

April 16, 2009

We are pleased to present to you the 2009 COPE Coalition Assessment Findings Report. In order to improve the West Phoenix community of Maryvale, we have made a united commitment to empower youth and help parents overcome those barriers that divide the community. We the organizations of TERROS, Touchstone Behavioral Health and Big Brothers Big Sisters affirm that the assessment reflects many months of hard work and perseverance.

We have made every attempt to provide you unbiased, accurate, and relevant information. It is our desire that this will be the seed for a brand new tree whose fruit may engender good health and strong homes for those of the West Valley in hopes of rising up the beautiful city of Phoenix and its metropolitan area.

Thank you,

TERROS; Touchstone Behavioral Health; and Big Brothers Big Sisters

COPE Coalition Assessment Findings Report

I: Defining and Describing the Targeted Community

What are the geographic boundaries that define this community?

The “targeted community” is to be bounded to the east by 43rd Avenue; to the north by Camelback Road; to the west by 75th Avenue; and to the south by McDowell Road. This encompasses the 85031 zip code in its entirety, as well as significant portions of the zip codes: 85033 and 85035. The area is 12 square miles. All residents will be welcomed to any service or activity offered regardless of race, gender, age, or economic background—excluding those programs that are gender or age specific. It is to be implied that these boundaries will be considered “soft”, allowing access to any proposed service or activity by those residents or stakeholders living in the immediate areas outside of the targeted community.

What are the socio-economic issues relevant to the community?

This community was selected for its impoverished disparity when compared against to the rest of the city (Phoenix) and the metropolitan areas; these disparities inhibit the community from reaching its fullest potential, the social-economic factors that create the economic disparity include (but are not limited to):

- **Poverty:** The most recent US Census Bureau (2000) data shows that 19.5% of individuals in the area are below poverty level. By zip code this breaks down as:

1. 85031- 17.2%
2. 85033- 18.1%
3. 85035- 22.9%.

The national average is 12.4%.

- **Income:** The Average Adjusted Gross Income for the area for the 2004 tax year was \$26,670. By zip code this breaks down as:

1. 85031- \$25,892
2. 85033- \$27,906
3. 85035- \$26,211.

The Average Adjusted Gross Income for the state of Arizona in the 2004 tax year was \$50,097.

- **Education:** The 2000 US Census Bureau data shows that 41.2% of those over 25 in this area do not have a high school diploma. By zip code this breaks down as:

1. 85031- 42.2%
2. 85033- 35.7%
3. 85035- 47.5%.

The national average is 19.6%.

Language: The most recent US Census Bureau data shows that 52.7% of individuals in this area speak a language other than English at home.¹ By zip code this breaks down as:

1. 85031 -53.7%
2. 85033 – 45.4%
3. 85035 – 47.5%

The national average is 17.9%.

Household size: The average household size in Maryvale is 3.6 members. By zip code this breaks down as:

1. 85031- 3.7 people
2. 85033- 3.6 people
3. 85035- 3.7 people.

The average household size in Phoenix is 2.8 people.

Parenting: The percentage of single-mother households in Maryvale is 13.6%

On 14 April 2009 the Executive Board of the COPE Coalition met to review the assessment report, it was mentioned by Josh Stine of the Stewart Branch of the Boys and Girls Club in Maryvale, statistics for the branch showed that 50% of mothers who brought their youth to the facility were single parents.

Arguably the most dramatic statistic coming from the area concerns the **Real Estate** market. In the first six months of 2008 Maryvale saw a 951% increase in its foreclosure rate. The 85035 zip code had the city's highest foreclosure rate at 1,350%. The Phoenix metropolitan area's foreclosure rate during this time frame was 534%. This indicates two patterns: firstly, the dramatic hyper-levels of predatory lending that are now affecting the community, forcing families to leave their homes. Secondly, the amount of abandoned/vacant homes has increased.

One last socio-economic issue is prevalent but statistically difficult to present. This issue pertains exclusively to the plight of the **Undocumented Residents** in the community. Due to the very nature of life for undocumented peoples it is inherent to the constitution of those residents to remain as under-the-radar as

¹ The most common language in the area is Spanish, which accounts for 95.3%.

possible. Although there is very little demographic and statistical information to support the following claim, one must understand that the problem nonetheless exists. Undocumented residents have a particularly difficult world to maneuver within. Due to lack of legality, these residents are forced to resort to the most basic, often menial, employment. These jobs are notorious for paying less than the minimum for subsistence and require the parent(s) to work either longer hours or multiple jobs, thus leaving the youth of the family unsupervised and with greater responsibilities for extended hours. These pressures when combined with the problem of 2nd generation decline create an inevitable confusion that can and does lead to susceptibility especially concerning escape. When these youth begin experimenting with negative behaviors, parents are placed in a veritable quagmire, faced with watching their youth fall deeper and deeper into this world or divide the family and send the youth back to their native land. Parents rarely consider prevention or intervention programs thinking, and rightly so, that they are ineligible for these services. Furthermore, they may not know that such services exist. Through the work of the COPE Coalition we have found a need that warrants being met. A common complaint amongst those surveys distributed to the law enforcement sector was the presence of “illegals”. With this negative bias from the police department, and the general stigma attached to being undocumented, many families face unnecessary hardships.

What are the rural, urban, rural-urban characteristics of the community?

These social-economic obstacles prevent the community from repairing itself with any great alacrity. Too often this area is left to defend itself from its own bad reputation. However, it is not to be overlooked how successful the area is given the circumstances. Maryvale is an urban community² with the following population density breakdown:

- 85031- 8,219 people per square mile
- 85033- 10,368 people per square mile
- 85035- 8,975 people per square mile.

Within the 12 square-mile target area there are the following public community services: 1 hospital, 33 schools, 7 parks, 1 library, and 28 neighborhood associations/block watch groups³.

What are the relevant population characteristics? What epidemiological data was used to help decide the targeting of this population?

According to data collected from the most recent United States Census conducted in 2000, the expected number of people within the communities to be served by this grant is 127,143. This same census breaks down the population into the following demographics:

2 The US Census Bureau defines an urban area as having a population density greater than 1,000 people per square mile.

3 We were unable to ascertain an accurate number of how many of these neighborhood associations were actively operational.

Gender

Male: 50.5%

Female: 49.5%

Race⁴

White: 50.4%

Black: 7.1%

American Indian: 1.9%

Asian: 1.4%

Hawaiian/Pac Islander: .1%

Other: 34.7%

Multi-racial: 4.4%

Ethnicity:

Hispanic: 63.0%

Non Hispanic: 37.0%

Median Age: 25.2

Two of the population characteristics listed above that are particularly relevant in defining the COPE Coalition's target audience are ethnicity and median age. The fact that the community is predominantly Hispanic and young (the median age nationally is 35.3) is a significant factor in determining how to focus the coalition's efforts.

Data from the Arizona Statewide Substance Abuse Epidemiology Profile was integral in deciding upon the coalition's target population as well. The profile found that

- 52% of youth in Maryvale had poor family management scores

(as compared to 46.5% statewide)

- 47.8% had high family conflict scores

(as compared to 45.8% statewide)

- 45% perceived that drug use was not risky

(as compared to 42.4% statewide).

4 It is important to note that a high percentage of those that note their race as "White" or "Other" self-identify as Hispanic, but due to the separation of race and ethnicity by the census bureau, "White" or "Other" is chosen by default.

Describing the primary and secondary data that was used to draw these conclusions:

Secondary data was collected from the 2000 US Census Bureau and the Arizona Statewide Substance Abuse Epidemiology Profile.

II: Defining the Target Substance(s)

What is the target substance use and/or suicide issue that has been identified in the assessment?

The primary substance use issues that have been identified are: underage consumption of alcoholic beverages, use of marijuana, and misuse of prescription medications. To lesser levels use of ecstasy, methamphetamine, and cocaine (crack cocaine) were also identified as drugs that are prevalent in the community.

Data from the Arizona Youth Survey reflects the findings:

	85031	85033	85035
% Used Alcohol Ever	52.3	59.6	60.6
% Used Alcohol in Past 30 Days	26.8	32.7	36.5
% Used Marijuana Ever	21.7	20.8	26.4
% Used Marijuana in Past 30 Days	9.3	10.3	14.1
% Used Prescription Drugs Ever	16.3	19.1	19.2
% Used Prescription Drugs in Past 30 Days	10.5	8.6	10.0

Describing the primary and secondary information that was used to draw these conclusions:

Primary Data was collected through the following methods:

- Focus Groups at Bostrom Alternative High School and at the Stewart Branch of the Boys and Girls Club in Maryvale (1 middle school age and 1 high school age); focus groups were also conducted with various community members residing in the Maryvale area. Data collected from focus groups prior to the start of this project was also utilized as part of the assessment.
- Surveys were distributed to youth at local health fairs and youth groups, officers from the Maryvale Precinct of the Phoenix Police Department, community members residing in the Maryvale area, and educators working within the target area.
- Key Informant Interviews were conducted with a representative from the education sector and with the commander from the Maryvale Police Precinct.

- Community Readiness Assessments (CRAs) were conducted with six key stakeholders in the area. (Please refer to question #6 for more information on the CRA.)

Secondary data was collected from the 2008 Arizona Youth Survey.

III. Describing the Consequences of the Targeted Substance

What are the consequences or problems caused by the substance use and/or suicide?

While the assessment revealed several problems in the community, also cited were specific consequences resulting from drug and alcohol use/misuse/abuse. Those participating in focus groups, surveys and key informant interviews disclosed countless consequences and despite the many consequences mentioned, there were quite a few that were recurring: death; violence; addiction; drunk driving (resulting in harm or death); domestic violence; problems at home; problems at school; problems with the law; and sexual abuse (or noncompliant sexual activity).

Although not as prevalent as concerns, others consequences were brought to light including: suicide; health issues; older men taking advantage of younger girls; memory lapse; not eating; placing oneself in bad situations; mental illness; problems with your job; and overdose. Participants mentioned other problems in their community that may or may not be a directly correlated with substance abuse. Some of these issues: include tagging/graffiti; dirty neighborhoods; abandoned homes; and a lack of community.

Gang involvement and gang violence was a frequently mentioned concern, but it is unclear if this is a mere correlation to substance abuse or a consequence. As of 2007, the Phoenix Police Department estimated that there are 34 gangs in the Maryvale area. Statistics from the Phoenix Police Department show that the Maryvale precinct had the highest number of arrests for violent crimes among the city's six precincts. Further data would be needed to support or negate the relationship.

Data gathered from the 2008 Arizona Youth Survey show the following substance use related consequences:

	85031	85033	85035
% Suspended within the previous 12 months	28.8	30.0	33.7
% Arrested within the previous 12 months	8.4	10.6	12.0

Describing the primary and secondary information that was used to draw these conclusions:

Primary Data was collected through the following methods:

- Focus Groups at Bostrom Alternative High School and at the Stewart Branch of the Boys and Girls Club in Maryvale (1 middle school age and 1 high school age); focus groups were also conducted with various community members residing in the Maryvale area. Data collected from focus groups prior to the start of this project was also utilized as part of the assessment.

- Surveys were distributed to youth at local health fairs and youth groups, officers from the Maryvale Precinct of the Phoenix Police Department, community members residing in the Maryvale area, and educators working within the target area.
- Key Informant Interviews were conducted with a representative from the education sector and with the commander from the Maryvale Police Precinct.
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Secondary data was collected from the 2008 Arizona Youth Survey.

IV. Describing the Intervening Variables:

What are the intervening variables/casual factors of the identified substance use and/or suicide issue?

Through analysis of the collected data it was determined that the intervening variables can be categorized into the three distinct areas of accessibility, opportunity, and psycho-social issues; with each area further broken down to include a significant number of factors contributing to underage alcohol, substance, and prescription medication use/misuse/abuse.

Accessibility

Accessibility is the key to usage. In the targeted community, youth are able to obtain alcohol in a variety of ways: mostly through other people who are of age to purchase for or supply youth with alcohol. This is achieved through family members (siblings, cousins, uncles, aunts, etc.) and through older friends. At family functions such as birthday parties, baptisms, or cultural celebrations youth have easy access to alcohol.

Youth can also obtain alcohol from their parents. Some youth reported that they just steal alcohol from their parents--this includes beer from the refrigerator or hard alcohol from the parents' liquor cabinet. Youth also reported that parents often provide them with alcohol. Some parents will purchase alcohol for their youth, allowing them to drink at home thinking they are being responsible because they are able to supervise their children. It was also reported that parents actually supply alcohol for youth who are planning to host parties at their homes. Law Enforcement reported a significant amount of generational use within the area, supporting the image of casual drinking between parents and their youth.

Parties are another place where alcohol and drugs are readily available for youth including: parties occurring when parents are out of town, parties thrown by party crews, and typical house parties. It was reported that alcohol is present at these parties as are other drugs, particularly marijuana and prescription drugs.

Another place where youth can easily access alcohol is at the local convenience stores. Many convenience stores are outlets for youth to obtain other drugs as well. Larger, corporate convenience stores such as Circle K and 7-11 were identified as the biggest targets for beer runs, where youth go into the store and run out carrying with them cases of beer. Smaller, independent, "mom & pop" stores were more likely to sell alcohol to youth without following the proper identification protocol. The fact that these smaller stores are not liable to corporate sanctions was cited as a reason for their willingness to sell alcohol to youth. Youth also identified that clerks at these smaller stores often sell drugs, primarily marijuana, to youth. Employing

the homeless loitering outside or nearby to purchase alcohol for underage youth is also a popular form of obtaining alcohol for youth.

Data from the Arizona Youth Survey supports our findings:

	85031	85033	85035
% Obtained at a party	51.7	52.8	58.0
% Obtained from family member who is 21 or older	31.0	23.6	17.4
% Took it from home	29.3	24.2	21.7

Opportunity

Opportunity is another key factor in youth alcohol/drug use/misuse/abuse; availability means little if one has not the opportunity to engage it. The assessment revealed that youth have ample opportunity to partake in alcohol and drug use. As previously mentioned, not only do parties provide youth easy access to alcohol and drugs, but often times the lack of adult supervision provides the opportunity for youth to engage in such activities. Lack of supervision is a primary contributor to creating such opportunities to engage in underage consumption. In addition to the party scenes, youth can engage these behaviors in the comfort of their own homes. The economic disparity of the area and the prevalence of single-parent households require many parents to work long hours leaving their children alone and unsupervised. Many youth indicated that parents were also often engaging the youth in drinking and drug use themselves. Some youth noted that while they did not engage in alcohol or drug use, they were aware of their parents' use.

It was reported that youth engage in alcohol consumption and drug use on school campuses. Clear alcohol is placed in water bottles, thereby implying it is water. Students also indicated that they find isolated areas on campus, including restrooms, to engage in drug and alcohol consumption.

Although home and school are some of the primary areas where youth engage in underage drinking and substance abuse, other location-opportunities include: nearby parks, restrooms at the mall and the YMCA, and while driving around with friends.

Psycho-social Issues

The final intervening variable is psycho-social issues. Data demonstrates several other reasons beyond accessibility and opportunity that encourage youth to engage in such risky behaviors. The assessment revealed underlying issues demonstrating reasoning for alcohol and drug use/misuse/abuse. These issues fall best into a category of their own because where the other two (accessibility and opportunity) have implications of "want" this category infers a "need", id est a "need" for a coping mechanism or peer acceptance.

Peer pressure was one of the biggest underlying issues youth gave for engaging in underage drinking

and substance abuse. Significant portions of the assessment data collected showed that youth did not want to subject themselves to ridicule from their peers for not drinking. Youth expressed that they felt pressured by their peers to drink while hanging out at parties or simply a friend's house. Data revealed that one drinks (or does drugs) to be "cool" and not viewed negatively by others. They did not want to appear "lame" in front of their circle of friends or school clique.

Alcohol and drug use/misuse/abuse also occurs because youth want to escape their problems. Depression and stress were recurring reasons youth gave for engaging in these behaviors. Data collected for the assessment showed that alcohol and drugs are seen as ways to deal with problems, or at very least ameliorate the emotional state by transcending them to an altered more bearable state.

Certain factors leading to depression and stress in youth, were also mentioned. These are situations youth encounter primarily within the home including family conflict and or lack of family involvement or management. Many youth reported that they feel they cannot talk with their parents about issues or problems they are facing. Lack of parenting skills was also identified as a contributor to family conflict and lack of family management.

Data from the Arizona Youth Survey indicates:

	85031	85033	85035
% Family History of Anti-social behavior	48.8	47.4	47.7
% Parents with favorable attitudes towards substance abuse	27.1	32.9	32.0
% Interact with Anti-social peers	76.0	71.6	71.1
% Have friends who use drugs	50.6	47.6	47.7

It is a further observation that these three categories tend to overlap and provide contiguous reinforcement to the behaviors being expressed by the youth. It is therefore necessary to address all three variables jointly rather than individually.

Describing the primary and secondary information that was used to draw these conclusions:

Primary Data was collected through the following methods:

- Focus Groups at Bostrom Alternative High School and at the Stewart Branch of the Boys and Girls Club in Maryvale (1 middle school age and 1 high school age); focus groups were also conducted with various community members residing in the Maryvale area. Data collected from focus groups prior to the start of this project was also utilized as part of the assessment.
- Surveys were distributed to youth at local health fairs and youth groups, officers from the Maryvale Precinct of the Phoenix Police Department, community members residing in the

Maryvale area, and educators working within the target area.

- Key Informant Interviews were conducted with a representative from the education sector and with the commander from the Maryvale Police Precinct.
- Community Readiness Assessments (CRAs) were conducted with six key stakeholders in the area. (Please refer to question #6 for more information on the CRA.)

Secondary data was collected from the 2008 Arizona Youth Survey.

V. Describing the Current Community Resources Available to Address the Targeted Substance Within the Targeted Community

What community resources and/or assets have been identified?

The most visible and widely known resources in the targeted community are the local recreation centers that offer programs for youth and families: the Maryvale Community Center, Golden Gate Community Center, the Maryvale Family YMCA, and the Spencer D. & Mary Jane Stewart Branch of the Boys & Girls Club. All four Centers engage substance prevention by offering healthy alternative such as, but not limited to: fitness classes, youth sports leagues, and other recreational activities. In addition, the Boys & Girls Club offers substance abuse specific anti-drug programs with their MethSMART, SmartMOVES, SMARTGirls, and Passport to Manhood curricula.

Schools were listed as an important resource for many families. The schools offer: Family Resource Centers; many have school counselors, after school programs, and offer programs during school time. Very few of these programs were drug prevention programs, however, with most surveys saying that they wanted more drug prevention programs in the schools.

There are many agencies in Maryvale that were listed as assets including TERROS, Touchstone, the Salvation Army, Chicanos por la Causa, Nuestra Familia, Alcoholic Anonymous, Jewish Family Services, Southwest Behavioral Health, among others. The community also named the City of Phoenix Police and the National Guard as active resources. Maryvale, additionally, has a wide array of community programs that are geared to better the area. There are volunteers who clean up the area, community activists, the Maryvale Revitalization Committee, Maryvale Weed and Seed, Maryvale Adolescent Provider Partnerships (MAPPs), Maryvale Partnership in Action, Graffiti-Busters, active block watches, and various coalitions.

There was, however, a lack of resources listed that dealt specifically with substance abuse treatment. The only one named was Volviendo a Vivir that specializes in adult male substance abuse rehabilitation.

These are resources that have been identified by the community through the assessment process. We have found many operating resources already in the community, however, they are not being used...it can be inferred that residents are not aware these programs exist.⁵

5 Note: The Spanish version of the need assessment specifically asks the question as to whether or not the participant has knowledge of organizations that provide services and programs in their language. Please

In an effort to provide comprehensive services to the community, we have partnered with these resources on many different fronts. We have provided training for those in need, utilized existing strengths from those willing to give, and linked similar supports that otherwise would have continued to function apart from one another. COPE and CIA both try to incorporate these resources into the coalitions to increase capacity and bring the resources together. We will continue to actively participate within the other community-based organizations, and serve as a facilitator for our community resources, focusing on expanding collaboration efforts so that resources can complement one another

Addressing the issue of additional funds received for the Coalition:

Touchstone Behavioral Health and Big Brothers Big Sisters do not receive any additional funding for the Coalition at this time. The Villa de Cortez apartment complex does, however, provide Communities in Action Coalition meeting space. TERROS, Inc and the COPE Coalition receive additional funding the Drug Free Communities Grant and the Strategic Prevention Framework State Incentive Grant.

VI. Describing the Community's Readiness to Address the Identified Issues and How We Selected Candidates Best Fit to Administer the CRA to:

What process was used for determining community readiness to address the problems identified in your assessment?

While preparing for the community readiness phase, we participated in several community outreach activities to challenge residents and community stakeholders to take a closer look at their community and identify risk and protective factors within their area. We held community and public meetings, and based on the information gathered from those meetings, we were able to determine who the key community individuals were that would best give us the information needed to complete this task. We set up interviews, focus groups, trainings, and a variety of other activities designed to collect data for the CRAs. Before completing the CRAs with our selected individuals and sectors, we identified questions that would assist us to identify issues for the community in which we serve. In short, we determined community readiness by selecting appropriate interviewees for the CRAs.

How did you select the most appropriate candidates for the administration of the CRA?

Who were they?

Do you feel they were the right choice, or would you do anything differently?

These individuals were selected because they represented a wide array of community sectors and constituents. Each candidate demonstrated an accurate awareness of the community, their connectedness to the community, knowledge of the community, their involvement within the community, and was identified largely through outreach activities and professional relationships. It is important to note that these individuals were not active members of the COPE or CIA coalitions at the time, therefore represent unbiased opinions.

The following people best fit the qualifications we set:

note the organizations listed in those surveys have been italicized above.

1. Mr. Tyre Davis, Program Coordinator for the Maryvale Community Center, Community Sector.
2. Mr. David Parks, Assistant Principal of Premiere High School, Education Sector
3. Mr. Edward Lopez, Director of Greer Funeral Home, Business/Education Sector
4. Mr. Pablo Munoz, Executive Director of Maryvale Family YMCA, Youth Serving Sector
5. Sgt. Gioggi Chiappo, Sergeant Community Action Officers - Maryvale Police Precinct, Law Enforcement Sector
6. Ms. Maria Quezada, Youth, Youth Sector

We stand by our decision to have used these individuals feeling that they were good choices due to the fact that they represented a diverse collection with varying and qualified perspectives and would deliver unbiased information to us.

What is the community's phase of readiness to address the problems identified in your assessment?

Based upon the information collected we believe the community has a unified idea of what their main issues are. They also have a good understanding of how these issues affect their community. Furthermore, they have identified specific details about their problem. We therefore formally assess that the targeted community is in the position to start the planning process, scoring the area as 4. However, this proves to be slightly optimistic as the official Community Readiness Score, as reached by Pima Prevention Partnership (PPP), is 3.6—indicating that the community has a vague awareness of the problem.

In the Community Readiness Assessment evaluated by PPP, it was revealed that success had been made in two dimensions: Knowledge of Community Efforts and Leadership. However, even in these two dimensions there is room for improvement. Although the community, it was reported, identified TERROS, the COPE Coalition, the Maryvale Community Center, Touchstone Behavioral Health, and others as leaders, community members also identified these entities as “being very concerned but not...involved enough”. However, it was also revealed by the Community Readiness Assessment that whereas the work that these agencies are doing in the community is important, residents are simply unaware that these programs are available to them.

Describing the primary and secondary information that was used to draw these conclusions:

Secondary data was gathered from the Magellan Community Readiness Assessment.

VII: In Summation:

What are the connections among your primary and secondary data findings? How does the data fit together to present a picture of the target issue to answer the questions: who, what, where, when, and why?

In the original RFP's it was noted that underage drinking and marijuana use were an issue in the community. The original proposal also indicated a vast amount of underage parties occurring in Maryvale. Consequences in the original proposal were in line with findings from the assessment process, however,

community awareness of additional consequences were identified through the assessment process. The original proposals provided a lot of quantitative data; through the assessment process more qualitative data was collected to help provide an understanding of what factors are leading to the quantitative data.

What priorities emerged? How is the data consistent with the target issue(s), consequences and intervening variables you originally proposed for your community?

The major intervening variables were accessibility to the substances, opportunity to engage in risky behaviors, and certain psycho-social issues that drive youth to risky behaviors. Also, based on the assessment data harvested, the major substances identified were underage alcohol use, marijuana use, and abuse or misuse of prescription drugs. The use/misuse/abuse of these three substances has numerous consequences for the community. Above all, it is destroying the moral and physical health of the youth of Maryvale, in no least part by encouraging criminal behavior—through beer runs, vandalism, violence, driving under the influence, and the purchasing of illegal and controlled substances. It is also detrimental to the mental health of the youth, who turn to these substances and the risky, negative behaviors naturally attached to the misuse and abuse of these substances. Youth experiencing depression or stress learn to attach the initial and immediate diminishing of their worries to what they're ingesting. What needs to be addressed is the actual mental health of the youth, by providing life skills, coping skills, communication skills, and activities designed to challenge the youth to use their better judgment to better him or herself and his or her family and community. Gone are the days when men sat idly by watching the lives of the next generation start with more and more handicaps because of the past; now are the days of action and reclaiming the present for the future of this community.

VIII: Describing the Limitations or Inconsistencies with the Cited Data Sources and the Addressing of Gaps in Information

What are some limitations or inconsistencies with the data sources you cited? How can these be addressed?

Initial surveys, focus group, and interviews prior to March contained many issues that were not directly related to substance abuse. It was then agreed to amend the questions to be more specific to find the answers to the “who, what, where, when, how and why”. Furthermore, surveys provide only baseline data while the in-depth details emerged from the key informant interviews, CRAs, and focus groups data—accordingly information from the surveys may be inconsistent or less accurate based on the nature of quick and neat answers.

Based on the key informant interview with the commander of the Maryvale Precinct and the surveys conducted with officers on patrol, there seem to be inconsistencies with their perceptions of addressing the challenges in the Maryvale community. For example, whereas the commander seems to endorse a proactive, educational and preventative standpoint, his patrol officers seem to endorse a more enforcement- focused approach.

According to the key informant interview with the police commander and other data stemming from the focus groups and surveys, it is evident that there is drug use and drinking occurring on school campuses and youth are attending school intoxicated or high. The schools however report little disciplinary issues associated with underage drinking or substance abuse. This can be addressed by training staff at the schools to better recognize signs and symptoms of use. Additionally, working with the schools for more accurate data reporting on the issue may be a challenge due to administrative desires to keep the negative reputation surrounding alcohol/drug use/misuse/abuse and in particular the more damaging image of a study body component to that usage.

What are the gaps in data that emerged from your assessment? How can these gaps be filled?

The gaps in our data would include specific types of alcohol the youth are consuming. The youth can be surveyed to find out what specific drinking trends are in the Maryvale area. A further gap and limitation in our data gathering surrounds the undocumented population of Maryvale. There is a large population of undocumented people in the area and, for obvious reasons, there is no reliable way of getting an accurate demographic for these people. Also our data had difficulty making direct ties to substance abuse and community concerns such as gang involvement. Another gap occurs concerning locations previously known as hosting parties having been abandoned homes. It is unclear if the increasing foreclosure rate for the target area has caused an increase in these parties. As already mentioned, Maryvale has an excessively high foreclosure rate.

Another gap is the fact that the Arizona Youth Survey does not reflect youth attending the 10th or 12th grades in the high schools that are within Maryvale, the survey only reflects 8th graders whose schools fall within the boundaries or 10th and 12th graders who live in the area but do not specifically attend schools within the are. This creates a big gap in information. One way to fill the gap would be to partner with AYS and help them get into these schools to collect the data.

Unfortunately, health related data in terms of hospital visits due to overdoses, accidents and other substance abuse or underage drinking related incidences is missing. Another gap in the data has been actually identifying stores that are selling alcohol to youth. Although youth are aware of the stores that are selling, they did not want to share this information. They did divulge however that the main stores selling alcohol to youth are the smaller "mom and pop" shops. One store was named, more accurately—the store was not named but street corners were given and the store was sought out and reported accordingly. Some youth mentioned their reluctance to provide specific locations because they did not want to get anyone in trouble. In order to address this gap, the Coalition may want to work closer with the police department, the state liquor department, and local adult residents. Working with these different sectors will provide more information as to identifying stores suspected of contributing to underage drinking and substance abuse and more importantly empowering community residents and showing them what environmental strategies can enacted by residents.

Finally, in regards to the discrepancy between our Community Readiness Score and the official CRS: the gap in information could have been a result from our surveys and interviews being directed to people who work in the community (individuals from the law enforcement sector, etc) or residents who have at least a modicum of community involvement, and especially youth—who have a tendency to be more aware of their environment than many adults; ergo a truer and arbitrary sampling of community adult residents could have influenced our assessment differently; this gap can be filled by conducting more focus groups with adult residents from the targeted community.

IX. Describing the Internal Team:

Who are the individuals with the Providers' organizations involved in the development and implementation of the Assessment and what are their specific roles?

Prevention Director, *Vernon Powell* will direct the Project for Touchstone Behavioral Health from the Central Office. The staff will be measured according to the goals and activities that are developed in the strategic plan of the SPF process. Mr. Powell is an active member of COPE Coalition, where he chairs the Education Committee and is a member of the Executive Board.

Prevention Coordinator, *Thalia Williams*, will supervise Touchstone Behavioral Health staff, and monitor the effectiveness of the implementation of prevention programs, trains school staff on how to effectively implement social development programs into their environment; she will also work to develop strategies to promote and address community awareness of social development issues.

Community Team Lead, *Graciela Mera*, will coordinate the efforts of the SPF model for Touchstone Behavioral Health. She will also train community stakeholders how to effectively implement the SPF into their environment. Additionally, she will research best practice information on community development. Graciela is an active member of COPE Coalition and sits on the regulation committee.

Community Specialist, *Erica Martinez*, will assist with the development of the SPF process for Touchstone Behavioral Health and participate on various coalitions within the Maryvale community. She is also active member of COPE coalition and participates on the Education Committee.

Prevention Specialist, *Emily Montoya*, will assist with the development of the SPF process for Touchstone Behavioral Health and participate on various coalitions within the Maryvale community. She is also active member of COPE Coalition and participates on the Sustainability Committee.

Prevention Specialist, *Kesha Gibbs* of Touchstone Behavioral Health, will focus on providing services for youth using the Too Good for Drugs curriculum. She will organize and facilitate youth Activities in cooperation with school officials and key Community stakeholder. She will also facilitate community/parent workshops and provide resources to parents.

Prevention Specialist, *Shannon Armijo* of Touchstone Behavioral Health, will focus on providing services for youth using the Too Good for Drugs curriculum. She will organize and facilitate youth Activities in cooperation with school officials and key Community stakeholder. She will also facilitate community/parent workshops and provide resources to parents.

Prevention Manager, *Adonis Deniz Jr.* is general supervisor of staff and compliance of the SPF process. He will oversee the assessment process for TERROS, including arranging (conducting focus groups), survey distribution, in addition to completion of the capacity and planning steps of the SPF process.

Prevention Specialist, *Laura Alvarez* has continued implementing the Direct Service portion by implementing the *Say It Straight* curriculum for TERROS. She also played a role in survey distribution and assisting with the facilitation of youth focus groups.

Prevention Specialist, *Henry Pérez* of TERROS, will be responsible for the completion of the SPF process. He will be the primary source for completing the assessment step and assist with the capacity building step. He will moderate focus groups and administer surveys and interviews. He will help to compile and analyze data; after which he will assist in utilizing the data to create the strategic plan.

VP of Programs, *John Hamilton* is responsible for overall supervision of staff involved in Direct Services for Big Brothers Big Sisters and has been involved in the SPF process through actively reaching out to key community stakeholders and conducting CRA interviews.

Director of Grants, *Andrew Schwartzberg* of Big Brothers Big Sisters, has been responsible for collection and analysis of secondary data, development of a community resources guide, and has been the key point of contact for the agency regarding completion of all SPF-related deliverables. He is also an active member of the COPE coalition and participates on the sustainability committee.

Community Relations Specialist, *Kerri Cole* of Big Brothers Big Sisters, focuses on community development and assists with SPF-related tasks such as recording and transcribing CRA interviews, helping coordinate focus groups and identifying community resources.

Describing the External Team:

Counted amongst the members of the Coalition is Lynn Wiletsky, who co-authored the *Maryvale: Making Strides* report. This report was used to assist in gathering some quantitative information. Also engaged in the Coalition is the Arizona Criminal Justice Commission, whose representative, Michelle Neitch, was able to aggregate 2008 Arizona Youth Survey data to the specific zip codes of the target community. The Law Enforcement sector of the Coalition was able to participate in a key informant interview, Commander Tim Hampton, he was also able provide secondary crime data. Community Action Officers Gilbert Gandera and Tom Owsley also assisted with the distribution and collection of surveys given to police officers.

Describing the Barriers and Strengths that the Coalition Faced During the Process of the Completion the Community Assessment:

Particular barriers prevented us access to certain schools in the area, these barriers were excessive red-tape that made accessing the youth particularly difficult. Additionally, impossible administrators—whether due to schedule conflicts or program ambivalence—provided little assistance or opportunity for audience with them. Minor setbacks in the tool creation process occurred. Also, there has been moderate inconsistency within Coalition participation due time constraints and wage/hour restrictions and limitations.

The major strength of the assessment is the consistency of the data. The information gathered from our primary sources all point to the same problems. This is good news as it shows that the obstacles faced can be overcome, the danger in not overcoming an obstacle is the tyranny of the unknown. Conversely, the more you know of an area, that area's people, the toils of those people—the more effective one can be in planning change, in effecting change and affecting the community. Arguably our biggest strength is the dedicated collaboration of the three agencies.

Appendix A: References

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Appendix B: Primary Data Sources

Focus Groups

Focus groups were conducted at Bostrom Alternative High School and with middle school students and high school students at the Stewart Branch Boys and Girls Club. These locations were selected because they provide a wide variety of youth experiences concerning underage drinking and substance abuse. Focus groups at these locations involved youth representing the spectrum of non-use to use of the targeted substances (or other substances), also from unawareness to full awareness of environment—id est: availability of substances, where best to get such substances, areas best conducive to usage the substance without adult intrusion, et al. Additional community focus groups were conducted at Villa de Cortez Apartments.

Sampling for the focus group at Bostrom Alternative High School came from students engaging in an alternative-communications-building group held on campus.

Sampling for the Boys and Girls Clubs consisted of differentiating ages between middle school and high school youth. Two groups were made separating the middle school and high school youth and both focus groups were administered independent of one another. Boys and Girls Club staff selected participants arbitrarily.

Surveys

Surveys were distributed among the Maryvale Youth in Action Peer Leadership Group, the St. Augustine Youth Group. Youth from the two groups were selected as they were available to us for a period of time that would be conducive to administering the survey. While these youth may not directly be engaging in these risky behaviors, they are aware of what is going on in their community and offer a point-of-view unique to the situation—as they are victims themselves, reduced to seeing their friends, family members, or various other people in whatever capacity fall into the trap of alcohol/drug use/misuse/abuse. Surveys were also distributed to youth who attended a health fair; these surveys were distributed and administered by staff. The law enforcement surveys were given to the coalition representatives, who are Community Action Officers. These officers then distributed them arbitrarily to police officers within the precinct who were willing to complete the surveys. Further surveys were administered at Golden Gate Community Center; Villa de Cortez Apartments; and with the Mitchell Golden Gate Coalition.

Key Informant Interviews

Two individuals were selected for Key Informant Interviews. These were Barb Davis, a prevention and intervention specialist working out of Carl Hayden High School; and Commander Tim Hampton, commander at the Maryvale Precinct.

The following information explains the numbers of participants in the focus groups and surveys. Demographic information is also here rendered:

Primary Data Demographics:

Youth Sector Focus Groups:

Male	18
Female	17

Hispanic	25
Non-Hispanic	10

Community Sector Focus Groups:

Male	5
Female	10

Hispanic	9
Non-Hispanic	6

Education Sector Surveys:

Female	11
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Black	1
White	8
Multi-Racial	1
Other	1

Hispanic	2
Non-Hispanic	9

Law Enforcement Surveys:

Male	25
Female	1

Black	1
White	16
Multi-Racial	4
Hispanic	3
American	1

Unknown	1
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Hispanic	9
Non-Hispanic	14
Unknown	3

Youth Surveys:

Male	18
Female	6
Unlisted	1

Black	2
White	2
Native American	1
Multi-Racial	7
Mexican	3
Other	2
Guatemalan	1
Hispanic	6
Unknown	2

Hispanic	19
Non-Hispanic	1
Unknown	4

*Community Surveys: *36 participants were Spanish speaking*

Male	30
Female	65

White	49
Black	6
Native American	3
Multi-Racial	4
Other	33

Hispanic	68
Non-Hispanic	27

Key Informant Interviews:

Male	1
Female	1

White	2
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Non-Hispanic	2
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Appendix C: Needs Assessment Worksheet

<p>Who</p>	<ul style="list-style-type: none"> • youth (11-18, mainly Hispanic), and • their parents
<p>What</p>	<ul style="list-style-type: none"> • alcohol • marijuana, and • prescription drugs
<p>Where</p>	<ul style="list-style-type: none"> • alcohol: parties, home, park, and friends house, school • drugs: home, parties, restrooms,
<p>When</p>	<ul style="list-style-type: none"> • alcohol: weekends, after school, family events, whenever parents aren't home • drugs: after school, whenever parents aren't home, family events, weekends
<p>How</p>	<ul style="list-style-type: none"> • Readily available: liquor stores, bars, using with their parents/family, friends, and gangs.
<p>Why</p>	<ul style="list-style-type: none"> • Parents use leading youth to think it's ok, • lack of parental involvement,

- lack of activities/supervision,
- poverty,
- self-medication,
- peer pressure,
- social/cultural/family acceptance.