



ALABAMA DEPARTMENT OF  
**MENTAL HEALTH**

# 2015 – 2020

# Alabama Block Grant

# End of Contract Report

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# Overview

This report captures the efforts by the Office of Prevention of the Division of Mental Health and Substance Abuse Prevention Services of the Alabama Department of Mental Health, in partnership with Pacific Institute for Research and Evaluation (PIRE), to restructure the State Block Grant Prevention Evaluation System. Over the last five years, PIRE has worked with its Alabama partners to shift the system of reporting from one that tracks the progress of subrecipient efforts organized by CSAP strategy to a system more aligned with SAMHSA's Strategic Prevention Framework (SPF).

## New Prevention Evaluation System.

**Prevention Plan Template (PPT).** This new prevention evaluation system moves the subrecipient more systematically through the five steps of the Strategic Prevention Framework to identify priority substances, risk and protective factors, and evidence-based programs to reduce substance abuse in communities across the state. This new evaluation system includes the development of an online *Prevention Plan Template (PPT)* that has subrecipients: (1) Systematically report their county's community needs assessment process for arriving at their substance use prevention priorities, (2) Identify risk and protective factors that are associated with substance misuse based on their county needs assessment, (3) Select evidence-based interventions and strategies from a menu of 28 interventions, (4) Adopt *Intervention Workplans* tailored to each intervention to ensure implementation fidelity and (5) Plan and execute local level evaluation while considering both Cultural Competency and Sustainability. The new PPT moves

away from a previous prevention planning tool that had subrecipients identify goals and objectives and reporting activities by CSAP strategy to one that more intentionally moves subrecipients through the SPF five step planning process and then report and track implementation efforts.

**Intervention Menu.** To arrive at the menu of 28 evidence-based interventions and strategies from which Block Grant subrecipients could choose, PIRE conducted an extensive review of existing programs being implemented by subrecipients. PIRE ranked their level of efficacy as well as other relevant program strategies based on the published literature. AL DMH and PIRE arrived at 28 evidence-based programs operating at the individual, community and societal level that have been found to reduce ATOD use among adolescents and young adults. Subrecipients could select from among these programs and adapt an *Intervention Workplan*, one that is prepopulated with tailored steps, to ensure each program or strategy is implemented with fidelity. Subrecipients were offered online resources about program efficacy and implementation guidance. Subrecipients were also given the opportunity (with the approval of AL DMH) to select their own program, not listed in the menu of interventions, to fully respect the local needs assessment process.

**Secondary Data Sources.** PIRE identified online links and built an extensive Excel spreadsheet displaying all available secondary data sources at the state and county levels. The *Secondary Data Source Excel* displays graphs for each of the 67 counties, organized by region, on available substance misuse, consequences, and risk and protective data to aid subrecipients in their community needs assessment process.

**Intervention Tracking Forms.** Intervention Tracking Forms were also developed for each of the 28 interventions to allow the Office of Prevention to more carefully track implementation progress every six months to guide training and technical assistance (TTA) efforts.

The new online *Prevention Planning Template*, accompanying *Intervention Workplans* and *Intervention Tracking Forms* and *Secondary Data Sources Excel* were provided to each subrecipient community in 2019-2020.

The online PPT was pilot tested and launched in July of 2019 and the Intervention Tracking Forms in June of 2020. All of these tools and resources can be found on the AL DMH website. Findings are summarized in sections of this report. A full reporting on the Intervention Tracking Forms may be found in the Appendix, statewide findings for the PPT may be found in a separate report (AI Block PPT Report 2020) and individual county level reports were provided to each of the 67 counties.

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## Organization of the Report

This report presents findings from the following sources:

- (1) Available data from AL DMH ASAIS system (2017-2019) to report on CSAP strategies implemented and the number of persons served and reached from 2017-2019.
  - (2) Data from the new Prevention Plan Template (PPT) launched in FY 2019 to encourage movement through the Strategic Prevention Framework to guide subrecipients through a data driven planning process.
  - (3) Data from the Intervention Tracking Forms to present implementation status of programs and strategies in FY 2020.
  - (4) Focus groups with the subrecipient community to gain perspective from the field on the prevention system in FY 2016 and FY 2020.
  - (5) Return on Investment (ROI) analysis on the outcomes and costs averted by providing adolescents with primary prevention programs and strategies.
  - (6) State level substance misuse data over time to assess the potential impact of Block Grant prevention programs and strategies on risk factors and behaviors among high school students.
- (1) The report also provides a summary of findings and recommendations for consideration.

# Methods

This evaluation report draws from a series of primary and secondary data sources that are listed in the table below. All data were analyzed using simple descriptive statistics.

**Table 1. Data Sources Used**

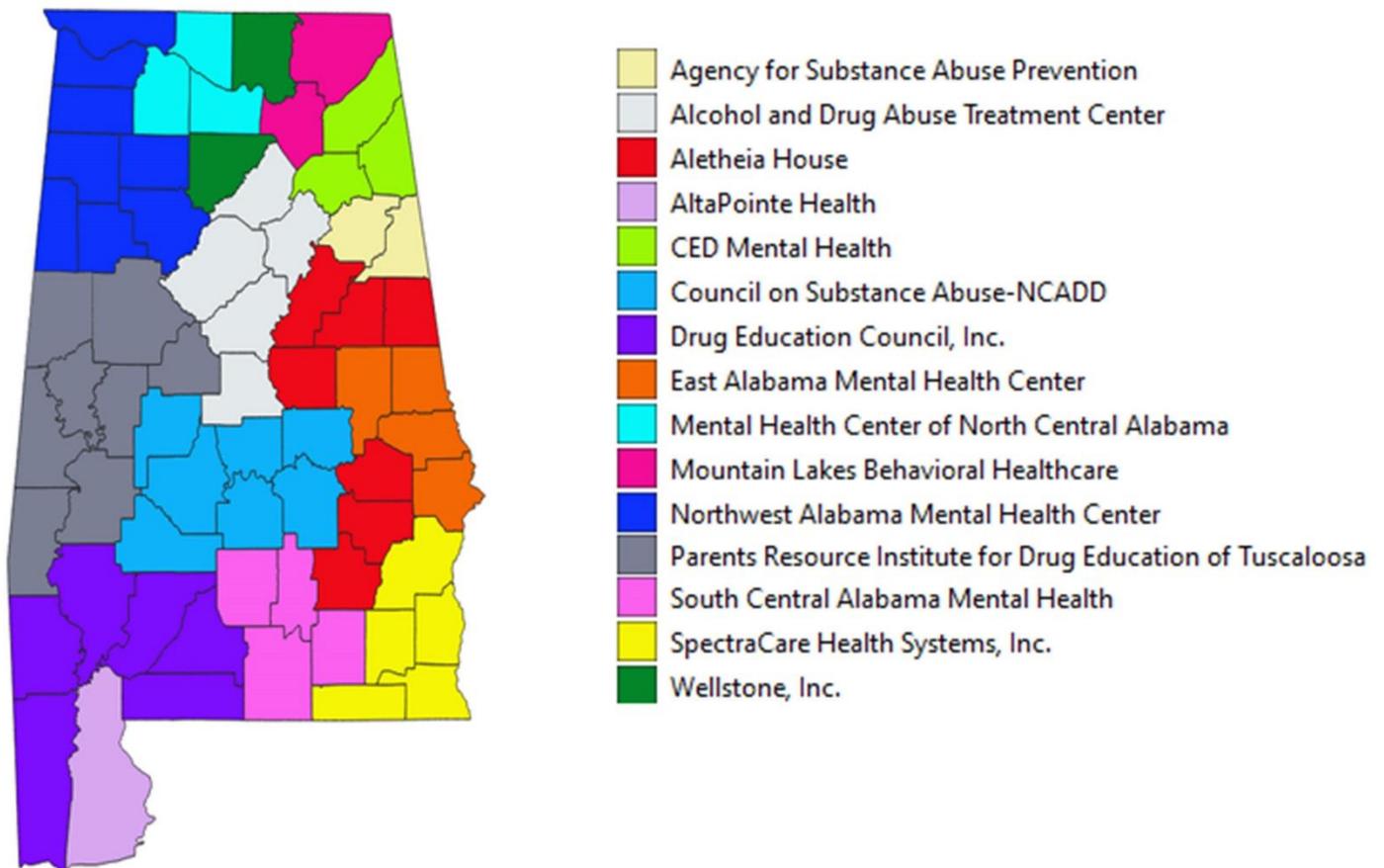
Data Source	Variables of Interest	Date Available
ASAIS System	<ul style="list-style-type: none"> <li>• People served and reached by CSAP Strategy</li> </ul>	2015-2019 (narrowed analysis to 2017-2019)
New Prevention Evaluation System <ul style="list-style-type: none"> <li>• Prevention Plan Template</li> <li>• Intervention Workplans</li> <li>• Intervention Tracking Form</li> </ul>	<ul style="list-style-type: none"> <li>• Community Needs Assessment Process</li> <li>• Evidence-Based Program Selection</li> <li>• Implementation Progress</li> <li>• Successes, Challenges and TTA needs</li> </ul>	2019-2020
Focus Groups	<ul style="list-style-type: none"> <li>• Block Grant Subrecipients perspective on TTA, Block Grant Prevention system and evaluation</li> </ul>	2016 and 2020
Outcomes and Cost Data	<ul style="list-style-type: none"> <li>• People served and reached by prevention programs and costs by a typical county</li> </ul>	2019
Youth Risk Behavior Survey (YRBS)	<ul style="list-style-type: none"> <li>• State level substance use behaviors among high school students (9-12<sup>th</sup> grade)</li> </ul>	2013, 2015 and 2019 (2017 data not available)
National Survey on Drug Use and Health (NSDUH)	<ul style="list-style-type: none"> <li>• Risk and Protective Factors among adolescents ages 12-20</li> </ul>	2014-2018

# AL Block Grant Subrecipients

The Alabama Block Grant currently provides support to fifteen substance abuse prevention service providers to deliver a mix of evidence-based strategies and programs to prevent the onset and reduce the progression of substance abuse and substance abuse related problems in Alabama's sixty-seven counties.

Figure 1 shows the counties served by each of these fifteen agencies. As can be seen in Figure 1, most agencies in FY 2019 oversaw services and programs in more than one county. As reported in FY 2019, staff in these agencies were well trained to oversee prevention services in the counties they serve, with 44% having a master degree or higher and 45% with or pursuing APS certification (Block Grant Prevention Plan State Report, 2020).

**Figure 1. Alabama Counties and the Agencies overseeing Block Grant Prevention Services in each Country (2020)**



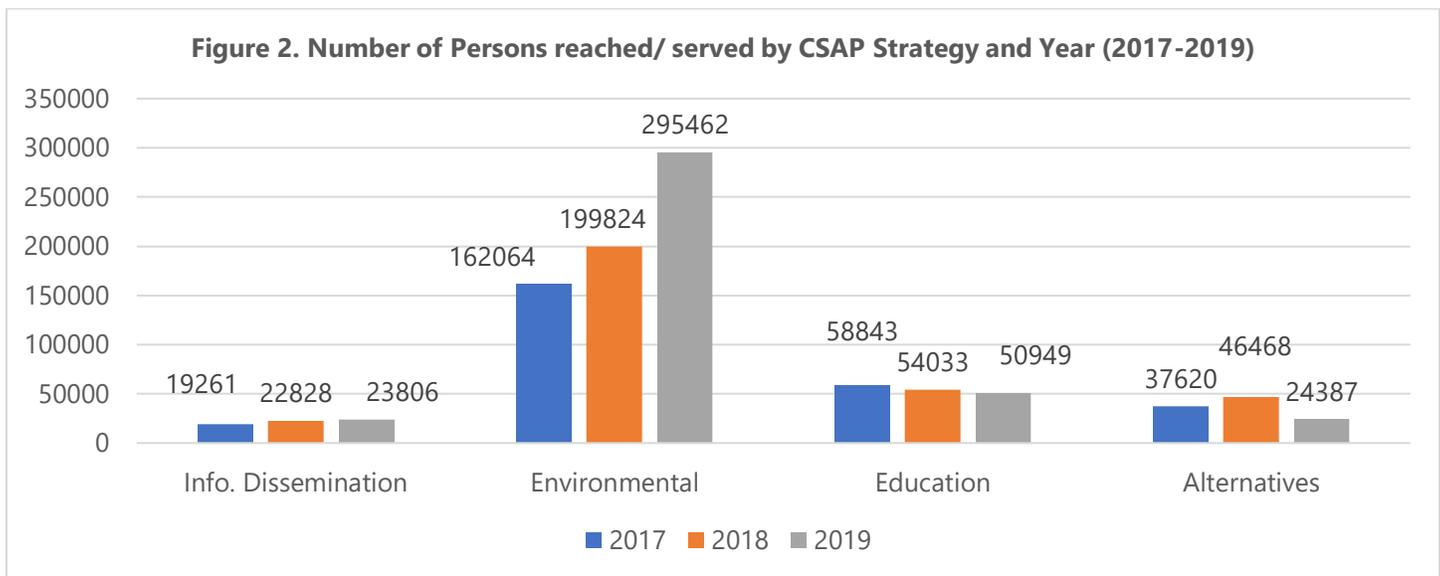
# CSAP Strategies Implemented 2017-2019

## Findings from ASAIS Reporting

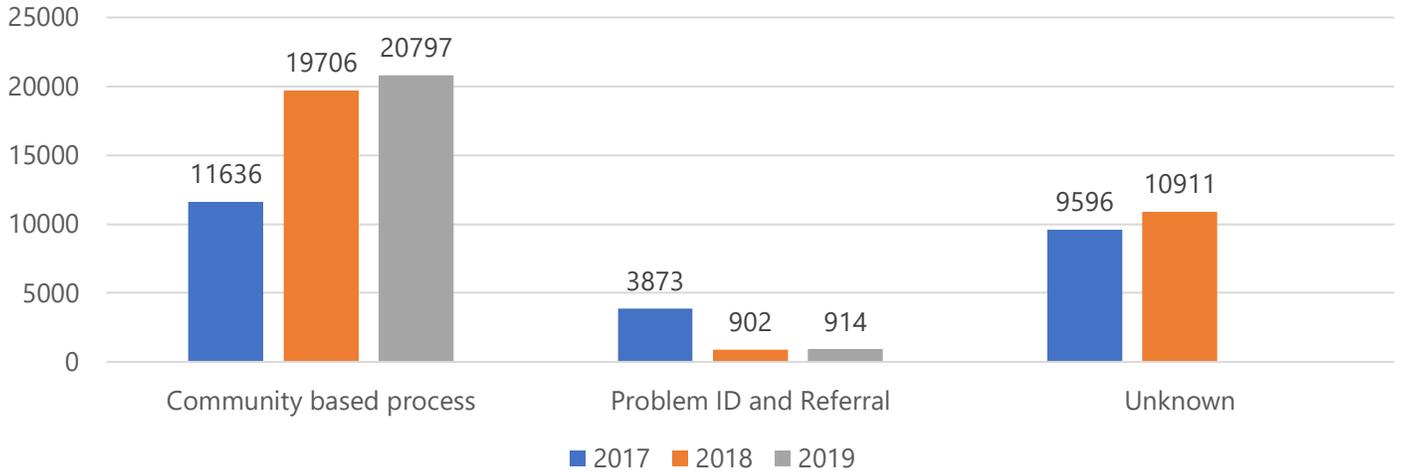
The Block Grant providers delivered evidence-based programs and strategies to communities throughout the state. This report intended to present findings on programs and strategies delivered from 2015 to 2020 and the people reached or served by these efforts. Annual ASAIS data from 2015-2019 was reviewed and analyzed to identify the number of individuals reached or served by agencies (and counties served/overseen by each agency) and by CSAP strategy. Given the data available, it was not possible to discern specific interventions or the county of service with consistency.

Furthermore, during the analysis, it was noted that the data for 2015 had no CSAP strategy recorded and data for 2015 and 2016 had many repeated service entries on the same service dates, making the total numbers reached or served inconsistent with data from later years. Given the inconsistency of the data for 2015 and 2016, data for 2017-2019 are presented in this report. Figure 2 provides a summary of the numbers of individuals reached or served in 2017, 2018, and 2019 by CSAP strategy.

- Increase in Persons Reached/ Served Over Time.** As seen in Figures 2 & 3, the number of people reached or served by many CSAP strategies increased over time. When pooling data together across CSAP strategy, more than 300,000 individuals were reached or served by prevention programs and strategies in 2017. This number increased in 2018 to more than 350,000 individuals and increased further to more than 400,000 individuals in 2019.

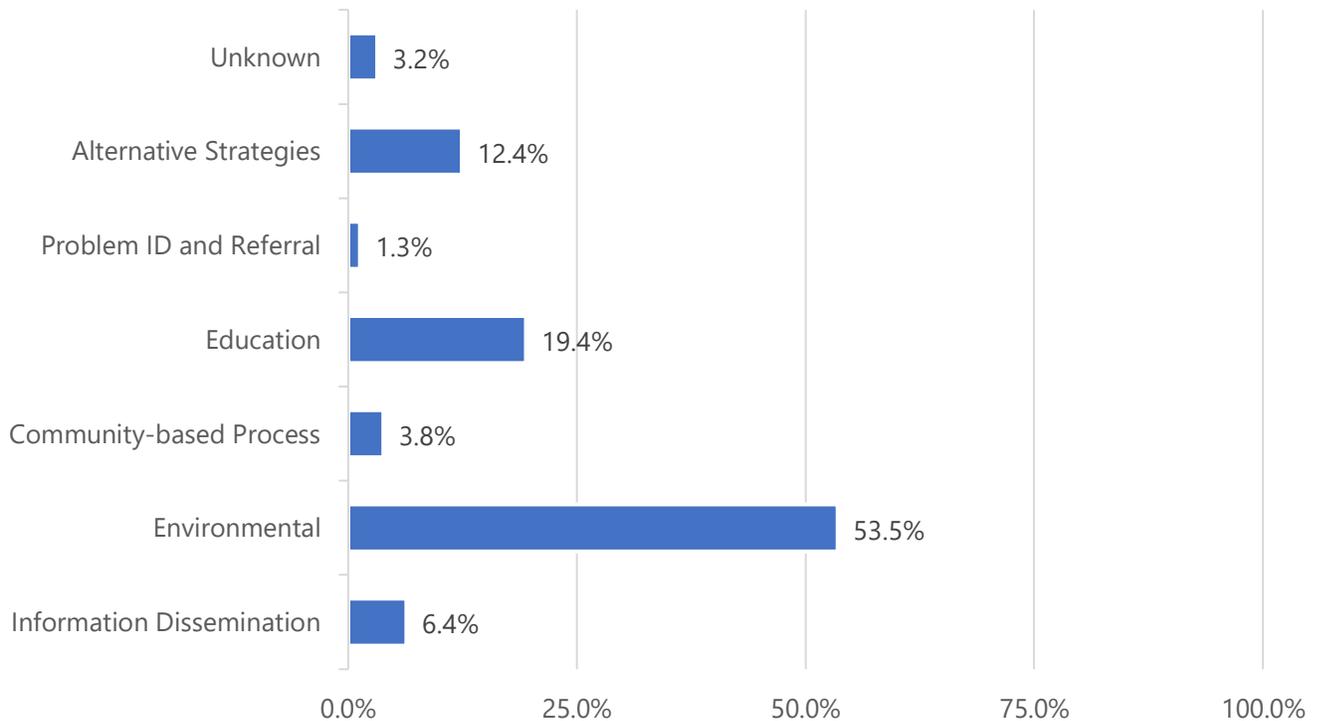


**Figure 3. Number of Persons reached/ served by CSAP Strategy and Year (2017-2019)**

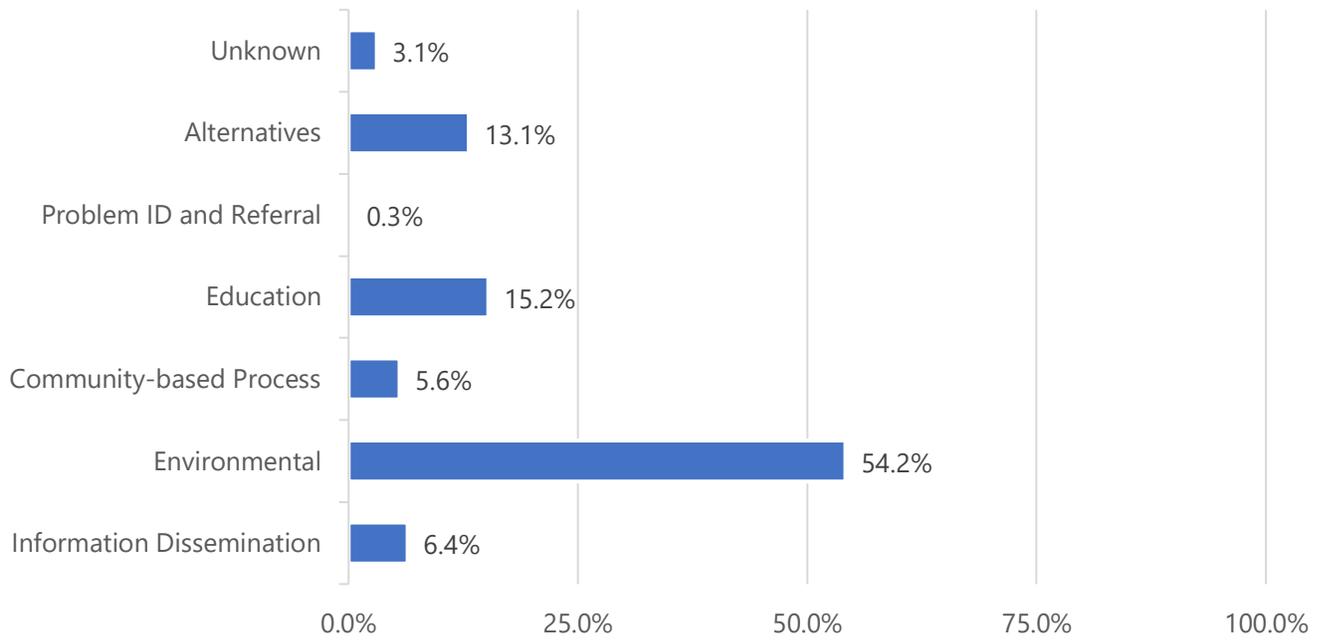


- Growth in Societal/ Community Level Approaches Over Time.** As shown in Figures 4-6, the percentage of the population reached by environmental strategies increased over time, while the percentage served by educational strategies declined. Environmental strategies accounted for more than 1/2 of all individuals reached or served in 2017 (53%), increased in 2018 to 54%, and in 2019 to 71%. Similarly, the number of individuals reached or served by Information Dissemination and Community Based Process efforts increased over time, reflecting a collective effort across the state to reach greater numbers of people at the community and societal levels.

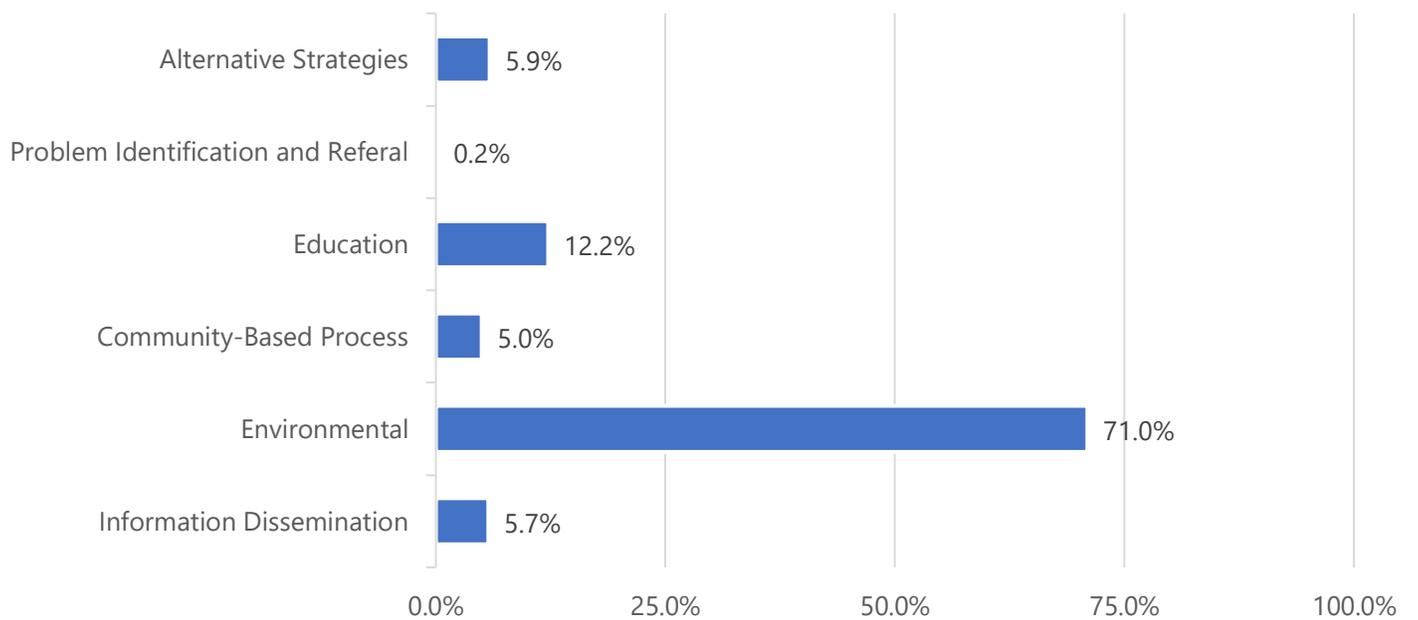
**Figure 4. Percentage of Individuals Served by CSAP Strategy, 2017**



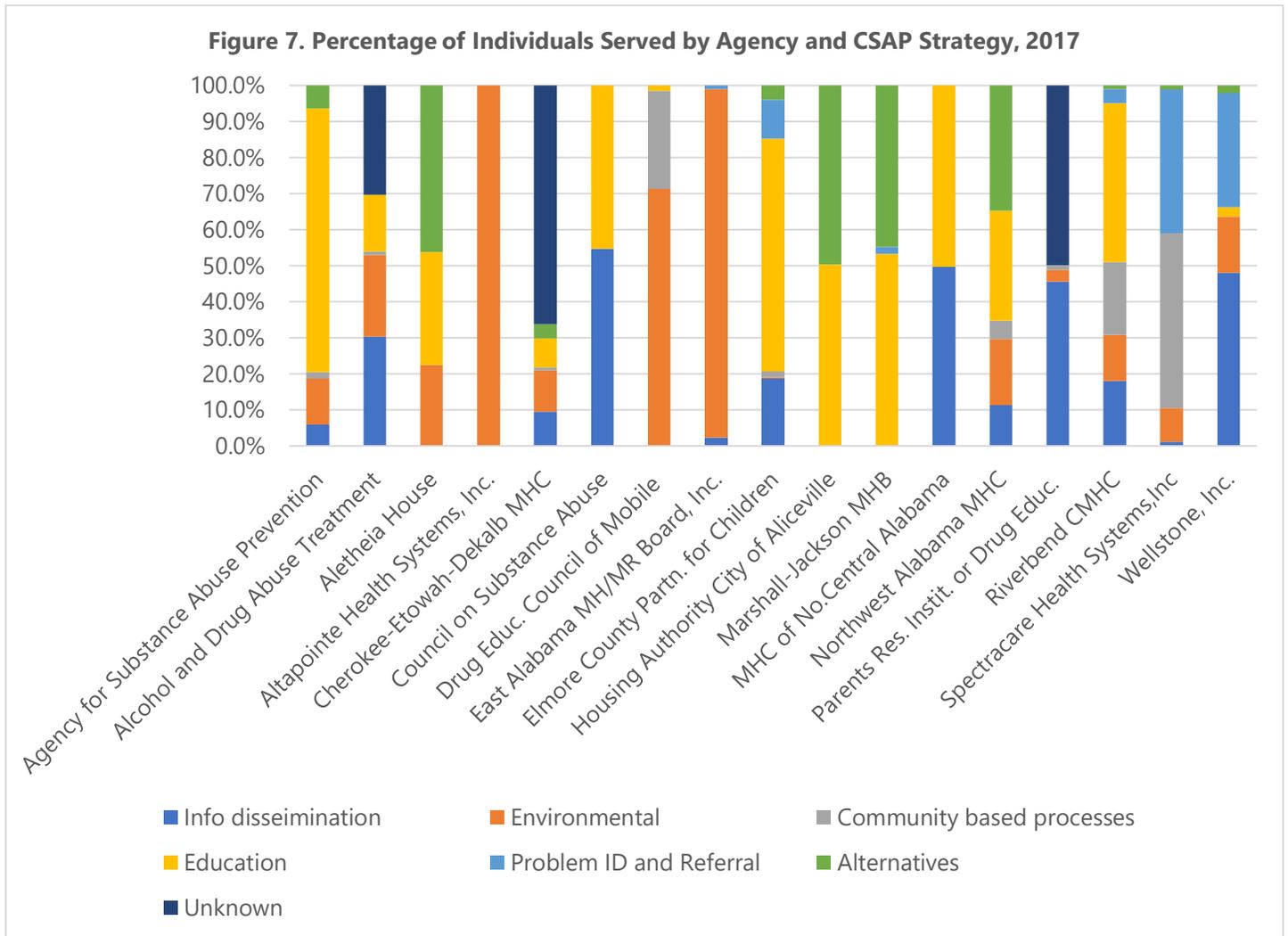
**Figure 5. Percentage of Individuals Served by CSAP Strategy, 2018**



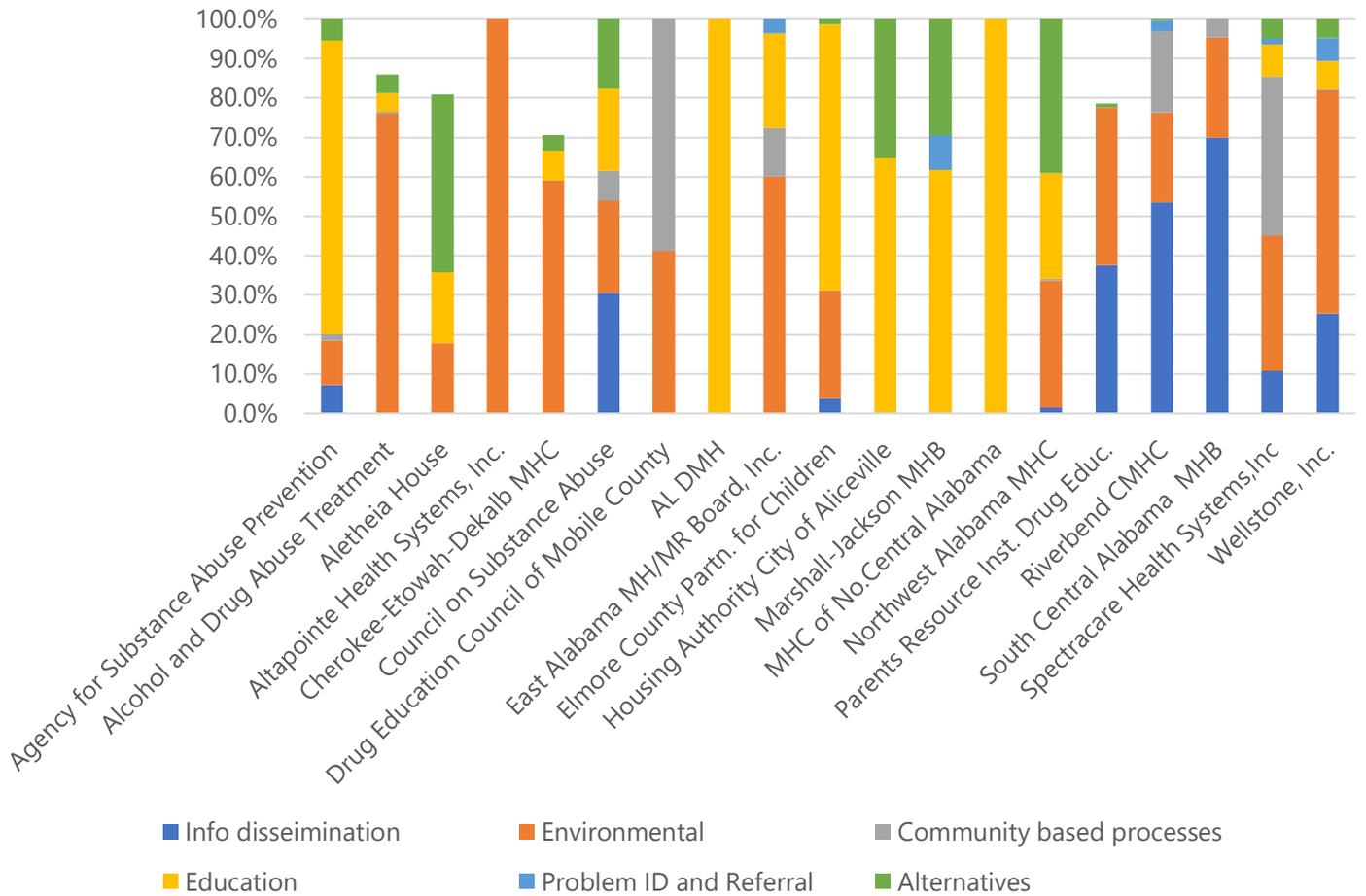
**Figure 6. Percentage of Individuals Served by CSAP Strategy, 2019**



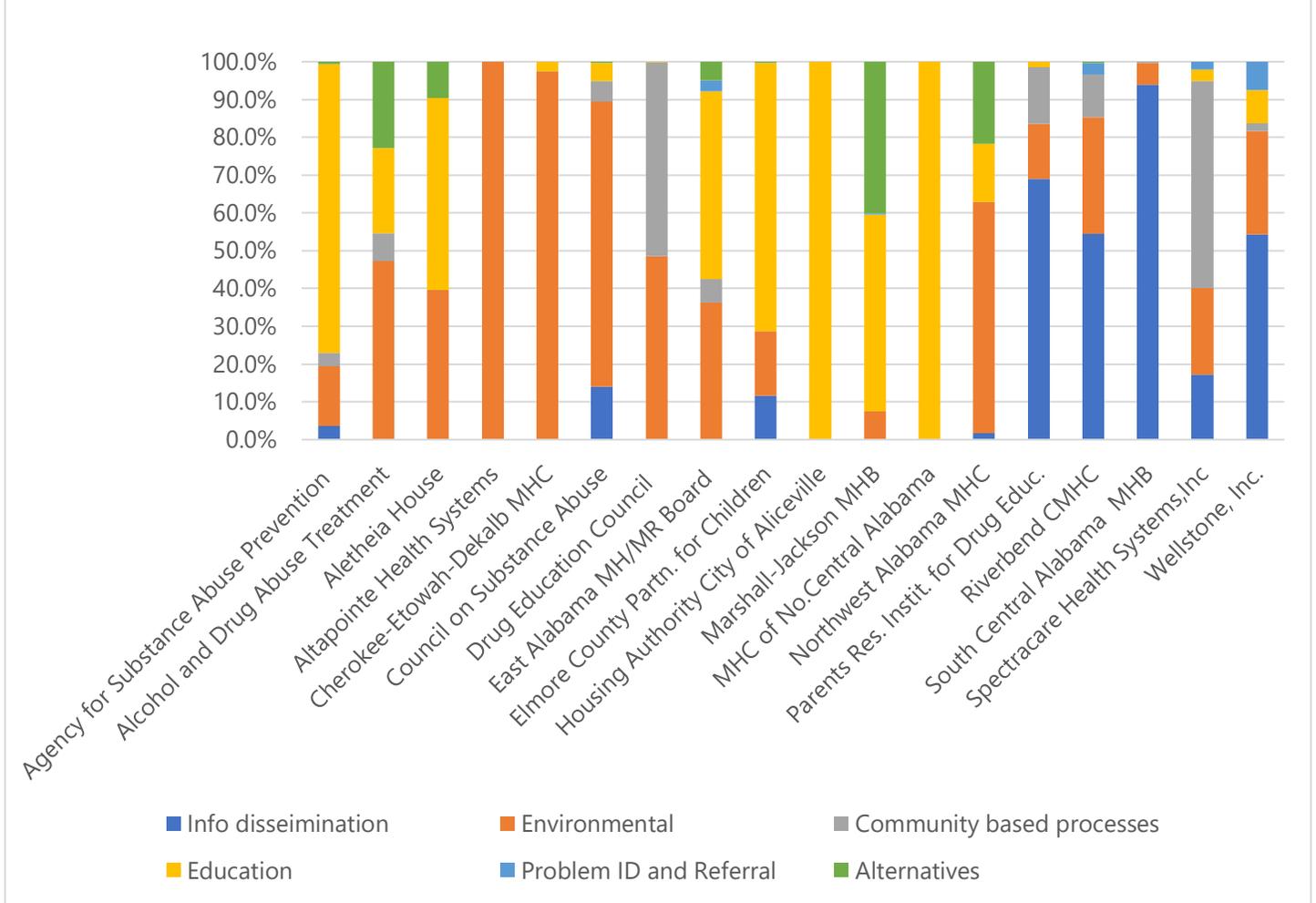
In the next series of graphs (Figures 7-9), we present the distribution of prevention services by CSAP strategy among the services providers serving the state each year from 2017 to 2019 (based on available ASAIS data). Each provider serves a set number of counties that fluctuates slightly each year. In the absence of consistently identified county variables in the ASAIS dataset, we are not able to present this information by county. However, in each of these figures, it is clear that each provider employs a multi-strategy approach. We can also see the growth over time in the use of environmental strategies and across providers from 2017 to 2019.



**Figure 8. Percentage of Individuals Served by Agency and CSAP Strategy, 2018**



**Figure 9. Percentage of Individuals Served by Agency and CSAP Strategy, 2019**



In the next sections of this report we present findings from two new components of the prevention evaluation system that were launched in FY 19 and FY 20: (1) the Prevention Plan Template (PPT) and (2) the Intervention Tracking Forms. The PPT allows the state to move from tracking programs and services at the CSAP strategy level, to assessing more systematically the use of the Strategic Prevention Framework to arrive at the selection and implementation of evidence-based programs. The Intervention Tracking Forms provides the state with the opportunity to more consistently track implementation progress as these programs are planned and launched in communities.

We first present a summary of findings from the PPT followed by main findings from the Intervention Tracking Forms. We include recommendations for improving this new system at the conclusion of this report. (A full report on the PPT findings was submitted to the AL DMHSAS and all findings from the Intervention Tracking Forms can be found in Appendix A).

# Programs and Strategies Planned for 2019-2020. Findings from the Prevention Plan Template

The following is a summary of findings from the new PPT launched in July 2019. In the section that follows, we provide a brief summary of subrecipient training and technical assistance (TTA) needs identified in the PPT and

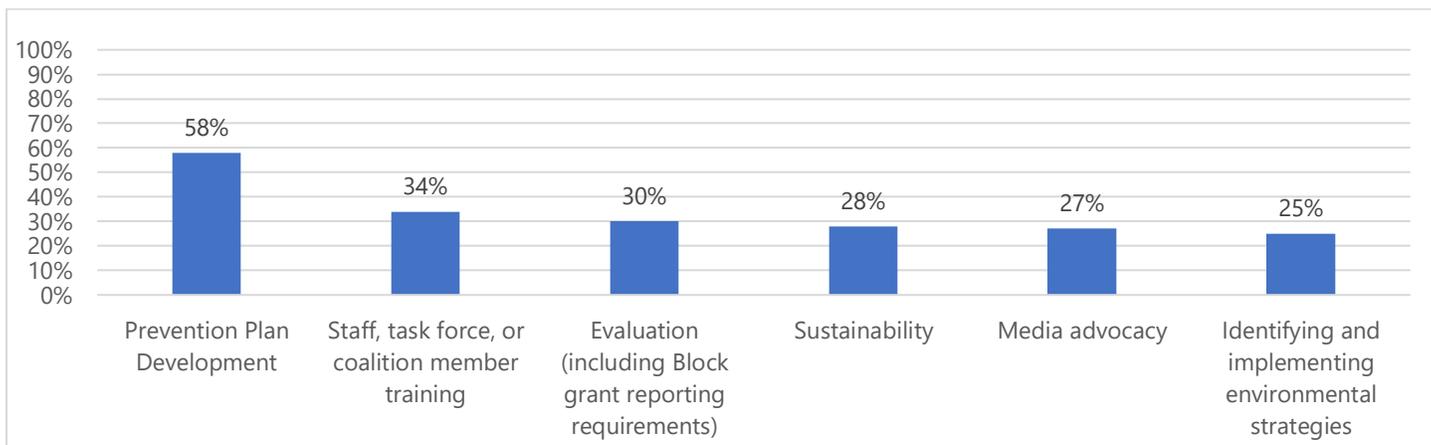
their reported progress through the five steps of the SPF planning process to address underage drinking and prescription drug misuse.

## Training and Technical Assistance Needs - Prevention Plan Template

Counties were asked in the PPT about their TTA needs. Findings are presented in Figure 10.

- More than 1/2 of all counties reported in the PPT needing TTA for prevention plan development.
- Between 1/4 and 1/3 of counties reported needing TTA on the following topics: (1) how to better train staff, coalition member and stakeholder, (2) evaluation, (3) sustainability, (4) media advocacy and (4) identifying and implementing environmental strategies.

**Figure 10. Most Common TTA needs of counties (FY 2019)**

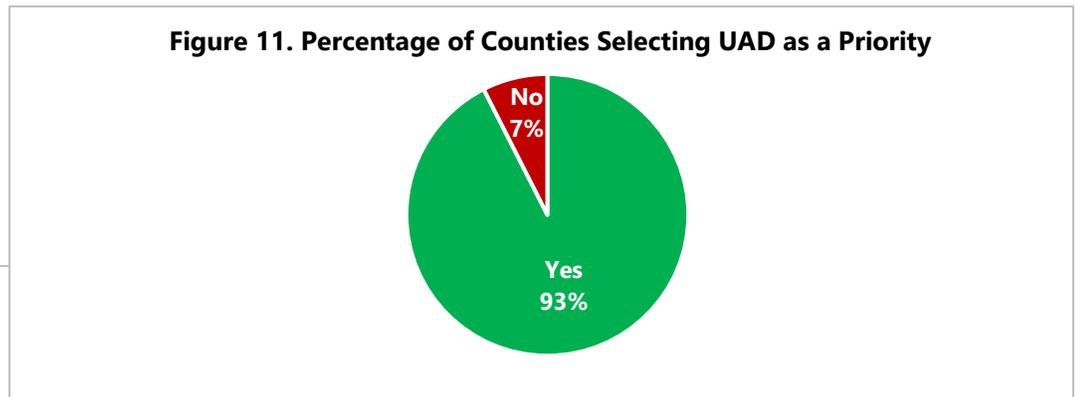


In the section that follows, we provide a brief summary of subrecipient progress through the five steps of the SPF planning process to address Underage Drinking and Prescription Drug Misuse. We first begin with Underage Drinking.

### Step 1: Community Need Assessment for Underage Drinking - PPT Findings (2019)

- 69% of counties carefully explored the four areas outlined in the PPT that are necessary to conduct a thorough the community needs assessment of Underage Drinking. These areas of focus included: (1) Risk and Protective Factors, (2) Consequences of UAD, (3) Subgroups at risk, and (4) Magnitude of the problem.
- Many secondary data sources were reviewed at the state and county levels to explore underage drinking consumption, consequences and risk and protective factors. (All data sources were provided to subrecipients through links and tables that listed whether each source was available at the state and county levels.)

- Based on the community needs assessment, 93% (n=62 of 67) of counties selected Underage Drinking as a priority (Figure 11).



## Step 2: Capacity to Address Underage Drinking

- Among counties selecting Underage Drinking as a priority, the majority reported that partnering organizations had medium to high involvement

## Step 3: Planning Efforts for Underage Drinking

- After completing their community needs assessment, counties that selected UAD as a priority (n=62) noted which risk and protective factors at the individual and community/societal level would be the focus of their prevention strategies. The two most common were: (1) perceived risk of harm and (2) social availability.

### Individual level risk and protective factors:

- Perceived risk of harm (66% of counties)
- Peer norms/perceived peer use (42%)
- Early initiation of use (32%)
- Family norms (32%)

### Environmental risk and protective factors:

- Social availability of alcohol (47%)
- Social/community norms (34%)
- Retail availability of alcohol (26%)

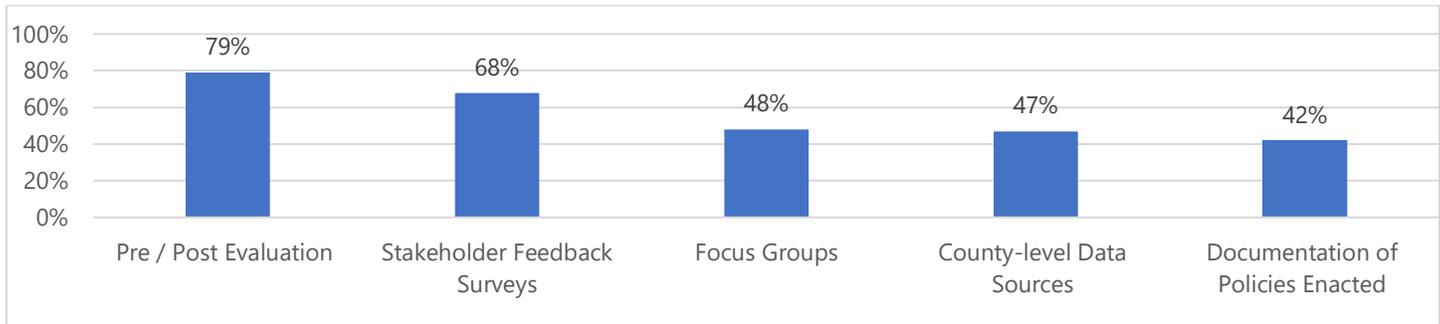
## Step 4: Planning and Implementation - Underage Drinking

- Among the 62 counties that selected UAD as a priority, the following were listed as the strategies they are most likely to implement:
  - Regional/Local Capacity Building (61%)
  - Alternative or Summer Programming (50%)
  - School ATOD policies (29%)
  - Too Good for Drugs (27%)
- The majority of counties indicated that their chosen intervention was evidence-based and had either a manual, curriculum or workplan from OOP to ensure implementation fidelity.
- At-risk populations tended to be:
  - High risk youth
  - Individuals living in rural areas.

## Step 5: Evaluation of Underage Drinking Programs and Strategies

- Described in Figure 12 are subrecipients' plans for collecting outcome data for Underage Drinking programs and strategies. The most common approaches were pre/post evaluation and stakeholder feedback surveys.

**Figure 12. Distribution of outcome-level evaluation efforts to assess the impact of Underage Drinking programs and strategies (n=62 counties selected UAD as a priority)**

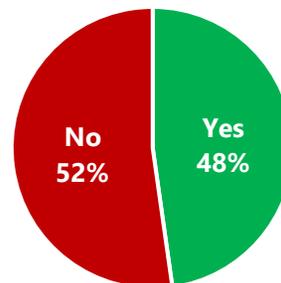


In the section that follows, we provide a brief summary of subrecipient progress through the five steps of the SPF planning process to address Prescription Drug Misuse.

## Step 1: Community Need Assessment for Prescription Drug Misuse

- All counties indicated that they assessed the severity of Prescription Drug Misuse in their county.
- More than half (57%, n=38) examined all four areas of the community needs assessment process including: (1) risk and protective factors, (2) consequences, (3) subgroups at risk, and (4) the magnitude of the problem.
- 12% of counties did not select any of these areas when conducting their community needs assessment for Prescription Drug Misuse. The remainder selected 1-3 of these areas of focus.
- Counties reviewed many data sources at the state and county levels for consumption, consequences and risk and protective factors.
- 48% of counties selected Prescription Drug Misuse as a priority (Figure 13).

**Figure 13. Percentage of Counties Selecting Prescription Drug Misuse as a Priority**



## Step 2: Capacity Building - Prescription Drug Misuse

- Among counties selecting Prescription Drug Misuse as a priority (n=32), the majority reported that their partnering organizations had medium to high involvement. This was less the case for organizations serving LGBTQ individuals for which counties reported low engagement.

## Step 3: Planning Efforts - Prescription Drug Misuse

- After completing their community needs assessment, counties that selected Prescription Drug Misuse as a priority (n=32), noted that the following individual level risk and protective factors were the primary focus of their intervention planning efforts:
  - Perceived Risk of Harm (69%),
  - Family Norms (41%),
  - Peer Norms/perceived peer use (25%),
  - Refusal Skills/Life Skills (25%).
- Counties also reported risk and protective factors at the societal and community level that were the primary focus of their prevention efforts. These included:
  - Social availability of prescription drugs (91%),
  - Social/community norms (53%),
  - Prescribing practices (22%),

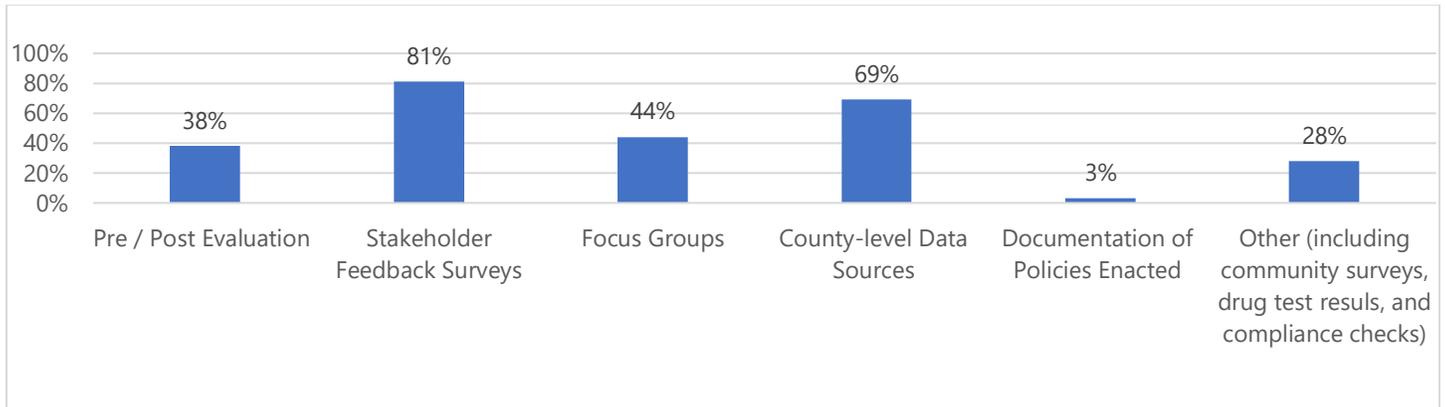
## Step 4: Select Interventions - Prescription Drug Misuse

- Among the 32 counties that selected prescription drug misuse as a priority, the following were listed as the strategies they are most likely to implement:
  - Drug Take Back Events (97%),
  - Alternative Activities (37%),
  - Regional/Local Capacity Building (31%).
- Overall, the range of strategies to address Prescription Drugs Misuse were narrower when compared to UAD.

## Step 5: Evaluation- Prescription Drug Misuse

- Described below are subrecipients plans for collecting outcome data for Rx misuse programs and services. As shown in Figure 14, more than half of all subrecipients reported that they plan to use county-level data (69%) and stakeholder feedback surveys (81%)

**Figure 14. Distribution of outcome-level evaluation efforts to assess the impact of Prescription Drug Misuse programs and strategies (n=32 counties)**



# FY 2020 Program Implementation Progress - Intervention Tracking Forms

The state launched six month Intervention Tracking Forms in June of 2020 to monitor implementation progress of programs identified in their PPT.

The Intervention Tracking Forms were designed to lay out the key steps to ensure implementation fidelity of the 27 evidence-based interventions and strategies from which Block Grant subrecipient could select. The Intervention Tracking Forms included questions about the communities in which the intervention was being implemented, and degree of implementation of key implementation steps, with response categories ranging from (1) not in work plan (2) no progress was made, (3) progress was made and (4) activity completed. The Intervention Tracking Forms also included the opportunity to comment on progress and challenges, successes and TTA needs specific to each intervention. These forms were modeled after previous PIRE efforts in other states and aligned with the published research on key steps for implementation success. The initial draft included people served and reached. The Office of Prevention Services requested that those sections be dropped since this information was being collected through their ASAIS system and they did not want to overburden providers.

- Intervention Tracking Forms asked respondents to report activities from September 2019 and February of 2020.
- Of the 28 intervention choices, agencies collectively selected a total 18 interventions, in addition to other interventions not included in the Intervention Selection Menu.
- In the section that follows, we provide an overall summary of all intervention implemented in Q1-Q2 of FY 2020, degree of implementation progress, and a brief summary of successes, challenges and TTA needs.
- To reduce the length of this report we include in Appendix A specific findings for each of the 18 interventions implemented throughout the state. Because reporting by county would be too lengthy, this Appendix is organized by intervention. With each intervention summary, we describe statewide use of the Intervention Workplans, progress in completing each step of the Workplan, accomplishments, challenges and TTA needs specific to each intervention.

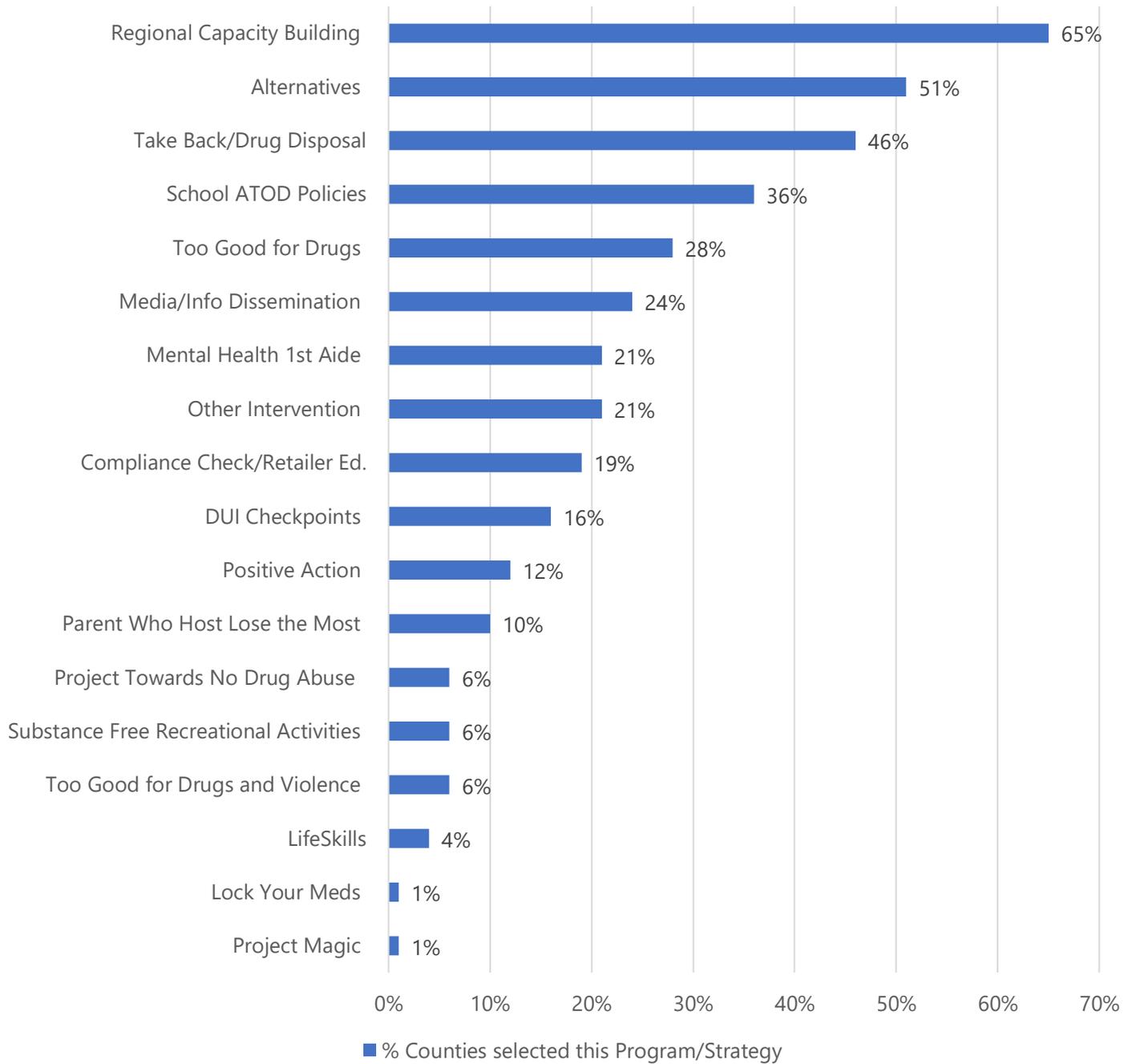
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## Summary of Intervention Implementation in FY 2020 - Intervention Tracking Forms

**Intervention Implementation.** Described below is a summary of the interventions being planned and implemented across the state in the first six months of FY 2020 (Figure 2).

- As can be seen in Figure 15, 18 programs are being planned and implemented in FY 2020 with approximately 47% of these programs reaching the community or societal level of the social ecological model. Collectively these programs and strategies are far reaching and involve multiple sectors of the community.

**Figure 15. Summary of Intervention Selected - All counties (Q1-Q2 2020)**

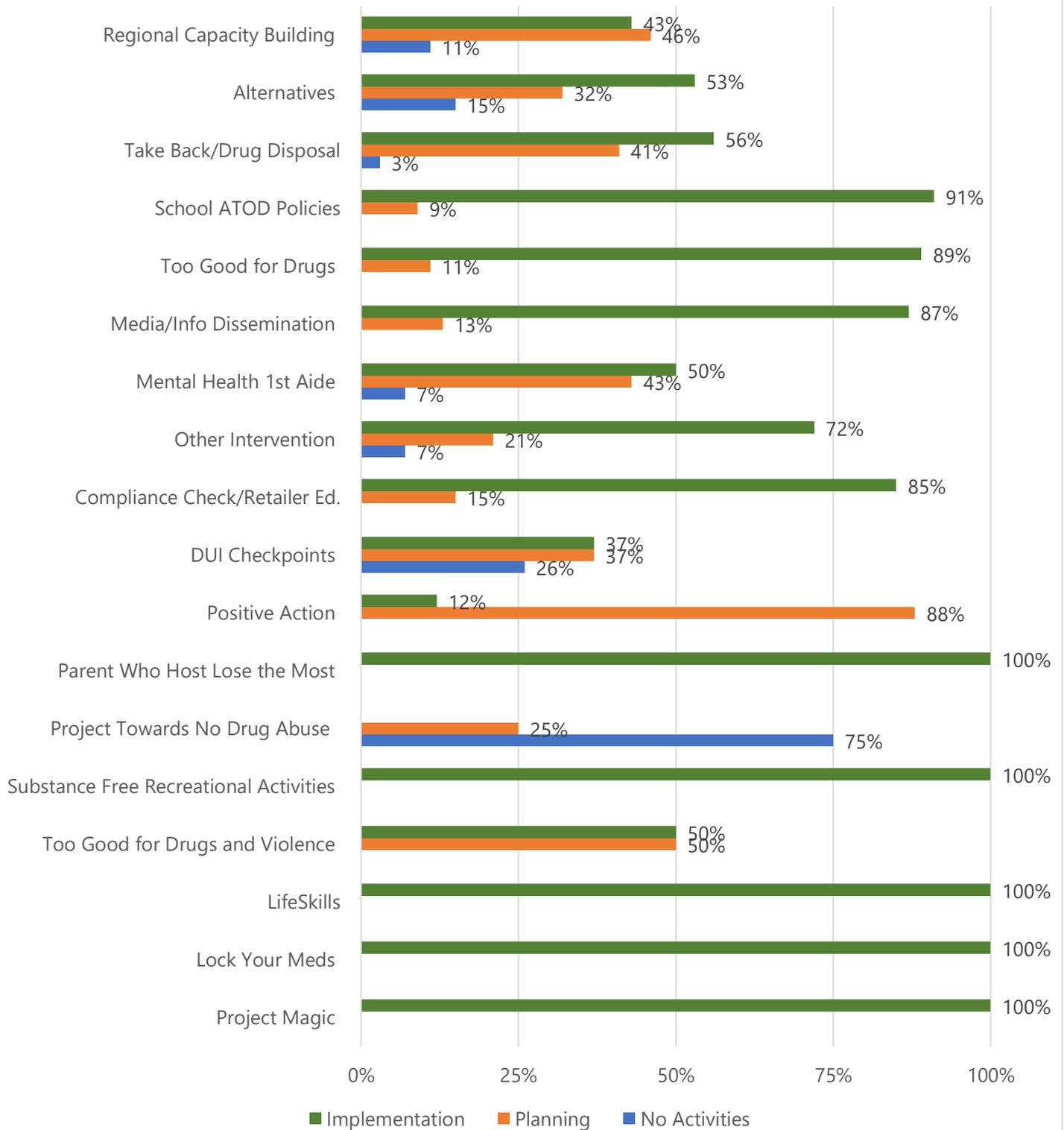


**Note.** This data does not take into account the last six months of programming. The last six month tracking form (Q3-Q4) was being completed at the time of compiling this report.

**Implementation Status.** Figure 16 illustrates the implementation status for each of the 18 programs across the state. The percentages on the far right indicate the percentage of counties that have not yet made Progress, those that are in the Planning stage and those that are in the Implementation /Maintenance stage among the counties implemented each program or strategy. For 10 of the 18 programs (55%), all counties report being in either the planning or implementation phase (green and orange bars combined, Figure 16).

<b>All Programs</b>	<b>Program where some counties report <u>not</u> making progress (% no progress)</b>
	<ul style="list-style-type: none"> <li>• Project Towards No Drug Use (75% of counties)</li> <li>• DUI Checkpoints (25% of counties)</li> <li>• Alternative Activities (15% of counties)</li> <li>• Regional Capacity Building (15% of counties)</li> </ul>
	<b>The programs where <u>all</u> counties are in the Implementation Phase</b>
	<ul style="list-style-type: none"> <li>• Parent Who Host Lose the Most</li> <li>• Substance Free Recreational Activities</li> <li>• LikeSkills</li> <li>• Lock Your Meds</li> <li>• Project Magic</li> </ul>

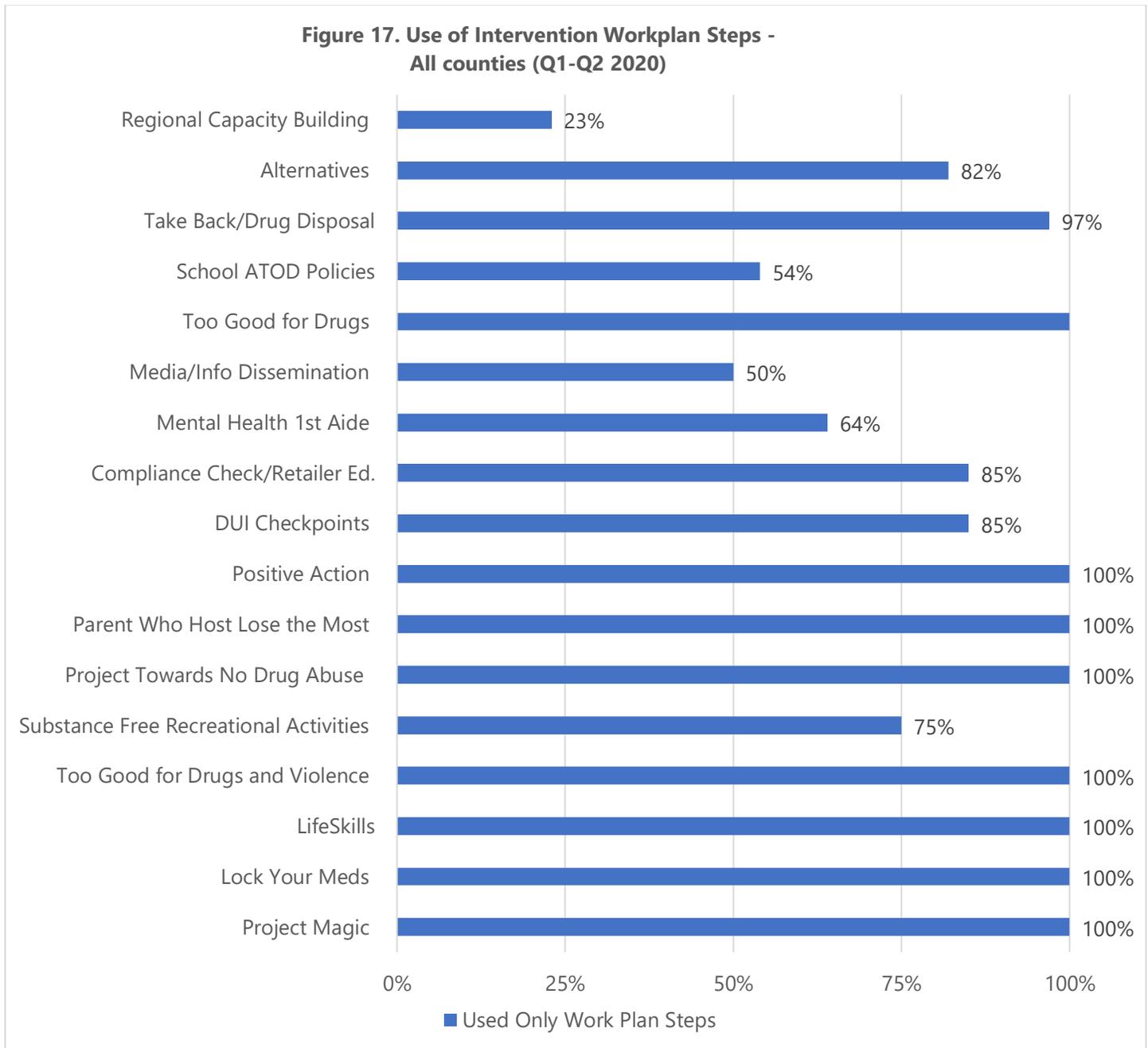
**Figure 16. Summary of Intervention Progress - All counties (Q1-Q2 2020)**



**Adherence to Workplan Steps.** In Figure 17, we present findings on whether counties are using some of the prescribed steps included in the Intervention Workplans as they track their progress over time. The majority of interventions are using, to some degree, the Intervention Workplans steps established by AL DMH and PIRE.

Below we identify the programs/ strategies where fewer than half of counties are using only the prescribed intervention workplan steps and instead supplementing or replacing steps with their own steps.

- Regional/ Local Capacity Building (23% of counties used only the prescribed steps, 77% added their own steps)
- Media Campaigns/Information Dissemination Efforts (50% of counties used only the prescribed steps, 50% added their own steps)



**Note.** "Other" programs that are not included in the menu of interventions are not displayed. Workplans were not developed for these programs.

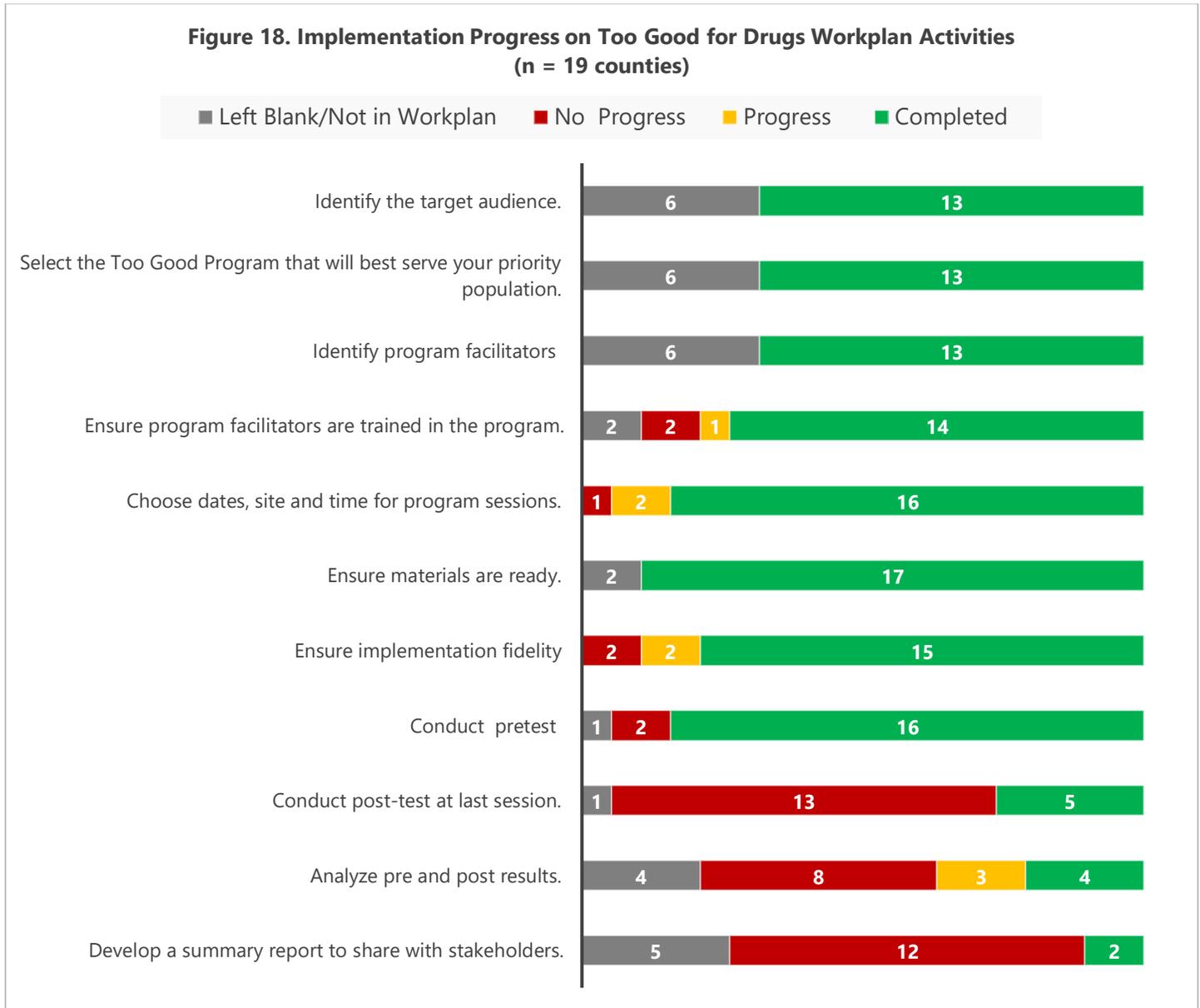
**Inclusion of Work Plan Steps.** Although counties reported using the Intervention Workplans, they frequently did not use all the steps included in each workplan. Listed below are: (1) programs where all steps have been incorporated and (2) programs where each step in the Intervention Workplan has at least one county not incorporating it into their Workplan, introducing possible threats to implementation fidelity.

<b>All Programs</b>	<b>Programs Where <u>All</u> Intervention Workplan steps are incorporated</b>
	<ul style="list-style-type: none"> <li>• Positive Action</li> <li>• LifeSkills</li> <li>• Lock Your Meds</li> </ul>
	<b>Programs Where Each Step of the Workplan Was Dropped By At Least One County</b>
	<ul style="list-style-type: none"> <li>• Regional Capacity Building</li> <li>• Alternative Summer Programming</li> <li>• Take Back Events/ Drug disposal Sites</li> <li>• School ATOD Use Policies</li> <li>• Media Campaign/ Information Dissemination</li> <li>• Mental Health First Aide</li> <li>• Substance Free Recreational Activities</li> </ul>

When there was more intermittent omission of Workplan steps, the Workplan steps that were dropped tended to inquire about administering, analyzing and dissemination of local level evaluation findings.

We present an example of programs where alignment with the Intervention Workplan was high and where alignment with the Intervention Workplan was low. Graphical displays for all interventions can be found in Appendix A.

- **High Alignment with the Intervention Workplan.** As can be seen in Figure 18, Too Good for Drugs has fairly high alignment with some steps dropped but many fully executed.



- **Low Alignment with the Intervention Workplan.** As can be seen in Figure 19, Drug Take Back Events/ Drug Disposal had fairly low alignment with the Intervention Workplan.

**Figure 19. Implementation Progress on Take Back/ Drug Disposal Workplan Activities (n = 32 counties)**



## Implementation Progress from Intervention Tracking Forms

- There was generally some statewide use of the Intervention Tracking Forms and Workplans to help guide and track implementation fidelity.
- Some Intervention Workplans were amended to include locally defined steps in addition to the prescribed steps.
- Other counties left out many key steps that may compromise implementation fidelity.
- These findings suggest the need to review Intervention Workplans with the counties to explore modifications that may be needed to ensure greater engagement and use as a planning tool. These modification need to balance engagement with the need to maintain core components to ensure program efficacy.
- Implementation progress of each program, TTA needs and success and challenges can be found in Appendix A.

**Overall Successes and Challenges Across Programs.** In the following section we summarize the successes and challenges for all programs being implemented in FY 2020 based on data collected from the Intervention Tracking Forms.

<b>All Programs</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• For individual level programs and capacity building efforts, the successes noted were: strengthening partnerships, successfully implemented programs as planned, and identifying lessons learned.</li> <li>• For environmental strategies, successes included: (1) Drop Box installations and surpassing the number of pounds retrieved, (2) establishing partnerships with ALEA for Retailer Education/Compliance Checks and with law enforcement for DUI Checkpoints, (3) establishing successful media campaigns involving newspapers, radio PSAs, Billboards, social media and (4) receiving positive feedback from community level strategies such as Retailor Compliance efforts.</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• Open ended responses noted COVID-19 as the primary obstacle. COVID-19 related challenges included: school closures, inability to identify community settings, moving programs online and program reconfiguration.</li> <li>• Non-COVID-19 related challenges included: making inroads into communities, engaging stakeholders, gaining access to schools, building law enforcement support, and the impact that delays in program budgets had on program launch.</li> </ul>

## Summary of TTA Needs (all Interventions)

- Very few respondents identified TTA needs specific to each intervention.
- One county requested more information on how to successfully move programs online and how to reorganize prevention efforts in the wake of COVID-19.
- Seven counties requested TTA on Take Back Events

# Return on Investment

We perform a Return on Investment (ROI) analysis to assess whether funds invested in Block Grant substance abuse prevention realized a return on investment by preventing poorer long term outcomes for adolescents. We reviewed programs implemented in 2019 and recorded in ASAIS to capture potential program impacts on adolescents. A brief literature review was conducted to identify studies of program effectiveness of alcohol and other drug prevention programs similar to those conducted in Alabama under the Block Grant. A second search was conducted to find estimates of the health care costs and productivity losses due to binge drinking (one of the primary outcomes of Block Grant efforts). An estimate of program impacts was calculated by multiplying a conservative estimate of program success

times the number of adolescents reached and served to arrive at lifetime costs avoided per student who pursues a safer life trajectory by abstaining from binge-drinking. Although there are other program effects that might have been counted, a conservative modeling of the alcohol prevention effects of the interventions chosen produced a sizable return on investment.

We relied on the data in the ASAIS database to calculate the number of students reached with alcohol and other drug abuse prevention programming in the 12 – 17 age group. After cleaning the data by removing duplicates we found the following subtotals for each Service Code category:

CSAP Strategy	ASAIS Service Code Categories	Totals
Information Dissemination	H0024 ----- Prevention - Information Dissemination	11,035
Environmental	H0025 ----- Prevention Environmental	69,808
Community-Based Process	H0026 ----- Prevention - Community-Based Process	7,346
Prevention Education	H0027 ----- Prevention Educ - Single Strategy	302
Prevention Education	H0027:HF ----- Prevention Educ - Bus. Hours Mult. Strat.	13,177
Prevention Education	H0027:HF:HA ----- Prevention Educ - Non Bus. Hours Mult. Strategies	12,199
Problem Identification	H0028 ----- Prevention - Problem Identification and Referral	776
Alternatives	H0029 ----- Prevention Alt. - Single Strategy	42
Prevention Education	H0029:HF ----- Prevention Alt. - Bus. Hours Mult. Strategies	9,294

To arrive at a unique total of students most directly affected by alcohol and other drug abuse prevention programming we used the total for service code H0027:HF, or 13,177 students. All of the other totals were considered to be supportive of the school-based programming that took place during the regular school day. The programming mentioned in the Program field for the H0027:HF entries included Too Good for Drugs, Heads Up, Media Ready, and Media Detective. Too Good for Drugs is a K-12 prevention education program designed to impart knowledge, attitudes, and skills that mitigate the risk factors and enhance protective factors related to alcohol, tobacco, and other drug (ATOD) use. The lessons introduce and develop social and emotional skills for making healthy choices, building positive friendships, developing self-efficacy, communicating effectively, and resisting peer pressure and influence. Media Ready is an evidence-based program for middle school classrooms, designed to give youth the ability to analyze media messages, recognize unhealthy behavior, and prevent substance abuse through the power of media literacy education. The Media Detective programs are activity-based, media literacy education, alcohol and tobacco use prevention programs that engage children in learning about media and substance use.

The description for Service Code H0027 says that “this strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants.” The “HF” suffix indicates that “two or more strategies in different domains with the same target population during business hours.” Because of the intensity of this service code, and because of the surrounding environmental (H0025), as well as school-based after business hours, weekends, summer and spring breaks) programming (H0027:HF:HA), we feel confident in using the findings from studies on Too Good for Drugs and attributing those results to the 13,177 students receiving multiple school-based programming.

For the purpose of finding a conservative approximation for the ROI of the Block Grant programming, we concentrate on program effects on eliminating binge drinking since that habit represents the most costly behavior in terms of increases in health care costs and decreases in productivity over time. The National Survey on Drug Use and Health’s (NSDUH) report from 2018 says that about 2.2 million adolescents aged 12 to 17 drank alcohol in the past month, and 1.2 million of these adolescents binge drank in that period (NSDUH, 2019), which corresponds to 4.7 percent of adolescents. This is consistent with the TGFD study that found that 5% of students in both the intervention and control groups were in the high risk category.

In the most recent evaluation report for Too Good for Drugs (Bacon, 2013), on Table 27 (page 96) we see that the program was found to have a standardized effect size on high risk binge drinkers at six month follow-up of 0.49. In order to have that effect size nearly all of the 4.7 percent binge drinkers would need to have stopped binge drinking. If we conservatively posit that half or only 2.35% of the 4.7% of students stopped binge drinking in Alabama, then the program positively affected 2.35% of the 13,177 students - or 310 students - who received Too Good for Drugs programming will no longer be (or become) binge drinkers.

Savings from 310 fewer binge drinkers times an annual medical cost and productivity losses of \$3,262 per year (Sacks 2010 and SAMHSA 2010) for 37.5 years (from age 14.5 until age 52, the average life expectancy of a binge drinker), which is \$122,308 in 2010 dollars, or \$148,709 in 2020 dollars per person times 310 students equals \$46,099,790.

- When these savings are compared against the annual budget for the Block Grant prevention programs of \$920,000, **this means that \$50.11 is saved for every \$1.00 spent.**
- This return should be considered conservative since it does not include a valuation of all other prevention programming effects.

# Focus Group Findings 2016 and 2020

PIRE held focus groups with Block Grant subrecipients in 2016 and again in 2020. The purpose was to gauge subrecipient needs to help inform evaluation and TTA

efforts. By conducting these focus groups at two time points (four years apart), we were also able to assess whether subrecipient concerns have shifted over time.

Findings and recommendations from 2016 and 2020 are contrasted in the below table.

ENVIRONMENTAL STRATEGIES	
FY2016 Focus Group	FY 2020 Focus Group
<p><b>50% Environmental Set Aside Too Large.</b> Many grantees were frustrated with the shift from school-based prevention programming to environmental strategies. They believed they were letting schools down, particularly where they had a consistent presence. They described the shift to environmental strategies as not well aligned with their focus on youth, they missed having a presence in students' lives and felt that the 50% set aside did not leave enough room to run viable programs and was in conflict with the SPF data driven planning process.</p>	<p><b>50% Environmental Set Aside Too Large.</b> Similar to the FY 2016 Focus Group, participants communicated that the 50% funding set aside for environmental strategies was too high, did not align with the SPF planning process and prevents them from being more responsive to emerging community needs like e-cigarette use</p> <p><b>Unclear About What Can Be Billed as an Environmental Strategy.</b> Providers requested assistance and guidance to better understand which programs/interventions can be classified as environmental strategies.</p> <p><b>Challenges with Implementation of Environmental Strategies.</b> Providers expressed challenges implementing environmental strategies. They indicated that many strategies require public policy expertise to move them forward in the community.</p> <p><b>Environmental Strategies in conflict with communities' financial interests.</b> Providers indicated they often meet resistance in some rural counties when environmental strategies are in conflict with economic interests. As a result, many of the environmental strategies are implemented in local schools which limits reach.</p>

## STAKEHOLDERS INVOLVEMENT

FY2016	FY 2020
<p><b>Difficulty Engaging Stakeholders in Rural Communities.</b> Participants struggled with building coalitions in communities where they did not have a presence. In some cases, stakeholders were reluctant to meet with organizations they did not know, delaying the development of coalitions and prevention plans.</p> <p><b>Reluctance to Recognize Substance Misuse in Communities.</b> Rural communities were often reluctant to recognize alcohol and substance use as problems in their own communities, making it difficult to build support and buy-in.</p>	<p><b>Difficulty Sustaining Coalition Involvement.</b> Participants had less difficulty making inroads into rural communities as described in 2016, but did struggle with sustaining coalition involvement over time and among law enforcement.</p> <p>Participants shared ideas, such as working with retired teachers who have deep ties in rural communities often with former students who may find themselves in law enforcement as a way to bring reluctant stakeholders to the table.</p>

## DATA COLLECTION & NEW PPT

FY2016	FY 2020
<p><b>Low Data Collection Burden.</b> Subrecipients did not feel that data collection for the state was overly burdensome but that some of the reporting in ASAIS was duplicative.</p> <p><b>Allow for time for SPF Planning.</b> Respondents found the SPF planning process beneficial but wanted more time to conduct their local needs assessment.</p> <p><b>Intervention Menu- Mixed Support.</b> When asked about establishing a menu of evidence-based interventions, responses were mixed. Others thought it would be beneficial as long as it was supported by local data.</p> <p><b>More Frequent Program Amendments.</b> Participants wanted more opportunities to amend prevention plans so they can move forward without being delayed.</p>	<p><b>PPT - Burdensome.</b> Focus group participants found the revised PPT highly burdensome. Recommended changes included reduced length and redundancy, adding a table of contents, allow for skipping to sections and the creation of color coded sections. Those who use the Rx PPT would prefer the Block PPT to align with that tool and to be similarly brief and easier to navigate.</p> <p><b>Limited time to Review Secondary Data Source Links.</b> Most providers indicated that they did not have time to check the data source links when completing the PPT.</p> <p><b>Support for Menu of Interventions and Workplans.</b> Providers appreciated the menu of interventions and Intervention Workplans as well as the option to pick "Other" strategies.</p> <p><b>PPT did not improve movement through SPF Steps.</b> Although the goal of the PPT was to systematically move through the five steps of the SPF, none of the providers felt this made their needs assessment more aligned with SPF.</p>

**TRAINING AND TECHNICAL ASSISTANCE**

FY2016	FY 2020
<p><b>Networking with Other Providers to Guide Intervention Selection.</b> More important than a menu of evidence-based interventions, was having more opportunities to network with other providers to help guide intervention selection.</p> <p><b>Greater Applicability to Rural Context.</b> Grantees indicated that although the state provides a great deal of TTA, it often lacks direct applicability to the specific circumstances and challenges faced by grantees (e.g., developing effective coalitions in more rural areas).</p>	<p><b>Greater Opportunity for networking among providers.</b> Subrecipients wanted opportunities for informal exchange with other providers.</p> <p><b>Guidance on CSAP Strategies.</b> Some subrecipients wanted TA on what type of strategies are considered community-based process strategies, what interventions fall under which CSAP strategy and guidance on billing codes.</p>

# State-level Substance Use Behaviors and Risk Factors 2013-2019

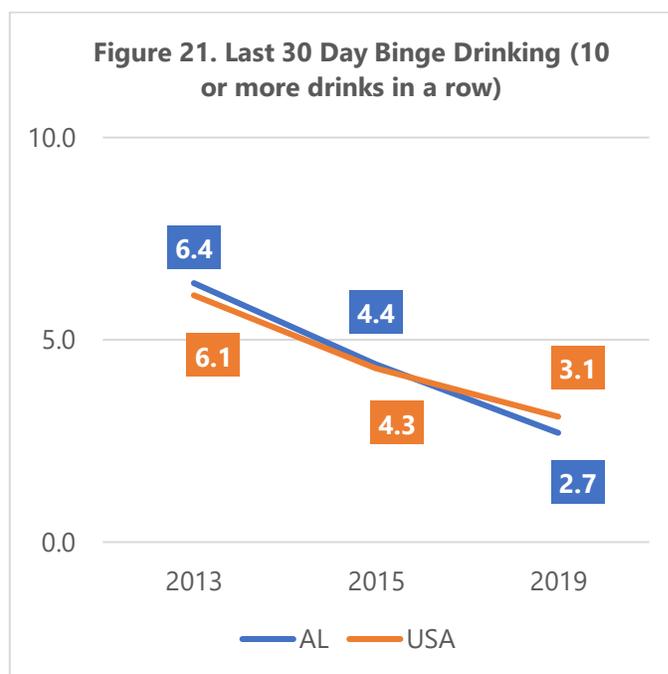
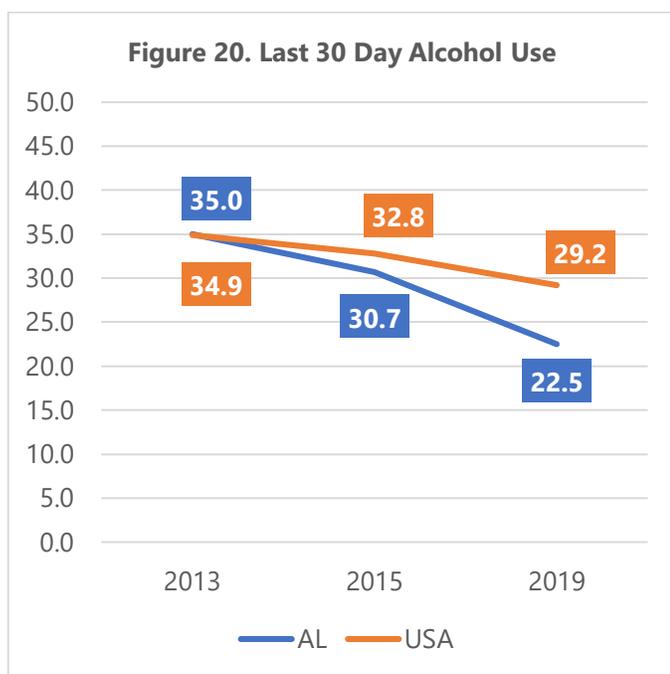
In the last section of this report, we report on state level trends in substance use behaviors and risk factors among adolescents when compared to the national average. Because Alabama has not yet reestablished a statewide survey, our findings are limited to state not county level outcomes. The first data source for substance use behaviors is from the Youth Risk Behaviors Survey which was administered biannually in Alabama (CDC, 2013-2019). We included in this analysis 2013, 2015 and 2019 survey data. Please note the survey was not launched in Alabama in 2017. We include in our figures pooled findings for all high school students (grades 9-12).

As can be seen in Figures 20-24, the substance use behaviors among high school students in Alabama maintained a downward trend over time.

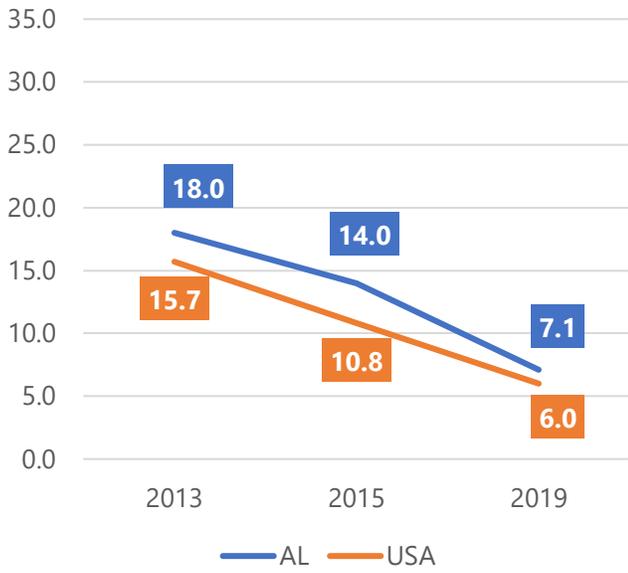
- Last thirty day alcohol use, binge drinking, marijuana use, cigarette use and electronic cigarette all

declined from 2013 to 2019 for Alabama high schoolers and mostly nationally. Alabama rates were lower than the national average with the exception of last thirty day cigarette use which declined each year but remained higher than US peers.

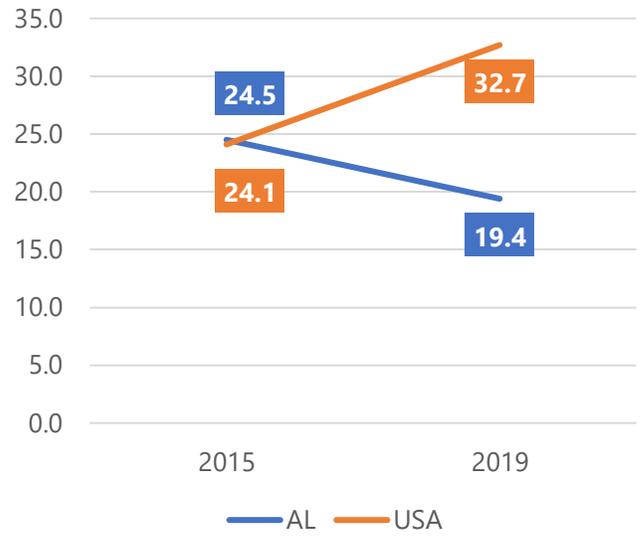
- Notably, national use of electronic cigarette in the last thirty days increased in the US from 24.3 in 2015 to 34.7 in 2019. In contrast, rates among Alabama's high school students actually declined from 24.5 in 2015 (same as the US average) to 19.4 in 2019 (Figure 23). Please note rates of electronic cigarette use were not collected in 2013.
- Last, prescription drug misuse (ever using a prescription that was not intended for you or not as directed) was collected in 2019 only. Surprisingly, ever misusing prescription drugs was substantially higher in Alabama when compared to the national average (22.1 vs. 14.3) (data not displayed).



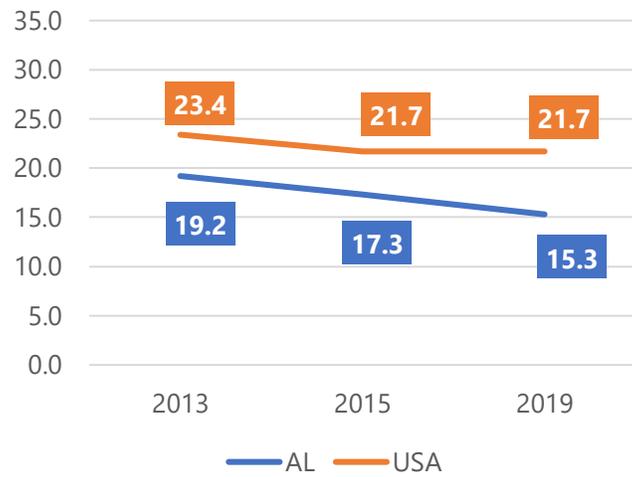
**Figure 22. Last 30 Day Cigarette Use**



**Figure 23. Last 30 Day Use of E-Vape Products**



**Figure 24. Last 30 day Marijuana Use**



# State-level Risk Factors 2013-2019

We next looked at state level estimates of risk factors of substance use. We were able to identify perceived risk of harm found in the National Survey of Drug Use and Health (NSDUH). This survey identifies students ages 12 to 17 (a slightly younger age group than YRBS). We present findings on survey data from 2015-2018. This survey asks about: (1) perceived risks of drinking (5 or more drinks, once or twice a week), (2) perceived risk of marijuana use (once a month), and (3) perceived risk from smoking (one or more packs a day). We compare Alabama rates to the national average among adolescents ages 12 to 17 (Figures 25-27).

The findings on perception of risk are very different from the declining rates of substance use found in Alabama and nationally over time. When looking at these risk factors, we find that perceptions of risk conferred by alcohol use remained fairly stable over time while

perception of risks for marijuana use and smoking declined over time at the national and state level.

- Perceptions of risk of harm from drinking declined slightly over time but there was no discernable difference between the state and national rates (Figure 25).
- Alabama youth have declining perceived risk for marijuana but their perceived risk is higher than the national average at each time point (Figure 26).
- For tobacco use, it is the opposite. Both the national and state averages are declining over time but Alabama youth have slightly lower perceived risk of tobacco than their peers nationally (Figure 27).

Overall risk of harm associated with tobacco was the highest, followed by drinking and then marijuana.

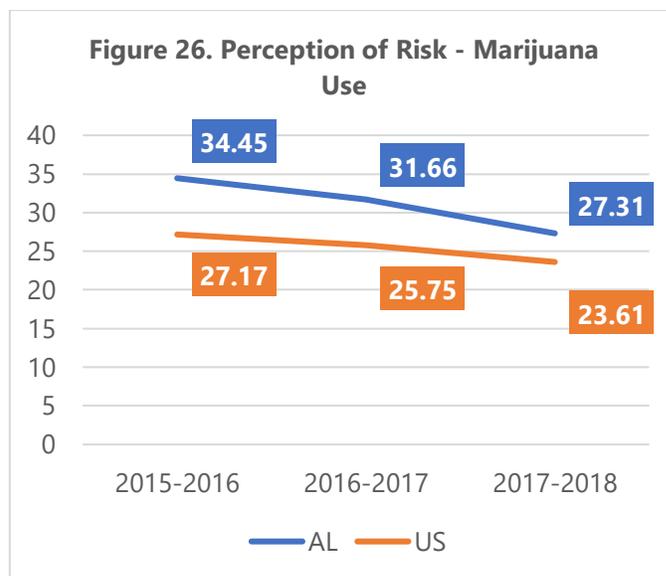
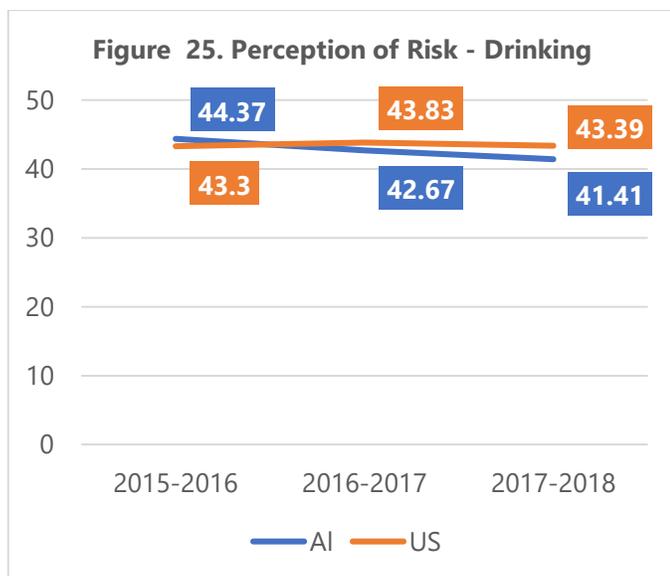
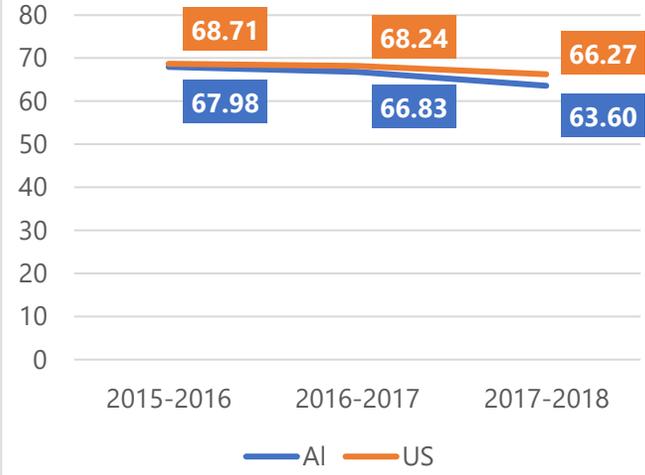


Figure 27. Perception of Risk - Smoking



# Summary and Recommendations

This report drew upon several data sources including: (1) ASAIS data on CSAP strategies from 2017-2019 and people served, (2) results from the newly revised prevention evaluation system including the Prevention Plan Template, Intervention Workplan and Intervention Tracking Forms, (3) focus groups with subrecipients, (4) cost data to assess

return on investment and (5) secondary data on substance abuse behaviors and perceived harm to assess whether programs and services may be having an impact on state level trends. Key Findings and associated recommendations are summarized below.

## 1. Persons served and reached over time by CSAP Strategy.

The data we were able to obtain from ASAIS are organized by CSAP strategy and prevention provider (there was not consistent reporting at the intervention or county level). Because of the variation in reporting in 2015 and 2016 we narrowed our analysis to the 2017-2019 data. Main findings are summarized below.

- A steady increase in the number of person exposed to evidence-based programs and strategies over time.
- The percent of programs falling into each CSAP category remained fairly consistent over time with the exception of environmental, information dissemination and community based process strategies which increased over time.
- **Recommendation.** To improve reporting and analysis using ASAIS data, AL DMH might consider adding variable fields such as intervention program or strategy, the targeted county, start and end dates and clarify with providers best approaches for capturing people served and reached to improve the quality of reporting.

## 2. The Prevention Plan Template Findings.

- **Priorities Identified.** Through the PPT reporting, nearly all counties identified UAD as a priority and half of all counties identified Prescription Drug Misuse as a priority.
- **Community Engagement.** Block grant counties relied on a diverse range of community partners, the majority of which had high or medium engagement. This was less the case for tribal or LGBTQ partners. Finding ways to more fully engage these partners may help to address populations known to be at risk of health disparities.
- **TTA Needs.** Counties identified training and technical assistance needs that focused on the development of their prevention plan, training staff and coalitions, evaluation, sustainability, media advocacy and identifying and implementing environmental strategies.
- **Recommendation.** Consider integrating the PPT into a data portal to allow for easier data entry. Consider significantly shortening of the PPT to reduce respondent burden as well as allowing easier navigation, filtering and automatic report generation.

### 3. Implementation Progress- Results from Intervention Tracking Forms.

- Based on the FY 20 Q1-Q2 Intervention Tracking Forms, 18 programs are being planned and implemented in FY 2020 with approximately 47% of these programs reaching the community or societal level of the social ecological model.
- For 10 of the 18 programs (55%), all counties report being in either the planning or implementation phase.
- Overall there was statewide use of the Intervention Tracking Forms and Workplans, some Intervention Workplans were amended to include locally defined steps in addition to the prescribed steps.
- Other counties left out many key steps that may compromise implementation fidelity.
- **Recommendation.** These findings suggest the need to review Intervention Workplans with the counties to explore modifications as needed to ensure greater engagement and use of workplans to enhance implementation fidelity.

### 4. Focus Group Findings.

Comparing the focus group data from 2016 to 2020, some issues were aligned and others had shifted.

- 2016 and 2020 participants had reservation about the allocation of 50% of funding for environmental strategies and believed it prevented SPF planning and limited their ability to respond to emerging needs.
- 2016 participants communicated concerns about building relationship in rural communities where they were a new presence, while 2020 participants discussed challenges of maintaining coalition and stakeholder involvement, particular law enforcement.
- 2016 participants noted that report burden was low but wanted guidance from the community of providers about intervention selection. 2020 participants found the new PPT burdensome and provided recommendations for revisions. They found the menu of interventions helpful but reported having little time to make use of secondary data sources provided. They did not feel that the PPT helped them move through the SPF process more systematically.
- Both groups wanted more time to meet together informally with the peers to share lessons learned.

### 5. Return on Investment.

A return on investment analysis was conducted using 2019 ASAIS data. The conservative finding focus on one behavior (binge drinking) and its long-term effects.

- The ROI found that for every 1 dollar spent on Block Grant prevention programming yields a cost savings of \$50.11.

## 6. State level trends in substance use behaviors and risk factors.

Data from YRBS and NSDUH were displayed to compare trend data over time for last thirty-day use of alcohol, marijuana, tobacco, e-cigs and prescription drug misuse.

- Last thirty-day alcohol, binge drinking, marijuana, and cigarette use declined from 2013 to 2019 for Alabama high school students as well as nationally. Alabama rates were lower than the national average with the exception of last thirty day cigarette use which declined each year but remained slightly higher when compared to US peers. Although prescription drug misuse was measured at only one point in time (2019), it was higher for Alabama youth than similarly aged peers.
- Electronic cigarette use increased substantially for US students but declined from 2015 to 2019 among Alabama youth.
- Declining trends in most substances among Alabama youth is highly encouraging. It suggests that that presence of sustained multi-sectoral prevention programming may play an important role in contributing to these downward trends.
- Interestingly we did not see similar effects for perceived harm. From the available data, overall risk of harm declined slightly over time for Alabama youth and nationally with the largest decrease found for marijuana use.
- **Recommendations.** A goal of AL DMH is to institute a statewide survey of Alabama youth. This survey will be critical to assessing the impact of Block Grant programming over time and at the state and county level.

## Intervention Implementation Status, Successes, Challenges and Training and/or Technical Assistance Needs

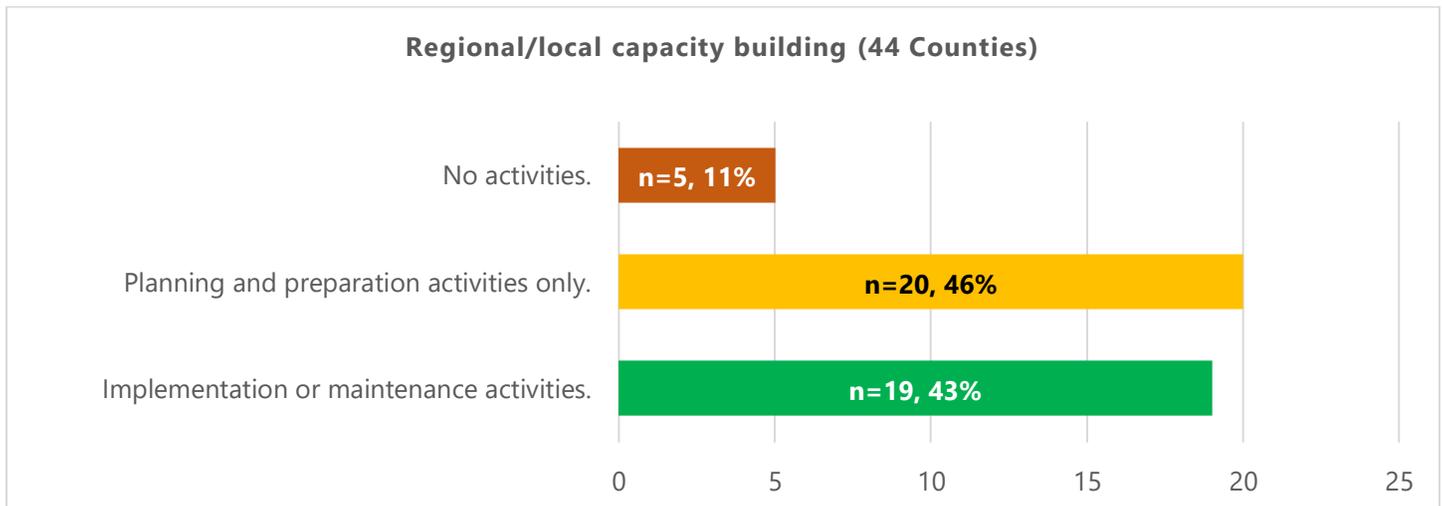
The following section of the Appendix reports on findings from the Intervention Tracking Forms completed by each county to capture implementation progress for each intervention in the first six months of FY 2020. This section of the report is ordered by intervention strategy from the most to least commonly implemented. Graphs display the number of counties reporting completion of implementation steps for each intervention.

### 1. Regional/Local Capacity Building

Regional/Local Capacity Building was the single most selected intervention, with 65% of counties (n=44) implementing this intervention. This Intervention Tracking Form asked respondent to report on their progress on 19 implementation steps for successful capacity building efforts. Described below is a summary of implementation progress across the 44 counties implemented this strategy.

- 65% of counties selected Regional/Local Capacity Building (n=44 counties)
- 89% of these counties (n=29) were in the planning or in the process of implementing workplan steps.
- 11% of these counties (n=5) reported no activities in the first six months of implementation.

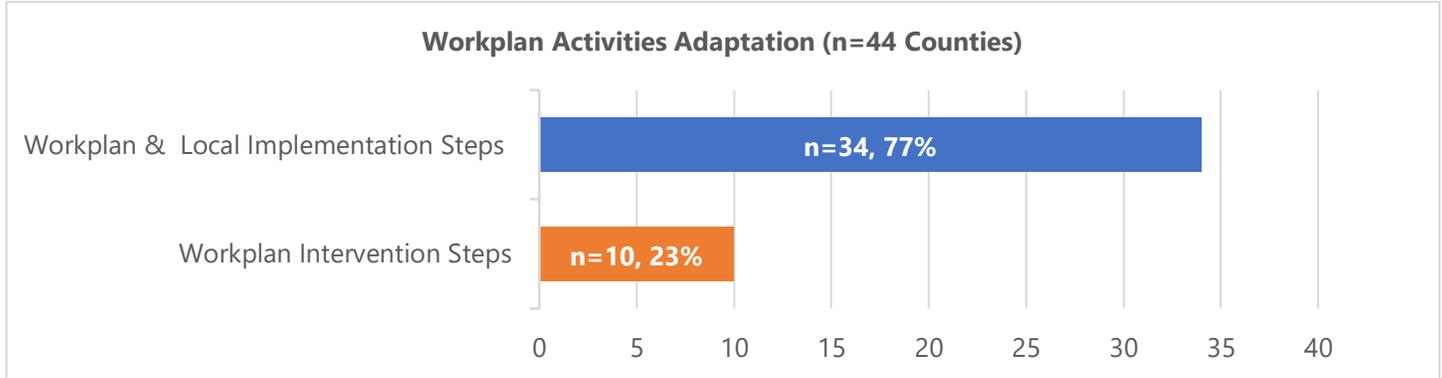
Figure A-1



**Fidelity to Workplans.** The Intervention Tracking Form assessed how much counties modified the work plan steps for each intervention.

- 77% of counties adapted the workplans to include locally developed intervention plan steps.
- Approximately a quarter (23%) used the implementation steps as developed.

Figure A-2

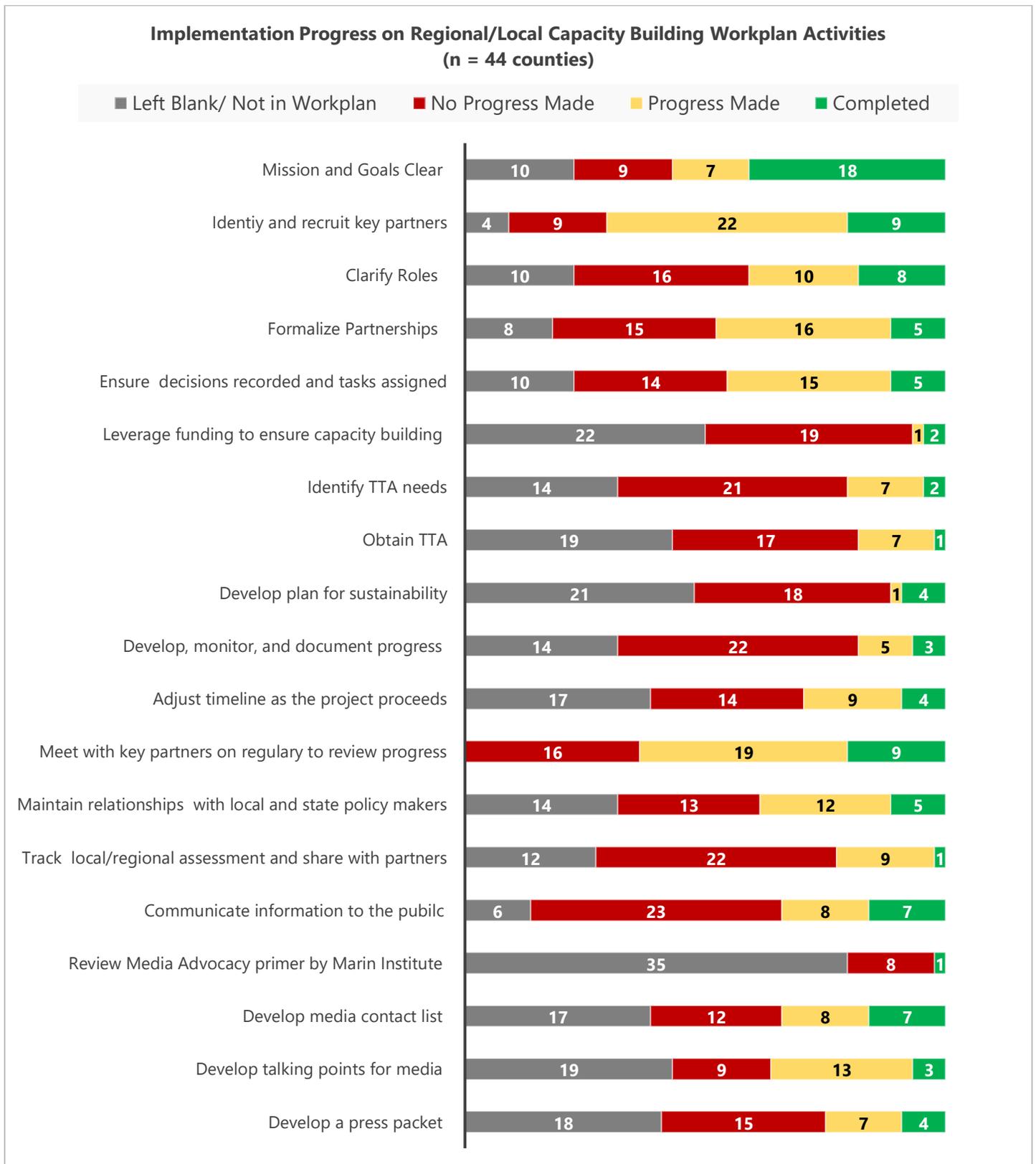


In Table A-1 we note steps most likely to not be included in their workplans, steps where 40% or more of counties were in progress or had completed the step and steps where 40% or more of counties have not made progress. Figure A-3 presents progress on each Regional/ Local Capacity Building step.

Table A-1: Implementation Progress - Regional/Local Capacity Building (n=44 counties)

<b>Not included in Work Plans</b> (50% or more of counties)	<ul style="list-style-type: none"> <li>○ Leveraging Funding</li> <li>○ Reviewing the Media Advocacy Primer</li> </ul>
<b>Completed/ In Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ Establishing mission and goals</li> <li>○ Identifying and recruiting partners.</li> <li>○ Clarifying Roles</li> <li>○ Formalizing Partnerships</li> <li>○ Ensure decision making processes and assigning of tasks</li> <li>○ Meeting with key partners</li> <li>○ Maintaining relationships with policy makers</li> </ul>
<b>No Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ Leveraging Funds</li> <li>○ Identifying and Obtaining TA</li> <li>○ Developing Sustainability Plans</li> <li>○ Monitoring Progress</li> <li>○ Meeting with Key stakeholders to Review Progress</li> <li>○ Tracking Regional Assessment and Sharing with Stakeholders</li> <li>○ Communicating Information to the public</li> </ul>

Figure A-3



## Successes, Challenges - Regional/ Local Capacity Building

Respondents were asked about their success and challenges with Regional Capacity Building efforts. There was a wide variation of themes across counties. The most common successes and challenges are included in Table A-2. It's important to note that 6 counties (13%) reported no challenges in this first six-month reporting period.

Table A-2: Progress/ Success and Challenges- Regional/ Local Capacity Building

<b>Regional Capacity Building</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Continued building and fostering partnerships with community (n = 14)</li> <li>• Planning events and implementing them as planned (12)</li> <li>• Facilitated collaboration with community organizations and stakeholders (n = 10)</li> <li>• Adapted collaboration meetings to virtual environment due to COVID-19 (n = 7)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• Budget and prevention plan not finalized until January (n = 9)</li> <li>• COVID-19 related School and other organizational closings (n = 9)</li> <li>• COVID-19 related Unable to meet with partners/stakeholders (n = 9)</li> <li>• COVID-19 Related in-person gatherings not allowed (n = 8)</li> <li>• Limited/no community stakeholder or school buy-in (n=5)</li> </ul>

### Training and/or Technical Assistance Needs

- One agency reported they currently did not have the capacity to begin to implement the intervention, however an action plan has been established including bringing new staff onboard, implementing staff training as well as moving forward in establishing a partnership to implement the intervention.
- No other TTA needs were identified.

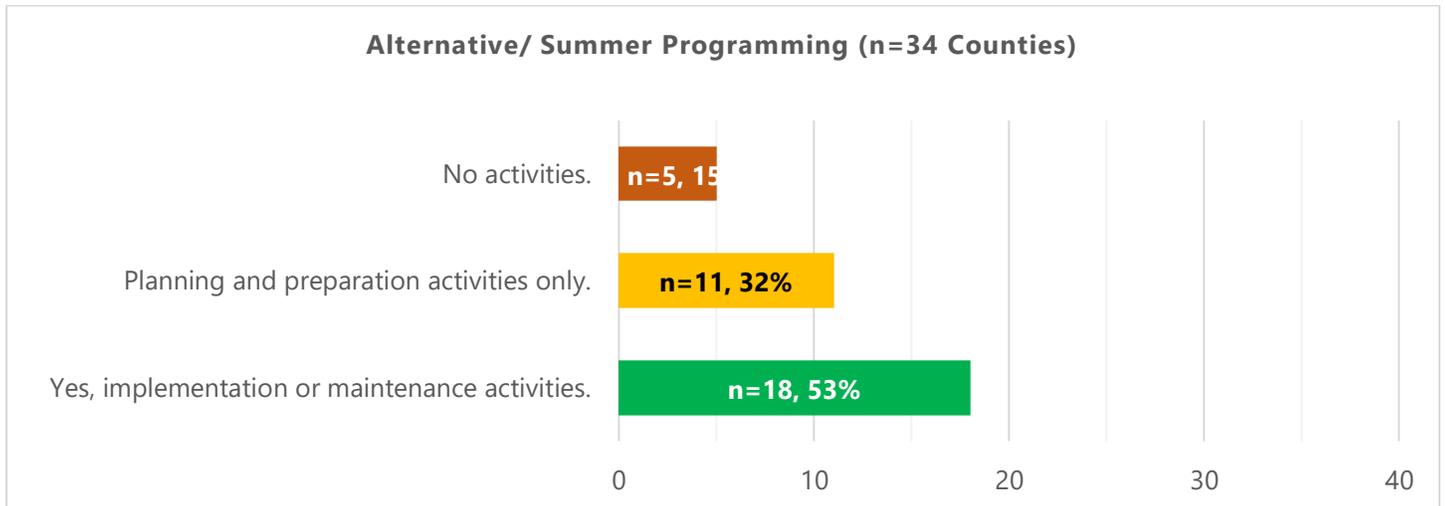
## 2. Alternative/Summer Programming

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A total of 34 counties reported implementing the Alternative/Summer Programming and 29 counties reported engaging in some activities during the first six months of FY 20.

- 51% of all counties are implementing this intervention (n=34 counties).
- 85% of these counties (n=29) were planning or implementing workplan steps.
- 15% of these counties (n=5) reported no activities in the first six months of implementation.

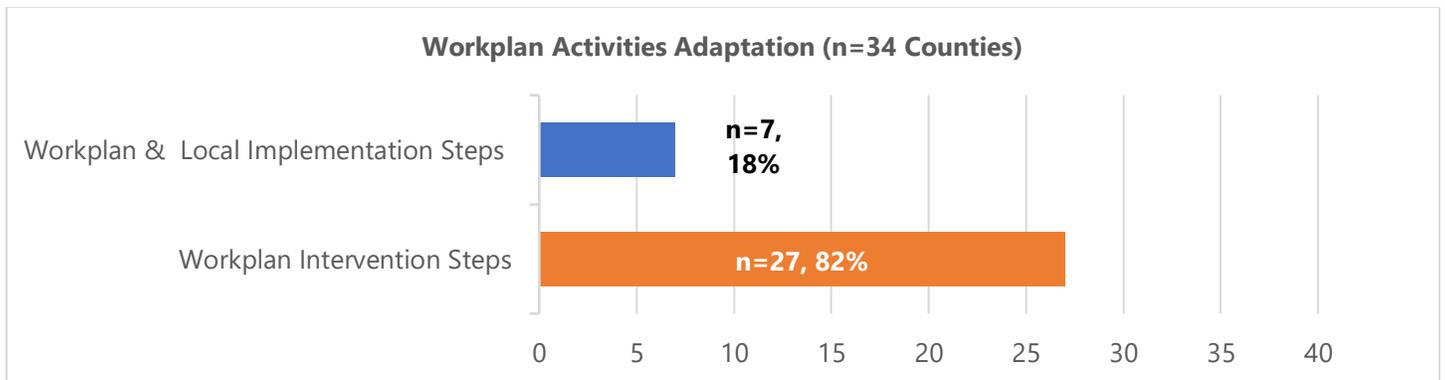
Figure A-4



**Fidelity to Workplans.** The Intervention Tracking Form assessed how much counties modified the work plan steps for each intervention. Most counties used the steps included in the workplans.

- 18% of counties adapted the workplans to include locally developed intervention plan steps.
- 82% of counties used the implementation steps as developed.

Figure A-5

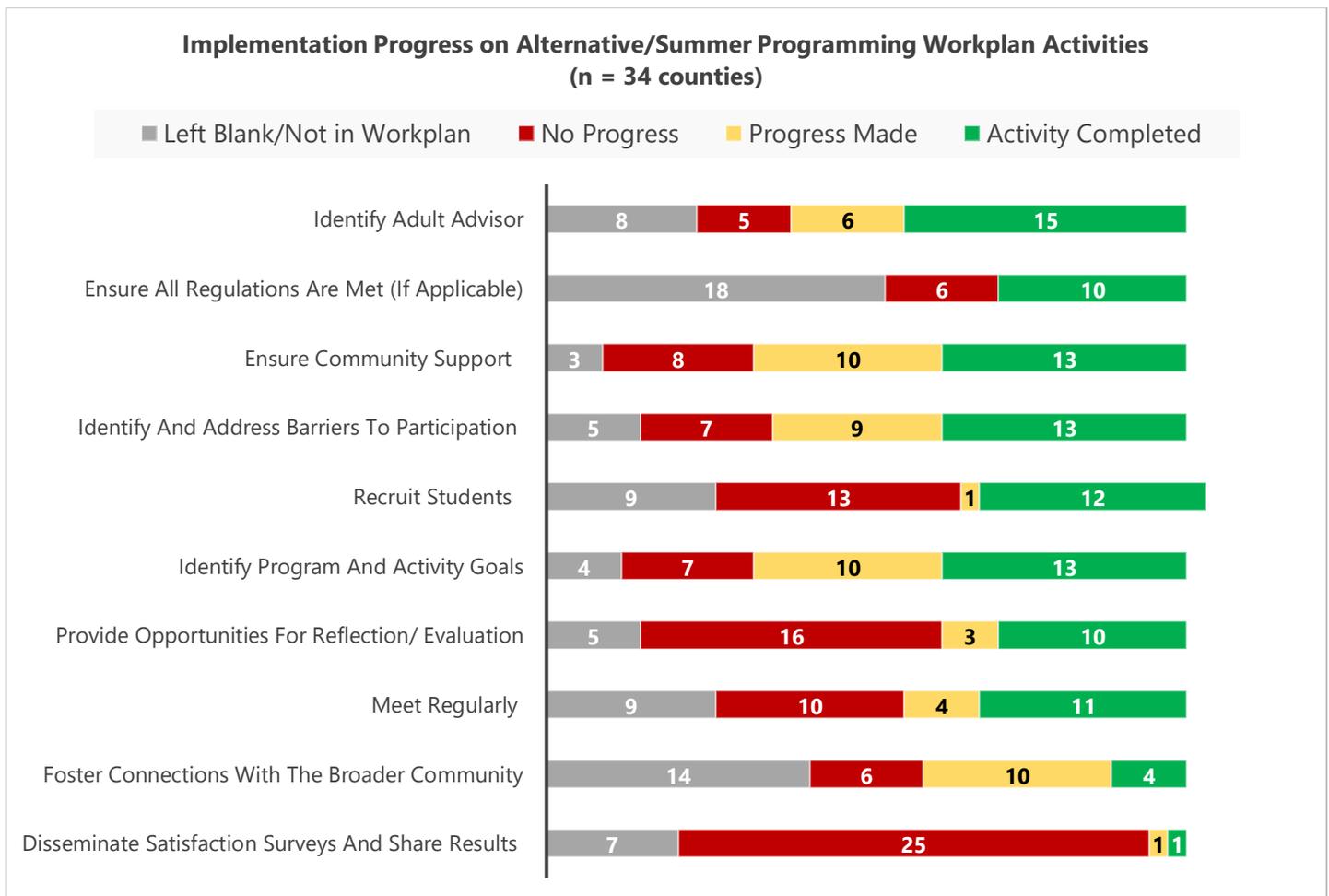


In Table A-3 and Figure A-6, we see that counties made substantial progress in implementing Alternative/Summer Activities, with 40% or more of counties in some stage of implementation of almost all steps. It is important to note that 9 counties (26%) did not have recruiting students are part of their workplan.

**Table A-3: Implementation Progress**

<b>Not in Work Plans (50% or more of counties)</b>	<ul style="list-style-type: none"> <li>○ Ensuring licensing and regulations met as applicable</li> </ul>
<b>Completed/ In Progress (40% or more counties, 13 or more)</b>	<ul style="list-style-type: none"> <li>○ All Implementation Steps except disseminating satisfaction surveys</li> </ul>
<b>No Progress (40% or more counties, 13 or more)</b>	<ul style="list-style-type: none"> <li>○ Recruiting Students</li> <li>○ Opportunities for Reflection or evaluation</li> <li>○ Disseminating satisfaction surveys</li> </ul>

**Figure A-6**



## Successes, Challenges - Alternative/Summer Programming

Respondents were asked about their success and challenges with Alternative/Summer Programming. There was a wide variation of themes across counties. The most common successes and challenges are included in Table A-4 with most challenges related to COVID-19.

Table A-4: Progress/ Success and Challenges- Alternative/Summer Programming

<b>Alternative/Summer Programming</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Program/campaign implemented as planned (n = 15)</li> <li>• Identified and secured location to host camp (n = 6)</li> <li>• Strengthened partnerships/relationships with community stakeholders (n = 6)</li> <li>• Identified participants for program (n = 6)</li> <li>• Positive feedback from participants (n = 6)</li> <li>• Selected and celebrated winners of contests (n = 5)</li> </ul>
	<b>Challenges - all COVID-19 related</b>
	<ul style="list-style-type: none"> <li>• Schools/Organizations closed (n = 12)</li> <li>• Events/programs canceled (n = 9)</li> <li>• Delayed rollout of program materials and implementation (n = 8)</li> <li>• Changes to program delivery (n = 5)</li> </ul>

## Training and/or Technical Assistance Needs

None of the counties reported TTA needs for this intervention.

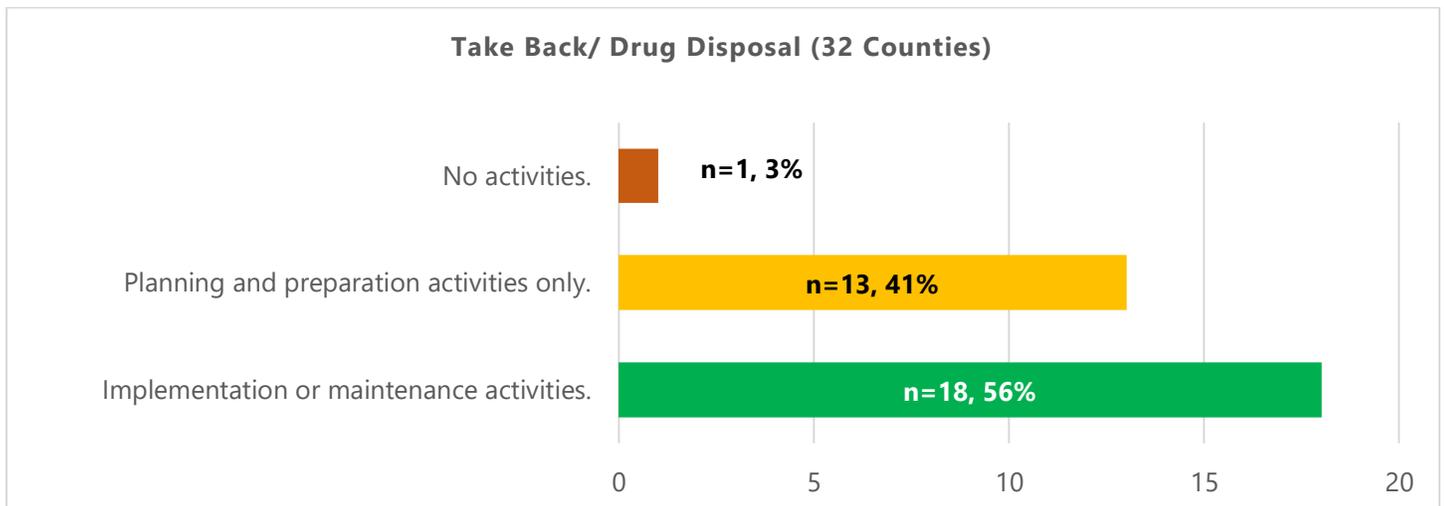
## 3. Take Back/Drug Disposal

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Drug Take Back Events/ Drug Disposal sites were planned by 46% of counties (n=32). This Intervention Tracking Form asked respondent to report on their progress on 22 implementation steps for successful implementation. Described below is a summary of implementation progress across the 32 counties that implemented this strategy.

- 46% of all counties are planning to implement these strategies (n=32 counties).
- 97% of these counties (n=31) were in the planning or in the process of implementing workplan steps.
- One county reported no activities in the first six months of implementation.

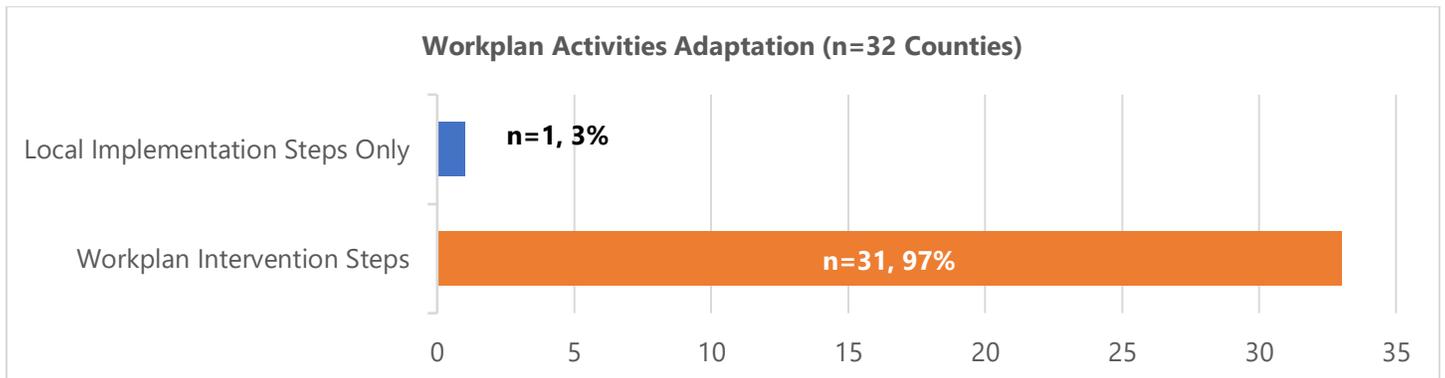
Figure A-7



**Fidelity to Workplans.** The Intervention Tracking Form assessed how much counties modified the work plan steps for each intervention.

Almost all counties (97%) used the implementation steps as developed.

Figure A-8



**Implementation Progress.** Of the 22 steps included in this work plan, steps that were less likely to be included were those associated with permanent drop off locations. About half of the steps (12 of the 22) were in progress or completed by 40% or more of counties. Figure A-9 presents progress on each workplan associated with Drug Take Back events. There was at least one county that indicated they did not include any of the activities recommended by the state.

**Table A-5: Implementation Progress - Drug Take Back Events/ Drug Disposal (n=32 counties)**

<p><b>Not included in Work Plans</b> (50% or more of counties)</p>	<ul style="list-style-type: none"> <li>○ Identifying additional sites that could become permanent drop off locations</li> <li>○ Contacting potential sites about becoming drop off sites</li> <li>○ Provide support as needed to these sites</li> <li>○ Share information about permanent sites within the county</li> </ul>
<p><b>Completed/ In Progress.</b> (40% or more counties)</p>	<ul style="list-style-type: none"> <li>○ Checking requirement (federal, state, local)</li> <li>○ Include key partners</li> <li>○ Identify / publicize event</li> <li>○ Clarifying Roles</li> <li>○ Make plans for materials needed</li> <li>○ Include community education and outreach as part of event</li> <li>○ Determine plans for data collection</li> <li>○ Identify team leads</li> <li>○ Identify materials to be shared with community</li> <li>○ Publicize event</li> <li>○ Use traditional and social media</li> <li>○ Provide parent education</li> </ul>
<p><b>No Progress.</b> (40% or more counties)</p>	<ul style="list-style-type: none"> <li>○ Determine plans for evaluation data collection</li> <li>○ Provide parent education</li> </ul>

Figure A-9



**Note.** Several steps were left blank by at least one county, so their status on that activity was not captured.

## Progress/ Success and Challenges - Take Back Event/ Drug Disposal Sites

Respondents were asked about their successes and challenges with Take Back Event/Drug Disposal Sites. There was a fairly consistent set of themes across counties. The most common successes and challenges are included in Table A-6 with most challenges related to COVID-19 and staff capacity and community buy in.

Table A- 6: Progress/ Success and Challenges- Take Back Event/ Drug Disposal Sites.

<b>Take Back Event/ Drug Disposal Sites</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Fostered/strengthened relationships/partnerships (n = 14)</li> <li>• Program was implemented as planned (n = 8)</li> <li>• Educated community on Drug Takeback Events (n = 7)</li> <li>• Permanent drug disposal box installed (n = 4)</li> <li>• Event date and other event planning established (n = 3)</li> <li>• Identified lessons learned to incorporate in future planning (n = 3)</li> <li>• Positive feedback received from participants (n = 2)</li> <li>• Number of pounds of collected drugs surpassed goal (n = 2)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• Staff capacity (n = 3)</li> <li>• Getting buy-in from the community and other stakeholders (n=4)</li> <li>• COVID19- Events canceled (n = 12)</li> <li>• COVID-19 - Statewide closures (n = 4)</li> <li>• No existing partnerships (n = 2)</li> <li>• Limited access to the public (n = 2)</li> </ul>

### Training and/or Technical Assistance Needs

- Seven counties specifically requested training in best practices of implementing this intervention.
- 60% of counties reported no TTA needs for this intervention.

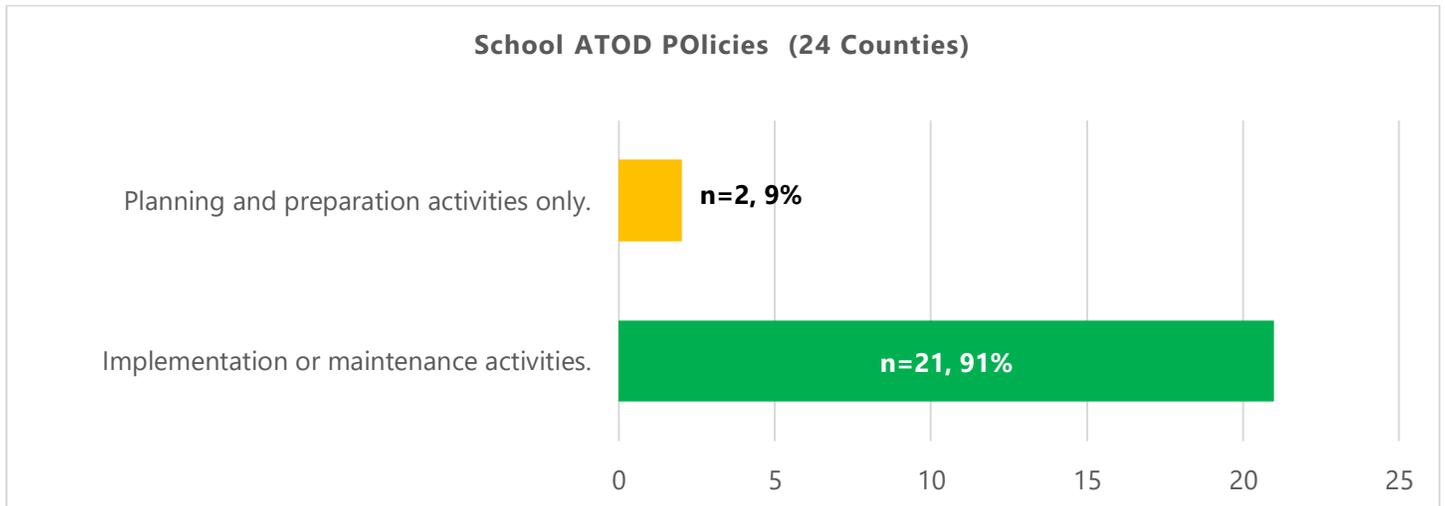
## 4. School Policies on ATOD Use

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School Policies on ATOD Use were planned by 36% of counties (n=24). This Intervention Tracking Form asked respondent to report on their progress on 9 implementation steps for successful implementation. Described below is a summary of implementation progress across the 32 counties implemented this strategies.

- 36% of counties selected School ATOD Use Policies (n=24 counties).
- 91% of these counties (n=21) were in the planning or in the process of implementing workplan steps.

Figure A-10

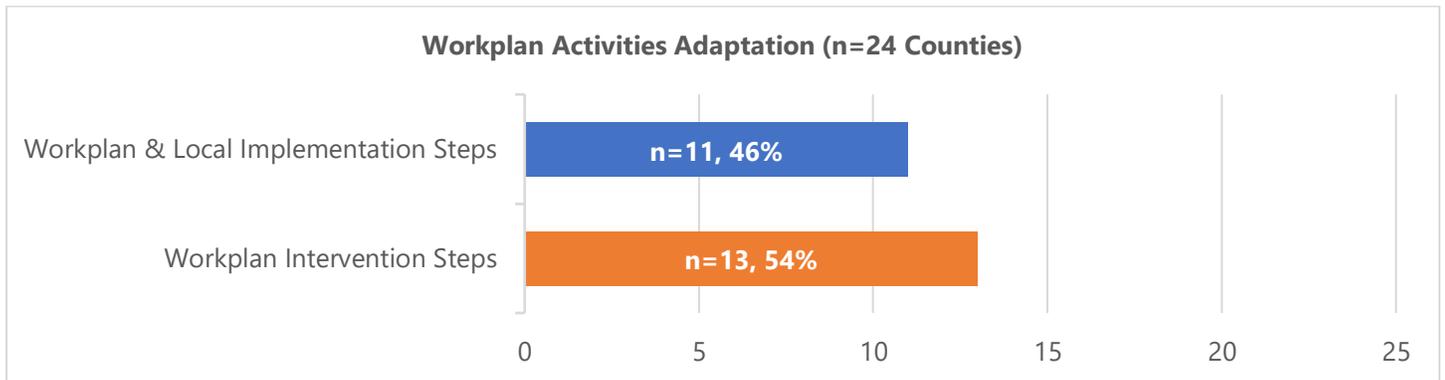


**Note.** 1 county did not report implementation progress

**Fidelity to Workplans.** The Intervention Tracking Form assessed how much counties modified the work plan steps for each intervention.

- Over half of counties (54%) used only the implementation steps as developed.
- The remaining (46%) used both work plan steps and locally developed steps.

Figure A-11



**Implementation Progress.** Of the 12 steps included in this work plan, 25% or more of counties noted completing the first four steps. About 78% of steps (7 of the 9) were in progress or completed by 40% or more of counties.

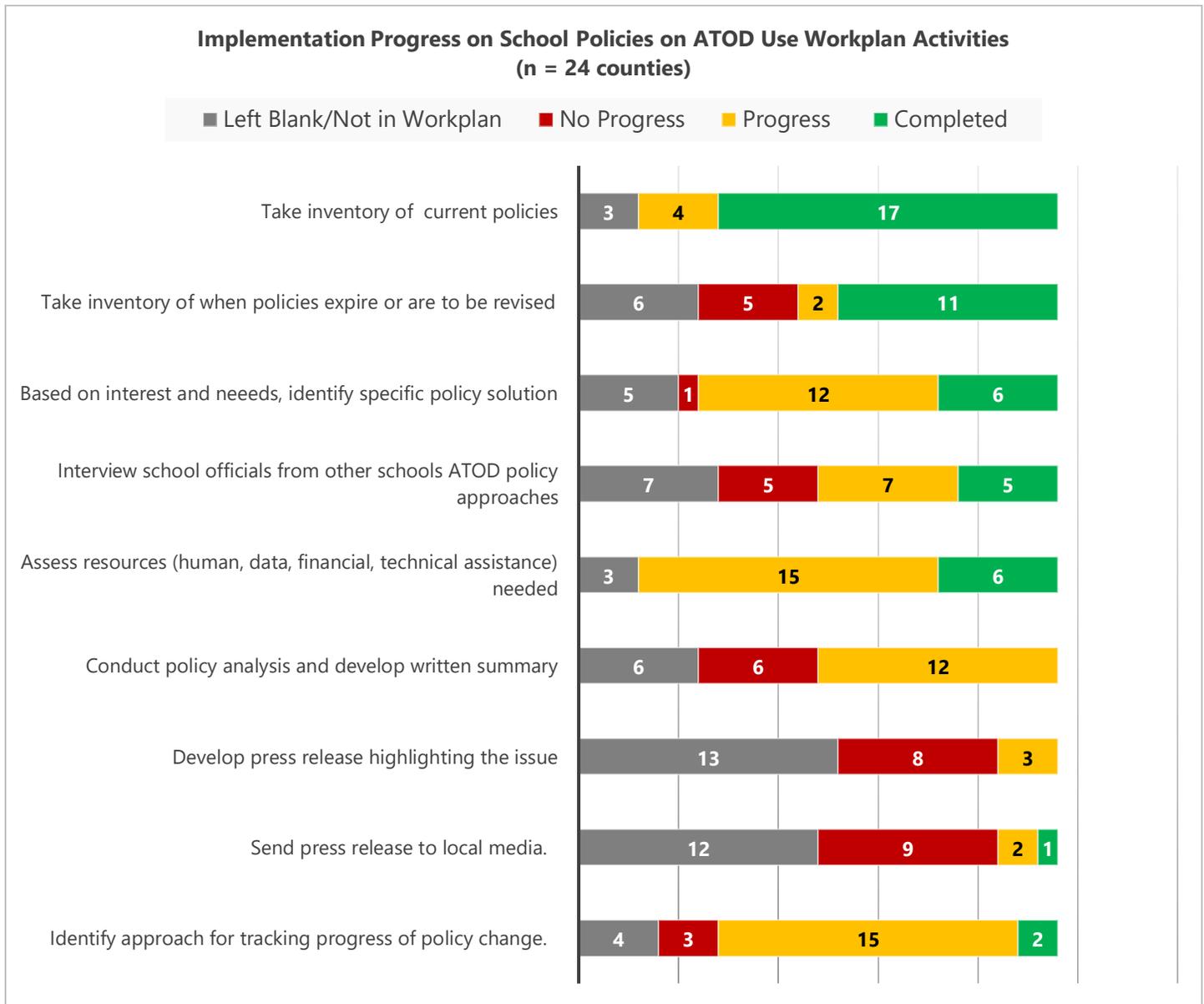
Table A-7: Implementation Progress - School ATOD Use Policies (n=24 counties)

<p><b>Not included in Work Plans</b> (50% or more of counties)</p>	<ul style="list-style-type: none"> <li>○ Develop press release highlight the issue</li> <li>○ Send press release to local media</li> </ul>
<p><b>Completed/ In Progress.</b> (40% or more counties)</p>	<ul style="list-style-type: none"> <li>○ Take Inventory of policies</li> <li>○ When policies are to expire or be revised</li> <li>○ Identify policy solutions based on student needs and interests</li> <li>○ Interview school officials</li> <li>○ Assess resource needs</li> <li>○ Conduct policy analysis</li> <li>○ Track progress</li> </ul>
<p><b>No Progress.</b> (40% or more counties)</p>	<ul style="list-style-type: none"> <li>○ Develop press release and send press release</li> </ul>

Figure A-12 presents progress on each workplan associated with School ATOD Use Policies.

- Almost all the counties that selected this intervention have engaged in implementation or maintenance activities though one county did not respond to this question.
- All the activity steps recommended by the state had at least some progress made with only two activities not reported as completed by any county.

Figure A-12



## Successes, Challenges and Training and/or Technical Assistance Needs for School Policies on ATOD Use

Table A-8: Progress/ Success and Challenges - School ATOD Policies

<b>School ATOD Policies</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Program/conference was implemented as planned (n = 12)</li> <li>• Event date and other event planning established (n = 4)</li> <li>• Educated students on tobacco and e-cigarettes and school policies (n = 3)</li> <li>• Fostered/strengthened relationships/partnerships (n = 12)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• Had to move activities to an online platform (n = 7)</li> <li>• Activities interrupted/schools closed (n = 3)</li> </ul>

### Training and/or Technical Assistance Needs

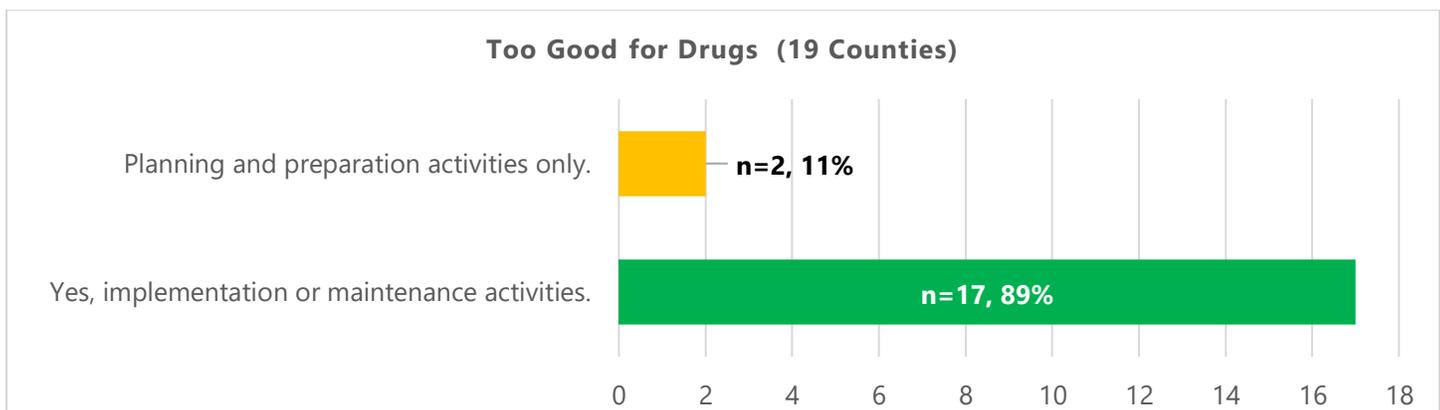
- How to facilitate trainings on different platforms, including virtually (n=1 county)
- DARE training for county coordinator (n=1 county).

## 5. Too Good for Drugs

Nineteen counties (28%) selected the program Too Good for Drugs. The work plan had 11 implementation steps. All counties reported activities during the first six months of implementation.

- 28% of counties selected the Too Good for Drugs intervention.
- 89% of these counties (n=17) reporting implementation or maintenance activities.

Figure A-13

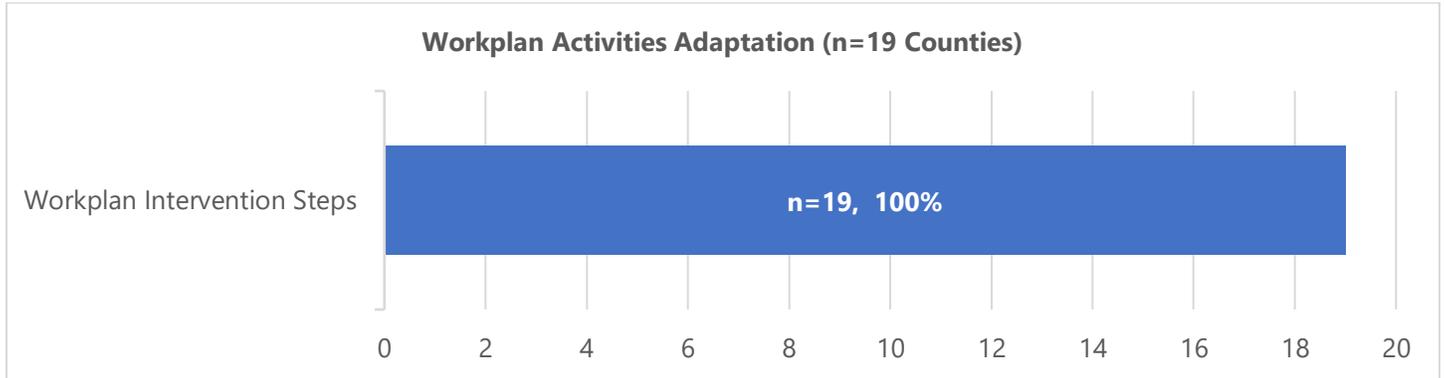


**Note.** One county did not report implementation progress

**Fidelity to Workplans.** The Intervention Tracking Form assessed how much counties modified the work plan steps.

- All counties (100%) used only the implementation steps as developed.

Figure A-14



**Implementation Progress.** Of the 11 steps included in this work plan, there was significant progress.

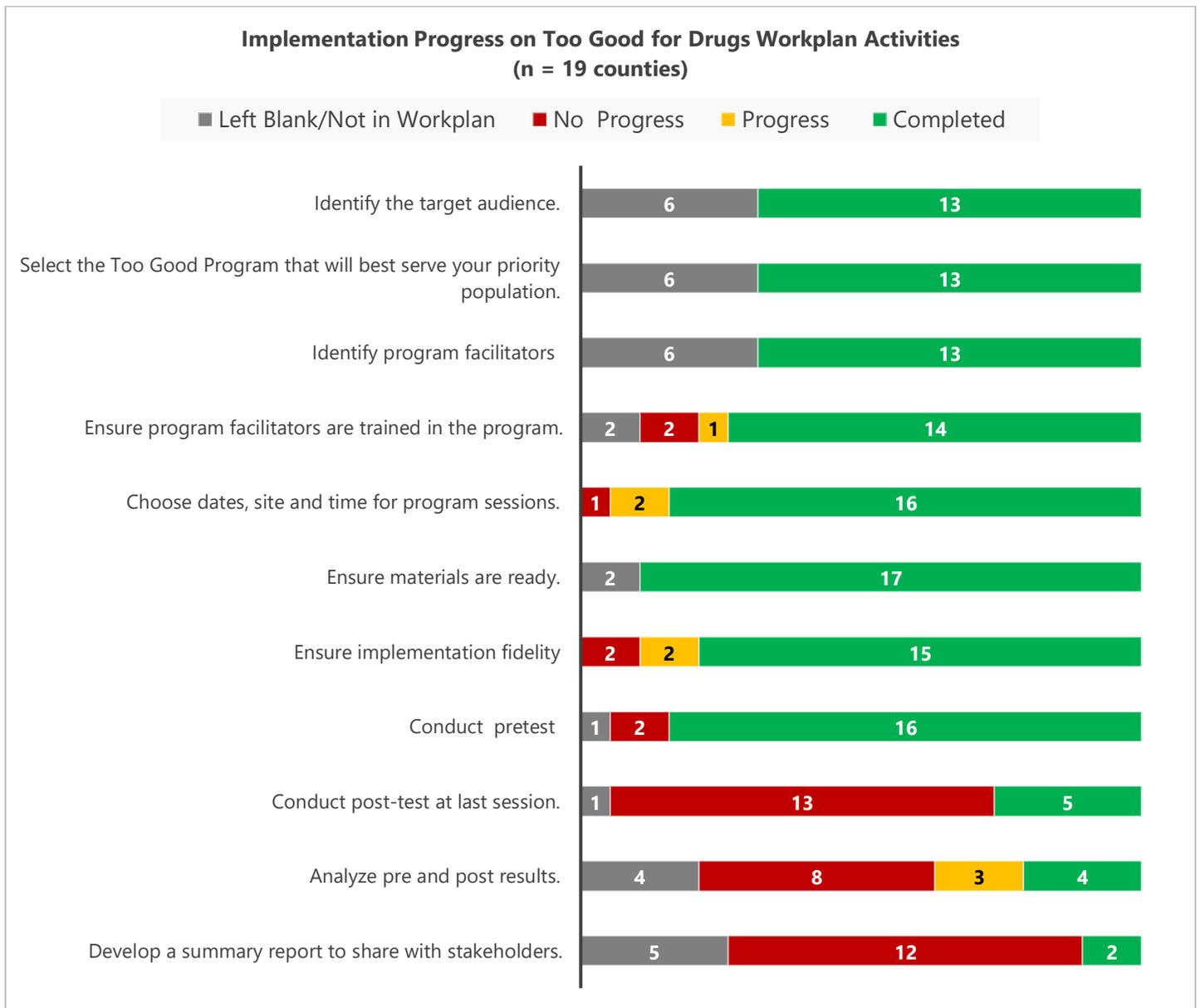
- Most counties completed the first eight intervention steps.
- There was less completion of the last three steps, post survey administration, analysis and dissemination.

Table A- 9: Implementation Progress - Too Good for Drugs (n=19 counties)

<b>Not included in Work Plans (50% or more of counties)</b>	<ul style="list-style-type: none"> <li>○ All Steps planned /implemented by &gt; 50% of counties</li> </ul>
<b>Completed (40% or more counties)</b>	<ul style="list-style-type: none"> <li>○ Eight of 12 steps were reported as completed,.</li> </ul>
<b>No Progress. (40% or more counties)</b>	<ul style="list-style-type: none"> <li>○ Implement posttest survey</li> <li>○ Analyze Results</li> <li>○ Share with stakeholders</li> </ul>

Counties also reported receiving positive feedback from school staff and administration. In terms of challenges, almost all were caused by the impact of the pandemic in terms of schools closing, unable to collect post-test data and sessions being cancelled. There were no training or technical assistance needs but three counties did share they enrolled in training to become more familiar with the intervention.

Figure A-15



## Successes, Challenges and Training and/or Technical Assistance Needs for Too Good for Drugs

Table A- 10: Progress/ Success and Challenges- Too Good for Drugs

<b>Too Good for Drugs</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Program was implemented as planned (n = 12)</li> <li>• Participants expressed satisfaction of the program (n = 6)</li> <li>• Teachers/school administrators expressed satisfaction of the program (n = 4)</li> <li>• Post-test data indicated increase in participant knowledge (n = 3)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• Schools closed in March due to COVID-19 (n = 7)</li> <li>• Unable to collect post-test data due to the pandemic (n = 7)</li> <li>• Unable to begin or finish their TGFD intervention due to COVID-19 (n = 3)</li> <li>• Challenges around getting buy-in from local schools (n = 2)</li> </ul>

### Training and/or Technical Assistance Needs

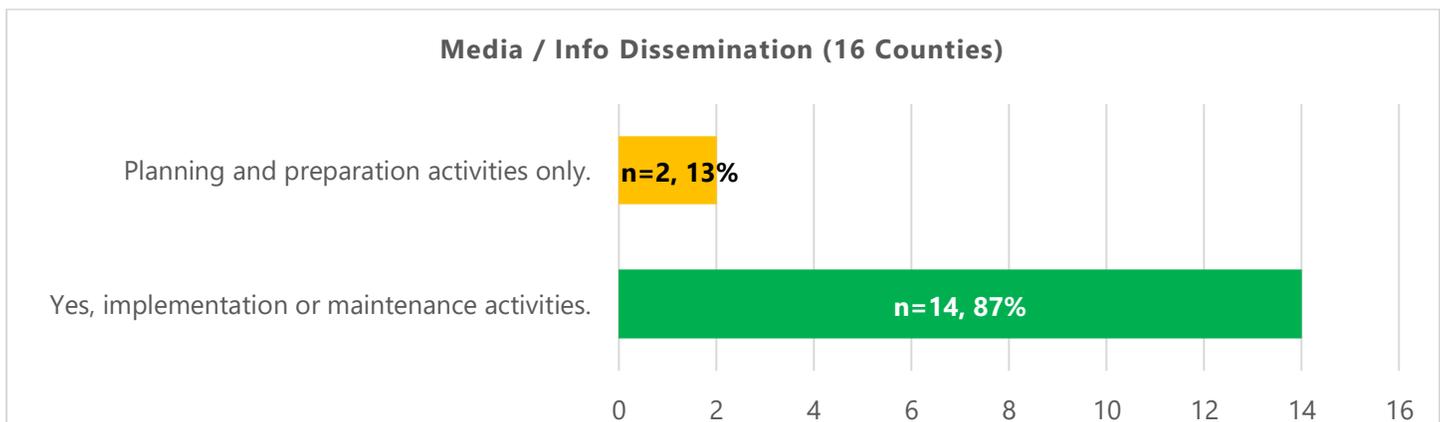
- Three counties reported that given this is a new intervention for the agency, the staff have enrolled in virtual classes and webinar to expand their knowledge and increase their familiarity with this intervention.
- No other TTA needs noted.

## 6. Media Campaigns and Other Information Dissemination Activities

Media and Other Information Dissemination Activities were planned by 24% of counties (n=16). This Intervention Tracking Form asked respondent to report on their progress on 11 implementation steps for successful implementation. Described below is a summary of implementation progress across the 16 counties implemented this strategy.

- 24% of all counties selected Media Campaigns or Other Information Dissemination activities (n=16 counties).
- 87% of these counties (n=14) were in the implementation or maintenance phase.
- Two counties (13%) were in the planning stage.

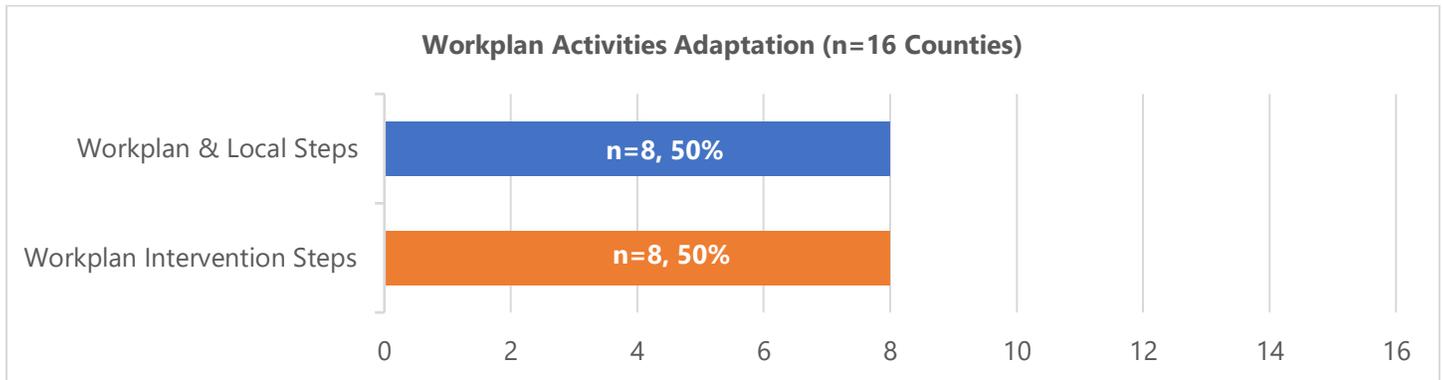
Figure A-16



**Fidelity to Workplans.** The Intervention Tracking Form assessed how much counties modified the work plan steps for each intervention.

- Half of counties used the stated implementation steps and half added local steps.

Figure A-17



**Implementation Progress.** Of the 11 steps included in this work plan, steps that were less likely to be included were those associated with message developing and refining the message, identifying target audiences and collecting data about this population. For each of the 11 steps, 40% or more of counties were in the implementation or planning phase.

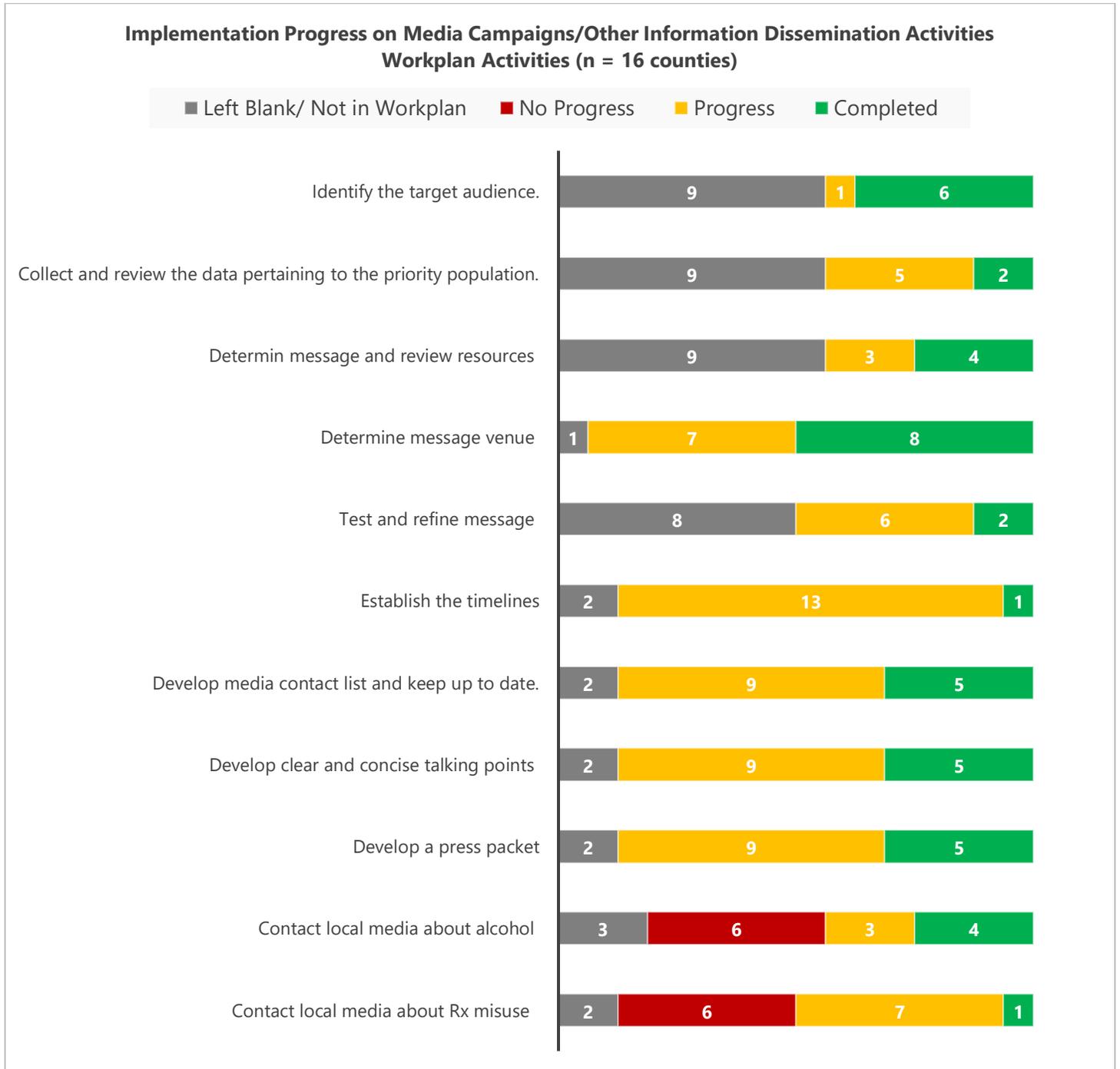
Table A-11

<b>Not included in Work Plans</b> (50% or more of counties)	<ul style="list-style-type: none"> <li>○ Only one county per implementation step (6% of counties) report not including a specific step in their work plan</li> </ul>
<b>Completed/ In Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ 6 or more counties completed or were in the planning stages of each implementation steps</li> </ul>
<b>No Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ Identifying target audience</li> <li>○ Collect and review data pertaining to the priority population</li> <li>○ Determine campaign message</li> <li>○ Test and refine message as needed</li> </ul>

Figure A-18 presents progress on each workplan associated with Media Campaigns/ Information Dissemination efforts.

- 14 counties described activities that are implementing or maintaining activities.
- Only two activities were reported by some counties as not having made progress (contacting local media about Rx or alcohol misuse). All the other activities were completed, in progress, not in the county's workplan or left blank.

Figure A-18



**Note.** Some counties left work plan steps they developed blank; therefore it is not possible to determine implementation progress.

**Successes, Challenges and Training and/or Technical Assistance Needs for Media Campaigns/Other Information Dissemination Activities**

Table A-12

<b>Media Campaigns/Other Information Dissemination</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Increased community knowledge on substance use, misuse and prevention (n = 8)</li> <li>• Increased interactions between community and stakeholders (n = 7)</li> <li>• Developed partnerships with stakeholders to share the campaign messaging (n = 7)</li> <li>• Distributed campaign materials (n = 6)</li> <li>• Identified venues accessible during COVID-19 restrictions to further information dissemination efforts (n = 6)</li> <li>• Utilized online/social media platforms (n = 5)</li> <li>• Attend community events (n = 2)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• No challenges (n = 8)</li> <li>• Delays in programming with contract beginning in January 2020 (in addition to social distancing and other pandemic related challenges) did not allow for the program to be implemented as planned (n=6).</li> <li>• Reached out to CDC for prescription awareness campaign information and did not receive a response (n=2)</li> </ul>

**Training and/or Technical Assistance Needs**

- Training on how to create and establish agency developed media campaigns (n=7).

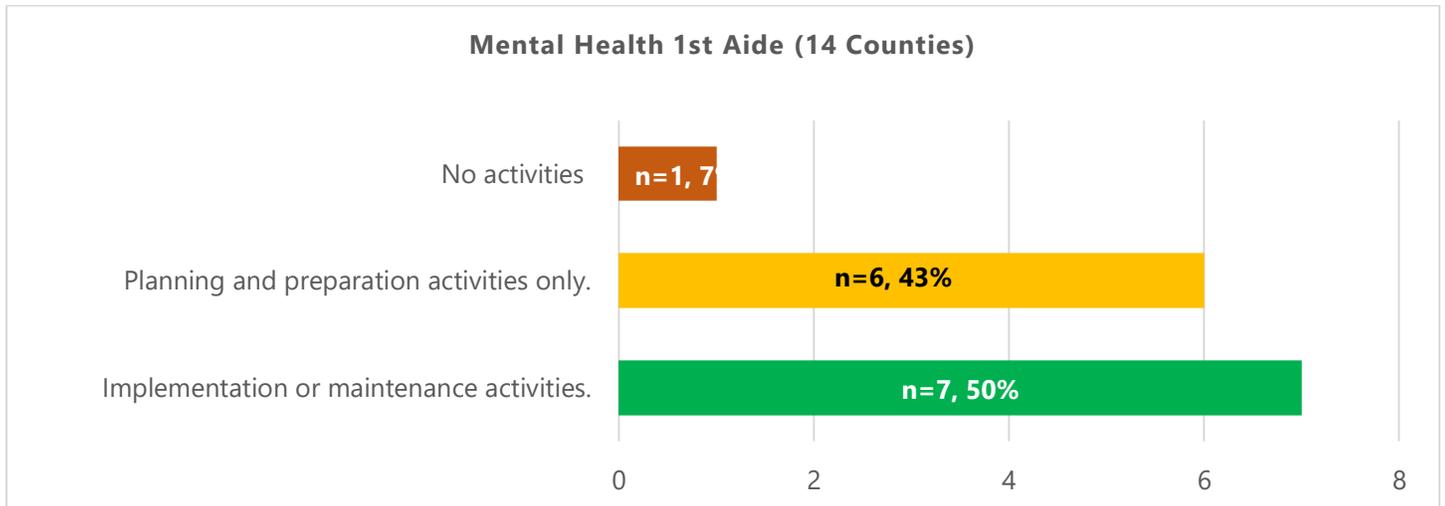
**7. Mental Health First Aid**

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Mental Health First Aide interventions were planned by 21% of counties (n=14). This Intervention Tracking Form asked respondent to report on their progress on 11 implementation steps for successful implementation. Described below is a summary of implementation progress across the 14 counties implemented this strategies.

- 21% of all counties selected Mental Health First Aide (n=14 counties).
- 93% of counties (n=13) were in the implementation or maintenance phase.
- One county (7%) reported no activities to date.

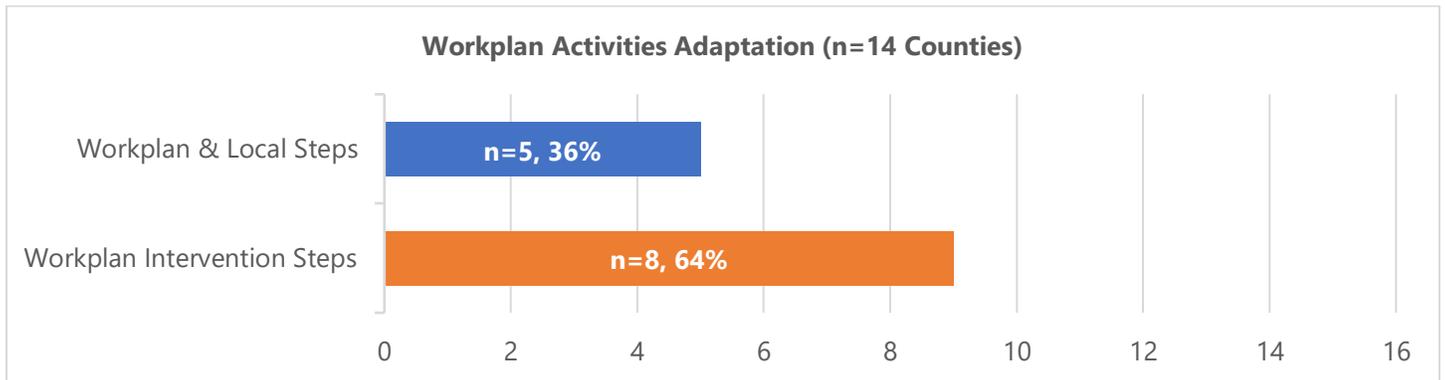
Figure A-19



**Fidelity to Workplans.** The Intervention Tracking Form assessed how much counties modified the work plan steps for each intervention.

- Most counties used the stated implementation steps and about a third (36%) use both the prescribed steps and locally developed implementation steps.

Figure A-20



**Note.** n=1 missing

**Implementation Progress.** Of the 11 steps included in this work plan, steps that were less likely to be included were those associated with message development, refining the message, identifying target audience and collecting data about this population. For each of the 11 steps, 40% or more of counties were in the implementation or planning phase. Seven of the 11 steps had counties reporting completion.

**Table A-13: Implementation Progress - Mental Health First Aide (n=14 counties)**

<b>Not included in Work Plans (50% or more of counties)</b>	<ul style="list-style-type: none"> <li>Analyze Evaluation data and disseminate summary report</li> </ul>
<b>Completed/ In Progress. (40% or more counties)</b>	<ul style="list-style-type: none"> <li>All implementation steps were in some level of completion by 40% or more of counties</li> </ul>
<b>No Progress. (40% or more counties)</b>	<p>40% of counties (6 or more had not made progress on the following)</p> <ul style="list-style-type: none"> <li>Choosing data and time for intervention</li> <li>Conduct pre/ post surveys</li> <li>No counties reported analyzing and sharing evaluation findings</li> </ul>

**Figure A-21**

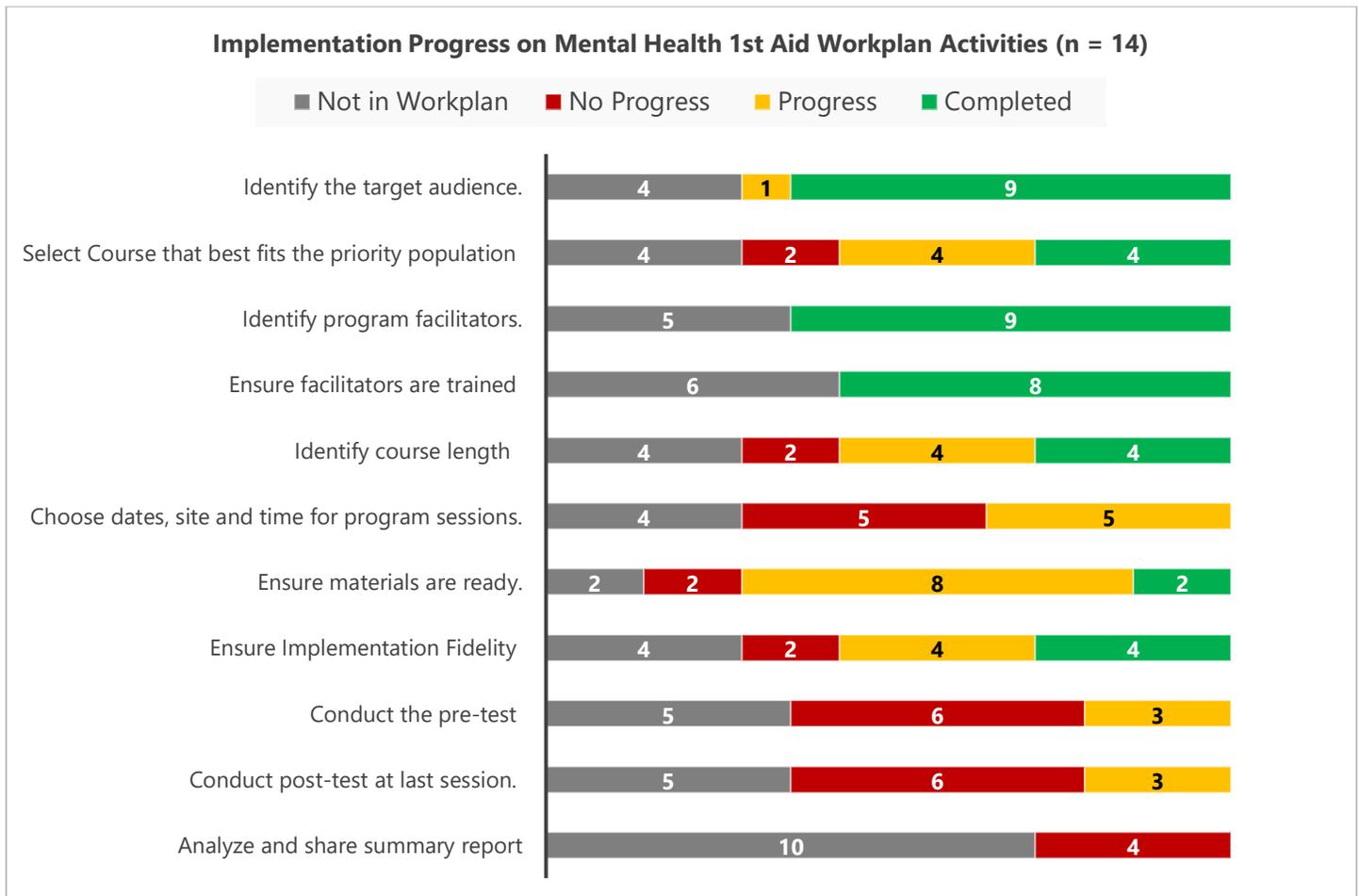


Table A-14: Process/ Success and Challenges- Mental Health First Aide

<b>Mental Health First Aide</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Program implemented as planned (n = 4)</li> <li>• Scheduled future Mental Health First Aid trainings (n = 3)</li> <li>• Collaborated with local organizations/ stakeholders (n =2)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• Training cancelled due to COVID-19 (n = 8)</li> <li>• Schedule conflicts (n = 7)</li> <li>• Training cancelled due to lack of participants/community buy-in (n = 3)</li> <li>• Non-specific COVID-19 challenges (n = 3)</li> <li>• Training cancelled due to venue being outside catchment area (n = 2)</li> </ul>

**TTA Needs**

- None noted.

**8. Other Intervention**

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Aligning with allowing communities to identify interventions that best serve their needs, providers were given the opportunity to select another intervention that was not included in the menu of prevention interventions. In total, there were 14 counties that selected an “other” intervention.

- 21% of all counties selected “Other” interventions not on the Block Grant menu (n=14 counties).

The names of “Other” Interventions selected by counties included:

- Other Environmental Approaches: School Practice (n = 7)
- Other Information Dissemination Activities: Speaking Engagements (n = 2)
- PIDR: Staying Connected With Your Teen (n = 1)
- Ripple Effects for Teens (n = 1)
- Other Information Dissemination Activities: Information Tables at Community Events (n = 1)
- InShape Prevention Plus Wellness (n = 1)
- Other Mental Health Training: Active Parenting 4th Edition (n = 1)

**Fidelity to Workplans.** Since these interventions were not included in the intervention selected menu, a workplan with fidelity steps were not provided to counties. Counties were encouraged to review workplans for similar interventions when developing the list of activities for their selected intervention.

- Seventy-one percent of counties (n=10) reported being in the implementation of phase.
- Three counties (21%) were in the planning phase.
- One county reported not making progress on their workplan activities.

Figure A-22

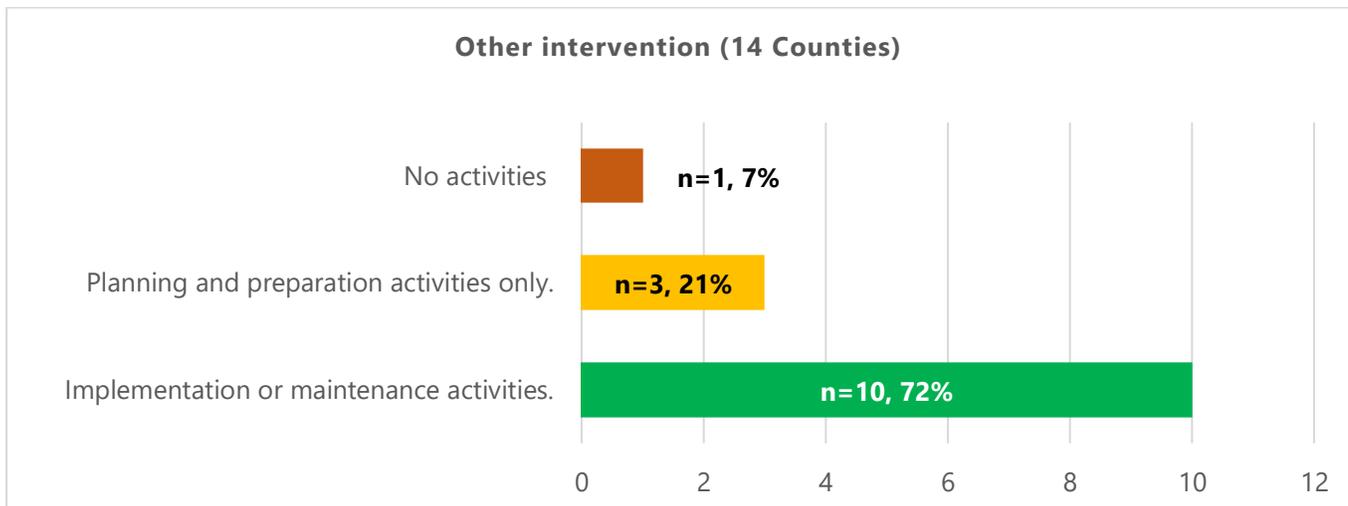


Table A-15/ Progress/Successes and Challenges- Other Interventions

<b>Other</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Program/intervention was delivered as planned (n = 3)</li> <li>• Planned future program events (n = 3)</li> <li>• Continued building and fostering partnerships with community (n = 8)</li> <li>• Attended community events/conducted presentations (n = 4)</li> <li>• Established Youth Advisory Board (n = 2)</li> <li>• Recorded and aired three campaign podcasts (n = 2)</li> <li>• Recorded and broadcasted two campaign episodes on social media and YouTube (n = 2)</li> <li>• Participated in interviews with local radio stations/television networks on campaign (n = 2)</li> <li>• Promoted campaign messaging on social media (n = 2)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• Local schools closed (n = 4)</li> <li>• Events/activities canceled (n = 4)</li> <li>• Training cancelled due to lack of participants/community buy-in (n = 3)</li> <li>• Difficulty obtaining buy-in from local schools (n = 5)</li> <li>• Struggling to find local events to participate in (n = 2)</li> <li>• Identifying available speakers and willing sponsors (n = 2)</li> </ul>

**TTA Needs**

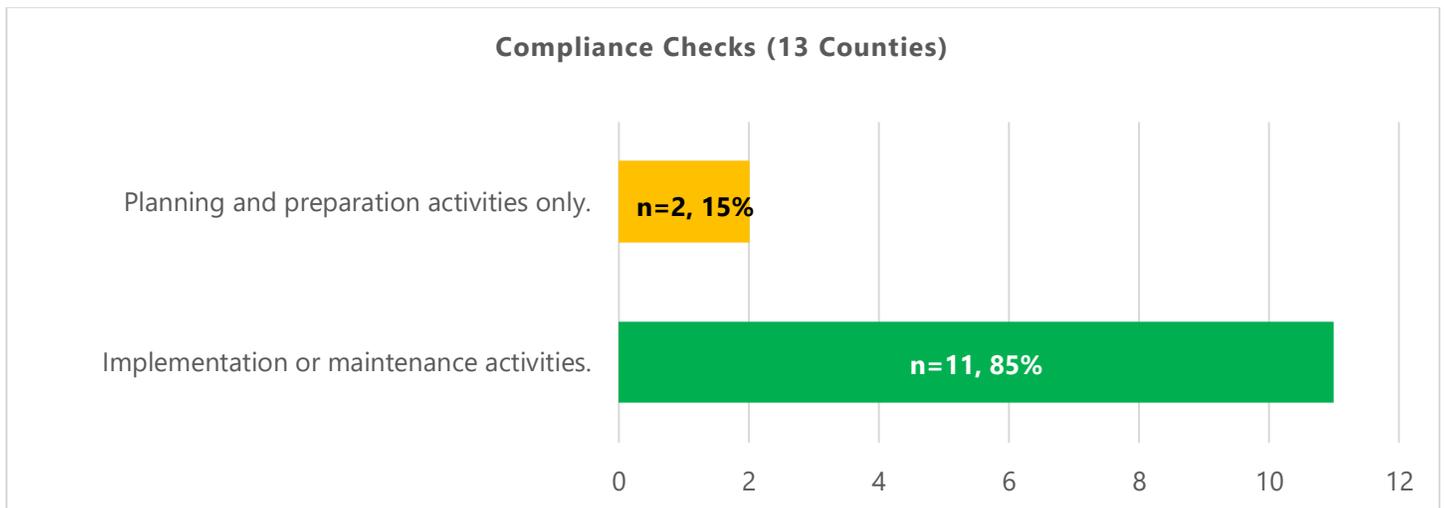
- None noted.

## 9. Compliance Checks/ Retailer Education

Compliance Checks were selected by 19% of all counties (n=13). This Intervention Tracking Form asked respondent to report on their progress on 7 implementation steps for successful implementation. Described below is a summary of implementation progress across the 13 counties implemented these strategies.

- 19% of all counties selected Compliance Checks/ Retailer education (n=13 counties).
- 85% of these counties (n=11) were in the implementation or maintenance phase.
- Two counties (15%) were in the planning stage.

Figure A-23



### Fidelity to Workplans.

- Most counties (84%) used the stated implementation steps and two counties (15%) use both the prescribed steps and locally developed implementation steps.

Figure A-24

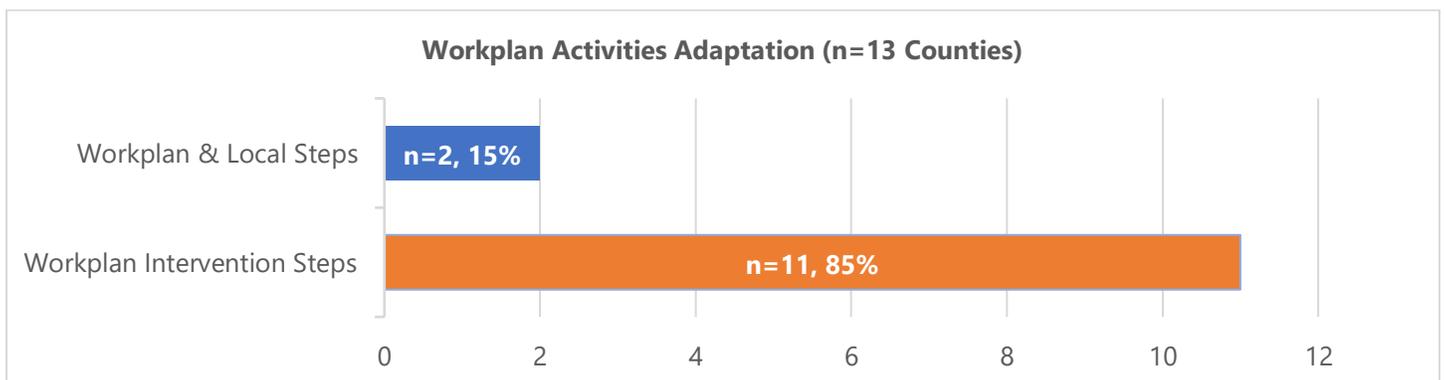


Table A-16: Implementation Progress - Compliance Checks (n=13)

<b>Not included in Work Plans (50% or more of counties)</b>	<ul style="list-style-type: none"> <li>While three steps were identified as not included by some counties. 30% or less of counties did not include these steps</li> </ul>
<b>Completed/ In Progress. (40% or more counties)</b>	<ul style="list-style-type: none"> <li>5 of 7 steps were in some level of completion by 40% or more of counties.</li> </ul>
<b>No Progress. (40% or more counties)</b>	<ul style="list-style-type: none"> <li>Sending a letter of certificate with bossiness that passed local compliance checks</li> <li>Publicly recognizing vendors that have passed compliance checks</li> </ul>

Figure A-25

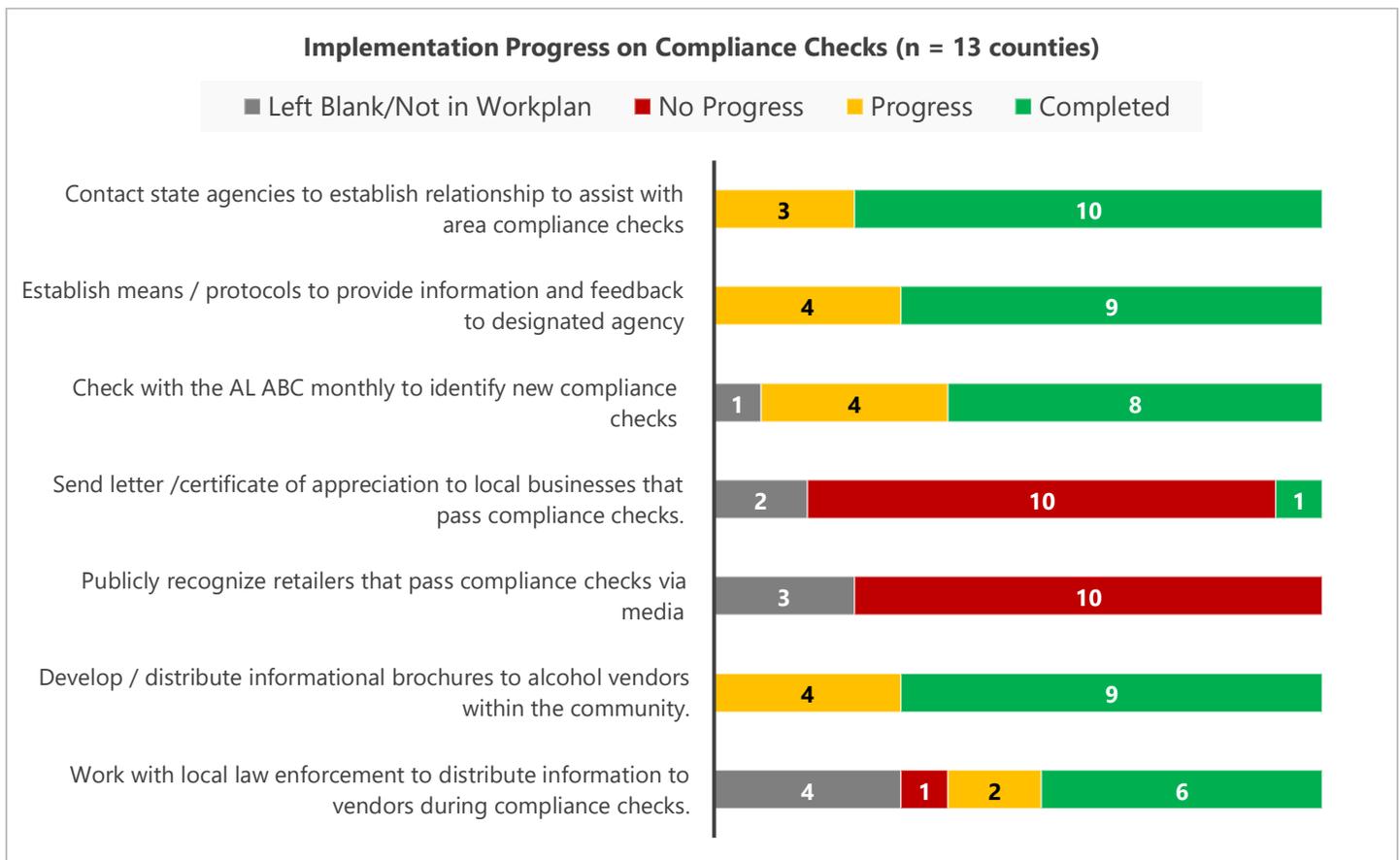


Table A-17

<b>Compliance Checks</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Delivered Vendor ID Recognition materials to vendors (n = 5)</li> <li>• Received positive feedback from vendors on materials (n = 5)</li> <li>• Strengthened partnerships/relationships with community stakeholders (n = 4)</li> <li>• Establishing an MOU with ALEA and other partners (n = 3)</li> <li>• Increased community awareness of underage drinking (n = 2)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• Unable to implement - ALEA not conducting compliance checks (n = 6)</li> <li>• COVID-19 delays (n = 3)</li> <li>• Challenges with establishing an MOU (n = 2)</li> </ul>

**Training and/or Technical Assistance Needs**

- None reported.

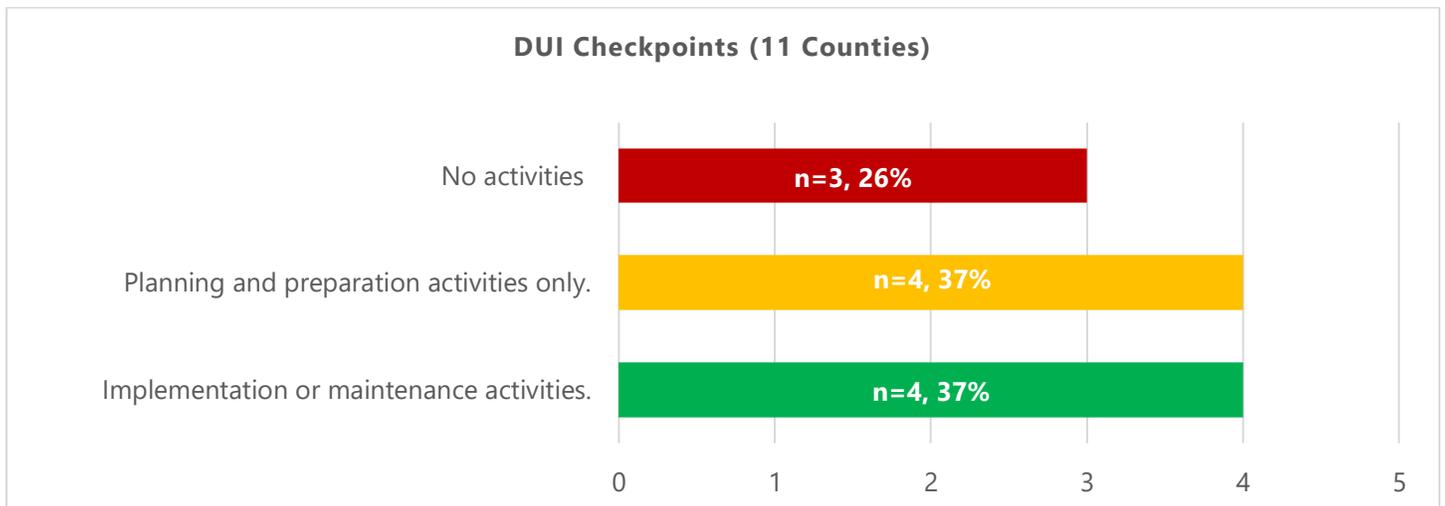
**10. DUI Checkpoints**

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DUI Checkpoint were planned by 16% of counties (n=11). This Intervention Tracking Form asked respondent to report on their progress on 11 implementation steps for successful implementation. Described below is a summary of implementation progress across the 11 counties implemented this strategies. There was a fairly even distribution of progress on implementation steps.

- 16% of all counties selected DUI Checkpoints (n=11 counties).
- 37% of these counties (n=4) were in the implementation or maintenance phase.
- 37% of these counties (n=4) were in the planning stage.
- 26% of these counties (n=3) reported no activities to date.

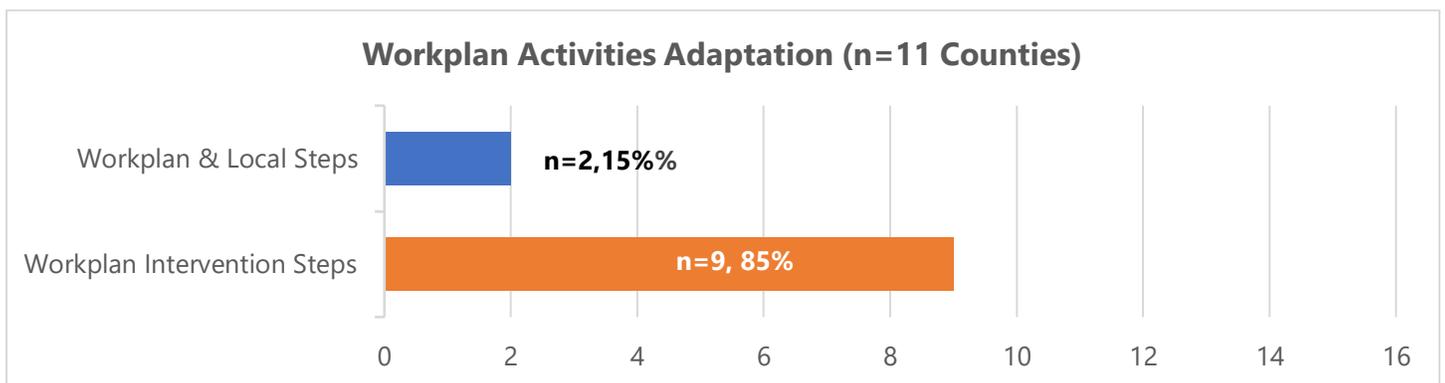
Figure A-26



**Fidelity to Workplans.** The Intervention Tracking Form assessed how much counties modified the work plan steps for each intervention.

- Most counties (85%) used the stated implementation steps and two counties (15%) use both the prescribed steps and locally developed implementation steps.

Figure A-27

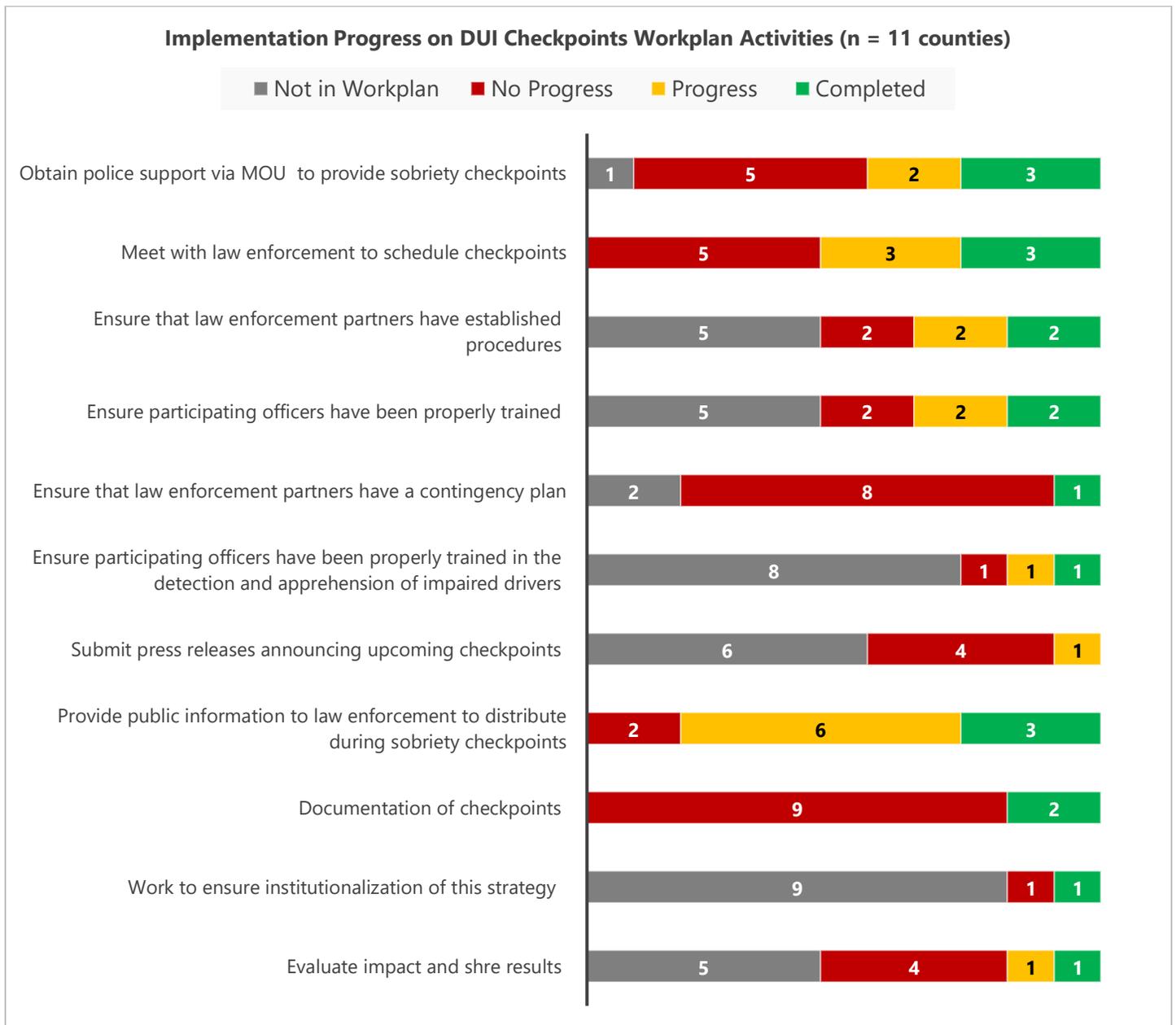


**Implementation Progress.** There were 11 steps in this workplan. Many of these workplan steps were not included in county work plans perhaps because the county’s role in DUI checkpoints was more limited. Future evaluation efforts should consider modifying this plan to better align with county efforts. Of the 11 steps included in this work plan, steps that were less likely to be included were those associated officer engagement and training and evaluation of effort. For each of the 11 steps, 40% or more of counties (4 of 11) were in the implementation or planning phase. 10 of 11 steps has at least one county reporting completion.

**Table A-18: Implementation Progress - DUI Checkpoints (n= 11 counties)**

<p><b>Not included in Work Plans (50% or more of counties)</b></p>	<ul style="list-style-type: none"> <li>○ Ensuring law enforcement have established procedures</li> <li>○ Meeting with law enforcement to schedule checkpoints</li> <li>○ Ensure officer has established procedures</li> <li>○ Ensure officers are properly trained in checkpoint procedures</li> <li>○ Ensure officers are properly trained in apprehension of impaired drivers</li> <li>○ Submit press released of upcoming checkpoints</li> <li>○ Work to ensure institutionalization of strategy</li> <li>○ Evaluate impact and share results</li> </ul>
<p><b>Completed/ In Progress. (40% or more counties)</b></p>	<ul style="list-style-type: none"> <li>○ Half of steps were completed or in progress by 4 or more counties</li> </ul>
<p><b>No Progress. (40% or more counties)</b></p>	<p>40% of counties (4 or more had not made progress on the following)</p> <ul style="list-style-type: none"> <li>○ Ensuring law enforcement have contingency plan</li> <li>○ Gathering and documenting information</li> <li>○ Analyzing and sharing evaluation findings</li> </ul>

Figure A-28



## Successes, Challenges and Training and/or Technical Assistance Needs for DUI Checkpoints

Table A-19

<b>DUI Checkpoints</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Program has been implemented as planned (n = 3)</li> <li>• Program received positive feedback from community (n = 2)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• Challenges surrounding COVID-19 - 2 counties indicated law enforcement agency did not feel comfortable conducting DUI Checkpoints due to COVID-19 (n = 5)</li> <li>• Challenges around time required to meet with law enforcement agencies, schedule and complete DUI checkpoint (n = 3)</li> <li>• Challenges with staffing including staff shortage ( n = 3)</li> <li>• Lack of law enforcement buy-in (n = 2)</li> </ul>

### Training and/or Technical Assistance Needs

- None noted.

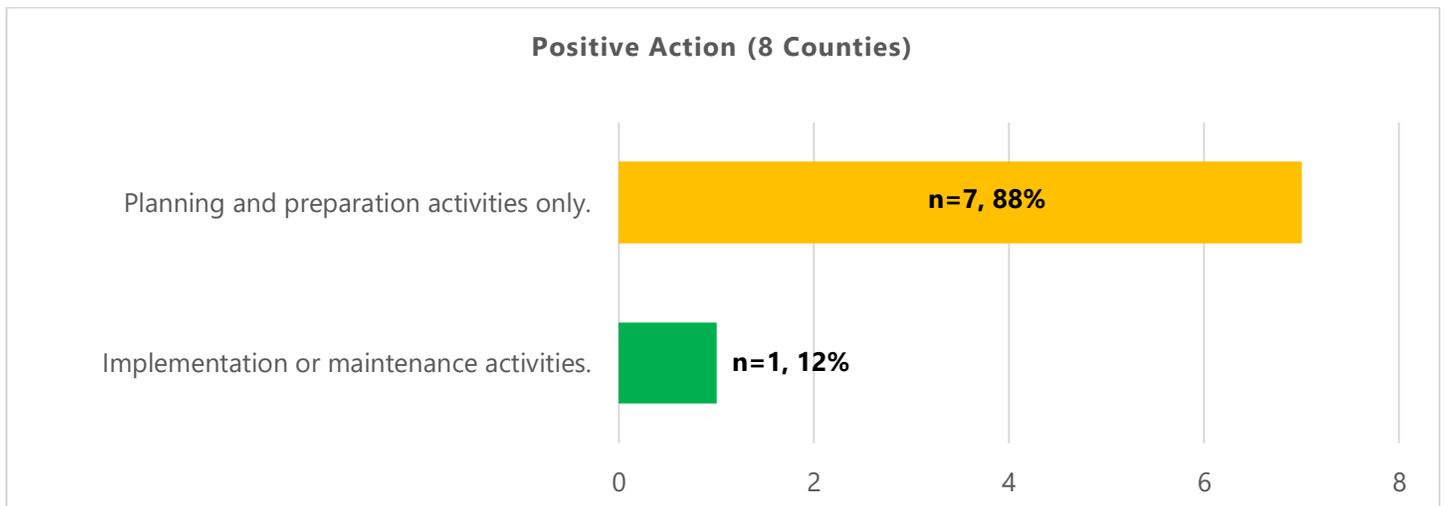
## 11. Positive Action

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Positive Action was planned in eight counties (12%). This Intervention Tracking Form asked respondent to report on their progress on 9 implementation steps for successful implementation. Described below is a summary of implementation progress across the 7 counties implemented this strategy. There was a fairly even distribution of progress on implementation steps.

- 12% of all counties selected Positive Action (n=8 counties).
- 88% of these counties (n=4) were planning stage.
- One county (12%) was in the maintenance stage.

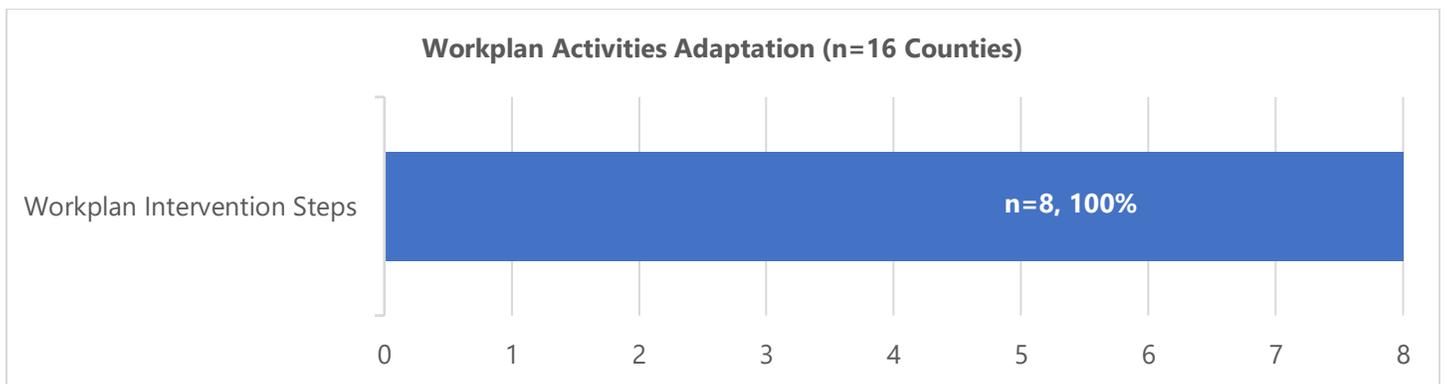
Figure A-29



**Fidelity to Workplans.** The Intervention Tracking Form assessed how much counties modified the work plan steps for each intervention.

- All 8 counties (100%) used the stated implementation steps.

Figure A-30

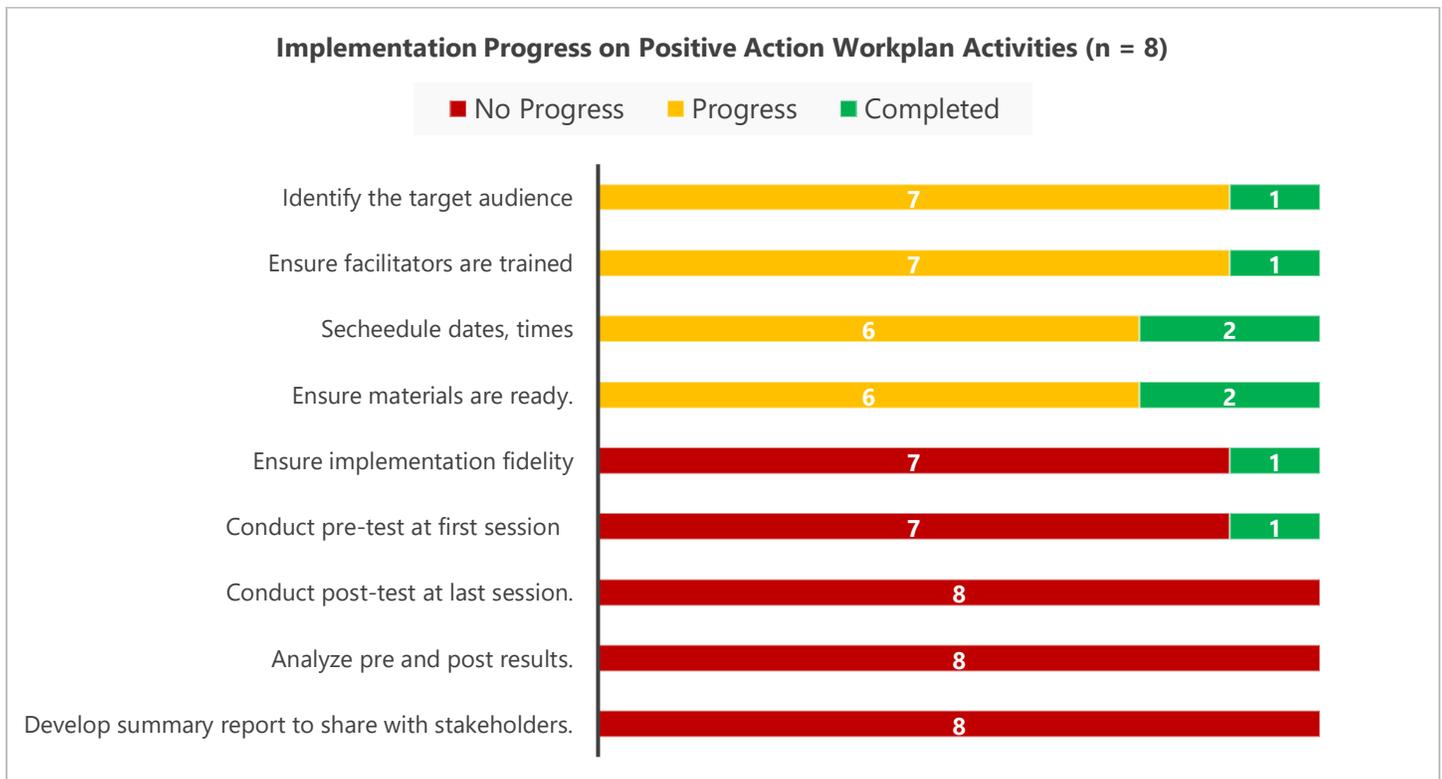


**Implementation Progress.** There were 9 steps in this workplan. All 9 implementation steps were included in workplans. Most counties made progress on the first four steps with only one county reporting progress on the last five steps. Of the 9 steps included in this work plan, steps that were less likely to be included were those associated with implementation fidelity and evaluation activities.

**Table A-20: Implementation Progress - Positive Action (n=8 counties)**

<b>Not included in Work Plans (50% or more of counties)</b>	<ul style="list-style-type: none"> <li>○ All steps were included in county work plans</li> </ul>
<b>Completed/ In Progress. (40% or more counties)</b>	<p>Counties had made progress or fully implemented the first four steps:</p> <ul style="list-style-type: none"> <li>○ Identifying target audience</li> <li>○ Training facilitators</li> <li>○ Scheduling program</li> <li>○ Ensuring materials are ready</li> </ul>
<b>No Progress. (40% or more counties)</b>	<p>40% of counties (3 or more had not made progress on the following)</p> <ul style="list-style-type: none"> <li>○ Program Implementation Fidelity</li> <li>○ Pre and post-test</li> <li>○ Analysis</li> <li>○ Summary report</li> </ul>

**Figure A-31**



## Successes, Challenges and Training and/or Technical Assistance Needs for Positive Action

The specified success also reflect where most counties are in the implementation progress with all counties sharing they finalized intervention logistics and six counties having identified camp participants. All seven counties reported implementation challenges around COVID-19 and did not request any training or technical assistance needs.

Table A-21

<b>Positive Action</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>Finalized camp location, schedule, and staff (n = 7)</li> <li>Identified participants for summer camp (n = 6)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>Seven counties indicated that due to concerns with COVID-19 there were delays in rolling out camp materials in March.</li> </ul>

### Training and/or Technical Assistance Needs

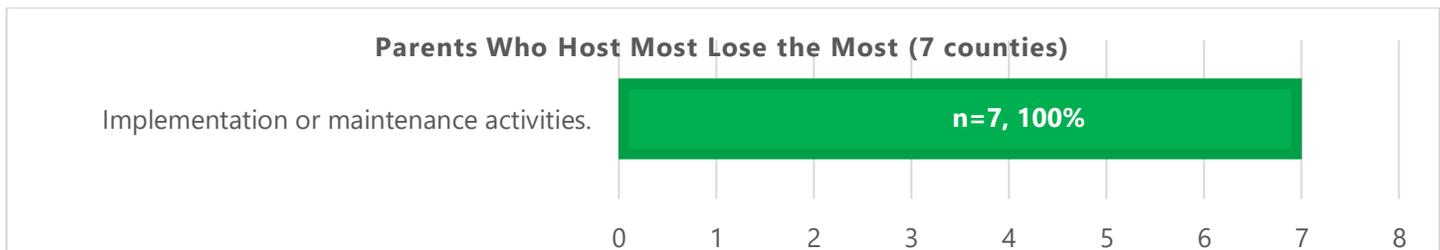
- None noted.

## 12. Parents Who Host Lose the Most

Parents Who Host Lose the Most was planned in seven counties (10%). This Intervention Tracking Form asked respondents to report on their progress on 13 implementation steps.

- 10% of all counties selected Parents Who Host Lose the Most (n=7 counties).
- All of these counties (n=7) were in the implementation or maintenance phase.

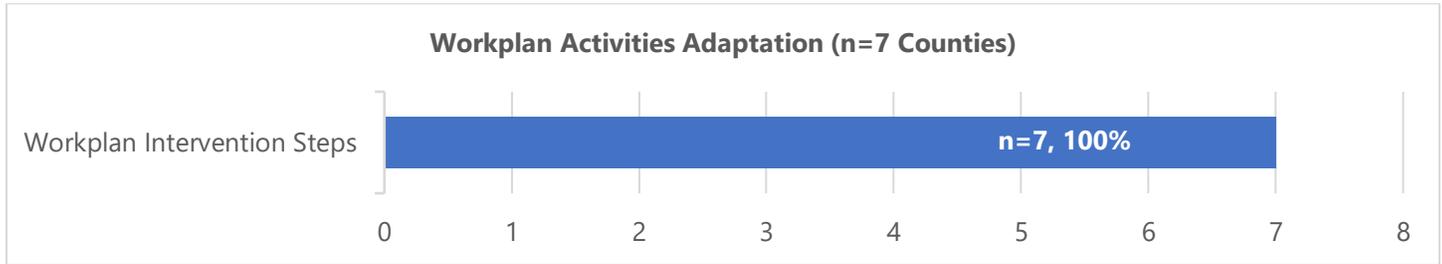
Figure A-32



**Fidelity to Workplans.**

- All counties (100%) used the stated implementation steps.

Figure A-33



**Implementation Progress.** There were 13 steps in this workplan. Many of these workplan steps were not included in county work plans perhaps because county role’s in DUI checkpoints were more limited. Future evaluation efforts should consider modifying this plan to better align with county efforts. Of the 13 steps included in this work plan, steps that were less likely to be included were those associated officer engagement and training and evaluation of effort. For each of the 13 steps, 40% or more of counties (4 of 13) were in the implementation or planning phase. 10 of 13 steps has at least one county reporting completion

Table A-22: Implementation Progress - Parents Who Host Lose the Most

<b>Not included in Work Plans</b> (50% or more of counties)	<ul style="list-style-type: none"> <li>○ Test and refine message</li> <li>○ Develop media contact list</li> <li>○ Develop press packet</li> </ul>
<b>Completed/ In Progress.</b> (40% or more counties)	All counties had made progress or fully implemented all implementation steps except developing press packages
<b>No Progress.</b> (40% or more counties)	40% of counties (3 or more had not made progress on the following) <ul style="list-style-type: none"> <li>○ Recognize local businesses</li> </ul>

- All of the seven counties that selected Parents Who Host Lose the Most reported implementation or maintenance activities in their Six-Month Intervention Tracking Form.
- There were nine activities out of a total of thirteen reported as being completed by at least five counties and at least one county completed twelve of 13 steps.

Figure A-34

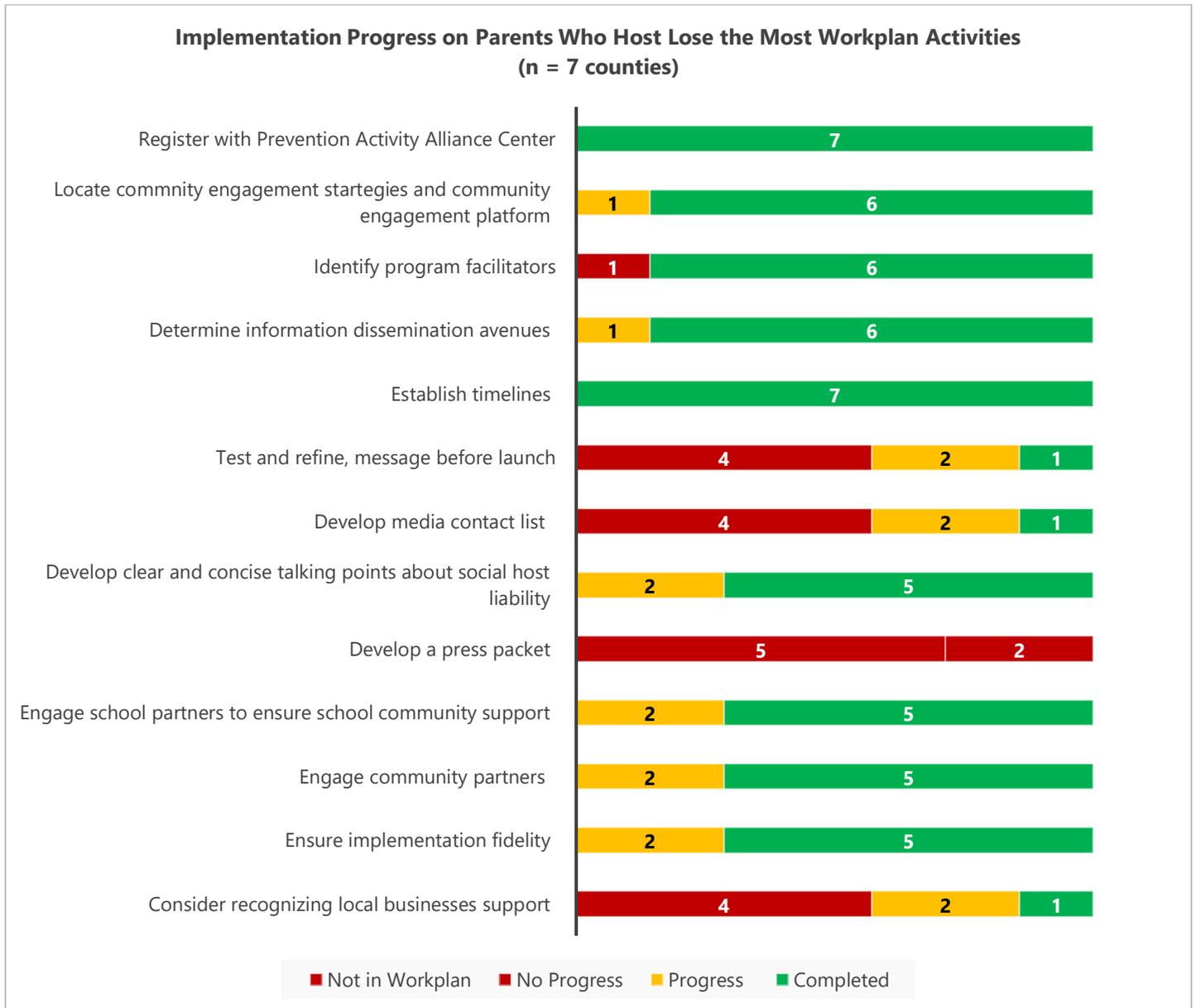


Table A-23

<b>Parent Who Host Lose the Most</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Program was implemented as planned (n = 5)</li> <li>• Fostered/strengthened relationships/partnerships in the community (n = 3)</li> <li>• Received positive feedback from community (n = 3)</li> </ul>
	<b>Challenges- COVID-19 related</b>
	<ul style="list-style-type: none"> <li>• Events were canceled (n = 4)</li> <li>• Local organizations were closed (n = 3)</li> </ul>

**Training and/or Technical Assistance Needs**

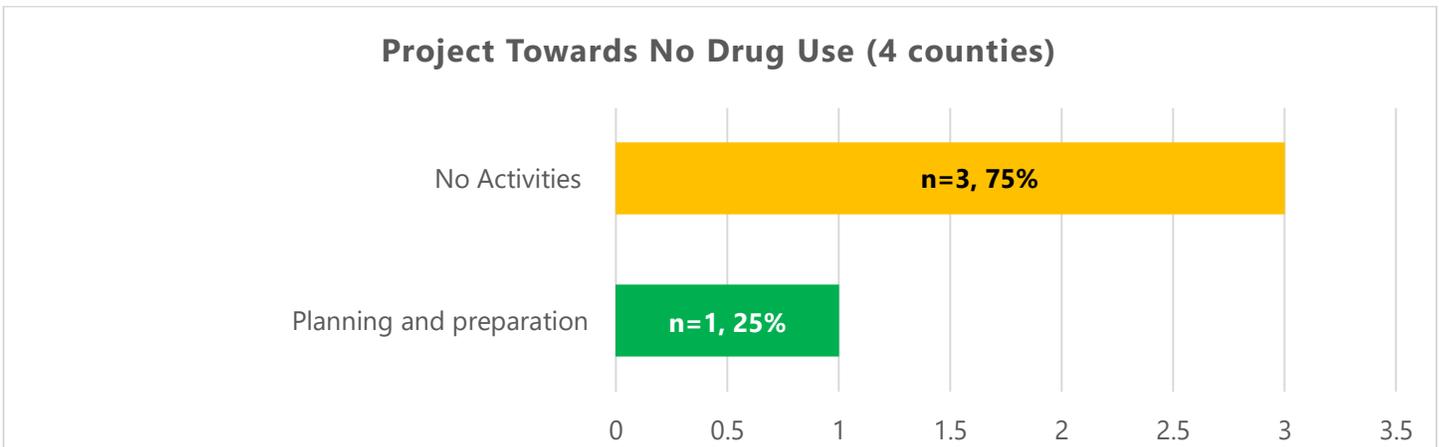
- None reported.

**13. Project Towards No Drug Abuse**

Project Towards No Drug Abuse was planned in four counties. This Intervention Tracking Form asked respondents to report on their progress on 8 implementation steps.

- 6% of all counties selected Project Towards No Drug Abuse (n=4 counties).
- 3 of these counties indicated they have not made progress.
- 1 county is in the planning stage.

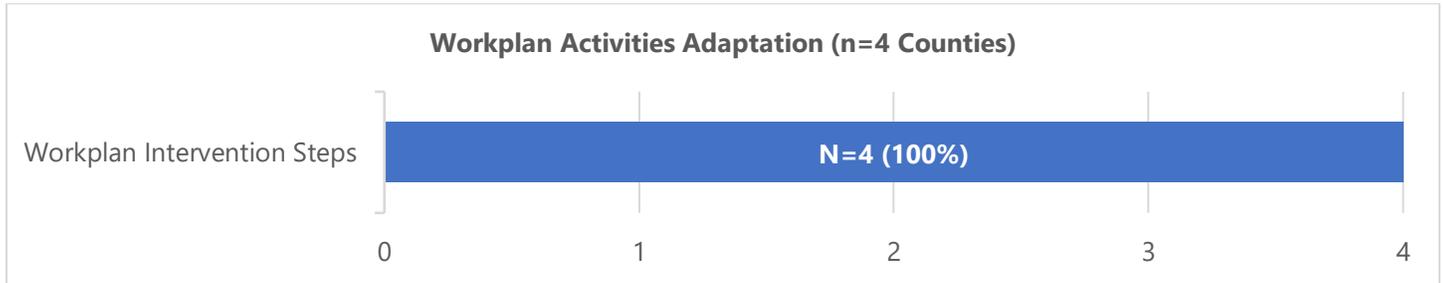
Figure A-35



**Fidelity to Workplans.**

- All counties (n=4) used the stated implementation steps.

Figure A-36



**Implementation Progress** at the six month period was limited likely due to COVID-19. There were two steps recommended by the state that were not included in the workplan for one county and progress was only made on two of the activities (ensuring facilitators were trained on the program and ensuring materials are ready).

Table A-24

<b>Not included in Work Plans</b> (50% or more of counties)	<ul style="list-style-type: none"> <li>○ Identifying target audience</li> <li>○ Analyzing and sharing summary report</li> </ul>
<b>Completed/ In Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ Ensuring materials are ready</li> </ul>
<b>No Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ All steps had 40% of more of counties (2 or more counties) who had not made progress on each step</li> </ul>

Figure A-37

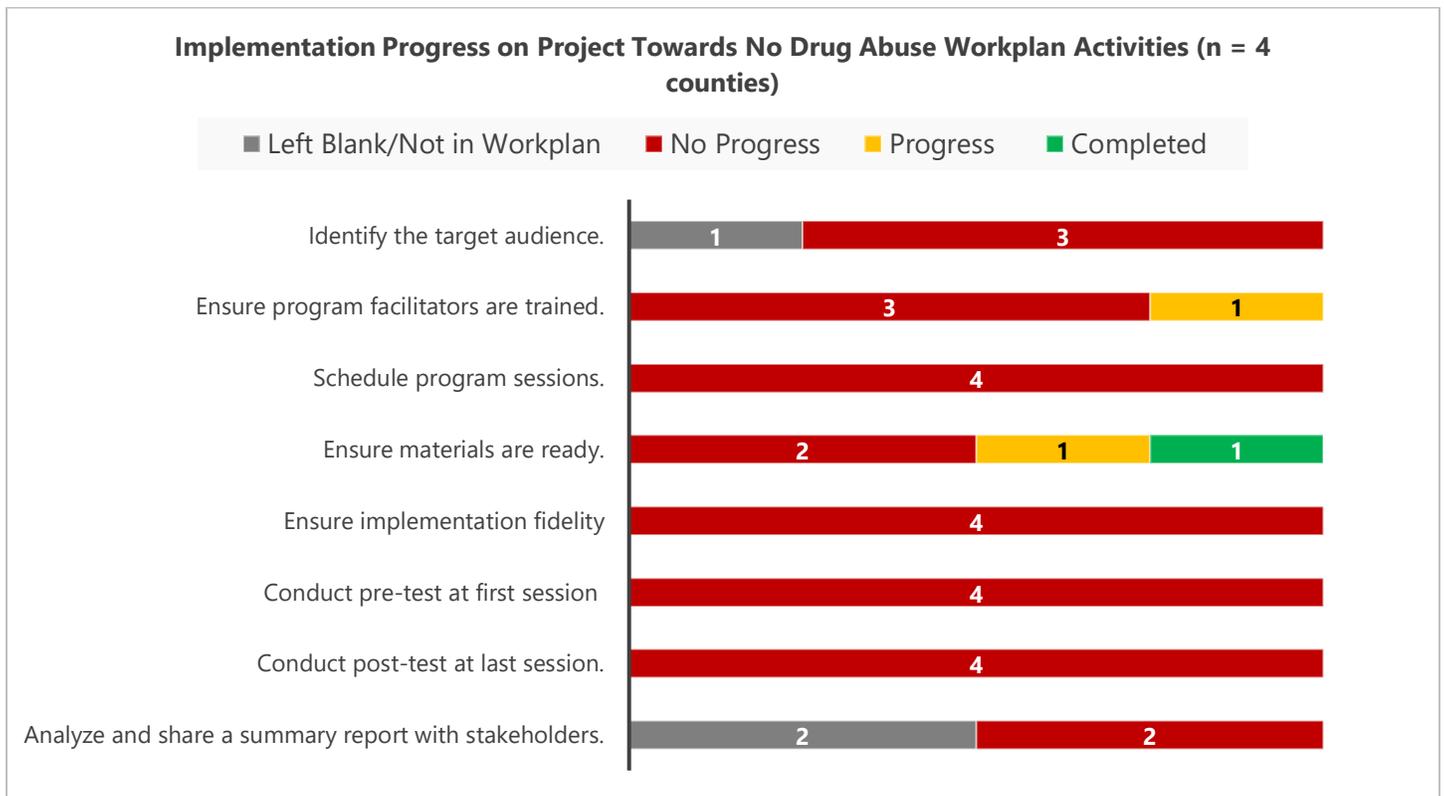


Table A-25

<b>Project Towards No Drug Use</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Obtained program curriculum (n = 1)</li> <li>• Another curriculum was identified (n = 1)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• COVID-19 caused schools and other programs to close (n = 3)</li> <li>• No referrals for school-aged individuals as a result a new curriculum will be implemented to reach this target population (n = 1)</li> <li>• Prevention plan and budget was not finalized until January (n = 1)</li> </ul>

**Training and/or Technical Assistance Needs**

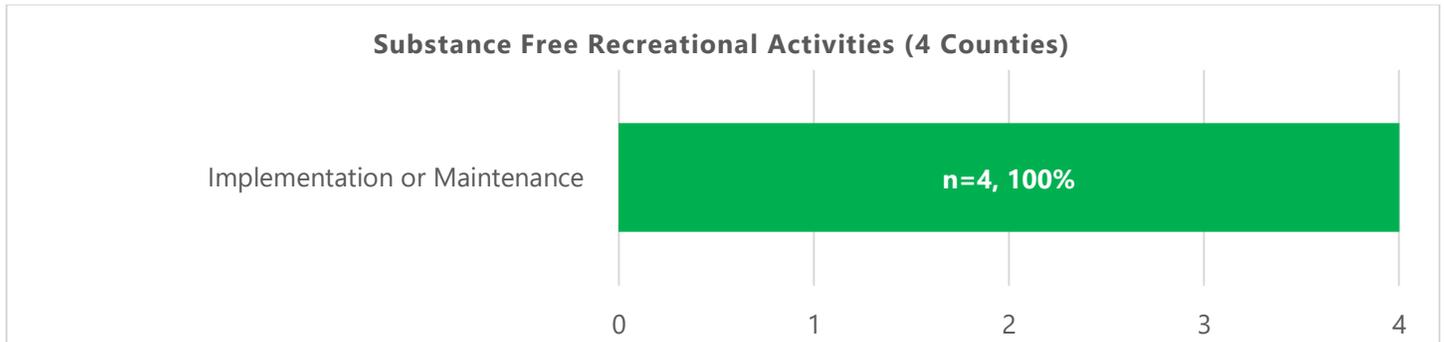
- None noted.

## 14. Substance Free Recreational Activities

Substance Free Recreational Activities were planned in four counties. This Intervention Tracking Form asked respondents to report on their progress on 10 implementation steps.

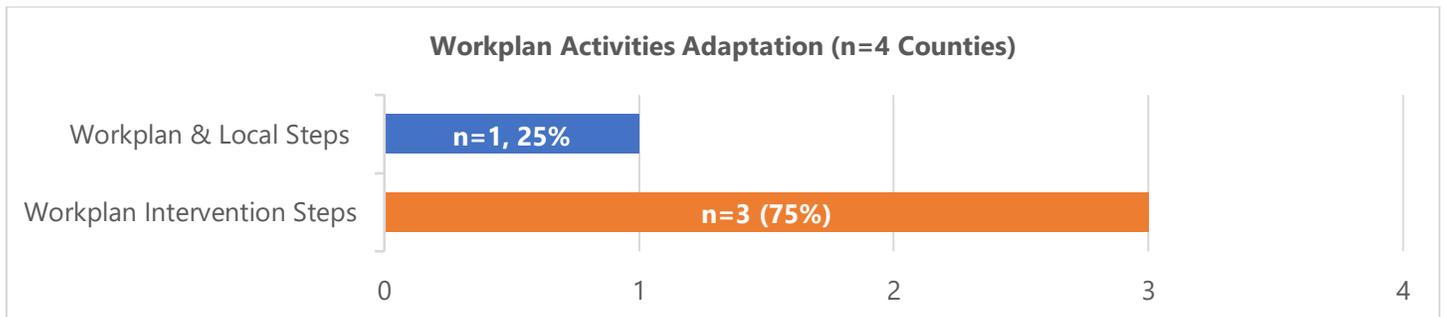
- 6% of all counties selected Substance Free Recreational Activities (n=4 counties).
- All 4 counties reported being in the implementation or maintenance phase.

Figure A-38



### Fidelity to Workplans.

- Three quarters of counties used the stated implementation steps.
- One quarter used both workplan steps and locally developed steps.

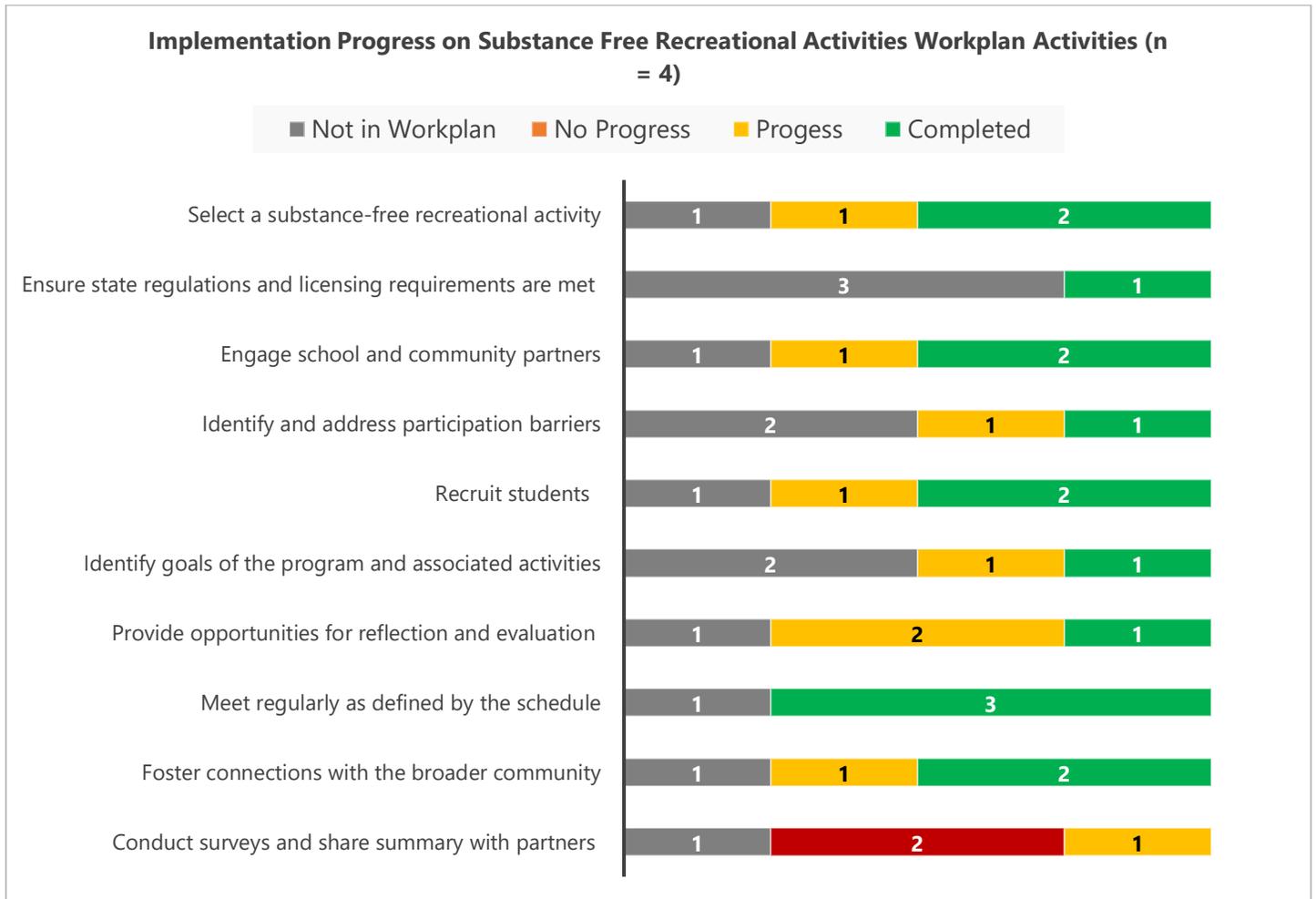


**Implementation Progress** at the six month period was noteworthy for these four counties. Most activities had 40% or more counties who were reporting progress. The steps that were less likely to be implemented were conducting surveys and sharing summary reports with partners.

Table A-26: Implementation Progress - Substance Free Recreational Activities (n=4)

<b>Not included in Work Plans</b> (50% or more of counties)	<ul style="list-style-type: none"> <li>○ Ensuring licensing</li> <li>○ Identifying and addressing barriers</li> <li>○ Identifying goals</li> </ul>
<b>Completed/ In Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ 8 of 10 activities are completed or in progress by 2 or more counties</li> </ul>
<b>No Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ Conducting surveys and sharing summary with partners</li> </ul>

Figure A-39



**Successes, Challenges and Training and/or Technical Assistance Needs for Substance Free Recreational Activities**

Table A-27

<b>Substance Free Recreational Activities</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Program/activities were implemented as planned (n = 4)</li> <li>• Fostered/strengthened relationships/partnerships (n = 1)</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>• COVID-19 closed of partnering organization (n=1)</li> <li>• Plan events that were in line with CDC Guidelines (n=1)</li> </ul>

**Training and/or Technical Assistance Needs**

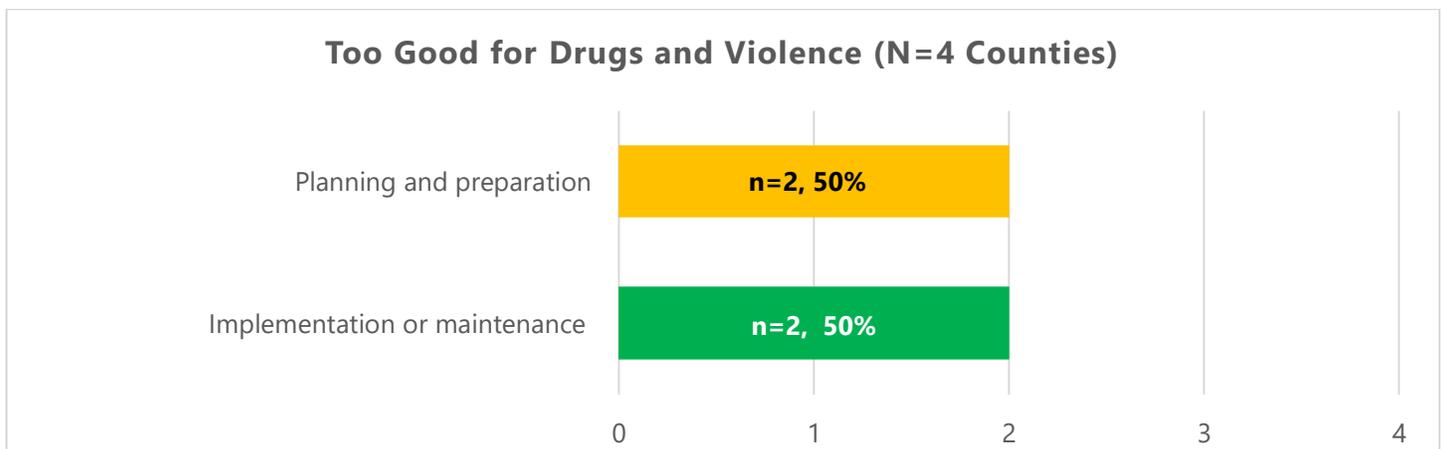
- None noted.

**15. Too Good For Drugs and Violence**

Too Good For Drugs and Violence was planned in 4 counties. This Intervention Tracking Form asked respondents to report on their progress on 11 implementation steps.

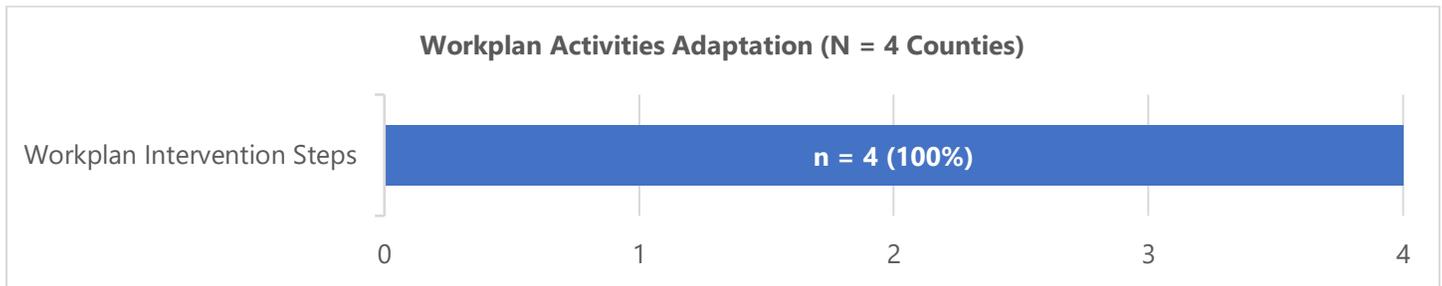
- 6% of all counties selected Too Good For Drugs and Violence (n=4 counties).
- 2 of these counties indicated they were in the planning and preparation phase.
- The remainder were in the implementation or maintenance phase.

Figure A-40



**Fidelity to Workplans.**

- All counties (n=4) used the stated implementation steps (Figure 41).



Statewide, four counties selected the intervention Too Good for Drugs and Violence. Of the four counties, two reported implementation or maintenance activities and two reported planning and preparation activities only. Three out of four counties completed eight of the recommended fidelity steps, with one county completing ten of the fidelity steps.

**Table A-28: Implementation Progress - Too Good for Drugs and Violence (n=4)**

<b>Not included in Work Plans</b> (50% or more of counties)	<ul style="list-style-type: none"> <li>○ Developed a summary report to share with stakeholders (n=1)</li> </ul>
<b>Completed/ In Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ 9 of 11 implementation steps were completed by 2 or more counties</li> </ul>
<b>No Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ Developing a summary report for stakeholders</li> </ul>

Figure A-41



## Successes, Challenges and Training and/or Technical Assistance Needs for Too Good for Drugs and Violence

Achievements experienced for the TGFDV intervention included positive feedback from participants, success in educating participants as well as collecting and beginning to analyze pre- and post-test data. Challenges centered around COVID-19 with schools being shut down as well as postponing post-test data collection.

Table A-29

<b>Too Good for Drugs and Violence</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Participants expressed satisfaction of the program (n = 1)</li> <li>• Staff had success making participants aware and educating them on ATOD use (n = 1)</li> <li>• Participants completed program activities during first semester (n = 1)</li> <li>• Analyzing pre and post-test data is in progress (n = 1)</li> </ul>
	<b>Challenges- COVID-19 related</b>
	<ul style="list-style-type: none"> <li>• Schools closing and not being able to collect post-test data (n=2).</li> </ul>

### TTA Needs.

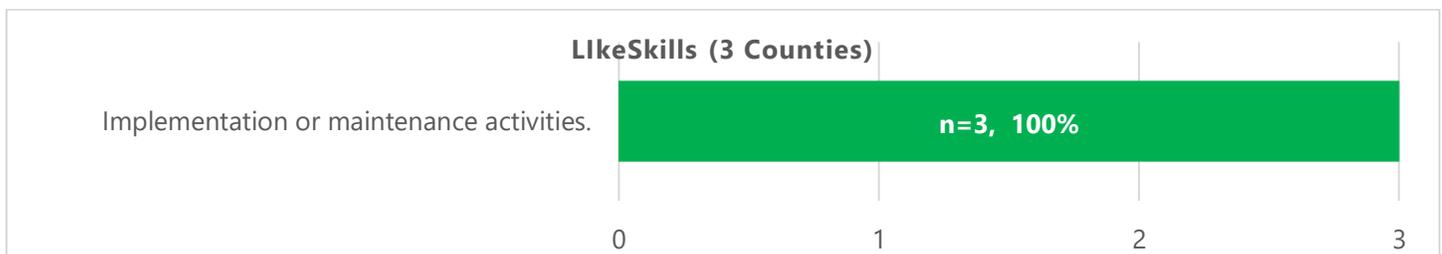
- Two counties reported having to adjust their implementation plans due to COVID-19 and were still unsure if the new plan was possible. It may be beneficial for the state to provide guidance on how to adjust implementation plans given the challenges brought on by the pandemic.

## 16. LifeSkills

LifeSkills was planned in three counties (4%). This Intervention Tracking Form asked respondent to report on their progress on 8 implementation steps.

- 4% of all counties selected LifeSkills.
- All of these counties (n=3) were in the implementation or maintenance phase.

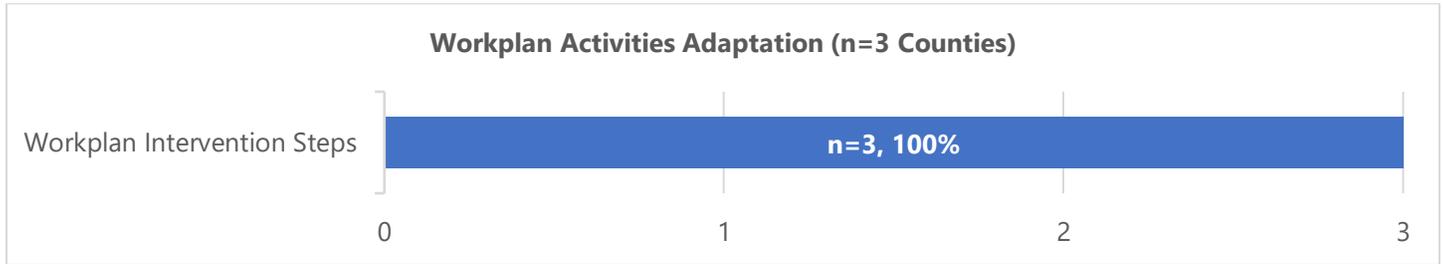
Figure A-42



**Fidelity to Workplans.**

- All counties (100%) used the stated implementation steps.

Figure A-43



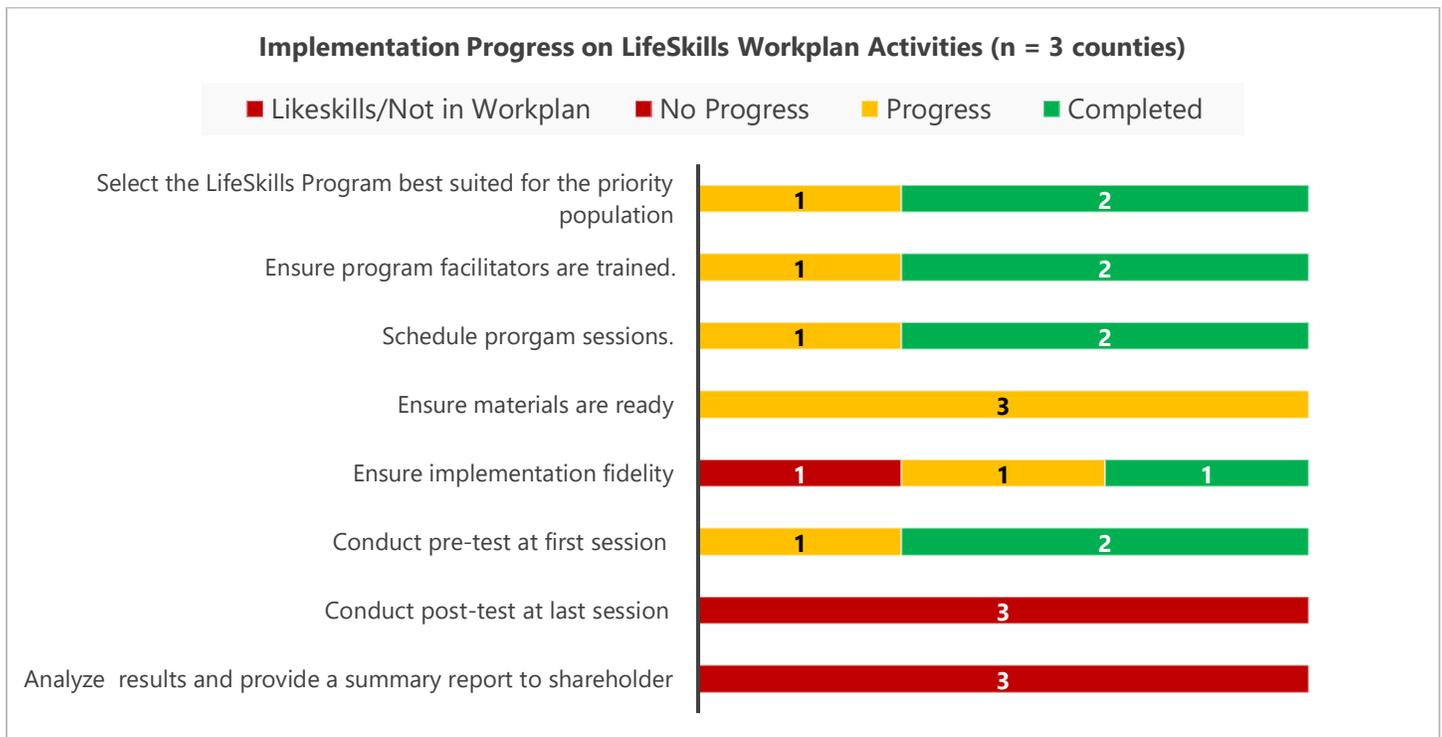
**Implementation Progress.** There were 8 steps in the LikeSkills workplan. All steps were included in county workplans. All counties reported the program was implemented and according to their Intervention Tracking Form.

- For each of the following activity steps, two counties had completed selecting the priority populations, ensuring facilitators were trained, scheduling, and conducting a pre-test.
- All counties had not yet completed the posttest survey or shared results with stakeholders.

Table A-30

<b>Not included in Work Plans</b> (50% or more of counties)	<ul style="list-style-type: none"> <li>○ All steps were included in workplans</li> </ul>
<b>Completed/ In Progress.</b> (40% or more counties)	<ul style="list-style-type: none"> <li>○ 40% or more (1 or more counties) completed 6 of the 8 steps.</li> </ul>
<b>No Progress.</b> (40% or more counties)	<p>40% of counties (1 or more had not made progress on the following)</p> <ul style="list-style-type: none"> <li>○ Conducting post tests</li> <li>○ Sharing results with stakeholders</li> </ul>

Figure A-44



**Successes, Challenges and Training and/or Technical Assistance Needs for LifeSkills**

Two counties reported little to no variation in implementation. Successes shared included all counties reporting the program was implemented as planned, one county establishing partnerships and one county collecting pre-test data. Two counties stated challenges related to COVID-19, but specific examples were not shared while another county stated classes had to be cancelled due to the pandemic while also facing agency staffing issues. There were no training or technical assistance needs identified for this intervention.

Table A-31

<b>LifeSkills</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>• Program implemented as planned (n = 3)</li> <li>• Established partnerships (n = 1)</li> <li>• Collected pre-test data on participants (n = 1)</li> </ul>
	<b>Challenges- COVID-19 related</b>
	<ul style="list-style-type: none"> <li>• General challenges posed by COVID-19 ( n = 2)</li> <li>• Due to staff changes and as well as barriers brought on by COVID-19, unable to implement the classes as previously scheduled (n=1).</li> </ul>

**TTA Needs.**

- None noted.

## 17. Lock Your Meds

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Lock Your Meds was planned in one county (1%). This Intervention Tracking Form asked respondent to report on their progress on 9 implementation steps.

- This county was in the implementation phase.

### Fidelity to Workplans.

- This county used all stated implementation steps.

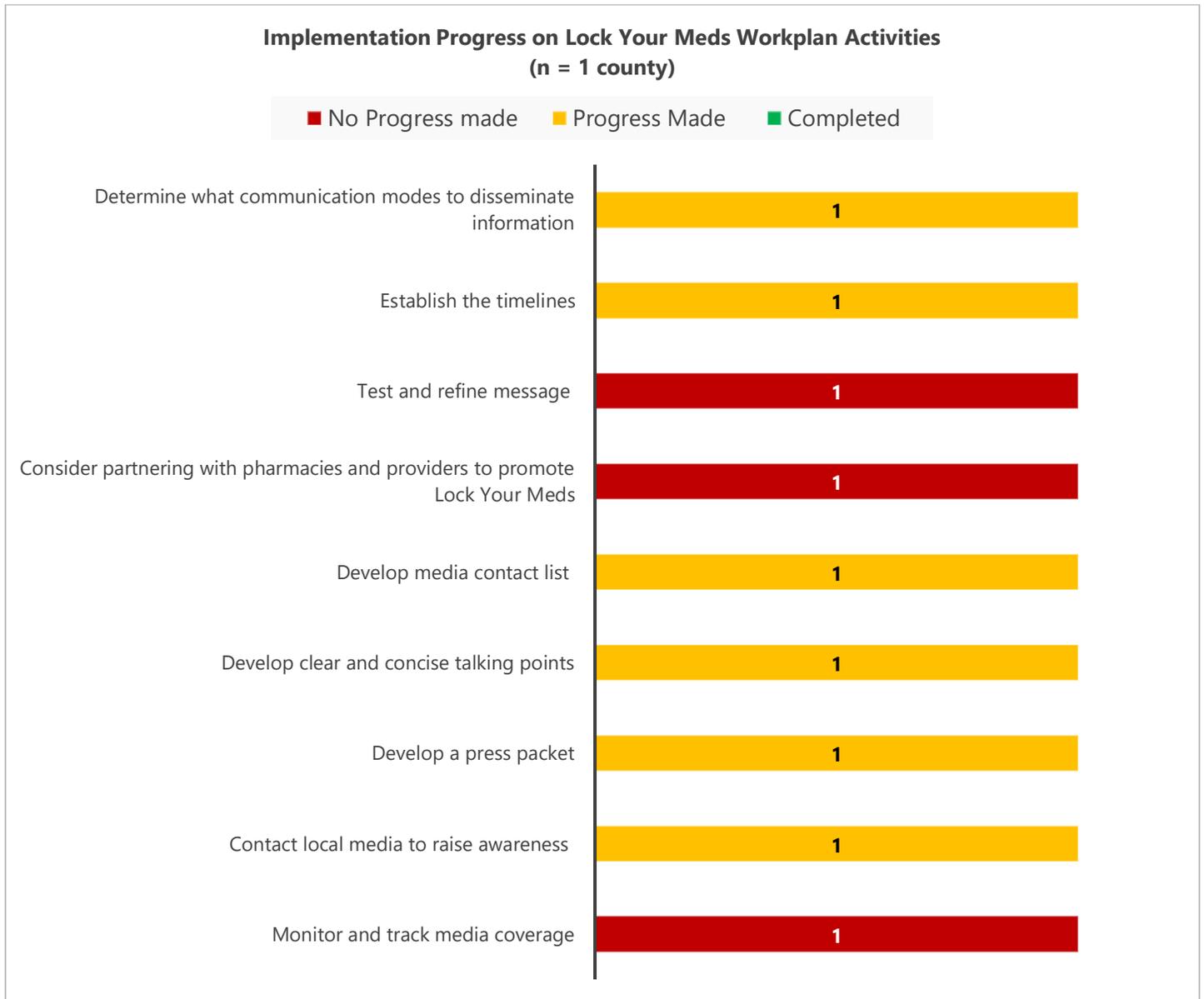
**Implementation Progress.** There were 9 steps in the Lock Your Meds workplan.

- Progress was made on six of the nine recommended activities.
- The three that had not yet been started included refining the message, partnering with pharmacies and providers and tracking media coverage.

Table A- 32: Implementation Progress - Lock Your Meds (n=1 county)

<b>Not included in Work Plans</b>	<ul style="list-style-type: none"> <li>○ All steps were included in workplans</li> </ul>
<b>Completed/ In Progress.</b>	<ul style="list-style-type: none"> <li>○ 6 of the 9 steps were in the in progress stage. None were fully completed.</li> </ul>
<b>No Progress.</b>	<p>3 steps had not yet been completed</p> <ul style="list-style-type: none"> <li>○ Test and refine the message</li> <li>○ Consider partnering with pharmacies and providers to promote Lock Your Meds</li> <li>○ Monitor and track media coverage</li> </ul>

Figure A- 45



## Successes, Challenges and Training and/or Technical Assistance Needs for Too Good for Lock Your Meds

Successes highlighted included getting community buy-in and recruitment. The only challenged shared was related to COVID-19, but specific examples were not shared. There were no training or technical assistance needs identified for this intervention.

Table A-33

<b>Lock Your Meds</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"><li>Recruiting and obtaining buy-in.</li></ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"><li>This county reported challenges related to COVID-19 but were not specific.</li></ul>

### TTA.

- None noted.

## 18. Project Magic

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Project Magic was planned in one county (1%). This Intervention Tracking Form asked respondent to report on their progress on 8 implementation steps.

- This county was in the implementation phase.

### Fidelity to Workplans.

- This county used all stated implementation steps.

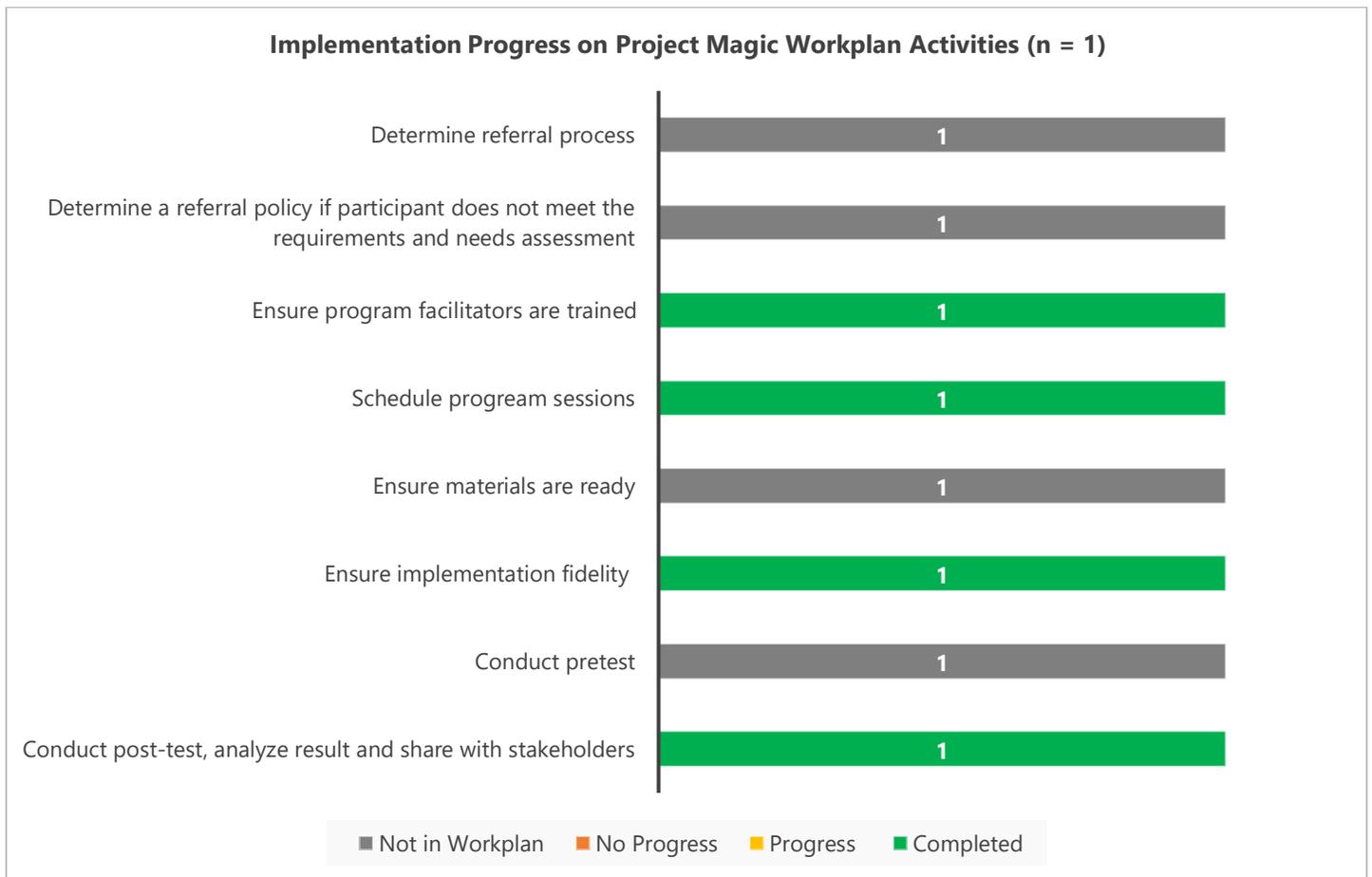
**Implementation Progress.** There were 8 steps in the Project Magic workplan.

- 4 of the 8 recommended steps were completed.
- The four steps that had not been started included: determining a referral process, ensuring materials are ready, completing pretests and sharing results.

**Table A- 34: Implementation Progress - Project Magic**

<b>Not included in Work Plans</b>	<ul style="list-style-type: none"> <li>○ All steps were included in workplans</li> </ul>
<b>Completed/ In Progress.</b>	<p>4 of 8 steps were completed.</p> <ul style="list-style-type: none"> <li>○ Ensuring facilitators trained</li> <li>○ Program scheduled</li> <li>○ Ensuring implementation fidelity</li> <li>○ Analysis and sharing of results to stakeholders</li> </ul>
<b>No Progress.</b>	<p>4 steps had not yet been completed</p> <ul style="list-style-type: none"> <li>○ Determining referral process/ and if participant doesn't meet requirements</li> <li>○ Ensuring materials are ready</li> <li>○ Completed pretests</li> </ul>

Figure A-46



**Successes, Challenges and Training and/or Technical Assistance Needs for Project Magic**

Successes highlighted included positive feedback. The only challenge shared was incorporating new participants after the program started. There were no training or technical assistance needs identified for this intervention.

Table A-35

<b>Project Magic</b>	<b>Progress and Successes</b>
	<ul style="list-style-type: none"> <li>Received positive feedback from both staff and participants</li> </ul>
	<b>Challenges</b>
	<ul style="list-style-type: none"> <li>Incorporating new participants into the already implemented Project Magic program</li> </ul>

**TTA Needs.**

- None noted.