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FY18 State-Level Evaluation Report
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Executive Summary

The Indiana Division of Mental Health and Addiction (DMHA) provides funding to local-level coalitions that use data to select evidence-based substance abuse prevention programs, policies, and practices. These strategies have been shown to contribute to changes in determinants (e.g., risk/protective factors, promotion, price, norms) that are predictive of substance use. As such, it is expected that implementation of these programs, policies, and practices with fidelity will impact substance use among participants.

Outcomes of DMHA's prevention approach was determined by examining statistical differences in Indiana Youth Survey (INYS) data between (1) funded communities across time, (2) funded and unfunded communities, and (3) trends in rates among funded and unfunded communities over time.

The tenets of prevention science advocate for choosing strategies to address underlying risk and protective factors that can contribute to problem behaviors. Subscribing to this principle in Indiana, each community identified the elevated risk factors and depressed protective factors in their communities, and work to address them through interventions. The statewide evaluation showed the most substantial gains over the course of the DMHA grants in the following risk and protective factors.

- Decreases in perceived availability of drugs.
- Decreases in peer/individual early initiation of drug use.
- Increases in school opportunities for involvement.
- Significant decreases were experienced for alcohol (8th, 10th, and 12th) and cigarettes (8th, 10th, and 12th) use from 2016 to 2018.
- Significant decrease was experienced in prescription drug (8th and 12th) use from 2016 to 2017. Prescription drug use question is eliminated in the 2018 survey and added Prescription painkillers, prescription stimulants, and prescription sedatives.
- Prevalence rates of "prescription painkillers not prescribed to you" use increases from grades 8 to 12 from 1.3% to 2.1% in 2018.
- Prevalence rates of "prescription stimulants not prescribed to you" use increases from grades 8 to 12 from 0.9% to 2.1% in 2018.
- Prevalence rates of "prescription sedatives not prescribed to you" use for grades 8, 10, and 12 are 1.0%, 2.5%, and 1.7% in 2018.

Results from the 2018 Indiana Youth Survey indicate that those that are receiving DMHA funds have statistically lower rates of use for cigarettes (8th, 10th, and 12th), alcohol (8th), prescription painkillers not prescribed (8th), prescription stimulants not prescribed (8th), and prescription sedatives not prescribed (8th and 12th) than non-funded communities. However, the prevalence rates of DMHA funded communities have statistically higher use of alcohol (10th, 12th, and overall), marijuana (8th, 10th, 12th, and overall), prescription painkillers not prescribed (10th and overall), prescription stimulants not prescribed (10th and 12th), and prescription sedatives not prescribed (10th) than non-funded communities. While it can be concerning to see that funded

communities have higher use rates in 2018, it is important to remember that these communities were selected due to their high rates of youth substance use. According to the Communities That Care model, changes in substance use rates at the community level take approximately 4-5 years to realize. In the last grant cycle (2011-2016), funded communities experienced significant decreases over the course of the project. Thus, it is expected that as grantees increase reach and saturation across the lifespan, rates will drop to levels below unfunded communities by 2020.

Introduction

In an effort to align with the Substance Abuse and Mental Health Services Administration (SAMHSA)--Center for Substance Abuse Prevention's (CSAP) goals for preventing substance abuse and mental illness, the Indiana Division of Mental Health and Addiction (DMHA) engaged in a planning process to:

- Improve data collection at the state and local levels,
- Enhance and expand the reach of services to populations at highest need,
- Better prepare the prevention workforce, and
- Improve evaluation practices.

Prevention of Substance Abuse and Mental Illness

Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the nation's high-risk youth, youth in tribal communities, and military families.

The intention of this process was to better position Indiana communities to implement the Strategic Prevention Framework process to respond to substance abuse and mental health issues through the implementation of data-driven, evidence-based programs, policies, and practices.

Indiana utilizes both the Strategic Prevention Framework (SPF) and Communities that Care (CTC) models. Both exist and work to help communities get organized, identify problem areas based on community-level data, make knowledgeable decisions, and evaluate actions taken to address problem areas. It is important to note that the CTC system is simply a tool to aid in building a prevention infrastructure through the SPF process. The use of this blended model to increase prevention capacity and data-driven implementation across the state is referred to as the Community Prevention Framework (CPF).

Purpose

The purpose of the evaluation was to assist DMHA in determining the extent to which community-based prevention efforts contribute to decreases in State-level substance abuse prevalence. Equally important, these results provide a roadmap for enhancing, strategically aligning, and evaluating the infrastructure of the Indiana prevention system in an effort to

reduce the impact of substance abuse on Hoosiers. Taken together, DMHA should use this information to make decisions about:

- Resource allocation including funding levels and primary target audiences,
- Accountability measures to put in place to ensure sound program planning and implementation, and
- Supports needed by funded communities, such as technical assistance.

DMHA has contracted with the Indiana Prevention Resource Center (IPRC) to provide State-level evaluation of prevention efforts undertaken by DMHA grantees. This involved:

- Development of a state-level evaluation plan and minimum data collection requirements including fidelity tool development
- State-level evaluation report and presentations
- Maintenance and support of an online data reporting system (Corkboard)
- Evaluation design assistance to DMHA and local evaluators including quarterly webinars/evaluator roundtables to describe program evaluation requirements, minimum data requirements, and statewide evaluation results
- Substance Abuse Block Grant report data
- Site visits for quality assurance and fidelity monitoring

Participant or program-level evaluation was provided by the IPRC and other local evaluators to determine the extent to which the programs, policies, and practices implemented contributed to changes in contributing factors and substance use rates among participants/community members. This involved working in a collaborative capacity to:

- Create a site-specific evaluation plan to collect DMHA minimum required data
- Develop data collection instruments
- Collect, manage and analyze local-level evaluation data (described below)
- Draft the local-level outcome evaluation section for inclusion in the Final (Evaluation) Report
- Conduct a consensus conference to discuss project success and continuation recommendations
- Review and provide feedback of the Final (Evaluation) Report

A summary of grantee activities is provided in [Appendix A](#).

The purpose of reporting evaluation results include:

- Dissemination – producing and sending outputs in various forms in various ways to communicate our findings.
- Engagement – working alongside the users (coalition members, DMHA) and supporting their understanding and adoption of those findings.
- Influencing – using the findings to bring about changes in the wider system.

As such, this State-level evaluation report was produced to describe SFY18 evaluation results.

Theory of Change

Prevention science tells us that local-level change can be achieved when communities use data to select evidence-based substance abuse prevention programs, policies, and practices that have been shown to contribute to changes in determinants (e.g., risk/protective factors, promotion, price, norms) that are predictive of substance use. Implementation of these programs, policies, and practices with fidelity should impact substance use among participants.

The following results chain or pipeline logic model is a graphic representation of this theory of change for programs, policies, and practices.

Strategies	Process Outcomes & Implementation Fidelity	Short-Term Outcomes: County Determinants	Intermediate Outcomes: County Substance Abuse	Long-Term Outcomes: State Outcomes
Programs Policies Practices	Numbers served Demographics Dose/exposure Duration/Adherence	Improvement in participant knowledge, skills, attitudes, beliefs, and behaviors	County-Level 30 day substance use	State-level 30 day substance use

Statewide Evaluation

Outcomes of DMHA’s prevention approach was determined by examining statistical differences in INYS data between (1) funded communities across time, (2) funded and unfunded communities, and (3) trends over time among funded and unfunded communities. The IPRC examined progress made at the state level for funded and non-funded communities using the Indiana Youth Survey¹ (INYS). The tenets of prevention science advocate for choosing strategies to address underlying risk and protective factors that can contribute to problem behaviors. Subscribing to this principle in Indiana, each community identified the elevated risk factors and depressed protective factors in their communities, and work to address them through interventions.

While many communities choose to focus on reducing risk factors, enhancing protective factors is also important. Protective factors do not cancel out risk factors; rather they provide an additional buffer to protect the youth from engaging in problem behaviors. The following table outlines the increasing and decreasing in protective factors of DMHA funded communities from 2016 to 2018. Using the cut-point method of the Communities that Care scales, the percentages below indicate the portion of Indiana youth experiencing low protection for each

¹ Gassman, R., Jun, M., Samuel, S., Agle, J. D., Lee, J., & Wolf, J. (2018). *Indiana Youth Survey – 2018*. Bloomington, IN: Institute for Research on Addictive Behavior.

of the factors, as compared to their peers nationally. The most substantial gains observed over the course of the DMHA grants were increases in school opportunities for involvement.

Protective Factor (Percentage at Low Protection)	2016 CPF Funded Communities n=28,592	2017 CPF Funded Communities n=23,140	2018 CPF Funded Communities n=15,890
Community Rewards for Involvement			
8 th Grade	66.9	70.3	69.9
10 th Grade	64.8	69.3	69.1
12 th Grade	66.4	69.2	68.2
Family Opportunities for Involvement			
8 th Grade	32.6	33.0	32.2
10 th Grade	36.7	37.9	37.2
12 th Grade	38.0	36.3	37.8
School Opportunity for Involvement			
8 th Grade	28.9	27.6	30.8
10 th Grade	31.8	29.5	32.4
12 th Grade	30.9	31.2	32.7
School Rewards for Involvement			
8 th Grade	45.9	46.6	50.7
10 th Grade	41.3	39.8	46.4
12 th Grade	50.5	50.5	55.0
Peer/Individual Interaction with Prosocial Peers			
8 th Grade	42.9	51.9	43.9
10 th Grade	53.0	53.2	45.3
12 th Grade	59.4	56.9	49.9

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018).

Protective factors can provide a buffer to Indiana youth, but many will still experience risks in the environment around them. The following table outlines the changes in the percentage of Indiana youth at high risk in DMHA funded communities in 2016, 2017, and 2018. Using the cut-point method of the Communities that Care scales, the percentages below indicate the portion of Indiana youth experiencing high risk for each of the factors, as compared to their peers nationally. The most substantial changes observed over the course of the DMHA grants were decreases in perceived availability of drugs.

Risk Factor (Percentage at High Risk)	2016 CPF Funded Communities n=28,592	2017 CPF Funded Communities n=23,140	2018 CPF Funded Communities n=15,890
Laws and Norms Favorable to Drug Use			
8 th Grade	29.9	29.6	30.3
10 th Grade	40.0	40.0	38.6
12 th Grade	38.2	37.0	36.6
Perceived Availability of Drugs			
8 th Grade	20.6	20.4	19.4
10 th Grade	27.6	26.6	26.7
12 th Grade	37.4	35.2	33.2
Poor Family Management			
8 th Grade	23.6	23.6	23.5
10 th Grade	21.3	22.3	20.5
12 th Grade	26.4	24.6	23.7
High Family Conflict			
8 th Grade	50.3	50.4	51.0
10 th Grade	41.8	44.2	43.2
12 th Grade	39.4	41.7	41.3
Parental Attitudes Favor Drug Use			
8 th Grade	15.3	16.6	16.2
10 th Grade	25.5	26.0	27.7
12 th Grade	31.9	30.6	33.4
Parental Attitudes Favor Antisocial Behavior			
8 th Grade	37.1	40.7	43.5
10 th Grade	34.6	37.4	42.2
12 th Grade	36.6	38.9	41.5

Risk Factor (Percentage at High Risk)	2016 CPF Funded Communities n=28,592	2017 CPF Funded Communities n=23,140	2018 CPF Funded Communities n=15,890
School Academic Failure			
8 th Grade	34.6	36.0	35.7
10 th Grade	36.7	39.8	38.5
12 th Grade	34.2	34.1	34.5
Low School Commitment			
8 th Grade	43.2	47.1	53.9
10 th Grade	46.9	48.5	51.9
12 th Grade	52.3	51.1	53.9
Peer/Individual Early Initiation of Drug Use			
8 th Grade	15.3	16.4	13.7
10 th Grade	14.8	15.9	13.2
12 th Grade	18.7	17.1	13.3
Peer/Individual Attitudes Favorable to Antisocial Behavior			
8 th Grade	29.6	30.6	--
10 th Grade	31.1	33.4	--
12 th Grade	32.3	32.9	--
Peer/Individual Attitudes Favorable to Drug Use			
8 th Grade	23.8	25.5	28.7
10 th Grade	33.3	34.3	41.2
12 th Grade	39.1	37.7	47.7
Peer/Individual Perceived Risk of Drug Use			
8 th Grade	60.3	66.9	65.5
10 th Grade	58.5	63.1	62.3
12 th Grade	67.7	69.5	68.4
Peer/Individual Interaction with Antisocial Peers			
8 th Grade	29.9	32.9	47.6
10 th Grade	30.0	33.5	44.1
12 th Grade	33.2	33.1	50.6

Risk Factor (Percentage at High Risk)	2016 CPF Funded Communities n=28,592	2017 CPF Funded Communities n=23,140	2018 CPF Funded Communities n=15,890
Peer/Individual Rewards for Antisocial Involvement			
8 th Grade	42.7	46.7	--
10 th Grade	40.7	43.6	--
12 th Grade	48.9	49.2	--

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018).

-- indicates that this substance was not asked in 2018 Indiana Youth Survey.

Changes at the risk and protective factor level are often seen before changes in problem behaviors. The following table illustrates the changes in Indiana’s four priority drugs (alcohol, cigarettes, marijuana, and prescription substances without a prescription) since 2016 for those communities receiving DMHA funds. Significant decreases were experienced for alcohol (8th, 10th, 12th, and overall) and cigarettes (8th, 10th, 12th, and overall) and significant increases were experienced for marijuana (10th) from 2016 to 2018.

Priority Substance	2016 CPF Funded Communities n=28,592	2017 CPF Funded Communities n=23,140	2018 CPF Funded Communities n=15,890
30-Day Alcohol Use (percentages)			
8 th Grade	13.8	13.4*	12.7
10 th Grade	24.0	24.4**	22.7**
12 th Grade	34.6	33.7*	31.4**
Overall	22.5	22.9**	21.2**
30-Day Cigarette Use (percentages)			
8 th Grade	5.3	4.5*	3.2**
10 th Grade	8.5	7.2*	5.9**
12 th Grade	14.5	11.8*	7.8**
Overall	8.7	7.5*	5.4**
30-Day Marijuana Use (percentage)			
8 th Grade	7.4	8.4**	6.7**
10 th Grade	14.8	17.5	15.4**
12 th Grade	21.8	23.2**	21.4**

Overall	13.6	15.7**	13.7**
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Priority Substance	2016 CPF Funded Communities n=28,592	2017 CPF Funded Communities n=23,140	2018 CPF Funded Communities n=15,890
30-Day Prescription Drug Use (percentage)			
8 th Grade	2.6	2.9	--
10 th Grade	4.5	4.0*	--
12 th Grade	6.5	5.4*	--
Overall	4.2	4.0*	--

-- indicates that this substance was not asked in 2018 Indiana Youth Survey.

* indicates p<0.05 one-tailed significance in the expected direction

** indicates p<.05 two tailed significance

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018).

Prescription drug use was omitted from the 2018 Indiana Youth Survey (INYS). Instead, three new prescription substances were added to the 2018 INYS. It is to be noted that prescription stimulants not prescribed use was statistically significant (8th). The following table indicates the prevalence rates of 2018 Non CPF Communities and CPF funded communities for prescription substances not prescribed.

Prescription substances not prescribed	2018 Non CPF Communities n=33,414	2018 CPF Funded Communities n=15,890
Prescription painkillers not prescribed (percentage)		
8 th Grade	1.3	1.2
10 th Grade	2.0	2.4
12 th Grade	2.2	2.1
Overall	1.7	1.9
Prescription stimulants not prescribed (percentage)		
8 th Grade	1.0	0.6**
10 th Grade	2.0	2.3
12 th Grade	2.1	2.2
Overall	1.6	1.6

** indicates p<.05 two tailed significance

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2018).

Prescription substances not prescribed	2018 Non CPF Communities	2018 CPF Funded Communities
	n=33,414	n=15,890
Prescription sedatives not prescribed (percentage)		
8 th Grade	1.2	1.0
10 th Grade	2.2	2.5
12 th Grade	2.0	1.7
Overall	1.7	1.7

Progress made within DMHA funded communities since 2016 could indicate that strategies are working. However, to account for possible state or national trends, it is also necessary to examine data for those communities not funded by DMHA. The following table shows the 2018 30 days prevalence rates of alcohol, cigarettes, marijuana, and prescription substances not prescribed by Statewide and examines the difference between those communities receiving DMHA funds, and those not receiving DMHA funds.

Priority Substance	2018 Statewide n=49,304	2018 Non-Funded Communities n=33,414	2018 CPF Funded Communities n=15,890
30-Day Alcohol Use (percentages)			
8 th Grade	13.0	13.3	12.7
10 th Grade	21.0	20.2	22.7*
12 th Grade	29.5	28.5	31.4*
Overall	19.7	19.0	21.2
30-Day Cigarette Use (percentages)			
8 th Grade	4.0	4.3	3.2*
10 th Grade	6.8	7.3	5.9*
12 th Grade	9.9	11.0	7.8*
Overall	6.4	6.9	5.4

Priority Substance	2018 Statewide n=49,304	2018 Non-Funded Communities n=33,414	2018 CPF Funded Communities n=15,890
30-Day Marijuana Use (percentage)			
8 th Grade	5.9	5.6	6.7*
10 th Grade	12.6	11.2	15.4*
12 th Grade	17.3	15.1	21.4*
Overall	10.9	9.6	13.7
30-Day Prescription painkillers not prescribed use (percentage)			
8 th Grade	1.3	1.3	1.2
10 th Grade	2.1	2.0	2.4
12 th Grade	2.1	2.2	2.1
Overall	1.8	1.7	1.9
30-Day prescription stimulants not prescribed use (percentages)			
8 th Grade	0.9	1.0	0.6*
10 th Grade	2.1	2.0	2.3
12 th Grade	2.1	2.1	2.2
Overall	1.6	1.6	1.6
30-Day prescription sedatives not prescribed use (percentage)			
8 th Grade	1.1	1.2	1.0
10 th Grade	2.3	2.2	2.5
12 th Grade	1.9	2.0	1.7
Overall	1.7	1.7	1.7

* indicates $p < 0.05$

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2018).

Results from the 2018 Indiana Youth Survey indicate that those that are receiving DMHA funds have statistically lower levels of cigarette use (8th, 10th, 12th, and overall) than non-funded communities. However, Results from the 2018 Indiana Youth Survey indicate that those that are receiving DMHA funds have statistically higher rates of use for alcohol (10th, 12th, and overall), marijuana (8th, 10th, 12th, and overall) than non-funded communities. While it can be concerning to see that funded communities have higher use rates in 2018, it is important to remember that these communities were selected due to their high rates of youth substance use. According to the Communities That Care model, changes in substance use rates at the community level take approximately 4-5 years to realize. In the last grant cycle (2011-2016), funded communities experienced significant decreases over the course of the project. Thus, it is expected that as grantees increase reach and saturation across the lifespan, rates will drop to levels below unfunded communities by 2020.

By examining the trends of substance use among funded and unfunded communities across time can provide some indication of whether progress is being made toward lowering substance use rates. These trends will be analyzed and presented in the coming years when there are more than 3 years to compare.

IPRC Evaluation

In June 2018, the IPRC distributed a survey to key staff within DMHA-funded communities. The survey sought to assess gains in capacity attained through participation in the SPF/CTC process and satisfaction with IPRC services. The majority of respondents reported an increase in the following:

- Knowledge of risk and protective factors for a particular problem (57%)
- Knowledge of how different types of problems (e.g., high risk drinking, poor academic performance) may have common risk factors and causes (50%)
- Knowledge of methods for disseminating and applying data and evaluation outcomes (57%)
- Awareness of resources for alcohol, tobacco, and drug prevention in my community (50%)
- Skills in changing local policies to reduce alcohol, tobacco, and other drug use (50%)
- Skills in building a prevention coalition in my community (50%)
- Evaluation and program assessment skills (64%)
- Gained skills in the Strategic Prevention Framework/Communities That Care (SPF/CTC) process (57%)

Respondents were satisfied with IPRC services (100%), the Corkboard online data reporting system (93%), and IPRC training opportunities (100%). Additionally, 100% of the communities are satisfied with the evaluation services they received from the IPRC including planning, data collection, and reporting, and 100% are satisfied with the technical assistance they received from the IPRC regarding strategic planning. Since FY14, IPRC has held monthly webinars to

provide technical assistance, evaluation, and compliance supplemental supports (separate from requisite monthly trainings); 100% of communities have found that these webinars are useful. Illustrative respondent comments regarding the SPF process included:

- “Being new to this field I really enjoyed the training. It really helped me grasp the fundamentals of prevention.”
- “I have learned so much and continue to learn. Thank you for your hard work.”
- “It would be nice to have more trainings through the year on this, it is a lot to take in and extra help would be great.”

Additionally, benefits received from working with the IPRC included:

- Gained skills in the Strategic Prevention Framework/Communities That Care (SPF/CTC) process (57%)
- Gained skills in the prevention fundamentals of prevention science/public health (57%)
- Received training opportunities I might not otherwise have attended (93%)
- Provided ideas for new programs or efforts for my community (50%)
- Provided evaluation assistance for prevention related to data collection, interpretation, dissemination, or utilization (71%)

In comparison to last year’s services assessment, prevention knowledge across topics within both TA and evaluation has increased as the result of IPRC educational supports. In the coming year, the IPRC has plans to continue offering monthly training opportunities (at minimum), quarterly technical assistance webinars, quarterly evaluation education and utilization webinars, fidelity monitoring, site visits, and regular consultation between communities and their respective technical assistance provider and evaluator.

Challenges, Successes, and Recommendations

Fiscal year 2018 brought both unique and re-occurring challenges, many of which were parlayed into opportunities to support and enhance community capacity development. For example, IPRC TA providers and evaluators provided extensive reviews and feedback to ensure strength of the alignment between needs data and selected strategies. In addition, DMHA made a commitment only to approve work plans with adequate alignment. These efforts resulted in many more strategies that are on target to change identified risk/protective factors and problem behaviors.

As indicated by the IPRC evaluation survey, DMHA-funded grantees reported skill development and an appreciation for training opportunities. However, some areas were not rated as highly as in previous years. For example, only 64% were satisfied with Corkboard and 57% had the knowledge of risk and protective factors. This may be reflective of the composition of the group of grantees – some with previous experience with DMHA grants and some with very little to no experience. As such, some grantees had not received the full complement of

Communities That Care trainings, thus were catching up when it came to assessment, alignment, and strategy selection. Similarly, some grantees had more extensive experience with Corkboard and exhibited proficiency in data entry. However, some newer grantees struggled to enter data accurately and in a timely manner. In future funding cycles, it will be important to employ a strategy to enhance skills of the newer grantees while providing professional development opportunities to veteran grantees in an effective and efficient manner. This could involve providing foundational trainings in the CTC model. To be responsive to these needs, the IPRC will provide trainings on Corkboard, Prevention 101, and a condensed CTC webinar that explores how to apply the model to the lifespan.

The IPRC uses the Interactive Systems Framework (ISF) in providing technical support to their communities. According Wandersman et al. (2008)², the ISF centers on the infrastructure and systems (e.g. prevention practitioners, organizations, that provide support to practitioners) needed to carry out the functions necessary for dissemination and implementation to take place. In support of communities' prevention efforts, the IPRC serves as the prevention support system in "carrying out two primary functions: innovation specific support" and "general capacity building." (Wandersman, et al., 2008). The basis of this support is centered on specific aspects of TA identified as useful to recipients including:

- A team approach (Rushovich et al., 2015)³
- High quality relationships and communication between TA providers and communities (Rushovich et al., 2015)
- Building collaborations (Gibbs et al.,2009)⁴
- Trusting relationships (Wildau & Khalsa,2002)⁵

The IPRC will maintain these aspects of the prevention support system. It is recommended that contract compliance is removed as much as possible from the TA provider-recipient relationship in order to maintain rapport and build trust.

Summary and Conclusions

While challenges were experienced this fiscal year, many positive outcomes have also resulted. Fourteen grantees across the state have successfully built prevention infrastructure fitting with the Strategic Prevention Framework and have implemented and evaluated their efforts. This has resulted in:

² Wandersman, A., Duffy, J., Flaspohler, P., Nooman, R., Lubell, K., Stillman, L., Blachman, M., Dunville, R., & Saul, J.(2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *Annual Journal of Community Health*, 41 (1) 171-181.

³ Ruchohovich, B.R., Bartley, L.H., Steward, R.K., & Bright, C.L. (2015). Technical assistance: A comparison between providers and recipients. *Human Service Organizations: Management, Leadership & Governance*, 39(4).

⁴ Gibbs, D.A., Hawkins, S.R., Clinton-Sherrod, A.M., & Noonan, R.K. (2009). Empowering programs with evaluation technical assistance: Outcomes and lessons learned. *Health Promotion Practice*, 10(1).

⁵ Wildau, R., & Khalsa, G. (2002). *Providing technical assistance to build organizational capacity: Lessons learned through the Colorado Trust's supporting immigrant and refugee families initiative*. Colorado Trust.

- Decreased perceived availability of drugs
- Decreased peer/individual early initiation of drug use
- Increased school opportunities for involvement
- Increased school rewards for involvement
- Increased peer/individual interaction with prosocial peers
- Increased community rewards for involvement

These are products of an evidenced-based system to get communities mobilized and engaged in prevention efforts. Without the existence of DMHA funds, IPRC trainings, and Strategic Prevention Framework, many of these communities would not have a prevention coalition in place to implement evidenced-based programs for the acquisition and sustainment of meaningful outcomes in their communities.

Appendix A: Community Summaries

Allen

Allen County implemented the following evidence-based strategies:

1. Strengthening Families Program (Utah Version)
2. Project Alert
3. Too Good for Drugs
4. Talk They Hear You Media Campaign

Additionally, as an environmental approach, Allen County worked towards a Social Host Ordinance in State Fiscal Year 2017 and 2018. These strategies were implemented with adequate fidelity in SFY17 and reached 102 youth and adults within the community through direct programming at least once at the conclusion of the 2017 fiscal year. Due to this low reach, significance tests were not conducted for the Strengthening Families Program, Too Good for Drugs, or Project Alert in the initial report. In SFY18, there were several challenges in participants achieving adequate dose and duration of several programs, and possible concerns with the overall cost per person for direct strategies, however, each of these issues have action steps that could be taken to improve both fidelity, outcomes, and overall cost per person of the grant.

Bartholomew

Communities That Care of Bartholomew County implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for prevalence of past 30-day alcohol use and past 30-day marijuana use, with targeted outcomes established for determinants – i.e., decrease in the level of targeted risk factors including perceived risk of harm, perceived availability, and early academic failure. The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. Project ALERT
2. LifeSkills Training
3. Curriculum-Based Support Group (CBSG)
4. Positive Action
5. Alcohol eCheckup To Go (formerly eChug)
6. Talk They Hear You
7. Provide Opportunities Not Risks

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

Project ALERT: There was no significant difference in participant responses from pre to post at p value 0.05 for perceived risk of alcohol use. The difference between the pre and post means

of 1.97 and 1.85 reflects change in the desired direction, although not at a statistically significant level. However, this may be attributable to pre-existing elevations in pre-test scores that were indicative of high levels of perceived risk, in which case there is little room for change at post. Similarly, while movement from pre to post was in the desired direction for perceived risk of marijuana use, change was not at statistically significant levels but may be attributable to pre-test elevations.

LifeSkills Training: Composite scores for attitudes favorable toward alcohol and tobacco use, as well as refusal skills, did not change from pre to post-test at a statistically significant level; however, pre-test scores were indicative of initially elevated prosocial attitudes toward tobacco and alcohol use, as well as pre-test scores with elevations in existing drug refusal skills.

Curriculum-Based Support Group: An independent samples t-test revealed no significant difference in participant responses from pre to post at p value 0.05 perceived risk of harm, but at both pre and post-test scores were generally elevated in the desired direction.

Positive Action: Composite scores for positive behavior, and perceived risk of harm, did not change from pre to post-test at a statistically significant level among upper elementary participants. Among lower elementary participants, pre-test scores for the proxy indicator of perceived risk of harm improved in the desired direction at statistically significant levels.

eCheckup: SFY18 data not yet available at the time of this report; SFY17 data indicated that the majority of respondents were able to correctly identify consequences of use and dismissed myths related to alcohol expectancies (e.g., drinking alcohol has little or no effect on the body's ability to build muscle strength).

Project Alert reached 335 youth in the community at a cost of \$21.26 per person served, LifeSkills Training reached 433 youth in the community at a cost of \$53.06 per person served, CBSG reached 102 youth in the community at a cost of \$103.53 per person served, and Positive Action reached 704 youth in the community at a cost of \$49.40 per person served. Talk They Hear You was implemented as an environmental strategy, and achieved an adjusted reach of 1100 (through three quarters of implementation); Provide Opportunities Not Risks achieved an adjusted reach of 2200 (through three quarters of implementation).

Clark

Clark County implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for the prevalence of past 30-day alcohol use and past 30-day prescription drug abuse. In order to achieve targeted prevalence outcomes, Clark County identified prioritized determinants – i.e., decreased levels of targeted risk factors including: perceived risk of harm resulting from drug use, availability, and family conflict.

The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. Curriculum-Based Support Group (CBSG)
2. Too Good for Drugs
3. Footprints for Life
4. What's Your Side Effect

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

Curriculum-Based Support Group: A composite score was established for indicators of perceived risk of harm associated with substance abuse; while the composite score for perceived risk is not statistically significant, the difference between the pre and post means of 11.07 and 11.37, while not evidencing statistically significant movement, are elevated in the desired direction at both pre and post-test (creating a ceiling effect in which there was little room for additional change; yet prosocial attitudes were maintained throughout the duration of the program).

Too Good for Drugs: Proxy indicators for perceived risk of harm were identified from the TGFD knowledge test, with analyses demonstrating a statistically significant improvement between pre and post-test in the desired direction regarding marijuana use effects ($p < 0.05$). No change was obtained between pre and post-test indicators relating to tobacco risk of harm or for the composite alcohol risk measure.

Footprints for Life: Composite score for ATOD knowledge (serving as a proxy indicator for risk of harm) is statistically significant; the difference between the pre and post means of 1.95 and 3.66 for the ATOD knowledge composite score is not by chance but can be attributed to participation in the Footprints for Life program. Additionally, knowledge increase related to tobacco was also evidenced in the difference between pre and post-test score at statistically significant levels.

Curriculum-Based Support Group reached 120 participants at a cost of \$130.79 per person served; Too Good for Drugs reached 380 youth in the community at a cost of \$59.30 per person served; Footprints for Life reached 964 individuals in the community at a cost of \$35.21 per person served; and What's Your Side Effect reached 11,937 individuals in the community at a cost of \$1.36 per person served. All strategies will be continued in FY19.

Delaware

The Delaware County Prevention Council implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for prevalence of past 30-day alcohol use and past 30-day prescription drug abuse, with targeted outcomes established for determinants – i.e., decrease in the level of targeted risk factors including perceived risk of harm, perceived availability, poor family management,

and family conflict. The programs implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. Guiding Good Choices
2. Too Good for Drugs
3. Wellness Initiative for Senior Education (WISE)

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

Guiding Good Choices: Indicators of improved understanding of multiple indicators of positive family management among adult participants demonstrated improvement over the course of session implementation, although statistical analysis was not feasible due to the limited number of participants fully completing both pre and post surveys, as it necessitates a minimum of 30 cases. Data limitations should be taken into consideration given the relatively small size of the data set, although pre and post-test means are presented here to allow for monitoring of directionality, and movement is in the desired direction for the majority of indicators.

Too Good for Drugs: Among participants in the TGFDF high school program, while there were no statistically significant differences in responses from pre to post-test, responses at pre were already elevated in the desired direction (for both perceived risk of harm and the student behavior checklist), which can result in a ceiling effect in which little response change is possible. This pattern was also observed with generally elevated pre-test scores on among students in the TGFDF elementary program, which were already elevated in the desired direction and did not evince change at levels of statistical significance.

Wellness Initiative for Senior Education: Although the composite score for alcohol and prescription drug knowledge and attitudes is not statistically significant, it should be noted that while remaining essentially the same across pre and post-test, the composite score is elevated in the desired direction at the outset of the program, suggestive of pre-existing levels of non-use and/or safe use and disposal practices that were reinforced by program content.

At the time of this report (Q3), Guiding Good Choices reached 32 individuals in the community at a cost of \$511.05 per person served, Too Good for Drugs reached 501 youth in the community at a cost of \$95.58 per person served, and WISE reached 43 individuals in the community at a cost of \$642.13 per person served. A Positive Norms Campaign was implemented as an environmental strategy, and achieved an adjusted reach of 4,100 with 1,273,418 media impressions (through three quarters of implementation).

Fayette

Communities That Care Fayette County (CTCFC) implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse

prevention outcomes for prevalence of past 30-day alcohol use and past 30-day marijuana use, with targeted outcomes established for determinants – i.e., decrease in the level of targeted risk factors including perceived risk of harm and favorable attitudes toward substance abuse. The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. Too Good for Drugs (TGFD)
2. Project ALERT
3. LifeSkills Training
4. Positive Culture Framework (PCF)

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

Too Good for Drugs: (TGFD Upper Elementary) Results of an independent t-test demonstrated a statistically significant difference from pre (mean=10.46) to post-test (mean=9.32) among participants, reflecting improvement in the desired direction with regard to increased perceived risk of harm associated with ATOD use. (TGFD Middle School) An independent samples t-test revealed no significant difference in participant responses from pre to post at p value 0.05 for perceived risk of harm, but between pre and post-test, scores demonstrated improvement in the desired direction, indicative of responses within the range of “strongly agree” and “agree” for risk of harm items.

Project ALERT: A significant difference between the pre and post-test mean scores for the composite score for favorable attitudes toward alcohol and marijuana use was obtained ($p < 0.05$), indicating an increase in the perception of prosocial attitudes toward use among peers. There was no statistically significant difference from pre to post for the composite risk of harm indicator; however, it did decrease in the desired direction at levels that approached significance (pre mean=4.75, post mean=4.53).

LifeSkills Training: No data was available for analysis at the time of this report.

Too Good for Drugs reached 822 youth in the community at a cost of \$59.87 per person served, Project ALERT reached 335 youth in the community at a cost of \$71.21 per person served, and LifeSkills Training reached 44 youth in the community at a cost of \$297.75 per person served. Positive Culture Framework was implemented as an environmental strategy, and reached 3,388 individuals at a cost of \$10.46 per person served. All strategies will be continued in FY19.

Floyd

Our Place Drug and Alcohol Education Services, Inc. implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for prevalence of past 30-day alcohol use and past 30-day marijuana use, with targeted outcomes established for determinants – i.e., decrease in the level of targeted risk factors including perceived risk of harm, rewards for antisocial involvement, favorable attitudes toward drug use, perceived availability, family conflict, as well as an increase in

suppressed protective factors including community prosocial involvement, school rewards for prosocial involvement, and interaction with prosocial peers. The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. Footprints for Life (FPL)
2. LifeSkills Training
3. Ripple Effects
4. Too Good for Drugs and Violence
5. Curriculum-Based Support Group (CBSG)
6. New Beginnings
7. Social Hosting Strategies (Social Hosting Ordinance, Parents Who Host Lose the Most, and Safe Pledge)
8. IUS Campaign
9. Be the Majority
10. Youth Counts

Strong alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

Footprints for Life: The youth perceived risk score is statistically significant ($p < 0.05$), with improvement from pre to post-test demonstrated for student knowledge related to tobacco use risk, and is attributable to FPL program effects. Paired sample t-tests (matched) were completed for the FPL Teacher Class Room Survey, which demonstrated statistically significant improvement in student behaviors addressed in the FPL program.

LifeSkills Training: (LST Elementary) Participant responses demonstrated statistically significant ($p < 0.05$) improvement in the desired direction from pre to post-test for all scales: perceived risk, refusal skills, assertiveness skills, self-control, favorable attitudes toward tobacco use, and favorable attitudes toward alcohol use – this is indicative of knowledge gain in all areas, and align with targeted risk factors for which the program is designed to address. (LST Middle School) Participant responses demonstrated statistically significant ($p < 0.05$) improvement in the desired direction from pre to post-test for the following scales: perceived risk, refusal skills, assertiveness skills, and relaxation skills. However, no statistically significant change from pre to post-test was evinced for composite skills designed to measure self-control, favorable attitudes toward tobacco use, and favorable attitudes toward alcohol use. These three scales, while demonstrating no significant change from pre to post in participant responding, were already elevated at pre-test in the direction of prosocial attitudes.

Ripple Effects Analysis of pre and post-test data indicate that the composite score for all four DESSA Mini forms is statistically significant in the direction of improvement, with a two-tailed t-value of 0.018 which is less than 0.05. The difference between the pre and post means of 26.28 and 23.03 is not by chance alone but attributable to Ripple Effects program effects.

Too Good for Drugs and Violence: Analysis of composite scores for perceived risk associated with tobacco and alcohol use was not found to be statistically significant, although movement in the desired direction did occur from pre to post-test.

Curriculum-Based Support Group: There was a statistically significant difference ($p < 0.05$) from pre to post-test across participant responses for composite perceived risk of harm scores; this change was in the desired direction, demonstrating positive change in knowledge and beliefs related to the consequences of alcohol and drug use that are attributable to program involvement.

New Beginnings: A Childhood Behavior Checklist was completed at pre and post, which assesses the presence of maladaptive behaviors and emotional problems including social withdrawal, somatic complaints, anxiety and depression, destructive behavior, social problems, thought problems, attention problems, aggressive behavior, and delinquent behaviors. Analysis of the pre and post data demonstrated statistically significant change ($p < 0.05$) in the desired direction, an outcome that is attributable to the New Beginnings program participation.

Footprints for Life reached 857 youth in the community at a cost of \$18.68 per person served, LifeSkills Training reached 1691 youth in the community at a cost of \$32.02 per person served, Ripple Effects reached 270 youth in the community at a cost of \$101.17 per person served, Too Good for Drugs and Violence reached 270 youth in the community at a cost of \$101.17 per person served, CBSG reached 92 youth in the community at a cost of \$27.17 per person served, and New Beginnings reached 13 individuals at a cost of \$320.61 per person served.

The Social Hosting Strategy package was implemented as an environmental strategy, and achieved an adjusted reach of 57,783 (through three quarters of implementation); the IUS Campaign achieved an adjusted reach of 7109 (through three quarters of implementation), Be the Majority achieved an adjusted reach of 860 (through three quarters of implementation), and Youth Counts achieved an adjusted reach of 25,759 (through three quarters of implementation).

Kosciusko

Kosciusko County implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for the prevalence of past 30-day alcohol use and past 30-day marijuana use. In order to achieve targeted prevalence outcomes, Kosciusko County identified prioritized determinants – i.e., decreased levels of targeted risk factors including: perceived risk of harm and family conflict. The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. Strengthening Families Program (SFP)
2. LifeSkills Training (LST)
3. Al's Pals

4. Positive Culture Framework

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

Strengthening Families: Independent t-tests were conducted on the pre and post-test data, and a statistically significant ($p < 0.05$) difference was observed from pre-test to post-test among adult participants indicative of improvement in the desired direction of reduced levels of conflict and conflictual behaviors. No change was evidenced among youth participants.

LifeSkills Training: A composite score was established for indicators of perceived risk of harm at both elementary and middle school levels; while neither composite score for perceived risk of harm demonstrated statistically significant change, the difference between the pre and post means at both grade levels are elevated in the desired direction at both pre and post-test (creating a ceiling effect in which there was little room for additional change; yet prosocial attitudes were maintained throughout the duration of the program).

AI's Pals: The composite social emotional competence score is statistically significant ($p < 0.05$), evidencing improvement from pre to post-test, which is attributable to AI's Pals program effects. Independent sample t-tests were completed for the aggregate classroom survey, which demonstrated statistically significant improvement in student social emotional development skills addressed in the AI's Pals program.

Strengthening Families reached 97 participants at a cost of \$321.51 per person served based on implementation site; LifeSkills Training reached 741 youth in the community at a cost of \$19.31 per person served based on implementation site; AI's Pals reached 331 youth in the community at a cost of \$76.54 per person served; Positive Culture Framework reached 78,000 individuals in the community at a cost of \$0.45 per person served. All strategies will be continued in FY19.

Lake

Lake County implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for the prevalence of past 30-day alcohol use and past 30-day marijuana use. In order to achieve targeted prevalence outcomes, Lake County identified prioritized determinants – i.e., decreased levels of targeted risk factors including: perceived risk of harm resulting from drug use, early childhood social-emotional development, social support, and mental health.

The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. AI's Pals
2. Too Good for Drugs
3. TEAM Awareness

4. Social Norms Campaign

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

AI's Pals: Participant responses demonstrated statistically significant ($p < 0.05$) improvement in the desired direction from pre to post-test for social emotional competence and perceived risk of harm associated with ATOD use, indicative of knowledge gain in this area; no change occurred for application of skills outside of the classroom, although the post-test mean is indicative of the "often" response option.

Too Good for Drugs: The composite score for perceived risk of harm is statistically significant; the two-tailed t-value is 0.000 and $p < 0.05$, indicating that improvements in the harm risk composite score from pre to post-test is not by chance but can be attributed to participation in the Too Good for Drugs program.

TEAM Awareness: Analysis of paired pre-post data relating to use of alcohol as a stress coping strategy demonstrated a statistically significant ($p < 0.05$) improvement in reported or anticipated use of alcohol as a way to unwind or deal with stress. In terms of social support, while item construction does not allow for direct analysis and comparison, mean scores at pre (2.55) decreased at post (2.29), indicative of an increased intentionality or likelihood of seeking out social and emotional support the next time stressors are encountered.

The Lake County Strategic Prevention Framework Initiative implemented AI's Pals, Too Good for Drugs, TEAM Awareness, and a Social Norms Campaign (SNC) during State Fiscal Year 2018. AI's Pals was implemented with high fidelity and reached 667 youth in the community at a cost of \$65.19 per person served. Too Good for Drugs was implemented with strong fidelity and reached 413 youth in the community at a cost of \$86.01 per person served. TEAM Awareness was implemented with fidelity and reached 204 adults in the community at a cost of \$197.05 per person served. SNC was implemented in accordance with fidelity measures for environmental strategies, and exceeded a reach of 46,331 individuals aged 18-24 (including saturation for those at the Ivy Tech and Calumet College of St. Joseph campuses) at a cost of \$0.56 per person served. All strategies will be continued in FY19.

Madison

Madison County implemented the following evidence-based strategies in both State Fiscal Year 2017 and 2018:

1. Strengthening Families Program (Utah Version)
2. Team Awareness
3. Parents Who Host Lose the Most Media Campaign

These strategies were implemented with adequate fidelity and have reached over 303 youth and adults within the community through direct programming in SFY17 and 277 youth and

adults in SFY18. While significance tests were able to be ran in the second production of this report (in August 2017), this report expands on those tests to include data SFY18. There were still no glaring issues with the strategies or fidelity (other than attendance for SFP), and therefore, it is anticipated that all strategies will be continued in State Fiscal Year 2019.

Miami

Miami County implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for prevalence of past 30-day alcohol use, past 30-day tobacco use, and past 30-day prescription drug abuse, with targeted outcomes established for determinants – i.e., decrease in the level of targeted risk factors including perceived risk of harm, social and retail access/availability, favorable attitudes toward anti-social behavior, and protective factors that include community rewards for prosocial involvement. The programs implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. LifeSkills Training
2. TEAM Awareness
3. AI's Pals
4. Curriculum-Based Support Group (CBSG)
5. Prescription Drug Media Campaign
6. Positive Culture Framework (PCF)

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

LifeSkills Training: Analysis not completed as data was not available at the time of this report.

TEAM Awareness: No statistically significant difference was observed between pre-test and post-test for either measure (social emotional support and alcohol use and stress). However, means remained stable in the desired direction indicative of “usually” seeking out sources of social support, and that alcohol use as a way to cope with stress is “rarely” to “sometimes true about me.”

AI's Pals: An insufficient number of data cases precluded analysis; survey instrument will be replaced to ensure data availability in SFY19.

Curriculum-Based Support Group: Among participants, there was a difference between the pre-test mean and post-test mean in the desired direction, suggestive of improvement in terms of perceived risk of harm associated with alcohol and other drug use. An additional composite score reflective of attitudes favorable toward substance use was calculated, and although a significance test could not be conducted, movement between the pre and post mean scores did

occur in the desired direction, suggesting a decreased intentionality of later alcohol and other drug use.

At the time of this report (Q3), LifeSkills Training reached 401 individuals in the community at a cost of \$31.19 per person served; TEAM Awareness reached 105 individuals in the community at a cost of \$113.00 per person served, AI's Pals reached 134 youth in the community at a cost of \$61.14 per person served, and Curriculum-Based Support Group reached 27 individuals in the community at a cost of \$487.27 per person served.

Morgan

Morgan County implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for the prevalence of past 30-day alcohol use, electronic vapor product (EVP) use, cigarette use, cigar use, marijuana use, and prescription drug use among children and youth, and for among those 18 years of age and older, binge drinking and smoking. In order to achieve targeted prevalence outcomes, Morgan County identified prioritized determinants – i.e., decreased levels of targeted risk factors including:

- Perceived risk of harm associated with alcohol, tobacco, and other drug (ATOD) use
- Social norms (overestimation of prevalence among youth by youth)
- Lack of social or emotional support
- Number of mentally unhealthy days

The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

5. LifeSkills Training
6. SPORT
7. Strengthening Families Program (SFP)
8. TEAM Awareness
9. Join the Majority/Be the Majority

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

LifeSkills Training: Analysis of perceived risk of harm data revealed a statistically significant ($p < 0.05$) improvement from pre to post-test among participants reflective of increased knowledge of risks associated with ATOD use. The composite score for perceived normative use was found to be statistically significant ($p < 0.05$), with pre and post means of 3.70 and 3.37 demonstrating improvement that is attributable to participation in the LST program.

SPORT: Paired samples t-tests revealed no statistically significant change in the intentionality of alcohol, cigarette, or marijuana use, with no observable difference between pre and post-test means (which were all heavily skewed in the direction of non-use).

Strengthening Families: Analysis of participant data using paired t-tests revealed statistically significant change ($p < 0.05$) from pre to post-test in the desired direction for the composite family conflict score, indicative of improvement in this area.

TEAM Awareness: Paired t-test analysis of pre and post-test data indicated that there was improvement in the desired direction for both indicators of seeking out social support and not engaging in alcohol use as a coping strategy for stress.

LifeSkills Training reached 704 youth in the community at a cost of \$47.62 per person served; SPORT reached 51 youth in the community at a cost of \$15.63 per person served; Strengthening Families reached 46 individuals in the community at a cost of \$447.54 per person served; TEAM Awareness reached 24 individuals in the community at a cost of \$244.31 per person served; and Be the Majority reached 38,307 individuals at a cost of \$1.07 per person served. All strategies, with the exception of SPORT, will be continued in FY19.

St. Joseph

St. Joseph County implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for the prevalence of past 30-day alcohol use and past 30-day marijuana use. In order to achieve targeted prevalence outcomes, St. Joseph County identified prioritized determinants – i.e., decreased levels of targeted risk factors including: perceived risk of harm associated with alcohol use, availability of alcohol (social access), favorable attitudes toward alcohol and drug use, and family conflict.

The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. Strengthening Families Program
2. LifeSkills Training
3. Wellness Initiative for Senior Education (WISE)
4. Parents Who Host Lose the Most

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

Strengthening Families: A comparison of the pre-test composite family conflict variable (mean = 9.60) versus post-test (mean = 7.20) averages indicated movement in the desired direction among adult participants, although these results should be interpreted with caution due to low numbers; family management among adult participants demonstrated the same patterns of results, with improvement across mean scores from pre to post. Among youth participants, analysis of change from pre to post-test for the family management composite score was completed through the use of paired t-test scores, which indicated statistically significant change ($p < 0.05$) from pre to post-test in the desired direction that is illustrative of improved family management practices. The composite score for family conflict was not indicative of program effects.

LifeSkills Training: Analysis of pre-post data demonstrated statistically significant changes in the desired direction – indicative of improvement – for both perceived risk of harm and favorable attitudes toward antisocial behavior. While not significant, movement between pre and post-test for favorable attitudes toward ATOD in the desired direction was also observed.

WISE: Statistically significant Improvement from pre to post-test ($p < 0.05$) for the safe medication disposal composite scale was demonstrated, while drug interaction knowledge was also analyzed, and remained stable from pre to post, with means elevated in the “always” range for safe use.

Strengthening Families reached 65 families at a cost of \$365.65 per person served on average across implementation site; LifeSkills Training reached 391 youth in the community at a cost of \$123.54 per person served; WISE reached 66 individuals in the community at a cost of \$198.86 per person served, and Parents Who Host Lose the Most reached 30,000 individuals in the community at a cost of \$0.13 per person. All strategies will be continued in FY19.

Vanderburgh

Vanderburgh County implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for the prevalence of past 30-day alcohol use and binge drinking. In order to achieve targeted prevalence outcomes, Vanderburgh County identified prioritized determinants – i.e., decreased levels of targeted risk factors including: perceived risk of harm, perceived peer approval of ATOD use, family conflict, poor family management, and perceived availability; school rewards for prosocial involvement constituted the priority protective factor.

The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. Reconnecting Youth
2. LifeSkills Training
3. Al's Pals
4. The Truth Is

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

Reconnecting Youth: While no statistically significant change occurred from pre to post, pre to mid, or mid to post for either the school performance or protective factor composite scores, results indicated that the composite score for mood management demonstrated statistically significant change ($p < 0.05$) from pre to mid, pre to post, although not for mid to post.

LifeSkills Training: At the elementary school level, the composite score for perceived risk of using alcohol demonstrated statistically significant change ($p < 0.05$). Analysis of data at the

middle and high school level demonstrated no statistically significant change for composite score of perceived risk of harm.

AI's Pals: Results of an independent samples t-test indicated that there was a statistically significant difference ($p < 0.05$) from pre to post for Skill 1 (works well with others), Skill 2 (expresses feelings), and Skill 3 (positive behavior), improvements that are attributable to the effects of the AI's Pals program.

Reconnecting Youth reached 87 participants at a cost of \$456.03 per person served; LifeSkills Training reached 1028 youth in the community at a cost of \$29.09 per person served; AI's Pals reached 211 individuals in the community at a cost of \$100.06 per person served, and The Truth Is reached 6,372 individuals in the community throughout the fiscal year at a cost of \$4.35 per person served. All strategies will be continued in FY19.

Wayne

Wayne County implemented a multi-component approach consisting of an array of evidence-based strategies to address youth substance abuse prevention outcomes for the prevalence of past 30-day alcohol use, cigarette use, and past 30-day marijuana use. In order to achieve targeted prevalence outcomes, Wayne County identified prioritized determinants – i.e., decreased levels of targeted risk factors including: perceived risk of harm resulting from drug use, parental attitudes favorable towards drug use, family conflict, and poor family management.

The strategies implemented and evaluated as part of this prevention initiative throughout SFY 2018 were:

1. Too Good for Drugs (TGFD)
2. Project ALERT
3. Guiding Good Choices
4. Talk They Hear You

Good alignment was evident across strategies with established prevalence outcomes and targeted risk and protective factors. A synopsis of program results are as follows:

Too Good for Drugs: Participant responses demonstrated statistically significant ($p < 0.05$) improvement in the desired direction from pre to post-test for perceived risk, indicative of knowledge gain in this area, among both TGFD Lower Elementary and TGFD Upper Elementary cohorts.

Project ALERT: Participant responses demonstrated statistically significant ($p < 0.05$) improvement in the desired direction from pre to post-test for perceived risk of harm associated with substance abuse. The composite score for measuring risk of harm was comprised of the three indicators: (Q45) How much do you think kids your age might harm themselves if they smoke cigarettes occasionally, (Q46) How much do you think kids your age

might harm themselves if they use marijuana occasionally, and (Q47) How much do you think kids your age might harm themselves if they drink alcohol occasionally.

Guiding Good Choices: No data available at the time of this report.

Too Good for Drugs reached 299 participants at a cost of \$175.09 per person served; Project ALERT reached 99 youth in the community at a cost of \$351.13 per person served; Guiding Good Choices reached 41 individuals in the community at a cost of \$325.57 per person served, and Talk They Hear You reached 20,200 individuals in the community throughout the fiscal year at a cost of \$0.97 per person served. All strategies will be continued in FY19.