UNION COUNTY FY23 WORKPLAN



Project Leads:

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PREVENTION IS THE CURE

Union County Prevention is the Cure project implements youth substance use prevention programs, practices, and policies using the Strategic Planning Framework (SPF). The Indiana Division of Mental Health and Addiction Prevention provides funding for this project.

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Introduction

In partnership with the Union County Health Department, Family Services and Prevention Programs received Indiana Division of Mental Health and Addictions for Coronavirus Response and Relief Supplemental Appropriations (CRRSA) funds to build primary substance use prevention capacity.

Background

Union County is on the east side of Indiana, 70 miles from Indianapolis, Indiana, 38 miles from Cincinnati, Ohio, 45 miles from Dayton, Ohio, and 12 miles from Miami University in Oxford, OH and it borders Fayette, Wayne, and Franklin counties in Indiana, and Butler county in Ohio. Union County is the second smallest community in the state of Indiana and is a very rural area. Major highways include Indiana State Road 44, Indiana State Road 101, Indiana State Road 227, and US 27.

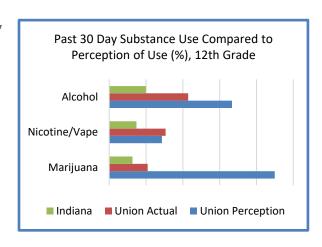
Agriculture is Union County's largest industry with over 90% of the county deemed farmland. The county has a small manufacturing sector and several Mom and Pop (locally owned) businesses each with historical roots. Whitewater Memorial State Park, part of Brookville Lake and Quakertown State Recreation Area, draws tourism to Union and surrounding counties averaging one million tourist traveling through the area annually.

The county schools and government are quite unique. The Union County-College Corner Joint School District is the only joint state school district in Indiana, serving students in Indiana and Ohio. The middle, high school, and Liberty Elementary are in Indiana, and College Corner Elementary is built on the Indiana/Ohio state line. The corporation has a 94.6% graduation rate compared to Indiana's rate of 86.6%. The county government does not have a mayor or singular leader. The Board of Commissioners and County Council are elected officials responsible for governing the county, the city/town council governs the town of Liberty.

Community Assessment Review

A comprehensive community assessment identified two risk and one protective factor to be addressed by this project: 1) low perceived risk of substance use, 2) high perception of use, and 3) low commitment to school. The primary substances used by Union County youth are nicotine/vaping, alcohol, and marijuana. This project is focusing on alcohol and nicotine/vaping use.

Data was gathered from the Indiana Youth Survey 2022, which provides a framework for youth attitudes, behaviors, and beliefs regarding substance use. Union County youth past 30-day use of nicotine/vaping, alcohol, and marijuana is higher than Indiana youth. The chart shows that alcohol is the most used substance, followed by nicotine/vapes. Youth perceive that substance use is higher than reality.



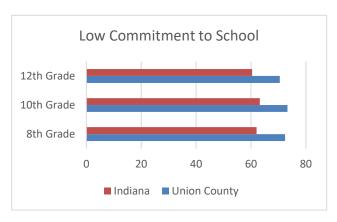
Youth responded that substances were easy to access in Union County, and they did not feel they would be caught using. Alcohol was reported as the most easily available to youth followed by nicotine.



The top sources to obtain alcohol are parties and parents, while the top source for marijuana is friends.

The risk related to substance use was low among Union County youth. Marijuana use 1 or 2 times a week was seen as risky by 26.8% of 12th graders, meaning 73.2% of youth feel that marijuana use is not risky. Alcohol use was ranked not risky by 69.4% of 12th graders, and 48% ranked cigarette use as not risky behavior.

Lack of access to health care is high. According to the County Health Rankings and Roadmaps, Union County has one doctor for the county, a ratio of 7,047:1 while Indiana's ratio is 1,490:1. Union County also has no dental providers or mental health provider facilities. This impacts the health disparaged population of HUD housing, where law enforcement and first responders encounter more drug arrests, overdoses, and ambulance runs than any other area of the county.



Low Commitment to school is a high-risk factor for students in Union County. Seventy three percent of 8th graders, 73.3% of 10th graders and 70.5% of 12th graders are at high risk for low commitment to school in comparison to other schools across the nation.

A community and data driven comprehensive substance misuse education approach is outlined below to address youth substance misuse.

Logic Model

Consequences	Behaviors	Determinants
Legal	Substance use	Risk Factors
Juvenile probation rates:	All data from INYS 202	All data from INYS 2022
Juvenile Status (are charges that are	• Past 30-Day Substance	
crimes related to age, like truancy and	lcohol Use by Grade	lower than other across the
curfew)	Union Indian	
UC: 73% IN: 13.2%	2 th 42.9% 19.9	(Rates higher than 50 indicate high risk
1 10.270	0 th 16.4 12.5	in comparison to other communities
	th 12.0 8.2	across the nation.)
Social	12.0 0.2	Grade 8: 52.3
Community survey indicated that 40% of	ape Use by Grade	Grade 10: 64.2
parents believe youth use alcohol	Union India	Grade 12: 71.8
(Local community survey 2022)		na l
(Local community survey 2022)	2th 30.6% 14.8	Low commitment to school
C-11-C111	0th 16.2 11.0	(Rates higher than 50 indicate high risk
School Suspensions involving drugs and	th 8.7 7.5	in comparison to other communities
alcohol:		across the nation.)
UC: 42%	Iarijuana Use by Grad	
IN: 24%	Union India	
(Indiana Department of Education)	2th 20.4% 12.6	Grade 12: 70.5
	0th 9.2 8.4	
Depression and anxiety reported by 12 th		Community Rewards for
graders	 Low Commitment to 	School Prosocial involvement (Rates
UC: 33.8%	Union India	ana higher than 50 indicate lower protection
IN: 29.7%)	2th 70.5 60.4	than other youth in Indiana)
(INYS 2022	0 th 73.3 63.2	12th Grade 66.7
	th 72.4 62.0	
Financial		10th Grade 69.0
Children reported in poverty	 Best Friends Commit 	8th Grade 86.7
UC: 15% IN: 15%	Drug Free	
Students receiving free and reduced lunch	Union Indiana	Perceived Use of Substances
UC: 50.3% IN: 47.0%	2 th 69.0 83.7	Alcohol Ferceived Ose by
(County Epidemiological Data 2022)	0th 73.3 84.2	Graae
	oui 75.5 04.2	refeerved Actual
	• Usual Sources of	12 th 54.3 42.9
		77
	Beverages in the Past th Grade	8th 37.2 12.0
	1 I took it from home, slse's house, or a store (
	,	without
	nem knowing)	•
	2 My parent/guardian	gave it to
	ne out Court	
	Oth Grade	
	1 My parent/guardian	gave it to
	ne 2 F	
	2 From a party	
	2 th Grade	
	1From a party	
	2 My parent/guardian	gave it to
	ne	

Strategy 1 – Caring School Community (CSC)

To address the risk factor of low commitment to school Union County Prevention is the Cure has partnered with Union County Middle School to implement Caring School Community, a universal direct curriculum focusing on improving academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior.

Bulletin boards/flyers and wall space will be used to support CSC concepts and reflect teaching from the CSC curriculum. By focusing on the risk factors and the curriculum we will reinforce what is learned in the classroom, and we will target lower substance use.

CSC will serve eighth grade students, approximately 95, during health classes starting in January. One teacher and one administrator will be trained in the CSC curriculum.

Caring School Community is a Tier 1 strategy in the 2022 Prevention Insights Strategy Compendium.

Disaster Plan

In case of disaster and the programming cannot be implemented as planned, outside of training, CSC will move to a virtual platform to deliver core curriculum content and facilitation elements, as well as data collection for evaluation, attendance, and participant rosters.

Description of Target Population	Total Target Community Population	Total to be Served by Strategy	Percent Served by Strategy
8 th grade students in Union County Middle	95	95	100%
School in health classes			

Strategy 2 – Substance Free Alternative Events

To address the risk factor of Community Rewards for Prosocial involvement, Union County Prevention is the Cure will implement Substance Free Alternative Events as a universal direct strategy.

Substance Free Alternative Events will target school age youth, approximately 1,315 students who attend UCCC School Corporation.

A minimum of six events will be planned such as Red Ribbon Week, Silly Safari (animals), Your Fired (pottery), and a Library Carnival.

Substance Free Alternative Events is a Tier 2 strategy in the 2022 Prevention Insights Strategy Compendium, meaning it appears in two peer-reviewed journal articles that illustrate positive effects based on the evaluation of the targeted causal or contributing factor.

Disaster Plan

In case of disaster and the events cannot be held in person, the events will be transformed into an indirect campaign.

Description of Target Population	Total Target	Total to be	Percent
	Community	Served by	Served by
	Population	Strategy	Strategy
Union County school age youth	1315	205	16%

Strategy 3 – Vaping Policy

To address the risk factors of the perceived risk of drug use. Union County Prevention is the Cure has partnered with Union County Middle School to address school vaping policy. Union County Middle School would like to make their policy more robust and include prevention education across all grade levels. We are reviewing possible curricula.

Policy change is a Tier 1 strategy in the 2022 Prevention Insights Strategy Compendium. Policy change is also recognized by CADCA as one of the 7 Strategies for Effective Community Change.

Disaster Plan

This policy change can take place with or without students in school.

Description of Target Population	Total Target	Total to be	Percent
	Community	Served by	Served by
	Population	Strategy	Strategy
Union County Middle School	285	190	67%
Students			

Strategy 4 – Positive Norms Campaign

To address the contributing factor of perception of alcohol use verses actual use, Prevention is the Cure selected Positive Norms Campaign as an indirect, media environmental strategy. This strategy is listed on the PI-TA Compendium 2022 approved list. PCF will target a total of 4,000. The campaign will combine messaging and in-person events.

Disaster Plan

We do not anticipate disaster to impact this strategy as we will move all efforts to community messaging to replace in person events.

Description of Target Population	Total Target	Total to be	Percent
	Community Population	Served by Strategy	Served by Strategy
Union County Residents	7,047	4,000	57%

Column A	Column B	Column C	Column D
Variable Identifier	Total Number of the Identified Population	Number to be Served by Direct Programming Strategies	Eligible Indirect Reach (cannot exceed this number)
Persons living in Union County, Indiana who are at high risk of substance use	4000	490	3510

Timeline Targets

Strategy Activities	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
Caring Community Sch	Caring Community Schools												
Facilitators Trained							X						
Secured needed resources						X							
Recruited Participants							X						
Begin cohort(s)							X						
Run cohort(s)							X	X	X	X	X		
Evaluate cohort(s)												X	
Substance Free Alterna Facilitators Trained	tive Ev	vents											
Secured needed					X								
resources					X		X						
Recruited Participants					X	X	X	X	X	X	X	X	
Begin cohort(s)							X	X	X	X	X	X	
Run cohort(s)							X	X	X	X	X	X	
Evaluate cohort(s)												X	
Policy													
Assessment of local policies conducted						X	X						
Capacity-building activities conducted with decision-makers						X	X						

to support policy										
change										
Capacity-building					X	X				
activities conducted										
with community to										
support policy change										
Drafted policy							X	X		
Conduct public									X	
awareness about new/										
existing policy										
Evaluate Policy										X
Change										
Processes/Outcomes										
Positive Norms Campa	ign									
Personnel			X							
implementing strategy										
trained										
Marketing plan			X	X			X			X
created										
Tested messages with			X	X			X			X
target population										
Message materials			X	X			X			X
created										
Messages Distributed			X	X	X	X	X	X	X	X
in a variety of formats										
and locations										
Follow-up data				X			X			X
collected to evaluate										
strategy										

Administration Activities	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Survey Advocacy and Data Collection												
Advocate for INYS and College Survey	X	X								X		
Ensure schools have registered for surveys	X	X										
Data releases are signed for area schools	X	X										
Advocate for inclusion of health disparity questions as extra questions	X	X								X		
Maintenance of community support for data driven prevention efforts												
Held coalition meeting (at least quarterly)	X		X			X			X			X
Update/review bylaws and procedures to clarify coalition roles												X
Establish Coalition Workgroups and/or verify workgroups are meeting/working		X	X			X			X			X
Ensure coalition has processes in place to have an inclusive community coalition			Х			Х			Х			Х
Coordinate and/or network with other	X	X	X	Х	Х	Х	X	Х	X	Х	X	X

local providers and										
existing initiatives										
Membership includes			X			X		X		X
individuals from										
subpopulations that										
have been identified as										
having health										
disparities										
Work with	Х	X	X			X		X		X
collaborating partners										
and have signed MOUs										
Assessment										
Collect community	X	X		X	X				X	
assessment										
information/data and										
prepare it for										
prioritization										
Identify priority	X	X	X	X	X				X	
determinants relevant										
to your problem										
behaviors										
Define specific sub-	X	X	X							
populations with health										
disparities in your										
community										
Identify specific			X							
substance abuse related										
health disparities										
experienced by										
subpopulations										

Submit updated Community Assessment	Х	Х								
Gather information for resource assessment regarding resources and services offered by other service providers and agencies	X	X				X				X
Identify and assess existing policies, programs, and practices that address priority determinants								Х		
Submit updated Community Resource Assessment	X	X								
Miscellaneous										
Compile and submit implementation Workplan				Х				Х		
Conduct Sustainability Activities									Х	
Addressed local health disparities and submitted quarterly report			Х		Х			X		X
Compile and upload Evaluation Development Report	Х	Х					Х			

Intentionally left blank

APPENDIX A: Evidence of Effectiveness Table

For each intervention/program proposed for DMHA funding, please complete this Evidence of Effectiveness table. You may attach additional pages of supporting evidence.

Caring Community Schools	Yes	No	List of Supporting Evidence Provided
Is the program, policy, or practice included on a federal list, registry, or directory of evidence-based interventions? (Include the name of the directory, the evidence, rating given, etc.) See Appendix B for a sample of directories. (Do not use NREPP)	X		PI-TA Compendium 2022 Tier 1
Is it reported to have positive outcomes in peer-reviewed journals? (minimum of two journal articles, etc. that are less than seven years old)			
If you answered 'No' to the above	questic	ons, ple	ease complete the following sections:
Is the program, policy or practice based in a theory or documented in a logic or conceptual model? Include the model and narrative.			
Is it similar in content and structure to an intervention that appears in a registry or peer-reviewed literature? Identify the intervention, describe the similarities and explain why this program or practice is being selected (i.e. curriculum materials apply to the targeted population, etc.).			
Has it been effectively implemented in the past and with a consistent pattern of positive outcomes? (local data may be used)			
Has it been reviewed and deemed appropriate by a panel of prevention experts? (can include prior approval			

from Indiana's Evidence-Based		
Practice Work Group or another		
group)		

Substance Free Events	Yes	No	List of Supporting Evidence Provided
Is the program, policy, or practice included on a federal list, registry, or directory of evidence-based interventions? (Include the name of the directory, the evidence, rating given, etc.) See Appendix B for a sample of directories. (Do not use NREPP)	X		PI-TA Compendium 2022 Tier 2
Is it reported to have positive outcomes in peer-reviewed journals? (minimum of two journal articles, etc. that are less than seven years old)			
If you answered 'No' to the	above	ques	tions, please complete the following sections:
Is the program, policy or practice based in a theory or documented in a logic or conceptual model? Include the model and narrative.			
Is it similar in content and structure to an intervention that appears in a registry or peer-reviewed literature? Identify the intervention, describe the similarities and explain why this program or practice is being selected (i.e. curriculum materials apply to the targeted population, etc.).			

Has it been effectively implemented in the past and with a consistent pattern of positive outcomes? (local data may be used)		
Has it been reviewed and deemed appropriate by a panel of prevention experts? (can include prior approval from Indiana's Evidence-Based Practice Work Group or another group)		

Environmental Strategy-Policy	Yes	No	List of Supporting Evidence Provided		
Is the program, policy, or practice included on a federal list, registry, or directory of evidence-based interventions? (Include the name of the directory, the evidence, rating given, etc.) See Appendix B for a sample of directories. (Do not use NREPP)			PI-TA Compendium 2022 Tier 1 Policy change is recognized by CADCA as one of the 7 Strategies for Effective Community Change.		
Is it reported to have positive outcomes in peer-reviewed journals? (minimum of two journal articles, etc. that are less than seven years old)					
If you answered 'No' to the above questions, please complete the following sections:					
Is the program, policy or practice based in a theory or documented in a logic or conceptual model? Include the model and narrative.					

Is it similar in content and structure to an intervention that appears in a registry or peer-reviewed literature? Identify the intervention, describe the similarities and explain why this program or practice is being selected (i.e. curriculum materials apply to the targeted population, etc.).		
Has it been effectively implemented in the past and with a consistent pattern of positive outcomes? (local data may be used)		
Has it been reviewed and deemed appropriate by a panel of prevention experts? (can include prior approval from Indiana's Evidence-Based Practice Work Group or another group)		

APPENDIX B: Glossary

Term	Description
Alternatives	This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following: Drug free dances and parties, Youth/Adult leadership activities, Community drop-in centers, and community service activities.
Center for Substance Abuse Prevention (CSAP)	The sole federal organization with responsibility for improving accessibility and quality of substance abuse prevention services. CSAP provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, underage alcohol and tobacco use, and to reduce the negative consequences of using substances. http://www.samhsa.gov/about/csap.aspx
Communities That Care (CTC)	A five-step prevention planning tool developed by J. David Hawkins and Richard F. Catalano that empowers communities to use advances from prevention science to guide their prevention efforts. CTC guides communities through the SPF approach to prevention. The steps include (a) Phase 1: Getting Started, (b) Phase 2: Organizing, Introducing, and Involving, (c) Phase 3: Developing a Community Profile, (d) Phase 4: Creating a Community Action Plan, (e) Phase 5: Implementing and Evaluating the Community Action Plan. http://www.drugs.indiana.edu/spf/
Community-Based Process	This strategy aims to enhance the ability of the community to provide prevention and treatment services more effectively for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff/officials training, Systematic planning, Multi-agency coordination and collaboration, Accessing services and funding, and Community teambuilding.
CSAP Core Strategies	The six core strategy categories outlined by the Center for Substance Abuse Prevention include: Information Dissemination, Education, Community-

	Based Process, Alternatives, Problem Identification and Referral, and Environmental Approaches.
Determinants	An influence that contributes to an issue. Often these are risk or protective factors. They are usually considered a thought, attitude or feeling.
Disparities	A health outcome seen as an inequality between population is a disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.
Division of Mental Health and Addiction	A division within the Indiana Family & Social Services Administration which supports network of mental health care providers and funds prevention, treatment, and recovery programs. http://www.in.gov/fssa/dmha/index.htm
Education	This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: Classroom and/or small group sessions (all ages), Parenting and family management classes, Peer leader/helper programs, Education programs for youth groups, and Children of substance abusers groups.
Environmental	This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include (but not be limited to) the following: Promoting the establishment and review of alcohol, tobacco and drug use policies in schools, Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use, Modifying alcohol and tobacco advertising practices, and Product pricing strategies.

Evaluation	The systematic collection of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions.
Indiana Family and Social Services Administration (FSSA)	Indiana's health care and social service funding agency. http://www.in.gov/fssa/
Indiana Prevention Resource Center (IPRC)	A substance abuse prevention technical assistance clearinghouse which assists Indiana based alcohol, tobacco, and other drug (ATOD) prevention practitioners in order to improve the quality of their services http://www.drugs.indiana.edu/
Indiana Problem Gambling Awareness Program (IPGAP)	A statewide project funded by the Division of Mental Health Addiction and led by the Indiana Prevention Resource Center, which exists to raise the awareness of problem gambling and promote treatment options in Indiana. http://www.ipgap.indiana.edu/
Indicated	Interventions focus on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow behavioral health disorders, prior to the diagnosis of a disorder.
Information Dissemination	This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: Clearinghouse/information resource center(s), Resource directories, Media campaigns, Brochures, Radio/TV public service announcements, Speaking engagements, Health fairs/health promotion, and Information lines.
Policy	Rules, regulations, standards, or laws designed to prevent the abuse of alcohol, tobacco, and other drugs (e.g., 0.08 Blood Alcohol Content laws, keg registration).

Practice	Standard activities that are based on policy and designed to prevent substance abuse (e.g., responsible beverage server training, sobriety checks).
Prevention Infrastructure	The policies, networks, coalitions, resources, professional staff and skills, programs and delivery systems that serve as a foundation for prevention work within a community.
Prevention Strategies	Policies, programs, and practices that promote the well-being of people and reduce the consumption of - and the problems associated with - alcohol, tobacco and other drugs.
Problem Identification and Referral	This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person needs treatment. Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following: Employee assistance programs, Student assistance programs, and Driving while under the influence/driving while intoxicated education programs.
Program	Structured intervention that is designed to change social, physical, fiscal, or policy conditions within a definable geographic area or for a defined population.
Protective Factor	A personal, family, or community characteristic that, alone or in combination with other factors, tends to decrease the likelihood of, or protect against, a youth's involvement with alcohol, tobacco, and/or other drugs. Prevention programs should be designed to enhance the influence of protective factors on participating youth.
Risk Factor	Risk factors are characteristics of an individual, family, school, or community environment that are associated with increases in the development of problem behaviors (alcohol and other drug use, delinquency, teen pregnancy, school dropout and violence) among youth and adolescents.
Selective	Interventions focus on individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average.

Strategic Prevention Framework (SPF)	A community-based approach to prevention which uses a step-by-step process to help communities identify, manage, and evaluate their substance abuse prevention and mental health needs. The steps are; Assessment: Profiling needs and response capacity, Capacity: Mobilizing and building needed capacity, Planning: Developing a prevention plan, Implementation: Using programs, policies, and strategies based on what is known to be effective, Evaluation: Considering program effectiveness and sustaining what works well. http://captus.samhsa.Rov/access-resources/about-strategic-prevention-framework-spf
Substance Abuse and Mental Health Services Administration (SAMHSA)	An agency of the U.S. Department of Health and Human Services (HHS) which exists to reduce the impact of substance abuse and mental illness on America's communities. http://www.samhsa.gov/
Target Population	A sub-group of people identified by a single or group of specific factors such as Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and/or geographic location who are the focus of a given program or strategy.
Universal	Interventions focus on the general public or population subgroup that have not been identified on the basis of risk.
Universal Direct	Interventions directly serve an identifiable group of participants but who have not been identified based on individual risk (e.g., school curriculum, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions)
Universal Indirect	Interventions support population-based programs and environmental strategies (e.g., establishing Alcohol Tobacco and Other Drug (ATOD) policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

APPENDIX C: Indirect Strategy Plan

Positive Norms Campaign

Positive Norms Campaign

FY 2023

	Variable		Served by direct	Possible Re	ach (cannot		
Target Population:	Identifier	programs		is number)			
	Community	7,047	490		6,557		
*MESSAGE:	Prevention is the Cure						
Month:	July	August	September	Total impressions	Compliance		
PSA TV				0	0		
Radio				0	0		
Billboard	0	0	0	0	0		
Direct distribution				0	0		
Events		0	0	0	0		
Signs	300	300	300	900	129		
Posters/Health Dept.	150	150	150	450	64		
Table Tents				0	0		
Newspaper	4000		0	4000	571		
Movie Theatre				0	0		
Websites			202	202	29		
Social Media		0	0	0	0		
Other Grocery Store/Lib	rary	<u>800</u>		<u>800</u>	<u>114</u>		
*MESSAGE:	Celebrate Life Live Drug Free						
Month:	October	November	December	Total impressions	Compliance		
PSA TV				0	0		
Radio				0	0		
Billboard	0			0	0		
Direct distribution	90			90	13		
Events				0	0		
Signs		850		850	121		
Posters	100	100	100	300	43		
Table Tents				0	0		
Newspaper		4000		4000	571		
Movie Theatre				0	0		
Websites				0	0		
Social Media		363	363	726	104		
Other Blog/HIP		5800		5800	829		
*MESSAGE:	TBD						
Month:	January	February	March	Total impressions	Compliance		
PSA TV				0	0		
Radio				0	0		

Billboard				0	0
Direct distribution				0	0
Events	050			0	
Signs	850	100	100	850	121
Posters	100	100	100	300	43
Table Tents				0	0
Newspaper		4000		4000	571
Movie Theatre				0	0
Websites				0	0
Social Media	363	363	363	1089	156
Other Blog	5800			5800	829
*MESSAGE:			TBD		
				Total	
Month:	April	May	June	impressions	Compliance
PSA TV				0	0
Radio				0	0
Billboard				0	0
Direct distribution				0	0
Events			100	100	14
Signs	850			850	121
Posters	100	100	100	300	43
Table Tents				0	0
Newspaper	4000			4000	571
Movie Theatre				0	0
Websites				0	0
Social Media	363	363	363	1089	156
Other Blog	5800			5800	829
OVERALL			Total:	Total impressions	Compliance
			PSA TV	0	0
			Radio	0	0
			Billboard	0	0
			Direct Distributio	90	13
			Events	100	14
			Signs	3450	493
			Posters	1350	193
			Table Tents	0	0
			Newspaper	16000	2286
			Movie Theatre	0	0
			Websites	202	29
			Social Media	2904	415
			Other Blog	18200	2600
			Total for Campai	42296	6042
			Total possible rea		92%
			Trotal possible rea	0,55/	32%

APPENDIX D: Strategy Logic Model

Strategy Name: Caring School Community

Strategy/ Targeted	Risk & Protective	Activities & Outputs	Outcomes
Problem	Factors		(List 1-2 per)
Caring School Community: 1. Union County Middle School Administration 2. UCMS health teacher 3. Union County Health Department Targeted Problem: Union County youth have lower commitment to school that Indiana youth. Prevalence Issue: Suspensions related to alcohol and substance use Union: 42% Indiana: 24% (Indiana Department of Education 2022) All data below from INYS 2022 Alcohol Use by Grade Union Indiana 12th 42.9% 19.9 10th 16.4 12.5 8th 12.0 8.2 Vape Use by Grade Union Indiana 12th 30.6% 14.8 10th 16.2 11.0 8th 8.7 7.5 Marijuana Use by Grade Union Indiana 12th 20.4% 12.6 10th 9.2 8.4 8th 3.3 4.0 Target Population: • 8th grade students enrolled in health class at Union County Middle School	Risk Factor(s): Union County youth report lower commitment to school than other youth in the nation Low Commitment to School Union Indiana 12th 70.5 60.4 10th 73.3 63.2 8th 72.4 62.0 (INYS 2022)	Activity: Two adults will be trained in Caring Schools Community Curriculum implemented in 8th grade health classes Bulletin boards/flyers and wall space will be used to support CSC concepts and reflect teaching from the CSC curriculum Outputs: Two facilitators will be trained conducted and the conductive sessions and sessions per cohort 100% of target audience reached Four different bulletin boards/flyers will be displayed	Short-term Union County 8th grade student risk factor low commitment to school will drop by 1% by 2024 as measured in the INYS Mid-term Union County will decrease 8th grade alcohol use by 1% at Union County Middle School by July 2027 as measured by INYS data. Long-term Union County will decrease student suspensions involving drugs and alcohol by 1% at Union County College Corner Joint School Corporation by July 2027 as measured by Indiana Department of Education

 95 students enrolled in 8th grade 100% of target population served 			
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Strategy Name: Substance Free Alternative Events

Strategy/ Targeted <u>Problem</u>	Risk & Protective Factors	Activities & Outputs	Outcomes (List 1-2 per)
Substance Free Alternative Events I. Union County College Corner Joint Schools 2. Union County Public Library 3. Union County Health Department 4. Frames Outdoor Sports and Recreation 5. Your Fired Pottery 6. Silly Safari animal shows Targeted Problem: Union County use substances at higher rates than Indiana youth Prevalence Issue: All data below from INYS 2022 Alcohol Use by Grade Union Indiana 12th 42.9% 19.9 10th 16.4 12.5 8th 12.0 8.2 Vape Use by Grade Union Indiana 12th 30.6% 14.8 10th 16.2 11.0 8th 8.7 7.5 Marijuana Use by Grade Union Indiana 12th 20.4% 12.6 10th 9.2 8.4 8th 3.3 4.0 • Union County Youth Perceived Use of Substances	Risk Factor(s): • Union County Youth report low rewards for prosocial involvement 12th Grade 66.7 10th Grade 69.0 8th Grade 86.7 (Rates higher than 50 indicate lower protection than other youth the nation) INYS 2022	Activity: A minimum of six Substance Free Alternative Events will target Union County school age youth such as Red Ribbon Week, Silly Safari (animals), Your Fired (pottery), Library Carnival and two additional events TBD Outputs: • 6 events • School age youth will be invited • Events will last at least one hour • 16% of target audience reached	Increase 8th grade youth rewards for prosocial involvement by 1% by 2026 as measured by INYS data. Mid-term Union County will decrease 8th grade use of alcohol by 1% by 2026 as measured by INYS data. Long-term Union County will decrease student suspensions involving drugs and alcohol by 1% by July 2027 as measured by Indiana Department of Education

School Suspensions		
involving drugs and		
alcohol:		
UC: 42%		
IN: 24%		
Target Population:		
 Youth enrolled in 		
Union County College		
Corner Joint School		
Corporation		
• 1315 youth		
• 16% of target		
served		
 Youth enrolled in Union County College Corner Joint School Corporation 1315 youth 16% of target population will be 		

Strategy Name: Vaping Policy

Strategy/ Targeted Problem	Risk & Protective Factors	Activities & Outputs	Outcomes (List 1-2 per)
Vaping Policy: I. Union County Middle School 2. Union County Health Department Targeted Problem: Union County youth have low perceived risks of substance use Prevalence Issue: All data below from INYS 2022 Use alcohol 1-2 times a week is low to no risk Union Indiana 12th 68.4% 50.4 10th 51.7 45.1 8th 68.9 47.0 Smoke I pack of cigarettes a day is low to no risk by grade Union Indiana 12th 47.4% 36.8 10th 34.1 34.6 8th 49.0 33.0 Smoke marijuana 1-2 times a week is no to low risk by grade Union Indiana 12th 78.9% 68.9 10th 77.8 57.7 8th 82.2 45.8	Risk Factor(s): Perceived risk of drug use is lower than other across the nation. Grade 8: 52.3 Grade 10: 64.2 Grade 12: 71.8 (Rates higher than 50 indicate high risk in comparison to other communities across the nation.) INYS 2022	Activity: • Union County Middle School will make their vaping policy more robust and include prevention education across all grade levels. Outputs: • Vaping policy will be drafted to include prevention programming • School wide vaping prevention program will be implemented	Union County youth will increase perceived risk of vaping/nicotine use by 1% by July 2024 as measured by INYS data. Mid-term Union County will decrease 8th grade nicotine/vape use by 1% at Union County Middle School by July 2026 as measured by INYS data. Long-term Union County will decrease student suspensions involving drugs and alcohol by 1% at Union County College Corner Joint School Corporation by July 2027 as measured by INYS data

Target Population:		
 190-6th and 7th graders 		
at Union County		
Middle		
• 67% of target		
population served		

Strategy Name: Positive Norms Campaign

Strategy/ Targeted Problem	Risk & Protective or contributing Factors	Activities & Outputs	<u>Outcomes</u>
Positive Norms Campaign 1. Union County Health Department 2. Union County School Corporation 3. Union County Library 4. Woodruff's Grocery store 5. Liberty Herald newspaper 6. Whitewater Valley News and sports blog Targeted Problem: • Union County youth report high rates of substance use • Union County School Corporation has a higher school suspension rate involving substances than Indiana youth. Prevalence Issue: All data below from INYS 2022 Past 30-Day Substance Use Alcohol Use by Grade Union Indiana 12th 42.9% 19.9 10th 16.4 12.5 8th 12.0 8.2 School Suspensions involving drugs and alcohol UC: 42% IN: 24% (IDOE 2022)	Alcohol Perceived Use by Grade Perceived Actual 12th 54.3 42.9 10th 48.6 16.4 8th 37.2 12.0	Activity: Implement new messaging promoting substance use prevention is a community wide responsibility. Outputs: • Message distribution on Facebook, 2 posts per week • Fliers at Woodruff's Grocery, library, and health department once per quarter • Quarterly email blast to parents in school district • Quarterly newspaper articles • Quarterly post on John Estridge's blog Whitewater Valley News and Sports	Short-term Decrease perception of use of alcohol by 1% by 2024 as measured in the INYS survey. Mid-term Decrease youth use of alcohol by 1% by 2026 as measured in the INYS Long-term Union County will decrease student suspensions involving drugs and alcohol by 1% at Union County College Corner Joint School Corporation by July 2027 as measured by Indiana Department of Education data

Target Population: • 4,000 Union County residents • Serve 57% of target population			
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