



STATE-LEVEL EVALUATION REPORT

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ABSTRACT

A report describing the extent to which community-based prevention efforts contribute to decreases in State-level substance abuse prevalence

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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 (SPF) 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).

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.

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 (i.e., Implementation, Family, Development, Partnerships, and Implementation-New Nine). 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 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](#). There is also a report of the evaluation of the Partnerships for Success II Grant in [Appendix B](#).

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 SFY15 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. See Appendix A.

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 and (2) 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 2011 to 2015. 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 in community and school rewards for involvement.

Protective Factor (Percentage at Low Protection)	2011 CPF Funded Communities n=41,667	2015 CPF Funded Communities n=33,268
Community Rewards for Involvement		
8 th Grade	57.7	68.1
10 th Grade	57.7	66.1
12 th Grade	58.4	66.8

¹ Gassman, R., Jun, M., Samuel, S., Agle, J. D., King, R., and Lee, J. (2015). Indiana Youth Survey – 2015. Bloomington, IN: Indiana Prevention Resource Center.

Family Opportunities for Involvement		
8 th Grade	36.4	34.6
10 th Grade	40.5	38.2
12 th Grade	40.8	38.3
School Opportunity for Involvement		
8 th Grade	32.2	29.4
10 th Grade	35.9	30.8
12 th Grade	35.9	30.3
School Rewards for Prosocial Involvement		
8 th Grade	42.3	46.2
10 th Grade	36.7	40.0
12 th Grade	48.5	48.3
Peer/Individual Interaction with Prosocial Peers		
8 th Grade	51.6	46.4
10 th Grade	50.6	48.7
12 th Grade	52.8	54.2

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2011; Gassman, et al., 2015).

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 2011 and 2015. 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, parental attitudes toward drug use and antisocial behavior, early initiation of drug use, and interaction with antisocial peers.

Risk Factor (Percentage at High Risk)	2011 CPF Funded Communities n=41,667	2015 CPF Funded Communities n=33,268
Laws and Norms Favorable to Drug Use		
8 th Grade	33.4	31.7
10 th Grade	40.8	40.9
12 th Grade	36.0	38.8
Perceived Availability of Drugs		
8 th Grade	28.4	22.1
10 th Grade	36.5	28.6
12 th Grade	41.1	37.1
Poor Family Management		
8 th Grade	28.3	25.7
10 th Grade	26.3	23.1
12 th Grade	29.7	27.1
High Family Conflict		
8 th Grade	53.2	51.0

10 th Grade	43.6	42.1
12 th Grade	39.6	41.0
Parental Attitudes Favor Drug Use		
8 th Grade	26.0	16.6
10 th Grade	38.0	25.7
12 th Grade	43.7	32.4
Parental Attitudes Favor Antisocial Behavior		
8 th Grade	42.6	36.9
10 th Grade	45.0	35.6
12 th Grade	43.1	38.1
School Academic Failure		
8 th Grade	34.5	36.2
10 th Grade	34.9	36.4
12 th Grade	31.7	32.7
Low School Commitment		
8 th Grade	37.2	42.0
10 th Grade	39.3	44.7
12 th Grade	44.6	49.7
Peer/Individual Early Initiation of Drug Use		
8 th Grade	28.5	17.3
10 th Grade	26.9	16.9
12 th Grade	27.2	19.3
Peer/Individual Attitudes Favorable to Antisocial Behavior		
8 th Grade	28.7	30.2
10 th Grade	32.2	31.6
12 th Grade	31.5	31.9
Peer/Individual Attitudes Favorable to Drug Use		
8 th Grade	25.6	26.5
10 th Grade	34.1	35.6
12 th Grade	34.9	39.2
Peer/Individual Perceived Risk of Drug Use		
8 th Grade	35.9	60.8
10 th Grade	34.5	58.8
12 th Grade	41.5	66.6
Peer/Individual Interaction with Antisocial Peers		
8 th Grade	42.5	32.9
10 th Grade	43.5	33.4
12 th Grade	44.0	33.8
Peer/Individual Rewards for Antisocial Involvement		
8 th Grade	37.6	44.8
10 th Grade	36.5	41.0
12 th Grade	45.0	48.9

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2011; Gassman, et al., 2015).

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 2011 for those communities receiving DMHA funds. Significant decreases were experienced for each of the priority substances from 2011 to 2015.

Priority Substance	2011 CPF Funded Communities n=41,667	2015 CPF Funded Communities n=33,268
30-Day Alcohol Use (percentages)		
8 th Grade	18.1	14.5***
10 th Grade	29.9	23.7***
12 th Grade	40.0	34.8***
Overall	28.0	22.0***
30-Day Cigarette Use (percentages)		
8 th Grade	10.7	6.3***
10 th Grade	17.5	10.5***
12 th Grade	25.0	16.2***
Overall	16.8	10.2***
30-Day Marijuana Use (percentage)		
8 th Grade	10.1	8.1***
10 th Grade	18.6	15.8***
12 th Grade	22.9	21.5***
Overall	16.5	14.0***
30-Day Prescription Drug Use (percentage)		
8 th Grade	4.5	2.6***
10 th Grade	8.7	5.1***
12 th Grade	11.0	7.3***
Overall	7.7	4.6***

* indicates p<0.1, ** indicates p<0.05, *** indicates p<0.001

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2011; Gassman, et al., 2015).

Progress made within DMHA funded communities since 2011 could indicate that strategies are working. However, to account for possible state or national trends, it is necessary to also examine data for those communities not funded by DMHA. The following table shows the 2015 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	2015 Statewide n=50,035	2015 Non-Funded Communities n=16,767	2015 CPF Funded Communities n=33,268
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30-Day Alcohol Use (percentages)			
8 th Grade	13.6	11.7	14.5***
10 th Grade	22.9	21.1	23.7***
12 th Grade	32.9	29.3	34.8***
Overall	21.5	19.3	22.7***
30-Day Cigarette Use (percentages)			
8 th Grade	6.3	6.4	6.3***
10 th Grade	10.7	11.0	10.5***
12 th Grade	16.2	16.2	16.2***
Overall	10.3	10.4	10.2***
30-Day Marijuana Use (percentage)			
8 th Grade	7.3	5.9	8.1***
10 th Grade	14.2	10.9	15.8***
12 th Grade	19.0	14.3	21.5***
Overall	12.6	9.7	14.0***
30-Day Prescription Drug Use (percentage)			
8 th Grade	2.5	2.1	2.6***
10 th Grade	4.7	3.9	5.1***
12 th Grade	6.3	4.5	7.3***
Overall	4.2	3.4	4.6***

* indicates p<0.1, ** indicates p<0.05, *** indicates p<0.001

Data from the Annual Survey on Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (Gassman, et al., 2015).

Results from the 2015 Indiana Youth Survey indicate that those that are receiving DMHA funds have statistically higher rates of use for alcohol, marijuana, and prescription drugs. However, past month cigarette use was lower in funded communities than unfunded communities. While it can be concerning to see that funded communities have higher use rates in 2015, it is important to remember that, when compared to themselves, they experienced significant decreases since 2011. This indicates that even though usage rates in DMHA funded communities are higher than non-funded communities, grantees have made significant progress in reducing substance use in their respective communities. These data would suggest continual involvement with these communities to continue to decrease their rate of substance use, as behavior change takes years to achieve.

IPRC Evaluation

In February 2015, 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 (73%)
- Knowledge of how different types of problems (e.g., poor academic performance) may have common risk factors and causes (60%)

- Awareness of resources for alcohol, tobacco, and drug prevention in Indiana (60%)
- Skills in selecting and implementing programs (60%)
- Skills in changing local policies to reduce alcohol, tobacco and other drug use (53%)
- Skills in building a prevention coalition in my community (53%)

Respondents were satisfied with IPRC services (87%), the support they receive from their Project Officer (67%), Corkboard online data reporting system (67%), and IPRC training opportunities (87%). One respondent commented: “The IPRC is ranked #1 for working with us to achieve our goals, getting back with us in a timely manner, and listening to feedback.”

Benefits received from working with the IPRC included:

- Gained skills in the Strategic Prevention Framework/Communities That Care (SPF/CTC) process (73%)
- Received training opportunities I might not otherwise have attended (87%)
- Provided ideas for new programs or efforts for my community (80%)
- Opportunity to dialogue with peers on important topics (87%)

In the coming year, the IPRC has plans to continue offering monthly training opportunities (at minimum), monthly technical assistance webinars, implementation fidelity, process monitoring, and opportunities for peer-sharing.

Challenges, Successes, and Recommendations

Fiscal year 2015 brought both unique and reoccurring challenges, many of which were seized and turned to successes. As indicated by the IPRC evaluation survey, DMHA-funded grantees exhibited tremendous improvement in readiness and data-driven decision-making. However, most did not utilize evaluation data to make midcourse corrections or decisions about continuation/discontinuation of strategies. In order to facilitate better use of evaluation results, it is recommended that:

- A single local-level evaluation provider be designated to provide a consistent and comparative evaluation of all DMHA-funded sites.
- A mid-year evaluation report be required (approximately January) in addition to the final report.
- Quarterly evaluation site visits be conducted to ensure that the evaluation plan is being followed, appropriate data are being collected, strategies are being implemented with fidelity, and evaluation results are presented and utilized by key stakeholders.

Staff turnover was seen at all levels – grantee, IPRC, and DMHA. In addition, the IPRC was under a new deliverables-based contract. These posed typical challenges related to expectations and role clarification. The IPRC was able to successfully provide all contracted services and provide accountability measures for a complex contract. In order to facilitate continued improvement in establishing outstanding working relationships and exemplary services to DMHA grantees, it is recommended that:

- A new staff orientation for grantees that involves coming to the IPRC to obtain one-on-one orientation to the grant and its requirements.
- Quarterly technical assistance site visits to each grantee be included in the IPRC contract.
- Quarterly evaluation site visits to each grantee be included in the IPRC contract (see recommendations above).
- No more than 15 communities be funded for SFY17 so that focused and dedicated attention can be provided to each grantee.
- The use of the Communities that Care system be continued as a tool for high-quality training that advances grantees' understanding of contributing factors/community conditions, data-driven decision-making, and evidence-based strategies.

Summary and Conclusions

While challenges were experienced this fiscal year, many positive outcomes have also resulted. Thirty-six 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, parental attitudes toward drug use and antisocial behavior, early initiation of drug use, and interaction with antisocial peers.
- Significant decreases in past month use of the priority substances in funded communities from 2011 to 2015.
- Significantly lower past month cigarette use in funded communities than unfunded communities. However, statistically higher rates of use for alcohol, marijuana, and prescription drugs were found for funded communities than unfunded communities.

These are products of an evidenced-based system to get communities mobilized and engaged in prevention efforts. Without the existence of DMHA funds, the CTC 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

FULTON COUNTY

Fulton County prioritized family conflict, perceived risk of drug use, community rewards for involvement, interaction with pro-social peers, and mental health promotion in FY15. To address these factors, Fulton County implemented Guiding Good Choices, R.O.P.E.S., Mental Health First Aid, and Youth Mental Health First Aid. Through these strategies, Fulton County reached 151 individuals in direct programs and did not reach any individuals in universal indirect (environmental) strategies. In FY15, Fulton County reported a lack of environmental strategies to affect community level change as challenging, but saw great success in implementing R.O.P.E.S. as an after school and in school prevention (character education) program.

GIBSON-POSEY COUNTIES

Gibson-Posey Counties prioritized family conflict, reward for anti-social behavior, low commitment to school, and community rewards for involvement in FY15. To address these factors, Gibson-Posey Counties implemented Life Skills Training, Strengthening Families, Social Norms Campaign, Al's Pals, and Project MAGIC. Through these strategies, Gibson-Posey Counties reached 180 individuals in direct programs, and 1213 in universal indirect (environmental) strategies. In FY15, Gibson-Posey Counties reported developing appropriate committees or work groups to support plan implementation and evaluation as challenging, but saw great success in ensuring that the program, policy or practice is reaching the targeted population.

WARRICK IMPLEMENTATION

Warrick Implementation prioritized interaction with anti-social peers, family conflict, parental attitudes favorable towards the problem behavior, and substance use in FY15. To address these factors, Warrick Implementation implemented Project Alert, Family Connections, Parents in Partnership, Reconnecting Youth Training, Lifeskills Training, Strengthening Families Program, and Family Foundations. Through these strategies, Warrick Implementation reached 364 individuals in direct strategies, and did not reach any individuals in universal indirect (environmental) strategies. In FY15, Warrick Implementation reported identifying potential funding sources and allocation strategies for each program, policy or practice as challenging, but saw great success in engaging and holding orientation sessions for new coalition members.

WARRICK FAMILY

Warrick Family prioritized interaction with anti-social peers, family conflict, parental attitudes favorable towards the problem behavior, and substance use in FY15. To address these factors, Warrick Family implemented Project Alert, Family Connections, Parents in Partnership, Reconnecting Youth Training, Lifeskills Training, Strengthening Families Program, and Family Foundations. Through these strategies, Warrick Family reached 162 individuals in direct strategies, and did not reach any individuals in universal indirect (environmental) strategies. In FY15, Warrick Family reported identifying potential funding sources and allocation strategies

for each program, policy or practice as challenging, but saw great success in engaging and holding orientation sessions for new coalition members.

MADISON COUNTY IMPLEMENTATION

Madison County prioritized Family Conflict, Social Availability, Perceived Risk of Drug Use, Laws and Norms Favorable to Drug Use in FY15. To address these factors, Madison County implemented Team Awareness, Parents Who Host, Lose the Most, Communities Mobilizing for Change and Strengthening Families. Through these strategies, Madison County reached 74 individuals in direct strategies, and 10 in universal indirect strategies. In FY15, Madison County reported a lack of faith-based participation among coalitions in the community as challenging, but saw great success in securing collaboration with the local Children's Bureau Agency.

GARY

Gary prioritized interaction with antisocial peers, family conflict, poor family management, and mental health in FY15. To address these factors, Gary implemented Reconnecting Youth, Youth Violence Prevention Conference, Strengthening Families, and Mental Health First Aid. Through these strategies, Gary reached 374 individuals in direct strategies, and 0 in universal indirect (environmental) strategies. In FY15, Gary reported collecting archival data (at the City level) to supplement The Indiana Youth Survey as challenging, but saw great success in obtaining school district support for the Indiana Youth Survey.

PIKE TOWNSHIP

Pike Township prioritized early and persistent anti-social behavior and family conflict in FY15. To address these factors, Pike Township implemented Too Good for Drugs, Active Parenting Now, Social Norm Messaging Campaign, and advocated for a Health Curriculum School Wide. Through these strategies, Pike Township reached 130 individuals in direct strategies, and 1385 in universal indirect (environmental) strategies. In FY15, Pike Township reported getting the Comprehensive Health School-Wide Curriculum implemented as challenging, but saw great success in implementing military parenting classes using the Active Parenting Now Curriculum.

BARTHOLOMEW FAMILY

Bartholomew County's Family grant prioritized early initiation of substance use, family management and conflict, and family rewards for pro-social behavior in FY15. To address these factors, they implemented Guiding Good Choices, reaching 158 individuals. In FY15, Bartholomew's Family grant reported getting fathers to attend GGC as challenging, but saw great success in reaching out to the Hispanic/Latino community.

BARTHOLOMEW IMPLEMENTATION

Bartholomew's Implementation grant prioritized perceived peer approval of substance use, early initiation of substance use, availability of drugs, interaction with pro-social peers, and community rewards for pro-social behavior in FY15. To address these factors, Bartholomew

Implementation implemented Project ALERT and Party SAFE. A change in the smoking policy of local businesses was outlined to be addressed, but was never implemented successfully. Through their two strategies implemented, Bartholomew Implementation reached 224 individuals in direct strategies, and 264 in universal indirect (environmental) strategies. In FY15, Bartholomew Family & Implementation reported maintaining consistent participation of Communities That Care Coalition as challenging, but saw great success in completing steps to receive outside funding for sustainability, including receiving commitments from all 12 sectors and submitting the DFC application.

BATESVILLE

Batesville prioritized availability of drugs, perceived risk of drug use, laws and norms favorable to drug use, community rewards for involvement, and parental attitudes favoring drug use in FY15. To address these factors, Batesville implemented AlcoholEdu, BOUNCE, youth council, 40 Developmental Asset initiative, and Community Awareness Campaign. Through these strategies, Batesville reached 1409 individuals in direct strategies, and 122,248 in universal indirect (environmental) strategies. In FY15, Batesville reported creating appropriate work groups to support plan development as challenging, but saw great success in ensuring that the community values collaboration.

DRUG FREE MARION COUNTY

Drug Free Marion County prioritized laws and norms favoring drug use, family conflict, low risk associated with use, perceived favorable attitudes towards use by peers, and interaction with anti-social peers in FY15. To address these factors, Drug Free Marion County implemented Strengthening Families Program, a parent prevention/public awareness campaign, and a prevention education curricula (the Michigan Model). Through these strategies, Drug Free Marion County reached 268 individuals in direct strategies, and 688,684 in universal indirect (environmental) strategies. In FY15, Drug Free Marion County reported identifying potential funding sources and allocation strategies for each program or policy as challenging, but saw great success in developing collaborative agreements with implementing organizations and providers.

GEMINUS LGBTQ

The Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Project (LGBTQ Project) grant prioritized: the high risk for substance abuse; high risk for depression and anxiety; high risk of avoidance of mental health, substance abuse, and other medical services; and low protection from culturally competent service providers as factors to address in FY15. Unlike other grants, these contributing factors were identified from a snowball needs assessment within the LGBTQ community in the four-county region the grant serves. To address these factors, Geminus LGBTQ implemented Alcohol: True Stories Hosted by Matt Damon, Alcohol Abuse Prevention Advertising, Signs of Suicide, Mental Health First Aid, Suicide Prevention Billboards, and created and implemented a LGBTQ 101 Cultural Competency Training. Through these strategies, Geminus LGBTQ reached 77 individuals in direct strategies, and 569,634 in universal indirect (environmental) strategies. In FY15, Geminus LGBTQ reported

identifying groups and locations to offer programming due to the size of the region and the dearth of LGBTQ-specific mental health or substance abuse resources in the area as challenging, but saw great success in creating an LGBTQ coalition and bringing many organizations to the table together for the first time.

HUNTINGTON

Huntington prioritized low perception of harm and involvement with pro-social peers in FY15. To address these factors, Huntington implemented Project ALERT, SPORT Prevention plus Wellness program, Too Good for Drugs, and Guiding Good Choices. Through these strategies, Huntington reached 157 individuals in direct strategies, and 0 in universal indirect (environmental) strategies. In FY15, Huntington reported recruitment and retention of program participants as challenging, but saw great success in identifying and assessing existing policies, programs, and practices that address the priority risk and protective factors.

ST. JOSEPH

St. Joseph prioritized ineffective parenting, lack of attachment and nurturing by parents/caregivers, perceived availability of drugs, early initiation of use, poverty, lack of ATOD education for youth and parents, low perceived risk of ATOD use, low school commitment, poor academic performance, and family conflict in FY15. To address these factors, St. Joseph implemented Celebrating Families!, Prescription Drug Drop Boxes, Media Campaign, Getting Ahead in a Just Gettin' by World, Financial Management, a Spring Speaker Series, Life Skills Training, Too Good for Drugs, Positive Action, and Prime for Life. Through these strategies, St. Joseph reached 112 individuals in direct strategies, and 132 in universal indirect (environmental) strategies. In FY15, St. Joseph reported a lack of a clear coalition vision as challenging, but saw great success in ensuring the community leadership had skills and expertise to support plan implementation and evaluation.

WAYNE COUNTY

Wayne County prioritized perception of harm of drug use, low protection for rewards in involvement, and family conflict in FY15. To address these factors, Wayne County implemented All Stars, Positive Action, and Guiding Good Choices. Through these strategies, Wayne County reached 147 individuals in direct strategies. In FY15, Wayne County reported needing more comprehensive data from the schools, the senior population, and other mental health providers as challenging, but saw great success in identifying a need to reinstate iChoose and other environmental strategies.

JOHNSON COUNTY

Johnson County prioritized family conflict, rewards for antisocial behavior, and peer/individual perceived risk of drug use in FY15. To address these factors, Johnson County implemented Family Camp, Parent and Adolescent Program, Jump Start, Adult and Youth Leadership Camp (and training of Facilitators for it), Project ALERT, Too Good for Drugs and Violence, the creation of a youth organization, and All Stars Junior Community. Through these strategies, Johnson County reached 838 individuals in direct strategies, and 60 in universal

indirect (environmental) strategies. In FY15, Johnson County reported coalition development (coalition had to be re-developed with change in fiscal agent, and did not occur until late in the grant cycle) as challenging, but saw great success in identifying and ranking needs for more training opportunities within the community.

LA PORTE COUNTY

La Porte County prioritized several risk factors relating to availability of drugs and favorable attitudes towards use in FY15. To address these factors, La Porte County implemented Strengthening Families Program, Youth Mental Health First Aid, a Juvenile Diversionary Group, and several Community Forums. Through these strategies, La Porte County reached 580 individuals in direct strategies, and 0 in universal indirect (environmental) strategies. In FY15, La Porte County reported implementing Strengthening Families with court mandates (lack of referrals) as challenging, but saw great success in offering two sections of the Strengthening Families Program in Spanish with over 25 families satisfactorily completing the program.

NORTH TOWNSHIP

North Township prioritized family conflict, parental attitudes favorable toward antisocial behavior, and mental health promotion in FY15. To address these factors, North Township implemented Strengthening Families Program, Guiding Good Choices, Mental Health First Aid, and the LEAD Initiative. Through these strategies, North Township reached 206 individuals in direct strategies, and 0 in universal indirect (environmental) strategies. In FY15, North Township reported attendance at Coalition Meetings as challenging, but saw great success in involving youth in implementation planning.

KNOX-SULLIVAN COUNTIES

Knox-Sullivan Counties prioritized family conflict, peer/individual rewards for anti-social behavior, parental attitudes favorable toward anti-social behavior and drugs, and rewards for pro-social involvement in school in FY15. To address these factors, Knox-Sullivan Counties implemented Safe Dates, Botvin Life Skills Training, KNOW! Awareness program, Education campaign, and Faith Partners. Through these strategies, Knox-Sullivan Counties reached 1297 individuals in direct strategies, and 904 in universal indirect (environmental) strategies. In FY15, Knox-Sullivan Counties reported ensuring that the program, policy or practice includes sufficient time, intensity, and duration to achieve desired results of Botvin Life Skills Program in South Knox High School as challenging, but saw great success in community collaboration.

MORGAN COUNTY

Morgan County prioritized laws and norms favorable to drug use, low perceived risk of drug use, and interaction with pro-social peers in FY15. To address these factors, Morgan County implemented All Stars, Date Smart, Join the Majority, UDTF-Law Enforcement Monitoring and Mentoring Initiative, Safe Dates, Smart Moves, and Talk They Hear You. Through these strategies, Morgan County reached 241 individuals in direct strategies, and 13,333 in universal indirect (environmental) strategies. In FY15, Morgan County reported

comprehensive community mobilization as challenging, but saw great success in establishing strong symbiotic relationships with mayor, other community leaders and law enforcement.

RUSH-FAYETTE COUNTIES

Rush-Fayette Counties prioritized family conflict and favorable attitudes toward substance use in FY15. To address these factors, Rush-Fayette Counties implemented Project ALERT, Too Good for Drugs and Violence, Students Against Destructive Decisions (SADD), increased enforcement of underage drinking/driving, Why Try, Guiding Good Choices, and Rush County Parenting Council. Through these strategies, Rush-Fayette Counties reached 1,552 individuals in direct strategies, and 15 in universal indirect (environmental) strategies. In FY15, Rush-Fayette Counties reported focusing on intervention and treatment as challenging, but saw great success in community awareness of the value of prevention.

KOSCIUSKO COUNTY

Kosciusko County prioritized family conflict, parental attitudes toward antisocial behavior, and community rewards for involvement in FY15. To address these factors, Kosciusko County implemented Mental Health First Aid, Strengthening Families, Parents Who Host Lose the Most, and Points Rewards Prizes based on the Kansas Meth Project model. Through these strategies, Kosciusko County reached 27 individuals in direct strategies, and 2,451 in universal indirect (environmental) strategies. In FY15, Kosciusko County reported the transition of coalition coordinators and the engagement of new coordinator assistance as challenging, but saw great success in conducting Mental Health First Aid classes.

INDIANA YOUTH GROUP, MARION COUNTY

Indiana Youth Group (YIG) prioritized substance abuse, depression, and suicidality Depression, low self-efficacy in FY15. To address these factors, Kosciusko County implemented Coping and Support Training (CAST), Strength-Based Case Management (SBCM) and The Systematic Training for Effective Parenting program (STEP). Through these strategies, YIG reached 133 individuals in direct strategies. In FY15, YIG was challenged by the number of youth through CAST being lower than expected. However, they saw great success in the number of parents through STEP increased. Eighty two parents/care givers were trained in STEP in 11 cohorts.

ALLEN COUNTY

Allen County prioritized family conflict as well as opportunities and recognition for pro-social involvement in FY15. To address these factors, Allen County implemented Strengthening Families 10-14. Through these strategies, Allen County reached 85 individuals in direct strategies; there were no universal indirect (environmental) strategies. In FY15, Allen County reported that ensuring that implementers have received needed training and technical assistance was challenging, but saw great success in collecting several sources of data as needed to supplement data provided through state level evaluators.

FLOYD COUNTY IMPLEMENTATION (Our Place)

Floyd County prioritized Perception of Risk, Peer rewards for Anti-Social Behavior and Social Availability in FY15. To address these factors, Floyd County implemented LifeSkills in the 4th, 7th and 10th grades (1,661 students), Too Good for Drugs and the Ripple Effect 4th grade after school programming (242 students), My Student Body College level program (619 students), and Parents Who Host lose the most. The last strategy is universal indirect and no data was reported on the population reach. Through these strategies, Floyd County reached 2,522 individuals in direct strategies. In FY15, Floyd County reported that they have not seen the progress they would have liked with the Parents Who Host Lose the Most strategy. They have successfully forged a strong collaboration with New Albany Floyd County Consolidated Schools' administrators which is finally opening an opportunity to revise/ enhance school ATOD policies. Programs such as LifeSkills and the Afterschool ROCKs in Floyd County have substantial reach and are successfully improving youth knowledge and attitude regarding drugs and abuse, specifically at younger ages.

FLOYD NEW NINE FIVE COUNTY COLLABORATIVE (Our Place)

Our Place prioritized peer rewards for antisocial behavior, family conflict and low commitment to school in FY15. To address these factors, Our Place implemented LifeSkills and Footprints for Life. Through these strategies, Our Place reached 3,155 individuals in direct strategies; there were no universal indirect (environmental) strategies. In FY15, Our Place reported keeping qualified committed staff to implement programs as challenging, but saw great success in the collaboration with the local school systems in each of the targeted counties that allowed them to reach our targeted audience.

FLOYD COUNTY FAMILY (Our Place)

Floyd County prioritized Family Conflict in FY15. To address these factors, Floyd County implemented Families in Transition and New Beginnings. Through these strategies, Our Place reached 56 individuals in direct strategies, and 61 in universal direct (environmental) strategies. In FY15, Our Place successfully hosted a local seminar on the impact of high conflict divorce and separations on children for local service providers, court officials, judges and attorneys. Floyd County continues to work around difficult norms among the judicial system about divorcing parents programming. This is challenging.

SCOTT COUNTY IMPLEMENTATION

Scott County prioritized suicide prevention, Low Commitment to School, Community Laws and Norms Favorable to Drug Use in FY15. To address these factors, Scott County implemented Why Try?, LifeSkills, All Stars, Parents Who Host, Lose the Most, Party Dispersal, Prime for Life, and QPR. Through these strategies, Scott County reached 1,275 individuals in direct strategies, Parents Who Host's participant reach was not tallied in universal indirect (environmental) strategies. In FY15, Scott County was challenged by not being able to get Youth Survey data from all Scott County schools in 2014. Scott County reported that the coalition successfully collaborated with Scott Memorial Hospital as they conducted their new assessment tool.

Scott County has been overwhelmed thus far in 2015 with an unprecedented HIV epidemic that has been inundating nearly all of the community agencies, law enforcement, schools, etc. As a result, Scott County has been very much in a triage mode in terms of everyone trying to help in whatever way to stop the spread of the disease first and foremost. However, everyone in Scott County now sees clearer than ever that substance abuse issues are at the root of this epidemic and many more of Scott Counties issues. So we are even more confident that once the spread of the disease is under control, that the community will be even more ready to focus efforts on substance abuse prevention.

SCOTT COUNTY FAMILY

Scott County prioritized family conflict in FY15. To address these factors, Scott County implemented Guiding Good Choices and Children in Between. Through these strategies, Scott County reached 104 individuals in direct strategies. There were no universal indirect (environmental) strategies. In FY15, Scott County reported that they are seeing increased recognition and referrals.

GREENE-DAVISS COUNTIES FAMILY GRANT (SIMA)

Southern Indiana Meth Alliance (SIMA) prioritized Family Conflict and Parental Attitudes Favorable Toward Drug Use in FY15. To address these factors, SIMA implemented Strengthening Families, Guiding Good Choices, Footprints for Life, and Too Good for Drugs and Violence After school program. Through these strategies, SIMA reached 128 individuals and 22 families in direct strategies. In FY15, SIMA reported being unable to secure a start date for one of the programs for one cohort was challenging, but saw great success in collaborating with the Department of Child Services for referrals to Strengthening Families Program.

CRAWFORD-HARRISON COUNTIES

Crawford-Harrison Counties prioritized Peer/Individual Interaction with Pro-Social Peers and Community Rewards for Involvement in FY15. To address these factors, Crawford-Harrison Counties implemented Too Good for Drugs and Violence, Community Norms Campaign, Footprints for Life, and Faith Partners. Through these strategies, Crawford-Harrison Counties reached 345 individuals in direct strategies, and 41,896 in universal indirect (environmental) strategies. Additional exposure from billboards was not calculated in the universal indirect strategy total. In FY15, Crawford-Harrison Counties reported the shift from the planning stage to the actual implementation of the Community Action Plan as challenging, but saw great success in that the evidenced based curriculum Footprints for Life now offered in all elementary school second grades in both counties.

Appendix B: Partnerships for Success II Grant

There are also five counties with grants to address Prescription Drug Misuse and Abuse. These grantees are funded by the national Partnerships for Success II (PFSII) grant from SAMHSA. These grants are evaluated primarily at the community level, as most are enacting environmental strategies. Those implementing individual programs are also being evaluated at the program-level. The PFSII communities have focused on implementing environmental strategies to reduce access to prescription drugs and change laws and norms related to prescription drug misuse and abuse. They have focused on increasing the use of the state PDMP, changing policies and practices in the medical community and in law enforcement, increasing the perception of harm of the misuse and abuse of prescription drugs, and changing the norms in their communities. Four of the five communities collaborated to create a social marketing media campaign and have had success reaching much of their populations in 2015. Evaluation includes following metrics provided from social media (e.g., website, twitter, Facebook, etc...) and traditional media sources (e.g., billboards, brochures, posters, etc...). Some have implemented programs, such as Guiding Good Choices, H.O.P.E. Mentoring Program, Teen Court, Life Skills and Prime for Life. The National Outcome Measures have been used as well as program provided tools for the evaluation of these strategies. Demographics and numbers served through all of the strategies have been tracked through monthly reports. The community coordinators also began reporting for the first time into the MRT system provided by SAMHSA. They were required to report evaluation results retrospectively from the beginning of the grant and will be required to continue reporting until the end of the grant, including the no-cost extension granted through December 31st, 2015.

MADISON COUNTY

Intersect, Inc. of Madison County prioritized Family Conflict, Perception of Risk of Drug Use, and Retail Availability/Social Access in FY15. To address these factors, Intersect, Inc., serving Madison County, implemented Project H.O.P.E. and the What's Your Side Effect campaign. Through these strategies, Intersect, Inc. reached 60 individuals in direct strategies, and 6300 universal indirect strategies. In FY15, Intersect, Inc. reported challenges and successes. Madison County has increase the number of Take Back events from 2 to 6 a year and have provided an additional drop-box location in the community. They have also reached out to the retired community and provided lock-boxes to keep their prescriptions safe and out of reach of youth. Attempts were made to collaborate with real estate agents and with the medical community, however, there was not a good response. The coordinator continues to make attempts to reach out and plans to create relationships with these sectors to change policies and practices resulting in the reduction of prescription drug access and availability.

MORGAN COUNTY

Healthier Morgan County Initiative (HCMI), serving Morgan County, prioritized Laws and Norms Favorable to Drug use and Retail Availability/Social Access in FY15. To address these factors, HCMI implemented environmental strategies entirely. They passed a new policy at a high school in the community to combat prescription drug misuse and abuse, law enforcement has changed practices regarding how they report prescription drug arrests, the coroner is now

reporting category of prescription drugs involved in deaths, ambulance drivers are now reporting category of prescription drug involved in overdoses, and a county-wide media campaign (What's Your Side Effect) has been implemented. Through these strategies, HCMI reached 15,585 individuals in universal indirect strategies. In FY15, HCMI reported many successes along with some challenges. The coordinator is highly involved in the community and has been very successful with capacity building and finding funds to sustain efforts. Challenges include difficulty with accessing the medical community to discuss prescribing practices due to busy schedules and changing laws at the state level affecting doctors.

PIKE COUNTY

Hoosier Uplands, serving Pike County, prioritized Family Conflict, Social Access/Retail Availability, and Laws and Norms Favorable to Drug Use in FY15. To address these factors, Reconnecting Youth and the What's Your Side Effect Campaign were implemented. Through these strategies, Hoosier Uplands, reached 3160 individuals in direct (Reconnecting Youth) and universal indirect (What's Your Side Effect campaign) strategies. In FY15, there were some challenges and success. The coordinator left the position and a new coordinator was not hired. However, a leader within the organization took the responsibilities and also delegated to other employees to make sure requirements were met. Successful implementation of Reconnecting Youth resulted in the high school receiving services as well as the community becoming engaged with the media campaign.

SCOTT COUNTY

Scott County Partnership, serving Scott County, prioritized Peer/Individual Interaction with Pro-Social Peers, Laws and Norms Favorable to Drug Use, and Retail Availability/Social Access in FY15. To address these factors, Scott County Partnership implemented Life Skills and What's Your Side Effect. Through these strategies, they reached 3221 individuals in direct (Life Skills) and universal indirect strategies (What's Your Side Effect Campaign). In FY15, Scott County reported some challenges and successes. Scott County Partnership lost their coordinator for the grant the previous year and did not hire a new coordinator. However, a team of individuals picked up the extra work and have successfully implemented Life Skills and the What's Your Side Effect campaign. They have also continued efforts to promote Prime for Life in the adult population to serve 18-25 year olds. This has proven to be challenging but they continue to try and address this hard to reach population.

VIGO COUNTY

The Community Alliance and Services for Youth Children (CASYS) prioritized High Family Conflict, Retail Availability/Social Access and Community Rewards for Community Involvement in FY15. To address these factors, CASYS implemented Strengthening Families, Retail Availability/Social Access, and Community Rewards for Involvement. Through these strategies, CASYS reached 177 individuals in direct strategies. In FY15, CASYS reported challenges and successes. CASYS has been implementing programs longer than any other PFSII community and has successfully been serving families and youth for the last 2 ½ years. CASYS has been working with Indiana State University to create a media campaign, but unfortunately this was not sustainable.