

Chelsea Friends and Family Wellness Coalition | Plan Year 6

NAME OF THE INTERVENTION	SRSLY
5HF Element* to Impact	Avoid Unhealthy Substances, Connect with Others in Healthy Ways
Fiscal Agent	St. Joseph Mercy Chelsea
Tax I.D	
Implementation Contacts (2 or more required)	Reiley Curran , Jesse Kauffman, and Becca Jaskot
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Date Funding Required	July 1, 2017
Implementation Date	Ongoing
Estimated Completion Date	June 30, 2018
Total Amount Requested from 5HF	\$20,000

Criteria	Descriptions
1. Please provide a brief description for the intervention program you are proposing and indicate the target population.	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.
2. How does this intervention address the needs identified by your community and the coalition?	SRSLY is included as an ongoing intervention in the coalition's five-year plan. It addresses the goals of educating the community of the risks to self and others of abusing unhealthy substances, and providing support and strategies for social and emotional wellbeing. The health indicators SRSLY addresses include: <ul style="list-style-type: none"> • Percentage of youth reporting that alcohol and marijuana are sort of or very easy to get; • Percentage of youth who accurately report peer alcohol and marijuana use rates; • Percentage of youth reporting that their parents would feel it is wrong or very wrong for them to drink alcohol or smoke marijuana;

	<ul style="list-style-type: none"> • Percentage of youth reporting alcohol or marijuana use in the past month; • Percentage of youth reporting moderate or great risk for using marijuana or alcohol; • Percentage of youth reporting first use of alcohol and other drugs at the age of 15; • Percentage of youth who feel connected to school; • Percentage of youth reporting pro-social family involvement; • Percentage of youth who report their parents give them lots of opportunities to do fun things; • Percentage of youth who report their parents always or usually ask their input on family decisions; • Other key indicators as identified by SRSLY steering committee leaders as high priority during the assessment process. <p>Source for measurement: MiPHY</p>
<p>3. What are the specific goals for the intervention?</p> <p><i>*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.</i></p>	<p>The ultimate goal of SRSLY is to reduce youth substance abuse. The 2012-2016 strategic plan* will primarily focus on three identified substances of abuse:</p> <ol style="list-style-type: none"> 1. Alcohol 2. Marijuana 3. Medicine Abuse and Misuse <p>The committee reviewed data on risk and protective factors, and prioritized six on which to focus, including:</p> <ol style="list-style-type: none"> 1. Ease of access to substances 2. Peer group use 3. Perception of risk 4. Community laws and norms 5. Parental approval 6. Opportunities for pro-social community and family involvement. <p><u>Goal 1:</u> Increase coalition capacity to prevent and reduce substance abuse among youth by strengthening collaboration.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. 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.

2. Maintain 100% representation of the twelve key community sectors through 2016.
3. 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.
4. 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.
5. Increase the capacity of the coalition by sending at least two members to CADCA and other prevention conferences and trainings every year through 2016.
6. Develop annual action plans that are measurable and feasible, based on the coalition's long-term strategic plan, every year through 2016.
7. Measure the impact of the coalition through quantitative and qualitative data collected annually through 2016.

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:

1. 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.
2. 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.
3. 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%.
4. 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.

Marijuana Objectives:

1. 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

	<p>5.7% among middle school students.</p> <ol style="list-style-type: none"> 2. 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. 5. 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. 3. 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%. <p>Medicine Abuse Objectives:</p> <ol style="list-style-type: none"> 1. 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. 2. 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. <p>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 in 2016, and we will conduct a new needs assessment, and update our strategic plan accordingly.</p> <p>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.</p>
<p>4. What key data will be collected, analyzed, and used to evaluate the intervention?</p>	<p>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.</p>

<p>5. What are the estimated Units of Engagement for the intervention?</p>	<p>TOTAL ANNUAL VOLNTEERS and HOURS: 201 youth and adult volunteers donated 2,100 hours in 2015-2016; to date, there have been more than 1100 total volunteers, donating more than 19,000 hours to SRSLY (this total was last updated in November 2016). TOTAL \$ DONATED FROM COMMUNITY MEMBERS: \$12,267 (cash) in 2015-2016</p> <p>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 hour per 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 250 people per movie x 2 hours per movie = 5,000 units E-newsletter = 630 subscribers x 1 email per month x 12 months = 7,560</p> <p>ESTIMATED TOTAL UNITS OF ENGAGEMENT: 33,660</p>
<p>6. Who (specifically) will be responsible for what aspects of intervention implementation?</p>	<p>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.</p> <p>Goal 1 Strategic Activities:</p> <ol style="list-style-type: none"> 1. Strengthen data driven decision-making by collecting data and monitoring trends. 2. Strengthen capacity to implement the strategic plan by increasing membership and ensuring representation of the 12 sectors, and diversity reflective of the Chelsea community. 3. Strengthen capacity to implement the strategic plan by gaining community financial and personnel support. 4. Strengthen capacity to implement the strategic plan by providing training opportunities. 5. Strengthen capacity to implement the strategic plan by establishing formal processes to share coalition work. 6. Conduct annual and long-range planning process. 7. Evaluate effectiveness of strategies and strategic plan and use results to improve efforts.

	<p>Goal 2 Strategic Activities:</p> <ol style="list-style-type: none"> 1. Raise parent awareness of the consequences of providing alcohol to youth. 2. Support consistent enforcement and provide education for alcohol retailers. 3. Positive Social Norm messaging to correct the perception that most youth use alcohol. 4. Increase consistent enforcement of school code of conduct policy. 5. Encourage parents to communicate, set boundaries, and monitor their children’s whereabouts. 6. Work with law enforcement to increase the use of drug dogs in school. 7. Educate the community on the importance of not providing marijuana to youth. 8. Educate youth on the physical and legal consequences of using marijuana. 9. Work with law enforcement to implement the Big Red Barrel program (ongoing prescription drug collection and disposal). 10. Educate the community on the importance of disposing of unused medications. 11. Educate youth on the physical and legal consequences of abusing prescription drugs. 12. Train youth to identify a community issue and to plan and implement a project designed to make a difference. 13. Teach parents how to involve youth in family decisions. 14. Encourage families to participate in community family events and volunteering opportunities. 15. Train youth to plan and implement leadership activities. 16. Provide opportunities for youth to make a difference in the community. 17. Increase awareness of and participation in alternative activities.
<p>7. Does implementation of this intervention require approval from an organization other than the fiscal agent or organization implementing the intervention?</p>	<p>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 (most recent needs assessment completed in 2016, strategic plan will be completed soon). Using these as a guide, they review and approve the annual action plan and budget.</p> <p>SRSly requires approval from our federal funding agency, SAMHSA. The 2016-2017 action plan and budget were approved in September 2016 from our SAMHSA Grants Management Specialist.</p>
<p>8. With whom will you collaborate on this intervention including assistance with implementing the program, assistance with financing the program and organizations which might financially support this intervention (long term sustainability).</p>	<p>Adult Steering Committee members: Julie Deppner, Chair – Chelsea School District, Assistant Superintendent Ed Toth, Vice Chair – Chelsea Police Department, Police Chief Michael Coghlan, Secretary – Coghlan Family Foundation Nancy Siegrist, Treasurer – St. Joseph Mercy Chelsea, Director of Behavioral Health</p>

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

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

	<p>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</p>
<p>9. If this is a continuing intervention: A. How many years has this intervention been funded by the coalition? B. Have the outcome(s) been presented to the coalition and the report(s) been submitted to 5HF? C. Describe how the intervention will be improved (also include past improvements if this is the 3 or more year of funding). D. Has the amount requested from the coalition increased or decreased? Why? E. How many more years will this intervention request funds from the coalition?</p>	<p>A. Five B. Yes C. SRSLY uses continuous quality improvement to adjust our action plan throughout the year. Youth coalition members have started suggesting the coalition focus more on local policy work as an environmental strategy, so an increase in environmental strategies will likely be included in the new strategic plan. D. The amount requested has stayed the same over the past five years. The amount granted has fluctuated as the amount of funding available to the coalition from CWF has fluctuated, and as the coalition has added new interventions. E. SRSLY receives the majority of its funding from the Drug Free Communities Support program. SRSLY is currently funded under this program through September 2021. This grant requires a \$1:\$1 local match through year 6. In years 7 and 8 the match requirement goes up to 125%, and in years 9 and 10 the match requirement is 150%. SRSLY plans on securing this increased match requirement through in-kind contributions from our members. However we will still require funding from the coalition in order to support youth-led projects, including CPTN SRSLY, training for coalition members, social-norms marketing, and other interventions.</p>
<p>10. Does your intervention have a sustainability plan?</p>	<p>The DFC grant requires coalitions to submit sustainability plans in years 3 & 7 of their grant. SRSLY completed their sustainability plan in 2014 and will complete a new plan in 2017-2018.</p>
<p>11. Provide citation(s) of similar programs used as a model in developing this intervention.</p>	<p>This model for prevention is a best practice, as determined by the White House Office of National Drug Control Policy (Source: http://www.whitehouse.gov/sites/default/files/ondcp/grants-content/2011_dfc_interim_report_one_pager_final.pdf)</p>

~ INSERT A BUDGET which shows all expenses, revenue and in-kind contributions*. Please also indicate which expenses will be covered by the funds from the 5 Healthy Towns Foundation.

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* Note: Examples of in-kind contributions include volunteer hours, use of space, items, etc.

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

Also provide the information in the two tables below

Budget Summary	Amount	Percentage
Amount of funds from Coalition	\$20,000	8%
Total funds from other sources	\$254,170	92%
Marketing/Advertising	\$16,699	6%
Compensation – to one or more people	\$189,832	69%
Infrastructure (structure that lasts 5 years or more)	\$0	0%
Other expenses	\$47,639	25%

Plan Year	Amount granted	Amount Spent	Amount carried over	Amount returned to 5HF
Year 1	<u>\$20,000</u>	<u>\$20,000</u>	<u>\$0</u>	<u>\$0</u>
Year 2	<u>\$15,000</u>	<u>\$15,000</u>	<u>\$0</u>	<u>\$0</u>
Year 3	<u>\$16,383</u>	<u>\$16,383</u>	<u>\$0</u>	<u>\$0</u>
Year 4	<u>\$20,000</u>	<u>\$20,000</u>	<u>\$0</u>	<u>\$0</u>
Year 5	<u>\$20,000</u>	<u>Year in progress</u>	<u>Year in progress</u>	<u>Year in progress</u>