
Communities That Care Coalition

Community Action Plan

Coordinated by
Franklin Community Action Corporation
and the
Community Coalition for Teens
with
participation from a wide range of Franklin County
organizations and individuals

December, 2005

Executive Summary

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

The Communities That Care 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 CTC Coalition's **Community Action Plan** outlines the programs, policies and practices to be implemented that will address Franklin County's unique priority risk and protective factors, and in turn reduce teen substance use. It also specifies measurable desired outcomes in terms of teen behavior as well as process measures of the coalitions' progress toward meeting these goals.

Overall outcomes include:

- λ Reduce substance abuse by youth in Franklin County.
- λ Delay the average age at which youth initiate alcohol, tobacco and other drug (ATOD) use.
- λ Involve the community, schools and families in efforts to reduce substance abuse by youth.

Based on a data-driven planning process the CTC Coalition identified four targeted areas that address our prioritized risk and protective factors:

- Community laws and norms related to ATOD availability and use.
- Parent education for parents of elementary, middle and high school aged youth.
- Recognition of youth's prosocial involvement in families, schools and the community.
- λ Youth prevention education in our communities, schools and families.

The following table outlines the specific strategies to be initiated in 2005 and 2006.

STRATEGY	STRATEGY
Community Norms	Youth Recognition
1. Conduct compliance checks	1. Promote parental recognition of youth
2. Provide alcohol beverage server training	2. Promote community-based youth development & recognition efforts
3. Conduct shoulder tap survey	3. Promote youth recognition in schools
4. Promote social host liability laws	4. Increase communication between schools, community and parents.
5. Conduct public awareness campaign	Youth Prevention Education
6. Review town / school ATOD policies and practices	1. Support youth prevention education curricula in schools
Parent Education	2. Support youth prevention education curricula in the community
1. Provide parent education curricula to parents of middle school age youth	3. Facilitate coordination of youth prevention education in schools and communities
2. Provide parent education curricula to parents of high school age youth	

For more information about the Communities That Care Coalition please contact the co-chairs:
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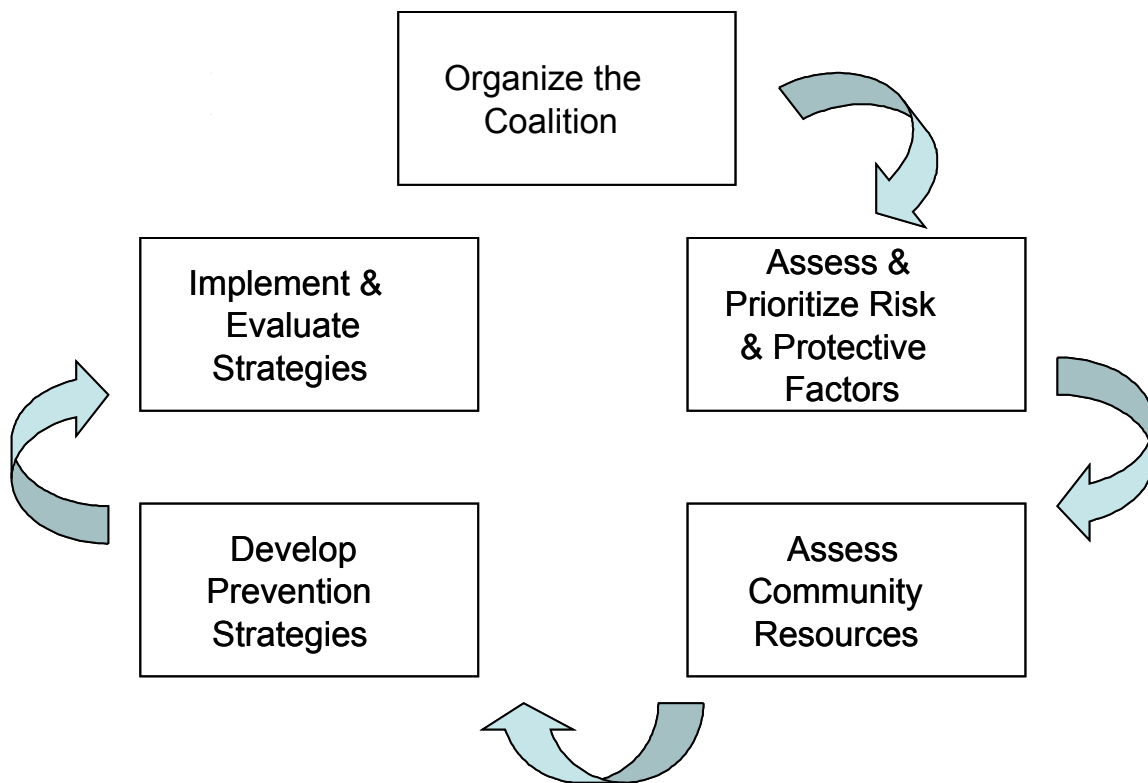
**Communities That Care Coalition
Community Action Plan
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Part One:

Introduction and Planning Process

CTC Coalition Planning Process



Section 1

Community Prevention Planning Overview

Background

In June 2002, Channing Bete approached Franklin Community Action Corporation to coordinate a prevention planning process using Channing Bete's Communities That Care® prevention planning system. Channing Bete offered to underwrite a percentage of the cost, and Mike Fritz of Rugg Lumber pledged the additional amount needed to begin the process.

Around this same time, The Community Coalition for Teens received an Office of Juvenile Justice and Delinquency Prevention's Drug Free Communities Grant to collaborate with the region's school districts to more effectively address regional substance abuse prevention. Franklin Community Action Corporation (FCAC) and The Community Coalition for Teens (CCT) agreed to collaborate on this initiative to develop and implement a community action plan.

The Communities That Care® prevention planning system is a way for members of a community to work together to efficiently and effectively promote positive youth development and prevent youth problem behaviors such as substance abuse, delinquency, teen pregnancy, school drop-out, and violence in support of the Community Action Plan.

The Community Planning Process

The community planning process in Franklin County started in August 2002, when over 45 representatives from local government, business, schools, community organizations, clergy, parents and teens met to start working together as the Communities That Care (CTC) Coalition. Since this initial meeting the CTC Coalition has been active in a sustained effort to create and implement a Community Action Plan. Since the kick-off in August of 2002, the following milestones were accomplished:

Community Planning Milestones

CTC Coalition Completed 5 Trainings	
Key Leader Orientation	October, 2002
Community Board Orientation	December, 2002
Community Assessment	July, 2003
Resource Assessment	December, 2003
Community Planning	April, 2004
Administered CTC Youth Survey in 5 School Districts	April 2003
CTC Coalition Guiding Principles Adopted	November, 2004
CTC Coalition Community Action Plan Draft Adopted	November, 2004
Planning Work Groups Formed	March, 2005
CTC Coalition Program Consultant Hired	March, 2005
CTC Coalition Community Action Plan Completed	December, 2005

As of December 2005, support for the Communities That Care Coalition planning and implementation has come from the following funding sources:

Funding Source	CTC Strategies Funded	Lead Agency	Funding Years	Funding Amount
Department of Public Health, Bureau of Substance Abuse Services	All Stars in Community Based Groups	FCAC	2003 - 2008	\$90,000 per year for a total of \$450,000
Mike Fritz (of Rugg Lumber)	CTC Strategic Planning	FCAC		\$20,000
Channing-Bete	CTC Strategic Planning	FCAC		\$10,000 (in kind)
Health and Human Services Drug Free Communities Support Program	Student Health Survey, Social Norms Marketing, etc.	CCT	2003-2007	\$500,000 total
Office of Juvenile Justice and Delinquency Prevention, Office of Congressman John Olver	CTC Coalition Development Community Based Prevention Programs for younger youth	FCAC	2005-2006	\$48,000 \$ 49,254
Executive Office of Public Safety	All Stars in Community Groups / Parent Education	FCAC/CCT (subcontracts throughout community)	2004-2006	\$100,000 per year for a total of \$200,000
Department of Public Health & Executive Office of Public Safety, Comprehensive Environmental Heroin Prevention Grant	Community Laws and Norms	CCT	2005-2007	\$44,000 per year
Women's Home Missionary Union	Youth Recognition	FCAC (subcontracts throughout community)	2006	\$5,000
Community Foundation of Western Massachusetts	Parent Education	FCAC (subcontracts throughout community)	2006	\$4,500

Section 2

The Communities That Care Coalition

The CTC Coalition includes over 100 members. The Coalition works collaboratively to enhance the Franklin County community's collective capacity to reduce alcohol, tobacco and other drug abuse and other risky behavior among Franklin County's youth. The CTC Coordinating Council provides oversight and serves as the governing body for the Coalition. The Coordinating Council is responsible for overall administration and management of the Coalition's activities. The Council 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.

In October 2004, the CTC Coalition approved a set of Principles of Operation that describe the purposes and duties of the coalition, membership and administration. In September 2005, the CTC Coalition approved the Community Action Plan Highlights and the Community Action Plan. This document summarizes the Coalitions efforts, and the strategies and outcomes to address the identified risk and protective factors. A copy of the Highlights is available upon request.

Original Planning Work Groups

The following work groups were established during the initial planning phase to facilitate the development of the Community Action Plan:

Board Maintenance – Developed an organizational structure, communicated with members, recruited new members and conducted team building activities.

Community Outreach and Public Relations – Engaged key stakeholders in the process, promoted the Coalition's efforts to the greater community and educated and updated key leaders, stakeholders and the public about the work of the CTC Coalition.

Risk and Protective Factors – Collected risk and protective data, and analyzed the data to identify priorities and facilitate the risk and protective factor prioritization process.

Resources and Strengths Assessment – Inventoried and assessed existing resources that address the community's identified priority risk and protective factors. Identified gaps in the existing resources.

Youth Involvement – Recruited and engaged youth in the CTC Coalition's efforts. Worked with other work groups to identify diverse roles for the young people in the planning and implementation efforts.

Current Action Planning Work Groups

The Coalition formed a Community Action Planning Work Group to help coordinate the planning and initial implementation of the Community Action Plan. Once the plan was approved, this work group changed its name to the Funding and Strategies Team (FAST) work group. FAST helps monitor the implementation of the Community Action Plan and coordinates all the planning of the work groups.

The following work groups were formed to coordinate the further development and implementation of specific prevention strategies.

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

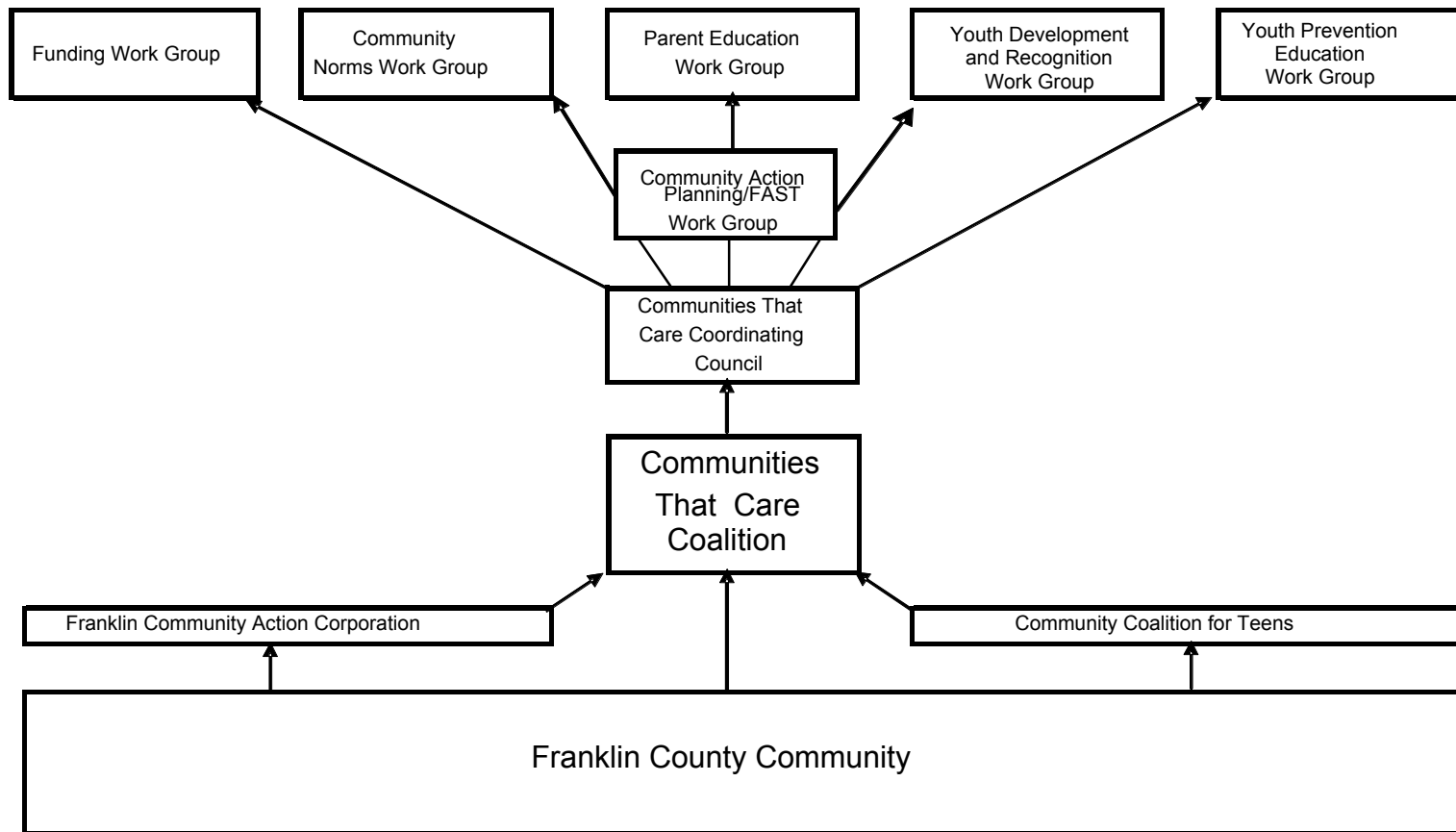
Parent Education - Provides information and education to all parents on ways to reduce the likelihood that their children use alcohol, tobacco and other drugs.

Youth Development and Recognition - Promotes recognition and supports positive involvement by young people in their families, schools and the community.

Funding - Identifies funding for the Community Action Plan strategies and works with community organizations to fund new and existing programs.

The diagram on the following page illustrates the CTC Coalition Organizational Structure.

Communities That Care Coalition Organizational Chart



Section 3

Community Assessment

In 2003, the U.S. Census Bureau reported a Franklin County population of 72,204, which represents less than a 1% increase since 2000 and a 3% increase since 1990. The county covers 725 square miles with a population density of 99.6 people per square mile, compared with Massachusetts population density of 609.5 people per square mile. It is the only rural county in the Commonwealth of Massachusetts. The following demographic information was reported by the U.S. Census Bureau for Franklin County:

- Race and Ethnicity - The 2000 Census reported that the Franklin County population is 95% white, 0.9% Black or African American, 0.3% Asian and 2.0% Hispanic or Latino (of any race). The ethnic and racial diversity of the area is increasing, particularly in the population centers. From 1990 to 2000, the proportion of Latinos in the population of Franklin County grew from 1.2% to 2%, a 67% increase. In Greenfield and Turners Falls (part of the Town of Montague), the proportion of Latinos is 3.5% of the total population. The Latino members of our community are primarily of Mexican and Puerto Rican origin.
- Income - Median Household income for Franklin County in 2002 was \$41,556 compared with \$51,085 in MA. Per capita income in Franklin County was lower than both MA and the U.S. In Franklin County 12.8% of the population aged 0 – 17 were living in poverty compared with 11.6% for MA and 16.7% for the U.S.
- Employment - Franklin County's 2004 unemployment rate was 4.1% compared with a 5.1% rate for MA.
- Home ownership - Franklin County home ownership in 2000 was 66.9% owner-occupied housing compared with 61.7% in MA and 66.2% in the U.S. The median value of owner-occupied housing in Franklin County was \$119,000 compared with \$185,700 in MA and \$119,600 in the U.S.
- Educational Attainment - Franklin County educational attainment in 2000 was greater than MA and the U.S. In Franklin County 87.9% of the population had a high school education or higher compared with 84.% in MA and 73.4% in the U.S.

Community Assessment Data Collection efforts

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 5 Franklin County school districts (Frontier, Gill-Montague, Greenfield, Mohawk and Pioneer). Of the 1,850 students in those grades, 1,385 participated. The survey was validated using multiple strategies such as eliminating surveys that appear to exaggerate or underreport drug use.

Problem Behaviors

The 2003 CTC Youth Survey reported information on the extent of alcohol, tobacco and other drug (ATOD) use among youth in Franklin County. While the majority of Franklin County youth do not use ATOD, the survey results indicate that alcohol, tobacco and marijuana are clearly the “drugs of choice” for youth in Franklin County. Significantly, Franklin County alcohol use and binge drinking rates are substantially higher than state and national rates. And Franklin County marijuana use rates, while comparable to state rates, are substantially higher than national rates. Key findings include:

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 user reported that they consumed 5 or more drinks at one time within the 2-week period prior to the survey administration.
- Of the 12th graders who reported drinking within the last 30 days, they reported drinking on an average of 8 occasions within the last 30 days.

Marijuana

- More than 3 in 10 youth in 10th and 12th grades reported regular use of marijuana.
- More young people reported smoking marijuana than cigarettes.
- Overall, 43% of youth surveyed have used marijuana at some time in their lives.

Tobacco

- More than 2 in 10 youth in 10th and 12th grades reported smoking on a regular basis.
- Overall, 42% of youth surveyed have smoked cigarettes at some time in their lives.
- The youth reported lower lifetime use of smokeless tobacco compared to the U.S.

The following table provides results from the 2003 CTC Youth Survey:

2003 CTC Youth Survey Results for 8th, 10th & 12th Graders			
	LOCAL Franklin County	STATE Massachusetts YRBS	NATIONAL Monitoring the Future
CIGARETTES: Past 30 Day Use			
8 th Graders	14%	N/A	11%
10 th Graders	20%	22%	18%
12 th Graders	24%	35%	27%
ALCOHOL: Past 30 Day Use			
8 th Graders	30%	N/A	20%
10 th Graders	54%	49%	35%
12 th Graders	65%	65%	49%
BINGE DRINKING: 5 or more drinks in a row in the past two weeks			
8 th Graders	16%	N/A	12%
10 th Graders	32%	31%	22%
12 th Graders	49%	44%	29%
MARIJUANA: Past 30 Day Use			
8 th Graders	19%	N/A	8%
10 th Graders	33%	36%	18%
12 th Graders	40%	37%	22%

Related Problem Behaviors

In addition to the alcohol, tobacco and marijuana use reported in the 2003 CTC Youth Survey, the CTC Coalition collected information about other substance abuse and related problem behaviors.

- **Attacking Someone with Intent to Harm** - In Franklin County, 16% of 8th, 10th and 12th grade students surveyed reported having attacked someone with the intent to cause harm in the past year. A notably higher percentage of males than females reported this behavior (21% of boys versus 11% of girls).
- **Being Arrested** - In Franklin County, 6% of 8th, 10th and 12th grade students surveyed reported having been arrested in the past year. A higher percentage of males than females reported this behavior (7% of boys versus 4% of girls).
- **Being Drunk or High at School** - In Franklin County, 20% of surveyed students report having been drunk or high at school in the past year. A slightly higher percentage of males than females reported this behavior (23% of boys versus 18% of girls).
- **Carrying a Handgun** - In Franklin County, 4% of 8th, 10th and 12th grade students surveyed reporting having carried a handgun in the past year. A substantially higher percentage of males than females reported this behavior (7% of boys versus 1% of girls).
- **School Suspensions** - In Franklin County, 16% of surveyed students reported having been suspended from school in the past year. Twice as many males as females reported this behavior (22% of boys versus 11% of girls).
- **Drug Availability** - In Franklin County, 12% of 8th, 10th and 12th grade students surveyed reporting having been sold drugs in the past year. More males than females reported this behavior (16% of boys versus 8% of girls).

The second and third annual Regional Student Health Surveys were conducted in 2004 and 2005 with coordination from the Community Coalition for Teens and participation from the Frontier, Gill-Montague, Greenfield, Mohawk and Pioneer School Districts. Additional information was provided by these surveys, including the following:

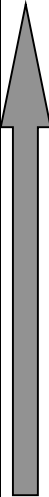
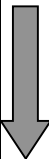
- **Sexual Activity and alcohol use:** The level of sexual activity increased threefold from 8th grade to 12th grade. 65% of 12th graders reporting they “have had intercourse” and 73% of 12th graders reporting they “have had oral sex”. Additionally, alcohol use preceded the most recent sexual intercourse for a full 29% of sexually active 8th graders, 33% of sexually active 10th graders and 36% of sexually active 12th graders.
- **2005: Depression:** 41% of students surveyed reported having been depressed during the past year. Depression was defined as feeling “so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities”. Franklin County rates of teen depression were higher than state and national rates.

The complete results of this survey are provided in the Franklin County Youth Survey report which is available by request from the Community Coalition for Teens. The CTC Youth Survey will be repeated in 2006 for comparison to our 2003 “baseline” levels.

Risk and Protective Factors

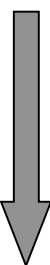
The CTC Coalition planning process utilizes a public health approach to planning in which risk and protective factors for substance abuse by youth are identified and addressed. **Risk Factors** are characteristics in the community, family, school and individual's environments that are known to increase the likelihood that a young person will engage in one or more problem behaviors. The following list depicts the ranking of major risk factors in Franklin County compared to the National Average as determined by the 2003 CTC Youth Survey.

Note: Higher risk is unfavorable. The goal is to implement strategies that reduce the risk factors.

Risk Factors		
Franklin County Risk Factors Higher (Worse) Than the National Average		Community Laws and Norms Favorable to Drug and Alcohol Use
		Friends Use of Drugs
		Poor Family Supervision (Family Management Problems)
		Peer Rewards for Antisocial Behavior
		Favorable Attitudes Toward Antisocial Behavior
		Lack of Commitment to School
		Favorable Parental Attitudes and Involvement in Problem Behaviors
		Parental Attitudes favorable Toward Antisocial Behavior
		Friends Delinquent Behavior
		Family History of Anti-Social Behavior
		Poor Family Discipline (Family Management Problems)
		Favorable Attitudes toward ATOD Use
		Low Neighborhood Attachment
		Community Disorientation
		Poor Academic Performance
Sensation Seeking		
Rebelliousness		
Personal Transitions and Mobility		
National Average		
Franklin County Risk Factors Lower (Better) Than the National Average		Early Initiation of Drug Use and Anti Social Behavior
		Perceived Availability of Drugs and Handguns
		Low Perceived Risks of Drug Use
		Gang Involvement

Protective Factors are conditions that buffer children and youth from exposure to risks by either reducing the impact of the risks or changing the way that young people respond to risks. They can decrease the likelihood that a young person will engage in problem behaviors. The following list depicts the ranking of major protective factors in Franklin County as determined by the 2003 CTC Youth Survey.

Note: Higher protection is favorable. The goal is to implement strategies that enhance the protective factors.

Protective Factors		
National Average		
Franklin County Protective Factors Lower (Worse) Than the National Average		School Opportunities for Positive Involvement
		Belief in the Moral Order (know the difference between right and wrong)
		Family Opportunities for Positive Involvement
		Family Rewards for Positive Involvement
		Family Attachment (bonding)
		Social Skills
		School Rewards for Positive Involvement
		Community Rewards for Positive Involvement
		Religiosity (regular religious participation)

Section 4

Priority Risk and Protective Factors

The Risk and Protective Factor Work Group reviewed the data to determine which factors to prioritize for Franklin County. Based on their recommendations the CTC Coalition approved the following priority risk and protective factors to be addressed by the Coalition's strategies.

Prioritized Risk Factors:

Community Laws & Norms Favorable Toward Alcohol, Tobacco and Other Drug (ATOD) Use

The policies, attitudes and norms that a community holds about ATOD use are communicated to young people in a variety of ways. Youth learn about community norms for teen ATOD use through state and local laws, institutional policies, informal community and family practices, as well as expectations communicated to them by their families and other adults in their community. Youth are at higher risk for substance abuse problems when the community's expectations are favorable to use or do not explicitly discourage use among young people.

Family Management Problems

Poor family management practices are defined as having a lack of clear expectations for behavior, and the failure of parents to supervise and monitor their children (knowing where they are and whom they're with), and excessively severe, harsh or inconsistent punishment.

Favorable Parental Attitudes and Involvement in Problem Behaviors

Parental approval of their children's moderate drinking, even under their supervision, increases the risk of their children's use of alcohol and other drugs. When family members use illegal drugs around children, and/or where there is heavy recreational drinking in the home, children have an increased risk of developing alcohol or other drug problems.

Prioritized Protective Factor:

Community, School and Family Rewards for Positive Involvement

When young people are rewarded for their participation in positive activities it reduces their risk for becoming involved in problem behaviors. When families, schools and communities promote clear standards for behavior, and when young people develop strong bonds of attachment and commitment to their families, schools and communities, young people's behavior becomes increasingly consistent with those standards.

Section 5

Resources and Gaps

The Resources and Strengths Assessment Work Group surveyed local agencies to identify existing resources related to the priority risk factors. They gathered more information on these resources, briefly assessed these programs and resources, and then identified gaps in services addressing the priority risk and protective factors. The analysis revealed the following gaps related to the prioritized risk and protective factors:

Resource Gaps for Prioritized Risk Factors:

Community Laws and Norms Favorable Toward Alcohol, Tobacco and Other Drug (ATOD) Use

At the time of the resources and gaps analysis, there were no countywide, research-based efforts in place to address this risk factor. Comprehensive environmental strategies (efforts undertaken to change community laws and norms) have been effective in other communities' Alcohol, Tobacco and Other Drug prevention efforts.

Family Management Problems and Favorable Parental Attitudes and Involvement in Problem Behaviors

At the time of the resources and gaps analysis, there were a number of programs across the county that offer some parent education and support, but no one was offering a comprehensive research-based program for parents to address poor family supervision or favorable attitudes toward ATOD use.

Resource Gaps for Prioritized Protective Factor:

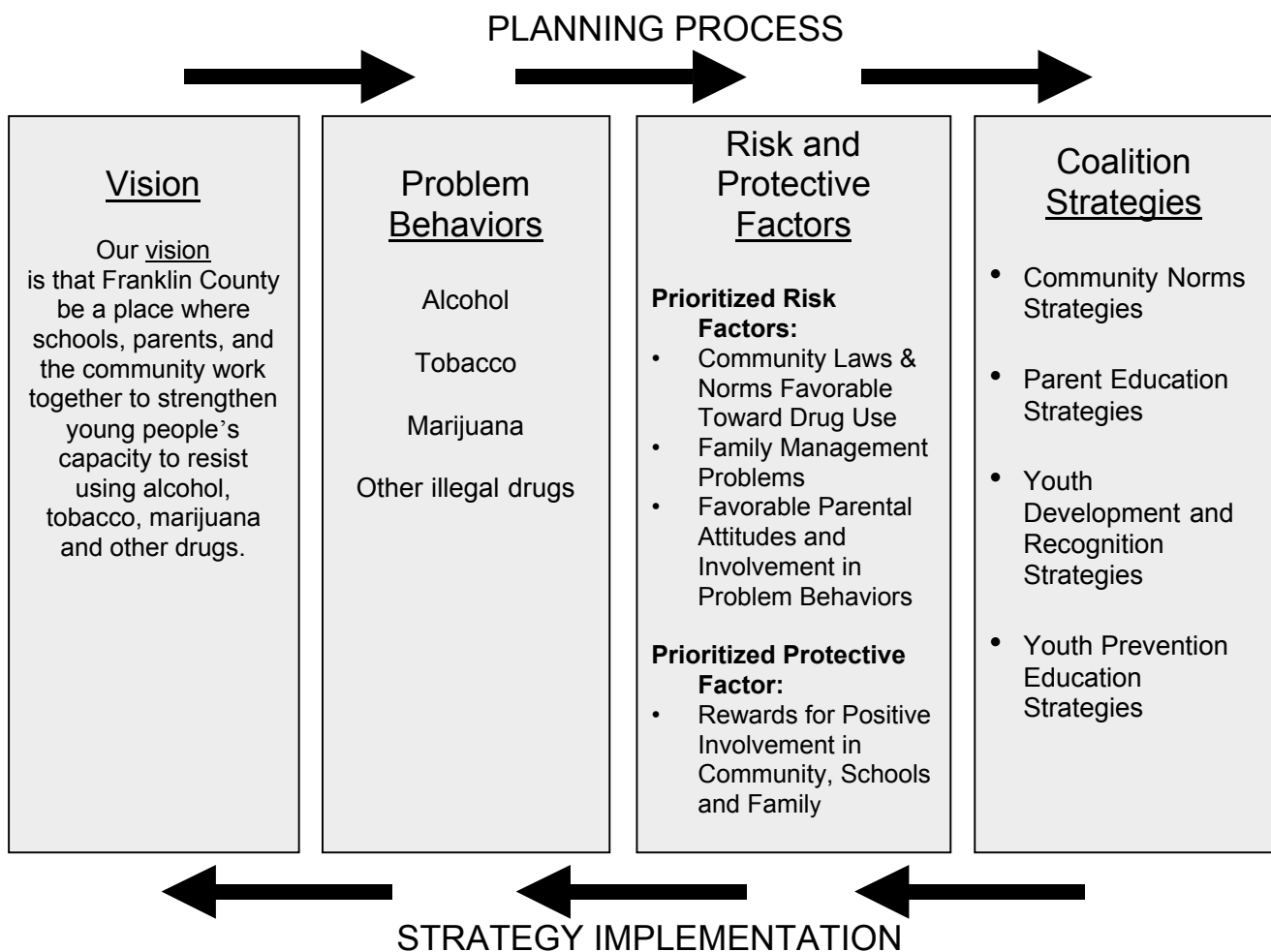
Community, School and Family Rewards for Positive Involvement

At the time of the resources and gaps analysis, almost all programs recognized youth for positive involvement or accomplishments, but the program staff agreed they could probably increase their recognition efforts. There was a gap in what programs report and teens experience. Additionally, there was not enough communication around recognition efforts between schools, community agencies and organizations.

Part Two:

Action Plans

CTC Coalition Overall Logic Model



Section 6

Strategies

The CTC Coalition approved strategies developed by the work groups to address the priority risk and protective factors. The strategies were developed based on the review of existing community resources and the investigation of “best practice” programs and strategies that have been shown to be effective in reducing the priority risk factors and enhancing the priority 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:

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

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

Strategies:

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

Development and recognition of youth through family, school and community efforts.

Strategies:

- θ Promote parental recognition of youth
- θ Promote community-based recognition efforts
- θ Promote youth recognition in schools
- θ Promote increased communication between schools, community and parents

Comprehensive health and prevention education.

Strategies:

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

Communities That Care Coalition – Prevention Strategies

Note: Please see the Strategy addendum for a detailed description of each of these strategies and an update on implementation.

STRATEGY	COMPONENT
Community Norms	
1. Conduct Compliance Checks	1. Conduct compliance checks in all communities in Franklin County three times per year 2. Work with each town/city to establish protocols for retail providers who are “not in compliance”
2. Provide Alcohol Beverage Server Training	Offer Alcohol Beverage Server training throughout the year – coordinate with compliance checks
3. Conduct Shoulder Tap Survey	Conduct “shoulder tap” surveys in all communities in Franklin County three times per year
4. Publicize Social Host Liability Laws	Publicize social host liability laws at end of school year during the prom and graduation season
5. Conduct Public Awareness Campaign	1. Conduct a media campaign 2. Conduct policy advocacy education efforts 3. Support law enforcement activities 4. Provide education to the doctors & pharmacists on oxycontin and heroin use by youth.
6. Review Town Ordinances and School Policies on Alcohol, Tobacco and Other Drugs	1. Work with each local town and city in Franklin County to require Alcohol Beverage Server Training for all who serve alcohol 2. Coordinate implementation of laws and policies with schools, towns and other organizations
Parent Education	
1. Provide Parent Education to parents/caregivers of Middle School age youth	Provide parent education to parents of middle school age youth (Ages 9 – 14) through the following curricula: 1. Guiding Good Choices 2. STARS for Families
2. Provide Parent Education to parents/caregivers of High School age youth	Research, select and provide parent education curricula for parents of high school age youth
Youth Development and Recognition	
1. Promote Parental Recognition of Youth	1. Info sheet for organizations working with parents 2. Flyer for parents – distribute widely 3. Training for youth service providers 4. Support “First Day” Celebrations
2. Conduct Community-based Recognition Efforts	1. Seek funding for existing youth recognition initiatives 2. Support existing community recognition activities 3. Promote organizational recognition of youth
3. Promote youth recognition in schools	Identify and promote existing and new school based recognition efforts
4. Increase communication between schools, community and parents.	Create a mechanism that communicates recognition of youth between families, schools and community organizations
Youth Prevention Education	
1. Support Youth Prevention Education in the Schools	1. Map existing prevention education in the schools 2. Help to identify appropriate “best practice” curricula 3. Work with each school district to fill gaps
2. Support Youth Prevention Education in the Community	1. Map existing prevention education in the community 2. Help to identify appropriate “best practice” curricula 3. Work with community providers to fill gaps
3. Facilitate Coordination of Youth Prevention Education in Schools and Communities	Provide results of school and community surveys and identify gaps and duplication of curricula in the schools and community

Section 7

Community Capacity Building

The CTC Coalition will work to promote an effective and sustainable effort that promotes substance abuse prevention in Franklin County. The CTC Coalition will work to engage community members and organizations to become involved in efforts to support youth in families, schools and the community. Specifically, the CTC Coalition will promote the following capacity building activities in the community:

Coalition Development

- Conduct regular meetings of the CTC Coalition & the Coordinating Council
- Recruit additional community members to join the coalition
- Provide and facilitate on-going capacity building to support coalition and community prevention efforts

Strategic Planning

- Work to involve the broader community in the planning efforts to identify specific strategies and create detailed implementation and evaluation plans for each strategy
- Identify funding and resource needs associated with each strategy
- Publish and maintain Community Action Plan and Highlights documents

Community Training and Prevention Education

- Provide training to Coalition and community members on prevention and community building topics
- Publish prevention updates

Fund Development

- Write grants and conduct other resource development efforts
- Work with service providers to obtain funding for program implementation and evaluation

Networking & Communications

- Create, update and maintain coalition membership database
- Publish Coalition newsletters & press releases as necessary
- Act as a clearinghouse for information
- Communicate links to relevant internet sites and organizations
- Promote cooperation and communication among service providers to ensure effective implementation of prevention strategies

Implementation and Evaluation Support

- Work with service providers to support implementation of strategies in the Community Action Plan, and develop a plan for the evaluation of community-level outcomes
- Work with identified service providers to monitor and support program-level evaluation
- Work with service providers to identify and obtain appropriate resources for each strategy

Section 8

Outcomes

Community Level Outcomes

The CTC Coalition developed the following outcomes to be addressed:

Behavior outcomes identify changes that need to be made to reach the community's vision. The baseline percentages are based on the results from the 2003 CTC Youth Survey Results.

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-factor outcomes identify initial changes in priority risk factors to achieve the desired behavior outcomes. By decreasing these risk factors we expect to decrease the problem behaviors listed above.

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%

* Score from 2003 CTC Youth Survey – a score of 63 indicates that Franklin County scored higher (worse) than 63% of community.

Protective-factor outcomes specify the desired changes in protective factors, based on the community needs assessment. By increasing these protective factors we expect to decrease the problem behaviors listed above.

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%

* Score from 2003 CTC Youth Survey – a score of 41 indicates that Franklin County scored lower (better) than 41% of communities.

Strategy Outcomes

The following logic models describe the overall outcomes for the strategies described in the Community Action Plan. Logic models describe, in general, the rationale for implementing the specific strategies and provide a picture of the short- and long-term outcomes expected for each strategy.

Communities That Care Coalition
Logic Model – Page 1 of 2

	Activities	Process Outcomes	Risk & Protective Factor Outcomes	Behavior Outcomes
Community Norms	1. Compliance Checks 2. Alcohol Beverage Server Training 3. Shoulder Tap Surveys 4. Social Host Liability Laws 5. Public Awareness Campaign 6. Review Town & School ATOD Ordinances	- Decrease in failed compliance checks - Increase in percentage of servers who have received responsible beverage server training - Decrease in adults who “fail” shoulder tap surveys - Increase in public awareness of laws and norms related to alcohol - Changes in laws and procedures to reflect clear and consistent penalty procedures for underage retail sales to minors	Decrease the youth perception of community laws and norms favorable to ATOD as measured on the CTC Youth Survey <i>from 63 to 57</i> by 2009.	Decrease alcohol use by 8 th graders as measured on the CTC Youth Survey by 10% from 30% to 27% by 2009. Decrease marijuana use as measured on the CTC Youth Survey by 8 th graders by 10% from 19% to 17% by 2009.
Parent Education	1. Parent Education for Parents of Middle School Age Youth: - Guiding Good Choices - STARS for Families 2. Parent Education for Parents of High School Age Youth: - Staying Connected with Your Teen 3. Parent Advisory Board	- Increase in family bonding - Increase in children’s opportunities for prosocial involvement in families - Increase in clear rule setting by parents - Increase in positive discipline by parents - Increase in parents’ ability to coach their children on refusal skills - Increase in parental anger management skills - Increase in parents’ sense of self-efficacy in influencing their children’s behavior	Decrease family management problems as measured by the CTC Youth survey <i>from 59 to of 54</i> by 2009. Decrease youth perception of parental attitudes favorable to ATOD as measured on the CTC Youth Survey <i>from 57 to 52</i> by 2009. Increase youth perception of family recognition as measured by the CTC Youth Survey <i>from 46 to 51</i> by 2009	Decrease binge drinking by 12 th graders as measured on the CTC Youth Survey by 10% from 49% to 44% by 2012.

**Communities That Care Coalition
Logic Model – Page 2 of 2**

	Activities	Process Outcomes	Risk & Protective Factor Outcomes	Behavior Outcomes
Youth Development and Recognition	<ol style="list-style-type: none"> 1. Info sheet for organizations working with parents 2. Flyer for parents – distribute widely 3. Training for youth service providers 4. Support “First Day” Celebrations 5. Seek funds for recognition initiatives 6. Support existing community recognition activities 7. Promote organizational recognition of youth 8. Identify & promote existing / new school recognition efforts 9. Share recognition among families, schools & community orgs. 	<ul style="list-style-type: none"> - Increase meaningful recognition of young people in the community - Increase meaningful recognition of young people in the schools - Increase meaningful recognition of young people in families - Increase communication about recognition efforts between communities, schools, and families 	<p>Increase youth perception of community recognition as measured by the CTC Youth Survey <i>from 41 to 46</i> by 2009</p> <p>Increase youth perception of school recognition as measured by the CTC Youth Survey <i>from 42 to 47</i> by 2009</p> <p>Increase youth perception of family recognition as measured by the CTC Youth Survey <i>from 46 to 51</i> by 2009</p>	<p>Decrease alcohol use by 8th graders as measured on the CTC Youth Survey by 10% from 30% to 27% by 2009.</p> <p>Decrease marijuana use as measured on the CTC Youth Survey by 8th graders by 10% from 19% to 17% by 2009.</p>
Youth Prevention Education	<ol style="list-style-type: none"> 1. Survey prevention education in schools 2. Identify “best practice” curricula 3. Work with school districts to fill gaps 4. Survey prevention ed. in the community 5. Identify “best practice” curricula 6. Work with community providers to fill gaps 7. Identify gaps and duplication of curricula 	<ul style="list-style-type: none"> - Increase percentage of students receiving science-based risk behavior prevention curricula. 	<p>Decrease in favorable attitudes toward ATOD use as measured by the CTC Youth Survey <i>from 63 to 58</i> by 2012</p> <p>Decrease in friends’ use of drugs as measured by the CTC Youth Survey <i>from 57 to 52</i> by 2012</p> <p>Decrease in lack of commitment to school as measured by the CTC Youth Survey <i>from 58 to 53</i> by 2012</p> <p>Increase in youth social skills as measured by the CTC Youth Survey <i>from 44 to 48</i> by 2012</p>	<p>Decrease binge drinking by 12th graders as measured on the CTC Youth Survey by 10% from 49% to 44% by 2012.</p>

Section 9

Evaluation and Sustainability Plans

Preliminary evaluation plans

Program Level Evaluation: Each of the strategies proposed in the Community Action Plan will be evaluated through process and outcome measures. Specifically:

- λ Process evaluation will be used to measure program fidelity and implementation success. Data collection forms will be used to document number of youth and parent participants and their demographics, type of activities and location where they were provided, and referral sources.
- λ Outcome evaluation will be used to measure the program's effects on risk and protective factors and, where relevant, alcohol, tobacco and other drug use of program participants.

Community Level Evaluation: An evaluation of the overall impact of the strategies will measure changes in youth ATOD use on a community-wide basis. The results of the 2003 Franklin County CTC Youth Survey will establish the baseline for comparison purposes. Subsequent administrations of the Survey in 2006 and 2007 will be used to measure changes in the youth behaviors. Additionally, community data on teen births, youth arrests, and school drop-out can also be compared year to year.

Sustainability Plan

The CTC Coalition's plans for maintaining momentum and expanding include:

Expand the Coalition: Continued active recruitment and an open door policy for new members to join in addition to active recruitment by current members.

Create Buy-In: Continued use of media to inform the community and key leaders of the drug related issues facing our youth, and the work the coalition does to address the issues.

Expand services: The CTC Coalition will work with local coalitions and groups to support the expansion of the geographic scope of services provided to include the more remote areas of Franklin County.

Utilize In-Kind Donations: Work with collaborating organizations to provide in kind donations such as office space, copier use, fax, telephone, office supplies, staff time, etc.

Identify Additional Funding: The CTC Coalition Funding Work Group will work to identify and obtain federal, state, foundation, corporate and community funding.

Keep Current: As the coalition grows, and the communities continue to change, so will the need to revisit the goals, objectives and strategies to accurately represent our vision.

Section 10

Acknowledgements

The following individuals participated in the development of this Community Action Plan. Their time and dedication to working with the CTC Coalition is greatly appreciated.

Coordinating Council Representatives

Kat Allen – co-chair of Communities That Care Coalition/ Community Coalition for Teens
Sara Cummings – co-chair of Communities That Care Coalition/ *Community Action!*
Mark Maloni – Greenfield Youth Commission/ Dial/Self
Lauri Turkovsky – chair of Community Norms Workgroup/ Western Mass Center for Healthy Communities
Ann Hamilton – Greenfield Chamber of Commerce
Chief Dave Guilbeault – Greenfield Police Department
Sergeant John Newton – Greenfield Police Department
Joan Vander Vliet – Interfaith Council
Meg Spicer – Child and Family Services
Lori Butterfield – MA Society for Prevention of Cruelty to Children
Jeff Falk - YMCA
Bill Perlman – Franklin Regional Council of Governments
Sandy Sayers – Franklin Medical Center
Christine Sweklo – Frontier Regional School District
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Vicki Rowe – Pioneer Valley Regional School District
Sandy Kinsman – Pioneer Valley Regional School District
Kerry Heathwaite – Greenfield Middle School
Karen Sims – Franklin County Technical School
Marty Espinola – Gill-Montague Regional School District

Community Coalition Work Groups Representatives

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Rachel Achmand – *Community Action!*
Jane Sanders – *Community Action!*
Leanna Barlow – Community Coalition for Teens
Michele Houghtaling – Chair of Parent Education Workgroup/Community Coalition for Teens
Thierry Borcy – Copy Cat Print Shop
Ellen Campbell – Greenfield Housing Authority
Barbara Headrick –
Maria Rodman – Montague Catholic Social Ministries
Christine Sass – Tobacco Free Network
Sarah Neelon – co-chair of Youth Development and Recognition Workgroup/ *Community Action!*
Rachel Stoler – co-chair of Youth Development and Recognition Workgroup/ Community Coalition for Teens
Regina Curtis – formally aide to Representative Steve Kulik
Kay Johnson – Big Brothers Big Sisters
Cliff Daniels – Community Action Youth Programs
Phoebe Walker – Franklin Regional Council of Governments
Mike Fritz – Rugg Lumber
Nancy Emond – The Brick House

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Addendum One

Community Action Plan - Prioritized Timeline as of 10/27/05

The strategies identified in the Community Action Plan can be broken into three general categories for the sake of planning: **(1)** those that have recently received funding or don't require additional resources and are at various stages of implementation; **(2)** those that are our highest priority for seeking additional funding; and **(3)** those that will be called up as funding becomes available and as the first two categories of strategies become implemented and institutionalized.

	Parent Education	Community Norms	Youth Recognition	Prevention Education
1	Guiding Good Choices (<i>currently running - additional funding currently being sought from CFWM for expansion</i>)	Compliance Checks Shoulder Taps (<i>currently being planned for winter 2005/06 - additional funding needed for materials</i>)	Flyer for Parents (<i>currently being distributed - additional funding needed for additional printing</i>)	Survey of prevention education in schools & community groups (<i>currently being distributed</i>) All Stars, Second Steps, Teen Outreach Program, Responsive Classroom (<i>currently being implemented in some school & community settings</i>)
2	Staying Connected to Your Teen (<i>funding needed - will hold training as soon as funding available</i>)			
3	Stars for Families (<i>making sure people know about this for when appropriate - not actively seeking funding now</i>)			

Addendum Two
Community Action Plan Strategies
As of June 21, 2005

Community Norms	2
1. Compliance Checks	3
2. Alcohol Beverage Server Training	5
3. Shoulder Tap Survey	6
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5. Public Awareness Campaign	8
6. Review of Town Ordinances and School Policies on ATOD	9
Parent Education	10
7. Provide Parent Education to parents/caregivers of Middle School age youth	11
8. Provide Parent Education to parents/caregivers of High School age youth	13
Youth Development and Recognition	15
5. Promote Youth Recognition by Parents	16
6. Promote Youth Recognition in the Community	18
7. Promote Youth Recognition in Schools	20
8. Increase Communication between Schools, Community and Parents	21
Youth Prevention Education	23
1. Support Youth Prevention Education in the Schools	25
2. Support Youth Prevention Education in the Community	27
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Community Norms Strategies

1. Strategy Name: *Compliance Checks*

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

Community Laws and Norms Favorable Toward Alcohol, Tobacco and Other Drugs*

Description:

Component 1: Compliance Checks:

Compliance checks involve the use of underage buyers by law enforcement agencies to test retailers' compliance with laws regarding the sale of alcohol to minors. The strategy consists of:

- 1) Notification to retailers, including the program's goals, procedures and timeframes;
- 2) Opportunity for retailers to participate in responsible sales and service programs prior to the start of the compliance check;
- 3) Community outreach and media advocacy to publicize the program's design and purpose;
- 4) Random selection of outlets to be included in the initial wave of the program (100-percent coverage if feasible);
- 5) Follow up communication informing each retailer of the results; and
- 6) Repeated notifications to licensees of the ongoing compliance check program and repeated waves of checks over set periods of time (two or more times per year), which may include targeted checks of retailers identified as violators in previous waves.

The strategy will be implemented through a partnership between the local police departments and students enrolled at the Greenfield Community College Criminal Justice program. It is anticipated that compliance checks will be conducted 3 times per year.

Component 2: Sanctions

The CTC Coalition will draft a letter to each of the cities and towns in Franklin County describing the compliance check process and encouraging the local officials to adopt ordinances that provide clear and consistent consequences for retail establishments that fail the compliance check. The CTC Coalition will also offer technical assistance to the jurisdiction in preparing the necessary sanctions.

Target Audience Description:

The compliance checks will target all retail providers of alcohol.

Community Partners:

Greenfield Police Dept.

Franklin County Drug Task Force

Franklin County Police Chiefs

Western MA Center for Healthy Communities

Resources Required:

It is anticipated that compliance check activities will involve teams of 2 police officers and 2 youth. It is estimated that a sufficient number of compliance checks could be conducted to cover the entire Franklin County in a 4 day period. It will cost approximately \$20,000 in overtime costs and other expenses to conduct compliance checks three times a year.

Timeline (if appropriate):

Month 1: Recruit and train officers and youth involved in the compliance checks – work with cities and towns to establish consistent sanctions for failures.

Month 2: Conduct baseline compliance checks

Month 3: Initiate public awareness campaign – initiate server training

Compliance checks = 3 times per year
Server training = conducted 3 – 4 times per year

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

of individuals trained to conduct compliance checks
of compliance checks conducted
of public awareness messages
of participating police departments
Change in youth perceptions of laws and norms (Youth Survey)

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Increase in # of compliance checks passed

Other Issues, Questions:

This strategy will be implemented in conjunction with the other strategies to address the community norms.

Contact Person:

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2. Strategy Name: *Alcohol Beverage Server Training*

Risk and Protective Factors Addressed (* = Priorities):

Riisk Factors

Community Laws and Norms Favorable Toward Alcohol, Tobacco and Other Drugs*

Description:

This strategy involves training servers and management to a) watch for and recognize the warning signs of intoxication can help reduce the risk that patrons will become intoxicated and harm themselves or others, b) understand the laws regarding sales of alcohol, c) proper procedures for checking IDs. The strategy entails the following steps:

- identify and obtain appropriate beverage server training curriculum
- determine and train who will conduct the server trainings
- notify and schedule server trainings

The server trainings will be offered at numerous times and locations in Franklin County.

Target Audience Description:

The beverage service training will target all retail providers of alcohol.

Community Partners:

Greenfield Police Department
Franklin County Drug Task Force
Western MA Center for Healthy Communities
Alcohol beverage retailers
MA Alcoholic Beverage Control Commission

Resources Required:

Previous server training programs have charge \$25 per participant. Previous trainings have been conducted by “Frank Ferber” from Rhode Island.

Timeline (if appropriate):

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

of servers trained

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Increase in server knowledge of laws, practices
Decrease in number of failed compliance checks
Change in youth perceptions of laws and norms (Youth Survey)

Other Issues, Questions:

This strategy will be implemented in conjunction with the other strategies to address the community norms.

Contact Person:

Lauri Turkovsky 540-0600 x3119 lauri_turkovsky@cooley-dickinson.org

3. Strategy Name: *Shoulder Tap Surveys*

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

Community Laws and Norms Favorable Toward Alcohol, Tobacco and Other Drugs*

Description:

The "Shoulder Tap" strategy checks to see if minors are able to obtain alcohol from strangers near off-sale retail outlets. The strategy involves placing minors outside alcohol beverage stores premises (in the parking lot or on the sidewalk), the minor then approaches adults who are about to enter, and requests that the adult purchase alcohol for them. The young person may offer the adult a fee or a portion of the alcohol purchased in exchange for conducting the transaction.

The information obtained in the shoulder tap surveys is used to a) increase public awareness of the problem, b) discourage adults from buying alcohol for minors

Target Audience Description:

The "shoulder tap" training targets adults who may provide alcohol to minors.

Community Partners:

Franklin County Police Departments
Franklin County Drug Task Force
Franklin County Police Chiefs
Western MA Center for Healthy Communities

Resources Required:

It is anticipated that shoulder tap enforcement activities will involve 1 police officer and 2 youth acting as teams to conduct the effort. It is estimated that a sufficient number of shoulder tap activities could be conducted in Franklin County over a ___ day period.

Timeline (if appropriate):

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

of youth trained as decoys
of participating police department
of shoulder tap operations implemented

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Increase in the time it takes to find a willing buyer
of citations issued for providing alcohol to a minor
Change in youth perceptions of laws and norms (Youth Survey)

Other Issues, Questions:

This strategy will be implemented in conjunction with the other strategies to address the community norms.

Contact Person:

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4. Strategy Name: *Social Host Liability Law Education to Parents*

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

Community Laws and Norms Favorable Toward Alcohol, Tobacco and Other Drugs*

Description:

Under social host liability laws, adults who serve or provide alcohol to persons under the age of 21 can be held liable if an underage person who was provided alcohol is killed or injured, or kills or injures another person.

Parents will be educated on social host liability laws through:

Graduation/Prom time letters home to parents

Community education through the Safe Homes Networks

Other methods to be determined

Target Audience Description:

Community Partners:

Resources Required:

Timeline (if appropriate):

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

of different venues of messaging

of messages delivered

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Change in youth perceptions of laws and norms (Youth Survey)

Other Issues, Questions:

This strategy will be implemented in conjunction with the other strategies (compliance checks and public awareness campaign).

Contact Person:

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5. Strategy Name: *Public Awareness Campaign*

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

Community Laws and Norms Favorable Toward Alcohol, Tobacco and Other Drugs*

Description:

Component 1: Alcohol Awareness

The public awareness campaign seeks to a) raise the awareness of the public about the issue of underage drinking b) highlight the community norms initiatives (compliance checks, beverage server training, shoulder taps, etc.) c) support efforts to address policy and laws related to underage drinking.

Specific components of the Public Awareness Campaign include:

- Media Campaign and Events – targeted campaigns using posters, billboards, newspaper ads and articles that focus on a specific aspect of underage drinking (e.g. drinking and driving, social host liability)
- Policy Activities – efforts to implement community and school policies supporting specific aspects of underage drinking (e.g. social host liability, public use laws, school ATOD policies)
- Enforcement Activities – working with police departments to support enforcement of targeted laws and policies

Component 2: Heroin and Oxycontin Awareness

Specific information will be provided to parents about oxycontin and heroin – two drugs with rising use rates in Franklin County. In addition, information will be provided to local pharmacists regarding safeguards to limit the illegal or fraudulent distribution of oxycontin.

Target Audience Description:

Public Awareness Campaigns targets the entire community and all members of specific segments of the community.

Community Partners:

Resources Required:

Timeline (if appropriate):

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

of promotion activities

of policy changes

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Change in youth perceptions of laws and norms (Youth Survey)

Other Issues, Questions:

This strategy will be implemented in conjunction with the other strategies (compliance checks and public awareness campaign).

Contact Person:

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6. Strategy Name: *Modify Town Ordinances to require server training*

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

Community Laws and Norms Favorable Toward Alcohol, Tobacco and Other Drugs*

Description:

This strategy entails working with each town's board of selectmen or city council to adopt a local ordinance that address alcohol issues. Examples of these ordinances include:

Underage Alcohol Sales to Minors: requires all businesses that serve alcohol to require each of their servers to become certified through a server training program. Each town will decide what penalty should be imposed on noncompliant vendors.

Other: TBD

Target Audience Description:

The strategy will entail reviewing policies and laws for school districts, cities and towns in Franklin County.

Community Partners:

Cities and Towns

Franklin County Drug Task Force

Resources Required:

Timeline (if appropriate):

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

of towns with server training requirement ordinances

% of vendors in compliance

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Change in youth perceptions of laws and norms (Youth Survey)

Other Issues, Questions:

This strategy will be implemented in conjunction with the other strategies (compliance checks and public awareness campaign).

Contact Person:

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Parent Education Strategies

7. Strategy Name: *Provide Parent Education to parents/caregivers of Middle School age youth*

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

*Family Management Problems
* Favorable Attitudes Toward Substance Abuse
Early Initiation of Substance Abuse
Family Conflict
Friends Who Use

Protective Factors

Bonding (opportunities, skills and recognition*)
Healthy Beliefs & Clear Standards

Description:

This strategy involves the support of two Parent Education programs: ***Guiding Good Choices*** (GCC) and ***Stars for Families*** (SFF).

The parent education curriculum ***Guiding Good Choices*** is currently available for parents of youth ages 9-14 years old. The Community Coalition for Teens received funding to train 12 facilitators in the Guiding Good Choices parent education curriculum. The 12 facilitators were trained in May, 2005 and are now available to provide parent education classes in the community. This strategy seeks to promote the expansion of the parent education provided under the existing funding and to seek permanent resources to continue the effort beyond the current funding period. The Guiding Good Choices parent education classes will be provided to groups of 8-10 families attending once a week for 2 hours per week for 5 weeks. Approximately 10 classes will be provided at various locations throughout the year.

STARS for Families (Start Taking Alcohol Risk Seriously) consists of three primary components that targets parents of youth ages 9 – 14. The three components include 1) **Health Care Consultation**—A nurse or other health care provider delivers a brief (20minute) annual health consultation concerning how to avoid alcohol use. The intervention is designed to reach youth at specific stages of alcohol initiation and readiness for change and provides a range of prevention messages. 2) **Key Facts Postcards**—Ten Key Facts postcards are mailed to parents or guardians in sets of 1 or 2 per week for 5 to 10 weeks. The cards tell parents what they can say to their children to help them avoid alcohol. Parents can return a detachable postage-paid portion of the card to provide information about their interaction with their children and its usefulness. 3) **Family Take-Home Lessons**—Parents and guardians are provided with four weekly take-home prevention activities they can complete with their children and return. The lessons include an alcohol avoidance contract for the child to sign and a feedback sheet to collect satisfaction and usage data from parents. This strategy seeks to provide the STARS for Families program within schools, health clinics, youth organizations, work sites, families, religious organizations, and other community organizations. Currently, no funding is available for the Stars for Families program.

Target Audience Description:

The parent education program is provided as a universal program to all parents of youth ages 11-14 years old. Parent recruitment will be to the general public but also through targeted recruitment through schools, churches, civic groups etc.

Community Partners:

The GGC parent education program is coordinated by the Community Coalition for Teens. The following organizations have staff who are now trained in GGC: CCT, Dial Self, Big Brothers Big Sister, Western Massachusetts Center for Healthy Communities, Massachusetts Society for the Prevention of the Cruelty of Children, The ARC, Dial Self, Greenfield Middle School and Montague Catholic Social Ministries.

Targeted recruitment activities will be conducted with the following organizations: Interfaith Council, Chamber of Commerce and the YMCA

Resources Required:

Guiding Good Choices: Michele Houghtaling of CCT is available as the coordinator for this project. It would be ideal to offer an additional GC training in the Fall. The Training costs are \$4,975(maximum participant number is 12) plus \$110.00 material fee per person. Additional expenses would include facilitator travel expenses, training site and meals. Once trained, the implementation fee is \$30.00 per hour for parent education facilitator x 10 hours = \$300.00. Additional monies would be added for preparation time, babysitting services, food and incentives.

STARS for Families: TBD

Timeline (if appropriate):

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

Specific outcomes:

GGC:

- 12 trainers trained (training conducted in May, 2005)
- 12 trainers conduct training sessions
- 10 sessions per year
- 8-10 families per session for a total of 80-100 families

SFF: TBD

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Each Guiding Good Choices session will result in the following outcomes for the participants:

- Increased parenting skills.
- Increased family bonding

An evaluation component is included with the course materials.

SFF: TBD

Other Issues, Questions:

Parent recruiting is inherent in all that we do; however, an extra effort will be made to attend all appropriate events/activities such as Parent Universities, Parent Colleges, Open Houses, All Start graduations, community and civic events, health fairs, Parent Advisory Committees and others.

Contact Person:

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8. Strategy Name: Provide Parent Education to parents/caregivers of High School age youth (Age 12 – 17)

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

*Family Management Problems
* Favorable Attitudes Toward Substance Abuse
Early Initiation of Substance Abuse
Family Conflict
Friends Who Use

Protective Factors

Bonding (opportunities, skills and recognition*)
Healthy Beliefs & Clear Standards

Description:

Implement the “Staying Connected With Your Teen” curriculum for parents of high school age students. It essential that key leaders be identified as potential facilitators and attend a proposed training. Training would be held in Franklin County for up to 12 participants who in turn would facilitate ongoing parent education sessions.

Target Audience Description:

The parent education program is provided as a universal program to all parents of youth ages 12-17 years old. Parent recruitment will be to the general public but also through targeted recruitment through schools, churches, civic groups etc.

Community Partners:

It is expected that coordination of this strategy will be provided by the Community Coalition for Teens. The twelve trainers may represent the following organizations: CCT, Dial Self, Big Brothers Big Sister, Western Massachusetts Center for Healthy Communities, Massachusetts Society for the Prevention of the Cruelty of Children, The ARC, Dial Self, Greenfield Middle School, and Montague Catholic Social Ministries.

Targeted recruitment activities will be conducted with the following organizations: Interfaith Council, Chamber of Commerce and the YMCA

Resources Required:

The costs itemized below reflect a facilitator training session as well as paying those trained to implement the curriculum.

a) Training (facilitator training)	\$3,000
b) Facilitator	\$1,400
c) Materials for 10 participants	\$4,000 (\$399 per person)
d) Session delivery:	\$8,125.00 (implementing 5 sessions)
	\$1,200 (\$30.00 x 40 hours for each 5 week course (10 hours facilitating and 30 hours prep time)
	\$ 200 (Printing, postage & supplies)
	<u>\$ 225</u> (Childcare Services \$15.00 x 15 hours)
	\$16,525 Total

Total: \$16,525

Timeline (if appropriate):

- Month 1: Funding workgroup to identify potential funding sources for training programs appropriate for parents of high school age youth.
- Months 2-3: Research and select a parent education program appropriate for parents of youth ages 14 – 18 and appropriate for Franklin County.
- Months 4-6: Identify and train individuals from the Franklin County community to deliver the parent education program
- Months 7-12: Provide the parent education program to parents in locations throughout Franklin County.

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

Specific outcomes:

- Purchase curriculum .
- 12 trainers trained
- 12 trainers conduct training sessions
- 5 sessions per year
- 10-20 families per session for a total of 50-100 families

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Each Guiding Good Choices session will result in the following outcomes for the participants:

- Increased parenting skills.
- Increased family bonding

Other Issues, Questions:

Parent recruiting is inherent in all that we do; however, an extra effort will be made to attend all appropriate events/activities such as Parent Universities, Parent Colleges, Open Houses, All Start graduations, community and civic events, health fairs, Parent Advisory Committees and others.

Contact Person:

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8. Strategy Name: Promote Youth Recognition by Parents

Risk and Protective Factors Addressed (* = Priorities):

Opportunities for Family Recognition *

Description:

The goal of this is more communication between youth workers/youth serving agencies and parents thus leading to increased parental recognition of youth. This strategy will involve the following activities:

- 1) Partner with School Districts that conduct “First Day” Celebrations by providing information to parents on the need to recognize and support their child’s involvement in school academic and extra-curricular activities. For example, this activity could include providing refrigerator magnets on which the parents could recognize their child’s accomplishments. Publicly recognize businesses for their support of the First Day effort
What can we do to support the First Day Events?
 1. Contact businesses to let them know about the effort and give parents the time off
 2. Distribute flyers to businesses and parents through summer programs and other methods
 3. Distribute a “Youth Recognition” Flyer (prevention update) that can be provided at the First Day and elsewhere.
- 2) Develop an information sheet / flyer for parents. The information sheet will contain suggestions and recommendations to help parents acknowledge and recognize, in both formal and informal ways, the positive actions of their children. Distribute the flyer for parents in school newsletters, through parent serving organizations, websites and other school communications encouraging parents to recognize and celebrate their children’s efforts and successes. Specific ideas for distributing the flyer include:
 - Create a refrigerator magnet that could be distributed with the flyer so the Parents can post their children’s work on the fridge.
 - Send the flyer home with report cards to the parents
 - Work with the Youth Services Round Table to distribute the flyer
 - Include in the flyer a box on “how to set up a youth recognition event”
- 3) Develop and provide a training for youth serving agencies on ways to increase communication with parents regarding their child’s participation in the youth activities. The communication will allow parents to provide additional recognition and reinforcement for their child’s participation in the activity. The training will increase skills of youth service workers to educate parents on the need for positive recognition.

Target Audience Description:

The target audience for this strategy will be all parents. The information will be provided through organizations that interact with parents and youth such as schools and youth serving organizations.

Community Partners:

Key partners for this strategy include:

- a) school districts
- b) youth serving organizations (key organizations include: youth service roundtable
- c) parent serving organizations (key organizations include:

Resources Required: TBD

Timeline (if appropriate): TBD

Strategy Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

of parents provided with information

of staff trained in communicating with parents

of youth serving organizations provided with information

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Parents will increase acknowledgement and recognition of their children's efforts, participation and accomplishments in pro-social activities.

Other Issues, Questions:

Contact Persons:

Rachel Stoler 774-1194 x 116 rstoler@frcog.org

Sarah Neelon 774-7028 x103 sneelon@fcac.net

9. Strategy Name: Promote Youth Recognition in the Community

Risk and Protective Factors Addressed (* = Priorities):

Opportunities for Community Recognition *

Description: This strategy involves:

- 1) Seek funding for minigrants to support youth recognition activities among all organizations in the county. Provide \$100 - \$500 to organizations that want to recognize youth in creative ways. This could be implemented through a simple application process. A total of ?? \$2,000 - \$5,000 would be all that would be needed to kick off such an activity.
- 2) Support community organizations to enhance and formalize youth recognition activities. This effort involves working organizations who provide youth awards to generate publicity for the awards, encourage nominations of youth for awards, and recognize youth who receive awards. The following awards have been identified or proposed:

Greenfield Mayor's Youth Recognition Award	FCAC Youth Recognition Night
Public Health Leader's Award	REB Youth Awards
Brick House Achievement Awards	YMCA
Traprock Peace Maker Awards	Probation/DSS/DYS Awards
Student of the Month (schools)	GCTV Youth Profiles
West County Youth Recognition Awards	9 Town Community Partnership
Points of Light Foundation	Freedom Award

Ways to support these awards:

 - Create a list of all the awards and publish an advertisement in the paper that thanks all the organizations that formally recognize youth.
- 3) Promote recognition of youth in all youth development activities:
 - a. Conduct additional focus groups with youth to learn more about appropriate forms of recognition
 - b. Provide training to youth workers on ways to recognize young people – investigate possibility of contracting with “Youth on Board” to provide the training
 - c. Publish informational material on effective recognition techniques including:
 - i. How to create a youth recognition award
 - ii. How to create a youth advisory board for your program
 - iii. How to recognize youth involved in your programs
- 4) Start “Youth / Businesses” collaboration such as have business each sponsor one school building and post the school's are in their business location
- 5) Conduct a county-wide youth recognition event as a chance to recognize youth, youth service organizations that recognize youth and business that support youth
- 6) Recognize businesses that support youth – provide certificates, newspaper advertisements etc. that publicize the positive support of businesses for youth

Target Audience Description:

The target audience for this strategy will be all organizations that provide services or activities for young people.

Community Partners:

Key partners in planning and implementing these strategies will include:

Resources Required:

TBD

Timeline (if appropriate):

TBD

Strategy Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

of programs funded

of community-based youth awards identified and promoted

of youth worker training events / # of youth workers trained

of flyers published

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Increase in youth survey responses on the CTC Youth Survey for the measure: Recognition for Prosocial Involvement in School.

Other Issues, Questions:**Contact Persons:**

Rachel Stoler 774-1194 x 116 rstoler@frcog.org

Sarah Neelon 774-7028 x103 sneelon@fcac.net

10. Strategy Name: Promote youth recognition in Schools

Risk and Protective Factors Addressed (* = Priorities):

Opportunities for School Recognition *

Description:

The goal if this strategy is to support and expand youth recognition in schools. This strategy will involve the following activities:

1. Survey/interview schools and school districts to find out what formal and informal recognition efforts are in place.
2. Share the information about successful recognition activities among the schools – for example increase positive recognition on the report cards
3. As identified provide training to school personnel on effective recognition techniques.

Note: The school survey could be conducted as part of the school survey of youth prevention education programs being conducted under the Youth Prevention Education Strategy.

Target Audience Description:

The target audience for this strategy will be all school districts and school buildings in Franklin County.

Community Partners:

Key community partners involved in implementing this effort will include:

Resources Required: TBD

Timeline (if appropriate): TBD

Strategy Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

- Completion of school recognition survey
- Publication of the school survey results
- # of trainings provided

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Increase in youth survey responses on the CTC Youth Survey for the measure: Recognition for Prosocial Involvement in School.

Other Issues, Questions:

Contact Person:

Rachel Stoler 774-1194 x 116 rstoler@frcog.org

Sarah Neelon 774-7028 x103 sneelon@fcac.net

11. Strategy Name: Increase communication between schools, community and parents

Risk and Protective Factors Addressed (* = Priorities):

Opportunities for Family, School and Community Recognition *

Description:

The goal if this strategy is to ensure that youth recognition efforts in one sector (e.g. schools, community programs, family) are fully communicated to others in the community. This increase communication will:

- Create a climate of positive reinforcement for youth participation in all youth-based activities
- Reinforce recognition provided to young people
- Increase organizational skills and capacity to conduct recognition activities for youth.

This strategy will involve the creation of a mechanism to:

1. Allow anybody in the community to identify youth who should receive recognition for their participation
2. Collect the information about the youth and their efforts from the identifying individual or organization
3. Share the recognition with others in the community – both on an individual basis and as a regular “list” of those recognized over a period of time.

Ideas for implementing the strategy include:

- start at a pilot site (town or school building)
- create an “achieve-o-gram” that can be used to record the recognition (this can be through paper and/or web based)
- Distribute information about the “achieve-o-gram” to all youth serving organizations – as necessary provide instruction
- On a regular basis collect the “achieve-o-grams”
- On a regular bases publish the “achieve-o-grams” collected in various forms and media (newspaper, website, newsletters)
- Provide incentives for people to award the “achieve-o-grams”

Target Audience Description:

The target audience for this strategy will be all youth serving organizations in Franklin County.

Community Partners:

Key community partners for this effort include:

Resources Required: TBD

Timeline (if appropriate): TBD

Strategy Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

- Creation of the achieve-o-gram system
- # of achieve-o-grams completed

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions):

Increase in youth survey responses on the CTC Youth Survey for the measure: Recognition for Prosocial Involvement in School, community and family

Other Issues, Questions:

Contact Person:

Rachel Stoler 774-1194 x 116 rstoler@frcog.org

Sarah Neelon 774-7028 x103 sneelon@fcac.net

12. Strategy Name: *Support Youth Prevention Education in the Schools*

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

* Favorable Attitudes Toward Substance Abuse

Early Initiation of Substance Abuse

Friends Who Use

Protective Factors

Healthy Beliefs & Clear Standards

Opportunities

Skills

Description:

This strategy will be conducted in partnership with representatives from each of the school districts in Franklin County. The first step will be to contact a representative in each school district to work with on this strategy. The strategy involves three main components:

Component #1: Survey existing youth health and prevention education in the schools. This effort involves:

- a. Develop a questionnaire for school district representatives to complete regarding prevention education and health education classes conducted at each grade level in each school building.
- b. Work with each school district to complete the questionnaire – through meetings, phone calls, mailing and emails
- c. Organize the findings to identify the range of prevention and health education offered in Franklin County.

Component #2: Identify available and appropriate “Best Practices” curricula for school districts. This involves:

- a. Reviewing the above survey to identify “gaps” or needs in curricula
- b. Interviewing key personnel to identify curricula needs
- c. Investigating curricula lists and databases to identify appropriate curricula
- d. Prepare the results for School District Review

Component #3: Work with each School District to support their efforts to provide a comprehensive health and prevention education curricula in the schools. This effort involves working with each school district on an individual basis.

Target Audience Description:

Each school district in Franklin County. .

Community Partners:

Each school district in Franklin County. .

Resources Required:

Timeline (if appropriate):

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

- A completed review of school district health and prevention education curricula
- A completed review of appropriate “best practices” prevention education curricula
- School District plans for establishing a comprehensive prevention education curricula in the schools

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions): N/A

Other Issues, Questions:

Contact Person:

ctccoalition@fcac.net

Strategy Name: *Support Youth Prevention Education in the Community*

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

* Favorable Attitudes Toward Substance Abuse
Early Initiation of Substance Abuse
Friends Who Use

Protective Factors

Healthy Beliefs & Clear Standards
Opportunities
Skills

Description:

This strategy will be conducted in partnership with representatives from existing providers of youth education in Franklin County. The first step will be identify existing providers and to contact a representative from each organization to work with on this strategy. The strategy involves three main components:

Component #1: Survey existing youth prevention education provided by community organizations. This effort involves:

- a. Develop a questionnaire for each organization to complete regarding prevention education curricula offered
- b. Work with organization to complete the questionnaire – through meetings, phone calls, mailing and emails
- c. Organize the findings to identify the range of prevention education offered in Franklin County.

Component #2: Identify available and appropriate “Best Practices” curricula for the community organizations. This involves:

- a. Reviewing the above survey to identify “gaps” or needs in curricula
- b. Interviewing key personnel to identify curricula needs
- c. Investigating curricula lists and databases to identify appropriate curricula
- d. Prepare the results for Organizational Review

Component #3: Work with each organization to support their efforts to provide prevention education curricula in the programs and activities. This effort involves working with each organization on an individual basis.

Target Audience Description:

Each youth serving organization in Franklin County that provides youth prevention education curricula.

Community Partners:

Each youth serving organization in Franklin County that provides youth prevention education curricula.

Resources Required:

Timeline (if appropriate):

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

- A completed review of community prevention education curricula
- A completed review of appropriate “best practices” prevention education curricula
- Organizational plans for implementing prevention education curricula

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions): N/A

Other Issues, Questions:

Contact Person:

Strategy Name: *Facilitate Coordination of Youth Prevention Education in Schools and Communities*

Risk and Protective Factors Addressed (* = Priorities):

Risk Factors

* Favorable Attitudes Toward Substance Abuse
Early Initiation of Substance Abuse
Friends Who Use

Protective Factors

Healthy Beliefs & Clear Standards
Opportunities
Skills

Description:

This strategy involves coordinating the provision of a comprehensive array of education classes in the community. The strategy will start after the completion of the school and community youth prevention education surveys. The strategy entails working with representatives from the school districts and community-based youth prevention education providers to a) review the survey results, b) identify gaps or overlaps in prevention education provided at each grade level and, c) taking steps to address the issues.

Target Audience Description:

Each school district and youth serving organization that provides youth prevention education curricula in Franklin County.

Community Partners:

Each school district and youth serving organization that provides youth prevention education curricula in Franklin County.

Resources Required:

Timeline (if appropriate):

Program Outcomes (# of sessions, # of participants, # of trained teachers, # of volunteers etc.)

Plans for implementation of a comprehensive youth prevention education strategy in Franklin County.
Specific changes to curricula.

Participant Outcomes (changes in participant knowledge, attitudes, skills, behaviors, perceptions): N/A

Other Issues, Questions:

Contact Person:

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