



INDIANA UNIVERSITY

INDIANA PREVENTION RESOURCE CENTER

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Bloomington

Community Prevention Framework SFY14 Evaluation Report - Executive Summary

Introduction

This past year, the Indiana Prevention Resource Center (IPRC) provided technical assistance to DMHA-funded communities that were going through a capacity-building and plan development process as well as those implementing prevention strategies. A tiered approach was used to evaluate the effectiveness of the effort in each community, which included both process evaluation and outcome evaluation. The IPRC Evaluation Report for State Fiscal Year 2014 (SFY14) provides a comprehensive examination of grant activities and outcomes. This Executive Summary provides an overview of that report.

Development Grants

Development Grants were in eight Indiana communities with the focus on building and sustaining their prevention capacity at the conclusion of SFY14. Communities receiving development funding include: Crawford and Harrison Counties, City of Gary, Gibson and Posey Counties, Knox and Sullivan Counties, Kosciusko County, Pike Township in Marion County, Morgan County, and Rush and Fayette Counties. Within these eight communities, widespread implementation did not begin in SFY14.

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 selected strategies to address them. The following table outlines the collective risk and protective factors identified by the development grantees and the strategies selected to address these factors.

Risk & Protective Factors	Strategy Identified	
Family Conflict Community Rewards for Involvement Peer/Individual Rewards for Antisocial Behavior and Drug Use Favorable Parental Attitudes Toward Antisocial Behavior and Drug Use Interaction with Antisocial Peers Family Management Stigma Reduction Rewards for Prosocial Involvement in School Laws and Norms Favorable Towards Substance Use Perceived Risk of Drug Use Interaction with Prosocial Peers Availability of Drugs Early and Persistent Antisocial Behavior	Active Parenting Now Al's Pals Big Brothers/Big Sisters Botvin's Lifeskills Collaboration with College Success Coalition Comprehensive K-12 Health Curriculum Enhancement of Afterschool programs Enforcement of Underage Drinking, Underage Task Force, Party Dispersal, etc. Faith Partners Footprints for Life Guiding Good Choices Keepin' it REAL KNOW! / Parents Who Host Mental Health First Aid Partners in Parenting	Project Alert Project MAGIC Project Towards No Tobacco & Project Towards No Drug Abuse Question Persuade Refer Reconnecting Youth Safe Dates Safe Place School Social Work Services Social Media Campaign (Positive Norms Framework) Strengthening Families Program Too Good for Drugs and Violence Youth Violence Prevention Conference Youth Council/SADD Why Try?

Implementation Grants

The Division of Mental Health and Addiction (DMHA) funded twenty-three community grants across the state to implement strategies in SFY14. Having already established the prevention infrastructure needed, these communities received funding to implement their community action plan. As these communities are implementing their programs, policies and practices, the desired effect is a community-level change. However, these communities have only been funded to implement their targeted programs for a short-time, and it is important to remember that community-level changes can often take several years to materialize. Implementation Communities in Indiana included: Bartholomew, Floyd, Fulton, Johnson, LaPorte, Madison, North Township in Lake County, Scott, and Warrick Counties. An additional nine communities were funded during the fall of 2013 to continue implementation, known as the "New Nine": Allen County, City of Batesville, Drug Free Marion County, Floyd County, Geminus Corporation (in Lake County), Huntington County, Indiana Youth Group (in Marion County), St. Joseph and Elkhart Counties, and Wayne County. Still an additional five communities were funded to implement strategies focused on families in: Bartholomew, Floyd, Green Daviess, Scott, and Warrick Counties.

The following table outlines the collective risk and protective factors identified by the implementation grantees, in addition to the strategies implemented and the number of individuals served in Indiana. Also identified are the environmental strategies implemented, and the estimated reach of the strategy.

Risk and Protective Factors	Strategies Implemented	Number Served
School or Community Domain School Rewards for Pro-social Involvement Availability of Drugs Opportunities for Pro-social Involvement Healthy Beliefs and Clear Standards Low Commitment to School Laws and Norms Favorable Towards Drug Use Community Rewards for Involvement	AlcoholEdu All-Stars Celebrating Families! Children in the Middle Coping and Support Training Family Connections Families in Transition Footprints for Life Guiding Good Choices Juvenile Diversionary Group Keepin' it REAL	7806 individuals served through individual based programs
Peer/Individual Domain Early Initiation of Problem Behaviors and Substance Use Favorable Attitudes Toward Substance Use Peer Approval of Substance Use Involvement with Antisocial Peers Peer Rewards for Antisocial Behavior Perceived Risk of Drug Use Interaction with Pro-social Peers	Lifeskills Mental Health First Aid MyStudentBody New Beginnings Program Nurturing Parent Program Positive Action Prescription Drop Boxes Project ALERT Question Persuade Refer Ripple Effects Whole Spectrum Intervention System	
Family Domain Family Conflict Family Rewards for Pro-social Involvement Parental Attitudes Favorable Toward Antisocial Behavior and ATOD Use Family Management	Strengthening Families Program Strengths-Based Case Management Systematic Training for Effective Parenting Team Awareness Program Too Good for Drugs	8584 of those served in SFY14 were youth
Mental Health Mental Health Promotion Mental Health Stigma Suicide Prevention Depression and Suicide in LGBTQ youth	Environmental Strategies Implemented Mental Health Awareness and Promotion Communities Mobilizing for Change on Alcohol Community Forums/Collaborations iPartySafe Parents Who Host Lose The Most Parents in Partnership S.M.A.S.H.	
68% of programs within the CTC framework were evidenced based		

Community Prevention Framework Statewide Evaluation

In addition to conducting community-level outcome evaluation, the CPF team examined progress made at the state level by comparing risk/protective factors in 2011 (baseline) to those in 2014 among youth in funded communities. The most substantial gains observed in protective factors over the course of the DMHA grants were increases in community and school rewards for involvement. More modest gains were seen in family and school opportunities for involvement. The most substantial changes in risk factors over the course of the DMHA grants were decreases in perceived risk of drug use (e.g., drugs were seen as more risky over the course of the grant). More modest changes were seen in interaction with antisocial peers, early initiation of drug use, family management, commitment to

school, and perceived availability of drugs as well as parental attitudes toward drug use and antisocial behavior.

Changes in substance abuse rates were also examined to determine changes from baseline. Over the course of the grant, significant decreases in alcohol, cigarette, marijuana, and prescription drug abuse were reported. To account for possible state or national trends, the 2014 INYS data were examined to determine whether the rate of use in the past 30 days for Indiana's four priority drugs between those communities receiving DMHA funds differed from those not receiving DMHA funds. Results indicated that significantly more youth in funded communities use alcohol, marijuana, and prescription drugs than their peers in communities that are not receiving DMHA funds. While it can be concerning to see that funded communities have higher use rates in 2014, it is important to remember that they experienced significant decreases since 2011. This indicates that even though they're still higher than non-funded communities, they have made progress in reducing substance use in their respective communities. These data would suggest continual involvement with these communities to continue to decrease their use, as behavior change takes years to achieve.