Coalition for Healthy and Safe Campus Communities (CHASCo)

CHASCo Membership Survey FY 2019-20

Summary of Survey Responses
Introduction
The Coalition for Healthy and Safe Campus Communities (CHASCo) is a non-profit leadership organization that brings together higher education professionals from private and public colleges and universities across Tennessee to support campus-based prevention. CHASCo's stated mission is “to connect and support institutions of higher education to address campus health and safety issues.” CHASCo aims to achieve this mission by sustaining a network of staff, faculty, and students who are empowering campuses and communities to engage in positive health and safety behaviors. CHASCo provides professional development and networking opportunities, assessment tools, resources and funding for evidence-based programming, and research on prevention best practices in higher education settings. The organization is publicly funded through contracts with two state agencies: the Tennessee Department of Substance Abuse and Mental Health Services (TDMHSAS) and the Tennessee Highway Safety Office. The Tennessee Independent Colleges and Universities Association (TICUA) serves as the organization’s fiscal agent.

In 2019, CHASCo partnered with an external evaluation firm, EMT Associates, Inc., to develop an evaluation plan that could be implemented internally by CHASCo staff to measure implementation quality, reach, and impact of CHASCo strategies and activities. The evaluation plan included the design of a CHASCo coalition member survey that captures member perceptions in several key domains, including member roles and affiliations, decision-making authority at campus institutions, commitment to and engagement in coalition activities, perceptions of prevention capacity and coalition effectiveness, and perceived benefits from membership.

Coalition member surveys were administered electronically in June 2020 to members of the CHASCo coalition. Members were offered an incentive to respond to the survey invitation. A total of 41 members responded, representing the 30 colleges and universities listed below. About two-thirds of survey respondents (68%) served as a member liaison for their college or university campus, 17 percent were general coalition members, and 15 percent were unsure about their coalition role.

- American Baptist College
- Austin Peay State University
- Baptist College of Health Sciences
- Belmont University
- Bethel University
- Carson-Newman University
- Columbia State Community College
- Cumberland University
- East Tennessee State University
- Fisk University Jackson State Community College
- Lipscomb University
- Maryville College
- Middle TN State University
- Motlow State Community College
- Nashville State Community College
- Northeast State Community College
- Pellissippi State Community College
- Rhodes College
- Roane State Community College
- Southern Adventist University
- Tennessee Board of Regents
- Tennessee Tech University
- Trevecca Nazarene University
- Union University
- University of Memphis
- University of the South
- University of Tennessee, Chattanooga
- University of Tennessee, Knoxville
- Volunteer State Community College
- Walters State Community College
Members History and Involvement

The first set of questions asked respondents about their membership history in CHASCo and their level of involvement in coalition activities in the year prior to the survey administration. Most voluntary professional coalitions will experience some difficulty maintaining active participation among members, and participation is often characterized as having a core group of committed members, with a larger, more peripheral group of individuals and organizations that are less actively involved. To maintain more widespread active engagement, coalition activities must meet the participation needs of coalition members by providing the benefits that members expect to gain through their coalition involvement.

Among CHASCo members surveyed, about one-third (34%) reported a history of coalition involvement of 2 years or less. Thirty-seven percent of members had been involved for 3-5 years, and 29% percent had been involved for 6 years or longer. While these figures suggest some turnover in membership, responses also show that the coalition has successfully maintained a core group of more long-standing participants, offering continuity in membership over time. In addition to survey data, analyses of more detailed information from coalition records on CHASCo member history and college and university representation, can be used to further assess coalition membership patterns. This could include an assessment of the growth and expansion in membership over time, as well as retention and attrition among member institutions.

More than half of CHASCo members surveyed (59%) reported that they were either ‘somewhat active’ or ‘not very active’ in CHASCo activities, which conforms to typical patterns of coalition involvement. Fifty percent stated they were 'somewhat active', indicating that they had participated in a few CHASCo sponsored activities and occasionally utilized CHASCo resources. Nine percent of members stated that their institutions were 'not very active', meaning that they participated in at least one CHASCo sponsored activity this past year. The other 41% of members considered themselves to be ‘very active’, meaning that they participated in all coalition sponsored activities and frequently utilized CHASCo resources throughout the year. This metric can be used as a comparative benchmark to gauge future increases in member involvement over time.
The variation in levels of engagement among members may be attributable to a number of organizational or individual factors. These could include differences in the nature of campus prevention needs among member institutions, or differences in the roles of college and university representatives. This might include the degree of relevance of their professional roles to the CHASCo mission and vision (e.g., interest and priorities), or their capacity to affect meaningful change on their college or university campuses. These are issues that were further explored in subsequent survey items. For example, CHASCo members were asked about the ways they would typically share resources and convey information about CHASCo activities to other individuals in their campus community. Respondents were asked to check all methods that applied. The most common methods of communication were informal sharing of information (85%), such as ad-hoc email correspondence or person-to-person updates, followed by transmission of more formal memoranda or summaries of coalition activities (41%). About one-third of members also shared or presented information at regularly scheduled meetings (32%). Fewer members (17%) provided more formal, regular written reports detailing CHASCo activities or resources. About 7 percent of members did not report back to their institutions in any capacity, suggesting that benefits of involvement may not be transferred to the member institution.

Exhibit 3. **CHASCo Members’ Methods of Communication with Campus Communities**

Members were also asked about any other ways that they would communicate about their involvement. Their responses offer additional insight into how CHASCo resources are typically shared and communicated when members return to their colleges and universities. Item responses indicate that most communication is relatively unstructured and occurs through informal information sharing and networking.

- “At staff meetings and at individual meetings with my supervisor.”
- “Communicate with others recruited to help with prevention efforts on campus.”
- “I invited campus partners to evaluate and participate in our e-Check Up to Go resource and highlighted the discount through CHASCo membership. I always forward relevant trainings and webinars to my colleagues who also work in prevention.”
- “Information from CHASCo typically gets discussed between myself and my supervisor, and additional campus parties also receive CHASCo emails.”
- “Irregular meetings to share out campus pertinent information.”
- “Many emails.”
Similar to understanding how members share information with their campus communities, it is important to gain insight into the degree to which members have the capacity to influence prevention planning and decision-making for their institutions. Ideally, coalition members have sufficient authority and leadership capacity on their respective campuses to effectively translate prevention knowledge and resources into institutional change. According to CHASCo members’ responses, 91% of members have the authority to report back to their institutions, to make recommendations, and to commit non-monetary support to prevention activities, such as staff time and meeting spaces. Fifty percent of CHASCo members have the authority to commit funding to prevention activities on their campuses, although one respondent noted that challenges associated with the COVID-19 pandemic had seriously impacted the budgets of their institutions. About one-third of CHASCo members (36%) have the authority to commit organizational endorsement of prevention activities on their campuses, and a little less than one-third (32%) have the authority to commit to institutional policy changes supporting prevention.

### Health and Safety Issues on Campus

The next focus of the member survey was on learning more about how campuses approach prevention planning and needs assessment activities. Coalition members were first asked whether prevention strategies and activities implemented by their institutions were guided by a strategic plan. Forty-two percent of respondents indicated ‘yes’ that their campus did have a strategic plan for prevention, 32% said ‘no’, and 27% indicated that they were ‘unsure’. This represents an area of opportunity for CHASCo to continue to support and facilitate prevention planning activities and to help institutions adopt and integrate the Strategic Prevention Framework (SPF). Later responses to both fixed-choice and open-ended survey items suggest that prevention planning was viewed as both an area of technical assistance need and an area of coalition accomplishment.

Coalition members were next asked to rate the seriousness of different needs or issues among students in their college or universities. Responses were rated on a four point scale with response options including ‘very serious’, ‘somewhat serious’, ‘not very serious’, and ‘not serious at all’. Specific topics included prescription drug misuse, marijuana use, other illicit drug use, smoking or smokeless tobacco use, electronic cigarette use, sexual assault or relationship violence, and impaired driving. This information can be helpful in identifying emerging issues of concern for CHASCo member institutions to support the delivery of responsive technical assistance and training.
According to member responses, the leading health and safety issue facing campus communities was sexual assault and relationship violence (mean = 3.3). Eighty-three percent of all respondents rated this issue as being an area of ‘high’ or ‘moderate’ need for their campuses. The next greatest need areas included marijuana use (mean = 3.1) or underage alcohol use or binge drinking (mean = 3.0) which were rated as a ‘very serious’ or ‘somewhat serious’ need among 83% and 71% of respondents respectively. Other health and safety issues rated in order of need included e-cigarette use (mean = 2.9), prescription drug misuse (mean = 2.8), smoking or smokeless tobacco (mean = 2.7), drug or alcohol impaired driving (mean = 2.7), and other illicit drug use (mean = 2.6).
Technical Assistance and Training Needs

Members were also asked to share their perceptions regarding needs for technical assistance and training to support implementation of prevention strategies on their college and university campuses. The categories of technical assistance and training need presented to respondents included strategic planning, needs assessment, collaboration, public health approaches, policy, leadership, and funding development, cultural competence, and prevention ethics. Response options included ‘high need’ (4), ‘moderate need’ (3), ‘low need’ (2), or ‘no need’ (1). The category of prevention technical assistance and training where members felt the greatest need for support was in the area of fund development ($mean = 3.18$). Seventy-seven percent of survey respondents rated this area as a ‘high’ or ‘moderate need’. The second most highly rated area of need for technical support and training was cultural competence ($mean = 3.03$), followed by support for strategic planning efforts ($mean = 3.00$). Additional need areas rated from highest to lowest included needs assessment, leadership development, public health approaches, policy development, and collaboration.

Exhibit 6. How would you assess your institution’s level of need for prevention technical assistance or training in each of the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>High Need</th>
<th>Moderate Need</th>
<th>Low Need</th>
<th>No Need</th>
<th>Mean</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic planning</td>
<td>11</td>
<td>16</td>
<td>5</td>
<td>3</td>
<td>3.00</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>26.8%</td>
<td>39.0%</td>
<td>12.2%</td>
<td>7.3%</td>
<td></td>
<td>12.2%</td>
</tr>
<tr>
<td>Needs assessment</td>
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<td>16</td>
<td>6</td>
<td>3</td>
<td>3.00</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>29.3%</td>
<td>43.9%</td>
<td>14.6%</td>
<td>7.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaboration</td>
<td>7</td>
<td>19</td>
<td>9</td>
<td>4</td>
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<td>2</td>
</tr>
<tr>
<td></td>
<td>17.1%</td>
<td>46.3%</td>
<td>22.0%</td>
<td>9.8%</td>
<td></td>
<td>4.9%</td>
</tr>
<tr>
<td>Public health approaches</td>
<td>9</td>
<td>19</td>
<td>8</td>
<td>2</td>
<td>2.92</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22.0%</td>
<td>46.3%</td>
<td>19.5%</td>
<td>4.9%</td>
<td></td>
<td>7.3%</td>
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<tr>
<td>Prevention strategies</td>
<td>12</td>
<td>19</td>
<td>8</td>
<td>1</td>
<td>3.05</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>29.3%</td>
<td>46.3%</td>
<td>19.5%</td>
<td>2.4%</td>
<td></td>
<td>2.4%</td>
</tr>
<tr>
<td>Policy development</td>
<td>6</td>
<td>20</td>
<td>11</td>
<td>2</td>
<td>2.77</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>14.6%</td>
<td>48.8%</td>
<td>26.8%</td>
<td>4.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing</td>
<td>8</td>
<td>20</td>
<td>7</td>
<td>4</td>
<td>2.82</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>19.5%</td>
<td>48.8%</td>
<td>17.1%</td>
<td>9.8%</td>
<td></td>
<td>4.9%</td>
</tr>
<tr>
<td>Prevalence</td>
<td>14</td>
<td>16</td>
<td>8</td>
<td>1</td>
<td>3.10</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>34.1%</td>
<td>39.0%</td>
<td>19.5%</td>
<td>2.4%</td>
<td></td>
<td>4.9%</td>
</tr>
<tr>
<td>Fund development</td>
<td>15</td>
<td>16</td>
<td>8</td>
<td>0</td>
<td>3.18</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>36.6%</td>
<td>39.0%</td>
<td>19.5%</td>
<td>0.0%</td>
<td></td>
<td>4.9%</td>
</tr>
<tr>
<td>Leadership Development</td>
<td>15</td>
<td>16</td>
<td>8</td>
<td>2</td>
<td>2.95</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>36.6%</td>
<td>39.0%</td>
<td>19.5%</td>
<td>4.9%</td>
<td></td>
<td>4.9%</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>14</td>
<td>16</td>
<td>7</td>
<td>3</td>
<td>3.03</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>34.1%</td>
<td>39.0%</td>
<td>17.1%</td>
<td>7.3%</td>
<td></td>
<td>2.4%</td>
</tr>
<tr>
<td>Ethics</td>
<td>9</td>
<td>21</td>
<td>7</td>
<td>3</td>
<td>2.90</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>22.0%</td>
<td>51.2%</td>
<td>17.1%</td>
<td>7.3%</td>
<td></td>
<td>2.4%</td>
</tr>
</tbody>
</table>
CHASCo members were also asked if there were any additional areas of need for technical assistance, training, or funding support, not listed on the survey, that they felt would be beneficial to their institution’s prevention efforts. Eleven members identified specific technical assistance needs. Thirteen others noted that they either had no further needs or that the question was ‘not applicable’ to them. The remaining 20 members did not share response. Specific examples of additional technical assistance and training needs identified by respondents are summarized below:

- Establishing effective campus-community partnerships;
- Identifying sources of federal, state, municipal and private funding for private institutions;
- Conducting prevention outreach to “non-traditional” learners and other special populations (e.g., older students, distance learners, Christian students);
- Identifying evidence-based prevention approaches that are effective in virtual environments;
- Garnering support for prevention activities among campus faculty and employees, and engaging more men in alcohol and drug and sexual violence prevention work;
- Addressing the needs of students or employees living or working with individuals with substance use disorders; and,
- Providing training addressing specific content areas, including use of E-CheckUpToGo, restorative justice, employee alcohol and drug prevention, cannabis prevention, campus recovery communities and counseling groups, good neighbor training, and the relationship between academic performance and mental health and trauma.

This insight into campus technical assistance and training needs offers actionable feedback that can be used to inform CHASCo planning efforts and ensure that technical assistance and training topics are well-oriented to the specific needs of member institutions.
Risk for Behavioral Health Disparities

CHASCo members were next asked to assess their institution’s level of need for prevention technical assistance or training to address the targeted prevention needs of campus sub-groups who are at risk for behavioral health disparities. The term ‘behavioral health disparities’ refers to differences in both access to resources and health and safety outcomes that are related to mental health and substance misuse. Groups experience disparities based on their social, ethnic, and economic status.

Respondents were presented with a list of population groups that are at elevated risk for health disparities. Members were then asked to rate the level of need for technical assistance in addressing prevention needs using a four-point scale. Response options included ‘high need (4)’, ‘moderate need (3)’, ‘low need’ (2), or ‘no need’ (1). As shown in exhibit 7 below, the areas of greatest need for technical assistance identified by members included assistance reaching students with mental health needs (mean = 3.46), students from racial or ethnic subgroups (mean = 3.34), low income students (mean = 3.25), and students who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) (mean = 3.25). Subgroups where members perceived fewer technical assistance needs included veterans, rural students, or students with Limited English Proficiency (LEP). Information on how members perceive disparity populations on their campuses and identified needs for assistance in reaching disparate groups can help CHASCo more effectively target its prevention resources and messaging and ensure that prevention models and best practices are culturally responsive for identified groups.

Exhibit 7. Level of Need for Prevention Technical Assistance or Training for Campus Sub-groups at Risk for Behavioral Health Disparities (n=42)
Impacts of CHASCo Participation

The final survey items focused on the impacts of CHASCo membership and activities on both its member representatives and its affiliated campus communities. The first set of questions focused on the more immediate impacts of CHASCo membership, including increased opportunities for networking, or accessing data, monetary resources, or informational materials. Respondents were presented with a series of statements regarding CHASCo impacts and were asked to indicate the extent to which they agreed or disagreed with each statement.

Exhibit 8. Impacts of CHASCo Membership

<table>
<thead>
<tr>
<th>Impact</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased awareness of what other institutions are doing</td>
<td>27</td>
<td>12</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4.65</td>
</tr>
<tr>
<td>Led to greater networking opportunities</td>
<td>27</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>4.63</td>
</tr>
<tr>
<td>Helped our institution assess prevention needs</td>
<td>18</td>
<td>11</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>4.18</td>
</tr>
<tr>
<td>Provided useful resources and materials</td>
<td>28</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4.63</td>
</tr>
<tr>
<td>Helped identify evidence-based prevention strategies</td>
<td>19</td>
<td>12</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>4.20</td>
</tr>
<tr>
<td>Provided important seed money to support prevention</td>
<td>27</td>
<td>12</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4.65</td>
</tr>
<tr>
<td>Facilitated access to data</td>
<td>19</td>
<td>13</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>4.25</td>
</tr>
</tbody>
</table>
The most widely perceived areas of impact of CHASCo membership were on increasing members’ awareness of what other institutions were doing around prevention (mean = 4.65) and providing important seed money to support prevention activities (mean = 4.65). Ninety-five percent of those surveyed either ‘agreed’ or ‘strongly agreed’ with each of these statements. There was also strong consensus among respondents that members’ involvement with CHASCo had led to greater networking opportunities (mean = 4.63), had provided useful resources and materials (mean = 4.63), and had facilitated access to data (mean = 4.25). Ninety-three percent of respondents either ‘agreed’ or ‘strongly agreed’ with each of these statements. Members were less likely to perceive that membership had helped them identify evidence-based prevention strategies (mean = 4.20) or helped their institutions assess prevention needs (mean = 4.18). However, average ratings for even the lowest ranked statements were still highly favorable.

Exhibit 9. Impact of CHASCo Membership Involvement on Campus’ Prevention Capacity and Infrastructure

<table>
<thead>
<tr>
<th>Impact Area</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased ability to secure funding</td>
<td>9</td>
<td>15</td>
<td>14</td>
<td>2</td>
<td>0</td>
<td>3.78</td>
</tr>
<tr>
<td>Increased visibility of safety needs</td>
<td>11</td>
<td>20</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>4.03</td>
</tr>
<tr>
<td>Increased effectiveness of prevention activities</td>
<td>13</td>
<td>18</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>4.08</td>
</tr>
<tr>
<td>Increased support for prevention activities</td>
<td>6</td>
<td>14</td>
<td>18</td>
<td>2</td>
<td>0</td>
<td>3.60</td>
</tr>
<tr>
<td>Increased awareness of positive social norms</td>
<td>11</td>
<td>18</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>3.95</td>
</tr>
</tbody>
</table>
Members were also asked to rate the extent to which they ‘agreed’ or ‘disagreed’ with a series of statements regarding the secondary impact of CHASCo membership involvement on their campus’ prevention capacity and infrastructure. According to responses, CHASCo members perceived that the coalition had had the most substantial impact on increasing the effectiveness of their activities. Seventy-five percent of respondents either ‘agreed’ (43.9%) or ‘strongly agreed’ (31.7%) that CHASCo membership had increased their prevention effectiveness ($\text{mean} = 4.08$) through the provision of networking, training and technical assistance activities. Seventy-five percent of respondents also either ‘agreed’ (48.8%) or ‘strongly agreed’ (26.8%) that CHASCo membership had increased the visibility of safety needs ($\text{mean} = 4.03$) on their campuses, for example, through the promotion of social norms campaigns. Seventy-one percent either ‘agreed’ (43.9%) or ‘strongly agreed’ (26.8%) that CHASCo increased awareness of positive social norms (mean = 3.95).

Areas where CHASCo was perceived to have had less impact included increasing the ability to secure funding (mean = 3.78) and increasing support for prevention activities on campus (mean = 3.60). Overall, when asked to rate the extent to which CHASCo membership had positively impacted campus prevention capacity and infrastructure, 56% percent said, ‘very much’, 34% said ‘somewhat’ and 2% said ‘not very much’. The remaining 7% of members were ‘unsure’ or did not answer.
Respondents were also asked to assess the extent to which their involvement in the coalition had contributed to reductions in health and safety consequences on their higher education campuses. Here responses were more mixed, with 22% of members answering ‘very much’, 34% responding ‘somewhat’, 12% responding either ‘not very much’ or ‘not at all’, and 32% stating that they were ‘unsure’ or declining to answer. This finding again underscores the challenge of translating training and resources on evidence-based prevention practices into concrete campus strategies and activities. This is particularly true for campus communities that lack either a solid prevention infrastructure or sources of funding to implement prevention activities.

The final section of the survey provided CHASCo members with an opportunity to share their overall perceptions regarding the coalition’s accomplishments, and to recommend areas of future focus. Respondents also had an opportunity to convey what was most important for keeping them actively involved in coalition activities. Detailed responses to each question are listed in appendix A of the report.

For the first question, members were instructed to reflect on the activities of the coalition to date, and to identify what they felt were the most important things that had been accomplished by CHASCo as an organization. There were several core themes that emerged, including the following:

- Creating networking and information-sharing opportunities for campus prevention professionals;
- Sponsoring the Partners in Prevention training conference, and hosting webinars, and other training activities;
- Funding prevention activities on college and university campuses;
- Providing strong leadership to statewide prevention initiatives;
- Reframing the scope of prevention activities to include mental health, and suicide and sexual violence prevention; and
- Disseminating information regarding best practices.

Members were also asked to identify accomplishments made by their own institutions that they attributed to their CHASCo membership. Several respondents identified tangible strategies, activities, and programs that stemmed from CHASCo involvement. These included the creation of alcohol and drug prevention plans, the implementation of social norms campaigns, the implementation of sexual assault prevention programming, the administration of the Healthy Minds Survey, subscriptions to e-Check Up To Go, and the placement of drug drop boxes. Other members commented more generally mentioning the value of funding for their institutions or noting various benefits such as having access to resources and increasing AOD awareness and prevention efforts.

Perceptions Regarding CHASCo Accomplishments

“Director’s great leadership and skills have helped us to attend affordable, contemporary, and PRAGRAMATIC training that helps us see issues directly and indirectly related to AOD from a variety of perspectives.”

“I think bringing so many different TN campuses together for collaboration and best practices is a huge accomplishment! The PIP Conference in past years has always been a great experience, well-attended, and very informative. The Prevention Plan funding to various campuses is a big help. The CORE Survey and Healthy Minds Survey requirement and sponsorship provides important data to campuses that might not otherwise be collected.”

“Supporting campuses across the state in multiple ways- affordable professional development, networking, AODP assistance, understanding federal mandates and requirements, and program support.”
Survey respondents also identified the most important things that the coalition should be working toward now. Responses highlighted several themes, including the following:

- Addressing topics related to diversity, equity, social justice, and inclusion;
- Adapting prevention models to virtual school environments and responding to emerging issues related to COVID-19;
- Disseminating evidence-based models and effective practices that are appropriate for campus communities;
- Fostering communities of practice and facilitating information and idea-sharing among member institutions;
- Fund development;
- Building prevention infrastructure on higher education campuses and garnering support for prevention planning on campuses;
- Engaging in outreach to new institutions;
- Providing leadership, training and technical assistance addressing relevant topics that include alcohol and drug awareness, marijuana use, vaping, relationship violence, mental health, suicide prevention, and opioid and other prescription drug use; and,
- Facilitating the use of data for prevention planning.

Members were finally asked to identify the most important things that were keeping them involved in the CHASCo coalition. There were four major themes that emerged from their responses, including:

- Opportunities to network and collaborate with other institutions and prevention professionals;
- Gaining access to resources and professional development opportunities (e.g., webinars, training events) that address relevant prevention topics;
- Accessing data to facilitate prevention planning; and
- Obtaining seed money or funding to support prevention efforts on campus.

Summary and Conclusions

The information compiled from the 2020 CHASCo Member Survey accomplishes several key purposes. First, member responses provide important evaluative feedback to the CHASCo coalition leadership regarding the perceived effectiveness of their work and the benefits provided to their members. Survey responses also provide baseline measurements that can be used to establish benchmarks for monitoring performance over time and setting targets for future member involvement and satisfaction. Second, the survey serves as an important source of information for identifying emerging campus health and safety issues and institutional needs for technical assistance and training. This information can be formally integrated into program planning and decision-making and can be used to guide future coalition activities. Examples include information identifying priority needs for technical assistance and support that include fund development, cultural competence, and dissemination of evidence-based prevention models. Respondents also identified needs for technical assistance in reaching key population subgroups, including students with mental health needs, race and ethnic minority populations, low income students, and students who identify as LGBTQ. The survey also identified leading health and safety issues facing higher education campuses that included, in order of priority, sexual assault and relationship violence, marijuana use, and underage alcohol use or binge drinking. Overall, it was clear from survey responses that CHASCo members perceived value in their coalition involvement and could identify tangible benefits of participation for themselves professionally, and for the colleges and universities they serve.
Attachment A
CHASCo Member Survey Open-Ended Survey Responses

Reflecting on the activities of CHASCo to date, what do you see as the most important things that have been accomplished by CHASCo as an organization?

- Annual conference and regular training opportunities at meetings.
- Being able to provide funding to schools for prevention efforts.
- Campus networking, increase in prevention efforts statewide (incredible!). I also appreciate the mental health work.
- Continued partnerships with external organizations to provide financial support to campus programming.
- Director’s great leadership and skills has helped us to attend affordable, contemporary, and PRAGMATIC training that helps us see issues directly and indirectly related to AOD from a variety of perspectives
- disseminating information about opportunities and best practices
- Evidence-based practice, strong leadership, relevance, timeliness, and support to those of us in administrative and counseling roles in our respective colleges.
- Funding and education for strategic prevention plans
- gathering different campuses together, regular meetings, providing funding with various grants
- Guidance provided to organizations related to public health approach and funding
- I believe the information and education that CHASCo provides and their funding of prevention programs has been most vital to our University.
- I have been involved for less than one year, so I have no opinion in this area
- I’m unsure, but am excited to enter into opportunities for more comprehensive campus assessments.
- Increasing prevention to include sexual assault, rape, and intimate partner violence, mental health, and suicide
- Membership growth, hiring Kayce Matthews as director, statewide data collection, statewide professional development opportunities
- N/A
- Nathan Payne webinar on substance abuse/misuse and recovery
- Networking & Resource sharing.
- Networking and education opportunities along with excellent guidance around federally mandated requirements and reports
- networking for prevention
- Networking opportunities
- Not sure
- Ongoing offerings of resources, professional development, and facilitating strategic efforts across the state to support prevention.
- Partners in Prevention, the THSO project, lock boxes and other harm reduction items, important virtual resources for students during COVID-19
- PIP, statewide membership, grant funding for SN campaigns and surveys
- PIP, webinars, funding opportunities
- Prevention strategies and examples of other institutions’ policies and prevention programs
• Providing great information to members, educational and financial resources, support and a network of others who care about this topic.....
• Providing information to campuses and giving a platform for institutions to interact with one another.
• Resources and collaboration
• Strategic Prevention Plan training and support; evidence based alcohol and other drug prevention strategies/ support; expansion to include campus safety strategies
• Support and resource
• The Bystander Intervention Information
• The organization of the PIP event each year
• The Partners in Prevention conference has been very helpful and I hope we continue to do that annually!
• The student program
• Wow . . . we have done so much over the last few year. The PIP Conference is a great collaboration between community and campuses. The upward trend in membership AND involvement AND commitment to CHASCo from the member institutions. Switching from the CORE Survey to Healthy Minds.

What do you see as the most important things that have been accomplished by your institution that you attribute to your membership in CHASCo?

• Access to professional development conferences to increase knowledge and skills
• CHASCo has helped bring focus and consistency to the promotion of prevention issues on my campus. CHASCo has also helped me gather data through assessments, which I did not have before. CHASCo collaboration opportunities have given my institution the ideas needed to provide various programming to students across the campus.
• Drug Drop Box
• Educating preventionist
• First Social norming campaign.
• Formation of our interdepartmental Alcohol task force; annual strategic prevention plan; social norms campaigns; participation in the CORE survey and HMS; training and professional development.
• Greater awareness of best practices and being a committed partner in our prevention efforts
• Healthy Minds survey and social norms campaigns
• I am new to this position and feel that I have not fully utilized CHASCo's resources, but plan to engage more after current crises are past.
• Implement prevention plan and core/healthy minds surveys
• Implementing social norms campaigns, implementing late night alcohol free programming, having systematic data collection on AOD use
• Increase in AOD prevention efforts
• Increased awareness of social norms and self-reflection on issues impacting students.
• None, I don't feel that our institution overall is supportive of a prevention culture.
• Our Alcohol education program.
• Over the years, several initiatives including Healthy Minds, Social Norms Campaigns, and our most recent launch of a monthly series of Lunch and Learns.
• Partnership with Nathan Payne, renewed focus on prevention strategies, students in recovery support group creation
• Prevention awareness
• Prevention planning and funding
• Prevention work, participation in training and networking
• Really appreciate the funding opportunities! Also, being able to attend training and networking simultaneously with other members of our institution
• Resources
• Sexual assault prevention programming
• Sexual assault prevention work, suicide prevention, social norms campaigns.
• Social Norms - Healthy Minds Survey
• Social norms campaign and survey to students around drug and alcohol use
• Tapping into resources to facilitate prevention efforts, and allowing us to participate in and get data from the CORE and now Healthy Minds surveys to direct our activities.
• The ability to produce a solid AODP and Biennial Review.
• The development of an AOD strategic Plan.
• The healthy minds survey
• The number of parties interested in the motivational interviewing training and the awareness it instilled, education about smart approaches to marijuana was also attended by several staff, and overall a new awareness about the importance of prevention
• The student program and prevention efforts for wellness and health
• This was interrupted with the development of COVID, but I think our institution will greatly benefit from the Healthy Minds Survey that our CHASCo membership provided us with at no cost to our campus.
• This year's subscription to e-Check Up to Go.
• Unsure
• Unsure
• We have been successful with implementing programming related to sexual assault prevention.
• We have utilized the CORE survey three times over the past 9 or 10 years and are on track to do the current survey this coming year....it provides great info for our prevention efforts and keeping the topic in front of the Cabinet.
• We were able to receive funds for sexual assault prevention education and bring in a speaker that we would not have otherwise been able to do.

What do you see as the most important thing the coalition should be working toward now?

• Assisting wellness, and/ or prevention offices on proving their worth to campus administration.
• Building on the knowledge of individuals who have been with the coalition
• Continued networking opportunities and in-person sharing of ideas/brainstorming.
• Continuing support institutions and reaching out to them help them grow
• Continuing with efforts to increase everyone's awareness around substance use and misuse and all of the ways substance misuse and abuse effects every aspect of an individual's life as well as within the family and community.
• Diversity/Equity, Mental Health
• Especially in these times of systemic racial turmoil and COVID-19, continue providing progressive AOD and related training and discussion (You are doing a great job!!)
• Evidence based data on programs that work which campuses can use for prevention efforts
• Expand focus on Mental Health on campus prevention
• Expanding prevention in a virtual environment
• Having campuses where TN college students make informed safe and health decisions.
• I think all things being worked on are important, but just an idea for the future .. Helping members who do not have a prevention person/specialist on campus, but use counseling staff who are limited in the amount of prevention they can undertake due to the level of crisis care they are providing
• I think the coalition needs to continue to provide trainings on evidence-based practices and more opportunities for sharing ideas and resources between campuses.
• I'd like to know/see more about prevention efforts for cannabis misuse, as that is increasing on our campus and nationally.
• I'm not sure
• Inclusive and system disparities in regards to race and minority or marginalized groups
• Increased funding to allow for larger prevention plan budgets for member schools
• Keep up the good work!
• Marijuana use
• Mental health and suicide prevention
• Mental health issues, possibly worsened by COVID, civil unrest, the election, racial issues, etc. I can imagine we will have much to contend with in the coming year! Some may respond by using substances even more than in the past.
• More free webinars, such as the one Nathan Payne did on other relevant subjects - such as diversity and inclusion; disability services; social services/advocacy programs
• Not sure
• Not sure.
• Probably prescription drug abuse
• providing emotional safety for students amidst rising racial tensions
• Racial reconciliation.
• Reaching out to campus leadership, not just the CHASCo attendees about the importance and benefits of a strategic prevention framework
• Reducing risky behaviors of students in the state
• Suicide prevention, opioids, domestic violence all in light of COVID.
• Sustain what you're doing and add more ways to do prevention in a COVID-19 world
• THC education and use reduction
• Unsure
• Unsure. Already providing excellent resources.
• Vape and e-cig awareness
• Virtual networking opportunities since travel is hard right now
• Virtual Prevention strategies in the age of COVID-19
• We will be excited to learn how others are using the data from HMS to improve/ inform prevention on campus
• What healthy campuses look like the face of not only iGen hitting college campuses, but also now campuses stressed and/or changed greatly by the impacts of COVID.

What is the most important thing keeping you involved in the coalition?

• Access to valuable resources
• Being part of a collective of individuals working to make changes and share ideas
• Communication among institutions.
• Data through surveys and training.
• Ensuring that we understand and have help with federal requirements, collaboration and info sharing with other TN schools
• Funding opportunities, networking, resources
• Grant money
• I think the impact that I am noting our CHASCo membership having on our campus is less about what CHASCo provides us in the coalition, and more about our campus’s willingness to actually implement the tools and best practices. All that to say - the main thing keeping me in my role in the coalition is that I do believe CHASCo helps us identify best practices, gives us resources, etc.
• In the role I am in it allows me to better serve the college and the students by being connected to CHASCo and learning from others in the state.
• It's been a few years since my institution has been a regular member, and I've just re-initiated membership. Though I've only been in this role for a few years, I have highly valued the webinars and learning opportunities that have been afforded to me by CHASCo.
• Meeting topics are always timely in addressing needs
• Membership provided
• Network and information
• Networking
• Networking and evidence-based education that comes from CHASCo and is able to help educate students and staff/faculty
- Networking and shared ideas and approaches, solid content and resources
- Networking with other prevention professionals at IHEs in the state.
- Networking, funding
- Networking, resources, and support.
- Networking, support, and financial ability to continue prevention programming.
- Networking, training, funding opportunities
- Opportunities to network with others, share and gather ideas for programming on campus, connections
- Opportunity to involve more on our campus in learning and making changes, although limited, on our campus
- Professional Development, Networking, and the people.
- Professional Development, Networking, Grant Funding
- Programming; networking (especially with other faith based institutions); ability to invite other campus members to attend training/meetings
- Resources
- Resources and collaboration
- Resources. Latest data, successful efforts at other institutions, funding support for prevention efforts, great colleagues for collaboration.
- Support and continuing education on best practices prevention work
- The most important reason that keeps me involved in the coalition is that it provides me with ideas on programming.
- The networking and relationships. CHASCo has great people.
- The networking capabilities and vital prevention information that CHASCo provides.
- The networking opportunities and the prevention information that is shared.
- The networking opportunities to connect with institutions like ours.
- The partnerships and information received regarding what other schools are doing
- The resources
- Training and development
- Training, collaboration