Evaluation Plan

Alabama Substance Use Prevention Block Grant

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Sections

Evaluation Goals

The goal of the Substance Use Block Grant (BG) prevention set aside is to support and advance community-driven efforts in substance use prevention. Alabama distributes BG funds to 15 prevention providers within 22 catchment areas who serve all 67 counties across the state. The State of Alabama Department of Mental Health (ADMH) has identified the following evaluation goals based on SAMHSA's Strategic Prevention Framework (SPF), the Office of Prevention Services' mission and strategic goals, and state needs.

The SABG evaluation goals are as follows:

1. Prevent and reduce underage drinking and young adult problem drinking
2. Prevent and reduce alcohol and/or drug-related motor vehicle crashes
3. Prevent and reduce prescription drug misuse
4. Prevent and reduce substance-related attempted suicides and deaths by suicide

OMNI developed this state-level evaluation plan to document all the measures that will be used to track progress towards these goals. OMNI recognizes that ADMH's priorities and prevention strategies may evolve over the course of the grant period. Thus, this plan reflects the initial evaluation activities for the first year of the funding period and will be revisited annually. Edits will be made to reflect the adjustments to the evaluation scope and ensure alignment with changing needs and priorities of ADMH, the 67 funded counties, and the SAMHSA grant requirements.

Evaluation Questions

The following process and outcome evaluation questions will be addressed throughout the course of the evaluation. These questions will help measure progress towards the five goals listed above. "Evaluation Questions" reflect the specific question to answer over the course of the grant and the goal they address (for "Outcome Evaluation Questions"). "Measures" refer to specific indicators that will be monitored over the course of the evaluation period. "Data Source and Interval" refers to the data source from which the measure is pulled and how frequently the data source will be available. For a full list of acronyms, please see Appendix A.

Process Evaluation Questions	Measures	Data Source and Interval
Which prevention services were delivered across the state? • What was the mix of services by CSAP strategy and IOM target? • Which counties prioritized which problem/priority areas? • How did those services differ across regions? • Did providers meet the requirement to deliver 50% environmental strategies?	• Number of strategies implemented in each county (of the 28 approved strategies or "Other" strategies) • Number of people served by CSAP strategy and by IOM target • Number of counties implementing specific strategies, including aggregation of strategies implemented by region.	ASAIS Data System (ongoing) County PPTs (annually) Activity Sheets (ongoing)
To what degree were prevention services effectively implemented? • Did implementation match county-level prevention plans? • Did providers meet the goals and objectives set out in their PPTs? • When/why did deviations from the plan occur and what was the result?	• Comparisons between ASAIS activities, PPTs, and prevention plan quarterly and annual progress reports • Changes to PPT or intervention workplans (can be made quarterly) • Reports of goal/objective completion by providers • Successes and barriers to progress in implementation • Qualitative data on impact of COVID-19	ASAIS Data System (ongoing) County PPTs and intervention workplans (annually) Prevention Plan Progress Reports (quarterly and annually) Qualitative data (through SPAB/AEOW meetings, QPPM, conversations with providers,

• What were successes and barriers related to implementation of prevention services? • How did COVID-19 impact the delivery of prevention services?		and narrative components of quarterly and annual progress reports)
To what extent were prevention services able to reach populations who traditionally experience disparities in behavioral health outcomes? • Which population experiencing health disparities were targeted by prevention providers? • What adaptations were made to prevention services in order to serve selected health disparity populations?	• Number of relevant demographic subpopulations identified at the county-level through PPTs. • Number of people served by strategy stratified by relevant demographic subpopulations. • Number and type of prevention adaptations reported by providers.	ASAIS Data System (ongoing) Health disparities impact statements (annually) County PPTs and prevention workplans (annually) Prevention Plan Progress Reports (quarterly and annually)
How was prevention capacity and infrastructure strengthened at the state and county-level? • How did stakeholder engagement at the county-level change over time? • How did provider capacity change over time? • What technical assistance activities were delivered to providers and what was the perceived helpfulness of these activities?	• Number and involvement of stakeholders at the county level • Percentage of providers that report an increase in capacity • Number of technical assistance activities and trainings • Perceived helpfulness of technical assistance	Stakeholder engagement items on PPTs Capacity items on PPTs Pre- and post-surveys before and after trainings Requests for TA from Prevention Plan Progress Reports

Outcome Evaluation Questions	Measures	Data Source and Interval
To what extent did providers meet strategy-level goals and outcomes in the counties they serve? • Examples: changes in compliance checks, changes in knowledge or behavior as a result of prevention education, etc.)	• Strategy-level outcome measures and goal statements	County-level PPT and workplans
How does underage (12-20) and young adult (18-25) alcohol use change over time? • How do risk and protective factors related to underage and young adult alcohol use change over time? *(Goal 1)*	• Alcohol use in the past month • Binge alcohol use in the past month • Perceived risk of harm of alcohol use among youth • Perception of peer use of alcohol • Age of first use of alcohol among youth	NSDUH (annually) BRFSS (annually) YRBS (annually) Statewide survey (annually)
How do alcohol and/or drug related motor vehicle crashes change over time? • How do risk and protective factors related to alcohol and/or drug related motor vehicle crashes change over time? *(Goal 2)*	• Number of fatal crashes by alcohol-involved drivers • BAC level in crashes • Number of arrests for driving under the influence	Fatality Analysis Reporting System (annually) Uniform Crime Reports (annually)

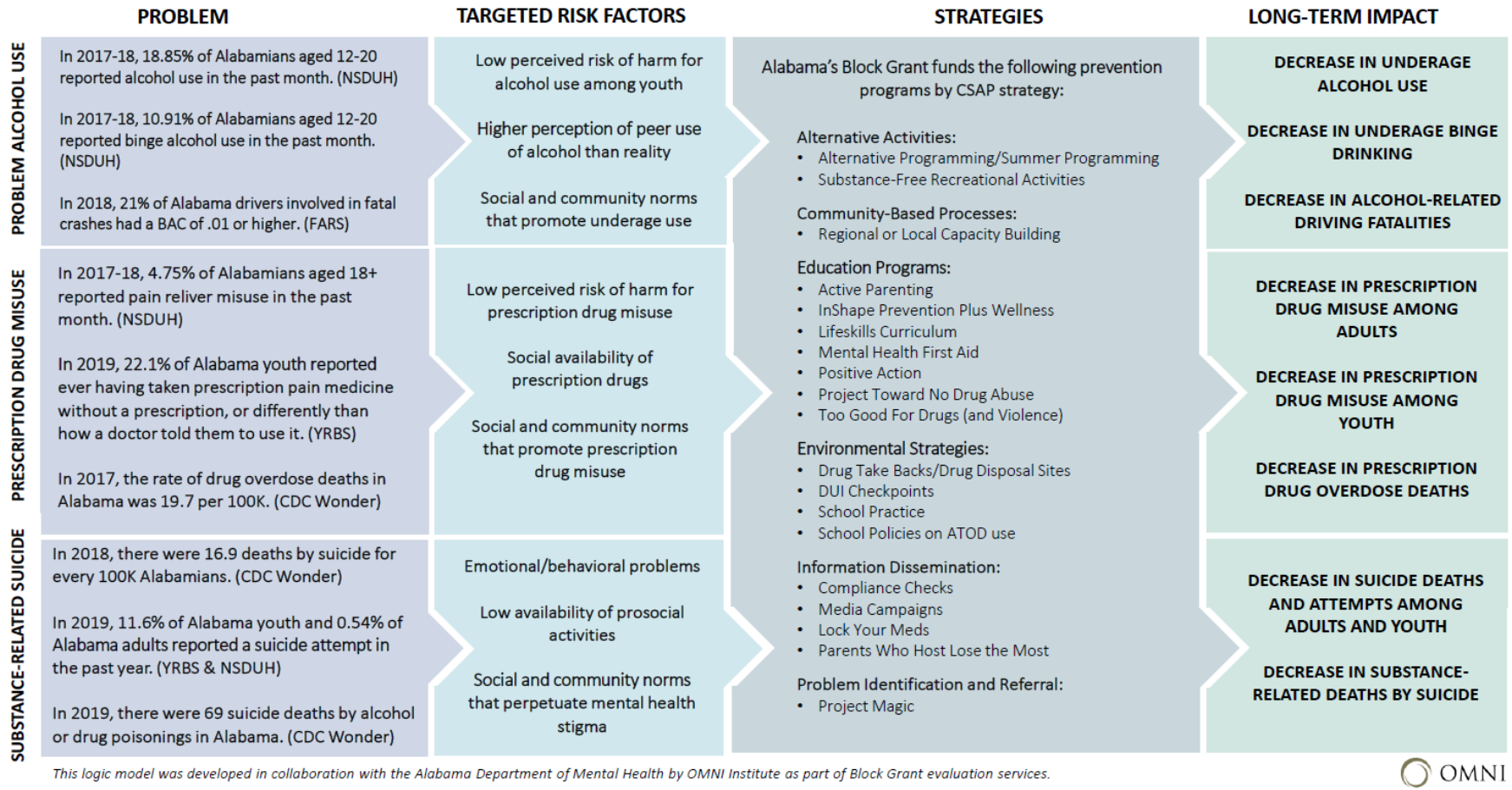
How does prescription drug misuse change over time? • How do risk and protective factors related to prescription drug misuse change over time? *(Goal 3)*	• Pain reliever misuse in the past month • Rate of prescription drug overdose deaths • Number of young adults reporting ever haven taken prescription pain medicine without a prescription or differently than how a doctor told them to use it • Perceived risk of harm of prescription drug use • Perceptions of peer use of prescription drug • Perceptions of social/community norms that promote (or do not discourage) misuse	CDC Wonder (annually) NSDUH (annually) YRBS (annually) Statewide survey (annually)
How do substance-related deaths by suicide change over time? • How do risk and protective factors related to substance-related suicide change over time? *(Goal 4)*	• Number of deaths by suicide • Number of drug-induced suicides • Number of youth or adults reporting a suicide attempt • Number of emotional and behavioral problems • Perceptions of availability of prosocial activities • Perceptions of social and community norms that perpetuate mental health stigma	CDC Wonder - National Center for Health Statistics (annually) NSDUH (annually) YRBS (annually) Statewide survey (annually)

Evaluation Reporting and Analysis

Results will be shared in a variety of formats with providers, counties, and other grant stakeholders. ADMH will utilize evaluation results to identify grant successes and challenges, community impacts, and opportunities for adjustments to future prevention strategies. Evaluation results will also be used for federal reporting requirements. The following reporting activities are planned for the first year of the grant:

- **Annual state-level report** that summarizes all grant activities, evaluation analysis results, and outcomes.
- **Ad-hoc presentations** that summarize findings for key stakeholder groups (ex. SPAB/AEOW)
- **Quarterly reporting** of evaluation activities and progress submitted by OMNI to ADMH.

ALABAMA BLOCK GRANT PREVENTION LOGIC MODEL



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

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Appendix A: Acronyms

Acronym	Definition
ADMH	Alabama Department of Mental Health
AEOW	Alabama Epidemiology Outcomes Workgroup
ASAIS	Alabama Substance Abuse Information System
BAC	Blood Alcohol Content
BG	Substance Use Block Grant
BRFSS	Behavioral Risk Factor Surveillance System
CSAP	Center for Substance Abuse Prevention
IOM	Institute of Medicine
NSDUH	National Survey on Drug Use and Health
PPT	Prevention Plan Templates
QPPM	Quarterly Prevention Provider Meetings
SAMHSA	Substance Abuse and Mental Health Services Administration
SPAB	State Prevention Advisory Board
SPF	Strategic Prevention Framework
YRBS	Youth Risk Behavior Survey