
Communities That Care Coalition

Community Action Plan Highlights

Coordinated by

Franklin Community Action Corporation
and the
Community Coalition for Teens
with
participation from numerous Franklin County
organizations and individuals

September, 2005
(approved by Coalition on September 22, 2005)

Community Prevention Planning Overview

The Communities That Care (CTC) Coalition started in 2002 as a group of concerned community members in Franklin County interested in addressing alcohol, tobacco and other drug use among youth.

The CTC Coalition's **Community Action Plan** is a comprehensive prevention plan that outlines the strategies that will be implemented to address specific needs in Franklin County. The CTC Coalition's vision is that *Franklin County be a place where schools, parents, and the community work together to strengthen young people's capacity to resist using alcohol, tobacco, marijuana and other drugs*. The vision will be achieved by the following outcomes:

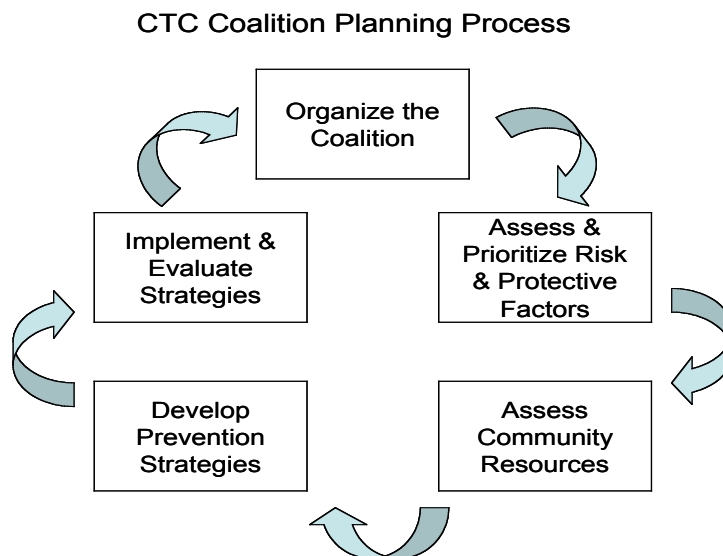
- ♣ Reduce youth substance abuse in Franklin County
- ♣ Delay the average age at which youth initiate alcohol, tobacco and other drug use
- ♣ Involve the community, schools and families in efforts to reduce substance abuse by youth
- ♣ Increase opportunities for positive youth involvement and recognition in our communities, schools and families.

The CTC Coalition conducted a planning process that included:

- ♣ Organizing the coalition
- ♣ Assessing and prioritizing risk and protective factors
- ♣ Assessing community resources
- ♣ Developing prevention strategies and
- ♣ Planning for implementation and evaluation.

The process includes planning phases that result in the following:

- ♣ Creation of a community-wide action plan
- ♣ Coordination of the CTC Community Action Plan with community organizations, schools, and service agencies
- ♣ Improvement in the capacity and competency of community organizations, schools and agencies to seek funding in support of the community's prevention plan.



The CTC Coalition

The CTC Coalition has 45 active members from varied sectors in the community and has already been key to bringing in almost \$500,000 of federal and state revenue into the county, with contracts for an additional \$900,000. Oversight is provided by the CTC Coordinating Council that includes representation from each of the following community sectors: local government, business, schools, law enforcement, faith-based organizations, hospital, mental health providers, parent educators, after-school programs, and early child care & education. Specific work groups were created to coordinate the effort and to develop and implement specific strategies. These work groups include:

Community Norms - Ensuring that laws, norms and practices in the community discourage underage use of alcohol, tobacco and other drugs.

Parent Education - Providing information and education to all parents on ways to reduce the likelihood that their children use alcohol, tobacco and other drugs.

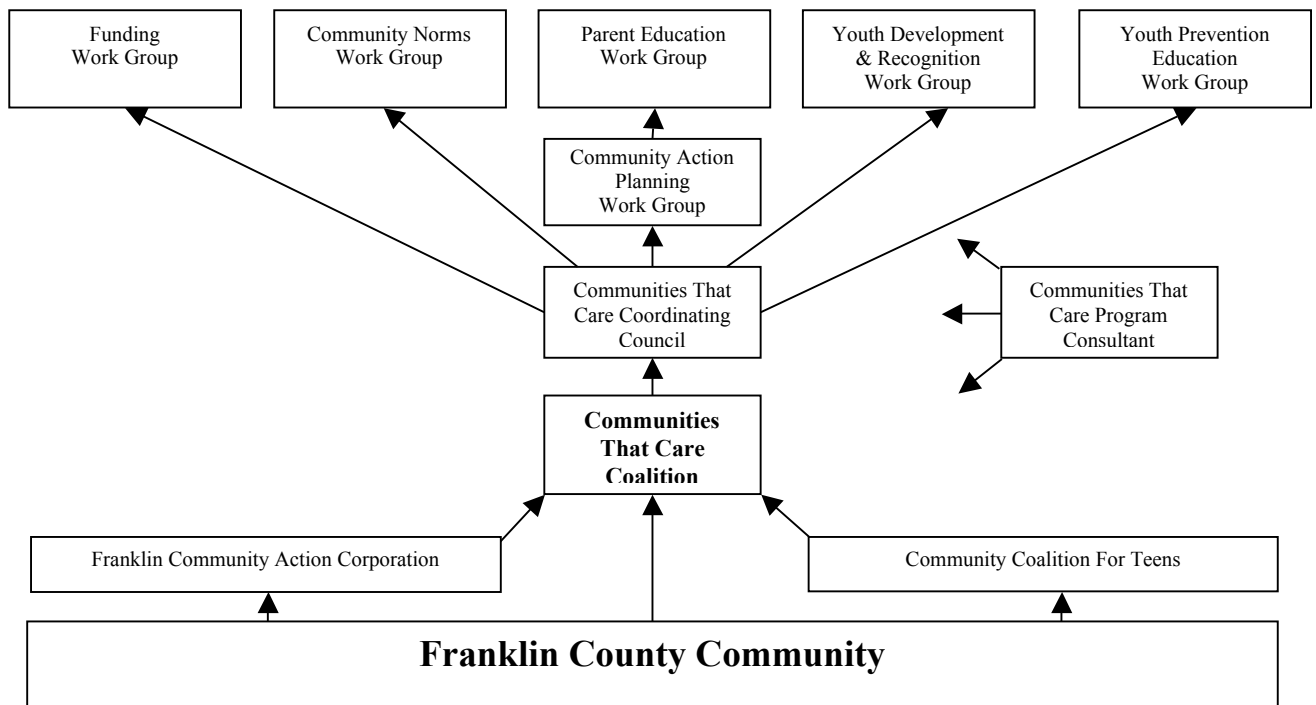
Youth Development and Recognition - Promoting recognition and support for positive involvement by young people in their families, schools and the community.

Youth Prevention Education - Working with school and youth serving organizations to ensure that prevention education is provided at all ages.

Funding - Identifying funding for these strategies and working with community organizations to fund new and existing programs.

Community Action Planning - Coordinating the work group planning, and developing and implementing the Community Action Plan.

Communities That Care Coalition Organizational Chart



Community Assessment

Key findings from the 2003 CTC Youth Survey

CHALLENGES

ALCOHOL: More than 5 in 10 youth in 10th grade and more than 6 in 10 youth in 12th grade reported drinking alcohol regularly.

More than 50% of these regular users reported that they consumed 5 or more drinks at one time within the 2-week period prior to the survey administration.

MARIJUANA: More than 3 in 10 youth in 10th and 12th grades reported regular use of marijuana.

CIGARETTES: More than 2 in 10 youth in 10th and 12th grades reported smoking cigarettes on a regular basis.

STRENGTHS

HEALTHY BEHAVIORS: Over 95% of 8th and 10th graders reported never having tried ecstasy, club drugs, methamphetamines, cocaine, LSD or heroin.

MARIJUANA: More than 6 in 10 youth in 10th and 12th grades reported not using marijuana regularly.

CIGARETTES: More than 7 in 10 youth in 10th and 12th grades reported not smoking cigarettes regularly.

The CTC Coalition approved strategies developed by the work groups to address the priority risk and protective factors. The strategies

In April 2003, the Communities That Care (CTC) Youth Survey was administered, with coordination by the Community Coalition for Teens, to 8th, 10th and 12th graders in five Franklin County school districts (Frontier, Gill-Montague, Greenfield, Mohawk and Pioneer). The CTC Youth Survey will be repeated in 2006 and 2009 to provide a comparison with the 2003 “baseline” levels.

The CTC Youth Survey provides a profile of risk and protective factors reported by youth. **Risk and Protective Factors** are conditions in the community, family, school and individual’s environments that are known to increase or decrease the likelihood a young person will engage in one or more problem behaviors.

Priority Risk and Protective Factors

The Risk and Protective Factor Work Group reviewed the Franklin County youth’s risk and protective factors in comparison to state and national averages for similar communities to determine which factors to prioritize. The CTC Coalition identified the following:

Prioritized Risk Factors:

- Community Laws & Norms Favorable Toward Alcohol, Tobacco and Other Drug (ATOD) Use
- Family Management Problems
- Favorable Parental Attitudes and Involvement in Problem Behaviors

Prioritized Protective Factor:

- Rewards for Positive Involvement in Community, Schools and Family

Resources and Gaps

The Resources and Strengths Assessment Work Group identified the following gaps related to the priority risk and protective factors:

- There are no countywide efforts in place to address community laws and norms favorable toward ATOD use. Additional capacity is necessary in order to establish social norms marketing – and other environmental strategies - comprehensively in Franklin County.
- There are a number of programs across the county that offer some parent education and support, but no one is offering a comprehensive research-based program for parents to address the risk factors of poor family supervision or favorable attitudes toward ATOD use.
- Most programs provide recognition of youth for positive involvement or accomplishments, but agree they could increase their efforts. There is apparently a gap between the recognition that programs and schools provide and the perspectives reported by teens that there was not much recognition for their positive involvement.

Strategies

Research-Based Practices: *Strategies, activities, or approaches which have been shown through research and evaluation to be effective in prevention and/or delay of substance use/abuse.*

were developed based on the review of existing community resources and the investigation of “research-based” programs and strategies that have been shown to be effective in reducing risk and enhancing protective factors. The CTC Coalition identified strategies in the following four areas:

Community laws and norms related to alcohol, tobacco and other drug availability and use

Strategies:

1. Conduct compliance checks to ensure that retailers do not sell alcohol to minors.
2. Provide alcohol beverage server training to retailers.
3. Conduct shoulder tap surveys to ensure that adults do not buy alcohol for minors.
4. Provide education on social host liability laws regarding legal responsibilities & consequences of serving alcohol in the home.
5. Conduct public awareness campaign.
6. Review town / school ATOD policies.

Parent education for parents of elementary, middle and high school aged youth

Strategies:

1. Provide “research-based” parent education to parents of middle school age youth.
2. Provide “research-based” parent education to parents of high school age youth.

Recognition of youth through family, school and community efforts

Strategies:

1. Promote parental recognition of youth.
2. Promote community-based recognition efforts.
3. Promote youth recognition in schools.
4. Promote increased communication between schools, community and parents.

Comprehensive health and prevention education for youth

Strategies:

1. Support “research-based” youth prevention education in schools.
2. Support “research-based” youth prevention education in the community.
3. Facilitate coordination of youth prevention education in schools and communities.

Outcomes

The CTC Coalition developed specific outcomes to address the problem behaviors, and risk and protective factors identified in the *Community Action Plan*. The outcomes will be measured through the CTC Youth Survey that will be conducted in 2006 and 2009.

Problem Behaviors	2003 - Baseline	2009 – Goal	% Change: Decrease
30-Day Alcohol Use – 8 th Grade	30%	27%	10%
30-Day Marijuana Use – 8 th Grade	19%	17%	10%

Binge Drinking – 12 th Grade	49%	44%	10%
Risk Factors (goal is to reduce)	2003 - Baseline	2009 – Goal	% Change: Decrease
Community Laws and Norms	63	58	10%
Favorable Parental Attitudes	57	62	10%
Family Management	59	54	10%
Protective Factors (goal is to increase)	2003 - Baseline	2009 – Goal	% Change: Increase
Community Rewards	41	46	10%
School Rewards	42	47	10%
Family Rewards	46	51	10%

Evaluation and Sustainability Plans

The CTC Coalition will conduct an evaluation at both the program and community levels. Program level evaluation will measure program implementation success. Outcome evaluation will be conducted to measure the program's effects on risk and protective factors and, where relevant, alcohol, tobacco and other drug use. An evaluation of the overall impact of the strategies will measure changes in youth ATOD use on a community-wide basis. The CTC Coalition also has specific plans for maintaining momentum and sustaining the coalition.

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