# 2024 STOP ACT *SURVEY OF STATE UNDERAGE DRINKING PREVENTION POLICIES, PROGRAMS, AND PRACTICES*

**OMB Statement**

***SURVEY OF STATE UNDERAGE DRINKING PREVENTION POLICIES, PROGRAMS, AND PRACTICES***

**OMB No. 0930-0316**

**Expiration Date: 10/31/20XX**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930­0316. Public reporting burden for this collection of information is estimated to average 18.5 hours per respondent per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57B, Rockville, Maryland, 20857.

## General Instructions

This survey represents one of several data collection efforts initiated by the Secretary of HHS pursuant to a Congressional directive found in the Sober Truth on Preventing (STOP) Underage Drinking Act (Pub. L. 109-422) which was most recently reauthorized by the Consolidated Appropriations Act, 2023 (Pub. L.117–328), and codified into law in 42 U.S.C. 290bb–25b: “Programs to reduce underage drinking.” The Act requires the Secretary to file an annual report to Congress on the states’ progress in preventing and reducing underage drinking. As stated in the STOP Act:

“The Secretary shall, with input and collaboration from other appropriate Federal agencies, States, Indian tribes, territories, and public health, consumer, and alcohol beverage industry groups, annually issue a report on each State's performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking.”

The Act provides a list of specific underage drinking laws and policies, details regarding their enforcement, and other programs that the Secretary should include in the annual report. Federal data sources provide some of the data requested. The questionnaire, which asks for the data requested by Congress, provides states the opportunity to participate in the process and to insure accurate and complete reporting.

PLEASE NOTE:

1) SAMHSA will report only the data you provide. Any question your state does not answer will be reported as “Not specified".

2) To be included in the STOP Act report, this survey must be completed **no later than \_\_\_\_\_\_\_\_\_, 2025.**

3) The survey is composed of 205 numbered questions. Each section ends with a space where additional remarks may be added for clarification, as needed.

4) At the end of each part of the survey, you will be asked to name a person whom we may contact if clarification is needed. This person will NOT BE IDENTIFIED in any reports that result from this survey.

Please submit any technical assistance requests via email to [stopactsurvey@seiservices.com](mailto:stopactsurvey@seiservices.com) or by telephone to (240.485.3622).

Thank you in advance for your cooperation.

# SURVEY, PART 1 – COMPLIANCE/ENFORCEMENT

Please enter your state below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part 1, Section A: State Agency

**1.A.1)** Please identify the state agency/department that has PRIMARY RESPONSIBILITY for ensuring COMPLIANCE with laws designed to prevent underage drinking (e.g., sales and/or furnishing of alcohol to underage persons, social host laws, underage persons in possession, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part 1, Section A: Number of Retail Licensees

**1.A.2)** Based on available data, please provide an estimate of the number of on-premise retail licensees in your state (excluding special licenses such as temporary, seasonal, and common carrier licenses).

\_\_\_\_\_\_\_\_

**1.A.3)** Based on available data, please provide an estimate of the number of off-premise retail licensees in your state (excluding special licenses such as temporary, seasonal, and common carrier licenses).

\_\_\_\_\_\_\_\_

## Part 1, Section A: Compliance/Enforcement Strategies

Definitions for Question 1.A.4:

COPS IN SHOPS: A well-publicized compliance/enforcement effort in which undercover law enforcement officers are placed in retail alcohol outlets.

SHOULDER TAP: Trained young people (decoys) approach individuals outside of retail alcohol outlets and ask the individuals to make an alcohol purchase.

PARTY PATROL OPERATIONS OR PROGRAMS: Operations that identify underage drinking parties, make arrests, and issue citations, and safely disperse participants.

UNDERAGE ALCOHOL-RELATED FATALITY INVESTIGATIONS: Investigations to determine the source of alcohol ingested by fatally injured minors.

**1.A.4)** Do state or local law compliance/enforcement agencies engage in any of the following, and if so, how frequently (see definitions):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cops in Shops** | **Shoulder Tap Operations** | **Party Patrol Operations or Programs** | **Underage Alcohol­ Related Fatality Investigations** |
| State | Monthly  Quarterly  Yearly  Event-Specific  Never  Don’t know | Monthly  Quarterly  Yearly  Event-Specific  Never  Don’t know | Monthly  Quarterly  Yearly  Event-Specific  Never  Don’t know | Monthly  Quarterly  Yearly  Event-Specific  Never  Don’t know |
| Local | Monthly  Quarterly  Yearly  Event-Specific  Never  Don’t know | Monthly  Quarterly  Yearly  Event-Specific  Never  Don’t know | Monthly  Quarterly  Yearly  Event-Specific  Never  Don’t know | Monthly  Quarterly  Yearly  Event-Specific  Never  Don’t know |

## Part 1, Section A: Underage Persons in Possession of Alcohol

**1.A.5)** Does your state collect data/maintain records on the number of underage persons found in possession of alcohol?

\_\_ Yes

\_\_ No

\_\_ Don't know

**If ‘No” or “Don’t know,” please go to Question 1.B.1.**

If yes, based on available data, please provide estimates of how many underage persons the **state** found in possession (or having consumed or purchased per your state statutes) of alcohol **during the most recent year for which complete data are available.**

Number of Minors \_\_\_\_

Period for which data in 1.A.5 are reported: In 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**1.A.6)** Do the data provided above include arrests/citations issued by local compliance/law enforcement agencies?

\_\_ Yes

\_\_ No

\_\_ Don't know

## Part 1, Section B: Compliance Checks, State Level

Definitions for Questions 1.B.1–1.B.2:

COMPLIANCE CHECKS/DECOY OPERATIONS: Sending trained underage (or apparently underage) volunteers into retail outlets to attempt to purchase alcohol.

Note: The questions under 1.B.1 deal with UNDERAGE COMPLIANCE CHECKS/DECOY OPERATIONS (see definition) at the STATE level.

**1.B.1)** Does your state alcohol law enforcement agency conduct underage compliance checks/decoy operations to determine whether alcohol retailers are complying with laws prohibiting sales to underage persons? Do you collect data on these activities?

\_\_ Yes, WE CONDUCT THESE ACTIVITIES, and WE COLLECT DATA on them.

\_\_ Yes, WE CONDUCT THESE ACTIVITIES, but we DO NOT collect data on them.

\_\_ No, we neither conduct these activities nor collect data on them.

\_\_ Don’t know

**If ‘No” or “Don’t know/no answer,” please go to Question 1.B.2.**

**1.B.1.a)** Based on available data, please provide an estimate of the number of licensees in your state upon which underage compliance checks/decoy operations were conducted by your primary state alcohol law enforcement agency. **Please report on the most recent year for which you have complete data.** (If you do not collect these particular data, please leave blank.)

\_\_\_\_\_\_\_\_

**1.B.1.b)** Based on available data, please provide estimates of the number of licensees that failed these state compliance checks/decoy operations by selling or serving an alcoholic beverage to an underage individual. **Please report on the most recent year for which you have complete data.** (If you do not collect these particular data, please leave blank.)

\_\_\_\_\_\_

**1.B.1.c)** Are the compliance checks/decoy operations conducted at both on-premise and off-premise retail establishments?

\_\_\_\_\_On-premise establishments only

\_\_\_\_\_Off-premise establishments only

\_\_\_\_\_Both on- and off-premise establishments

**1.B.1.d) Period** for which data in 1.B.1.a through 1.B.1.b are reported: In 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

Definition for Question 1.B.1.e:

RANDOM COMPLIANCE CHECKS: Compliance checks that are conducted by random selection and NOT as a convenience sample or in response to complaints.

**1.B.1.e)** Does your state alcohol law enforcement agency conduct **random** compliance checks/decoy operations?

\_\_\_ Yes, random compliance checks are conducted and data are collected and data can be distinguished between random and non-random checks

\_\_\_ Yes, random compliance checks are conducted but data do not distinguish between random and non-random checks

\_\_\_ No

\_\_\_ Don’t know

**If “Yes, random compliance checks are conducted but data do not distinguish between random and non-random checks,” “No,” or “Don’t know/no answer,” please go to Question 1.B.2.**

**If “Yes, random compliance checks are conducted and data are collected and can be distinguished between random and non-random checks,”** based on available data, please provide:

\_\_\_\_\_\_Number of licensees in your state upon which **random** compliance checks/decoy operations **were conducted**. **Please report on the most recent year for which you have complete data.**

\_\_\_\_\_\_Number of licensees that failed the **random** compliance checks/decoy operations.

## Part 1, Section B: Compliance Checks, Local Level

Note: The questions under **1.B.2** deal with UNDERAGE COMPLIANCE CHECKS/DECOY OPERATIONS at the LOCAL Level.

**1.B.2)** Do local law enforcement agencies conduct underage compliance checks/decoy operations to determine whether alcohol retailers are complying with these laws? Do you collect data on these activities?

\_\_ Yes, local law enforcement agencies CONDUCT THESE ACTIVITIES, and WE COLLECT DATA on them.

\_\_ Yes, local law enforcement agencies CONDUCT THESE ACTIVITIES, but we DO NOT COLLECT data on them.

\_\_ No, local law enforcement agencies do not conduct these activities and we do not collect data on them.

\_\_ Don’t know

**If “Yes, local law enforcement agencies CONDUCT THESE ACTIVITIES, but we DO NOT COLLECT data on them,” “No,” or “Don’t know” please go to Section C.**

**1.B.2.a)** Based on available data, please provide an estimate of the number of licensees in your state upon which underage compliance checks/decoy operations were conducted by local law enforcement agencies. **Please report on the most recent year for which you have complete data.** (If you do not collect these particular data, please leave blank.)

\_\_\_\_\_\_\_\_\_\_

**1.B.2.b)** Based on available data, what was the TOTAL number of licensees who failed the local compliance check/decoy operations by selling or serving an alcoholic beverage to an underage individual? **Please report on the most recent year for which complete data are available.** (If you do not collect these particular data, please leave blank)

\_\_\_\_\_\_\_\_\_\_

**1.B.2.c)** Period for which data in 1.B.2.a and 1.B.2.b are reported: In 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

## Part 1, Section C: Sanctions, Fines

**1.C.1)** Does your state collect data/maintain records on the NUMBER and/or TOTAL AMOUNT of FINES imposed on retail establishments (both on- and off-premise) for furnishing to underage persons?

\_\_\_\_ Yes, on-premise

\_\_\_\_ Yes, off-premise

\_\_\_\_ No

\_\_\_\_ Don’t know

**If “No” or “Don’t know,” please go to Question 1.C.3.**

**1.C.2)** Based on available data, please provide estimates of the following **over the last 12-month period for which complete data are available**. Do not include fines imposed by local agencies.

Enter a zero (0) if no fines were imposed in the 12-month period.

Please provide data based on FINAL DISPOSITIONS, not charges.

\_\_\_\_\_\_ Number of fines for on-premise establishments (If you do not collect these particular data, please leave blank)

\_\_\_\_\_\_ Number of fines for off-premise establishments (If you do not collect these particular data, please leave blank)

\_\_\_\_\_\_\_ Total amount of fines in dollars across all licensees (If you do not collect these particular data, please leave blank)

\_\_\_\_\_\_\_\_ Smallest fine imposed on a retail establishment for furnishing alcohol to minors

\_\_\_\_\_\_\_\_ Largest fine imposed on a retail establishment for furnishing alcohol to minors

**1.C.3)** Period for which data in 1.C.1 are reported: In 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

## Part 1, Section C: Sanctions, License Suspensions

**1.C.4)** Does your state collect data on LICENSE SUSPENSIONS imposed on retail establishments specifically for furnishing to underage persons?

\_\_\_\_ Yes, on-premise

\_\_\_\_ Yes, off-premise

\_\_\_ No

\_\_\_ Don’t know

**If “No” or “Don’t know,” please go to 1.C.6.**

**1.C.5)** Based on available data, please provide estimates of the following **over the last 12-month period for which complete data are available**. Do not include suspensions imposed by local agencies.

Enter a zero (0) if no suspensions were imposed in the 12-month period.

Please provide data based on FINAL DISPOSITIONS, not charges.

\_\_\_\_ Number of on-premise suspensions (If you do not collect these particular data, please leave blank.)

\_\_\_\_ Number of off-premise suspensions (If you do not collect these particular data, please leave blank.)

\_\_\_\_ Total days of suspensions across all licensees (If you do not collect these particular data, please leave blank.)

\_\_\_\_ Shortest period of suspension imposed on a retail establishment for furnishing alcohol to minors (in days)

\_\_\_\_ Longest period of suspension imposed on a retail establishment for furnishing alcohol to minors (in days)

**1.C.6)** Period for which data in C.3 are reported: In 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

## Part 1, Section C: Sanctions, Revocations

**1.C.7)** Does your state collect data on LICENSE REVOCATIONS imposed on retail establishments specifically for furnishing to underage persons?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Revocation is not an enforcement option in our state

\_\_\_ Don’t know

**If “No,” “Revocation is not an enforcement option in our state,” or “Don’t know,” please go to Section D.**

**If “Yes,”** based on available data, please provide estimates of the following **over the last 12-month period for which complete data are available**. Do not include revocations imposed by local agencies.

Enter a zero (0) if no revocations were imposed in the 12-month period.

Please provide data based on FINAL DISPOSITIONS, not charges.

\_\_\_ Number of revocations

**1.C.8)** Period for which data are reported in 1.C.7: In 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

## Part 1, Section D: Direct Shipping and Home Delivery

This section deals with laws pertaining to direct shipping and home delivery of alcohol. Definition for Questions 1.D.1 and 1.D.2:

DIRECT SALES/SHIPMENT LAWS: Laws which permit, regulate, or prohibit direct-to-consumer sales of wine, beer, or spirits via the internet or via delivery by common carrier (e.g., UPS, FedEx). Direct sales laws do not address home deliveries by retailers to consumers without the use of common carriers.

**1.D.1)** Please provide information on your state’s compliance/enforcement activities related to alcohol delivery:

|  | **Direct sales/shipment laws** | **Alcohol Delivery by a Licensed Establishment Delivery Driver** | **Alcohol Delivery by a Third Party Delivery (DoorDash/Instacart/etc.)** |
| --- | --- | --- | --- |
| Does your state investigate… | Yes  No  Don’t Know | Yes  No  Don’t Know | Yes  No  Don’t Know |
| Does your state enforce… | Yes  No  Don’t Know | Yes  No  Don’t Know | Yes  No  Don’t Know |
| Name the primary state agency responsible for enforcing… | [open text] | [open text] | [open text] |
| Are these laws also enforced by local law enforcement agencies? | Yes  No  Don’t Know | Yes  No  Don’t Know | Yes  No  Don’t Know |
| Does your state conduct compliance checks for age verification on… | Yes  No  Don’t Know | Yes  No  Don’t Know | Yes  No  Don’t Know |
| What is the compliance check rate for… | [open text] | [open text] | [open text] |

### Shipments/Common Carrier

If your state allows direct shipment/sales, please provide the data below.

**1.D.1.a)** Number of licensed shipments \_\_\_\_\_\_\_\_\_\_\_\_

**1.D.1.b)** Number of unlicensed shipments \_\_\_\_\_\_\_\_\_\_\_\_

**1.D.1.c)** Total number of out of state shippers \_\_\_\_\_\_\_\_\_\_\_\_

**1.D.1.d)** Total number of in state shippers \_\_\_\_\_\_\_\_\_\_\_\_

**1.D.1.e)** Estimated cost of loss excise tax collection \_\_\_\_\_\_\_\_\_\_\_\_

**1.D.1.f)** Does your state receive and/or mandate common carrier reporting? \_\_\_\_\_\_\_\_\_\_\_\_

**1.D.1.g)** Does your state conduct compliance checks for age verification on shipments delivered by common carriers? \_\_\_\_\_\_\_\_\_\_\_\_

**If “Yes,”** how many are non-compliant? \_\_\_\_\_\_\_\_\_\_\_\_

## Part 1, Section E: Enforcement/Compliance Expenditures

This section requests estimates of the funds expended annually by your state specifically for the prevention of underage drinking under a variety of headings specified in the STOP Act. For this section, **please DO NOT include any federal, local, or private funding sources that go directly to enforcement efforts without passing through the state budget**.

For each activity or program listed on the following pages, please provide an estimate of the STATE FUNDS your state expended **during the most recent year for which complete data are available**. **Please include only those activities or programs that your state funds, whether operated directly by the state or by another entity**.

If you do not have access to relevant data, please check "These data are not available in my state."

(Please note: The STOP Act requires the Secretary of HHS to report PER CAPITA expenditures. The calculation of per capita rates will be made during the analysis of the survey using census data.)

**1.E.1)** UNDERAGE COMPLIANCE CHECKS IN RETAIL OUTLETS (both on- and off-premise) including provision of technology to detect and prevent the use of false identification by underage persons.

$\_\_\_\_\_\_\_\_\_ Estimate of state funds expended (dollars per 12-month period)

Period for which data are reported: 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_ Can’t answer this question; these data are not available in my state.

**1.E.2)** CHECKPOINTS AND SATURATION PATROLS that include the goal of reducing and deterring underage drinking. Please consider only those checkpoints and saturation patrols that your state FUNDS OR OPERATES DIRECTLY.

$\_\_\_\_\_\_\_\_\_ Estimate of state funds expended (dollars per 12-month period)

Period for which data are reported: 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_ Can’t answer this question; these data are not available in my state.

**1.E.3)** COMPLIANCE CHECKS FOR ALCOHOL TO GO (e.g., beer, wine, or cocktails to go or mixed drinks to go in a sealed container) delivered by licensed delivery drivers, third party delivery provider (ex. DoorDash, Drizly, Instacart, GrubHub, etc).

$\_\_\_\_\_\_\_\_\_ Estimate of state funds expended (dollars per 12-month period)

Period for which data are reported: 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_ Can’t answer this question; these data are not available in my state.

**1.E.4)** COMPLIANCE CHECKS FOR ALCOHOL TO GO e.g., beer, wine, or cocktails to go or mixed drinks to go in a sealed container) provided for pick up at an on-premise licensed establishment.

$\_\_\_\_\_\_\_\_\_ Estimate of state funds expended (dollars per 12-month period)

Period for which data are reported: 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_ Can’t answer this question; these data are not available in my state.

**1.E.5)** COMPLIANCE CHECKS FOR DELIVERY OF ALCOHOL by a common carrier related to direct shipping (Fed Ex, UPS)

$\_\_\_\_\_\_\_\_\_ Estimate of state funds expended (dollars per 12-month period)

Period for which data are reported: 12 months ending \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_ Can’t answer this question; these data are not available in my state.

## Part 1, Section F: Alcohol Sales

**1.F.1)** Please provide the volume of sales and state tax revenue for beer, wine, and spirits for calendar year 2023. If those data are not available separately, please provide a combined estimate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Beer** | **Wine** | **Spirits** | **Combined** |
| Volume of sales (provide metrics- ml, gallon, etc.) | [open text] | [open text] | [open text] | [open text] |
| Tax revenue (in dollars) | [open text] | [open text] | [open text] | [open text] |

**1.F.1.a)** If your volume of sales data are not published annually, please provide the data in the frequency in which they are available (e.g., monthly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.F.1.b)** If your tax revenue is not published annually, please provide the data in the frequency in which they are available (e.g., monthly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part 1: Additional Clarification

Please use the space below to provide clarification of any of the information provided in Part 1 of the survey.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Part 1: Contact Information

Please provide the name and phone number or email of someone we can contact for additional clarification of the enforcement data reported in this section, if needed. This person will NOT BE IDENTIFIED in any reports that result from this survey.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number or email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU FOR COMPLETING THIS PART OF THE SURVEY.

# SURVEY, PART 2 – PROGRAMS, INTERAGENCY COLLABORATION, WORKFORCE DEVELOPMENT/RETENTION FOR UNDERAGE DRINKING PREVENTION ACTIVITIES

## Part 2, Section A: Programs

The first set of questions will ask about your state’s underage drinking prevention programs or campaigns.

Please list your state’s general prevention programs or campaigns that have underage drinking prevention as one objective. We are interested in all programs **that your state funds (e.g., through block grants or other funding sources) or operates directly**.

Please DO include state funded or operated programs or campaigns that serve as an "umbrella" for local initiatives. In such cases, please describe the umbrella program or campaign rather than the specifics of local activities.

Please DO include media campaigns that are intended to reduce and prevent underage drinking.

Please DO NOT include programs or policies that have as their primary objective the regulation of alcohol sales through state or local licensing of alcohol outlets.

Please briefly describe the program or campaign, including primary purpose, population served, and methods used.

**2.A)** Please enter your state below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Program #1:

**2.A.1)** Please give the name of ONE underage drinking prevention program (which may include early identification and referral for services, such as Screening, Brief Intervention, and Referral to Treatment) that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youths served by the program, the number of caregivers / service providers served by the program, and a URL where further information on the program may be found.

You will be able to add up to 9 additional programs on the pages that follow.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.1.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.1.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.1.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.1.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.1.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.1.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

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**2.A.1.f)** If you are using an evidence-based program,[[1]](#footnote-3) have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.1.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.A.11.**

### Program #2:

**2.A.2)** Please give the name of ONE underage drinking prevention program that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youths served by the program, the number of caregivers /service providers served by the program, and a URL where further information on the program may be found.

You will be able to add up to 8 additional programs on the pages that follow.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

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**2.A.2.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.2.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.2.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.2.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.2.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.2.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.2.f)** If you are using an evidence-based program, have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

If yes, have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.2.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.A.11.**

### Program #3:

**2.A.3)** Please give the name of ONE underage drinking prevention program that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youth served by the program, the number of caregivers/service providers served by the program, and a URL where further information on the program may be found.

You will be able to add up to 7 additional programs on the pages that follow.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

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**2.A.3.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.3.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.3.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.3.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.3.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.3.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

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**2.A.3.f)** If you are using an evidence-based program, have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.3.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.A.11.**

### Program #4:

**2.A.4)** Please give the name of ONE underage drinking prevention program that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youth served by the program, the number of caregivers / service providers served by the program, and a URL where further information on the program may be found.

You will be able to add up to 6 additional programs on the pages that follow.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

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**2.A.4.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.4.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.4.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.4.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.4.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.4.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.4.f)** If you are using an evidence-based program, have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.4.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.A.11.**

### Program #5:

**2.A.5)** Please give the name of ONE underage drinking prevention program that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youth served by the program, the number of caregivers / service providers served by the program, and a URL where further information on the program may be found.

You will be able to add up to 5 additional programs on the pages that follow.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

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**2.A.5.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.5.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.5.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.5.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.5.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.5.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.5.f)** If you are using an evidence-based program, have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.5.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.A.11.**

### Program #6:

**2.A.6)** Please give the name of ONE underage drinking prevention program that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youth served by the program, the number of caregivers / service providers served by the program, and a URL where further information on the program may be found.

You will be able to add up to 4 additional programs on the pages that follow.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

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**2.A.6.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.6.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.6.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.6.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.6.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.6.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

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**2.A.6.f)** If you are using an evidence-based program, have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.6.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.A.11.**

### Program #7:

**2.A.7)** Please give the name of ONE underage drinking prevention program that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youth served by the program, the number of caregivers / service providers served by the program, and a URL where further information on the program may be found.

You will be able to add up to 3 additional programs on the pages that follow.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

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**2.A.7.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.7.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.7.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.7.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.7.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.7.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

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**2.A.7.f)** If you are using an evidence-based program, have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.7.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.A.11.**

### Program #8:

**2.A.8)** Please give the name of ONE underage drinking prevention program that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youth served by the program, the number of caregivers / service providers served by the program, and a URL where further information on the program may be found.

You will be able to add up to 2 additional programs on the pages that follow.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

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**2.A.8.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.8.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.8.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.8.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.8.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.8.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

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**2.A.8.f)** If you are using an evidence-based program, have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.8.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.A.11.**

### Program #9:

**2.A.9)** Please give the name of ONE underage drinking prevention program that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youth served by the program, the number of caregivers / service providers served by the program, and a URL where further information on the program may be found.

You will be able to add up to1 additional program on the pages that follow.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

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**2.A.9.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.9.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.9.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.9.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.9.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.9.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

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**2.A.9.f)** If you are using an evidence-based program, have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.9.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.A.11.**

### Program #10:

**2.A.10)** Please give the name of ONE underage drinking prevention program that your state OPERATES OR FUNDS. You may also provide a brief description of the program, the number of youth served by the program, the number of caregivers / service providers served by the program, and a URL where further information on the program may be found.

You will be able to enter brief descriptions of any additional programs in Question 2.A.11.

Name of Underage Drinking Prevention Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Description:

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**2.A.10.a)** Please provide an estimate of the number of the following different populations served in this program for the last year. If you do not collect these data, or if it is not possible to estimate the number served, please leave blank.

Number of youth (persons under age 21) served: \_\_\_\_\_\_

Number of caregivers (individuals with primary responsibility for the well-being of a minor, including biological and adoptive parents, grandparents, foster parents, extended family, etc.) served: \_\_\_\_\_\_

Number of service providers (people who provide services to youth including teachers, coaches, health, and mental health care providers, human services, and juvenile justice workers) served: \_\_\_\_

**2.A.10.b)** Does this program focus on addressing disparities or reaching marginalized/underserved populations?

\_\_\_\_Yes

\_\_\_\_No

**If “Yes,”** please describe how this program addresses disparities or reaches marginalized/underserved populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.10.c)** URL for more information about this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.A.10.d)** Please indicate if the program works to address any of the following: (Check all that apply.)

\_\_\_\_ Reduce the percentage of 12-to 20-year-olds who use alcohol in anyway, including but not limited to binge drinking, heavy drinking, or have a DSM-5 Alcohol Use Disorder

\_\_\_\_ Increase access to treatment for alcohol use disorder in specialty treatment facilities for 12- to 20-year-olds

\_\_\_\_ Increase access to treatment for alcohol use disorder in general medical settings (i.e., not specialty treatment facilities)

\_\_\_\_ Reduce the percentage of traffic crash deaths involving 15- to 20-year-olds

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who participate in an alcohol, tobacco, or drug prevention program outside of school.

\_\_\_\_ Increase the percentage of 12-to 17-year-olds who see or hear alcohol prevention messages in school.

\_\_\_\_ Increase the age youth begin drinking (i.e., age of initiation)

**2.A.10.e)** Has the program that is implemented in your state specifically been evaluated?

\_\_ No

\_\_ Yes, but there is no report available

\_\_ Yes, and there is a report available

Please provide URL or other source for report if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No,” please go to question 2.A.10.f.**

**If “Yes,”** what has been done to assess the effectiveness of this program in your state specifically? (e.g., conducted independent evaluation, collected pre/post data after programmatic activities)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.A.10.f)** If you are using an evidence-based program, have you accounted for any programmatic adaptations?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** have you evaluated those adaptations specifically?

\_\_\_ Yes

\_\_\_ No

**2.A.10.g)** Do you wish to add another program?

\_\_\_ Yes

\_\_\_ No

### Additional Programs:

**2.A.11)** If you have additional underage drinking prevention programs that your state OPERATES or FUNDS, please identify them below with the program names, URLs if available, and a brief description of the programs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Part 2, Section A: Additional Clarification

Please use the space below to provide clarification of any of the information provided in Part 2 of the survey.

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## Part 2, Section A: Key Measures of Underage Drinking Prevention

**2.A.12)** How often do you use these measures to assess your state’s underage drinking prevention efforts?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Frequently** | **Sometimes** | **Rarely** |
| Percentage of 12- to 20-Year-Olds Who Used Alcohol in the Past Month |  |  |  |
| Percentage of 12- to 20-Year-Olds Who Binge Drank |  |  |  |
| Percentage of 12- to 20-Year-Olds Who Perceived Great Risk from Having Five or More Drinks of an Alcoholic Beverage One or Two Times Per Week |  |  |  |
| Percentage of 12- to 20-Year-Olds with DSM-5 Alcohol Use Disorder |  |  |  |
| Average Percentage[[2]](#footnote-4) of 12- to 20-Year-Olds Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[[3]](#footnote-5) in the Past Year |  |  |  |
| Percentage of Traffic Crash Deaths Involving a 15- to 20-Year-Old Driver With a BAC of 0.01 or Higher |  |  |  |
| Percentage of 12- to 17-Year-Olds Who Participated in an Alcohol, Tobacco, or Drug Prevention Program in the Past Year Outside of School |  |  |  |
| Percentage of 12- to 17-Year-Olds Indicating Drug or Alcohol Prevention Messages Were Seen or Heard in School in the Past Year |  |  |  |
| Mean Age of Initiation of Alcohol Use Among Past Year Initiates |  |  |  |

## Part 2, Section A: Contact Information

Please provide the name and phone number or email of someone we can contact for additional clarification of the program data reported in this section, if needed. This person will NOT BE IDENTIFIED in any reports that result from this survey.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number or email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU FOR COMPLETING THIS PART OF THE SURVEY.

## Part 2, Section B: Collaborations and Best Practices

**2.B)** Please enter your state below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.B.1)** Does your state collaborate with federally recognized tribal governments in the prevention of underage drinking?

\_\_\_ Yes

\_\_\_ No

\_\_\_ There are no federally recognized tribal governments in the state.

**If “No” or “There are no federally recognized tribal governments…,” please go to question 2.B.2.**

If yes, in the space provided below, please briefly describe these collaborations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.B.2) Does your state have any STOP Act Community Coalition Enhancement Grants from SAMHSA?**

\_\_\_ Yes

\_\_\_ No

\_\_\_Don’t know

**If “No,” please go to question 2.B.3.**

If yes, does your state collaborate with these grantees?

\_\_\_ Yes

\_\_\_ No

If yes, in the space provided below, please briefly describe these collaborations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.B.3)** Does your state have programs to measure youth exposure to alcohol advertising and marketing?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.B.4.**

If yes, in the space provided below, please briefly describe these programs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.B.4)** Does your state have programs to reduce youth exposure to alcohol advertising and marketing?

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.B.5.**

If yes, in the space provided below, please briefly describe these programs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The following questions refer to efforts intended to reduce underage drinking and increase caregiver/child communications about alcohol consumption.**

**2.B.5)** Is your state familiar with the National Underage Drinking Prevention Campaign “Talk. They Hear You.” ®?

*SAMHSA’s national* *youth substance use prevention campaign helps parents and caregivers, educators, and community members get informed, be prepared, and take action to prevent underage drinking and other substance use.*

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** where did you hear about the campaign?

\_\_\_SAMHSA website or program

\_\_\_Federal program or grant

\_\_\_Social media (Facebook, Twitter/x, YouTube)

\_\_\_Unsure

**2.B.7)** Is your state actively using the National Underage Drinking Prevention Campaign “Talk. They Hear You.” ®?

*SAMHSA’s national youth substance use prevention campaign helps parents and caregivers, educators, and community members get informed, be prepared, and take action to prevent underage drinking and other substance use.*

\_\_\_ Yes

\_\_\_ No

**If “No,” please go to question 2.B.8.**

**If “Yes,”** if your state is engaged with the “Talk. They Hear You.” ® campaign, what resources have you found most useful?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.B.8)** Does your state implement Communities that Care?

*Communities That Care (CTC) is a coalition-based prevention system that activates community stakeholders to collaborate on the development and implementation of a science-based community prevention system.*

\_\_\_ Yes

\_\_\_ No

**2.B.9)** Does your state utilize any federal screening tools focused on health, wellness, and well-being?

\_\_\_ Yes

\_\_\_ No

**If “Yes,”** which federal screening tools focused on health, wellness, and well-being does your state use?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If “No” or “Don’t know,” please go to Part 2, Section B: Additional Clarification.**

## Part 2, Section B: Additional Clarification

Please use the space below to provide clarification of any of the information provided in Part 2 of the survey.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Part 2, Section B: Contact Information

Please provide the name and phone number or email of someone we can contact for additional clarification of the interagency collaboration data reported in this section, if needed. This person will NOT BE IDENTIFIED in any reports that result from this survey.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number or email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU FOR COMPLETING THIS PART OF THE SURVEY.

## Part 2, Section C: Interagency Collaboration

**2.C)** Please enter your state below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In this section, please provide information on interagency collaboration in your state to reduce underage drinking.

**2.C.1)** Is there a state-level interagency governmental body/committee that coordinates or addresses underage drinking prevention activities in your state?

\_\_ Yes

\_\_ No

\_\_ Don’t know

**If “No” or “Don’t know,” please go to question 2.C.2.**

**2.C.1.a)** If yes, please provide a committee contact (the chair of the committee or other primary person) in the space below:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.C.1.b)** Please list the agencies/organizations represented on the committee. If there are more than ten agencies/organizations, please add additional lines.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional Agencies/Organizations:

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**2.C.1.c)** Is there a website or other public source that describes the committee’s activities?

\_\_ Yes

\_\_ No

**If “No,” please go to question 2.C.2.**

Please provide a website address or other means to access this information.

**2.C.2)** Has your state prepared a strategic or action PLAN for preventing and reducing underage drinking in the last three years?

\_\_ Yes

\_\_ No

\_\_ Not sure

**If “No” or “Not sure,” please go to question 2.C.3.**

**2.C.2.a)** If yes, what agency, committee, or other body prepared the plan?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please copy and paste the language form your strategic/action plan specific to the prevention and reduction of underage drinking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, does your strategic/action plan specify the use of best practices and/or evidence-based approaches to the prevention and reduction of underage drinking? If yes, please provide that language. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.C.2.b)** If available, please provide a website address or other means to access the plan.

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**2.C.3)** Has your state prepared a REPORT on underage drinking in the last three years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Yes

\_\_ No

\_\_ Not sure

**If “No” or “Not sure,” please go to Part 2, Section C: Additional Clarification.**

**2.C.3.a)** If yes, what agency, committee or other body prepared the report?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.C.3.b)** If available, please provide the website address or other means to access the report.

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## Part 2, Section C: Additional Clarification

Please use the space below to provide clarification of any of the information provided in this section of the survey.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Part 2, Section C: Contact Information

Please provide the name and phone number or email of someone we can contact for additional clarification of the interagency collaboration data reported in this section, if needed. This person will NOT BE IDENTIFIED in any reports that result from this survey.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number or email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU FOR COMPLETING THIS PART OF THE SURVEY.

## Part 2 Section D: Workforce Development

**2.D.1)** Thinking about recruiting substance use prevention direct service staff in your state, please rate the following potential barriers to recruitment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Potential Barrier** | **Not a Barrier** | **Occasional Barrier** | **Common Barrier** | **Major Barrier** |
| Lack of adequately qualified staff |  |  |  |  |
| Lack of interest in the profession |  |  |  |  |
| Insufficient knowledge of profession |  |  |  |  |
| Stigma or misperception about profession |  |  |  |  |
| Competition from other sectors |  |  |  |  |
| Lack of competitive compensation |  |  |  |  |
| Other: |  |  |  |  |

**2.D.2)** To what extent does your state use/fund the following recruitment strategies when recruiting substance use prevention direct service staff?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Always** | **Sometimes** | **Never** |
| Partnering with an Institution of Higher Education |  |  |  |
| On-line Job Site |  |  |  |
| Marketing and Advertising |  |  |  |
| Employment Agencies |  |  |  |
| Job Fairs |  |  |  |
| Loan Forgiveness |  |  |  |
| Signing Bonuses |  |  |  |
| Competitive Compensation Packages |  |  |  |

**2.D.3)** Based on your experience, what are the biggest barriers to retaining substance use prevention direct service staff in your state? (Please rank order the following potential barriers to retaining substance use prevention staff (1=biggest barrier)

\_\_\_\_\_ Low compensation

\_\_\_\_\_ Inability to provide tuition reimbursement

\_\_\_\_\_ Lack of advancement opportunities

\_\_\_\_\_ High workload

\_\_\_\_\_ Other (please specify)

\_\_\_\_\_ Other (please specify)

**2.D.4)** To what extent do you believe the following retention strategies would be effective in your state?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Highly Effective** | **Somewhat Effective** | **Not effective** |
| Healthy organizational culture (fair, supportive, ethical, diverse) |  |  |  |
| Employee Feedback and Performance Reviews |  |  |  |
| Self-care and Wellness Activities |  |  |  |
| Job Satisfaction Surveys |  |  |  |
| Employee Perks |  |  |  |
| Recognition and Awards |  |  |  |
| On-boarding and Orientation |  |  |  |
| Competitive Compensation Packages |  |  |  |
| Employee Career Ladder |  |  |  |
| Performance Incentives |  |  |  |
| Credentialing Reimbursement |  |  |  |
| Continuing Education Credits |  |  |  |
| Flextime and PTO Restructuring |  |  |  |
| Professional Development Training |  |  |  |
| Supervision |  |  |  |
| Tuition Reimbursement |  |  |  |

**2.D.5)** Think about the substance use prevention direct service staff in your state over the past five years. How big of a factor were any of the following in retaining staff?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Factor** | **Major Factor** | **Moderate**  **Factor** | **Minor Factor** | **Not a Factor** |
| Large number of staff retiring |  |  |  |  |
| Large number of staff leaving the field for other reasons |  |  |  |  |
| Staff requiring higher compensation |  |  |  |  |
| Staff requiring greater flexibility in work environment |  |  |  |  |
| Certification requirements |  |  |  |  |
| Other: |  |  |  |  |

**2.D.6)** How much funding has your Single State Agency (SSA) for alcohol and drugs invested in the community-based substance use prevention workforce during the last fiscal year in the following categories? Indicate an approximate dollar amount for the categories below.

Pipeline development: $\_\_\_\_\_\_\_\_\_

Recruitment: $\_\_\_\_\_\_\_\_\_

Retention: $\_\_\_\_\_\_\_\_\_

Professional development: $\_\_\_\_\_\_\_\_\_

**2.D.7)** To what extent has your state used the following approaches to increase funding for substance use prevention workforce development?

|  |  |  |  |
| --- | --- | --- | --- |
| **Approach** | **Use Often** | **Use Occasionally** | **Never Use** |
| Conducted state studies on workforce needs related to substance use prevention workforce development |  |  |  |
| Passed state legislation and appropriations for substance use prevention workforce development |  |  |  |
| Applied for external funding for substance use prevention workforce development |  |  |  |
| Leveraged partnerships to jointly fund workforce activities related to substance use prevention |  |  |  |

1. For further information on Federal expectations of evidence-based interventions, please see “Foundations for Evidence-Based Policymaking Act of 2018” (https://www.congress.gov/115/plaws/publ435/PLAW-115publ435.pdf) and “Phase 1 Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Learning Agendas. Personnel, and Planning Guidance” (https://www.whitehouse.gov/wp-content/uploads/2019/07/m-19-23.pdf). [↑](#footnote-ref-3)
2. Among people ages 12–20 classified as needing alcohol use treatment [↑](#footnote-ref-4)
3. Respondents were classified as needing alcohol use treatment if they met criteria for an alcohol use disorder or received treatment for alcohol use at a specialty facility (i.e.,, drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center) as defined in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). [↑](#footnote-ref-5)