

2007
CABELL COUNTY
COMPREHENSIVE
STRATEGIC
SUBSTANCE ABUSE
PREVENTION PLAN

Prepared On Behalf Of
Cabell County Substance Abuse Prevention Partnership
December 18, 2006

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I. INTRODUCTION AND SUMMARY

The following report is a compilation of information gathered and generated as a result of a grant award to the United Way of the River Cities, Inc. for local prevention planning efforts associated with West Virginia's Strategic Prevention Framework State Incentive Grant ("SPFSIG"). The Cabell County Substance Abuse Prevention Partnership ("CCSAPP") was created as a result of this effort and in an eight month time period has grown and developed into an active, working coalition consisting of partners representing a variety of local agencies, organizations and individuals. CCSAPP has followed the SPFSIG process as led by the staff of the West Virginia Prevention Resource Center and this document summarizes CCSAPP's efforts. Included is an assessment of the data indicating substance abuse issues in Cabell County, an overview of the capacity of CCSAPP, the comprehensive strategic plan devised by CCSAPP based on the SPFSIG process, and the evaluation plan and proposed budget for the implementation of the strategic plan.

Substance abuse issues in Cabell County are of grave concern to many in the community. In 2003, United Way of the River Cities, in collaboration with two local organizations, conducted a local needs assessment, the Compass II Survey. Substance abuse was listed by a majority of participants of the survey as being of major concern. A focus group working with the results of the survey recommended that the community mobilize to develop a broad base of prevention education and activities and increase services and treatment being offered. In 2005, drug related violence increased in Cabell County as out-of-town drug dealers set up shop, business boomed and the dealers began referring to the City of Huntington as "Moneyton". Several town meetings held in 2005 and early 2006 demonstrated the concern of the community as drug related murders, drive-by shootings and armed robberies were reported.

Although the community is motivated "to do something" because of the drug related violence, the data is compelling in revealing that a culture of

substance use is tolerated by adults and youth. Mortality, arrest and treatment rates are higher than state rates and some consumption rates exceed both state and national levels. Underage alcohol use and youth and adult consumption of cocaine and the non medical use of prescription medication are the primary concerns as based on the data. The citizens of Cabell County must address not only the criminal aspects of substance use, but also the treatment and prevention aspects. This plan focuses on the prevention efforts that CCSAPP plans to undertake in light of the data, the capacity of the partnership, the community's readiness, and the strategies recommended by the federal Center for Substance Abuse Policy ("CSAP").

II. ASSESSMENT- ***Identifying and Describing Substance Abuse Problems In Cabell County***

Illicit drug use and alcohol abuse are significant problems for youth, 18 to 25 year old and adult populations in Cabell County. In preparing this description of the extent of substance abuse in Cabell County a variety of information was compiled. Although this assessment relies heavily upon a data report prepared on behalf of West Virginia's Partnership to Promote Community Well-Being and the West Virginia Division of Alcohol and Drug Abuse (hereinafter referred to as the "Indicator Profiles"), local data, where available, is mentioned where applicable.

The Indicator Profiles list many separate substance abuse indicators and the percentage rates for all 55 counties. The indicators are divided into 4 categories: demographics, consequences, consumption, and medicating/causal factors. The indicators overwhelmingly show that Cabell County rates exceed state rates for most indicators. With regard to the 17 demographic indicators, Cabell County exceeds state rates for 12 of the indicators. (Indicator Profiles pp.1-18). Cabell County exceeds the state rates for 22 of the 30 substance abuse consequence indicators. (Indicator Profiles, pp.20-49). Data compiled

with regard to the consumption of alcohol, drugs and tobacco shows that Cabell County rates rank higher for 25 of the 42 consumption indicators; and 35 of the 51 contributing/casual factor indicators compiled listed. (Indicator Profiles, pp.51-91 pp. 93-137).

A. Cabell County Demographics

Unlike most counties in West Virginia, Cabell County is a regional urban center for: health care services including trauma, mental health, and substances abuse treatment services; higher education; veteran's services; and social services for a significant homeless population. Although the ethnic/racial composition may be slightly more diverse in Cabell County than other counties in West Virginia, there is no question that Cabell County is "right smack dab" in the middle of Appalachia with all of its attendant economic, cultural and traditional characteristics.

1. *Geographic and Population Indicators*

Cabell County is located in western West Virginia (WV) along the Ohio River and covers 285.95 square miles and is bordered by the WV counties of Wayne, Lincoln, Putnam and Mason, and Lawrence County in Ohio. Cabell County is the second largest county in WV with a five year (1999-2003) average total population of 96,013 residents. (U.S. Census Bureau Population Estimates at www.census.gov/popest/datasets.html). Huntington, with a population of 49,891 is the second largest city in the state. (Huntington QuickFacts from the US Census Bureau at <http://quickfacts.census.gov/qfd/states/54/5439460.html>). Huntington is also a part of the Huntington-Ashland, WV-KY-OH, Metropolitan Statistical Area (MSA), with a population of 288,649 as of the 2000 census. Also located in Cabell County are the following population centers: the town of Milton

(population 2,206), the village of Barboursville (population 3,183), and the Huntington suburb, Pea Ridge, a census-designated place (population 6,363). (US Census Bureau at <http://quickfacts.census.gov>).

The 2005 population estimate for Cabell County is 94,031, the 2000 Census reported the population at 96,784 and the 1990 Census reported the population at 96,827, indicating a population loss of -2.88% in the last fifteen years. (U.S. Census Bureau, 2005 Population Estimates, Census 2000, 1990 Census). In 1960 the population of Cabell County was at its highest, 108,202. (U.S. Census Bureau).

According to the U.S. Census, 6.2% of the residents of Cabell County identify themselves as non-white or non-Caucasian which is 33.33% higher than WV as a whole. The racial/ethnic composition of the county is 93.4% White, 4.3% African-American; 0.8% Asian; 0.7% Hispanic or Latino; 0.2% American Indian or Alaskan Native; and less than 1% other. As reported in the annual estimates of total population obtained from the U.S. Census Bureau, 20% of the population was 17 or younger and 16% was 65 or older, the median age was estimated at 37.5. (U.S. Census Bureau Population Estimates at www.census.gov/popest/datasets.html).

Marshall University, one of two state universities, is located in Huntington. The student population at Marshall is reported at 16,500 students, 12,000 of whom are undergraduates. On campus housing is limited as residential housing can accommodate 2,320 students. The 2000 U.S. Count reported 1,662 students living in college dorms. (U.S. Census Bureau, Census 2000 Summary File 1 and 3). However, many apartment complexes and rental units are located in nearby neighborhoods.

Other populations reported living in group quarters in Cabell County include 246 persons residing in correctional institutions, 470 persons residing in nursing homes, 278 living in various other institutions which may include: halfway houses, juvenile training schools and other group facilities. Two hundred sixty one persons are reported residing in non-institutionalized group

quarters such as religious quarters and shelters. (U.S. Census Bureau, Census 2000 Summary File 1 and 3).

A significant homeless population also resides in Huntington. A report prepared by the Cabell County Public Library for July 1 through June 30, 2005 indicated that 623 homeless individuals were processed/served by that agency: 64 children, 536 adults and 13 elderly. Substance abuse was the primary reason for homelessness reported for approximately one third of the adults served. (Homeless Service Provider Reporting Form FY 04-05, Cabell County Public Library, July 1- June 30, 2005). Cabell-Huntington Coalition for the Homeless, Inc. reports 2,467 as its unduplicated number of clients served in 2005. (Annual Budget Checklist for United Way Agency, 2006, p.5).

Residents of surrounding states and counties seek substance abuse treatment in Cabell County. There are 10 substance abuse treatment facilities located here. Six of the treatment facilities, including one of the eight methadone treatment facilities located in WV, provide outpatient services. Two of the four psychiatric hospitals in WV are located in Huntington; River Park Hospital, privately owned, provides hospital inpatient care for substance abuse in adolescents and adults, and Mildred Mitchell Bateman Hospital is one of but two state run psychiatric hospitals. (West Virginia Health Care Authority, WVDHHR, Annual Report 2005).

Additionally, two large general hospitals, St. Mary's Medical Center and Cabell-Huntington Hospital, are located in Huntington and collaborate to provide a level two regional trauma center. St. Mary's has 30 beds in its Behavioral Health department, soon to be expanded to 45 beds. Two residential substance abuse treatment facilities and a drug rehabilitation halfway house are also located in Cabell County. (<http://findtreatment.samhsa.gov/ufds/locchoices>).

2. *Economic Indicators*

Economically, the per capita personal income in Cabell County is 8.01% higher than the state at \$24,627 and the unemployment rate is lower than the state rate at 4.90%. (US Bureau of Economic Analysis at <http://www.bea.doc.gov/bea/regional/data.htm> and WV Bureau of Employment Programs at <http://www.wvbep.org/bep/LMI/default.htm>) Interesting to note is that the median household income varies widely in different areas of the county. For instance, the median household income for the Pea Ridge suburb is \$41,739 whereas in Huntington the median household income is \$23,234. (US Census Bureau at <http://factfinder.census.gov>).

As reported by the WV Department of Health and Human Services, 24.7% of children under the age of 18 receive food stamps and 8.3% of adults receive food stamps which is 6.46% higher than the state rate. Additionally, 51.4% of Cabell County children are eligible for Free and Reduced Lunch and 6.3% are TANF/ADC recipients exceeding the state rates by 2.51% and 3.28% respectively. (WV Department of Health and Human Services [WVDHHR], Office of Accountability and Management at <http://www.wvdhhr.org/oamr/index.html>; WV Department of Education at <http://wvde.state.wv.us/data/>). In Cabell County, 16.2% of the total population and 23.4% of the population under the age of 18 has income at or below the Federal Poverty level guideline; these rates are slightly greater than the state rates. (U.S. Census Bureau at www.census.gov/hhes/www/poverty.html).

B. Illicit Drug Use in Cabell County

Cabell County, more specifically, Huntington, is currently experiencing significant increases in drug related violence and crime. Law enforcement is battling an influx of out of town drug dealers selling crack and heroin. Drug related homicides, drive by shootings and armed robberies have drawn the

attention of the media, the politicians and the citizens “to do something about the drug problem”. (Herald–Dispatch, Special Section, Drugs and Violence, June, July, August 2006).¹

The community has reached a point where something beyond law enforcement must be seriously addressed.² The data reviewed in this project supports the call to action.

1. *Illicit Drug Use among Persons 12-18*

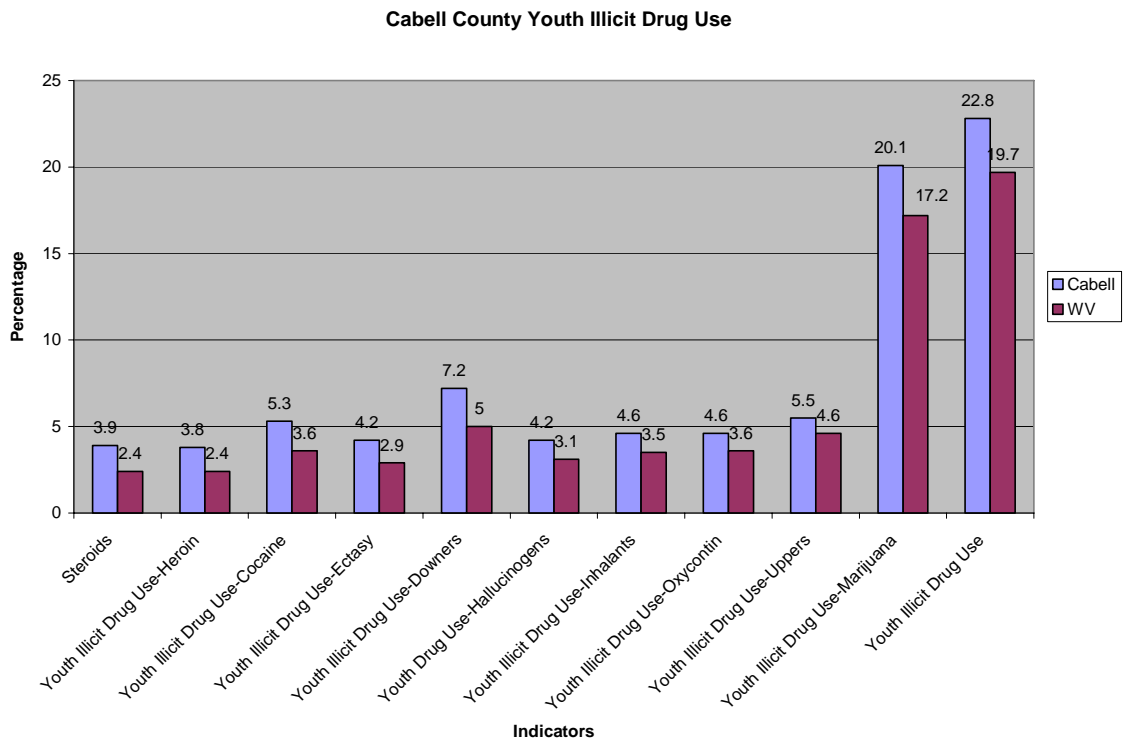
There is no public dispute that Cabell County has a drug problem. In reviewing data pertaining to youth in Cabell County, the indicator profiles for consequences, consumption and casual/mediating factors for illicit drugs show Cabell County rates are higher than the state rate for most indicators. (Indicator Profiles, pp. 20-22, 24, and 46; pp.72-82; and pp. 106, 109-127, 139-140, 142-146, and 149). Data gathered from the WV Pride Survey, a student survey conducted on a bi-annual basis for the purpose of satisfying the No Child Left Behind and Safe and Drug Free School and Community Act, indicates that 22.8% of Cabell County youth report illicit drug use exceeding the state rate by 15.73%. The youth drug related arrest rate in Cabell County, at 1.27 per 1,000, exceeds the state rate by 388.46%. (Indicator Profiles, p. 46). Cabell County also had the largest number of juveniles committed to a juvenile correctional facility in 2003. (Hamilton, Cynthia A. and Stephen M. Haas (2005, June), *WV Juvenile Corrections Report: 2001-2003*). Of the eight law enforcement agencies in Cabell County reporting arrests of juveniles for drug/narcotic violations, the

¹ A community drug forum sponsored by the local paper, July 27, 2006, brought together over one hundred people from all walks of life to discuss the problems in Huntington.

² A “Drug Summit”, co-sponsored by United Way of the River Cities, Inc., Cabell County Substance Abuse Prevention Partnership, WSAZ-TV and The Herald-Dispatch, was held November 30, 2006. Over 150 members of government, law enforcement, health care, treatment, courts, social service agencies, school administrators, youth prevention organizations, business, media, faith based organizations, parents and youth joined together in the same place at the same time to work on the substance abuse issues damaging our community.

majority of the juvenile arrests are made by the Huntington Police Department. (Crime in WV, 2000, 2001, 2002, 2003 and 2004)

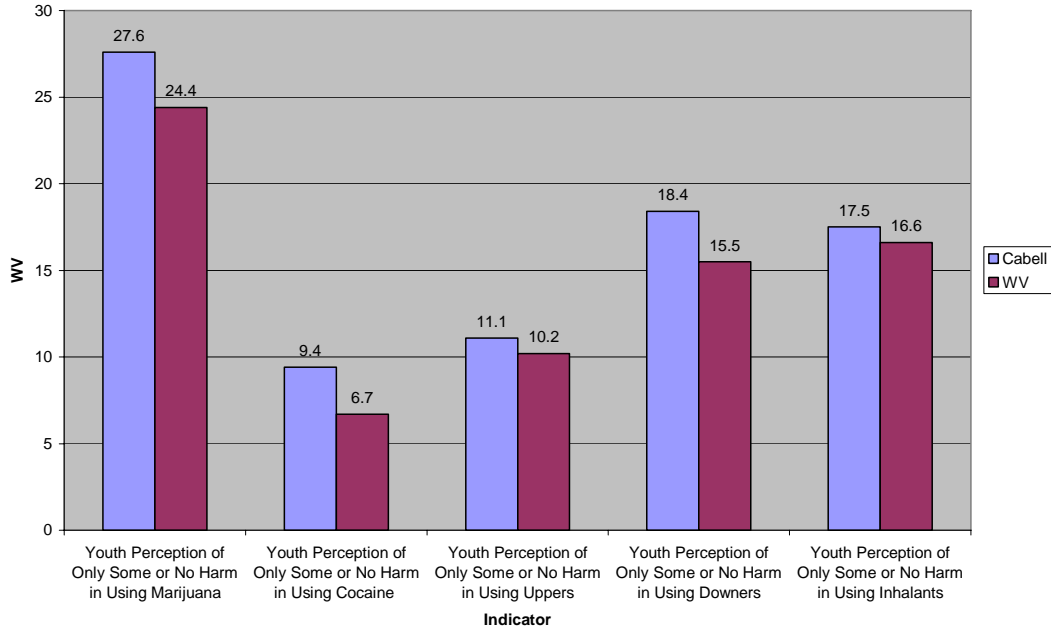
In ranking youth illicit drug use among the 55 counties by drug, Cabell County is in the top tier with regard to all drugs surveyed by the WV Pride Survey. Cabell County is 5th in the consumption of downers, with 7.2% of eighth and eleventh grade students reporting use and exceeding the state rate by 44%; 7th in the consumption of steroids, 8th for heroin and hallucinogens; 9th in the state for cocaine, ecstasy, and marijuana; 10th in the use of inhalants; 12th in the use of OxyContin and 15th in the use of uppers.



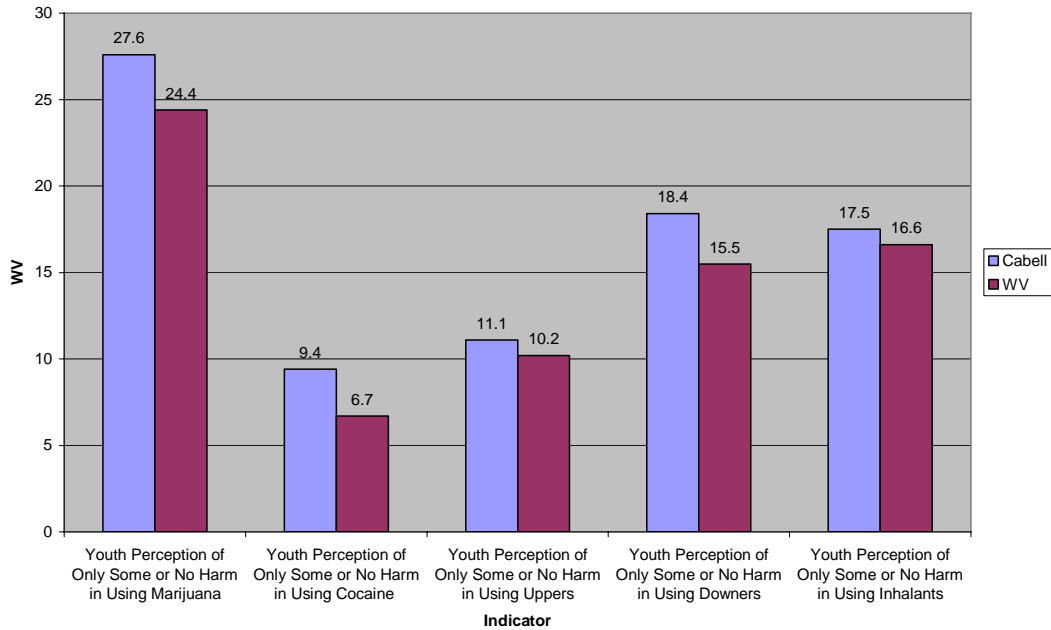
Indicator data for youth perception of harm in using illicit drugs is also consistent with the consequence and consumption data of youth illicit drug use. Most youth recognize harm in using illicit drugs; however, there are still significant percentages who perceive only some or no harm with regard to

specific substances. Additionally, the percentage differences between the Cabell County data and that reported by the other counties are higher.

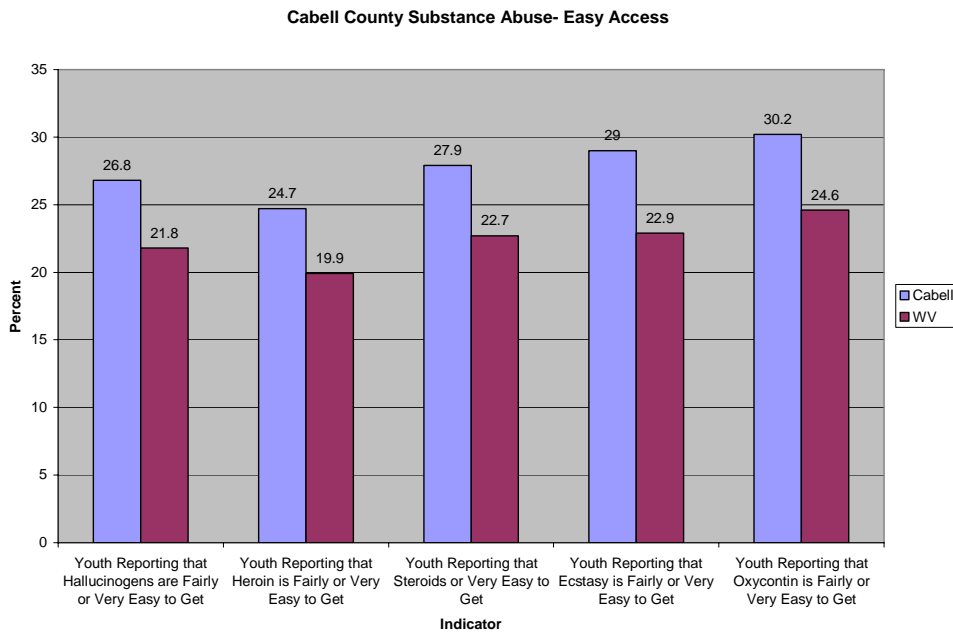
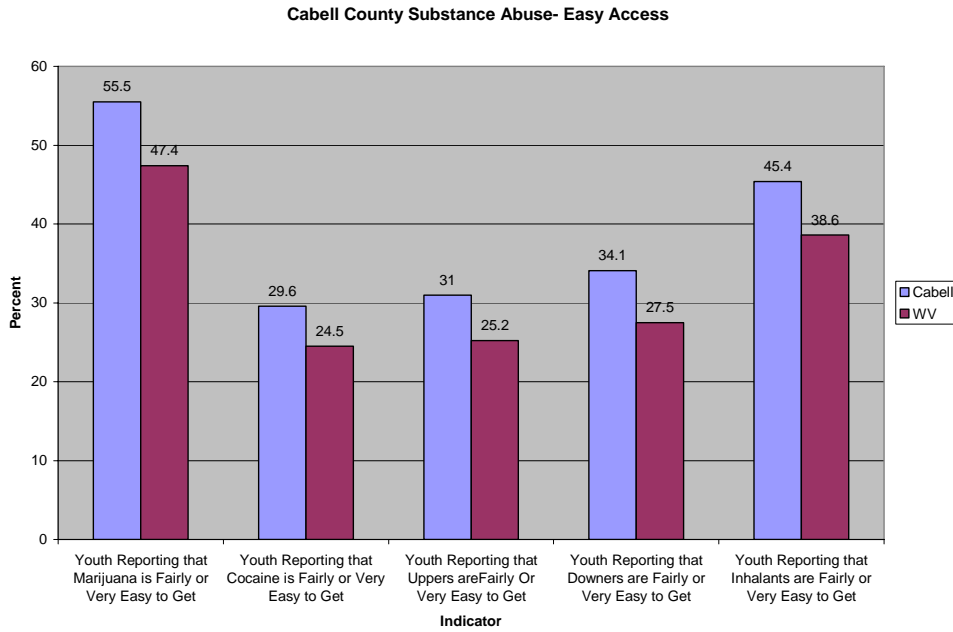
Cabell County Substance Abuse- Perception of Harm



Cabell County Substance Abuse- Perception of Harm



Percentages of youth reporting that illicit drugs are fairly or very easy to get in Cabell County also exceed the state rates.



The percentage of youth between the ages of 12-17 trying marijuana for the first time is lower in Cabell County than the state rate (Cabell rate 58.1%;

WV rate 61.1%). As shown above, the percentage of youth in Cabell County lacking perception of harm in using marijuana is higher than the state rate. It is interesting to note that more youth perceive harm in smoking tobacco than in smoking marijuana. The indicator data shows that only 11.4% of Cabell County youth perceive only some or no harm in using tobacco compared to 27.6% that perceive only some or no harm in using marijuana.

The data is not disputed and is supported by other information gathered for this assessment. Marshall University graduate students conducted three youth Focus Group surveys in July, 2006. The groups participating included residents in public housing, a church group located outside the city limits, and youth paroled by the juvenile justice system. A total of 30 participants in the age range of 12 – 24 were asked to share their observations and attitudes with regard to the use of drugs and alcohol in their schools and neighborhoods.

Marijuana, crack and prescription pills were overwhelmingly identified as the most common drugs known to the participants. Marijuana was identified as the most popular and available drug. Crack and cocaine were described as the most threatening drugs in their community. The youth reported that peers tend to start experimenting in 6th grade with alcohol and other substances. Substances are most commonly obtained from peers, siblings and parents. Most youth knew establishments where they could purchase beer and people from whom they could buy marijuana. High school students reported that drugs are easily obtained at school, but that there is not much use on campus. The participants noted that often high school students use marijuana before and after school. Middle School students reported that they did not know of any substance use occurring on school property. The fact that alcohol and substance abuse is illegal was not deemed to be an effective deterrent. Most youth knew of health effects of alcohol and substance use from health classes at school but reported that the information is often presented after youth have already started using. Participants suggested that more activities would be the best prevention measure. (Cabell County Youth Focus Group Survey Reports, Attachment A)

Although less than 2% of 8th graders and 4% of 11th graders report ever using substances at school according to the WV Pride Survey, in reviewing the violation reports of the Safe and Drug-Free Schools Act as compiled by the Cabell County Board of Education for the 2005-2006 school year there were 31 violations for possession of illegal drugs/substances reported. Fourteen of the possession violations occurred in Middle Schools and 17 occurred in High Schools. Fourteen of the possession violations occurred in schools located within the Huntington City Limits and 17 violations were reported from schools outside of the city limits. Additionally, there were 12 violations for use of illegal drugs/substances reported, 90 violations for possession of tobacco, 1 violation for possession of alcoholic beverages and 157 violations for harassment/bullying/intimidation.

2. Illicit Drug Use among Persons 18 to 25

Information regarding illicit drug use among persons 18 to 25 is limited. The National Survey on Drug Use and Health 1999-2001 Sub-state Estimates report a 3 year aggregate estimate for Cabell and its surrounding counties indicate that marijuana use and cocaine use in the last 30 days for persons in that 18-25 demographic exceed the state rate. 11.93% report using marijuana exceeding the state rate by 1.36% and 4.73% report using cocaine exceeding the state rate by 14.52%. The survey also indicates that 71.83% lack perception of great risk in smoking marijuana exceeding the state rate by less than 1%.

Marshall University Division of Student Affairs conducts the Core Alcohol and Drug Survey each year to measure alcohol and other drug usage, attitudes, perceptions and negative consequences among college students. The 2004 survey reported the following key findings.

Use of Illegal Drugs

22.9% of the students have used marijuana in the past year

13.5% of the students are current marijuana users

13.8% of the students have used an illegal drug other than marijuana in the past year
8.4% of the students are current users of illegal drugs other than marijuana

The most frequently reported illegal drugs used in the past 30 days were:

- 13.5% Marijuana (pot, hash, hash oil)
- 5.6% Amphetamines (diet pills, speed)
- 2.6% Cocaine (crack, rock, freebase)

In comparing the use of substances by Marshall Students to a reference group of college students throughout the country taking the same survey, the percentage of Marshall Students reporting a lifetime prevalence consumption of cocaine, amphetamines and sedatives exceeded the national rates.

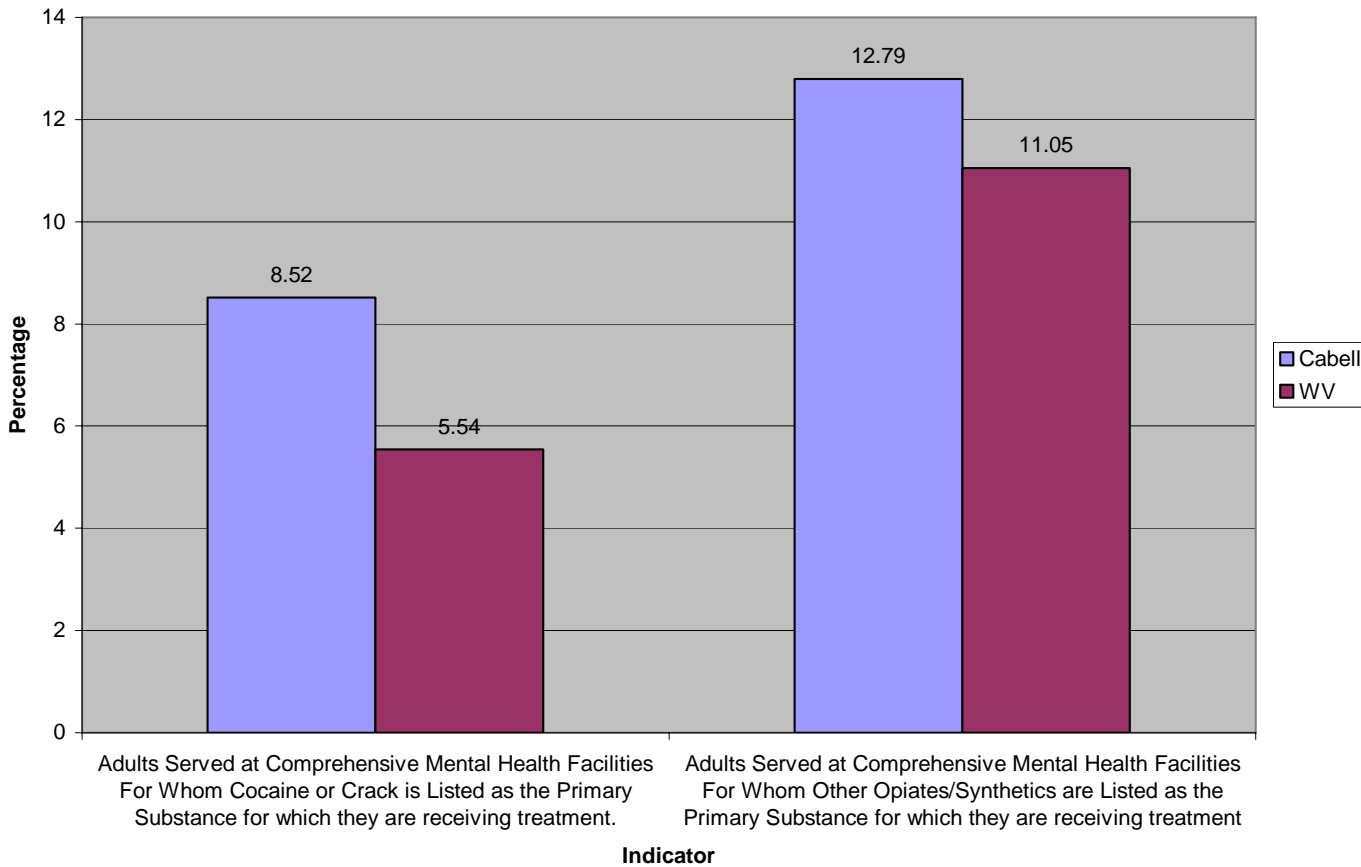
Substance	MU	Nat'l Reference Group
Cocaine	8.8	8.3
Amphetamines	21.2	15.8
Sedatives	8.7	7.2

Although the data for the 18-25 year old age demographic is limited, what data that is available is consistent with the data available for youth and persons over 25, that illicit drug use, specifically cocaine and the non medical use of prescription medication, is higher in Cabell County than state and national rates.

3. *Illicit Drug Use among Persons 26 and Older*

Cabell County has the third highest hepatitis mortality rate in the state at 3.4 deaths per 100,000, exceeding the state rate by 142.86%. (Indicator Profiles, p.47) The mortality rate for individuals dying from drug or other substance abuse in Cabell County is 46.15% higher than the state rate at 18.7 deaths per 100,000. (Indicator Profiles, p.48) The drug related arrest rate for adults in Cabell County is 71.43% higher than the state rate and the treatment rates for adults is also significant. (Indicator Profiles, p.45)

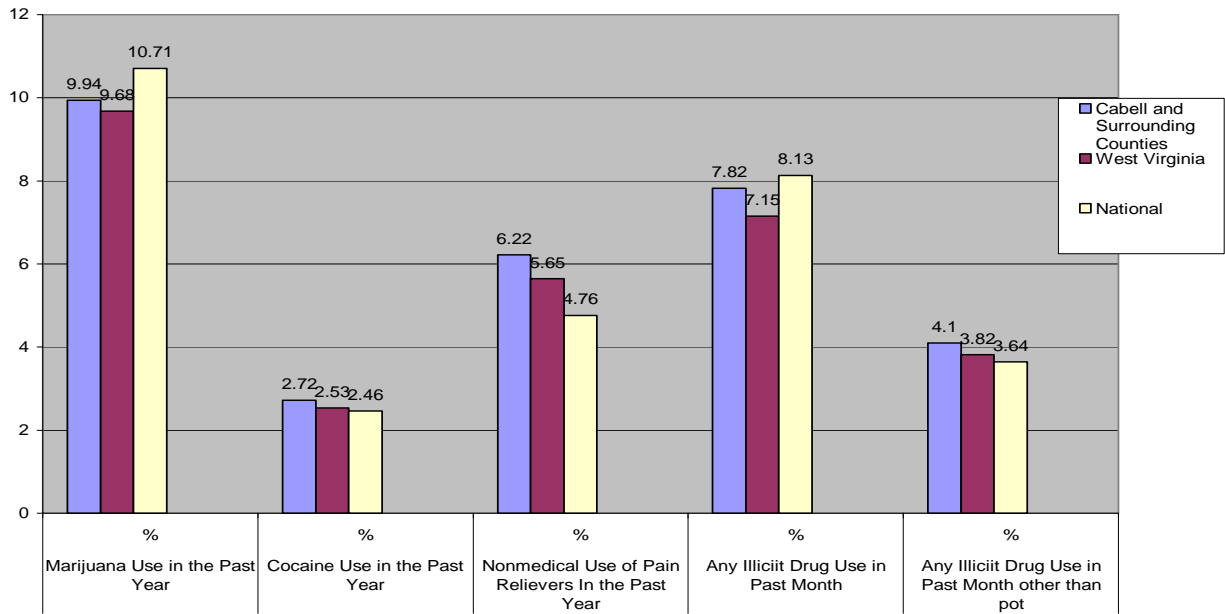
Cabell County Substance Abuse - Consequences



Data derived from the National Survey on Drug Use and Health (NSDUH) indicates that in Cabell County, cocaine use by persons 26 and older exceeds the state rate by 2.82% and any illicit drug use exceeds the state rate by 2.65%.³ Additional NSDUH data for the sub-state region of South Central II West Virginia which includes Cabell, Lincoln, Mason and Wayne Counties, with percentages based on annual averages from the 2002, 2003, and 2004 NSDUHs, indicates that regional adult illicit drug use exceeds state and often national rates, as depicted in the following chart.

³ These indicators represent a 3-year aggregate estimate across multiple counties. (Indicator Profiles, pp.69, 71)

NSDUH Consumption Indicators- Adult Drug Use



C. Alcohol Use in Cabell County

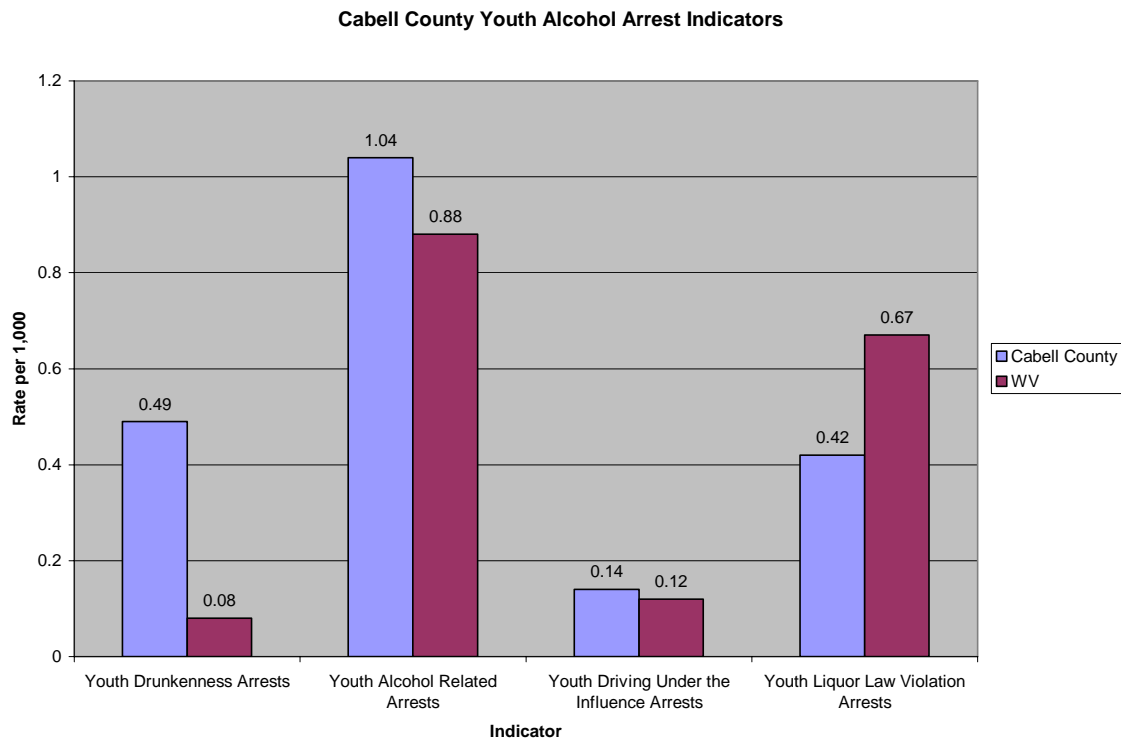
The data pertaining to alcohol use and abuse as provided in the Indicator Profiles reveals that Cabell County has many problems arising from the illegal use of alcohol by persons under the age of 21 and the abuse of alcohol by persons 21 years of age and older. The consequences of alcohol use do not evoke the same level of community outrage that the consequences of illicit drug use evoke. However, the overall toll on the health and welfare of the community caused by alcohol is presumably greater than that caused by illicit drugs

1. *Alcohol Use among Persons under the Age of 21*

The data indicates that approximately one third of the youth in Cabell County engage in the illegal consumption of alcohol on a monthly basis. 29.1% of Cabell County eighth and eleventh graders report that they use alcohol at

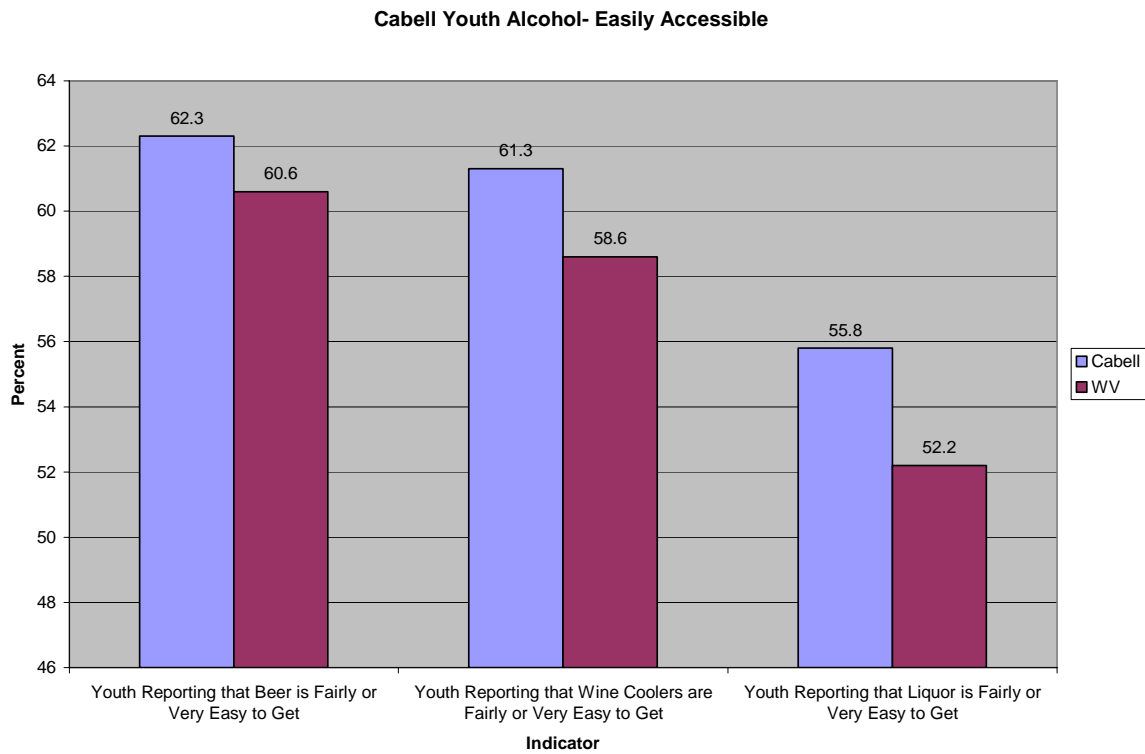
least once a month. (Indicator Profiles, p.58) More alarming is the fact that 35.1% report that they have engaged in binge drinking at least once and 15.4% report that they binge drink often or a lot. (Indicator Profiles, pp.63 and 62). Although the percentage rates for youth alcohol use in Cabell County, as a whole, do not exceed that of other counties in West Virginia, certain indicators are higher showing that a significant problem does exist. For example, of the consumption indicators, the rate of youth binge drinking is 35.1% which is 1.15% higher than the state rate. Youth consumption of wine coolers and liquor in Cabell County also exceeds the state rates for those indicators by 2.70% and .48% respectively. (Indicator profiles, pp.60 and 61).

The alcohol related arrest rates for youth exceed the state rate for the following indicators:



There are 2.63 alcohol sales outlets for every 1,000 persons in Cabell County. The majority of Cabell youth report that beer, wine coolers, and liquor

are fairly or very easy to get exceeding the state rates by 2.8%, 4.61% and 6.9% respectively as the chart below depicts.



Youth also report a lack of perception of harm in using alcohol. 28.6% of Cabell youth report a perception of only some or no harm in using alcohol which is about even with the state rate of 28.5 percent.

Marshall University Division of Student Affairs conducts the Core Alcohol and Drug Survey each year to measure alcohol and other drug usage, attitudes, perceptions and negative consequences among college students. The 2004 survey reported the following key findings.

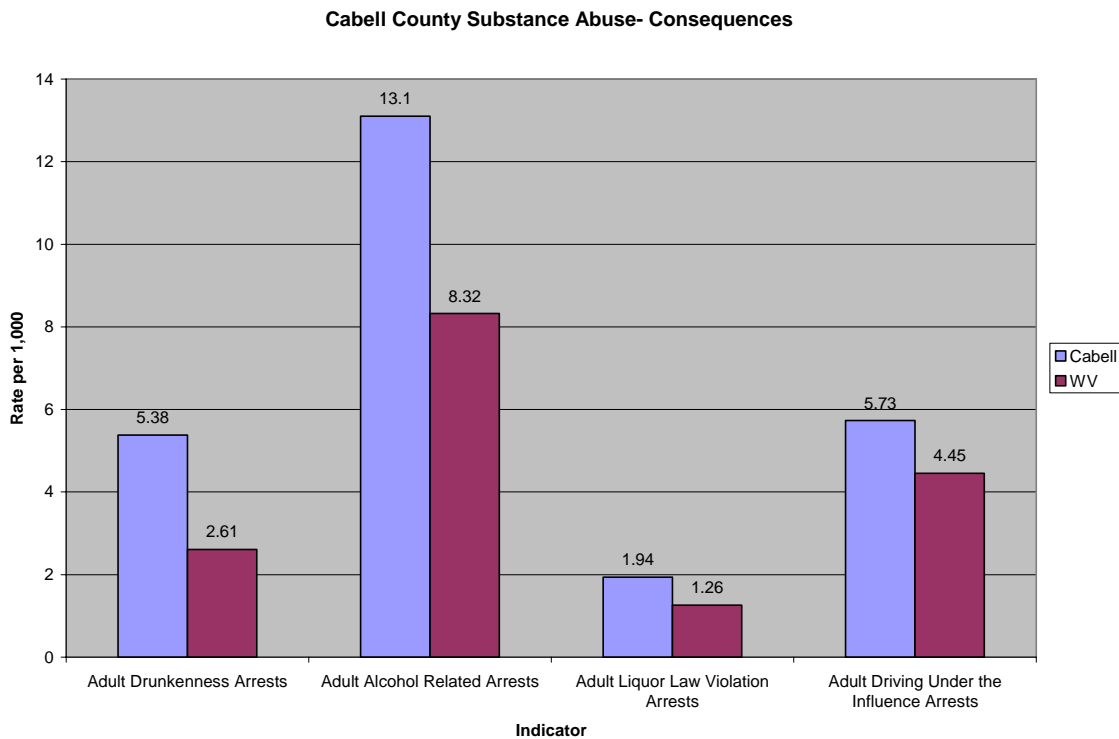
Use of Alcohol

- 79.3% of the students consumed alcohol in the past year
- 64.5% of the students consumed alcohol in the past 30 days
- 59.2% of underage students (younger than 21) consumed alcohol in the previous 30 days
- 42.8% of the students reported binge drinking in the previous two weeks

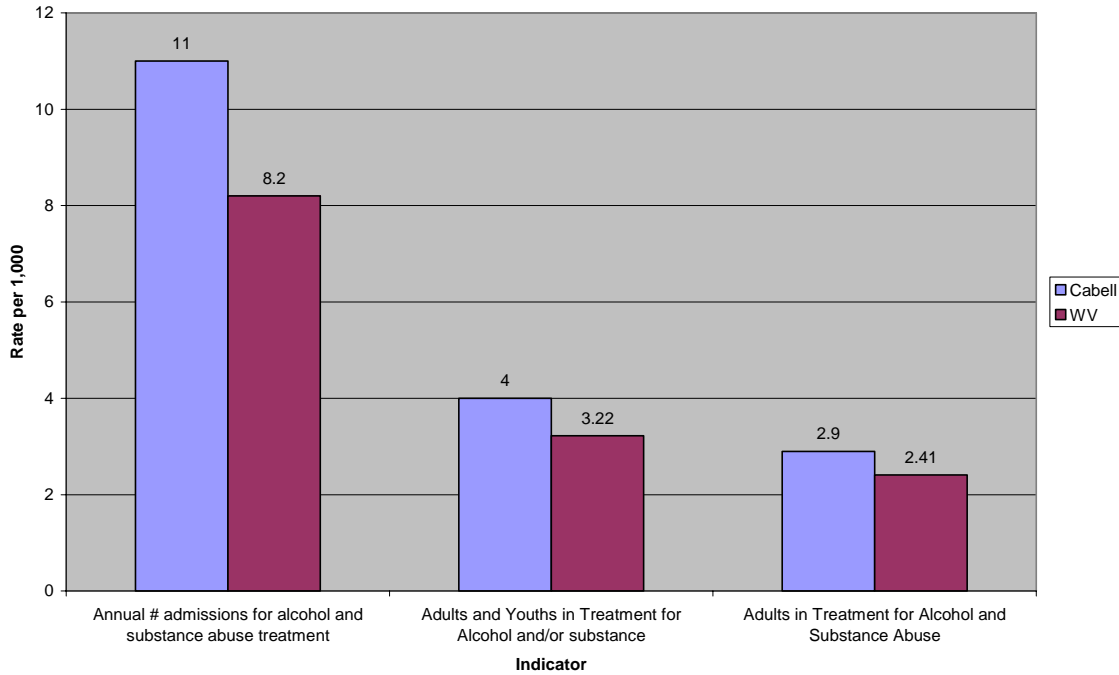
In comparison of the use of alcohol by Marshall Students with a reference group of college students throughout the country taking the same survey, the percentage of Marshall Students reporting either lifetime, annual or 30 day prevalence of alcohol consumption was less than the national rates.

2. *Alcohol Use among Persons 26 and older*

Cabell County rates for adult alcohol use (binge) and adult alcohol use (heavy) exceed state rates by 52.47% and 18.97% respectively. More disturbing however, are the consequence indicator profiles for adult alcohol use. Cabell County exceeds state rates for 10 of the consequences indicators.



Cabell County Substance Abuse- Consequences



In addition to excessive arrest and treatment rates, Cabell County also exceeds the state alcohol related mortality rate by 58.52% and exceeds the state rate of motor vehicle crashes that are alcohol related.

III. CAPACITY BUILDING

A. Description of Partnership

The Cabell County Substance Abuse Prevention Partnership (“CCSAPP”) was formed in December, 2005. The original ten partners included representatives from Huntington Housing Authority (Youth Empowerment Program), Prestera Center, Marshall University (Student Development), Valley Health Systems (Adolescent Health Initiative), Cabell County Family Resource Network, Girl Scouts of the Black Diamond Council, Ebenezer Medical Outreach,

United Way of the River Cities and a youth representative. As of September, 2006, additional partners include: Cabell County Sheriff's Office, Cabell County Schools, The Herald-Dispatch, Cabell-Huntington Health Department, Boy Scouts Tri-State Area Council, St. Mary's Medical Center, Cabell-Huntington Hospital, Cabell County Information and Referral, Faith Works Community Outreach, Regional Tobacco Prevention Coalition, Mountain State Family Alliance and various youth and community volunteers. Gaps remain in the partnership in that CCSAPP membership does not include "active" participation from the court system, treatment providers, local government, elected officials or law enforcement. However, as evidenced by the attendance at the 2006 Cabell Drug Summit, held November 30, 2006, representatives from each of those domains not only participated in the four hour planning meeting, but also committed their time and resources to following-up on future efforts of the coalition. So, although they might not be named partners, they have demonstrated a willingness to participate and support in the future.

B. Community Readiness Assessment

A Community Readiness Assessment Survey was conducted in July, 2006 by the community development specialist from West Virginia Prevention Resource Center. Four individuals were identified by CCSAPP and interviewed at length. The individuals included: (1) the president of the NAACP who is also the vice-principal of the elementary school located in the neighborhood where drug-related crime is most prevalent, and a pastor at a local church, (2) a youth who is very active in prevention activities and organized a significant public event to memorialize the drug-related murders of four teenagers on prom night, (3) a social worker who coordinates the Information and Referral Service and is aware of every social service in the area, and (4) a former city council member who was instrumental in founding the Cabell Huntington Coalition for the Homeless. Cabell County received a score of (2 denial/resistance), suggesting that any

prevention strategies selected by the partnership must include a significant focus on grassroots measures to increase awareness. The community does not appear to be ready for the successful implementation of science based prevention programs until some groundwork has been laid to support any long term effects such programs would have. Unless the mindset of the community changes, individuals completing programs will be thrust back into the same environment. The most effective strategies for CCSAPP to implement in the short term will focus on community awareness and education.

C. Partnership Capacity

1. *Physical/ Fiscal Capital*

CCSAPP has access to many resources through its fiscal agent/host agency and the agencies and organizations represented in the partnership. The United Way of the River Cities, Inc. provides office space, telephone and facsimile service, a computer main frame server and professional technical support, meeting space, an influential, diverse and supportive Board of Directors, as well as, professional financial systems and controls. United Way is committed to supporting CCSAPP as part of its mission to improve the quality of life for people in the community. Other partners are also reliable for their fiscal contributions as evidenced by the recent Drug Summit. Donations from community partners covered the expenses incurred for rental of the facilities, refreshments, and publicity for the event. Additional physical resources have included meeting space, mailing lists, e-mail distribution lists and research files.

2. *Human Capital*

CCSAPP is comprised of knowledgeable and capable individuals representing well-established and dedicated organizations and agencies. Many

of the individuals are trained and experienced in community mobilization, strategic planning, evaluation and working with outcome measurements. Others are connected with faith communities, the schools, the medical community, at-risk youth and the university community. Media partners have been and will continue to be valuable resources in implementing the social marketing and awareness components of CCSAP's strategic plan. Throughout the planning year, gaps in the project director's knowledge and experience have been filled with the collective knowledge and experience of the individual partners. Consistent participation throughout the planning year by a core group of the coalition has allowed CCSAPP to accomplish the planning and execution of a community wide Drug Summit. Over 150 participants from 12 different domains worked together to identify problems, barriers and solutions to the drug problem as seen in their professional or personal capacity. Response to the summit was overwhelmingly positive and 87 participants filled out forms committing to "next steps". Law enforcement and court officials, as well as, state and county elected officials not only participated in the summit but also committed to working with CCSAPP in its future efforts in preventing substance abuse in our community.

CCSAPP will continue to operate out of the offices of United Way of the River Cities, Inc. Anne McGee will continue as project director on a part-time basis and a part-time outreach worker may be hired as the group and its activities become more established. The coalition has decided that a steering committee comprised of any existing, willing partner will govern the partnership. The remaining partners and any new partners will choose one or more committees formed to implement its strategic plan. Included in the plan is the incorporation or involvement of those participants identified from the Drug Summit to provide the necessary manpower to mobilize the duties of the coalition's committees.

3. *Social Capital*

Coalitions and interagency cooperation are becoming more and more prevalent in Cabell County. Many of the CCSAPP partners are members of other networks, coalitions, partnerships, organizations and boards. Learning of these connections has allowed CCSAPP access to areas of the community in a short period of time. For example, at the recent Drug Summit, organizers were able to achieve a balance in the attendance from various sectors of the community through the connections of the partners. Faith communities and city law enforcement have been slow to involve themselves outside of their immediate domains. Through connections of the various partners, these groups participated at the Drug Summit and committed to further involvement. Additionally, CCSAPP is part of United Way's community investment strategy in the Health and Wellness Focus Area.

Cabell County is large and fragmented. City versus county, downtown versus suburbs, little communities like Milton and Barboursville, and surrounding communities from Ohio and Kentucky make it far more difficult than might be imagined to identify key stakeholders. However, there are networks of people who want to be involved. Personal connections are important. Members of the community are reluctant to get involved unless someone they know and trust is involved. Finding the right connections to those networks is important and the progress CCSAPP has made in the last nine months was demonstrated at the Drug Summit. In March the project director struggled to get 7 to 8 people to sit around a conference table, eat a free lunch, and talk about a plan to reduce substance abuse in our community. On November 30, CCSAPP had 150+ people working together for four hours on solutions to the problems, no lunch provided.

If CCSAPP continues this concerted effort and leverages the momentum which currently exists in the community, it is the partnership's hope that in the next three years everyone in the community will not only know of CCSAPP's existence and its commitment to reducing the abuse of alcohol and illicit drugs in

the community, but also, that through awareness and education CCSAPP can play a significant role in the reduction of substance abuse in Cabell County.

IV. PLANNING: *Strategy Selection and Implementation Planning*

CCSAPP's strategy selection and implementation planning focused on the data that exceeded state rates. Six logic models were prepared: three logic models focused on illicit drug use in three separate age categories: youth, 18-25 years of age and 26 and older. Two logic models were also prepared with regard to alcohol abuse for underage and adult populations and one was prepared for adult tobacco use. Strategy selection took into account 4 factors: (1) CSAP's current categories of approaches and strategies, (2) the results of the community readiness assessment, (3) the capacity of the coalition and (4) the logic models. During the selection process, CCSAPP considered existing efforts in the community, realistic strategies in light of capacity, and perceived ability to address the specific indicators depicted on the logic models. The group decided to focus on youth alcohol and youth illicit drug use. (See attached Logic Models, Attachment B).

In addition, CCSAPP determined that in the event that problems and solutions were identified at the Drug Summit and individuals and resources were identified to implement those solutions, CCSAPP would be willing to assist and foster those efforts. The participants at the Drug Summit identified many problems related to substance abuse in our community which easily fit into the strategies already selected for the plan. Additionally two major themes emerged which are outside the scope of the plan: (1) the need for more accessible and available treatment options and (2) better use of government funding where dollars allocated to incarceration might be more effectively spent on treatment and aftercare.

The plan consists of eight (8) strategies and actions which apply equally to underage drinking and youth illicit drug use.

A. Community Mobilization

CCSAPP plans to mobilize the community through grassroots efforts by providing speakers and written materials to youth groups, civic organizations, neighborhood groups, parent groups and faith communities. Community mobilization will be the responsibility of the Events and Activities Committee and staff as directed by the Steering Committee.

B. Community Meetings

CCSAPP plans to organize opportunities for the public to discuss local substance abuse issues inviting appropriate representatives of different domains. In light of the community's positive response to the November 30 Drug Summit, CCSAPP plans to sponsor an annual summit, as well as, smaller more targeted public meetings. CCSAPP has begun preliminary plans for a youth summit in January or February. As of this writing, plans include asking each middle school and high school to send 8-10 students of varying abilities and backgrounds to participate in a facilitated strategy session. Also in discussion is a meeting of physicians, pharmacists, and drug company representatives to address the growing problem of non medical use of prescription medications. These community meetings would be the responsibility of the Events and Activities Committee and staff.

C. Media Advocacy and Social Marketing

CCSAPP plans to place several billboards throughout the county to raise awareness of the coalition and its mission to increase prevention efforts in the community. CCSAPP also plans to work with local media partners and other local media to create a marketing plan to increase community concern and knowledge for local substance abuse issues through the use of literature, radio, television, billboards, newspaper and local parent magazines. Members of the Marketing/Information Dissemination Committee will create a social marketing plan and develop or adopt brochures and other information to be disseminated. Long term goals would include the implementation of the social marketing plan and dissemination of the written materials.

D. Information and Resource Clearinghouse

In Cabell County, although there are many programs, resources and agencies, access to information and knowledge of resources regarding substance abuse is fragmented and difficult to locate. Therefore, CCSAPP plans to create and maintain a web-based informational clearinghouse listing all local substance abuse information and resources for individuals and organizations. More importantly CCSAPP plans to link and refer to the resource and information systems already existing. It is anticipated that the group will need to engage the services of a webmaster for the initial set-up. Additionally it is anticipated that someone will need to be trained in the maintenance of the web-site and required to keep information current. Members of the Marketing/ Information Dissemination Committee and staff will work in alliance with partner agencies that have existing internet capabilities.

E. Community Prevention Education

Recognizing that there are evidenced based model programs available and that Cabell County has the agencies and organizations to implement such programs, CCSAPP plans to raise awareness of the existence of such programs. Generally, CCSAPP plans to support, plan, foster and/or provide community based prevention education and activities. Additional activities discussed have included merchant compliance checks for sale of alcohol to minors, community mapping by youth, participation in community health and wellness fairs and events, and a teen issues day to commemorate the drug related murders of the four teens killed May 22, 2005. Members of the Events and Activities Committee and staff will work in alliance with partner agencies that have existing and/or future prevention education components to programs.

F. School Based Prevention Education

CCSAPP plans to support the school system in their substance abuse prevention efforts. Specifically, CCSAPP will promote business sponsorship of the 30 new school S.A.D.D. chapters and where necessary partner with businesses in the sponsorship. Sponsorship will include providing t-shirts and other items promoting S.A.D.D., as well as, providing resources for information and activities. Members of the Events and Activities Committee and staff, as well as, partners from the Cabell County Schools will coordinate the efforts.

G. Indicator Data/Evaluation

Recognizing the importance of gathering and maintaining indicator data, to keep track of focus areas and note improvement over the long term, CCSAPP's director will continue to keep such data and share the data with the community. CCSAPP also plans to continue efforts to gain access to local data which

heretofore has been unavailable. As for evaluation, it is recognized that a local evaluator be retained to measure the effectiveness of the projects. Members of the Data and Evaluation Committee and the project director will be responsible for ensuring that data is maintained and evaluations conducted.

H. Resource Development

Members of the Resource Development Committee will seek funding from local foundations and other sources, as well as, research and develop a fundraising campaign to sustain the coalition. Additionally, the committee will be responsible to ensure that proper staffing either paid or volunteer is available to carry out the strategies identified in the plan. The Cabell County comprehensive strategic plan for substance abuse prevention is best depicted in the attached chart. (See Plan Chart Attachment C).

V. EVALUATION

Recognizing that a data driven approach to evaluation is not practicable where most strategies are focused on building awareness and providing education and activities, CCSAPP plans to utilize monthly or bi-monthly committee and staff reports to evaluate prevention efforts qualitatively. Numbers of individuals reached will be required for quantitative evaluation. As seen in the Plan Chart (Attachment C) each strategy will be measured and reviewed to best provide both immediate and long-term outcomes. An outside evaluator will be retained to ensure that efforts are reviewed for effectiveness in realizing the long-term goal of reducing substance abuse in Cabell County.

VI. PROPOSED BUDGET

2007 Proposed Budget

Total.....\$106,465.00

Salary/wages\$31,000.00

 Salary \$28,000.00

 Taxes and Insurance...\$ 3,000.00

Travel/Training.... \$ 1,500.00

Other.....\$73,965.00

Community Meetings

 Invitations, postage, publicity, facility rental, speakers, supplies,
 refreshments.....\$12,000.00

Media Advocacy and Social Marketing

 Billboards.....\$5,000.00

Information and Resource Clearinghouse

 Web designer.....\$5,000.00

Community Prevention Education

 Compliance checks, community youth mapping, teen issues day, promotional items for
 health fairs and community events..... \$20,000.00

School Based Prevention Education

 Promotional and incentive items for 30 S.A.D.D. chapters, brochures and
 literature, video and web-based information..... \$20,000.00

Indicator Data/Evaluation

 Outside evaluator.....\$5,000.00

Administrative/Accounting Services..... \$6,965.00

VII. CONCLUSION

Cabell County must mobilize a serious effort to reduce substance abuse. Ignoring the problem, denying or resisting the existence of substance abuse in the community must stop. The strategic plan is ambitious but attainable. The necessity of long-term sustainable prevention efforts must be recognized and implemented. The Cabell County Substance Abuse Prevention Partnership has grown and developed over the last nine months and is committed to the above described plan.