COLLECTIVE IMPACT FOR A HEALTHY CHICAGO

Strategic Action Plan
2022

Table of Contents

Acknowledgments

First and foremost, we thank the 222 youth who participated in the Youth Voice Survey and our partners in this collaboration.

- Alternatives Inc.
- Haymarket Center
- Heartland Human Services
- HRDI
- Metropolitan Family Services
- Pilsen Wellness Center
- Prevention Partnership
- Rincon Family Services
- Youth Outreach Services

Introduction

Chicago Substance Use Prevention Services (CSUPS)

In November 2020, Rafael Rivera, Ph.D., Deputy Director, Bureau of Prevention Services, Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR), convened a meeting with the nine Chicago Substance Use Prevention Leadership Service Providers and Prevention First. At the meeting, Dr. Rivera shared the following message:

> *"The world, as we know it, has changed. Systems of care attempted to cope with one pandemic sitting atop another ongoing and escalating epidemic. The present-day crisis should serve as a wake-up call for all of us, for it has devastated our communities, but it has also stretched systems of care to their breaking point.*
>
> *COVID-19 has exposed the divide between well-resourced communities and the most vulnerable among us, those we are called upon to serve. It has shed light on how our communities cope with epidemics daily; for some, it is systemic racism or gun violence; for others, it is forced family separation and children being kept in cages. For others, it is finding a safe place to sleep at night and feeding their children, and for still others, it is to cope with the scourge of substance use disorder.*
>
> *While this crisis has exposed our society's fragile nature, it has also clearly illustrated our interconnectedness, which can be a source of strength and hope in these uncertain times. We see around us the innate leadership and heroism of our neighbors and colleagues, ordinary people who have stood daily by our sides, sometimes unnoticed, having transformed themselves through their actions into everyday heroes. It is probably much too early to say what this crisis has taught us, but one thing is clear, we can see the state of our communities and agencies more sharply than ever before. We have seen many calls to step out of every day and commit to the extraordinary.*
>
> *The insidious nature of this virus has forced us to slow down and consider what is relevant and meaningful to agency directors and community leaders. Hopefully, it will propel us to reimagine the field in which we work, how we work, why we work, and how our work is interconnected. What the prevention field and our communities will look like tomorrow will depend on our actions today.*
>
> *We know that COVID-19 is not the only challenge we will face around our state. In our communities, many other crises are occurring. The question we must ask ourselves today is, "Will we use our collective intelligence, commitment, and the remarkable people with whom we work to reinvent, reimagine, and together create a field that is worthy of those whom we*

have chosen to serve?" That is what leadership calls us to do; small or large, extraordinary agencies and people committing to establish a unique prevention system.

Our commitment to reimagining the prevention field can be a source of immense strength. As leaders, we must ask ourselves, while there is still time, are we willing to act now to recraft our service system, or will we ignore the problem?

"Our commitment to reimagining the prevention field can be a source of immense strength."

This crisis forces us to state clearly what we stand for. Together we can imagine a different field and a better and healthier community. We can no longer be united by what we oppose. Once again, it is time to use this opportunity to jointly create a vibrant, diverse, sustainable, and exciting field that gives hope to a better future for our families and future generations.

Leadership means we can look well beyond our immediate line of sight. That can only happen if we work together as field leaders and compassionate neighbors, sharing communities and a state. At the same time, leadership and the changes we want to see in our communities are inside-out jobs. We cannot create the system transformation we want if we do not have an organizational culture that reflects the change we want to see or attract and retain skilled, mission-driven staff.

Though system transformation is an essential issue to address across the state, the Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR), in partnership with Prevention First and Prevention Partnership, proposes launching the round table in Chicago, with organizations that deliver substance use prevention programs and services. While initially working with these nine organizations' leadership, we recognize that substance use prevention occurs in a broader community health context. IDHS/SUPR also acknowledges that several others serve Chicago's youth, such as the Chicago Public Schools, Chicago Department of Family Support Services, and IDHS Division of Family and Community Services, and others who will be critical partners in this process. We also have the opportunity to test the round table's structure, function, and content for replication in other parts of the state.

The overall goal of this group would be to increase the effectiveness of the substance use prevention system in Chicago in meeting the needs of the city's youth and families.

The purpose of the initiative would be to:

- *Engage executive and prevention leadership of CSUPS organizations to develop and implement a collective strategic action plan to address needed system changes and service delivery gaps.*
- *Create a fund development plan to support the strategic action plan desired outcomes through public-private partnerships.*
- *Identify strategies that executive leaders can employ to enhance staff recruitment, retention, and performance.*

Chicago Substance Use Prevention Services (CSUPS) organizations' executives and prevention leadership would contribute their ideas regarding the Chicago substance use prevention system and the changes needed to enhance the prevention system and leverage other resources to meet Chicago's youth needs."

In conclusion, the providers agreed to participate in a process to identify ideas and solutions to serve Chicago's youth better. The group consented that Karel Homrig, M.S. Ed., Chief Executive Officer of Prevention First, would identify facilitator(s) and create a meeting schedule for the process. The Steering Committee is comprised of the following nine providers:

- Alternatives Inc.
- Haymarket Center
- Heartland Human Services
- HRDI
- Metropolitan Family Services
- Pilsen Wellness Center
- Prevention Partnership
- Rincon Family Services
- Youth Outreach Services

The Steering Committee's first meeting to commence the work of creating this Collective Action Plan began in January of 2021.

The Process

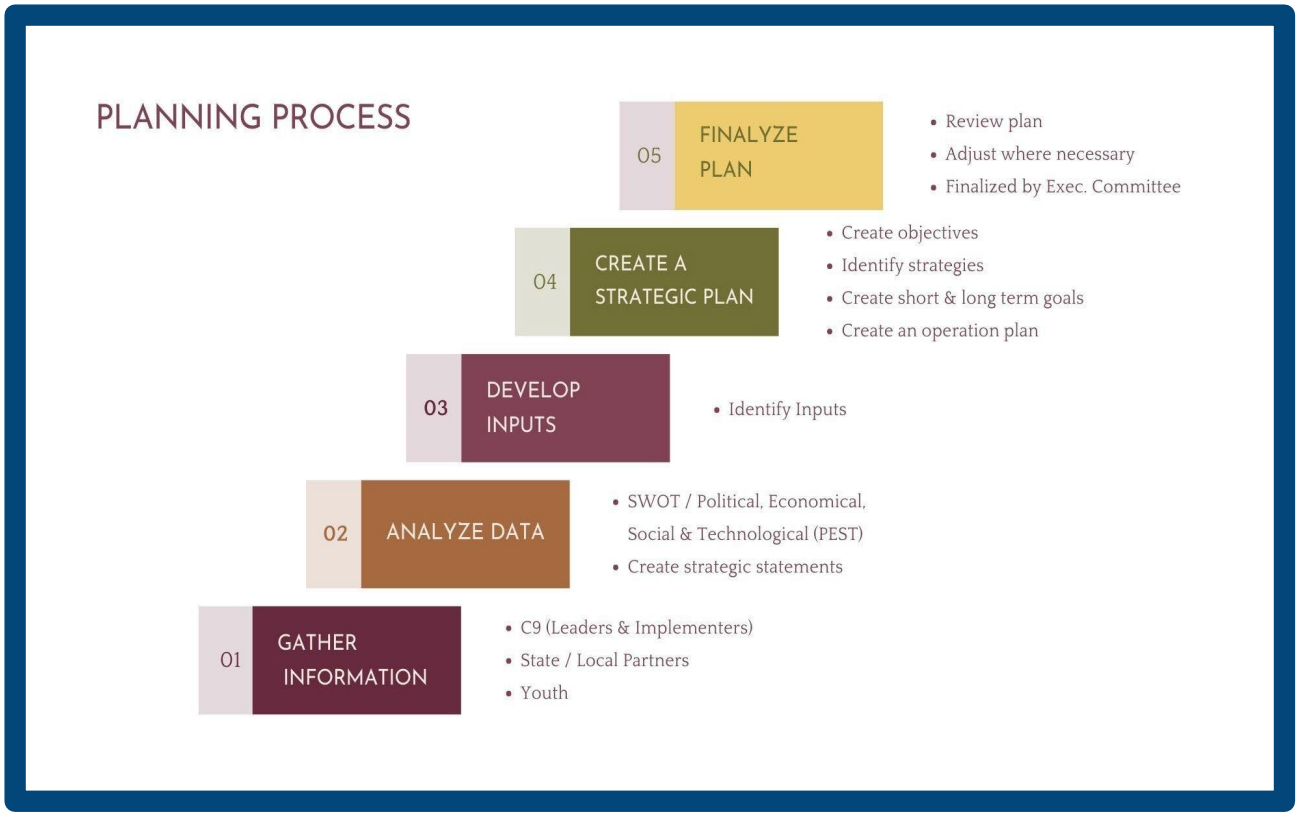
The Illinois Department of Human Services (IDHS) Substance Use Prevention Services Bureau of Prevention Services funds nine community-based organizations to provide a menu of evidence-based substance use prevention services to reduce substance use risk factors and increase protective factors for Chicago's youth and their families. The leadership of the organizations agreed that a more comprehensive approach is needed to address the multiple risk factors Chicago youth face due to social determinants of health, racial and ethnic health disparities, and other inequities that contribute to youth substance use.

Prevention First contracted with Peyton Consulting and Slant Innovations to create and facilitate a collective impact process for the project. The consultants facilitated the conversations, interviews, discussions of the nine CSUPS organizations and the input of over 200 Chicago youth, state, and city stakeholders. Additionally, the facilitators reviewed existing Chicago strategic plans with similar goals or objectives, newly released reports, apologies to Black, Indigenous, and People of Color (BIPOC), and federal reports on Chicago's youth and social determinants of health. The facilitators combined the information into this report and presented a draft to the Steering Committee and Dr. Rivera for review and additional feedback. The final product, "The Collective Impact for a Healthy Chicago," will serve as a foundation for the Chicago Strategic Action Council to identify strategies to meet identified goals and objectives, create a collaborative structure of prevention services across disciplines that uses a comprehensive approach of leveraged resources, braided funding, and maximizes opportunities to support Chicago's youth.

COLLECTIVE IMPACT MODEL

1. Common agenda (mission, vision, and values)
2. Shared measurement systems (goals and objectives)
3. Mutually reinforced activities (committees)
4. Continuous communication (shared drive; updates via email and technology tools)
5. Support organization (Prevention First)

It was anticipated that the five steps would take six months, but the process took twelve months due to the pandemic meeting, travel restrictions, and youth and community engagement challenges. The pandemic has changed how the world works; therefore, convening, building rapport, establishing trust, sharing data, and collecting new data would take longer than expected. However long it took, the process remained the same, thus demonstrating the importance of planning and communicating the plan.



The Steering Committee clarified its purpose to create a strategic plan for prevention that effectively utilizes a diverse portfolio of resources to address substance use prevention and related issues. They created a vision, mission, and values that included substance use prevention but were flexible for associated problems to join the work while connecting to the statements. The group established a mission, vision, and values and agreed to adhere to the eight tenets of Positive Youth Development as guides to the group's work.

Vision: A city of thriving youth.

Mission: The mission of the CSUPS Steering Committee is to create a healthy Chicago through collaborative efforts to reduce youth substance use and other high-risk behaviors.

Guiding Principles:

- ★ Youth Voice
- ★ Collaboration over competition
- ★ Eradication of silos in substance use prevention approaches
- ★ Policies and practices that demonstrate racial equity and inclusion
- ★ Trauma-informed
- ★ Clear open communication with peers, funders, and stakeholders
- ★ Positive Youth Development

Eight Tenets of Positive Youth Development (PYD)

1. Physical and psychological safety,
2. Appropriate structure,
3. Supportive relationships,
4. Opportunities to belong,
5. Positive social norms,
6. Opportunities to make a difference,
7. Opportunities for skill development, and
8. Integration of family, school, and community efforts.

Diversity, Equity, and Inclusion

In addition, the steering committee strongly felt that standard definitions regarding diversity, equity, and inclusion were needed to inform the planning process. Members noted that many front-line prevention specialists in Black and Brown communities do not receive a livable wage and good benefits. By not providing a livable wage to social service professionals, the system perpetuates the inequities it is trying to address.

Through discussions, reviewing existing definitions, voting, and eventually coming to a consensus, the group adopted the following definitions of diversity, equity, and inclusion:

> **Diversity** is gender, orientation, identity, expression, age, education, social, race, ethnicity, nationality, ability, religion, or ethical values.
>
> **Equity** is the quality of being fair, unbiased, and just, ensuring everyone has access to the resources, opportunities, power, and responsibility to reach their full, healthy potential and make changes so that unfair differences may be understood and addressed. Equity-based solutions often involve a different or tailored treatment strategy to ensure fairness and justice.

Inclusion is an outcome to ensure diverse people feel and are welcome. Inclusion outcomes are met when you, your institution, and your program are genuinely inviting to all. To the degree to which diverse individuals are able (empowered) to participate fully (authentically) in the decision-making processes and development opportunities within an organization or group.

With the rise in diversity, equity, and inclusion discussions, organizational declarations of anti-racism, and dollars poured into webinars, training, and marketing to demonstrate diversity and inclusion of communities of color, the steering committee expressed a strong desire to seek long-term systemic change that is not trendy or performative. The steering committee, youth, and stakeholders all shared a need for solutions that respect and support their culture, knowledge, and voice. Collectively, they called for less emphasis on adverse childhood experiences being held responsible for the health disparities, educational and financial gaps, the perceived higher rates of substance use and crime, and mental illness and a deeper look at the impact of childhood benevolent experiences on health outcomes. The double pandemic has brought about the call for a focus on resilient experiences and how it cultivates tenacity, strength, and pride in Black and Brown communities.

The Steering Committee created smaller committees to inform the plan and identified each group's distinct purpose and membership.

PERSONNEL COMMITTEE

Purpose: To identify goals and objectives that address staff recruitment, retention, training, adequate compensation, and performance.

Members: CSUPS supervisors and non-CSUPS funded C9 managers or staff.

DATA COMMITTEE

Purpose: To assist with analytical data collected from CSUPS and other sources that would inform the planning process.

Members: CSUPS and non-CSUPS funded staff and stakeholders that have access to and understand data collection and analysis.

PROGRAM COMMITTEE

Purpose: To identify culturally relevant, trauma-informed, evidence-based, and community-driven strategies that rely on a collaborative approach to reducing substance use and related risk factors for the priority population.

Members: CSUPS and other non-CSUPS funded program service staff and stakeholders.

Once the infrastructure and decision-making constructs were in place, the group was ready to initiate the assessment process.

STEP 1 Gather Information: Assessing Where We Are

At the time of this report (FY21 and FY22), the nine agencies were implementing the following prevention strategies in Chicago: youth prevention education, communication campaigns, promoting the national drug take-back days, and building and maintaining youth advisory councils:

CSUPS PROVIDER	YOUTH ADVISORY COUNCILS	YOUTH PREVENTION EDUCATION	COMMUNICATIONS CAMPAIGN 1	COMMUNICATIONS CAMPAIGN 2
Alternatives	1	1	1	1
Haymarket	2	8	2	0
Heartland	4	6	1	1
HRDI	5	6	2	2
Metropolitan	1	4	3	1
Pilsen	2	5	4	0
Prevention Partnership	4	4	4	4
Rincon	0	4	3	0
YOS	1	2	1	1
Totals	**20**	**40**	**21**	**10**

Source: CPRD Prevention Hub

The following charts describe the demographics and socioeconomic status of the combined CPS schools (Charter schools excluded) served by the strategies listed in the chart above.

PROVIDER	# OF SCHOOLS	K-12	FEMALE	MALE	HISPANIC	NATIVE AMERICAN/ ALASKAN	ASIAN	AFRICAN AMERICAN	PACIFIC ISLANDER	WHITE	2+
Alternatives	2	363	154	222	134	0	24	184	0	19	0
Haymarket	8	3009	1554	1693	147	0	0	3027	0	0	0
Heartland	6	5563	2798	2924	2317	0	1144	1352	0	758	92
HRDI	8	2889	1484	1478	983	0	0	1933	0	0	0
Metropolitan	5	3766	2000	1968	3538	0	0	323	0	62	0
Pilsen	7	3981	2061	2146	3963	0	11	130	0	22	0
Prevention Partnership	3	911	432	479	28	0	0	869	0	0	0
Rincon	4	2987	1417	1570	2423	11	118	243	0	126	17
YOS	3	2194	1074	1150	1753	11	44	175	0	196	26
Total	**46**	**25663**	**12974**	**13630**	**15286**	**22**	**1341**	**8236**	**0**	**1183**	**135**

Source 2018 – 2019 ISBE Count

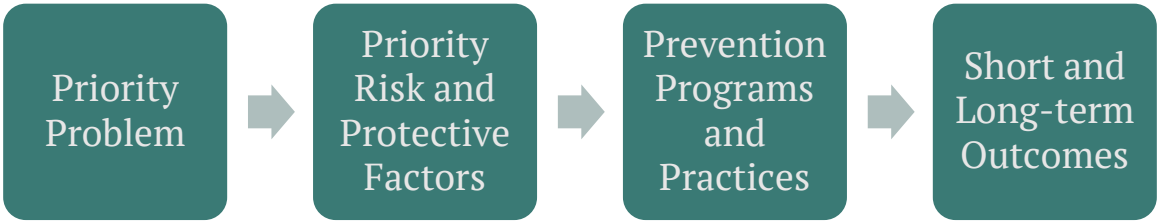
CSUP 9 Schools' Socio-Economic (2018-2019)

PROVIDER	SCHOOL	# K-12 STUDENTS	LOW INCOME	HOMELESS	ENGLISH LEARNERS
Alternatives	2	363	346	46	95
Haymarket	8	3009	2676	91	51
Heartland	6	5563	4782	97	1970
HRDI	8	2889	2743	91	365
Metropolitan Family Services	5	3766	3726	57	1461
Pilsen	7	4892	3944	47	2251
Prevention Partnership	3	911	882	97	0
Rincon	4	2987	2698	71	996
YOS	3	2194	1905	10	661
Total	**46**	**26574**	**23702**	**607**	**7850**

Substance Use

The field of substance use prevention has followed the public health model of identifying a problem "to be solved" by reducing risk and increasing or making available protective factors. This epidemiological approach identifies the problem by finding where it exists in severity or high adverse outcomes (death, diseases, diagnosis) and then traces the problem back to a cause. This is done by investigating possible contributing factors or influences that are commonalities of behavior and choices made by the person and others with the same severity in diagnoses. Once the causal and contributing factors have been identified by excluding mitigating circumstances, the epidemiologist determines that the problem is "caused" or "can be caused" by these behaviors and in various socio-ecological contexts (individual, relationship, community, and societal).

SAMHSA's Logic Model for Prevention (2018)



This process is applied to the ecological model/ domains of influence (individuals, families, schools, and community/society) to identify tiers of interventions based on the presence and severity of the risk factors in each domain.

Universal / Primary / Tier 1 levels of intervention are applied to everyone because you want anyone to know the dangers of the activity and how to prevent it.

Selective / Secondary / Tier 2 levels of intervention are designed for those at higher risk for engaging in harmful behavior due to the socioeconomic status of most of the community, population, or part of a group with a high participation rate and exposure to the targeted behavior. Selective strategies are designed to lessen the impact of substance use by building the participants' knowledge of resources on treatment and recovery services.

Indicated /Tertiary / Tier 3 levels of intervention are designed for those individuals who have initiated behavior but do not have a diagnosis. Strategies are created for the individual based on risk factors.

Ideally, local stakeholders conduct the priority identification process at the local level. The process would entail identifying culturally relevant, evidence-based strategies appropriate for the community (SAMHSA, 2018). But given the limited Chicago school participation in the Illinois Youth Survey, IDHS used weighted city-wide data to identify one priority for the entire city: marijuana. The steering committee members agreed that this was an issue in their communities. Still, they noted that the menu of strategies offered by IDHS to address the problem was not a good fit for their communities' cultures.

For this report, the facilitators and the Data Committee reviewed the most recent representative Illinois Youth Survey (IYS) data for the city, 2018, to study the substance use rates of the city's youth population based on the schools that participated in that school year's administration. The following indicators indicate youth risk for drug or alcohol use problems later in life.

IYS Chicago 2018

What grade are you in?

	Weighted Count
8th	623
10th	521
12th	459
Total	1603

Age

8th		10th		12th	
Count	Mean	Count	Mean	Count	Mean
622	13.6	519	15.8	459	17.8

Gender

	8th		10th		12th	
	Count	%	Count	%	Count	%
Female	366	59%	303	59%	260	57%
Male	249	40%	202	39%	194	42%
*Transgender	3	0%	7	1%	1	0%
*Do not identify as Female, Male, or Transgender	5	1%	6	1%	2	0%

*In 2018 two new response options were added ("Transgender" and "Do not identify as Female, Male, or Transgender")

Race

	8th		10th		12th	
	Count	%	Count	%	Count	%
White	80	13%	86	17%	64	14%
Black/African American	231	38%	162	31%	152	33%
Latino/Latina	259	42%	224	43%	204	45%
Asian American	31	5%	34	7%	27	6%
Native American/ American Indian	0	0%	0	0%	0	0%
Multi-racial	8	1%	8	2%	8	2%
Other	1	0%	2	0%	1	0%

PRESCRIPTION DRUG SOURCE TYPE AMONG ALL STUDENTS: In the past year, did you get prescription drugs not prescribed to you from any of the following sources:

		Did not use prescription drugs not prescribed to me during the past year	Yes	No
		%	%	%
8th	I bought them from someone (friend, relative, or stranger)	93%	2%	4%
	I took them from home without the knowledge of my parents/guardians	93%	0%	6%
	I took them from someone else's home	93%	0%	6%
	My parents gave them to me	93%	2%	5%
	Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	94%	2%	4%
10th	I bought them from someone (friend, relative, or stranger)	92%	4%	3%
	I took them from home without the knowledge of my parents/guardians	92%	1%	6%
	I took them from someone else's home	92%	1%	7%
	My parents gave them to me	93%	2%	6%
	Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	92%	2%	5%
12th	I bought them from someone (friend, relative, or stranger)	93%	4%	3%
	I took them from home without the knowledge of my parents/guardians	93%	2%	5%
	I took them from someone else's home	93%	1%	6%
	My parents gave them to me	93%	3%	5%
	Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	93%	2%	5%

***MARIJUANA METHOD OF USE: Among users in the past 30 days, how have you used marijuana:**

	8th		10th		12th	
	Yes		Yes		Yes	
	Count	%	Count	%	Count	%
Smoked it (in a joint, bong, pipe, blunt)	69	90%	83	84%	109	88%
Vaporized it (e.g., vapor pen)	21	29%	55	56%	75	61%
Ate it (in brownies, cakes, candy, etc.)	38	52%	40	40%	64	52%
Consumed in some other way	19	25%	12	12%	25	20%
# Marijuana users in the past 30 days	**77**		**103**		**124**	

*New questions added in 2018

BULLYING EXPERIENCES: During the past 12 months, has another student at school:

	8th		10th		12th	
	Yes		Yes		Yes	
	Count	%	Count	%	Count	%
Bullied you by calling you names?	202	35%	75	16%	33	8%
Threatened to hurt you?	123	22%	48	10%	29	7%
Bullied you by hitting, punching, kicking, or pushing you?	86	15%	33	7%	12	3%
Bullied, harassed or spread rumors about you on the Internet or through text messages?	143	25%	61	13%	39	9%
Ever bullied (reported at least 1 type of bullying)	272	47%	107	23%	58	14%
Intensely bullied (reported all types of bullying)	26	5%	16	3%	8	2%

PRESCRIPTION DRUG SOURCE TYPE AMONG ALL STUDENTS: In the past year, did you get prescription drugs not prescribed to you from any of the following sources:

		Did not use prescription drugs not prescribed to me during the past year	Yes	No
		%	%	%
8th	I bought them from someone (friend, relative, or stranger)	93%	2%	4%
	I took them from home without the knowledge of my parents/guardians	93%	0%	6%
	I took them from someone else's home	93%	0%	6%
	My parents gave them to me	93%	2%	5%
	Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	94%	2%	4%
10th	I bought them from someone (friend, relative, or stranger)	92%	4%	3%
	I took them from home without the knowledge of my parents/guardians	92%	1%	6%
	I took them from someone else's home	92%	1%	7%
	My parents gave them to me	93%	2%	6%
	Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	92%	2%	5%
12th	I bought them from someone (friend, relative, or stranger)	93%	4%	3%
	I took them from home without the knowledge of my parents/guardians	93%	2%	5%
	I took them from someone else's home	93%	1%	6%
	My parents gave them to me	93%	3%	5%
	Someone other than my parents gave them to me (friend, relative, friends' parent, etc.)	93%	2%	5%

PRESCRIPTION DRUGS: Have you used prescription drugs not prescribed to you:

		Yes	No
		%	%
8th	In the past 30 days	5%	95%
	In the past year	7%	93%
10th	In the past 30 days	5%	95%
	In the past year	8%	92%
12th	In the past 30 days	4%	96%
	In the past year	7%	93%

In the past year, have your parents/guardians talked with you about not drinking and driving or riding with a drunk driver:

	10th	12th
Yes	67%	69%
No	33%	31%

PERCEIVED ACCESS: If you wanted to get the following, how easy would it be for you to get some:

		Very hard	Sort of hard	Sort of easy	Very easy
		%	%	%	%
8th	Beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	47%	25%	18%	10%
	Cigarettes	61%	21%	10%	8%
	Marijuana	52%	18%	18%	12%
	Prescription drugs not prescribed to you	65%	16%	11%	8%
10th	Beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	38%	20%	26%	16%
	Cigarettes	49%	20%	15%	16%
	Marijuana	35%	15%	21%	29%
	Prescription drugs not prescribed to you	52%	23%	15%	11%
12th	Beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)	25%	21%	29%	25%
	Cigarettes	34%	19%	20%	28%
	Marijuana	21%	14%	22%	43%
	Prescription drugs not prescribed to you	45%	27%	16%	11%

To gain a fuller picture of the CSUPS program's impact, the facilitators conducted a series of virtual and one-on-one phone and in-person meetings/discussions, focus groups, and surveys with the providers, their staff, and Chicago youth program participants. An anonymous online and paper survey was collected from over 200 youth to obtain their perspective on the existing prevention services and feedback on what they believe is adequate. The facilitators interviewed federal, state, and local funders and their youth services providers with similar or divergent priorities to learn how others fund, train, engage and evaluate their programs. The facilitators interviewed the CSUPS program evaluators and training and technical assistance providers to gain their perspective and input and incorporate the information into the final objectives. Some of the statements made during these interviews included:

- An observation that providers seem unaware of the roles, responsibilities, and limitations of some support contractors
- Several requests that providers make are already available on the contractor's website, which points to a communication and promotion issue.
- There is a need for more interactions with providers to build relationships.
- Providers have adjusted well to the online platform because of the pandemic|
- There are opportunities for cross-systems training that other systems could benefit from Substance Use Prevention Services and vice versa. Still, funding in some grant situations makes it difficult.
- There is a need for advanced training for prevention staff and leadership.

The Steering Committee participated in strengths, weaknesses, opportunities, and threats (SWOT) and political, environmental, social, and technology (PEST) analysis of internal and external conditions that would impact a collaborative approach to prevention services in Chicago. Participants anonymously submitted answers which fell into eight standard solutions. We used the quote if a direct quote from a committee member summed up the group's input.

- Competition for a few dollars.
- IDHS should navigate the Illinois Youth Survey agreement with Chicago Public Schools.
- There needs to be an acknowledgment that the prevention education programs are not a good cultural fit for our communities (outdated and discredit our cultures and communities as experts); they make us seem out of touch.
- Training for new staff is excellent, but tiered training is needed for seasoned staff.
- Requiring that staff be 100% on the grant does not allow for creativity and growth and does not give community partners and other funders the impression that we want to leverage or collaborate.
- Some evaluation requirements seem out of staff control and, therefore, unfair to penalize grantees for not meeting the goal (not a trauma-informed practice)
- Prevention training provides a strong foundation for other programs (teen pregnancy, violence prevention, Teen REACH, etc.).
- We need to be seen as a resource to the community making connections to other resources.

The facilitators worked with the Program, Personnel, and Data Committees to take a more critical look at each area identified, engaging subject-matter experts and conducting additional research. The Steering Committee identified staff to participate in committees or attended themselves. Each committee met between Steering Committee meetings to keep the work moving forward.

The Personnel Committee took a closer look at issues brought up by the Steering Committee:

- Staff turnover (which was an issue pre-pandemic)
- Fair wages and necessary knowledge upon entry into the field
- Training needs beyond prevention basics
- Opportunities for professional growth and diversified interests
- Training on DEI and incorporating DEI into policies, practices, and procedures

The Data Committee identified data that can be used to help communities understand the local conditions that provide a complete community assessment. Some providers stated that they did not need a local assessment if funders would give priority to substance, goal, objective, and strategy. The state and grantees have the Strategic Prevention Framework (SPF) created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to guide communities using data and community partners to plan and address local needs. Yet the substance use prevention system is currently structured where it gives you all your answers, so what would be the point of doing a local assessment," asked one participant. The Data Committee had a small number of participants. Still, they moved forward in identifying data to inform the questions raised by the process, starting with questions regarding the Illinois Youth Survey. The Data Committee and the facilitators conducted various activities to inform the plan, such as:

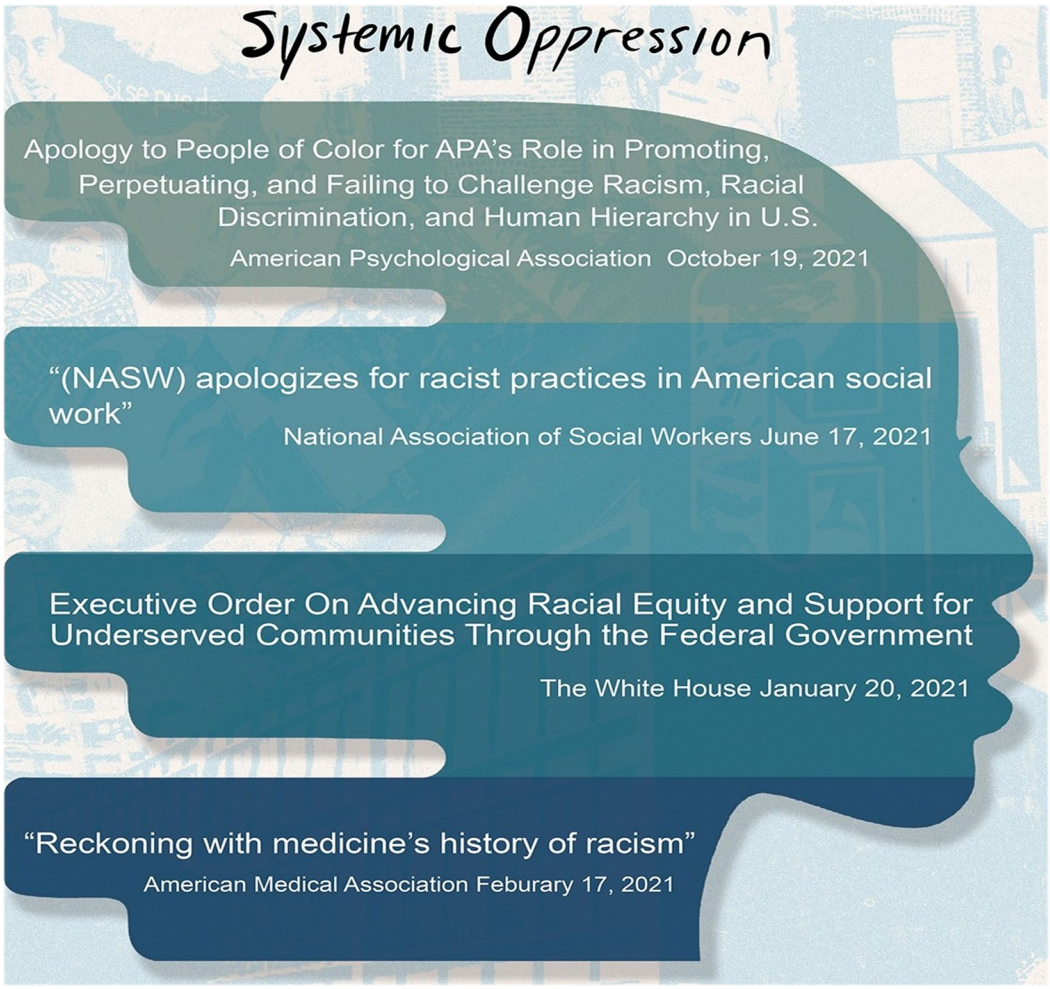
- Arranged a question-and-answer session with the contractor who administers the Illinois Youth Survey and the Steering Committee.
- Identified annual school building level data to inform social determinants of health indicators.

The committees identified system-level changes that they believed could address the above bullets. Their recommendations were returned to the Steering Committee and reflected in the identified goals and objectives.

Over the ten-month process, the facilitators gathered additional information to inform the process, which included:

- Research on shared risk and protective factors for similar youth services
- Tools for measuring diversity, equity, and inclusion capacity
- New research and promising strategies for increasing protective factors for Black, Indigenous, and People of Color
- Reviewing and conducting crosswalks between planning processes used by others such as the Center for Disease Control, Public Health, HIV/AIDS,
- Reviewed the Healthy Chicago 2025 plan for shared priorities and additional data
- Recent national conversations on the role of prevention in harm reduction

- Reviewed apologies to the QTBIPOC community issued by the American Psychological Association, the American Medical Association, and other statements made by institutions that provided admission and confirmation of systemic racism and oppression as the cause for the lack of evidence-based strategies for Black and Brown communities:



The Program Committee discussed feedback from participants and staff regarding the effectiveness of the youth prevention education programs, communication campaigns, and youth advisory groups. The group decided that it made the most sense to reconvene to examine culturally relevant, trauma-informed, evidence-based strategies that address the priority substances identified by state and local data and examine how other organizations define "evidence-based" strategies.

While in our strategic process planning, the CSUPS Collaboration had the opportunity to review complementary plans like the Chicago Department of Public Health Healthy Chicago 2025 (HC2025). Our strategic plan and HC2025 understand the importance of

communities in advancing racial equity to close the life expectancy gap by addressing social inequalities impacting Black and Latinx neighborhoods by transforming existing programs, policies, and processes in housing, education, banking, criminal justice, and public health.

Using a similar cross-sectional approach with our partners, the CSUPS Collaboration hopes to improve access to youth substance prevention in Chicago, promote high-quality and culturally responsive services, and improve overall health for students, their families, and communities. Additionally, we hope to provide equitable access to resources and opportunities that assist with the personal development of each student we contact through our programs.

Youth Voice

As part of the strategic planning process, the collaboration decided that it would be crucial to obtain the youths' perspective of how drug use prevention (alcohol, tobacco, vaping, etc.) is presented to youth in the Chicago area. The survey was made available online using SurveyMonkey and distributed to all youth, including those outside CSUPS. The collection process began on 10/13/21 and closed on 12/03/21. We were able to collect 222 completed surveys.

Repeated youth themes from the survey included:

- A lack of knowledge of the existence and purpose of a Youth Advisory Council (YAC)
- Many disagreed on the effectiveness of their YAC.
- Many participated in one or more programs at their schools.
- Many believed that the programs are necessary and should be made available after-school.
- Many wanted sports and other activities made available to youth after-school.
- Many wanted ways to get their families involved in the programs.
- There were questions about future employment opportunities.

Asset-Based Approach

One theme that came out of the assessment process was that a flaw of using an epidemiological or problem-driven approach starts the process off in a way that moves the solutions away from culturally and historically informed anti-racist solutions. The deficit approach assumes that "the absence of disease means health." This approach also sets a standard of health and wellness deemed "universal." Yet, many QTBIPOC groups have stated that certain items on the "evidence-based" risk factor list are a protective factor in their culture. However, the practice has been colonized (i.e., changed to fit America's interpretation of the practice, religious adaptations to align behaviors with Christian practices) and have too many adaptations to recognize what is fidelity to the original.

While a small number of participants stated that they were "fine" with the issued curriculum, although they adapted the modules that didn't relate to the BIPOC community. Most participants said there is a need for a curriculum created by and for people of color and updated every few years to stay relevant.

Secondly, the approach needs to have an anti-racist, diversity, equity, and inclusion (DEI) lens post-2020. The year 2020 was an amplified year for the anti-racism movement, knowledge, and community activism. The murder of George Floyd and Breonna Taylor brought about the eyewitness of police brutality and unjust behavior to millions of Americans and others around the globe. The deaths catapulted the movement to bring true systemic change instead of "low-hanging fruit" to laws, policies, and practices of every sector of the country. Spoken word artist Gil Scott-Heron said, "The revolution will not be televised;" we now know it will be live-streamed.

To achieve thriving communities, stakeholders will need to build stronger and more resilient neighborhoods by implementing community development strategies based on practices that promote participative democracy, sustainable development, economic opportunity, equality, and social justice. Community development must be organized through education and empowerment rooted within the community. Community members and stakeholders can utilize their collective skills and knowledge to effectively assess community needs, identify and cultivate opportunities for building resiliency, and change current policies, practices, and programs to address systemic racism and systems of oppression.

The field of substance use prevention has followed the public health model of identifying a problem "to be solved" by reducing risk and increasing or making available protective factors. It recognizes the problem by finding where the problem exists in severity or high adverse outcomes (death, diseases, diagnosis) and then investigates possible contributing factors that are commonalities of behavior and choices made by the person and others with the same severity in diagnoses.

Once the causal and contributing factors (those things found in typical and excluding other mitigating circumstances), the epidemiologist determines that the problem is "caused" or "can be caused" by these behaviors and in various socio-ecological contexts (individual, relationship, community, and societal). This process is then applied to individuals, families, schools, and communities to identify the different tiers of intervention based on the presence and severity of the problem. Feedback from the steering committee members was that this approach takes the posture of a "lack" mentality and places the blame on the victim of systemic racism and current and historical oppression on the oppressed and their behavior. At best, it will always lead to minor successes through those that compromise or make adaptations beyond the recommended boundaries. At worst, it further ostracizes the community by remaining out of touch with their needs and priorities. Using a model that focuses on negative outcomes leads to a cycle of chasing lack.

The apparent conclusion that emerged from the assessment was that no one entity has all the answers. Still, collectively, it is possible for efforts working in concert to impact Chicago's youth today and in the future, with the potential of addressing hundreds of years of inequities. Nothing short of a whole systems approach can accomplish such as task.

Goals and Objectives

GOAL #1

Establish a Strategic Action Council comprised of prevention leaders, diverse youth, and other stakeholders who share common objectives that address risk and protective factors that build resiliency and promote the health and well-being of Chicago youth.

Potential Objectives or Action Items

- Participate in training and process to establish a collective understanding of a multi-discipline, trauma-informed approach to prevention centered upon diversity, equity, and inclusion.
- Include the most recent literature and information on Adverse Childhood Experiences and Benevolent Childhood Experiences.
- Identify three or more youth of various levels of charisma who are comfortable providing time, skills, and assistance to the process of establishing a youth advisory group.
- Identify the shared objectives and the risk and protective factors; consider cultural knowledge and community assets; and identify sectors and individuals (expand the table below).
- Implement a minimum wage requirement of $40K per CDPH's recommendation without a bachelor's degree requirement

SHARED RISK AND PROTECTIVE FACTORS

Community Risk Factors

	Substance Use	Depression & Anxiety	Delinquency	Teen Pregnancy	School Drop Out	Violence
Availability of Alcohol/Drugs	X					X
Availability to Firearms			X			X
Community Laws & Norms Favorable to Drug Use, Firearms, Crime	X		X			X
Transitions & Mobility	X	X	X		X	
Low Neighborhood Attachment * Community Disorganization	X		X			X
Media Portrayals of Violence						X
Extreme Economic Deprivation	X		X	X	X	X

GOAL #2

Create a portfolio of culturally responsive and trauma-informed strategies and professional development plans that demonstrate diversity, equity, inclusion, leveraged resources, braided funding, and other partnerships for maximized systemic impact.

To be developed: Toolkit; Training; Recorded Webinar

Potential Objectives or Action Items

- Create an engagement plan of how youth and stakeholders will be contacted, orientated, and engaged in the first quarter of the plan's execution.
- Participate in dialogue and training for the committee and convening organization to understand the terminology, impact, and strategies to address diversity, equity, inclusion, social justice, and trauma-informed services.
- Identify actions for each step of the strategic plan process, goals, and engagement strategies that address immediate and systemic contributions to policies and practices that impede diversity, equity, inclusion, social justice, and trauma-informed services.
- Identify strategies that executive leaders can employ to enhance organizational culture, staff recruitment, retention, and performance.
- Tailor funding based on the community (higher need communities having higher awards)
- Switching the curriculum to be more responsive to the needs of this community or allowing organizations flexibility in choosing their curriculum

GOAL #3

Develop guidance for local or affinity groups to create culturally responsive collective impact strategic plans, including braided and leveraged funding.

To be developed: Toolkit

Potential Objectives or Action Items

- Create protocol, procedures, toolkits, and templates.
- Develop a plan to engage groups in adopting using resources created.
- Identify additional resources and supports needed to successfully plan and implement the programs, practices, and policies needed to promote the health and well-being of their youth.
- Implement a minimum wage requirement of $40K per CDPH's recommendation without a bachelor's degree.

Challenges and Limitations

Convening a group of nine executive directors for ninety minutes once a quarter does not sound like a lofty goal, yet it can be difficult. The directors met the challenge by assigning a proxy to the group and hosting the meetings virtually to eliminate travel issues. This delegation worked well when the individual had decision-making authority, an understanding of state contracts, and knowledge of their CSUP grant (service area, schools served, target audience, staffing, etc.). A suggested change would be for the facilitators to give participants a four-week notice of the meeting and include its purpose, the invitee, the reason for being invited, and a list of items they should review before the meeting and bring with them or have on hand during the session. The facilitators should suggest providing a proxy if the executive cannot participate (e.g., someone who can consistently attend, has authority to review the program's budget, and can speak to program deliverables). Secondly, the meetings occurred in 2020 and 2021, during the COVID 19 pandemic. Therefore, they were all held virtually. With Chicago's traffic, travel to a meeting can take up to two hours of your day, including parking search or train commute, walk time, and socializing. It is easy for a 1.5-hour off-site meeting to take up half of the day. The virtual platform most likely helped have nearly 100% participation at every meeting.

A second challenge was obtaining valid local data disaggregated by race, ethnicity, and socioeconomic status. The CSUP providers use the Illinois Youth Survey results to guide their prevention programming. Participants stated that the IYS recruitment as a contract deliverable is inequitable because each school has different leadership, which changes often. Varying relationships with community providers and data and putting the onus on the providers more often hurts relationships than builds them. The SC participants and the subcommittee stated that recruiting Chicago Public Schools (CPS) for implementation should be handled between SUPR and CPS.

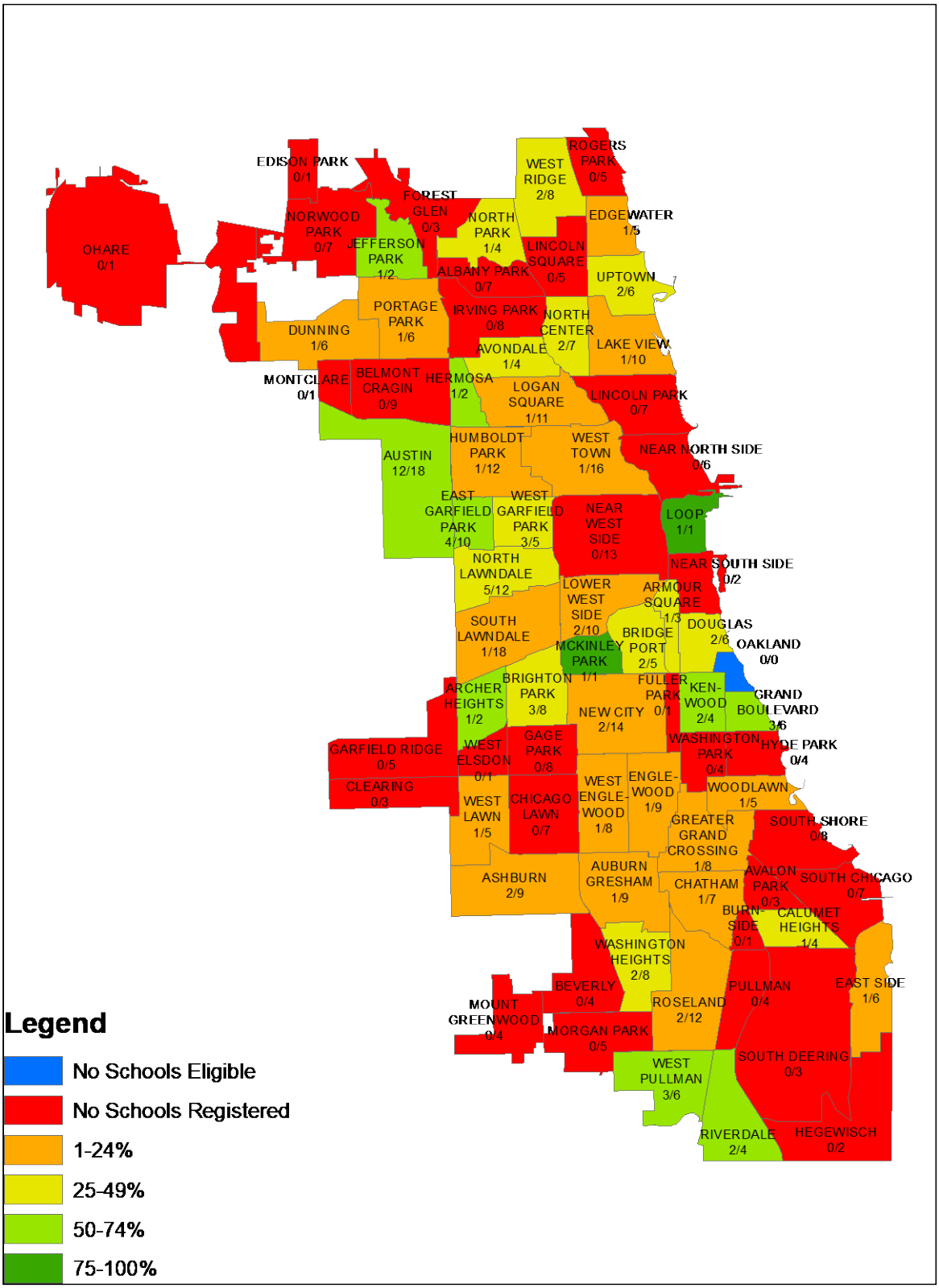
Another issue regarding the Illinois Youth Survey was accessing disaggregated data for the indicators. Providers stated that using the IYS for anything other than the CSUP grant is problematic because it is the only local data available. Yet, they cannot make a case for health disparities because the data is not disaggregated. Grantees felt they spent time recruiting schools for data that only fit the CSUP program.

To be confident that the data reviewed represented the communities served, the Data Subcommittee used the complete IYS data to date, the 2018 collection, the 2019 Youth Behavior Survey - Chicago, key informant interviews, and over 200 surveys of youth. Additional data were gathered from the City of Chicago and the Chicago Public Health and Healthy Chicago 2025.

The 2022 Illinois Youth Survey data registration and completion for CPS schools is the outcome of the efforts and abilities of all parties. According to the last registration published report (as of April 29, 2022) and the final completed report sent (June 14, 2022):

- Eleven of Chicago's seventy-six neighborhoods with qualifying schools had 50 – 100% of their schools registered for the survey.
- Less than 100 schools in total registered for the district.
- Twelve percent (Fifty-nine) of the 486 eligible CPS schools completed the 2022 Illinois Youth Survey.
- Nine Chicago communities of the 78 eligible had two or more elementary schools complete the 2022 IYS and receive their results.
- Only one community in Chicago had two high schools complete the survey and, therefore, will be the only community with local 10th and 12th-grade data.
- In total, the city will have data from nine high schools.

2022 IYS Registered Schools by CCA (4/29/2022)



Conclusion

The Chicago Prevention Steering Committee utilized a collective impact model to create an action plan for substance use prevention and related issues. The plan calls for creating a City-wide workgroup comprised of representation from prevention providers and stakeholders whose goals are the same or congruent to reducing youth substance use. The group broadly acknowledged the importance of diversity, equity, and inclusion (DEI) as a foundation for planning and collaborative work. Applying a DEI lens required examining the social determinants of health, the laws that set them in place, and the norms and practices that maintain their legacies. Given the country and the city's history of discrimination and over-policing of communities of color, the goals required consideration of social justice, historical racism, and their role in current systems of oppression, everyday racism, and other discriminatory practices impacting health outcomes. Additional considerations include funding, education, housing, violence, and other social determinants of health that affect one's decision to initiate substance use and other potentially harmful behaviors. The committee recognized how providers could work together to affect systemic changes they want in the design and determine how agencies can support changes within their organization guide to the state, local funders, and one another for healthier communities.

The overall conclusion of the process is that collaboration is possible and critical in many communities.

Federal, state, and local organizations have shared examples of when and how the association has worked in individual single-goal-oriented projects. However, with an examination of shared interests, stakeholders, and concrete examples of sustainable collaboration, providers and funders have an opportunity to engage their community members, provide job opportunities, foster community connectedness, and appropriately use resources. This will allow for a more significant impact and build healthier communities.

Artist: Vantablac Sol

Next Steps

The Chicago Strategic Action Council will implement the Collective Impact Model to implement the Collective Impact for a Healthy Chicago Plan.

STEP 1 **Common agenda (mission, vision, and values)**

- Convene in quarter 1 of FY23
- Complete DEI training
- Identify a mission, vision, and values statements
- Identify workgroup participants

STEP 2 **Shared measurement systems (goals and objectives)**

- Identify data sources to inform local plans
- Select at least three tools for communities to choose from

STEP 3 **Mutually reinforced activities (committees)**

- Identify values and language
- Workgroups will identify goals and objectives
- Workgroups create action items to complete for the next bullet point
- Curate tools for local organizations to implement a Collective Impact Model
- Create a and execute strategy for dissemination of the plan

STEP 4 **Continuous communication (shared drive and updates via email)**

- Facilitators provide technical assistance to communities implementing the plan and elicit input from CAB members

STEP 5 **Support organization (Prevention First)**

Workgroups

The bulk of the work, moving the goals forward to action, will be done through workgroups. Each workgroup will have the task of addressing each of the three goals and relevant objectives. Workgroups will meet between Strategic Action Council meetings and will be comprised of subject matter experts from the respective sectors.

Workgroup 1: Diversity, Equity, and Inclusion
Workgroup 2: Workforce Development
Workgroup 3: Culturally Centered Strategies
Workgroup 4: Fund Development

Annually the workgroups and CAB may consider an in-person group meeting to review accomplishments, discuss innovative ideas, and draw on inspirations for the following year.

Contributors

Chicago Nine Steering Committee Organizations
Alternatives Inc.
Haymarket Center
Heartland Human Services
HRDI
Metropolitan Family Services
Pilsen Wellness Center
Prevention Partnership
Rincon Family Services
Youth Outreach Services

Personnel Committee
Data Committee
Program Committee
Various Youth Advisory Councils
200+ youth who completed surveys and submitted feedback on the prevention system
The staff of Prevention First

The Facilitators
Karel Homrig, Prevention First
Sherrine Peyton, Peyton Consulting
Luis Pagan, Slant Innovations

Report Artist
Vantablac Sol

Other Resources Consulted

Center for Prevention Research and Development. (2018). Illinois Youth Survey 2018 Frequency Report: City of Chicago. Champaign, IL: CPRD, School of Social Work, University of Illinois.

"Health equity requires bold social movements," Epplin, Wesley, Crain's Chicago Business, September 22, 2020,

"Police Brutality and Black Health: Setting the Agenda for Public Health Scholars," Am J Public Health 2017 May; 107(5) 662-665

Office of Database Prevention
https://www.Health.gov

American Medical Association
https://www.ama-assn.org/about/leadership/reckoning-medicine-s-history-racism

American Psychological Association
https://www.apa.org/news/press/releases/2021/10/apology-systemic-racism

National Association of Social Workers
https://www.socialworkers.org/News/News-Releases/ID/2331/NASW-apologizes-for-racist-practices-in-American-social-work

Politico
https://www.politico.com/news/2020/06/04/coronavirus-robert-redfield-racial-disparity-cdc-301223

https://www.academia.edu/5675835/1_Risk_and_Protective_Factor_Framework_Hawkins_and_Catalano

Chicago Department of Public Health
CDPH Health Equity Index Committee. The State of Health for Blacks in Chicago. City of Chicago, April 2021

The University of Illinois at Chicago
https://today.uic.edu/report-explores-how-public-policies-failed-black-latino-chicagoans-during-covid-19

Attachment

SUPR Contractual Policy Manual: CSUPS Service Requirements
https://www.dhs.state.il.us/page.aspx?item=134484#a_toc11

SECTION 10: Service Requirements for Bureau of Prevention Services Funded Organizations

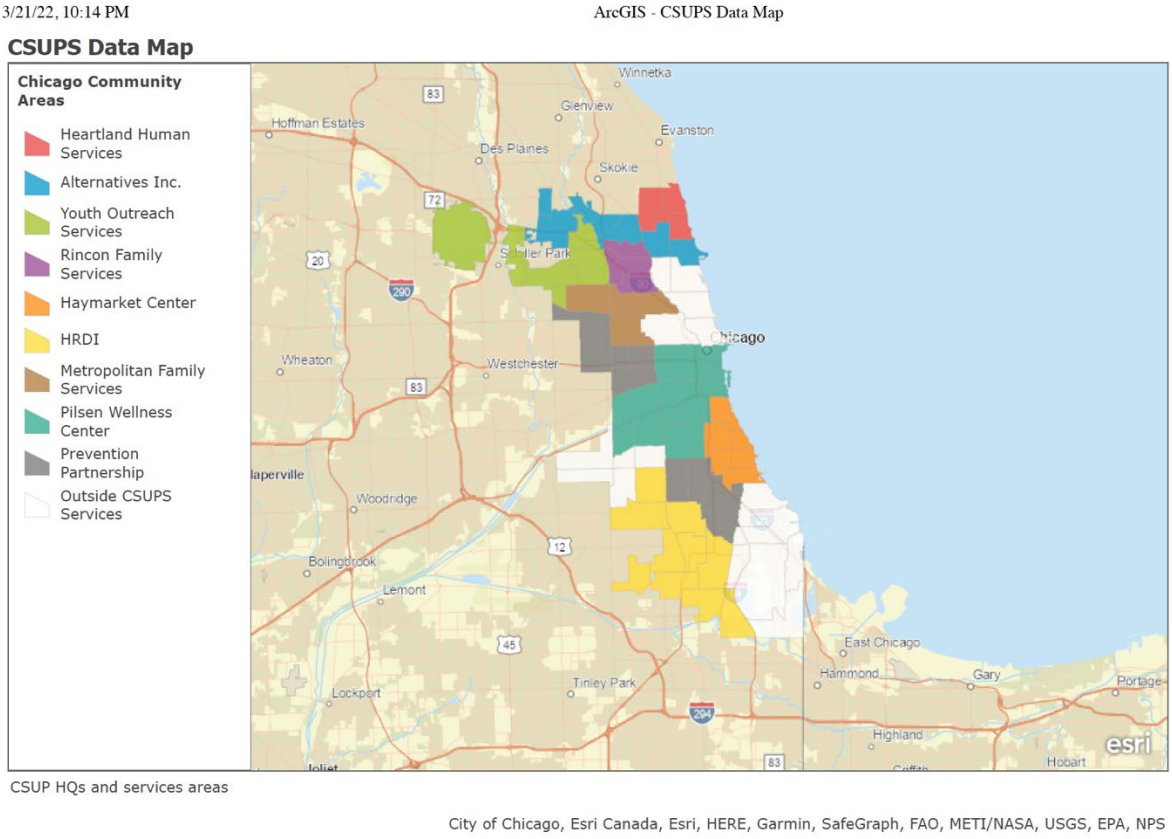
General Substance Use Prevention Program Requirements

1. Substance Use Prevention Program grantees must allocate 1 FTE for every $75,000 in funding from IDHS/SUPR.
2. Blended funding (federal and state) requires grantees to comply with all block grant requirements in this manual.
3. The grantee must assign a grant contact staff as the primary programmatic communications contact.
4. All staff budgeted to provide services, and the grantee authorized representative, primary fiscal contact, and direct program contact must be entered and updated on the prevention Hub.

Substance Use Prevention Program (SUPP) Services (CSUPS, SUPS) are delivered by community-based organizations that provide prevention services as delineated by grant agreement deliverables. The grant supports universal and selected services serving youth in 6th-12th, their parents, and the community-at-large. Grantees must serve target populations through an array of prevention services including youth prevention education, communication campaigns, dissemination of local Illinois Youth Survey (IYS) results, IYS participation by local schools, National Prevention Week activities, youth advisory committee membership, environmental scan (Chicago only), National Prescription Drug Take-Back Days activities, and collect/disseminate information about resources.

Data on the Chicago Nine Communities

CSUPS Services Areas



Chicago Neighborhoods not served by CSUPS include the communities of North Center, Lake View, Lincoln Park, North Side Near, West Town, South Shore, Avalon Park, South Chicago, Burnside, Calumet Heights, Pullman, South Deering, East Side, Hegewisch, Garfield Ridge, West Elsdon, Gage Park, Clearing, and West Lawn.

Schools with high suspensions/expulsions

Top 10 CPS High Schools with the highest in/out of school suspension

School	IN/OUT	Total	Male	Female	Hisp / Latinx	AI/AN	Asian	Black / AA	Native Haw /PI	White	2+	K -8	9 thur 12	LEP	Alcohol	Viol. w/ Inj.	Viol w/o Nj	Drug Offenses	Weapon Firearm / Other	Dangerous Weapon Other	Other Reason
Phillips Academy High School	I	816	492	324	<10	0	0	798	0	<10	11	0	816	<10	0	1	78	0	0	0	737
Morgan Park High School	I	548	319	229	<10	0	0	542	0	<10	<10	<10	>=10	0	0	0	14	0	0	0	534
Clemente Community Academy HS	I	435	299	136	264	<10	0	166	0	<10	0	0	435	52	18	0	17	0	0	0	384
North-Grand High School	I	313	200	113	259	0	0	53	0	<10	0	0	313	79	0	0	0	0	0	0	313
Senn High School	I	292	169	123	129	<10	28	110	0	10	11	0	292	51	3	4	21	1	0	0	263
Steinmetz College Prep HS	I	276	187	89	193	0	0	72	0	<10	<10	0	276	81	4	17	24	0	0	1	224
Thomas Kelly College Preparatory	I	275	157	118	234	0	<10	19	0	15	<10	0	275	77	27	4	18	0	0	0	220
Marshall Metropolitan High School	I	244	135	109	<10	0	0	242	0	0	0	0	244	0	2	22	57	5	1	1	156
Taft High School	I	204	162	42	102	<10	13	11	0	74	<10	<10	>=10	32	91	11	19	1	1	0	77
Kenwood Academy High School	I	163	97	66	<10	0	0	153	0	<10	<10	<10	>=10	<10	2	0	13	0	0	1	146

Elementary (K-8) CPS Schools with High Suspensions and Expulsions

School	IN/OUT	Total	Male	Female	Hisp / Latinx	AI/AN	Asian	Black / AA	Native Haw /PI	White	2+	K - 8	9 thur 12	LEP	Alcohol	Viol.w/inj	Viol w/o Nj	Drug Offenses	Weapon Firearm / Other	Dangerous Weapon Other	Other Reason
Ogden Elem School	I	117	86	31	<10	0	0	103	0	<10	<10	117	0	0	0	7	66	0	0	1	41
Dulles Elem School	I	104	58	46	<10	0	0	95	0	0	0	104	0	0	0	5	21	0	0	0	78
Chalmers Elem Specialty School	I	74	48	26	0	0	0	74	0	0	0	74	0	0	0	0	35	0	0	0	39
Dulles Elem School	O	69	47	22	0	0	0	67	0	<10	0	69	0	0	0	21	5	0	0	0	43
Ogden Elem School	O	60	40	20	<10	0	0	56	0	<10	0	60	0	0	0	16	34	0	1	2	7
Dett Elem School	O	56	30	26	0	0	0	56	0	0	0	56	0	0	2	17	16	0	0	2	19
Sawyer Elem School	I	52	40	12	51	0	0	<10	0	0	0	52	0	25	0	4	10	0	0	0	38
Hernandez Middle School	I	51	31	20	48	0	0	<10	0	<10	0	51	0	23	9	3	8	0	0	2	29
De Diego Elem Community Academy	O	47	30	17	23	0	0	23	0	<10	0	47	0	<10	1	12	17	0	0	1	16
Beaubien Elem School	I	45	>=10	<10	27	0	0	0	0	16	<10	45	0	<10	0	0	16	0	0	0	29