



COALITION

Jesse Kauffman (734) 593-5283 jesse@srslychelsea.org

Becca Jaskot (734) 593-5277 becca@srslychelsea.org

Reiley Curran (734) 593-5279 reiley@srslychelsea.org

St. Joseph Mercy Chelsea

Continuing Intervention:

- Continuing

Intervention also funded in:

- Year 1: \$20,000
- Year 2: \$15,000
- Year 3: \$16,383
- Year 4: \$20,000
- Year 5: \$20,000

Amount Requested:

\$20,000

Element:

**Avoid Unhealthy
Substances and
Connect with
Others in Healthy
Ways**

SRSLY

Brief Description

SRSLY is a community coalition dedicated to the prevention of destructive behavior in youth. SRSLY uses multiple strategies and a focus on youth leadership and community engagement to prevent youth substance abuse.

The primary target population is youth ages 10 to 15-years-old, and their families (approximately 1,000 youth and families in Chelsea). SRSLY formed in Chelsea in 2008 in response to high rates of youth alcohol and marijuana use. SRSLY was awarded the Drug Free Communities support program grant in 2011 and again in 2016, which provides five years of federal funding, with a required \$1:\$1 local match.

List all the goals of the intervention

**SRSly coalition members are currently working to complete the 2017-2020 Strategic Plan estimated to be complete in February 2017. Once that plan is complete SRSly will use the new plan to provide specific goals related to risk and protective factors. The goals of reducing alcohol, marijuana, and medicine abuse and misuse among youth will remain the same.*

The 2012-2016 strategic plan* will primarily focus on three identified substances of abuse:

- Alcohol
- Marijuana
- Medicine Abuse and Misuse

The committee reviewed data on risk and protective factors, and prioritized six on which to focus, including:

- Ease of access to substances
- Peer group use
- Perception of risk
- Community laws and norms
- Parental approval
- Opportunities for pro-social community and family involvement.

List all the goals of the intervention

Goal 1: Increase coalition capacity to prevent and reduce substance abuse among youth by strengthening collaboration.

Goal 2: Reduce substance abuse among youth by addressing the factors in a community that increase risk of abuse and promoting factors that minimize risk.

Goal 1: Increase coalition capacity to prevent and reduce substance abuse among youth by strengthening collaboration.

Objectives:

- Maintain data collection for use in coalition activities through bi-annual participation in the Michigan Profile for Healthy Youth and annual focus groups through 2016.
- Maintain 100% representation of the twelve key community sectors through 2016.
- Increase the capacity of the coalition by securing coalition involvement agreements with specific coalition activities for each of the 12 key community sectors by September 2016.
- Increase the capacity of the coalition to implement the action plan by securing local support for three substance-free alternative events per year, through financial and in-kind donations, annually through 2016.
- Increase the capacity of the coalition by sending at least two members to CADCA and other prevention conferences and trainings every year through 2016.
- Develop annual action plans that are measurable and feasible, based on the coalition's long-term strategic plan, every year through 2016.
- Measure the impact of the coalition through quantitative and qualitative data collected annually through 2016.

List all the goals of the intervention

Goal 1: Increase coalition capacity to prevent and reduce substance abuse among youth by strengthening collaboration.

Goal 2: Reduce substance abuse among youth by addressing the factors in a community that increase risk of abuse and promoting factors that minimize risk.

Goal 2: Reduce substance abuse among youth by addressing the factors in a community that increase risk of abuse and promoting factors that minimize risk.

Alcohol Objectives:

- By 2016, decrease the percentage of youth reporting that it is 'sort of' or 'very easy' to get alcohol from 67.2% to 65.5% among high school students, and from 32.4% to 30.2% among middle school students.
- By 2016, decrease the percentage of youth who report inaccurately high perception of peer alcohol use rates from 60.6% to 55% among high school students, and 14.3% to 11.9% among middle school students.
- By 2016, decrease the percentage of high school students who report that 'most' or 'all' of their friends had been drunk recently from 12.9% to 11.2%.
- By 2016, increase the percentage of youth reporting that their parents feel it is wrong/very wrong for them to drink alcohol from 88.1% to 90.9% among high school students, and 97.7% to 98.9% among middle school students.

List all the goals of the intervention

Goal 1: Increase coalition capacity to prevent and reduce substance abuse among youth by strengthening collaboration.

Goal 2: Reduce substance abuse among youth by addressing the factors in a community that increase risk of abuse and promoting factors that minimize risk.

Goal 2: Reduce substance abuse among youth by addressing the factors in a community that increase risk of abuse and promoting factors that minimize risk.

Marijuana Objectives:

- By 2016, decrease the percentage of youth reporting that it is 'sort of' or 'very easy' to get marijuana from 58.4% to 55.3% among high school students, and 6.9% to 5.7% among middle school students.
- By 2016, Increase the percentage of youth reporting 'moderate' or 'great risk' for using marijuana from 66.6% to 76.8% among high school students, and 83.7% to 84.8% among middle school students.
- By 2016, decrease the percentage of youth who report inaccurately high perception of peer marijuana use rates from 58.4% to 39.9% among high school students, and 13.3% to 11.9% among middle school students.
- By 2016, decrease the percentage of high school students who report that 'most' or 'all' of their friends had used marijuana recently from 18.4% to 10.8%.

List all the goals of the intervention

Goal 1: Increase coalition capacity to prevent and reduce substance abuse among youth by strengthening collaboration.

Goal 2: Reduce substance abuse among youth by addressing the factors in a community that increase risk of abuse and promoting factors that minimize risk.

Goal 2: Reduce substance abuse among youth by addressing the factors in a community that increase risk of abuse and promoting factors that minimize risk.

Medicine Abuse Objectives:

- Initiate the Red Barrel Program to help increase the percentage of community members who dispose of prescription drugs in a safe manner by 2016. Baseline to be established in 2013.
- By 2016, decrease the availability of prescription drugs for youth, measured by the number of pounds of medicine disposed of per year. Baseline to be established in 2013.

List all the goals of the intervention

Goal 1: Increase coalition capacity to prevent and reduce substance abuse among youth by strengthening collaboration.

Goal 2: Reduce substance abuse among youth by addressing the factors in a community that increase risk of abuse and promoting factors that minimize risk.

- SRSLY staff and volunteer leaders on the Evaluation Committee are responsible for collecting this data.
- The target date for the objectives in the strategic and action plans is by the end of 2016. We will have new MiPHY data next year, and we will conduct a new needs assessment, and update our strategic plan accordingly.
- The coalition set these goals based on the "best" sub-population rate for each indicator. For example, if the lifetime alcohol use was 25% for all high school students, but 15% for students who get mostly A's and B's, then 15% is our goal rate for all high school students. This method of setting targets for objectives is based off the Washtenaw County Public Health model for the Health Improvement Plan objectives.
- We believe these goals are attainable because we have seen positive trends in many risk and protective factors, and in behaviors among Chelsea teens since SRSLY started in 2008. This includes an increase in the average age of first use of alcohol (up to 14.7 in 2014 from 14.1 in 2010), a decrease in lifetime and recent alcohol use, and recent marijuana use.

Key Evaluation Data

- **TOTAL ANNUAL VOLNTEERS and HOURS:** 201 youth and adult volunteers donated 2,100 hours in 2015-2016; to date, there have been more than 1,100 total volunteers, donating more than 19,000 hours to SRSLY.
- **TOTAL \$ DONATED FROM COMMUNITY MEMBERS:** \$12,267 (cash) in 2015-2016
- **TOTAL UNITS OF ENGAGEMENT (PARTICIPANTS, NON-VOLUNTEERS):**
 - SRSLY Week = 8 grades x 200 kids per grade x .5 hours (lunch) + 600 (2nd day at BMS) = 1,400 units
 - Kickoff Rally = 2,000 people x 1 interaction with SRSLY = 2,000 units of engagement
 - Project Sticker Shock = 23 businesses x #? customers x 1 event per year = ???, or 5,000 stickers distributed (but more than 5,000 people see them.... Estimate 10,000 units of engagement
 - Anti-Drug Media Contest = 4 grades x 200 kids per grade x 1 hr/class = 800 units
 - New Year's Eve Party = 400 party attendees x 4 hours at party = 1,600 units
 - CTPN SRSLY = 8 grades x 200 kids per grade x 1 book per kid = 1,600 units
 - Gaga Ball Tournament = 100 attendees x 1 event x 2 hours = 200 units
 - Annual Appeal Letter = 5,500 letters mailed
 - SRSLY Cinema = 10 movies x 150 people per movie x 2 hours per movie = 3,000 units
 - E-newsletter = 630 subscribers x 1 email per month x 12 months = 7,560 units

ESTIMATED TOTAL UNITS OF ENGAGEMENT: 33,660

Key evaluation data collected for this intervention

- The Chelsea School District will participate in the MIPHY survey every other year. On non-MIPHY survey years, the schools will conduct a shortened survey of all 7th – 12th grade students on substance use and associated risk and protective factors. They will also survey parents of middle and high school students.
- Focus groups
- Key informant interviews
- Red Barrel collection totals
- Participant surveys
- Meeting minutes and sign-in sheets

Responsible Parties & Organizations

- SRSLY Chelsea will continue to implement strategies that have been successful over the past eight years. All SRSLY activities are implemented by volunteer members of the coalition, with support from the Program Coordinator, and Coalition Director.

What organization are involved:

- SRSLY requires approval from our federal funding agency, SAMHSA. The 2016-2017 action plan and budget were approved in September 2016 by our SAMHSA Grants Management Specialist.
- The SRSLY Steering Committee is comprised of leaders representing key community sectors in Chelsea (schools, hospital, business, media, library, churches, law enforcement, parents, and others). This group is responsible for the needs assessment and strategic plan. Using these as a guide, they review and approve the annual action plan and budget.

Responsible Parties & Organizations

Adult Steering Committee members:

- Julie Deppner – Chelsea School District, Assistant Superintendent
- Ed Toth, – Chelsea Police Department, Police Chief
- Michael Coghlan, – Coghlan Family Foundation
- Nancy Siegrist, – St. Joseph Mercy Chelsea, Director of Behavioral Health
- Lisa Allmendinger – Chelsea Update, Editor
- Nick Angel – Beach Middle School, Principal
- Sheryl Dewyer – Beach Middle School, Media Center Clerk
- Edith Donnell – Chelsea District Library, Teen Librarian
- John Hanifan – City of Chelsea, City Manager
- Mitch Holdwick – St. Joseph Mercy Chelsea, Marketing Manager
- John Knox – Chelsea Kiwanis Club
- Kristin Krarup-Joyce – South Meadows Elementary
- Andrea Kuck – Chelsea PTO
- Josh Kuck – Main Street Church
- Scott Moore, MD – Moore Pediatrics, Pediatrician
- Sheri Montoye – 4-H
- Anita Mosier – Chelsea Girl Scouts
- Trinh Pifer – Chelsea Senior Center
- Katie Postmus – Community Mental Health Partnership of SE Michigan
- Laura Stahl – Chelsea Girl Scouts
- Megan Torrance – Torrance Learning
- Marcia White – Chelsea City Council

Responsible Parties & Organizations

Youth Steering Committee:

- Ananth Ghosh, 12th grade
- Jessica Ligi, 12th grade
- Sean McGill, 10th grade
- Sophie Sjogren, 10th grade
- Natalie Gofton, 10th grade
- Ace Eder, 10th grade
- Nic Brough, 10th grade
- Reed Phillips, 10th grade
- Maddie Bainton, 9th grade
- Shannon Conley, 9th grade
- Abbie Dobos, 8th grade
- Vincent Emery, 8th grade
- Ashley Kasper, 8th grade
- Branden Merkel, 8th grade
- Ben Schwarz, 8th grade
- Riley Thorburn, 8th grade
- Travis , 7th grade
- Brandon Emmert, 7th grade
- Anna King, 7th grade
- Travis Shemwell, 7th grade
- Erick Kasper, 6th grade
- Brandon Grzadzinski, 6th grade
- Joseph Grudzinski, 5th grade
- Lizzie McGuire, 5th grade

Marketing Plan

- MARKETING PLAN is:
 - ❑ Facebook, Twitter, & Instagram (SRSLYChelsea), website (srslychelsea.org)
 - ❑ Social norms posters and banners
 - ❑ Annual mailing to all homes in school district
 - ❑ PSAs at SRSLY Cinema
 - ❑ E-mail newsletter
 - ❑ Presentations to community groups (6-12/year)
 - ❑ Information included in school newsletters to parents
 - ❑ Presence at community events: open houses, Chelsea fair and parade
 - ❑ Press releases (~12/year)
 - ❑ Advertising (Chelsea Update, Sun Times, Community Connections, etc.)

Proposed Budget

SRSly Chelsea Year 6		Budget		
Expense	Percentage	Amount	Funding Source	
Supplies				
Marketing Materials	0.36%	\$1,000	5 Healthy Towns Foundation	
What's Your Anti-Drug Contest Prizes	0.11%	\$300	5 Healthy Towns Foundation	
CPTN SRSly – comic book printing	0.60%	\$1,645	5 Healthy Towns Foundation	
Social Norming Materials	0.73%	\$2,000	5 Healthy Towns Foundation	
Kickoff Rally Supplies	0.09%	\$250	5 Healthy Towns Foundation	
Chelsea Fair parade supplies	0.07%	\$200	5 Healthy Towns Foundation	
Youth-Led Program Supplies (YES)	0.36%	\$1,000	5 Healthy Towns Foundation	
Additional Program Supplies	3.25%	\$8,909	Drug Free Communities grant, Local Fundraising, In-Kind	
Travel				
National Leadership Forum Conference	2.55%	\$7,005	5 Healthy Towns Foundation	
State Prevention Conferences	0.04%	\$100	5 Healthy Towns Foundation	
Additional travel (conferences, local mileage)	3.15%	\$8,637	Drug Free Communities grant, Local Fundraising, In-Kind	
Purchased Services				
CPTN SRSly – Artist Jerzy Drozd	1.46%	\$4,000	5 Healthy Towns Foundation	
Marketing – ENC	0.91%	\$2,500	5 Healthy Towns Foundation	
Additional Purchased Services (marketing, evaluation, member contributions)	37.60%	\$103,100	Drug Free Communities grant, Local Fundraising, In-Kind	
Other				
Additional other expenses (Cinema movie licenses, space, marketing expenses)	6.60%	\$18,092	Drug Free Communities grant, Local Fundraising, In-Kind	
Personnel	42.10%	\$115,432	Drug Free Communities grant, SJMC In-Kind	
TOTALS				
	8%	\$20,000	5 Healthy Towns Foundation	
	92%	\$254,170	Drug Free Communities grant, Local Fundraising, In-Kind	
		\$274,170	TOTAL SRSly BUDGET	

SRSLY – Thank you!

