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Alabama Substance Use Block Grant Prevention

Annual Report

2024-25

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ANNUAL REPORT

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Submitted to:

Alabama Department of Mental Health,
Office of Prevention

September 2025

For more information, please contact
projects@omni.org

Contents

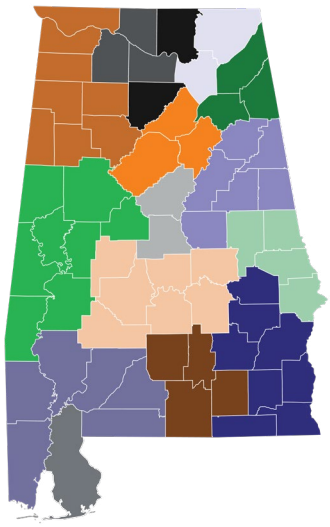
Executive Summary

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 2025 fiscal year (October 1, 2024, through September 30, 2025). Omni has served as the evaluator of Alabama's BG funds since January 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 SUBG activities are selected and implemented by providers through a data-driven approach based on the Strategic Prevention Framework (SPF) developed by SAMHSA.[1] The SPF is made up of a set of steps and guiding principles designed to ensure effective substance use prevention services, including assessment, capacity, planning, implementation, and evaluation, and is further guided by principles of sustainability and cultural competence.

Each provider completes an application for BG funding that details the counties they plan to serve with awarded funding.



- Alcohol and Drug Abuse Treatment Center (ADATC)
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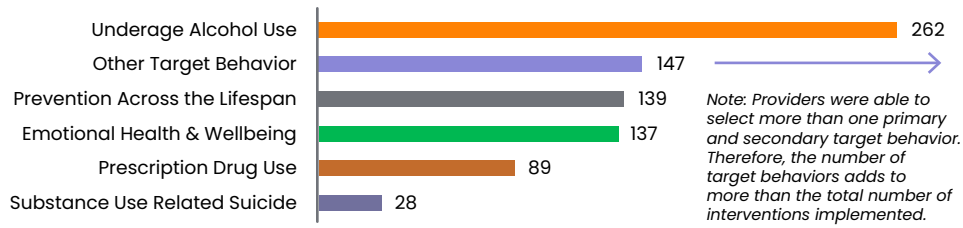
- Mountain Lakes Behavioral Healthcare
- Northwest Alabama Mental Health Center
- South Central Alabama Mental Health
- SpectraCare Health Systems, Inc
- Wellstone, Inc.
- READY (Resources, Education, and Advocacy for Drug Free Youth)

FY25 Process Evaluation

Prevention planning for Alabama's public substance use service delivery system is rooted in four statewide regions that together encompass all 67 counties. Each region is made up of 14 to 19 counties and is organized geographically from north to south, with at least one major metropolitan area located in each. Northern regions generally include more urban and suburban communities, while southern regions contain a larger proportion of rural areas. Although Alabama's Underage Drinking Initiative (UAD) and Community College Initiative (CCI) continued this year, they are not included in this report.

As in FY24, targeted behaviors in FY25 aligned with statewide priorities, but also highlighted additional goals of prevention interventions.



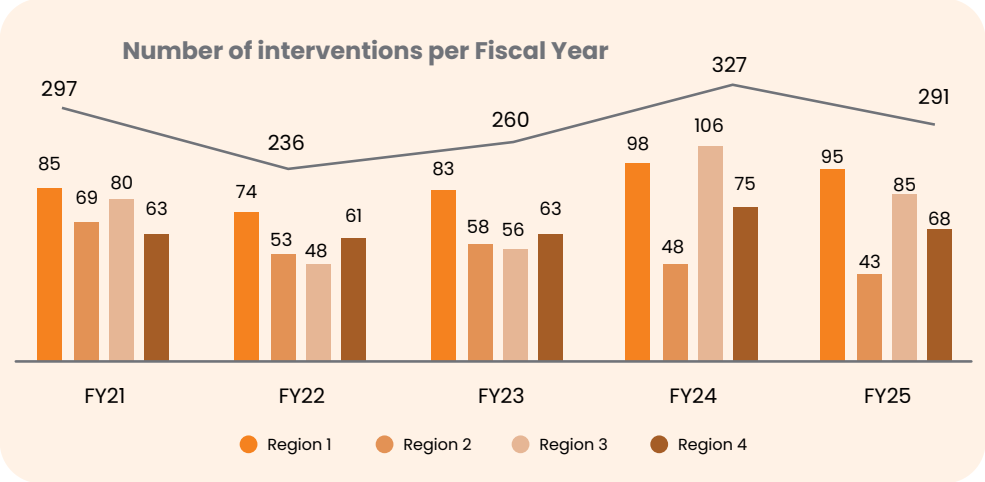
Note: Providers were able to select more than one primary and secondary target behavior. Therefore, the number of target behaviors adds to more than the total number of interventions implemented.

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

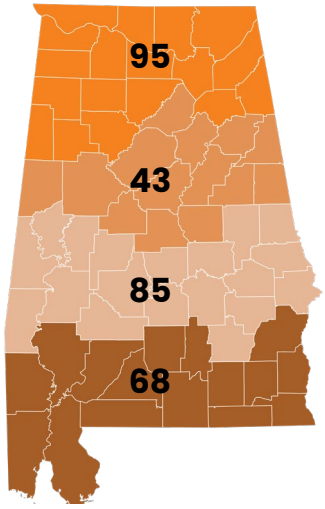
[1] SAMHSA. (December 1, 2017). Applying the Strategic Prevention Framework (SPF). Retrieved from https://www.samhsa.gov/sptac/strategic-prevention-framework

Executive Summary

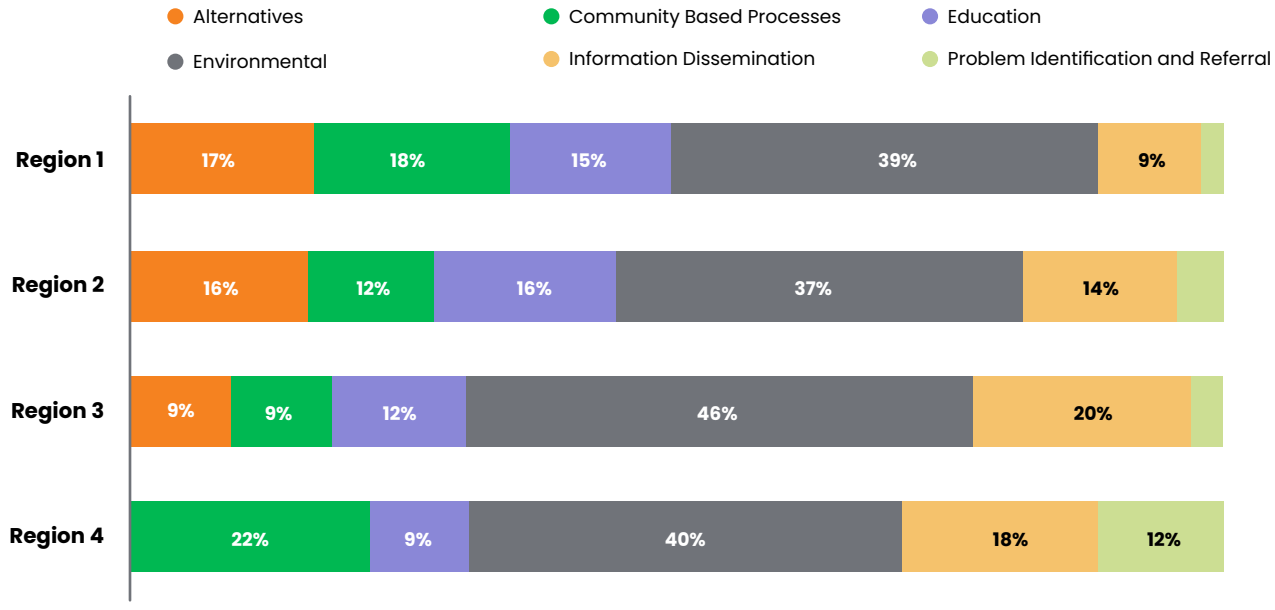
In FY25, providers implemented 291 interventions across Alabama's 67 counties. While the total number of interventions implemented statewide decreased compared to FY24 due to excluding CCI and UAD interventions in this year's analysis, the FY25 total reflects an increase from 260 interventions implemented in FY23 and 236 interventions implemented in FY22.



Total # of Interventions Implemented by Region



Interventions fall under six Center for Substance Abuse Prevention (CSAP) strategies: alternatives, community-based processes, education, information dissemination, problem identification and referral, and environmental. As in previous FYs, environmental strategies were the most commonly implemented across all four regions in FY25.



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

Executive Summary

In FY25, Take Back Events, Community-Based Processes, and Regional and/or Local Capacity Building were the most-implemented interventions.

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; Youth Surveys; Tri-City Impact Team
- **Education:** Active Parenting; Catch My Breath; InShape; Parent Project; Prevention Plus Wellness
- **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
- **Alternatives:** Community Service Projects
- **Problem ID and Referral:** Ripple Effects

Executive Summary

Providers documented a variety of successes in FY25, reflecting the breadth of prevention strategies being implemented across Alabama. These accomplishments are summarized here from most to least commonly reported:

Successes

Implementations. Providers documented a number of accomplishments involving the successful implementation of prevention programs, curricula, and campaigns across settings such as schools and community events.

Partnerships. Providers described building new collaborations, formalizing relationships, and strengthening trust with long-standing partners. These relationships enabled providers to expand their reach, secure host sites for prevention programming, and implement disposal strategies such as drug and vape drop boxes.

Outcomes. Providers documented successes in achieving outcomes, including increased participant knowledge and awareness, the collection of pounds of medications or vape products, expanded social media reach, and higher survey participation rates.

Capacity. Providers noted participating in capacity-building efforts that increased visibility, improved organizational readiness, and supported the infrastructure needed to sustain prevention initiatives over time.

Challenges

School Relationships. Providers cited common barriers in working with schools, such as conflicts with testing windows, weather-related closures, and competing academic priorities that limited classroom access.

Partner Relationships. Providers also reported barriers with other external partners (e.g., law enforcement, campus authorities, businesses/pharmacies), including slow response times, limited buy-in, and inconsistent referral and enforcement pipelines.

Partner, Staff, and Participant Recruitment & Retention. Many providers identified challenges with engaging and retaining parents, students, and staff in prevention activities, as well as staff shortages, lack of qualified staff, illness, turnover, and burnout.

Logistical Challenges. Providers faced logistical challenges, including low survey completions, high material costs, and difficulty securing disposal vendors, all of which slowed the delivery of prevention efforts.

Stigma. While not the most commonly reported issue, providers reported that stigma interfered with prevention successes.

Engagement of Coalitions and Key Community Partners

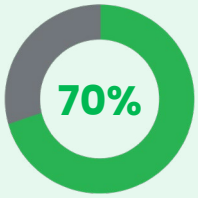
Providers engaged coalitions and key community partners in the development of their interventions. These longstanding partnerships include law enforcement, community and human service agencies, first responders, colleges and universities, businesses, health-care professionals, faith-based organizations, and youth. They serve both to educate partners and to draw on their community expertise to inform prevention planning.

15 providers reported active participation in Children's Policy Councils (CPCs) across 60 Alabama counties, supporting efforts to prevent youth substance use across the state, and 10 providers reported that 23 counties in the state had at least one active substance use prevention coalition.

Capacity Building to Address Health Disparities

Providers were asked to assess the cultural competence of their organizations, defined as the ability to engage effectively with individuals from diverse cultural backgrounds. Cultural competence involves respecting and responding to the health beliefs, practices, and linguistic needs of diverse groups. It is not a fixed state but a dynamic, ongoing process that develops over time along a continuum, and ensures that the needs of all community members are addressed appropriately.

Providers reported that 70% of Alabama counties have formal, written policies in place to address cultural competency. A key component of cultural competency in providers' communities is addressing health disparities.



Some ways providers aimed to address these disparities included[2]:

Addressing language or accessibility barriers, including translating written materials into multiple languages, providing translators for those with hearing impairments at events or meetings, offering virtual training options for those lacking transportation, and preparing accessible materials and handouts for those 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 as part of the onboarding process, such as Cultural Competency in RELIAS.

Engaging key community partners to gather input and enhance understanding of cultural issues related to the programs and services offered.

[2] 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.

FY24 Outcome Evaluation

In the tables below, problem area indicator data are presented along with the associated long-term outcomes prioritized by the state. 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 underage alcohol use	**6.1%** of Alabama youth aged 12-17 reported using alcohol in the past month **45.7%** of Alabama young adults aged 18-25 reported using alcohol in the past month (NSDUH, 2022-2023)	↑ Increase from **5.7%** in 2021-22 ↑ Increase from **40.6%** in 2021-22
↓ Decrease underage binge drinking for youth ages 12-17	**3.9%** of Alabama youth ages 12-17 reported binge alcohol use in the past month **27.5%** of Alabama young adults aged 18-25 reported binge drinking in the past month (NSDUH, 2022-2023)	↑ Increase from **3.1%** in 2021-22 ↑ Increase from **24.4%** in 2021-22
↓ Decrease alcohol-related driving fatalities	**34%** of Alabama drivers who were involved in fatal crashes had a BAC of .01 or higher (FARS, 2023)	↑ Increase from **32%** in 2022

Prescription Drug Misuse and Overdose

Desired Outcomes	Current Indicators (latest data year)	Change from Prior Years
↓ Decrease prescription drug misuse among adults	**4.4%** of Alabamians aged 18+ reported prescription pain reliever misuse in the past year (NSDUH, 2022-23)	↓ Slight decrease from **4.5%** reporting 2021-22
↓ Decrease prescription drug misuse among youth	**2.2%** of Alabama youth (grades 6-12) reported having used a prescription drug without a prescription in the past month (AYS, 2025)* **2.4%** of Alabama youth aged 12-17 reported pain reliever misuse in the past year (NSDUH, 2022-23)	↓ Decrease from **6.3%** in 2022-23* (compared to youth NSDUH data for illicit drug use in the past month) ↑ Increase from **1.9%** in 2021-22
↓ Decrease prescription drug overdose deaths	**33.9 per 100,000** was the rate of drug overdose deaths in Alabama (CDC Wonder, 2023)	↑ Increase from **31.5** in 2022, **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 suicide deaths and attempts in adults	**16.8 per 100,000** was the rate of deaths by suicide in Alabama (CDC Wonder, 2023) **0.6%** of Alabama adults reported a suicide attempt in the past year (NSDUH, 2022-23)	↓ Decrease from **18.7** in 2022, but still higher than 2021 (15.8) and 2020 (16.0) ↓ Slight decrease from **0.7%** in 2021-22
↓ Decrease suicide attempts in youth	**10.6%** of Alabama youth reported a suicide attempt in their lifetime (AYS, 2025)*	↑ Slight increase from **10.2%** in 2021* (compared to YRBS data on suicide attempts in the last year)
↓ Decrease substance-related deaths by suicide	**52** Alabamians died by suicide due to drug poisonings in Alabama (CDC Wonder, 2023)	↑ Increase from **49** in 2022, **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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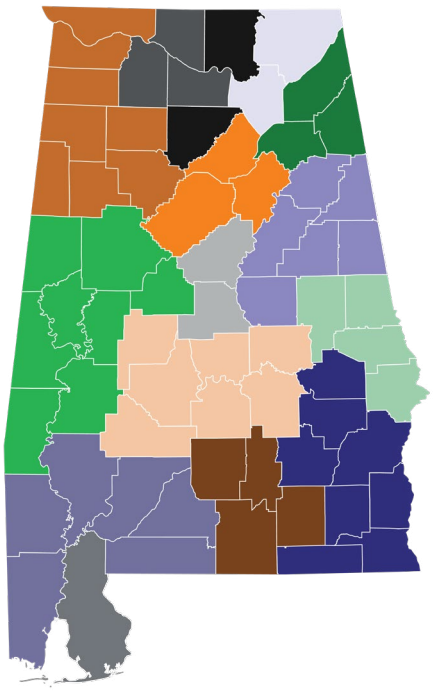
Alabama's SUBG activities are selected and implemented by providers through a data-driven approach based on the Strategic Prevention Framework (SPF) developed by SAMHSA. The SPF is made up of a set of steps and guiding principles designed to ensure effective substance use prevention services, including assessment, capacity, planning, implementation, and evaluation, and is 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 SUBG is below.



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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 summarizes interventions implemented across the state in fiscal year 2025 (FY25). It also details perceived successes and challenges to implementation based on qualitative data from progress reports completed by providers.

Data for this section was sourced from each county's Prevention Plan Template (PPT) and providers' mid-year progress reports. Information from the PPTs was analyzed to determine the types of interventions implemented and the corresponding CSAP strategies. The PPTs also provided qualitative insights into organizational structures and efforts related to sustainability and cultural competence.

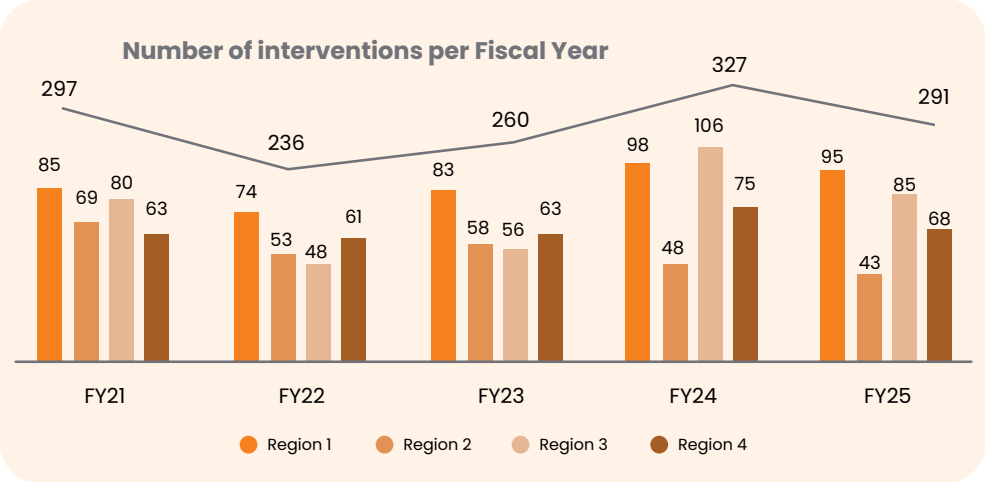
Prevention planning for Alabama's public substance use service delivery system is rooted in four statewide regions that together encompass all 67 counties. Each region is made up of 14 to 19 counties and is organized geographically from north to south, with at least one major metropolitan area located in each. Northern regions generally include more urban and suburban communities, while southern regions contain a larger proportion of rural areas. Results are presented at the regional level throughout this section of the report for clarity and ease of understanding. Although Alabama's Underage Drinking Initiative (UAD) and Community College Initiative (CCI) continued this year, they are not included in this report. Additional results at the county level are available in the appendices and are referenced throughout this section.

Prevention Interventions

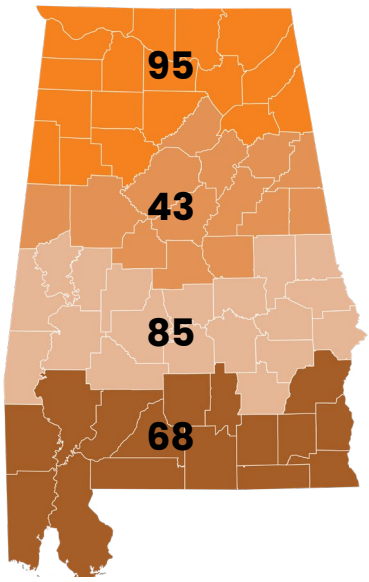
To guide prevention planning and implementation for FY24 and FY25, providers completed PPTs that followed the steps of the SPF. Each PPT reflects two years of planned prevention activities. As part of the process, providers first conducted a needs assessment, which included reviewing risk and protective factor data along with consequence data tied to the statewide priorities of underage drinking and prescription drug misuse. Providers also had the option to identify additional community concerns to address with their SUBG funds. Following the needs assessment, providers selected interventions targeting one or more statewide priorities and their identified local issues. In FY25, providers were allowed to amend their PPTs during the year to capture any adjustments made to interventions.

Drug Takeback Event, April 2025 in Mobile County

In FY25, providers implemented 291 interventions across Alabama's 67 counties.

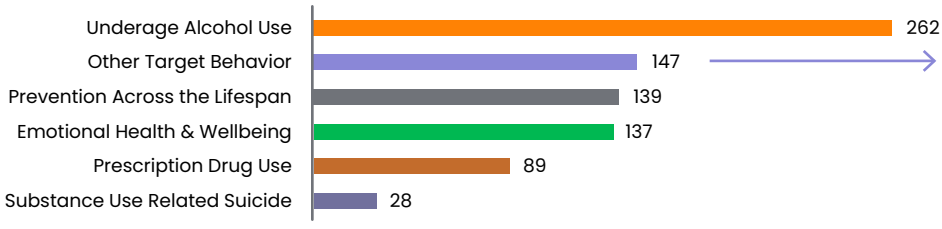


Total # of Interventions Implemented by Region



While the total number of interventions implemented statewide decreased compared to FY24 due to excluding CCI and UAD interventions in this year's analysis, the FY25 total reflects an increase from 260 interventions implemented in FY23 and 236 interventions implemented in FY22. Region 1 reported the highest number of interventions (95), followed by Region 3 (85), Region 4 (68), and Region 2 (43). Providers were permitted to implement up to 10 interventions per county. Across counties, the number of interventions ranged from 1 to 10, with an average of 4 interventions per county. For a complete list of the number of interventions implemented per county, see Appendix A.

As in FY24, targeted behaviors in FY25 aligned with statewide priorities, but also highlighted additional goals of prevention interventions. Providers could identify multiple target behaviors for each intervention. This year, 226 interventions targeting underage alcohol use, a decrease from FY24 due to the exclusion of interventions associated with the CCI and UAD, but still higher than the 193 reported in FY23. Interventions focused on prevention across the lifespan, emotional health and wellbeing, and prescription drug use also decreased slightly from FY24, again likely reflecting the exclusion of CCI and UAD, yet remain above FY23 levels. Interventions addressing substance-related suicide rose by one compared to FY24. Additionally, providers implemented 146 interventions targeting other behaviors, including marijuana, tobacco, and illicit drug use.



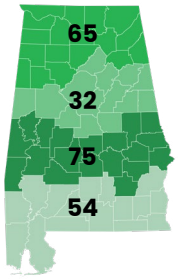
Other Target Behaviors include:

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

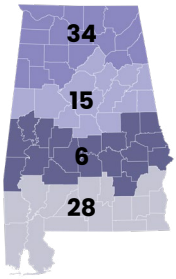
Note: Providers were able to select more than one primary and secondary target behavior. Therefore, the number of target behaviors adds to more than the total number of interventions implemented.

All regions implemented interventions addressing state priority areas, though the emphasis varied, with some regions focusing more heavily on one area than another. Region 3 implemented the most interventions targeting underage alcohol use (75), while Region 1 implemented the most interventions targeting prescription drug misuse (34).

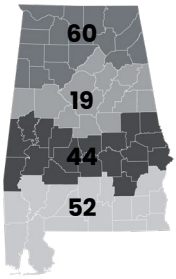
Interventions Targeting Underage Drinking Implemented by Region



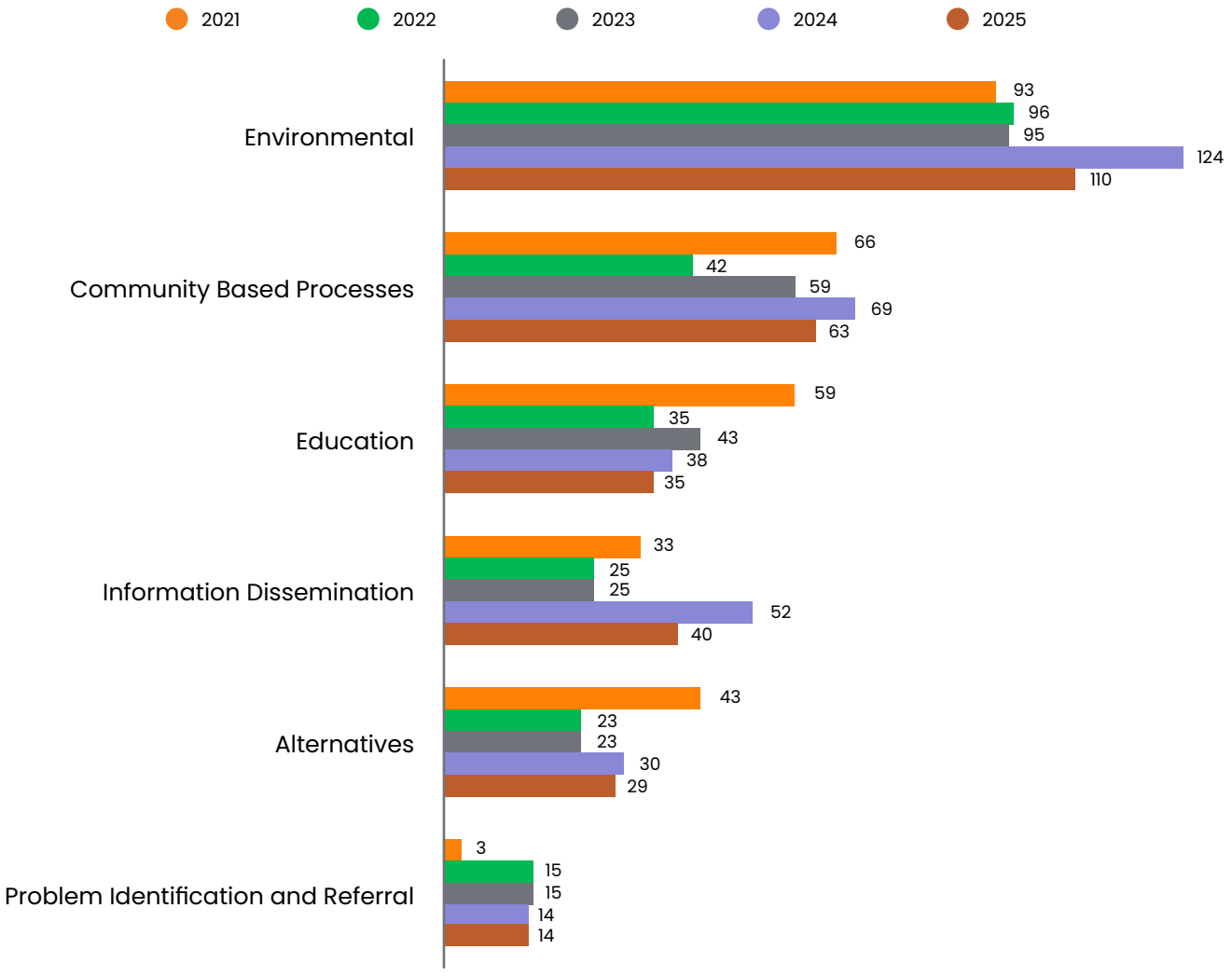
Interventions Targeting Rx Drug Misuse Implemented by Region



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



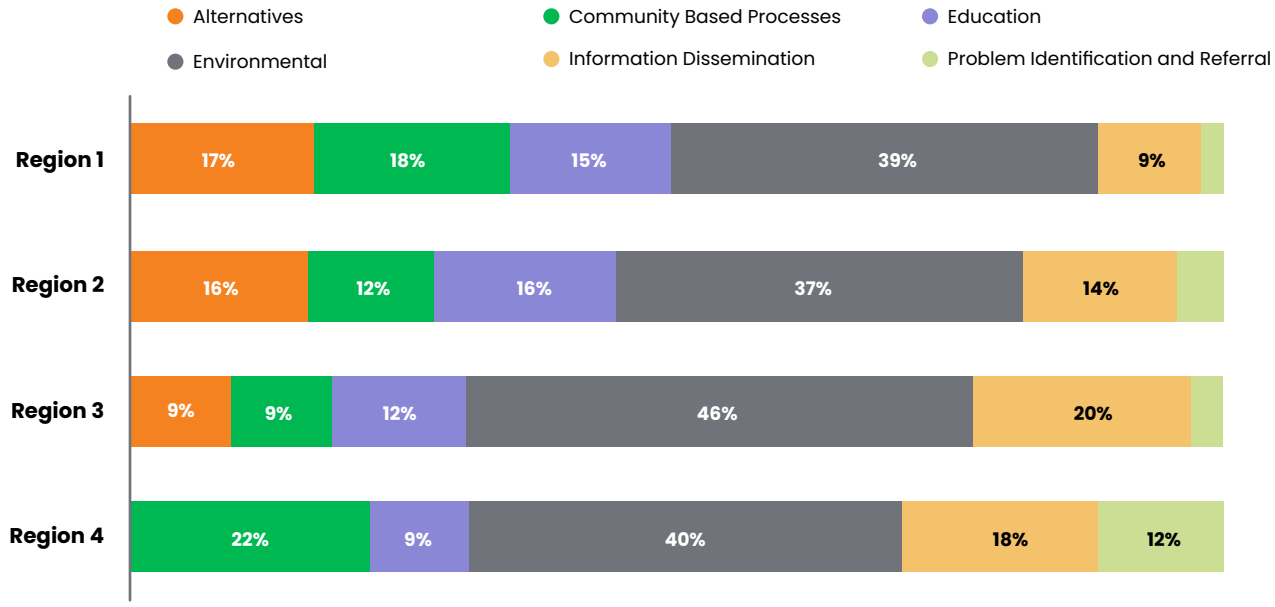
As in FY21, FY22, FY23, and FY24, environmental strategies were the most commonly implemented of the six CSAP strategies across the state in FY25.



Like last year, providers were not required to expend a minimum of 50% of BG funding to implement environmental CSAP strategies, as they had been in prior years. However, they were required to allocate the greatest proportion of their funds to environmental strategies, such as drug take-back events, drug disposal sites, or compliance checks.

ASAP, in collaboration with Walgreens and the Anniston Police Department, collected 314 pounds of unused and expired medications during National Prescription Drug Take Back Day. Representatives from Self-Recovery Detox and Anniston Fellowship House were also present to share resources available to individuals and their families.

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



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

Across all regions, environmental strategies accounted for over one-third of CSAP strategies. Community-based processes were more common in Regions 1 (18%) and 4 (22%) than in Regions 2 (12%) and 3 (9%). Education strategies made up 12-16% of interventions in Regions 1, 2, and 3, while Region 4 implemented a smaller percentage of education strategies (9%). Information dissemination was more prevalent in Regions 3 (20%) and 4 (18%), while Alternatives and Problem Identification and Referral remained less common, with the latter least used.

Drug Education Council, Inc., collaborated with the ABC Board to provide the Under Age, Under Arrest program to schools in Mobile County

In FY25, Take Back Events, Community-Based Processes, and Regional and/or Local Capacity Building were the most-implemented interventions.

Integrea Community Mental Health System contracted with **iHeart Radio** to promote events and prevention campaigns through PSAs aired on local stations within their catchment area.

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; Youth Surveys; Tri-City Impact Team
- **Education:** Active Parenting; Catch My Breath; InShape; Parent Project; Prevention Plus Wellness
- **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
- **Alternatives:** Community Service Projects
- **Problem ID and Referral:** Ripple Effects

Successes in Implementing Interventions

Providers documented a variety of successes in FY25, reflecting the breadth of prevention strategies being implemented across Alabama. These accomplishments are summarized here from most to least commonly reported.

Implementation Success. The most frequently reported accomplishments involved the successful implementation of prevention programs, curricula, and campaigns across settings such as schools and community events. Providers highlighted delivering *Too Good for Drugs, LifeSkills Training, and Project Toward No Drug Abuse* in schools, as well as implementing campaigns such as *Talk. They Hear You., Parents Who Host Lose the Most*, and *The Truth Initiative*. Environmental prevention efforts were also widely noted, such as the installation of permanent prescription and vape disposal sites, participation in the DEA's National Prescription Drug Take Back Day, and widespread dissemination of prevention materials at schools, health fairs, and community events. Alternative youth engagement activities, including prevention conferences, retreats, and prevention walk/runs, were highlighted as meaningful avenues for reaching youth in prosocial ways.

"Our 2025 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 750 students and teachers attended." - Cherokee, Etowah, DeKalb (CED) Mental Health

Partnerships. The second most common success involved partnerships with schools, law enforcement, healthcare providers, faith-based organizations, and community coalitions. Providers described building new collaborations, formalizing relationships through memoranda of understanding, and strengthening trust with long-standing partners. These relationships enabled providers to expand their reach, secure host sites for prevention programming, and implement disposal strategies such as drug and vape drop boxes. Partnerships with youth-serving organizations and schools were particularly highlighted as avenues for both programming and policy change.

"Prevention was able to establish a great relationship with the Sheriff's Office. They actually assisted us a lot on their own time with spreading the word about our drug take back by setting flyers out in their public waiting area and posting it on their bulletin board. That helped with more comfort of our agency and services. During the drug take back, people were saying they came because they saw the flyer in the Sheriff's office, so they knew it wasn't a scam." - Alcohol and Drug Treatment Center (ADATC)

Outcomes. A significant number of accomplishments described measurable outcomes from these efforts. Providers documented increases in participants' knowledge and awareness, as well as successful enforcement through compliance checks. Many providers reported quantifiable results, such as pounds of medications or vape products collected, social media reach, or survey participation rates. Others described feedback from schools, parents, and community members as indicators of satisfaction and buy-in with providers' prevention efforts.

"165 students at 3 schools in Lawrence County completed the Too Good For Drugs & Violence curricula. 8 home workouts were sent home to parents. Students had an increase in knowledge related to decision-making by 16%, conflict resolution skills by 40% and attitude toward A&D use by 25%." - Mental Health Center of North Central Alabama

Capacity. Providers reported several accomplishments that strengthened their prevention capacity, including participating in community events and needs assessments, creating and purchasing program and media materials, training staff in evidence-based programs, and expanding coalitions with youth and adult members. These efforts increased visibility, improved organizational readiness, and supported the infrastructure needed to sustain prevention initiatives.

"ASAP has worked tirelessly on building capacity in Clay County. ASAP has been able to attend community meetings and monthly meetings with local law enforcement to discuss the implementation of a safe disposal site in the county. ASAP has obtained a signed MOU from the Ashland Police Department and is in the process of placing a safe disposal site at this location." - Agency for Substance Abuse Prevention (ASAP)

Challenges to Implementing Interventions

Most providers did not report major implementation barriers in FY25. The barriers that were identified are summarized below, ordered from most to least frequently reported.

School Relationships. As in prior years, the most frequently reported challenge stemmed from working within school systems. Providers cited common barriers such as conflicts with testing windows, weather-related closures, and competing academic priorities that limited classroom access or required rescheduling. Several providers encountered hesitancy from administrators and teachers to dedicate instructional time to prevention activities, which led to incomplete curriculum cycles, delays in policy work, and missed opportunities to administer student surveys or post-tests.

"The busyness of schools, bad weather (snow, tornado, etc..), and more testing days causes schools to feel under pressure to do what is academically required. They have not been open for extra activities."
- Northwest Alabama Mental Health Center

Partner Relationships. The second most reported barrier related to external partners, such as law enforcement, campus authorities, and businesses/pharmacies. Providers reported challenges with slow response or limited buy-in for environmental strategies, noting that readiness varied by county and sector. Some pharmacies declined to participate, and some rural areas lacked youth-serving organizations. Additionally, referral and enforcement pipelines were inconsistent (e.g., lack of juvenile probation officer referrals, too few School Resource Officers to sustain vape court, delayed compliance checks), hindering visibility, consistency, and sustainability of prevention efforts.

"We have realized that each county operates different. Although we have excellent relationships in Calhoun County with our pharmacies, Talladega pharmacies are not interested and have refused to cooperate with us." - Agency for Substance Abuse Prevention (ASAP)

Partner, Staff, and Participant Recruitment & Retention. Many providers identified challenges with engaging and retaining parents, students, and staff in prevention activities. Parents often had limited availability to attend meetings or events, while student participation was inconsistent unless incentives were provided. Along with parent and student participation, providers expressed difficulty in recruiting participants to complete surveys. Staff shortages, lack of qualified staff, illness, turnover, and burnout further limited program reach and continuity.

"Staff burnout and illness have been the biggest barrier to all our prevention efforts." - Wellstone, Inc.

Logistical Challenges. Providers faced logistical challenges that slowed the delivery of prevention efforts and weakened data collection. Some challenges include low QR-code survey completion, the high cost of materials (e.g., ID-checking guides), and vape disposal logistics (lost box keys, difficulty securing disposal vendors). Additionally, providers noted transportation and limited county resources to be major barriers in event planning, information dissemination, and community involvement.

"There are a limited number of resources available in Bullock County, with many citizens in great need of a variety of services." - SpectraCare Health Systems, Inc.

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.

"It's a challenge to get anyone to turn in vape for fear of punishment or embarrassment." - Northwest Alabama Mental Health Center

Engagement of Coalitions and Key Community Partners

Providers engaged coalitions and key community partners in the development of their interventions. These longstanding partnerships include law enforcement, community and human service agencies, first responders, colleges and universities, businesses, health-care professionals, faith-based organizations, and youth. They serve both to educate partners and to draw on their community expertise to inform prevention planning. In their PPTs, providers specifically reported their involvement with county coalitions and Children's Policy Councils (CPCs) as two key partnership structures that can support reaching substance use prevention goals.

The Alabama CPC system is a key mechanism for collaboration throughout the state. The system is designed to "support providers of children's services as they work collaboratively in developing community service plans to address the needs of children ages 0-19 and their families." Service plans focus on economic security, health, safety, education, parental involvement and skills, and early care and education. A coalition is defined as a "formal, voluntary arrangement for collaboration among groups or sectors of a community, in which each group retains its identity, but all agree to work together toward the common goal of a safe, healthy, and drug-free community." Coalitions commonly include parents, teachers, faith leaders, health care providers, businesses, and law enforcement, amongst others. PPT data highlights these and other partnerships as central to provider-led prevention efforts.

15 providers reported active participation in CPCs across 60 Alabama counties, supporting efforts to prevent youth substance use across the state.

Most providers partnered with at least one CPC on prevention activities such as needs assessments, planning, joint community events, trainings, and targeted efforts addressing underage drinking and driving. They also collaborated on mitigating risk factors, including low refusal skills, early initiation of use, and limited parental monitoring. Several providers noted that six CPCs in their counties were inactive.

"SpectraCare Health Systems is an active member of the Barbour County CPC. A representative attends quarterly meetings and contributes to the annual needs assessment. SpectraCare also provides relevant substance abuse and mental health information to stakeholders at each meeting. Barbour County CPC has the potential to enhance organizational capacity, space for networking, identification of resources available, and information sharing." - SpectraCare Health Systems

"ADATC has had a long-standing relationship and membership of the Children's Policy Council in Jefferson County and will work to create the same type of relationship in Blount County. ADATC will meet with and secure support to move forward with prevention plans that engage the members of the Blount County CPC and their representative agencies." - Alcohol and Drug Abuse Treatment Center (ADATC)

Ten providers reported that 23 counties in the state had at least one active substance use prevention coalition.

As essential partners in community prevention, coalitions work with providers to implement strategies and mobilize communities. Together, they addressed youth and young adult substance use prevention and promoted awareness of risk factors for substance use and violence among parents, youth, and young adults. Coalition activities included networking, information sharing, training, and facilitating meetings.

"ASAP has been meeting with the Helping Families Initiative to provide a supportive approach to solving chronic absenteeism, provide wrap-around services for students & their families, and provide crisis intervention & case management. Ultimately, our goal is to improve student success, graduation rates, and family stability, all while reducing dropout rates, substance abuse issues, and juvenile arrests. The Helping Families Initiative (HFI) is a partnership with the District Attorney's Office of Calhoun & Cleburne Counties." - Agency for Substance Abuse Prevention (ASAP)

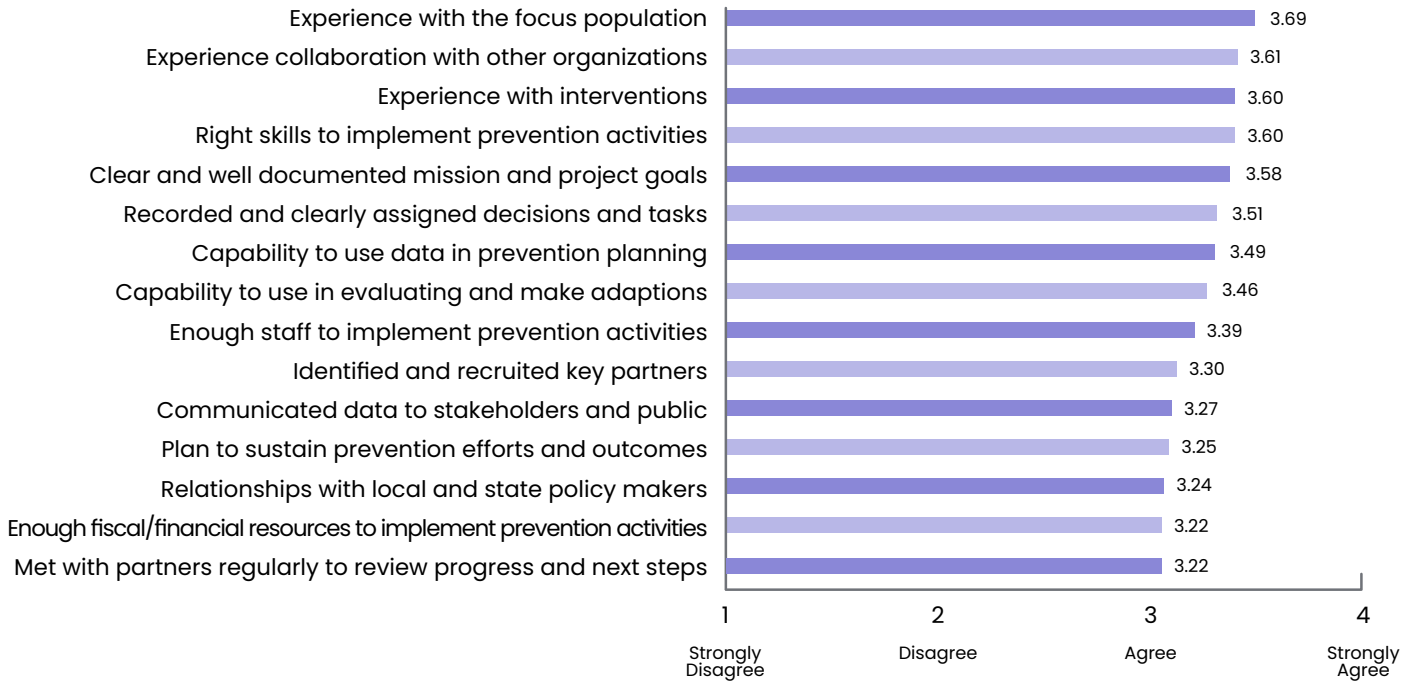
Provider Capacity

Northwest Alabama Mental Health Center at the **People's Drug's Take Back Event** in Colbert County

In preparing their PPTs, providers were asked about the capacity within their counties to implement substance use prevention interventions. Capacity, or the resources and readiness needed to support prevention programs, policies, and strategies that address identified substance use issues, not only enhances the immediate effectiveness of prevention activities but also supports their long-term sustainability. Building capacity involves mobilizing human, organizational, and financial resources to achieve project goals. Providers were also asked whether their organizations had the experience and skills necessary to implement prevention interventions in each county they serve.

Providers strongly agreed (average 3.6+) that their organization had the experience and skills to implement prevention interventions in their county and collaborate with other organizations in FY25.

On a scale of 1-4, providers expressed lower levels of agreement (average 3.22) that they had sufficient financial resources to implement prevention activities in their counties and that they met regularly with partners to review progress and plan next steps.



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 supported prevention efforts across the state.**

Provider Capacity

37% of staff indicated having between 1 and 5 years of prevention experience, and 28% indicated having more than 15 years of prevention experience. While the mix of newer and more experienced prevention professionals was generally consistent with the prior year, overall percentages of experienced staff increased. Each year, staffing changes highlight the importance of sharing institutional knowledge and current expertise in prevention best practices, while also addressing ongoing training and capacity-building needs for all staff.

Staff also indicated various training and technical assistance (TA) needs on PPTs and progress reports. Providers identified several areas where additional TA and training would be helpful, including environmental, community-based, and alternative CSAP strategies; introductory prevention training; defining and measuring short-term outcomes; identifying evidence-based curricula for middle and high schools; and gaining more information on vaping, Alabama drug trends, stigma, and alcohol use disorders.

During the FY24 and FY25 grant period, 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 28.

Only a handful of providers indicated TA needs during FY25. Four providers cited needs related to hiring additional staff to implement interventions, and four mentioned desires for trainings or webinars on intervention delivery. Other TA needs included guidance on disposing of vape products, strategies for engaging school administrators to allow prevention services, access to engaging activities for youth, and improved access to classroom technology, such as computers and Wi-Fi.

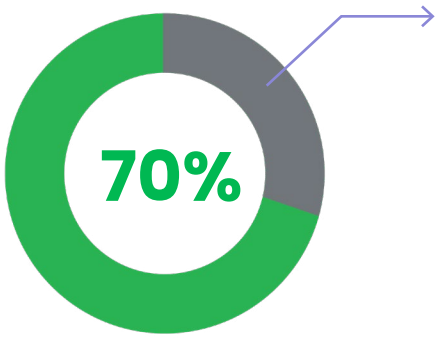
37 counties indicated TA needs around identifying and implementing environmental strategies. Data is consistent with FY24, when the PPTs were initially developed by providers, with the exclusion of the CCI and UAD interventions.

Capacity Building to Address Health Disparities

In their PPTs, providers were asked to assess the cultural competence of their organizations, defined as the ability to engage effectively with individuals from diverse cultural backgrounds. Cultural competence ensures that the needs of all community members are addressed appropriately.

Culture should be considered at every stage of the Strategic Prevention Framework (SPF). Culture extends beyond race and ethnicity to include factors such as age, gender, sexual orientation, disability, religion, income, education, geography, and profession. Cultural competence involves respecting and responding to the health beliefs, practices, and linguistic needs of diverse groups. It is not a fixed state but a dynamic, ongoing process that develops over time along a continuum.

Providers reported that 70% of Alabama counties have formal, written policies in place to address cultural competency.



5 providers serving 20 counties indicated that they did not have formal written policies in place.

- **19%** (4 providers) of providers' counties have not yet developed formal, written policies to address cultural competency.
- **10%** (2 providers) of providers' counties do not have policies in place to address cultural competency, but these are being developed.

"ADATC has been in operation for over three decades. The agency has operated out of Jefferson County--that is a largely African American county. The agency partners with Miles College...the only Historically Black College and University in the County. Jefferson County is the most populous county in the U.S. state of Alabama. As of the 2020 census, the racial makeup of the county was 52.7% White, 43.7% Black or African American, 0.3% Native American, 1.9% Asian, 0.03%, 1.4% two or more races, and 4.4% Latino/x. ADATC has serviced racially diverse communities and has racial diversity representation among the staff at ADATC as well. Additionally, ADATC has engaged peer support from allies in the industry to create more inclusive services and engagement opportunities with the LGBTQ (Lesbian, Gay, Trans-sexual and Queer) community in and around our service area. Our staff seek out opportunities to increase their cultural competence through training and service opportunities. Our current prevention manager was appointed to the Birmingham Human Rights Commission, that looks to protect the rights of all residents, regardless of their sexual orientation. Finally, ADATC has worked with members of the Latinx community and looks to further their reach in providing culturally competent services to that community as well." - Alcohol and Drug Abuse Treatment Centers (ADATC)

Capacity Building to Address Health Disparities

Engaging diverse communities remained a central element of providers' prevention work this year as part of efforts to address health disparities. One example of this work included providing culturally appropriate materials. Healthy People 2030 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Population groups more adversely affected by health disparities are those who have systematically experienced greater obstacles to health based on characteristics that have been historically linked to discrimination or exclusion, such as race, ethnicity, religion, socioeconomic status, sex, age, mental health, disability, sexual orientation, gender identity, and geographic location."[4]

"COSA works with communities from diverse cultural backgrounds. To ensure our prevention efforts are culturally competent, the organization attempts to hire staff representative of the communities it services, provides staff training, involves members of the community in planning and implementing programs and services, and solicits feedback from various stakeholders." - Council on Substance Abuse (COSA)

Review of the PPT data showed that policies on cultural competence and addressing disparities were either explicitly documented or reflected in agency norms and longstanding practices.

[4] Huang, D. T., Uribe, A., & Talih, M. (2024). Measuring progress toward target attainment and the elimination of health disparities in Healthy People 2030. National Center for Health Statistics, 2(211).

Capacity Building to Address Health Disparities

A key component of cultural competency in providers' communities is addressing health disparities. Providers reported their health disparity impact statements for high-risk populations in their PPTs. Several providers cited data that helped them identify these populations. Some ways providers aimed to address these disparities included[5]:

Addressing language or accessibility barriers, including translating written materials into multiple languages, providing translators for those with hearing impairments at events or meetings, offering virtual training options for those lacking transportation, and preparing accessible materials and handouts for those 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 as part of the onboarding process, such as Cultural Competency in RELIAS.

Engaging key community partners to gather input and enhance understanding of cultural issues related to the programs and services offered.

"PRIDE is proud to partner with several local and area organizations which are culturally diverse and have a keen understanding of the needs of our community. Such organizations include the Bibb County Children's Policy Council, the PRIDE-facilitated TSAPC coalition, Kid's Life Magazine, the West Alabama Chamber of Commerce, Boys & Girls Club of West Alabama, the LIFT Academy, AHEC, SSCC student ambassadors, Bibb County Schools, and the West Alabama Nonprofit Council; all of which work with PRIDE and other organizations to build a culturally competent network and framework of community support. This framework guides PRIDE and other local human services organizations in the development of culturally competent, relevant, and sustainable programming and services." - Parent Resource Institute for Drug Education (P.R.I.D.E.) of Tuscaloosa

Providers strengthened their cultural competence in addressing health disparities in FY25, often noting trainings that supported this growth, including:

- 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

[5] 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.

Sustainability

In their PPTs, providers outlined plans to sustain prevention outcomes and intervention activities beyond block grant funding. 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. While some providers have formal sustainability policies in place, others build capacity through coalitions and partnerships. As part of the PPT process, providers were able to indicate all current sustainability-related efforts.

Drug Education Council, Inc. partnered with the Mobile County Boys and Girls Club Summer Camp to provide prevention programs to youth.

Integrea Community Mental Health System partnered with local school districts in a Vape Disposal Initiative. The prevention team is responsible for safely disposing of vape devices anonymously discarded by students.

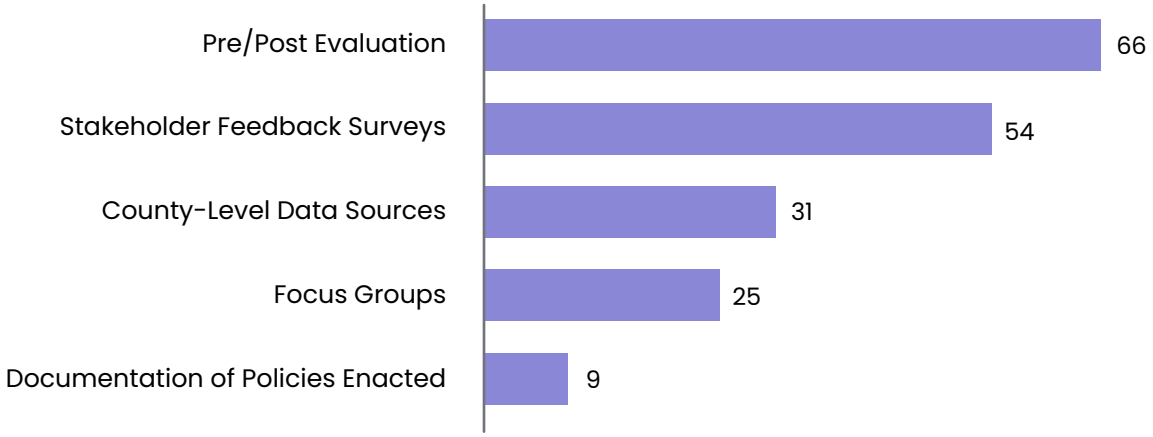
Providers in 59 counties reported working on efforts to develop partnership structures intended to sustain beyond the availability of funding.

The following section outlines how both short-term intervention outcomes and long-term outcomes, identified through the statewide evaluation planning process, were measured. In FY25, each provider reported on progress toward the short-term outcomes included in their PPT and progress reports.

Short-term Outcomes

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

Pre- and post-intervention evaluations, used to measure changes in attitudes, behaviors, and other variables tied to intervention goals, were the most commonly reported data source used to measure progress toward outcomes. Providers also relied on community partner feedback surveys to assess participant satisfaction and gather suggestions for improvement. Providers also monitored county-level data, conducted focus groups, and documented policy changes to measure short-term outcomes.



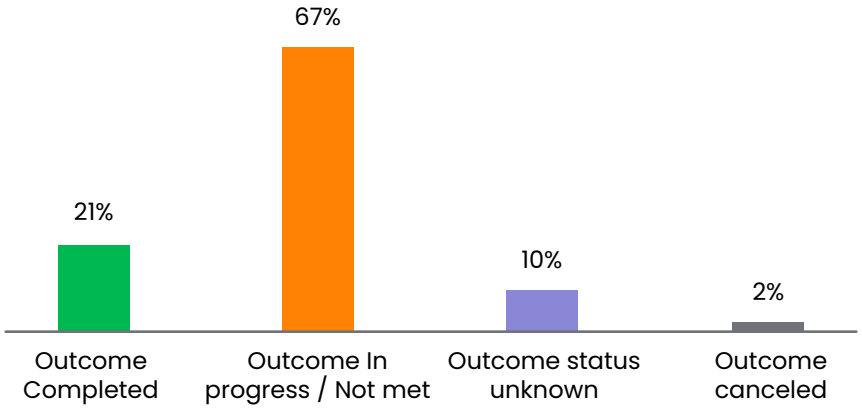
At least one short-term outcome was defined and tracked for each intervention per provider, though some providers tracked up to five short-term outcomes per intervention. Short-term outcomes set by providers fell into the following categories:

- 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, improved capacity to implement, dropboxes installed
- Satisfaction with program and/or agreement services
- Increased pounds of drugs or vape devices collected
- Increases in social media analytics or media campaign reach, increased knowledge of available services
- Increased participation in surveys, events, or screenings
- Increased coalition membership or coalition meetings held
- Number or amount of program materials distributed or purchased

In quarters 1 and 2 of FY25, roughly a fifth (21%) of providers' short-term intervention outcomes were completed.

As part of the FY25 review of short-term outcomes, Omni categorized each outcome as completed, in progress/ not yet met, status unknown, or canceled.

Provider Short Term Outcome Status Across All Interventions in FY25



Completed:

Outcomes were considered completed if they met or exceeded the original short-term outcome goal designated in the PPT at any point in quarters 1 and 2 of FY25.

In progress/not yet met:

Short-term outcomes were considered in progress or not yet met if the intervention they were associated with was not implemented/completed during quarters 1 and 2 of FY25, or if metrics fell short of the initial PPT outcome goal (e.g., raising participant knowledge by 3%, instead of the goal of 10%).

Status unknown:

The status of outcomes was considered unknown if providers did not report on the short-term outcome in quarters 1 or 2 of FY25, or the data provided were otherwise insufficient to determine whether the outcome was achieved. Some common reasons for insufficient data were a lack of survey data or a 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).

Outcome canceled:

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 during quarters 1 and 2 of FY25.

In FY25, more short-term outcomes were reported as in progress or not yet met and undetermined compared to FY24. These incomplete and undetermined outcomes may reflect implementation challenges identified by providers, but they are also likely due to reporting being limited to the first two quarters of the fiscal year. Providers may still achieve these objectives in Quarters 3 and 4.

Long-term Outcomes

In addition to measuring progress towards short-term outcomes of intervention implementation in FY25, Omni continued to monitor key indicators related to the problem areas and desired long-term outcomes identified statewide in the Alabama Block Grant Logic Model (see Appendix B). Problem area data included in the logic model were drawn from relevant state-level secondary data sources and reflected the data available at the time of its development in 2021. These indicators, including problem alcohol use, prescription drug misuse and overdoses, and substance-related suicide and death by suicide, are tracked over time to monitor changes in the magnitude of each problem area. The following tables present these key indicators alongside their corresponding long-term outcomes. The discussion highlights whether indicators have been updated from prior fiscal years and, when applicable, the direction of change.

Data from the 2022-23 National Survey on Drug Use and Health (NSDUH) suggest an increase in the percentage of 30-day alcohol use and underage and binge-drinking among Alabama young adults (aged 18-25) compared to 2021-22 data. More recent data from the 2024 Alabama Young Adult Survey (YAS) shows a similar trend.

Data from the 2022-2023 NSDUH reports that 45.7% of Alabama young adult respondents had consumed alcohol within the past month, an increase from 40.6% in 2021-2022 and similar to rates in 2018-19 (45.8%). These nationally representative data align with more recent results from the Omni- and ADMH-developed Young Adult Survey (YAS), which also show increases in past 30-day alcohol use among 18- to 25-year-olds, from 37.1% in 2022 to 51.5% in 2024. NSDUH data also indicate an increase in past-month binge drinking among young adults, rising from 24.4% in 2021–2022 to 27.5% in 2022–2023. Again, these data align with the Alabama YAS data, showing an increase in past 30-day binge drinking, from 15.0% in 2022 to 36.5% in 2024.

Bibb County's alcohol goggles basketball tournament

While earlier NSDUH data from 2018–2019 to 2021–2022 initially appeared inconsistent with Alabama YAS results, the release of updated 2022–2023 NSDUH data shows the two surveys now reflect similar patterns of increased young adult alcohol use in Alabama. However, it should be noted that comparisons between NSDUH and the Alabama YAS should be made cautiously for several reasons. First, NSDUH data points (2018–2019, 2021–2022, 2022–2023) differ in timing from YAS data (2022, 2024), meaning early discrepancies may very well have reflected emerging trends captured more recently by the YAS. In addition, the YAS relies on a convenience sample, where participants were recruited through available networks or settings, whereas NSDUH data is representative of Alabama's young adult population, meaning previous YAS data may have sampled young adults who simply have different substance use rates than the general populations of young adults in Alabama.

When it comes to youth alcohol use in Alabama, NSDUH data show that past-month alcohol use among youth aged 12–17 increased slightly, from 5.7% in 2021–2022 to 6.1% in 2022–2023, though still below the 2018–2019 rate of 8.2%. Similarly, after several years of decline, binge drinking among youth rose from 3.1% in 2021–2022 to 3.9% in 2022–2023 but remains lower than the 4.3% reported in 2018–2019.

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: 34% in 2023, up from 23% in 2022. This increase highlights an ongoing need to address the dangers of drinking and driving in prevention messaging and education.

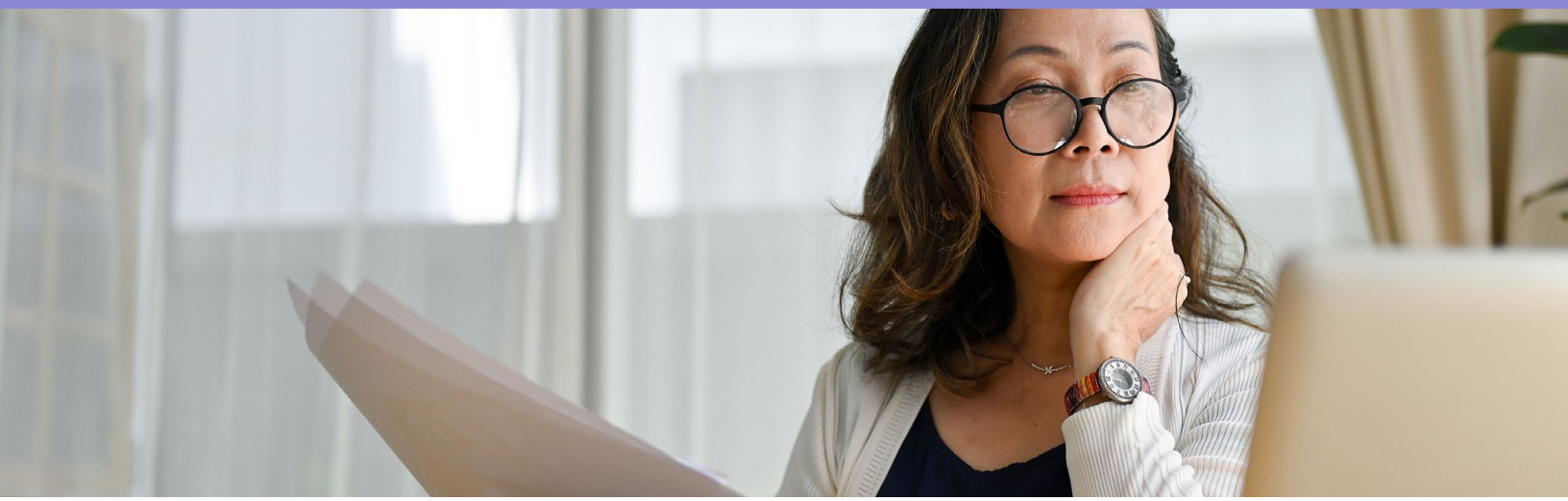
Problem Alcohol Use		
Desired Outcomes	**Current Indicators (latest data year)**	**Change from Prior Years**
↓ Decrease underage alcohol use	**6.1%** of Alabama youth aged 12-17 reported using alcohol in the past month **45.7%** of Alabama young adults aged 18-25 reported using alcohol in the past month (NSDUH, 2022-2023)	↑ Increase from **5.7%** in 2021-22 ↑ Increase from **40.6%** in 2021-22
↓ Decrease underage binge drinking for youth ages 12-17	**3.9%** of Alabama youth ages 12-17 reported binge alcohol use in the past month **27.5%** of Alabama young adults aged 18-25 reported binge drinking in the past month (NSDUH, 2022-2023)	↑ Increase from **3.1%** in 2021-22 ↑ Increase from **24.4%** in 2021-22
↓ Decrease alcohol-related driving fatalities	**34%** of Alabama drivers who were involved in fatal crashes had a BAC of .01 or higher (FARS, 2023)	↑ Increase from **32%** in 2022

Data from the Centers for Disease Control and Prevention (CDC) continue to show increasing rates of prescription drug overdose deaths in Alabama in the past several years. However, data from NSDUH and the Alabama Youth Survey mostly show desired decreases in prescription drug misuse among both adults and youth.

Because Alabama opted out of the 2023 and 2025 Youth Risk Behavior Survey (YRBS), there are no publicly available YRBS data to track trends in youth prescription drug misuse. To provide comparable information, Omni referenced the 2025 Alabama Youth Survey (AYS) on substance use, along with the most recent state-level NSDUH data from 2022–2023 on past-year youth prescription drug misuse.

Prescription Drug Misuse and Overdose		
Desired Outcomes	**Current Indicators (latest data year)**	**Change from Prior Years**
↓ Decrease prescription drug misuse among adults	**4.4%** of Alabamians aged 18+ reported prescription pain reliever misuse in the past year (NSDUH, 2022-23)	↓ Slight decrease from **4.5%** reporting 2021-22
↓ Decrease prescription drug misuse among youth	**2.2%** of Alabama youth (grades 6-12) reported having used a prescription drug without a prescription in the past month (AYS, 2025)* **2.4%** of Alabama youth aged 12-17 reported pain reliever misuse in the past year (NSDUH, 2022-23)	↓ Decrease from **6.3%** in 2022-23* (compared to youth NSDUH data for illicit drug use in the past month) ↑ Increase from **1.9%** in 2021-22
↓ Decrease prescription drug overdose deaths	**33.9 per 100,000** was the rate of drug overdose deaths in Alabama (CDC Wonder, 2023)	↑ Increase from **31.5** in 2022, **30.1** in 2021, **22.3** in 2020, and **16.3** in 2019

*Note: While data from the 2025 Alabama Youth Survey (AYS) on substance use is the most comparable data to the YRBS data points previously reported, the exact data points do not match, limiting direct comparisons across surveys.



While data on substance-related suicide and deaths by suicide show decreases in overall adult suicide and suicide attempt rates, data indicate that youth experienced increases in both suicide attempts and suicides involving drug poisoning.

According to CDC Wonder data, the rate of deaths by suicide in Alabama decreased to 16.8 per 100,000 in 2023, following an increase to 18.7 in 2022. Similarly, NSDUH data indicate that the percentage of Alabama adults who reported a suicide attempt declined slightly, from 0.7% in 2021–2022 to 0.6% in 2022–2023. In contrast, the number of suicides due to drug poisoning increased from 49 in 2022 to 52 in 2023.

Data on suicide attempts among Alabama youth were compared using the AYS and the YRBS. AYS data from 2025 indicated that 10.7% of youth had ever attempted suicide, while YRBS data from 2021 indicated that 10.2% reported a suicide attempt in the past year. YRBS trends previously showed a decline in suicide attempts from 11.6% in 2019 to 10.2% in 2021; however, the absence of 2023 and 2025 YRBS data limits the ability to track trends over time. Despite mixed findings in nationally representative data, more recent Alabama YAS results show decreases in depression and suicidal ideation between 2022 and 2024 for that sample.

Substance-Related Suicide and Deaths by Suicide		
Desired Outcomes	**Current Indicators (latest data year)**	**Change from Prior Years**
↓ Decrease suicide deaths and attempts in adults	**16.8 per 100,000** was the rate of deaths by suicide in Alabama (CDC Wonder, 2023) **0.6%** of Alabama adults reported a suicide attempt in the past year (NSDUH, 2022-23)	↓ Decrease from **18.7** in 2022, but still higher than 2021 (15.8) and 2020 (16.0) ↓ Slight decrease from **0.7%** in 2021-22
↓ Decrease suicide attempts in youth	**10.6%** of Alabama youth reported a suicide attempt in their lifetime (AYS, 2025)*	↑ Slight increase from **10.2%** in 2021* (compared to YRBS data on suicide attempts in the last year)
↓ Decrease substance-related deaths by suicide	**52** Alabamians died by suicide due to drug poisonings in Alabama (CDC Wonder, 2023)	↑ Increase from **49** in 2022, **40** in 2021, **44** in 2020, and **46** in 2019

*Note: While data from the 2025 Alabama Youth Survey (AYS) on substance use is the most comparable data to the YRBS data points previously reported, the exact data points do not match, limiting direct comparisons across surveys.

FY25 Evaluation Activities

This section outlines the evaluation activities that Omni supported in FY25. These activities were guided by ADMH priorities, provider feedback, and grant evaluation requirements.

Prevention Plan Template Amendments and Progress Reports

In FY25, providers continued to implement prevention strategies specified in their PPTs. The PPTs are valid for a two-year period, and therefore, providers only amended their plans from FY24 if they planned to implement an additional strategy (e.g., statewide survey implementation), remove an existing prevention strategy that they will no longer be implementing, 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 each report, providers were asked to report progress toward key intervention activities, process measures, and short-term outcomes identified in their PPTs, and identify successes and challenges with implementation.

Providers reported interventions, process measures, and short-term outcomes in an Excel sheet designed to track progress across the fiscal year. The sheets captured responses from both reporting periods, enabling providers to document progress and add updates. Because FY25 progress reports were analyzed before end-of-year updates were submitted, this report reflects mid-year progress only.

Ongoing TA and Capacity Building

Omni offered capacity-building services to support provider implementation and evaluation in FY25. Such capacity-building activities included:

Trainings to Build Prevention Capacity

Omni attended several Quarterly Prevention Provider Meetings (QPPMs) in FY25 to build connections among providers, Omni, and ADMH staff.

- At the October 2024 QPPM, Omni and ADMH co-facilitated a "Setting Process & Short-Term Outcomes" workforce development training. This session covered best practices for defining process and short-term outcomes, as well as standards for tracking them over time—key components of data storytelling. At this QPPM, Omni also presented an overview of the 2024 YAS Report.
- Omni also attended the April 2025 QPPM and presented on the various work we do in collaboration with ADMH and providers across Alabama.

Rx Drug Take Back, October 2024 in Clarke County

In response to TA requests, Omni also hosted a virtual workforce development training on Environmental CSAP strategies (the second session of a two-part series) in quarter 1 of FY25, building on providers' understanding of environmental interventions and the evaluation of these strategies through data collected and outcomes identified.

Participation at State Prevention Advisory Board (SPAB), QPPMs, and the Alabama Epidemiological Outcomes Workgroup (AEOW)

Omni continued participating in SPAB, QPPMs, and AEOW meetings throughout FY25, contributing evaluation-related information and presenting highlights of the SUBG Annual Report and select YAS results.

Technical Assistance (TA)

Omni offered ongoing meetings with providers to consult on prevention interventions, 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	3	**Conecuh**	2	**Houston**	5	**Morgan**	4
Baldwin	3	**Coosa**	1	**Jackson**	5	**Perry**	3
Barbour	3	**Covington**	8	**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**	10
Butler	7	**Dallas**	3	**Lee**	8	**Shelby**	5
Calhoun	2	**DeKalb**	6	**Limestone**	4	**St. Clair**	2
Chambers	8	**Elmore**	3	**Lowndes**	5	**Sumter**	3
Cherokee	5	**Escambia**	3	**Macon**	3	**Talladega**	3
Chilton	5	**Etowah**	5	**Madison**	2	**Tallapoosa**	8
Choctaw	3	**Fayette**	7	**Marengo**	4	**Tuscaloosa**	6
Clarke	4	**Franklin**	5	**Marion**	8	**Walker**	7
Clay	1	**Geneva**	3	**Marshall**	7	**Washington**	4
Cleburne	1	**Greene**	4	**Mobile**	3	**Wilcox**	3
Coffee	7	**Hale**	4	**Monroe**	3	**Winston**	7
Colbert	3	**Henry**	2	**Montgomery**	5	**---**	---

Appendix B: Alabama Substance Use Block Grant Prevention Logic Model – 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	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.