

SPF PFS Annual Report of Activities Year 1

SPF-PFS Goals: Reduce the nonmedical use of prescription drugs and underage drinking

Target Population: 12-25 year olds across Delaware

Annual Reporting Period: July 2015 - September 2016

Data Sources: Community Level Instrument-Revised, DSS, CRBS

1 OVERVIEW:

The Year 1 Annual Report for the SPF PFS project provides data on process and outcome measures associated with the PFS grant. This report covers activities from when the grant began implementation at the community level in July 2015 through September 2016 and the process data were pulled from the Community Level Instrument-Revised (CLI-R). Reported outcomes data are from the Delaware School Survey and the College Risk Behavior Survey. This report provides context around the activities implemented at the community level, such as number of activities implemented, and number of impacts made. It should be noted that the Year 1 report actually consists of 14 months of data vs. 12 months. Each of the funded community contractors were also provide reports specific to their SPF PFS efforts.

2 FINDINGS:

As can be seen in the PFS General report on Page 3, in the first 14 months of activities, approximately 673,539 impacts were made across 88 different activities by the eleven funded subrecipients. It should be noted that there is no mechanism to determine the unduplicated number of impacts across activities or across subrecipients but, even still, this is an impressive number. The majority of impacts can be attributed to environmental strategies and, to drill it down even further, can be attributed to DATE's prevention interventions. All six of the CSAP strategy types were implemented in the past 14 months. Alternative activities was the most common CSAP strategy type implemented (38%), following by prevention education (26%). A quarter of all activities implemented are considered to be evidenced based policies, practices, or programs. This percentage, with the guidance from the Management Team, is expected to increase over the next year of the grant. Subrecipients were most likely to identify youth groups, faith-based organizations and the business community as key stakeholders in their SPF PFS efforts. Eight of the eleven funded contractors leveraged resources from other funding sources to implement their SPF PFS activities. In regards to technical assistance and training received by the eleven subrecipients, a total of 597 hours were logged over the fourteen months! Since baseline (2014) the SPF PFS has seen a decrease in youth past 30 day alcohol use (20% to 17%) but no change in past 30 day prescription drug

Funding for this project (SP020704) has been provided by the Department for Health and Social Services, Division of Substance Abuse and Mental Health- State of Delaware through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA)

abuse. Excitedly, there were increases in the intervening measure of great or moderate risk associated with harming oneself from alcohol use (72% to 76%). Changes in the consequence measure, needing medical attention, were not present, which is most likely due to the very low number of students who responded that they needed medical attention due to alcohol or prescription drug abuse.

3 RECOMMENDATIONS:

1. Stronger emphasis on environmental strategies, particularly policy focused strategies, which are more likely to be sustainable post funding. As can be seen in the chart that provides the breakdown of CSAP strategy type of the 88 interventions implemented, 9% of those activities are considered environmental, and most of those environmental are enforcement focused activities implemented by DATE. It is recommended that the percentage of environmental strategies increase to 15% in Year 2 with the final goal being 25%.
2. Increase number of EBPPPs from 25% to 50% over the course of the grant. At baseline, 25% of activities implemented are considered to be EBPPP, over the next few years, it is recommended that this percentage increase to 50%.
3. Increase the number of subrecipients organizations that have written policies around health disparities and cultural competency so that all subrecipients' organizations have written policies by Year 3 of the SPF PFS grant.
4. The evaluation team will continue to monitor whether activities are being sustained across reporting periods for this grant. Although this determination cannot be made until data from Year 2 are completed and analyzed, there is concern that subrecipients may not sustain activities over the course of the grant. Activities should be chosen based on need in the community and ability to produce outcomes (reduction in alcohol use and prescription drug misuse). One way to address this possible issue would be to create a list or inventory of appropriate activities from Management that subrecipients can then choose to implement. The evaluation team will continue to monitor this possible issue and will make formal recommendations once more data are collected and analyzed.

PFS GENERAL REPORT

SPF-PFS Goals: Reduce the nonmedical use of prescription drugs and underage drinking

Target Population: 12-25 year olds across Delaware

Annual Reporting Period: July 2015 - September 2016

Total number of impacts (N):

- 673,539

IOM Category (N):

- Universal Direct:
 - 24,041
- Universal Indirect:
 - 643,966
- Selective:
 - 5,506
- Indicated:
 - 26

6 out of 6 CSAP Strategies Conducted!

88 separate activities were implemented. Twenty activities were multi-strategy interventions. **Number of Impacts by Strategy Type (N):**

- Environmental Strategies: 609,916
- Information Dissemination: 46,310
- Alternative Activities: 6,347
- Community-Based Process: 6,439

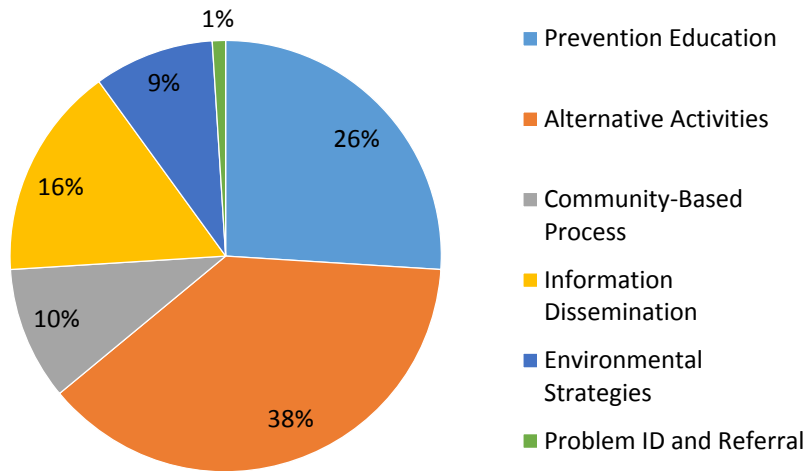
Participant Breakdown	
GENDER N; %	
Female	334,190; 50%
Male	317,504; 47%
Gender Unknown	21,845; 3%
AGE N; %	
0-11	76,386; 11%
12-17	56,850; 8%
18-20	56,249; 8%
21-25	212,788; 32%
26 and older	249,276; 37%
Age unknown	21,990; 3%

Targeted Substance:	Reported Outcome:	Percentage:		
		2014	2015	2016
Consumption Measures: <i>Past 30 Day Use</i>		2014	2015	2016
Alcohol	% of respondents who stated that they had consumed alcohol in the past 30 days	20%	19%	17%
Prescription Drugs	% of respondents who indicated prescription drug use in past 30 days	1%	1%	1%
Intervening Measures: <i>Perceived Risk</i>		2014	2015	2016
Alcohol	% of respondents who indicated that there is a 'great risk' or 'moderate risk' in harming oneself from the use of alcohol	72%	74%	76%
Prescription Drugs	% of respondents who indicated that there is a 'great risk' or 'moderate risk' in harming oneself from the use of prescription drugs without a prescription	N/A	70%	73%
Consequence Measure: <i>Medical Attention</i>		2014	2015	2016
Alcohol	% of respondents who indicated that they received medical attention in the past year due to drinking	<1%	<1%	<1%
Prescription Drugs	% of respondents who indicated that they received medical attention in the past year due to prescription painkiller use	<1%	<1%	<1%

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- Prevention Education: 4,501
- Problem Identification and Referral: 26

CSAP Strategy



Specific Community Outcomes for Contractors Serving College Students:

Consumption Measures: Past 30 Day Binge Drinking and Past 30 day Prescription Drug Use

	Binge Drinking			Prescription Drug USE		
	2014	2015	2016	2014	2015	2016
SWHP*	60%	56%	57%	1%	<1%	1%
Wesley*	33%	34%	30%	<1%	2%	<1%

*Given the higher rates of alcohol consumption on college campuses, the University of Delaware’s SWHP and Wesley College reported the prevalence of binge drinking (i.e., having 5 or more drinks in one setting) and not past 30 day alcohol consumption. For all Contractors except for SWHP and Wesley, the prescription drug prevalence measure captures only prescription *painkiller* use. Whereas, SWHP and Wesley report use of stimulants (e.g., Adderall), painkillers, and other prescription drugs.

Consequence Measure: <i>Suspensions</i> ¹		2014	2015	2016
Substance abuse	% of suspensions that were due to substance abuse	56%	63%	45%

Leveraging resources:

- **Eight** of the eleven contractors leveraged resources by receiving funding for PFS-SPF activities with help from other organizations/grants.

Health disparities efforts:

- Defined specific health disparities subpopulations (by demographics, language, age, socioeconomic status, sexual identity, or literacy)
- Identified specific substance use-related health disparities faced by selected subpopulations

¹ University of Delaware’s Student Wellness and Health Promotion also collected data on suspensions that were due to substance use as a consequence measure. Data from September 2013 – August 2014; September 2014 – August 2015; September 2015 – August 2016

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<ul style="list-style-type: none"> • In total, between 4% and 67% of SPF-PFS separate activities among these eight contractors were funded with help from other organizations/grants, including: <ul style="list-style-type: none"> ○ Student Affairs Office (Wesley) ○ Sussex County Action Prevention Coalition (KSCS) ○ DSAMH Block Grant (LACC) ○ Capital School District and William Henry Middle School (DEMCO) ○ Sussex County Council and individual donations/funding from other fundraising events (La Esperanza) ○ Drug-Free Communities Grant (ODI) ○ DE Alcohol and Tobacco Enforcement Agency, Other nonprofit organizations, and Student Wellness, UDPD, Fraternity and Sorority Life (UDSWHP) <p>Sustainability efforts:</p> <ul style="list-style-type: none"> • Leveraged, redirected, or realigned other funding sources or In-kind resources • Worked to ensure that prevention intervention activities are incorporated into the missions/goals and activities of other organizations • Worked to gain formal adoption of prevention intervention activities into other organizations practice • Worked on developing a partnership structure that will continue to function beyond the end of the PFS grant period • Worked to implement local level laws, policies, or regulations to guarantee the continuation of prevention intervention activities or outcomes • Contractors received at least 14 hours of SPF-PFS-related sustainability technical assistance training <p>Total number of TA hours Received:</p> <ul style="list-style-type: none"> • 597 hours 	<ul style="list-style-type: none"> • Obtained substance use-related data specific to the high-needs subpopulations • Considered health disparities in PFS planning process • Involved subpopulations experiencing health disparities in PFS activities • Received training to increase capacity related to substance use health disparities • Developed partnerships with agencies, organizations, or key stakeholders to address the health disparities • Implemented interventions specifically for health disparities subpopulations • Adapted interventions to make them apply to specific health disparities subpopulations • Increased the availability of substance use prevention services to health disparities subpopulations • Increased access to substance use prevention services for health disparities subpopulations • Evaluated changes in the number of individuals served or reached by subpopulations that face substance use health disparities • Developed a plan to sustain progress made in addressing substance use-related health disparities beyond the Partnerships for Success Initiative • Contractors received at least 70 hours of SPF-PFS-related health disparities technical assistance training <p>Cultural competency efforts:</p> <ul style="list-style-type: none"> • Eight of the eleven contractors had formal, written policies to address cultural competence • One contractor is aware of issues surrounding cultural competence, but has not developed formal, written policies yet, or these policies are currently being developed • Two contractors did not have formal, written policies to address cultural competence, but are required to follow the policies of the fiscal agency through which SPF-PFS funds are funneled
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<p>Evidence-based program, policy, or practice implemented:</p> <ul style="list-style-type: none"> • Twenty-five percent of all Contractor activities were evidence-based. Some examples of the evidence-based programs, policies, or practices implemented during the annual reporting period are: <ul style="list-style-type: none"> ○ Storytelling for Empowerment, All Stars, Coalition Meetings, LifeSkills Training, Compliance Checks, PRIME for Life, Brief Alcohol Screening and Intervention for College Students (BASICS) 	<ul style="list-style-type: none"> • Contractors received at least 44 hours of cultural competence technical assistance training
<p>Data for the annual report came from eleven Contractors: Two Contractors began implementing activities March 2016, one contractor began in February 2016, one in October 2015, one in July 2016, and six in July 2015. Three SPF Contracts ended this reporting period: one Contractor completed activities in June 2016, another Contractor completed activities in August 2016, and another one completed activities in September 2016.</p>	

Racial breakdown of participants

Race	N	%
American Indian or Alaskan Native	3,395	<1
Black or African American	117,390	17.4
White	443,442	65.8
Asian	23,164	3.4
Native Hawaiian or Other Pacific Islander	371	<1
Multiracial	17,012	2.5
Other	28,155	4.2
Race Unknown	40,610	6.0
Total	673, 539	100%

Identified Key Stakeholders

30 Key Stakeholders and up	
Youth Groups/Representatives	94
Clergy/Faith-Based Organizations	42
Business Community	36
Between 11 and 30 Key Stakeholders	
Other Organizations (e.g., coalitions, Greek Life)	25
Substance Abuse Treatment Organizations	24
Schools/School Districts	20
Parents/Family/Caregiver Groups	16
Law Enforcement Agencies	15
Substance Abuse Prevention Organizations	13
Media (Radio/TV stations; Newspapers)	13
Civic or Volunteer Organizations	12
10 Key Stakeholders and Below	
Other State, Local, or Tribal Government Agencies	10
Other Youth-Serving Organizations	9
Military	6
Mental Health Professionals/Agencies	4
Courts/Judiciary System	2
Organizations Serving LGBTQ Individuals	1
Tribal Leaders or Elders	0
TOTAL	352

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