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Executive Summary

An estimated 100 RSVP volunteers will serve and will be placed in outcome assignments. Some of their activities will include launching a media campaign focused on substance abuse prevention and neonatal abstinence syndrome (NAS); planning and hosting training for medical professionals on proper prescribing practices; implementation of the "Count it Lock it Drop it" campaign to encourage responsible storage and disposal of medications; training community members on prevention basics and making referrals for treatment; and delivering substance abuse education and access to treatment with a focus on military veterans. The primary focus area of this project is healthy futures. At the end of the three-year grant, it is projected that the number of youth who report using alcohol, tobacco, marijuana and prescription drugs will decrease; the reported age of first use among youth will increase; and the number of overdose deaths in Roane County will decrease. The CNCS federal investment of $100,000 will be supplemented by $30,000 in non-federal resources.

Strengthening Communities

The Roane County Anti-Drug Coalition (RCADC) was established in 2003 in response to an alarming number of youth deaths from overdose in Roane County, Tennessee. On October 25, 2000 Tony Ormandy died while using crack at the age of 20. On July 10, 2001 Josh Jackson died from an overdose of morphine, methadone and klonopin at the age of 19. On November 12, 2003 Clayton Smith died from an overdose of fentanyl at the age of 17. Josh's parents, Doug and Jayne Jackson, saw the need for action in a county where overdoses outnumber all other accidental causes of death. In April of 2003 the RCADC was formed by the parents of Josh Jackson, Clayton Smith, Tony Ormandy and other committed community members. Through their personal loss these parents rallied the community with a call to action and were able to successfully mobilize the county to form a coalition that saves lives by measurably reducing substance abuse.

Roane County is a rural area in East Tennessee that has made progress but continues to fight youth substance abuse issues. The county is served by the Appalachian Regional Commission and has an unemployment rate of 4.8%. According to the most recent U.S. Census, the total population of Roane County is 54,181. Of this, 23% is under 18 years of age and 18.7% is over 65. The county's population is 94.4% White and 2.7% Black with 1.6% reporting mixed races. Poverty is a serious problem for a high percentage of households. The 18 schools in the county system serve a K-12 population of 7,030 of whom 58% receive free lunch. The $22,425 median per capita income in Roane County is below state and national averages. The U.S. Census Bureau classifies Roane County as economically
disadvantaged with 21.3% of its children living in poverty. The veteran population in Roane County is 12.5%, which is higher than both state and national averages. The county includes rural areas and small towns and borders the western suburbs of Knoxville. The county is characterized by bimodal distributions of education, income, housing, health, unemployment and other demographic statistics. Areas in southern Roane County have extremely high unemployment, persistent poverty and low rates of high school completion. These conditions contribute to the community’s substance abuse issues. Roane County Sheriff Jack Stockton reports that “Poverty is the problem. Pills have become people’s jobs in Roane County. They sell them to make a living and to feed their families.” The cultural, structural and social character of our county affect the prevalence of youth drug use. Living in a rural community decreases access to treatment. Prescription drug abuse is one of the largest issues faced by our community. There were 31 reported overdose deaths in Roane County in 2016, a 63% increase from 2015. Prescription drug abuse affects the entire community. It cuts across all socioeconomic lines, all age groups, genders; races and ethnicities. It affects everyone either directly or indirectly.

There are several existing environmental conditions that contribute to the unusually high substance use-related problems in Roane County. One local condition that is extremely problematic is the ease with which our youth obtain prescription drugs. According to our most recent youth survey, 28% of students report that prescription drugs they used to get high were prescribed to them by a doctor. Additionally, 46% of 11th grade students report that it would be easy or very easy to get prescription drugs that were not prescribed to them (PRIDE 2015). Although a law went into effect in Tennessee in January 2013 requiring physicians to use the Prescription Drug Monitoring database, many physicians in Roane County are not checking the database prior to writing prescriptions. Therefore, doctor shopping and overprescribing continue to be prevalent in our county. Adults and youth can easily fake or exaggerate an ailment such as a back injury to obtain narcotics from a physician. If they are not obtaining them directly from a physician, they are easily accessing their parents or friends medicine cabinets that are not monitored. Further complicating our availability problem, according to the Tennessee Department of Health, 89% of the adult population and 95% of youth in Roane County are covered under state, employee or private insurance plans. Although healthcare coverage is a positive factor when considering overall health, it also makes it inexpensive to obtain prescription drugs.

Sheriff Stockton and Dr. William Bennett, the Medical Examiner, both identify overprescribing doctors and the easy accessibility of painkillers as significant factors in the spread of addiction and
consequential substance use in Roane County. "After the textile mills left the area a lot of people got into the business of being sick," reports Dr. Bennett. "When TennCare started (state-funded insurance) provided payment for narcotics. People were getting narcotics and selling them. Their job got to be being in pain. Now we're in Oxycontin central." In Tennessee Interstates 40 & 75 run the length of the state from west to east and north to south intersecting in Roane County. "Pill mills" in Florida, Georgia and Alabama dispense prescriptions daily for painkillers, sedatives and muscle relaxers which pass through Roane County each day on the route known as the "Oxy Express." Sheriff Stockton states that "90% or more of the crime in our community is attributable to prescription drugs."

According to the Appalachian High Intensity Drug Trafficking Area (HIDTA), prescription drugs pose the greatest drug threat to the area because of the high level of diversion, availability, abuse and criminal activity associated with the drugs. Sheriff Stockton estimates that his officers confront the prescription drug abuse problem on a daily, even hourly basis. "The main thing we deal with is thefts to pay for the pills," he said. "About 30 percent of my jail population is in here for this. We're already over capacity and busting at the seams. When you've got middle-schoolers who can tell you where they can buy pills anywhere in their neighborhood, you know it's a problem."

Although it is difficult to track with certainty because Roane Medical Center does not have a maternity ward or birthing center, the Tennessee Department of Health reports that there were 23 Roane County babies born with neonatal abstinence syndrome (NAS) in 2016. NAS is a group of problems that occur in a newborn who has been exposed to drugs while in the mother's womb. We do not know yet what the long-term effects of NAS will be. We do know, however, that prevention is the best-known way to decrease the number of babies born with the syndrome.

Most public health issues are complex, multi-layered problems that require solutions at the community level. Coalitions are collaborative efforts that create an integral structure and system for organizing and mobilizing communities to assess, direct and coordinate activities for preventing and reducing the impact of substance abuse. RCADC follows the prevention science model, which is defined as the application of a scientific methodology that seeks to prevent or moderate major human dysfunctions before they occur. The field of prevention science is contributing to a new generation of evidence-based approaches and policies that, if widely utilized, offer the potential of reducing the mortality and morbidity associated with many major health and social problems.

In an environmental prevention model, the focus on addressing substance use and consequences shifts from an individual focus (i.e.: providing information, building skills, providing support
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treatment]) to an environmental (population-level) focus. Environmental prevention strategies are designed to impact every member of a target population by changing the culture and contexts within which decisions are made. These strategies focus on creating system-level change by targeting community risk factors such as laws and norms favorable toward substance use and/or availability of drugs and alcohol. This model has proven to be the most effective evidence-based approach to creating and sustaining community-level change. RCADC works with media outlets, medical professionals, pharmacists, public-health officials, law enforcement, local leaders and state law-makers to collect data; analyze patterns; formulate solutions; educate the community; and direct resources.

The RCADC is volunteer driven and is directed by local residents and sector representatives who have a genuine voice in determining the best strategies to address local problems. Everything that happens in coalition work occurs because people and organizations lend their time, energy, skills, resources and expertise to these collective activities. In a sense, the RCADC is simply a setting or ‘vehicle’ that helps this work happen across stakeholder groups in a more coordinated and focused way. This structure affirms that RCADC is ideally positioned to serve as a sponsor for RSVP volunteers.

The Communities That Care (CTC) prevention system is an evidence-based community-level intervention that mobilizes stakeholders to collaborate on selecting and implementing evidence-based prevention programs designed to prevent youth problem behaviors, such as substance abuse and delinquency. Unlike many EBPs, CTC is not a program, rather it is a community and stakeholder organizing platform that helps community leaders scientifically identify problems within their community and address them through the installation of one or more proven practices. The main focus of the CTC platform is to minimize the risk factors associated with delinquent youth behaviors and in doing so, improve protective factors associated with positive youth outcomes. Specifically, the CTC model is designed to help community stakeholders and decision makers understand and apply information about risk and protective factors, in conjunction with educating stakeholders on programs that have proven to make a difference in promoting healthy and positive youth development. The CTC model follows a five-phase process:

1. Assessment: Community leaders assess community readiness to undertake collaborative prevention efforts
2. Capacity Building: commitment to the CTC process from community leaders and form a diverse and representative prevention coalition
3. Develop a Profile: Use epidemiologic data to assess prevention needs
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4. Create a Plan: Choose tested and effective prevention policies, practices, and programs based on assessment data.

5. Implement and Evaluate: Implement the new strategies with fidelity, in a manner congruent with the program's theory, content, and methods of delivery, and evaluate progress over time.

RSVP volunteers will be mobilized to meet critical community needs by implementing the following evidence-based principles for substance abuse prevention identified as effective in decreasing substance use and increasing community collaboration. Each strategy has its own data tracking tool and will also be evaluated by RSVP volunteers and program staff to measure results and track progress to ensure improvements are achieved:

* Assisting with the development and launch of a media campaign designed by youth and focused on Rx drugs and Neonatal Abstinence Syndrome to increase awareness of the effects of substance abuse (20 unduplicated RSVP volunteers with an estimated minimum of 8 hours of service each per month). At least 75% of the population (40,635 people) will receive prevention messages through the media campaign. Billboards will be used to reach this broad population in addition to materials handed out at health fairs and other community events. Events will be attended at least six times per year for two hours at a time reaching 1,000 people. Increased education has been proven to lead to a decrease in use among both youth and adults.

* Planning and organization of annual training for local physicians and medical professionals affiliated with Roane Medical Center (10 unduplicated RSVP volunteers with an estimated minimum of 15 hours of service each per quarter). The training will focus on proper prescribing practices and adding Naloxone to all opioid prescriptions. A two hour training session will be provided annually for at least 100 medical professionals. Training will help healthcare clinicians understand and adhere to prescribing guidelines to keep patients safe and protect themselves from inadvertently contributing to the exploding prescription drug abuse epidemic. Physicians will learn about the proper use and responsible management of pain clinics and the importance of educating patients on the pain medication prescribed. Completion of this course satisfies the Tennessee Board of Medical Examiners' annual requirement of two Continuing Medical Education (CME) hours in prescribing.

* Implementation of the "Count it Lock it Drop it" program to encourage responsible storage and disposal of medications (20 unduplicated RSVP volunteers with an estimated minimum of 6 hours of service each per month). Over 10,000 materials will be distributed by volunteers during monthly 30 minute presentations to community groups reaching 250 unduplicated Roane County citizens. Keeping medications out of reach will decrease the number of youth who report getting prescription
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pills as easy or very easy.

*Organizing and delivering quarterly training for community members on prevention basics and making referrals for treatment (20 unduplicated RSVP volunteers with an estimated minimum of 20 hours of service each per quarter). Training will be provided for one hour four times per year for 200 members of the community in various settings designed to reach all cultures of the population. By providing education to the community the number of referrals to treatment is anticipated to increase, which will also increase the number of people living in recovery in our county.

*Delivery of substance abuse education and access to treatment targeting the veteran population. (20 unduplicated RSVP volunteers with an estimated minimum of 10 hours of service each per quarter). Alcohol and prescription drug abuse is higher among active duty service members and veterans. Many veterans suffer from underlying post-traumatic stress disorder (PTSD), which increases the likelihood of addictive disorders. Local veterans will be recruited as volunteers to work with their peers through VA hospitals and other local organizations. Their efforts will increase awareness among this high-risk population group. At least 50 veterans will receive information during one hour quarterly training sessions.

Substance abuse affects our community in many ways. RSVP volunteers (10 unduplicated RSVP volunteers) will also be placed at various agencies throughout the county serving as volunteer stations for this project as appropriate. Potential volunteer stations include but are not limited to the Mid East Community Action Agency (with a mission to strengthen individuals and families through social service programs to increase stability and/or self-sufficiency) and Round About Roane (provides transportation to increase access to health care services). Relying on volunteers to focus on the cycle of addiction from many different angles, while helping to meet the needs of other local agencies is part of the comprehensive approach that has led to a history of successful outcomes to goals established by the coalition.

This collaborative effort creates an integral structure and system for organizing and mobilizing RSVP volunteers and other community members to assess, direct and coordinate comprehensive activities for preventing and reducing the impact of substance abuse. The proposed project will help us strengthen current partnerships and will enable establishment of new partnerships with medical professionals, pharmacists, business owners, law enforcement agencies, nonprofit agencies, the faith-based community and youth serving groups. At least 10 unduplicated RSVP volunteers will be responsible for the recruitment of new volunteers through these capacity building efforts. Service hours for each project may fluctuate throughout the year. This fluctuation is likely to result in an
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overlap of volunteers from one strategy to another, which will enable us to use the talents and expertise of the RSVP volunteers in many different ways. Each project requires a different level of commitment so that volunteers are aware of expectations prior to project assignment.

At the end of the three year grant we anticipate that the number of youth who report using substances within the past 30 days will decrease and the age of first use will increase as measured by student survey results. By maintaining low 30-day use rates along with an increased age of first use among youth we will reduce drug addiction in our community by a statistically significant amount. The older kids are when they first try a substance the less likely they are to become addicted later in life. County-wide prevention efforts will help break the cycle of addiction in our community. Outcome-based programming is implemented to measure the impact of each volunteer's service and is regularly reviewed and updated as needed based on the community's needs. All RSVP volunteers will serve in an assignment as outlined in the work plans. Outputs and outcomes will be measured specific to each volunteer and implementation strategy by analyzing assignment plans, surveys and log sheets. Data will be collected, organized, and analyzed continuously throughout the year.

Recruitment and Development

The Coalition includes representatives from a variety of different community sectors including parents, teachers, youth, law enforcement, health care providers, faith communities, and business and civic leaders. Our sector representatives were chosen based on their leadership role and the nature and strength of their connection to the community. Each of the representatives are extremely passionate about the Coalition and the overall health of our community and many have been impacted by the substance abuse of a family member or close friend. All representatives attend our annual strategic planning meeting and assist with formation of the Action Plan. As a result, they have substantial input to and ownership of our plan. Each representative has a strong, long-standing relationship with the sector of the community that they represent. They effectively engage the community and serve as strong allies for the coalition and its activities. These sector representatives are committed to serve as mentors for RSVP volunteers.

RCADC has a solid reputation for holding effective meetings that are focused on problem solving and action planning. Based on the feedback of members, we have begun to provide quarterly training on the prevention science model to meet the need for a greater understanding of coalition processes. By providing this training, we will ensure RSVP volunteers have the knowledge and skills to execute strategies and activities. Ongoing training for RSVP volunteers will be provided by the Prevention
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Alliance of Tennessee (PAT); Alliance for Better NonProfits; Community Anti-Drug Coalitions of America (CADCA); and the Substance Abuse and Mental Health Services Administration (SAMHSA). The recruitment, orientation and retention of effective volunteers are important elements of RCADC’s success and will be a focused effort of this project.

Volunteer recruitment and retention efforts are focused on identifying who is needed and how they can help the coalition meet specific goals and objectives related to reduction of youth substance use. The Coalition works diligently to successfully engage volunteers and partners, including the required 12 sector members. We identify individuals within the community who can contribute the most to our efforts and determine how they should be involved in planning and activities. Special attention is given to recruiting individuals who bring not only their knowledge and skills, but also diversity. We embrace the concept of diversity that includes all differences: race, ethnicity, socio-economic background, gender identity, veteran status, religion, citizenship and other differentiating characteristics of the people who make up our community. RCADC leaders understand and demonstrate by their actions the importance of proactively bridging cultural gaps as well as eliminating barriers that prevent people from becoming involved (i.e. time, transportation, etc.).

Successful recruitment of dedicated members has tremendously increased the capacity of the coalition. Community awareness of the coalition’s efforts has increased dramatically and the volunteer base has more than doubled over the past 5 years. We will use these same proven methods to recruit RSVP volunteers.

Each potential volunteer completes an application to ensure their eligibility to serve as a RSVP volunteer, as well as listing their interests and skills and any previous military experience. The application asks for basic contact and demographic information, used for reporting purposes only, but also asks about areas of interest, access to transportation, and if a disability needs to be considered when finding an assignment for the volunteer. This helps better prepare the RSVP Coordinator when they meet with the volunteer to have an idea of what placements may be a good match.

Each RSVP volunteer will attend an orientation session that will outline the responsibilities of being a volunteer, explanation of the screening and criminal history check process and prohibited activities per Federal regulations. Upon completion of orientation, the volunteer will be presented with placement options available and the process to become involved in each activity. Prior to site placement each volunteer (and staff from volunteer stations) is required to complete a National Service Criminal History Check that will be kept on file and updated annually. This requirement is also maintained for all paid staff and coalition volunteers.
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The Roane County Chamber of Commerce does an excellent job promoting Roane County as an ideal retirement community. The natural beauty, historic charm and low-cost living distinguishes Roane County as one of the best retirement destinations in the nation. The 700-plus miles of shoreline provides an abundance of lake front property. On Watts Bar Lake water sports and fishing are enjoyed year-round. With four colorful seasons, mild temperatures and surrounded by water, Roane County is set in the Tennessee Valley, against the backdrop of Great Smoky Mountains National Park. The population of 65 and over increased from 18.6% in 2010 to an estimated 21.8% in 2015 primarily due to an increase in retirees from other regions. Local retirees have historically been extremely active partners of the coalition and many have expressed great interest in becoming RSVP volunteers. One recruitment method for securing additional volunteers is to work with both the Chamber of Commerce and local neighborhood Homeowner Associations to identify those who are new to our county.

To continuously improve future recruitment and retention efforts, the coalition developed a membership subcommittee to recruit new members and to ensure that the coalition is truly reflective of the community at large. The committee has agreed to place special emphasis on identifying RSVP volunteers by targeting local retirees to assist with prevention efforts. The subcommittee provides a new member orientation for all volunteers and helps identify their specific roles within the coalition. Each volunteer has a formal written job description outlining their role in the coalition so that they can see how their contributions fit into the larger goals and objectives of the coalition. The membership committee is responsible for monitoring and analyzing the time and resources donated by sector and individual volunteers. RCADC recently established a ¿volunteer of the year¿ award to be presented annually at a recognition luncheon. For each award an article and picture are included in our newsletter, on our website and on social media sites. An award for ¿RSVP volunteer of the year¿ will be included in this celebration. The local newspaper has agreed to print articles about local RSVP volunteers and their contributions to project outcomes. By having a formal committee focusing on recruitment and retention through role definition and recognition, we will continue to significantly increase our already strong volunteer force. During our annual recognition luncheon, volunteers receive a special pin once they have contributed 50 hours of service to the coalition¿s efforts. We have found that volunteers are more likely to remain active when it is clear that their efforts are necessary and are helping to drive the coalition toward achieving tangible, valued goals. We rely on the input of volunteers in developing both short- and long-term goals, which helps them experience the satisfaction of visible progress and know that they are part of a significant effort to reduce drug
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abuse in our community.

Program Management

Volunteer Stations will be developed and evaluated based on community needs related to substance abuse prevention as identified in the workplan. Each volunteer station will complete an application and will have a signed Memorandum of Understanding on file with RCADC. Checklists for federal regulations including ADA accessibility, will be completed by each volunteer station to ensure a collaborative understanding of responsibilities, including the supervision and evaluation of volunteers to align with federal regulations. Policies and procedures require that these documents are renewed in a timely manner. All volunteer stations and RSVP volunteers will receive training specific to compliance with program regulations and identifying prohibited activities. Training will cover written policies and procedures to ensure a solid understanding of prohibited activities, federal guidelines, background checks and program expectations. Policies and procedures outline fiscal management and internal controls. Additionally, methodology for the documentation of data management systems related to tracking project outcomes, demographics and other performance indicators used to meet reporting requirements are included in the written policies and procedures. The coalition will engage in ongoing internal evaluation of the processes and structure of each volunteer station to make data-driven decisions to achieve maximum success. The coalition Director and Evaluator will work with the Program Coordinator to conduct ongoing internal quality improvement and evaluation processes to review organizational function at each station and make recommendations for appropriate changes to the work plan. Components that will be measured include: 1) Roles and duties of volunteers including successful completion of assigned duties, feedback from community partners, quarterly reports on goal attainment, and efforts toward achieving sustainability; 2) Commitment to and structure of the RSVP program including clarity of roles, distribution of workload, utilization of available skills and resources, and availability of meetings and barriers to participation; 3) Volunteer satisfaction including effective utilization of skills and expertise; 4) Conflict resolution including the presence of proper policies and practices and evaluation if any complaints filed; 5) Annual work plan evaluation including continuous monitoring of goals and objectives, progress toward objectives, feasibility of unmet objectives, and feasibility in the current political, social, and economic climates; 6) Capacity measures including coalition functionality and growth and competencies within the Communities that Care (CTC) model.

The coalition maintains a comprehensive database to track progress toward action plans and stated objectives. Data are input weekly; the database is reviewed monthly; and reports are generated.
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quarterly. Semi-annually, an in-depth report is conducted measuring progress toward completion of the work plan. This process allows us to celebrate achievements and identify areas on which to focus for improvement. These reviews also allow for discussion to ensure the identified problems remain priority issues. RSVP volunteer outputs and outcomes will be entered in this comprehensive system to track alignment and progress toward National Performance Measures.

RCADC has been a recipient since 2007 of federal funding through the Office of National Drug Control Policy’s Drug Free Communities program. This program requires the implementation of strategies outlined in a detailed plan along with the collection of a quantifiable and common set of measures that are used to assess and aggregate the overall performance of Drug Free Communities grantees from a national perspective. The four core measures that are collected bi-annually include: the average age of onset of drug; past 30-day; perception of risk or harm; and perception of parental disapproval of use.

Continuous evaluation of progress demonstrates that RCADC has made significant contributions to reducing these National Performance Measures with local youth substance use rates well below both state and national averages. Between 2004 and 2011, Pride Survey data show that the age of onset for alcohol, marijuana, prescription drugs and tobacco use increased; 30-day use of alcohol decreased by 15 percentage points; 30-day use of marijuana decreased by 6 percentage points; 30-day use of prescription drugs decreased by 4.6 percentage points; and 30-day use of tobacco decreased by 14 percentage points. For all substances measured the perception of risk or harm increased among youth as well as the perception of parental disapproval.

Organizational Capability

As a result of the RCADC’s comprehensive experience managing state and federal funding, policies and procedures are in place to ensure proper governance of grant funds and requirements. RCADC is a 501(c) 3 nonprofit organization led by a proactive board of directors that provides oversight, guidance and governance to coalition activities. The board of directors is comprised of voluntary citizens from the community. There is an established Executive Board and a separate Advisory Board. Together they offer input, ideas and advice to the board of directors. The board of directors is responsible for the financial, legal and governance of the coalition. It is responsible for maintaining internal accounting practices; securing resources; serving as political liaison; coordinating with business leaders; negotiating with local and state officials; and adopting RCADC’s mission and overall policies. The board of directors meets formally every quarter to assess progress toward goals and objectives and to review activities of the coalition. Board members are elected for 3 year terms.
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RCADC has approximately 50 active, influential members-at-large who represent important areas of the community. Each volunteer has a written job description and new members receive a detailed packet that clearly outlines membership expectations. All decisions are made taking into account data collected during our annual community assessment utilizing a collaborative and consensus driven decision-making process. RCADC has formal bylaws, policies, procedures and conflict resolution processes that govern operations. In order to promote volunteer leadership and respond to changing community conditions, the board of directors has the authority to create ad hoc subcommittees. These subcommittees operate within the structure of the coalition to address any issues not the responsibility of standing committees.

Sarah Harrison is the Executive Director of RCADC and has served in this role since 2007. Ms. Harrison has been with the coalition since its inception in 2003 and has managed the coalition’s development from a grassroots organization to an established community asset. Ms. Harrison holds a Bachelor of Science degree; a Master of Science degree with a specialization in Program Management; and is a Level II Certified Prevention Specialist. The Executive Director supervises all program activities and has fiscal oversight of all resources. Ms. Harrison approves every expenditure for the RSVP program, compiles, files and reviews financials. Reviewing the financials includes analyzing budget variances, comparing actual expenses to budgeted expenses and providing funders with reports as mandated in grants and contracts. Ms. Harrison makes decisions regarding opening or graduating stations; reviews and takes action around volunteers that do not meet with RSVP standards and agency policies; approves programmatic reports; collects and maintains data related to national performance measure outcomes; and builds partnerships in the community.

Jill Murphy will serve as the RSVP Volunteer Coordinator. Ms. Murphy holds both a Bachelor of Science degree and Master of Education degree. She is a resident of Roane County and has a vested interest in the health of the community. She has been employed by the coalition for four years. and reports to the Executive Director. As the full-time Volunteer Coordinator, Ms. Murphy will serve as the primary contact for supervising stations and volunteers and will assist them to ensure all reporting requirements are met. The responsibilities of this position include recruiting new volunteers; scheduling and conducting volunteer interviews and orientations; completing background checks as necessary; and working with the volunteer for placement at an appropriate station. The Volunteer Coordinator will conduct regular site visits to observe both volunteers and stations to ensure compliance with all regulations. The Coordinator is also responsible for attending the meetings of community organizations and groups, managing and maintaining existing volunteers, managing and
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updating the volunteer database and files to ensure complete and up-to-date information, and continuously increasing capacity by recruiting new volunteers.

Donna Kelsey serves as the coalition’s independently contracted bookkeeper and auditor. Ms. Kelsey is a Certified Internal Auditor (CIA) and a Certified Information Systems Auditor (CISA). She is responsible for monthly accounting, bank reconciliation and financial statements. Additionally, Ms. Kelsey monitors compliance with federal regulations, assists with any audit requirements and assures accountability and proper utilization of all funds.

Decision-making and development planning are done at the committee level and presented to the coalition at-large for approval. For accountability, each committee provides a report to the coalition at large during monthly meetings on the status of their action plan and timeline. Coalition meetings are then used to problem solve if barriers are encountered to ensure the activity will be complete by the target date. RCADC has an external evaluator who provides the Board and coalition with progress reports that are used to make adjustments as necessary to ensure the coalition is making adequate progress towards achieving community-level change and national reporting measures.

All expenditures are tracked by the bookkeeper using QuickBooks for Non-Profit software. General expenditures are typically made by the Executive Director using the RCADC credit card with prior approval for purchases from the Treasurer. Receipts are submitted to the Treasurer for review and comparison with credit card statements. Internal coalition controls require that the Treasurer pay the credit card bill monthly and monitor expenditures to ensure there is a receipt for every purchase and expenditures are in line with the annual budget approved by the board of directors. Expenditures are tracked monthly using financial reports including a balance sheet, profit/loss statement and cash flow projection. Accounting records are maintained on a cash basis and reconciled monthly. All federal financial reports are prepared by the bookkeeper, reviewed by the Treasurer and submitted by the Executive Director. Purchases less than $1,000.00 made by the Executive Director are approved by the Treasurer; items over $1000.00 must be approved by the Executive Board and require two signatures on checks. Any purchase in excess of $5000.00 must be put out for bid. Bi-monthly timesheets for staff are certified for accuracy by the Director and payroll is initiated by the Treasurer. Budget proposals for use of non-government funds are developed by the Executive Director and the Treasurer and are approved by the Ways and Means Committee prior to submission to the Board at-Large.

Other

The cost per volunteer in year one of this project is $1,250, which will cover 80 unduplicated
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volunteers placed in outcome assignments directly aligned with national performance measures. By year three the number of volunteers will increase to 100 with the cost per volunteer at $1,000. RCADC relies heavily on volunteers and in-kind donations to achieve our goals. Professionals from throughout the county volunteer their expertise in fiscal oversight, financial and legal affairs, marketing, public relations, graphics and web design. The combined expertise that they donate is priceless and greatly enhances the resources we have at our disposal to address youth substance use. These influential volunteers have agreed to provide the same oversight for the RSVP program and to help identify sources for the required non-federal match. The sources they have identified at the time of this application include a donation of space from Roane Medical Center for training and meetings; foundation grants through insurance and medical companies; and printed materials from various local agencies that will serve as volunteer stations.

A plan for sustainability of prevention efforts by securing in-kind community support is explicitly built into this project. Initiatives are implemented with a goal of institutionalizing each activity by identifying a committed sponsor for the long term. Sustainable outcomes are identified by:

- Developing a volunteer base and identifying a committed financial sponsor
- Specifying clearly the resources required to sustain outcomes over time
- Evaluating outcomes to identify most self-sustaining and effective activities
- Measuring level of support and participation associated with each outcome
- Assessing level of leadership and collaboration of long-term outcomes
- Identifying existing and potential community partners to reach outcomes
- Determining the ability of the coalition to adapt to changing community needs

The coalition has strong cross agency representation, and members have a shared ownership of efforts. Prevention activities are initiated by the coalition and are passed on to other entities for continuation to ensure sustainability. Members feel a responsibility because of the time they have given to the coalition and are committed to continuing these efforts. Their commitments are reinforced by careful evaluation results that reveal the coalition’s efforts are contributing to a significant reduction in youth substance abuse. By publicly recognizing their efforts, volunteers have an increased sense of ownership that instills a lasting commitment to continue our work long-term and beyond the grant cycle. Because the coalition is recognized as the community convener, we serve as the connector to local governmental agencies and are working collaboratively to identify both institutional and municipal policy changes that will positively impact the community norms of acceptability and availability within Roane County. Once these policy changes are fully implemented,
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they will have a long-term impact on reducing youth substance abuse. This has been a successful model for change in Roane County. It will continue to be our approach as we move forward and will lead to even greater impacts in the future.

PNS Amendment (if applicable)

N/A