

**Thriving Mind South Florida
Prevention System of Care
ANNUAL EVALUATION REPORT**



July 1st, 2021, to June 30th, 2022

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Abbreviations

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Terms:

PSOC	➤	Thriving Mind South Florida Prevention System of Care
CCAP	➤	Comprehensive Community Action Plan
SAMHSA	➤	Substance Abuse Mental Health Services Administration
PBPS	➤	Performance-Based Prevention System

Providers:

CFCE	➤	Child and Family Center for Enrichment
CHI	➤	Community Health of South Florida, Inc
CIT	➤	Citrus Health Network
CON	➤	Concept Health Systems
GA	➤	Gang Alternative Inc.
GCC	➤	Guidance Care Center
HCC	➤	Hialeah Community Coalition
ICFH	➤	Institute for Child and Family Health
IF	➤	Informed Families
MCC	➤	Monroe County Coalition
SDOVCC	➤	South Dade One Voice Community Coalition
	➤	

VIL




The Village South

PROGRAM OVERVIEW

Thriving Mind South Florida Prevention System of Care

The Prevention System of Care (PSOC) 2021-2022 included 13 unique service providers and four funding sources (Block Grant “regular” prevention, Prevention Partnership Grant, State Opioid Response, and Block Grant Supplemental).

The PSOC included:

-  9 direct service providers
-  3 community coalitions
-  1 evaluation team

Providers implemented research-informed strategies and evidence-based programs/practices within their target populations based on community need and consistent with state consumption priorities:

- Prevent underage drinking
- Prevent marijuana use
- Prevent prescription drug and over the counter drug misuse

Direct service provider activities are primarily implemented in school-based/classroom settings, with summer programming occurring at community sites, such as parks/recreation facilities. Changes due to COVID-19 safety needs and restrictions prompted prevention programs to be implemented by using online and virtual formats to avoid disruption in services during the 2020-2021 year. Coalitions provided broader campaigns targeting community-level risk factors and making environmental changes to promote healthier communities.

Prevention System of Care Mission and Vision

Mission: to develop and maintain a comprehensive prevention system to avert and reduce the negative effects of alcohol and other drug-related issues, assisting individuals, families, and communities in Miami-Dade and Monroe Counties to promote increased health and well-being.

Vision: to provide substance use prevention and wellness promotion services, raise awareness, foster collaboration, and enhance the efforts of community programs for the enrichment of youth, families, and communities in Miami-Dade and Monroe Counties.

Evaluation Framework

The 2021-2022 evaluation of the Prevention System of Care (PSOC) directly corresponded to the goals and objectives within the Prevention System of Care Comprehensive Community Action Plan (PSOC CCAP) and are also aligned with the state consumption priorities.

BSRI uses the SAMHSA Strategic Prevention Framework to guide all evaluation activities.

Sources of data for evaluation included:

- The Performance-Based Prevention System (PBPS) served as the provider billing system; therefore, providers entered all activities, time spent, numbers served, and demographics.
- Qualtrics: Providers entered individual participant information including information sheets, pre and post-test data, and satisfaction data as well as problem identification and referral strategy data.



Figure 1. Strategic Prevention Framework (SAMHSA)

KEY ACCOMPLISHMENTS

During the 2021- 2022 fiscal year (FY), the Thriving Mind South Florida Prevention System of Care (PSOC) served more than 21million duplicated individuals across the Southern Region, which includes Miami-Dade and Monroe Counties. The total number of individuals exposed to prevention services has continued to increase every year since 2015. Furthermore, 5,642 youth participated in research-based prevention programs in FY 2021-2022, a marked increase after COVID-19 school closures during 2020-2021. Findings are summarized below.

- Youth participating in PSOC programs decreased risk for marijuana use, underage drinking, and legal drug use/misuse throughout Miami-Dade and Monroe Counties. The greatest improvements from pretest to posttest were seen for youth in elementary school grades. Youth-driven expressive programs (Photovoice and Champions for Change) led to the highest levels of protective factors for youth.
- Substance Use: Alcohol was the most frequently used substance as reported by youth in the Southern Region. This is consistent with Florida Youth Substance Abuse Survey (FYSAS)¹ [2020] data; however, this is unique compared with previous PSOC reports which showcased marijuana as the most used substance. Prevention providers reported hearing about increases in alcohol use during the pandemic as anecdotal information from youth and parents.
- Although marijuana use declined slightly for youth in the PSOC, perceptions of harm continued to be low and potential recreational legislation has providers and community stakeholders concerned given the already common appearance of medical marijuana shops.
- Vaping and e-cigarette use continued to be a significant problem for youth in the region, but rates remained lower for PSOC youth compared with FYSAS sample data. Still, prevention providers consistently noted vaping as an utmost concern for school personnel, youth, and parents as noted anecdotally.
- Prescription drug misuse remained low, but some troubling trends showed use increases for high school youth. Across nearly all prescription drug categories, rates for PSOC youth were higher compared to rates captured in FYSAS data for Miami-Dade or Monroe Counties.
- Nearly all sites with research-informed programs implemented by providers showed positive improvements from pretest to post-test, and there were only minor differences in how effective these programs were across various demographics (e.g., among gender, race/ethnicity, or grade/age).

¹ The Florida Youth Substance Abuse Survey (FYSAS) data is collected via survey and is funded by the Substance Abuse Prevention and Treatment Block Grant to the State of Florida. The FYSAS is based on the Communities That Care Youth Survey (Hawkins & Catalano, 1992) and facilitates in identifying risk factors related to alcohol, tobacco, other drug (ATOD) use and delinquent behavior—and in identifying protective factors that guard against these behaviors. By administering the FYSAS, Florida can determine the levels of risk and protective factors faced by its youth and correlate those levels to ATOD use rates.

Commented [LC1]: I am reading this as a non Prevention person (or other that does not know). What is FYSAS? Why does it matter to compare to FYSAS?

Commented [LC2]: What is "top of mind"? More clear would be of "utmost concern"

Commented [LC3]: Is this a quoted statement? "Taken over schools" is pretty severe and overarching for MDCPS to not be addressing this as a formal strategy.

- Community coalitions were instrumental in positive community gains with substance use prevention through broad-reaching social media and outreach campaigns that were designed to contribute towards changing norms related to substance use and provide education and awareness to their target geographic areas. They also implemented environmental strategies designed to limit the supply of substances, including prescription drugs, available to young people in their homes and communities.
- Substance use issues in youth, and young adults were commonly identified by providers through problem identification and referral strategies. These strategies often resulted in successful referrals and linkages for youth and their families to much needed services identified and/or requested by families (75.3%).

Commented [LC4]: Is there data to support this statement?
"change norms" is pretty great. Possibly "contributed to changing norms" is a more palatable statement. For me anyway.

Commented [LC5]: Again, do we have data to support the "limit the supply" statement?

Commented [LC6]: Much needed services "identified and/or requested" by the families.

CHALLENGES AND STRATEGIES TO OVERCOME

All prevention providers continued to face challenges related to the issues associated COVID-19 pandemic, both organizationally and pertaining to youth. Specifically, school partnerships continued to pose barriers as some schools did not allow outside providers entering, and some schools reported significant declines in enrollment. Additionally, Covid-19 continued to create challenges with some people reporting feeling apprehensive about attending in-person events and other people experiencing Zoom fatigue. BSRI observed challenges providers faced in implementing programs to hybrid audiences (classrooms in -person and with Zoom attendance). The aftermath of the pandemic and its effect on the local economy and social determinants of health also posed challenges for both Miami-Dade and Monroe County residents. Housing and limited employment/income opportunities were identified as significant community challenges for prevention work creating staffing prevention programs a barrier and serving as a significant risk factor for community substance use issues (cdc.gov).

Providers also reported substantive challenges with youth who are struggling as they deal with grief and loss post-pandemic. Reports from providers reflected perceptions that youth had a lower threshold to handle stress with more discussions among youth around suicidal thoughts, low self-esteem, and deep sadness. To better address the issues, providers have identified that these feelings may be related to trauma and will be seeking ways for their staff to build service capacity to best address the issues and or make appropriate referrals for additional services.

Finally, challenges with epidemiological data on youth substance use continue to pose limitations to identifying both post-pandemic and local needs for prevention. Specifically, Florida Youth Substance Abuse Survey (FYSAS) has not yet been released for 2022.

The most recent County-level data from 2020 captures youth trends prior to the pandemic thus the impacts of the pandemic on substance use and risk/protective factors remains unclear.

Commented [LC7]: New paragraph. This is an important statement.

RECOMMENDATIONS / NEXT STEPS

- 1) It would be very beneficial for the PSOC must consider programs that offer alternatives to traditional didactic prevention education. Although these programs are effective with most populations, they are not as effective as programs that build on youth-driven principles and promote protective factors such as artistic expression. Photovoice and Champions for Change programs showcased the highest posttest scores of all PSOC program participants and resulted in larger gains from pretest to posttest compared with other high school programs (14.7% improvement compared with 8.9% improvement).
- 2) Relying on countywide data to convey local trends is a data limitation that prevents the PSOC from truly understanding the nuanced needs of neighborhoods and sub-regions. PSOC data indicated outcomes varied dramatically across zip codes within the Southern Region, and localized data from youth living in South Miami-Dade indicated differences in substance use and ease of obtaining substances.
- 3) It is imperative that providers use best practices in message development. This includes developing messages with input from the target audience(s) as well as pilot-testing and refining messages with community input.
- 4) Substance use prevention work cannot be successful without acknowledging co-varying risk factors for use such as mental health challenges faced by youth as validated in the research. In addition to problem identification and referral data from the PSOC noting these issues, providers reported observing increased mental health challenges in youth post-pandemic. These data were also corroborated by the Juvenile Services Division in Miami-Dade which noted a decrease in substance use related issues but an increase in mental health related issues among youth served between 2019-2021.

Commented [LC8]: Yes.

PROGRAM GOALS AND PROGRESS

Prevention System of Care Programs and Process Data

Program Strategies and Services

The PSOC included a wide variety of programmatic strategies and approaches across all National Academy of Medicine (previously the Institute of Medicine) categories. All implemented programs and strategies aim to increase protective factors and/or reduce risk factors associated with youth substance use prevention and wellness promotion and are tied to the PSOC goals. A comprehensive list of strategies by provider is provided in Table 1 (see below).

Table 1. Research-informed strategies and programs implemented by providers in 2021-22.

#	IOM category	Research-informed and/or evidence-based strategies
1	Universal Indirect	Compliance Checks
2	Universal Indirect	Drug Takebacks/Drug Deactivation Packets
3	Universal Indirect	Environmental Scans
4	Universal Indirect	I Steer Clear Alcohol and Drug Use Driving Prevention
5	Universal Indirect	Know the Law
6	Universal Indirect	No One's House
7	Universal Indirect	Responsible Vendor Training
8	Universal Indirect	Talk They Hear You
9	Universal Indirect/ Universal Direct	Information Dissemination; Social Norm Campaigns; Community events
10	Universal Direct	Capacity Building Education with adults
11	Selective	Alcohol Literacy Challenge (ALC)
12	Selective	An Apple A Day
13	Selective	Life Skills Elementary School
14	Selective	Life Skills Middle School
15	Selective	Life Skills High School
16	Selective	Parent Workshops
17	Selective	Champions for Change
18	Selective	Project Success
19	Selective	Too Good for Drugs/ Too Good for Violence
20	Selective/ Indicated	Peer Education Theater Troupe
21	Universal Indirect/ Selective/ Indicated	Photovoice
22	Selective/ Indicated	Problem Identification and Referral
23	Indicated	Teen Intervene

Commented [LC9]: Do you want to add something about promoting wellness here?

Numbers Served

During FY 2021-2022 (July 2021-June 2022) the PSOC provided prevention services (including information dissemination) to 21,026,187 duplicated individuals. Prevention numbers served have continued to increase over the recent six years as population-based strategies have included more large-scale media such as billboards, busways, and PSAs with plentiful social media impressions.

- Population-Based strategies include those defined as Universal Indirect, and Individual-Based strategies include Universal Direct, Selective, and Indicated per the NAM categories.
- Participants served through population-based strategies, such as newsletter dissemination or media reach are often **duplicated** in counts. The increase identified in the past years are due to expansion of these strategies.

Commented [LC10]: Yes, good. Expansion.

Table 2. Performance-Based Prevention System data for numbers served by demographic variable in 2020-2021.

	Population-Based Programs and Strategies		Individual-Based Programs and Strategies	
	N	%	N	%
Gender				
Male	91,261	43.8%	10,449,685	49.7%
Female	116,061	55.7%	10,576,141	50.3%
Unreported/Unknown ²	880	0.4%	361	0.0%
Race				
White	130,500	62.7%	9,995,614	47.5%
Black Or African American	56,548	27.2%	7,531,367	35.8%
Hawaiian / Pacific Islander	1,032	0.5%	477	0.0%
Asian	5,619	2.7%	26,793	0.1%
American Indian	1,209	0.6%	3,541	0.0%
Multiracial	12,160	5.8%	3,425,106	16.3%

² The current Performance Based Prevention System does not capture genders beyond “male/female”, thus individuals not identifying as one of these options are counted in the Unreported/Unknown category.

Unreported/Unknown	1,134	0.5%	43,289	0.2%
Ethnicity				
Hispanic	120,725	58.0%	11,749,032	55.9%
Not Hispanic	86,485	41.5%	9,266,329	44.1%
Unknown/not reported	992	0.5%	10,826	0.1%
Age				
0-4	39	0.0%	55,529	0.3%
5-11	9,902	4.8%	78,514	0.4%
12-14	12,988	6.2%	272,856	1.3%
15-17	18,636	9.0%	383,032	1.8%
18-20	11,499	5.5%	4,227,143	20.1%
21-24	19,240	9.2%	4,597,933	21.9%
25-44	74,283	35.7%	5,519,737	26.3%
45-64	46,826	22.5%	4,975,824	23.7%
65+	14,789	7.1%	915,619	4.4%
Not Reported	0	0.0%	0	0.0%
Total	208,202		21,026,187	

Program Participant Demographics and Sites

Providers completed participant information forms for all participants enrolled in direct service research-informed and evidence-based programs and data can be found in Table 3 below. Providers served the largest proportion of youth from third grade followed by ninth and tenth grades. The demographics reported by these PSOC participants are generally reflective of the demographics for census data from Miami-Dade and Monroe Counties; however, there was an over-representation of individuals identifying as Black/African American (and fewer identifying as White and Hispanic) in prevention programs (both youth and adults) compared with the census data for Miami-Dade and Monroe as a whole.

Table 3. Participant demographic data for those receiving evaluation assessments, 2020-2021.

N = 5,642					
	n	%		n	%
Gender			Primary Language		
Male	2,541	51.3%	English	4,219	79.1%
Female	2,355	47.6%	Spanish	995	18.7%
Other	28	0.6%	Haitian Creole	86	1.6%
Transgender	8	0.2%	Some other Language	31	0.6%
Prefer not to Answer	18	0.4%			
Race			Grade		
American Indian/Alaska Native	26	0.5%	Third – 3	1,036	19.0%
Asian	50	0.9%	Fourth – 4	822	15.1%
Black/African American	1,982	36.6%	Fifth – 5	275	5.0%
White	2,634	48.6%	Sixth – 6	34	0.6%
Pacific Islander	13	0.2%	Seventh – 7	141	2.6%
Multi-Racial	716	13.2%	Eighth – 8	28	0.5%
			Ninth – 9	1,010	18.5%
Ethnicity			Tenth – 10	1,200	22.0%
Hispanic	3,121	58.1%	Eleventh – 11	490	9.0%
Non-Hispanic	1,182	22.0%	Twelfth – 12	402	7.4%
Haitian	1,069	19.9%	College	10	0.2%

Youth participants received services from PSOC programs throughout Miami-Dade and Monroe counties. The services are depicted in various areas of the counties as can be seen in the map below.

Number of participants served by zipcode across Miami-Dade and Monroe County.
Most participants were served in the following zipcodes: 33018, 33169, 33179, 33169, 33012, 33013.

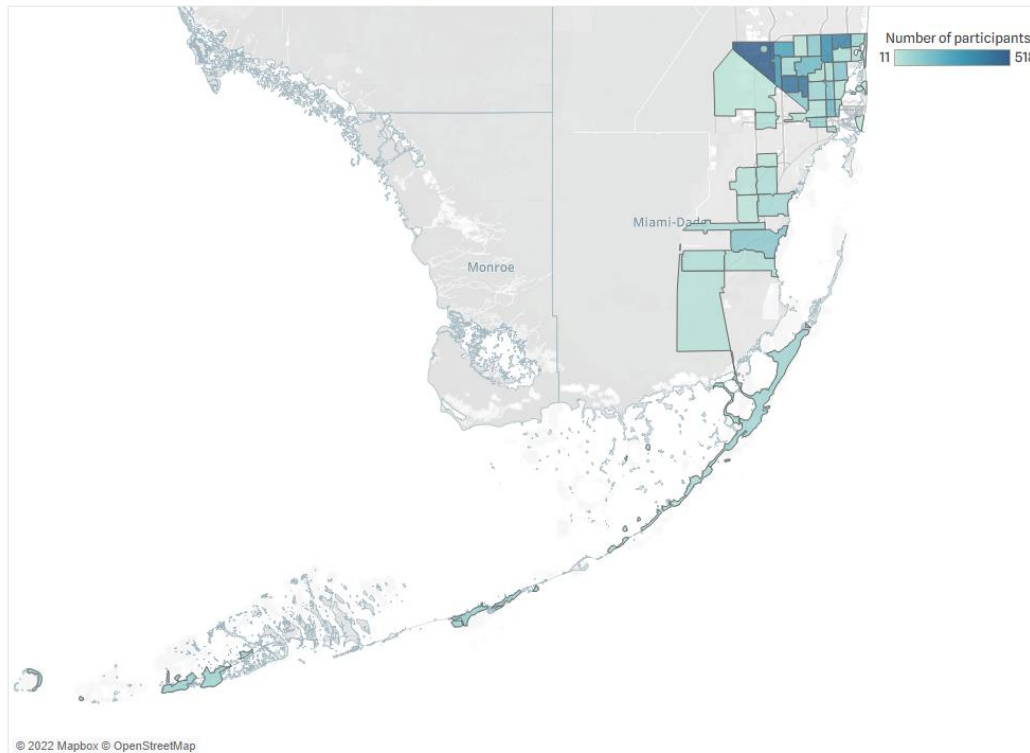


Figure 2. Prevention System of Care service area map for participants receiving evaluation assessments, 2021-2022.

Site Visit Analyses

BSRI conducted twenty-one total site visits successfully across all prevention providers except for Guidance Care Center, as schools in Monroe County were not allowing outside organizations (e.g., BSRI). The purpose of site visit observations was to both 1) assess fidelity to the evidence-based program or strategy, and 2) to better understand the environment in which implementation occurred. Site visits occurred across programs for all age groups and included strategies provided by both coalitions and direct service providers. No visits for Teen Intervene were conducted given the private, one-on-one nature of the strategy. Site visit summaries included detailed notes on each of five core dimensions of fidelity. Successes, challenges, and recommendations were also noted.

Commented [LC11]: Good to explain why not GCC - due to logistics - ???

Table 4. Categories captured via Prevention Site Visit Analyses and Write Up, 2021-2022.

Provider: Type of Funding: Activity Type:	Name of Facilitators: Date: Site/Location: Start time: End time: Number of participants:
Sample Notes	
Logistics The session occurred as planned; staff-participant ratio; attendance	<ul style="list-style-type: none"> Observer documents the number of participants, the staff-to-participant ratio
Implementation EBP guidelines followed; implementation as prescribed; materials and resources use/appropriateness; fit to population	<ul style="list-style-type: none"> Observer compares the activities and delivery of the program to the curriculum, manual, or other resources provided from the program developer.
Facilitator/Participation Facilitator is prepared and knowledgeable; facilitation style is appropriate; participants are receptive; facilitators confirm participant understanding	<ul style="list-style-type: none"> Observer notes engagement from participants (e.g., body language, heads down) and the level of interaction between facilitator(s) and participants.
Setting Setting is conducive to program delivery	<ul style="list-style-type: none"> Observer describes the setting (e.g., classroom, auditorium, Zoom) and whether it aligns with implementation guidance per the developer.

<p>Adaptations If adaptations were made, were they appropriate</p>	<ul style="list-style-type: none"> Observer notes whether program fidelity occurred per the developer intent and identifies whether any adaptations occurred. Observer subjectively comments as to whether adaptations appeared reasonable given the participants/setting.
<p>Successes</p>	<ul style="list-style-type: none"> Observer highlights successes specific to the programmatic session based on the aforementioned categories.
<p>Challenges</p>	<ul style="list-style-type: none"> Observer discusses any challenges specific to the programmatic session based on the aforementioned categories.
<p>Recommendations</p>	<ul style="list-style-type: none"> Observer makes tangible and specific recommendations for the provider to enhance programmatic implementation based on conceptual understanding of the program materials and developer intent, notes, and overall visit.

PROJECT OUTCOMES

Outcomes Measurement

Strategies from both direct service providers and coalitions are included in the outcomes evaluation for the Prevention System of Care (PSOC). Providers used pre and post-tests with their target populations receiving evidence-based/science researched programs. These assessed for changes in individual level risk and protective factors as well as changes in actual substance use for any youth who have experimented with substances. Community coalitions implemented evidence-informed strategies that target risk factors at community and societal levels. These strategies are evaluated mainly via their reach to target geographic areas as they seek to promote education and awareness about substance use and related issues.

NOTE: Substance use prevention programs target both risk factors which can contribute to substance use, and protective factors which aim to inhibit the likelihood of use. For youth in elementary school and younger, prevention curricula almost exclusively focus on building protective factors which often overlap with social-emotional learning constructs. Although some individual-level risk factors may be identified in this age group, they are generally behavioral (e.g., bullying behavior) and not specific to actual substance use. Although prevention for these youth

include an introduction to the harms of specific substances, the majority of what is measured through evaluation is around protective factors and prosocial skills

Commented [LC12]: Great!

Pre and post-test items were matched and analyzed with weighted values using the Statistical Package for Social Sciences (SPSS), Version 27. Pretest and Post-test scores refer to the percentage of students that scored favorably on the pre-test on the post-test. Higher percentages indicate better performance, **thus an increase in percentage from pretest to posttest is desired.**

Item-level analysis can be found in Appendices A-D.

Prevention System of Care findings for All Programs

Overall

On average, there was improvement for all programs and funding sources across each grade. The greatest improvement was seen for **elementary school participants**.

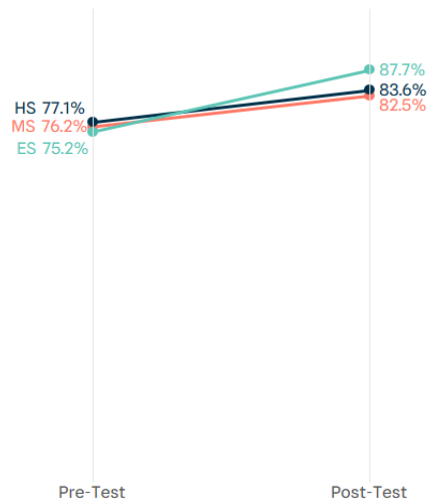


Figure 3. Overall pre and posttest findings by age group for the Prevention System of Care, 2021-2022.

- Pre and posttest data from prevention programs by age group indicated the most positive change occurred for youth in elementary school (grades three-five). A small number of sixth graders are also included. This is unique to the fiscal year (FY) as previous annual reports showcased high school aged youth as having the greatest levels of change.
- In comparison with previous years' evaluation findings, youth in high school started with higher levels of protective factors (77.1% during FY 2021-2022 compared with 61.8% in FY 2020-2021).

- Elementary school aged youth showed an increase to 87.7% at posttest which is a better ending result compared to previous years' data. However, youth in both middle and high school showed smaller positive gains and had lower scores at posttests compared with the recent two years of evaluatio data.

Overall Photovoice

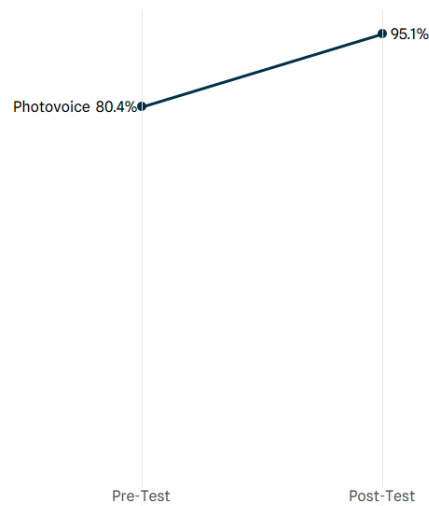


Figure 4. Overall pre and posttest findings for the Prevention System of Care Photovoice program, 2021-2022.

- Photovoice participants both started with higher levels of protective factors and had higher posttest scores compared with youth in other prevention programs. These findings clearly promote the use of prevention programs that are not solely didactic in nature and that rely heavily on youth to guide topic areas.

Overall

Over half of participants improved across all grade levels.

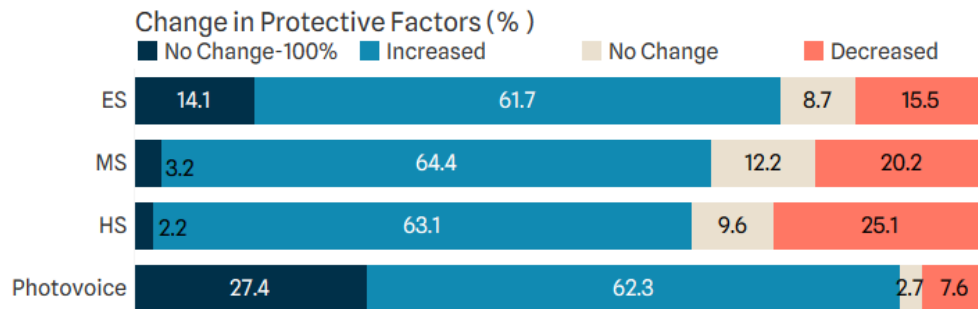


Figure 5. Individual matched sets of pre and posttest improvement in protective factors by age group for the Prevention System of Care, 2021-2022.

- Similar to overall pre and posttest findings, data from matched evaluation assessments showed all programs made significant improvements to protective factors for substance use prevention.
- More than one-quarter of high school aged youth had lower scores at posttest compared to scores at pretest, indicating they had higher risk factors following the program. Interestingly, youth in Photovoice, most of whom are high school ages, did not show this effect with very few (7.6%) doing worse at posttest compared to pretest. This again speaks to the positive effects of programs that incorporate the arts and youth voice.

Commented [LC13]: This reads as a double negative. Is there a way to make the sentence better with the intent?

Commented [LC14]: This sentence is also weird. "Smallest proportion of who decreased scores" - did they increase in risk?

Overall drug use among middle and high school participants.

Most participants reported using alcohol (N=755) and marijuana (N=606) in their lifetime. The number of participants reporting use of marijuana, vaped nicotine, and alcohol in the past 30 days was nearly the same.

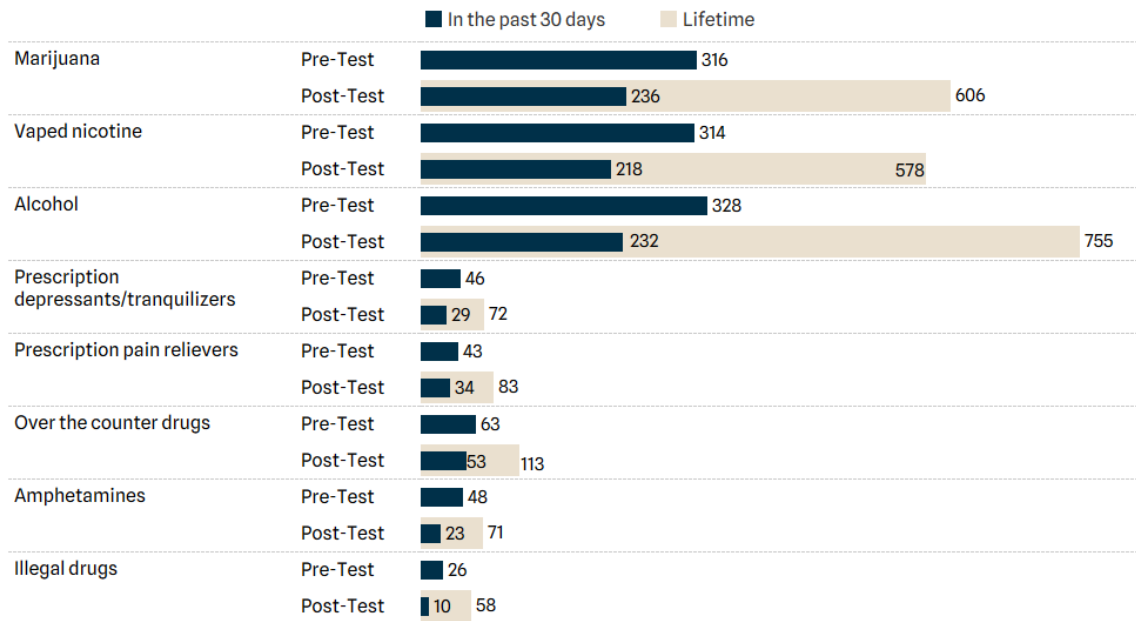


Figure 6. Overall lifetime and past 30-day reported substance use and misuse by middle and high school youth participants for the Prevention System of Care, 2021-2022.

- Data on substance use across programs indicated the three most common substances as vaped nicotine, alcohol, and marijuana. This is consistent with the FYSAS data and national reports. Compared to the previous year PSOC evaluation report, the current report data revealed alcohol as the most used substance rather than marijuana as found in 2020-2021 data.

- Programs appeared to be largely effective at decreasing current use (past 30 days) for those who reported it. Prescription pain relievers and over the counter misuse showed less positive change, but far fewer youth reported current use for these substances compared to alcohol, marijuana, and nicotine.
- Illegal drugs with the exception of s marijuana were the least reported by PSOC youth. Still, youth served reported using all types of substances when answering the survey, both for lifetime and past 30 days, indicating the high needs these participants have in accessing prevention services.
- Youth who reported any past 30-day use were asked where they accessed the substances.
 - Youth who used marijuana and vaping nicotine reported getting it from friends as the number one source, followed by someone from school. “Some other way” was also a common response. “Some other way” was also the most common response for youth who used drugs besides alcohol, although the total number reporting use remained low. Other providers reported hearing anecdotally that youth were accessing drugs via social media, but in this case, it is unclear what the “other” ways were.
 - Youth who used alcohol reported getting it from family most often, followed by friends. Very few youths reported getting alcohol from a store.
 - Over the counter drugs were most often obtained by family or by a store or pharmacy. Youth reporting current use of prescription drugs reported getting them from family members or from a store/pharmacy.

Commented [LC15]: What is the purpose of saying "illegal drugs besides alcohol"? I saw it in the report before but I am unclear.

Factors Predicting Success for Prevention Programs

Region

- Regional improvements can be seen in figure 7. Although smaller rates of change were observed overall for youth in Monroe County, all changes within the County were positive.
- In Miami-Dade County, areas in the southern zip codes showed negative change mainly for programs serving high school ages, including Life Skills and Teen Intervene. The most positive changes were observed in the central part of the City of Miami.

Average improvement (%) after program implementation inclusive of all grade levels across Miami-Dade and Monroe County.

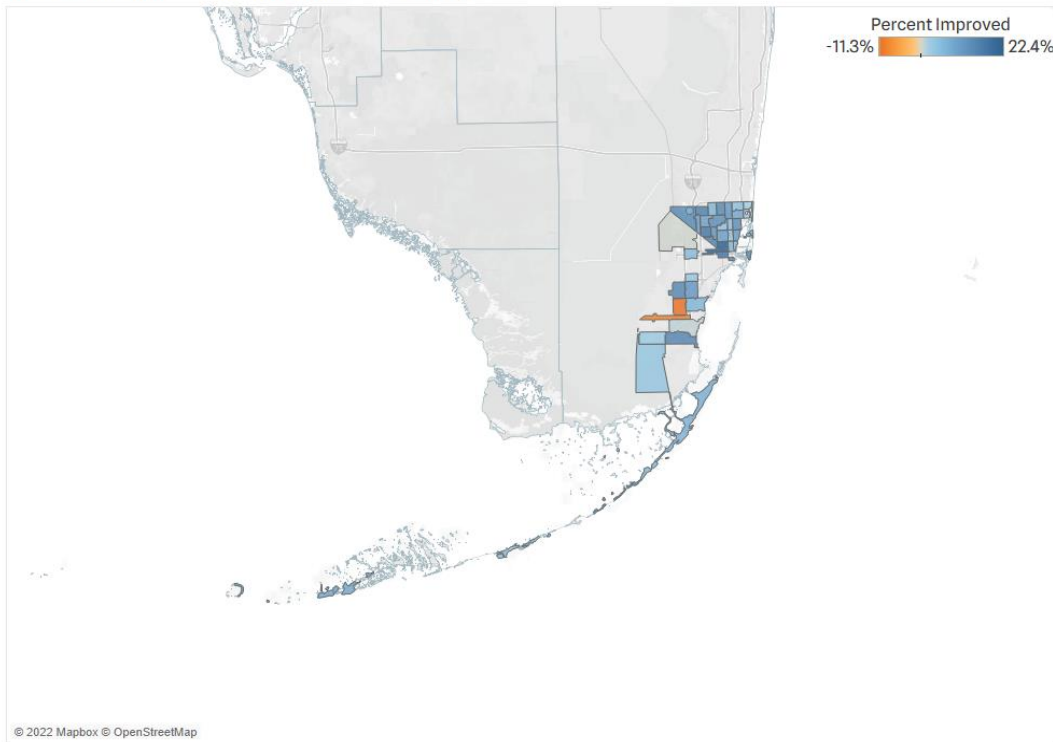


Figure 7. Overall improvement from pretest to posttest by zip code for PSOC youth participants in Miami-Dade and Monroe Counties, 2021-2022.

Data across all programs was analyzed by age group (elementary school, middle school, high school) in-depth to explore factors associated with successful improvements for programs. Independent t-tests and analysis of variance (ANOVA) tests were conducted with % improvement (posttest score-pretest score) as the dependent variable.

Elementary School Programs

Three providers implemented programs for youth in elementary school. Programmatically, youth in An Apple A Day started with slightly higher protective factors but also ended with higher scores and showed more positive improvement compared with youth in life skills.

Overall average improvement across elementary school programs.

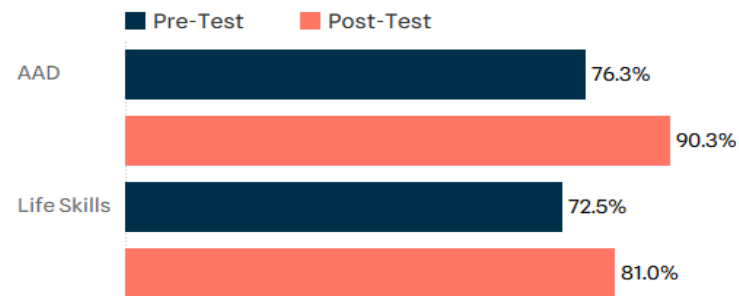


Figure 8. Elementary School program improvement from pretest to posttest by program for PSOC participants, 2021-2022.

Significant differences were also found for grade level and ethnicity.

- Youth in lower grades showed higher rates of change compared to older youth. Specifically, youth in third grade showed the most change, followed by youth in fourth grade and then youth in fifth grade had smaller improvements from pretest to posttest, $F(2,1940) = 8.718, p < .001, \omega^2 = 0.008, (p < .001)$.

- Youth identifying as Hispanic showed the largest gains (14.9% improvement) followed by those identifying as Haitian (11.8% improvement), and then those identifying as neither (5.3% improvement), $F(2,1932) = 8.638, p < .001, \omega^2 = 0.08$

Middle School Programs

Three providers implemented programs for youth in middle school. All programs showed successful improvement from pretest to posttest with Life Skills showing the largest percentage increase and having the lowest baseline and post-program scores.

Overall average improvement across middle school programs.

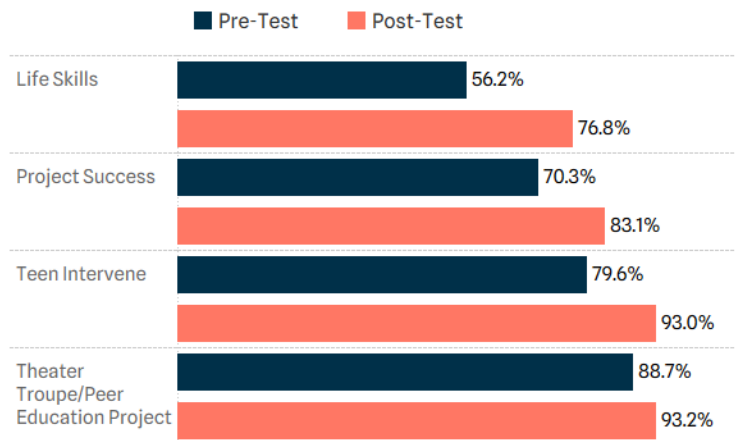


Figure 9. Middle School program improvement from pretest to posttest by program for PSOC participants, 2021-2022.

A one-way Welch ANOVA showed statistical differences in change scores from pre-test to post-test as a result of grade level, $F(2, 33.921) = 4.096, p=.026$.

- Games-Howell post hoc analysis revealed that youth in sixth grade showed an average improvement of 7% from pretest to posttest, whereas youth in seventh grade improved an average of 20.7% and youth in eighth grade improved an average of 28.5%. Sixth grade was the least common grade served by providers with just 34 total participants, thus, data should be interpreted with caution.

High School Programs

Five providers implemented programs for youth in high school. All programs were successful. Teen Intervene and Photovoice showed the greatest change from pretest to posttest scores. No significant differences in improvement were found for grade level, racial identity, or ethnicity.

Commented [LC16]: Note that the Troupe EBP name is Theater Troupe/Peer Education Project

Overall average improvement across high school programs.

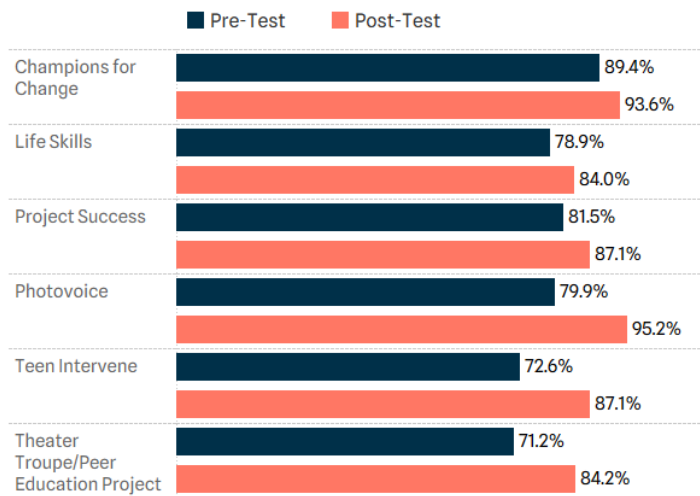


Figure 10. High School program improvement from pretest to posttest by program for PSOC participants, 2021-2022.

Program Satisfaction

Following the posttest, participants in PSOC programs were also asked to complete a short satisfaction survey. The elementary school survey included three options for responses (Yes, Unsure, and No). Both words and emojis are included on the survey. Youth reported high levels of satisfaction across funding source with item 2 consistently having the lowest scores across provider and program.

Table 5. Elementary School participant satisfaction data, prevention FY 2021-2022.

Elementary School Satisfaction Data % Who Said "YES"	Block Grant Supp (N=2,129)
1. The Program leader was kind and helpful.	94.6%
2. I enjoyed participating in the Program.	86.9%
3. The Program helped me to say no to drugs and alcohol.	92.0%
4. The Program taught me how to make healthy choices.	93.7%
Total Average	91.8%

The survey for middle and high school programs, including Photovoice was similar but allowed for 4 response options on a Likert scale ranging from Strongly Agree to Strongly Disagree. Program satisfaction was extremely high across all providers and programs.

Table 6. Middle School, High School, and Photovoice participant satisfaction data, prevention FY 2021-2022.

Satisfaction Questions (Percent who Strongly Agree or Agree)	Middle School (N = 337)	High School (N = 2,276)	Photovoice (N = 571)
Program staff spoke to me in a way I understood.	98.5%	98.9%	99.8%
Program staff made the program exciting.	96.7%	98.8%	98.9%
The Program helps me to say no to drugs and alcohol.	98.5%	98.0%	99.1%

The Program helps me make healthy decisions.	98.5%	98.8%	99.5%
I enjoyed participating in this Program.	99.1%	95.8%	99.8%
The information provided by this Program was valuable for someone my age.	98.1%	98.1%	99.5%
Total Average	98.2%	98.1%	99.4%

For youth in middle school, high school, or Photovoice programs, additional open-ended responses were optional at the end of the satisfaction survey that asked what they liked most about the program, and what they would change about the program. Responses did not differ according to grade level or program.

- When asked what they liked most about the program, common responses included prevention staff, learning lessons, games and activities, food/candy, and discussion.
- When asked what they would change about the program, the most common response was “nothing”. Additional comments included wanting more interaction, more sessions, more games/candy/food, and more real-life examples. Some youth made recommendations for additional topics including sex and peer pressure, mental health, and bullying.

Problem Identification and Referral

PSOC direct service providers also offered problem identification and referral to 923 youth and their families. This strategy strives to identify issues a youth or family is experiencing early to prevent crisis or substance use challenges. Youth were mostly identified by teachers and other school personnel and referred to a PSOC team member for follow up. Substance use issues accounted for 52.8% of issues identified. The strategy was largely successful with three-fourths (75.3%) of youth and families accepting the referrals; just 12.1% refused services. These data indicate more positive findings compared to the previous year’s evaluation report which showed 67% of families accepting referrals and 24% refusing services.

Commented [LC17]: How much is "most"? More than 75%?

Commented [LC18R17]: OK, I see it further down its 52.8%

Table 7. PSOC problem identification and referral strategy data for 923 unique youth.

Please identify who referred this participant to your organization for problem identification and referral services.	N = 923	%
Someone from our org	180	19.5%

A teacher	350	37.9%
Another school personnel	235	25.5%
Another provider at the school	122	13.2%
A parent	16	1.7%
A fellow participant	17	1.8%
Some other way	3	0.3%
Please identify the problem(s) this individual was seen for problem identification and referral strategies	N=1,188	%
Behavioral Issue	215	18.1%
Substance Use	627	52.8%
Mental Health	119	10.0%
School/Academic Issue	108	9.1%
Family Concerns	95	8.0%
Foods or Basic Need Concern	21	1.8%
None of the above	3	0.3%
Where was the youth/family referred? (Referral place)	N = 943	%
Prevention services-indicated	471	49.9%
Behavioral Health provider	236	25.0%
Primary care provider	94	10.0%
Basic needs provider	53	5.6%
Somewhere else	89	9.4%
What was the outcome/disposition of the Problem ID and Referral?	N=917	%
Youth/Family accepted, linkage confirmed	564	61.5%
Youth/Family accepted, linkage not confirmed	127	13.8%

Refused Services	111	12.1%
Unable to follow up	72	7.9%
Something else	43	4.7%

Adverse Childhood Experiences (ACEs)

Youth who participated in Teen Intervene (both middle and high school) were also asked about their Adverse Childhood Experiences via the ACEs screening tool. Adverse childhood experiences, or ACEs, are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. More about ACEs and prevention can be found [here](#). All ACE questions refer to the first 18 years of life.

Commented [LC19]: Why was this screening tool implemented? Is it part of the EBP? Is it part of the SUBSTANCE USE PREVENTION curriculum or pretest?

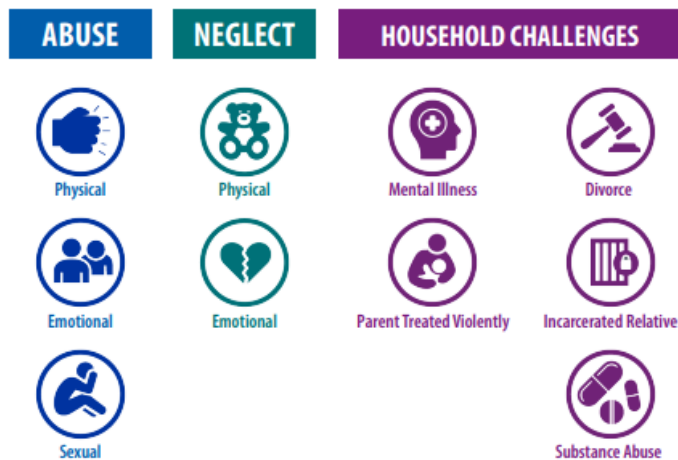


Figure 11. Adverse Childhood Experiences overview (CDC, 2019; Felitti, et al., 1998).

Specifically, this practice was implemented to better understand how experiences of trauma are connected to substance use prevention risk factors within the PSOC target population. Within the PSOC Teen Intervene participants, a relatively small percentage (5.7%) of youth reported experiencing 4 or more ACEs. All individual response frequencies can be found in Appendix D. The most endorsed types of trauma youth experienced included the following:

- 22.1% reported emotional neglect (that no one in their family loved them or thought they were important...)
- 21.6% reported experiencing parents being divorced or separated.
- 18.5% reported experiencing emotional abuse (a parent or other adult in the household swearing at them. Putting them down, or humiliating them...)

In 2020, the ACEs were included on the [FYSAS 2020 high school surveys](#). Data from the PSOC Teen Intervene youth indicate lower levels of reported trauma within the PSOC youth compared to the representative FYSAS sample. Specifically, a larger percentage of youth reported having divorced or separated parents (40%) and emotional neglect (28%) on the FYSAS. Rates of emotional abuse were nearly identical between the FYSAS youth (17%) and PSOC youth (18.5%).

PREVENTION OUTCOMES IN CONTEXT

Prevention System of Care and the Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) measures middle and high school substance use throughout the state and at the regional level using a purposive sample based on regional demographics. Findings below showcase how prevention system of care (PSOC) youth compared to the regional (both Miami-Dade and Monroe Counties) youth via the FYSAS survey from 2020³. As mentioned above, youth served within the PSOC are more likely to identify as Black/African American compared with the census data for Miami-Dade and Monroe Counties. Other general demographics (age, ethnicity, grade) reflect FYSAS sampling and the County. No elementary school age data is included in this section as the FYSAS only sample middle and high schoolers.

³ Data presented reflects the FYSAS county-level data from the 2020 survey. Data from the State report includes 2021 survey data.

Risk and protective factors

Overall, youth served by PSOC programs answered more favorably at pretest and posttest regarding perceptions of harm for alcohol, vaping nicotine, using marijuana (vaping or smoking), and prescription drugs compared with youth respondents from both Miami-Dade County and Monroe County FYSAS data 2020. Unfortunately, data from the PSOC reflects youth responses during and after the pandemic, whereas FYSAS data from 2020 is the most recent comparison. Data from the 2022 FYSAS may lend more insight as to why youth served by the PSOC indicate fewer risk factors compared to those from the general regional population.

Substance use

Middle School

Data from the Florida state-level FYSAS report (2021) showed generally positive findings from 2020 to 2021 with decreases found in the percentage of youth who reported using marijuana and prescription drugs. Statewide data showed slight increases in the percentage of youth who reported lifetime use of vaping nicotine (from 13.5% in 2020 to 15.1% in 2021) and for current vaping nicotine (from, 5.8% in 2020 to 6.4% in 2021). Findings on alcohol use were mixed with slight decreases (.3% reduction) shown for lifetime use and larger decreases for current use (from 8.2% in 2020 to 7.4% in 2021).

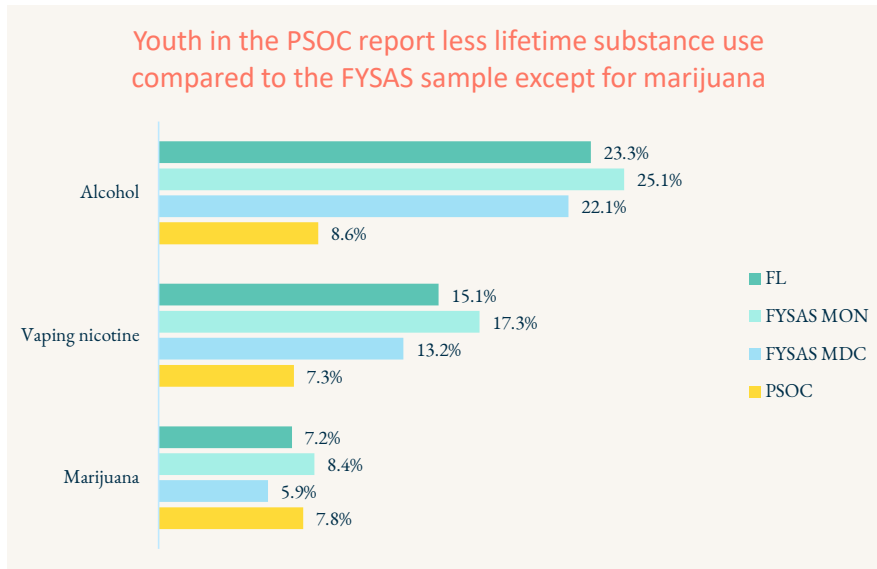


Figure 12. Lifetime substance use reported by middle school youth in the PSOC as compared with FYSAS data from county and state reports.

- Youth in the PSOC reported similar rates of lifetime marijuana use compared with Miami-Dade, Monroe, and the state of Florida FYSAS results, but reported much less lifetime use of alcohol or vaped nicotine.
- Past 30-day use (current use) reported by PSOC youth was far less across all substances compared with FYSAS data except for prescription depressants. One percent (1%) of middle school youth reported using prescription depressants such as Xanax or Valium without a prescription in the past 30 days compared to .3% of the Miami-Dade sample (2020), .2% of the Monroe County sample (2020), and .6% of the Florida sample (2021).
- Compared to PSOC 2020-2021 evaluation findings, youth this past year reported much less substance use across all categories except for current alcohol use which was nearly identical across both years.

High School

Data from the Florida statewide FYSAS report (2021) showed decreases in substance use across all categories for high school aged youth between 2020 and 2021. The greatest decreases were seen in lifetime alcohol use (44.9% in 2020 to 41.6% in 2021) and for lifetime marijuana use (29.2% in 2020 to 26.4% in 2021). Positive changes like these may be due, in part, to the COVID-19 pandemic as 2020 data were captured prior to stay-at-home orders going into effect. Additionally, data continued to show higher rates of lifetime and current substance use for Monroe County compared with Miami-Dade for all substances except for prescription pain relievers, prescription amphetamines, and over the counter medications.

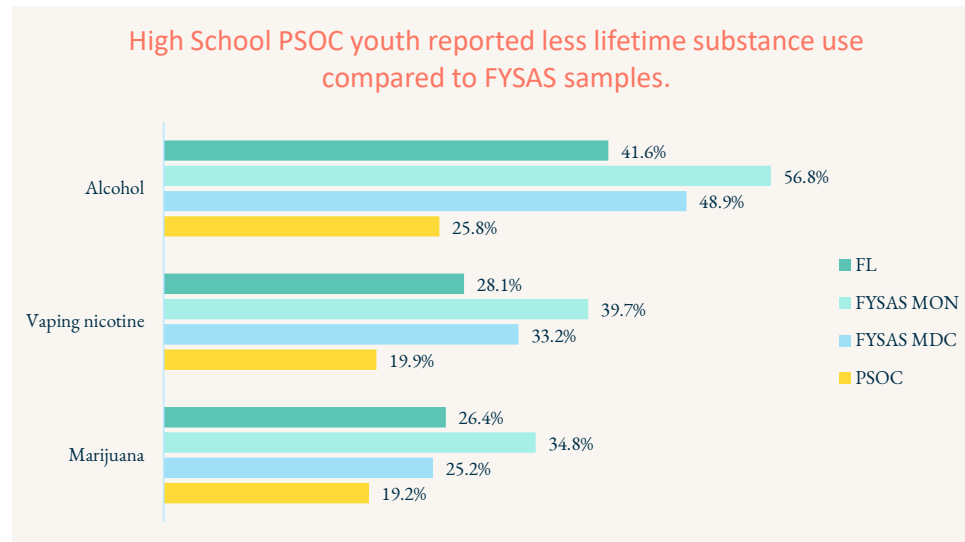


Figure 13. Lifetime substance use reported by high school youth in the PSOC as compared with FYSAS data from county and state reports.

- Youth in the PSOC reported less substance use compared with FYSAS data for Miami-Dade, Monroe, and the state of Florida across the “top three” most imbibed drugs (alcohol, marijuana, and vaped nicotine).

- As with middle school youth, prescription and over the counter current use for high school youth was troubling. Although the overall number of youths was low, higher proportions of youth in the PSOC reported using these substances compared with county samples.
- Furthermore, use did not decrease much from pretest to posttest and increased for youth reporting prescription pain reliever use. Although it is unclear what drove these changes, youth reported getting these substances from family. It is possible that, during the pandemic lockdown, youth began experimenting more with what was at their homes.

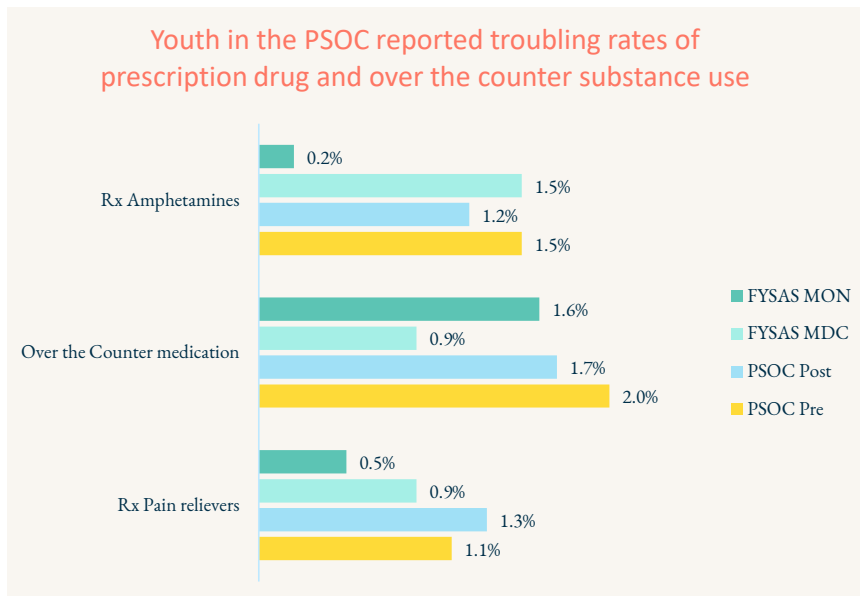


Figure 14. Lifetime substance use reported by high school youth in the PSOC as compared with FYSAS data from county and state reports.

COALITION STRATEGIES

Strategies including information dissemination, environmental strategies, and community-based processes are grounded in evidence and implemented by community coalitions to address community-level risk factors. Many of these strategies and subsequent campaigns target multiple substances through broader messaging aimed at preventing youth substance use. However, some strategies are specific to alcohol and prescription drug use/misuse. Findings below reflect individual coalition contributions to the PSOC.

NOTE: Coalition numbers served for information dissemination strategies are duplicated counts.

Coalition efforts go beyond what is outlined in this report. Additional information about coalition activities and how to get involved can be found on coalition websites.

- [Hialeah Community Coalition](#)
- [South Dade One Voice Community Coalition](#)
- [Monroe County Coalition](#)

Information Dissemination

Hialeah Community Coalition's (HCC) usage of many different types of information dissemination - namely TV commercials, bus benches, social media posts, and billboards – reported a large viewership. They also produced a prevention advertisement that they then placed on two (2) bus benches and one (1) billboard. The messages were vetted internally by coalition members. **Those bus benches and billboard garnered roughly 6.25 million views (duplicated).** Other coalitions had similar success with information dissemination strategies using youth to inform and vet messaging content. For example, Youth Leaders affiliated with Monroe County Coalition (MCC) developed and uploaded Peer to Peer TikTok Messages geared towards ATOD prevention. **Those Youth Leaders created 16 total TikTok videos which reached 17,048 individuals (likely duplicated) and generated 1,431 total likes** on the TikTok platform. South Dade One Voice Community Coalition (SDOVCC) also distributed information online via podcasts. They provided sessions on key **topics raised by community members to 737 individuals** and distributed prevention information through **social media achieving 369,222 media impressions.**

Commented [LC20]: What does this mean? Information dissemination strategies with youth voice? Did the youth dissemination information?

I know this is not what it is as information dissemination is the CSAP strategy but it doesn't read right.

MCC was able to successfully evaluate the impact of their advertising. In August 2022, MCC ran four (4) full page ads in the *Key West Citizen* to inform people where they could obtain Narcan. Before and after the ads were run, MCC distributed a poll asking people, “Do you know where to get Narcan?” In July, before the ads, 14.0% knew where to get Narcan (N=18,440). As of May 2022, **nearly a quarter of poll respondents (22.7%, N=14,366) knew where to get Narcan** (an 8.7% increase likely attributable to the ads).

Environmental Strategies

Environmental Scans

In July and August 2021, MCC conducted an environmental scan of businesses on Duval Street in Key West. This was a follow up to an environmental scan that MCC conducted in 2015/2016. The goal was to understand if businesses were adhering to local policy 1-1.31 which, calls for “improving the image and function” of the historic area. Indeed, after the 2015/2016 scan, local code enforcement officials asked business owners to limit or remove the display of these items that normalized or facilitated drug and/or alcohol use from public, street-facing areas of their stores. The results of the 2021 scan indicated fewer businesses displaying lewd content and substance use in all categories were largely positive with the exception of businesses selling items that promote the use of copious amounts of marijuana which remained at 6.

Responsible Vendor Training

There was a decrease in businesses displaying items that encourage lewd or excessive substance use behaviors.

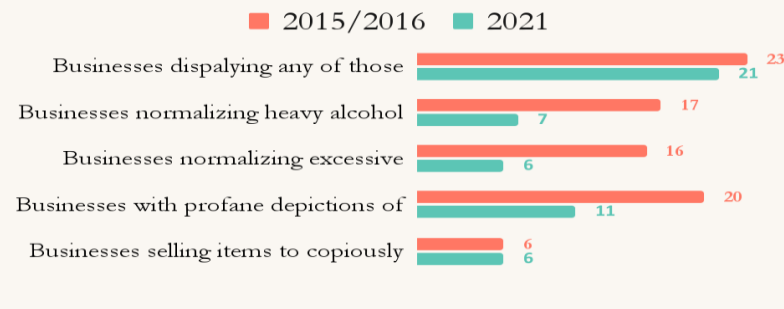







Figure 15. Number of businesses in Key West displaying items that were lewd or encouraged excessive substance use behaviors (2015/16 vs. 2021)

Commented [LC21]: How large? Is there a better descriptor?

Another strategy that both HCC and MCC implemented is Responsible Vendor Training (RVT) which aims to decrease alcohol accessibility for youth by training vendors. Knowledge increased substantially for participants after taking RVT with MCC. The only area where knowledge did not increase was with regards to what an employee is responsible to know: All Florida laws pertaining to the sale of alcohol, the importance of asking for ID, the features of an ID that must be checked, and how to tell if an ID might have been tampered with. However, the decrease went from 98% to 96% meaning the participants were mostly still very knowledgeable in this topic area.

Table 8. Knowledge change after receiving Responsible Vendor Training (n=~98)

On average Responsible Vendor Training participant knowledge increased, with increases in knowledge around liability and penalties for selling to a minor increasing the most.				
Topic	Pre-Test %		Post-Test %	Increase in Knowledge
Liability for people drinking on site	82.70%		98.00%	15.30%
Refusal to sell	93.90%		98.00%	4.10%
Penalties for selling to a minor	42.90%		79.00%	36.10%
Valid forms of ID	94.90%		98.00%	3.10%
Employee responsibilities	98.00%		96.00%	-2.00%

Photovoice

HCC and SDOVCC implemented Photovoice with youth and young adults from their communities. Within the coalition model, Photovoice is an environmental strategy that uses youth voice via photography and other medium to influence key leaders to change community level risk factors associated with youth substance use. A core intention of Photovoice is for youth to engage in policy discussions with local representatives (e.g., city commissioners) to promote youth leadership and civic engagement (as a protective factor against substance use) and to make sustainable policy changes in local communities. Currently, evaluation of this strategy does not track these types of changes or momentum towards policy change; however, a focus of PSOC evaluation in 2022-2023 is to host a Photovoice workgroup that more effectively centers the intention of policy changes as an outcome and to provide technical assistance to providers using this strategy.

Hialeah Community Coalition (HCC)

Youth were encouraged to think broadly about youth substance use prevention and wellness promotion. Mental health was seen as both a protective factor and a risk factor to youth participants and was a prominent theme in HCC's high school gallery. Three of the five images focused on positive coping mechanisms like self-love, holding a teddy bear, or religion/spirituality which youth acknowledged are protective factors across multiple risk behaviors including substance use. This is encouraging that young people are identifying positive ways to cope with stress and anxiety and is likely an outcome from conversations with the HCC Photovoice Facilitation Team.



"Reflection"

In my photo I took a picture of the reflection of the camera. It made me think that before we can judge the world and the things around us, we have to look at ourselves. We can't expect to fix the world if we are broken. We aren't perfect so we have to learn to love who we are.

*Sophia M.
11th grade
17 yrs old*

Figure 17. Example of Self-Love as a Coping Mechanism for Mental Health Challenges

Vaping

One-quarter of the HCC gallery (three images) illustrated/discussed vaping. Some of these photos discussed the normalization of vaping and how it is linked to product packaging, accessibility, and its commonality in youths' lives today. To address this concern, HCC hosted the E-Vaping Forum and Provider Training: "Talk They Hear You" Vaping Series, as well as worked towards limiting the underage sale of these devices to youth into their Responsible Vendor Training, Compliance Checks. Furthermore, they produced a commercial with students from MDC Hialeah Campus focused specifically on vaping.



"The New Normal"

Nowadays, drugs are super easy to access. Because of social media, an entirely new world has opened for teens and children to view. Companies use simple and cute designs to attract people. My photo represents a little girl finding empty packages of FUMEs, and the child is intrigued, so she takes a picture. Since the packaging has vibrant colors and fruits, the child will associate these packages with something that tastes good or something good for you. It is unbelievably easy to access any drug.

*Sofia A.
9th grade
14 yrs old*

Figure 18. Example of the Prevalence of Vaping

South Dade One Voice Community Coalition (SDOVCC)

For SDOVCC, 12 out of 24 photos depicted vaping devices and other smokable substances (e.g., medicinal marijuana or rolling papers) being sold or advertised across their community. While most of these photos depicted items being sold/advertised legally, one Photovoice photo showed what looked like vaping devices being sold on social media. The photo's creator wrote: "Social media has become an online network to promote the use of substances and it's affecting our youth." Furthermore, with a photo of a variety of rolling papers, one artist participant explained, "Smoke shops are popping up everywhere in the community" and many of the Photovoice participants described the marketing tactics vaping companies and gas stations / smoke shops are using, e.g., bright colors and product placement.

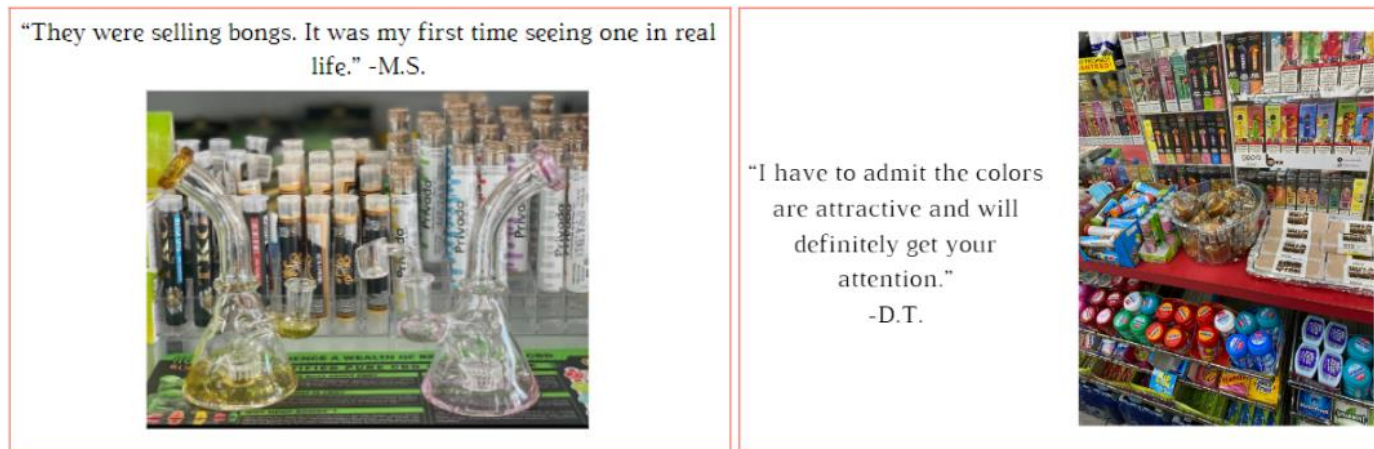


Figure 19. Other photos/captions depicting sales or advertisement of substances not described in the text above.

Marijuana was also an important topic covered in the SDOVCC Photovoice photos/captions with 6 out of 24 images focusing on marijuana or marijuana paraphernalia. One artist participant wrote: "Marijuana has become the substance of this generation and it's going to be interesting to see how it affects our future generations," captioned next to a large pile of marijuana buds. This caption is particularly thought provoking when considered considering the possible legalization of recreational marijuana in Florida.

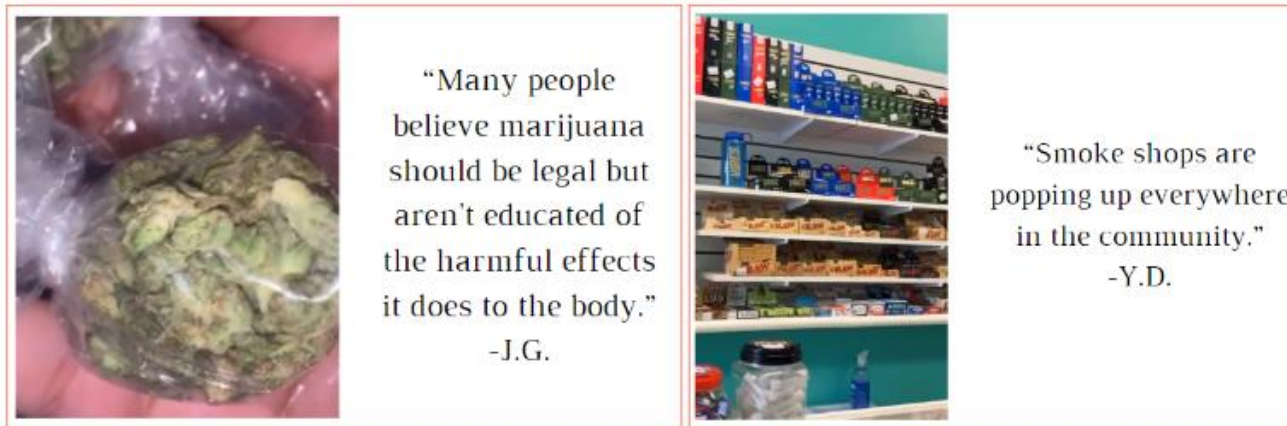


Figure 21. Other photos/captions showing marijuana or marijuana paraphernalia not described in the text above.

Photovoice- Sound It Out Lyrics

SDOVCC also implemented a version of the Photovoice program that allowed youth to engage in music, poetry, and spoken word rather than photography. Many of the Sound It Out lyrics toggled between substance use - sometimes personal accounts - and mental health challenges. Some of those lyrics discussed the relationship that substance use has with mental health, either describing substance use as a (negative) coping mechanism or the reason behind certain mental health challenges. One artist participant described the pain that came from the death of certain family members, alluding to she thought drugs could help her cope with the depression:

“I grew up with my family by my side and then, my life sidetracked and went downhill from there with my family dropping one by one. It first started with my great-grandmother, then my father and things got crazy. After that, I started doing drugs to take the pain away and then I couldn’t stop.” (By: Miss San)

Another artist participant described the bullying they experienced on account of using a prescribed medication:

“So basically when I was in elementary I used to take Focalin to help me focus. And every time the kids was looking, all of my classmates would look at me - it looked like I was a crackhead basically. And I was just like, “why is everybody staring at me?”, “it’s the way you look!”, so I was kind of freaked out. They probably thought I was a crackhead.” (By: Ant)

Community Engagement and Feedback

Monroe County Coalition (MCC) and South Dade One Voice Community Coalition (SDOVCC) designed and implemented strategies to solicit community-level feedback about local needs. MCC focused on the black community in the lower keys as tremendous disparities exist in health outcomes and social determinant-related factors. A quote from one of their surveys exemplifies this trend.

“A survey of members of Key West’s Black community showed that respondents had an awareness of resources for treating alcohol and drug problems, but **priorities for services seem to focus more on the challenges of housing and nutrition that reflect surviving in a community where living costs are high relative to incomes**, and affordable housing is hard to find.”

–Respondent from the MCC Survey of Needs in the Black Community

Together with BSRI, SDOVCC adapted two community needs assessment tools (FYSAS and CDC CHANGE Tool, see below) to better understand experiences with and perspectives on substance use challenges and topics of community wellbeing in South Miami-Dade. One survey was given to youth while the other survey was given to adults. **SDOVCC received Needs Assessment responses from 1,474 youth and 826 adults**, an outstanding sample size from such a specific geographic area.

Significant community challenges include higher substance use rates for every substance except for alcohol when compared with youth of the same age in the rest of Miami-Dade County and across the state of Florida (see 30-day substance use patterns below). Furthermore, the ease with which youth think they can obtain substances (if they wanted them) is high in South Miami-Dade (see SDOVCC Youth Assessment Observations section below). This latter challenge is only exacerbated by substances now being sold on social media, in places that are often out of sight or at least harder to control than other points of sale (e.g., smoke shops, gas stations, and liquor stores).

Trends for 30-day usage of different substances for youth aged 15-17 years old in South Miami-Dade is compared with usage patterns for the same age range in the whole county of Miami-Dade and across the state of Florida (FYSAS, 2020). Although youth in South Dade report lower levels of alcohol use compared to Miami-Dade County, rates of marijuana, prescription drug use, vaping, and illicit drugs besides marijuana were all higher per survey results. These data reflect the importance of sub-geographic and hyper-local data in assessing targeted community needs for substance use prevention.

Commented [LC22]: The entire coalition section merits discussion. It primarily focuses on Photovoice. Photovoice is an adjunct "program" to the primary function of the coalitions and not the primary funding from Thriving Mind.

Discussion about a large focus on this.

Yes, is a great strategy and program, but why the primary focus of the report on coalition work?

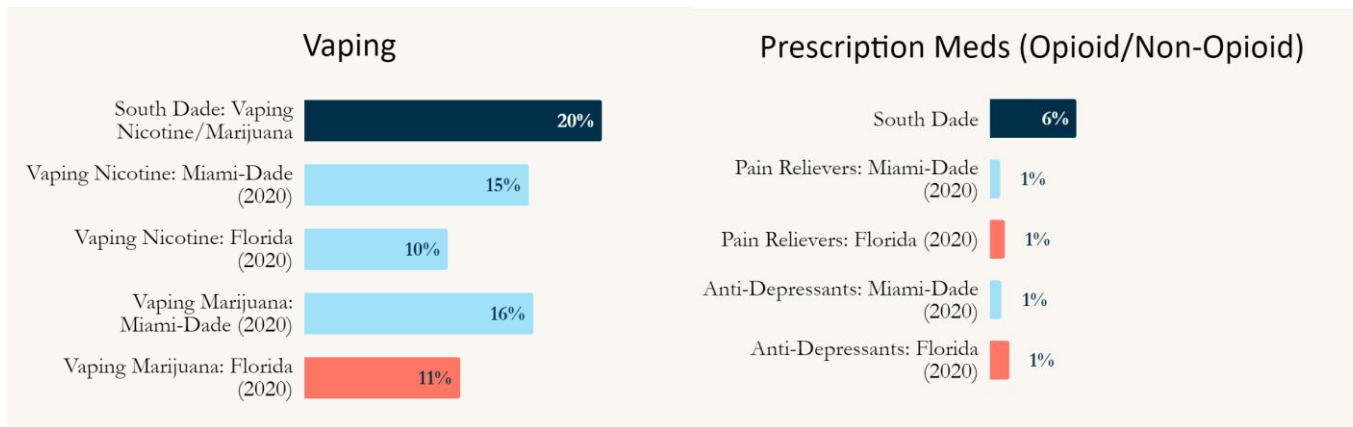


Figure 22. Percentage of South Dade respondents aged 15-17 years old (n=816) who vaped nicotine *and/or* marijuana in the last 30 days compared to respondents from Miami-Dade County and the state of Florida who vaped nicotine or marijuana, *separately*, in 2020.

Figure 23. Percentage of South Dade respondents aged 15-17 years old (n=816) who used any prescription medication in the last 30 days compared to respondents from Miami-Dade County and the state of Florida who used pain relievers or prescription depressants in 2020.

APPENDIX A: Elementary School Programs

Program Demographics

Table 9. Overall participant demographics for youth in elementary school grades three-five receiving evidence-based programs, 2021-2022.

N = 2,324					
	n	%		n	%
Gender	n=2,114		Primary Language	n=2,125	
Male	1055	45.4	English	1610	69.3
Female	1051	45.2	Spanish	478	20.6
Other	13	0.6	Haitian Creole	37	1.6
Race	n = 2,126		Grade	n=2,134	
American Indian/Alaska Native	14	0.6	Third - 3	1036	44.6
Asian	15	0.6	Fourth - 4	822	35.4
Black/African American	844	36.3	Fifth - 5	275	11.8
White	1016	43.7	Sixth - 6	1	0.0
Pacific Islander	3	0.1			
Multi-Racial	234	10.1			
Ethnicity	n=2,122		Age	N = 2,115	
Hispanic	1267	54.5	Mean	9.12 years	
Non-Hispanic	174	7.5			
Haitian	681	29.3			

Pre and Posttest Individual item responses

Table 10. Prevention pre and posttest scores on individual items for youth in elementary school grades three-five receiving evidence-based programs, 2021-2022.

Providers: Citrus Health Network, Inc (Cit) Institute for Child and Family Health (ICFH) Gang Alternative (GA)	Funding: Block Grant Prevention Partnership Grant Block Grant Supplemental	
Programs: An Apple A Day and Life Skills	PRE (N = 2,353)	POST (N = 2,307)
Because cigarettes are legal for adults to buy, they are not addictive	66.9%	86.9%
Do you have a grown up (safe person) to talk to when you are upset?	89.4%	92.3%
Kids who smoke cigarettes have more friends than non-smokers.	65.5%	83.2%
Kids who drink alcohol have more fun than non-drinkers.	71.2%	83.4%
Kids who drink alcohol have more friends than non-drinkers.	69.4%	84.0%
There is nothing you can do about peer pressure except go along with it.	75.5%	89.6%
It's always best to make decisions quickly	71.7%	84.1%
Smoking or vaping can be addictive	75.3%	90.2%
Do you think drinking alcohol can be harmful to your health?	91.8%	95.2%
Total Average	75.2%	87.7%

APPENDIX B. Middle School Programs

Program Demographics

Table 11. Overall participant demographics for youth in middle school grades receiving evidence-based programs, 2021-2022.

N = 192					
	n	%		n	%
Gender	n=192		Primary Language	n=191	
Male	102	26.6	English	122	63.9
Female	87	22.7	Spanish	47	24.6
Other	1	0.3	Haitian Creole	22	11.5
Transgender	1	0.3			
Race	n = 191		Grade	n=191	
American Indian/Alaska Native	--	--	Sixth - 6	33	8.6
Asian	3	0.8	Seventh - 7	141	36.8
Black/African American	75	19.6	Eighth - 8	17	4.4
White	103	26.9	Age	N = 191	
Pacific Islander	2	0.5	Mean	12.8 years	
Multi-Racial	8	2.1			
Ethnicity	n=188				
Hispanic	104	27.2	Haitian	38	
Non-Hispanic	46	12.0			

Pre and Posttest Individual item responses

Table 12. Prevention pre and posttest scores on individual items for youth in middle school grades three-five receiving evidence-based programs, 2021-2022.

Providers: Concept Health System (CON) Gang Alternative (GA) Guidance Care Center (GCC)	Funding: Block Grant Prevention Partnership Grant Block Grant Supplemental State Opioid Response	
Programs: Life Skills, Project Success, Peer Education Theater Troupe, Teen Intervene	PRE (N = 196)	POST (N = 196)
How wrong do you think it is for someone your age to Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	84.7%	93.7%
How wrong do you think it is for someone your age to Vape nicotine (e-cigarettes, vape pens, JUUL)?	87.8%	95.5%
How wrong do you think it is for someone your age to smoke or vape marijuana?	88.8%	96.3%
How much do you think people risk harming themselves (physically or in other ways) if they vape Vape nicotine (e-cigarettes, vape pens, JUUL)?	85.2%	90.0%
How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?	60.7%	88.7%
How much do you think people risk harming themselves (physically or in other ways) if they smoke or vape marijuana regularly (once or twice a week)?	81.1%	88.7%
How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage nearly every day?	77.6%	87.3%
How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol once or twice a week?	80.6%	90.5%
How much do you think people risk harming themselves (physically or in other ways) if they take a prescription drug without a doctor's orders?	83.7%	87.1%

It's a good idea to make a decision and then think about the consequences later.	64.3%	78.9%
Some advertisers are deliberately deceptive.	64.8%	71.8%
Deep breathing is one way to lessen anxiety.	75.5%	87.6%
Most people my age smoke marijuana?	58.2%	48.8%
Kids who drink alcohol have more friends.	46.4%	52.2%
How likely would you be to say "no" when someone offers you beer, wine, or liquor?	82.7%	78.9%
How likely would you be to say "no" when someone offers you marijuana or hashish?	86.2%	82.1%
How likely would you be to say "no" when someone offers you cocaine or other drugs?	87.2%	83.9%
Total Average	76.2%	82.5%

APPENDIX C. High School Programs

Program Demographics

Table 13. Overall participant demographics for youth in high school grades receiving evidence-based programs, 2021-2022.

N = 2,555					
	n	%		n	%
Gender	n=2,552		Primary Language	n=2,555	
Male	1339	48.0	English	2101	75.3
Female	1174	42.1	Spanish	405	14.5
Other	14	0.5	Haitian Creole	25	0.9
Transgender	7	0.3	Some other Language	24	0.9
Prefer not to Answer	18	0.7			
Race	n = 2,533		Grade	n=2,554	
American Indian/Alaska Native	11	0.4	Ninth – 9	964	34.6
Asian	31	1.1	Tenth – 10	912	32.7
Black/African American	877	31.4	Eleventh – 11	391	14.0
White	1224	43.9	Twelfth – 12	287	10.3
Pacific Islander	7	0.3	Age	N = 2,531	
Multi-Racial	383	13.7	Mean	15.7 years	
Ethnicity	n=2,492				
Hispanic	1429	51.2			
Non-Hispanic	718	25.7			

Haitian	345	12.4		
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Pre and Posttest Individual item responses

Table 14. Prevention pre and posttest scores on individual items for youth in high school grades three-five receiving evidence-based programs, 2021-2022.

Providers: Community Health South Florida (CHI) Concept Health System (CON) Gang Alternative (GA) Guidance Care Center (GCC) The Village South (VIL)	Funding: Block Grant Prevention Partnership Grant Block Grant Supplemental State Opioid Response	
	Programs: Life Skills, Project Success, Peer Education Theater Troupe, Teen Intervene	PRE (N = 2,531)
How wrong do you think it is for someone your age to Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	76.2%	87.8%
How wrong do you think it is for someone your age to Vape nicotine (e-cigarettes, vape pens, JUUL)?	86.5%	90.5%
How wrong do you think it is for someone your age to smoke or vape marijuana?	76.6%	86.7%
How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or other illegal drugs?	94.3%	96.6%
How much do you think people risk harming themselves (physically or in other ways) if they vape nicotine (e-cigarettes, vape pens, JUUL)?	77.3%	87.5%
How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?	46.7%	62.9%

How much do you think people risk harming themselves (physically or in other ways) if they smoke or vape marijuana regularly (once or twice a week)?	68.9%	79.8%
How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol once or twice a week?	81.8%	89.0%
How much do you think people risk harming themselves (physically or in other ways) if they take a prescription drug without a doctor's orders?	85.5%	90.4%
Think back over the last two weeks. How many times have you had 5 or more alcoholic drinks in a row?	90.0%	93.3%
Paying attention to your health is not important when you are at my age.	74.7%	75.2%
My health is not impacted by my day-to-day decisions.	74.1%	76.5%
Stress and anger do not really impact other emotions.	81.2%	81.1%
Smoking marijuana makes you look cool.	77.5%	82.6%
Students my age who drink alcohol have more friends.	58.0%	67.5%
Using cocaine or other drugs lets you have more fun.	77.5%	84.7%
How likely would you be to say "no" when someone offers you a cigarette (including an electronic cigarette or vaping device)?	81.3%	87.3%

How likely would you be to say "no" when someone offers you beer, wine, or liquor?	70.3%	79.2%
How likely would you be to say "no" when someone offers you marijuana or hashish?	74.8%	81.3%
How likely would you be to say "no" when someone offers you cocaine or other drugs?	88.3%	91.5%
Total Average	77.1%	83.6%

APPENDIX D. Photovoice and Champions for Change

Program Demographics

Table 15. Overall participant demographics for youth receiving Photovoice or Champions for Change evidence-based programs, 2021-2022.

N = 571					
	n	%		n	%
Gender	n=571		Primary Language	n=453	
Male	44.5	50.8	English	386	59.2
Female	43.1	49.2	Spanish	65	10.0
Other	--	--	Haitian Creole	2	0.3
Transgender	--	--			
Race	n = 571		Grade	n=569	
American Indian/Alaska Native	1	0.2	Eighth – 8	11	1.7
Asian	1	0.2	Ninth – 9	46	7.1
Black/African American	186	28.5	Tenth – 10	288	44.2
White	291	44.6	Eleventh – 11	99	15.2
Pacific Islander	1	0.2	Twelfth – 12	115	17.6
Multi-Racial	91	14.0	College	10	1.5
Ethnicity	n=570		Age	N = 570	
Hispanic	321	49.2	Mean	16.0 years	
Non-Hispanic	244	37.4			
Haitian	5	0.8			

Pre and Posttest Individual item responses

Table 16. Prevention pre and posttest scores on individual items for youth in Photovoice or Champions for Change evidence-based programs, 2021-2022.

Providers: Concept Health System (CON) Guidance Care Center (GCC) Hialeah Community Coalition (HCC) South Dade One Voice Community Coalition (SDOVCC)	Funding: Block Grant Prevention Partnership Grant Block Grant Supplemental	
Programs: Champions for Change, Photovoice	PRE (N = 641)	POST (N = 571)
How much do you think people risk harming themselves (physically or in other ways) if they vape nicotine (e-cigarettes, vape pens, JUUL)?	71.1%	96.0%
How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?	60.4%	91.3%
How much do you think people risk harming themselves (physically or in other ways) if they smoke or vape marijuana regularly (once or twice a week)?	67.7%	96.1%
How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol once or twice a week?	79.6%	96.6%
How much do you think people risk harming themselves (physically or in other ways) if they take a prescription drug without a doctor's orders?	86.3%	96.9%
Do you care about other people?	95.4%	96.0%
Do you care about the feelings of other people?	93.3%	94.9%
Do you stand up for what you believe in?	79.2%	94.2%
Do you tell the truth even when it is hard?	73.4%	94.1%

Do you take responsibility for your actions?	75.5%	97.0%
Are you interested in community and world problems?	65.5%	90.0%
Do you speak up for people that have been treated unfairly?	81.1%	93.9%
Are you good at planning ahead?	83.0%	96.3%
Are you good at setting goals?	69.9%	94.2%
Are you good at problem solving?	89.7%	97.5%
Do you consider yourself to be a leader?	73.0%	89.7%
Do you take care of problems without violence or fighting?	87.4%	96.0%
I feel good about myself	90.4%	95.8%
I have control over things that happen to me.	76.5%	93.1%
I can make a difference.	74.2%	95.8%
I can do things even if they are hard.	90.0%	97.7%
I feel good about my future.	89.7%	96.0%
I can handle whatever comes my way	96.3%	98.8%

	Total Average	80.4%	95.1%
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APPENDIX E. Individual Item Frequencies for Adverse Childhood Experiences per Teen Intervene Participants.

Table 17. Teen Intervene middle and high school participants' reported trauma experiences, 2021-2022.

Providers: Concept Health System (CON) Guidance Care Center (GCC) The Village South (VIL)	Funding: Block Grant Prevention Partnership Grant Block Grant Supplemental	
While you were growing up, during your first 18 years of life:	N = 157	%
Did a parent or other adult in the household often: Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?	29	18.5%
Did a parent or other adult in the household often: Push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?	8	5.1%
Did an adult or person at least 5 years older than you ever: Touch or fondle you or have you touch their body in a sexual way? OR Attempt or actually have oral, anal, or vaginal intercourse with you?	6	3.8%
Did you often feel that: No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?	31	22.1%
Did you often feel that: You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	4	2.6%
Were your parents ever separated or divorced?	33	21.6%
Were any of your parents or other adult caregivers: Often pushed, grabbed, slapped, or had something thrown at them? OR sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	4	2.6%

Providers: Concept Health System (CON) Guidance Care Center (GCC) The Village South (VIL)	Funding: Block Grant Prevention Partnership Grant Block Grant Supplemental	
While you were growing up, during your first 18 years of life:	N = 157	%
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	6	3.9%
Was a household member depressed or mentally ill, or did a household member attempt suicide?	8	5.1%
Did a household member go to prison?	10	6.4%