

## 2017 Model Practices

### Applicant Information

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### Model Practice Title

Please provide the name or title of your practice: \*

Community Partners Against Substance Abuse (CPASA)

### Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply: \*

- |   |  |   |   |   |
|---|--|---|---|---|
| <input checked="" type="checkbox"/> Access to Care  | <input checked="" type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control                 | <input checked="" type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations      |
| <input checked="" type="checkbox"/> Community Involvement                                   | <input type="checkbox"/> Cultural Competence                   | <input type="checkbox"/> Emergency Preparedness         | <input type="checkbox"/> Environmental Health                   | <input type="checkbox"/> Food Safety                          |
| <input type="checkbox"/> Global Climate Change  | <input type="checkbox"/> Health Equity                         | <input type="checkbox"/> HIV/STI                        | <input type="checkbox"/> Immunization                           | <input type="checkbox"/> Infectious Disease                   |
| <input type="checkbox"/> Informatics  | <input type="checkbox"/> Information Technology                | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion                | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices   | <input type="checkbox"/> Other Infrastructure and Systems      | <input type="checkbox"/> Organizational Practices       | <input type="checkbox"/> Primary Care                           | <input type="checkbox"/> Quality Improvement                  |
| <input type="checkbox"/> Research and Evaluation  | <input checked="" type="checkbox"/> Tobacco                    | <input type="checkbox"/> Vector Control                 | <input type="checkbox"/> Water Quality                          | <input type="checkbox"/> Workforce                            |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health |  |   |   |   |

Other::

Substance Abuse Prevention, Opioid addiction, Prescription and over the counter drug abuse

Is this practice evidence based, if so please explain. :

CPASA is a Drug Free Communities grantee and participates in the study of those programs by SAMHSA and the White Office of National Drug Control Policy. CPASA follows the National Strategic Prevention Framework. A primary data source utilized by CPASA is the Illinois Youth Survey, developed and conducted by the Center for Prevention Research and Development at the University of Illinois. CPASA programs have included the SAMHSA Talk They Hear You campaign and other programs. Programs on the National Registry of Evidence-based Programs and Practices are reviewed for potential with new issues. CPASA's members include a former educator trained to Institutional Review Board standards for research involving youth.

## Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: \*

- Food Safety       HIV in the U.S.       Nutrition, Physical Activity, and Obesity       Tobacco       Healthcare-associated Infections
- Motor Vehicle Injuries       Teen Pregnancy       None

## Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

**Your summary must address all the questions below:**

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

**750 Word Maximum**

In 2007, The Bureau, Putnam County Health Department began a community coalition to address substance abuse by youth. In 2014, members of that group were invited to speak on the formation of community substance abuse coalitions for the annual meeting of new grantees of the Drug Free Communities grant program. In 2015, the group was invited to present to the Illinois National Guard Counter-Drug Task Force to explain how community drug coalitions work. In 2016, the group was asked to speak as part of a statewide summit on the opioid crisis hosted by the Illinois Critical Access Hospital Network and the Illinois Department of Public Health. Following the opioid crisis, the group was invited back to Springfield to present a day long program on how communities can form effective coalitions. Feedback from that conference suggested that representatives of at least 30 Illinois communities went home and held follow-up meetings to explore the formation of their own local coalition. Community Partners Against Substance Abuse (CPASA) began in 2007 as a product of the Illinois Project for Local Assessment of Needs (IPLAN) substance abuse workgroup formed by the then Bureau Putnam County Health Department. IPLAN is a community health assessment and planning process that is conducted every five years by local public health jurisdictions in Illinois. Seven members began the coalition. Today, there are 143 active members attending monthly and team meetings and/or assisting at events and programs. The Bureau Putnam Health Department partners on projects with CPASA, acts as fiscal agent, provides meeting space and office space for the coordinator and is represented on the leadership team. The goals and objectives of the coalition are defined by its mission to: Reduce substance abuse among youth in Bureau and Putnam Counties and, over time, among adults by addressing the factors in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. CPASA's vision is: "Working together to help our youth stay healthy, safe, and substance free." Today, CPASA members work as a committee of the whole and in eight teams focused on: • Leadership, • Youth, • Schools, • Law Enforcement, • Policy, • Marketing, • Data and Evaluation, and • Sustainability. A total of 40,521 people live in the 1,028.92 square mile area served by CPASA according to the U.S. Census Bureau American Community Survey 2009-13 5-year estimates. The service area covers all of Bureau and Putnam Counties in North-Central Illinois. The population density for this area, estimated at 39.38 persons per square mile, is less than half of the national average population density of 88.23 persons per square mile. In short, we are rural. 28.42% of all occupied households in the report area are family households with one or more child(ren) under the age of 18. Within the service area 2,892 public school students or 46.53% are eligible for Free/Reduced Price lunch out of 6,359 total students enrolled. In the service area 20.6% or 1,834 children aged 0-17 are living in households with income below the Federal Poverty Level. Results, outcomes and impact as a direct or linked result of the work of CPASA and its members include: • Local resolutions and ordinances o addressing synthetic drugs o imposing penalties for social hosts of youth parties o requiring keg registration o requiring Beverage Alcohol Servers and Sellers Training (BASSET) o creating smoke free public places o adding e-cigarettes to one school tobacco policy • Long term reduction in number of youth reporting that they got alcohol at parties in the past year. • Long term reduction in the number of youth reporting that they were able to purchase their own alcohol at local businesses. • Long term increase in the number youth reporting that they had not consumed alcohol in the past 30 days and the past 12 months. • Improvement from 2014 to 2016 in 12 of 17 core measures involving alcohol, tobacco, marijuana and drugs not prescribed by 12th graders and 15 of 17 by 10th graders. • Collection and destruction of 10,132 pounds of prescription and over the counter drugs between July, 2010 and October, 2016. • Purchase of an incinerator with locally raised funds to facilitate destruction of drugs by local law enforcement. • Distribution of 7 permanent prescription drug disposal boxes • Facilitation of a Heroin Task Force in partnership with 2 MRC Units that, in one year: o Trained all local law enforcement officers in 3 counties in the use of Narcan and distributed a Narcan nasal kit to each officer trained. o Developed referral sources - and resources (including transportation and peer support) for in-patient rehabilitation for addiction. o Developed an "I need help" drop-in policy with local law enforcement o Facilitated the formation of local recovery and family support groups. o Worked with coalition members to increase local access to mental health and medical services for persons with substance abuse issues including addiction o Targeted free testing for HIV and Hepatitis C. o Saw Heroin related deaths in one of our counties drop from 8 in the first nine months of 2015 to 1 in the first nine months of 2016. CPASA utilizes logic models, action plans and process evaluation to guide its efforts and, thus far, always has emerging objectives to address local conditions. The broad base and dedication of the membership – including the 12 sectors and ranging from sheriffs, to school superintendants, to business persons, to faith leaders, to health care providers, to parents, to youth to addicts in recovery all come together to account for the success of CPASA in the communities it serves. CPASA serves as a super coalition for community organizations and agencies, impacting public health by providing opportunities to share resources and act together on issues related to substance abuse, mental health, other community health issues and other community needs.

## Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
  - What is the target population size?
  - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?

- Is current practice innovative? How so/explain?
  - Is it new to the field of public health  
**OR**
  - Is it a creative use of existing tool or practice:  
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

## 2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : \*

CPASA was formed out of a working group of the Bureau Putnam Health Department in response to the identification of substance abuse among youth as a prioritized community health need in a health needs assessment conducted by the Bureau Putnam Health Department in 2007. Statement of the problem/public health issue The problem is - substance abuse among youth and the related issue of substance abuse overall in the community. • What target population is affected by problem (please include relevant demographics) A total of 40,521 people live in the 1,028.92 square mile service area according to the U.S. Census Bureau American Community Survey 2009-13 5-year estimates. There are 9,115 under the age of 18. This is the primary target population. The median age in Bureau County is 43. It is 45 in Putnam County. The population is 96% white. The area is rural. ◦ What is target population size? A total of 40,521 people live in the 1,028.92 square mile service area according to the U.S. Census Bureau American Community Survey 2009-13 5-year estimates. There are 9,115 under the age of 18. This is the primary target population. ◦ What percentage did you reach? CPASA utilizes media, social media, billboards, programs at schools and in the community and other means to deliver its messages. It is reasonably believed that large segments of the service area have had contact with CPASA or received its messages. Multiple programs for parents and adult community members have seen attendance in excess of 100 persons. School based programs often reach the entire student body. • What has been done in the past to address the problem? Prior to CPASA community efforts primarily involved DARE, smoking prevention programs offered by public health and others and state supported prevention programs. • Why is current/proposed practice better? The collaborative approach of the community coalition is able to share and create resources and open doors necessary to address the issues. CPASA has little problem getting into schools or businesses with education and programs and, through its members and partners, can develop creative resources and partnerships that were not seen before. • Is current practice innovative? How so/explain? The most innovative aspect of the coalition, possibly, is the level of collaboration among members that are often competitors away from CPASA's table and issues. Businesses, health care services providers and others have become willing to pool resources or deliver pieces of comprehensive plans in order to meet identified needs. In addition, CPASA utilizes technology to offer an electronic guide to community substance abuse coalitions in Illinois and currently has a team working on a web-based substance abuse prevention curriculum for use in schools and in conjunction with schools for grades k – 12. ◦ New to the field of public health OR ◦ Creative use of existing tool or practice ? What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.) CPASA is an excellent pre-and post- Affordable Care Act example of local public health developing community engagement to address community health issues through prevention focused on personal and environmental change. It is also an example of effective use of process evaluation to modify logic models and action plans to reflect real world influences and reach long term impacts. Finally, the 12 sector approach to whole community representation made possible environmental changes in the form of local ordinances and policy changes. • Is current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.) CPASA is a Drug Free Communities grantee and participates in the study of those programs by SAMHSA and the White Office of National Drug Control Policy. CPASA follows the National Strategic Prevention Framework. A primary data source utilized by CPASA is the Illinois Youth Survey, developed and conducted by the Center for Prevention Research and Development at the University of Illinois. CPASA programs have included the SAMHSA Talk They Hear You campaign and other programs. Programs on the National Registry of Evidence-based Programs and Practices are reviewed for potential with new issues. CPASA's members include a former educator trained to Institutional Review Board standards for research involving youth.

## LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
  - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice

- Were other stakeholders involved? What was their role in the planning and implementation process?
  - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

### 5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): \*

Goal(s) and objectives of practice: The goals and objectives of the coalition are defined by its mission to: Reduce substance abuse among youth in Bureau and Putnam Counties and, over time, among adults by addressing the factors in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. CPASA's vision is: "Working together to help our youth stay healthy, safe, and substance free." • What did you do to achieve the goals and objectives? CPASA formed a strong community coalition following the Strategic Prevention Framework and drawing members from each of the 12 community sectors: • Youth (persons <= 18 years of age) • Parents • Business community • Media • Schools • Youth-serving organizations • Law enforcement agencies • Religious or fraternal organizations • Civic and volunteer groups • Healthcare professionals • State, local or tribal agencies with expertise in the field of substance abuse • Other organizations involved in reducing substance abuse In addition CAPSA partners with the Illinois National Guard and the Illinois Liquor Control Commission for programming. ◦ Steps taken to implement the program CPASA follows logic models updated annually and also follows annual action plans. Programs and projects implemented have included: • Prescription Pill and Drug Disposal Program - P2D2 ◦ Incinerator purchase ◦ 7 permanent collection boxes • Beverage Alcohol Sellers & Servers Education & Training - B.A.S.S.E.T. • Project Sticker Shock • Putnam County Partners in Education Program • Kids Can't Buy 'Em Here • Public Service Announcements • Draw the Line Pledge • Shoulder Tap • Party Patrols • "I Choose" Program • Talk, They Hear You • Youth Activities ◦ BP Power ◦ Interact • NotMYkid Program • PACT 360 • Current Drug Trends • STOP Meth Now • Community Service Project: "Distractions Slow Reactions, just like Drugs" • CPASA Newsletters • Teen Showcase • Family Fun Day • Illinois Liquor Control Commission - local inspectors pilot project • Hidden in Plain Sight • Any criteria for who was selected to receive the practice (if applicable)? CPASA directs its projects and programs to everyone in the community including youth and adults. In some cases, some programs, projects or services have been developed for specific segments of the community including youth, parents, local officials and substance abusers and addicts. • What was the timeframe for the practice CPASA has been growing for eight years. • Were other stakeholders involved? What was their role in the planning and implementation process? CPASA has 143 local members that work as a committee of the whole and in teams. Attendance at monthly meetings routinely numbers from 45 – 60. Teams meet and work at other times ◦ What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s) Bureau Putnam Health Department is the home for CPASA. The organization developed from a needs assessment conducted by the health department. CPASA's Coordinator and Assistant are health department employees, paid through federal Drug Free Community grant funds. Additionally, the health department partners their Tobacco Prevention program with CPASA and provides a Youth Coalition Leader through tobacco grant funds. The health department also serves as fiscal agent and provides input and resources for the coalition. The health department has encouraged the membership to take ownership of CPASA and its direction. There is an excellent relationship among health department staff and CPASA membership. • Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown. Start up costs were all in-kind and are estimated at \$12,000, which include approximately 20% of the Coalition Leaders time and 3% of Administrator's time for the first year, as well as supplies for pamphlets, fliers, etc and mileage to meetings and events. After the first year, the health department applied for and received a \$10,000 meth awareness grant for CPASA. This funding went directly to services though and the remaining expenses (approximately the same as the first year) were in-kind through the health department. The third year, the health department was awarded a federal Drug Free Communities grant for CPASA. As the organization developed it sought additional grants and other funding, and was honored to be one of only 18% of coalitions across the nation to receive a second 5-year Drug Free Communities grant. In the 2015-2016 year, CPASA expenditures were approximately \$170,000.00. The budget supports a full time coordinator, part time support staff, projects and programs, and staff and member training. That amount was matched with volunteer time and services in-kind at 125% by members and others.

## Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
  - List any primary data sources, who collected the data, and how (if applicable)
  - List any secondary data sources used (if applicable)
  - List performance measures used. Include process and outcome measures as appropriate.
  - Describe how results were analyzed

- Were any modifications made to the practice as a result of the data findings?

## 2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): \*

What did you find out? Even in small rural locations, it is possible to build effective broad based community coalitions to respond to identified public health needs with efforts resulting in personal and environmental change. To what extent were your objectives achieved? Please re-state your objectives. The overall goal of the coalition is very broad and is defined by its mission to: Reduce substance abuse among youth in Bureau and Putnam Counties and, over time, among adults by addressing the factors in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. CPASA's vision is: "Working together to help our youth stay healthy, safe, and substance free." CPASA has seen some of those goals realized in reduction of tobacco and alcohol use and has had positive impact on the local heroin and prescription drug addiction picture. The coalition's objectives are set in annual work-plans and include strategic steps to obtaining the overall goal. These objectives have been met each year for the last 7 years. However, we measure our success by tracking strategic components of the IL Youth Survey. We are excited to see long term change in several of these components, including:

- Long term reduction in number of youth reporting that they got alcohol at parties in the past year.
- Long term reduction in the number of youth reporting that they were able to purchase their own alcohol at local businesses.
- Long term increase in the number youth reporting that they had not consumed alcohol in the past 30 days and the past 12 months.
- Improvement from 2014 to 2016 in 12 of 17 core measures involving alcohol, tobacco, marijuana and drugs not prescribed by 12th graders and 15 of 17 by 10th graders.

• Did you evaluate your practice? CPASA utilizes process evaluation and short, medium and long term outcome evaluation.

- List any primary data sources, who collected the data, and how (if applicable) Primary data has been collected from local law enforcement, coroners and health care providers through interviews and group discussions. Primary data has been collected from community members at CPASA meetings and at town hall meetings and community programs. Primary data has been collected from youth through focus inquiry and through locally developed and administered surveys.
- List any secondary data sources used (if applicable) Secondary data has been used from the Illinois Youth Survey, the Illinois Department of Public Health, Community Commons, ESRI and SAMHSA, all of which are available online.
- List performance measures used. Include process and outcome measures as appropriate. Overall performance measures are reduction in substance use among youth, increased awareness in the community and among youth, reduction in access to opioids, reduction in deaths and hospital visits related to substance abuse, ordinances and resolutions passed and member satisfaction. Specific measures are taken from the Illinois Youth Survey and include past 30 day use of alcohol, tobacco and marijuana in grades 8, 10 and 12.
- Describe how results were analyzed Results are reviewed on short, medium and long term bases relying on information and data from the IYS and local sources.
- Were any modifications made to the practice as a result of the data findings? Yes. Community awareness programs have been modified based on information and data concerning persons reached and public response reviewed. Decisions were made based on expanding projects to additional locations including programs and drug collection boxes.

## Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
  - Describe sustainability plans

## 1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): \*

Lessons learned in relation to practice Structure matters. Success of a community coalition relies on the diversity of members across different sectors; the continued focus of coalition work, regular meetings, a welcoming coalition leader who is passionate about the work the coalition is doing and helping members to move into committee work or to be involved in local events.

- Lessons learned in relation to partner collaboration (if applicable) 1. Inclusion in decision making and activities are keys to membership involvement. Every CPASA member has the opportunity to be as involved in projects and programs as they choose to be. CPASA is not an organization where everyone attends monthly meetings and goes home until the next meeting. 2. Sharing credit for projects, programs and other efforts is essential. 3. Celebrating successes is important to morale. 4. Acting as a clearinghouse for information and data sharing has been a valuable tool for our members and their organizations and agencies and helps to sustain participation.
- Did you do a cost/benefit analysis? If so, describe. No.
- Is there sufficient stakeholder commitment to sustain the practice? There is sufficient stakeholder commitment to sustain the organization. The extent of support staff and number of programs that can be undertaken once the current federal funding is done will depend on the ability to prospect for public and private funding opportunities and fundraising.
- Describe sustainability plans CPASA has developed a program sustainability plan for some programs based on fees and donations and on the ability of partner members to champion specific efforts. Financial sustainability is based on aggressive funding searches. In addition, fundraising is being developed and includes:
  - An annual golf outing
  - Dinner at a popular area restaurant
  - Business donations
  - Organization donations
  - A large rummage sale in association with a multi-county event
  - T-shirt sales

How did you hear about the Model Practices Program?: \*

I am a previous Model Practices applicant

At a Conference

NACCHO Website

Public Health Dispatch

Colleague in my LHD

Model Practices brochure

NACCHO Exhibit Booth

NACCHO Connect

Colleague from another public health agency

E-Mail from NACCHO

NACCHO Exchange