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# STATE-LEVEL EVALUATION REPORT

## AUGUST 2017

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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.
- Increases in school opportunities for involvement.
- Significant decreases were experienced for alcohol ($8^{th}$ and $12^{th}$), cigarettes (all grades), and prescription drugs ($8^{th}$ and $12^{th}$) 2016 to 2017.

Results from the 2017 Indiana Youth Survey indicate that those that are receiving DMHA funds have statistically higher rates of use for alcohol ($10^{th}$, $12^{th}$, and overall), marijuana ($8^{th}$, $10^{th}$, $12^{th}$, and overall), and prescription drugs ($8^{th}$, $10^{th}$, $12^{th}$, and overall) than non-funded communities. While it can be concerning to see that funded communities have higher use rates in 2017, 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.

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.

***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.

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 SFY17 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<br>Policies<br>Practices | Numbers served<br>Demographics<br>Dose/exposure<br>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 Survey[1] (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 2017. 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 of the factors, as compared to their peers nationally. The most substantial gains observed over the course of the DMHA grants were increases school opportunities for involvement.

| Protective Factor (Percentage at Low Protection) | 2016 CPF Funded Communities n=28,592 | 2017 CPF Funded Communities n=23,140 |
|---|---|---|
| **Community Rewards for Involvement** | | |
| 8th Grade | 66.9 | 70.3 |
| 10th Grade | 64.8 | 69.3 |
| 12th Grade | 66.4 | 69.2 |
| **Family Opportunities for Involvement** | | |
| 8th Grade | 32.6 | 33.0 |
| 10th Grade | 36.7 | 37.9 |
| 12th Grade | 38.0 | 36.3 |
| **School Opportunity for Involvement** | | |
| 8th Grade | 28.9 | 27.6 |

[1] Gassman, R., Jun, M., Samuel, S., Agley, J. D., & Lee, J. (2017). *Indiana Youth Survey – 2017*. Bloomington, IN: Indiana Prevention Resource Center.

| Protective Factor (Percentage at Low Protection) | 2016 CPF Funded Communities n=28,592 | 2017 CPF Funded Communities n=23,140 |
|---|---|---|
| 10th Grade | 31.8 | 29.5 |
| 12th Grade | 30.9 | 31.2 |
| **School Rewards for Involvement** | | |
| 8th Grade | 45.9 | 46.6 |
| 10th Grade | 41.3 | 39.8 |
| 12th Grade | 50.5 | 50.5 |
| **Peer/Individual Interaction with Prosocial Peers** | | |
| 8th Grade | 42.9 | 51.9 |
| 10th Grade | 53.0 | 53.2 |
| 12th Grade | 59.4 | 56.9 |

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).

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 and 2017. 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 |
|---|---|---|
| **Laws and Norms Favorable to Drug Use** | | |
| 8th Grade | 29.9 | 29.6 |
| 10th Grade | 40.0 | 40.0 |
| 12th Grade | 38.2 | 37.0 |
| **Perceived Availability of Drugs** | | |
| 8th Grade | 20.6 | 20.4 |
| 10th Grade | 27.6 | 26.6 |
| 12th Grade | 37.4 | 35.2 |
| **Poor Family Management** | | |
| 8th Grade | 23.6 | 23.6 |
| 10th Grade | 21.3 | 22.3 |
| 12th Grade | 26.4 | 24.6 |
| **High Family Conflict** | | |
| 8th Grade | 50.3 | 50.4 |
| 10th Grade | 41.8 | 44.2 |
| 12th Grade | 39.4 | 41.7 |
| **Parental Attitudes Favor Drug Use** | | |
| 8th Grade | 15.3 | 16.6 |
| 10th Grade | 25.5 | 26.0 |

| Risk Factor (Percentage at High Risk) | 2016 CPF Funded Communities n=28,592 | 2017 CPF Funded Communities n=23,140 |
|---|---|---|
| 12th Grade | 31.9 | 30.6 |
| **Parental Attitudes Favor Antisocial Behavior** | | |
| 8th Grade | 37.1 | 40.7 |
| 10th Grade | 34.6 | 37.4 |
| 12th Grade | 36.6 | 38.9 |
| **School Academic Failure** | | |
| 8th Grade | 34.6 | 36.0 |
| 10th Grade | 36.7 | 39.8 |
| 12th Grade | 34.2 | 34.1 |
| **Low School Commitment** | | |
| 8th Grade | 43.2 | 47.1 |
| 10th Grade | 46.9 | 48.5 |
| 12th Grade | 52.3 | 51.1 |
| **Peer/Individual Early Initiation of Drug Use** | | |
| 8th Grade | 15.3 | 16.4 |
| 10th Grade | 14.8 | 15.9 |
| 12th Grade | 18.7 | 17.1 |
| **Peer/Individual Attitudes Favorable to Antisocial Behavior** | | |
| 8th Grade | 29.6 | 30.6 |
| 10th Grade | 31.1 | 33.4 |
| 12th Grade | 32.3 | 32.9 |
| **Peer/Individual Attitudes Favorable to Drug Use** | | |
| 8th Grade | 23.8 | 25.5 |
| 10th Grade | 33.3 | 34.3 |
| 12th Grade | 39.1 | 37.7 |
| **Peer/Individual Perceived Risk of Drug Use** | | |
| 8th Grade | 60.3 | 66.9 |
| 10th Grade | 58.5 | 63.1 |
| 12th Grade | 67.7 | 69.5 |
| **Peer/Individual Interaction with Antisocial Peers** | | |
| 8th Grade | 29.9 | 32.9 |
| 10th Grade | 30.0 | 33.5 |
| 12th Grade | 33.2 | 33.1 |
| **Peer/Individual Rewards for Antisocial Involvement** | | |
| 8th Grade | 42.7 | 46.7 |
| 10th Grade | 40.7 | 43.6 |
| 12th 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).

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 drugs without a prescription) since 2016 for those communities receiving DMHA funds. Significant increases were experienced for alcohol (10th and overall) and marijuana (8th, 12th, and overall). Significant decreases were experienced for alcohol (8th and 12th), cigarettes (all grades), and prescription drugs (8th and 12th) 2016 to 2017.

| Priority Substance | 2016 CPF Funded Communities n=28,592 | 2017 CPF Funded Communities n=23,140 |
|---|---|---|
| **30-Day Alcohol Use (percentages)** | | |
| 8th Grade | 13.8 | 13.4* |
| 10th Grade | 24.0 | 24.4** |
| 12th Grade | 34.6 | 33.7* |
| Overall | 22.5 | 22.9** |
| **30-Day Cigarette Use (percentages)** | | |
| 8th Grade | 5.3 | 4.5* |
| 10th Grade | 8.5 | 7.2* |
| 12th Grade | 14.5 | 11.8* |
| Overall | 8.7 | 7.5* |
| **30-Day Marijuana Use (percentage)** | | |
| 8th Grade | 7.4 | 8.4** |
| 10th Grade | 14.8 | 17.5 |
| 12th Grade | 21.8 | 23.2** |
| Overall | 13.6 | 15.7** |
| **30-Day Prescription Drug Use (percentage)** | | |
| 8th Grade | 2.6 | 2.9 |
| 10th Grade | 4.5 | 4.0* |
| 12th Grade | 6.5 | 5.4* |
| Overall | 4.2 | 4.0* |

* 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).

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 2017 rate of use in the past 30 days for Indiana's four priority drugs Statewide, and examines the difference between those communities receiving DMHA funds, and those not receiving DMHA funds.

| Priority Substance | 2017 Statewide n=54,651 | 2017 Non-Funded Communities n=31,511 | 2017 CPF Funded Communities n=23,140 |
|---|---|---|---|
| **30-Day Alcohol Use (percentages)** | | | |
| 8th Grade | 13.0 | 12.8 | 13.4 |
| 10th Grade | 22.4 | 20.9 | 24.4* |
| 12th Grade | 32.2 | 30.8 | 33.7* |
| Overall | 20.9 | 19.5 | 22.9* |
| **30-Day Cigarette Use (percentages)** | | | |
| 8th Grade | 4.8 | 5.0 | 4.5 |
| 10th Grade | 8.0 | 8.5 | 7.2* |
| 12th Grade | 12.8 | 13.6 | 11.8* |
| Overall | 7.8 | 8.1 | 7.5* |
| **30-Day Marijuana Use (percentage)** | | | |
| 8th Grade | 6.4 | 5.2 | 8.4* |
| 10th Grade | 14.1 | 11.5 | 17.5* |
| 12th Grade | 19.5 | 16.2 | 23.2* |
| Overall | 12.3 | 9.8 | 15.7* |
| **30-Day Prescription Drug Use (percentage)** | | | |
| 8th Grade | 2.5 | 2.2 | 2.9* |
| 10th Grade | 3.5 | 3.0 | 4.0* |
| 12th Grade | 4.6 | 4.0 | 5.4* |
| Overall | 3.3 | 2.9 | 4.0* |

* indicates $p<0.05$

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

Results from the 2017 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), and prescription drugs (8th, 10th, 12th, and overall) than non-funded communities. While it can be concerning to see that funded communities have higher use rates in 2017, 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 2 years to compare.

## IPRC Evaluation

In February 2017, 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 (44%)
- Skills in selecting and implementing programs (78%)
- Awareness of resources for alcohol, tobacco, and drug prevention in Indiana (78%)
- Knowledge of how different types of problems (e.g., poor academic performance) may have common risk factors and causes (56%)
- Skills in building a prevention coalition in my community (67%)
- Skills in changing local policies to reduce alcohol, tobacco and other drug use (33%)

Respondents were satisfied with IPRC services (66%), the support they receive from their Project Officer (44%), Corkboard online data reporting system (44%), and IPRC training opportunities (77%). One respondent commented: "I couldn't be happier with the IPRC and my Project Officer and Evaluator." Benefits received from working with the IPRC included:

- Received training opportunities I might not otherwise have attended (100%)
- Gained skills in the Strategic Prevention Framework/Communities That Care (SPF/CTC) process (78%)
- Opportunity to dialogue with peers on important topics (78%)
- Provided ideas for new programs or efforts for my community (67%)

In comparison to last year's evaluation, satisfaction with IPRC services has waned. A critical change was made in the provisions of TA and evaluation services that involved splitting the roles between two staff members. This may have generated some discomfort and challenges with communication (e.g., lack of clarity about who to contact about various issues). This has provided the IPRC with an opportunity to be responsive to community needs. As such, an internal restructuring is underway to formalize the separation of these roles.

In the coming year, the IPRC has plans to continue offering monthly training opportunities (at minimum), monthly technical assistance webinars, fidelity monitoring, site visits, and regular consultation with both their technical assistance provider and IPRC evaluator.

## Challenges, Successes, and Recommendations

Fiscal year 2017 brought both unique and reoccurring challenges, many of which were seized and turned to successes. 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 44% were pleased with Corkboard and 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]

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[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] Ruchovich, 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.

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:

- Decreased perceived availability of drugs
- Increased school opportunities 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 and make the sustained difference in their communities.

## Appendix A: Community Summaries

### Allen

Allen County implemented the Strengthening Families Program (Utah Version), Project Alert, Too Good for Drugs, Talk They Hear You Media Campaign, and worked towards a Social Host Ordinance in State Fiscal Year 2017. These strategies were implemented with adequate fidelity and have reached 102 youth and adults within the community through direct programming at least once at the conclusion of the 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, no strategies had enough participants for significance tests to be conducted. In this report, two new strategies are presented (with data), however, with low numbers that significance tests are not conducted on them. This report therefore provides an update for all strategies with all the SFY17 data included. There were no glaring issues with the strategies or fidelity, and therefore, it is expected that all strategies will be continued in State Fiscal Year 2018, with further implementation decisions to be made at that point.

### Bartholomew

Bartholomew County implemented Project ALERT, LifeSkills Training, Positive Action, Alcohol eCheckup to Go, Parents Who Host Lose the Most, and Talk They Hear You in State Fiscal Year 2017. These strategies were implemented with adequate fidelity and reached over 22,100 youth and adults within the community at a low cost per person served. As a result, perceived risk of alcohol and other drugs increased, youth positive behaviors increased, parents talked with their children about the dangers of alcohol use, and adults reported accurate alcohol expectancies. Thus, all strategies will be continued in State Fiscal Year 2018.

### Clark

Clark County implemented Footprints for Life, Positive Norms Campaign, and a Social Hosting Law proposal in State Fiscal Year 2017. These strategies were implemented with adequate fidelity and reached over 2,500 youth and adults within the community at a moderate cost per person served. Results revealed an increase in ATOD knowledge and perceived harm. Thus, all strategies will be continued in State Fiscal Year 2018. In addition, Curriculum-Based Support Group and Too Good for Drugs will be implemented during the next fiscal year.

### Delaware

Delaware County implemented Too Good for Drugs, Guiding Good Choices, Wellness Initiative for Senior Education, and What's Your Side Effect during State Fiscal Year 2017. Strategies were implemented with low to moderate fidelity and reached over 4,600 youth in the community at a high cost per person served. While statistical analysis could not be completed to determine changes in perceived risk of substance use, pre-survey means indicate high perception of risk among participants in the Too Good for Drugs program, with additional risk and protective factor information available during the next fiscal year. All strategies will be continued in FY18.

## Fayette

Fayette County implemented Too Good for Drugs, Project ALERT, and Positive Culture Framework during State Fiscal Year 2017. These strategies were implemented with good fidelity and reached 19,275 youth in the community at a low cost per person served. Results revealed a significant increase in knowledge, attitude, and skill indicators associated with perceived risk of substance use when considering Too Good for Drugs at the elementary school level, with no change at the middle school level. Project ALERT demonstrated non-significant increases in perceived risk of substance use, favorable attitudes toward substance use, and prosocial attitudes. All strategies will be continued in FY18.

## Floyd

Floyd County implemented Footprints for Life, Lifeskills Training, Ripple Effects, Too Good for Drugs and Violence, Curriculum-Based Support Group, New Beginnings, Parents Who Host Lose The Most, Youth Counts, and a Social Host Ordinance in State Fiscal Year 2017. These strategies were implemented with adequate fidelity and reached over 55,900 youth and adults within the community at a low cost per person served. As a result, perceived rewards for antisocial involvement decreased; perceived risk of substance use increased; student social and emotional skills increased; favorable attitudes toward substance use remained unchanged. These risk and protective factors, along with low commitment to school, social availability of alcohol, and opportunities for prosocial involvement will be measured during the FY18 evaluation snapshot when more data are available. All strategies will be continued in State Fiscal Year 2018.

## Kosciusko

Kosciusko County implemented Strengthening Families, LifeSkills Training, Al's Pals, and Talk They Hear You in State Fiscal Year 2017. These strategies were implemented with good fidelity and reached 16,366 youth and adults at a low to average cost per person served. Analyses of programs indicated change in the desired direction regarding perceived risk of substance use and family conflict, though not at a statistically significant level. All strategies will be continued in State Fiscal Year 2018.

## Lake

Lake County implemented Al's Pals, Too Good for Drugs, TEAM Awareness, and a Social Norms Campaign (SNC) during State Fiscal Year 2017. These strategies were implemented with good fidelity and reached 10,604 individuals at a low to average cost per person served. Analyses of programs indicated a statistically significant increase in social-emotional competence. Other analyses suggested changes in perceived risk of substance use, though not at statistically significant levels. Intention to seek out social support increased among working adults, while using alcohol to cope with stress slightly decreased among these adults. All strategies will be continued in State Fiscal Year 2018.

## Madison

Madison County implemented the Strengthening Families Program (Utah Version), Team Awareness, and Parents Who Host Lose the Most Media Campaign in State Fiscal Year 2017. These strategies were implemented with adequate fidelity and have reached over 303 youth and adults within the community through direct programming in SFY17. Despite reaching over 300 individuals, very few cohorts had finished running, producing low numbers within each strategy for significance tests to be ran in the initial report. This report therefore provides an update for all strategies with all the SFY17 data included. There were still no glaring issues with the strategies or fidelity, and therefore, all strategies will be continued in State Fiscal Year 2018.

## Miami

Miami County implemented Team Awareness, Al's Pals, an Alcohol Media Campaign, a Prescription Drug Media Campaign, and a Positive Culture Framework (PCF) Normative Behavior Campaign in State Fiscal Year 2017. These strategies reached over 4,800 community members with low to moderate fidelity at a high cost per person served. Al's Pals participants saw moderate levels of favorable attitudes toward antisocial behavior at pre-survey, and changes in this determinant will be measured after post-survey data have been collected. Team Awareness participants saw high levels of self-efficacy to avoid misuse of prescription drugs and low intention to misuse prescription drugs at post-survey. Other strategies had late implementation, so determinants and behaviors for these will be measured in the FY18 evaluation snapshot. All strategies will be continued in State Fiscal Year 2018, and LifeSkills Training and Curriculum-Based Support Group will begin implementation. A more comprehensive evaluation of Miami County will be done in FY18.

## Morgan

Morgan County implemented Too Good for Drugs, LifeSkills Training, SPORT, InSHAPE, Strengthening Families, TEAM Awareness, and Join the Majority in State Fiscal Year 2017. These strategies were implemented with good fidelity and reached 37,740 youth and adults at a low to high cost per person served. Movement in the desired direction for perceived risk of substance use, social norms of substance use, lack of social or emotional support, and number of mentally unhealthy days was observed. This movement was statistically significant among participants in Too Good For Drugs and LifeSkills Training. Significance was not determined for some strategies due to low survey numbers. All strategies will be continued in State Fiscal Year 2018.

## St. Joseph

St. Joseph County implemented Strengthening Families, LifeSkills Training, Wellness Initiative for Senior Education (WISE) and Parents Who Host Lose the Most in State Fiscal Year 2017. These strategies were implemented with good fidelity and reached 26,679 youth and adults at a high cost per person served. Movement in the desired direction was evidenced in perceived risk of alcohol use, social access to alcohol, favorable attitudes toward alcohol, and family conflict. Significant improvements were demonstrated among middle LifeSkills Training and WISE cohorts. All

strategies will be continued in State Fiscal Year 2018.

## Vanderburgh

Vanderburgh County implemented Reconnecting Youth, LifeSkills Training, Al's Pals, and The Truth Is in State Fiscal Year 2017. These strategies were implemented with adequate fidelity and reached over 10,100 youth and adults within the community at a low to moderate cost per person served. Low commitment to school, perceived risk of alcohol use, anti-social behaviors, perception of alcohol use, perception of marijuana use, perception of peers' alcohol use, availability of alcohol, and parents' expectations of alcohol use will continue to be measured for changes throughout the grant period. Thus, all strategies will be continued in State Fiscal Year 2018.

## Wayne

Wayne County implemented Too Good for Drugs, Project ALERT, Guiding Good Choices, and Talk They Hear You in State Fiscal Year 2017. These strategies were implemented with good fidelity and reached 20,393 youth and adults at a moderate to high cost per person served. Perceived risk of substance use increased significantly among Too Good for Drugs elementary school cohorts. In addition, movement in the desired direction for perceived risk of substance use, favorable parental attitudes toward substance use, family conflict, and family management were observed, though not at statistically significant levels. All strategies will be continued in State Fiscal Year 2018.