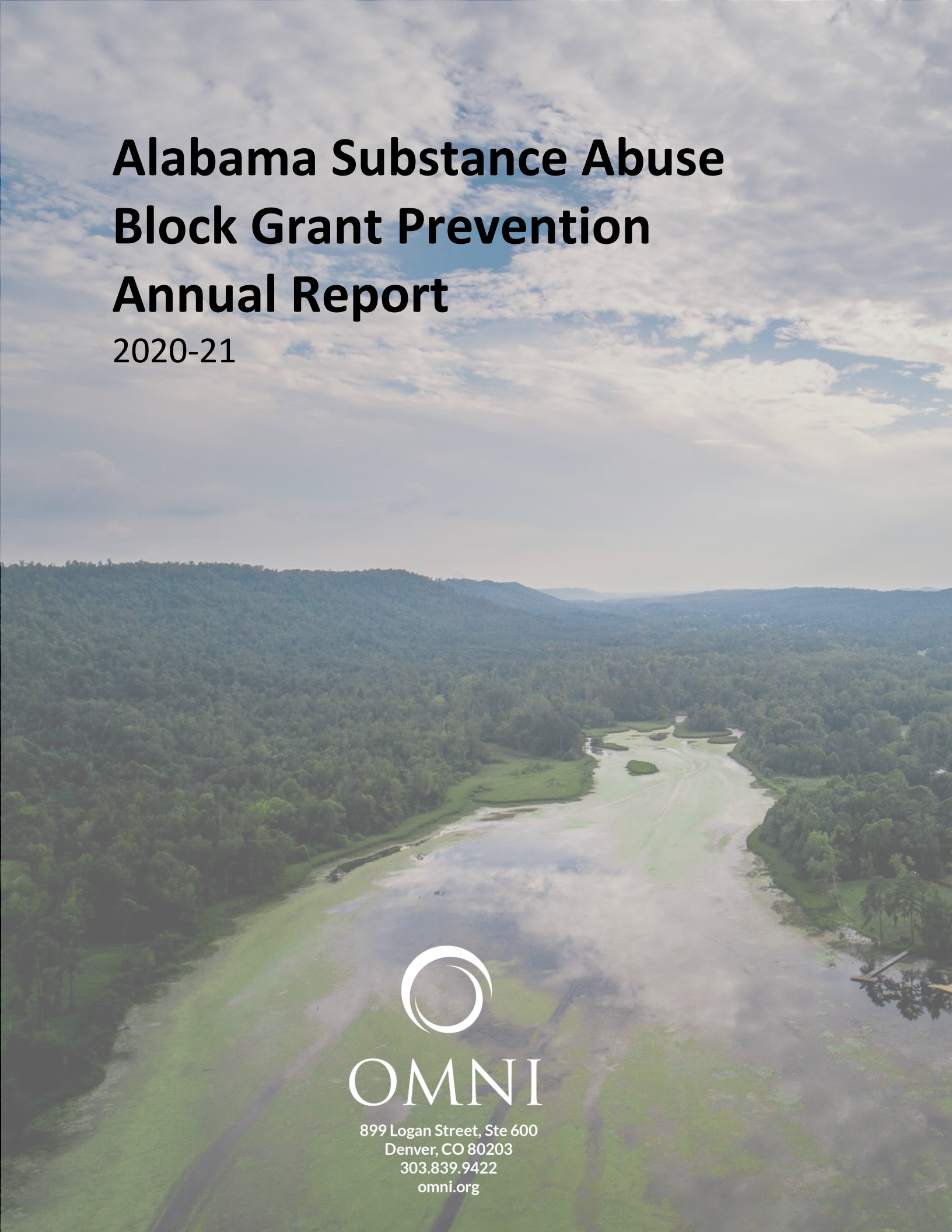
Alabama Substance Abuse Block Grant Prevention Annual Report

2020-21



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Alabama Substance Abuse Block Grant Prevention Annual Report

2020-21

Submitted to:

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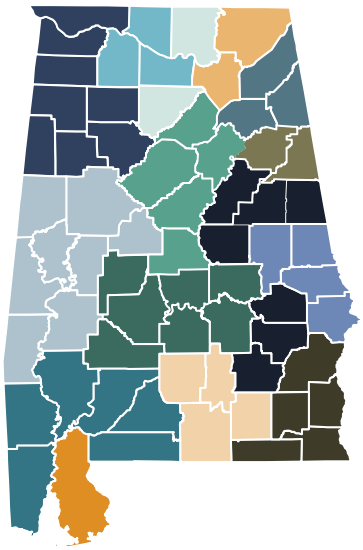
Alabama Substance Abuse Block Grant 2020-21 Annual Report: Executive Summary

The Substance Abuse Block Grant (SABG) is funded by the Substance Abuse and Mental Health Services Administration (SAMSHA). Alabama's Department of Mental Health (ADMH) Office of Prevention distributes grant funds to 15 prevention providers within 22 catchment areas who serve all 67 counties across the state. Providers use these funds to plan, implement and evaluate prevention strategies and activities aimed at preventing and/or decreasing substance use.

This report, prepared by OMNI Institute (OMNI), provides an overview of block grant prevention activities during the 2020-21 fiscal year (October 1, 2020 through September 30, 2021). OMNI has served as the evaluator of Alabama's BG funds since January of 2021. OMNI is a nonprofit, social science consultancy that provides integrated research and evaluation, capacity building, and data utilization services to accelerate positive social change.

Alabama's Block Grant activities are selected and implemented by providers through a data-driven approach based on the Strategic Prevention Framework (SPF) developed by SAMHSA. The SPF is made up of a set of steps and guiding principles designed to ensure effective substance use prevention services.

Each provider receiving Block Grant funding provides services to counties in their area. Alabama providers and the counties they served for the 2020-21 fiscal year are listed to the right.



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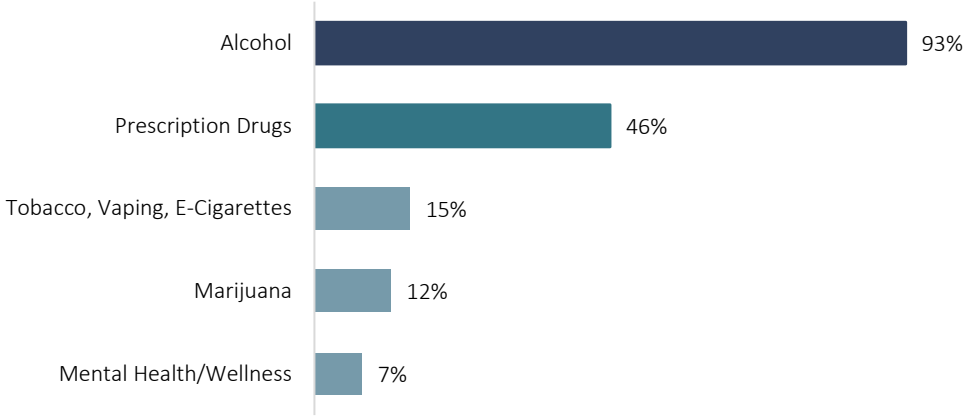
- Mountain Lakes Behavioral Health
- Northwest Alabama Mental Health Center
- PRIDE of Tuscaloosa
- South Central Alabama Mental Health
- SpectraCare Health Systems, Inc
- Wellstone, Inc.

FY21 Process Evaluation

Prevention providers selected interventions to align with statewide priority areas. Nearly all providers implemented alcohol interventions and almost half implemented prescription drug interventions.

Following the steps of the Strategic Prevention Framework (SPF), providers completed a needs assessment that informed the interventions they chose to implement in their counties. Interventions could address one or more statewide priority areas, or another local-level priority area identified by providers.

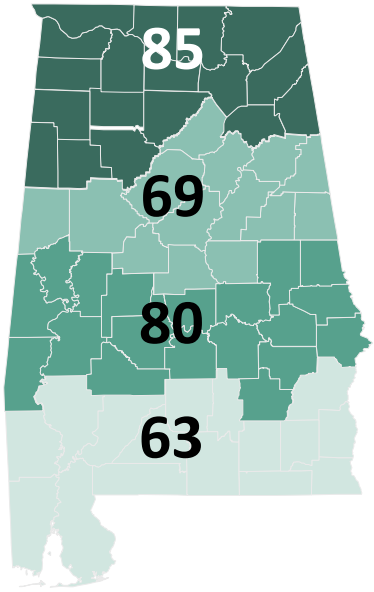


FY21 Process Evaluation

In fiscal year 2020-21 (FY21), providers implemented 297 interventions across Alabama's 67 counties, serving over 1.7 million people in Alabama.

The largest number of interventions were implemented in Region 1, followed by Region 3, Region 2, and Region 4, as shown in the map below. The number of people served by each provider is shown in the table below.

Total # of Interventions Implemented by Region



BG Provider Agency*	Numbers Served
Altapointe Health Systems	749,016
Northwest Alabama MHC	640,597
PRIDE of Tuscaloosa	219,449
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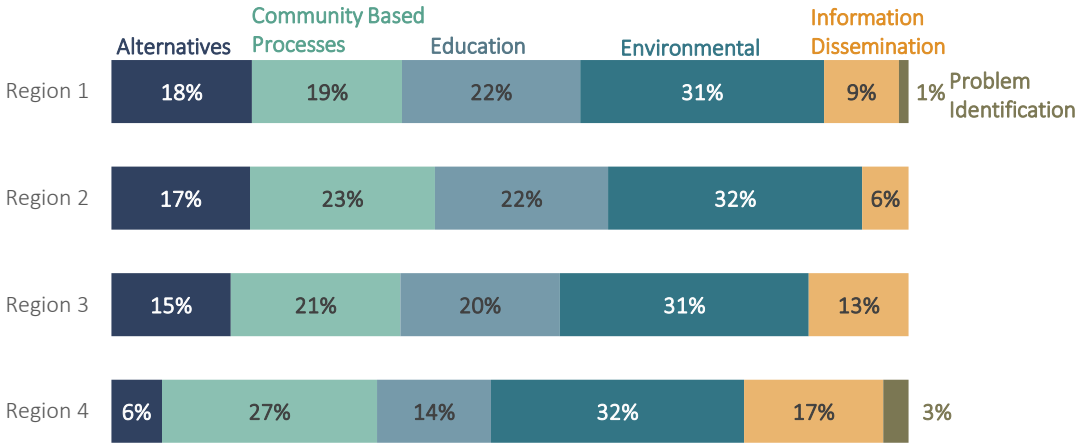
East Alabama Mental Health Center	351
Wellstone Inc.	313
Mental Health Center of North Central Alabama	44

*Data for CED Mental Health and Mountain Lakes Behavioral Health were not available via the ASAIS data system.

Interventions fall under six Center for Substance Abuse Prevention (CSAP) strategies: Alternatives, Community-Based Processes, Education, Information Dissemination, Problem Identification and Referral, and Environmental.

Environmental strategies were the most commonly implemented strategies across all four regions.



Across Alabama the most people were served by environmental and information dissemination strategies.

1,053,066 served by environmental strategies

19,706 served by education strategies

479,244 served by information dissemination strategies

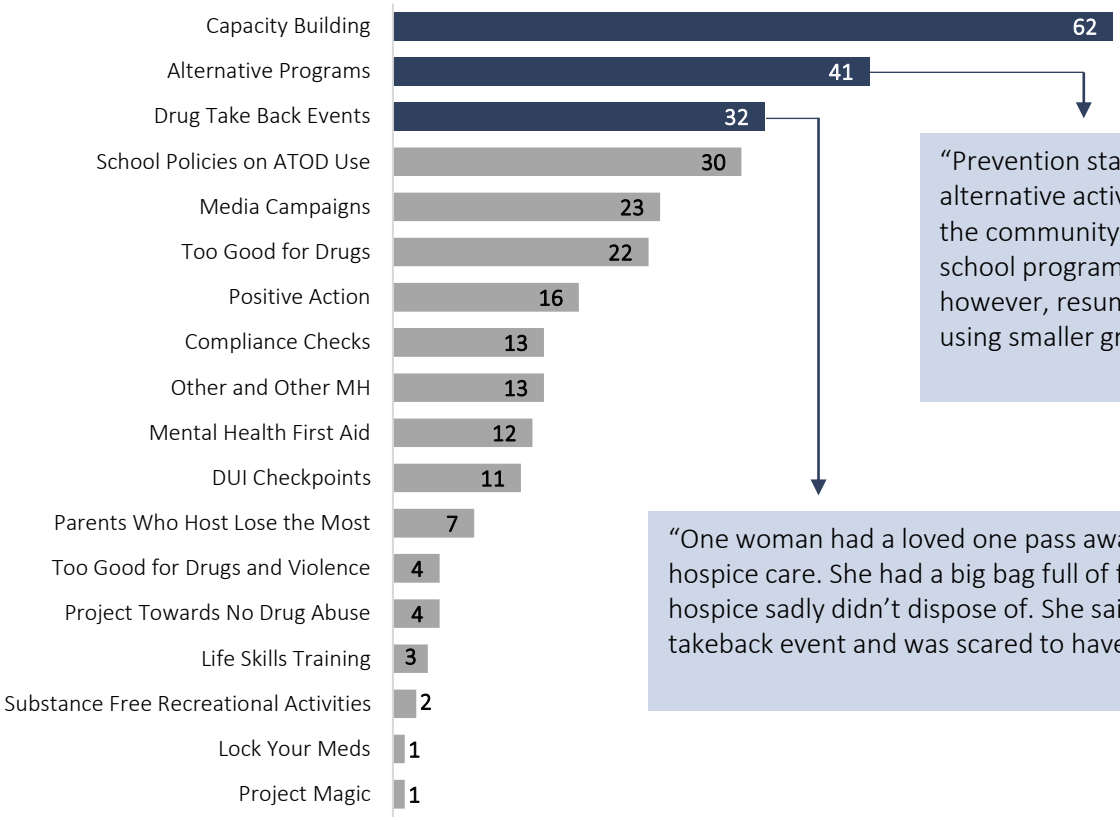
3,385 served by alternative strategies

163,422 served by community-based processes strategies

1,202 served by problem identification strategies

FY21 Process Evaluation

Capacity building programs, alternative programs, and drug take back events were the most commonly implemented interventions during the 2020-21 fiscal year.



"Prevention staff successfully facilitated alternative activities for students within the community. Due to COVID-19, after school programs were limited. We did, however, resume the summer activities using smaller groups."
– PRIDE of Tuscaloosa

"One woman had a loved one pass away who was receiving hospice care. She had a big bag full of fentanyl patches that hospice sadly didn't dispose of. She said she was waiting for a takeback event and was scared to have that in her home."
– Northwest AL MHC

Providers shared the successes and challenges they experienced related to implementation of interventions in FY21. The themes below are listed from most to least frequently mentioned by providers.

Achievement. Most providers indicated the implementation of their interventions were successful through indicators such as amount of drugs collected, positive post-test evaluation/satisfaction scores and participant follow-ups, compliance rates, number of checkpoints or drug drop boxes installed, and trainings completed.

Collaboration. A key aspect of success was provider collaboration with community partners. This was measured in number of meetings held, new connections made, and memorandums of understanding being established. Providers also strengthened existing connections, and increased membership in their organizations.

Outreach. Common methods associated with success were outreach, public education, community discussions, information dissemination, and increased and diversified social media platform engagement.

COVID-19. The most common challenge was the pandemic and its related restrictions. Examples include cancelled events/meetings; difficulty measure outcomes; lack of access to schools and partnering agencies; long waits for materials due to supply chain issues; and hampering of coalition and organizational capacity building.

Poor Recruitment. Though much restricted access was due to COVID-19, providers also mentioned a general challenge in recruiting participants for prevention activities, or a lack of follow through from participants which ultimately led to difficulty with program functioning.

Lack of Commitment from Partners. Though collaboration was influential to provider successes, some mentioned that lack of support/commitment from partners was a challenge. Examples include issues with low partner capacity, lack of follow-through on planned interventions, or partners being unable to share data.

FY21 Outcome Evaluation

In FY21, each prevention provider used their prevention plan template to specify short-term outcomes that they sought to reach in implementing their prevention interventions.

Providers used a variety of data sources to measure progress towards short term outcomes.

79% used pre/post evaluation tools	**60%** used county-level data	**36%** documented policies enacted
76% used stakeholder feedback surveys	**46%** used focus groups	**13%** used community surveys

In the tables below, problem area indicator data are presented along with the associated long-term outcomes desired. OMNI will be tracking and reporting progress towards these outcomes as the indicator data change over time.

PROBLEM ALCOHOL USE

Desired Outcomes	Current Indicators
Decrease in underage alcohol use	15.5% of Alabama youth ages 12-20 reported using alcohol in the past 30 days (NSDUH, 2018-2019)
Decrease in underage binge drinking	9.8% of Alabama youth reported binge alcohol use in the past month (NSDUH, 2018-2019)
Decrease in alcohol-related driving fatalities	21% of Alabama drivers involved in fatal crashes had a BAC of .01 or higher. (FARS, 2018)

PRESCRIPTION DRUG MISUSE AND OVERDOSES

Desired Outcomes	Current Indicators
Decrease in prescription drug misuse among adults	4.6% of Alabamians aged 18+ reported pain reliever misuse in the past month. (NSDUH, 2018-2019)
Decrease in prescription drug misuse among youth	22.1% of Alabama youth reported ever having taken prescription pain medicine without a prescription, or differently than how a doctor told them to use it. (YRBS, 2019)
Decrease in prescription drug overdose deaths	19.7 per 100,000 was the rate of drug overdose deaths in Alabama in 2017. (CDC Wonder, 2017)

SUBSTANCE-RELATED SUICIDE AND DEATHS BY SUICIDE

Desired Outcomes	Current Indicators
Decrease in suicide deaths and attempts in adults	16.9 per 100,000 was the rate of deaths by suicide in Alabama in 2018. (CDC Wonder, 2018)
Decrease in suicide deaths and attempts in youth	11.6% of Alabama youth and 0.54% of Alabama adults reported a suicide attempt in the past year. (YRBS, 2019 & NSDUH, 2018-2019)
Decrease in substance-related deaths by suicide	69 Alabamians died by suicide due to alcohol or drug poisonings in Alabama. (CDC Wonder, 2019)

Introduction

The Substance Abuse Block Grant (SABG) is funded by the Substance Abuse and Mental Health Services Administration (SAMSHA). Alabama's Department of Mental Health (ADMH) Office of Prevention distributes grant funds to 15 prevention providers within 22 catchment areas who serve all 67 counties across the state. Providers use these funds to plan, implement and evaluate prevention strategies and activities aimed at preventing and/or decreasing substance use.

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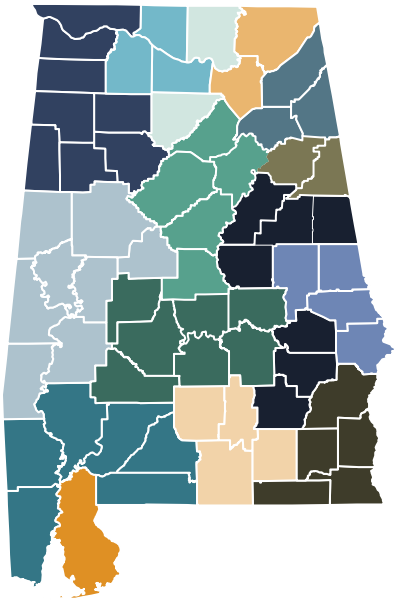
Alabama's Block Grant activities are selected and implemented by providers through a data-driven approach based on the Strategic Prevention Framework (SPF) developed by SAMHSA.[1] The SPF is made up of a set of steps and guiding principles designed to ensure effective substance use prevention services. The steps of the SPF include assessment, capacity, planning, implementation, and evaluation. The steps are further guided by the principles of sustainability and cultural competence.

Each provider completes an application for BG funding that details the counties they plan to serve with awarded funding. A list of Alabama counties and the providers that serve those counties is below.

Overview of Alabama counties and their providers for FY2020-21



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- Northwest Alabama Mental Health Center
- Parents Resource Institute for Drug Education of Tuscaloosa
- South Central Alabama Mental Health
- SpectraCare Health Systems, Inc
- Wellstone, Inc.

[1] SAMHSA. (December 1, 2017). Applying the Strategic Prevention Framework (SPF). Retrieved from https://www.samhsa.gov/capt/applying-strategic-prevention-framework

FY21 Process Evaluation

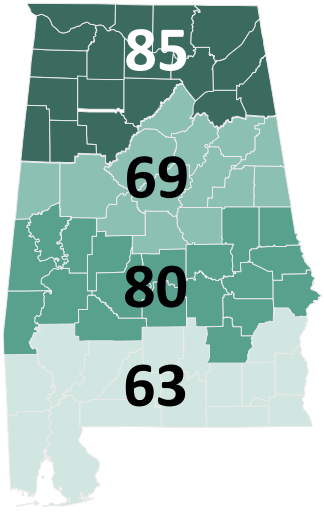
This section of the report will summarize interventions implemented across the state in fiscal year 2020-2021 (FY21), as well as the number of people served or reached. The section will also detail perceived successes and challenges to implementation as well as how prevention interventions have been adapted during the pandemic using qualitative data collected from providers through annual reports.

Data in this section of the report were drawn from the Alabama Substance Abuse Information System (ASAIS), Prevention Plan Templates (PPTs) for each county, and annual reports completed by providers. ASAIS data from FY21 were reviewed and analyzed to identify the number of individuals reached or served by agencies and strategies as defined by the Center for Substance Abuse Prevention (CSAP). Data collected from each county's PPT were cleaned and analyzed to identify the types of interventions that were implemented and the associated CSAP strategy. Further, annual progress reports completed by each provider agency provided a source of qualitative data on each provider's accomplishments and perceived successes and challenges (including COVID-19 impacts).

For the purpose of planning for Alabama's public substance use service delivery system, the state is divided into four regions which include all 67 counties. Each region consists of from 14 to 19 counties, and regions are organized from north to south, with each region housing at least one major metropolitan area. Regions in the north of the state tend to include more urban and suburban communities, whereas regions in the south have a greater share of rural communities. Results are presented at the region level throughout this section of the report for clarity and ease of understanding. Additional results at the provider and county level are available in the appendices and are referenced throughout this section.

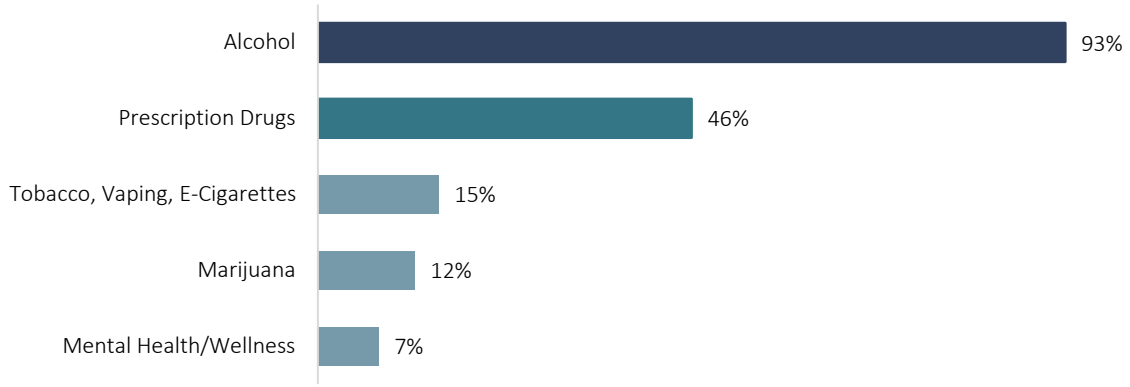
In FY21, providers completed PPTs to align their planning and implementation of prevention activities with the steps of the SPF. As a part of the FY21 PPTs, providers completed a needs assessment process that included exploring risk and protective factor data as well as consequence data associated with the statewide priorities of underage drinking and prescription drug misuse as well as an additional issue or concern that they intended to target with their SABG funds. After completing this needs assessment process, providers decided whether to implement interventions targeting one or both of the priority areas as well as the additional issue or area of concern.

Total # of Interventions Implemented by Region

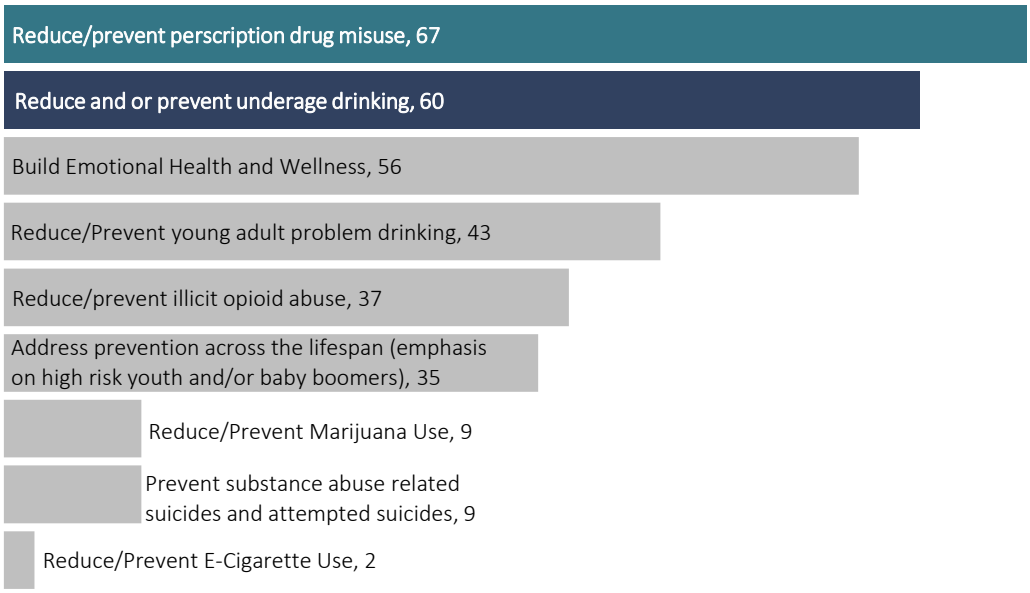


In FY21, providers implemented 297 interventions across Alabama's 67 counties. The largest number of interventions were implemented in Region 1, followed by Region 3, Region 2, and Region 4. Providers had the ability to choose no more than 10 total interventions to implement in each county. The number of interventions implemented across the state ranged from 1 to 9 per county and the average was 4 interventions implemented per county. For a complete list of the number of interventions implemented per county, see Appendix A.

Prevention providers selected interventions in alignment with statewide priority areas, with nearly all providers implementing alcohol interventions and almost half of providers implementing prescription drug interventions. Based on community need and data, providers selected interventions to address one or more statewide priority areas or another local-level priority area identified by providers. These 'other' interventions included programs that targeted youth tobacco, vaping, and e-cigarette use, marijuana use, and programs that promoted mental health and wellness.

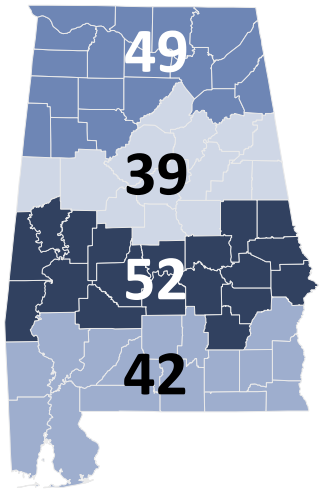


Specific behavior changes sought through implementation aligned with statewide priorities, but also highlighted additional goals of prevention interventions. Providers also shared more nuanced information indicating the actual behavioral changes sought by implementing particular interventions. Providers were able to select more than one possible behavior targeted by their interventions. There were 67 interventions targeting Prescription drug misuse followed closely by 60 interventions targeting underage drinking. In addition, interventions also targeted related behaviors of illicit opioid abuse and young adult problem drinking behaviors. This clearly aligns with the problem areas identified for the state.

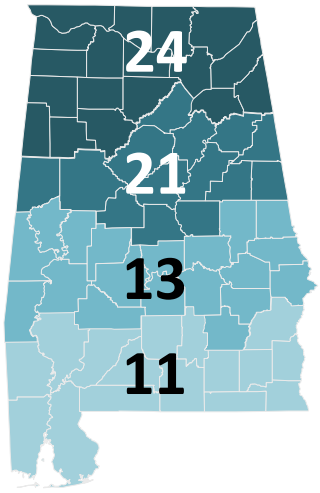


Each region implemented interventions targeting priority problem areas, but some regions focused more on one problem area than the other. Region 3 implemented the most alcohol interventions, while Region 1 implemented the most interventions targeting prescription drugs. Regions 1 and 3 implemented the most interventions across all problem areas (85 and 80 respectively), with Regions 2 and 4 implementing 69 and 63 interventions respectively.

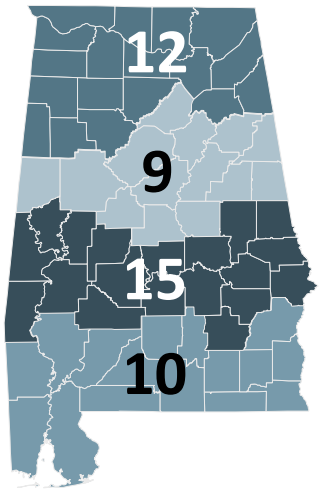
Alcohol Interventions Implemented by Region



Rx Interventions Implemented by Region



Other Interventions Implemented by Region



Providers served over 1.7 million people across Alabama through prevention interventions. Providers selected evidence-based prevention interventions to implement throughout their communities. These interventions fall under six CSAP strategies: Alternatives, Community-Based Processes, Education, Information Dissemination, Problem Identification and Referral, and Environmental.

BG Provider Agency*	Numbers Served
Altapointe Health Systems	749,016
Northwest Alabama MHC	670,597
PRIDE of Tuscaloosa	219,449
South Central Alabama MHB	22,947
Elmore County Partnership for Children, Inc.	16,098
Agency for Substance Use Prevention	14,503
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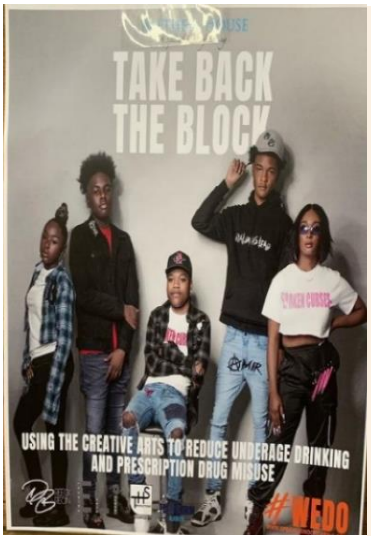
Some providers implemented more population-based interventions which accounts for their overall greater reach. Those agencies that used information dissemination or environmental CSAP strategies were able to reach higher numbers of people. Alternatively, agencies that focused on other CSAP strategies, such as education, served fewer people. See Appendix B for a breakdown of the proportion of CSAP strategies used by each individual agency.

Across Alabama, the most people were served by environmental and information dissemination interventions. By nature, both environmental and information dissemination interventions are designed to reach large populations with little to no contact between the source and the audience. The table below shows the number of people served by interventions for each CSAP strategy. For additional information on the subpopulations served by CSAP strategy, please see Appendix C.

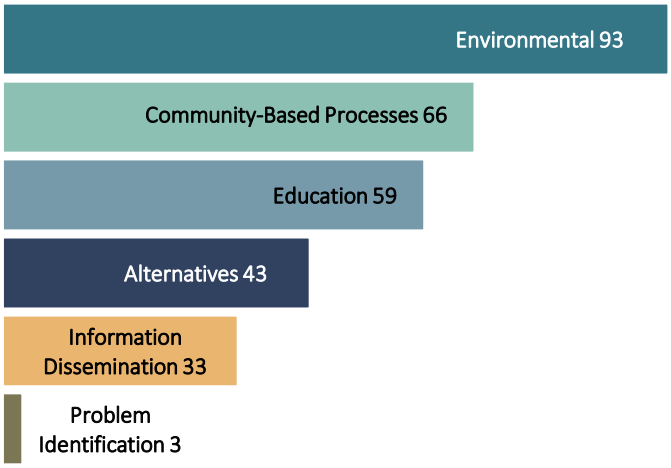
CSAP Strategy	Numbers served
Environmental	1,053,066 people served
Information dissemination	479,244
Community based processes	163,422
Education	19,706
Alternatives	3,385
Problem identification	1,202



"Fashion as prevention can deal with messaging on clothes. We had a poster campaign with clothes designed by young adults. As we were talking to youth, we heard them say that often when people talk about young adults they are focusing on negative things they do. The campaign is saying they do more than abuse drugs and underage drinking. Posters have been very well received, and it shows youth can influence peer groups."—Aletheia House

(Left) Photo of a Take Back the Block media campaign poster shared on social media by Aletheia House. This campaign promotes using the creative arts to reduce prescription drug misuse and underage drinking.

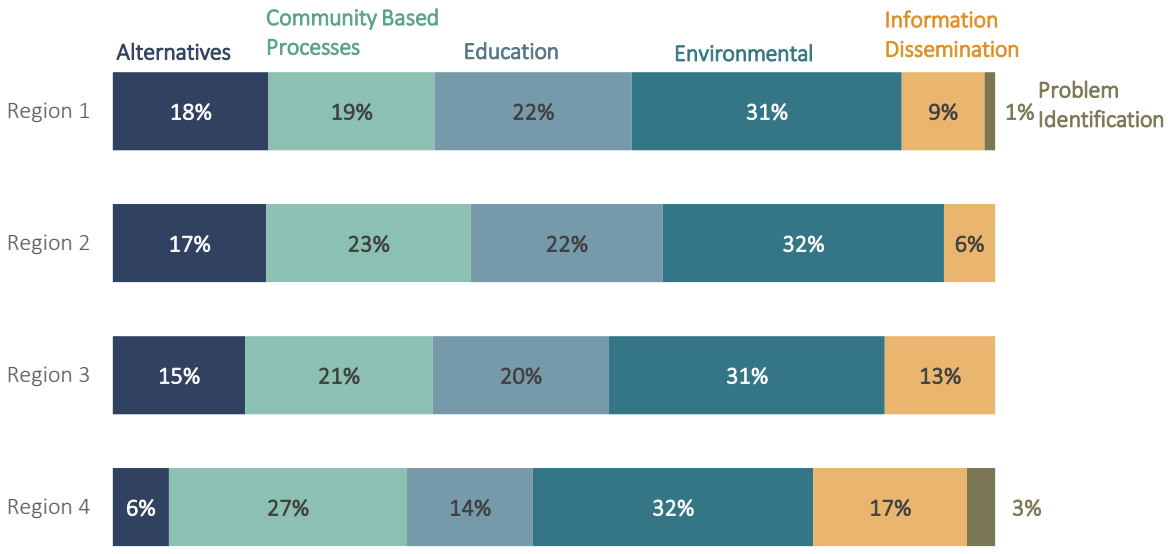
Environmental strategies were the most commonly implemented of the six CSAP strategies across the state.



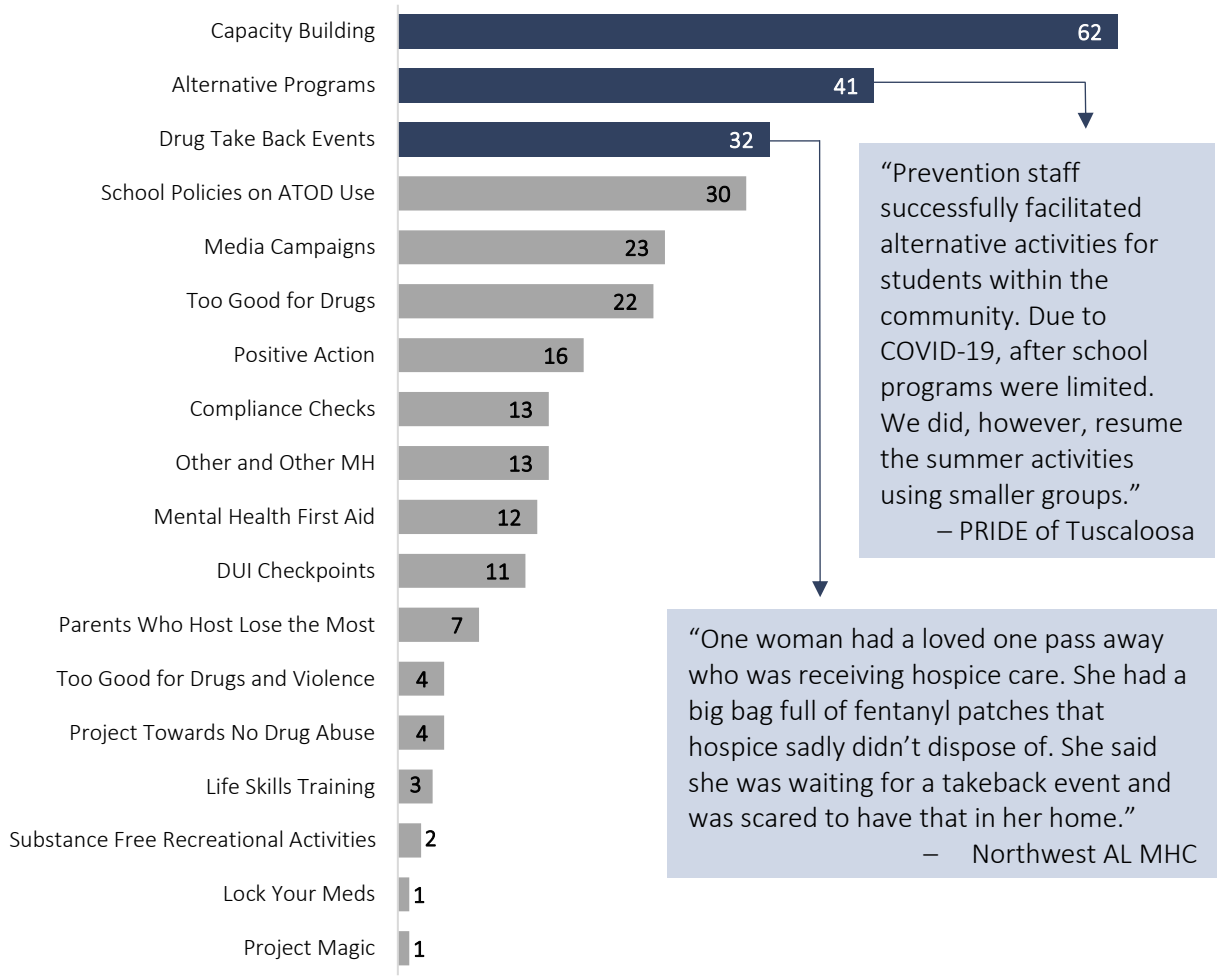
Most provider interventions were environmental strategies, which is as expected given that a minimum of 50% of SABG funding must be expended for implementation of the following Environmental strategies: Take Back Events, School Policies on ATOD Use, Drug Disposal Sites, Local Underage Drinking Policy Enhancements, Modifying Alcohol and Tobacco Advertising, Social Host Liability Regulation or Policy Development, and Compliance Checks. While providers were required to expend 50% of funds towards environmental strategies, the overall proportion of environmental strategies implemented did not always equal 50%, as other strategies may have lower costs to implement. For seven of 18 providers, at least 50% of their interventions were Environmental.

Environmental strategies were also the most commonly implemented across all four regions.

Across all four regions, the proportion of environmental strategies being implemented accounted for roughly a third of the strategies being implemented. Educational interventions were more prevalent in region 4, but generally made up around a fifth of prevention strategies. Educational strategies made up a similar proportion of interventions across regions, with the exception of region 4 which implemented a smaller percentage of education strategies compared to the other regions of the state. The remaining three CSAP strategies (alternatives, information dissemination, and problem identification and referral) were generally less prevalent across the state, with problem identification strategies the least commonly implemented.



Capacity building programs, alternative programs, and drug take back events were the most commonly implemented interventions during the 2020-21 fiscal year. Providers implemented over 60 capacity building interventions, including efforts such as sharing or collecting local data (such as the community readiness survey) or building relationships with community partners to support prevention efforts. Alternative programs included providing youth with activities such as after school and summer programs.



"Prevention staff successfully facilitated alternative activities for students within the community. Due to COVID-19, after school programs were limited. We did, however, resume the summer activities using smaller groups."
– PRIDE of Tuscaloosa

"One woman had a loved one pass away who was receiving hospice care. She had a big bag full of fentanyl patches that hospice sadly didn't dispose of. She said she was waiting for a takeback event and was scared to have that in her home."
– Northwest AL MHC

Law enforcement and prevention staff from Northwest Alabama Mental Health Center preparing to incinerate prescription medication from drug take back events and other sources.

Successes in Implementing Interventions

Providers shared the successes they experienced related to the implementation of their intervention efforts in FY21. The five themes below were surfaced from the responses and are listed from most to least frequently mentioned by providers.

Achievement. The majority of providers indicated the implementation of their interventions were successful through indicators such as amount of drugs collected, positive post-test evaluation/satisfaction scores and participant follow-ups, compliance rates, number of checkpoints or drug drop boxes installed, and trainings completed. *"The participation of the school faculty and students showed great enthusiasm. The planning of the event, especially the searching of sponsors was overwhelming but with the help of each team in the prevention, we were able to pull through." – East Alabama Mental Health Center*

Collaboration. A central aspect of the above successes for providers was collaboration with community partners. This was measured in number of meetings held, new connections or coalitions made, and memorandums of understanding being established. Providers who did not create new partner connections strengthened existing ones, and many increased community membership in their own prevention organizations. *"Collaborative relationships continue to grow in this community and support for this program increases with each new contact." – SpectraCare*

Outreach. Common methods associated with success were outreach, public education, community discussions, information dissemination, and increased and diversified social media platform engagement. *"Media traffic has increased and students have enjoyed being included in developing media messaging." – PRIDE of Tuscaloosa*

Agility. Many providers were able to keep their implementations successful despite the COVID-19 pandemic restrictions by pivoting the way they deliver their interventions, mainly by switching to virtual platforms. "*[Due to COVID] Wallace (College) went completely virtual. We turned to virtual options to reach students. We had a virtual health fair where community services recorded videos about how they can be beneficial to students. These videos were sent out to students." – SpectraCare*

Goal Identification. When not reporting direct successes with interventions, providers noted engaging in problem, sector, or community partner identification to bolster their intervention efforts. This included identifying goals and objectives that aligned with identified community/coalition/or organizational needs, and identifying sectors that needed more representation, updating rosters, and doing planning or needs assessments. *"[We] began identifying sectors that need more representation and to publicize the accomplishments of the coalition in the community." – Drug Education Council*

Challenges to Implementing Interventions

The five themes below describe the most to least frequently mentioned challenges to providers in implementing interventions.

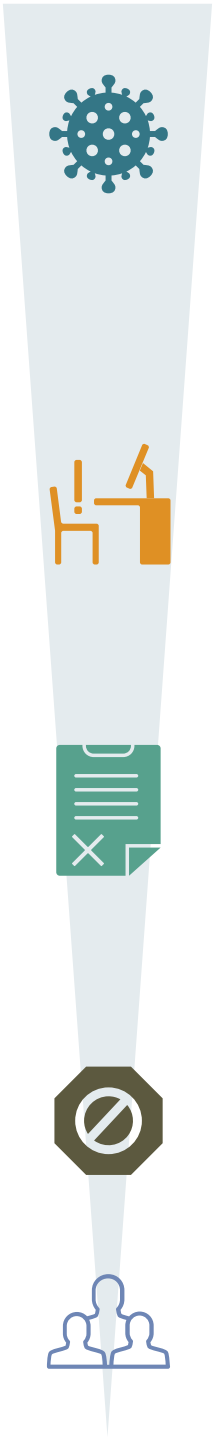
COVID-19. By far the most frequently mentioned challenge was the COVID-19 pandemic and its related restrictions. The effects of the pandemic resulted in such challenges as: cancelled or late starts to events/meetings/programs; the inability to perform outcome measuring; lack of access to schools and other partnering agencies; long waits for materials due to shipping and supply chain interruptions; hampering of coalition and/or prevention agency organizational and capacity building. *"We had a lot of barriers doing the Teen Summit virtually [due to COVID]. Different people had to film [prevention messages] across counties and put them all together. There were also difficulties scheduling due to COVID exposures that led to canceling." —AltaPointe*

Poor Recruitment. Though much restricted access was due to COVID-19, providers also mentioned general inability to recruit participants for prevention activities, or a lack of follow through from participants which ultimately led to programs ceasing functioning. *"Even with such promotion [we] had done through social media and flyer dissemination, it was hard to have a group commit to the hours of training." – East Alabama Mental Health Center*

Lack of Commitment from Partners. Collaboration with partners was very influential to successes in the past year, yet some providers mentioned that lack of support or commitment from community partners or agencies was a challenge. Examples include a lack of commitment from partners, issues with low partner capacity, partners not following through or following up on planned interventions, or partners being unable to engage in data sharing. *"One of the [partnering agencies] that initially agreed to provide [information] for us, wanted to withhold it from us after the [intervention]. They also had agreed to pass out [prevention materials], but only gave out a handful." – SpectraCare*

Low Community Readiness. Providers cited a lack of readiness at the community level to be involved in or support their prevention efforts. *"Lack of community readiness made implementing an [intervention] in this county challenging." - Aletheia House*

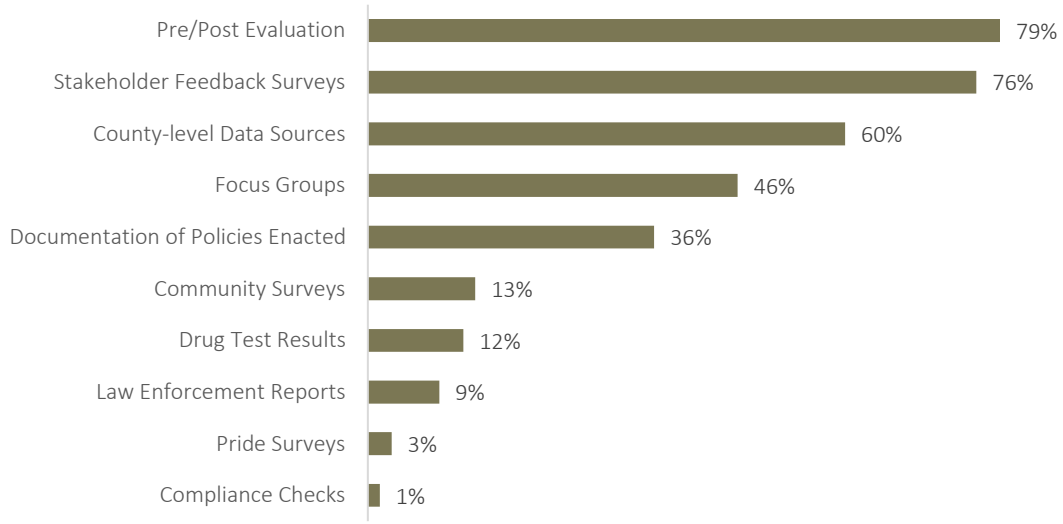
Staffing Issues. Finally, low internal prevention agency staff numbers, and high staff turnover contributed to lowered capacity at provider organizations. *"Limited staff was the main challenge for this county the past year." – Wellstone*



FY21 Outcome Evaluation

This section of the report discusses the measurement of both short-term intervention outcomes and long-term outcomes identified through the statewide evaluation planning process. In FY21, each prevention provider used their prevention plan template to specify short-term outcomes that they sought to reach in implementing their prevention interventions. Providers then described progress towards reaching these outcomes in their end of year reporting to ADMH.

Providers indicated using a variety of data sources to measure progress towards short-term outcomes. The most common data sources were pre- and post- intervention evaluations, which can measure changes in attitudes, behaviors, and other variables relevant to intervention goals. Stakeholder feedback surveys can help providers to understand participant satisfaction with interventions and can be a source of additional feedback on how to improve interventions in the future. Some providers also collected and monitored county-level data sources, while others conducted data collection through focus groups, community surveys, and pride surveys. Finally, providers measured short-term outcomes through documentation of policies enacted as a result of their efforts, drug test results, law enforcement reports, and compliance checks.



In addition to measuring progress towards short-term outcomes of intervention implementation in FY21, ADMH and OMNI developed a prevention logic model for the Alabama Block Grant (see Appendix D). The purpose was to identify priority areas using a data-driven approach to (1) quantify the problem areas in the state; (2) outline risk and/or protective factors that contribute to the problem; (3) outline interventions that address the problems and risk factors; and (4) state the desired long-term impacts resulting from implementing interventions. The data presented in the logic model (and in this report) were gathered via relevant secondary data sources at the state level and reflect the data available at the time of the creation of the logic model. These indicator data illustrate the magnitude of the problem areas, which include problem alcohol use, prescription drug misuse and overdoses, and substance-related suicide and death by suicide. In the following tables, these data are presented along with the associated long-term outcomes desired. In future annual reports, OMNI will be tracking and reporting progress towards these outcomes as the indicator data change over time.

PROBLEM ALCOHOL USE	
Desired Outcomes	**Current Indicators**
↓ Decrease in underage alcohol use	15.5% of Alabama youth ages 12-20 reported using alcohol in the past 30 days (NSDUH, 2018-2019)
↓ Decrease in underage binge drinking	9.8% of Alabama youth reported binge alcohol use in the past month (NSDUH, 2018-2019)
↓ Decrease in alcohol-related driving fatalities	21% of Alabama drivers involved in fatal crashes had a BAC of .01 or higher. (FARS, 2018)

PRESCRIPTION DRUG MISUSE AND OVERDOSES	
Desired Outcomes	**Current Indicators**
↓ Decrease in prescription drug misuse among adults	4.6% of Alabamians aged 18+ reported pain reliever misuse in the past month. (NSDUH, 2018-2019)
↓ Decrease in prescription drug misuse among youth	22.1% of Alabama youth reported ever having taken prescription pain medicine without a prescription, or differently than how a doctor told them to use it. (YRBS, 2019)
↓ Decrease in prescription drug overdose deaths	19.7 per 100,000 was the rate of drug overdose deaths in Alabama in 2017. (CDC Wonder, 2017)

SUBSTANCE-RELATED SUICIDE AND DEATHS BY SUICIDE	
Desired Outcomes	**Current Indicators**
↓ Decrease in suicide deaths and attempts in adults	16.9 per 100,000 was the rate of deaths by suicide in Alabama in 2018. (CDC Wonder, 2018)
↓ Decrease in suicide deaths and attempts in youth	11.6% of Alabama youth and 0.54% of Alabama adults reported a suicide attempt in the past year. (YRBS, 2019 & NSDUH, 2018-2019)
↓ Decrease in substance-related deaths by suicide	69 Alabamians died by suicide due to alcohol or drug poisonings in Alabama. (CDC Wonder, 2019)

FY22 Prevention Planning

This section describes the ways in which ADMH and OMNI have planned for fiscal year 2022 (FY22) and the changes that have been made in preparation for the new funding period.

Priority Areas

Building on the statewide priority areas identified in FY2021, a statewide evaluation plan was developed to support community-driven substance use prevention across three priority areas. These new priorities were identified in accordance with ADMH Office of Prevention Services' mission and strategic goals, SAMHSA's Strategic Prevention Framework, and evidence of need in the state of Alabama. As previously mentioned, a statewide logic model was developed in by ADMH and OMNI to document specific state-level epidemiologic measures of the priority issues; risk factors found to be associated with priority areas; evidence-based strategies to reduce and/or prevent risk factors; and expected long-term impacts of prevention efforts (See Appendix D).

- **Problem Alcohol Use**
- **Prescription Drug Misuse and Overdoses**
- **Substance-related Suicides and Deaths by Suicide**

In addition, OMNI developed and disseminated a needs assessment tool to providers to ensure that priority areas were targeted and that efforts were properly selected, adapted, and implemented to serve diverse communities at the county-level. The tool provides links to state and county-level data sources for each priority area, and instructions for compiling data and using them to assess specific needs.

Wrangle the data
The Needs Assessment Worksheet provides a place for providers to compile all relevant local, regional, and state data in one place.

Tell the story of the data
Providers can use the worksheet to tell the story of indicators in each county regarding each potential area of concern.

Consider Trends
Providers can use the Needs Assessment Worksheet to identify trends in substance use behaviors or risks/protective factors.

Identify Priorities
Providers can make data-driven decisions on what the prevention priorities are in each county and then plan for how to address them.

Prevention Plans

Based on feedback from providers and ADMH on the prevention planning processes in previous years, the FY22 prevention plan template (PPT) documents and processes were streamlined by OMNI to minimize burden and increase accuracy for providers.

Prevention Plans aid providers in:

1. Conducting needs assessment efforts
2. Identifying local priorities
3. Planning for implementation of interventions

The PPT document itself was updated to be more parsimonious by reorganizing and simplifying sections of the document. Providers completed an offline PPT planning document which was then used to complete the final PPT in an online Qualtrics survey platform. The online PPT was significantly reorganized using skip logic to reduce or eliminate redundancy. At each stage of completion, ADMH prevention consultants reviewed and approved providers' PPT materials, and assisted providers in edits/corrections.

Step-by-step evaluation planning:

1

Needs Assessment Worksheet

Allows providers to locate and organize data in order identify priorities for each county they serve.

2

PPT Planning Document

A word document of the PPT that allows providers to work on planning for each county at their own pace and solicit feedback from ADMH.

3

Online PPT

Providers enter data and identified priorities from the Needs Assessment Worksheet and PPT Planning Document and submit it to ADMH for approval.

OMNI provided training and technical assistance including documentation (See Appendix E for examples) to all providers in Quarterly Prevention Planning Meetings and on an ad hoc basis, to aid in understanding of the PPT process and systems, as well as evaluation components such as risk and protective factors and outcome frameworks.

Quarterly and Annual Progress Reports

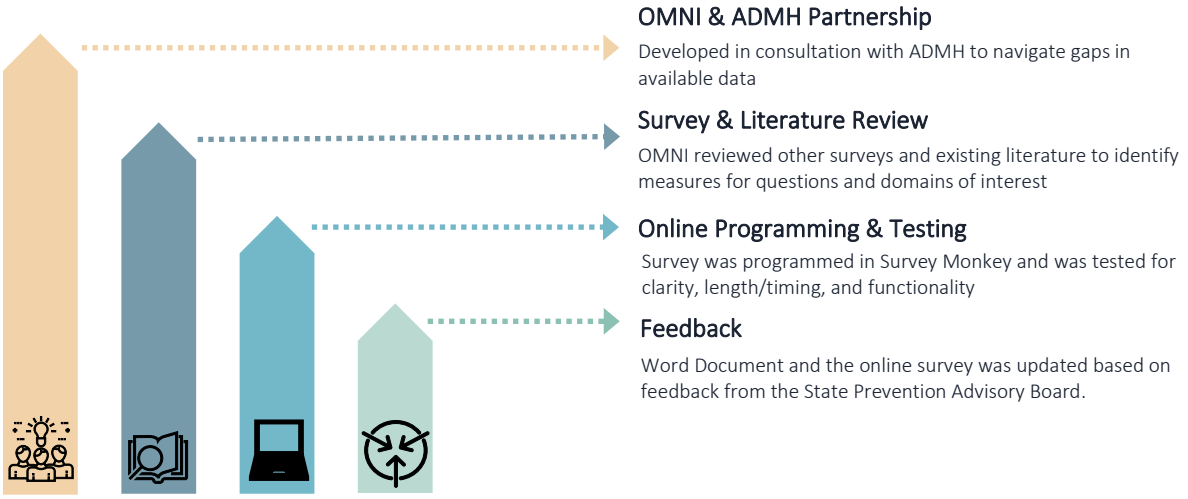
A Qualtrics survey was created for providers to complete quarterly and annual progress reports for prevention implementation in each county they serve. For FY22, providers will report their progress on the key intervention activities, process measures, and short-term outcomes identified in their PPT. Providers will use their completed PPT as a guide when completing progress reports. To improve accuracy and reduce burden, the interventions selected for implementation in the PPT for FY22 will be populated into the quarterly and annual progress reports.

Statewide Survey

OMNI and ADMH's Needs Assessment and PPT development work identified areas where data regarding risk and protective factors for priority areas were not readily available or did not exist for certain

populations in Alabama. This “data desert” may also indicate further unidentified priority areas of need. Thus, ADMH and OMNI partnered to begin the development and implementation a statewide survey of young adults (ages 18-25) to assist in data collection that will help fill in data gaps, such as substance use prevention needs related to the COVID-19 pandemic, and employ prevention strategies based on the information gathered.

The survey development process at a glance:



The survey for young adults, developed by OMNI, is a research-based adaptation of existing assessments of substance use risk and related health consequences across various populations.

Substance use. Survey questions focus on alcohol, tobacco/vaping, prescription drug and other drug use, marijuana/cannabis, over-the-counter (OTC) medications, stimulants, and polysubstance use. In addition to frequencies and types of substances used, attitudes, opinions, and related behaviors are surveyed, such as: perceptions and knowledge of personal risk of use; beliefs about normative use among peers; age of onset of use; route of and perceptions of ease of access of substances; engagement in safe use such as storing and disposing of substances safely, and attending and adhering to packet insert and health provider instructions on prescription drugs.

Mental health. The survey also collections information on mental health behaviors and health consequences such as: stress related to the COVID-19 pandemic, and political and/or social unrest; depression; ideations and behaviors regarding self-harm and suicide; help-seeking behaviors; and an inventory of experiencing several specific adverse childhood experiences (ACEs) known to be associated with mental health and substance use outcomes in young adulthood.

Other information: Demographic information is anonymously collected to understand the survey sample: education status; race; ethnicity; gender; and sexual orientation. All participants are provided information on national mental health and substance use helplines, and each are invited to enter into a drawing to receive an incentive to thank them for their time and efforts participating.

While OMNI is leading the survey effort, the state advisory prevention board (SPAB) and prevention providers will leverage their existing relationships with local communities, colleges, and other youth-serving organizations to aid in decision making regarding aspects of survey implementation.

The survey administration process:

Timeline
The proposed administration timeline is February through May 2022 across Alabama.

Dissemination
Survey links will be shared or disseminated with the young adult population of interest.

Trainings
OMNI will host a detailed provider training to fully explain implementation.

Analysis & Reporting
OMNI will analyze collected survey data at the state and county level and develop a report.

Goals of the survey include:

- Supporting data-driven needs assessment and prevention planning processes
- Identifying a broader range of problem areas on which to focus prevention work
- Honing intervention selection and population targeting
- Creating multi-year baseline and follow up data points to monitor health trends over time
- Complementing existing available national data collection tools, such as the Youth Risk Behavior Surveillance System (YRBS) and National Survey of Drug Use and Health (NSDUH)

Ongoing TA and Capacity Building

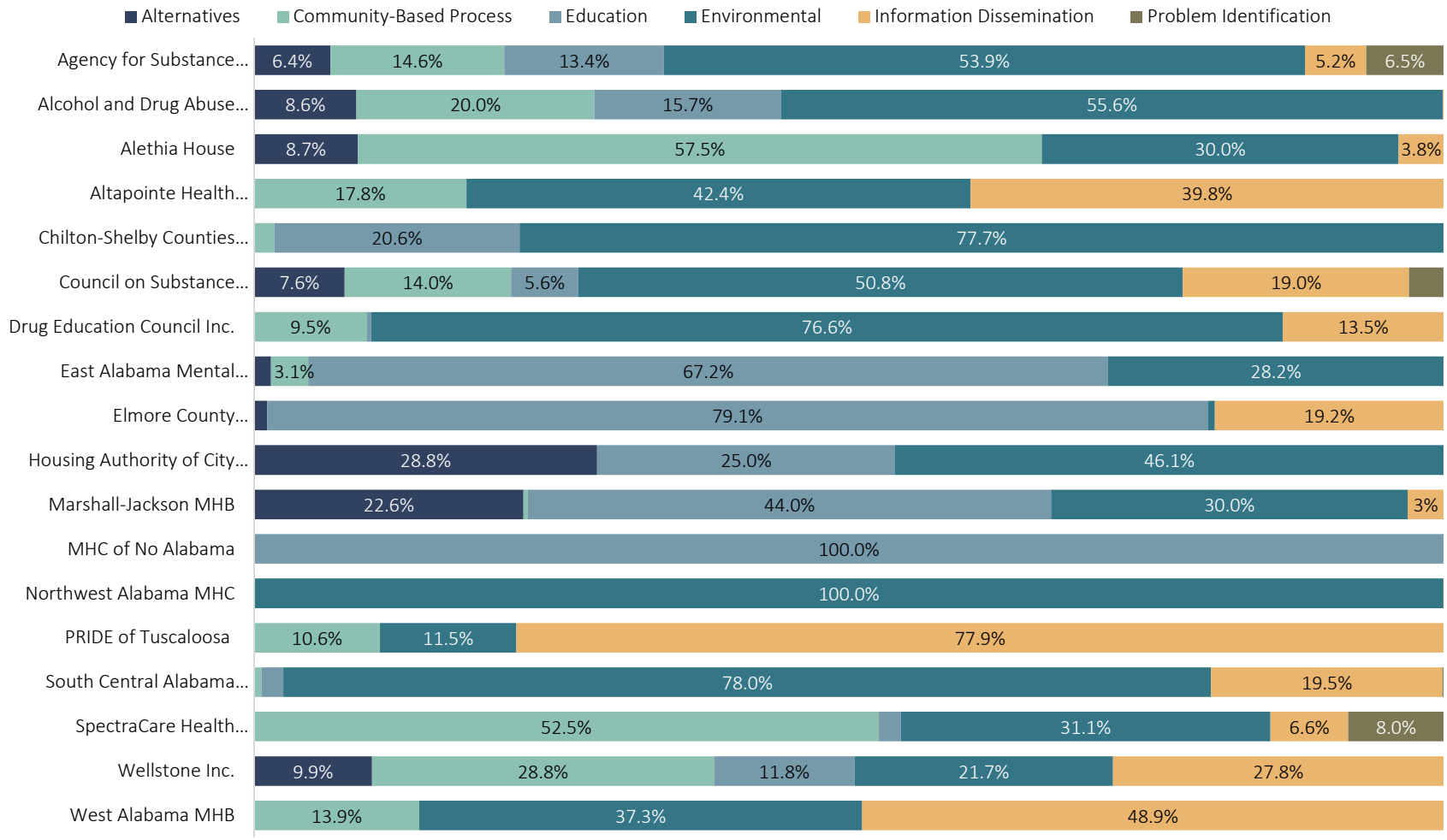
In addition to the statewide survey, OMNI plans to focus on technical assistance and capacity building services to support provider implementation and evaluation in FY22. Such capacity building activities may include:

- One-on-one consultation with providers about amendments to their prevention plans, evaluation goals, quarterly and annual reports, or any other related questions or concerns.
- Evaluation-focused trainings and workforce development trainings on topics such as:
    - Coalition development, engagement, and sustainability
    - Using logic models in evaluation planning
    - Data visualization and sharing data with key stakeholders
    - Implementation of media campaigns and media advocacy
    - Identifying and implementing environmental strategies
    - Other topics identified in consultation with ADMH
- Qualitative data collection to better understand capacity gaps and prevention staff needs

Appendix A: Total Interventions Implemented per County

County Name	Interventions Implemented	County Name	Interventions Implemented	County Name	Interventions Implemented	County Name	Interventions Implemented
Autauga	1	Conecuh	3	Houston	5	Morgan	4
Baldwin	3	Coosa	7	Jackson	6	Perry	3
Barbour	4	Covington	5	Jefferson	5	Pickens	7
Bibb	6	Crenshaw	5	Lamar	4	Pike	7
Blount	2	Cullman	9	Lauderdale	5	Randolph	7
Bullock	7	Dale	3	Lawrence	4	Russell	4
Butler	5	Dallas	3	Lee	4	Shelby	4
Calhoun	6	DeKalb	7	Limestone	5	St. Clair	2
Chambers	4	Elmore	1	Lowndes	1	Sumter	6
Cherokee	3	Escambia	3	Macon	7	Talladega	7
Chilton	2	Etowah	4	Madison	2	Tallapoosa	4
Choctaw	6	Fayette	4	Marengo	6	Tuscaloosa	6
Clarke	3	Franklin	5	Marion	4	Walker	4
Clay	7	Geneva	4	Marshall	6	Washington	3
Cleburne	1	Greene	6	Mobile	5	Wilcox	1
Coffee	5	Hale	6	Monroe	3	Winston	4
Colbert	5	Henry	4	Montgomery	3	---	---

Appendix B: Percent of Individuals Served by CSAP Strategy & Provider



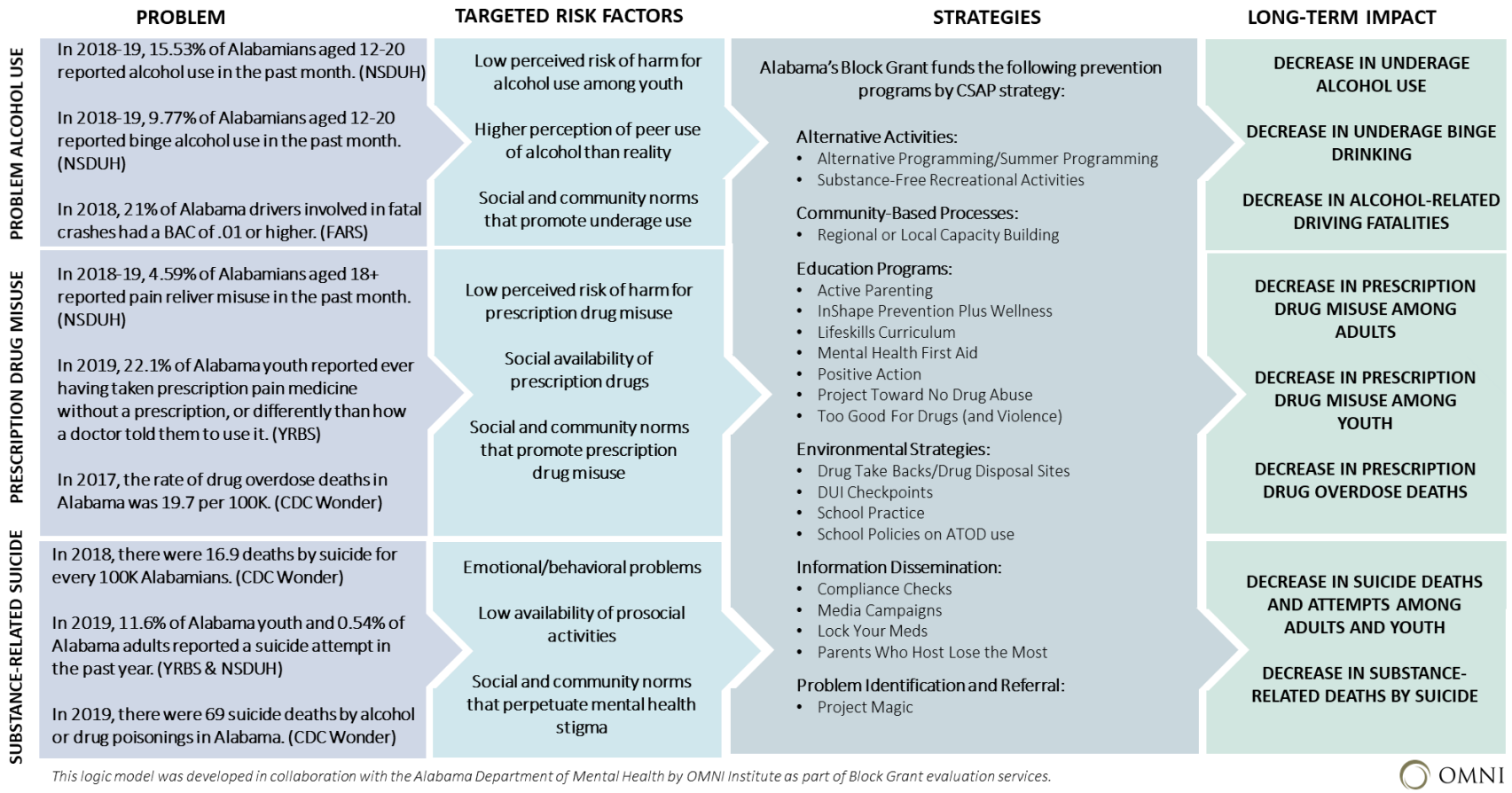
Note: Percentages of 3% or less are not labeled.

Appendix C: Subpopulations Served by CSAP Strategy

Subpopulation*	Alternatives	Community-Based Process	Education	Environmental	Information Dissemination	Problem Identification
Age 0-4	0	9	45	42020	184	0
Age 5-11	2322	559	8323	45289	3064	1
Age 12-14	544	11610	8305	72511	25885	100
Age 15-17	166	11166	2688	76193	25762	86
Age 18-20	33	20751	64	133191	45408	158
Age 21-24	127	20400	46	126490	45449	134
Age 25-44	143	22918	143	183143	46669	465
Age 45-64	43	22202	52	171634	46591	239
Over 65	4	30704	7	182938	68672	17
Age Unknown	3	23103	33	19657	171560	2
Male	1726	67717	10616	495394	148966	528
Female	1646	72655	9014	541924	158718	661
Gender Unknown	16	23338	73	30385	172867	134
White	1748	119402	10990	852276	264551	639
Black/African American	1376	15698	6642	140291	30934	608
Asian	4	1595	59	12345	3609	45
Hawaiian/Pacific Islander	4	131	65	673	288	0
Native American	61	1093	195	3546	2457	4
More than one race	177	2105	1161	21035	4613	110
Race unknown	19	23361	575	22090	172824	1
Hispanic or Latino	421	6338	1428	31366	14131	145
Not Hispanic or Latino	2935	132781	18017	998038	292492	953
Ethnicity Unknown	19	23349	129	22183	172613	4

*Note: Sub-populations may add to different totals as they were entered into different fields during data collection. The population number used in other areas of this report is the total of the age sub-populations.

Appendix D: Alabama Block Grant Logic Model 2021-22



This logic model was developed in collaboration with the Alabama Department of Mental Health by OMNI Institute as part of Block Grant evaluation services.

OMNI

Appendix E: Examples of OMNI Technical Assistance Documents

Risk Factor and Data Points Guidance Sheet:

The information in the table below will aid in the selection of risk/protective factors, outcomes, and data to support them when completing the Alabama Prevention Plan Template. **For each of the six PPT areas on the left, use the considerations on the right to create logical and relevant connections in your prevention planning.** For additional assistance contact ALSupport@omni.org.

PPT selection/data point	Considerations and Examples
Priority Area Data *Example: Underage Drinking*	• What data show evidence that your priority area is a problem, and should be a priority? *Example: 26% of Alabama County High School students report binge drinking in the past 30 days (Youth Risk Behavior Surveillance Survey, 2021)*
Priority Area Outcomes	• What is the desired change in the Priority area data point? • How will the **Priority area data** change as a result of the intervention, and by how much will it change? • Is the desired/predicted change achievable and measurable? • Is the desired/predicted change in the appropriate direction? (decrease risk, increase protection) *Example: By 2025, the percent of Alabama County High School students reporting they binge drink in the past 30 days will <u>decrease</u> by at least 5% (Youth Risk Behavior Surveillance Survey, 2025)*
Intervention *Example: Family Matters*	• Is your intervention likely to affect the priority area? *Family Matters is a family-directed program that aims to reduce tobacco and alcohol use among 12- to 14-year-olds*
Risk/protective Factor Selection *Example: Low perceived risk of harm*	• Will the **intervention impact** this risk factor? *Family Matters content covers communication skills, parenting styles, attachment and time together, educational encouragement, conflict resolution, availability of tobacco and alcohol in the home, family rules about child use of tobacco and alcohol, and insights into peer and media influences.* • Will this **risk factor impact** the priority area? *Those who do not perceive a risk of harm from alcohol use are more likely to use alcohol, especially among youth.*

Risk Factor and Data Points Guidance Sheet (cont.):

Risk/protective Factor Data	• What data show that this risk/protective factor is present in the community? *Example 1: 15% of Alabama County high school students agree or strongly agree that there is great risk in binge drinking. (YRBS, 2021).* *Example 2: 60% of Alabama County high school students disagree or strongly disagree that there is great risk in binge drinking (YRBS, 2021).*
Intermediate Outcome	• What is the desired change in the risk factor data point? • How will the **risk factor data** change as a result of the intervention, and by how much will it change? • Is the desired/predicted change achievable and measurable? • Is the desired/predicted change in the appropriate direction? (decrease risk, increase protection) *Example 1: The percentage of Alabama county high school students who agree or strongly agree that there is a great risk in binge drinking will increase to 20%. (YRBS, 2025).* *Example 2: The percentage of Alabama county high school students who disagree or strongly disagree that there is great risk in binge drinking will decrease to 55%. (YRBS, 2025).*

Risk & Protective Factors and Intermediate Outcomes Technical Assistance one-pager:

Risk & Protective Factors and Intermediate Outcomes Technical Assistance

OMNI

This one-pager is intended to provide technical assistance on risk and protective factors and their connection to intermediate outcomes in the Prevention Plan Template. If you have any questions, please reach out to ALSupport@omni.org.

The Needs Assessment Worksheet helps providers better understand the prevention needs in each county served.

The worksheet contains data sources available to providers to support identifying community needs related to substance use and mental health and to identify prevention priority areas to target. The Needs Assessment Worksheet also helps identify interventions targeting the priority areas as well as any risk and/or protective (R/P) factors.* R/P factors are identified based on data indicating that these factors are present.

In the Prevention Plan Template (PPT), R/P factors and intermediate outcomes are specified for each intervention based on data from the Needs Assessment Worksheet.

The rest of this document provides guidance on specific questions from the PPT for FY22.

Important Connections to Consider

- ✓ Will the selected **intervention** impact outcomes in the priority area(s)?
- ✓ Will the **intervention** impact selected risk/protective factor(s)?
- ✓ Are the **risk/protective factor(s)** associated with priority area outcomes?

In Q34, choose the R/P factors for each intervention.

You can select up to five R/P factors for each intervention. In the example to the right, early initiation of use is the risk factor we are targeting with our intervention.

In Q35, indicate the data source for each R/P factor.

R/P factors should be chosen using data from the Needs Assessment Worksheet. In our example, early initiation of use was chosen based on 2019 Alabama YRBS data.

Note: the online PPT will display any R/P factors chosen in Q34.4

In Q36, specify the intermediate outcome for each R/P factor.

The intermediate outcome is a restatement of the data point in Q35, relevant to the R/P factor, with additional information including the change in the data point you would expect to see over 2-3 years. For our example, we would expect a decrease in the percentage of youth reporting early initiation of substance use as a result of our intervention.

Outcomes should be SMART: Specific, Measurable, Achievable, Relevant, and Time-bound.

34. Risk/Protective Factors targeted by this program, policy or practice in this county (please indicate no more than 5).

Which risk or protective factors is this intervention intended to target?

Individual and Family Level Risk and Protective Factors

- ☐ Low refusal skill/life skills
- ☐ Emotional and/or behavioral problems
- ☐ Low academic achievement
- ☒ Early initiation of use
- ☐ Low perceived risk of harm
- ☐ Peer norms – perceived peer use
- ☐ Family norms, influences and communication that promote (or do not discourage) misuse
- ☐ Lack of parental monitoring
- ☐ Family management problems/family conflict
- ☐ Lack of prosocial bonding with caring adults
- ☐ Other risk factor (Describe below):

_____

35. In the table below please indicate the data that supports your decision to target your selected risk and protective factors in this county. Next, provide any additional context on the rationale for selecting the risk and/or protective factor.

(Responses may include information and data that guided this decision including local data sources, task forces, town hall meetings, focus groups, etc. If there are no data available, please explain additional rationale for why you selected these risk and protective factors.)

Enter selected risk/protective factor(s) from question #34 *(online system will display your selections for you)*	Data supporting this risk/protective factor choice	Additional rationale for selection of this risk/protective factor
Early initiation of use	2019 Alabama YRBS results on age at first use: 17.2% of Alabama youth report having their first drink before age 13.	Data supports underage drinking problem area selection

36. For each risk/protective factor data point noted above, indicate the change you will expect to see in 2-3 years in this county as a result of implementing this intervention. Please also provide the data source for the outcome.

Enter selected risk and protective factor(s) from question #34 *(online system will display your selections for you)*	Intermediate outcome	Data source for this outcome
Early initiation of use	By 2023, the percentage of Alabama youth who report having their first drink before age 13 will decrease from 17.2% to 16.2%.	2023 Alabama YRBS

*More About Risk and Protective Factors from SAMSHA: https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf