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Alabama Substance Use Block Grant Prevention

Annual Report

2023-24

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ANNUAL REPORT

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Submitted to:

Alabama Department of Mental Health,
Office of Prevention

December 2024

For more information, please contact
projects@omni.org

Contents

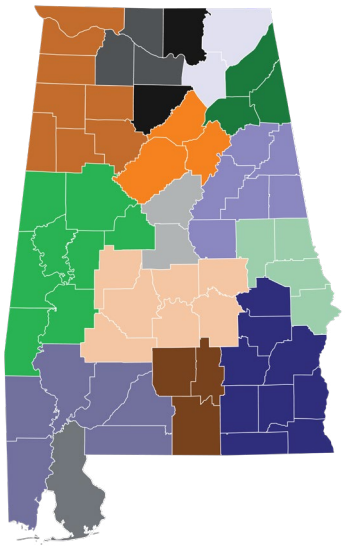
Executive Summary

The Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant or SUBG for short, (Formerly the Substance Abuse Prevention and Treatment [SAPT] Block Grant) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Alabama's Department of Mental Health (ADMH) Office of Prevention distributes 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 (BG) prevention activities during the 2024 fiscal year (October 1, 2023, through September 30, 2024). 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 BG 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 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 under BG is to the right. Appendix A contains a list of all Alabama Counties.



- Alcohol and Drug Abuse Treatment Center (ADATC)
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- South Central Alabama Mental Health
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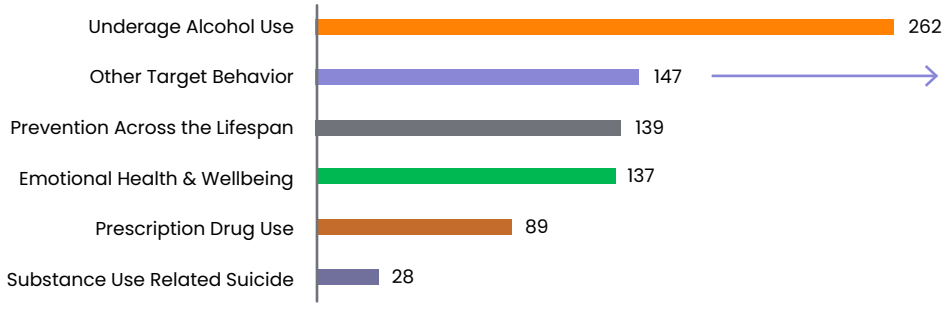
- Wellstone, Inc.
- READY (Resources, Education, and Advocacy for Drug Free Youth)

FY24 Process Evaluation

Prevention providers selected interventions to align with statewide priority areas. Targeted behaviors in FY24 aligned with statewide priorities, but also highlighted additional goals of prevention interventions. The greatest number of implemented interventions targeted underage alcohol use. Providers were also able to implement other interventions that aligned with community needs.



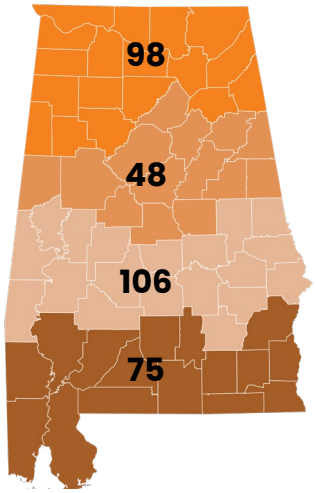
Other Target Behaviors includes youth vaping/ tobacco use, young adult problem drinking, illicit opioid use, bullying prevention life skills, and parental supervision

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

In FY24, providers implemented 327 interventions across Alabama's 67 counties, serving over 2.9 million people in Alabama.

The largest number of interventions were implemented in Region 3, followed by Regions 1, 4, and 2, 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



Block Grant Provider Agency	Numbers Served
READY (Resources, Education, & Advocacy for Drug Free Youth)	1,604,033
AltaPointe Health Systems	1,190,266
Northwest Alabama Mental Health Center	49,171
Drug Education Council (DEC)	42,857
Agency for Substance Abuse Prevention (ASAP)	30,988
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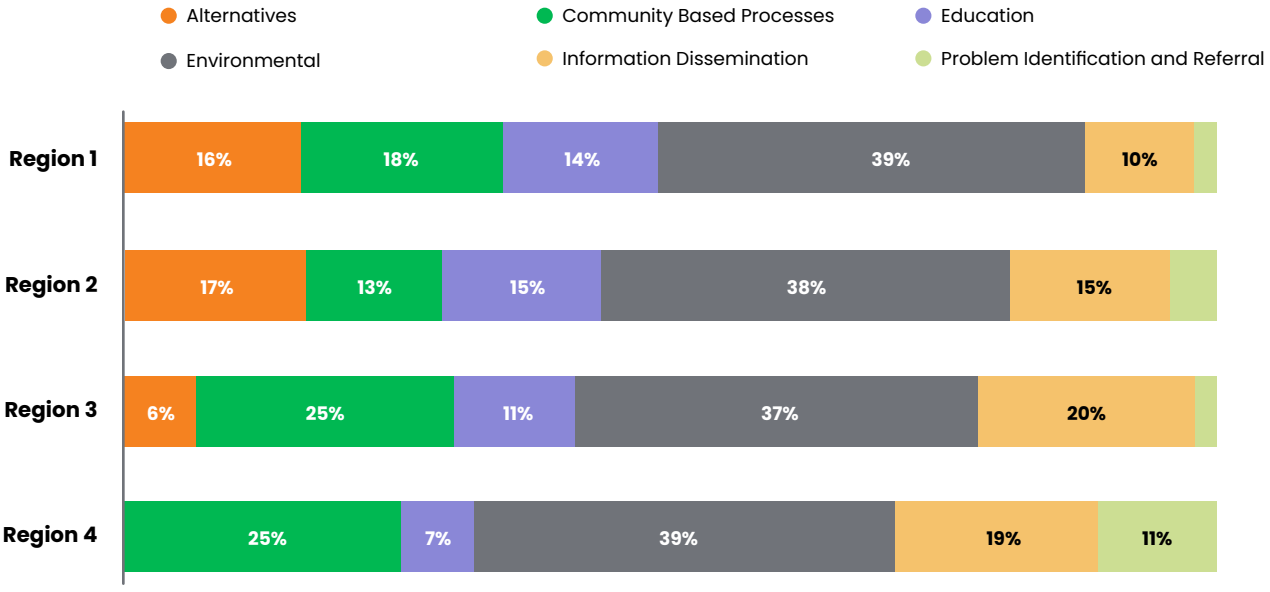
Mental Health Center of North Central Alabama[2]	39

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.**



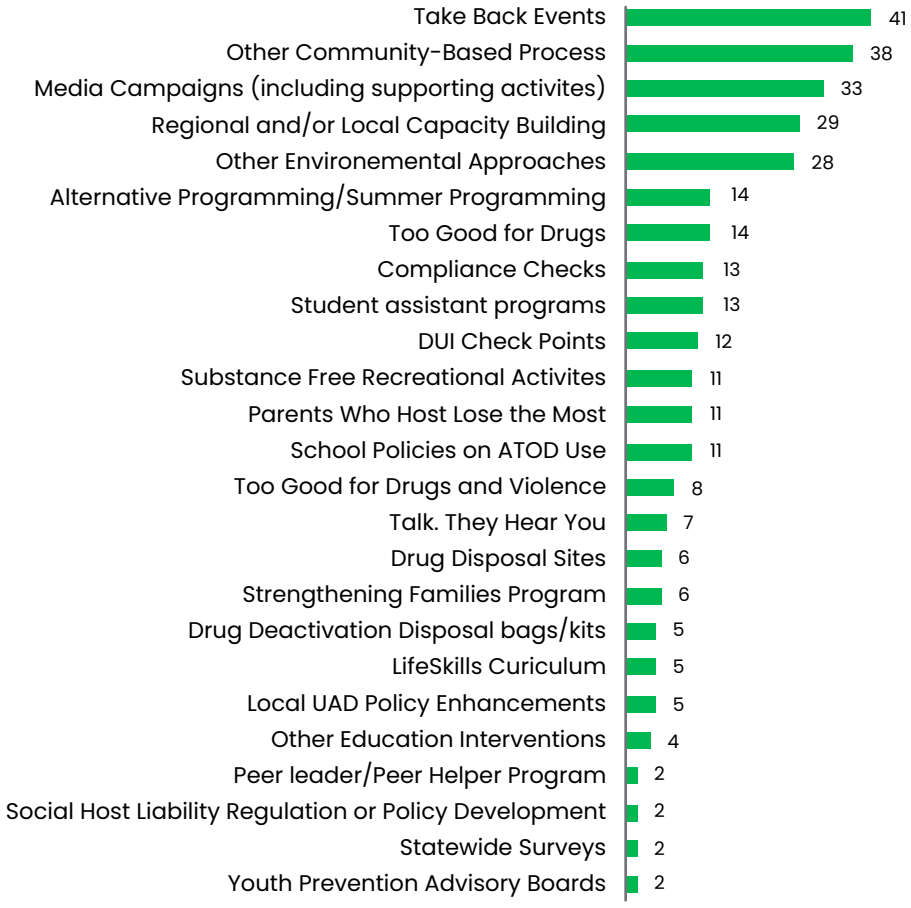
Note: *Percentages of 3% or less are not labeled.*

[2] The Mental Health Center of North Central Alabama number reached total is incomplete. They experienced a cyber-attack which hindered data entry into the ASAIS system. Additional numbers served were not available for this report.

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

CSAP Strategy	# of People Served
Information Dissemination	1,731,660
Environmental	1,191,755
Community Based Processes	21,566
Problem Identification and Referral	3,461
Alternatives	3,464
Education	447

Take Back Events, Other Community-Based Processes, and Media Campaigns were the most commonly implemented interventions during FY23.



"Other" interventions by CSAP strategy

- **Community Based Processes:** Coalitions/Committees, Mental Health First Aid/QPR; School Surveys; Tri-City Impact Team
- **Environmental:** Alcohol Purchase Surveys, Vape Detectors/ Disposal/ Take Backs, Youth-serving Staff Prevention or Sport League Policy
- **Information Dissemination/ Media Campaigns:** 988 Alabama Suicide/ Mental Health Lifeline, E-Cigarette Media Campaign, Community Event Tabling; Online campaigns; School/ Community Presentations; Suicide Awareness
- **Education:** Active Parenting, Catch My Breath, InShape, School-based Education
- **Alternatives:** Community Service
- **Problem ID and Referral:** Ripple Effects

Providers shared successes and challenges they experienced related to implementation of interventions in FY24. The themes below are highlights listed from most to least frequently mentioned by providers:

Successes

Partnerships: built/maintained partnerships with community groups, youth serving organizations; installed drug drop boxes, held take back events; established substance use policies.

Implementation: hosted events; administered surveys; conducted educational sessions; distributed materials; installed drug/vape drop boxes; increased participation in events and classes.

Outcomes: reduced risky behaviors; increased vendor compliance rates, pounds of drugs collected, participant knowledge/awareness, perceptions of harm, and satisfaction levels.

Challenges

School Relationships: difficulty navigating school schedules, arranging classroom time/space; competing for students' limited time, gaining buy-in from school staff and administrators.

Partner Relationships: lack of partner commitment, cooperation, communication; "red-tape" hindering efforts; lack of buy-in from community groups; difficulty identifying new partners.

Partner, Staff, Participant Recruitment/Retention: difficulty recruiting participants for surveys, events, or programs, especially youth; time/commitment constraints; staff recruitment, retention, training.

Logistical Challenges. lack of program/office space; loss of funding sources for materials and supplies; transportation challenges for providers and community members in rural areas.

FY24 Outcome Evaluation

In the tables below, problem area indicator data are presented along with the associated long-term outcomes desired. Changes in these key indicators from the prior year of data are discussed in more detail in the full report.

Problem Alcohol Use		
Desired Outcomes	**Current Indicators (latest data year)**	**Change from Prior Years**
↓ Decrease in underage alcohol use	**5.7%** of Alabama youth 12-17 reported using alcohol in the past month; Among young adults 18-25, **40.6%** reported using alcohol in the past month (NSDUH, 2021-22).	↓ Decrease from **8.2%** for 12-17 and decrease from **45.8%** for 18-25 in 2018-19
↓ Decrease in underage binge drinking for youth ages 12-17	**3.1%** of Alabama youth 12-17 reported binge alcohol use in past month. **24.4%** of 18-25 reported past month binge drinking (NSDUH, 2021-22).	↓ Decrease from **4.3%** for 12-17 in 2018-19; ↓ Decrease from **28.0%** in 2018-19 for 18-25.
↓ Decrease in alcohol-related driving fatalities	**23%** of Alabama drivers involved in fatal crashes had a BAC of .01 or higher. (FARS, 2022)	↑ Increase from **22%** in 2021

Prescription Drug Misuse and Overdose		
Desired Outcomes	**Current Indicators (latest data year)**	**Change from Prior Years**
↓ Decrease in prescription drug misuse among adults	**4.5%** of Alabamians aged 18+ reported prescription pain reliever misuse in the past year. (NSDUH, 2021-22)	↓ Slight decrease from **4.6%** reporting past year misuse in 2018-19.
↓ Decrease in prescription drug misuse among youth	**18.8%** 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, 2021) **2.0%** of Alabama youth aged 12-17 reported pain reliever misuse in the past year. (NSDUH, 2021-22)	↓ Decrease from **22.1%** in 2018-19. ↓ Decrease from **4.1%** in 2018-19.
↓ Decrease in prescription drug overdose deaths	**31.5** per 100,000 was the rate of drug overdose deaths in Alabama. (CDC Wonder, 2022)	↑ Increase from a rate of **30.1** in 2021, **22.3** in 2020, and **16.3** in 2019

Substance-Related Suicide and Deaths by Suicide		
Desired Outcomes	**Current Indicators (latest data year)**	**Change from Prior Years**
↓ Decrease in suicide deaths and attempts in adults	**18.7 per 100,000** was the rate of deaths by suicide in Alabama in 2022 (CDC Wonder, 2022) **0.7%** of Alabama adults reported a suicide attempt in the past year (NSDUH, 2021-22).	↑ Increase from **15.8** in 2021 and 16.0 in 2020. ↑ Increase from **0.5%** in 2019 (NSDUH)
↓ Decrease in suicide attempts in youth	**10.2%** of Alabama high school youth reported a suicide attempt in the past year (YRBS, 2021).	↓ Slight decrease from **11.6%** in 2019.
↓ Decrease in substance-related deaths by suicide	**49** Alabamians died by suicide due to drug poisonings in Alabama. (CDC Wonder, 2022)	↑ Increase from **40** in 2021, **44** in 2020 and **46** in 2019.

Introduction

The Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant or SUBG for short, (Formerly the Substance Abuse Prevention and Treatment [SAPT] Block Grant) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Alabama's Department of Mental Health (ADMH) Office of Prevention distributes 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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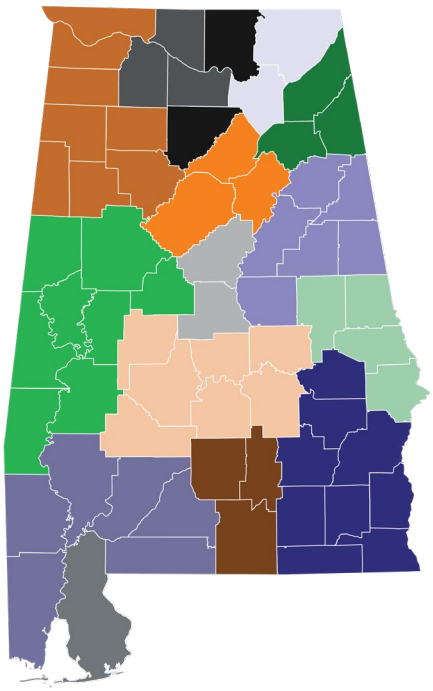
Alabama's BG activities are selected and implemented by providers through a data-driven approach based on the Strategic Prevention Framework (SPF) developed by SAMHSA. The SPF is made up of a set of steps and guiding principles designed to ensure effective substance use prevention services. The steps include assessment, capacity, planning, implementation, and evaluation and are further guided by principles of sustainability and cultural competence.

SAMHSA's Strategic Prevention Framework (SPF)

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 under BG is below. Appendix A contains a list of all Alabama Counties.



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

This section of the report will summarize interventions implemented across the state in fiscal year 2024 (FY24), and the number of people served or reached by these interventions. It will also detail perceived successes and challenges to implementation based on qualitative data from progress reports completed by providers.

Data in this report section were drawn from the Alabama Substance Abuse Information System (ASAIS), Prevention Plan Templates (PPTs) for each county, and providers' mid-year and end-of-year progress reports. ASAIS data from FY24 were 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 analyzed to identify the types of interventions that were implemented and each associated CSAP strategy. PPTs also provided qualitative data regarding the organizations' structures, as well as sustainability and cultural competency efforts.

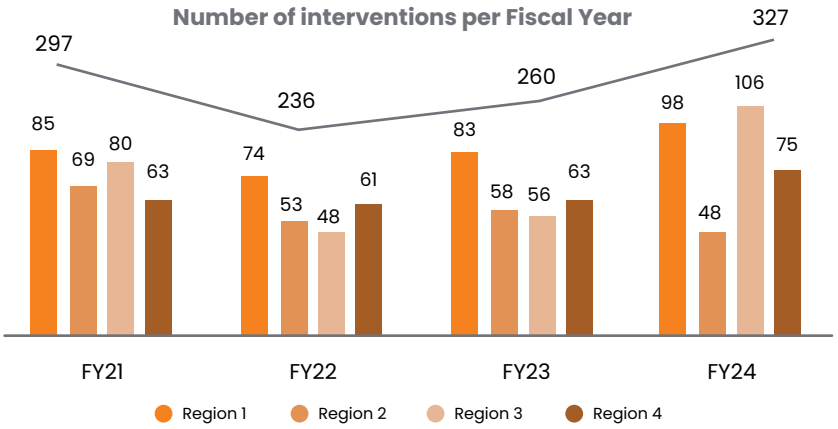
Prevention planning for Alabama's public substance use service delivery system is rooted in four statewide regions which include all 67 counties. Each region consists of 14 to 19 counties and regions are organized from north to south, with each region housing at least one major metropolitan area. Regions 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. New this year is a subsection of the report that highlights Alabama's Underage Drinking Initiative (UAD) and Community College Initiative (CCI). Additional results at the provider and county level are available in the appendices and are referenced throughout this section.

Prevention Interventions and Numbers Served

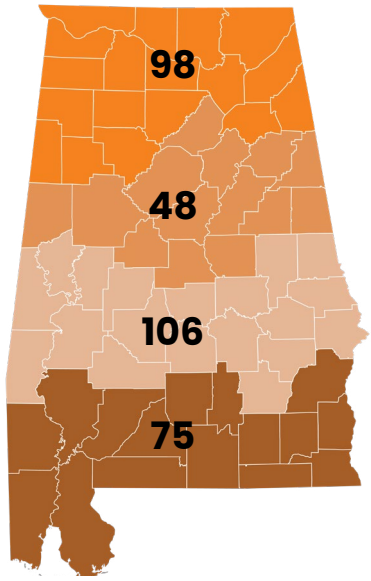
Providers completed PPTs to align the planning and implementation of prevention activities for FY24 and FY25 with the steps of the SPF. Each PPT reflects two years of planned prevention work. As a part of the PPT process, providers first completed a needs assessment that included exploring risk and protective factor data as well as consequence data associated with the statewide priorities of underage drinking, prescription drug misuse, and substance-related suicide. Providers could also identify additional issues or areas of concern in their communities that they intended to target with their BG funds. After completing this needs assessment process, providers decided whether to implement interventions targeting one or more priority areas, and/or an additional area of concern.

In FY24, providers were able to submit amendments to their PPTs throughout the year to reflect any intervention changes they made this fiscal year.

In FY24, providers implemented 327 interventions across Alabama's 67 counties, the most over four fiscal years. This is an increase from 260 in FY 23 and a further increase from 236 in FY22.



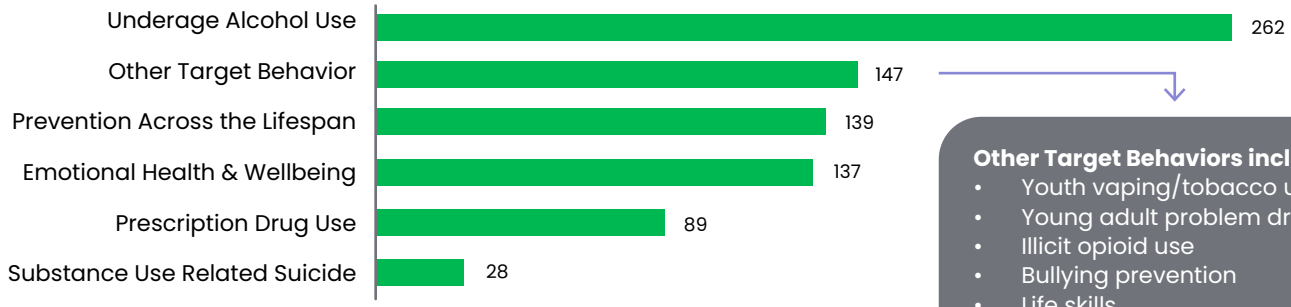
Total # of Interventions Implemented by Region



Some of the increases for FY24 are due to the inclusion of interventions associated with the CCI and the UAD, which were not previously a part of this report. The largest number of interventions were in Region 3 (106), followed by Region 1 (98), Region 4 (75), and Region 2 (48), which was the only region showing a decrease in the number of interventions from FY23. Providers could choose a maximum of 10 interventions to implement in each county. Additional interventions could exceed this cap due to the addition of CCI and UAD initiatives. The number of interventions implemented per county ranged from 1 to 11 and the average was 5 per county. For a complete list of the number of interventions implemented per county, see Appendix A.

As in FY23, targeted behaviors in FY24 aligned with statewide priorities, but also highlighted additional goals of prevention interventions.

Providers were able to select more than one possible behavior targeted by each intervention. There were 262 interventions targeting underage alcohol use, up from 193 last year. This may be due, in part, to the addition of the UAD Initiative data this year. Interventions also targeted prescription drug use and substance use-related suicide, which align with the problem areas identified for the state. This year, the greatest increases were in the prevention across the lifespan category (139 interventions, up from 53 in FY23). Interventions targeting substance use-related suicide dropped slightly (28 interventions, down from 37 in FY23). Providers also implemented 147 interventions addressing other target behaviors such as marijuana, tobacco, and illicit drug use, and an increase from 87 last year.

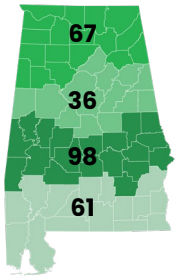


Other Target Behaviors include:

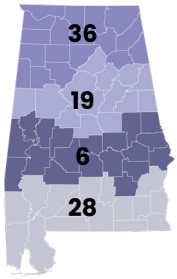
- Youth vaping/tobacco use
- Young adult problem drinking
- Illicit opioid use
- Bullying prevention
- Life skills
- Parental supervision

Each region implemented interventions targeting priority areas, but some regions focused more on one problem area than the other. Region 3 implemented the most interventions targeting underage alcohol use (98), while Region 1 implemented the most interventions targeting prescription drug misuse (36).

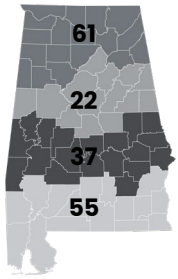
Interventions Targeting Underage Drinking Implemented by Region



Interventions Targeting Rx Drug Misuse Implemented by Region



Interventions Targeting Substance Use Related Suicide and Other Behaviors Implemented by Region



Providers served over 2.9 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.

Block Grant Provider Agency	Numbers Served
READY (Resources, Education, & Advocacy for Drug Free Youth)	1,604,033
AltaPointe Health Systems	1,190,266
Northwest Alabama Mental Health Center	49,171
Drug Education Council (DEC)	42,857
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Some providers implemented a greater number of population-based interventions, which accounts for their overall higher numbers served.

Agencies implementing information dissemination or environmental CSAP strategies were able to reach higher numbers of people, as these strategies often target entire catchment area populations. 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 agency.

[2] The Mental Health Center of North Central Alabama number reached total is incomplete. They experienced a cyber-attack which hindered data entry into the ASAIS system. Additional numbers served were not available for this report.

Mental Health Center of North Central Alabama prevention staff table at the Athens Health Fair, disseminating prevention information with the community.

Across Alabama, the greatest number of people were served by environmental and information dissemination interventions. By nature, both environmental and information dissemination interventions are designed to reach large populations with limited 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.

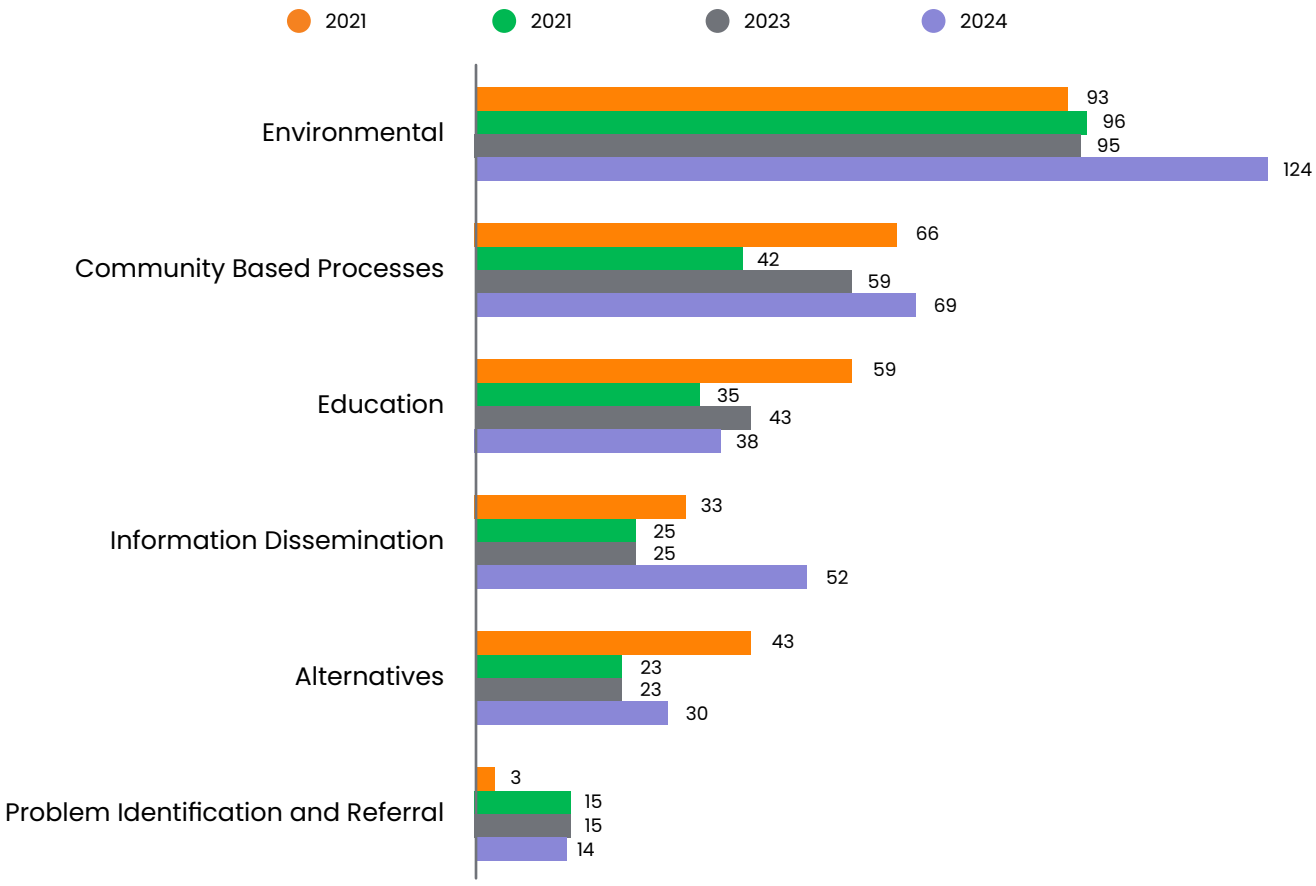
CSAP Strategy	# of People Served
Information Dissemination	1,731,660
Environmental	1,191,755
Community Based Processes	21,566
Problem Identification and Referral	3,461
Alternatives	3,464
Education	447

"Wellstone was successful in distributing 1,288 Deterra safe disposal packets in the community. We participated in 5 drug take back events. We were able to partner with Good Samaritan Clinic and Cullman Senior Centers to provide Deterra packets and discuss hosting drug take back events at their location."

– Wellstone, Inc.

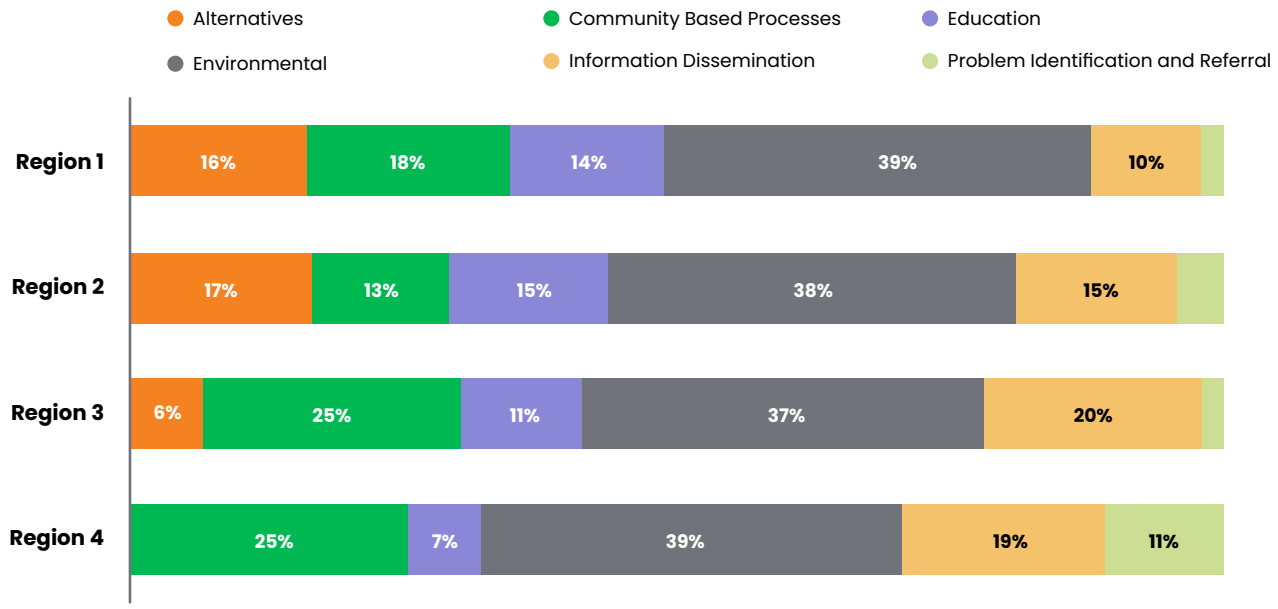
Northwest Alabama Mental Health Center
prevention team hosting a drug take back event

As in FY21, FY22, and FY23, in FY24 environmental strategies were the most commonly implemented of the six CSAP strategies across the state.



Again this year, providers were not required to expend a minimum of 50% of BG funding for the implementation of environmental CSAP strategies as they were in prior years. However, they were required to allocate the greatest proportion of their funds to environmental strategies. These strategies are those such as drug take-back events, drug disposal sites, or compliance checks.

The most frequently implemented CSAP strategy across all four regions was environmental.



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

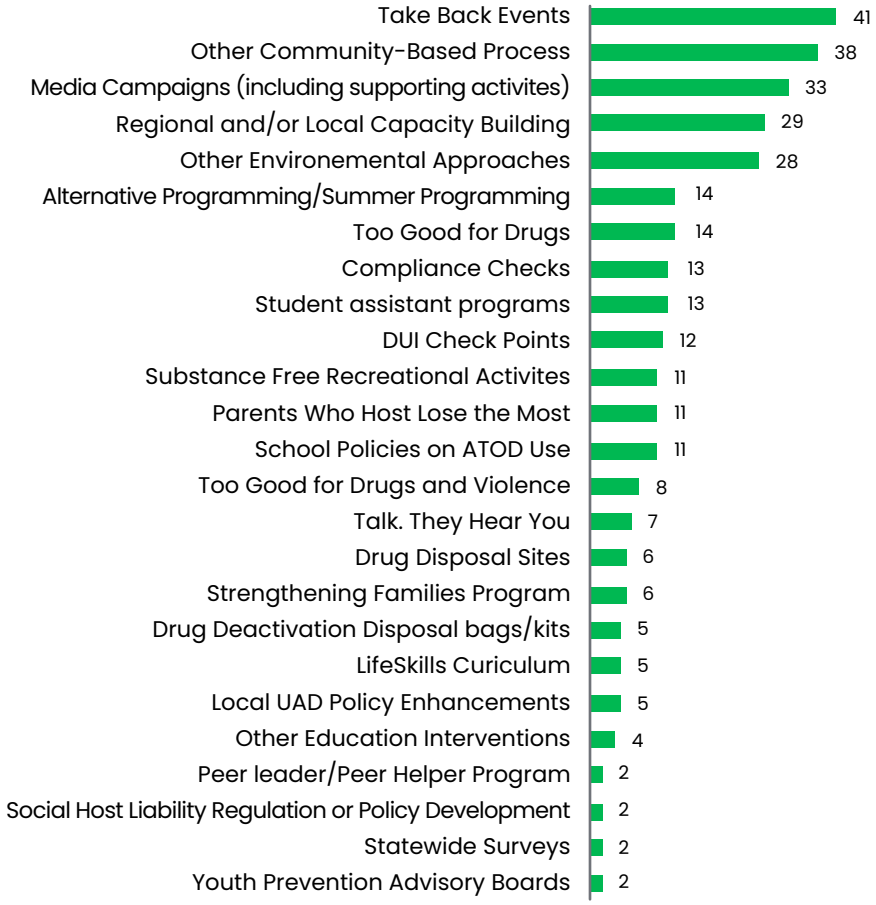
Across all four regions, the proportion of environmental CSAP strategies implemented accounted for more than a third of all the strategies implemented and, in some regions, close to 40% of the strategies implemented. Community-based processes were slightly more prevalent in Regions 3 and 4 (25%), with Regions 1 and 2 at 18% and 13%, respectively. Education strategies made up 11-15% of interventions in Regions 1, 2, and 3, while Region 4 implemented a smaller percentage of education strategies (7%). A greater percentage of information dissemination strategies were implemented in Regions 3 and 4 compared to the other regions. The remaining two CSAP strategies (Alternatives and Problem Identification and Referral) were generally less prevalent, with Problem Identification strategies being the least commonly implemented.

Central Alabama Wellness prevention team hosts a community event for families.

"Staff has been able to set up at lots of community events whether it's a parent night or fun day for kids. Staff set up at local libraries in Jackson County and were able to give out lots of information on Talk They Hear You to parents and students."

– Mountain Lakes Behavioral Healthcare

In FY24, Take Back Events, Community-based Processes, and Media Campaigns were the most-implemented interventions. This year there were also unique interventions categorized as "Other" (i.e. unlisted) types of interventions, by CSAP strategy, on PPTs. Community-Based Processes, Environmental, and Media Campaigns/Information Dissemination CSAP strategies had the most of these. These, in combination with the interventions in the chart below, illustrate the depth and breadth of prevention approaches offered by providers across Alabama.



Other interventions by CSAP strategy as reported by providers:

- **Community Based Processes:** Youth/Wellness/Community Coalitions or Committees, Mental Health First Aid/QPR Trainings; School Surveys; Tri-City Impact Team
- **Environmental:** Alcohol Purchase Surveys, Vape Detectors/Disposal/Take Backs, Youth-serving Staff Prevention Policy or Sports League Education Policy
- **Information Dissemination/Media Campaigns:** 988 Alabama Suicide and Mental Health Crisis Lifeline, E-Cigarette Media Campaign, Tabling at Community Events; Online Information Dissemination; School and Community Presentations; Substance-Related Suicide Awareness
- **Education:** Active Parenting, Catch My Breath, InShape, School-based Education
- **Alternatives:** Community Service Projects
- **Problem ID and Referral:** Ripple Effects

South Central Alabama Mental Health Vaping Take Back Event at a local school

Successes in Implementing Interventions

Providers documented a variety of implementation successes in FY24 in their mid- and end-of-year progress reports, summarized here from most to least commonly reported.

Partnerships. By far, the most frequent success noted for providers in FY24 was their partnerships with community groups, other agencies, or service organizations they encountered when implementing their prevention work. Providers made new connections and started communications, gained commitments, drafted MOUs and signed contracts, and maintained existing partnerships. Collaboration enabled providers to complete prevention work that required direct assistance from community partners, such as the installation of drug or vape drop boxes, and the coordination of drug take back events. In particular, providers reported positive partnerships with youth-serving organizations. Partners also aided providers in planning efforts and the establishment of substance use policies.

"Staff have achieved a lot of success with coming into this county that we have not worked with before. The prevention team has established good relationships which have allowed us to disseminate information about our services and the prevention initiatives that we coordinate and support such as the drug take back event, and Parents Who Host Lose the Most. Agencies in this county have started to request our services and resources we have in our team." – Alcohol and Drug Treatment Centers (ADATC)

Implementation Success. Providers reported a range of successful implementation efforts including hosting events, administering surveys (including pre- and post-program surveys), conducting educational programmatic sessions, creating and distributing program materials, and installing vape and drug drop boxes. Other evidence of implementation success was in the form of high and increased participation in prevention events and classes, and robust social media analytics and other campaign dissemination.

"COSA hosted "A Day of Prevention" for youth sports leagues and youth serving organizations to recruit and propose a policy to coaches, parents, and staff allowing COSA to conduct a 1-hr training on ATOD and mental health to existing and new staff. COSA provided information and statistics on the percentage of athletics that fall victim to mental health and drug misuse during their college and professional career. COSA implemented fun prevention activities and games for staff, coaches, and players." – Council on Substance Abuse (COSA)

Outcomes. Implementation success was also demonstrated through reductions in reported risk behaviors, and measured increases in positive outcomes such as compliance rates among vendors, pounds of drugs collected, increases in participants' knowledge and awareness and perceptions of harm, and signed behavioral pledges. Additionally, participants, partnering organization administrators (such as school administrators), and community members reported their satisfaction with providers' prevention efforts. This was evidenced through post-program satisfaction survey results, positive feedback and reactions to services offered, buy-in from parents, and community support and interest in continued prevention initiatives in their area.

"One great accomplishment when completing the Too Good For Drugs & Violence (TGFDV) program is knowing that these students actually have learned things they didn't think were crucial to learn. There was a 7.85% increase of knowledge of students after completing the TGFDV program, based on the pre- and post-test." – Integrea Community Mental Health System

Capacity. Providers increased their ability to implement prevention efforts by identifying and participating in existing community events and understanding community needs; developing and purchasing program materials, including purchasing media campaign materials; intentionally promoting their organization and services; acquiring and training staff; and expanding coalitions, particularly with youth members.

"Our 2024 Youth Prevention Conference for all 10th grade students was a great success. The teachers, students and administrators gave the staff positive feedback about the event. Over 1200 students and teachers attended." – CED Mental Health

Challenges to Implementing Interventions

Most providers did not cite any major barriers or challenges to implementation in FY24. Those barriers that did exist in BG-funded intervention implementation are listed from most- to least-commonly mentioned by providers.

School Relationships. A common challenge experienced by providers involved working with schools. This included navigating school schedules, arranging time and space in classrooms for implementing interventions, competing for students' limited time, and generally communicating and gaining buy-in from school staff and administrators.

"It has not been easy to get a school to allow prevention specialist come into school on a regular basis. One county also experienced several lost school days with the weather… which put them behind in their classroom studies. That made getting permission to go into the classroom more difficult." – Northwest Alabama Mental Health Center

Partner Relationships. Next, providers mentioned a lack of commitment, cooperation, and communication with the partners they rely on to grant access to participants or conduct elements of prevention implementation, such as installing drug drop boxes or hosting events. Providers said they experienced "the runaround" and at times partners were delayed in their response or actions. This was especially true for law enforcement partners and for vendors who conduct compliance checks with community retailers. Providers also cited "administrative red-tape" as a hindrance to their efforts, and sometimes a lack of buy-in from community groups that resulted in canceled community events or difficulty identifying new community partners.

Partner, Staff, and Participant Recruitment & Retention. Some providers found it difficult to recruit participants to complete surveys, attend their prevention events, or participate in programs, especially youth. Similar to students, the focus population and community members often did not have enough time or had competing programs they were attending that prohibited their involvement in providers' efforts. Lack of staff and frequent staff turnover at partner organizations or the provider's agency were also noted. Additionally, some providers reported that their agency was new to the area of implementation, they had new staff, or the interventions they were implementing were new, requiring more time and effort to navigate programmatic work.youth members.

"We are new to the area, so it is still difficult finding agencies to meet with us, or to know how to make connections to agencies in the area." – SpectraCare

Logistical Challenges. Other challenges included material needs, such as not having a physical space to implement programs, loss of relied-upon funding sources used to purchase program materials and supplies, and at least one provider reported not having access to a reliable office space to conduct prevention work. Transportation for provider staff and participants across large spanning rural areas was also mentioned as a barrier.

"[Our catchment area] community is very rural, and the county has a small population and limited resources, with few youth-serving organizations available. COSA will continue to build relationships and make adjustments as needed." – Council on Substance Abuse (COSA)

Stigma. One provider uniquely noted a type of perceived stigma among community members regarding receiving prevention messaging or resources on topics like substance use or suicide awareness.

"The number one barrier that people face is being judged by others. They may want or need the [substance use or suicide awareness] information, but start thinking, 'what will people think, and who is watching me get this free information?" – Northwest Alabama Mental Health Center

Engagement of Coalitions and Key Community Partners

Coalitions and key community partnerships are engaged with providers as they develop their interventions. These partnerships have been consistent over time and include those with law enforcement, community and human service agencies, first responders, colleges or universities, businesses, health-care professionals, faith-based entities, and youth. All partnerships are established in service to educate the partners and to leverage the partners' experience in the community to inform prevention planning.

In their PPTs, providers specifically reported their involvement with county coalitions and Children's Policy Councils (CPCs), two key partnership structures that can support reaching substance use prevention goals.

The Alabama CPC system is a mechanism for collaboration throughout the state. "The work of the CPC system is to address community needs by facilitating children and family service providers collaborations to develop a comprehensive service plan that focuses on health, early care and education, parent/family engagement, safety, education (K- 12), and economic security needs of children from birth to 19." A coalition is defined as a "voluntary, formal agreement and collaboration between groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community." Parents, teachers, faith-based leaders, health care providers, businesses, law enforcement, and others are common coalition members. PPT data highlights these partnerships, and others, in provider-driven prevention work.

15 providers reported that in 60 of the counties they serve there is active involvement in that county's Children's Policy Council (CPC), which seeks to prevent youth substance use.

Most providers reported partnering with a CPC on a variety of prevention-related activities including conducting their needs assessments, contributing to prevention planning activities, participating jointly in community events and activities, providing trainings, and working together on targeted prevention areas such as underage drinking and driving, as well as risk factor mitigation such as low refusal skills, early initiation of use, and lack of parental monitoring. A handful of providers reported 7 inactive CPCs in the counties they serve.

"Integrea Community Mental Health System serves as committee chair for the substance abuse committee under Russell County Children's Policy Council. This committee meets every month at the Judicial Courthouse and work together to plan, create, and implement events and initiatives in the community that helps families and children." – Integrea Community Mental Health System

"Bibb County has an active CPC in which READY is a contributing member. The CPC provides feedback on services as well as annually identifies critical human service needs within the community. READY maintains a strong collaboration with Bibb County school boards, as well as multiple agencies throughout West Alabama. READY is the ONLY substance abuse prevention organization approved for Bibb County Schools" – READY

23 counties had an active coalition to prevent substance use, as reported by 10 providers.

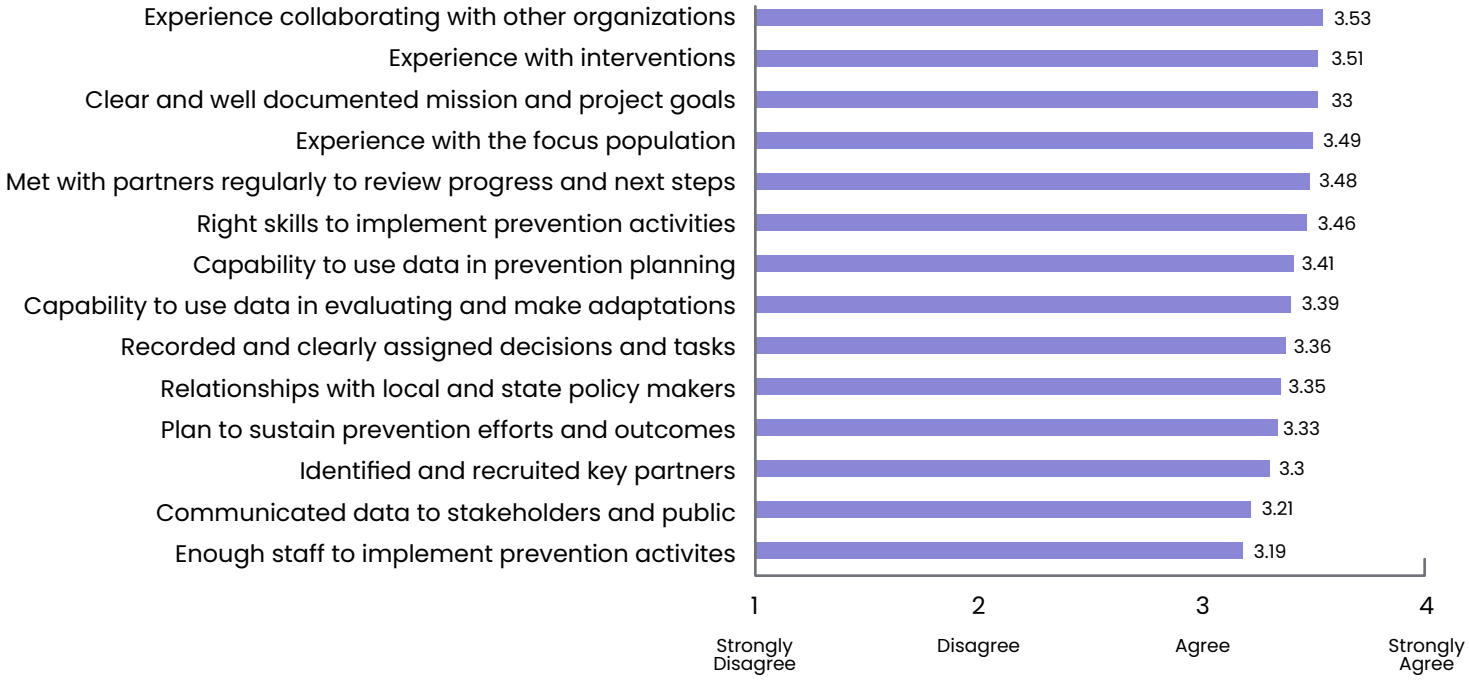
As key partners in community prevention work, coalitions are leveraged by providers -- in partnership --to implement strategies and mobilize the community. Providers-coalition collaborations addressed youth and young adult substance use prevention and provided awareness around risk factors related to substance use and violence for parents, youth, and young adults. Coalition activities included networking, sharing materials, offering trainings, and facilitating meetings. PPT data highlights these partnerships, and others, in provider-driven prevention work.

"The Clarke County Underage Drinking Coalition and the CPC serve as the prevention planning committee and advisory board. The DEC is a participating member of both." – Drug Education Council (DEC)

Provider Capacity

As a part of developing their PPTs, providers were asked questions around the capacity in their counties to implement prevention interventions to address substance use. Communities must have the capacity—that is, the resources and readiness—to support the prevention programs, policies, and strategies they choose to address their identified substance use problems. Capacity improves the effectiveness of prevention activities in the short term, but also helps to ensure the sustainability of prevention efforts. Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Providers were then asked if their organization had the experience and skills to implement prevention interventions in each county they serve.

In FY24, providers strongly agreed that their organization has the experience and skills to implement prevention interventions in their county and collaborate with other organizations. On a scale of 1-4, providers reported less agreement with having enough staff to implement prevention activities in their county and effectively communicating data to key community partners and the public.



Providers were also asked to report the number of staff and years of experience for each of those working on BG-funded prevention activities in their PPTs. **A total of 389 staff members with a range of years of experience worked in the prevention space across the state.**

37% of staff indicated working at their organizations between 1 to 5 years and 28% worked for more than 15 years. The distribution of newer prevention professionals and more experienced staff mostly aligns with the prior year but shows overall increases in the percentages of more experienced staff than in the prior year. In any year, it is recognized that staffing changes entail a need for sharing institutional knowledge and current expertise in prevention best practices balanced with needs for additional training and capacity-building needs that providers may have for all staff.

Staff also indicated various training and technical assistance (TA) needs on PPTs and progress reports. Some examples of needed TA and training topics noted by providers included: environmental, community-based, and alternative CSAP strategies; prevention for beginners; defining and meeting short-term outcomes; finding evidence-based curriculum for middle or high school; more information on vaping, Alabama drug trends, stigma, and alcohol use disorders. OMNI was able to provide workforce development trainings in several areas, including a training on environmental CSAP strategies. More information on these activities can be found in the Ongoing TA and Capacity Building section of this report, on page 23.

Only a handful of providers indicated technical assistance needs via their Block Grant progress reports during the last year. There were 8 mentions of TA needs in the area of media advocacy, and 3 for online survey creation. Other TA needs involved how to implement or promote programs in a landscape where other competing programming exists, and training on understanding local laws and ordinances regarding substance use, including school policies. There was a sole request from a CCI / UAD-funded provider for technical assistance with using social media in their work.

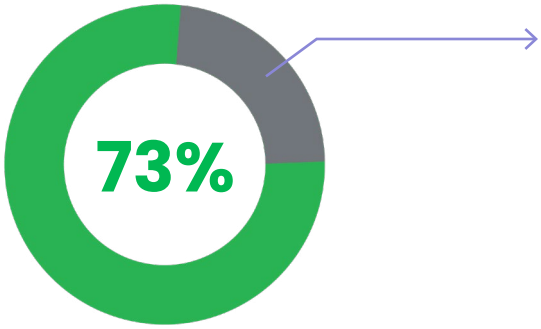
39 counties indicated TA needs around identifying and implementing environmental strategies. These data are consistent with what was reported in FY23, when the PPTs were initially developed by providers for FY23-FY24. To respond to this request, OMNI and ADMH presented a two-part Work Force Development training on Environmental Strategies. In FY24 more providers cited a need for TA regarding Sustainability than in FY23. Providers also indicated feeling more confident (and thus not needing TA) in Selecting Interventions, Building Partnerships, Implementing Interventions, and Adapting Interventions.

Capacity Building to Address Health Disparities

On their PPTs, providers were asked to rate the cultural competence of their organization/agency. This is defined as their ability to interact effectively with people of different cultures. Cultural competency helps to ensure the needs of all community members are adequately addressed.

At each step of the Strategic Prevention Framework (SPF), culture should be considered. "Culture" is a concept that extends beyond ethnicity or race. It can encompass characteristics such as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.

73% of providers' counties have formal, written policies in place to address cultural competency.



5 providers serving 19 counties indicated that they did not have formal written policies in place.

- 27% of providers (4) have not developed formal, written policies to address cultural competency.
- 13% of providers (2) do not have policies in place to address cultural competency, but these are being developed.

The Drug Education Council (DEC) for Clarke County's Disparity Impact Statement

When high risk populations are identified, we will promote the presence and participation of persons reflecting the demographics of the county. When high-risk or underserved populations are identified, all substance use prevention services and programs provided will be tailored to include the following populations: 1) veterans and military families, 2) high-risk youth, 3) Black/African American individuals, and 4) individuals living in rural areas. Staff will promote the presence and participation of persons reflecting the demographics of the county during service delivery by ensuring that those individuals receive services and programs that are both culturally and linguistically appropriate to the identified high-risk and or underserved subpopulation within the county. The Drug Education Council will collect program data relevant to the identified population to monitor service delivery for identified populations. Staff will continue to receive ongoing cultural sensitivity training to ensure that services are provided in a manner that is appropriate to the culture and linguistics of the population. Prevention activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community.

To address health disparities, engagement with diverse communities continued to be a key part of providers' prevention work this year. The provision of culturally appropriate materials is one example. Healthy People 2030[5] defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

In reviewing the PPT data, policies related to cultural competence and addressing disparities were either explicitly stated or were expressed as agency norms and/or longstanding practices within agencies.

"Jefferson County is in the greater Birmingham metropolitan area where racial and ethnic minorities comprise 80% of the population. 23 communities are characterized by a high Social Vulnerability (SVI) Index score as defined by the CDC. High SVI scores are correlated with lower health literacy, limited access to care and poorer health outcomes. As such, ADATC will employ the Office of Health and Human Services Healthy People 2030 framework and will adopt Healthy Communities - Health Information Technology (HCHIT) strategies to increase health literacy and reduce the negative impact of health disparities. Staff will encourage the presence and engagement of people who reflect the county's demographics throughout service delivery by ensuring that those people get culturally and linguistically relevant services and programs for the county's recognized high-risk and underserved subpopulations. Staff will continue to receive cultural sensitivity training to ensure that services are delivered in a way that is respectful to the population's culture and linguistics. Individuals' cultural and language needs will be considered while planning and implementing prevention initiatives." – ADATC

[5] Healthy People 2030

Capacity Building to Address Health Disparities

A key component of cultural competency in providers' communities is addressing health disparities. In their PPTs, some providers described their health disparity impact statements for high-risk populations. Several providers cited data that helped them identify these populations. Some ways providers aimed to address these disparities included[6]:

Addressing language or accessibility barriers, including translating written materials, providing translators at events or meetings or interpreters for those with hearing impairments, offering virtual training opportunities for those with a lack of transportation, and preparing materials and enhanced handouts for students with visual impairments.

Creating internal policies and Standards of Conduct, which can include application of National CLAS Standards.

Offering and/or requiring trainings as professional development or part of the onboarding process, such as Cultural Competency in RELIAS.

Engaging key community partners for input and learning regarding cultural issues connected to programs and services provided.

"Integrea Community Mental Health System prevention will address health disparities in Russell County by the provision of programs in area high schools, which reach a cross-section of the community. Through community and special events at sports games, health/resource fairs, and special community events, EAMHC prevention staff will seek involvement from all sectors of the community, specifically those with identified health disparities. Approximately 6.2% of the population of Russell County identifies as Hispanic or Latino. At community fairs and events, and school resources, prevention staff will provide educational materials regarding alcohol use in Spanish." – Integrea Community Mental Health System

Providers built their cultural competence capacity around addressing health disparities and specifically noted they attended trainings that supported this growth. Some noted mechanisms include:

- College and university-based equity trainings
- Equity and diversity conferences
- ADMH and QPPM equity trainings
- Training on health disparities and the social determinants of health
- CADCA health equity trainings
- Trauma-informed care trainings

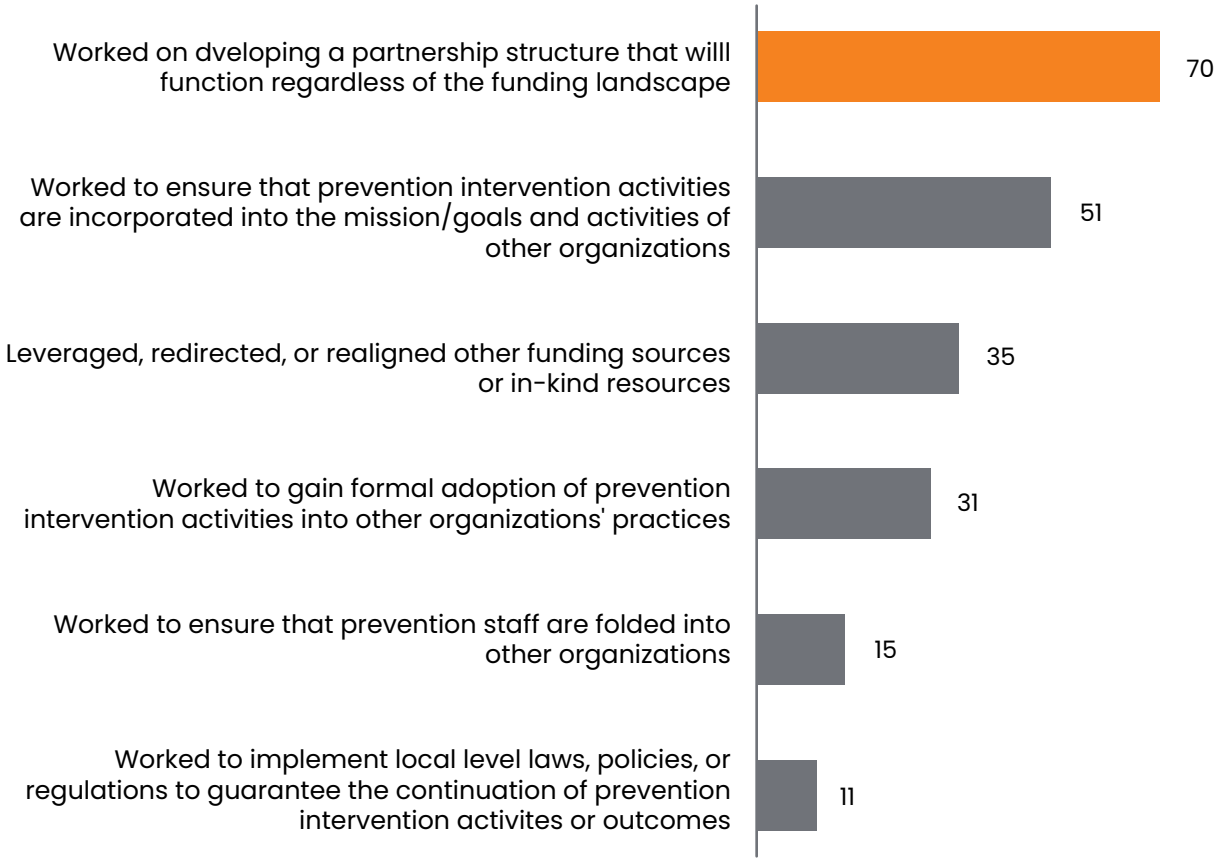
[6] The National CLAS Standards described in this section are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.

In their PPTs, providers reported on plans to sustain prevention outcomes and intervention activities beyond Block Grant and CCI/UAD funded efforts.

Most providers indicated working toward some sustainability efforts, including building key community partnerships or working to incorporate prevention activities into the missions and goals of other organizations. Some have formal policies related to sustainability in place and others build this capacity in other ways such as through their coalitions and partnerships. During the PPT process, providers could select all current efforts related to sustainability. Note: some values in this chart exceed the total number of counties because sustainability effort data are included from both BG and CCI/UAD PPTs serving the same county. Responses may differ based on the funding and state of their interventions and are thus represented more than once.

ASAP and Calhoun County law enforcement partnered for **National Prescription Drug Take Back Day.** They collected over 1,000 pounds of medications for proper disposal to prevent misuse, protect the environment, promote safety, and raise awareness.

Providers in all 67 counties, including those counties funded by BG and CCI/UAD funding reported that they worked on developing a partnership structure that will continue to function regardless of funding.



FY24 Community College Initiative (CCI) and Underage Drinking Initiative (UAD)

Several providers implemented the Community College Initiative (CCI) and the Underage Drinking Initiative (UAD) in addition to their BG interventions. The overall purpose of these efforts is to prevent or reduce the consequences of underage drinking, contribute to building emotional health, and prevent or delay the onset of, and mitigate symptoms and complications from substance use and mental illness through coordinated services.

A total of 6 providers implemented CCI or UAD: 2 focused on UAD and 4 implemented the CCI initiative. Community college partnerships were established under both initiatives. These efforts supplement providers' regular Block Grant-funded interventions.

Each participating provider prepared a separate Prevention Plan Template (PPT) to outline their strategies and interventions for each of these initiatives. The ASAIS data system contains data about the number of individuals reached or served through these initiatives for each CSAP strategy. Data collected from each PPT were analyzed to identify the types of interventions that were implemented. Providers served one or more counties through their funding for each initiative. This section of the report will highlight components and data points related to these initiatives. The table below lists the participating providers, and identifies the initiative type, counties served, any college partner they have, priority target areas, and interventions being implemented.

Provider	Initiative	County/Counties Served	College Partner	Priority Area(s)	Interventions
AltaPointe Health Systems	UAD	Greene, Lowndes, Marengo, Perry, Sumter, Wilcox	N/A	Underage Alcohol Use	Media Campaigns Alcohol Vendor TA Health Fairs/Events Peer Helper Programs Strengthening Families Local Capacity Building Coalitions/Collaborations
Agency for Substance Abuse Prevention (ASAP)	CCI	Etowah	Gadsen State Community College	Underage Alcohol Use Prescription Drug Misuse	Drug Disposal Media Campaigns Regional/Local Capacity Building
Council on Substance Abuse (COSA)	CCI	Montgomery	Trenholm Community College	Underage Alcohol Use Marijuana Use	School Policies Mental Health First Aid / QPR
Integrea Community Mental Health System	UAD	Tallapoosa	Central Alabama Community College	Underage Alcohol Use	Alcohol Purchase Surveys DUI / Sobriety Checkpoints Media Campaigns Sticker Shock Coalitions
READY (Resources, Education, & Advocacy for Drug Free Youth)	CCI	Tuscaloosa	Shelton State Community College	Underage Alcohol Use Prescription Drug Misuse Tobacco Use/Vaping	Alcohol Purchase Surveys Take Back Events Media Campaigns Recreational Activities Regional and/or Local Capacity Building
SpectraCare Health Systems	CCI	Barbour, Houston	Wallace Community College	Underage Alcohol Use	School Policies Media Campaigns Mental Health First Aid/Peer Helper

Providers implementing the CCI had the ability to address multiple priority target areas. The providers' PPTs also identified the risk and protective factors targeted by their initiatives. Below are highlights of these data along with select measures of program reach and some identified successes and challenges providers shared in their progress reports.

"ASAP continues to work with the Student Support Services during their monthly lunch and learn to educate students on substance misuse and the importance of properly disposing medication. Student participation in the events has increased tremendously. We also have staff that attend and engage with students during the events. We are now starting to build relationships with other campuses in Region 1 through our COPE media campaign." – ASAP

CCI Prevention Interventions and Numbers Served

Problem Areas Targeted

Providers targeted the CCI initiatives to several problem areas:

Underage Alcohol Use including Young Adult Problem Drinking	Prescription Drug Misuse	Tobacco Use/Vaping

Risk and Protective Factors Targeted

Providers identified a wide range of targeted risk factors for their interventions. Some were individual/family-level factors and others were population-based. Some were very common risk factors seen in prevention planning (e.g. early initiation of use or low perceived risk of harm), while others were unique and largely connected to the college or young-adult population of focus (e.g., lack of parental monitoring, lack of substance-free events, etc.). Further, mental health-related risk factors were widely noted (e.g. emotional and/or behavioral problems) as well as ineffective policy risk factors.

- Early initiation of use
- Emotional and/or behavioral problems
- Health disparities
- Lack of access to proper disposal of substance
- Lack of parental monitoring
- Lack of substance-free events
- Low perceived risk of harm
- Missing or ineffective community agency policies addressing youth ATOD use
- Peer norms – perceived peer use
- Retail availability
- Social availability

CCI CSAP Strategies and Interventions

Under CCI, providers generally targeted their strategies at a population-based level. This includes information dissemination and media campaigns, along with environment and community-based process CSAP strategies reaching broad swaths of campus communities or building community capacity around prevention. Information dissemination strategies reached the greatest number of people.

CSAP Strategy	# of People Served
Information Dissemination	659,650
Environmental	245,726
Community Based Processes	5,186
Problem Identification and Referral	3
Alternatives	0
Education	0

CCI Success Story: College Presentations, an Information Dissemination Strategy

COSA provided weekly presentations on the topics of "Underage Alcohol Use" and "Risks of Substance Use and Misuse" at Trenholm Community College. Post-presentation surveys administered to attendees showed over 85% of students had increased their awareness and knowledge of underage drinking/binge drinking and its effects. Presentations like this address many risk factors including low perceived risk of harm of use.

CCI SPOTLIGHT: SpectraCare Brings Prevention to Campus

SpectraCare utilizied data from the Alabama Statewide Young Adult Survey showing that 52.2% of local 18-25-year-olds said they believe peers consume five or more drinks at one time when partying at a bar, club, or social gathering to launched a data-driven strategy with Wallace State Community College Campuses. Responding to these normative beliefs, they established a policy of providing newly-enrolled students with information on the dangers of alcohol, underage drinking, young adult problem drinking, and how emotional health and wellness is impacted by substance use. SpectraCare staff met with Wallace administrators to discuss making this an official Wallace State Community College policy. SpectraCare also worked with administrators, students, and other community partners to create a peer helper program consisting of college students trained in Mental Health First Aid (MHFA), who can provide peer services to students in need. *"The MHFA has been well-received. Much time was spent meeting and explaining the concept to the Dean of Student Services, especially with this being the first time an opportunity like this has been available on campus."*

Underage Drinking Initiative (UAD)

The sole problem area targeted by this initative is underage drinking/alcohol use. The two providers implementing the initiative utilized a variety of interventions in service to this goal, as outlined in the table above. One provider (AltaPointe) served multiple counties with these interventions. Interventions were directed at the community at large and to families.

UAD Prevention Interventions and Numbers Served

Risk and Protective Factors Targeted

Providers identified the risk factors that would be targeted by their interventions. As with CCI, some were individual/family-level factors, and others were population-based. Some were very common risk factors seen in prevention planning (e.g. early initiation of use or low perceived risk of harm), while others tackled normative behaviors and perceptions and even low perception of legal consequences.

- Early Initiation of Use
- Low Perceived Risk of Harm
- Retail Availability
- Peer norms – perceived peer use
- Low perceived legal consequences
- Lack of parental monitoring
- Social/community norms that promote (or do not discourage) use

UAD CSAP Strategies and Interventions

Similar to the CCI, providers targeted their strategies at a population-based level. This includes information dissemination and media campaigns, along with environmental CSAP strategies. However, more interventions fell into the environmental CSAP strategy overall and reached a greater number of people.

CSAP Strategy	# of People Served
Environmental	353,093
Information Dissemination	110,846
Community Based Processes	11,474
Problem Identification and Referral	0
Alternatives	0
Education	0

UAD Success Story: Alcohol Vendor TA, an Environmental Strategy

AltaPointe, through their Alcohol Vendor TA intervention in Perry County, set an initial goal of engaging 50% of local vendors to agree to utilize ID checking guides to confirm valid purchasers and display related window stickers. They exceeded their goal, with 100% of the vendors agreeing to do so. "*The vendors are welcoming and receptive. They use the materials to combat underage drinking. We invited them to join our coalition as well.*" Vendors are a key focal point to address risk factors such as easy retail availability as well as community norms that can discourage use, and they reach many people through this effort.

UAD Spotlight: AltaPointe's Interventions Reach Families and the Community at Large

AltaPointe is implementing the Black Belt Communities in Action (BBCIA) Awareness Campaign in all 6 counties they serve to educate the communities about the dangers of alcohol consumption and misuse by youth. They also implement the Strengthening Families Program with two key goals: reduce underage alcohol consumption and increase protective factors. This intervention provides awareness of the nature and extent of alcohol use, abuse, and addiction; the effect of this on their focus population, families, and communities; and offers awareness of available prevention programs and services. "There was a total of four families that successfully completed the Fall 2023 Session of the Strengthening Families Program this fiscal year."

CCI and UAD grantee providers reported successes and challenges in FY24 via their progress reports. The themes of their successes are listed here in order of frequency of most- to least-mentioned.

Successes

Implementation Success. Providers reported first and foremost the successful implementation of their efforts, including program sessions completed; materials distributed; speaking opportunities conducted with community members including focus groups, community walks, and other events; information disseminated via websites, social media, and other media campaign methods; compliance efforts such as alcohol purchase surveys completed with vendors; and pounds of drugs collected via drug take back events or drug drop boxes.

"ASAP has seen an increase in student engagement. Due to ASAP's constant presence on campus, students are now knowledgeable about the dangers of substance misuse and the importance of permanent drop box location." – Agency for Substance and Abuse Prevention

Collaborative Relationships. Partnering agencies, organizations, and vendors contributed to provider successes. Providers mentioned establishing new and strengthening existing relationships, where they learned more about their partner's work and developed buy-in among those who facilitate their prevention initiatives. This resulted in greater ease in scheduling implementation with interested parties, receptivity to planning, and openness among vendors in distributing provider materials such as compliance aids. Providers also established memorandums of understanding this year with their partners.

"As I participate in community events, network with the local police departments during their events, I discovered how some of the agencies are using the products distributed. While implementing the environmental campaign, one of the vendor's employees was wearing [our coalition's] t-shirt. I must say, while I am implementing the campaign, the vendors are friendly and eager to participate." – AltaPointe Health

Participation. Among their successes, providers reported increased participation in their services and positive changes in participant outcomes such as increased knowledge and awareness of substance use as a problem and the adoption of positive behaviors. In addition, providers reported positive feedback from participants, including stories of how providers' services benefited them and expressions of excitement to participate in events and programming. Providers received positive feedback from partner organizations as well, who stated they believed in the services provided. Lastly, the providers themselves reported that they were also enriched by the prevention work they were involved in.

"The Team is continuing to build upon the positive working environment with faculty, staff, and community stakeholders, both on campus and within the community. The team was able to establish a Prevention Support Group that meets monthly in the community." – Council on Substance Abuse (COSA)

Challenges

Most providers did not report any challenges or barriers in implementing their CCI / UAD initiatives via their progress reports. The themes of the challenges that were reported are listed below, from most to least frequently reported.

Recruitment. Providers most often reported difficulty in recruiting participants for surveys and participation in events. Some reasons cited included students moving toward an online course model (resulting in fewer students available for in-person events), inability to obtain parental buy-in, or just participants being unaware of the providers' efforts.distributing provider materials such as compliance aids.

Partner Relationships. Providers also cited some difficulty related to working with partners as a challenge to their implementation. This included lack of buy-in, communication, scheduling conflicts, administrative red tape in the form of policies, and high staff turnover among partners that impeded implementation efforts.

"There is a continued barrier in partnership with local law enforcement in [our county] with this intervention due to a shortage in [their] staff. As a result, deputies are unwilling to conduct sobriety checkpoints." - East Alabama Mental Health Center

Logistics. Other challenges were logistical in nature: difficulty in spanning rural catchment areas to access participants, technology barriers such as lack of broadband internet in areas for information dissemination, and poor weather that interfered with implementation.

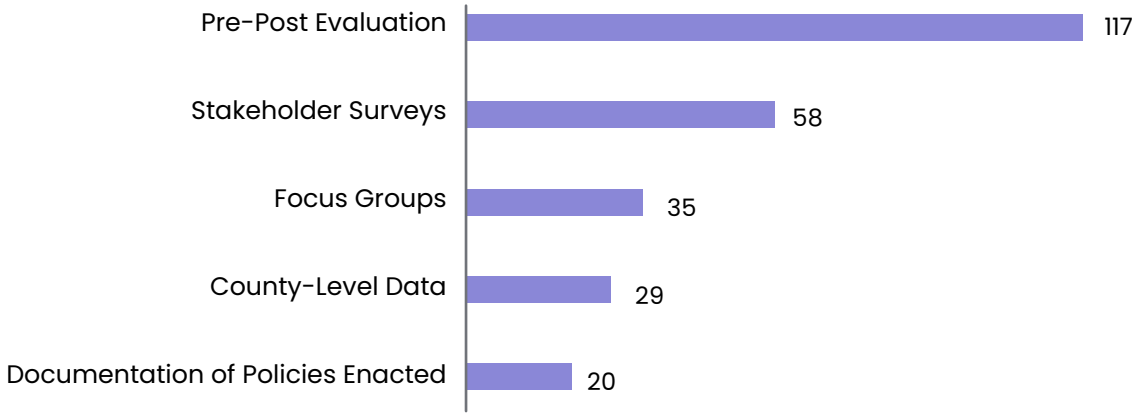
The challenges with this intervention were technology—the lack of it prevented people from accessing information. – AltaPointe Health

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 FY24, each provider reported progress towards reaching the short-term outcomes identified in their prevention plan template (PPT) and in progress reports.

Short-term Outcomes

Providers indicated using a variety of data sources to measure progress toward short-term outcomes.

The most common data sources were pre- and post-intervention evaluations, which measure changes in attitudes, behaviors, and other variables relevant to intervention goals. Key community partner feedback surveys help providers 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. Finally, providers measured short-term outcomes through documentation of policies enacted as a result of prevention efforts.

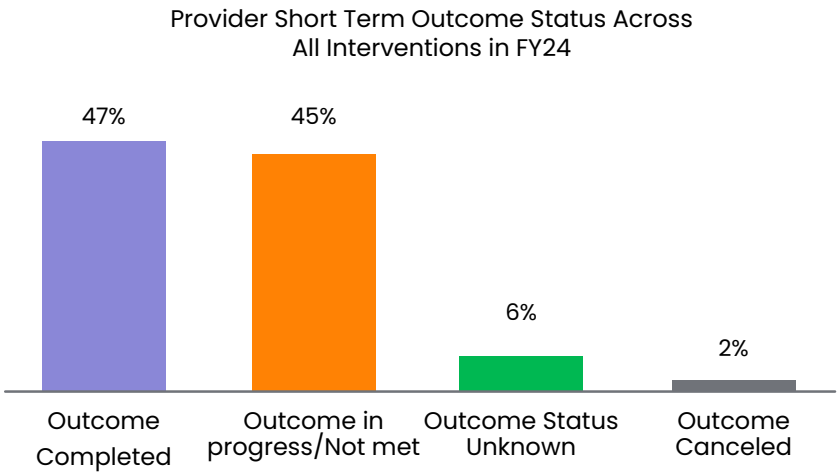


At least one short-term outcome was defined and tracked for each intervention per provider, though some providers tracked up to five short-term outcomes per intervention. Short-term outcomes set by providers fell into these categories:

- Increased knowledge and awareness of the harms of substance use, adoption of positive skills or behaviors, or increased perception of risk
- Reduction in harmful or risky behaviors, substance use, or vendor non-compliance
- Establishment of policies or partner MOU, improved capacity to implement, drop boxes installed
- Satisfaction with program and/or agreement services are helpful or effective
- Increased pounds of drugs or vape devices collected
- Increases in social media analytics or media campaign reach, increased knowledge of available services available
- Increased participation in surveys, events, or screenings
- Increased coalition membership or coalition meetings held
- Program materials distributed or purchased

In FY24, roughly half (47%) of providers' short-term intervention outcomes were completed, parallel with progress reported in this category for FY23 (46%).

As part of the FY24 review of short-term outcome progress, OMNI coded data into four categories: outcome completed, outcome in progress or not yet met, outcome status unknown, and outcome canceled.



- Outcomes were considered completed if they met or exceeded the original short-term outcome goal designated in the Prevention Plan Template (PPT), at any point in the fiscal year.
- Short-term outcomes were considered in progress or not yet met if the intervention they were associated with was not implemented/completed during the fiscal year, or if metrics fell short of the initial PPT outcome goal (e.g., raising participant knowledge by 3%, instead of the goal of 10%).
- The status of outcomes was considered unknown if providers did not report on the short-term outcome, or the data provided were otherwise insufficient to determine whether the outcome was achieved. Some common reasons for insufficient data were lack of survey data or lack of baseline comparisons to determine increases in positive outcomes (e.g., percentage of students gaining refusal skills) or decreases in negative outcomes (e.g., rates of substances used).
- Finally, a very small portion of short-term outcomes were canceled if the intervention they were associated with was canceled, significantly modified, or the outcome was no longer relevant or achievable.

More FY24 short-term outcomes were in-progress or not yet met compared to FY23. These incomplete outcomes could be due to implementation challenges reported by providers but is also equally likely to be due to providers reporting on the progress of their interventions in the first year of a two-year PPT cycle. In other words, providers may still intend on meeting their short-term objectives within the two-year cycle.

Additionally, there was a decrease in the number of outcomes in which the status was not able to be determined this year compared to the previous year. This could be due to a larger percentage of outcomes being completed in FY24, but it may also indicate an increase in the capacity of providers in 1) setting appropriate and realistic outcomes for interventions in their PPT and 2) increased familiarity with and ease of use of the progress report tool to more accurately report their outcomes.

OMNI also coded short-term outcome data related to CCI and UAD-funded interventions. Slightly more short-term outcomes were coded as canceled (3%) than having an unknown status, but overall, more than half (52%) of outcomes were completed with another 36% in progress.

Long-term Outcomes

In addition to measuring progress towards short-term outcomes of intervention implementation in FY24, OMNI continued to monitor key indicators related to the problem areas and desired long-term outcomes identified in the Alabama Block Grant Logic Model (see Appendix D). The problem area data presented in the logic model were gathered via relevant secondary data sources at the state level and reflected the data available at the time of the creation of the original logic model in 2021. Trends in these indicator data will be tracked over time to understand changes in 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, data are presented along with the associated long-term outcomes desired. Below we discuss whether current indicators have been updated from the prior fiscal year and if so the direction of the change.

Data from the 2021-22 NSDUH suggest a decrease in the percentage of both 30-day alcohol use and underage binge drinking among Alabama young adults compared to 2018-19 data, yet more recent data from the Alabama Young Adult Survey (YAS) show a trend in the opposite direction.

The 2021-2022 National Survey on Drug Use and Health (NSDUH) reports that 40.6% of Alabama young adult respondents had consumed alcohol within the past month, which is a decrease from 43.9% in 2018-2019. Despite these positive trends in nationally representative data, more recent data from the OMNI and ADMH-developed Young Adult Survey (YAS) show an increase in past 30-day alcohol use among young adults aged 18-25 (with 37.1% of young adults reporting past 30-day alcohol use in 2022 and 51.5% of young adults in 2024 reporting past 30-day use). Similarly, when comparing 2018-19 and 2021-22 NSDUH data on past month binge drinking among young adults aged 18-25 we see a decrease from 45.8% to 40.6%. Yet again, the more recently collected Alabama YAS data show increases in young adult past 30-day binge drinking (15.0% in 2022 to 36.5% in 2024).

While these large discrepancies in use rates are noteworthy, any comparisons between the Alabama YAS and NSDUH data should be made cautiously for several reasons. First, the NSDUH data are from 2018-2019 and 2012-2022, whereas the young adult survey data were collected in 2022 and 2024—meaning that the discrepancies could point to emerging substance use trends from more recent years. Second, the YAS data were gathered from a convenience sample whereas the NSDUH data are representative of all Alabama young adults, which means that the YAS may have sampled young adults that simply have different substance use rates than the general population of young adults in Alabama.

Regarding alcohol use among youth, NSDUH data show similar decreases in youth aged 12-17 reporting past month alcohol use (8.2% in 2018-19 and 5.7% in 2021-22). Similarly, NSDUH data show declining rates of binge drinking among youth aged 12-17, with 3.1% of youth reporting past month binge drinking in 2022, down from 4.3% in 2018-19.

In addition to changing alcohol use prevalence rates, there was a slight uptick in the percentage of Alabama drivers involved in fatal crashes with a BAC of .01 or higher (23% in 2022 up from 22% in 2021). This increase highlights an ongoing need to address the dangers of drinking and driving in prevention messaging and education.

Problem Alcohol Use		
Desired Outcomes	**Current Indicators (latest data year)**	**Change from Prior Years**
↓ Decrease in underage alcohol use	**5.7%** of Alabama youth aged 12-17 reported using alcohol in the past month Among young adults aged 18-25 **40.6%** reported using alcohol in the past month (NSDUH, 2021-2022).	↓ Decrease from **8.2%** for youth aged 12-17 in 2018-19; ↓ Decrease from **45.8%** in 2018-19 for young adults aged 18-25.
↓ Decrease in underage binge drinking for youth ages 12-17	**3.1%** of Alabama youth ages 12-17 reported binge alcohol use in the past month. Among young adults aged 18-25 **24.4%** reported binge drinking in the past month (NSDUH, 2021-2022).	↓ Decrease from **4.3%** for 12-17 in 2018-19; ↓ Decrease from **28.0%** in 2018-19 for 18-25.
↓ Decrease in alcohol-related driving fatalities	**23%** of Alabama drivers involved in fatal crashes had a BAC of .01 or higher. (FARS, 2022)	↑ Increase from **22%** in 2021

Data from the CDC continue to show increasing rates of prescription drug overdose deaths in Alabama in the past several years. However, data from NSDUH and YRBS show desired decreases in prescription drug misuse among both adults and youth.

Unfortunately, the state of Alabama opted out of the 2023 Youth Risk Behavior Survey (YRBS), meaning there will be no publicly available YRBS data to monitor ongoing trends in youth prescription drug misuse. OMNI will continue to monitor trends in prescription drug misuse in the years to come and can rely on NSDUH data on past year youth prescription drug misuse for future monitoring.

Prescription Drug Misuse and Overdose		
Desired Outcomes	**Current Indicators (latest data year)**	**Change from Prior Years**
↓ Decrease in prescription drug misuse among adults	**4.5%** of Alabamians aged 18+ reported prescription pain reliever misuse in the past year. (NSDUH, 2021-22)	↓ Slight decrease from **4.6%** reporting past year misuse in 2018-19.
↓ Decrease in prescription drug misuse among youth	**18.8%** 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, 2021) **2.0%** of Alabama youth aged 12-17 reported pain reliever misuse in the past year. (NSDUH, 2021-22)	↓ Decrease from **22.1%** in 2018-19. ↓ Decrease from **4.1%** in 2018-19.
↓ Decrease in prescription drug overdose deaths	**31.5** per 100,000 was the rate of drug overdose deaths in Alabama. (CDC Wonder, 2022)	↑ Increase from a rate of **30.1** in 2021, **22.3** in 2020, and **16.3** in 2019

Regarding substance-related suicide and deaths by suicide, increases were observed across most indicators.

According to CDC Wonder data, the rate of deaths by suicide increased to 18.7 per 100,000 in 2022, after recent decreases from 2019 to 2021. Similarly, the percentage of Alabama adults who reported a suicide attempt increased from 0.5% in the 2018-19 NSDUH data to 0.7% in the 2021-22 NSDUH. Additionally, the number of Alabamians who died by suicide due to drug poisonings rose to 49 in 2022 after having decreased to 40 individuals in 2021. Data on suicide attempts among Alabama high school youth showed a promising decrease from 11.6% in 2019 to 10.2% in 2021, yet the lack of 2023 YRBS data will mean an absence of data for future comparisons of this indicator. Despite these increasing trends in nationally representative data, recent data from the Alabama YAS show that rates for suicidal ideation in 2024 decreased for that sample from 2022.

Substance-Related Suicide and Deaths by Suicide		
Desired Outcomes	**Current Indicators (latest data year)**	**Change from Prior Years**
↓ Decrease in suicide deaths and attempts in adults	**18.7 per 100,000** was the rate of deaths by suicide in Alabama in 2022 (CDC Wonder, 2022) **0.7%** of Alabama adults reported a suicide attempt in the past year (NSDUH, 2021-22).	↑ Increase from **15.8** in 2021 and 16.0 in 2020. ↑ Increase from **0.5%** in 2019 (NSDUH)
↓ Decrease in suicide attempts in youth	**10.2%** of Alabama high school youth reported a suicide attempt in the past year (YRBS, 2021).	↓ Slight decrease from **11.6%** in 2019.
↓ Decrease in substance-related deaths by suicide	**49** Alabamians died by suicide due to drug poisonings in Alabama. (CDC Wonder, 2022)	↑ Increase from **40** in 2021, **44** in 2020 and **46** in 2019.

This section describes evaluation activities that OMNI supported in FY24. These activities were determined based on ADMH priorities, provider feedback, and grant evaluation requirements.

Prevention Plan Template Amendments and Progress Reports

In FY24, providers continued the implementation of strategies specified in their prevention plan templates (PPTs). The PPTs are valid for a two-year period, therefore providers only amended their plans from FY23 if they needed to add a strategy (such as statewide survey implementation), remove a strategy, or otherwise modify their plans in a way that required ADMH approval. OMNI supported PPT amendment requests on an as-needed basis throughout the fiscal year.

Providers were required to complete two progress reports for prevention implementation in each county they serve – one at mid-year and the other at the end of the year. In these two reports, providers described progress toward key intervention activities, process measures, and short-term outcomes identified in their PPTs and identified successes and challenges with implementation.

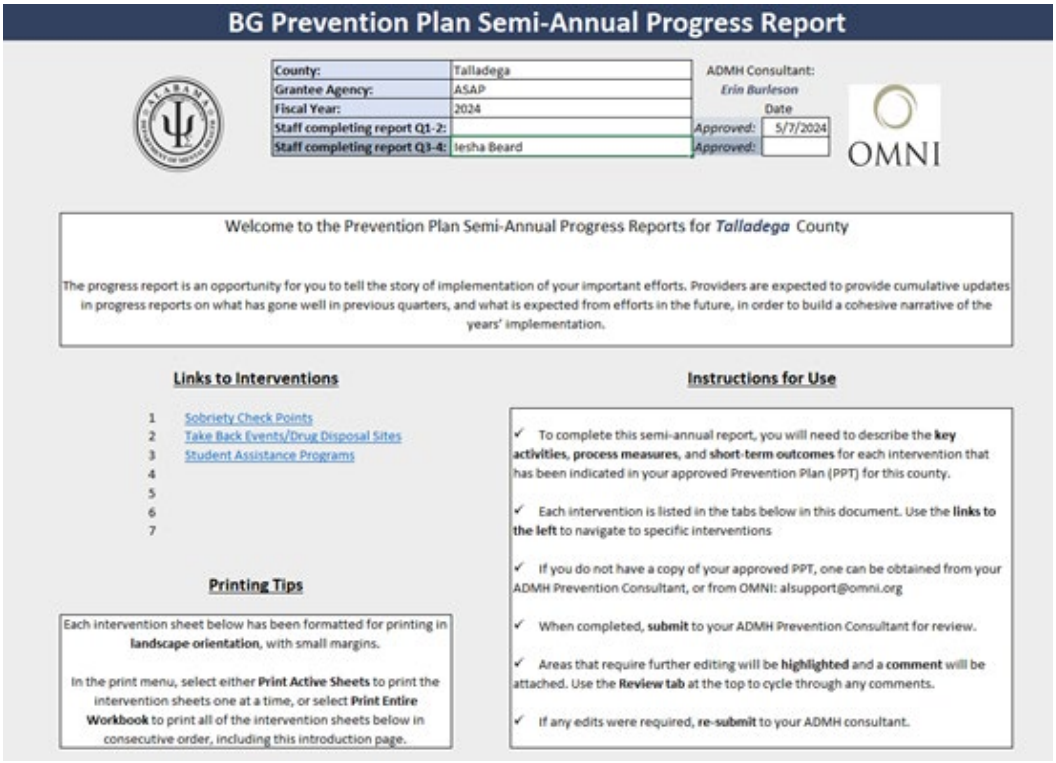


Photo: Example of a provider progress report instruction and landing page. Providers could navigate to specific interventions by clicking on the intervention links or tabs on the bottom of the spreadsheet.

Interventions, process measures, and short-term outcomes are populated by providers in an Excel sheet that is used to report progress for the entire fiscal year. The sheets include responses for both fiscal year reporting periods so providers can more clearly identify their progress on these measures and add relevant updates.

Statewide Young Adult Survey

In reviewing FY21 PPTs, OMNI and ADMH identified areas where data on risk and protective factors for priority areas were not readily available or did not exist for certain populations in Alabama. The YAS survey development process began in FY21 and centered on adapting existing assessments of substance use risk and related health consequences across various populations to allow for a comprehensive assessment of these areas in a young adult population. OMNI also worked with ADMH and the State Prevention Advisory Board to incorporate feedback and refine survey content.

To bridge this gap and contribute to a greater body of data on substance use and behavioral health, OMNI developed and administered the Alabama Young Adult Survey (YAS) to better understand the behaviors and attitudes of young adults (ages 18-25). In the first year, data collection ran from March through September 2022. This year, the YAS was administered again from February through June 2024.

OMNI analyzed the YAS data at the state and regional levels and produced a statewide summary report. OMNI also shared statewide and regional data with ADMH and providers to support their needs assessment process and data-driven prevention planning for FY25.

The YAS includes questions 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 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.
- **Demographic information** collected allowed for subgroup analyses to better understand the needs of specific subpopulations.

The survey administration process:

Timeline

The survey was administered from February throughJune 2024 across Alabama.

Trainings

OMNI hosted a detailed provider training to provide resources and information to support survey implementation and consultative “office hours.”

One-on-One Support

The OMNI TA team provided TA with providers to discuss recruitment challenges and survey administration questions.

Analysis & Reporting

OMNI analyzed collected survey data at the state and regional level and developed a comprehensive report.

ADMH and OMNI offered capacity-building services to support provider implementation and evaluation in FY24. Such capacity-building activities included:

Trainings to Build Prevention Capacity

- ADMH hosted seven in-person or virtual workforce development (WFD) trainings during FY24, reaching 145 attendees, on these topics:
  - Managing Disruptive Audiences
  - Ethics for the Prevention Professional
  - Introduction to Alcohol, Tobacco, and Other Drugs
  - Mental Health and Wellness
  - CSAP's Six Prevention Strategies
  - Introduction to Substance Use Prevention
  - Environmental Strategies.

  OMNI delivered the Environmental Strategies training (the second of a two-part series), to build a better understanding of this important CSAP strategy and the evaluation of these strategies through data collected and outcomes identified. This training was in direct response to TA requests made by providers.
- OMNI attended a Quarterly Prevention Provider Meeting (QPPM) to build connection among providers, OMNI, and ADMH. At this event, OMNI held a Q&A regarding the 2024 Alabama Young Adult Survey (YAS) to support providers with respondent recruitment strategies, offer recommendations, and present findings from the SUBG FY2023 Annual Report to the group.
- At the request of ADMH, OMNI conducted in-person regional focus groups in Alabama with Block Grant providers to better understand provider perceptions and experiences with current organizational capacity as well as successes, challenges, needs, and barriers to implementing Block Grant prevention services and interventions. A report detailing the results of these focus groups was submitted to ADMH in June of 2024.

Participation at State Prevention Advisory Board (SPAB), Quarterly Prevention Provider Meetings (QPPM), and the Alabama Epidemiological Outcomes Workgroup (AEOW)

OMNI continued participating in SPAB, QPPM, and AEOW meetings throughout FY24, contributing evaluation-related information and presenting highlights of the SUBG Annual Report and select YAS results. Data from the 2024 YAS was provided to ADMH to prepare a new infographic for the AEOW.

Individual Technical Assistance (TA)

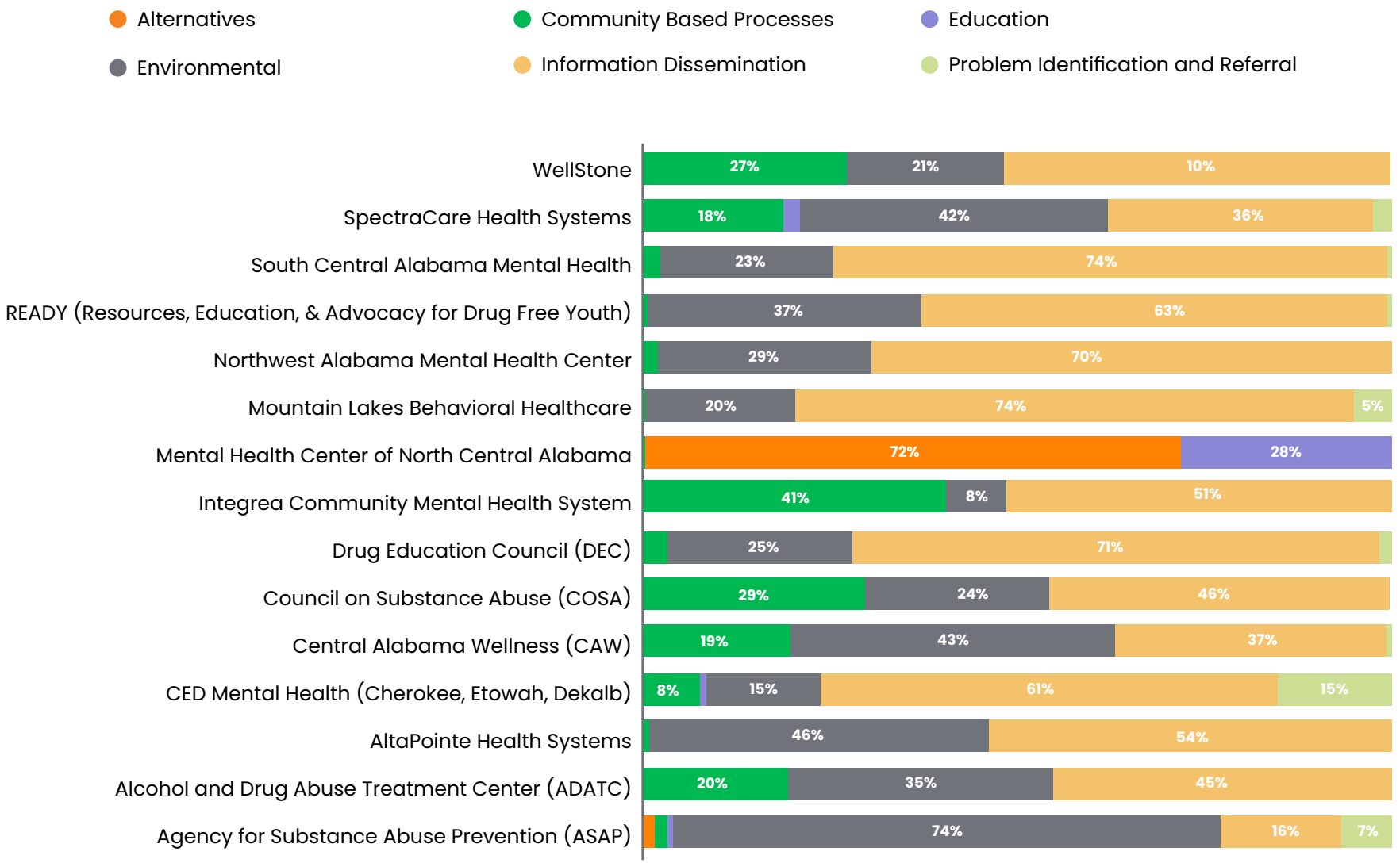
OMNI offered ongoing one-on-one meetings with providers to consult on prevention interventions, Prevention Plan Template (PPT) questions and amendments, YAS administration and data, or any other related questions. TA was provided on an as-needed basis, with providers able to request support at any time via email, phone calls, or virtual meetings.

Appendices

Appendix A: Total Interventions Implemented per County

County Name	Interventions Implemented	County Name	Interventions Implemented	County Name	Interventions Implemented	County Name	Interventions Implemented
Autauga	2	**Conecuh**	2	**Houston**	9	**Morgan**	4
Baldwin	3	**Coosa**	1	**Jackson**	5	**Perry**	6
Barbour	7	**Covington**	7	**Jefferson**	5	**Pickens**	5
Bibb	4	**Crenshaw**	7	**Lamar**	4	**Pike**	3
Blount	2	**Cullman**	6	**Lauderdale**	5	**Randolph**	1
Bullock	2	**Dale**	4	**Lawrence**	5	**Russell**	8
Butler	7	**Dallas**	2	**Lee**	8	**Shelby**	5
Calhoun	2	**DeKalb**	6	**Limestone**	4	**St. Clair**	2
Chambers	8	**Elmore**	2	**Lowndes**	8	**Sumter**	7
Cherokee	5	**Escambia**	3	**Macon**	3	**Talladega**	3
Chilton	5	**Etowah**	8	**Madison**	2	**Tallapoosa**	11
Choctaw	3	**Fayette**	7	**Marengo**	8	**Tuscaloosa**	11
Clarke	4	**Franklin**	5	**Marion**	8	**Walker**	7
Clay	1	**Geneva**	3	**Marshall**	7	**Washington**	4
Cleburne	1	**Greene**	8	**Mobile**	3	**Wilcox**	6
Coffee	7	**Hale**	4	**Monroe**	3	**Winston**	7
Colbert	3	**Henry**	2	**Montgomery**	7	**---**	---

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 0-5	0	142	0	1223	3577	0
Age 6-12	354	1159	127	15579	19160	466
Age 13-17	196	1637	193	44768	52033	2074
Age 18-20	6	787	3	26224	32976	370
Age 21-24	0	743	2	31126	37424	20
Age 25-44	12	3611	88	153195	188722	273
Age 45-64	1	4146	11	171808	207024	153
Age 65-74	0	1567	3	85383	104580	40
Age 75 and Over	0	937	0	66024	79611	14
Age Unknown	125	6837	20	596391	1012553	51
Male	265	5661	191	289661	349920	1255
Female	304	9121	236	310783	375545	2126
Trans Woman	0	6	0	103	21	0
Trans Male	0	0	0	5	7	0
Gender Non-Conforming	0	4301	0	22	460	13
Gender Unknown	125	2477	20	591181	1005707	67
White	36	5133	243	446237	540747	963
Black/African American	520	8695	157	128797	148995	1973
Native Hawaiian/Pacific Islander	0	18	0	596	783	37
Asian	0	74	0	6046	7736	11
Native American	1	67	0	4216	5668	15
More than one race	12	229	19	13708	19255	244
Race unknown, Other, or Hispanic	125	7350	28	592155	1008476	218
Hispanic or Latino	0	481	25	34500	34213	379
Not Hispanic or Latino	566	13715	398	564547	689974	2916
Ethnicity Unknown	125	7335	24	592618	1007290	134

***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. In addition, the age range for those "65 and over" in prior reporting years have been broken into two categories for this reporting year: 65-74 and 75 and over.

	PROBLEM	TARGETED RISK FACTORS	STRATEGIES	LONG-TERM IMPACT
PROBLEM ALCOHOL USE	**38.57%** of Alabamians aged 12+ reported alcohol use in the past month (NSDUH, 2021). **18.82%** of Alabamians aged 12+ reported binge alcohol use in the past month (NSDUH, 2021). **31%** of Alabama drivers involved in fatal crashes had a BAC of .01 or higher (FARS, 2020).	Low perceived risk of harm for alcohol use among youth Higher perception of peer use of alcohol than reality Social and community norms that promote underage use	**Alabama's Substance Use Block Grant funds the following prevention programs by CSAP strategy:** **Alternative Activities** · Alternative or Summer Programming · Peer Leader/Helper Programs · Substance Free Recreational Activities · Youth Prevention Advisory Boards **Community-Based Processes** · Mental Health First Aid · QPR Training · Regional /Local Capacity Building · Statewide Surveys · Tri-City Impact Team · Youth Coalitions	DECREASE IN UNDERAGE ALCOHOL USE DECREASE IN UNDERAGE BINGE DRINKING DECREASE IN ALCOHOL-RELATED DRIVING FATALITIES
PRESCRIPTION DRUG MISUSE, ILLICIT DRUG & MARIJUANA USE	**3.93%** of Alabamians aged 18+ reported prescription pain reliver misuse in the past year (NSDUH, 2021). Of Alabama youth, **22.1%** reported ever having taken prescription pain medicine without a prescription or differently than how a doctor told them to use it, and **29.7%** reported ever having used marijuana (YRBS, 2019). **0.36%** of Alabamians aged 18+ reported heroin use in the past year and **12.66%** of those aged 12+ used marijuana in the past year (NSDUH, 2021). The rate of drug overdose deaths in Alabama was **26.4** per 100K. (CDC Wonder, 2021).	Low perceived risk of harm for prescription drug misuse, heroin use, and marijuana use Social availability of prescription drugs and marijuana High rates of prescription opioid use/misuse Social and community norms that promote prescription drug misuse and marijuana use	**Education Programs** · Active Parenting · Catch My Breath · InShape Prevention Plus Wellness · LifeSkills Curriculum · Positive Action · Too Good For Drugs (and Violence) **Environmental Strategies** · Alcohol Purchase Surveys · Compliance Checks · DUI Checkpoints · Local UAD, Rx Drug, Vaping Policy Enhancements · School Practice · School Policies on ATOD use · Social Host Liability Regulation/ Policy Development · Social Marketing Campaigns · Supply Reduction: Drug Take Backs/Disposal Sites, Lock Boxes, Deactivation Kits, Vape disposal	DECREASE IN PRESCRIPTION DRUG MISUSE, ILLICIT DRUG USE, MARIJUANA USE AMONG ADULTS DECREASE IN PRESCRIPTION DRUG MISUSE, ILLICIT DRUG USE, MARIJUANA USE AMONG YOUTH DECREASE IN PRESCRIPTION AND ILLICIT DRUG OVERDOSE DEATH
SUBSTANCE-RELATED SUICIDE/ EMOTIONAL HEALTH & WELLNESS	There were **16.4** deaths by suicide for every 100K Alabamians (CDC Wonder, 2021). **11.6%** of Alabama youth (YRBS 2019) and **3.06%** of Alabamians aged 18-25 (NSDUH, 2021) reported a suicide attempt in the past year. There were **53** suicide deaths by alcohol or drug poisonings in Alabama. (CDC Wonder, 2021).	Emotional/behavioral problems Low availability of prosocial activities Social and community norms that perpetuate mental health stigma Lack of access to prevention resources	**Information Dissemination** · Media Campaigns (ATOD) · 988 AL Suicide & Mental Health Crisis Lifeline/Suicide Awareness · Lock Your Meds · Parents Who Host Lose the Most · School & Community Events and Presentations · Talk. They Hear You **Problem Identification and Referral** · Ripple Effects · Student Assistance Programs	DECREASE IN SUICIDE DEATHS AND ATTEMPTS AMONG ADULTS AND YOUTH DECREASE IN SUBSTANCE-RELATED DEATHS BY SUICIDE

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