced by data from the ______ Department of Social Services.

Objective 3-A: Parental enforcement of rules and talking to their child about drug use will increase by 10% as measured by the PRIDE Survey results of 2004.

Activity 3-A-1: Alcohol Compliance Checks

Activity 3-A-2: Promotion of Model Ordinances

Activity 3-A-3: Media activities

Objective 3-B: Reduce by 10% the number of students reporting involvement with the police "often" or "a lot" as measured by the PRIDE Survey in the year 2004.

Activity 3-B-1: Alcohol Compliance Checks

Activity 3-B-2: Promotion of Model Ordinances

Activity 3-B-3: Media activities

Objective 3-C: Reduce by 10% the number of students who report thinking about suicide "often" or "a lot" as measured by the PRIDE Survey in the year 2004.

Activity 3-C-1: Presentation of TND Program to H.S. Students

Activity 3-C-2: Presentation of ATP Program to M.S. Students

Activity 3-C-3: Substance Abuse Assessments

Evaluation Plan

Goal/Objective/Activity	Method of Evaluation
Goal #1	Compare PRIDE Survey from 2000 to 2004
Objective 1-A	Iowa State University Extension's Youth Survey
Activity 1-A-1	Attendance records and group progress notes
Activity 1-A-2	Attendance records and group progress notes
Activity 1-A-3	Attendance records and group progress notes
Objective 1-B	Iowa State University Extension's Youth Survey
Activity 1-B-1	Attendance records and group progress notes
Activity 1-B-2	Attendance records and group progress notes
Activity 1-B-3	Attendance records and group progress notes
Objective 1-C	Iowa State University Extension's Parent/Caregiver Survey
Activity 1-C-1	Attendance records and group progress notes
Activity 1-C-2	Attendance records and group progress notes
Activity 1-C-3	Attendance records and group progress notes
Goal #2	_______ State Police Records

	Objective 2-A		Compare PRIDE Survey from 2000 to 2004
		Activity 2-A-1	Attendance records and group progress notes
		Activity 2-A-2	Attendance records and group progress notes
		Activity 2-A-3	Assessment summary, progress notes, and follow up data
	Objective 2-B		Kids Count Data Book
		Activity 2-B-1	Attendance records and group progress notes
		Activity 2-B-2	Attendance records and group progress notes
		Activity 2-B-3	Assessment summary, progress notes, and follow up data
	Objective 2-C		Compare PRIDE Survey from 2000 to 2004
		Activity 2-C-1	Attendance records and group progress notes
		Activity 2-C-2	Attendance records and group progress notes
		Activity 2-C-3	Assessment summary, progress notes, and follow up data
Goal #3			______ Department of Social Services
	Objective 3-A		Compare PRIDE Survey from 2000 to 2004
		Activity 3-A-1	Media Report to ______ Board
		Activity 3-A-2	Police records and CMCA Facilitator report
		Activity 3-A-3	CMCA Facilitator report
	Objective 3-B		Compare PRIDE Survey from 2000 to 2004
		Activity 3-B-1	Media Report to ______ Board
		Activity 3-B-2	Police records and CMCA Facilitator report
		Activity 3-B-3	CMCA Facilitator report to ______ Board
	Objective 3-C		Compare PRIDE Survey from 2000 to 2004
		Activity 3-C-1	Attendance records and group progress notes
		Activity 3-C-2	Attendance records and group progress notes
		Activity 3-C-3	Assessment summary, progress notes, and follow up data

Project Design

The Strengthening Families Program (SFP) 10-14 is a 12-session family skills training program designed to increase resilience and reduce risk factors for substance abuse, depression, violence and aggression, delinquency, and school failure in high-risk, among 10-14 year old children and their parents. This behavioral and cognitive skills training program was developed by Dr. Karol L. Kumpfer and associates at the University of Utah in 1982 with NIDA research funds. SFP is recognized by many federal agencies (e.g., NIDA, OJJDP, CSAP, CMHS, DoEd, ONDCP, and NIAAA) as an exemplary, research-based family model. Positive results from over

15 independent research replications demonstrate that the program is robust and effective in increasing assets and protective factors by improving family relationships, parenting skills, and improving youth's social and life skills. Although originally developed for children of substance abusers, SFP is effective and widely used with non-substance abusing parents in many settings: schools, churches, mental health centers, housing projects, homeless shelters, recreation centers, family centers, and drug courts.

The SFP curriculum includes the Parent, Children's, and Family Life Skills Training taught in twelve two-hour periods. In the first hour, parents and children participate in separate classes. Parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. Children learn effective communication, understanding feelings, coping with anger and criticism, stress management, social skills, problem solving, resisting peer pressure, consequences of substance use, and compliance with parental rules. During the second hour families practice structured family activities, therapeutic child play, family meetings, communication skills, effective discipline, reinforcing positive behaviors in each other, and jointly planning family activities. Incentives for attendance, positive participation, homework completion, graduation and the provision of childcare reduce barriers and encourage participation. Booster sessions and parent-run family support groups for SFP graduates are encouraged.

As one of the most replicated family programs, SFP has been evaluated by many independent investigators using standardized clinical and prevention measurement instruments. All have reported similar positive results in preventing substance abuse, conduct disorders, and depression in children and parents, and improving parenting skills and family relationships.

These positive results were first demonstrated in the original NIDA research study (1983 to 1987) employing a true experimental design with random assignment to four groups. Six CSAP grantees have also evaluated culturally tailored SFP versions for African-American, Hispanic, Asian and Pacific Islander, and American Indian families.

Youth attending the program had significantly lower rates of alcohol, tobacco and marijuana use as compared to control youth. The differences between program and control youth actually increased over time, indicating that skills learned and strong parent-child relationships continue to have greater and greater influence. Youth attending the program had significantly fewer conduct problems in school than youth in the control group. Parents showed gains in specific parenting skills including setting appropriate limits and building a positive relationship with their youth. Parents also showed an increase in positive feelings towards their child, better general child management including setting rules and following through with consequences, and effectively monitoring youth and having appropriate and consistent discipline.

The Project Toward No Drug Abuse was completed originally on students in 9th to 12th grades. The students were older youth, who were already using substances at or above the national average. Project TND has been implemented with white non-Hispanic, Latino, African American, and Asian American adolescents, ages 14 to 19 years. TND has received several awards and professional acknowledgments. The program is considered an effective, exemplary or model program by the National Institute on Drug Abuse, Health Canada, and Sociometrics, Inc., as well as by the Center for Substance Abuse Prevention.

The theory underlying Project TND is that young people at risk for drug abuse will be best able to not use drugs if they: (1) are aware of misleading information that facilitates drug

use and are motivated to not use drugs (e.g., drug use myths, stereotyping); (2) have skills to help them bond to lower risk contexts (e.g., coping, self-control); (3) appreciate the consequences that drug use may have on their own and others' lives (e.g., chemical dependency); (4) are aware of cessation strategies; (5) and have decision making skills to make a commitment to not abuse drugs. The project approach is well suited to a wide variety of senior high school youth at high risk for drug abuse (regular and alternative schools). Successful replication of the Project TND model involves delivering 12 lessons, each 40 to 50 minutes in duration.

The Adolescent Transitions Program (ATP) is a selected intervention for at risk early adolescents. The parent-focused curriculum is based on family management skills of encouragement, limit setting and supervision, problem solving, and improved family relationship and communication patterns. These skills were determined by 20 years of clinical and research investigations at the Oregon Social Learning Center to be critical for healthy child adjustment (Patterson, 1992) and follow a step-wise approach toward effective parenting skills and strategies for maintaining change. The long- term goals of the program are to arrest the development of teen antisocial behaviors and drug experimentation. Intermediate goals of the program are to improve parent family management and communication skills. The curriculum has been targeted at a broad cross section of parents. Group leaders are trained to adapt the curriculum to be sensitive to the education level and cultural orientation of families.

The parent and teen programs can be coordinated with each other or used independently. ATP will be offered to all parents of teens in the group. ATP includes twelve parent group meetings and four individual family meetings. Groups are designed to provide a balance between skill development and group discussion. Parents participate in group exercises (either oral or

written depending on group needs), discussion, role-plays and setting up home practice activities. There are six accompanying videotapes that demonstrate family management and communication skills using a wrong way and a right way format. The group is lead by one or two leaders depending on the size and needs of the group.

Data from a rigorous randomized control study of 220 parents showed that the program was effective in reducing observed negative parent-child interactions. Teacher reports showed decreases in antisocial behaviors at school. The program was effective in reducing youth smoking behaviors at one-year follow up (Dishion & Andrews, 1995). These results have been replicated in over 300 families in Oregon communities (Irvine et al 2000) All of the studies have reported high satisfaction with ATP. The program is currently being used and evaluated in numerous schools and mental health settings across the country.

Communities Mobilizing for Change on Alcohol (CMCA) is a community organizing effort developed by the University of Minnesota School of Public Health. CMCA activates community members to achieve changes in local public policies and practices of major community institutions, such as law enforcement agencies, licensing departments, community event groups, civic groups, houses of worship, schools, and local mass media organizations.

CMCA is designed to limit youth access to alcohol and thereby improve the health of the population. The object of these efforts is to reduce the flow of alcohol to young people from illegal sales by retail establishments, and from provision of alcohol to youth by adults in the community. CMCA is dedicated to the idea that effectively limiting the accessibility of alcohol to adolescents directly reduces teen drinking and communicates a clear no-use message to the community. In a 15-community randomized trial, CMCA resulted in increased age identification

checking by alcohol retailers and reduced purchasing of alcohol, drinking, frequenting of bars, and provision of alcohol to other adolescents by 18- to 20-year-olds.

Communities that have implemented CMCA have shown that alcohol merchants increased age-identification checking (up 17% at on-sale establishments and 15% at off-sale establishments) and reduced their propensity to sell to minors (down 24% at on-sale establishments and down 8% at off-sale establishments). The communities also reduced their propensity of 18 to 20 year-olds providing alcohol to other teens (down 17%). Finally, arrests for driving under the influence of alcohol declined significantly among 18- to 20-year-olds.

The CMCA project demonstrated that community organizing is a useful intervention approach to mobilizing communities for institutional and policy change, thus improving the health of the population. Successful replication of CMCA involves assessing the community, creating a core leadership group, developing a plan of action, building a mass base of support, implementing the action plan, maintaining the organization, institutionalizing change at the community level, and evaluating the effort. CMCA has received a number of awards and professional acknowledgments including being identified by CSAP as a Model Program.

Comprehensive Plan

The community's comprehensive prevention plan was last updated in 1999 by Community Services Board (Appendix #7). The ______ has only recently involved itself in this extensive prevention planning process. In the attached plan, the ______ has a number of

targeted activities planned through community presentations and educational opportunities. However, most of the prevention activities listed are targeted in other neighboring communities with a more developed prevention initiative. This proposal is strategically coordinated with these regional prevention efforts to capitalize on existing efforts in neighboring localities. The ______ seeks to propel their prevention efforts to more closely match other localities and to build the capacity of the coalition to address the community's risk factors.

Management/Staffing Plan

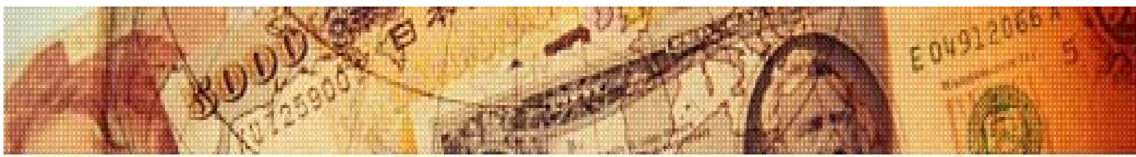
The ______ Project Coordinator (Program Manager) will supervise the project and all of the program activities. In addition, the ______ Program Coordinator will act as the facilitator for the CMCA project. The coordinator will work with the local school system, the Department of Social Services, and ________ Community Services. The Coordinator will be directly supervised by the Director of Special Services for ____________ ____________ Public Schools and will be employed by the ____________ ____________ Department of Social Services. Overall program supervision will rest with the ______ Board of Directors. A project organizational chart showing all partners with administrative, advisory, supervisory, or direct responsibility for the implementation of project and job descriptions are attached (Appendix #8).

Implementation Plan: Plan for Continuation

As stated earlier, The ______ has garnered a tremendous amount of community support for this project. This support is outlined in the attached MOA's and involves the commitment of staff, financial, and in-kind resources. The ________ has agreed to house the coordinator, provide telephone access, reception support, and supervision support. __________ has also

offered support by acting as the employer for the coordinator, providing clerical support, fringe benefits, and to conduct the interviewing and hiring process. ___________ services will include the staff time of the Prevention Specialist to coordinate groups, recruit families, schedule staff, and provide overall program supervision at no cost to the ______. All of these agencies committed staff time to receive training in the chosen models and to co-facilitate support groups at no cost to the ______.

Finally, the ______ has also begun a comprehensive fundraising effort, identifying individual and corporate support for programming efforts in this community. A local agency, Healthy Families, has allocated $6,000 to the ______ to contract with a grant writer to help identify and secure new funding opportunities. The ______ firmly believes that these efforts, along with the support of local agencies and government, will be able to continue this program and to expand on the services after the funding cycle ends.



Implementation Plan: Timeline of Activities

ACTIVITY	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September
	2001									2002									2003									2004								
Hire Program Coordinator	X	X																																		
Staff Training		X	X	X	X																															
Assess youth for groups				X	X	X																														
Implement TND				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Implement ATP				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ATP Parent Sessions				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Implement SFP				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SA Assessments				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CMCA Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Create Leadership group	X	X	X	X	X	X	X	X																												
CMCA Plan of Action							X	X	X	X	X	X	X	X																						
Building base of support										X	X	X	X	X	X	X	X	X	X	X																
Implement Action plan														X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Compliance Checks					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Media Activities				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Model Ordinance														X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
School Policy Promotion														X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Outcome Evaluation							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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Three (3) Year Budget

______ State Incentive Grant

1st Year Budget

Project Expenses	Grant Request
Personnel Costs	
______ ______Program Coordinator (W/FICA & Health) Job Title (Percent of Time)	__$41,277
_______Program Director (supervision)__ __________ Job Title (Percent of Time)	__$5,000_
Total Personnel Costs	__$46,277___
Contracted Services *(specify each separately-attach additional pages if necessary)*	
1. ___- Evaluation ____________	__$12,000_____
2. ___($3,328 + $10,000) _______________	__$13,328_____
3. ___, Inc (20 SA Assessments). _________	__$7,400______
4. ____Program Development and Non-Profit Organization___	___$5,000______
Number _5 MOA's__ and subtotal of attachments ___	
Total Contracted Services	___$37,728___
Travel Expenses:	
Mileage ______4500 local miles (X .345)_______	___$1,552_____
Lodging ______10 nights X 2 X $89.00__________	___$1,780_____
Meals ______$50 per day X 2 staff X 10 days__	___$1,000_____
Other (specify) _Professional Development ________	__ $1,500______
Total Travel Expenses	___$5,832____
Other Expenses ***(specify each separately)***	
1. _________Administrative Fee_____________	____$6,000____
2. __________Desktop Supplies_________________	____$3,800_____
3. _________ATP & TND & Stregthening Families __________	____$2,500____
4. ________Training for ATP & TND & Strengthening Families__	____$14,000____
5. ________Advertising/Public Awareness__	____$1,863____
6. ________DSS Reimbursement__	____$2,000____
Total Other Expenses	____$30,163___
TOTAL ALL EXPENSES	___$120,000.00__

______ State Incentive Grant

2nd Year Budget

Project Expenses

Grant Request

Personnel Costs

______ ______Program Coordinator (W/FICA & Health) __$42,785
Job Title (Percent of Time)

______ Counselor/Educator (W/FICA & Health/dental) __$33,742_
Job Title (Percent of Time)

Total Personnel Costs

__$76,527___

Contracted Services *(specify each separately-attach additional pages if necessary)*

1. ___- Evaluation ____________ __$10,000____
2. ___($3,328 + $10,000)______________ __$11,328____
3. ___, Inc (20 SA Assessments).________ __$7,400_____

Number _5 MOA's __ and subtotal of attachments

Total Contracted Services ___$28,728___

Travel Expenses:

Mileage	______4500 local miles (X .345)________	___$1,552_____
Lodging	______10 nights X 2 X $89.00__________	___$1,780_____
Meals	______$50 per day X 2 staff X 10 days__	___$1,000_____
Other (specify)	_Professional Development ________	__ $1,000______

Total Travel Expenses ___$5,332____

Other Expenses ***(specify each separately)***

1. _________Administrative Fee_____________ ____$6,000____
2. __________Desktop Supplies________________ ____$1,413_____
5. ________Advertising/Public Awareness__ ____$2,000____

Total Other Expenses ____$9,413

TOTAL ALL EXPENSES ___$120,000.00__

______ State Incentive Grant
3rd Year Budget

Project Expenses	Grant Request
Personnel Costs	
______ ______ Program Coordinator (W/FICA & Health) Job Title (Percent of Time)	__$44,352_
______ Counselor/Educator (W/FICA & Health/dental) Job Title (Percent of Time)	__$34,950_
Total Personnel Costs	__$79,312_

Contracted Services *(specify each separately-attach additional pages if necessary)*

1. ___- Evaluation ____________	__$11,500___
2. ___($3,328 + $10,000)_______________	__$10,000_____
3. ___, Inc (20 SA Assessments).________	__$5,550______
Number _5 MOA's __ and subtotal of attachments	
Total Contracted Services	___$27,050___

Travel Expenses:

Mileage	______4500 local miles (X .345)________	___$1,552_____
Lodging	______6 nights X 2 X $89.00__________	___$1,068_____
Meals	______$50 per day X 2 staff X 6 days__	___$600_____
Other (specify)	_Professional Development _________	__ $600______
	Total Travel Expenses	___$3,820____

Other Expenses ***(specify each separately)***

1. _________Administrative Fee_____________	____$6,000____
2. __________Desktop Supplies_________________	____$1,800____
3. _________Advertising/Public Awareness_________	____$2,028____
Total Other Expenses	____$9,828___
TOTAL ALL EXPENSES	___$120,000.00__

Categorical Summary Table – 3 Year Totals		
	Dollars	**% of Total**
Sum of Administrative Costs	$18,000	5%
Sum of Evaluation Costs	$33,500	9.3%
Sum of Cost of Services to Target Population	$308,500	85.7%
Total 3 Year Project Cost	**$360,000**	**100%**