

# Creating a Community–Academic Partnership: An Innovative Approach to Increasing Local Community Capacities to Address Substance Misuse

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## Abstract

Using a case example from a mid-sized town in East Central Indiana, this article illustrates the development and implementation of a community–academic partnership (CAP), a novel approach to addressing substance misuse in local communities. A CAP can be defined as a formal, strategic partnership between the local community and university faculty, staff, and students that seeks to increase the community’s harm-reduction, prevention, treatment, and recovery capacities and unify the effort to address addiction in the region. Details are provided on the key elements that compose a CAP; how this type of coalition can be developed and implemented without funding; the methods used to formulate the coalition’s mission statement, organizational design, and strategic objectives; and the types of outcomes the coalition can expect to produce if implemented successfully.

*Keywords: addictions, substance use, coalitions, higher education, public health, prevention*



Over the past two decades, the United States has invested a significant amount of fiscal resources into the development of the Drug Free Communities Program (DFCP), a network of community coalitions whose purpose is to prevent addiction and substance misuse and reduce the demand for alcohol, tobacco, and illegal drugs in local communities. Over a roughly ten-year period from 1998 to 2019, the DFCP budget grew from \$10 million to \$100 million, with an estimated 700 DFCP coalitions operating in the United States in 2020 (CDC, 2021; Community Anti-Drug Coalitions of America [CADCA], 2021). These coalitions, in addition to other state and federally funded community initiatives such as Partnership for Success, implement critical addiction prevention interventions across the country and play a key role in the U.S. government’s strategic plan to combat addiction in the United States. However, despite the heavy investment of resources toward these programs, issues pertaining to community organization, workforce de-

velopment, and restrictions associated with federal funding can limit the effectiveness of addictions coalitions within individual communities (Kadushin et al., 2005; NORC at the University of Chicago, 2012). A community–academic partnership (CAP) between university faculty, staff, and students and community residents and key stakeholder organizations can be used as a supplementary approach to leverage resources to overcome these common limitations within existing coalition frameworks. This article discusses the development, implementation, and ongoing activities of a successful CAP at Ball State University in Muncie, Indiana.

## Background

In 2019, several faculty and staff members from Ball State University (BSU) began meeting to discuss an initiative taking place at the University of Toledo (Ohio) to combat high rates of opioid misuse in the local community. The Toledo initiative sought to address the problem by harnessing and

unifying local resources and the expertise of university researchers, physicians, and educators working on issues related to the opioid crisis (Billau, 2018). The Toledo model resonated with several faculty members working at BSU, as the local community of Muncie, Indiana has endured high rates of substance misuse and addiction-related public health problems over the past decade.

Muncie is a city in Delaware County, in the East Central region of Indiana, and has a population of 70,085 residents. Muncie is also home to Ball State University, a public institution of higher education that

has a total enrollment of 22,443 students, of which 77% are White, 8% are Black or African American, 6% are Hispanic or Latino, and 2% are Asian (Data USA, 2021). Full demographic information for Muncie is provided in Table 1.

The city of Muncie has a substantial history of substance misuse problems. Statistics regarding the most recent county-level substance use trends and public health consequences are provided in Table 2.

To combat this historical and growing community problem, university faculty and

**Table 1. Muncie, Indiana Demographics**

Demographic Category	Statistic
Race/Ethnicity	
Black or African American	11%
White	83%
Other	6%
Age	
Persons < 18	17%
Persons 18–64	69%
Persons over 65	14%
Median age	28.6
Gender	
Men	48%
Women	52%
Education	
High school degree	88% of population
Bachelor's degree or higher	24% of population
Income	
Median individual income	\$18,198
Median household income	\$33,944
Poverty rate	31%
Employment	
Unemployment rate	5.60 (13th-highest statewide)
Insurance	
Uninsured rate	10.4%
Crime	
Crime rate	.91 per 100k people (3x state average)

Note. Sources: Data Commons, 2021; United States Census Bureau, 2021.

**Table 2. Substance Use Trends, Delaware County, Indiana**

Category	Year	County Statistic
Overdose fatalities	2019	41.6 per 100k (7th statewide)
Nonfatal overdoses	2019	334.7 per 100k (8th statewide)
New cases of Hep. C	2019	21.9 per 100k (3rd statewide)
New cases of HIV	2019	7.1 per 100k (9th statewide)
Suicide	1999–2019	13.9 per 100k
% tobacco users (smoking only) in population	2020	20%
% of population reporting frequent mental distress	2020	15%
Alcohol-involved vehicle accidents	2020	127
Alcohol-involved child removals	2020	17 (10.4% of all removals)
Drug- or alcohol-involved school suspensions	2020	139
All SUD* treatment episodes	2020	602
Cocaine	2020	16%
Methamphetamines	2020	41%
Opioids	2020	18%
Heroin	2020	27%
Marijuana	2020	41%

Note. Sources: Indiana State Department of Health, 2021; Indiana State Epidemiological Outcomes Workgroup, 2021.

\*Substance use disorder.

staff members decided to address substance misuse by developing a new type of coalition that they defined as a community–academic partnership. Their vision for the CAP was that it would emphasize the strengths of the initiative taking place at the University of Toledo, but would also incorporate elements of traditional, community–based coalition models associated with the DFCP. Planning for the CAP began in January 2020.

### Definition of a Community–Academic Partnership

According to Butterfoss (2007), a community coalition can be defined as “a group of individuals representing diverse organizations, factions, or constituencies within the community who agree to work together to achieve a common goal” (p. 31). Similarly, the DFCP defines a community coalition as

a community–based formal arrangement for cooperation and collaboration among community groups or sectors where each group retains its identity and agrees to work together toward a common goal (CDC, 2021). In accordance with these definitions and the model developed at the University of Toledo, the BSU CAP defines itself, in a mission statement, as an organization that “represents a strategic community–academic partnership between Delaware County and Ball State University that seeks to increase the harm-reduction, prevention, treatment, and recovery community capacities in Delaware County and to unify the effort to address addiction in the region” (Addictions Coalition of Delaware County, n.d., para. 1). Further, the strategic objectives of the CAP are designated as follows: (1) Bring the resources, energy, and expertise of the university to the community; (2)

assist in implementing strategic projects proposed by local community residents, organizations, and university personnel; (3) serve as an organizational gateway and networking platform for the ongoing addiction prevention, treatment, harm-reduction, and recovery efforts in the local community; (4) provide resources on evidence-based practices, environmental strategies, and grant-funding opportunities; and (5) incorporate an interdisciplinary approach to addressing substance misuse issues in the local community.

As illustrated through the CAP's mission statement and strategic objectives, the developers sought to incorporate the strengths of both the Toledo model and DFCP coalitions by adapting features of both models into the CAP's design. By integrating local community partners, the CAP was constructed to leverage university resources to provide direct support to residents, existing coalitions, and public health organizations, and to address specific and localized community problems. In addition, the CAP was also purposefully structured to employ a broad approach to problem solving and the provision of services, which provides it with the flexibility to facilitate multifaceted interventions and address community problems from across the spectrum of intervention typologies and community addiction needs.

### **Initial Development and Components of a Community–Academic Partnership**

Initially, the CAP started with a core planning group that included three faculty members from the University's Departments of Social Work and Health Science and Nutrition, two interprofessional education experts, and an administrative representative from a statewide addiction coalition. To provide the initial structure and direction of the CAP, the founding members utilized the idea of employing university resources to address local addiction issues associated with the Toledo model in conjunction with coalition-building elements outlined by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF) and the Community Anti-Drug Coalitions of America's (CADCA) handbook. The SPF is a prevention model developed by SAMHSA that emphasizes seven primary steps for creating effective interventions to address

substance misuse in local communities: (1) assessment, (2) capacity, (3) planning, (4) implementation, (5) evaluation, (6) cultural competence, and (7) sustainability (SAMHSA, 2019). The SPF is also rooted in ecological theory, which identifies communities as interconnected systems that need to be addressed holistically and strategically to sufficiently prevent or reduce community substance misuse problems. The CADCA handbook, which also emphasizes using SPF processes, highlights coalition activities such as community outreach, raising awareness, and coalition branding and promotion as critical components of effective coalition work (CADCA, 2018).

The CAP founders began building the partnership by hosting a community substance use disorder symposium on the university campus in March 2020. Attendees, comprising faculty, staff, students, community professionals, and local residents, were offered free addictions trainings and listened to local and state leaders discuss trends in addiction statistics and services. Participants were also provided with an opportunity to vocalize local community concerns. In alignment with Step 1 of the SPF (assessment), attendees were asked to complete a survey to identify which problems they felt were most pressing in their communities and whether they would be interested in joining in a partnership between the local community and university to address substance misuse in the county. Similarly, a survey was distributed to faculty and staff across BSU's campus asking them to identify whether they had an expertise in addiction issues and/or if they would be interested in working with community stakeholders to address local addiction problems. Based on the survey feedback, the CAP was able to generate an original roster of coalition members, develop a mission statement and strategic objectives, and identify specific community needs and resource deficits. Moving forward, the CAP's core organizers developed member services and coalition activities to meet the identified community needs and challenges. They also designated an organizational structure that assigned one of the three core faculty organizers as the coalition director, the other two as primary operations officers, and the remaining workgroup members as a planning committee. Finally, with the help of university marketing students and the BSU Office of Community Engagement, they began branding the CAP within the local community by

developing a logo and promotional video, social media sites on Facebook and LinkedIn, and a webpage housed on the university’s website.

### Service Activities of a Community–Academic Partnership

Approximately three months after the substance use disorder symposium took place in March 2020, the CAP was able to transition from the initial development phase to actively working to address community problems and provide services to coalition members. During its first official quarterly meeting in June 2020, the CAP mission statement and strategic objectives were announced, and community members were encouraged to seek assistance from the CAP for the following activities: (1) grant identification and writing assistance; (2) research support; (3) communication services via a monthly newsletter, quarterly meetings, and social media; (4) free workforce development trainings; and (5) assistance with the identification and implementation of evidence-based practices. Additionally, the

CAP introduced the concept of “member-led groups” (MLGs), a term conceptualized by core team members as member-driven workgroups composed of university or community affiliates interested in addressing a specific community issue brought forth by a coalition member. As of June 2021, the CAP supports six MLGs that meet regularly to plan programs or activities to meet community addiction intervention needs. Specific objectives for individual MLGs are provided in Table 3.

In addition to the MLGs, the CAP also actively implements two primary environmental strategies for addressing substance misuse. The first is a collaborative project with members of the Department of Social Work to provide on-campus substance use prevention services. This effort is externally funded by the Indiana Family and Social Services Administration (FSSA), and its objective is to organize, facilitate, and evaluate five primary prevention goals: (1) a community clean-up day in a local residential neighborhood, (2) a drug take-back day on the university’s campus, (3) a secular drug-

**Table 3. Member-Led Groups and Objectives**

<b>Recovery Café Muncie</b>
Assist in the development and implementation of a recovery café program in Muncie.
<b>Harm reduction</b>
Develop a syringe service program proposal and present it to local elected officials.
Host a stigma-reduction and harm-reduction community event.
Find funding for harm-reduction programming in Muncie.
<b>Public policy</b>
Discuss and advocate for policy proposals and local government reforms regarding substance misuse.
<b>Community need &amp; resource assessment</b>
Create a resource map and resource list for local addiction, food insecurity, and housing insecurity resources.
Analyze and define community resource needs for addiction, food insecurity, and housing insecurity.
Identify and categorize additional community needs for future assessments.
<b>Crisis intervention</b>
Assess the need for crisis intervention services in Muncie.
Advocate for a mobile crisis intervention team and crisis center in Muncie.
Apply for funding for a community paramedicine program.
<b>Maternal &amp; child health</b>
Apply for funding to conduct maternal substance misuse research.

and alcohol-free student social network, (4) a free student sober ride program, and (5) a TikTok-based social media campaign for substance misuse prevention. To implement these objectives, the CAP worked with student members of the coalition and graduate assistants hired through the prevention grant to establish the Student Association for Addressing Addictions (S3). This student organization, which operates as the student arm of the CAP, is composed of students from various backgrounds and degree plans who are seeking to gain experience in the addictions field or make a difference in their local community. The S3 operates in the same manner as other student organizations on campus, with a board of elected student leaders, monthly meetings, and a university budget. Students who are S3 board members also attend bimonthly CAP planning meetings where they contribute to the design of CAP activities and receive project assignments to take back to the student organization. The S3's activities are also supplemented by collaborative efforts with faculty from the Departments of Social Work and Health Science and Nutrition who have implemented CAP and S3 projects in university courses to assist both groups in completing their organizational objectives. Finally, one of the founding members of the CAP also received an internal university grant to create an immersive learning course for Fall 2021 that will allow 25 senior-level social work students to participate in S3 activities and engage in community and campus prevention initiatives as part of their coursework.

The second primary environmental strategy implemented by the CAP is the creation of a community advisory council composed of local high-ranking officials from each of the primary organizational stakeholder sectors of Muncie: (1) law enforcement and criminal justice; (2) community, recovery, and faith-based organizations; (3) university officials; (4) public health organizations; and (5) local elected officials. The council, which meets bimonthly (every 2 months), is voluntary, has no term limits, and serves to accomplish the most critical goal of the BSU CAP, which is to unify the effort to address addiction in the region. The Advisory Council provides a venue for these key stakeholders and community leaders to discuss community problems presented by coalition members, local residents, and university researchers, and streamlines how the county and city are addressing local addiction issues.

Additionally, the CAP provides a channel of direct communication between criminal justice representatives and the treatment community to identify and bridge gaps between the criminal justice and treatment systems. As a whole, the Advisory Council, which is composed of 18 community leaders, one BSU student leader, and the dean of the College of Health, operates as a mechanism to foster a holistic, unified, interdisciplinary, and strategic approach to addressing community addiction problems in Delaware County. An overview of the BSU CAP Advisory Council can be found in Table 4.

### **Outcomes of a Community–Academic Partnership**

Over the course of its Year 1 activities (June 2020–July 2021), the BSU CAP has produced several notable outcomes in regard to solidifying itself as a coalition and improving local community capacities to address substance misuse. First, the CAP was able to grow from 60 members, following the original substance use disorder symposium in March 2020, to a roster of 286 community members, faculty, staff, and students that represent each of the CADCA-defined 12 sectors of community. Membership expanded in large part because of strategic outreach efforts via social media, word of mouth, public press, quarterly community meetings, and personal invitations. In terms of coalition building, CAP members have presented at several local, state, and national conferences on the development and progress of the CAP framework in an effort to disseminate the model to local and national stakeholders and create contacts within key state and local agencies. In Year 1, the CAP worked collaboratively with several state officials from various mental and behavioral agencies in Indiana as a result of these efforts. Finally, the CAP was also able to host graduate- and undergraduate-level practicum students through partnerships with the Departments of Social Work and Health Science and Nutrition. These students served as CAP interns and helped to organize and administer some of the day-to-day operations of the coalition. A complete list of coalition-building activities and outcomes can be found in Table 5.

In relation to building the community's capacity to address substance misuse, the BSU CAP provided a wide range of services and helped to facilitate a notable number of community initiatives in Year 1. These

**Table 4. Advisory Council (N = 20 members)****Criminal Justice**

Police Department  
 Sheriff's Office  
 Probation Department  
 Prosecutor's Office

**Community & Faith-Based Organizations**

Community coalitions  
 Prevention Council  
 Recovery community  
 Community stakeholders & residents

**University**

College of Health

**Public Health**

Service providers  
 Department of Health  
 Emergency medical technicians

**Elected Officials**

Mayor's Office

**Table 5. Coalition-Building Activities****Membership (N = 286 with representation from all 12 CADCA sectors of community)**

221 community representatives  
 42 university faculty and staff representatives  
 23 university students

**Organizational development**

5 student internships  
 3 CAP–University course collaborations  
 Student Association for Addressing Addictions (S3)  
 CAP Advisory Council

**Community outreach**

Social media: Facebook, LinkedIn, Instagram, BSU website  
 1 local newspaper article  
 1 university magazine article  
 2 local podcasts  
 1 social media promotional video

**Academic outreach**

4 academic presentations

**Grants**

2 university immersive learning grants

activities ranged from the procurement of grants and the provision of workforce development trainings to participating in community clean-up days and presenting policy proposals to key elected officials. University Institutional Review Board approval was individually acquired for all relevant projects. A complete list of CAP service outcomes can be found in Table 6, and outcomes for CAP MLG activities can be found in Table 7.

Overall, the Year 1 activities of the CAP suggest that it was able to establish a strong foundation, develop relationships with community residents and key community stakeholders, and build the capacity of Delaware County to address substance misuse. Equally important, the CAP was able to lay the foundation for future activities and the sustainability of the coalition, and to create a pathway to expand the services that the CAP can provide. The CAP has several large coalition-building and community resource projects for Year 2, including (1) creating the BSU Addictions Research and Community Initiatives Center, which will formally house the CAP and operate under the purview of the BSU College of Health; (2) advocating for universal drug and alcohol screenings to take place at the student health center

on the BSU campus; and (3) facilitating the creation of a free summer prevention camp for local at-risk youth. These initiatives will occur simultaneously with ongoing CAP services and activities and have the potential to produce even more significant community outcomes than the activities performed by the CAP in its first year.

### Challenges for a Community-Academic Partnership

Despite some of the inherent flexibility a CAP may have compared to traditional DFCP coalitions, several limitations do exist in regard to the CAP structure. First, university faculty, staff, or students may be participating in the coalition as a service activity related to their university employment or coursework. Although the percentage of time spent on service activities depends on the university, the development and implementation of a CAP requires a significant individual investment of time and energy that extends well beyond traditional service expectations and may enter into the realm of personal time depending on the volume of service activities and MLG initiatives engaged in by the CAP. This same issue also

**Table 6. Year 1 Service Activity Outcomes**

Activity	Outcomes
<b>Community Initiatives</b>	
PEER Project	<ul style="list-style-type: none"> <li>- Created the Student Association for Addressing Addictions.</li> <li>- Hosted a community clean-up day.</li> <li>- Hosted a campus drug take-back day.</li> <li>- Implemented a campus drug and alcohol use survey</li> </ul>
Fundraising event	- Charity art and food gala to support local addiction services scheduled for Fall 2021.
Sober-Fest	- Recovery festival scheduled for Fall 2021.
Naloxone boxes	- Facilitated bringing two naloxone distribution boxes to two local neighborhoods.
<b>CAP Services</b>	
Grant information	- Assisted in the procurement of an internal university grant for addictions research.
Communication forum	<ul style="list-style-type: none"> <li>- Hosted two Annual Drug &amp; Alcohol Symposiums</li> <li>- Hosted three Quarterly Meetings.</li> <li>- Distributed eight monthly newsletters.</li> </ul>
Workforce development	- Provided four free workforce development trainings.
Evidence-based practices	- Assisted in the implementation of a Strengthening Families prevention program with a community partner.



**Table 7. Year 1 MLG Outcomes**

Activity	Outcomes
<b>Member-Led Groups</b>	
Recovery Café Muncie	<ul style="list-style-type: none"> <li>- Developed and implemented multiple satellite Recovery Circles with target subpopulations.</li> <li>- Procured grant funding to hire staff and secure a permanent physical location.</li> <li>- Recruited and trained community volunteers to function as Café Companions.</li> </ul>
Harm-Reduction	<ul style="list-style-type: none"> <li>- Developed and presented a syringe service program proposal to key community stakeholders.</li> <li>- Organized a naloxone and harm-reduction event to be implemented August 2021.</li> </ul>
Community Need & Resource Assessment	<ul style="list-style-type: none"> <li>- Created a needs assessment for addiction, housing insecurity, and food insecurity resources that was distributed to key local community stakeholders.</li> <li>- Created a resource list of addiction, housing insecurity, and food insecurity resources that was distributed to key local community stakeholders.</li> <li>- Created a resource map of addiction resources to distribute to local community members.</li> </ul>
Public Policy	<ul style="list-style-type: none"> <li>- Created the Harm-Reduction MLG for the purpose of developing the syringe service program proposal.</li> </ul>
Maternal & Child Health	<ul style="list-style-type: none"> <li>- Applied for a Title V substance misuse and maternal health grant.</li> </ul>
Crisis Intervention	<ul style="list-style-type: none"> <li>- Met with local and state officials to begin identifying how to bring a crisis center and mobile crisis unit to the local community.</li> </ul>

applies for community members participating in the coalition who do so on a strictly voluntary basis. Therefore, although it is possible for a CAP to operate without internal or external funding when supported by a passionate, engaged, and sizable group of core university and community members, a paid, full-time staff or faculty member with course buyouts would be beneficial for the successful execution of the model. Depending on the availability of existing funding programs within individual universities for initiatives such as immersive learning or community-engaged research, internal university funding can be sought and utilized by a CAP to address this need fairly easily, as evidenced by the example CAP. Another CAP limitation is that coalition members may put forward ideas without volunteering to develop them, requiring the CAP to serve as the implementing mechanism rather than in a facilitating role, something that is generally beyond the scope of the CAP model. However, as demonstrated by the BSU CAP, this limitation can be overcome through collaborative

partnerships with community organizations associated with the CAP who have the capacity to implement community members' ideas and initiatives with assistance from the CAP.

## Discussion

The development and progress of the BSU CAP in Year 1 provides a number of examples of the utility of the CAP framework as a supplementary approach to existing coalitions combating substance misuse in the United States. First, the flexibility demonstrated by the CAP model is a significant asset that allows CAPs to address a large number of substance misuse issues and implement a wide range of community interventions that are often unavailable to state and federally funded coalitions who are restricted by the parameters of the grants they receive. This holistic approach to addressing substance misuse allows CAPs to adjust to changing environments and address new community problems as they arise. Additionally, be-

cause CAPs utilize the SPF and are therefore grounded in systems theory or an ecological modeling framework, they are able to address issues ranging from policy advocacy to ground-level interventions that impact community stakeholders from all sectors of society.

Another beneficial feature of CAPs is that they are directly connected to a steady stream of students who are eager to implement community interventions and address community issues at the micro and macro level. Access to this resource of both undergraduate and graduate students can produce significant, mutually beneficial outcomes as students in areas such as social work and public health need field experience and training in addictions issues. Students gain experience and training through their involvement with the CAP, while the CAP gains access to an energetic and motivated workforce that can perform a large number of activities in a wide range of community spaces. Overall, this feature can help to produce a well-prepared and well-informed local workforce of public health and social work professionals, strengthen the overall partnership between the community and university, and allow CAPs to complete their objectives without a paid or entirely volunteer workforce. This feature also allows CAPs to operate on a limited budget. The fact that CAPs are relatively simple to create from a logistical standpoint is another defining benefit of the model. In the BSU CAP example, a series of simple steps based on the SPF and CADCA handbook were followed that allowed the BSU CAP to produce positive outcomes in its first year of operations. Figure 1 highlights these steps.

Finally, the ability of CAPs to provide communities with access to experts in a wide range of academic fields is a significant feature that allows communities to address local problems with evidence-based strategies and interventions that can produce the best possible local outcomes.

### Limitations

Although this article describes how a CAP can be successfully implemented, notable variables remain that could impact whether other communities could successfully implement the CAP model. First, the organizing members of the BSU CAP experienced

an initial strong rapport that is not reliably replicable. Under different circumstances, the CAP effort could have become stagnant or dissolved during the initial development phase. A second variable is that one of the core members of the organizing team was trained by SAMHSA in the SPF and coalition development. This member brought to the CAP several years of experience working with community coalitions and environmental strategies to address addictions, which provided insight and expertise that may not be readily available to other CAP initiatives. A newly formed CAP without access to this knowledge or training could potentially produce different outcomes. However, trainings on the SPF are readily available online and through various addictions organizations to address this need for a newly formed CAP.

The role of the developers as faculty in the Departments of Social Work and Health Science and Nutrition also allowed the CAP direct access to the resources available to these departments, such as student interns, which increased the capacity of the CAP to operate effectively. Finally, in assessing the addiction-related needs of the local community, it was evident during the exploratory phase of the CAP's development that there was a deficit of addiction services in the area that the CAP could address without duplicating existing efforts. In communities where there is already a strong coalition presence or community effort to address addiction, a newly formed CAP may produce different outcomes.

### Conclusion

Overall, the CAP model has the potential to serve as a new framework for coalition development and activities that could significantly increase local communities' addiction capacities at little or no cost. Further longitudinal research is needed on what outcomes CAPs have the ability to produce, what logistical challenges they might face in environments outside that of the example CAP, and what activities they can participate in that would be most beneficial to local communities. As the BSU CAP continues to expand its service activities in the Muncie area, a series of process and outcome evaluations will continue to monitor its progress and address some of the questions that remain about the framework.

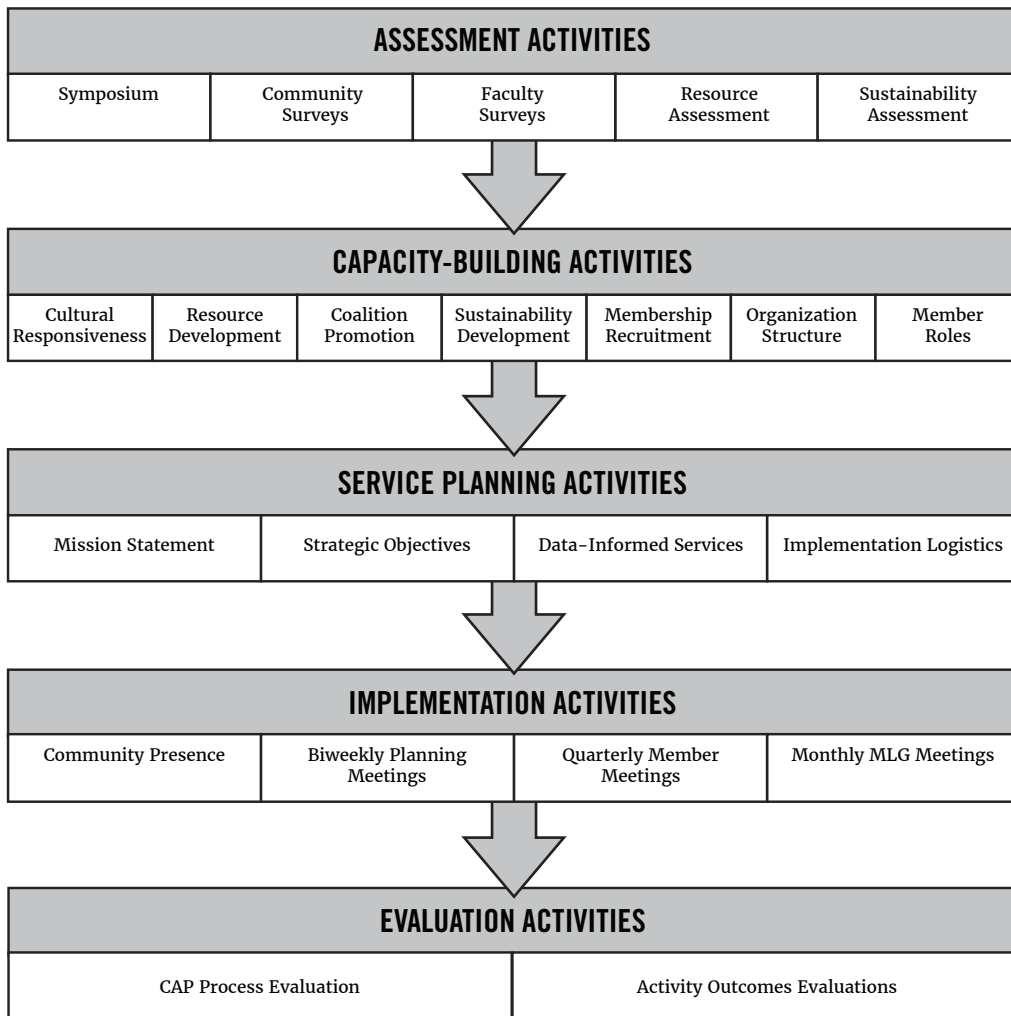


Figure 1 . CAP Development Model.



**Disclosure of Interest**

The authors report no conflict of interest.

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