Facilitating a Strategic Community–Academic Partnership to Address Substance Misuse: Three Years of Evaluation and Outcomes

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Abstract

This article presents the findings of a longitudinal study documenting the progress, challenges, adaptations, and outcomes of a strategic community–academic partnership (S-CAP) to address substance misuse between a local university and a medium-sized county in East-Central Indiana. The article details how the S-CAP built on initial successes to develop new organizational capacities and maximize the productivity of the S-CAP model. It also explores how S-CAP leadership navigated the dynamic environment associated with community coalition work while developing a cohesive sustainability strategy. Notable outcomes produced by the coalition over 3 years include increasing membership to over 500 individuals and more than 30 organizations, assisting with the implementation of community initiatives such as the installation of a naloxone vending machine at a local hospital, and leading collaborative partnerships that have generated over $1.5 million in funding for new addiction services for the county.

Keywords: academic and community partnership, coalitions, substance use, addiction, community organization

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In March 2020, a small group of university faculty members, public health professionals, and community stakeholders in a medium-sized county in East-Central Indiana hosted an addiction symposium. The symposium aimed to discuss how substance misuse issues were impacting local communities and to explore strategies for addressing identified problems. From this initial symposium, a movement was launched to create a community–academic partnership (CAP) between county residents and university faculty, staff, and students. The primary purpose of the CAP was to enhance community service capacities to address substance misuse through collaborative efforts between the community and university (Minnick et al., 2022).

Although the existence of CAPs is well documented in academic literature, the Delaware County CAP model is unique in that it

1. Is grounded in the epistemology behind Community Anti-Drug Coalitions of America (CADCA).

2. Utilizes the Substance Abuse and Mental Health Services Administration's (SAMHSA) strategic prevention framework (SPF) to guide its activities.

3. Does not address a specific problem such as overdoses but focuses on the full continuum of care, providing a holistic approach to building community capacities.

4. Is designed to be sustainable without external funding.

5. Works at the macro level rather than addressing clinical services and includes key stakeholders from all 12 SAMHSA-defined sectors of the community.

6. Can be leveraged to expand beyond the local level to impact state policies.

7. Strategically incorporates community members; service providers; elected officials; and university students, faculty, and staff rather than just researchers or select populations within a community.

8. Is evaluated as a longitudinal community intervention (Drahota et al., 2016; Minnick et al., 2022).

Identifying these differences in relation to existing literature on traditional CAPs led the Delaware County CAP to eventually define itself as a *strategic* community–academic partnership (S–CAP) to highlight its unique framework. This subtle variation in definition emphasizes the distinctiveness of the S–CAP's structure and organizational activities.

This article details the progression, challenges, adaptations, and outcomes produced by the S–CAP in 3 years of operations. S–CAP goals include continuing to explore the sustained impact of the model and to assess its potential as an evidence–based practice for addressing substance misuse issues within local communities. All projects discussed in this article received exemption or approval from the Ball State University Institutional Review Board.

Background: Environment and Demographics

Delaware County is located in the East–Central region of Indiana and has an estimated population of 111,871 people (United States Census Bureau, 2023a). Muncie is the largest city in Delaware County and is home to Ball State University, a public institution of higher education that has around 20,000 students (U.S. News and World Report, n.d.). Ball State has a 72% acceptance rate, with 73% of students identifying as White, 10% as Black or African American, 8% as Hispanic or Latino, and 2% as Asian or Native American. Females compose the majority of students at 61%, while males make–up 39% (U.S. News and World Report, ND). Reliable student mental and behavioral data is not currently available for Ball State (American College Health Association, 2019). However, trends from the 2023 Indiana College Substance Use Survey (N = 5,387) showed that more than half of participating college students in a statewide sample had consumed alcohol in the past month, one in five had used electric vape products, and nearly one in four had used marijuana (Reho & Jun, 2023).

As of 2021, Muncie had a population of approximately 65,000. The racial composition of the population was 82% White, 11% Black or African American, 3% Hispanic or Latino, and 2% Asian. In terms of education, 89% of residents held a high school diploma, and 25% had earned a bachelor's degree or higher (United States Census Bureau, 2023b). The median household income was $36,661, with 30% of residents estimated to live below the poverty line. Additionally, 10% of individuals under the age of 65 were uninsured (United States Census Bureau, 2023b).

At the county level, 26% of families were classified as asset–limited, income–constrained, but employed households (Indiana United Ways, 2020, p. 35). Furthermore, in 2021, Delaware County recorded 89 fatalities attributed to drug use, representing a 48% increase from the previous year. Of those fatalities, 79 deaths were specifically linked to opioid overdoses (Indiana Department of Health, n.d.). That same year, 16% of adults in the county reported experiencing frequent mental distress. Delaware County behavioral health clinics also documented 611 substance-misuse-related treatment admissions in 2021, ranking eighth highest among Indiana counties, despite the county being the 15th largest in population. Finally, Delaware County had an opioid dispensation rate of 893 per 100,000 residents, ranking 21st among all counties in the state (Indiana State Epidemiological Outcomes Workgroup, 2022).

Community–Academic Partnerships

In a systematic review of 50 articles discussing CAP structures and activities, Drahota et al. (2016) provided the following definition for a CAP, based on their findings:

> CAPs are characterized by equitable control, a cause(s) that is primarily relevant to the community of interest, and specific aims to achieve a goal(s) and involves community members (representatives or agencies) that have knowledge of the cause, as well as academic researchers. (p. 192)

Additionally, the authors identified that the most important factors for facilitating a CAP were trust, respect, and good relationships among partners. The most frequently cited hindering factors were time commitments, role clarity, and the function of partnerships. The authors further noted that the

evaluated articles rarely reported membership numbers, the duration of CAP activities, or distal outcomes, and few of the studies involved longitudinal, systematic research of the CAPs in the literature.

In contrast to Drahota's findings, the Delaware County S-CAP is grounded in an evidence-based community organization framework, is systematically evaluated, and reports quantitative outputs associated with S-CAP activities. It is also designed to produce distal outcomes and be measured longitudinally. The Delaware County S-CAP has a sizable and active membership composed of students, faculty, and community members, and has a clear organizational definition, mission statement, and strategic objectives. It defines itself as an organization that "represents a Strategic Community–Academic Partnership between Delaware County and Ball State University that seeks to increase 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). The S-CAP's strategic objectives are to (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 (Minnick et al., 2022).

S-CAP activities, planning processes, and organizational structure are grounded in CADCA's approach to facilitating community coalitions and SAMHSA's SPF (CADCA, 2018; SAMHSA, 2019). The CADCA methodology for facilitating community coalitions includes common strategies to strengthen trust and foster connections with multiple community sectors, such as targeted outreach efforts and branded social marketing campaigns (CADCA, 2018). The SPF is a holistic, ecological approach to engaging in macrolevel substance misuse prevention that emphasizes seven primary steps for creating effective interventions: (1) assessment; (2) capacity; (3) planning;

(4) implementation; (5) evaluation; (6) cultural competence; and (7) sustainability (SAMHSA, 2019). Although the SPF is specific to substance misuse prevention, the S-CAP has adapted it to address the full continuum of care in both community and university settings.

Organizationally, the S-CAP was originally composed of (1) a central leadership team consisting of university personnel who managed the day-to-day operations of the coalition; (2) a planning committee comprised of university personnel and community stakeholders that facilitated community projects and planning activities; and (3) member-led groups that enabled community members to propose and lead S-CAP projects. A more thorough description of the S-CAP's original development and structure can be found in a CAP development article published by Minnick et al. (2022).

Progress, Challenges, Adaptations, and Outcomes of the S-CAP

The Delaware County S-CAP, also called the Addictions Coalition of Delaware County, established a strong foundation during its inaugural year of activities in 2020. The S-CAP formalized an organizational structure, established operating procedures, defined member roles, and achieved several notable outcomes, such as establishing a 286-person membership roster, creating two immersive learning courses devoted to S-CAP activities, participating in several targeted community outreach events, and facilitating several new addiction services in the community and on the Ball State campus (Minnick et al., 2022). These activities included the installation of two neighborhood naloxone boxes, providing assistance with the implementation of a Strengthening Families Prevention Program, and conducting four free workforce development trainings for community members. The S-CAP also played a leading role in helping to bring a nationally recognized recovery café program to Muncie. Recovery cafés are a type of community service that promotes recovery by providing a space for individuals actively working on their sobriety to interact with peers in a supportive environment (Recovery Café Network, 2022). Finally, in the most significant capacity-building exercise and arguably the most important intervention implemented by the S-CAP in Year 1, a community advisory board was formed. This board was composed of 20 key community stakeholders, including the deputy mayor,

deputy prosecutor, county sheriff, leadership officials from primary local mental and behavioral health service providers, and influential representatives from prevention, treatment, and harm-reduction coalitions. The formation of the board provided S-CAP leadership with a formal line of communication with these influential community members and elected officials, while also demonstrating a commitment to addressing addiction issues in the county in a holistic manner. This commitment was critically important, given the multifaceted impact and intersectionality of addiction problems on multiple local public sectors and social welfare systems, such as criminal justice and the courts, behavioral health providers and the health department, youth and schools, and housing authorities. The advisory board also provided an avenue for the S-CAP to directly serve as a coordinating body for addressing addiction issues in Delaware County and to assist with planning for the county's use of Opioid Settlement and American Rescue Plan Act funds. Full details on the composition of the S-CAP's current advisory board are provided in Table 1.

Organizational Adaptations

The S-CAP currently structures its operations around a 12-month reporting cycle that commences and concludes with the S-CAP's Annual Addiction Symposium in March. In the month preceding the symposium, the leadership team conducts process and output evaluations for the preceding year. With regard to the evaluations, the leadership team examines the coalition's performance and functioning by documenting and categorizing all the outputs produced by the coalition into an annual report. Additionally, the leadership team discusses internally and with external community members process evaluation questions such as "How we can sustain and continue strengthening relationships with community members and community organizations?" and "How can we keep the community engaged in the coalition's goals and activities?" The team also identifies emerging organizational needs, explores implementing new procedures and activities, establishes priority areas, and confirms advisory board participation for the

Table 1. Delaware County S-CAP Advisory Board (2023; *N* = 25 members)

Criminal Justice

- Police Department: community outreach officer
- Sheriff's Office: county sheriff
- Probation Department: chief probation officer
- Prosecutor's Office: deputy prosecutor

Community, service, & faith-based organizations

- Prevention Council: Two board members from the County Prevention Council
- Treatment service providers: Key administrators of four primary county substance use disorder providers
- Recovery community: director of Recovery Café Muncie
- Harm-Reduction Street Outreach Team: two team leaders
- Community coalitions: representation from five external coalitions
- Community stakeholders & residents: multiple stakeholders & residents

University

- College of Health: dean
- University Addictions Research Center: director
- Department of Social Work: two faculty members
- Department of Nutrition & Health Science: faculty member

Elected officials

- Mayor's Office: deputy mayor
- County Commissioners: one county commissioner
- Local Department of Health: director

upcoming year. These findings are subsequently presented to S-CAP members during the annual symposium, where proposed changes are formalized into procedures, and where S-CAP goals are finalized or expanded upon by the coalition collectively. This process has resulted in significant changes to the activities and structure of the S-CAP over the past 3 years.

First, the leadership team grew from three to four members during the coalition's second year to enhance the team's capacity for project engagement and community outreach. The S-CAP's planning committee also expanded from five to 11 members during this time frame. However, in Year 3, the planning committee was discontinued, as it was determined that it was unnecessary given that committee and leadership team members were already regularly meeting organically via their collaborative work on coalition projections. During this time, the leadership team also elected to stop holding regular leadership meetings, as email and other digital communication platforms negated the need for the scheduled meetings. As a result of these changes, more time could be allocated for project development without compromising community connections or relationships with partners.

A similar scenario also unfolded during Year 2, with the member-led groups. Initially, they were promoted as avenues for member involvement but, following implementation, were found to be unsustainable and somewhat counterproductive. Member feedback indicated that they inadvertently pressured members to generate ideas and strategies rather than allowing for a more organic process to unfold. This feedback was a key takeaway and shifted the coalition's focus to allow collaborations between the community and the university to guide the creation of coalition initiatives rather than to try and directly stimulate ideas. However, it's essential to clarify that "organically" in this context does not denote randomness or lack of intentionality. Active participants in the S-CAP receive regular communications outlining coalition priorities or, in the case of service providers, possess preidentified capacities and interests that align with ongoing S-CAP projects or planned initiatives. Thus, although the inception of a new project may seem completely organic at origination, the impetus behind it remains strategic.

Overall, despite the discontinuation of the planning committee and member-led groups in Years 2 and 3, the leadership team did feel that they originally had a positive impact on the growth of the coalition and played a positive role in its development. As described by Drahota et al. (2016), establishing community trust and fostering strong relationships are pivotal for successful CAPs, and these activities significantly contributed to those aspects in the S-CAP's inaugural year. They also afforded the S-CAP exposure to diverse sectors of the community. Consequently, although not sustainable in the long run, they did yield tangible benefits in terms of early relationship-building, as evidenced by the coalition's growth from 286 members in the first year to 571 members in the third year. Specific details regarding the S-CAP's organizational structure can be found in Table 2, and information on S-CAP logistics can be found in Table 3.

Table 2. Delaware County S-CAP Organizational Structure

Items	Year 1 (2020–2021)	Year 2 (2021–2022)	Year 3 (2022–2023)
Leadership team	Three members	Four members	Four members
Planning committee	Five members	11 members	N/A
Membership	286 members	405 members	571 members
Advisory board	20 members	21 members	25 members
Member-led groups	Six	One	N/A
Internships	Five students	Eight students	Seven students
Immersive learning	Three courses	Four courses	Four courses

Table 3. Delaware County S-CAP Organizational Logistics: Meetings and Outreach

Year 1 (2020–2021)	Year 2 (2021–2022)	Year 3 (2022–2023)
Meetings		
• Three all-member quarterly meetings	• Three all-member quarterly meetings	• Three all-member quarterly meetings
• Two advisory board meetings	• Three advisory board meetings	• Three advisory board meetings
• 10 planning committee meetings	• 10 planning committee meetings	• N/A
• 10 leadership team meetings	• 10 leadership team meetings	• N/A
• Eight monthly newsletters	• 10 monthly newsletters	• 10 monthly newsletters
Outreach		
• Facebook	• Facebook	• Facebook
• LinkedIn	• LinkedIn	• LinkedIn
• Instagram	• Instagram	• Instagram
• Website	• Website	• Website
• YouTube	• YouTube	• YouTube

Community Service and Organizational Outcomes

In addition to significant organizational and logistical adaptations initiated by the S-CAP over the first 3 years, the coalition also produced a number of noteworthy community impacts. In Years 1 and 2, the S-CAP demonstrated productivity by spearheading workforce development initiatives, securing small grants for community trainings, creating a widely disseminated community addictions resource map, and presenting a syringe service program proposal to local elected officials. More significantly, the S-CAP contributed to a collaborative effort to establish a recovery café in Muncie and wrote a grant that funded the Muncie harm-reduction street outreach team. However, it was in the third year that the S-CAP's activities notably escalated. During this time, the coalition successfully secured funding to institute annual prevention and peer recovery coach scholarships for community members and to establish a trauma-informed, recovery-oriented system of care community workgroup. Further, the coalition played a key role in installing a naloxone vending machine in the city hospital, procured two community naloxone boxes and two community syringe disposal boxes that were installed in high-need areas, and obtained state certification as a naloxone distributor. The S-CAP also obtained university funding to establish an addictions research center within the College of Health called the Ball State Center for Substance Use Research and Community Initiatives (SURCI). This center was created to formally house the coalition within the university and to serve as a consistent source of financial support. Although the establishment of the SURCI signified a major milestone for the S-CAP in terms of capacity building and sustainability, the most important development for the coalition was their contribution to the acquisition of a $900,000 grant in 2022 to establish a 24-hour crisis center in Muncie. Partially organized, developed, and written by S-CAP members, this service addressed a critical community need identified by partners and served as compelling evidence of the efficacy of the S-CAP model in effecting substantial community change. Specific details on S-CAP service outputs are provided in Table 4, and information on S-CAP fiscal outcomes are provided in Table 5.

Table 4. Delaware County S-CAP Direct Service Outputs: Community

Year 1 (2020–2021)	Year 2 (2021–2022)	Year 3 (2022–2023)
Community (unfunded initiatives)		
• Two annual addictions symposiums	• Annual addictions symposium	• Annual addictions symposium
• Four workforce development trainings	• Three workforce development trainings	• Community resource map
• Community Strengthening Families Prevention Program[a]	• Community resource map	• Established Annual Certified Prevention Specialist Scholarship
• Two community naloxone distribution boxes		• Community naloxone vending machine[a]
• Recovery Café Muncie[a]		• Two community syringe disposal boxes[a]
• Syringe service program proposal		• Procurement of two naloxone boxes: one campus, one community

[a] The Delaware County S-CAP was not the primary implementer.

Table 5. Delaware County S-CAP Organizational Outcomes: Fiscal
(Totals 2020–2023: $1,578,775[a]; $528,775)

Year 1 (2020–2021)	Year 2 (2021–2022)	Year 3 (2022–2023)
• (University) immersive learning grant ($6,300—One semester)	• Indiana Family & Social Services Administration: Harm-Reduction Team Grant ($140,000—Two years)[a]	• Indiana Family & Social Services Administration: trauma-informed recovery-oriented system of care ($112,000—One year)
• Indiana Family & Social Services Administration: College Prevention Grant ($175,000—Two years)	• Indiana Collegiate Action Network: student focus groups ($4,000—One semester)	• Indiana Family & Social Services Administration: College Prevention Grant II ($100,000—Two years)
• Indiana Family & Social Services Administration: Mental Health 1st Aid Trainings ($600—Two years)	• Indiana Department of Homeland Security: community paramedicine ($10,000—One year)[a]	• Indiana Family & Social Services Administration: Community Catalyst Grant—Crisis Center ($900,000[a], $28,000)
• Indiana Family & Social Services Administration: Peer Recovery Coach Trainings ($3,625—Two years)	• Total = $150,000[a]; $4,000	• Indiana Family & Social Services Administration: State Consultation ($38,000—One year)
• Total = $185,525		• Indiana Collegiate Action Network: student breathalyzers ($6,000—One semester)
		• Communities Talk: Annual Symposium ($750—One year)
		• (University): Addictions Research Center ($52,500—Three years)
		• (University): immersive learning grant ($2,000—One semester)
		• Total = $900,000[a]; $339,250

[a] Signifies involvement of external fiscal agent.

University Service Outcomes

Although the primary focus of the coalition is to enhance external community capacities, the S-CAP has taken an active role in the implementation of substance misuse prevention and harm-reduction strategies through the utilization of immersive learning courses. In the inaugural year, S-CAP faculty developed an immersive learning course within the Ball State Department of Social Work that was funded by the Indiana Family and Social Services Administration. This course, called the Student Association for Addressing Addiction, or S3, continues to be offered each semester and is dedicated to implementing substance misuse environmental interventions on campus and in the local community.

Over the course of 3 years, students in the S3 have distributed 13,500 public health postcards that provide information on making safe and responsible choices regarding drug and alcohol use, promote free self-assessments and in-person substance misuse screenings available at the University Health Center, and identify the locations of community naloxone boxes where students and community members can access naloxone anonymously and at no cost. S3 students have also produced five public health social marketing prevention pilot videos, participated in community cleanup days, collected over seven tons of garbage from local neighborhoods, and facilitated campus drug take-back days that have amassed 60 gallons of unused prescription medication. The S3 initiative has also trained 13 students to become Certified Prevention Specialist-Associates, with Indiana's first-ever recipient among them. Additionally, an incentive-driven "Nicotine Quit Day" held by the S3 in September 2022 motivated 26 students to quit nicotine products, with abstinence confirmed via survey at a one-month follow-up. The S3 further reached an additional 7,275 students with public health and substance misuse prevention social marketing materials through the implementation of a "mocktail lounge" that was coordinated with campus "late night events" on Saturday evenings. This lounge featured nonalcoholic mixed drinks served in a mock bar setting that included strategically placed prevention messages and campus public health resource information. Finally, one of the most impactful interventions implemented by the S3 since its inception has been the distribution of 300 condoms, 450 fentanyl test strips, and 800 doses of naloxone to Ball State students. Although data on the effectiveness of the condoms or test strips is not available, a dose of naloxone was utilized by an S3 student to save the life of a community member experiencing an overdose in a parking lot adjacent to the campus (Minnick et al., 2023). Specific details on the outcomes of S-CAP campus and community activities can be found in Table 6.

Table 6. Delaware County S-CAP Direct Service Outcomes: University

Year 1 (2020–2021)	Year 2 (2021–2022)	Year 3 (2022–2023)
• Prevention postcard campaign (4,500 postcards distributed)	• Prevention postcard campaign (4,500 postcards distributed)	• Prevention postcard campaign (4,500 postcards distributed)
• Social marketing videos (5 prevention videos)	• Seven mocktail events attended by 1,362 students	• Community cleanup day (6.13 tons of trash collected)
• Community cleanup day (1 ton of trash collected)	• Five students become Certified Prevention Specialist-Associates	• Campus drug take-back day (20 gallons of unused medication collected, including containers)
• Campus drug take-back day (40 gallons of unused medication collected, including containers)	• Two peer recovery support group meetings	• 16 mocktail events attended by 5,913 students
	• 11 prevention posters	• Eight students become Certified Prevention Specialist-Associates
	• Eight journey maps	• Campus naloxone distribution (800 doses, one confirmed use)
	• Six campus substance misuse focus groups	• Campus fentanyl test strip distribution (450 test strips)
		• Campus condom distribution (300 condoms)
		• Social media influencer account (104 followers, 20 posts)
		• Nicotine Quit Day (26 confirmed cases of quitting at 1-month follow-up)

Research Outcomes

According to the CADCA approach to facilitating community coalitions, highlighting the accomplishments of coalitions and commemorating their triumphs are important processes (CADCA, 2018). In this sense, establishing connections between S–CAP initiatives and the professional expectations for tenure-track faculty is also crucial for the sustainability of the S–CAP. To address this objective, the Delaware County S–CAP has consistently emphasized research procedures through the collection of data in annual process and outputs evaluations and through the dissemination of project findings in academic journals and conference presentations. To date, S–CAP faculty and students have been featured in several newspaper, magazine, and radio stories, and have contributed to nine oral conference presentations. S–CAP members have also engaged in various invited lectures and panel discussions, received awards for student mentoring and course development, and published on S–CAP activities in peer-reviewed journals. These achievements, in conjunction with funding awards related to S–CAP projects, provide associated faculty with strong research portfolios that promote success at the highest levels of academia. Moreover, the emphasis on research outcomes serves to drive S–CAP evaluation processes and ensures that the coalition is routinely assessing its internal processes and external impacts. Specific details regarding S–CAP intellectual outcomes are provided in Table 7.

Limitations

The findings discussed in this article are subject to several limitations. First, although the S–CAP has achieved significant success in its initial 3 years, further evaluation is necessary to ascertain whether the S–CAP model should be recognized as an evidence-based practice for enhancing substance misuse service capacities on campus and in local communities. The utilization of process and output measures must continue to build upon prior research and reinforce the proposed sustainability of the S–CAP model. Outcome measures tracking metrics such as county overdose rates or treatment admissions should also be identified and integrated into evaluations to assess whether the S–CAP can quantifiably impact community outcomes rather than serving solely to enhance local service capacities. Another factor that must be considered is that the S–CAP examined in this article operates in a county with environmental factors conducive to establishing an S–CAP. The presence of high substance misuse rates, limited resource availability, and a manageable population size with access to local leaders undoubtedly influenced the level of success

Table 7. Delaware County S–CAP Organizational Outcomes: Intellectual

Year 1 (2020–2021)	Year 2 (2021–2022)	Year 3 (2022–2023)
• Four oral conference presentations[a]	• Two conference presentations[a]	• One journal publication
• (University) award for immersive learning	• Consulted on development of Indiana Certified Prevention Specialist-Associate credential	• One invited article
• One newspaper article (feature)[a]	• Invited presentation: Indiana Family & Social Services Administration	• Two articles under review[a]
• One magazine article (feature)[a]	• Panelist: Meridian Speaker Series	• Three conference presentations[a]
• Two podcasts (feature)	• One radio interview (feature)[a,b]	• Three student conference presentations[a]
	• Two blogs (feature)[a,b]	• Consulted on development of Indiana Department of Health Implementation & Technical Assistance publication
	• One newspaper article (feature)	• Panhellenic Association Award for Student Development
		• One newspaper article (feature)[a]
		• One university prevention credentialing course
		• Invited presentation: Indiana Family & Social Services Administration[a]

[a] Included student participant or author.
[b] Included community member participant or author.

attained by the S-CAP. Further research on the efficacy and applicability of S-CAPs in less favorable environments is imperative to establish them as evidence-based practices. Finally, the expertise, motivation, and dedication of the community members, students, and faculty involved in S-CAP activities were pivotal in producing t,he outcomes and outputs observed over the past 3 years. The impact of their dedication and commitment cannot be overstated and may not be replicable in other colleges and communities.

Discussion

Overall, the outcomes associated with the S-CAP's activities and progress suggest that this framework should be considered a promising practice for addressing addiction issues in local communities. The ability of the S-CAP to generate substantial amounts of funding while also implementing life-saving environmental interventions provides compelling evidence in support of the model. However, despite the notable results demonstrated by the S-CAP since its inception in 2020, the leadership team has encountered significant challenges related to the community-engaged work. The finding by Drahota et al. (2016) that "time commitment" is a significant limiting factor for many CAPs was confirmed in the leadership team's process evaluations. Each leadership team member reported dedicating a significant amount of time beyond traditional service and/or research expectations that resulted in sacrifices of personal time or other projects. Additionally, one leadership team member was required to transition their full research agenda to S-CAP activities in order to sufficiently address coalition goals.

Another challenge faced by the S-CAP was accurately assessing community readiness for the introduction of certain interventions. Determining whether a community, or even specific community gatekeepers, would react favorably to proposed interventions such as a syringe service program or the distribution of naloxone proved exceptionally difficult. This challenge impeded the creation of solutions to existing problems, as some options for addressing identified problems were not able to be fully explored. Finally, the most significant challenge encountered by the S-CAP was a lack of capacity to pursue all potential projects. Despite being comprised of over 500 members who contributed in various ways, only members of the leadership team could be expected to attend all meetings and to facilitate funding opportunities associated with the S-CAP. Consequently, there were limits on the number of funded projects the S-CAP could undertake. However, the S-CAP aims to address this deficit in the near future through the expansion of the leadership team and the utilization of the newly created research center (SURCI). Despite operating for less than a year, SURCI has already established itself as an influential entity regarding state-level initiatives. The center director currently serves as the vice-chair for the Indiana State Epidemiological Outcomes Workgroup, and SURCI members have been contracted or received requests to consult on various projects. These connections, combined with relationships fostered directly through S-CAP activities, have enabled the coalition to gain recognition among influential figures in Indiana's Department of Mental Health and Addiction, enhanced the S-CAP's organizational capacities and reputation, and translated local coalition experiences into state-level policy recommendations.

Conclusion

The results produced by the S-CAP demonstrate that this intervention warrants future research with new populations, other public health problems, and in different environments and social contexts. The ability of the S-CAP to circumnavigate common limitations associated with traditional CAPs such as lack of role clarity or distal outcomes, and its capacity to bypass the need for continuous funding associated with traditional CADCA coalitions, make it an exceptionally versatile and unique method for enacting community change. The capacity of the S-CAP to increase community and campus service capacities, offer valuable educational opportunities to students and community members, and to fulfill university research requirements for tenured or tenure-track faculty further positions it as a novel and easily sustainable model for community interventions. Given these findings, it is evident that researchers should continue exploring the capabilities of the S-CAP model and its potential for positively impacting campuses and local communities. These evaluations must also include the strategic incorporation of outcome measures such as overdose fatalities and campus binge drinking rates to begin documenting the impact of the coalition on community and campus outcomes in addition to tracking coalition outputs and process data.

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