



Kansas KPCCI

Evaluation Report 2015-2020

Contributors

This report was prepared by the Kansas Prevention Collaborative Evaluation Team, which includes membership from the Learning Tree Institute at Greenbush and the University of Kansas Center for Community Health and Development.

Acknowledgements

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Kansas Prevention Collaborative Community Initiative (KPCCI) Funded Partner Coalitions

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Executive Summary

This report summarizes the results of the Kansas Prevention Collaborative (KPC) from 2015-2020:

Enhancing the Kansas Prevention System

- Significant changes were made to the Kansas Prevention System (e.g., more resources to communities, centralized training and technical assistance, workgroups on evidence-based practices, enhanced web support) during the time of reorganization.
- Numerous services (e.g., conferences, trainings, technical assistance, web resources, comprehensive process, and outcomes data) were provided by the Kansas Prevention Collaborative to support grantees and build capacity.

Building Capacity

- Grantees readily engaged several members (4 or 5) in over 40 trainings.
- Partner participation in coalition activities was stable for half of the coalitions or decreased over time for the other half.
- Grantees gained specific prevention knowledge and were very satisfied with the training and support they received. “Everyone I've had contact with is very friendly and genuinely cares about supporting our work.”
- Capacity for prevention work changed little from the beginning to the end of the project (little to some capacity).

Implementing Evidence-Based Strategies

- 39 evidence-based strategies (e.g., Active Parenting, Conscious Discipline, Keeping it Real) were implemented by the 12 grantees. It Matters (Media Campaign) was most often implemented. On average grantees implemented these strategies well - with partial or full fidelity.
- There is limited evidence of significant improvement in capacity across grantees using the Readiness Assessment and Kansas SPF Collaboration and Capacity Survey.

Changing Outcomes

- Over 630,000 individuals were reached by Kansas Prevention Collaborative prevention efforts. Prevention education programs reached 2,719 individuals and information disseminated by the grantees reached over 600,000 people.
- A significant reduction in student alcohol use in the last 30 days was demonstrated in KPCCI Cohort I from 2017 to 2020 with a reduction greater than the state average. The 30-day marijuana use rate decreased, and the decrease was greater for grantees than the state average.

Recommendations

1. Quality assurance measures should be increased to ensure completion of deliverables and follow-up measures to verify documentation of deliverables are stored in logically assigned locations on the WorkStation. This recommendation results from missing data and deliverables needed to answer evaluation questions.
2. Continue to develop evaluation protocols that assess the KPC. Future evaluation reports to include broader system level efforts (e.g., PreventionWorKS, PreventionTalkS, Prevention Conference).
3. Increase and enhance community participation in grantee coalitions.
4. Conduct further evaluation of the initiative, especially the relationship between capacity and outcomes.

Background and Introduction

The Kansas Department for Aging and Disability Services (KDADS) Behavioral Health Services Commission manages mental health services in Kansas, working with 26 community mental health centers across the state. In addition, it oversees addiction and prevention service programs for the State of Kansas, including targeted workforce development initiatives. In addition, the commission works in close collaboration with the Governor's Behavioral Health Services Planning Council. The commission is also charged with overseeing the state's two psychiatric hospitals.

Supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), KDADS is responsible by statute and holds the authority and responsibility to coordinate and provide substance abuse and mental health services in Kansas. They promote effective public policy and develop and evaluate programs and resources for behavioral health prevention, treatment, and recovery services.

As a statewide system, KDADS historically funded Regional Prevention Centers (RPCs) across the state to assist local groups and individuals to mobilize communities using data to target high risk areas for youth. Prevention specialists at each RPC provided education, training programs, information, and consultation for multiple communities to assist in implementing plans to prevent alcohol, tobacco, and other drug use and misuse.

With intentional effort to move toward a more integrated and community-focused approach to behavioral health, in 2016, KDADS started the Kansas Prevention Collaborative (KPC). The new system no longer supported RPCs, but rather directly funded community coalitions.

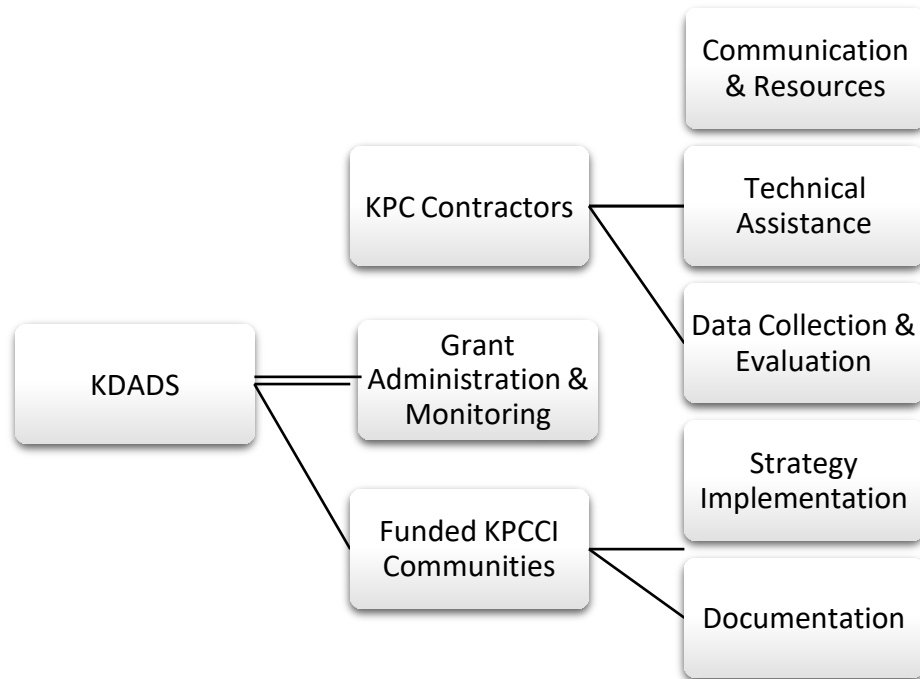
In June of 2015, four Kansas contractors were selected to provide state and local services and support as part of the Collaborative. Services provided by the Collaborative partners were designed to support capacity development, increase engagement and involvement, and expand opportunities including fiscal and other resources to communities across the state. A description can be found in Table 1.

Table 1: Kansas Prevention Collaborative Contractors and Roles

Contractor	Role
DCCCA, Inc.	<p>Community Training and Technical Assistance</p> <ul style="list-style-type: none"> - Provision of statewide training and technical assistance to community coalitions, community initiatives, and KDADS projects that may be focused on one or more behavioral health concerns (prevention of substance abuse, problem gambling, and suicide, and mental health promotion)
Learning Tree Institute at Greenbush	<p>Behavioral Health Data Collection, Analysis, and Evaluation</p> <ul style="list-style-type: none"> - Provision of statewide, regional, and local-level behavioral health data collection, analysis and evaluation including pre/post strategy evaluation, capacity assessment, and administration of the Kansas Communities That Care (KCTC) Student Survey.
University of Kansas Center for Community Health and Development	<p>Community Documentation Evaluation System</p> <ul style="list-style-type: none"> - Provision of statewide, regional, and local-level behavioral health data collection, analysis and evaluation including the administration and support of the Community Check Box evaluation system and the Kansas Prevention Collaborative WorkStation
Wichita State University Community Engagement Institute	<p>Communication and Connection</p> <ul style="list-style-type: none"> - Provision of statewide behavioral health education, resource and information dissemination, consumer outreach and advocacy including the development of a communication’s hub and the development and facilitation of a statewide prevention coalition.

Oversight of the Kansas Prevention Collaborative was provided by KDADS Prevention Manager and Prevention Specialists. In addition to guiding the work of the KPC contractors and funded KPCCI communities, the role of KDADS was grant administration, fiscal accountability, and monitoring. From 2015 – 2020, there were four individuals in the role of Prevention Manager for the state and several Prevention Specialist staffing changes. There were no changes in contracting agencies. Each KPC contractor had specific roles to support Kansas Prevention Collaborative Community Initiative (KPCCI) coalitions. Funded community coalitions were responsible for developing and implementing a tailored strategic prevention plan for their communities, collecting data, and documenting their accomplishments. The flowchart in Figure1 shows the infrastructure supporting the KPC.

Figure 1: Flowchart of the Infrastructure Supporting the Kansas Prevention Collaborative



Each year a KPCCI group or cohort of KPC community coalitions was funded by KDADS for a year-long planning grant. This ensured time for training to apply the Strategic Prevention Framework (SPF) planning process, including comprehensive needs assessment, capacity development, and appropriate strategy selection. The coalitions then applied for a three-year implementation grant to put their tailored strategic plan into action including monitoring and annual evaluation of activities and outcomes.

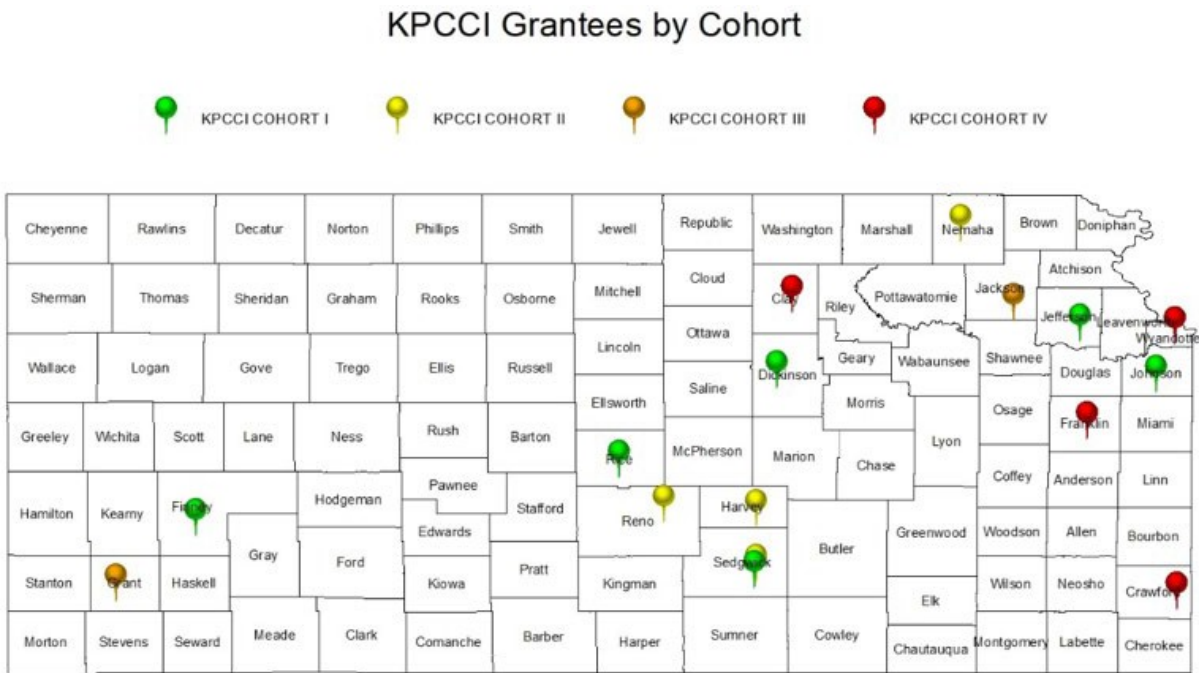
Figure 2 shows the timeline for both the planning and implementation phases of each KPCCI cohort group. This report will focus on processes and outcomes from Cohort I as it is the first group to complete the entire process under the reorganized KPC system. The grant process has two stages as shown, planning and implementation. Not all planning grantees became implementation grantees. Grantees moved from planning to implementation based on review of deliverables and availability of funding.

Figure 2: KPCCI Cohort Planning and Implementation Timeline

	KPCCI Cohort Timeline				
	I	II	III	IV	V
July 1, 2016-June 30, 2017	Planning				
July 1, 2017-June 30, 2018	Implementation	Planning			
July 1, 2018-June 30, 2019		Implementation	Planning		
July 1, 2019-June 30, 2020			Implementation	Planning	
July 1, 2020-June 30, 2021				Implementation	Planning
July 1, 2021-June 30, 2022					Implementation
July 1, 2022-June 30, 2023					
July 1, 2023-June 30, 2024					

Figure 3 is a map that shows the distribution of implementation grantees across the state by Cohort. Cohort I was comprised of six communities (Dickinson, Finney, Jefferson, Johnson, Rice, Haysville); Cohort II had four communities (Harvey, Nemaha, Reno, and Wichita); Cohort III had two communities (Grant and Jackson) and Cohort IV had four communities (Clay, Crawford, Franklin, Wyandotte).

Figure 3: Map of Funded Counties by Cohort Group



The Strategic Prevention Framework

KDADS and the KPCCI operate using the Strategic Prevention Framework (SPF). The SPF was designed to: (1) prevent and reduce substance abuse, including underage drinking; (2) reduce problems in communities related to substance abuse; and (3) enhance prevention capacity and infrastructure at the state and community levels (Substance Abuse and Mental Health Services Administration, 2011). The SPF consists of the following five phases which should be completed at both the state and community levels: (1) **Assessment** - conduct a needs assessment and prioritize areas of need; (2) **Capacity** - mobilize and build state and community capacity to address needs; (3) **Planning** - develop a state and community-level strategic plan for prevention; (4) **Implementation** - implement evidence-based prevention practices to meet state and community needs; and (5) **Evaluation** - monitor and evaluate the implementation of the model and strategies.



Key Evaluation Questions

To evaluate the new KPC as a state system, as well as the funded communities' capacity to implement the SPF and produce effective prevention-based outcomes, the KPC evaluation team developed a set of key process and outcome evaluation questions.

1. Did introduction of the KPC model lead to integration of broader community behavioral health?
2. How many individuals received KPC services and support? / What services and supports were most often used?
3. What was the participation level of coalition members in KPC training?
4. How many individuals from funded coalitions received KPC training?
5. Were KPC training events effective in increasing coalition knowledge?
6. How were KPC supports perceived by funded coalitions and task forces?
7. Was the capacity of community coalitions increased/improved?

8. What evidence-based strategies were implemented by funded communities?
9. Were selected strategies and action plans implemented fully and with fidelity?
10. How many people were reached or served by each strategy implemented?
11. How did implementation of strategies result in changes in participant outcomes related to targeted risk factors and youth substance use?
12. Were funded communities successful in reducing targeted youth 30-day substance use compared to historic values?
13. Were changes in funded communities different from changes in the state average?

Enhancing State Infrastructure through Systems Changes

1. Did introduction of the KPC model lead to integration of broader community behavioral health?

There have been many infrastructure changes that have occurred because of, or coinciding with, the reorganization of the Kansas prevention system and development of the KPC including changes in climate at national, state and community levels. In addition to a reorganization of the prevention system, significant staff changes have taken place within the state and KDADS leadership during this time. Significant prevention infrastructure developments that were not in place prior to KPC are discussed as follows.

State Level Changes

Broader Behavioral Health Focus:

- A concerted effort was made to broaden the scope of prevention to include mental health, depression, suicide, and problem gambling. This inclusive nature was seen by partnering with KEYS for Networking, the National Alliance for Mental Illness (NAMI) Kansas, and Headquarters, Inc.

New Statewide Coalitions & Organizations

- **PreventionWorKS**
 - PreventionWorKS is a statewide prevention coalition that connects individuals and groups across the state in prevention work. Since 2016, quarterly meetings have provided opportunities for mentoring and working collaboratively to integrate behavioral health promotion and the prevention of substance abuse, suicide, and problem gambling. These

meetings have been attended by hundreds of people with ongoing evaluation and adaptation as recommended by attendees.

○ PreventionTalkS

- PreventionTalkS was developed to provide an opportunity for community coalitions and others across the state of Kansas to connect and learn from one another and from professionals with specific and relevant topic expertise. The purpose of PreventionTalkS is to promote citizen education and to increase public awareness of behavioral health promotion and prevention. This service offers a monthly podcast highlighting timely prevention-related topics of interest to stakeholders across Kansas.

○ SEOW

- The Kansas State Epidemiological Outcomes Workgroup (SEOW) is a group of data experts and prevention stakeholders responsible for bringing data on substance misuse and related behavioral problems to the forefront of the prevention planning process. While this group has existed since 2005, it became more active as the result of the KPC with quarterly meetings occurring throughout the year.

○ Evidence-Based Strategies Workgroup

- The Evidence Based Strategies Workgroup was convened to support Kansans through promoting the use of evidence-based strategies to better integrate promotion, prevention, treatment, and recovery services. The workgroup developed a matrix of evidence-based prevention strategies that is offered to the public with community coalitions as a tool to support planning for effective and comprehensive prevention efforts. This matrix offers a blend of environmental strategies and curricula-based prevention education programs. Stakeholders may research and select strategies that align better with identified risk and protective factors.

○ KPC Training Team

- Staff from the KPC contractors convened a Training Team to develop and deliver KPCCI training on the steps of the SPF and to provide information needed to successfully develop and implement their strategic plans. Members of the team have expanded training expertise to meet the needs of Kansas communities. The group regularly evaluates feedback from training to ensure satisfaction and knowledge gain and makes improvement to each training based on respondent feedback.

Annual Prevention Conference

- The first Kansas Prevention Conference was held in 2018 and has continued annually since that time. The conference provides educational opportunities to increase awareness of emerging trends, build skills and knowledge to prevent suicide, alcohol, tobacco, and other drug abuse, and advocate for best practices. In 2018, 209 individuals attended the conference. Attendance was 179 in 2019. The 2020 conference will be held virtually October 14-16.

Kansas Prevention Collaborative Website

- A new Kansas Prevention Collaborative website was created to serve as part of the communication hub for behavioral health coalitions across the state. The website was designed to ensure that coalitions have access to tools necessary to sustain work within their communities.
<https://kansaspreventioncollaborative.org/>

KPC Workforce Survey

- In 2016 and again in 2018 the KPC conducted a survey to assess stakeholder satisfaction with KDADS, KPC contractors, and services provided. This information was used internally to monitor and improve training and technical assistance and to guide additional prevention supports.

Prevention e-Learning Modules and Toolkits

- The KPC Training and technical assistance contractor developed several e-learning modules and toolkits to assist coalitions across the state. A wide variety of topics were covered including the fundamentals of prevention, the Strategic Prevention Framework, Adverse Childhood Experiences, substance use and suicide prevention resources and toolkits. Additional topics useful to coalitions include grant writing, community mobilization, and leadership.

Additional Surveillance Sources

- Prior to 2017, Kansas did not have a systematic method of monitoring the perception and behavior of young adults aged 18-25. In 2017 and again in 2019, the Kansas Young Adult Survey was administered statewide as part of the Kansas Partnerships for Success grant. Additionally, a statewide Problem Gambling Survey was administered in 2017. These additional sources of data were part of the overall effort to broaden behavioral health and extend surveillance across the lifespan. Along with the Kansas Communities That Care Student Survey, results of Kansas Young Adult Survey and Problem Gambling Survey can be found on the following link: www.kctcdata.org

Along with new infrastructure developments, many existing structures and resources were enhanced during this time.

The Kansas Prevention Collaborative WorkStation and Community Check Box

- In September of 2015, the Online Documentation and Support System (ODSS) was rebranded and refurbished as the Community Check Box (CCB).
- In October of 2017, all WorkStations were upgraded from SharePoint 2013 to SharePoint 2016. During this upgrade, user logins were switched to Microsoft accounts for authentication, password resets, and account management.
- In December of 2018, a complete overhaul of the Community Check Box evaluation system was implemented, expanding user capabilities for reports and graphs, as well as adding visual dashboards with customizable interfaces.
- In Fall 2020, plans are moving forward with the integration of Tableau, a state-of-the-art visual analytics platform to better enhance reports, graphs, and data sharing with third parties.

Kansas Communities That Care (KCTC) website

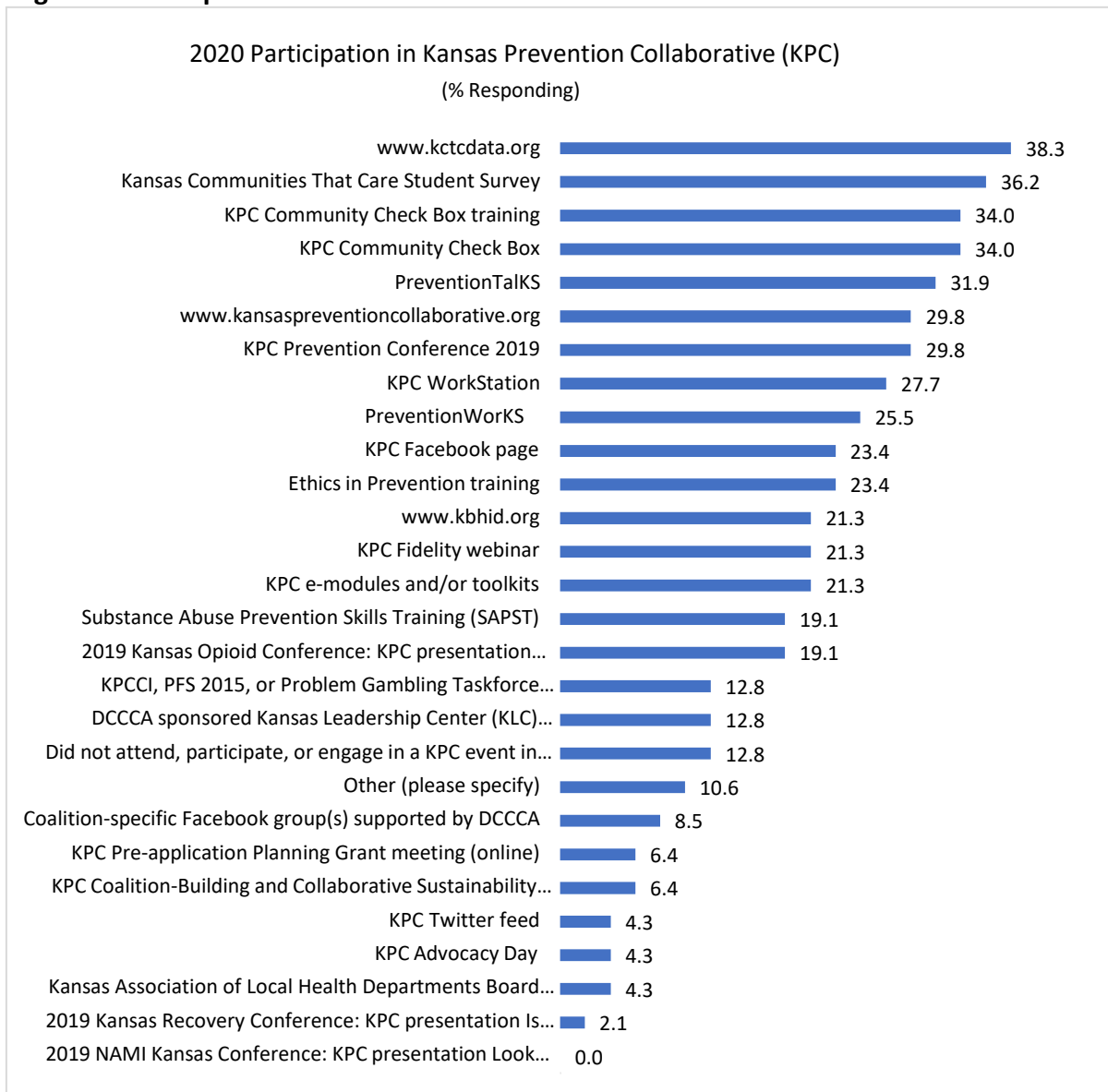
- The KCTC website enhancements went into effect in 2019 with a new logo and updated look, feel, and functionality. Statewide county data mapping was added for every survey question to allow for easy hot-spot tracking and. Pages were added to allow for summary views of often viewed data such as rank order county substance use and perceived risk of harm from substance use.
www.kctcdata.org

Capacity to Implement SPF

2. How many individuals received KPC services and support and what services and supports were used most often?

The KPC offered many services; training, technical assistance, tools, and resources to KPCCI grantees and other stakeholders. Figure 4 shows data from the 2020 KPC Workforce Survey Report ranking the percentage of individuals accessing or receiving KPC services. Forty-nine individuals responded to the survey. Not surprisingly, services with the largest percentage of individuals engaged (Kansas Communities That Care Student Survey and KPC Community Check Box) were tied to KPCCI grant deliverables.

Figure 4. Participants in Services from Kansas Prevention Collaborative



Capacity Building Efforts

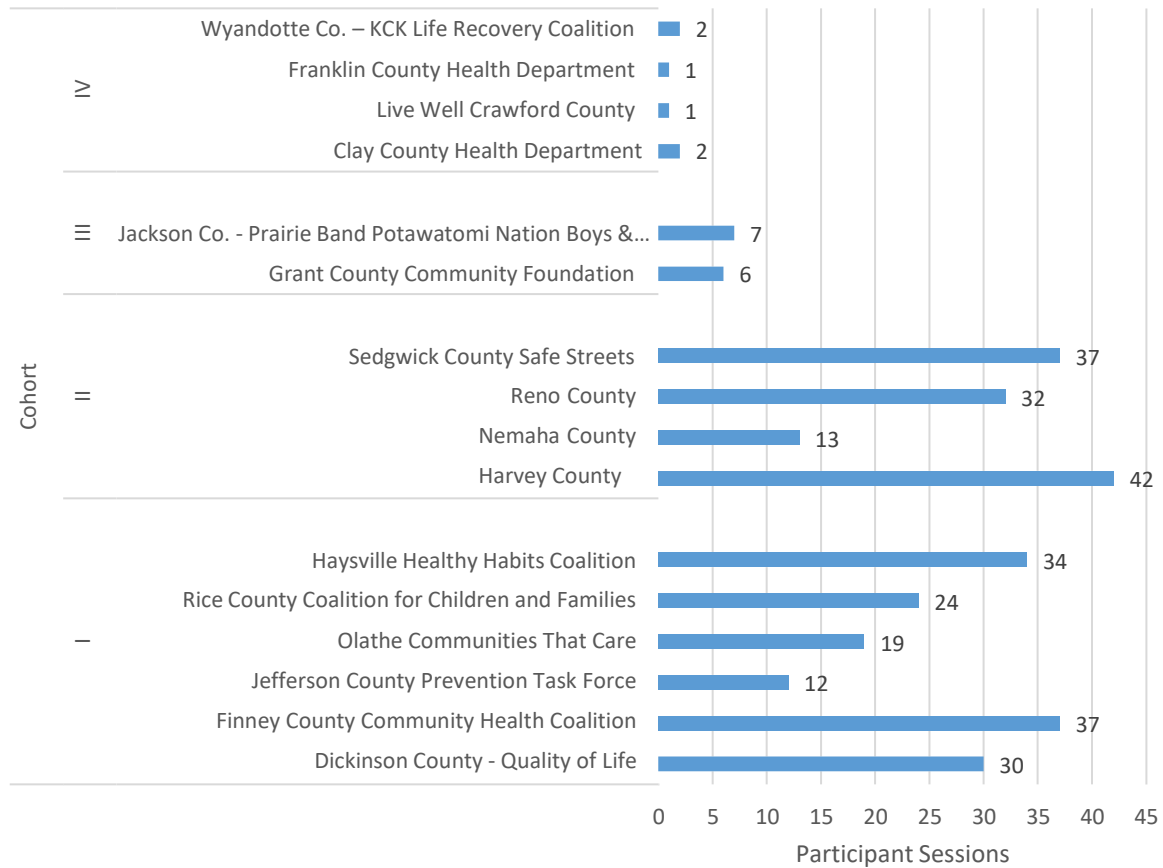
The capacity of funded communities to implement the SPF was measured using several instruments and metrics. *Participation in Training* is a metric that shows the amount of coalition participation in trainings. *Unique Coalition Participants* in training and engaged partners are other metrics used to gauge capacity. It shows breadth of training across coalition partners. *Kansas Prevention Collaborative (KPC) 2nd Annual Workforce Survey* was used to assess grantee perception of the trainings. Two other measures used to examine changes in community collaboration and capacity were the *Tri-Ethnic Research Center Community Readiness Assessment* and the *Kansas SPF Collaboration and Capacity Survey*.

3. What was the participation level of coalition members in KPC training?

Participation in Training

Participation in training is the sum of the number of individuals from a coalition in each training session. Trainings were provided by KPC. The types and number of trainings included PreventionWorKS (6), Environmental Strategies, ACEs Training, Data Evaluation, Program Training (6), Prevention Works (10), Orientation (2), SPF Prevention Training (7), SAPST (2), PIE, Prevention Advocacy Day, Work Force, and Ethics (5). Coalitions in Cohorts I and II had the most overall participation training. Cohort I participation ranged from 12 to 37 persons attending training with a mean of 26 and Cohort II ranged from 13 to 42 with a mean of 31. Coalitions in Cohorts III and IV ranged from 1 to 7. Cohort III and IV were more recent grantees and had less opportunity to participate in training. Documentation of participation in several trainings were not available. Figure 5 shows participation levels for each grantee.

Coalition Participation in Training (Member attendance at training session)



4. How many individuals from funded coalitions received KPC training?

Table 2 shows the number of participants (unduplicated) from each coalition in training provided by KPC. The number of participants from each coalition ranged from 1 to 9 individuals. This information is drawn from existing rosters which may have been incomplete, potentially lowering the actual number of participants. Cohort I averaged about 6 participants from each coalition and Cohort II averaged about 8 participants from each coalition. Cohort III and IV were more recent grantees and had a shorter time to access training, than earlier cohorts.

Table 2: Number of Participants in Training from Each Funded Cohort

		County	Coalition	# of Unique participants
Cohort	I	Dickinson	Quality of Life	4
		Finney	Finney County Health Coalition	7
		Jefferson	Jefferson County Prevention Task Force	3
		Johnson	Olathe Communities That Care	6
		Rice	Rice County Coalition for Children and Families	6
		Sedgwick-Haysville	Haysville Healthy Habits	5
II		Harvey	Mirror Inc	5
		Nemaha	United 4 Youth	3
		Reno	Reno CTC	5
		Sedgwick-Wichita	Safe Streets	9
III		Grant	Grant County Community Foundation	1
		Jackson	PBPN	4
IV		Clay	Clay Counts	2
		Crawford	Live Well Crawford	1
		Franklin	Franklin County Substance Abuse and prevention Coalition	1
		Wyandotte	KCK Recovery Coalition	2

5. Were KPC training events effective in increasing coalition knowledge?

The KPC had a Training Team that consisted of representatives from KPC contractors including DCCCA, Wichita State University Engagement Institute, Learning Tree Institute at Greenbush, and the University of Kansas Center for Community Health and Development. This team developed content and provided training to grantees on numerous topics. Much of the training focused on information needed to successfully develop and implement a comprehensive strategic prevention plan following the steps of the SPF. Highlights and key findings for each training type are presented in **Appendix I** for years 2017-2020. These highlights demonstrate that grantees gained specific content knowledge from the information and materials shared in training and answers a supplemental evaluation question. Results also included content areas where additional follow-up or training was needed. The KPC Training Team reviewed and used evaluation reports from each training to provide enhancements in future years.

6. How were KPC training and supports perceived by funded coalitions?

The 2019-2020 *Kansas Prevention Collaborative (KPC) 2nd Annual Workforce Survey* was administered on January 21, 2020, through February 24, 2020. KPC contacts were invited to share their feedback regarding KPC services to guide planning efforts for the next fiscal year.

Participant responses were aggregated into two participant types: KDADS Grantee and Non-Grantee. KDADS Grantees included the KPCCI, Partnerships for Success, and Problem Gambling Taskforce. Non-grantees included the KPC full contact list: previous grantees and individuals that attended a 2019 KPC training or event, and KPC Coalitions not included in current KDADS initiatives. This report includes only responses from 13 KPCCI grantees.

Overall, responses were positive. When asked what KPC contractors have done well in 2019 some highlighted comments included:

- Everyone I've had contact with is very friendly and genuinely cares about supporting our work
- In-person and on-line trainings have been informative.
- Helpful and enthusiastic to see our coalitions succeed.
- PreventionWorkKS events are very informative, and beneficial to work being done.
- All contractors are helpful and want the best for each coalition
- Contractors seem to work well together and try to meet the needs of communities in the state.
- Communication and outreach

When asked what KPC contractors could do differently to support coalition prevention efforts, grantees reported that the Community Check Box was complicated and a time-consuming piece of the process. Suggestion to attend coalitions meeting and provide advice for improvement as well as having more virtual or recorded training.

Respondents were asked to rate their satisfaction level and level of agreement with statements about the KPC as a whole and for associated agencies, contractors, and Services.

Figure 6 shows responses to the question “Overall, how would you rate your experience with prevention services and support in the past year from the Kansas Prevention Collaborative?” While 18.2 percent rated their experience as average, almost half (45.5%) reported good and 36.4% rated their experience as very good.

Figure 6: Satisfaction with KPC Services and Support

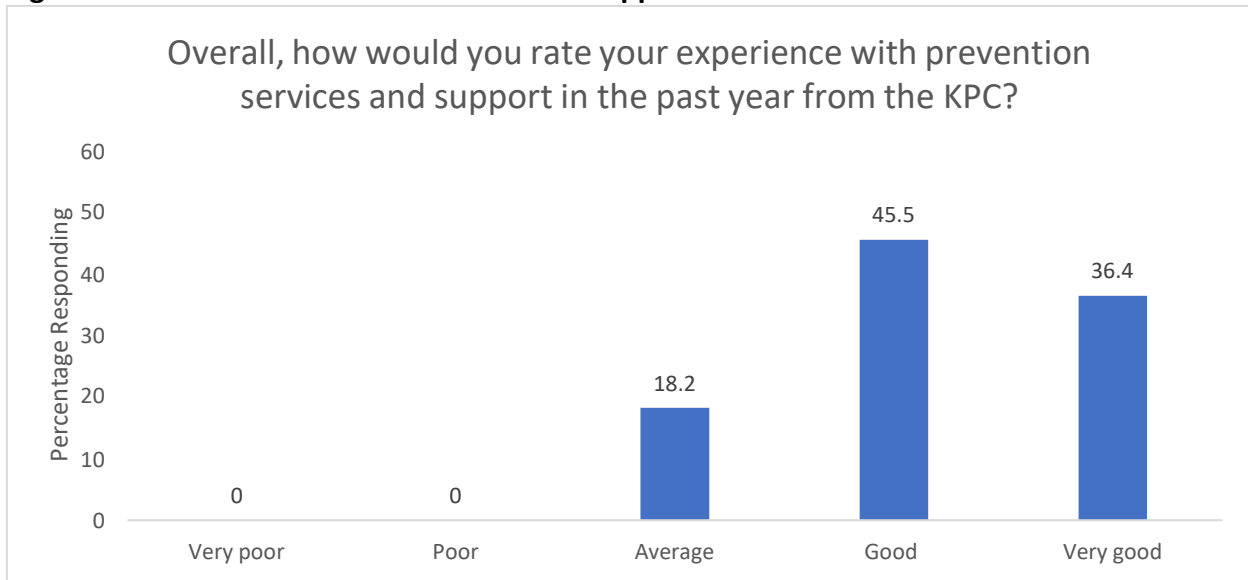
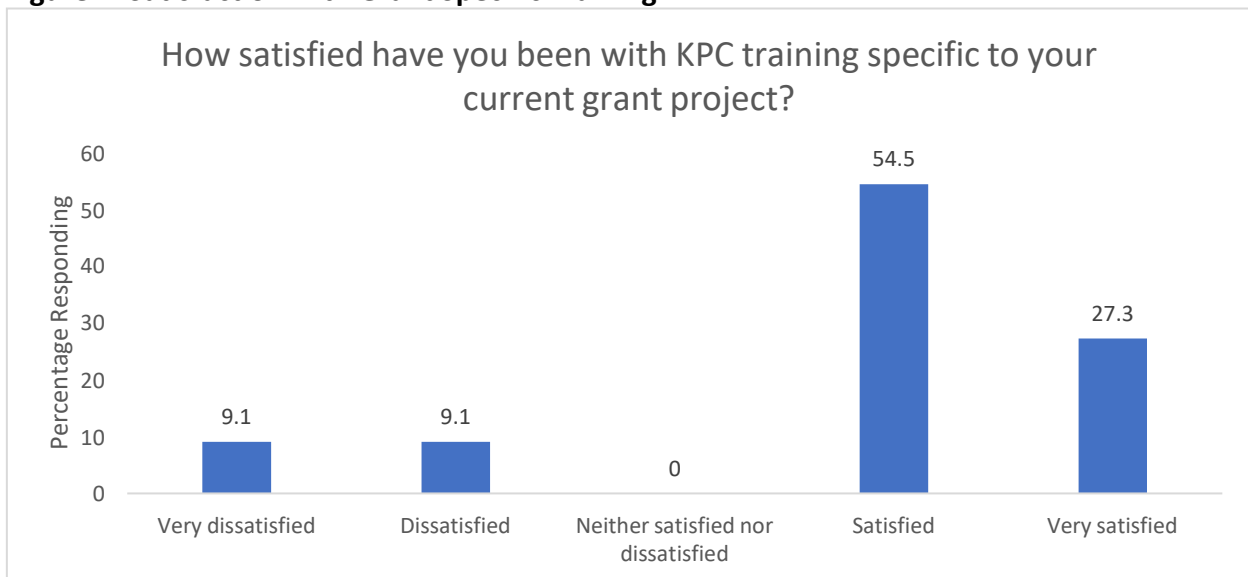


Figure 7 shows responses to the question “How satisfied have you been with KPC training specifically for your current grant project?” Two individuals were dissatisfied with the KPC training they received (9.1% very dissatisfied and 9.1% dissatisfied). Over half (54.5%) were satisfied and over 27 percent (27.3%) were very satisfied with training they received for their project.

Figure 7: Satisfaction with Grant Specific Training



Satisfaction with KPC training and support was also evaluated after each training provided. **Appendix II** shows the level of satisfaction for each type of training for years 2017-2020 on six standard measures. Range of satisfaction is summarized as follows.

- Overall satisfaction (85.7% - 100%)
- Satisfaction with facility (76.5% - 100%)
- Satisfaction with presenters' knowledge (85.7% - 100%)
- Satisfaction with scope of information (85.7% - 100%)
- Satisfaction with the time allotted (75.0% - 100%)
- Ease of use of web conference technology (91.3% - 100%)
- Effectiveness of web conference technology (78.3% - 100%)

7. Was the capacity of community coalitions increased/improved?

Tri-Ethnic Research Center Community Readiness Assessment

The *Tri-Ethnic Center Community Readiness Assessment* utilized key informant interviews which were then scored to determine a community's degree of readiness across the following six dimensions: (1) Community Efforts, (2) Community Knowledge of the Efforts, (3) Leadership, (4) Community Climate, (5) Community Knowledge about the Issue, and (6) Resources Related to the Issue. Each community was at one of the following readiness levels:

- 1) No awareness
- 2) Denial/Resistance
- 3) Vague Awareness
- 4) Preplanning
- 5) Preparation
- 6) Initiation
- 7) Stabilization
- 8) Confirmation/Expansion
- 9) High level of community ownership

Little change was found between the baseline and post-intervention assessments across the six dimensions or across total scores for each grantee. The average total score for the readiness dimensions for the baseline assessment was 4.0 (range of 1-9) and average scores across all the dimensions ranged from 3.5 to 4.0. The average total score for the readiness dimensions for the post assessment was 3.8 and the scores across all the dimensions ranged from 3.4 to 4.2. There was little change in total scores from baseline to post assessment across grantees. Changes in the total score from baseline to post assessment for each grantee ranged from 0.0 to -0.2. The data were sparse, and these results should be interpreted carefully.

Active Partners in the Coalitions

Grantees documented active participation in coalition activities each quarter. To ensure diversity of perspective, each community was required to get a minimum of one representative from each of the 12 required community sectors. Most communities had many multiple representatives from each of the sectors. Representatives were identified from the following 12 community sectors: (1) Business community, (2) Civic and volunteer groups; (3) Healthcare

professionals, (4) Law enforcement agencies, (5) Media, (6) Parents, (7) Religious or fraternal organizations, (8) School, (9) State, local, or tribal agencies, (10) Youth, (11) Youth-serving agencies, and (12) Other organizations involved in reducing substance abuse.

The average change in active participants from the initial phase of the project to the later phase was a loss of 12 participants. The range of change in participation was an increase of 17 to a loss of 17 participants. Half of the grantees' participation levels did not change significantly.

Kansas SPF Collaboration and Capacity Survey

The *Kansas SPF Collaboration and Capacity Survey* was an online survey used to obtain information about how organizations in communities worked together to reach common goals related to their goals. The survey assessed coalition capacity for sharing resources, building relationships, and communication. The survey was comprised of 23 items which supported three sections and included: demographics, collaboration, and capacity. To ensure diversity of perspective, each community was required to get a minimum of one representative from each of the 12 required community sectors to complete the survey. Usually, there was more than one representative from a sector. Respondents were not the same people, which might influence the responses and some samples were small increasing the weight of one or two voices.

The areas of Coalition Development, Vision, Mission and Goals, Sustainability, Community Assessment, Policy and Systems Change, Leadership, Cultural Competence and Communication were scored. The score ranges from 0 (no capacity) to 4 (strong capacity). The grantees reported "little capacity" to "some capacity" at baseline as well as at post assessment. The change in mean scores pre to post for each of the dimensions across grantees is presented in Table 3. More grantees reported improvement in Community Assessment (over 50%) and Coalition Development (50%). Mixed numbers of grantees showed improvement for sustainability, Policy, & Systems Change, Leadership and cultural adaptation.

Table 3. Mean Values of Pre/Post Coalition Capacity Survey Results

Coalition	Coalition Development			Vision, Mission & Goals			Sustainability			Community Assessment		
Implementation I	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
Dickinson County- Quality of Life	2.0	2.6	0.6	2.0	1.6	-0.4	1.9	1.7	-0.2	1.9	2.2	0.3
Finney County Community Health Coalition	2.0	2.2	0.2	1.9	1.6	-0.3	1.8	1.9	0.1	2.0	1.8	-0.2
Jefferson County Prevention Task Force	2.7	2.4	-0.3	2.3	2.0	-0.3	1.9	1.9	0	2.2	2.0	-0.2
Olathe Communities That Care	2.5	1.5	-1.0	1.9	1.8	-0.1	1.6	1.4	-0.2	2.3	2.5	0.2
Rice County Coalition for Children and Families	2.0	1.6	-0.4	1.6	1.4	-0.2	1.6	1.3	-0.3	1.6	1.6	0
Haysville Healthy Habits Coalition	2.3	2.6	0.3	2.2	2.1	-0.1	1.7	1.8	0.1	2.2	2.3	0.1
Coalition	Policy & Systems Change			Leadership			Cultural Competence			Communication		
Implementation I	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
Dickinson County- Quality of Life	2.1	2.0	-0.1	2.1	2.0	-0.1	2.5	2.5	0	1.8	2.1	0.3
Finney County Community Health Coalition	2.1	2.0	-0.1	2.0	1.9	-0.1	1.9	1.8	-0.1	2.0	1.9	-0.1
Jefferson County Prevention Task Force	2.2	2.4	0.2	2.6	2.6	0	2.5	2.5	0	2.4	2.3	-0.1
Olathe Communities That Care	2.3	1.8	-0.5	2.3	1.8	-0.5	2.6	1.9	-0.7	2.4	2.1	-0.3
Rice County Coalition for Children and Families	2.4	1.7	-0.7	1.8	1.8	0	2.0	1.7	-0.3	2.0	1.7	-0.3
Haysville Healthy Habits Coalition	2.4	2.6	0.2	2.3	2.1	-0.2	1.8	2.6	0.8	2.2	2.1	-0.1

Legend:

	Decrease
	Increase
	No Change

Implementing Evidence-Based Strategies

8. What evidence-based strategies were implemented by funded communities?

There were 39 evidence-based strategies (e.g., Active Parenting, Conscious Discipline, Keeping it Real) implemented across 12 grantee communities. On average, six strategies were implemented by grantee communities, with the total number of strategies implemented by individual grantee communities ranging from one to 14 strategies implemented per coalition. Cohort I implemented on average seven strategies and Cohort II implemented an average of five strategies. The most implemented evidence-based strategy was It Matters (Media Campaign) with 75% of the 12 funded communities implementing this strategy. Comprehensive strategic plans were developed by the grantees and multiple strategies across different settings and levels were promoted. The majority (70%) of evidence-based strategies were programs, and approximately 45% of all strategies were implemented in the school setting. Nearly, all the communities had a good balance of both program and environmental strategies. Most of the communities implemented five or more strategies. Table 4 lists the evidence-based strategies by Cohort and grantee.

Table 4. Evidence-Based Strategies by Cohort and Grantee

	Cohort I					Cohort II					Cohort III	
	Dickinson	Finney	Jefferson	Olathe	Rice	Haysville	Harvey	Nemaha	Reno	Wichita	Grant	Jackson/PBPN
Active Parenting					X							
Alcohol and Drug Fines						X						
Alcohol EDU				X				X				
Alcohol Literacy Challenge						X						
Alcohol True Stories	X		X		X			X				
All Stars		X					X					
ASIST	X											
CADCA Youth Leadership		X										
Conscious Discipline					X							
Dover Youth 2 Youth			X									
Drug Free Events				X								
Drugs: True Stories											X	
Env. Systems Change			X		X			X	X			X
Family Day			X	X				X				
Guiding Good Choices		X									X	
It Matters or Mass Media Campaign	X	X	X	X		X	X	X			X	X
Keep a Clear Mind			X		X							
Keeping It Real			X		X							

Life of an Athlete					X			X
LifeSkills			X				X	
More than SADD	X					X		
Not in My House						X		
Parent Connect		X						
Parent Network					X			
Positive Action								X
Project ALERT					X			X
Real Women/ Leaders		X						
Red Ribbon			X	X	X	X		
Compliance Checks		X		X				
SADD						X		
SAFE						X		
Smart Moves								X
Sticker Shock	X			X	X	X	X	
Strengthening Families				X				
Talk They Hear You							X	
Teen Intervene								X
Too Good for Drugs							X	
Town Hall Meeting							X	
Youth Leadership Summit			X					

9. Were selected strategies and action plans implemented fully and with fidelity?

Monitoring of KPC Coalitions Fidelity to Evidence Based Strategies

KPC contractors conducted monitoring of fidelity to evidence-based strategies (EBS), environmental strategies, and prevention education programs used by the KPC coalitions for quality improvement purposes. The following processes were developed by the KPC contractors to facilitate this monitoring effort.

Process for Monitoring Fidelity for Environmental Strategies

Examples: It Matters, Sticker Shock, Retailer Training, Town Hall Meetings, Policy and Practice Change

1. Greenbush compares action steps for quarter based on CCB and quarterly reports
2. Greenbush loads checklist with requested additional action to workstation and notifies KDADS and DCCCA to review via email
3. KDADS will contact KPC Coalitions to request additional action required if needed
4. DCCCA CSS will contact KPC Coalitions to follow up/provide TA around modification, barriers, trouble shoot, etc.
5. DCCCA will share course of action and date completed with Greenbush and KDADS through checklist on the workstation and notifies resource team via email

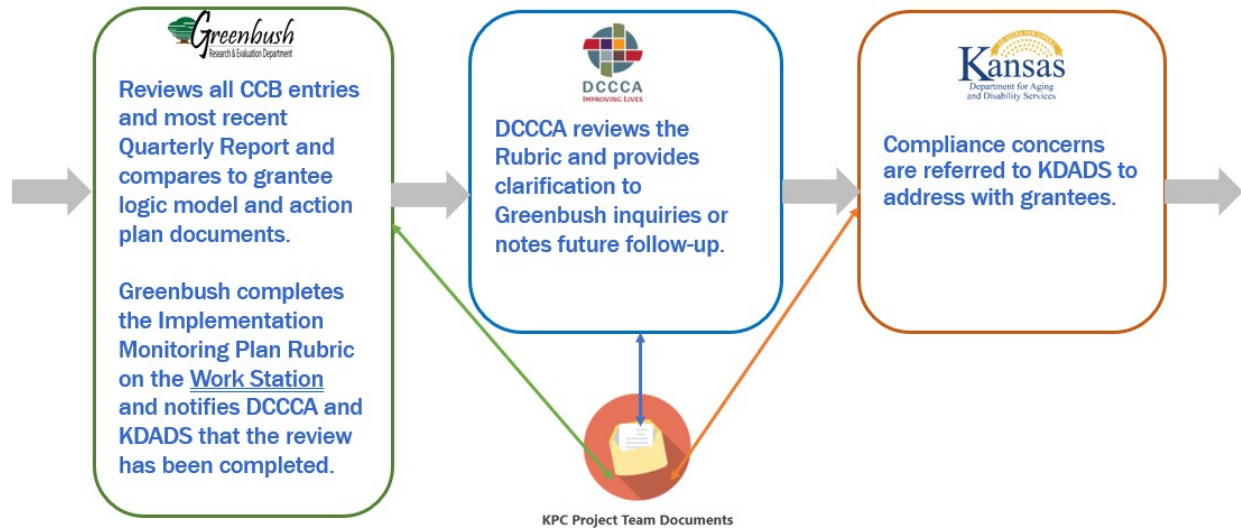
Process for Monitoring Fidelity for Prevention Education Programs

Examples: All Stars, Life Skills, Too Good for Drugs, Keep a Clear Mind, Too Smart to Start

1. Frequency – fidelity check lists should be completed in the middle of implementation
2. KPC trains coalitions on fidelity and introduces checklists and processes during site visits
3. How to determine who completes the fidelity check (case by case scenario)
 - a. Coalition Member completes fidelity check if someone outside of the coalition is implementing (i.e., school district personnel are implementers)
 - i. Prior to observation or using checklist, the CSS will provide specific training to coalitions regarding techniques for feedback to implementers who did not demonstrate full fidelity
 - ii. Coalition member will send checklist to Greenbush upon completion
 - b. DCCCA CSS or Greenbush completes fidelity check if someone internal to the coalition is implementing
 - i. DCCCA CSS will send fidelity check to Greenbush

Figure 8: Process for Monitoring Fidelity

Process for Monitoring Implementation and Fidelity of Environmental Strategies



Evaluators decided whether the grantee had Fully Demonstrated (3), Partially Demonstrated (2), or Not Demonstrated (1) each of the checklist components. Evaluators also provided any critique or positive comments by component. Critique could include request for additional information, notation on incorrect reporting, etc.

For this report, the only checklist component presented is “Documentation reflects fidelity to action steps according to action plan documents (implementation occurs as stated).”

Table 5: Average Fidelity Scores by Cohort by Year

Cohort	FY 2018	FY 2019	FY 2020	Average
Cohort I	2.3	2.7	2.4	2.5
Cohort II	2.3	2.6	2.7	2.5
Cohort III	NA	NA	3.0	3.0

Cohort	Low Individual Grantee Average Score	High Individual Grantee Average Score
Cohort I	1.4	2.9
Cohort II	2.0	2.9
Cohort III	3.0	3.0

*Range from 1 to 3

Implementing Interventions that Target Influencing Factors

10. How many people were reached or served by each strategy implemented?

Prevention Education

Table 6 shows the estimated reach for FY 2018, FY 2019, and FY 2020 for prevention education strategies implemented by KPCCI grantees. For the three years combined, 2,719 individuals were reached by prevention education programs. Programs implemented with complete pre-post survey evaluation data included Alcohol True Stories, Alcohol Literacy Challenge, All Stars, LifeSkills, Drugs True Stories, Life of an Athlete, Keep a Clear Mind, Project Alert, and Smart Moves. Other prevention education programs may have been implemented without complete pre-post survey evaluation data. For FY 2020, some programs did not have complete pre-post data to report due to the COVID-19 pandemic and early school closures. Table 6 shows the estimated reach by year and by Cohort followed by a description of each prevention education program. For the first completed KPC Cohort group, close to 2,000 individuals were reached through prevention education programming.

Table 6. Estimated Reach by Strategy: Prevention Education

	Estimated reach 2018	Estimated reach 2019	Estimated reach 2020	Estimated reach Total
Alcohol True Stories	118	63	197	378
Alcohol Literacy Challenge	31	NA	NA	31
All Stars	843	NA	NA	843
LifeSkills	93	362	51	506
Drugs True Stories	NA	409	206	615
Life of an Athlete	NA	26	NA	26
Keep a Clear Mind	NA	95	131	226
Project Alert	NA	NA	253	253
Smart Moves	NA	NA	38	38

Estimated Reach by Cohort: Prevention Education

Cohort I	1,961
Cohort II	395
Cohort III	363

Information Dissemination, Environmental, and Other Strategies

In the following table, estimated reach for FY 2018 and FY 2019 is shown for information dissemination and environmental strategies implemented by KPCCI grantees. Estimated reach data were collected though accomplishments entered the Community Check Box (CCB)

documentation system used by all grantees. Reach is divided by the Center for Substance Abuse Prevention (CSAP) strategy types. Strategy types are as follows:

- **Community-Based Process** - This strategy aims to enhance the ability of the community to provide prevention and treatment services more effectively for alcohol, tobacco, and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.
- **Information dissemination** – This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
- **Prevention Education** – This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities.
- **Drug-Free Alternatives** - This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter.
- **Problem Identification and Referral** - This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person needs treatment.
- **Environmental** - This strategy establishes, or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Table 7. Number of People Served by CSAP Strategy

Coalition	Community-based Processes	Information Dissemination	Prevention Education	Drug-free alternatives	Problem Identification & Referral	Environmental Strategies	Total
Cohort I							
Dickinson County – Quality of Life	18	73,864	0	0	0	12	73,894
Finney County – Community Health Coalition	1172	145,868	259	0	691	3	147,993
Jefferson County – Prevention Taskforce	371	12528	0	0	0	0	12,899
Olathe Communities That Care	134	3506	0	0	0	0	3,640
Rice County	40	3307	87	21	0	0	3,455
Haysville Healthy Habits Coalition	260	41350	892	0	0	660	43,162
Cohort II							
Harvey County - Mirror Inc.	651	81279	2235	0	18	22	84,205
Nemaha – United 4 Youth Countywide	886	8722	0	0	0	698	10,306
Reno – Communities That Care	113	247,992*	4911	0	0	0	253,016
Sedgwick- Safe Streets Wichita	394	6617	0	0	0	0	7011
Cohort III							
Grant- Grant County Community Foundation	2324	19	606	50	0	0	2,999
Jackson- Prairie Band Potawatomi Nation Boys & Girls Club	45	25	0	23	0	0	93
Implementation IV							
Clay – Clay County Health Department	194	5169	19	0	0	0	5,382
Crawford- Live Well	193	104	0	0	0	0	297

Crawford County							
Franklin – Franklin County Health Department	59	0	0	0	0	0	59
Wyandotte – KCKLife Recovery Coalition	197	0	0	0	0	0	197
Total	7,051	630,350	9,009	94	709	1395	648,608

*Prevention Education numbers in Table 7 includes individuals that may not have participated in pre/post survey evaluation as shown in Table 6.

Impact of Program Implementation on Participant Outcomes

- How did implementation of strategies result in changes in participant outcomes related to targeted risk factors and youth substance use?

Prevention Education

Appendix III presents key findings by grantee and program for the 2018, 2019, and 2020 fiscal years pre-post survey prevention education reports. These findings demonstrate that prevention education led to increased knowledge in youth and improvement in targeted risk factors for Kansas communities implementing with fidelity to key programming features. Many programs showed little change from pre- to post-survey on substance use. Where little changes were seen, many had high desirable response rates for both pre- and post-surveys. High rates of desirable responses on pre-program surveys indicate respondents already had strong knowledge of the measure, or nor substance use to report, thus offering no way to improve or show gain on post-program surveys.

Table 8. Prevention Education Program Outcomes

Program	# Coalitions in all cohorts implementing with pre-post results	Risk Factor Improvement (yes/no)	Knowledge Gain (yes/no)	Substance use change (yes/no)
Alcohol True Stories	2	Yes	Yes	No
Alcohol Literacy Challenge	1	No	Yes	No
All Stars	1	Yes	Yes	Yes
LifeSkills	2	Yes	Yes	Yes
Drugs True Stories	1	No	Yes	No
Life of an Athlete	1	Yes	Yes	No
Keep a Clear Mind	1	Yes	Yes	No
Project Alert	2	Yes	Yes	No
Smart Moves	1	No	Yes	No

Information Dissemination

It is estimated conservatively that 61,745 individuals were served through information dissemination and environmental strategies. Select highlights reported by KPCCI grantees for these strategies are listed as follows.

2020

- Quality of Life Coalition, Inc. placed a billboard on Interstate 70 in Dickinson County near the Chapman exit to increase awareness for the hazards and prevention of underage and illegal marijuana use. The message states: Just because something is natural doesn't mean it is good for you. This message was selected by youth Resist members.
- Rise Up Reno Prevention Network boosted a Facebook post as part of a campaign to address stress and anxiety during COVID-19 stay-home orders. This campaign ran for five days, and it reached 2,445 people. The ad was designed by Rise Up Reno staff and it targeted people living in Reno County.

2019

- United 4 Youth handed out 180 flyers of the "why your child might start drinking alcohol" flyer regarding the Talk They Hear You program to educate the parents of our youth in the community at the Nemaha Central middle school musical program.
- 2000 Winter Sports programs for Newton were printed containing It Matters Materials (alcohol/marijuana). The number distributed will be reported when the season is over.

2018

- Social Media activity for December 2018. Facebook activity included: 32 shares, 47 direct visits to our page and 203 post interactions. Twitter activity included: 1 It Matters Post, 1 new follower, 79 total followers, 9 hearts, 4 retweets, 4 profile visits from tweet, and 11 link clicks. Haysville regarding past 30-day alcohol use
- A Partners for Wichita volunteer helped deliver and distribute It Matters materials to East High School in Wichita, KS. East High School was excited to receive "You Rock This Life" posters, "Bad Advice" banner, "Party is Over" inserts, and "Kiss It" posters.

Environmental Strategies

2020 *Due to COVID there are limited entries, and most entries are Development Activities

- United 4 Youth met with the county Sheriff and Undersheriff to discuss a recent death of a young 20-year-old boy after he had been drinking and driving. We discussed how the community was dealing with this loss and how there are people who would like to make a difference and brainstorm ideas of ways to reduce the drinking and driving in the county. We discussed how United 4 Youth can work along with the local law enforcement to assist in this. [Increased Patrols]

2019

- The Newton City Commissioners (5) voted to pass a Newton T21 ordinance. This would raise the legal tobacco use age to 21. It will take effect January 1, 2020. This will give retailers time to get their signage up to code and get other requirements in place before it takes effect. Newton will be the 500th city to add this ordinance to their town. This was a key accomplishment and demonstrated collaboration by many partners. It began with Mirror's STAND youth educating the commissioners on the dangers and prevalence of vaping amongst their peers. [Policy Change]
- The Abilene Resist youth presented a program on "Alcohol Abuse and Vaping at Abilene Schools" to the Community Forum hosted by QLC. They provided education to community nonprofit groups and concerned citizens to raise awareness of the increase in vaping as well as the concerns about underage drinking, and what plans the Resist group is making to educate their peers and the public on making healthier choices and the resources that are available to help them. They shared "Commit-mints" to the community members and described their Sticker Shock activity which they have taken to the liquor stores in Abilene to reduce sales of alcohol to minors. [Project Sticker Shock]

2018

- A conference call was held with a School Board Member about the effect of the wording within the local school district's 5502 Student Privacy policy. The wording of one of the sections states "The student and the parent or legal guardian of the student, provided the data pertains solely to the student," this was identified as a barrier to our ability to ask school officials to include the family-related questions in the KCTC survey. He very supportive and understanding about our concerns. He will assist in helping propose our initiative to remove or revise this statement by talking with the Board of Education members and legal team. [Policy Change]

Impact of Program Implementation on Substance Use/Improvement in Outcomes

7. Were funded communities successful in reducing targeted youth 30-day substance use compared to historic values?
8. Were changes in funded communities different from changes in the state average?

Reductions in Underage Drinking Outcomes

The KCTC Student Survey is administered annually at no cost to school districts in the state to students in 6th, 8th, 10th, and 12th grades. It asks the question "On how many occasions (if any) have you had beer, wine, or hard liquor in the past 30 days?" The following table shows the

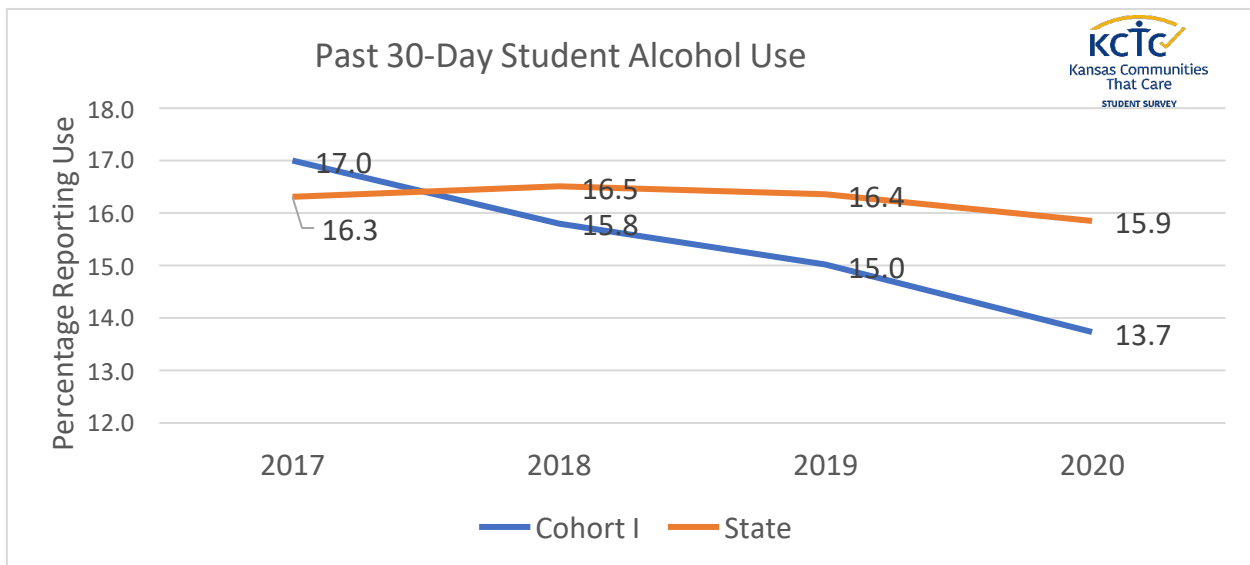
percentage of students that reported drinking alcohol at least once in the past 30 days in each Cohort I community from the baseline year in 2017 through 2020, the final year of implementation. The range of change in baseline was from a decrease of reported use by 4.72 percentage points to an increase of 6.96 percentage points.

Table 9. Cohort I Percentage of Students Reporting Any Use of Alcohol in the Past 30 Days.

Cohort I Communities % Youth Reporting Alcohol Use	+2016	2017 Baseline	2018	2019	2020	2020 Decrease from Baseline
Dickinson	21.41*	9.69	17.55	20.38	16.65	+6.96
Finney	10.74	10.40	15.14	15.32	14.32	+3.92
Jefferson	24.63	19.63	21.47	26.06	17.62	-2.01
Johnson	13.65	19.45	17.72	15.17	14.73	-4.72
Rice	17.01	12.97	12.6	13.94	16.44	+3.47
Haysville	10.41	14.88	14.24	15.44	13.75	-1.13

*2016 data not available and reflects most recent

The following figure shows the percentage of youth that reported any alcohol use in the past 30 days. **A statistically significant reduction in student alcohol was demonstrated in KPCCI Cohort I from 2017 to 2020 ($p < .001$).** Cohort I communities had a three-percentage point or 19 percent reduction in youth alcohol use from a baseline of 17.0% in 2017 to 13.7% in 2020. The state average reduction was less than half of one percentage point (0.4%).



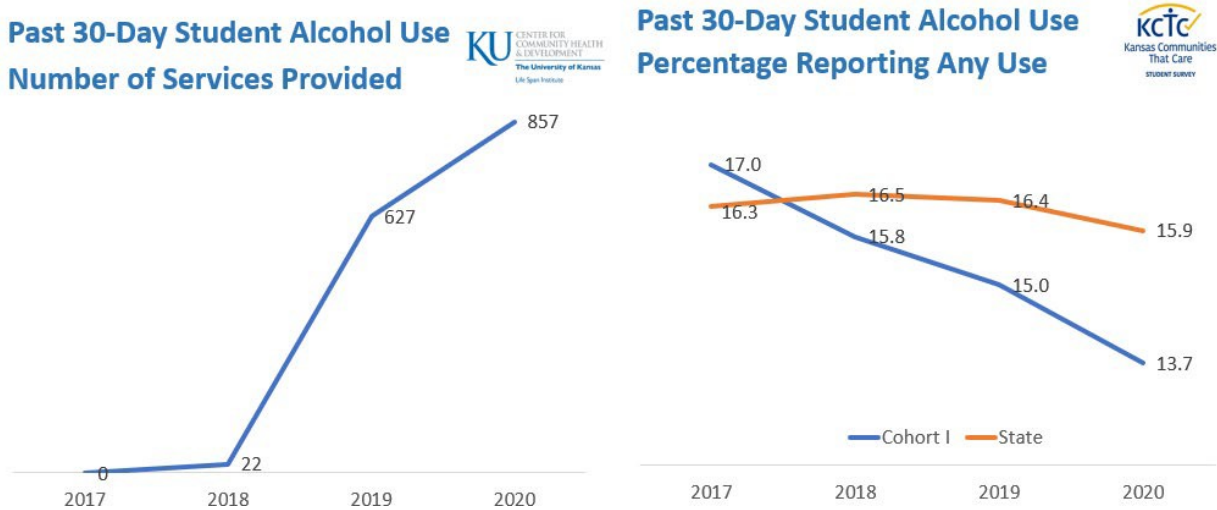
The following figure demonstrates the relationship between KPCCI Cohort I Community Check Box process data and Cohort I KCTC Student Survey outcome data. The graph on the left shows the number of services provided through implementation of prevention programs aimed at

reducing underage drinking as documented in the CCB from baseline (0) in 2017. There was a large jump in services in 2019 and 857 in 2020. The graph on the right shows the percentage of students that reported any alcohol use in the past 30 days from baseline 2017 through 2020.

As services provided or implementation activities increased in funded communities (left graph) youth alcohol use decreased (right graph, blue line) which indicated that prevention efforts are effective in reducing underage drinking.

Figure 10. KPCCI Cohort I Alcohol Outcomes

KPCCI Cohort I Outcomes- Reduced Alcohol Use



Reductions in Youth Marijuana Use

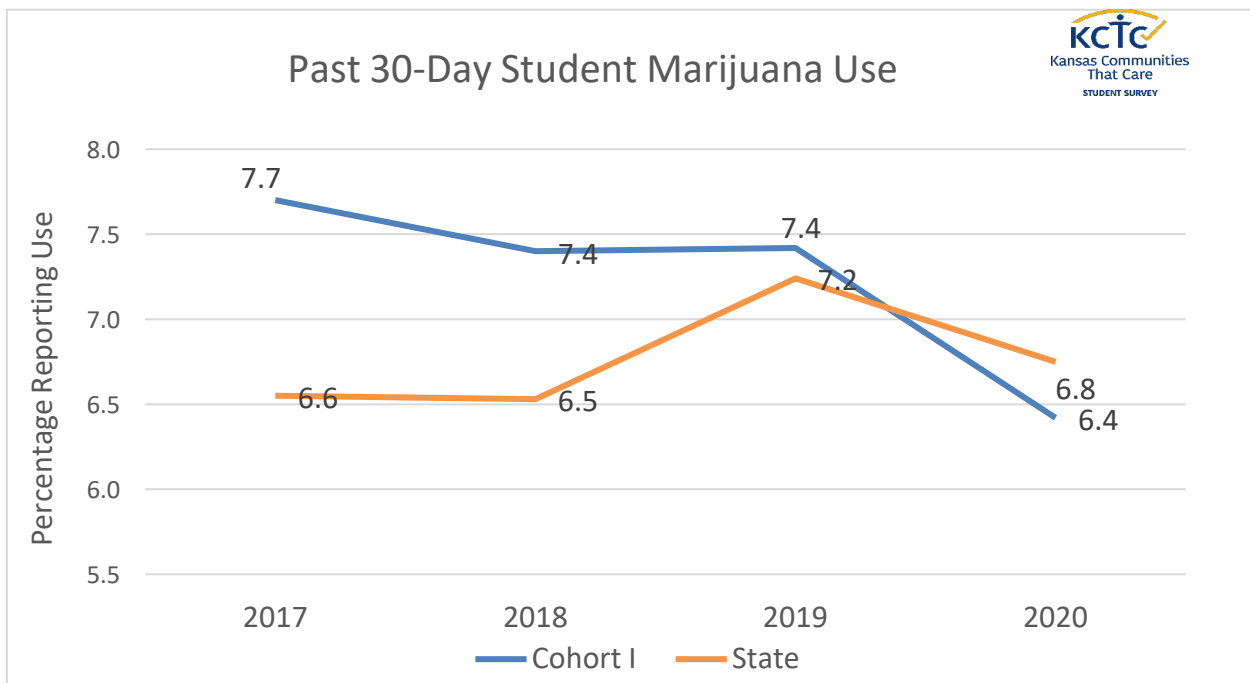
The KCTC Student Survey asks a similar question for marijuana: “On how many occasions (if any) in the past 30 days have you smoked marijuana?” The following table shows the percentage of students that reported smoking marijuana in the past 30 days in each Cohort I community from the baseline year in 2017 through 2020, the final year of implementation. The range of change in baseline was from a decrease of reported use by 3.00 percentage points to an increase of 4.10 percentage points.

Table 10. Cohort I Percentage of Students Reporting Any Use of Marijuana in the Past 30 Days.

Cohort I Communities % Youth Reporting Marijuana Use	2016	2017 Baseline	2018	2019	2020	2020 Decrease from Baseline
Dickinson	4.91*	2.81	4.58	9.66	5.30	+2.49
Finney	3.53	4.44	8.06	9.26	8.54	+4.10
Jefferson	7.3	5.19	6.01	9.23	4.84	-0.35
Johnson	3.96	4.08	3.23	6.54	6.03	+1.95
Rice	6.56	8.23	7.14	5.79	5.23	-3.00
Haysville	5.24	11.3	12.29	11.89	8.66	-2.64

*2016 data not available and reflects most recent

In 2017, youth in Cohort I grantee communities aggregately reported higher marijuana use than the state average (7.7% versus 6.6%). Cohort I reported marijuana use decreased slightly in 2018 and leveled off in 2019, with 2020 indicating a reduction in reported use from 7.4% in 2019 to 6.4%. Though it started at higher prevalence than the state average in 2017, Cohort I show a lower percentage of youth self-reported marijuana use than the state average in 2020. Lack of increase and demonstrated reduction in youth marijuana use during time of heightened national awareness is an important finding potentially reflecting not only reduction in use but prevention of onset of use. It is important to note that not all Cohort I grantees focused on prevention strategies specific to marijuana use.



Similar to the discussion with alcohol, Figure 12 shows the connection between community prevention activities based on Community Check Box data and associated reduction in KCTC survey reported marijuana use.

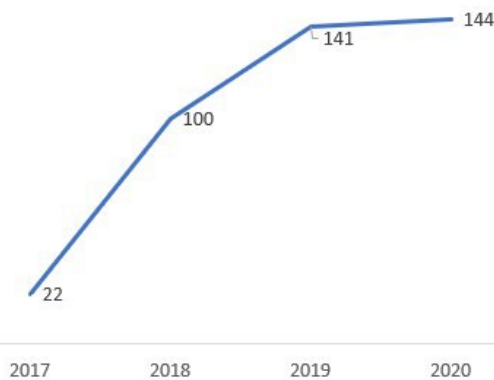
The graph on the left shows the number of services provided through implementation of prevention programs aimed at reducing youth marijuana as documented in the CCB from 2017 to 2020. The graph on the right shows the percentage of students that reported any marijuana use in the past 30 days from baseline 2017 through 2020.

As services provided or implementation activities increased in funded communities (left graph) youth marijuana use decreased (right graph, blue line).

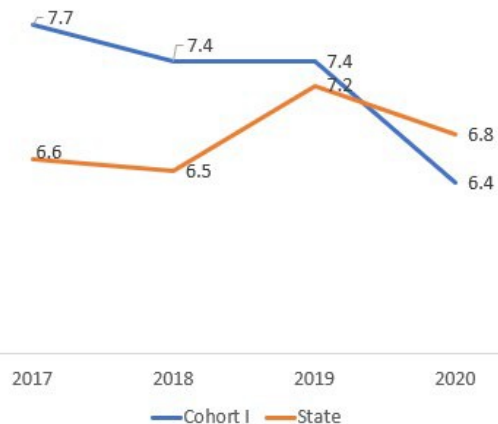
Figure 12. KPCCI Cohort I Marijuana Outcomes

KPCCI Cohort I Outcomes – Reduced Marijuana Use

**Past 30-Day Student Marijuana Use
Number of Services Provided**



**Past 30-Day Student Marijuana Use
Percentage Reporting Any Use**



Recommendations

1. Quality assurance measures should be increased to ensure completion of deliverables and follow-up measures to verify documentation of deliverables are stored in logically assigned locations on the WorkStation. This recommendation results from missing data and deliverables needed to answer evaluation questions.
2. Continue to develop evaluation protocols that assess the KPC. Future evaluation reports to include broader system level efforts (e.g., PreventionWorkKS, PreventionTalkS, Prevention Conference).
3. Increase and enhance community participation in grantee coalitions.
4. Conduct further evaluation of the initiative, especially the relationship between capacity and outcomes.

Appendix I: KPC Training Highlights

KPC Training highlights for years 2017-2020 are presented for trainings attended by at least one Cohort I or implementation grantee.

Grantee Orientation

2018 Key Findings

- Based on the feedback from all surveys, participants who attended the orientation gave positive feedback.
- While the grantees who have been funded before “agreed” or “strongly agreed” they understood the programmatic requirements for their grant, it was not the case for all the grantees.
- Only 62.5% of the Planning grantees and 50.0% of the Problem Gambling grantees “agreed” or “strongly agreed” they understood the programmatic requirements for their grant.

2019 Key Findings

- Based on the feedback from all surveys, participants who attended the orientation gave positive feedback.
- While the grantees who have been funded before “agreed” or “strongly agreed” they understood the programmatic requirements for their grant, it was not the case for all the grantees.
- Only 66.7% of the Planning grantees “agreed” or “strongly agreed” they understood the scope of work of their grant, the programmatic requirements for their grant, and the deliverables that are due by the need of the current grant phase.

Assessment and Capacity

2017 Key Findings

- 97.1% of participants understood why it is important to assess their community’s capacity to address underage drinking.
- 85.3% of participants understood how to assess their coalition’s capacity and resources to do prevention work.

2020 Key Findings

- Grantees reported they strongly agreed with the following statements:
 - I know how to find data for my community (77.8%).
 - I understand the importance of completing a needs assessment (66.7%).
 - I understand why it is important to assess my community’s capacity to address underage drinking (66.7%).

Planning, Implementation, and Evaluation

2017 Key Findings

- Almost all respondents (96.8%) stated they understood the importance of utilizing evidence-based programs, policies, and practices.
- Most respondents (95% or more) said they were “Satisfied” or “Very satisfied” they understood the purpose of creating actions plans; why it is important to document the coalitions work; how the data they collect will answer the evaluation questions; and they know the deliverables are due by the end of this grant phase.
- Eighty-eight percent (88%) of respondents reported challenges in understanding the difference between process data and outcome data.
- Over 51% of respondents did not complete the e-learning modules that focused on planning, implementation, and evaluation. Of those who did complete the modules (63.6%) said the modules helped them understand the training content.

2018 Key Findings

- Eighty-nine percent (88.9%) of all respondents stated they know the difference between individual approaches and environmental approaches.
- Most respondents said they “Strongly agree” or “Agree” they know how to determine strategies/interventions that best fit their community; understood the purpose of creating actions plans; know how to write SMART objectives; and know what deliverables are due by the end of this grant phase.
- Most respondents stated they understand the importance of utilizing evidence-based programs, policies, and practices; know how to use data to set performance targets; and know how to write an accomplishment in the Community Check Box.
- Twenty-three percent (23%) of all grantees provided an undesirable or neutral response when asked if they understand the difference between process data and outcome data.
- More than 26% of all grantees provided an undesirable or neutral response when asked if they understand how fidelity will be monitored.
- Over 46% of respondents did not complete the e-learning modules that focused on planning, implementation, and evaluation. Of those who did complete the modules, at least 53% said the modules helped understand the training content.

2019 Key Findings

- Grantees all stated that after the training, they know how to write SMART objectives (100% strongly agree).
- Grantees were less confident in their ability to know the difference between individual approaches and environmental approaches (57% strongly agree, 29% agree, and 14% neither agree nor disagree).

2020 Key Findings

- Grantees all stated that after the training, they know how to write SMART objectives (100% strongly agree).
- Grantees were less confident in their ability to know the difference between individual approaches and environmental approaches (57% strongly agree, 29% agree, and 14% neither agree nor disagree).

Cultural Competence and Sustainability

2017 Key Findings

- All respondents (100%) said they “Agree” or “Strongly Agree” that after attending the webinar, they understand the definition of cultural competence; they know some steps a coalition can take to become more culturally competent; they know what it means for a coalition to be sustainable; and they know some steps a coalition can take to become sustainable.
- Some respondents said they “Neither agree nor disagree” that they know how to build cultural competence into each step of the SPF (18.2%) or that they understand the components that need to be included in a sustainability plan (9.5%).

2018 Key Findings

- Training outcomes focused on six outcome questions that demonstrate participant increased understanding and ability to apply concepts of cultural competence and sustainability. Strongest agreement was to the following questions: “I understand the definition of cultural competence”, and “I know some steps a coalition can take to be more culturally competent”.
- The questions receiving the least number of desirable responses were “I know how to build cultural competence throughout each step of the SPF process”, and “I understand the components that need to be included in a sustainability plan”.

2019 Key Findings

- Three grantees (two KPCCI Implementation and one Other) reported a “neutral” response to the statement “After attending today’s training, I have new skills and/or tools to help my coalition pursue sustainability”. These results can guide follow-up training and technical assistance.
- Write-in comments indicate that grantees enjoyed the lived examples and stories.

- Thirty-eight percent (38%) of participants completed the e-learning module on cultural competence and sustainability in preparation for training.

Sustainability

2020 Key Findings

- Strongest agreement was reported in two areas. Over 46.4% of grantees ‘strongly agree’ that after attending the training, they know what it means for a coalition to be sustainable, and they understand the importance of leveraging partnerships and collaborations.
- There was less confidence in knowing how to apply sustainability guidelines to examine coalition prevention processes and interventions and knowing the steps a coalition can take to become more sustainable.
- Write-in comments indicate that grantees enjoyed the examples and stories shared in the training.
- Only 28% of participants completed the e-learning module on sustainability in preparation for training, however, of those that did, 100% said helped them to understand the training content.

Data and Evaluation Workshop

2019 Key Findings

- When rating understanding of specific components of the workshop, no undesirable responses (disagree or strongly disagree) were given, however, several components had “neutral” responses, meaning participants neither agreed nor disagreed. In most cases, the neutral response was given by one implementation grantee.
- Two content areas had more than one grantee providing neutral response. These include “I can find data to answer my evaluation questions”, and “I can identify key findings for an evaluation report.” These results can guide follow-up training and technical assistance.
- Write-in comments indicate that grantees enjoyed the interactive, hands-on nature of the workshop.

Environmental Strategies

2019 Key Findings

- Most participants (95%) also “Agree” or “Strongly Agree” they understood how to align media messages to the targeted outcome goal; how to select an environmental strategy; how to align strategies with risk factors on the logic model; and how to implement environmental strategies effectively.

- When rating understanding of specific training components, no undesirable responses (disagree or strongly disagree) were given, however, several components had “neutral” responses, meaning participants neither agreed nor disagreed.
- Grantees appreciated the option of webinar format for training.

Fidelity

2019 Key Findings

- Participants who attended the training gave overwhelmingly positive feedback. For all satisfaction measures, 100.0% of respondents reported they were satisfied or very satisfied.
- One respondent indicated they neither agreed nor disagreed that they understood the process for monitoring implementation of environmental strategies.

Ethics in Prevention

2020 Key Findings

Overall results were highly desirable. All participants said they were very satisfied or somewhat satisfied with all aspects of the training including quality of information, relevance to their work, organization of the workshop, sensitivity of the trainers, opportunity for questions, and materials.

Respondents also identified the following areas for which they are most prepared because of the training:

- Application of the Confidentiality principle to their work (75.0%).
- Application of the Competence principle to their work (67.9%).
- Application of the Integrity principle to their work (67.9%).

Additionally, 78.6% of respondents said they were very likely to use the information and ideas they had received during the workshop and 82.1% were very satisfied with the training overall.

Grantee Presentations

2018 Key Findings

Across all grantees, content areas that were fully demonstrated in the presentation include:

- Ability to personalize their presentation
- Demographics (community)
- Addressing/discussing targeted risk factors (needs assessment)
- Explanation of data sources (needs assessment)
- Selected strategies for improving readiness and implementation (readiness assessment and planning and implementation)
- Kansas Communities That Care (KCTC) (evaluation)

Across all grantees, content areas that were not demonstrated or only partially demonstrated include:

- No inclusion of Community Check Box data or graphs (evaluation) No grantee received a 2 (partially demonstrated) or 3 (fully demonstrated) rating on this content area.
- Logic model review (planning and implementation)
- Explanation of what was learned (capacity assessment)
- Coalition vision and mission
- There were common points of confusion related to differences between community readiness and coalition capacity and the strategies that correspond to both.
- Kansas Prevention Collaborative with directions for continued and future training and technical assistance for grantees.

Appendix II: Satisfaction with KPC Training

	Overall Satisfaction	Satisfaction with facility	Satisfaction with presenters' knowledge	Satisfaction with scope of information	Satisfaction with time allotted	Ease of use of web conference tech	Effectiveness of web conference tech
2017 Cultural Competence and Sustainability	87%	NA	91.3%	86.9%	78.3%	91.3%	78.3%
2017 Assessment and Capacity	97.1%	76.5%	100%	100%	88.2%	NA	NA
2017 Planning, Imp, and Eval	97%	97%	97%	93.9%	87.9%	NA	NA
2018 Cultural Competence and Sustainability	85.7%	NA	85.7%	85.7%	85.7%	95.2%	95.3%
2018 Planning, Imp, and Eval	80% or more	80% or more	80% or more	80% or more	Less than 80%	NA	NA
2018 All Grantee Orientation	88.6%	88.6%	100%	88.5%	85.7%	NA	NA
2019 Cultural Competence and Sustainability	92.3%	NA	100%	100%	100%	100%	100%
2019 Data and Evaluation	100%	97.3%	100%	97.3%	86.5%	NA	NA
2019 Enviro Strategies	100%	NA	100%	95%	95%	100%	100%
2019 All Grantee Orientation	100%	NA	100%	100%	87.5%	93.7%	100%
2019 Fidelity	100%	NA	100%	100%	100%	100%	100%
2019 Planning, Imp, and Eval	100%	100%	100%	100%	100%	NA	NA
2019 Planning Orientation	100%	100%	100%	100%	75.0%	NA	NA
2020 Assessment and Capacity	100%	100%	100%	100%	100%	NA	NA
2020 Fidelity	Majority	NA	Majority	Majority	Majority	Majority	One dissatisfied, majority satisfied

2020 Planning, Imp, and Eval	100%	85.7%	100%	100%	100%	NA	NA
2020 Sustainability	96.4%	78.6%	100%	96.4%	85.7%	NA	NA

Appendix III: Prevention Education Program Level Highlights

Alcohol True Stories

In 2018, Dickinson and Rice Counties implemented the Alcohol True Stories program. In 2019 and 2020, Dickinson County implemented the program. Knowledge gain was seen for several measures including:

- An increase in respondents indicating beer and liquor contain equal amounts of alcohol.
- An increase in respondents indicating it is never OK for people under 21 to drink, regardless of circumstance.
- An increase in respondents indicating if two people under 21 are together and one is drinking, both can get arrested for an alcohol violation.
- An increase in respondents who strongly disagree with the statement 'drinking alcohol can be helpful.'
- An increase in respondents who strongly disagree with the statement 'drinking alcohol is OK when kids want to have fun.'
- Additionally, when participants were asked if their parents had discussed the dangers of alcohol with them, "Yes" responses increased and "No" responses decreased from pre- to post-program implementation.

Alcohol Literacy Challenge

Based on the survey results, the Alcohol Literacy Challenge Program was an effective means to disseminate knowledge about alcohol expectancies, with a 20.3 percentage point increase in knowledge gained between the pre- and post-test administration.

All Stars

Participant improvement was demonstrated for the following measures:

- An increase in perceived risk of harm of regular marijuana use.
- An increase in peer disapproval of prescription drug misuse.
- An increase in perceived parent disapproval of regular alcohol use.
- An increase in perceived parent disapproval of prescription drug misuse.
- An increase in respondents indicating they had made a personal commitment to stay drug free.

LifeSkills

LifeSkills Training appears to have been effective in increasing student knowledge necessary to understand and resist pro-drug influences. Overall, desirable change was evident in many measures on both the elementary and middle school versions of the survey. This is especially true of the measures not directly related to substance use; questions regarding relationships, persistence, emotions, relaxation techniques, and media influence yielded the most desirable

results. Participating students demonstrated statistically significant improvement from pre- to post-survey in response for many measures including:

- An increase in those responding that most adults do not smoke cigarettes.
- An increase in those responding that smoking marijuana causes your heart to beat faster.
- An increase in those responding that smoking can affect the steadiness of your hands.
- An increase in those understanding people who smoke cigarettes cannot usually stop anytime they want.
- An increase in those responding that most adults do not use cocaine or other hard drugs.
- An increase in those agreeing there was great risk of harm (physically or in other ways) from daily alcohol use.

After participating in the program, fewer respondents indicated they had drunk alcohol within the past 30 days for some administrations. Also, fewer respondents indicated it was “not wrong at all” for someone their age to drink alcohol. An increase in the number of students indicating they had talked with at least one of their parents about the dangers of substance use was observed across multiple survey administrations.

Drugs True Stories

Exposure to the program appears to have been effective in increasing student knowledge of and changing attitudes toward substance use prevention. Participating students demonstrated improvement from pre- to post-survey in response to most measures. For five measures, the change was statistically significant.

- A decrease in youth reporting that experimenting with alcohol and drugs is a natural part of the lives of youth.
- An increase in youth indicating that taking more and more drugs causes the mind and body to build up a tolerance.
- An increase in youth indicating addiction is a disease.
- A decrease in youth indicating that taking a prescription drug not prescribed to them is okay when they need to relieve stress.
- A decrease in youth indicating that taking a prescription drug not prescribed to them is okay when they want to feel in control.

Life of an Athlete

The Life of an Athlete program appears to have at least been somewhat effective in increasing student knowledge relating to substance use. Although gains were not statistically significant from pre- to post-survey, participant improvement was demonstrated for many measures. Some of these included:

- Most respondents said their parents encouraged them to avoid use of tobacco, alcohol, and other drugs.
- The number of respondents indicating their parents encouraged them to eat in a healthy way increased.
- Most students agreed that their parents see the coach as an important person in their life.
- Most students said their parents were willing to address sensitive topics (such as alcohol or drug use, emotional health, or drug issues) with them.

Most students on both the pre- and post-survey indicated that it was *very wrong* for someone their age to drink hard liquor regularly. A greater percentage of students reported at post-survey that there was a *great risk* of harm to take one or two drinks of an alcoholic beverage nearly every day.

Keep a Clear Mind

Although gains were not statistically significant from pre- to post-survey, participant improvement was demonstrated for two measures.

- Respondents were less likely to use chewing tobacco if they were with friends who were doing it.
- Respondents were less likely to report they would smoke cigarettes, drink alcohol, or use snuff or chewing tobacco within the next year.
- Respondents were more likely to have talked with at least one parent about the dangers of tobacco, alcohol, or drug use.

Project Alert

In 2020, Harvey and Grant Counties implemented the Project Alert program. Statistically significant program highlights include the following:

- A decrease in the number of students indicating they will use any marijuana in the next six months.
- An increase in the number of students indicating that drinking alcohol makes you do things you might regret.
- A decrease in the number of students indicating that drinking alcohol relaxes you.

Smart Moves

Participating Smart Moves students demonstrated improvement in desirable responses from pre-to-post survey. Measures demonstrating statistically significant change included the following:

- The only 100.0% way to avoid teenage pregnancy and HIV transmission is: (Abstinence)

- Smoking cigarettes does not cause you to have more friends. (Agree or Strongly Agree)
- When I get upset, I can make myself feel better in a healthy way. (Agree or Strongly Agree)

Additionally, surveys indicated desirable change for four (4) of 16 measures:

- Meth can cause overheating, convulsions, and comas. (True)
- A young girl cannot get pregnant the first time she has sex. (False)
- A possible side effect of using inhalants is: (All of the above)

Drinking wine coolers does not make young people look cool or fit in. (Agree or Strongly Agree)