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Strategic Prevention Framework-Partnerships for Success State of Illinois Evaluation Report

The Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).

The Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (IDHS-SUPR) was the state administrator of the project.

This evaluation report is presented to IDHS-SUPR by the Center for Prevention Research and Development (CPRD) at the University of Illinois at Urbana Champaign, the evaluation contractor.

CPRD, the state's evaluation contractor for many grant-funded Illinois prevention systems for over 25 years and lead contractor for the Illinois Youth Survey administration, was responsible for all aspects of the SPF-PFS evaluation – data collection, analysis, and progress and outcome measure reporting.

In the following report, CPRD shares information gathered from grant sub-recipients and state project staff throughout the 5 year grant administration period. Illinois was first funded on September 30, 2014 and funding for sub-recipients was initially intended to end on September 29, 2019. However, Illinois was granted a 9 month No Cost Extension for September 30, 2019 through June 30, 2020.

A forthcoming supplemental report will be provided that further addresses and completes program-related information for the SPF-PFS grant, including the extended grant period.

Table of Contents

Executive Summary.....	5
Section I.....	8
SPF-PFS Grant Award	8
SPF-PFS Sub-Recipient Community Selection	9
Behavioral Health Disparities.....	12
Sustainability.....	13
Section II*.....	14
Summary and Conclusions.....	14
IYS Recruitment and Data Quality Changes 2014-2018.....	15
Illinois SPF-PFS Goals.....	17
Goal 1: Decrease Past 30 Day Alcohol Use	17
Goal 2: Change Contributing Factors to Youth Alcohol Use	18
Goal 3: Reduce the Consequences of Youth Alcohol Use	19
Goal 4: Track Process Implementation	20
Goal 5: Track Changes in Prevention Capacity and Infrastructure	22
Goal 6: Inventory Leveraged Resources: The Illinois Youth Survey	23
SPF-PFS Overall Summary	24
Difficulties among Sub-Recipient Agencies.....	24
Health Disparities.....	24
Sustainability.....	25
The SPF-PFS Project: Lasting Impacts	26
Continuing IYS Implementation and Improvements in Data Quality.....	26
Applications for New Funding.....	26
Continuing Strategies.....	26
Continuing Coalitions.....	26
Focus on Different Substances.....	27
Lessons Learned	27
Appendix A.....	29
Sub-Recipient Community Profiles	29
Community Profile 1: Ann & Robert H. Lurie Children’s Hospital.....	30
Community Profile 2: Bremen Youth Services	34
Community Profile 3: Jane Addams, Inc. dba FHN Family Counseling Center.....	37

Community Profile 4: Human Services Center of Southern Metro East 41

Community Profile 5: Iroquois-Kankakee Regional Office of Education..... 45

Community Profile 6: Kenneth Young Center 49

Community Profile 7: Oak Park Township 53

Community Profile 8: Piatt County Mental Health Center 57

***NOTE:** Due primarily to the continuation of the SPF-PFS grant until June 30, 2020 (No Cost Extension), a supplemental report will be completed expanding on this section

Executive Summary

In 2012, the Substance Abuse and Mental Health Service Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) began a project designed to address underage drinking (ages 12-17) and prescription drug misuse (ages 12-25) in high-risk communities using the Strategic Prevention Framework. According to *A Guide to SAMHSA's Strategic Prevention Framework*, the Strategic Prevention Framework (SPF) was developed to offer prevention planners a comprehensive approach to understanding and addressing substance misuse and related health problems. The defining characteristics that set the SPF model apart from others are that it is dynamic and iterative, data-driven, and reliant on and encourages a team approach. Adherence to the principles in the framework increases the likelihood the prevention efforts will produce anticipated outcomes, reduce harmful behaviors, and keep communities healthy and safe.

In Illinois, underage drinking was identified as a significant issue as early as 2004 through an assessment process conducted by the State Epidemiological Outcomes Workgroup (SEOW). It has continued to be a significant issue for the state through subsequent assessments in 2008 and 2012. Illinois was awarded the SPF-PFS grant in October of 2014 through a grant application submitted by the Illinois Department of Human Services (IDHS). IDHS identified the primary purpose of the Strategic Prevention Framework-Partnerships For Success (SPF-PFS) grant as strategically addressing Illinois' top behavioral substance use priority of reducing underage drinking. A secondary purpose was to build upon the prior work of the SEOW to enhance Illinois' ability to identify and track emerging behavioral health priorities through stronger data infrastructure systems.

The SPF-PFS grant provided an opportunity to identify and fund sub-recipient communities throughout Illinois to utilize the SPF model (shown below) to target the most pressing contributing factors to underage drinking using a mix of evidence-based programs, policies and practices based on their local cultural context. The SPF model is comprised of five steps: Assessment, Capacity, Planning, Implementation, and Evaluation. All steps integrate both Sustainability and Cultural Competence. An additional focus on Health Disparities overall was incorporated into the grant requirements after the project was in the implementation phase.



IDHS used a systematic process to identify sub-recipient communities that could both best address project goals and that could benefit most from SPF-PFS funding. This community selection methodology was based on Illinois Youth Survey data provided by the Center for Prevention Research and Development at the University of Illinois Urbana-Champaign (CPRD) and a review of existing prevention needs and resources. Through this process, IDHS identified 9 sub-recipient communities (see table below). The 9 sub-recipient communities were notified of their acceptance in the fall of 2014 with sub-recipient funding beginning in January of 2015. The SPF-PFS project was to conclude activities on

September 29, 2019 after five years of funding. The Evaluation process for the project was completed at the conclusion of the 2019 state fiscal year, June 30, 2019. The SPF-PFS project will continue implementation due to a No Cost Extension granted to Illinois to continue strategy implementation until June 30, 2020.

NINE SELECTED SPF-PFS SUB-RECIPIENT COMMUNITIES

Sub-Recipient Agency	Target Area
Ann & Robert H. Lurie Children's Hospital	Chicago
Bremen Youth Services	Tinley Park and Orland Park
Human Services Center of Southern Metro East	Randolph County
Iroquois-Kankakee Regional Office of Education	Iroquois County
Jane Addams, Inc. dba FHN Family Counseling Center	Jo Daviess County
Kenneth Young Center	Hoffman Estates, Schaumburg, Palatine
Oak Park Township	Oak Park and River Forest
Piatt County Mental Health Center	DeWitt County
The Wells Center*	Morgan County

* In March of 2017, The Wells Center closed and withdrew from the SPF-PFS project

IDHS contracted with the Center for Prevention Research and Development (CPRD) to conduct the SPF-PFS evaluation and with Prevention First, Inc. to provide training and technical assistance to sub-recipient communities. As a prevention center within the University of Illinois system, CPRD seeks to support public policy by improving state and community capacity for prevention, improving prevention and educational practices through research and evaluation, and improving policies and decision making. Since its inception in 1989, CPRD has a long history of creating and maintaining successful collaborative partnerships with local, state, and national organizations, agencies, and businesses. Prevention First is a nonprofit 501(c)(3) dedicated to preventing teen drug use before it starts. Since 1980, Prevention First has provided training, technical assistance and resource materials to thousands of schools, community groups, parents and youth.

There were 6 evaluation goals determined for the project as a whole (see below).

EVALUATION GOALS	DESCRIPTION OF GOAL
GOAL 1	To measure changes in past 30 day alcohol use by September 2018 among 8 th -12 th grade youth
GOAL 2	To measure changes in past 30 day alcohol use by September 2018 among 8 th -12 th grade youth
GOAL 3	To track annual prevalence of one or more consequences of underage drinking
GOAL 4	To document actions implemented at the state and sub-recipient levels for each step of the SPF process
GOAL 5	To describe changes in prevention capacity and infrastructure at the state and sub-recipient level
GOAL 6	To inventory leveraged resources, aligned state funding streams and resources for prevention at the state level

The outcome for each goal is as follows:

Goal 1: Five of the eight sub-recipients that were funded through the end of the grant achieved a decrease in all grade levels (63%), two sub-recipients had a decrease in more than one grade level (25%), and one sub-recipient (13%) did not demonstrate a decrease at any grade level. While success in decreasing 30 day alcohol use varied, most sub-recipients (5 of 7) achieved decreases at all 3 grade levels.

Goal 2: Four of eight sub-recipients demonstrated a favorable change in one or more contributing factors in all grade levels (50%), three sub-recipients showed a favorable change in more than one grade level (38%), and only one sub-recipient (13%) had a favorable change in one grade level. Thus the conclusion for contributing factors is also favorable with 7 of 8 sub-recipients making favorable changes in either two or all three grade levels for the targeted contributing factors.

Goal 3: Four sub-recipients decreased emergency department visits, but this increased in four other sub-recipient communities. In many cases, these numbers were relatively small and so overall conclusions regarding this metric remain inconclusive.

Goal 4: Based on the annual strategy review process provided in the sub-recipient community profiles, 8 of the 21 strategies (38%) implemented by sub-recipients met 80% of evidence-based implementation standards, and another 8 strategies were met 60% of standards.

Goal 5: All sub-recipient communities developed coalitions and tracked sector representation. Nearly all coalitions expanded sector representation between 2016 and 2018. Importantly, many had several sectors already represented on their coalitions by 2016, with an average of 9 sectors represented. By 2018, the average was 10 sectors.

Goal 6: Based on information collected by the Illinois Youth Survey (IYS) team at CPRD such as requests for data and special reports, there are few other funding streams actively using IYS data to guide their funding decisions. The known programs that rely on IYS data include the Drug Free Communities grant, which requires the use of IYS data during the application process and for reporting. Increasingly, other agencies including health departments are utilizing and relying on IYS for their data and assessment needs, including the IPLAN which is a strategic plan that every health department in the state is required to compile and send to the state department of public health. As a result of the cross-agency efforts of the SEOW and its support for use of IYS data in reports, many agencies have increased their knowledge of and familiarity with the IYS.

Notably, across the SPF-PFS sub-recipient communities, support and commitment for the IYS has increased dramatically. Average participation rates are presented in the table below. Schools in many communities were introduced to the IYS as part of this grant, and as a result of this introduction have learned firsthand of its value.

AVERAGE IYS STUDENT PARTICIPATION ACROSS ALL SUB-RECIPIENT COMMUNITIES, 2014-2016, BY GRADE

	8 th	10 th	12 th
2014	56%	63%	58%
2016	58%	65%	56%
2018	75%	74%	57%

Systematic efforts to promote the Illinois Youth Survey can improve the use of this survey, creating a valuable resource for state and local youth substance use data.

Section I

SPF-PFS Grant Award

The Substance Abuse and Mental Health Services Administration (SAMHSA) has been offering grants using the Strategic Prevention Framework for a number of years. In 2012, SAMHSA's Center for Substance Abuse Prevention (CSAP) began a project designed to address underage drinking (ages 12-17) and prescription drug misuse (ages 12-25) in high-risk communities using the Strategic Prevention Framework. CSAP awarded the Strategic Prevention Framework-Partnerships For Success grants to various cohorts of states across the country annually beginning in 2012 and continuing yearly through 2018. In 2019, CSAP changed this project to directly fund local communities.

According to *A Guide to SAMHSA's Strategic Prevention Framework*, the Strategic Prevention Framework (SPF) was developed to offer prevention planners a comprehensive approach to understanding and addressing substance misuse and related health problems. The defining characteristics that set the SPF model apart from others are that it is dynamic and iterative, data-driven, and reliant on and encourages a team approach. Adherence to the principles in the framework increases the likelihood the prevention efforts will produce anticipated outcomes, reduce harmful behaviors, and keep communities healthy and safe.

The Strategic Prevention Framework (SPF) process is comprised of five steps: Assessment, Capacity, Planning, Implementation, and Evaluation. All steps integrate both Sustainability and Cultural Competence. An additional focus on Health Disparities overall was incorporated into the grant requirements after the project was in the implementation phase. These 'steps' were intended to be fluid rather than rigidly sequential, as depicted in Figure 1.

FIGURE 1. THE STRATEGIC PREVENTION FRAMEWORK



The Illinois Department of Human Services (IDHS) was awarded the SPF-PFS grant in October of 2014, after successfully completing two prior grants using the SPF model, including the Strategic Prevention Framework-State Incentive Grant (2004-2009) and the Partnerships For Success grant (2009-2014). IDHS identified the primary purpose of the new SPF-PFS project to strategically address Illinois' top behavioral substance use priority of reducing underage drinking. Underage drinking was identified as a significant issue as early as 2004 through an assessment process conducted by the State Epidemiological Outcomes Workgroup (SEOW). It has continued to be a significant issue for the state through subsequent assessments in 2008 and 2012. A secondary purpose was to build upon the prior work of the SEOW to enhance Illinois' ability to identify and track emerging behavioral health priorities through stronger data

infrastructure systems. The SPF-PFS project provided an opportunity to systematically identify and fund sub-recipient communities throughout Illinois to utilize the Strategic Prevention Framework (SPF) model to strategically target the most pressing contributing factors to underage drinking using a mix of evidence-based programs, policies and practices based on their local cultural context.

TABLE 1.1

GOALS AND OBJECTIVES OF THE ILLINOIS SPF-PFS PROJECT

Goal 1	Decrease past 30 day alcohol use among 8th-12th grade youth across all funded sub-recipient communities by 2018 (baseline year 2014)
Objective 1A	100% of sub-recipient communities will demonstrate a decrease in underage drinking in one or more grade levels by Spring 2018 (baseline year 2014)
Goal 2	Impact one or more risk and protective factors for underage drinking among 8th-12th grade youth across all funded sub-recipient communities by 2018 (baseline year 2014)
Objective 2A	100% of sub-recipient communities will demonstrate a favorable impact in one or more risk and protective factors in one or more grade levels by Spring 2018 (baseline year 2014)

Both of these goals align with SAMHSA’s Strategic Initiative #1: Prevention of substance abuse and mental illness, and Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.

Illinois also agreed to develop a Health Disparities Impact Statement that would utilize state and sub-recipient level data to: 1) identify sub-populations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; and 2) implement strategies to decrease differences in access, service use and outcomes among those sub-populations.

SPF-PFS Sub-Recipient Community Selection

As part of Illinois’ application process for the SPF-PFS grant, sub-recipient communities needed to be identified. Illinois used a systematic process to identify sub-recipient communities that could both best address project goals and that could benefit most from SPF-PFS funding. This community selection methodology was based on Illinois Youth Survey data provided by the Center for Prevention Research and Development School of Social Work at the University of Illinois Urbana-Champaign (CPRD) and a review of existing prevention needs and resources. Because no federally-recognized Illinois tribes or tribal entities exist in Illinois, specific needs of tribal populations were not uniquely considered in the sub-recipient selection process.

As mentioned above, Illinois had selected underage drinking as its priority based on the 2012 Statewide Illinois Youth Survey (IYS) which identified alcohol as the most commonly reported substance used across surveyed age groups. Illinois then selected sub-recipient communities to implement the SPF-PFS project based on four criteria summarized in the following chart.

TABLE 1.2

SELECTION CRITERIA FOR ILLINOIS SPF-PFS SUB-RECIPIENT COMMUNITIES

High Need	School districts with adequate IYS representation were compared with state norms to identify areas with higher 30 day alcohol use. School districts exceeding state norms were considered “high need”.
Limited Resources	Communities with limited resources was defined as those without any existing substance use prevention grants, such as Drug Free Communities (DFC) grant, Partnerships for Success (PFS) grant, and Illinois’ Substance Abuse Prevention Program block grant.
Capacity	Potential communities needed to have a previously funded organization or prevention provider agency with a record of good service.
Geographic Distribution	For communities in Illinois, geographic diversity (urban, rural, Chicago, and suburban Chicago) were considered.

The definition of “adequate data” used to determine high need was identified during the Illinois SPF-SIG grant. The SEOW established criteria for assessing adequacy and representativeness of local IYS survey “convenience samples.” A *convenience sample* is distinct from a *random sample* in that participating schools are not chosen at random for inclusion, but rather the sample is derived from those schools that decided independently to participate in the survey. Both convenience and random samples are analyzed and reported for IYS data. The criteria set by the SEOW was that a minimum of 60% of enrolled youth for the area must be surveyed for the convenience sample to be considered “adequate”.

Using 2012 statewide IYS data, past 30-day alcohol use among Illinois 8th graders was estimated at 19%. Statewide high school (combined 10th and 12th grade average) past 30-day alcohol use was 39%. School districts with adequate IYS survey representation were then compared with these statewide benchmarks to identify targeted areas of with higher 30 day alcohol use. School districts exceeding state norms were considered “high need” and therefore met the first criteria for potential funding. After this, the other criteria described above were applied.

Using this process, IDHS identified 9 potential sub-recipient communities as of 2013, but several identified communities nonetheless fell short of the 60% adequate survey representation. In the fall of 2013, these 9 pre-selected communities were invited to apply for SPF-PFS funds based on the condition that they increase IYS participation during the spring 2014 implementation of the IYS. These data would provide stronger and more persuasive support for Illinois’ SPF-PFS application. All 9 communities completed this task and Illinois submitted its application in the summer of 2014.

Illinois was awarded the SPF-PFS grant starting in October of 2014 along with 12 other states, the District of Columbia, 6 tribal areas, and 3 U.S. territories.

IDHS contracted with the Center for Prevention Research and Development (CPRD) to conduct the SPF-PFS evaluation and with Prevention First, Inc. to provide training and technical assistance to sub-recipient communities. As a prevention center within the University of Illinois system, CPRD seeks to support public policy by improving state and community capacity for prevention, improving prevention and educational practices through research and evaluation, and improving policies and decision making. Since its inception in 1989, CPRD has a long history of creating and maintaining successful collaborative partnerships with local, state, and national organizations, agencies, and businesses. Prevention First is a nonprofit 501(c)(3) dedicated to preventing teen drug use before it starts. Since 1980, Prevention First has provided training, technical assistance and resource materials to thousands of schools, community groups, parents and youth.

The 9 sub-recipient communities were notified of their acceptance in the fall of 2014 with sub-recipient funding beginning in January of 2015. The SPF-PFS project was to conclude activities on September 29, 2019 after five years of funding. The Evaluation process for the project was completed at the conclusion of the 2019 state fiscal year, June 30, 2019. The SPF-PFS project will continue implementation due to a No Cost Extension granted to Illinois to continue strategy implementation until June 30, 2020.

TABLE 1.3
NINE SELECTED SPF-PFS SUB-RECIPIENT COMMUNITIES

Sub-Recipient Agency	Abbreviation	Target Area
Ann & Robert H. Lurie Children's Hospital	Lurie CH	Chicago
Bremen Youth Services	Bremen YS	Tinley Park and Orland Park
Human Services Center of Southern Metro East	HSC	Randolph County
Iroquois-Kankakee Regional Office of Education	IKAN	Iroquois County
Jane Addams, Inc. dba FHN Family Counseling Center	FHN	Jo Daviess County
Kenneth Young Center	Kenneth YC	Hoffman Estates, Schaumburg, Palatine
Oak Park Township	Oak Park	Oak Park and River Forest
Piatt County Mental Health Center	Piatt County MHC	DeWitt County
The Wells Center*	Wells	Morgan County

* In March of 2017, The Wells Center closed and withdrew from the SPF-PFS project.

Selected communities were to address each component of the SPF model as follows.

Capacity: Demonstrate community readiness and commitment to address the issue, including willingness to support a coalition and secure commitment from key community stakeholders in the required sectors of schools, law enforcement, and the local liquor license governmental office/agency. They would demonstrate this by starting a coalition, hiring a coordinator, and attending trainings that addressed the SPF model and strategic planning.

Assessment: They were to demonstrate this by attending further trainings, regular technical assistance meetings, and receiving reviews and feedback from IDHS, CPRD, and Prevention First. Each sub-recipient community would go through an extensive needs assessment process that included local data on consumption, contributing factors, and consequences to identify priority issues unique to their community. Along with demonstrating data readiness and commitment to address underage drinking, communities also agreed to collect high quality local IYS data in their defined service area for this project at 70% or higher (just above the state benchmark) for all youth enrolled in grades 8, 10, and 12 in fiscal years 2016 and 2018.

The IYS is an integral resource in the Illinois prevention infrastructure that was leveraged to play a central role in the SPF-PFS grant assessment and outcome evaluation.

Planning: Sub-recipients would demonstrate planning by choosing evidence-based strategies, attending trainings on each strategy, receiving technical assistance, and receiving periodic reviews and feedback on their planning efforts. They also worked on building partnerships with essential agencies to ensure strategy implementation would be effective.

Implementation: Sub-recipients were to document implementation using CPRD's Prevention Hub to enter data about their progress throughout the life of the project. This included documenting coalition sectors, meetings, members, and the number of people reached through each of their strategies.

Evaluation: Sub-recipients would participate in local evaluation activities associated with the project. To assess implementation, they would participate in annual strategy reviews that would assess the fidelity of strategy implementation against a list of evidence-based standards. Outcome evaluation activities would include recruitment of schools for the IYS and use of IYS and other local data to assess the impact of the strategy implementation on the community.

Behavioral Health Disparities

Illinois is a large, highly diverse state with 12.8 million residents with a racial composition of 78% White, 16% Hispanic/Latino, 15% African American and 4% Asian. Native Americans represent less than 1.0% of the state's population with no federally recognized tribal nations registered in Illinois. Over half of Illinois' residents live in the upper portion of the state with the largest population density in Chicago (located in Cook County) and the other five "collar" counties (Lake, DuPage, Will, Grundy and Kane) in the Chicago Standard Metropolitan Statistical Area.

IDHS, with the assistance of CPRD, initially developed and submitted a Health Disparities Impact Statement at the beginning of the grant in November of 2014. This was developed to respond to SAMHSA's requirement to identify a high need sub-population in Illinois. IYS data was the basis for the initial selection of high need communities.

However, an addendum was later developed and submitted in March of 2018 because of the small population of several of the high-need sub-recipient communities. The state level scientific sample was determined to be the best data source for disparity analysis because local community samples varied in quality and the random sampling design at the state level permitted the application of statistical tests for determining differences (appropriately taking standard error into account). The subgroups with a sufficient sample size to reliably conduct a statistical comparison included youth who identified their race as **African-American** or **Latino/Latina**.

Because the high need communities had employed a data driven process to identify their own locally relevant high priority contributing factors, the results of the statewide (used as reference for seven sub-recipients outside of the City of Chicago) and City of Chicago (used as reference for Lurie Children's Hospital) racial disparity analysis were cross-walked with each sub-recipient's strategic plan. The priority contributing factors in each sub-recipient's strategic plan were compared with the contributing factors that revealed the highest risk racial subgroup.

As a result of this analysis, the high need/high risk sub-populations in five high need Illinois communities were identified for African American and Latino/Latina.

1. Iroquois County – Iroquois Kankakee Regional Office of Education: African American
2. Jo Daviess County: Jane Adams Community Mental Health Center: African American
3. Randolph County – Human Service Center of Southern Metro East: African American
4. Oak Park, River Forest – Oak Park Township: Latino/Latina
5. Orland Park and Tinley Park – Bremen Youth Services: Latino/Latina

The 3 sub-recipient communities that did not have a statewide identified health disparity were directed to use non-IYS local data to determine the health disparities that existed in their communities. To address cultural competence, Health Disparity Plans and Data Tracking started in June 2018. A review of these results is reported in Section II.

Sustainability

Based on Sustainability planning challenges experienced with the previous SPF cohort, IDHS collaborated with Prevention First to initiate training for SPF-PFS sub-recipients in the third year of this five-year grant. This contrasts with Sustainability planning that was initiated late in the fourth year of the five-year grant with the previous cohort.

Primary focus of Sustainability Plans and areas in which reviews of Plans are targeted include sustainability of the following as these pertain to the prevention of underage drinking.

- Illinois Youth Survey Recruitment and Administration
- Coalitions
- Implementation of Strategies
- Health Disparities
- Funding

Section II*

Summary and Conclusions

Across the sub-recipient communities that completed the 5 year project, there were several notable common successes and issues. An overview of the timeline for the 5 year project, starting with Quarter 1 of FFY2014 (September 30, 2014) through Quarter 4 of FFY2018 (September 29, 2019), is depicted below:

September 30, 2014-September 29, 2015 (FFY14):

- September 30, 2014 – Illinois was awarded the SPF-PFS grant
- January 2015 – 9 sub-recipient communities funded
- January 2015-June 2015 – sub-recipient communities hired project coordinators and started coalitions

September 30, 2015-September 29, 2016 (FFY15):

- October 2015 – Needs Assessments were submitted to IDHS
- January 2016 – Illinois Youth Survey administration began
- May 2016 – Illinois Youth Survey administration finished

September 30, 2016-September 29, 2017 (FFY16):

- April-June 2017 – Final Needs Assessments were approved by IDHS
- July-September 2017 – Sub-recipient Strategic Planning started

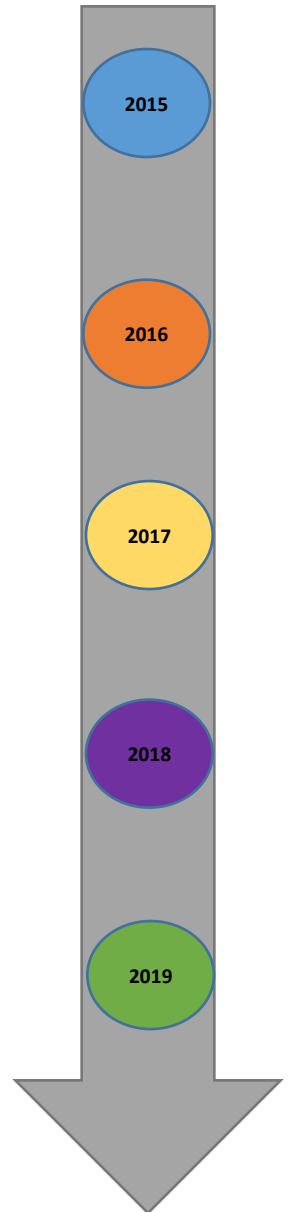
September 30, 2017-September 29, 2018 (FFY17):

- October-December 2017 – Strategy implementation started
- January 2018 – Illinois Youth Survey administration began
- May 2018 – Illinois Youth Survey administration finished
- Sub-recipients developed Sustainability Plans
- Sub-recipients developed Health Disparity Plans

September 30, 2018-September 29, 2019 (FFY18):

- Strategy implementation continued (Year 2)
- October-November 2018 - Annual review feedback was sent to sub-recipients
- June 30, 2019 – Evaluation process ends for grant
- September 29, 2019 – Initial five year grant period ends – to be included in supplemental report

September 30, 2019-June 30, 2020 – No Cost Extension period – to be included in supplemental report



IYS Recruitment and Data Quality Changes 2014-2018

One primary capacity building goal of the project was for all sites to achieve 70% participation of all eligible students in the IYS for their entire service area. The IYS data provided the single most valuable resource for needs assessment, planning and strategy selection. It is also relied upon for the assessment of the ultimate impact of the sub-recipients' strategies and of their work.

CPRD sought to assess the percent of sub-recipients that achieved an IYS response rate of more than 70% at 2014 baseline, 2016 and 2018. For each sub-recipient community, the number of 8th, 10th and 12th grade youth enrolled in public schools and targeted private schools is compared to the number of valid surveys completed at each grade level to calculate student response rate. Understanding the response rate helps to clarify how confident we can be in interpreting the outcome changes over time.

TABLE 3.1

IYS STUDENT RESPONSE RATES BY COMMUNITY, GRADE AND YEAR, 2014-2018

Grantee	2014 IYS Representation			2016 IYS Representation			2018 IYS Representation			2016-2018 Change
	8 th	10 th	12 th	8 th	10 th	12 th	8 th	10 th	12 th	
Bremen YS	18%	83%	69%	59%	78%	72%	53%	74%	55%	Worse
FHN	65%	53%	56%	71%	58%	54%	90%	65%	56%	Better
HSC	75%	79%	78%	84%	80%	67%	74%	98%	90%	Better
IKAN	86%	61%	56%	88%	79%	72%	86%	84%	72%	Better
Kenneth YC	12%	51%	47%	45%	51%	44%	83%	75%	61%	Better
Oak Park	81%	84%	62%	62%	85%	57%	74%	64%	32%	Worse
Piatt MHC	90%	23%	27%	79%	80%	56%	81%	69%	61%	Worse
Schools>70%	4 of 7 (57%)	3 of 7 (43%)	1 of 7 (14%)	4 of 7 (57%)	5 of 7 (71%)	2 of 7 (29%)	6 of 7 (86%)	4 of 7 (57%)	2 of 7 (29%)	4 of 7 (57%)

Lurie Children's Hospital is excluded from this table because this site was charged with recruiting the random sample of schools that are included in the statewide sample generated by CPRD, as mentioned in their community profile.

Table 3.1 details IYS participation across the three grades and across the 3 implementation years of the project. In summary, it shows an increase in sites achieving the 70% goal by 2018 for 8th grade participation, a large increase in sites achieving this goal between 2014 and 2016 for 10th grade participation, but a reduction in sites achieving this goal (only 57%) in 2018. For 12th grade, only 1 sub-recipient achieved this goal in 2014, and only two sub-recipients achieved 70% participation in both 2016 and 2018. The table also shows much variation among sub-recipients with some frequently missing the mark and others with consistently high participation overall. During the life of the project, 12th grade IYS participation was consistently problematic for most sites.

Another way to assess IYS participation overall is to average 8th-12th grade participation. Table 3.1 shows that 4 of 7 sub-recipients registered improvement in IYS participation averaged across the three grades between 2016 and 2018.

A different way to examine participation is to review the actual number of youth taking the survey in each site and assess changes.

TABLE 3.2

NUMBER OF IYS SURVEYS COMPLETED, BY COMMUNITY, ALL GRADES, 2016-2018

Grantee*	Total Number of Students in 2016	Total Number of Students in 2018	Change from 2016 to 2018	Percent difference from 2016 to 2018
Bremen YS	3,272	2,684	-588	-18%
FHN	454	517	63	14%
HSC	758	771	13	2%
IKAN	794	786	-8	-1%
Kenneth YC	4,028	6,312	2,284	57%
Oak Park Township	1,665	1,513	-152	-9%
Piatt MHC	475	445	-30	-6%

*Lurie excluded from table

Table 3.2 shows that for 4 of the 7 sub-recipients the numbers of youth participating in the IYS in 2018 declined while three demonstrated increases. The data is slightly different here with IKAN, a consistently good performer in recruiting, nonetheless fell 8 students short (out of 786). It is worth noting that sub-recipient agencies have more control over recruiting schools to survey, but less control over how many students complete a valid survey on the day of administration. Students are often absent, can choose not to participate, or survey can be invalid for a number of reasons. For all sub-recipient communities combined, there were 11,446 students surveyed out of 19,173 total students in 2016 (59.6%). In 2018, there were 13,028 students surveyed out of 18,957 total students (68.7%), for an increase of 1,582 students surveyed from 2016-2018.

Finally, for an overall project level summary we averaged IYS participation across all sub-recipients.

TABLE 3.3

AVERAGE IYS STUDENT PARTICIPATION ACROSS ALL SUB-RECIPIENT COMMUNITIES, 2014-2016, BY GRADE

	8 th	10 th	12 th
2014	56%	63%	58%
2016	58%	65%	56%
2018	75%	74%	57%

Overall, Table 3.3 shows steady increases in IYS participation. Large increases occurred between 2016 and 2018 for 8th and 10th grade level participation. 12th grade participation rates overall have remained relatively low and very stable with only slight variations from 2014 to 2018. Overall, 12th grade participation has fallen short of the 70% benchmark. Focusing on 12th grade IYS participation continues to be the greatest need for increased recruitment efforts.

Illinois SPF-PFS Goals

Goal 1: Decrease Past 30 Day Alcohol Use

Using the IYS, changes in past 30 day alcohol use by September 2018 among 8th-12th grade youth were assessed within and across all funded sub-recipient communities. The primary evaluation question CPRD sought to answer was:

- What percent of sub-recipients decreased in past 30 day alcohol use from the baseline in 2014 to 2018 by grade level?

To examine this across sites, we grouped sub-recipients into categories based on the number of grade levels (regardless of the specific grade) for which the sub-recipients demonstrated decreases in 30 day alcohol use. They could have reduced alcohol in no grade levels, one grade level, more than one grade level or all grade levels.

TABLE 3.4

SUB-RECIPIENTS DECREASING 30-DAY ALCOHOL USE: 2014-2018, ACROSS GRADES

No Grade Levels	At Least One Grade Level	More Than One Grade Level	All Grade Levels
HSC		Lurie CH	Bremen YS
		Piatt MHC	FHN
			IKAN
			Kenneth YC
			Oak Park
13%	0%	25%	63%

Five sub-recipients achieved a decrease in all grade levels (63%), two sub-recipients had a decrease in more than one grade level (25%), and one sub-recipient (13%) did not demonstrate a decrease at any grade level. While success in decreasing 30 day alcohol use varied, most sub-recipients (5 of 7) achieved decreases at all 3 grade levels.

Another way to assess the SPF-PFS project impact overall is to examine changes in 30 day alcohol use aggregated across all sub-recipients.

FIGURE 3: PAST 30 DAY ALCOHOL USE: ILLINOIS AND SPF-PSF COMMUNITIES, 2014-2018

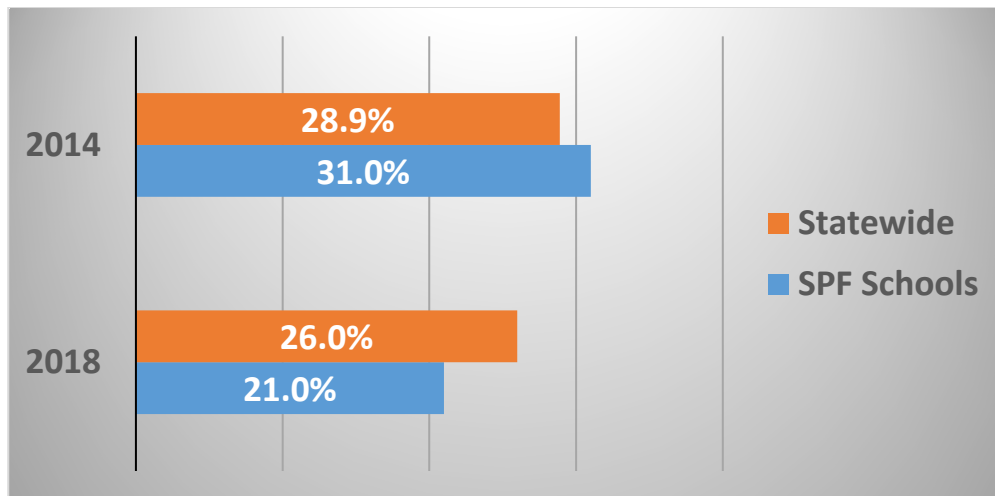


Figure 3 aggregates across all of the schools that were in sub-recipient communities and compares them to Illinois' statewide results. Note that sub-recipient communities were above the state average rate for 30 day alcohol use at the outset of the program – which was in fact the reason for their selection – but that in 2018, this number is both lower than the state average (which dropped slightly), but is also lower than the baseline. Therefore, not only did communities with SPF schools reduce youth alcohol use, but they reduced it *more than* the statewide average was reduced. This key finding shows the effectiveness and success of the SPF process overall and the SPF-PFS project.

Goal 2: Change Contributing Factors to Youth Alcohol Use

The evaluation sought to assess changes in contributing factors by September 2018 among 8th-12th grade youth within and across all funded sub-recipient communities. Contributing factors, also known as risk and protective factors, logically precede the onset of 30 day use and changing them in a positive direction will lead to future reductions in 30 day youth alcohol use.

The following are the IYS state-defined contributing factors to underage drinking:

- ✓ Perceived risk of harm associated with daily drinking and binge drinking
- ✓ Personal disapproval of youth alcohol use
- ✓ Perceived peer attitudes (norms) associated with youth alcohol use (e.g., how “cool” they would be perceived by peers if they used alcohol)
- ✓ Perceived parental disapproval of youth alcohol use
- ✓ Perceived community (adult) disapproval of underage drinking
- ✓ Parental communication regarding their disapproval of youth alcohol use
- ✓ Parental monitoring of alcohol-related behavior (likelihood their parents would catch them if they drank alcohol, attended a party where alcohol is served, etc.)
- ✓ Family rules about alcohol and drug use.
- ✓ Perceived ease of access to alcohol
- ✓ Access to different alcohol sources AMONG PAST YEAR ALCOHOL USERS (e.g., retail, social or parent supply source)

Sub-recipients selected the contributing factors most relevant to their community based on their local IYS data, as reviewed in the community profiles. The primary evaluation question CPRD sought to answer was:

- What percent of sub-recipients changed one or more contributing factors to youth alcohol use from the baseline in 2014 to 2018 by grade level?

To examine this across sites, we grouped sub-recipients into categories based on the number of grade levels (regardless of the specific grade) that the sub-recipients registered a favorable change in at least one of their targeted contributing factors. They could have changed at least one contributing factor in no grade levels, one grade level, more than one grade level or all grade levels.

TABLE 3.5
SUB-RECIPIENT CHANGES TO ONE OR MORE CONTRIBUTING FACTORS:
2014-2018 ACROSS GRADES

At Least One Grade Level	More Than One Grade Level	All Grade Levels
Piatt MHC	Lurie CH	FHN
	Bremen YS	HSC
	Kenneth YC	IKAN
		Oak Park
13%	38%	50%

Four of eight sub-recipients demonstrated a favorable change in one or more contributing factors in all grade levels (50%), three sub-recipients showed a favorable change in more than one grade level (38%), and only one sub-recipient (13%) had a favorable change in only one grade level. Thus the conclusion for contributing factors is also favorable with 7 of 8 sub-recipients making favorable changes in either two or all three grade levels for the targeted contributing factors.

Goal 3: Reduce the Consequences of Youth Alcohol Use

In addition to self-reported past 30 day alcohol use, the evaluation sought to track data regarding the consequences of youth alcohol use for each sub-recipient site. To track the prevalence of the consequences of youth alcohol use, on behalf of sub-recipients, CPRD collected and reported the number of alcohol-related emergency department visits among 12-17 year olds on an annual basis.

TABLE 3.6
ALCOHOL-RELATED EMERGENCY DEPARTMENT VISITS, 12-17 BY SPF-PFS SITE, 2014-2016

	ED Visits**		
	2014	2015	2016
Lurie CH	.61%	.57%	0.43%
Bremen YS	.8%	.62%	2.71%
FHN	1.72%	1.7%	2.81%

HSC	1.13%	.82%	2.39%
IKAN	2.24%	2.1%	1.16%
Kenneth YC	1.12%	.95%	0.47%
Oak Park	3.63%	1.3%	1.31%
Piatt County MHC	2.01%	2.1%	2.54%

- * Cells in yellow contain alcohol-related ED visits for all ages since this data was inadequate (<10 cases) for 12-17 year old youth.
- * The data from 2014-2016 were from the timeframe requested and ICD-9/ICD-10 hospital codes required by the national evaluation contractor. Each year corresponds to the federal fiscal year (October 1st-September 30th).

Table 3.6 shows the changes in Emergency Department visits for 2014 through 2016 with mixed results. Four sites decreased ED visits, but this increased in four other sites. In many cases, these numbers are relatively small or too small to review youth only data and so overall conclusions regarding this metric remain inconclusive.

Goal 4: Track Process Implementation

In addition to assessing the impact of the SPF-PFS project with the three previous goals, CPRD sought to assess and track the SPF-PFS implementation process with each sub-recipient site. Much of this was done through CPRD's "Prevention Hub" system and summary data is provided within the community profiles presented in Section II of this report (i.e., coalition members, coalition meetings, population reached, etc.). This section presents some overall metrics regarding the process of SPF-PFS project implementation.

The first metric was the training offered by the training contractor, Prevention First, Inc. The table below overviews the trainings offered by Prevention First.

TABLE 3.7
TRAININGS OFFERED BY PREVENTION FIRST, INC.

SPF-PFS Training of Facilitators Trainings	Format	Training Date(s)
Overview of Strategic Planning	Online	Not applicable
SPF Training of Facilitators - Orientation	1 Day	September 15, 2015
Building Capacity	2 Days	October 21-22, 2015
SPF Training of Facilitators – Introduction to Needs Assessment	Online	Not applicable
SPF Training of Facilitators – Conducting a Needs Assessment	Day 1	January 27, 2016
	Day 2	April 5, 2016
SPF Training of Facilitators - Introduction to Strategy Selection	Online	Not applicable
SPF Training of Facilitators - Developing a Strategic Plan	2 Days	June 22-23, 2016

Prevention First provided training and technical assistance throughout the SPF-PFS project. All sub-recipients attended each of these trainings. One key issue related to training was the level of staff turnover among sub-recipients. The training provider noted:

I think a big issue or challenge was staff turnover with coordinators. This led to the need for additional and sometimes intensive technical assistance services. I think a lesson learned in all of this is that we would, in the future, tape these

trainings so that someone could at least go through the training process via a video recording. So that is a lesson learned for us. We would definitely record because what we ended up doing in those cases was really intensive one-on-one technical assistance, which isn't the most efficient use of resources and time.

Needs Assessment

The needs assessment was a critical stage in the SPF-PFS process and it was critical that communities do it properly. However, in many cases, sub-recipients were not well prepared to engage in this kind of process. According to IDHS:

What I believed was the greatest challenge was the complex needs assessment process that took nearly 1 1/2 years to complete, where the sub-recipients, many of whom were new and were just getting their efforts started, maybe didn't even completely have a coalition in place. They were still developing their coalition or had never been involved in a needs assessment process before. We implemented what was really a new needs assessment process with them.

Planning and Strategy Implementation

Based on the needs assessment, evidence-based strategies were selected by each coalition, as described in the community profiles. After strategies were selected, communities participated in an annual review process. These comprehensive reviews assessed how well strategies were implemented with fidelity and consisted of sub-recipients submitting reports and materials from strategy implementation (i.e., communication campaign posters). These materials were then reviewed against a list of evidence-based implementation standards.

Sub-recipients were provided with a report that they used for continuous quality improvement during strategy implementation. While the annual review process was long with some coalitions going through as many as 5 reviews, the strategies communities selected were appropriate to address the identified contributing factors.

Based on the information provided in the sub-recipient community profiles, 8 of the 21 strategies (38%) implemented by sub-recipients met the 80% of evidence-based standards requirement, and another 8 were above 60%. In addition, *all sub-recipients*:

- Submitted a strategic plan
- Justified selection of one or more contributing factors based on documented need from their assessment
- Selected one or more evidence-based programs, policies and practices relevant to each contributing factor in their strategic plan
- Demonstrated support/buy-from all relevant sectors required to successfully implement the evidence-based programs, policies and practices in their strategic plan

Number of Strategies across Communities

Sub-recipient community profiles detail the number of people reached and the population served per strategy implemented. In summary, 13 communication campaigns, 6 youth prevention education programs, and one compliance checks strategy was implemented (see table 3.9 below).

TABLE 3.8
STRATEGIES IMPLEMENTED BY SUB-RECIPIENTS

Agency	Communication Campaign			Youth Prevention Education			Compliance Checks
	Youth	Parents	Adults	Too Good For Drugs	Project Toward No Drug Abuse	All Stars	
Lurie CH	X	X					
Bremen YS	X	X					
FHN		X				X	
HSC		X		X	X		
IKAN		X		X	X		
Kenneth YC		X	X				
Oak Park	X	X			X		X
Piatt MHC	X	X					

The training provider stressed the success of strategy implementation:

...eight organizations participated in a strategic prevention framework planning process. We had a lot of success around training, building the capacity of the providers as well as one-on-one assistance that providers participated in on a monthly basis from the very beginning. Providers also successfully collected a variety of data that informed selection of strategies and they implemented a variety of strategies successfully with fidelity. The two that really stand out to me in terms of success and accomplishment are the communication campaigns and youth prevention education especially.

Across the SPF-PFS sites, strategy implementation began around the fall of 2017. The 2018 IYS implementation data was used to measure the impact of their strategies, which took place in schools between January and June, 2018. In some cases strategies were in place only a few months prior to youth impact measurement. This may have affected the ability of strategies to impact changes in youth behavior.

According to the training provider:

Community plans were developed and then went through multiple reviews, multiple changes that further delayed the next steps for training, the next steps for technical assistance, and further also delayed the implementation of strategies. So I think that was a huge challenge.

Goal 5: Track Changes in Prevention Capacity and Infrastructure

Changes in prevention capacity were measured first by documenting the hiring of staff by sub-recipient agencies. The community profiles report that all sub-recipients had hired project coordinators by July 1, 2015, during the first year of funding.

Changes in prevention capacity were also measured as expanding the sectors represented by coalitions. This data is presented in Table 3.9:

TABLE 3.9
NUMBER OF COALITION SECTORS REPRESENTED BY COMMUNITY COALITION

Agency	2016	2017	2018	Change 2016-2018
Lurie Children's	8	7	10	+2
Bremen YS	8	10	10	+2
FHN	10	11	11	+1
HSC	8	11	10	+2
IKAN	9	8	7	-2
Kenneth YC	10	12	11	+1
Oak Park	10	12	11	+1
Piatt MHC	9	11	10	+1

Table 3.9 summarizes the growth in coalition sector representation, as reported in the community profiles. Nearly all coalitions expanded sector representation between 2016 and 2018. Importantly, many had several sectors already represented on their coalitions by 2016, with an average of 9 sectors represented. By 2018, the average was 10 sectors.

Goal 6: Inventory Leveraged Resources: The Illinois Youth Survey

To inventory the leveraging of resources in Illinois, the evaluator sought to monitor the number of state funding streams and/or grants using IYS data to guide state level decisions or as a contingency for funding their own sub-recipients from 2014 baseline to 2018.

Based on information collection by the IYS implementation team at CPRD and on requests for data and special reports registered by this team, there are few other funding streams actively using IYS data to guide their funding decisions. The ones that exist include the Drug Free Communities grant application and reporting which requires the use of IYS data. CPRD prepares special reports for these grantees. Increasingly, other agencies including health departments are utilizing and relying on IYS for their data and assessment needs. For example, the Illinois Department of Public Health has used IYS data for infographic creation, development and dissemination, and they have used IYS tobacco data for presentations to grantees. Furthermore, local health departments use IYS data to complete their IPLAN, which is a strategic plan that every health department in the state is required to compile and send to the state health department. As a result of the cross-agency efforts of the Statewide Epidemiology Outcomes Workgroup and its support for use of IYS data in reports, many agencies have increased their knowledge of and familiarity with the IYS. In the future, IYS data will be included in one of the primary data collection systems of the Illinois Department of Public Health used by county health departments statewide, named IQuery. New white paper reports on youth tobacco, marijuana, alcohol and illicit drugs have been created or will be created in the coming months.

SPF-PFS Overall Summary

Difficulties among Sub-Recipient Agencies

One sub-recipient agency closed during the 5 year grant (Wells Center) and Bremen Youth Services closed nearly simultaneously with the end of the project evaluation period. Another difficulty had to do with staffing, particularly among rural sub-recipients that experienced turnover. These agencies had a lot of difficulty filling staff positions in support of the grant. As mentioned above, turnover during the 5 years of the grant caused gaps in training of new staff as they had to learn the SPF process and grant requirements.

Health Disparities

Sub-recipient communities began developing their health disparity plans in late 2017 through early 2018. These plans addressed the health disparate population identified through the statewide data analysis described in section I. Each sub-recipient agency developed a plan to incorporate the health disparate population through their coalition and strategy implementation. Their efforts are described through quotes and anecdotal information in the community profiles.

CPRD and IDHS collected data tracking sheets from each sub-recipient community to meet federal reporting requirements. This data was collected and reported in SPARS at 4 time points. In April of 2018, IDHS and CPRD reported the planned reach for each population (Table 3.10) and in the remaining 3 reports the sub-recipients reported the actual direct and indirect reach (Table 3.11).

TABLE 3.10

PLANNED REACH FOR THE HEALTH DISPARATE POPULATION

	African Americans		Latino/Latinas	
	Planned Reach		Planned Reach	
	Direct	Indirect	Direct	Indirect
April 2018	178	3862	694	14,962

TABLE 3.11

ACTUAL REACH OF THE HEALTH DISPARATE POPULATION

	African Americans		Latino/Latinas	
	Actual Reach		Actual Reach	
	Direct	Indirect	Direct	Indirect
October 2018	34	408	88	5,414
April 2019	80	3,850	683	6,614
October 2019	49	4,393	62	5,384

A concerted effort to directly target health disparities and require community health disparity plans and reporting was not mandated by the federal government and fully required until 2018, during the 4th year of the grant. According to the end-of-grant qualitative interviews, many felt this was brought into the grant too late and had to scramble to meet very sophisticated health disparity requirements. Many had

to deal with requirements despite living in communities with very minimal populations representing disparate minority groups.

Sustainability

The following is a snapshot of the SPF-PFS Sustainability timeline and outcomes in terms of continuous sustainability planning for and with sub-recipients.

1. Planning for delivery of Sustainability training for sub-recipients began with meetings between IDHS and Prevention First in August 2017 as strategic plans were in final draft versions and implementation was starting. After a series of planning meetings and training materials preparation, Sustainability training was delivered by Prevention First to sub-recipients in November 2017.
2. Sub-Recipients submitted Draft 1 of Sustainability Plans to IDHS and presented their initial drafts of in roundtable discussion format at the March 2018 bi-annual meeting. Sustainability Plan tips were presented by Prevention First staff to the large group and “peer reviews” were conducted sub-recipients in roundtable format. **NOTE:** This was the initial development of the Peer Review Tool for sustainability and use of a peer review technique with this cohort. As a result of this meeting, IDHS added next steps/more Draft Plans due to under-developed Plan and the lack of previous understanding of sustainability expressed by sub-recipients. Sustainability was emphasized as a priority for TA by Prevention First going forward.
3. Based on the “Tips” and discussion at the bi-annual meeting, sub-recipients submitted Draft 2 of Sustainability Plans to IDHS-SUPR in April 2018. IDHS reviewed and provided feedback via email with 3-4 follow up calls to Sub-Recipients that were struggling the most.
4. Based on feedback, sub-recipients submitted Version 3 of Sustainability Plans to IDHS in June 2018.
5. Sub-Recipients submitted Version 4 of Sustainability Plans to IDHS on November 28, 2018 for Prevention First review (related to SAMHSA’s \$25,000 supplemental TA funds). See #6.
6. Since the majority (6) of Sub-Recipients continued to struggle with “what is Sustainability,” IDHS worked with Prevention First in October and November 2018 to create a TA plan using SAMHSA’s supplemental funds that was focused on sustainability. This plan included additional training on sustainability and how to market your program locally and reviews by Prevention First staff of sub-recipients plans using the Peer Review tool. Reviews included specific recommendations for improvement. Plan were reviewed by Prevention First staff between December 2018 and January 2019. Sub-recipients were required to submit revised Sustainability Plans based on Prevention First feedback on/by May 3, 2019 (Version 5).
7. All Sub-Recipients presented a PowerPoint summary of Sustainability Plans at the March 6, 2019 bi-annual meeting event with moderate to significant improvement by all sub-recipients.
8. IDHS reviewed the May 3, 2019 revised Sustainability Plans to ensure feedback was applied. All sub-recipients were required to resubmit a revision after email or phone follow up by IDHS. Sub-Recipients were required to submit Version 6 of Sustainability Plans to IDHS on/about July 29, 2019.

After above drafts, sub-recipients are required to update and submit updated Sustainability Plans to IDHS every 5-6 months (bi-annually), per Contract Exhibit. Submittal will be due in January 2020 with final plans due in May 2020.

The SPF-PFS Project: Lasting Impacts

The SPF-PFS project will have several lasting impacts on the future for Illinois sub-recipient communities as the project ends.

Continuing IYS Implementation and Improvements in Data Quality

Across the sub-recipient communities, support and commitment for the IYS has increased dramatically. Schools in many communities were introduced to the IYS as a result of this grant, and as a result of this introduction have learned firsthand of its value. IYS recruitment is a key goal of a new round of available funding support for these communities. With continued commitment to the IYS, these communities can continue to track and monitor their success in addressing youth alcohol use and a variety of other health and social indicators. Comments of the training provider support this assessment: “Some communities have continued on with data collection as well, and have plans in place to continue collecting not only the Illinois Youth Survey but other process or outcome-related data.”

Applications for New Funding

Before this grant ended, all sub-recipient communities were seeking new grants and many had already been awarded additional funding. Most had applied for the new community-based SPF funding from SAMHSA/CSAP with decisions remaining pending as of this writing. Many sub-recipients had also sought and received Drug-Free Communities grants and others merged with existing Drug-Free Communities grantees. Finally, others sought and were awarded grants from private foundations or other locally available grants to continue their efforts.

Continuing Strategies

While in some cases the strategies were set to discontinue with the termination of funding, in many cases strategies that had demonstrated effective as a result of the SPF-PFS project have been taken on by schools or other agencies. According the training provider:

Another success was that coalitions identified sustainability strategies and steps, they developed plans around those strategies and steps, and they have begun to implement action steps to sustain strategies. There seemed to be a lot of success reaching students with acceptance by the schools, buy-in from the schools, and even in terms of sustainability. You know, for several of the providers, Youth Prevention Education is now being instituted in the schools.

Continuing Coalitions

During the course of the grant, community substance use coalitions improved in their capacity for addressing prevention in a strategic way by relying on data to identify problems, identifying evidence-based strategies to address these problems, and thinking about contributing factors to youth substance use when considering strategy selection. The training provider observed that...

Not only were providers educated and engaged in the SPF process but they then in turn educated key stakeholders and coalition members in the strategic planning process, in the implementation process and some in the evaluation process as well. Coalitions identified sustainable strategies and steps, they have

begun to implement action steps to sustain strategies, to continue to retain coalition members, and to continue the structure of the coalitions.

They also increased their community-based representation among coalition members and such coalitions should continue in most cases. According to the training provider:

I think multi-sector coalitions, you know, just the fact that they were developed and have become more solidly structured. Some communities had them in place already but some were really needing to work on recruitment and retention and that seems to have been a pretty big success.

Focus on Different Substances

As a result of the end of SPF-PFS funding, many coalitions have had to or are in the process of adapting for sustainability by merging with other community coalitions, most typically those that focus on adult opioid abuse. Also, near the end of the SPF-PFS cycle in 2019, a state law legalizing the recreational use of marijuana was adopted in Illinois. In response, many coalitions are directing their attention to marijuana use moving forward.

Lessons Learned

The following lessons have been learned from the SPF-PFS project.

Direct efforts to increase coalition and community capacity can have lasting effects.

As the capacity of communities improves, so does the functionality of coalitions, their willingness to approach their work strategically by reviewing data and implementing evidence-based strategies that work to reduce youth alcohol use. By having entire community coalitions experience these efforts directly by participating in the SPF process, they see the value in this approach – and its results – firsthand. Many coalition members – who had not previously focused on youth alcohol use - have now learned the importance of this problem and the value of this approach. According to the training provider:

Coalition members were trained in the SPF model and participated in all the steps. They were engaged throughout the process and they feel that was a true success. You know, this wasn't just provider-driven. This was community-driven. So to me that's exactly what we want and was a true accomplishment.

Systematic efforts to promote the Illinois Youth Survey can improve the use of this survey, creating a valuable resource for state and local youth substance use data.

Nearly all sub-recipients demonstrated improvements in school-based participation in the IYS, a vital resource to provide planning and assessment data for individual schools and to everyone in a community. In many cases, schools 'learn by doing', so that once they engage in the effort to implement the IYS, they immediately learn directly of both the ease of implementation as well as its value.

The SPF-PFS project strongly stressed IYS school recruitment among sub-recipients by requiring the 70% youth participation benchmark, the first for an IDHS grant. In addition, IDHS ensured that sub-recipients were trained in IYS recruitment and took an active and rigorous leadership role in IYS school recruitment in their community, even from before the grant began in the spring of 2014. This was a tremendous help

and the regular improvements in IYS participation should continue into the future. According to the training provider:

I think another success was that schools committed to and administered the IYS, the Illinois Youth Survey. That was a challenge for some providers but it was also a success when they were able to successfully recruit them and their school's buy-in.

Organized community coalitions focusing efforts on youth substance use through a strategic planning framework can make a difference in youth substance use.

Finally, perhaps the biggest lesson is that the kind of systematic and directed effort to coalition-based community strategic planning, coupled with extensive training, needs assessment, evidence-based strategy implementation and evaluation monitoring is directly effective in reducing youth alcohol use and in most cases, in reducing several of the contributing factors to youth alcohol use as well. Just providing communities with this opportunity was valuable, according to IDHS:

One main accomplishment is giving nine sub-recipients an opportunity to focus their resources on underage alcohol use and being able to support sub-recipients over the course of five years at the local community level from a variety of different types of communities that included rural, urban, and suburban. They were high need specifically related to underage drinking, but they also had very, very limited prevention resources in their service area.

With the kind of investments in time, money, and expertise that the SPF-PFS project was able to offer and to focus on these high-need/low resource communities, we might expect a significant result. As with any project of this magnitude, you can never be certain of your efforts until the results are in. In this case, the data show that the SPF-PFS in Illinois has been effective in reducing youth alcohol use.

Appendix A

Sub-Recipient Community Profiles

The following pages contain detailed community profiles for 8 sub-recipient communities funded for the SPF-PFS grant.

Each profile contains information in the order of the SPF steps, followed by some unique information gathered through qualitative interviews with staff at the conclusion of the grant.

Community Profile 1: Ann & Robert H. Lurie Children's Hospital

Target Area: Chicago, Illinois

Population: 2,712,608

Community Profile: The city of Chicago is the third largest city in the United States. It covers 228 square miles with most of the eastern boundary defined by Lake Michigan. Much of the lakefront, particularly on the north side of the city, is publicly accessible park land. Chicago Park District is the largest municipal park manager in the nation, responsible for 8,100 acres of green space in the city; which includes 60 parks, 11 beaches, and more than 350,000 program participants each year. Night Out in the Parks holds 1,000 cultural events each year. There is one school district, Chicago Public Schools and one law enforcement agency, the Chicago Police Department that cover the whole city.

Coalition Description: The city of Chicago coalition is named Preventing Alcohol Abuse in Chicago Teens (PAACT). This coalition met approximately 18 times between 2016 and 2018 forming 3 subcommittees. These subcommittees met a total of 17 times in 2018. Below are tables to illustrate the sectors represented on the coalition for each of the 3 years that sub-recipients reported in the Prevention Hub.

Sectors	FY2016	FY2017	FY2018
Business Community			X
Civic or Volunteer Organizations	X	X	X
Faith-Based Organizations	X		X
Healthcare Professionals/Agencies	X	X	X
Law Enforcement Agencies	X	X	X
Local or State Government Agencies	X	X	X
Media			
Other Groups/Organizations	X	X	X
Parent/Family/Caregivers			X
Schools or School Districts	X	X	X
Youth or Student Groups			X
Youth Serving Organizations	X	X	
Total Sectors Represented	8	7	10

Priority Contributing Factors Identified Through Community Needs Assessment Process

All SPF-PFS sub-recipient community coalitions worked through an extensive needs assessment process in fiscal years 2016-2017. This process included a description of the community and target population, a resource assessment, a stakeholder readiness assessment, and an in-depth look at IYS and other local data. The data analysis compared local data from the past 3-5 years as well as a comparison with the state of Illinois, and included consumption, contributing factors, and consequence data. The result of this was a prioritization of factors that that continued to get worse over time and/or were worse than the state data. The following are the 3 prioritized factors for the city of Chicago:

- 1) Permissive Family Norms
- 2) Low Perceived Risk of Harm
- 3) Low Perceived Risk of Consequences

Strategies Implemented to Address Underage Alcohol Use and Contributing Factors

Based on the priority contributing factors identified through the needs assessment process, the sub-recipient community coalitions went through a strategic planning process. This process included developing a logic model and action plan, choosing strategies to address the specific contributing factors identified, and building the capacity of the coalition to implement the strategies in their community. Below are the strategies chosen in the city of Chicago, along with the start dates and number of people directly and indirectly reached through the implementation. The population reached includes an unduplicated count of those reached through each strategy from the start date through June 30, 2018 and from July 1, 2018 through June 30, 2019.

Strategy	Start Date	2018 Population Reached	2019 Population Reached	Contributing Factor
Communication Campaign for Parents	11/15/2017	616,903	88,099	Permissive Family Norms
Communication Campaign for Youth	11/15/2017	177,897	107,973	Low Perceived Risk of Harm/Consequences
School Policy	11/15/2017	62	94	Low Perceived Risk of Harm/Consequences

Illinois Youth Survey Data

Data Quality/Representation

All sub-recipients were expected to recruit schools in their target area to participate in the IYS, which is a voluntary survey for schools. This sub-recipient was charged with recruiting randomly selected schools in the city of Chicago to participate in the IYS, which around 55 schools each administration. The sub-recipient, CPRD, and IDHS collaborated throughout this effort to ensure success. Ann & Robert H. Lurie Children's Hospital was able to accomplish this goal in both 2016 and 2018, resulting in a stratified random sample representing the schools in Chicago.

Outcome Data

The table below shows the local Illinois Youth Survey data from 2014 through 2016. The percentages presented are the average across grades 8th, 10th, and 12th for consumption and the prioritized contributing factors that were addressed through strategy implementation. While strategy implementation did not begin until late 2017, the city still saw some reduction between 2014-2016 in the contributing factors: Permissive Family Norms - Parents do not have clear rules; Low Perceived Risk of Harm; Low Perceived Risk of Consequences - Youth believe they would not be caught if they used alcohol; and Low Perceived Risk of Consequences - Youth believe they would not be caught if they drank and drove.

In 2016-2018, Permissive Family Norms - Parents have not talked about not using alcohol decreased by 3%, which was a positive result. However, 30 Day Alcohol Use increased by 5% and the contributing factors of: Permissive Family Norms - Parents think it's acceptable for youth to use alcohol (up 4%); Permissive Family Norms - Parents do not have clear rules (up 3%), Low Perceived Risk of Harm (up 1%), Low Perceived Risk of Consequences - Youth believe they would not be caught if they used alcohol (up

2%), and Low Perceived Risk of Consequences - Youth believe they would not be caught if they drank and drove (up 3%) all increased from 2016-2018.

	2014	2016	2018
30 Day Alcohol Use	30%	25%	30%
Permissive Family Norms - Parents do not have clear rules	21%	20%	23%
Permissive Family Norms - Parents have not talked about not using alcohol	39%	40%	37%
Permissive Family Norms - Parents think it's acceptable for youth to use alcohol	12%	12%	16%
Low Perceived Risk of Harm	29%	26%	27%
Low Perceived Risk of Consequences - Youth believe they would not be caught if they used alcohol	72%	68%	70%
Low Perceived Risk of Consequences - Youth believe they would not be caught if they drank and drove	68%	60%	63%

Health Disparities

To address health disparities in high need communities, PAACT's main strategies included distributing selected materials for communications campaigns in both English and Spanish, and ensuring that the materials included diverse representation (gender and race/ethnicity) to reflect the diversity of the city and the target population. Distribution focused on 5 community areas representing a diverse section of Chicago. They also worked with the Chicago Public Schools Task Force on Addressing Alcohol and Substance Use in Schools to develop specific recommendations for changes to disciplinary responses to alcohol and substance use, as well as ensuring that school personnel have the resources and information to connect students to needed services.

The Task Force also formed work groups focused on developing resources with information about prevention and intervention for alcohol and substance use to be included in the Administrator's Addendum to the SCC. Notably, these strategies were implemented approximately between October of 2018 and March of 2019. They reported that these recommendations would be presented to the Chicago Board of Education in summer 2019.

The PAACT coalition reported challenges engaging members of the Law Enforcement and Liquor Commission sectors. Despite outreach efforts, they were unable to secure linkage agreements for those sectors. Yet they did have coalition members from the Chicago Police Department attending meetings near the end of the grant period. They had also made contact with the Chicago Liquor Control

Commission. Not having the police department or the liquor control commission on board left PAACT unable to assess their resources that might have benefited their target population.

An interesting challenge identified by PAACT for addressing health disparities was the need to address alcohol, which was nonetheless fundamental to this grant. According to staff at the agency:

Actually, the challenge really came in with being limited to alcohol. Because we also always take an equity focus. We want to address health disparities. So really, the data in Chicago indicates that when it comes to drinking, the population that is most affected is white children. And we just refused, as a matter of principle, to do something that was going to focus on benefiting white children. So we were able to sort of scratch and claw and be like, "Okay. We can justify girls as our disparity population." But really if we were able to look at other substances, then it would have been much easier to make a case of a health disparity population.

Successes, Challenges, and Insights from Qualitative Interviews with Staff

The complications and challenges that occurred were similar to other locations. The coalition struggled working with only underage drinking because they believed that their resources would be better distributed in a different area of focus in addition to underage drinking (i.e., violence prevention, illicit drug use, etc.). The coalition struggled with the timeline and stated that it was too slow. They did not like that the information was “parceled out a little bit at a time” and it made moving forward difficult.

Nonetheless, there were many successes and challenges for the city of Chicago area. One main success that the project staff mentioned in the interview was the impact of their coalition. It was very successful even though they were worried that their efforts would be ineffective due to the size of the city. They had very successful experiences when reaching out to the community and had very positive outcomes with their social media presence. The project director pointed especially to work with the schools, contrasting it to working with the Chicago Police Department:

So what we're most proud of by far has been success of our school policy strategy. I think taking on a school policy strategy wasn't a super comfortable thing for everyone. But it aligned so well with what we were seeing in terms of the data, but also in terms of really looking at helping to raise awareness of the potential consequences or harm of underage drinking. It was kind of like you could have a school policy strategy or you could have law enforcement strategies.

And even to this day, law enforcement in Chicago has been so shaped by the Laquan McDonald video. There was no way we could actually have a successful law enforcement strategy and maintain good relationships with community partners.

So we chose a school policy strategy instead because it's a way of thinking about accountability and consequences for young people. And it's been unbelievably successful.

Community Profile 2: Bremen Youth Services

Target Area: Bremen Township, Illinois

Population: 115,443

Community Profile: Bremen Township includes Orland Park and Tinley Park. These two municipalities are considered average sized areas; Orland Park has a population of 58,765 and Tinley Park has a population of 56,668. Although they are both considered municipalities, they look and run similar to small suburban cities. Both municipalities are located approximately 25 miles southwest of the large urban city of Chicago. Orland Park and Tinley Park have separate police departments. Orland Park has approximately 73 sworn officers, while Tinley Park has about 101 officers. Each area is run by a township form of government. Orland Park is run by its own township, known as Orland Park Township, while Tinley Park is represented by several different townships. These include Orland Park Township, Bremen Township, and Rich Township, depending on the residents' housing location.

Coalition Description: The Bremen Township coalition is named Leaders Opposed to Underage Drinking (L.O.U.D.). This coalition met approximately 14 times between 2016 and 2018 forming 6 subcommittees. These subcommittees met a total of 7 times between 2017 and 2018. Below are tables to illustrate the sectors represented on the coalition for each of the 3 years that sub-recipients reported in the Prevention Hub.

Sectors	FY2016	FY2017	FY2018
Business Community	X	X	X
Civic or Volunteer Organizations	X	X	X
Faith-Based Organizations			
Healthcare Professionals/Agencies	X	X	X
Law Enforcement Agencies	X	X	X
Local or State Government Agencies	X	X	X
Media			X
Other Groups/Organizations		X	
Parent/Family/Caregivers		X	X
Schools or School Districts	X	X	X
Youth or Student Groups	X	X	X
Youth Serving Organizations	X	X	X
Total Sectors Represented	8	10	10

Priority Contributing Factors Identified Through Community Needs Assessment Process

All SPF-PFS sub-recipient community coalitions worked through an extensive needs assessment process in fiscal years 2016-2017. This process included a description of the community and target population, a resource assessment, a stakeholder readiness assessment, and an in-depth look at IYS and other local data. The data analysis compared local data from the past 3-5 years as well as a comparison with the state of Illinois, and included consumption, contributing factors, and consequence data. The result of this was a prioritization of factors that that continued to get worse over time and/or were worse than the state data. The following are the 3 prioritized factors for Bremen Township:

- 1) Provision by Parents
- 2) Accessibility via Parties/Social Events

3) Permissive Youth Norms

Strategies Implemented to Address Underage Alcohol Use and Contributing Factors

Based on the priority contributing factors identified through the needs assessment process, the sub-recipient community coalitions went through a strategic planning process. This process included developing a logic model and action plan, choosing strategies to address the specific contributing factors identified, and building the capacity of the coalition to implement the strategies in their community.

This sub-recipient also originally proposed to do Controlled Party Dispersals, but was unable to secure support from the police departments needed to implement the strategy. Therefore, Accessibility via Parties/Social Events was not addressed through strategy implementation. Below are the strategies implemented in Bremen Township, along with the start dates and number of people directly and indirectly reached through implementation. The population reached includes an unduplicated count of those reached through each strategy from the start date through June 30, 2018 and from July 1, 2018 through June 30, 2019.

Strategy	Start Date	2018 Population Reached	2019 Population Reached	Contributing Factor
Communication Campaign for Parents	9/25/17	13,481	14,182	Provision by Parents
Communication Campaign for Youth	10/31/17	6,737	7,120	Permissive Youth Norms

Illinois Youth Survey Data

Data Quality/Representation

All sub-recipients were expected to recruit schools in their target area to participate in the IYS, which is a voluntary survey for schools. Through recruitment efforts, sub-recipients were often able to increase their data quality over the course of the grant. The goal was to get at least 70% of students in the target area to participate in the survey. Efforts began in 2014. Below is a table illustrating the data quality for Bremen Township from 2014-2018.

IYS Data Quality	
2014	57%
2016	70%
2018	61%

Outcome Data

The table below shows the local IYS data from 2014 through 2018. The percentages presented are the average across grades 8th, 10th, and 12th for consumption and the prioritized contributing factors that were addressed through strategy implementation. While strategy implementation did not begin until late 2017, this county still saw reductions in 30 Day Alcohol Use and the following contributing factors between 2016-2018: Provision by Parents, without Permission; Accessibility via Parties/Social Events; Permissive Youth Norms - Youth think it's acceptable for someone their age to use alcohol; and

Permissive Youth Norms - Youth report they would be seen as cool if they used alcohol. However, there was an increase from 2016 to 2018 in Provision by Parents, with Permission.

Note that 2014 data does not include the 8th grade level data due to low survey participation. 2014 data is an average between 10th and 12th grade results.

	2014	2016	2018
30 Day Alcohol Use	40%	24%	18%
Provision by Parents, with Permission	31%	35%	36%
Provision by Parents, without Permission	33%	26%	22%
Accessibility via Parties/Social Events	61%	41%	36%
Permissive Youth Norms - Youth think it's acceptable for someone their age to use alcohol	46%	27%	22%
Permissive Youth Norms - Youth report they would be seen as cool if they used alcohol	48%	40%	35%

Health Disparities

The L.O.U.D. coalition created a Health Disparities subcommittee to identify strategies to reach their targeted health disparate population, which were Latino/Latinas. This committee, which first met in May 2019, included participation from 3 school officials, 1 parent, and 2 members from youth serving organizations. The committee set three goals: 1) translate materials into Spanish; 2) gain more participation from the Latino community; and 3) educate law enforcement on local health disparities. They created specific tasks/persons responsible for each goal outlined.

The coalition's most significant health disparities accomplishment was increasing Latino membership from 2 members to 5 members.

The coordinator identified the biggest barrier related to health disparities as a lack of readiness by local law enforcement. Due to lack of participation on the coalition, law enforcement did not participate in education surrounding Latino students and the health disparities that exist. The Health Disparities committee aimed to continue brainstorming ideas to increase law enforcement's readiness.

Note: Bremen township staff did not participate in the interview due to the closing of the agency. No additional observations on perceived successes and challenges are available.

Community Profile 3: Jane Addams, Inc. dba FHN Family Counseling Center

Target Area: Jo Daviess County, Illinois

Population: 22,086

Community Profile: Jo Daviess is a rural county that is comprised of two cities, the largest being Galena (County Seat) and East Dubuque, as well as 8 other villages (Apple River, Elizabeth, Hanover, Menominee, Nora, Scales Mound, Stockton, and Warren). Within these cities and villages there are six school districts, they are located in East Dubuque, Galena, Hanover, Scales Mound, Stockton, and Warren. There is a total area of 619 square miles, this includes Apple River Canyon State Park which surrounds a part of the Apple River that passes through the middle of the county. There are two other rivers: the Mississippi River borders the county to the west and the Galena River passes through Galena and feeds to the Mississippi. There are a number of parks and recreation areas in the county. The Chicago Central and Pacific Railroad passes through the central part of the county, while the Burlington Northern Railroad passes along the western border. There are two main highways that go through the county as well: Highway 20 and Highway 84. Throughout Jo Daviess County there are roughly 30 officers between the sheriff's department and the local police departments. These officers would like to bring attention to the fact that the actual rate for alcohol consumption consequence data is probably higher since the records show only those that have been caught.

Coalition Description: The Jo Daviess County coalition is named the Jo Daviess Juvenile Justice Council. Note that this coalition was primarily focused on juvenile justice issues and SPF-PFS was only a focus for 2-3 years, mostly through subcommittee work. This coalition met approximately 24 times between 2016 and 2018 forming one subcommittee. Below are tables to illustrate the sectors represented on the coalition for each of the 3 years that sub-recipients reported in the Prevention Hub.

Sectors	FY2016	FY2017	FY2018
Business Community		X	X
Civic or Volunteer Organizations	X	X	X
Faith-Based Organizations	X	X	X
Healthcare Professionals/Agencies	X	X	X
Law Enforcement Agencies	X	X	X
Local or State Government Agencies	X	X	X
Media		X	X
Other Groups/Organizations	X	X	X
Parent/Family/Caregivers	X	X	X
Schools or School Districts	X	X	X
Youth or Student Groups	X		
Youth Serving Organizations	X	X	X
Total Sectors Represented	10	11	11

Priority Contributing Factors Identified Through Community Needs Assessment Process

All SPF-PFS sub-recipient community coalitions worked through an extensive needs assessment process in fiscal years 2016-2017. This process included a description of the community and target population, a resource assessment, a stakeholder readiness assessment, and an in-depth look at IYS and other local data. The data analysis compared local data from the past 3-5 years as well as a comparison with the state of Illinois, and included consumption, contributing factors, and consequence data. The result of

this was a prioritization of factors that that continued to get worse over time and/or were worse than the state data. The following are the 4 prioritized factors for Jo Daviess County:

- 1) Low Perceived Risk of Harm
- 2) Permissive Community Norms
- 3) Permissive Family Norms
- 4) Provision by Parents

Strategies Implemented to Address Underage Alcohol Use and Contributing Factors

Based on the priority contributing factors identified through the needs assessment process, the sub-recipient community coalitions went through a strategic planning process. This process included developing a logic model and action plan, choosing strategies to address the specific contributing factors identified, and building the capacity of the coalition to implement the strategies in their community. Below are the strategies implemented in Jo Daviess County, along with the start dates and number of people directly and indirectly reached through implementation. The population reached includes an unduplicated count of those reached through each strategy from the start date through June 30, 2018 and from July 1, 2018 through June 30, 2019.

Strategy	Start Date	2018 Population Reached	2019 Population Reached	Contributing Factor
Communication Campaign for Parents	10/24/2017	10,045	103	Provision by Parents, Permissive Family and Community Norms
Youth Prevention Education: All Stars	10/2/2017	131	412	Low Perceived Risk of Harm

Illinois Youth Survey Data

Data Quality/Representation

All sub-recipients were expected to recruit schools in their target area to participate in the IYS, which is a voluntary survey for schools. Through recruitment efforts, sub-recipients were often able to increase their data quality over the course of the grant. The goal was to get at least 70% of students in the target area to participate in the survey. Efforts began in 2014. Below is a table illustrating the data quality for Jo Daviess from 2014-2018.

IYS Data Quality	
2014	58%
2016	61%
2018	70%

Outcome Data

The table below shows the local IYS data from 2014 through 2018. The percentages presented are the average across grades 8th, 10th, and 12th for consumption and the prioritized contributing factors that were addressed through strategy implementation. While strategy implementation did not begin until 2017, this county still saw some reduction in 30 Day Alcohol Use and the following contributing factors

from 2014 to 2016: Permissive Youth Norms - Youth think it's acceptable for someone their age to use alcohol; Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol; Permissive Family Norms - Parents have not talked about not using alcohol; Permissive Family Norms - Parents think it's acceptable for youth to use alcohol; Permissive Family Norms - Parents do not have clear rules; Provision by Parents, with permission; and Provision by Parents, without permission.

However, from 2016 to 2018 the factors that increased were: Permissive Youth Norms - Youth think it's acceptable for someone their age to use alcohol (increased by 1%); Permissive Family Norms - Parents have not talked about not using alcohol (increased by 1%); and Permissive Family Norms - Parents do not have clear rules (increased by 2%). While these increases were very small, they were moving in the wrong direction. There were 3 factors that stayed the same, including: Low Perceived Risk of Harm; Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol; and Permissive Family Norms - Parents think it's acceptable for youth to use alcohol. Three factors also decreased from 2016 to 2018 including: 30 Day Alcohol Use, Provision by Parents, with Permission, and Provision by Parents, without Permission.

	2014	2016	2018
30 Day Alcohol Use	37%	30%	29%
Low Perceived Risk of Harm	33%	35%	35%
Permissive Youth Norms - Youth think it's acceptable for someone their age to use alcohol	41%	37%	38%
Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol	60%	53%	53%
Permissive Family Norms - Parents have not talked about not using alcohol	36%	34%	35%
Permissive Family Norms - Parents think it's acceptable for youth to use alcohol	26%	23%	23%
Permissive Family Norms - Parents do not have clear rules	22%	15%	17%
Provision By Parents, with permission	45%	39%	23%
Provision By Parents, without permission	27%	25%	11%

Health Disparities

The health disparate population identified in Jo Daviess County were African-American youth. The main strategy implemented to address the high need subpopulation was to add diverse images to the parent

communication campaign, as suggested by intercept sampling and focus groups that were held. Newspaper ads were placed in the three local papers in November 2018 and February 2019 with a reach of approximately 9,000 readers. A direct mail IYS results postcard was sent to all residences the last week of January 2019 with a total reach of approximately 12,200. Based on the county census data, about 2% of the population is African American, so 244 households should have received the postcard.

Project staff felt the use of African American family images in the parent communication campaign materials was the most significant accomplishment. The February 2019 newspaper ad and community posters using suggestions of wording and family images received from the focus groups, featured a photo of an African American male and youth.

The most significant barrier was the fact that the African American population was only 2% of the population in Jo Daviess County. Key informant interviews were not successful in identifying anyone in this subpopulation. The council members and school administration expressed concern regarding stigmatizing the sub-population; therefore, they continued with universal strategies.

Successes, Challenges, and Insights from Qualitative Interviews with Staff

The main challenge for Jo Daviess County was the fact that there was such a late start and the timeframe for everything was delayed. One staff member stated:

It was such a late start time for everyone. It was just the way of the grant, but we haven't even had a year of implementation, and now we're wrapping up. There was a delay getting started, and then it was just so many years of planning. It's hard to keep people motivated with just the planning piece. Due to the delays within the grant, it took so long to actually get to the implementation phase. And then a personal delay for us is that we lost our coordinator, so we were without a coordinator for probably seven months. It's challenging finding a qualified person in a rural community.

Despite the challenges, the leadership team reported many successes and challenges with the SPF-PFS project. They believe that the largest success was the IYS participation over the years:

"All six school districts participated in 2018, and then we bumped over that 70% mark for the participation as well. I'm looking back on the trending for the final report and we went from 4 to 5 to 6."

Community Profile 4: Human Services Center of Southern Metro East

Target Area: Randolph County, Illinois

Population: 32,852

Community Profile: Randolph County is primarily rural with small communities and larger towns ranging from a few hundred in population to a few thousand. The county is composed of three larger towns: Chester, Sparta and Red Bud; the largest is the county seat of Chester. Steeleville, Coulterville, Percy, Evansville and Prairie du Rocher are the smaller population communities. The largest use of land is for agriculture. Recreation including hunting and boating are also significant. Excluding the prison population in Chester, 55% of the population lived in the 8 towns. A number of larger private and governmental employers are located throughout the county. One large employer is Gilster Mary Lee which employed approximately 3,000 residents of Chester, Sparta and Steeleville.

Coalition Description: The Randolph County coalition is named the Southern Illinois Substance Abuse Alliance (SISAA). This coalition met approximately 20 times between 2016 and 2018 forming 13 subcommittees. These subcommittees met a total of 55 times between 2016 and 2018. Below are tables to illustrate the sectors represented on the coalition for each of the 3 years that sub-recipients reported in the Prevention Hub.

Sectors	FY2016	FY2017	FY2018
Business Community	X	X	
Civic or Volunteer Organizations			
Faith-Based Organizations	X	X	X
Healthcare Professionals/Agencies	X	X	X
Law Enforcement Agencies	X	X	X
Local or State Government Agencies	X	X	X
Media		X	X
Other Groups/Organizations	X	X	X
Parent/Family/Caregivers	X	X	X
Schools or School Districts	X	X	X
Youth or Student Groups		X	X
Youth Serving Organizations		X	X
Total Sectors Represented	8	11	10

Priority Contributing Factors Identified Through Community Needs Assessment Process

All SPF-PFS sub-recipient community coalitions worked through an extensive needs assessment process in fiscal years 2016-2017. This process included a description of the community and target population, a resource assessment, a stakeholder readiness assessment, and an in-depth look at IYS and other local data. The data analysis compared local data from the past 3-5 years as well as a comparison with the state of Illinois, and included consumption, contributing factors, and consequence data. The result of this was a prioritization of factors that continued to get worse over time and/or were worse than the state data. The following are the 4 prioritized factors for Randolph County:

- 1) Permissive Youth Norms
- 2) Permissive Community Norms
- 3) Permissive Family Norms

4) Low Perceived Risk of Harm

Strategies Implemented to Address Underage Alcohol Use and Contributing Factors

Based on the priority contributing factors identified through the needs assessment process, the sub-recipient community coalitions went through a strategic planning process. This process included developing a logic model and action plan, choosing strategies to address the specific contributing factors identified, and building the capacity of the coalition to implement the strategies in their community. Below are the strategies chosen in Randolph County, along with the start dates and number of people directly and indirectly reached through the implementation.

Strategy	Start Date	2018 Population Reached	2019 Population Reached	Contributing Factor
Communication Campaign for Parents	10/23/17	3,515	3,550	Permissive Family Norms, Permissive Community Norms
Youth Prevention Education: Project Towards No Drug Abuse	1/5/2018	231	311	Low Perceived Risk of Harm, Permissive Youth Norms
Youth Prevention Education: Too Good For Drugs	1/5/2018	200	307	Low Perceived Risk of Harm, Permissive Youth Norms

Illinois Youth Survey Data

Data Quality/Representation

All sub-recipients were expected to recruit schools in their target area to participate in the IYS, which is a voluntary survey for schools. Through recruitment efforts, sub-recipients were often able to increase their data quality over the course of the grant. The goal was to get at least 70% of students in the target area to participate in the survey. Efforts began in 2014. Below is a table illustrating the data quality for Randolph County from 2014-2018:

IYS Data Quality	
2014	77%
2016	77%
2018	87%

Outcome Data

The table below shows the local IYS data from 2014 through 2018. The percentages presented are the average across grades 8th, 10th, and 12th for consumption and the prioritized contributing factors that were addressed through strategy implementation. While strategy implementation did not begin until late 2017, this county still saw some reduction in the contributing factors from 2014 to 2016: Permissive Youth Norms - Youth think it's acceptable for someone their age to use alcohol; Permissive Youth Norms - Youth report they would be seen as cool if they used alcohol; Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol; Permissive Community Norms - Most adults think it's acceptable for youth to use alcohol; Low Perceived Risk of Harm; and Permissive Family Norms

- Parents think it's acceptable for youth to use alcohol. However, 30 Day Alcohol Use stayed the same and Permissive Youth Norms - Youth think most of their peers used alcohol in the past 30 days increased.

From 2016 to 2018, the following contributing factors decreased: Permissive Youth Norms - Youth think most of their peers used alcohol in the past 30 days; Permissive Youth Norms - Youth report they would be seen as cool if they used alcohol; Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol; Low Perceived Risk of Harm; and Permissive Family Norms - Parents think it's acceptable for youth to use alcohol. However, 30 Day Alcohol Use increased by 5% and Permissive Youth Norms - Youth think it's acceptable for someone their age to use alcohol, and Permissive Community Norms - Most adults think it's acceptable for youth to use alcohol increased by 6% and 7% respectively.

	2014	2016	2018
30 Day Alcohol Use	35%	35%	40%
Permissive Youth Norms - Youth think most of their peers used alcohol in the past 30 days	70%	77%	69%
Permissive Youth Norms - Youth think it's acceptable for someone their age to use alcohol	41%	36%	42%
Permissive Youth Norms - Youth report they would be seen as cool if they used alcohol	44%	38%	31%
Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol	61%	60%	59%
Permissive Community Norms - Most adults think it's acceptable for youth to use alcohol	45%	41%	48%
Low Perceived Risk of Harm	36%	35%	32%
Permissive Family Norms - Parents think it's acceptable for youth to use alcohol	26%	23%	22%

Health Disparities

The health disparate population identified in Randolph County were African-American youth. The coalition hired an influential African American young person who had graduated from a local high school in 2017 to recruit, train and engage African American youth and community members in coalition prevention strategies; develop and plan coalition trainings; improve engagement methods and activities; and also to develop, plan and implement communication methods and tools with youth and community members. This representative's work developing a relationship with local African American church

leaders positioned the coalition to increase strategic partnerships and engage more African Americans with the coalition.

As one staff member observed:

It took a while to get to that point of understanding what we were trying to do. I guess also part of it that was a bit of a struggle was I felt like we were just re-explaining that cultural competence is a key part of the Strategic Prevention Framework. We've done well with African American youth being as some of our key youth leaders. So they're really a good access point to the coalition.

Successes, Challenges, and Insights from Qualitative Interviews with Staff

There were many successes for Randolph County, but the main one that staff discussed was about the school system:

Being in the schools over the past two years, talking with them, bringing in trainers for the curriculum twice using grant funds, having the teachers come in were successes we have had. We just tried to be really enthusiastic about it that: one, it's solid; two, we all chose it. We had a good working group of principals and teachers and others in the strategy selection. I think that was a strong piece of our project. The teachers were pretty enthusiastic about doing it [Youth Prevention Education] the first year. Then in the second year, we kept getting comments along the lines of – this one teacher told me, "Yeah. I just thought it was pretty bogus stuff. Then I started doing it, and the kids love it and I like it. It's great. Thanks for doing it." Other teachers had similar reactions. Very positive stuff.

Even though there were great success, there were still some challenges that came along with the SPF-PFS project. Many of the challenges revolved around the time it took from the start of the project until the implementation of strategies started. Along with timeline issues, the time spent on documentation and paperwork was a concern.

Community Profile 5: Iroquois-Kankakee Regional Office of Education

Target Area: Iroquois County, Illinois

Population: 28,879

Community Profile: Iroquois County is a rural, agricultural county. The county is bordered on the north by the county of Kankakee, on the east by the State of Indiana, on the south by Vermillion and Ford Counties, and on the west by Ford County. There are 2 cities, Watseka and Gilman in Iroquois County as well as 19 villages (Ashkum, Beaverville, Buckley, Chebanse, Cissna Park, Clifton, Crescent City, Danforth, Donovan, Iroquois, Loda, Martinton, Milford, Onarga, Papineau, Sheldon, Thawville, Wellington and Woodland). Iroquois County is located on the east-central edge of the state of Illinois and is the third largest land mass county in Illinois (715,258 acres). Iroquois County is largely agrarian, with 95% of the total acreage used for agricultural purposes. Approximately 21.8 miles of Iroquois County is mapped of streams and rivers. It is also the third highest acreage in perennial streams.

Coalition Description: The Iroquois County coalition is named the Iroquois County Juvenile Justice Council. This coalition met approximately 20 times between 2016 and 2018 forming 7 subcommittees. These subcommittees met a total of 13 times between 2016 and 2018. Below are tables to illustrate the sectors represented on the coalition for each of the 3 years that sub-recipients reported in the Prevention Hub.

Sectors	FY2016	FY2017	FY2018
Business Community			
Civic or Volunteer Organizations	X	X	X
Faith-Based Organizations			
Healthcare Professionals/Agencies	X	X	X
Law Enforcement Agencies	X	X	X
Local or State Government Agencies	X	X	
Media	X	X	X
Other Groups/Organizations	X	X	X
Parent/Family/Caregivers	X	X	X
Schools or School Districts	X	X	
Youth or Student Groups			X
Youth Serving Organizations	X		
Total Sectors Represented	9	8	7

Priority Contributing Factors Identified Through Community Needs Assessment Process

All SPF-PFS sub-recipient community coalitions worked through an extensive needs assessment process in fiscal years 2016-2017. This process included a description of the community and target population, a resource assessment, a stakeholder readiness assessment, and an in-depth look at IYS and other local data. The data analysis compared local data from the past 3-5 years as well as a comparison with the state of Illinois, and included consumption, contributing factors, and consequence data. The result of this was a prioritization of factors that that continued to get worse over time and/or were worse than the state data. The following are the 4 prioritized factors for Iroquois County:

- 1) Permissive Community Norms
- 2) Permissive Family Norms

- 3) Provision by Parents
- 4) Low Perceived Risk of Harm

Strategies Implemented to Address Underage Alcohol Use and Contributing Factors

Based on the priority contributing factors identified through the needs assessment process, the sub-recipient community coalitions went through a strategic planning process. This process included developing a logic model and action plan, choosing strategies to address the specific contributing factors identified, and building the capacity of the coalition to implement the strategies in their community. Below are the strategies chosen in Iroquois County, along with the start dates and number of people directly and indirectly reached through the implementation. The population reached includes an unduplicated count of those reached through each strategy from the start date through June 30, 2018 and from July 1, 2018 through June 30, 2019.

Strategy	Start Date	2018 Population Reached	2019 Population Reached	Contributing Factor
Communication Campaign for Parents	11/30/17	17	5,129	Permissive Family Norms, Permissive Community Norms, Provision by Parents
Youth Prevention Education: Too Good For Drugs	10/1/2017	661	646	Low Perceived Risk of Harm
Youth Prevention Education: Project Toward No Drug Abuse	10/1/2017	213	244	Low Perceived Risk of Harm

Illinois Youth Survey Data

Data Quality/Representation

All sub-recipients were expected to recruit schools in their target area to participate in the IYS, which is a voluntary survey for schools. Through recruitment efforts, sub-recipients were often able to increase their data quality over the course of the grant. The goal was to get at least 70% of students in the target area to participate in the survey. Efforts began in 2014. Below is a table illustrating the data quality for Iroquois County from 2014-2018.

IYS Data Quality	
2014	81%
2016	80%
2018	81%

Outcome Data

The table below shows the local IYS data from 2014 through 2018. The percentages presented are the average across grades 8th, 10th, and 12th for consumption and the prioritized contributing factors that were addressed through strategy implementation. While strategy implementation did not begin until late 2017, this county still saw some reduction between 2014 and 2016 in 30 Day Alcohol Use; Permissive Community Norms – Youth think it is easy for someone their age to obtain alcohol;

Permissive Community Norms - Most adults think it's acceptable for youth to use alcohol; Permissive Family Norms - Parents do not have clear rules; Permissive Family Norms - Parents think it's acceptable for youth to use alcohol; and Provision by Parents, with Permission. However, Low Perceived Risk of Harm stayed the same, while other contributing factors increased, including: Permissive Family Norms - Parents have not talked about not using alcohol (up 2%); and Provision by Parents, without Permission (up 4%).

From 2016 to 2018, 30 day Alcohol Use decreased, as well as the contributing factors: Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol; Permissive Community Norms - Most adults think it's acceptable for youth to use alcohol; Permissive Family Norms - Parents have not talked about not using alcohol; and Permissive Family Norms - Parents think it's acceptable for youth to use alcohol. During this time, Low Perceived Risk of Harm (up 1%), Permissive Family Norms - Parents do not have clear rules (up 1%), Provision by Parents, with Permission (up 3%) increased and Provision by Parents, without Permission stayed the same.

	2014	2016	2018
30 Day Alcohol Use	32%	23%	22%
Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol	65%	54%	52%
Permissive Community Norms - Most adults think it's acceptable for youth to use alcohol	38%	35%	34%
Low Perceived Risk of Harm	28%	28%	29%
Permissive Family Norms - Parents do not have clear rules	20%	18%	19%
Permissive Family Norms - Parents have not talked about not using alcohol	38%	40%	36%
Permissive Family Norms - Parents think it's acceptable for youth to use alcohol	20%	18%	17%
Provision by Parents, with Permission	40%	39%	42%
Provision by Parents, without Permission	24%	28%	28%

Health Disparities

The health disparate population identified in Iroquois County were African-American youth. The main strategy of the JJC to address health disparities was to reach out to agencies outside of Iroquois County which may serve the health disparate population in order to brainstorm with them how to reach the

population in Iroquois County and get feedback on the strategies being implemented. On January 18th, 2019, a JJC member from the schools sector and two SPF-PFS staff members met with a representative from the NAACP in Kankakee County to discuss the initiatives the JJC was implementing in Iroquois County. The purpose was to assess whether the NAACP members felt that the SPF-PFS strategies utilized the most effective means to reach ALL populations. The representative looked through all of the campaign and YPE materials and gave feedback on language, graphics used, media channels used and surveying methods used to suggest changes that would help reach all populations. The feedback received was very positive.

Like other rural coalitions, the low percentage of African-Americans in the community stood out as the most significant barrier in addressing health disparities. This made it challenging to reach out to the African American community for their input on disseminating the JJC's initiatives.

One staff member stated:

African Americans are our health disparate population, but they're only 1% of our population. So it's been very, very difficult because we're supposed to be trying to get representatives from the African American community to come to coalition meetings and be on committees.

Successes, Challenges, and Insights from Qualitative Interviews with Staff

Staff perceived the most successful aspect of the SPF-PFS project for Iroquois County was the coalition. The coalition had amazing turnouts with people who were hard-working and very motivated to participate. A productive coalition meant a successful project. One staff member stated:

I'm just so proud of how big the coalition has gotten and how all the towns in this huge, spread-out county have come together. It's amazing how everyone helps out whether they can make it to a meeting or not.

The main challenge with the SPF-PFS project for Iroquois County was the timeline. The project moved too slowly and a lot of the strategies that were developed were not implemented until late in the grant cycle. Even though this was a challenge, staff believed that Iroquois County had thrived with the SPF-PFS project.

One staff member's favorite things about the project was all of the training that was provided:

The SPF made it really easy to do because [there were a lot of] trainings. By the way, our coalition loves the SPF process. Everything that we did - every PowerPoint presentation that we brought in or whatever, they were just very impressed by it.

Community Profile 6: Kenneth Young Center

Target Area: Schaumburg, Hoffman Estates and Palatine, Illinois

Population: 194,679

Community Profile: The villages of Schaumburg, Hoffman Estates, and Palatine are part of a large Suburban area and are all primarily residential communities. Schaumburg has a population of 74,227 and is 19.33 square miles (2% water). Schaumburg has a number of large apartment complexes, forest preserves, a large retail mall and large shops (Woodfield, IKEA, Container Store), a ball park (Schaumburg Boomers), a small regional airport, and large corporate businesses (Motorola, IBM, AC Nielsen, Comcast). Palatine has a population of 68,557 and is 13.76 square miles (.14 sq mi water) and includes a large community college (Harper College). Hoffman Estates has a population of 51,895 and is 20.98 square miles (.18 sq mi water) with large corporate land holdings including Sears and AT&T.

Coalition Description: The villages' coalition is named the Communities for Positive Youth Development (CYPD). This coalition met approximately 15 times between 2016 and 2018 forming 6 subcommittees. These subcommittees met a total of 67 times between 2016 and 2018. Below are tables to illustrate the sectors represented on the coalition for each of the 4 years that sub-recipients reported in the Prevention Hub.

Sectors	FY2016	FY2017	FY2018
Business Community	X	X	X
Civic or Volunteer Organizations	X	X	X
Faith-Based Organizations		X	X
Healthcare Professionals/Agencies	X	X	X
Law Enforcement Agencies	X	X	X
Local or State Government Agencies	X	X	X
Media		X	X
Other Groups/Organizations	X	X	X
Parent/Family/Caregivers	X	X	X
Schools or School Districts	X	X	X
Youth or Student Groups	X	X	X
Youth Serving Organizations	X	X	
Total Sectors Represented	10	12	11

Priority Contributing Factors Identified Through Community Needs Assessment Process

All SPF-PFS sub-recipient community coalitions worked through an extensive needs assessment process in fiscal years 2016-2017. This process included a description of the community and target population, a resource assessment, a stakeholder readiness assessment, and an in-depth look at IYS and other local data. The data analysis compared local data from the past 3-5 years as well as a comparison with the state of Illinois, and included consumption, contributing factors, and consequence data. The result of this was a prioritization of factors that continued to get worse over time and/or were worse than the state data. The following are the 3 prioritized factors:

- 1) Provision by Parents
- 2) Permissive Family Norms
- 3) Provision by Other Adults

Strategies Implemented to Address Underage Alcohol Use and Contributing Factors

Based on the priority contributing factors identified through the needs assessment process, the sub-recipient community coalitions went through a strategic planning process. This process included developing a logic model and action plan, choosing strategies to address the specific contributing factors identified, and building the capacity of the coalition to implement the strategies in their community. Below are the strategies chosen, along with the start dates and number of people directly and indirectly reached through the implementation. The population reached includes an unduplicated count of those reached through each strategy from the start date through June 30, 2018 and from July 1, 2018 through June 30, 2019.

Strategy	Start Date	2018 Population Reached	2019 Population Reached	Contributing Factor
Communication Campaign for Parents	9/15/17	52,880	55,310	Provision by Parents Permissive Family Norms
Community Campaign for Adults	9/15/17	40,425	119,767	Provision by Other Adults
Policy - Social Host Ordinance	5/17/17	92,418	426,392	Provision by Parents Provision by Other Adults

Illinois Youth Survey Data

Data Quality/Representation

All sub-recipients were expected to recruit schools in their target area to participate in the IYS, which is a voluntary survey for schools. Through recruitment efforts, sub-recipients were often able to increase their data quality over the course of the grant. The goal was to get at least 70% of students in the target area to participate in the survey. Efforts began in 2014. Below is a table illustrating the data quality for the target area from 2014-2018.

IYS Data Quality	
2014	37%
2016	46%
2018	73%

Outcome Data

The table below shows the local Illinois Youth Survey data from 2014 through 2018. The percentages presented are the average across grades 8th, 10th, and 12th for consumption and the prioritized contributing factors that were addressed through strategy implementation. While strategy implementation did not begin until late 2017, the target area still saw some reduction from 2016 to 2018 in 30 Day Alcohol Use, and the contributing factors of: Provision by Parents, without Permission, Permissive Family Norms - Parents have not talked about not using alcohol, and Provision by Other Adults, Not Including Parents. However, the contributing factor Provision by Parents, with Permission

increased by 4% from 2016 to 2018. Note that 2014 data is not included for 2014 because of low survey participation that did not represent enough students.

	2014	2016	2018
30 Day Alcohol Use		21%	18%
Provision By Parents, with permission		40%	44%
Provision By Parents, without permission		25%	23%
Permissive Family Norms - Parents have not talked about not using alcohol		37%	35%
Provision By Other Adults, not including parents		27%	23%

Health Disparities

The health disparate population identified in this target area were Latino/Latina youth. Overall, due to their community's diversity, this sub-recipient had been addressing health disparities for some time and their overall coalition was already diverse and reportedly contributed "great ideas" regarding health disparities. They had been implementing strategies for addressing health disparities such as making informational surveys available in Spanish. So, in their health disparities plan they took these efforts further.

The main strategy implemented by the coalition to address health disparities was extensive community outreach, achieved by distributing culturally appropriate campaign materials (flyers, postcards, posters - all approved by the coalition). Staff established nine new strategic partnerships with local organizations serving Latinx population and/or being Latinx staff themselves. They scheduled presentations at school and community events, and partnered with community organizations that serve the Hispanic and Latino community. They engaged with Latino Family Outreach staff at schools to engage Hispanic parents and gather feedback on how the coalition can better address their needs.

They identified a challenge as gathering Latinx community feedback for communication campaigns. Also, the coalition had always made their informational surveys available in Spanish but had received few responses. Another challenge with the Health Disparities plan was that they felt it was rushed. One staff member who joined the project in the final few months shared her input on the plan:

Yeah, it kinda came towards the end of the grant this fall, so as we were wrapping up everything for sustainability, then we had the health disparity plan to work on. So for me, coming just a couple months before the grant was ending, it was like, "Okay, you gotta focus on sustainability, but then we have this going on," and the health disparity plan is still in the middle of implementation. Although, before we finished the health disparities plan, we were already doing a lot of the Spanish and English translation and working with the Latino community.

Successes, Challenges, and Insights from Qualitative Interviews with Staff

There were many success and challenges for Kenneth Young Center. The main success reported in an interview with staff was their IYS participation. There was an extremely high participation rate. One staff member shared:

“Well, I think the biggest thing specifically related to the IYS has been reaching 100 percent participation rate from all our schools in 2018.”

Along with their IYS participation rates, the staff also mentioned the sub-committees that were developed as being a success:

“We've created the North Suburban Community Network. It's a subcommittee for people wanting to do a better job of serving LGBTQ youth, for example. So, I feel like it has, if anything, grown stronger and now we just celebrated our fifth year.”

The staff also provided some insight and recommendations on how to do a few things better for future projects. The Kenneth Young Center believed that sending their coalition members to CADCA was very beneficial. As one staff member said:

“The value of CADCA? I can't even tell you how much that has helped, being able to use our resources to send people to that type of training. CADCA is the only thing around that allows us to bring coalition members to training where they themselves and people like them get an understanding of the SPF process, coalition community building and the importance of all of us working together.”

Community Profile 7: Oak Park Township

Target Area: Oak Park Township, Illinois

Population: 63,160

Community Profile: Oak Park Township consists of Oak Park and River Forest. These two communities have an urban/suburban setting. The village of River Forest is a more suburban community that has a forest preserve while Oak Park is more urban. Oak Park also has a business district that is growing consistently drawing in new people to their community.

Coalition Description: The Oak Park Township coalition is named the Oak Park-River Forest Workgroup for Positive Youth Development. This coalition met approximately 14 times between 2016 and 2018 forming 6 subcommittees. These subcommittees met a total of 27 times between 2016 and 2018. Below are tables to illustrate the sectors represented on the coalition for each of the 3 years that sub-recipients reported in the Prevention Hub.

Sectors	FY2016	FY2017	FY2018
Business Community	X	X	X
Civic or Volunteer Organizations	X	X	X
Faith-Based Organizations	X	X	X
Healthcare Professionals/Agencies	X	X	X
Law Enforcement Agencies	X	X	X
Local or State Government Agencies	X	X	X
Media		X	X
Other Groups/Organizations	X	X	X
Parent/Family/Caregivers	X	X	
Schools or School Districts	X	X	X
Youth or Student Groups		X	X
Youth Serving Organizations	X	X	X
Total Sectors Represented	10	12	11

Priority Contributing Factors Identified Through Community Needs Assessment Process

All SPF-PFS sub-recipient community coalitions worked through an extensive needs assessment process in fiscal years 2016-2017. This process included a description of the community and target population, a resource assessment, a stakeholder readiness assessment, and an in-depth look at IYS and other local data. The data analysis compared local data from the past 3-5 years as well as a comparison with the state of Illinois, and included consumption, contributing factors, and consequence data. The result of this was a prioritization of factors that that continued to get worse over time and/or were worse than the state data. The following are the 4 prioritized factors for Oak Park Township:

- 1) Access via Retail Outlets
- 2) Access via Parties/Social Events
- 3) Provision by Parents
- 4) Permissive Community Norms

Strategies Implemented to Address Underage Alcohol Use and Contributing Factors

Based on the priority contributing factors identified through the needs assessment process, the sub-recipient community coalitions went through a strategic planning process. This process included developing a logic model and action plan, choosing strategies to address the specific contributing factors identified, and building the capacity of the coalition to implement the strategies in their community. Below are the strategies chosen in Oak Park Township, along with the start dates and number of people directly and indirectly reached through the implementation. The population reached includes an unduplicated count of those reached through each strategy from the start date through June 30, 2018 and from July 1, 2018 through June 30, 2019.

Strategy	Start Date	2018 Population Reached	2019 Population Reached	Contributing Factor
Communication Campaign for Parents	11/8/17	3,281	5,021	Provision by Parents
Communication Campaign for Youth	10/31/17	2,034	3,106	Permissive Community Norms
Youth Prevention Education – Project Toward No Drug Abuse	10/2/17	1,132	923	Permissive Community Norms
Compliance Checks	10/2/2018	46	0	Access Via Retail Outlets

Illinois Youth Survey Data

Data Quality/Representation

All sub-recipients were expected to recruit schools in their target area to participate in the IYS, which is a voluntary survey for schools. Through recruitment efforts, sub-recipients were often able to increase their data quality over the course of the grant. The goal was to get at least 70% of students in the target area to participate in the survey. Efforts began in 2014. Below is a table illustrating the data quality for Oak Park Township from 2014-2018.

IYS Data Quality	
2014	77%
2016	68%
2018	57%

Outcome Data

The table below shows the local IYS data from 2014 through 2018. The percentages presented are the average across grades 8th, 10th, and 12th for consumption and the prioritized contributing factors that were addressed through strategy implementation. While strategy implementation did not begin until late 2017, this county still saw some reduction from 2014 to 2016 in 30 Day Alcohol Use and the following contributing factors: Accessibility via Retail Outlets; Provision by Parents, without Permission; Accessibility via Parties/Social Events; Permissive Community Norms - Most adults think it's acceptable

for youth to use alcohol; and Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol.

From 2016 to 2018, 30 Day Alcohol Use decreased by 3% along with the contributing factors: Provision by Parents, with Permission; Accessibility via Parties/Social Events; and Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol. However, Accessibility via Retail Outlets (up 3%) Provision by Parents, without Permission (up 5%), and Permissive Community Norms - Most adults think it's acceptable for youth to use alcohol (up 2%) all increased.

	2014	2016	2018
30 Day Alcohol Use	37%	30%	27%
Accessibility via Retail Outlets	14%	12%	15%
Provision By Parents, with permission	32%	38%	35%
Provision By Parents, without permission	29%	24%	29%
Accessibility via Parties/Social Events	46%	44%	40%
Permissive Community Norms - Most adults think it's acceptable for youth to use alcohol	28%	26%	28%
Permissive Community Norms - Youth think it is easy for someone their age to obtain alcohol	66%	62%	60%

Health Disparities

The Oak Park Township PYD workgroup adjusted their focus to the Latinx population in Oak Park and River Forest and brainstormed additional ways to engage this population. They also enlisted the National Guard to help translate some of the campaign materials in Spanish. They worked on a health survey that went out to providers in the area to help assess barriers to services and understand behaviors.

They found the most significant barrier to be difficulties engaging members of the disparate population and getting them to understand the need to become more involved.

Successes, Challenges, and Insights from Qualitative Interviews with Staff

There were many successes and challenges throughout Oak Park Township's time with the SPF project. The staff had very positive remarks about the communications campaigns:

"I would say the communication campaigns have been successful, the parent campaign and the youth. The youth have been involved, but not at the level needed. So [we are] starting a youth advisory council...we're trying to get more

kids involved and not just one little cluster of kids from the high school. We talked about bringing in middle school kids too."

Along with the successful communications campaigns, the staff was really happy about how the community used the Strategic Prevention Framework. This was labeled one of the greatest achievements.

Even though there were amazing successes, there were a few complications that followed the project as well. Oak Park Township had to hire a new project coordinator in the middle of the grant. This was a struggle because the new coordinator did not have the knowledge of the program and where they were in the process. The project coordinator suggested a "crash-course" or training session that would get people up to speed who were hired later on. Along with complications in hiring, there was also a lot of documentation. The staff mentioned: *"It just got stalled based off the paperwork required. That was a big challenge this past six or seven months."*

Community Profile 8: Piatt County Mental Health Center

Target Area: DeWitt County, Illinois

Population: 16,247

Community Profile: DeWitt County is a rural community with the county seat located in Clinton, Illinois. Farming is a large part of the community. Clinton is one of the most productive agricultural areas in the nation. Clinton Lake is also a popular tourist and camping attraction in the area. Another major business in the area is the Exelon plant, which employs around 700 people in DeWitt County and the surrounding areas. The main events and tourist attractions are the Apple and Pork Festival and May Days carnival. Though the Apple and Pork Festival does not sell alcohol, the May Days carnival does. According to key informant interviews, Clinton Lake is a site where teens can drink without risk of being caught. There is much farmland in the area and back roads that are also sites of underage drinking.

Coalition Description: The DeWitt County coalition is named “The Coalition for Bright Futures” (C4BF). This coalition met approximately once per month from 2016-2018, for a total of 30 meetings. No subcommittees were formed, as the whole coalition met each month. Below are tables to illustrate the sectors represented on the coalition for each of the 3 years that sub-recipients reported in the Prevention Hub.

Sectors	FY2016	FY2017	FY2018
Business Community			
Civic or Volunteer Organizations	X	X	X
Faith-Based Organizations	X	X	X
Healthcare Professionals/Agencies		X	X
Law Enforcement Agencies	X	X	X
Local or State Government Agencies	X	X	X
Media	X	X	
Other Groups/Organizations		X	X
Parent/Family/Caregivers	X	X	X
Schools or School Districts	X	X	X
Youth or Student Groups	X	X	X
Youth Serving Organizations	X	X	X
Total Sectors Represented	9	11	10

Priority Contributing Factors Identified Through Community Needs Assessment Process

All SPF-PFS sub-recipient community coalitions worked through an extensive needs assessment process in fiscal years 2016-2018. This process included a description of the community and target population, a resource assessment, a stakeholder readiness assessment, and an in-depth look at IYS and other local data. The data analysis compared local data from the past 3-5 years as well as a comparison with the state of Illinois, and included consumption, contributing factors, and consequence data. The result of this was a prioritization of factors that continued to get worse over time and/or were worse than the state data. The following are the 3 prioritized factors for DeWitt County:

- 1) Provision by Parents
- 2) Provision by Other Adults
- 3) Low Perceived Risk of Harm

Strategies Implemented to Address Underage Alcohol Use and Contributing Factors

Based on the priority contributing factors identified through the needs assessment process, the sub-recipient community coalitions went through a strategic planning process. This process included developing a logic model and action plan, choosing strategies to address the specific contributing factors identified, and building the capacity of the coalition to implement the strategies in their community. Below are the strategies chosen in DeWitt County, along with the start dates and number of people directly and indirectly reached through implementation. The population reached includes an unduplicated count of those reached through each strategy from the start date through June 30, 2018 and from July 1, 2018 through June 30, 2019.

Strategy	Start Date	2018 Population Reached	2019 Population Reached	Contributing Factor
Communication Campaign for Parents	11/15/2017	90	0	Provision by Parents and Other Adults
Communication Campaign for Youth	10/30/2017	149	0	Low Perceived Risk of Harm

Illinois Youth Survey Data

Data Quality/Representation

All sub-recipients were expected to recruit schools in their target area to participate in the IYS, which is a voluntary survey for schools. Through recruitment efforts, sub-recipients were often able to increase their data quality over the course of the grant. The goal was to get at least 70% of students in the target area to participate in the survey. Efforts began in 2014. Below is a table illustrating the data quality for DeWitt County from 2014-2018.

IYS Data Quality	
2014	46%
2016	72%
2018	70%

Outcome Data

The table below shows the local IYS data from 2014 through 2018. The percentages presented are the average across grades 8th, 10th, and 12th for consumption and the prioritized contributing factors that were addressed through strategy implementation. While strategy implementation did not begin until late 2017, this county still saw some reduction from 2016 to 2018 in 30 Day Alcohol Use; Provision by Parents, with Permission; Provision by Parents, without Permission; Provision by Other Adults, Not Including Parents; and Low Perceived Risk of Harm.

Note that 2014 data is not included for DeWitt County because of low survey participation that did not represent enough students in the county.

	2014	2016	2018
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30 Day Alcohol Use		27%	21%
Provision by Parents, with Permission		40%	32%
Provision by Parents, without Permission		33%	28%
Provision by Other Adults, Not Including Parents		34%	29%
Low Perceived Risk of Harm		29%	27%

Health Disparities

The coalition voted on a statement created in April 2018 to focus on the Latinx population in DeWitt County. Since they did not have any providers of services directly targeting the Latinx community, the coalition included Latinx imaging in communication campaign materials as well as translated several pieces into Spanish.

The most significant overall accomplishment was producing surveys and communication materials in Spanish. The Prevention Specialist Support staff and a local Spanish Teacher translated communication material for surveys and posters.

The most significant barrier reported was that DeWitt County has a very low percentage of Latinx population and there were no providers of services that specifically targeted this demographic. In addition, the low Latinx population across the community made it extremely difficult to engage them in coalition activities. According to one staff member:

I disagreed with the coalition's health disparity. They chose to focus in on the Latino population. There is a very small Latino population, and it is a rural county that has little to no services that specifically target the Latino population. So when we start going after a health disparity, nobody wants to engage with us. We have no resources to refer them to, so our health disparity report is not very effective. I'm gonna be realistic about where we swung and missed at that one.

The staff member went on to offer a different approach:

I mean, we might have had better engagement if we would have went after a different disparity model. I guess for me, I'll show my ignorance on it. I don't know if healthy disparity would even talk about gender identity or sexuality issues because I think we probably have higher numbers of individuals that do not identify with a heterosexual preference then even Latinos, to be honest with you.

Successes, Challenges, and Insights from Qualitative Interviews with Staff

One challenge was the amount of report writing associated with this grant, according to project staff, a key challenge was... *"the amount of reports that had to be written, I feel like we do more report writing than engagement."* Another challenge was coalition members' participation:

The problem with any coalition is trying to get max capacity and just trying to get the right players there. In my opinion, we never found a great time [to meet] because we kept trying to adjust to get everyone there. So it seemed like it'd be hit or miss. All right, well, we've got this business sector here but this guy couldn't make it. Well, okay, he can't make it because he says 10:00 Wednesdays we're good. Let's throw it to 4:00 on Thursdays. Then you lose everybody else. A lot of youth can't make the middle of the day. [The staff] got real creative. They started saying, 'All right, well, how about we do some videoconferencing,' and we'll bring that in. So they would go to the school, and sit during a lunch hour with the students there." But in my opinion, we never found a great time because we kept trying to adjust to get everyone.

Despite the challenge with IYS participation, one key success reported by staff was IYS participation:

One of the biggest successes is IYS participation. So when we came in, it was at a 47 percent county rate. This last year, we were able to get that participation rate up to 70 percent by 2018. I'm proud of it and proud of the work that we did.

Another reported success was reducing the targeted outcomes, both alcohol use and contributing factors:

The other one, which I think is exactly what we were targeting, is 30-day usage rates going down 5 percent on average across every single age group, 8th, 10th, and 12th graders. So when I walk away from it, I would like to say we were successful. We got that rate down. We were able to raise low-perceived risk. Youth are saying, "Yeah, that's an issue. Underage drinking is an issue". And overall, we also saw an increase in self reports of students saying, "My parents have talked to me about the dangers of underage drinking".