OMNI Institute

Alabama Substance Use Prevention Block Grant

FY25 Evaluation Plan

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Alabama Department of Mental Health (ADMH)
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OMNI Institute

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Sections

Acronyms

Here is a table of acronyms that are used throughout this document:

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

Evaluation Goals

*The goal of the **Substance Use Prevention and Treatment Block Grant (BG)** prevention set aside is to support and advance community-driven efforts in substance use prevention. Alabama distributes BG funds to 15 prevention providers within 22 catchment areas who serve all 67 counties across the state. The State of Alabama Department of Mental Health (ADMH) has identified the following evaluation goals based on SAMHSA's Strategic Prevention Framework (SPF), the Office of Prevention (OOP) Services' mission and strategic goals, and state needs. The ADMH OOP strategic plan offers this Vision for 2023-2026:*

The OOP seeks to impact the alcohol and/or drug related motor vehicle crashes, substance use treatment admissions, graduation rates, poverty, and substance-related suicides through the implementation of the six CSAP strategies with focused efforts on high-risk populations, college students, transition-age youth, American Indian/Alaska Natives, ethnic minorities experiencing health and behavioral health disparities, service members i.e. veterans and their families, LGBTQ (lesbian, gay, bisexual, transgender and questioning) individuals, older populations, and other data driven populations through the priorities provided.

Drawing on the strategic plan, the BG evaluation goals are as follows:

1. *Prevent and reduce underage drinking and young adult problem drinking.*
2. *Prevent and reduce alcohol and/or drug-related motor vehicle crashes.*
3. *Prevent and reduce prescription drug misuse, illicit opioid use, and marijuana use.*
4. *Prevent and reduce substance-related attempted suicides and deaths by suicide (emphasis on populations at high risk, especially military families, LGBTQ (lesbian, gay, bisexual, transgender, questioning) youth, and American Indians and Alaska Natives).*
5. *Promote emotional health and wellness and prevent or delay the onset of complications from substance use and mental illness and identify and respond to emerging behavioral health issues.*

OMNI developed this state-level evaluation plan for Fiscal Year 2025 to document all the measures that will be used to track progress towards these goals. OMNI recognizes that ADMH's priorities and prevention strategies may evolve over the course of the grant period. Thus, this plan reflects evaluation activities for the second year of the funding period and will be revisited annually. Edits will be made to reflect the adjustments to the evaluation scope and ensure alignment with changing needs and priorities of ADMH, the 67 funded counties, and the SAMHSA grant requirements..

Evaluation Questions

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

Table 1. Process Evaluation Questions

Questions	Measures	Data Source and Interval
Which prevention services were delivered across the state? • What was the mix of services by CSAP strategy and IOM target? • Which counties prioritized which problem/priority areas? • How did those services differ across regions?	• Number of strategies implemented in each county (of the 33 approved strategies or "Other" strategies) • Number of people served by CSAP strategy and by IOM target • Number of counties implementing specific strategies, including aggregation of strategies implemented by region	WITS Data System (ongoing) County PPTs (bi-annually) Activity Sheets (ongoing)
To what degree were prevention services effectively implemented? • Did implementation match county-level prevention plans? • Did providers meet the goals and objectives set out in their PPTs? • When/why did deviations from the plan occur and what was the result? • What were successes and barriers related to implementation of prevention services?	• Comparisons between WITS activities, PPTs, and prevention plan quarterly and annual progress reports • Changes to PPT or intervention workplans (can be made quarterly) • Reports of goal/objective completion by providers • Successes and barriers to progress in implementation	WITS Data Systems (ongoing) County PPTs and intervention workplans (bi-annually) Prevention Plan Progress Reports (6-month and annual) Qualitative data (through SPAB/AEOW meetings, QPPM, conversations with providers, and narrative components of quarterly and annual progress reports)
To what extent were prevention services able to reach populations who traditionally experience disparities in behavioral health outcomes? • Which populations experiencing health disparities were targeted by prevention providers? • What adaptations were made to prevention services to serve selected health disparity populations?	• Number of relevant demographic subpopulations identified at the county-level through PPTs • Number of people served by strategy stratified by relevant demographic subpopulations • Number and type of prevention adaptations reported by providers	WITS Data Systems (ongoing) Health disparities impact statements (bi-annually) County PPTs and intervention workplans (bi-annually) Prevention Plan Progress Reports (6-month and annual))

How was prevention capacity and infrastructure strengthened at the state and county levels? • How did stakeholder engagement at the county-level change over time? • How did provider capacity change over time? • What technical assistance activities were delivered to providers and what was the perceived helpfulness of these activities?	• Number and involvement of stakeholders at the county level • Percentage of providers that report an increase in capacity • Number of technical assistance activities and trainings • Perceived helpfulness of technical assistance • Number of supply reduction partnerships established (e.g., partnerships with law enforcement to support permanent drop box installations or hosting drug takeback events)	Stakeholder engagement items on PPTs Capacity items on PPTs Pre- and post-survey before and after trainings Requests for technical assistance from Prevention Plan Progress Reports

Table 2. Outcome Evaluation Questions

Questions	Measures	Data Source and Interval
To what extent did providers meet strategy-level goals and outcomes in the counties they serve? • Examples: changes in compliance checks, changes in knowledge or behavior as a result of prevention education, increase in supply reduction strategies, etc.	• Strategy-level outcome measures and goal statements	County PPTs and intervention workplans (annually)
How does underage (12-20) and young adult (18-25) alcohol use change over time? • How do risk and protective factors related to underage and young adult alcohol use change over time? *(Goal 1)*	• Alcohol use in the past month • Binge alcohol use in the past month • Perceived risk of harm of alcohol use among youth • Perception of peer use of alcohol • Age of first use of alcohol among youth • Perceptions and use among priority high-risk subpopulations (military family members, LGBTQ youth, and American Indians and Alaska Natives)	NSDUH (annually) BRFSS (annually) Statewide survey (YAS) (bi-annually)
How do alcohol and/or drug related motor vehicle crashes change over time? • How do risk and protective factors related to alcohol and/or drug related motor vehicle crashes change over time? *(Goal 2)*	• Number of fatal crashes by alcohol-involved drivers • BAC level in crashes • Number of arrests for driving under the influence	Fatality Analysis Reporting System (annually) Uniform Crime Reports (annually)
How does prescription drug misuse and marijuana use change over time? • How do risk and protective factors related to prescription drug misuse and marijuana use change over time?	• Pain reliever misuse and marijuana use in the past month • Rate of prescription drug overdose deaths • Number of young adults reporting ever having taken prescription pain medicine without a prescription or differently than how a doctor told them to use it	CDC Wonder (annually) NSDUH (annually)

(Goal 3)	• Perceived risk of harm of prescription drug or marijuana use • Perceptions of peer use of prescription drugs or marijuana • Perceptions of social/community norms that promote (or do not discourage) use of prescription drugs or marijuana • Perceptions and use among priority high-risk subpopulations (military family members, LGBTQ youth, and American Indians and Alaska Natives)	Statewide survey (YAS) (bi-annually)
How does illicit opioid use change over time? • How do risk and protective factors related to illicit opioid use change over time? *(Goal 3)*	• Illicit opioid use (i.e. heroin) in the past month • Rate of illicit opioid overdose deaths • Number of young adults reporting having ever used illicit opioids • Perceived risk of harm of illicit opioid use • Perceptions of peer use of illicit opioid use • Awareness level of fentanyl and its uses • Perceptions and use among priority high-risk subpopulations (military family members, LGBTQ youth, and American Indians and Alaska Natives)	CDC Wonder (annually) NSDUH (annually) Statewide survey (YAS) (bi-annually)
How do substance-related deaths by suicide change over time? • How do risk and protective factors related to substance-related suicide change over time? *(Goal 4)*	• Number of deaths by suicide • Number of drug-induced suicides • Number of youth or adults reporting a suicide attempt • Number of emotional and behavioral problems • Perceptions of availability of prosocial activities • Number of suicides / attempted suicides among priority high-risk subpopulations (military family members, LGBTQ youth, and American Indians and Alaska Natives)	CDC Wonder -National Center for Health Statistics (annually) NSDUH (annually) Statewide survey (YAS) (bi-annually)
Are prevention services promoting emotional health and well-being? • How do risk and protective factors related to mental health and wellness change over time? *(Goal 5)*	• Number of interventions targeting the promotion of emotional health and wellness • Perceptions of availability of prosocial activities • Perceptions of mental health/suicide as a key problem area in the community • Number of young adults reporting problems with mental health/wellness • Number of young adults who get the mental health care they need • Perceptions of availability of substance use prevention, treatment, recovery, and mental health resources	WITS data system Statewide survey (YAS) (bi-annually)

Evaluation Reporting and Analysis

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

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

Alabama Substance Use Block Grant Prevention Logic Model

(see next page)

ALABAMA SUBSTANCE USE BLOCK GRANT PREVENTION LOGIC MODEL - Revised for FY25

	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 **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 **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 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		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		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.

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