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## **Abstract**

Building A Safer Evansville (BASE), a substance abuse prevention coalition, collaborated with nine key partners/sectors of the community to implement the Evansville Medication Diversion Prevention program. These community partners included the Evansville Police Department, Evansville Fire & EMS, Funeral Homes, the Evansville School District, Realtor's, Creekside Place (Senior Center), Healthcare Offices, Section 8 Housing and Employers. The development of the program followed the Strategic Prevention Framework process. First BASE completed a full community assessment to determine the problems in the community, after prescription medication misuse and abuse rose to the top, BASE began examining capacity and building relationships with community partners that would be needed. When all key partners were at the table, BASE worked with them to strategically plan what strategies could be implemented most effectively in Evansville. After creating a plan that included all key partners and included every strategy in the 7 Strategies of Community Change (providing information, providing support, enhancing access/reducing barriers, changing consequences, physical design and modifying/changing policies), the implementation process began. Program implementation began in September 2014 and has continued through present day. Evaluation of the program is ongoing and through every step of the process, sustainability and cultural competence have been built in.

The program was implemented for all community members residing in the unique service area of BASE, which is the Evansville, WI School District, with a total population of 13,268 persons. Formal evaluation of the program began one year after implementation in September 2015.

Before the Evansville Medication Diversion Prevention program was implemented in the community, there was a significant number of prescription medication overdoses, increased problems in the Evansville School District with prescription medication misuse and abuse and increased thefts of prescription medications from homes in the community. Prescription medication misuse and abuse issues were becoming increasingly prevalent in Evansville, the underlying rationale of the program developed; to reduce access to Rx medication in the community.

The results of the program are a decrease in 30-day use of prescription medications in middle school and high school students in Evansville as reported by the Youth Risk Behavior Survey (YRBS); an increase in the proper disposal of prescription medication in Evansville as reported by the Evansville, WI Police Department; an increase in proper storage and security of prescription medication in the community of Evansville as reported by BASE; and community members in Evansville no longer identifying prescription medication misuse and abuse as a problem as reported during BASE listening sessions and Focus Groups.

One highlight from the program's evaluation of the program is the significant amount of medications collected and properly disposed of in Evansville. Since 2011, when BASE partnered with the Evansville Police Department to install a medication drop box, 2,390 pounds of medications have been collected in the permanent Medication Drop Box. This amount does not include the additional 364 pounds of medications that have been collected during Bi-annual Medication Take-Back events sponsored by BASE and the Police Department. In total, 2,754 pounds of medications have been collected in the Evansville community. Data gathered from the BASE Community Survey conducted in 2016 revealed that nearly 90% of survey participants have heard of the Evansville Medication Drop Box.

Another highlight from the program's evaluation is the number of lock boxes handed out in Evansville since 2014. BASE, along with key partners/sectors including the Evansville Police Department, the Evansville School District, Creekside Place (Senior Center) and local businesses have distributed 200 lock boxes. Data gathered from the BASE Community Survey revealed that nearly 50% of survey participants are willing to use a lock box.

## A. Philosophy

### 1. What is the mission statement or rationale of the program?

The mission of the Evansville Medication Diversion Prevention program is to effectively reduce diversion of medications from homes in Evansville, WI. This is done by engaging all community partners to implement environmental strategies that will change community norms and policies regarding medication misuse and abuse, limit accessibility and availability of prescription medication, and develop media messaging to establish preventative community norms towards them.

### 2. What is the philosophy or conceptual framework on which it is based?

Prescription medication misuse and abuse is a public health epidemic across the United States; accessibility is a major contributing factor of misuse and abuse. *Philosophy:* To curtail this epidemic and effectively decrease the number of prescription medications that are being diverted from households in Evansville, a program must be implemented that builds prevention capacity and infrastructure, changes policies and reduces the progression of high-risk use and abuse-related problems in the community specific to prescription medications.

### 3. How does the program's philosophy reflect a "no illegal or high-risk use" message for alcohol and drugs?

The philosophy reflects a shared understanding and definition between BASE and Evansville community partners that prescription medication misuse and abuse is a high- risk and illegal behavior. This program encourages community partners to work together to create innovative environmental strategies that will work in the unique community of Evansville and spreads the message that this behavior is unacceptable in the community.

## B. Needs Assessment

### 1. What is the epidemiological data and/or information available in the community that led to the establishment of this particular program?

Prevalence of use and perception of risk data was gathered from the School District of Evansville Youth Risk Behavior Survey (YRBS), the Community Readiness Survey, Key Informant Interviews and Student and Parent Focus Groups.

**Past 30-day use:** This data is taken from the responses of middle and high school students, grades 6, 7, 8 and 9, 10, 11 and 12, on the 2012, 2014 and 2016 YRBS as illustrated in Table 1; thirty-day use of prescription drugs has decreased overall since 2012, but they are still being used at significant rates. When the program was implemented in 2014, the Past 30-Day Use among high school students saw an increase.

<b>Table 1: Past 30 Day Use Middle School Grades 6, 7, 8 High School Grades 9, 10, 11, 12</b>	<b>Evansville YRBS 2012</b>	<b>Evansville YRBS 2014</b>	<b>Evansville YRBS 2016</b>
Middle School Past 30-day use: Prescription Drugs	N/A	3.7%	2.3%
High School Past 30-day use: Prescription Drugs	6.1%	6.8%	5.8%

**Perception of risk:** This data is taken from the responses of middle and high school students, grades 6, 7, 8 and 9, 10, 11 and 12, on the 2012, 2014 and 2016 YRBS as illustrated in Table 2; shows the percentage of students who reported no risk or slight risk.

<b>Table 2: Perception of Risk Middle School Grades 6, 7, 8 High School Grades 9, 10, 11 &amp; 12</b>	<b>Evansville YRBS 2012</b>	<b>Evansville YRBS 2014</b>	<b>Evansville YRBS 2016</b>
Middle School Perception of Risk: Prescription Drugs	N/A	10%	20%
High School Perception of Risk: Prescription Drugs	19%	25.9%	20.3%

From the additional epidemiological data gathered by BASE, a risk factor that was identified for prescription medication abuse in Evansville was low perceived risk. This data was drawn from listening

sessions where students said that parents are giving their children medication that had been prescribed previously to someone else, or for an old medical condition, particularly in relation to injuries, instead of going into the doctor to get a new prescription. The second risk factor that BASE has identified is availability, adults are not locking up their meds, and not disposing of them in a timely manner. During focus groups, students said that their parents and family had medications that were easily accessible and not locked up.

## **2. What type of analysis has been conducted to clarify and articulate the scope and nature of the substance abuse problem in the community?**

BASE completed a Community Needs Assessment with the assistance of an outside evaluator, to better understand the scope of challenges facing Evansville residents. Data was collected from the following areas: treatment admissions, child abuse and neglect, adult and juvenile crime, poison control, suicide rates, teen pregnancy, school discipline, community census, existing community surveys and assessments, key informant interviews and focus groups. Secondary data was collected from local and state agencies including Evansville School District, Rock County Health Department, Wisconsin Department of Instruction, Wisconsin Department of Justice, Dean Clinic, Evansville Pharmacy and other community partners. Primary data was collected by conducting 15 key informant interviews, a Community Survey was completed online by 280 Evansville residents. Four focus groups were conducted at the High School with grades 9-12 that included 41 students.

After completion of the Community Needs Assessment, BASE identified prescription medication misuse and abuse as a prevention priority for the community. More specifically, youth access to prescription drug medication and availability of prescription medications were prime areas of concern.

## **3. What are the sound long- and short-term planning processes that include a needs assessment and reflect a research base?**

The BASE Evaluation Committee meets monthly to review data and progress towards action items. BASE will monitor the changes in short term, intermediate and long term indicators over time in relationship to the coalition's efforts collected in the online software, community feedback and trends. If indicator data is not improving BASE will review efforts to determine if activities are being implemented with consistency and fidelity. If activities are being implemented consistently with fidelity BASE will consider discontinuing those efforts and adding activities that will have an impact on indicator data. BASE may consider adding additional efforts to existing efforts to see if additional support is needed for current efforts to be successful. BASE will also use this process to identify activities of success and look to institutionalize those efforts in outside organizations to ensure their sustainability and to allow for revision of the action plan to add efforts to replace efforts institutionalized outside the coalition. A Community Needs Assessment is conducted every two years; the BASE Evaluation Committee oversees the process.

## **4. What actions were taken to involve representatives of the target population(s) in program planning and implementation to ensure that the program is responsive to their needs?**

The BASE coalition is represented by 12 sectors within the community. The 12 sectors represented in the coalition are business, parent, media, youth, school, youth-serving organization, law enforcement, religious organization, civic group, healthcare professional, state/local/tribal government agency with expertise in substance abuse and organization involved in reducing substance abuse. The diversity of the community is reflected in the sector members that are on the BASE Board of Directors.

All 12 sectors represented in the coalition were active participants during the program planning and implementation process. Actions taken during the planning and implementation process followed the Strategic Prevention Framework (SPF) model. BASE held strategic planning meetings and examined the capacity to deliver evidence-based and culturally-relevant strategies through the program. From these meetings, a logic model and action plan for the program was created to reflect local conditions, including target populations. The full coalition voted to accept the Action Plan and move forward with the program.

### **C. Population(s) Served**

**1. What target population(s) does the program serve? Describe its norms, values, beliefs, practices, socioeconomic characteristics, risk and resiliency factors, cultural considerations, unique or special needs, and whether the program is community-wide or focuses on a specific population.**

The Evansville Medication Diversion Prevention Program is a community-wide program. It is targeted toward all populations living within the School District of Evansville, WI, as this is the service area of the BASE coalition. The area is unique because it is a combination of rural and urban communities with a population of 13,268. Youth make up 29% of the population served at 3,848; adults make up 71% of the population served at 9,420. Within the population served it consists of Caucasian (96%), Hispanic/Latino (3.6%), African American (0.8%) and American Indian/Alaskan Native (0.5%). Racial diversity in Evansville, WI has rapidly changed in recent years. Although the African American population percentage is below the WI average, the overall Hispanic/Latino population percentage is above the WI average and enrollment in the school district has shown an increase in Hispanic students from 1% in 2000 to 4.4% in 2010.

The distribution of income and education levels in Evansville is where the most diversity occurs. BASE works with the Housing Authority and AWARE (both serve the needs of low income residents) to ensure the needs of the low-income population in Evansville are met. The School District, the Housing Authority and AWARE are key partners/sectors of the Medication Diversion Prevention program.

The diversity of the populations served are reflected in the key partners of the Medication Diversion Prevention program and in sector members that are represented on the BASE Board of Directors. Included are members of the LGBTQ+ community, varying income, cultural and educational levels. Key leaders in the community, as well as parents, are key partners of the program and sit on the Board giving the program and coalition greater recognition and credibility in the community. BASE has worked with the Hispanic Community Project (HCP), a student group, which works to educate and integrate the Hispanic and Anglo communities in Evansville, to recruit key partners and members.

Resiliency factors present within the targeted populations of the Evansville Medication Diversion Prevention program include an acceptance of and willingness to participate in community partnerships, a responsive Police Department that implements community policing and employs a diverse staff of officer and administrative personnel, and a youth-led, peer-to-peer education, prevention, and activism organization dedicated to preventing destructive decisions called Students Against Destructive Decisions (SADD).

**2. What was done to recruit and retain members of the targeted population into this program?**

BASE follows an annual Recruitment Plan to continue to engage and recruit key partners and sectors from the community that include different social/economic and cultural backgrounds. The plan includes a process for recruiting key partners and sectors in the community, to participate in and perpetuate the Evansville Medication Diversion Prevention program. The plan includes talking points, recruitment goals and roles for key partners and volunteers. BASE uses the annual Coalition Capacity Survey to gauge whether key partners/sector and members of the coalition reflect the diversity of the community. The Coalition Capacity survey asks the question, "Does the coalition accurately represent the cultural diversity in my community." BASE retains key partners/sectors and members of the program by creating meaningful opportunities for participation and contribution, including the opportunity to attend sector relevant trainings on Rx misuse and abuse and cultural humility trainings.

**3. How is the staff trained in the cultural patterns of the program's target population(s)?**

BASE staff and coalition members have attended several prescription medication and cultural humility trainings. The BASE Director and Pharmacy Manager of Stoughton Hospital were trained in the Good Drugs Gone Bad Drug Abuse Prevention program. Good Drugs Gone Bad is a toolkit and training to raise awareness and educate others about prescription drug medication abuse; it is tailored to individual sectors. The presentation has been given seven times to over 220 individuals in the Evansville community. Coalition members have also attended several sessions specific to prescription medication abuse at Community Anti-Drug Coalitions of America's (CADCA) Midyear Training Institute and CADCA's National Leadership Forum. CADCA is a national membership organization of over 5,000 anti-drug coalitions, each working to make their community safe, healthy, and drug-free.

In 2011, BASE staff and coalition members hosted a Latino Diversity training by a cultural competency expert. This training covered racial, cultural, gender and economic diversity. In 2016, BASE staff and coalition members attended Safe Schools, Safe Communities, the State Conference on LGBTQ+ Youth organized by GSafe. In addition, BASE sponsored a GSafe training in 2016 for all Evansville High School staff and in 2017 for all Evansville Middle and Elementary school staff.

**4. What has been done to ensure cultural competency in the program?**

To ensure cultural competency in the program, all program materials and products are reviewed annually to ensure that they are at a reading and/or comprehension level accessible to all members of the community. All program materials and products are illustrated and designed to purposely and inclusively reflect the diversity in the community. Also, all program materials and products are translated into Spanish.

**D. Building Capacity**

**1. How does your program relate to the community’s overall prevention strategy and/or systems?**

The overall prevention strategy of BASE is to shift the culture and behavior of the community it serves to reduce the high-risk behaviors in the community, and especially in the community’s youth. The Evansville Medication Diversion Prevention program relates to this prevention strategy because it targets the high-risk behavior of prescription medication misuse and abuse. It also establishing goals and objectives that aim to reduce this behavior in the community and especially within the target population of youth. BASE is assisting local community coalitions in Edgerton, WI, Stoughton, WI, Waunakee, WI and Juneau County, WI by bringing together and actively engaging all community sectors to implement the Medication Diversion Prevention program in each respective community.

On a county level, BASE is an active participant in the overall prevention strategy and system. The coalition is a member and serves on the Rock County Prevention Network (RCPN) – a coalition of (4) DFC coalitions working on reducing prescription medication misuse and abuse in youth. Components of the Evansville Medication Diversion Prevention program have been implemented throughout Rock County.

On a state and national level, BASE has lead sessions at the WI State Prevention Conference and the Epiphany Community Services Coalition retreat, attended by over (50) substance abuse prevention coalitions from throughout the United States, to introduce the Evansville Medication Diversion Prevention program, and to assist with and consult on its implementation.

**2. How does your program support and make use of collaboration and linkages, especially with Federal, State, or local organizations? Include information on agency/program involvement with the community’s local substance coalition, if such an entity exists.**

This program engages key partners in its implementation. Those key partners and their contributions to the program are listed in the table below:

Key Partner/Sector	Contributions
Evansville, WI Police Department	<ul style="list-style-type: none"> <li>• Promote availability of lock boxes on Facebook page.</li> <li>• Act as authorized collector of the permanent drop box and Bi-Annual Take-Back Events.</li> <li>• Distributes lock boxes all year and promotes the use at Bi-Annual Take-Back Events</li> <li>• Developed policy to offer lock box on calls that involve Rx medications or youth substance abuse</li> <li>• Developed policy to offer to properly dispose of Rx medications after a death – inventory, destroy</li> </ul>

	<ul style="list-style-type: none"> <li>Partners with BASE to visit all area businesses annually and distribute lock boxes, discuss Rx misuse and abuse in the work place and provide informational flyers for use in the workplace.</li> </ul>
Evansville, WI Fire and EMS	<ul style="list-style-type: none"> <li>Developed policy to offer lock boxes on calls that involve Rx medications or youth substance abuse</li> <li>Developed formal policy to train new staff and volunteers on lock box availability and disposal opportunities in the Evansville, WI community</li> </ul>
Funeral Homes	<ul style="list-style-type: none"> <li>Developed policy to offer lock box to clients for use in their home</li> <li>Provides informational to clients about locking Rx medications and avoiding Rx medication victimization</li> <li>Distributes fliers at their location</li> </ul>
Evansville, WI School District	<ul style="list-style-type: none"> <li>Developed informal policy to offer lock box to any parent/guardian whose student has a substance misuse or abuse issue</li> <li>Developed policy to offer lock box to any parent/guardian whose student takes Rx medication at school</li> <li>Developed policy to use a lock box on all school field trips to secure students Rx medications</li> </ul>
Creekside Place (Senior Center)	<ul style="list-style-type: none"> <li>Display a lock box sample on front desk and hold an inventory of free lock boxes to provide to community members</li> <li>Allow access to senior audiences to present on Rx medication misuse and abuse and proper storage and disposal procedures</li> <li>Provide informational brochures on 'Role Modeling as a Grandparent'</li> </ul>
Realtor's	<ul style="list-style-type: none"> <li>Provide informational flyers to clients on how to properly secure Rx medications during open-houses and walk-throughs.</li> <li>Offer medication lock boxes to clients</li> </ul>
Healthcare Offices	<ul style="list-style-type: none"> <li>Developed informal policy to offer lock boxes to their clients</li> <li>Provide informational flyers on how to help prevent Rx medication misuse and abuse</li> <li>Include information on Medication take-back days and availability of lock boxes in their newsletter</li> </ul>

Section 8 Housing	<ul style="list-style-type: none"> <li>• Developed policy to offer lock boxes to their tenants</li> <li>• Provide informational flyers to existing and new tenants on Rx medication misuse and abuse and proper disposal opportunities</li> </ul>
Employees/Employers in Evansville, WI	<ul style="list-style-type: none"> <li>• Developed informal policies to provide information to employees about the Medication Diversion Prevention program and how to obtain a lock box; information also posted in break area of a business</li> <li>• Provided informational flyers to employees about Rx medication misuse and abuse in the workplace</li> </ul>

In addition to key partners/sectors, other community supporters that participate in the program include, Youth, Pharmacists and Local and State Governments.

**Youth** – Presently, youth participation is spearheaded by SADD. Members of SADD have been and will continue to be present at prescription medication take-back events to assist in sharing resources. Members of SADD attended a pHARMING Effects training. After the training, members that attended used the knowledge to educate other youth by way of presentations in the middle school, high school and youth center in Evansville. Within each presentation, youth included information about the methods of disposal and medication storage available to the Evansville community and the risks of abusing prescription medications.

**Pharmacists** – Presently, pharmacist participation is spearheaded by pharmacists employed by Stoughton Hospital and the Evansville Community Pharmacy. Pharmacists continue to distribute educational resources to patients and healthcare professionals about prescription medication misuse and abuse and the methods of disposal programs available in the community. Pharmacists participate in promoting prescription medication take-back events. They distribute lock boxes to encourage safe storage practices, and assist in community education by presenting to community organizations using the Good Drugs Gone Bad program.

**Local Government** – The City of Evansville permits law enforcement to use staff hours to support the promotion and education efforts of the Medication Diversion Prevention program. This included Bi-Annual Take-Back Events, the permanent Drop-Box and educational community presentations on the program and prescription medication misuse and abuse.

**State Government** – BASE collaborates with the State of WI Government and the Wisconsin Department of Justice to implement a community education and media campaign that includes disseminating Dose of Reality materials within the Evansville School District. The Dose of Reality campaign is a prevention campaign that aims to raise awareness of prescription medication abuse in Wisconsin and to communicate the risks and dangers of improper use, storage and disposal of medication.

**3. What community outreach strategies do you employ?**

BASE conducts outreach through social media platforms, Facebook, Twitter, Instagram and SnapChat. The social media platforms function as a direct means to conduct educational and awareness outreach to the Evansville community, at large. Key messages promoted through outreach efforts are the availability of proper storage and disposal methods in Evansville, the role that prescription medication misuse and abuse plays in the Evansville community and the impact that decreased accessibility has on preventing prescription medication misuse and abuse. The collaborative efforts and supportive relationships across multiple community agencies and systems strengthen the infrastructure of the Prescription Medication Diversion Prevention program; outreach messages are shared via key partners and community supporter’s social media platforms, as well.

#### 4. What type of grassroots participation is included in your program?

The type of grassroots participation included in the program is collection action from the key partners/sectors including law enforcement, emergency services, healthcare, the school district, employers, housing agencies, and senior care facilities. Collective action within the Evansville Medication Diversion Prevention program looks beyond the top-down, State and/or National level prevention approach to prescription medication misuse and abuse. Instead, the program brings into focus a bottom-up approach that begins with innovative, community partnerships that are characterized by strong horizontal linkages, i.e. community norms and accessibility of prescription medication misuse and abuse, among community members but most especially target populations of the program. The collective action of the key partners/sectors through their voluntary implementation of the program presents a cohesive message to the community that prescription medication misuse and abuse is dangerous, and needs to be addressed first and foremost at the local level.

#### E. Strategic Planning

##### 1. What are the goals and objectives of the program?

**Goal One:** Reduce prescription drug misuse and abuse in Evansville, WI as measured by the Wisconsin Youth Risk Behavior Survey (YRBS).

**Objective 1:** Reduce youth access to prescription drugs in Evansville, WI.

**Objective 2:** Decrease the number of prescription drug medications being diverted from households in Evansville, WI.

**Objective 3:** Educate the public on the dangers of prescription medication misuse and abuse.

##### 2. How do the goals and objectives directly respond to the information and epidemiological data gathered from the needs assessment?

BASE held Strategic Planning Meetings using the information and epidemiological data gathered to identify intervening variables affecting prescription medication misuse and abuse in Evansville, and identified strategies to achieve community change. The information collected during the assessment process was analyzed to identify challenges and strengths in Evansville. From these meetings and the prioritization of information, the Logic Model and Action Plan for the program, which includes program goals and objectives, was created to reflect local conditions based on data collected.

##### 3. How many members of the population are expected to be reached and in what timeframe?

Strategies	Population Reach	Timeframe
Provide Information	2,365,178 (through media impressions)	September 22, 2014 – January 31, 2017
Provide Support	10,000	October 13, 2014 – February 1, 2017
Enhance Skills	1,199	September 1, 2014 – March 8, 2017
Enhance Access/Reduce Barriers	31,566	September 1, 2014 – October 22, 2016
Change Consequences	13,000	October 13, 2014 – February 1, 2017
Change Physical Design	5,200	September 17, 2014 – January 31, 2017
Modify/Change Policies	13,000	October 13, 2014 – February 1, 2017

The Evansville Medication Diversion Prevention program is perpetuated on an annual basis. BASE will continue to measure population reach of the program through the seven strategies for community change.

#### 4. What mechanisms are in place to ensure long-term program sustainability?

The mechanisms in place to ensure significant long-term sustainability of the Evansville Medication Diversion Prevention program are the collaborative relationships between BASE and the key partners/sectors that voluntarily implement the program. Each relationship, especially the ones that have

brought about policy changes in their respective sectors, serve as mechanisms to perpetuate the community's prevention strategy toward the high-risk behavior of prescription medication misuse and abuse. The development and implementation of sector specific policies, by key partners/sectors, represent a commitment to employing environmental strategies that will sustain the program into the future. Sectors that have created policy change include the Evansville Police Department - developed policy to offer lock box on calls that involve medication or youth substance abuse and developed policy to offer to properly dispose of medications on death calls; the Evansville Fire and EMS - developed policies to offer lock boxes on calls that involve medication or youth substance abuse and developed policies to train new staff and volunteers on lock box availability and disposal opportunities in the Evansville; Funeral Home - developed policy to provide information on the proper disposal of medications to clients; The Evansville School District - developed policy to offer lock box to any parent/guardian whose student has a substance abuse issue, developed policy to offer lock box to any parent/guardian whose student takes medication at school, and developed policy to use a lock box on all school field trips to secure students medications; Healthcare offices - developed informal policy to offer lock boxes to their clients; Section 8 Housing - developed policy to offer lock boxes to their tenants; and Employees/Employers in Evansville, WI - developed policies to provide information to employees about lock boxes and how to obtain a one, and post information about the dangers of medication abuse in the break area. Long-term sustainability has been established through a commitment from each key partner/sector to continue the program regardless of resources and funding available. A significant commitment from the community-level has been made as BASE has been added as a line item in the City of Evansville budget.

## **F. Implementation**

### **1. What makes the program innovative?**

The Evansville Medication Diversion Prevention program is innovative because it actively engages key partners and/or sectors of the community and implements an array of environmental strategies. These strategies were developed by a coalition that includes members from all sectors of the community. All key partners/sectors have made a commitment to the program's implementation through the establishment of policies, in their respective sectors, which aim to reduce or prevent the misuse and abuse of prescription drug medication in the Evansville community.

### **2. What distinguishes this program from similar programs, strategies, or practices?**

The voluntary involvement and participation of unique groups in the community distinguish this program from similar programs. The program is designed to work within each key partner or sector's unique reach and scope within the community. All policies established and materials distributed through the program via a key partner/sector are developed and designed to specifically target that unique industry or sector. Specific examples include, brochures and flyers distributed to clients through the Realtor's in Evansville discuss how to properly secure medications when preparing for an Open-House or Walk-Through, why proper storage is important and how this aids in reducing medication misuse and abuse in the community. Brochures and flyers distributed to clients through Funeral Homes in Evansville that discuss proper disposal methods of a loved one's Rx medication that has passed away. Brochures and flyers distributed through the Pharmacy in Evansville discuss why it is important to keep track of your medication when shopping, the importance of locking your meds and how to properly track and dispose of them. Brochures distributed through the Senior Center discuss proper Role Model techniques for grandparents when storing and disposing of Rx medication and how to lock up meds. Brochures and flyers distributed to local employers in Evansville discuss medication misuse and abuse in the workplace with regard to productivity losses and the danger of working while taking medication.

This unique approach with respect to each key partner or sector has resulted in a both community change, i.e. changes in policy at their respective industries or sectors, and system change, i.e. the success of the program in Evansville has resulted in the BASE coalition helping implement the program in other communities. All community and system changes are built with a foundation of environmental strategies including enhancing access/reducing barriers, changing consequences, changing physical design and modifying/changing policies.

**3. How does the program operate? Describe in detail and identify all features critical to implementation. In the program’s scope, intensity, and duration.**

The Evansville Medication Diversion Prevention program is perpetuated on an annual basis and operates with the foundation of the Strategic Prevention Framework and addresses the seven strategies of community change. Key Partners/Sectors implement the program through formalized and unique policies and practices that encompass promotion, distribution, and utilization of the program, and that build from their sphere of influence. Policies include commitment to participation in, distribution, and/or promotion of the program. The nine key sectors/partners that currently engage in the program are the Evansville Police Department (EPD), the Evansville Fire and EMS, Funeral Homes, the Evansville School District, Creekside Place (Senior Center), Realtor’s, Healthcare Offices, Section 8 Housing, and Employees/Employers within the Evansville community. All features critical to the program’s implementation are included below, and broken out by individual strategy for community change.

<b><i>Strategy 1: Provide Information</i></b>
BASE Beat – Newspaper articles published at least twice per month about the risks of Rx social access, the availability of free, lock boxes, and/or the 24/7 local Rx drop box
Educational Information – Distributed sector specific Rx medication misuse and abuse information and flyers to funeral homes, realtors, local employers, Section-8 Housing, and healthcare offices.
Media Campaign – Created and released media campaign around Bi-Annual Take-Back Events
Rx Presentations – Creekside Place (Senior Center) gives presentations to senior members of the community on Rx medication misuse and abuse and the importance of properly securing and disposing of Rx medication
24/7 Permanent Drop Box – BASE partnered with the police department to promote the 24/7 permanent drop box on social media accounts including Facebook (BASE, EPD) and Twitter (BASE)
<b><i>Strategy 2: Provide Support.</i></b>
High School Reality Maze – BASE annually hosts a Reality Maze that allows youth to experience simulated consequences of substance abuse including Rx abuse; and provides Rx prevention information to them to take home and discuss with their parents/guardians.
Police Department – BASE supports the police by providing the Evansville, WI Police Department information on Rx prevention to hand out to youth
Bi-Annual Take-Back Events – BASE provides support to the police by promoting the events via social media and print media channels; and providing volunteers to discuss the Medication Diversion Prevention program and hand out lock boxes to community members that request them.
<b><i>Strategy 3: Enhance Skills</i></b>
Prescription Drug (Rx) Training – Evansville High School (EHS) Students Against Destructive Decisions (SADD) members attended a pHARMING Effects Training and give presentations to other EHS youth.
Rx and/or Diversity Training – BASE supports staff and key partners/sector of the Medication Diversion Prevention program to attend Rx medication misuse and abuse trainings, and cultural diversity trainings on an annual basis
Fire and Emergency – BASE partnered with Fire and Emergency services to develop informal policy to train new staff and volunteers on lock box availability and disposal opportunities in the Evansville, WI community
<b><i>Strategy 4: Enhance Access/Reduce Barriers or Reduce Access/Enhance Barriers</i></b>
Language Translation – BASE conducts an annual audit of prevention materials and messages that are given out in the Lock Boxes to make sure that they are reflective of the Evansville community. When possible, materials are translated into Spanish and this enhances access for Spanish-speaking families in Evansville, WI and has the potential to effect 3.6% of the population.
<b><i>Strategy 5: Change Consequences</i></b>
Drawings at Bi-Annual Take-Back Events – Partnered with the police department to offer incentives for Bi-Annual Take-Back Events.

<b><i>Strategy 6: Change Physical Design</i></b>
Lock Boxes – Partnered with schools, police, pharmacy, relators, and healthcare offices to hand out medication lock boxes.
Permanent Drop Box – Partnered with the Evansville, WI Police Department to install a permanent Rx medication drop box that is accessible 24 hours per day, 365 days per year.
<b><i>Strategy 7: Modify/Change Policies</i></b>
School District – Policy at the schools to hand out medication lock boxes to anyone with a medication violation
Police Department – BASE partnered with the police to develop informal policy to take and properly dispose of Rx medications associated with death calls
Police Department – BASE partnered with the police department to develop policy to pick up and properly dispose of Rx medications for those in the community with transportation issues
Fire and Emergency – BASE partnered with Fire and Emergency services to develop informal policy to offer lock boxes on call associated with over-doses.
Funeral Homes – BASE partnered with Funeral Homes to develop policy to offer lock boxes to their clients.
Realtor’s – BASE partnered with Realtor’s to develop policy to offer lock boxes to their clients.
Section 8 Housing – BASE partnered with Section 8 Housing agencies to develop policy to offer lock boxes to their tenants.
Local Employees/Employers – BASE partnered with local employees and employers to offer lock boxes and provide education and awareness information about Rx medication misuse and abuse in the work place

**4. Who is involved in conducting the activities?**

BASE staff develop and design educational and awareness information, flyers, brochures, social media messaging and lock box components that are distributed throughout implementation of the Evansville Medication Diversion Prevention program. In addition, BASE staff train all Key Partners in the proper implementation and outreach required for the program. The Evansville, WI Police Department is responsible for collecting and properly disposing of all Rx medication during Take-Back events and when Rx medication has been dropped off in the permanent drop box. The Police Department, school, coalition members and business community disseminate the educational and awareness information, flyers, brochures, social media messaging and lock box components in their respective sectors. Youth are involved providing peer-to-peer education to other youth in the Middle School and High School. Coalition members are involved as volunteers at community events to disseminate educational and awareness information and to hand out lock boxes to community members.

**5. What is the infrastructure/support system used to implement this program?**

BASE is a coalition that has 7 years of experience implementing environmental prevention strategies to reduce substance abuse in youth. This combined with the dedication and collaboration of key community members and the community at large, has created a community that trusts the coalition to implement effective strategies. BASE has a history of success and is viewed as the "expert" in youth substance abuse prevention in the community.

In 2011 BASE coordinated the installation of a medication drop-box with the Evansville Police Department. BASE and the EPD annually host two medication take-back events and since 2011, over 2,400 lbs. of medications have been collected. BASE and the EPD annually visit businesses to share and encourage measures to reduce access to prescription drugs in the workplace and offer medication lock boxes, over 200 medication lockboxes have been given out.

Since 2012, BASE has contributed to a decrease in 30-day use rates in tobacco, prescription drugs, marijuana and alcohol as measured by the YRBS. BASE has had success at the high school developing youth leaders who have created an active, focused SADD Chapter. Since 2012 BASE has facilitated 60 community changes including new or modified programs, practices or awareness raising events in the community to reduce substance abuse. In 2012 BASE successfully advocated for a Social

Host Ordinance for Evansville. In 2014 BASE again successfully advocated for a Social Host Ordinance for the City of Union. Other community changes in 2015 and 2016 include: working with the EPD to carry Narcan, coordinating Evansville Night Out, an annual substance free event that is attended by over 2,000 people, partnering with the school district to train teachers in Mental Health First Aid and LGBTQ+ Safe Space, implementing Screening, Brief Intervention and Referral to Treatment with all 10 grade students, advocating for the city to install "no alcohol use in parks" signs and the 4th of July Festival Committee to implement Festival Best Practices to reduce drinking.

Other factors of implementation supports for the program include onsite leadership and administrative support – key partners provide leadership and support for the program in the community; practitioner selection – key partners are determined based upon their professional qualifications, practical skills, and influence within target populations of the program; practitioner training and support – BASE staff provide introductory and annual follow-up training with all key partners and community supporters of the program; and program evaluation – outcome assessment is completed throughout the year to determine the intervention and prevention effects of the program and the worth of perpetuating it in the future.

**6. Describe the program's ability to effect community-wide change: At what scale or level is outreach conducted? Does it succeed in changing community norms? Is there adequate capacity to elicit community-wide change?**

Outreach is conducted community-level via the social media and web-based platforms of BASE, Key Partners and Community Supporters. In addition, program outreach is conducted at community events, Town-Hall Meetings and School District events. There is adequate capacity to elicit community-wide change because each Key Partners demonstrate a dedicated commitment to the Medication Diversion Prevention program and demonstrate credibility within the community in playing a catalytic role. BASE staff have the knowledge, skills, and training necessary to provide guidance and support to the Key Partners on how to properly implement the program. This collaborative approach is the catalyst for creating community buy-in and investment in the prevention of prescription medication misuse and abuse and changing community norms. One of the most significant changes in community norms, as a direct result of the program's outreach efforts, is the proper disposal of Rx medication. Since 2011, the Evansville Police Department has collected over one ton of prescription medications through the permanent drop box and the Bi-Annual Take-Back events. Pounds of medication collected during Take-Back events averages 40 pounds per event; pounds of medication collected every 6 months in the permanent drop box averages 245 pounds. Outreach for the Take-Back events is conducted primarily through a media campaign developed by BASE and shared by key partners. The main components of the media campaign are social media messages, weekly newspaper articles and signage displayed throughout the community at local businesses and homes of community members.

**7. What is the number of individuals in the community, and what percent of these individuals were impacted through the implementation of this program?**

Overall, the total population of the community served is 13, 268 persons; 100% percent of the population was impacted through the implementation of the Evansville Medication Diversion Prevention program.

BASE measures impact of implementation through the seven strategies for community change. The percentage of individuals impacted through the strategy of provide information is 100% with a reach of 2,365,178 since September 2014. The percentage of individuals impacted through the strategy of enhance skills is 9% with a reach of 1,199 since September 2014. The percentage of individuals impacted through the strategy of enhance access/reduce barriers is 100% with a reach of 31,566 since September 2014. The percentage of individuals impacted through the strategy of change physical design is 39% with a reach of 5,200 since September 2014.

**8. What aspects or elements of the program can be replicated or adapted in other communities?**

The most critical element of the Evansville Medication Diversion Prevention program is each collaborative relationship between the coalition and its Key Partners. A community can adapt and or replicate this program while building on those relationships. To replicate this element of the program,

there needs to be a community organization willing to facilitate the program and establish relationships and linkages with other community organizations or agencies. The facilitating organization will need to create opportunities for community organizations to participate in the implementation of the program, but first will need to demonstrate why local collective action is necessary to create community-level change.

**G. Evaluation**

**1. What are the major outcomes, impacts, and changes accomplished due to this program?**

**Inserting a chart of program outcomes/data with an explanation would be helpful.**

BASE collects quantitative and qualitative data, and records policy changes to measure the effectiveness of the Evansville Medication Diversion Prevention program. In addition, BASE works with an evaluator that assisted in developing and implementing a data collection and effectiveness measurement plan for determining outcome successes. Four major outcomes accomplished with this program are:

1. A decrease in Past 30-Day Use of Prescription Drug Medication in middle school and high school students;
2. An increased amount of Rx medications collected by the Evansville Police Department annually and during Bi-Annual Take-Back events.
3. Increase in Evansville community members properly storing and securing their medications.
4. Medication misuse and abuse not seen as a big problem in the Evansville community in 2016.

Major outcomes and policy changes are listed below.

***Outcome 1: Decrease in Past 30-Day Use in Middle School and High School Students***

<b>Past 30 Day Use Middle School Grades 6, 7, 8 High School Grades 9, 10, 11, 12</b>	<b>Evansville YRBS 2012</b>	<b>Evansville YRBS 2014</b>	<b>Evansville YRBS 2016</b>
Middle School Past 30-day use: Prescription Drugs	N/A	3.7%	2.3%
High School Past 30-day use: Prescription Drugs	6.1%	6.8%	5.8%

*Data Source: Youth Risk Behavior Survey*

***Outcome 2: Increase in amount of Rx Medication Collected by Evansville, WI Police Department***

<b>Season</b>	<b>Take-Back Day (lbs. collected)</b>	<b>Previous 6 Months (lbs. collected)</b>
March 2011- 2012	N/A	550 lbs.
Spring 2013	21 lbs.	207 lbs.
Fall 2013	60 lbs.	185 lbs.
Spring 2014	73 lbs.	168 lbs.
Fall 2014	32 lbs.	193 lbs.
Spring 2015	30 lbs.	215 lbs.

Fall 2015	28 lbs.	97 lbs.
Spring 2016	36 lbs.	289 lbs.
Fall 2016	32 lbs.	240 lbs.
Spring 2017	52 lbs.	246 lbs.
<b>Total (To-Date)</b>	<b>2, 754 lbs. (since drop-box was installed in 2011)</b>	

*Data Source: Evansville Police Department*

BASE coordinated a community survey in Evansville in 2016. Below is the data gathered from a survey question regarding the Rx medication permanent drop box.

<b>Have you heard of the prescription drug take back box?</b>	
Yes	88.9%
No	11.1%

*Data Source: BASE Community Survey*

***Outcome 3: Increase in Evansville, WI community members properly storing and locking their Rx medications***

Since 2015, 200 lock boxes have been distributed through the Evansville Medication Diversion Prevention program, to members of the Evansville community. The table below lists the key partner/sector involved in the program that distributed lock boxes.

<b>Key Partner/Sector</b>	<b>Quantity Distributed</b>
Evansville, WI Police Department	75
Evansville, WI School District	40
Local Businesses	30
BASE – during Community Events	30
Creekside Place (Senior Center)	25

*Data Source: BASE*

BASE Coordinated a community survey in the Evansville community in 2016. Below is the data gathered from a survey questions regarding the prescription medication storage.

<b>Have you heard of the prescription drug lock boxes?</b>	
Yes	65.4%
No	34.6%

*Data Source: BASE Community Survey*

<b>Would you use a lock box if provided one?</b>	
Yes	47.7%
Somewhat	10.6%
A little	15.2%
No	26.5%

*Data Source: BASE Community Survey*

***Outcome 4: Rx medication misuse and abuse not identified as problem in Evansville community***

In 2011, parent interviews were conducted and parent focus groups were held at the Family and Community Town Supper regarding underage drinking and prescription drug misuse. The Evansville Youth Center collaborated by conducting youth focus groups to gain insight youth's perceptions of risk.

In both the parent and youth focus groups conducted in 2011, prescription medication misuse and abuse was seen as a big problem in the Evansville community.

Focus groups were again conducted in 2016, now as part of the Community Needs Assessment. In both parent and youth focus groups, prescription medication misuse and abuse was not seen as a problem in the Evansville community.

*Data Source: BASE Focus Groups, 2011 and 2016.*

Further evaluation of the Medication Diversion Prevention program is still in development. To determine the impact of the lock boxes already distributed, a survey was created, posted on Facebook and sent to those who were known to have taken a box. The intent is to determine use and acceptance of proper storage methods. For new box distribution, a post card that contains a survey is completed at the time of distribution. Persons who receive a box will be asked to complete a follow-up survey in three months. Additionally, they will be asked if they would like to sign up for a reminder to complete the survey.

## **2. How do the outcomes relate to the program's goals and objectives?**

The strategies and interventions of the Medication Diversion Prevention program are implemented on a community-wide level. The outcomes of the program directly relate to the goals and objectives because they measure the community-wide impact of the strategies and interventions.

## **3. How do the results derived from the evaluation meet the needs for which the program was designed?**

The program was designed to curtail prescription medication misuse and abuse occurring in Evansville and decrease the number of medications being diverted from households in the community. The results derived from the evaluation meet those needs through a decrease in the prevalence of use and availability and an increase in proper security and disposal.

## **H. Program Management**

### **1. What resources are available to the program, and how is the program able to maximize or optimize the available resources?**

Resources available to the Evansville Medication Diversion Prevention program include Drug Free Communities (DFC) funds, Foundations funds and Strategic Prevention Framework Partnerships For Success funds. The program optimizes the resources available by using environmental strategies proven to reduce youth substance abuse. By using environmental strategies, the program takes a broader approach to prevention to target community norms and policies that do not require resources to implement. The program utilizes in-kind, match resources which allows for strategic allocation of monetary resources. For every dollar in cash that is spent the community matches that dollar with volunteer time, in-kind donations or donated supplies. This has helped to increase participation, build sustainability and maximize the use of funds.

### **2. What systems are in place to help ensure effective communication and coordination among program staff and administration, consumers/clients, the media, policymakers, and others?**

There are systems in place to ensure communication and coordination among staff, policy makers, media and community members. BASE created a Communications Plan for the Evansville Medication Diversion Prevention program. The data that is collected and analyzed and the progress of implementing the program strategies including challenges and successes, is communicated to the community at large through a variety of formats to ensure that all segments of the community are reached. Progress is communicated monthly through BASE's Facebook page, press releases and a weekly column in the Evansville Review, a local newspaper. The process and method of information dissemination is reviewed through Facebook 'friends', website 'hits' and recognition of the BASE brand. BASE distributes a newsletter to BASE members, community partners and other interested parties. This newsletter is sent via email and postal mail to ensure that all members of the community have access to the information. It includes data collected, action plan implementation progress and summaries outlining the effectiveness of activities.

The outcomes of the program are presented to the City Council and School Board annually. Meetings are setup with key partners annually to discuss data outcomes, outcomes specifically related to

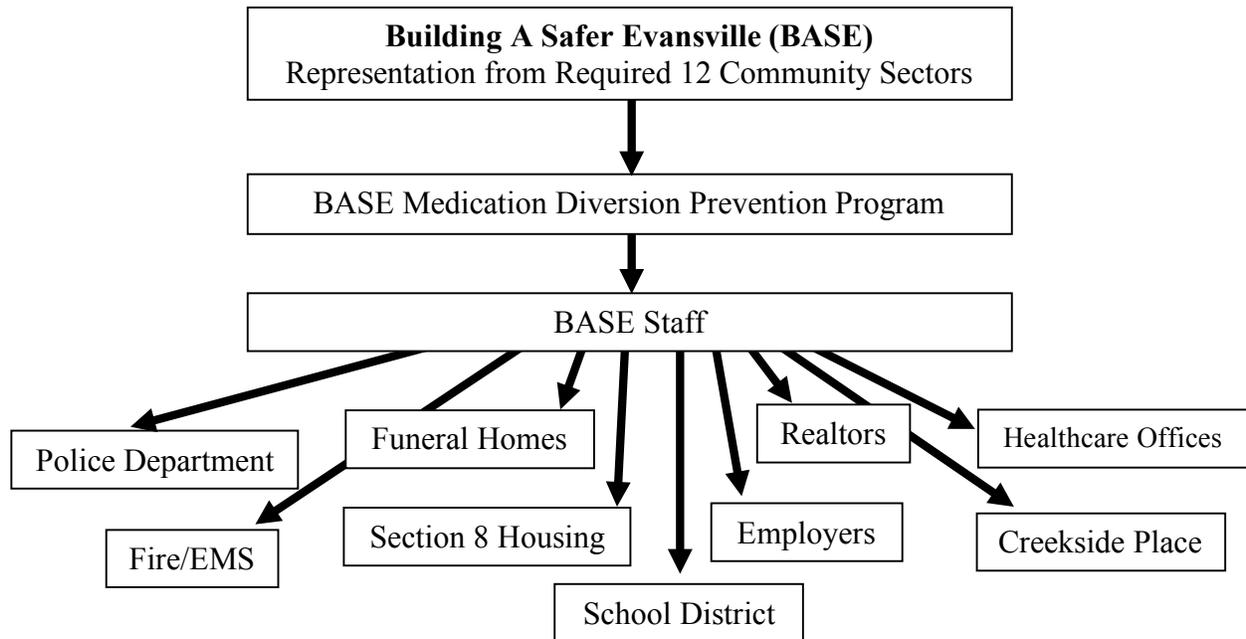
their sector and provide them with the data collected. BASE focuses on presenting data collected and coalition efforts to specific sectors in a fashion that is relevant to them, i.e. “where do kids get prescription drug medications,” to the parents, “pounds of prescription drug medications collected in the permanent drop box” to the healthcare offices, etcetera.

The BASE Communication Committee meets quarterly to monitor communication progress and goals and adjust as needed. Communication goals state that all materials are translated as needed into different languages as well as available for different educational levels and that the images used project the diversity of the community.

BASE annually reviews and revises the Recruitment Plan for the program to continue to engage and recruit key partners/sectors in the community. The goal of the review process is to assess the social, economic and cultural diversity of the program’s key partners/sectors to determine whether it reflects the diversity of the community. The Recruitment Plan is then revised and communicated to sector members of the coalition during monthly BASE meetings.

Other systems in place that help ensure effective communication and coordination are the BASE Board Structure which consists of 9 Directors-at-Large and includes representatives from different sectors of the community; additional BASE Committees including the Executive Committee, Finance Committee, Membership Committee, Nominating Committee Town Hall Committee and Data Committee; implementation of the Strategic Prevention Framework in the coalition’s decision making process; volunteer leadership; and continued coordination with 12 sectors of the community. Collectively, these systems ensure community involvement in the implementation of the program and coordination of prescription medication abuse prevention efforts.

**Organizational Chart – Evansville Medication Diversion Prevention Program**



**Annual Budget – Evansville Medication Diversion Prevention Program**

<b>Program Support</b>	
<u>Income</u>	<u>Secured</u>
Drug Free Communities (DFC) Funds	\$125,000.00
PFS15 Funds	\$5,300.00
Match Fund (In-kind donations)	\$62,500.00
<b>Total</b>	<b>\$198,200.00</b>

<b>Program Budget</b>	
<u>Expenses</u>	<u>Cost</u>
Salaries	\$1,612.00
Lock Boxes	\$4,398.00
Printing	\$2,000.00
Media/Advertising	\$5,000.00
Supplies	\$1,000.00
Evaluation	\$2,704.00
<b>Total</b>	<b>\$16,510.00</b>

**Budget Narrative****Salaries: \$1,612.00**

The Communication Associate coordinates all activities, trainings, communication, community relations, data collection and design work for this grant. Her current salary is \$15.50 / hour. She will be spends 2 hours a week working directly on this program.  $15.50 \text{ hr.} \times 2 \text{ hrs. wk.} = \$1,621.00$ .

**Lock Boxes: \$4,398.00**

200 lock boxes are order annually for the program. The cost of one lock box is \$21.99.  $200 \times \$21.99 = \$4,398.00$ .

**Printing: \$2,000.00**

Printing amount was determined by a quote from our printer, C&M Printing. Printed materials for the initiative will include: postcards, brochures, booklets, flyers, posters and banners. This will also include the printing costs for evaluation surveys.

**Media / Advertising: \$5,000.00**

93 Radio Ads = \$1,640, 3 Billboards = \$2,200, Newspaper Advertising = \$1,000, Social Media Advertising = \$160.

**Supplies: \$2,000.00**

Supplies is based on past experience including paper supplies, ink cartridges for the general operation of the project. This will include \$840 for a yearly subscription to Adobe Creative Cloud and \$200 for the training workshop. This will also include promotional items such as pens, pillboxes and other items with media campaign messages on them.

**Evaluation: \$2,500.00**

Epiphany Community Services is our evaluator. Their rate for one hour of evaluation is \$125.00. They will monitor and evaluate the implantation and measure community change. They will provide 20 hours of evaluation for the program,  $\$125.00 \times 20 = \$2500.00$ .