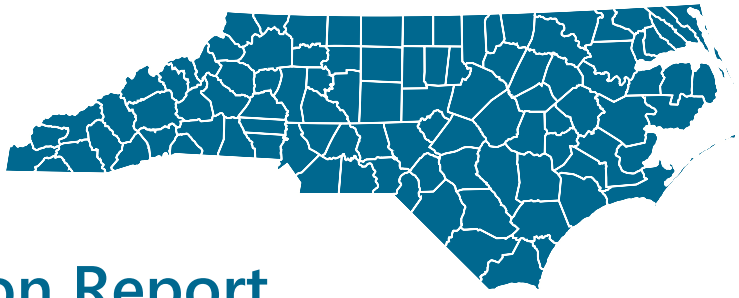
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PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION

North Carolina Substance Use Prevention Block Grant



FY2026 Evaluation Report

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Prepared by Pacific Institute for Research and Evaluation

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Executive Summary

This Evaluation Report summarizes data concerning the prevention strategies implemented during the 2026 state fiscal year (FY2026; July 2025–June 2026) by North Carolina's 23 prevention provider agencies funded by the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant (the "Block Grant"). The North Carolina Department of Health and Human Services' Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) manages these funds in North Carolina and distributes them to prevention provider agencies through the state's Local Management Entity/Managed Care Organization (LME/MCO) system. DMH/DD/SUS has a contract with Pacific Institute for Research and Evaluation (PIRE) to help design and implement evaluation activities to fit the prevention system, assess its achievements, and identify areas in need of improvement.

This annual Prevention Block Grant evaluation report summarizes statewide data from FY2026 that are relevant to ongoing monitoring of core implementation and outcome indicators. The implementation fidelity data, outputs, and short-term outcomes in the report indicate many important accomplishments for the NC Block Grant system in FY2026. **Below is a summary of some of the most noteworthy Block Grant accomplishments:**

- Analysis of the action step records in Ecco and provider fidelity ratings indicated that, generally, providers implemented the core prevention strategies with a high degree of fidelity to the best practice standards established by the State. In most cases where there was indication of lower fidelity, there were understandable reasons why meeting the fidelity standards was not reached.

- Youth prevention education (YPE) programs were implemented with 409 new groups of participants that served close to 8,000 individuals during the year.

- The Lock Your Meds (LYM) media campaign reached over 3 million people, and the secure medication storage and disposal activities included distribution of almost 14,000 lock boxes and over 24,000 medication disposal kits. There also was participation in over 40 medication take-back events where over 3,800 pounds of medication were collected. Media efforts included over 1,000 unique posts on Facebook and resulted in close to 2 million new media impressions. Over 15,000 LYM campaign materials were distributed during the year, including rack cards and disposal instructions.

- The *Talk It Up. Lock It Up!*™ (TIU LIU) campaign reached over 2 million people and secure alcohol storage activities included distribution of over 7,300 locks. Media efforts included almost 700 unique posts on Facebook, Twitter, video/games and Instagram that collectively resulted in over 1.8 million new media impressions. Over 4,700 TIU LIU campaign materials were distributed, including brochures and rack cards.

- Nearly 7,700 tobacco merchant education visits were completed to support Synar compliance.

- In the Year-End Prevention Provider Survey, providers rated the extent to which their agency met its FY2026 Block Grant implementation goals associated with the core evaluation strategies. The results indicated that provider agencies most often met their goals and frequently substantially exceeded these goals. They rarely had difficulty meeting their goals for secure storage and disposal activities and Synar merchant education, but some providers indicated having difficulties meeting their goals for YPE programs and the media campaigns (LYM and TIU LIU).

- The four most common themes in providers' Year-End Survey responses regarding the most significant prevention successes that the Block Grant contributed to this past year for their agency and/or the communities they served were 1) YPE program implementation achievements; 2) increasing community awareness of secure medication storage and safe disposal information and participation in disposal events; 3) building, strengthening, and maintaining collaborative relationships with community prevention partners; and 4) engagement with the public through community events. Across providers and communities, the descriptions of success conveyed expansion of prevention services and the development of prevention capacity for the future.

The three most common **implementation challenges** reported by providers in the Year-End Survey were external barriers associated with implementation of YPE curricula (such as getting permission to implement curricula), barriers associated with engaging and collaborating with other partner organizations (such as law enforcement), and lack of sufficient funding and/or funding delays and restrictions.

As part of the Year-End Prevention Provider Survey, providers also provided **suggestions** regarding ways in which the State and its prevention partners could provide more effective or efficient support to help their agency serve communities.

Broadly, provider agencies' suggestions included increasing funding allocations and/or providing flexible and timely responses that support their use of funds; building support for YPE implementation across the state; offering new and/or continued training opportunities covering a range of topics; and providing professional growth and networking opportunities among providers, the LMEs, and state partners to promote open lines of communication and identify new ideas and possible solutions for overcoming barriers.

PIRE recommends that all involved with the prevention system (the State, statewide and regional partners, and the funded prevention agencies) consider the contents of this report and utilize the information (and future evaluation data) when making decisions for FY2027 and beyond.

Introduction

This Evaluation Report summarizes data concerning the prevention strategies implemented during the 2026 state fiscal year (FY2026; July 2025–June 2026) by North Carolina's 23 prevention provider agencies funded by the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant (the "Block Grant"). The Block Grant provides funding to states and other government jurisdictions to support ongoing prevention and treatment work in these locations. At the federal level, it is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The prevention portion of the Block Grant is managed by SAMHSA's Center for Substance Abuse Prevention (CSAP). The state and other government entities that receive these funds oversee administration within their jurisdictions, with most of the prevention funds allocated by them to local entities (government and non-government) to implement prevention services. A portion of the funds is allocated to organizations for training, technical assistance, and evaluation support.

The North Carolina Department of Health and Human Services' Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) manages these funds in North Carolina and distributes them to prevention provider agencies through the state's Local Management Entity/Managed Care Organization (LME/MCO) system. DMH/DD/SUS has a contract with Pacific Institute for Research and Evaluation (PIRE) to help design and implement evaluation activities to fit the prevention system, assess its achievements, and identify areas in need of improvement. PIRE and DMH/DD/SUS finalized the NC Substance Use Prevention Evaluation Plan for this work in the summer of 2024 and PIRE has been implementing the plan since then.

A central focus of the DMH/DD/SUS prevention system is to infuse results-based management (RBM) principles and activities into the system to improve health outcomes for North Carolinians across the lifespan by preventing and significantly reducing substance misuse and related problems. RBM emphasizes data-driven decision making, including attention to the logical connections between processes and intended outcomes, and monitoring of progress over time to assess whether the anticipated outcomes are being achieved. The emphasis of RBM is on using data in a timely manner to make well-informed decisions throughout the implementation process.

The logic model in Figure 1 below displays the relationship between data-driven decision-making functions and the Block Grant activities conducted by North Carolina prevention service providers, statewide partners, and PIRE. This includes prevention providers' actions as they implement strategies in accordance with CSAP's Strategic

Prevention Framework (i.e., needs assessment, capacity building, strategic planning, strategy implementation, and evaluation activities); statewide partner assistance to the providers; and PIRE evaluation support.

This report is intended to help inform ongoing data-driven decision making using the RBM approach. First, the report presents data related to providers' strategy implementation fidelity to best practice standards. Next, the report presents data describing who was served by the strategies in FY2026, followed by a summary of the outputs and achievements reported by the providers. The next section describes PIRE's plans for monitoring longer-term outcome data related to recent implementation as relevant data are analyzed later this year and in the future. The final section contains PIRE's conclusions about the annual evaluation data summarized in the report.

As specified in the Evaluation Plan, PIRE's evaluation activities in FY2026 focused particular attention on the following four core prevention strategies[1]:

1. Youth prevention education (YPE) programs;
2. Lock Your Meds (LYM) media campaign and associated secure medication storage and disposal activities;
3. *Talk It Up. Lock It Up!*™ (TIU LIU) media campaign and associated alcohol safe storage activities; and
4. Synar merchant education (Synar)

[1] Responsible Beverage Service Training support (RBST) and alcohol purchase surveys were initially identified as a fifth core prevention strategy area, but this has been dropped as an evaluation focus due to the very low provider engagement in these activities.

Note that only data related to strategy implementation funded by the Block Grant are included in this report (i.e., data are not included related to implementation of these strategies in North Carolina by Block Grant providers when that implementation was not funded by the Block Grant).

Figure 1: Data-Driven Decision Making Logic Model

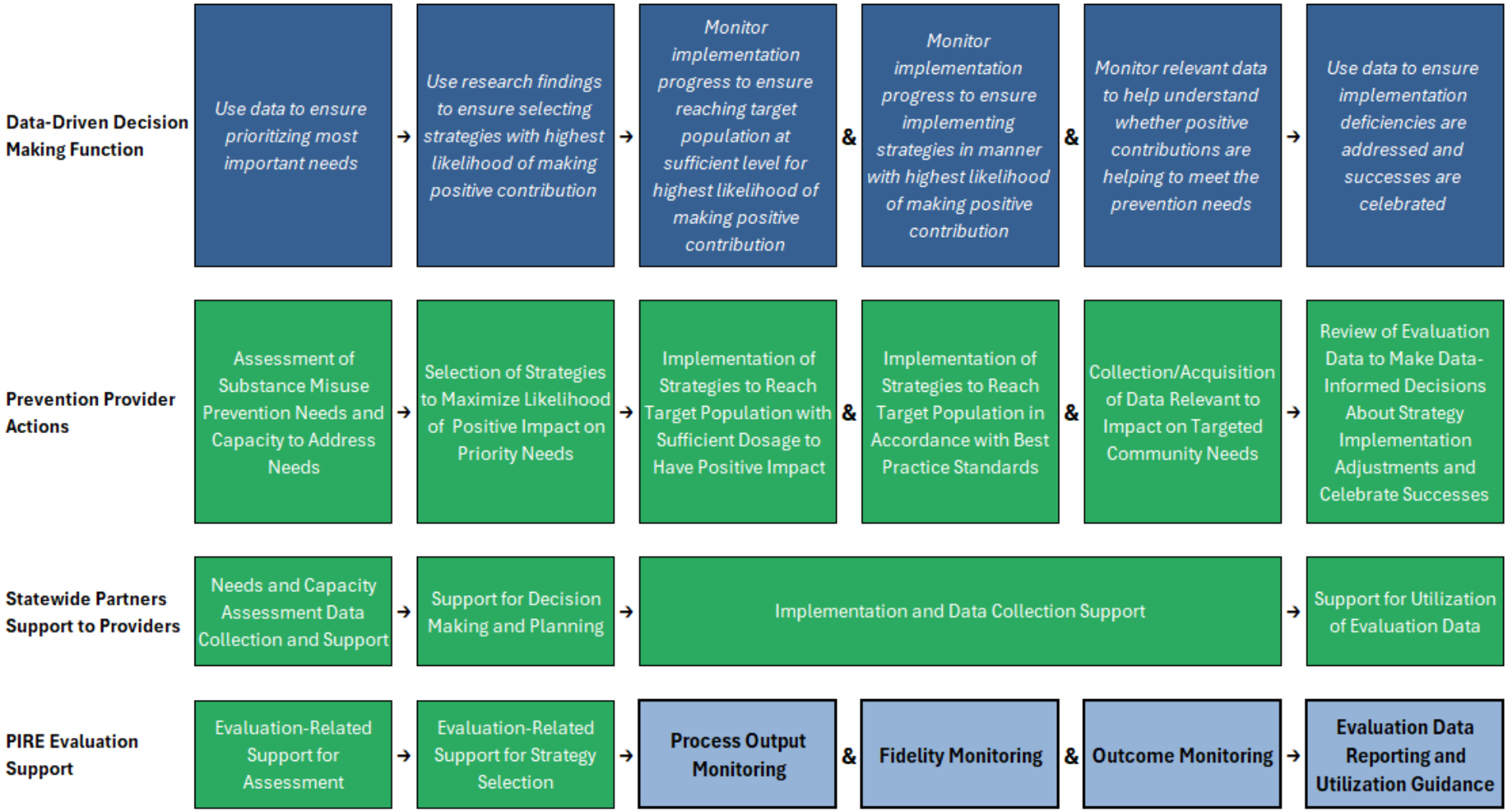


Table 1 lists the FY2026 providers, the LME/MCO regions (Alliance, Partners, Trillium, and Vaya) and counties they served, and the core prevention strategies that they implemented using Block Grant funding.

Table 1: Provider Organizations, Locations, and Core Prevention Strategies Implemented in FY2026

Provider Organization	Alliance Counties	Partners Counties	Trillium Counties	Vaya Counties	Core Strategies
Alcohol and Drug Services	Harnett		Anson, Guilford, Hoke, Lee, Moore, Montgomery, Richmond	Alamance, Caswell	Blues Program, Project Alert, Project Success, Second Step, Too Good for Drugs, Unique You, LYM, TIU LIU, Synar,
Anuvia Prevention and Recovery Center	Mecklenburg				Too Good for Drugs, Unique You, LYM, TIU LIU, Synar
Burke Recovery Alcohol and Drug Treatment Center		Burke			Synar
Center for Prevention Services	Mecklenburg	Stanly, Union, Davidson, Cabarrus		Rowan	HALO, Life Skills Training, Safe Dates, Strong African American Families, Too Good for Drugs, Unique You, Secure Medication Storage and Safe Disposal, Synar
Children's Home Society of NC			Guilford		Project ALERT, Secure Medication Storage and Safe Disposal, Alcohol Secure Storage, Synar
Cleveland County Health Department		Cleveland			Too Good for Drugs, LYM, TIU LIU, Synar
Coastal Horizons Center			Brunswick, New Hanover, Pender		Catch My Breath, Unique You, LYM, TIU LIU, Synar

Provider Organization	Alliance Counties	Partners Counties	Trillium Counties	Vaya Counties	Core Strategies
The Cognitive Connection Adolescent Services		Catawba			Project Towards No Drug Abuse, Secure Medication Storage and Safe Disposal, Synar
Communities in Schools in Lincoln		Lincoln			Strengthening Families
Community Choices, Inc.	Mecklenburg				Strengthening Families
Community Prevention Services			Carteret, Onslow		Catch My Breath, LYM, Alcohol Purchase Surveys, TIU LIU, Synar
Duplin County Coop. Extension 4-H			Duplin		Too Good for Drugs, Secure Medication Storage and Safe Disposal, Synar
Easter Seals Port Health			Craven, Edgecombe, Greene, Jones, Nash, Pamlico, Pitt, Wilson,		All Stars, Catch My Breath, Life Skills Training, Too Good for Drugs, Unique You, Secure Medication Storage and Safe Disposal, Synar
Gaston Cancer Services		Gaston			Synar
Insight Human Services	Cumberland, Durham, Orange	Davie, Forsyth, Iredell, Jackson, Surry, Yadkin	Halifax, Randolph, Warren	Chatham, Franklin, Granville, Person, Rockingham, Stokes, Vance	Catch My Breath, HALO, Life Skills Training, Too Good for Drugs, LYM, TIU LIU, Synar
Lenoir County Cooperative Extension			Lenoir		Catch My Breath, Synar

Provider Organization	Alliance Counties	Partners Counties	Trillium Counties	Vaya Counties	Core Strategies
Mountain Projects				Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain,	Synar
Poe Center for Health Education	Johnston, Wake				Catch My Breath, Safe Stores, TIU LIU, Synar
Power of U			Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Tyrrell, Washington		Too Good for Drugs, Secure Medication Storage and Safe Disposal, Synar
RHA Resource Centers or Health Services		Gaston, Rutherford		Alexander, Brunswick, Buncombe, Caldwell, Catawba, Henderson, Madison, McDowell, Mitchell, Transylvania, Yancey	Catch My Breath, Unspecified YPE Strategies, LYM, Secure Medication Storage and Safe Disposal, TIU LIU, Synar
Robeson Healthcare Corp.			Bladen, Columbus, Robeson, Scotland		Project ALERT, Too Good for Drugs, LYM, Synar
Sampson County Coop. Extension 4-H			Sampson		Project Towards No Drug Abuse, Synar

Provider Organization	Alliance Counties	Partners Counties	Trillium Counties	Vaya Counties	Core Strategies
Western Youth Network				Alleghany, Ashe, Avery, Watauga, Wilkes	Project Venture, LYM, Synar

Strategy Implementation Fidelity

This section begins by presenting data concerning FY2026 implementation fidelity for the four core strategies and ends with a summary of the implementation challenges identified by provider agencies in the FY2026 Year-End Prevention Provider Survey. Below is a description of the two sources of fidelity data: 1) provider action step completion descriptions and 2) annual fidelity ratings completed by the providers.

Fidelity Data Sources

Prevention provider agencies funded by the Block Grant use the online Ecco Electronic Records System (Ecco) to record and report information about their strategy implementation progress. This involves multiple elements, including open-ended descriptions of the status of completing each of the best practice action steps listed in the DMH/DD/SUS Block Grant Education and Environmental Strategy/Intervention Guidance document. Note, however, that action steps are not recorded in Ecco for Synar merchant education.

Providers update their data within Ecco each month for each of the LME/MCO regions that they serve. Because four of the 23 provider agencies served more than one region (with one serving two, two serving three, and one serving all four), there are 31 provider-LME/MCO locations. These locations are the reporting units for the Ecco action step data.

To summarize the statewide status of action step implementation for each core strategy, PIRE reviewed the providers' step completion descriptions from Ecco, and categorized each step as one of the following four status groupings: unclear (marked as red in the summary tables), not started or missing information about progress (marked in black), actively being worked on but not yet having achieved the status specified for the action step (marked in blue), or as having accomplished reaching the status specified for the action step (marked in green). The color coding in the summary tables indicates the most prevalent status categorization for each action step. The number in each cell indicates the number of provider-LME/MCO locations with that categorization. Note that accomplishing the status specified for the action step does not necessarily mean that work on that step is not active and ongoing – in some cases the step specifies a finite accomplishment such as completing a training, while in other cases it describes an ongoing activity such as following a process during implementation.

To augment the Ecco action step data, PIRE developed a summative fidelity rating instrument for providers to complete in a spreadsheet format on an annual basis. The instrument is based on the best practice action steps listed in the Strategy Guidance document, with ordinal rating scales developed by PIRE based on past national fidelity rubrics used in SAMHSA's Strategic Prevention Framework State Incentive Grant (SPF SIG) initiative. Although the instrument was designed to rate the completion of all of the core implementation components listed in the Strategy Guidance document action steps, the wording of some steps was adjusted to help ensure that the descriptions were as clear and concise as possible, some steps were combined into a single construct to be rated, and a few Strategy Guidance document steps were split across more than one fidelity rating step. Based on our experiences pilot testing the rating process in FY2025, we added two additional YPE implementation fidelity standards to help fill two important gaps: completing the core program content and implementing the program with the recommended student engagement opportunities.

PIRE met with each provider agency in the spring of 2026 to confirm the strategies that they were implementing using Block Grant funding, the counties where they were implementing each strategy, and the most concise ways for the providers to provide ratings for these strategies. When implementing a strategy across multiple counties (regardless of whether the counties were in the same or different LME/MCO regions), a collective decision was made about whether it was more appropriate to make a single set of ratings because the service planning and implementation were relatively uniform across counties or whether to make separate ratings by county. In almost all cases, it was determined that the only strategies where separate ratings were appropriate by county were YPE strategies where implementation in different school districts created different implementation fidelity issues.

Next, PIRE prepared a tailored fidelity instrument in Excel for each provider agency and trained the participating staff on how to use these instruments. The providers then completed their ratings between late May and mid-June 2026 and PIRE reviewed their submissions and requested any clarifications in early July. Similar to the action step summary tables, the provider fidelity ratings are summarized in tables with the number in each cell indicating the number of providers with that rating, with the color coding indicating the most prevalent rating for each step.

Strategy Implementation Fidelity

Overall, the Ecco data and the provider fidelity ratings indicated that most provider agencies fully implemented most of the best practice action steps, thereby indicating that they were meeting the basic fidelity standards for their strategies. In addition, in

most cases there were very understandable reasons why one or more steps were not fully implemented with fidelity. Below is a review of the findings for the four core evaluation strategies.

Youth Prevention Education Programs

The Strategy Guidance document establishes uniform fidelity standards that apply to all YPE programs. As shown in Table 2, the action step descriptions in Ecco indicated that implementation of most YPE programs achieved the status specified for the YPE action steps, with almost all other YPE strategy action steps coded as missing or not started. This indicated high fidelity to the implementation standards set by the State.

Likewise, the providers' fidelity ratings at the end of the year indicated that in almost all cases they believed they had met the standards for high fidelity based on the general YPE criteria set by the State, as well as the two additional standards that were added for these ratings concerning content coverage and student engagement opportunities. The most common step where providers felt they had not fully met the standard for implementation of a YPE program was the implementation step specifying delivery of the curriculum with the prescribed number of sessions. Four providers gave a medium fidelity rating for this step (for four different curricula), with indication that this was primarily due to constraints from their school partners preventing implementation of the full number of curriculum sessions.

Table 2: YPE Summary of Action Step Progress Reported in Ecco (N=60)

***U = Unclear, NSM = Not Started or Missing, WO = Working On, A = Accomplished**

Youth Prevention Education (YPE)				
Action Step	**Progress Towards Accomplishing Goal for Action Step***			
	U	**NSM**	**WO**	**A**
Planning Steps				
1. The prevention provider must receive approval for each curriculum.	0	16	0	44
2. Each prevention provider delivering the program has completed Youth Prevention Education (YPE) training.	0	17	1	42
3. Each prevention provider delivering the program has met required developer training requirements, as necessary.	1	18	0	41
Implementation Steps				
1. The prevention provider must deliver an education program with the prescribed number of required core curriculum sessions.	1	22	0	37

2. The prevention provider must deliver an education program with the core curriculum implemented in the appropriate setting as recommended by the program developer.	1	22	0	37
3. The prevention provider must deliver an education program with all sessions at least 30 minutes long.	3	22	0	35
4. The prevention provider must deliver an education program with all sessions delivered no more than two times per week for all programs.	1	22	1	36

Table 3: YPE Summary of Provider Fidelity Ratings (N=56)

***N = Not Applicable, L = Low, M = Medium, H = High**

Youth Prevention Education (YPE)				
Planning and Implementation Steps	**Fidelity Rating***			
	N	**L**	**M**	**H**
Planning Steps				
1. The prevention provider must receive approval for each curriculum, including any/all intended modifications to the recommendations of the program developer (i.e., deviations to the core curriculum content; implementation setting; allotted implementation time; participant population's age, universal/selective/indicated classification; etc.).	0	1	0	55
2. Each prevention provider delivering the program has completed the state's Youth Prevention Education (YPE) training, and has met required developer training requirements, as necessary.	0	0	2	54
Implementation Steps				
1. The prevention provider must deliver an education program with the prescribed number of required core curriculum sessions.	2	0	4	50
2. The recommended content for all sessions was delivered, including the recommended activities and other core session components.	2	0	1	53
3. The prevention provider must deliver an education program with the core curriculum implemented in the appropriate setting as recommended by the program developer and/or approved by the state.	2	1	0	53
4. The prevention provider must deliver an education program with all sessions at least 30 minutes long.	1	1	1	53
5. The prevention provider must deliver an education program with all sessions delivered no more than two times per week.	1	0	1	54
6. The recommended opportunities for student engagement occurred during implementation (active interaction of participants with the program leaders and/or other participants, including any recommended discussion groups, student presentations, etc.).	2	0	0	54

Lock Your Meds and Associated Secure Medication Storage and Disposal Activities

Overall, provider action step descriptions indicated that they had been implementing LYM and/or the related safe medication storage and disposal activities (Tables 4 and 5) with fidelity to the best practice standards. However, there was indication that many providers had not done local testing of the campaign materials, many had not collected contact information for follow-up surveys, and most were not focused on institutionalizing policies for drop boxes, cabinet installation, or lock boxes.

The fidelity ratings for those implementing the LYM campaign (Tables 6) had a similar pattern of results with most steps rated as high fidelity. The most common media campaign fidelity standard that providers felt they had not fully met was support and participation from partners in the community sector. The three providers with a medium fidelity rating for this step indicated this was predominantly due to insufficient cooperation from the potential partners, with one noting that partnering with parent groups was particularly difficult.

The most striking characteristic of the fidelity ratings for secure medication storage and disposal activities was that the providers that did these activities as part of their overall LYM campaign efforts (Table 6) indicated much higher fidelity ratings than the providers that conducted these activities separately (Table 7). Both sets of providers had respondents that indicated difficulties determining the level of interest and involvement of key partners, working collaboratively with partners, and conducting follow-up surveys. The providers having challenges with partner participation indicated insufficient cooperation by partners (especially when there was staffing turnover at these partner organizations) and lack of resources contributed to these issues, while those not conducting follow-up surveys most often indicated that they planned to do the follow-up but had not done so during the fiscal year, or lacked the resources (e.g., due to staffing shortages) to complete follow-up. Those not involved with the LYM campaign indicated lower levels of fidelity with most of the implementation steps. Their comments suggested that the reasons listed above were prevalent, as well as not needing to implement some steps because they were completed by others.

Table 4: Lock Your Meds Summary of Action Step Progress Reported in Ecco (N=15)

***U = Unclear, NSM = Not Started or Missing, WO = Working On, A = Accomplished**

Lock Your Meds Media Campaign				
Action Step	**Progress Towards Accomplishing Goal for Action Step***			
	U	**NSM**	**WO**	**A**
Planning Steps				
1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience.	0	3	0	12
2. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources.	0	3	0	12
Implementation Steps				
1. Prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.)	0	3	0	12
2. Using the LYM Focus Group Guide for Message and Channel Testing, prevention providers have collected feedback about comprehension, credibility, reaction, design, and effectiveness of Lock Your Meds materials and distributed materials through sources that are popular and credible with the target population.	0	6	2	7
3. Prevention providers have released campaign materials at least once every six weeks.	1	3	0	11
4. Prevention providers have connected Lock Your Meds to a co-occurring Secure Medication Storage and Safe Disposal Strategy	0	3	0	12
LYM-Associated Secure Medication Storage and Disposal Activities				
Action Step	**Progress Towards Accomplishing Goal for Action Step***			
	U	**NSM**	**WO**	**A**
Planning Steps				
1. Prevention providers will identify and determine the level of interest and involvement of community members, law enforcement, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access to opioids and upholding safe disposal practices. If no readiness exists, count as community based processes work until support is in place.	0	3	0	12

2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating secure medication storage and safe disposal strategies within the community.	0	3	0	12
3. Prevention providers will meet with law enforcement and pharmacies to determine the need and logistics for medication take-back events and permanent medication drop boxes.	0	3	0	12
4. Prevention providers will work to plan with partners the distribution of kits, lockboxes and medication disposal demonstrations or take back events. Prevention providers will work to plan for cabinet installations and drop boxes.	0	3	0	12
5. Prevention providers will work to plan the acquisition of drop box locations and funds.	0	3	0	12
Implementation Steps				
1. Prevention providers will work with partners to install cabinets and lockboxes and/or distribute lockboxes/medication disposal kits.	0	3	0	12
2. Prevention providers will provide kits with medication disposal demonstrations and assist with institutionalizing lockbox and proper disposal use within agencies, communities, and homes.	0	3	0	12
3. Prevention providers will coordinate and implement take-back events with law enforcement.	0	4	0	11
4. Prevention providers will acquire new drop box locations.	0	10	1	4
5. Prevention providers will increase usage of current drop box locations through media and other community efforts.	0	3	0	12
6. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals, organizations) to institutionalize policies for drop box, cabinet installation, or lock boxes.	0	9	0	6
7. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks, disposal kits and information has occurred.	0	6	3	6

Table 5: Secure Medication Storage and Safe Disposal Summary of Action Step Progress Reported in Ecco (N=9)

***U = Unclear, NSM = Not Started or Missing, WO = Working On, A = Accomplished**

Secure Medication Storage and Disposal Activities				
Action Step	**Progress Towards Accomplishing Goal for Action Step***			
	U	**NSM**	**WO**	**A**
Planning Steps				
1. Prevention providers will identify and determine the level of interest and involvement of community members, law enforcement, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access to opioids and upholding safe disposal practices. If no readiness exists, count as community based processes work until support is in place.	0	1	0	8
2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating secure medication storage and safe disposal strategies within the community.	0	1	0	8
3. Prevention providers will meet with law enforcement and pharmacies to determine the need and logistics for medication take-back events and permanent medication drop boxes.	0	3	0	6
4. Prevention providers will work to plan with partners the distribution of kits, lockboxes and medication disposal demonstrations or take back events. Prevention providers will work to plan for cabinet installations and drop boxes.	0	1	0	8
5. Prevention providers will work to plan the acquisition of drop box locations and funds.	0	3	0	6
Implementation Steps				
1. Prevention providers will work with partners to install cabinets and lockboxes and/or distribute lockboxes/medication disposal kits.	0	1	0	8
2. Prevention providers will provide kits with medication disposal demonstrations and assist with institutionalizing lockbox and proper disposal use within agencies, communities, and homes.	0	1	0	8
3. Prevention providers will coordinate and implement take-back events with law enforcement.	0	4	0	5
4. Prevention providers will acquire new drop box locations.	0	8	0	1
5. Prevention providers will increase usage of current drop box locations through media and other community efforts.	0	3	0	6
6. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals, organizations) to institutionalize policies for drop box, cabinet installation, or lock boxes.	0	5	0	4

7. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks, disposal kits and information has occurred.	0	1	1	7

Table 6: Lock Your Meds Summary of Provider Fidelity Ratings (N=8)

***N = Not Applicable, L = Low, M = Medium, H = High**

Lock Your Meds Media Campaign				
Planning and Implementation Steps	**Fidelity Rating***			
	N	**L**	**M**	**H**
Planning Steps				
1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience.	0	0	3	5
2. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources.	0	0	2	6
Implementation Steps				
1. Prevention providers have disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.) that are popular and credible with the target population	0	1	0	7
2. Prevention providers have released campaign materials at least once every six weeks.	0	0	0	8
3. Prevention providers have connected Lock Your Meds to a co-occurring Secure Medication Storage and Safe Disposal Strategy.	0	0	0	8
LYM-Associated Secure Medication Storage and Disposal Activities				
Planning and Implementation Steps	**Fidelity Rating***			
	N	**L**	**M**	**H**
Planning Steps				
1. Prevention providers will identify and determine the level of interest and involvement of key partners who share the goal of reducing access to opioids and upholding safe disposal practices (e.g., community members, law enforcement, parents, home builders, landlords, habitat for humanity). If no readiness exists, count as community-based processes work until support is in place.	0	0	3	5
2. Prevention providers will build community support and work with key community partners (e.g., coalitions, law enforcement, and pharmacies) to develop a plan for needed secure medication storage and safe disposal strategies within the community.	0	0	2	6

3. Develop plan for new storage and disposal activities, including consideration of medication take-back events, permanent medication drop boxes, distribution of kits and lockboxes, medication disposal demonstrations, and cabinet installations, as necessary to meet community needs. Prevention providers will work to plan the acquisition of drop box locations and funds, as necessary.	1	0	1	6
Implementation Steps				
1. With coalitions or partners (e.g., law enforcement, pharmacies), prevention providers will implement their plan for increasing secure medication storage and safe disposal.	0	0	1	7
2. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals, organizations) to institutionalize policies related to the secure storage and disposal activities specified in your plan.	3	0		5
3. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks, disposal kits, and information has occurred.	3	2	2	1

Table 7: Secure Medication Storage and Safe Disposal Summary of Provider Fidelity Ratings (N=9)

***N = Not Applicable, L = Low, M = Medium, H = High**

Secure Medication Storage and Disposal Activities				
Planning and Implementation Steps	**Fidelity Rating***			
	N	**L**	**M**	**H**
Planning Steps				
1. Prevention providers will identify and determine the level of interest and involvement of key partners who share the goal of reducing access to opioids and upholding safe disposal practices (e.g., community members, law enforcement, parents, home builders, landlords, habitat for humanity). If no readiness exists, count as community-based processes work until support is in place.	0	3	2	4
2. Prevention providers will build community support and work with key community partners (e.g., coalitions, law enforcement, and pharmacies) to develop a plan for needed secure medication storage and safe disposal strategies within the community.	1	0	4	4
3. Develop plan for new storage and disposal activities, including consideration of medication take-back events, permanent medication drop boxes, distribution of kits and lockboxes, medication disposal demonstrations, and cabinet installations, as necessary to meet community needs. Prevention providers will work to plan the acquisition of drop box locations and funds, as necessary.	1	2	1	5
Implementation Steps				

1. With coalitions or partners (e.g., law enforcement, pharmacies), prevention providers will implement their plan for increasing secure medication storage and safe disposal.	2	1	4	2
2. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals, organizations) to institutionalize policies related to the secure storage and disposal activities specified in your plan.	7	1		1
3. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks, disposal kits, and information has occurred.	5	1		3

Talk It Up. Lock It Up!™ and Associated Secure Alcohol Storage Activities

Overall, provider action step descriptions indicated that they had been implementing most action steps for TIU LIU and/or the related secure alcohol storage activities (Tables 8 and 9) with fidelity to the best practice standards. However, the provider descriptions very often indicated low levels of having created campaign objectives using local baseline data, testing of campaign materials with their local target population, and/or collecting contact information for follow-up surveys.

The providers' fidelity ratings (Tables 10 and 11) indicated that the most consistent fidelity challenges also were working with partners on secure storage activities and completing follow-up surveys, and many indicated that they were not working on institutionalizing policies related to secure storage in their communities. Providers indicated that the reasons for this were like the reasons that these steps were often not completed with high fidelity for LYM, including partners not being cooperative (sometimes due to changing priorities at their organizations) and lack of resources. Some indicated that this was a relatively new strategy for them so they had not reached the stage of full implementation yet, and many providers indicated that they planned to complete follow-up survey activities but had not done so yet.

Table 8: *Talk It Up. Lock It Up!™* Summary of Action Step Progress Reported in Ecco (N=13)

***U = Unclear, NSM = Not Started or Missing, WO = Working On, A = Accomplished**

Talk It Up. Lock It Up!™ Media Campaign				
Action Step	**Progress Towards Accomplishing Goal for Action Step***			
	U	**NSM**	**WO**	**A**
Planning Steps				
1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience.	0	2	0	11
2. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources.	0	7	0	6
Implementation Steps				
1. Prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.).	2	2	1	8
2. Using Message and Channel Testing, prevention providers have collected feedback about comprehension, credibility, reaction, design, and effectiveness of Talk It Up. Lock It Up! materials and distributed materials through sources that are popular and credible with the target population.	0	6	1	6
3. Prevention providers have released campaign materials at least once every six weeks.	3	2	0	8
4. Prevention providers have connected Talk It Up. Lock It Up! to a co-occurring Alcohol Safe Storage Initiative.	0	4	0	9
Alcohol Safe Storage Activities				
Action Step	**Progress Towards Accomplishing Goal for Action Step***			
	U	**NSM**	**WO**	**A**
Planning Steps				
1. Prevention providers will identify and determine the level of interest and involvement of community members, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access alcohol. If no readiness exists, count as community-based processes work until support is in place.	0	3	0	10

2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating safe storage initiatives within the community.	0	3	0	10
3. Prevention providers will work to plan with partners the distribution locks. Prevention providers will work to plan for cabinet installations.	0	3	0	10
Implementation Steps				
1. Prevention providers will work with partners to install cabinets and locks.	0	4	1	8
2. Prevention providers will provide assistance with institutionalizing locks and cabinet installations use within communities and homes.	0	4	0	9
3. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks and information has occurred.	2	4	1	6

Table 9: Alcohol Safe Storage Summary of Action Step Progress Reported in Ecco (N=2)

***U = Unclear, NSM = Not Started or Missing, WO = Working On, A = Accomplished**

Alcohol Safe Storage Activities				
Action Step	**Progress Towards Accomplishing Goal for Action Step***			
	U	**NSM**	**WO**	**A**
Planning Steps				
1. Prevention providers will identify and determine the level of interest and involvement of community members, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access alcohol. If no readiness exists, count as community-based processes work until support is in place.		1		1
2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating safe storage initiatives within the community.		1		1
3. Prevention providers will work to plan with partners the distribution locks. Prevention providers will work to plan for cabinet installations.		1		1
Implementation Steps				
1. Prevention providers will work with partners to install cabinets and locks.		2		
2. Prevention providers will provide assistance with institutionalizing locks and cabinet installations use within communities and homes.		1		1

3. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks and information has occurred.		1		1

Table 10: *Talk It Up. Lock It Up!™* Summary of Provider Fidelity Ratings (N=7)

***N = Not Applicable, L = Low, M = Medium, H = High**

***Talk It Up. Lock It Up!™* Media Campaign**				
Planning and Implementation Steps	**Fidelity Rating***			
	N	**L**	**M**	**H**
Planning Steps				
1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience.	0	2	0	5
2. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources.	2	0	0	5
Implementation Steps				
1. Prevention providers have disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.) that are popular and credible with the target population.	1	0	0	6
2. Prevention providers have released campaign materials at least once every six weeks.	1	0	0	6
3. Prevention providers have connected Talk It Up. Lock It Up! to a co-occurring Alcohol Safe Storage Initiative.	1	0	0	6
Alcohol Safe Storage Activities				
Planning and Implementation Steps	**Fidelity Rating***			
	N	**L**	**M**	**H**
Planning Steps				
1. Prevention providers will identify and determine the level of interest and involvement of key partners who share the goal of reducing access alcohol (e.g., community members, parents, home builders, landlords, habitat for humanity). If no readiness exists, count as community-based processes work until support is in place.	1	1	0	5
2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating safe storage initiatives within the community.	0	0	3	4
3. Prevention providers will work with partners to plan the distribution of locks and cabinet installations, as needed.	1	2	0	4

Implementation Steps				
1. Prevention providers will implement their plan to work with partners to distribute locks and install cabinets.	1	1	1	4
2. Prevention providers will provide assistance with institutionalizing locks and cabinet installations use within communities and homes.	3	0	0	4
3. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks and information has occurred.	2	1	3	1

Table 11: Alcohol Safe Storage Summary of Provider Fidelity Ratings (N=2)

***N = Not Applicable, L = Low, M = Medium, H = High**

Alcohol Safe Storage Activities				
Action Step	Fidelity Rating*			
	N	L	M	H
Planning Steps				
1. Prevention providers will identify and determine the level of interest and involvement of community members, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access alcohol. If no readiness exists, count as community-based processes work until support is in place.	0	1	0	1
2. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating safe storage initiatives within the community.	1	0	0	1
3. Prevention providers will work to plan with partners the distribution locks. Prevention providers will work to plan for cabinet installations.	0	1	0	1
Implementation Steps				
1. Prevention providers will work with partners to install cabinets and locks.	0	1	0	1
2. Prevention providers will provide assistance with institutionalizing locks and cabinet installations use within communities and homes.	1	0	0	1
3. Prevention providers will collect sufficient contact information in order to conduct a follow-up survey to assess whether utilization of locks and information has occurred.	0	1	0	1

Synar Merchant Education Activities

Providers do not record action step descriptions in Ecco for their Synar merchant education activities, but they did complete fidelity ratings based on the State's best

practice steps.[2] The summary of their ratings in Table 12 below illustrates that the providers believed they had implemented almost all steps with a high degree of fidelity to the best practice standards. (Note that most providers did not have ratings for the step about reporting violations because most did not indicate such violations.) The most common step where providers felt they had not fully met the standard was the implementation step concerning what is done during the visit. The seven providers with less than the highest fidelity rating for this step indicated that there were a variety of reasons for this, including insufficient cooperation from partners, provider staffing shortages, and lack of merchant staff availability.

Table 12: Synar Merchant Education Summary of Provider Fidelity Ratings (N=20)

***N = Not Implemented, L = Low, M = Medium, H = High**

Synar Merchant Education				
Action Step	**Fidelity Rating***			
	N	**L**	**M**	**H**
Planning Steps				
1. Prevention providers will ensure they have adequate materials (i.e., We Check ID window decal, Check ID handout, and retailer training card) and adhere to the merchant education material dissemination protocol.	0	0	0	20
2, IMP11 & (IMP12). Prevention providers will use their tobacco retailer lists within the merchant tracker in Ecco to plan merchant education efforts (including identifying the retailers you plan to visit during the year). Prevention providers will not visit tobacco retailers more than twice in a fiscal year unless warranted (i.e., additional merchant education materials requested, etc.).	0	1	0	19
3. Prevention providers will ensure the person who talks to merchants (adult volunteers, staff, or youth, etc.) is knowledgeable and well versed in NC youth access, Federal Tobacco 21 laws and merchant education material information.	0	0	3	17
Implementation Steps				
1. Prevention providers will contact tobacco retail outlets in their area(s) to ensure they have received specific information (i.e., merchant education materials) on their responsibilities, as they relate to the sale of age-restricted tobacco products. Prevention providers, if applicable, will partner with community youth groups to visit tobacco retail outlets in their area(s) to provide information and	0	3	2	15

[2] Note that one provider agency also provided ratings for the tobacco purchase surveys they completed to support Synar compliance.

materials (i.e., We Check ID window decal, Check ID handout, and retailer training cards) to comply with the law.				
2. On the day of the visit, prevention providers and/or volunteers will wait for an opportunity to speak to the most responsible person on duty. They will introduce themselves and state the purpose for the visit (to provide education on youth access laws and offer free merchant education materials/training) and will ask to speak to an owner, manager, or assistant manager. Prevention providers and/or volunteers will conduct a brief 1–3-minute conversation with the employee (or manager, if available) about the five specified topics. Prevention providers and/or volunteers will encourage the Manager/Assistant Manager/Owner, if available, to do the four specified things.	0	1	6	13
3. Prevention providers and/or volunteers will report necessary violations to the ALE or FDA. Issues of concern/violations include stores selling single cigarettes, commonly referred to as loosies, tobacco products by the cash register, etc.	5	1	0	3
4. Prevention providers will complete a North Carolina Tobacco Merchant Education form for each tobacco retailer visited, enter the information from the form into the Ecco merchant tracker under Part 1 Merchant Education Visit, and will add new merchants identified and keep their tobacco retailer lists updated in the Ecco merchant tracker.	1	1	3	15

Challenges Reported in Year-End Prevention Provider Survey

PIRE administered the online FY2026 Year-End Prevention Provider Survey in late June and early July of 2026. The survey asked the providers about their Block Grant implementation experiences and accomplishments during the fiscal year. As applicable, providers were asked to respond separately for each LME/MCO region they served. Twenty of the 23 provider agencies responded to the survey (for 28 of the 31 possible provider-LME/MCO locations).

In addition to other topics that will be reviewed later in the report, the survey asked providers to describe their greatest implementation challenges during the year. PIRE reviewed the responses to identify themes, particularly challenges that existed for more than one provider agency. The three most common themes were: 1) challenges posed by external barriers associated with implementation of YPE curricula; 2) barriers associated with engaging and collaborating with other partner organizations (e.g., law enforcement); and 3) lack of sufficient funding and/or delays and restrictions in funding.

"One of our biggest challenges this past year was balancing prevention programming with the changing schedules and priorities of our community partners, particularly local schools. Testing schedules, weather-related closures, holidays, and other unexpected events often required us to adjust programming and be flexible with how and when services were delivered. Like many prevention providers, we also continue to face the challenge of meeting the growing need for prevention services with limited time and resources."

The most common challenge overall was gaining the support necessary for successful YPE implementation within schools. This included difficulties getting permission from schools to administer the curricula, as well as overcoming implementation logistics barriers such as communication difficulties between provider and school staff, and scheduling conflicts. Two providers specifically noted that the Parents' Bill of Rights posed challenges related to student participation in the YPE program and pre/post data collection.

Below is a selection of quotes from providers about some of the specific challenges that they faced during the year.

> *"We struggled to organize medicine take-back events in [the county], as we did not have the support of local law enforcement to oversee medicine collection. YPE connections and implementation have been a challenge in [the communities we serve], as it is difficult to make and maintain connections. We continued our support of YPE in [a school district], but funding limitations meant that we could only fund materials for one of two programs. Communication between us, district administration, and individual schools was also challenging, leading to delays in ordering materials and collecting information on implementation at the end of the school year."*

> *"To effectively expand our capacity and sustain progress, it would be beneficial to hire an additional staff member who can support program operations, outreach, and coordination with community partners. The secure medication and proper disposal*

strategy continues to show strong success, demonstrated by the significant number of lock boxes and disposal kits distributed across the community. To fully address the remaining action steps, we will need coordinated collaboration with both law enforcement partners and local builders to ensure safe installation, compliance, and long-term sustainability of the initiative."

"Even though, [we were] able to implement Youth Prevention Education in several locations this year, there was still a challenge getting into some school districts. This was due to either their concern about the Parents Bill of Rights and/or scheduling sessions without hindering their state requirements."

"In the absence of supplemental funds, we faced a shortage at the end of the fiscal year. The base/continuation Prevention Block Grant is the cornerstone of our program and costs to implement Block Grant strategies have steadily risen, [but] the award amount… has remained static for upwards of a decade."

"One of the primary challenges experienced during the reporting period was insufficient Prevention Block Grant funding to fully implement evidence-based prevention strategies across the entire service area. The geographic size of the provider's coverage area, combined with the diverse prevention needs of multiple communities, limited our ability to provide consistent programming, outreach, and technical assistance in all [communities] served."

"The greatest challenge our agency faced in implementing Prevention Block Grant activities during the past year was funding restrictions and delays in contract execution. These delays limited the availability of funds early in the fiscal year, requiring the agency to conserve resources and postpone certain planned prevention activities until funding was officially available. Because of these financial constraints, staff hours dedicated to prevention programming were reduced during the initial months of the grant period, limiting the number of community outreach events, educational sessions, and prevention initiatives that could be conducted as originally planned. The uncertainty surrounding funding also affected scheduling, purchasing of prevention materials, and the ability to fully implement all planned activities according to the original timeline."

"One of the primary challenges during the past year was identifying and effectively reaching underserved populations that have limited access to prevention services, education, and resources."

Strategy Implementation Outputs and Achievements

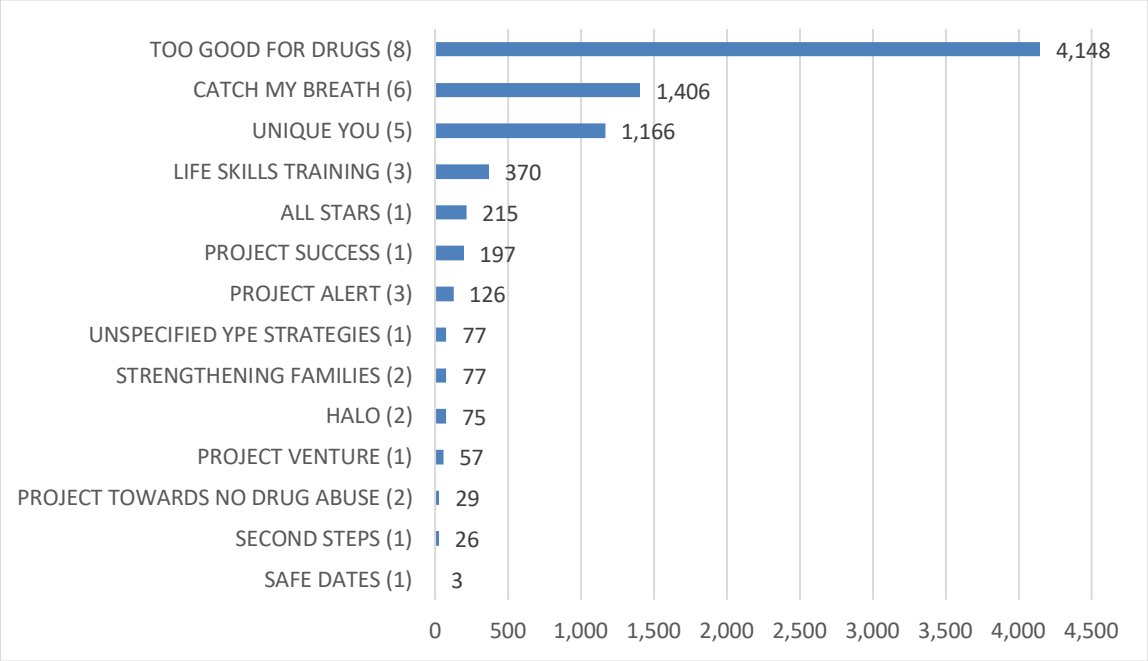
This section presents data for the outputs and achievements associated with strategy implementation funded by the Block Grant during FY2026. First, the section summarizes data from Ecco regarding implementation outputs, including populations reached and dosage levels. This is followed by a description of the use of the standardized YPE pre/post survey during the year. The section concludes with a summary of providers' responses on the Year-End Prevention Provider Survey regarding their progress in reaching their strategy implementation goals for the year and their descriptions of their capacity developments and overall successes.

Populations Served and Implementation Outputs

Providers were directed to record the relevant quantitative and categorical process output measures for each implemented strategy in the Ecco system on a monthly basis. This included description of the breadth and dosage of prevention strategy exposure within the priority populations. Below we summarize the relevant Ecco data; first for the YPE strategies, then for the media campaigns and related activities focused on prescription drug and alcohol misuse, and finally for the Synar merchant education activities.

Figure 2 below shows the total participants served by each YPE strategy statewide. According to the Ecco records, a total of 7,972 individuals participated in YPE programs during the fiscal year, with the three most commonly implemented strategies accounting for most of the participants served: Too Good For Drugs was implemented by eight provider agencies with a total of 4,148 participants, Catch My Breath was implemented by six providers with 1,406 participants, and Unique You was implemented by five providers with 1,166 participants.

Figure 2: Total Participants Served by YPE Strategies (N=7,972)



Note: Numbers in parentheses are the number of providers for each YPE strategy.

Figures 3-6 below show the demographics of the participants, as recorded in Ecco. Female and male participants in YPE strategies were nearly evenly distributed. Because almost all of the programs were focused on youth education, the majority of the participants were in the 6-12 age group (72%), and almost all of the others were in the 13-17 age group (25%). Regarding ethnicity and race, the participants were primarily non-Hispanic (88%), White (47%), Black/African American (36%), or their race was unknown (9%).

Figure 3: Sex of YPE Participants (N=7,972)

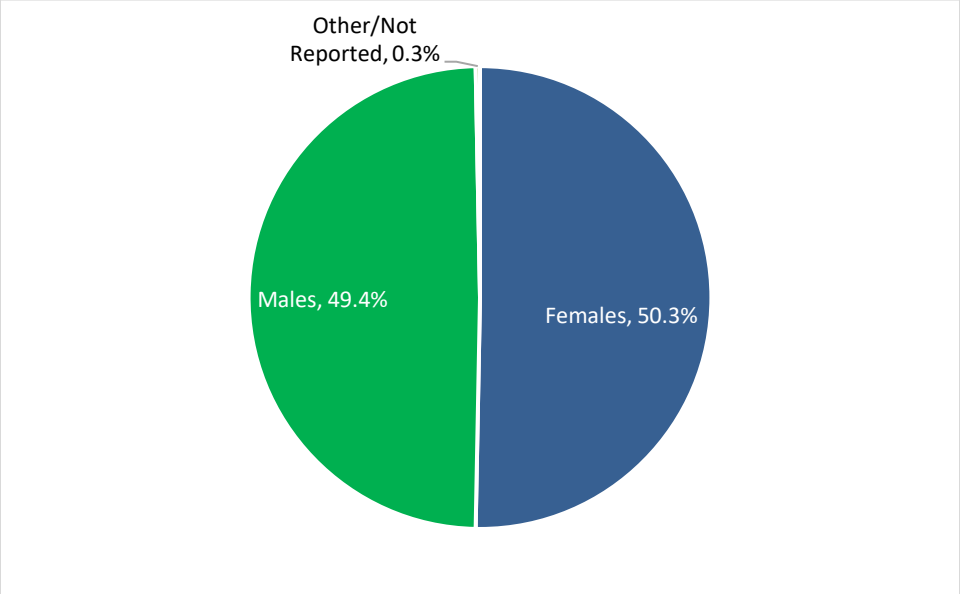


Figure 4: Age Distribution of YPE Participants (N=7,972)

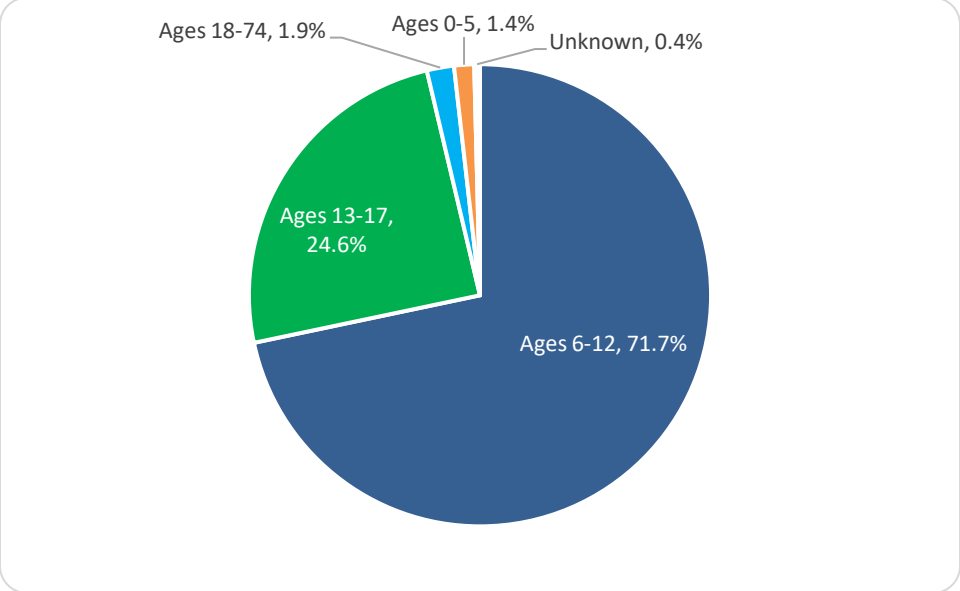


Figure 5: Ethnicity of YPE Participants (N=7,972)

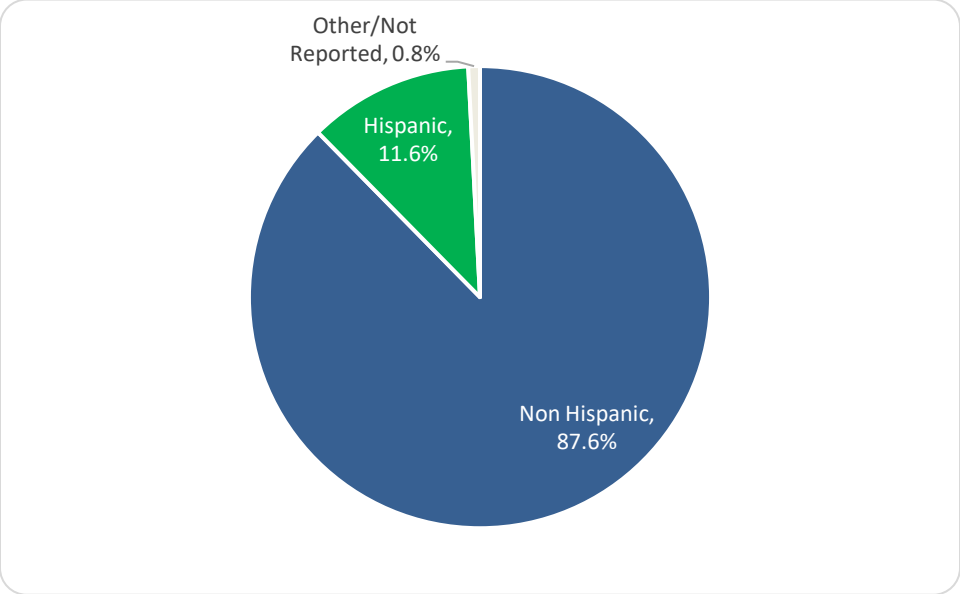


Figure 6: Race Distribution of YPE Participants (N=7,972)

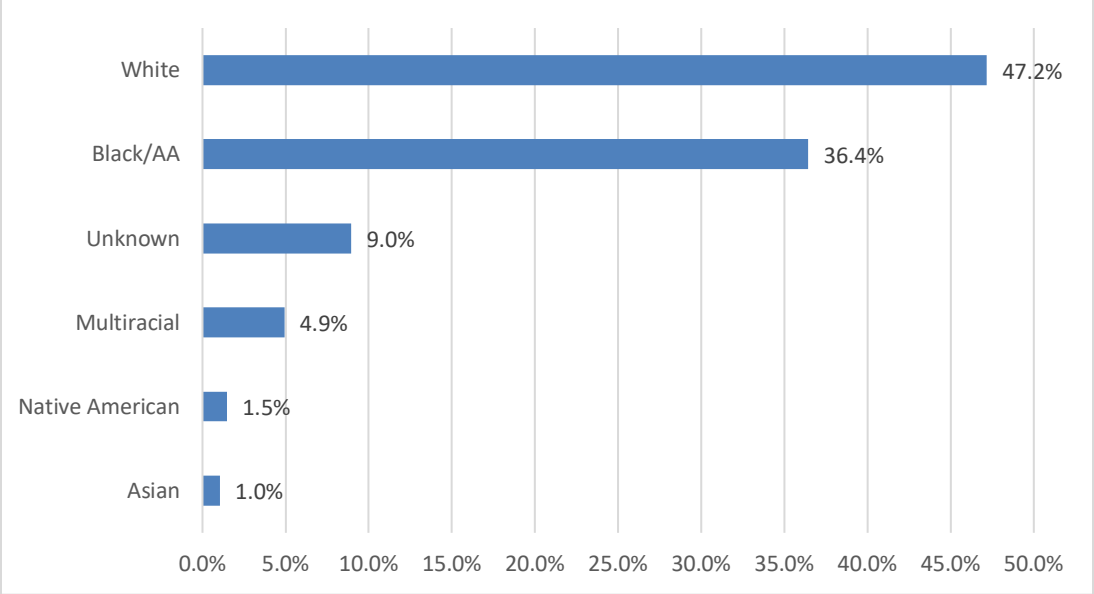
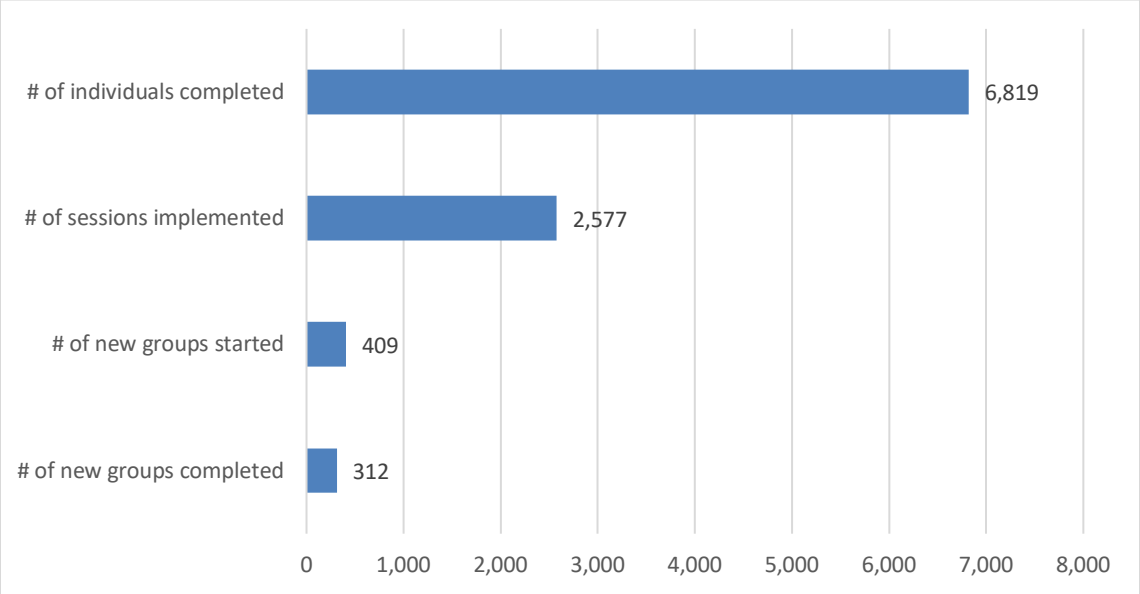


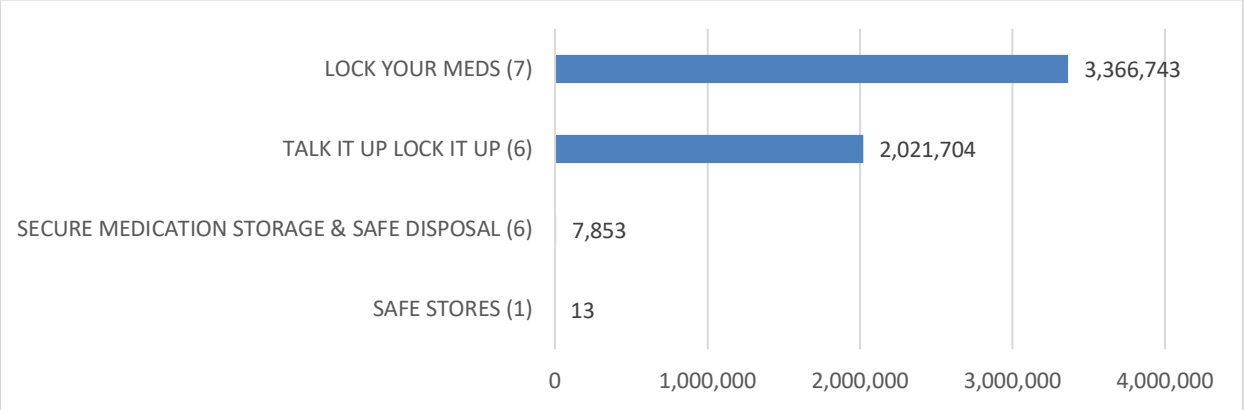
Figure 7 shows implementation data for the YPE strategies. During the fiscal year, 409 new groups of participants began YPE programs, and 312 groups were reported as completing programs during that twelve-month period. 6,819 participants were reported as having completed a YPE program during the year, which represented 86% of the total number of participants during the year.

Figure 7: YPE Strategy Implementation Outputs



Within Ecco, media campaigns and related activities (e.g., distribution of secure medication storage and safe disposal materials) are recorded as environmental strategies. Figure 8 below shows the total population reached by these environmental strategies statewide. Across the strategies, it was estimated that over 5 million people were reached by these efforts (note, though, that this is a duplicate count that may include individuals who were counted more than once because they were reached by more than one strategy). The two campaigns had the largest reach: Lock Your Meds was estimated to have reached over 3 million people, and *Talk It Up. Lock It Up!*™ was estimated to have reached over 2 million people.

Figure 8: Population Reached by Core Environmental Strategies (N= 5,396,313)



Note: Numbers in parentheses are the number of providers for each strategy.

Tables 6-8 present the estimated distribution of the population reached by sex, age, ethnicity and race. Note that very often these variables were recorded as unknown by the provider agencies. Among the population with known or estimated demographic characteristics, there were somewhat more females than males (56% vs. 44%), more than 59% were ages 25-64, most were non-Hispanic (93%), and the most commonly represented race groups were White (62%) and Black/African American (27%).

Table 6: Core Environmental Strategy Reach by Sex

Strategy	Female	Male	Other/Unknown
Lock Your Meds	1,791,008	1,466,733	28
Secure medication storage and safe disposal	3,272	2,247	
Talk It Up. Lock It Up!™	1,153,366	867,997	2
Safe stores	12	1	
Total N (% of Female vs. Male)	2,947,658 (55.8%)	2,336,978 (44.4%)	30

Table 7: Core Environmental Strategy Reach by Age

Strategy	0-17	18-20	21-24	25-44	45-64	65-74	75+	Unknown
Lock Your Meds	130,003	178,048	307,493	943,343	985,334	529,189	161,347	131,986
Secure Medication Storage and Safe Disposal	895	151	110	2,000	1,767	429	77	2,424
Talk It Up. Lock It Up!™	57,018	120,886	237,308	591,417	607,029	256,915	145,035	6,096
Safe Stores				11	2			
Total N (% of known)	187,916 (3.5%)	299,085 (5.7%)	544,911 (10.4%)	1,536,711 (29.2%)	1,594,132 (30.3%)	786,533 (15.0%)	306,459 (5.8%)	140,506

Table 8: Core Environmental Strategy Reach by Ethnicity

Strategy	Hispanic	Non-Hispanic	Unknown
Lock Your Meds	229,227	3,014,032	123,484
Secure Medication Storage and Safe Disposal	616	4,415	2,822
Talk It Up. Lock It Up!™	134,042	1,886,932	730
Safe Stores	1	12	
Total N (% of known)	363,886 (6.8%)	4,905,391 (93.2%)	127,036

Table 9: Core Environmental Strategy Reach by Race

Strategy	Asian	Black/AA	Native American	Native Hawaiian Pacific Islander	White	Multi-racial	Unknown
Lock Your Meds	41,733	876,132	260,507	1,263	1,764,798	113,689	308,621
Secure Medication Storage and Safe Disposal	123	2,496	11		2,418	78	2,727
Talk It Up. Lock It Up!™	34,793	511,662	11,712	1,056	1,260,429	66,756	135,296
Safe Stores	1	3			9		
Total N (% of known)	76,650 (1.5%)	1,390,293 (27.2%)	272,230 (5.6%)	2,319 (0.05%)	3,027,654 (62.1%)	180,523 (3.6%)	446,644

Below, we present output data related to LYM and associated activities. Table 10 summarizes the various media used by providers to implement LYM, and the related outputs. The reported data indicated that Facebook was the most frequently used social media platform.

Table 10: Social Media Utilization Outputs for LYM

Media Type	Visits to Website	New Visitors	Unique Posts	New Impres-sions	New Likes	New Shares
Website	128,481	102,375				
Facebook			1,140	2,125,716	7,473	1,177
Instagram			5	46,844	82	18

Table 11 presents implementation outputs for prescription drug misuse prevention strategies. LYM outputs in this table included distribution of over 15,000 campaign materials, such as LYM rack cards and disposal instructions, and the secure storage and disposal activities that were done both as part of LYM and independently (not as part of LYM). Across approaches, nearly 14,000 lock boxes and over 24,000 chemical (medication) disposal kits were distributed. In addition, there was participation in 42 medication take-back events where over 3,800 pounds of medication were collected.

Table 11: Implementation Outputs for Prescription Drug Strategies

Output Type	Lock Your Meds	Secure Rx Storage and Safe Disposal	Other Strategies	Total
New reach of drop box program	625	1,930		2,555
Drug lock boxes distributed	10,885	2,990	30	13,905
Known drug lock boxes utilized	4,758	639	30	5,427
Drug take-back events participated in	25	17		42
Participants dropping off meds at take-back events	313	408		721
Pounds of medication collected at take-back events	3,427	443		3,870
Chemical disposal kits distributed	22,142	2,126	20	24,288
Known chemical disposal kits utilized	5,822	913	20	6,755
Chemical disposal demonstrations provided	541	1,646		
Campaign materials distributed*	15,677	100	30	15,807

*Materials included LYM brochures, posters, magnets, rack cards, and disposal instructions.

Next, output data related to TIU LIU and associated activities are presented. Based on the number of new unique posts, providers utilized Facebook more frequently than other types of media (Table 12), followed by Twitter and video/games.

Table 12: Social Media Utilization Outputs for TIU LIU

Media Type	Visits to website	New visitors	Unique posts	New impressions	New likes	New shares
Website	9,888	6				
Facebook			407	70,663	1,206	780
Instagram			45	234,872	46	4
E-newsletter			95	66,561	160	8
Video Ads			18		46	4
Video/Games			122	983,833	858	4
Web/Google Ads			18	66,561	46	4
Twitter			123	534,878	456	8

Table 13 presents implementation outputs for TIU LIU and other alcohol education strategies. The outputs in this table included distribution of over 4,700 TIU LIU campaign materials, such as rack cards and brochures, and secure storage activities that were done both as part of TIU LIU and independently (not as part of TIU LIU). Across approaches, over 7,300 locks were distributed and it was reported that over 3,000 were known to be utilized.

Table 13: Implementation Outputs for Alcohol Education Strategies

Output Type	*Talk It Up. Lock It Up!*™	Other Strategies	Total
Locks distributed	6,388	995	7,383
Known locks utilized	2,403	945	3,348
Alcohol merchant education visits		64	64
Campaign materials distributed*	4,775		4,775

*Materials included TIU LIU brochures, pledges, and rack cards.

One provider reported conducting alcohol purchase surveys (which also focused on vaping). As shown in Table 14, 105 purchase survey visits were completed and in 31% of these cases it was reported that the retailer intended to make the sale.

Table 14: Implementation Outputs for Alcohol Purchase Surveys

Output Type	Number
Alcohol purchase surveys conducted with retailers	105
Retailers who intended to sell	33 (31%)

Finally, the Ecco data indicate that 7,693 Synar tobacco merchant education visits occurred during the fiscal year. In almost all cases in which the store was still in business with tobacco products for sale, this was a routine visit that included a conversation with either a clerk or the owner, and it was determined that follow-up was not needed.

YPE Pre/Post Surveys

In 2022, PIRE worked with DMH/DD/SUS to develop a standardized pre/post survey instrument that would be suitable for YPE primary prevention programs that providers implement with middle and high school students over a period that is longer than 30 days. The aim of the survey was to help understand whether program implementation is achieving the expected short-term outcomes among program participants, as well as to help identify possible YPE implementation improvements for the future. The four content areas of the survey are substance use in the past 30 days, risk and protective factors, family discussions regarding substance use, and students' post- survey ratings of their experiences with the program. Since then, PIRE has promoted and facilitated the use of the pre/post surveys by prevention providers, including conducting data analyses and preparation of reports based on these data.

> *"Conducting the pre and post-surveys for our YPE implementation in our schools due to the Parents Bill of Rights [makes it] very challenging to get active parental consent to participate in the surveys in addition to doing any level of data collection."*

Unfortunately, only one provider used this process and submitted their completed pre/post surveys to PIRE during FY2026. As noted earlier, many providers have indicated that the 2023 Parents' Bill of Rights introduced new challenges related to program implementation in schools, including significant barriers to school and student participation in pre/post surveying. The limited data from this year has value for the provider, but does not provide meaningful information about YPE activities across the state during the year. If the survey is used more broadly across the state in the future, we will summarize those findings in future Prevention Block Grant statewide annual evaluation reports. Generally, though, the limited number of surveys we have received over the past few years indicate that almost all of the participants believed that the program was at least somewhat helpful for them.

Achievements Reported in the Year-End Prevention Provider Survey

As described earlier, PIRE implemented the online FY2026 Year-End Prevention Provider Survey and received responses from 20 provider agencies pertaining to 28 of the 31 possible provider-LME/MCO locations. The first part of the survey asked providers to rate the extent to which their agency met its FY2026 Block Grant implementation goals related to the four core strategies for their provider-LME/MCO service area. Figure 9 displays the mean ratings of providers' implementation progress towards their annual goals for each strategy in each service area. Figure 10 displays the frequencies of each response on the seven-point rating scale, where 1 indicates no progress, 4 indicates they met their goal, and 7 indicates they exceeded their goal.

The means and frequencies indicated that most often the provider agencies did not have difficulty meeting their strategy implementation goals, and very frequently they indicated substantially exceeding their goals. The mean ratings for Synar merchant education, the LYM campaign, and medication secure storage and safe disposal activities were all above 5, and the mean ratings for the TIU LIU campaign, alcohol secure storage activities, and YPE programs were between 4.4 and 5. The strategies with the highest percentages of providers indicating that they did not meet their goals were YPE programs and the TIU LIU and LYM campaigns (23%, 21%, and 17%, respectively).

Figure 9: Provider Survey FY2026 Strategy Progress Rating Means

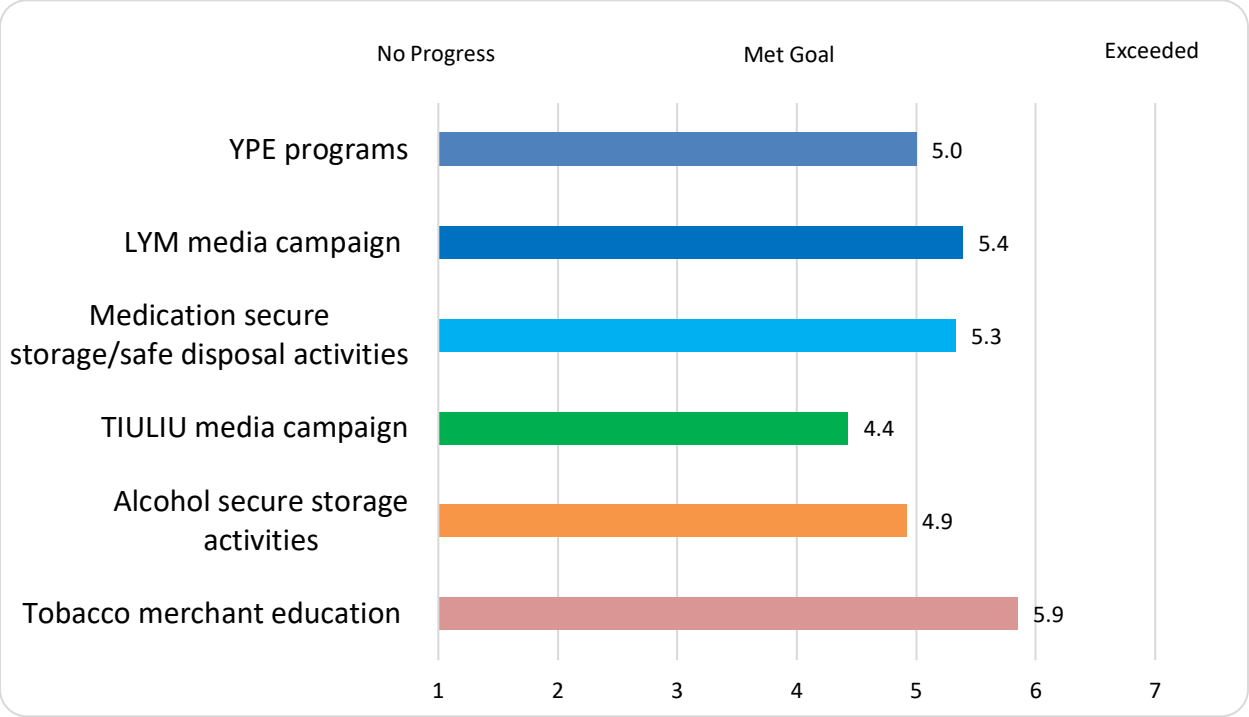
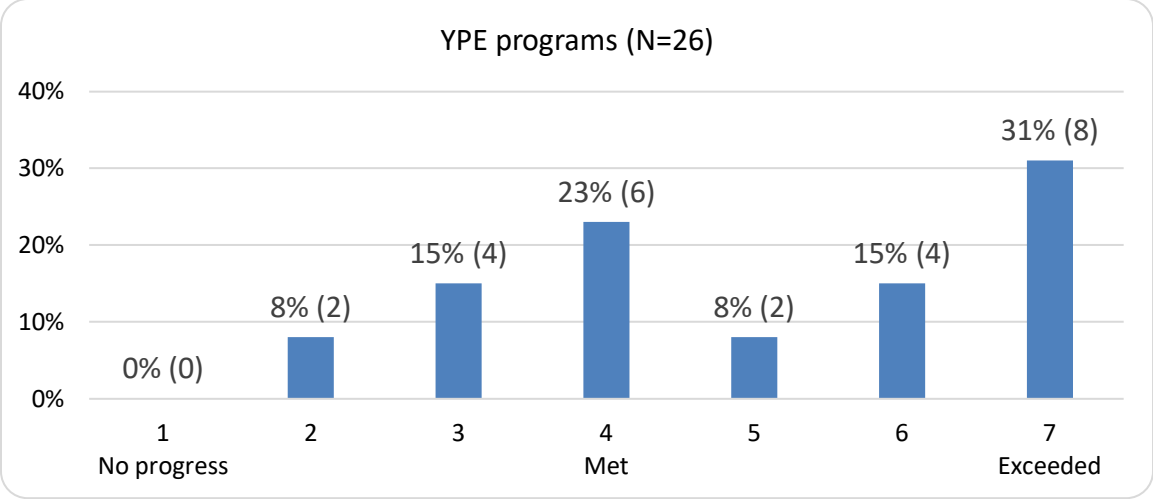
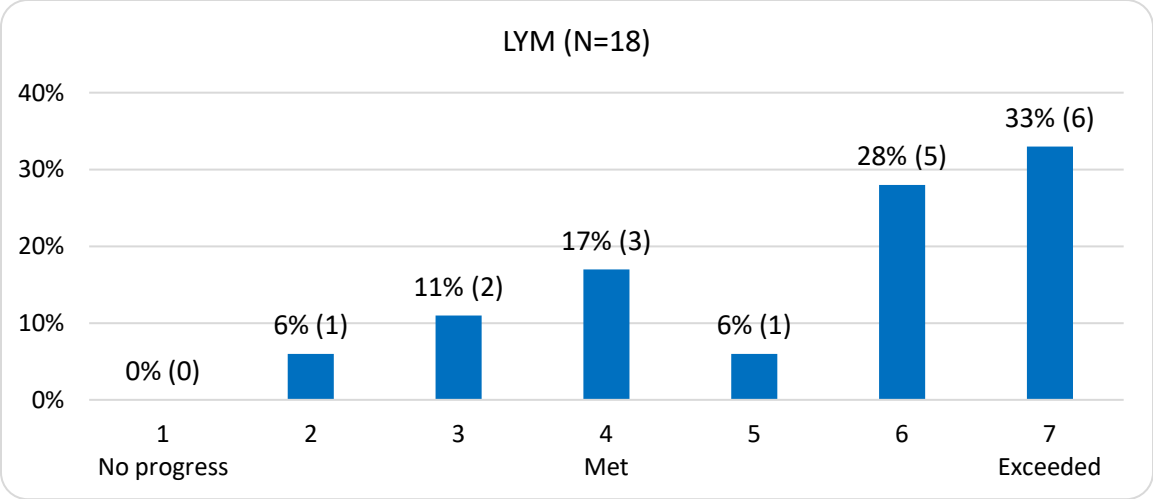
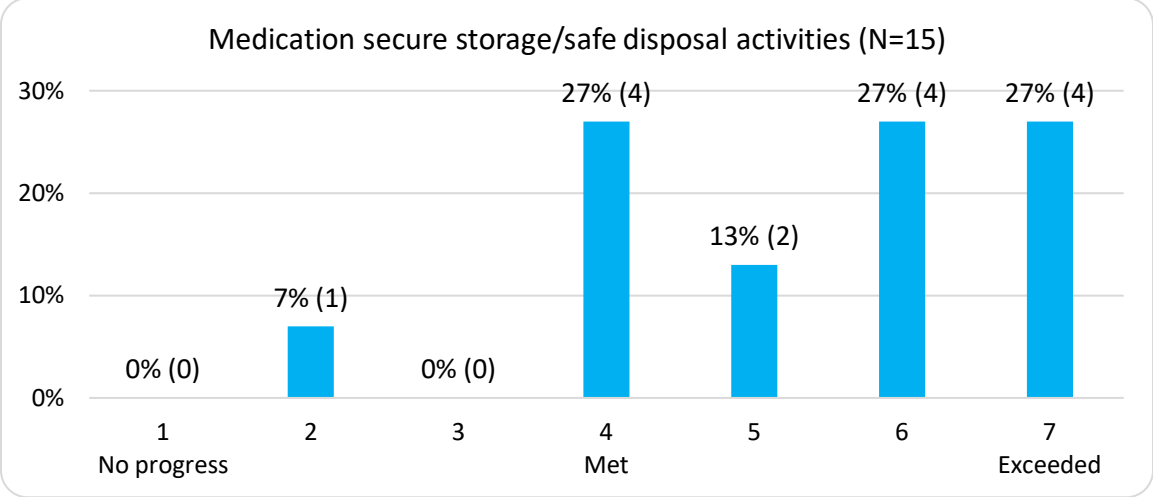
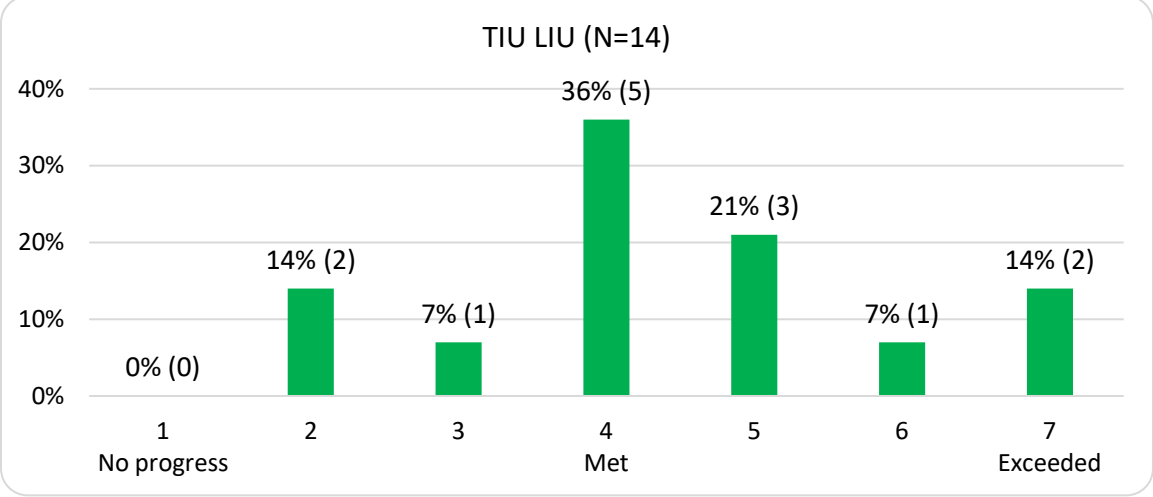


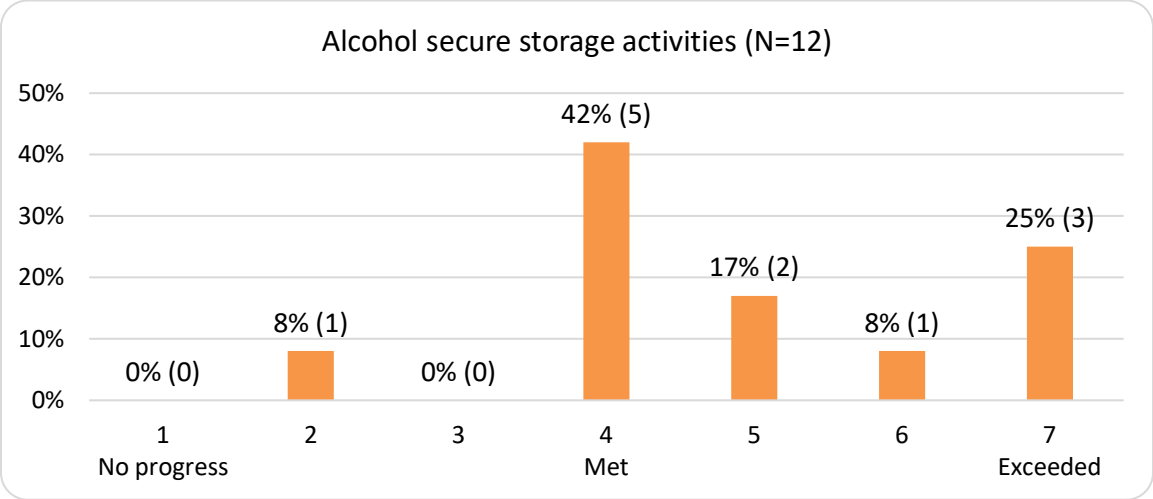
Figure 10: Provider Survey FY2026 Strategy Progress Rating Distributions

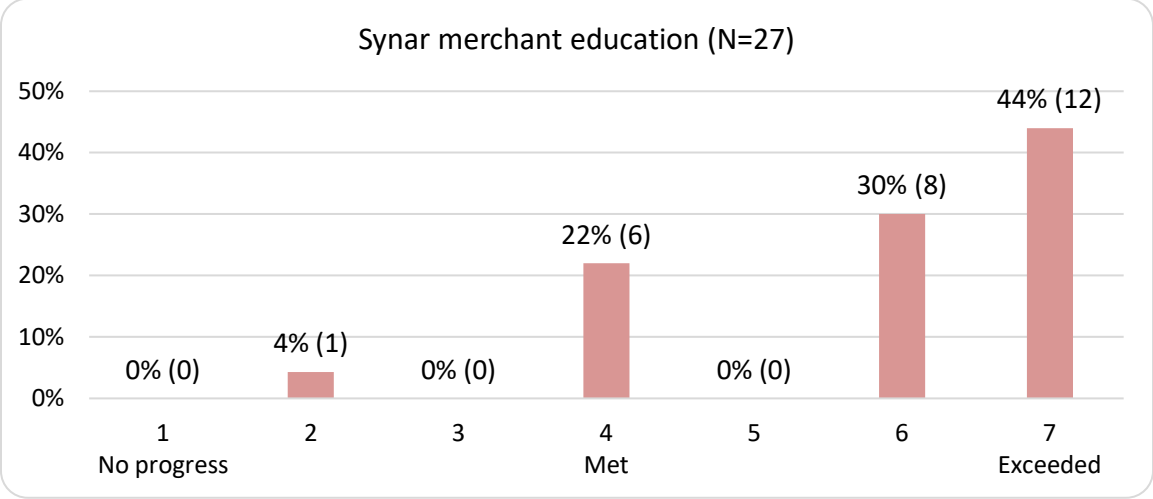



LYM (N=18)
40%
30%
20%
10%
0%
0% (0)
6% (1)
11% (2)
17% (3)
6% (1)
28% (5)
33% (6)
1
No progress
2
3
4
Met
5
6
7
Exceeded


Medication secure storage/safe disposal activities (N=15)
30%
20%
10%
0%
0% (0)
7% (1)
0% (0)
27% (4)
13% (2)
27% (4)
27% (4)
1
No progress
2
3
4
Met
5
6
7
Exceeded


TIU LIU (N=14)
40%
30%
20%
10%
0%
0% (0)
14% (2)
7% (1)
36% (5)
21% (3)
7% (1)
14% (2)
1
No progress
2
3
4
Met
5
6
7
Exceeded


Alcohol secure storage activities (N=12)
50%
40%
30%
20%
10%
0%
0% (0)
8% (1)
0% (0)
42% (5)
17% (2)
8% (1)
25% (3)
1
No progress
2
3
4
Met
5
6
7
Exceeded


Synar merchant education (N=27)
50%
40%
30%
20%
10%
0%
0% (0)
4% (1)
0% (0)
22% (6)
0% (0)
30% (8)
44% (12)
1
No progress
2
3
4
Met
5
6
7
Exceeded

After making implementation progress ratings, the survey asked providers to describe the most significant prevention successes that the Block Grant contributed to for their agency and/or the communities in their provider-LME/MCO service area this past year, including prevention capacity development gains. PIRE reviewed these responses to identify themes, particularly successes that existed for more than one provider agency. The four most common success themes were 1) YPE program implementation achievements; 2) increasing community awareness of secure medication storage and safe disposal information and participation in disposal events; 3) building, strengthening, and maintaining collaborative relationships with community prevention partners; and 4) engagement with the public through community events. Across providers and communities, the descriptions of success conveyed expansion of prevention services and the development of prevention capacity for the future. Below is a selection of providers' quotes about some of the specific successes during the year.

"We expanded collaboration with schools, community partners, and local organizations, allowing us to reach more people with prevention education and resources."

"Over the past year, the Prevention Block Grant has played a critical role in strengthening prevention services across our agency and the communities within our LME region. Funding supported the implementation of evidence-based prevention strategies that increased access to education, early intervention, and community outreach focused on reducing substance misuse and promoting behavioral health. Through Prevention Block Grant support, we expanded partnerships with schools, community organizations, healthcare providers, and local stakeholders to deliver prevention programming to youth, families, and other priority populations. These collaborative efforts increased community awareness of substance use prevention, strengthened protective factors, and improved access to prevention resources in underserved areas. A significant prevention success was the continued implementation of the Lock Your Meds initiative. By providing education on the importance of safely securing and properly disposing of prescription medications, along with distributing medication lock boxes and educational materials at community events, we helped reduce access to unused and unsecured medications in the home. This initiative increased awareness among families and caregivers about preventing prescription drug misuse and accidental poisonings while promoting safe medication storage and disposal practices."

"We have been able to continue providing prevention services that make a real difference in the communities we serve. This past year, we were able to deliver

evidence-based prevention education in one local school with possible new school partnerships coming, continue our SYNAR merchant education efforts to help reduce youth access to tobacco and nicotine products, and strengthen partnerships with schools, community coalitions, and other local organizations. These efforts have helped increase awareness of substance use prevention, encourage healthy choices, and connect more youth and families with valuable prevention resources."

"One of our biggest successes has been through data collection for the LYM and TIU/LIU campaigns with organizations. We have built trusting partnerships with treatment, recovery, suicide prevention, and other related partners that we have been able to work closely with to collect follow-up data that shows program outcomes and helps inform future program needs. We also work closely with many other community partners to successfully plan, implement, and evaluate these campaigns through direct engagement opportunities, such as organization/community events, presentations, and other collaborative efforts."

"Our greatest success was increasing youth engagement through evidence-based prevention programs that focused on building protective factors, enhancing decision-making skills, and promoting healthy lifestyles. Youth participants demonstrated increased knowledge of the risks associated with substance use and improved confidence in making healthy choices. The grant also supported outreach at community events, school programs, and coalition activities, allowing us to reach a broader audience with prevention messaging and educational resources."

"Over the past year, the Prevention Block Grant helped strengthen our agency's ability to provide prevention services by supporting staff development, building stronger partnerships with community organizations, and expanding the use of evidence-based prevention programs. The funding also helped increase access to prevention services across the LME region through community outreach, education, and awareness activities focused on reducing substance misuse and promoting behavioral health. These efforts strengthened our connections with local partners and improved our ability to meet the prevention needs of the communities we serve."

"Most essentially: Continued Prevention Block Grant funding is the cornerstone of our program sustainability, even as we actively pursue additional sources of revenue."

Longer-Term Outcome Evaluation Plans

Table 15 lists the primary strategy outcome monitoring measures (i.e., core measures that are prioritized for the evaluation) specified in the Prevention Block Grant Evaluation Plan developed by PIRE. Table 16 lists the sources for these data. Some of the data are from sources that are administrated by organizations other than PIRE, including Ecco, the NC Youth and Young Adult Prevention Survey conducted by Wake Forest University School of Medicine, and the Youth Risk Behavior Survey (YRBS). As the Prevention Block Grant evaluation continues, PIRE will access these data as they become available and conduct secondary data analyses related to outcomes during the evaluation period that began with FY2025. Other data will come from surveys that have been, and will continue to be, administered by PIRE and prevention providers, including the YPE pre/post surveys and statewide surveys for the LYM and TIU LIU campaigns. PIRE will work with providers to determine the availability and fit of any additional local data that are relevant to the evaluation for potential inclusion in the annual evaluation analyses.

Table 15: Key Evaluation Measures by Strategy

Strategy	Outcome Monitoring Measures
Youth Prevention Education	• % with increased perceived risk of substance use • % with increased disapproval of using substances • % with increased perceived disapproval from peers and parents/guardians • % with improved resistance skills • % with improved decision-making skills • % with decreased past 30-day, alcohol, tobacco, and other drug use
Lock Your Meds Media Campaign and Secure Medication Storage and Disposal	• % who recall viewing media campaign messages • % who report moderate or great risk when Rx meds are not securely stored in the home • % who report moderate or great risk when Rx meds are not properly disposed of • % who report being more likely to securely store Rx meds in the home compared to 12 months ago • % reporting taking protective actions because of the campaign • % of youth who perceive moderate or great risk of harm when using Rx drugs not as intended • % of youth who perceive parents would feel it was wrong to use Rx medications not prescribed to them • % of youth reporting past 30-day Rx use without a prescription or in way that was unintended by doctor

Strategy	Outcome Monitoring Measures
Talk It Up. Lock It Up!™ Media Campaign and Alcohol Safe Storage Activities	• % who recall seeing media campaign messages • % endorsing reasons for not locking alcohol kept in the home • % of people who indicate they are more likely to lock up alcohol in the home compared to 12 months ago • % reporting taking protective actions because of the campaign • % of youth who feel it would be easy/difficult to get alcohol if they wanted some • % of youth who perceive moderate or great risk of harm in binge drinking once or twice per week • % of youth who perceive parents would feel it was wrong to drink alcohol regularly • % of youth reporting alcohol use in past 30 days
Synar Merchant Education	• % of retailers/businesses that intended to sell during the purchase survey • % of youth who feel it is easy/difficult to access cigarettes/e-cigarettes • % of youth reporting smoking cigarettes in past 30 days • % of youth reporting using nicotine vapes in past 30 days • % of youth reporting using any tobacco [and other individual types of tobacco] in past 30 days

Table 16: Primary Outcome Data Sources

Data Source	Who's Responsible	Data Availability
Ecco, for immediate outcomes such as purchase survey results	Providers, assisted by DMH/DD/SUS, PIRE, and other statewide partners	Monthly
YPE pre/post survey, for immediate outcomes with program participants	Providers, assisted by PIRE	Ongoing as YPE programs are completed
NC Youth and Young Adult Prevention Survey	Wake Forest University School of Medicine for DMH/DD/SUS	Approximately every two years (e.g., Winter 2022; 2025)
YRBS	NC Department of Public Instruction, in accordance with CDC requirements	Every two years (odd years)
Media campaign surveys	PIRE	Every two years (e.g., most recent cycle Spring/Summer 2026)

Because the relevant Ecco and pre/post survey data relate to immediate strategy outcomes, these data were discussed in the prior section of the report about strategy

implementation outputs and accomplishments. The other anticipated outcome data relevant to FY2026 concern longer-term outcomes (e.g., population-level data about protective factors and changes in past 30-day use) and this information is not yet available.

PIRE recently completed the collection of 2026 statewide survey data related to the media campaigns, and we will be completing the analyses of these data and releasing reports of these findings soon. The data from similar surveys in 2024 generally indicated positive findings related to the statewide campaign initiatives that began before the current evaluation period. Please see the separate reports for the earlier surveys to learn more about these findings.

We also anticipate having data from the 2025 Youth and Young Adult Prevention Survey and YRBS soon, and we will be analyzing changes in relevant variables across time that reflect on outcomes relevant to FY2025 strategy implementation. Reports related to these findings will be generated when these analyses are completed.

Discussion

This annual Prevention Block Grant evaluation report summarizes the existing statewide data from FY2026 that are relevant to ongoing monitoring of the core implementation and outcome indicators and, therefore, provides state preventionists with an opportunity to reflect on the recent challenges and successes as FY2027 prevention activities move forward. The implementation fidelity data, outputs, and short-term outcomes in the report indicate many important accomplishments for the NC Block Grant system in FY2026. Below is a summary of some that were most noteworthy:

- Analysis of the action step records in Ecco and provider fidelity ratings indicated that, generally, providers implemented the core prevention strategies with a high degree of fidelity to the best practice standards established by the State. In most cases where there was indication of lower fidelity, there were understandable reasons why meeting the fidelity standards was not reached.

- YPE programs were implemented with 409 new groups of participants that served close to 8,000 individuals during the year.

- The LYM campaign reached over 3 million people, and the secure medication storage and disposal activities included distribution of almost 14,000 lock boxes and over 24,000 medication disposal kits. There also was participation in over 40 medication take-back events where over 3,800 pounds of medication were collected. Media efforts included over 1,000 unique posts on Facebook and resulted in close to 2 million new media impressions. Over 15,000 LYM campaign materials were distributed during the year, including rack cards and disposal instructions.

- The TIU LIU campaign reached over 2 million people and secure alcohol storage activities included distribution of over 7,300 locks. Media efforts included almost 700 unique posts on Facebook, Twitter, video/games and Instagram that collectively resulted in over 1.8 million new media impressions. Over 4,700 TIU LIU campaign materials were distributed, including brochures and rack cards.

- Nearly 7,700 tobacco merchant education visits were completed to support Synar compliance.

- In the Year-End Prevention Provider Survey, providers rated the extent to which their agency met its FY2026 Block Grant implementation goals associated with

the core evaluation strategies. The results indicated that provider agencies most often met their goals and frequently substantially exceeded these goals. They rarely had difficulty meeting their goals for secure storage and disposal activities and Synar merchant education, but some providers indicated having difficulties meeting their goals for YPE programs and the media campaigns (LYM and TIU LIU).

- The four most common themes in providers' Year-End Survey responses regarding the most significant prevention successes that the Block Grant contributed to this past year for their agency and/or the communities they served were 1) YPE program implementation achievements; 2) increasing community awareness of secure medication storage and safe disposal information and participation in disposal events; 3) building, strengthening, and maintaining collaborative relationships with community prevention partners; and 4) engagement with the public through community events. Across providers and communities, the descriptions of success conveyed expansion of prevention services and the development of prevention capacity for the future.

It is important to note that this report relies primarily on the data reported in Ecco by the funded prevention provider agencies and on information provided by the 20 (of 23) agencies that responded to the provider survey at the end of the fiscal year. It is very possible that there are important accomplishments and perspectives that are not listed above nor reflected elsewhere in the report.

The three most common implementation challenges reported by providers in the Year-End Survey were external barriers associated with implementation of YPE curricula (such as getting permission to implement curricula), barriers associated with engaging and collaborating with other partner organizations (such as law enforcement), and lack of sufficient funding and/or funding delays and restrictions.

The Year-End Prevention Provider Survey asked for suggestions regarding ways in which the State and its prevention partners could provide more effective or efficient support to help their agency serve communities. The lists below summarize the provider agencies' suggestions.

- Increase funding allocations, including annual adjustments to account for inflation.

- Issue allocation letters/contracts to the LME/MCOs in a timely manner to prevent delays and ensure that providers have the full fiscal year to utilize allocated funds.

- Allow flexibility for budget modifications.

- Advocate for issues related to local prevention success, particularly connecting with the Department of Public Instruction to build support for YPE implementation across the state and increase participation in youth surveys.

- New and/or continued training opportunities, including:
    - Trainings on basic prevention knowledge, and identifying target populations in need of prevention/treatment services;
    - More training opportunities and related resources for new Block Grant coordinators regarding Block Grant implementation and reporting responsibilities (e.g., Ecco, forms/templates to be used, required training expectations for YPE and SUMPST, Synar hours, % of time expectations);
    - Trainings on YPE curricula, including those that can be used for preschool/kindergarten;
    - Guidance on local policymaking; and
    - Collection and use of local data to monitor community changes, inform implementation choices, and demonstrate impact in the community.

- Creation and/or distribution of the following documents:
    - Standardized reporting forms/templates for any required documentation (e.g., distribution plans, meeting minutes); and
    - Onboarding checklists to help train/orient new staff.

- Development of one-time presentation topics that are approved for use by Block Grant providers (requested because the time necessary to deliver full YPE programs is becoming much harder to secure, but often schools are willing to offer a smaller amount of time for prevention education).

- Block Grant support for strategies that develop youth leadership skills.

- Timely sharing of new information from the state level, including information that is relevant to the tobacco merchant lists.

- Decrease Ecco system downtime.

- Provide sharing, networking, and professional growth opportunities between providers, the LMEs, and state partners to promote open lines of communication, and identify new ideas and possible solutions for overcoming barriers; it was noted that in-person opportunities can be particularly helpful, as well as any opportunities that develop collaborative relationships with schools and community organizations.

"We appreciate the ongoing support, communication, and technical assistance provided by the state and its prevention partners. Continued training opportunities, timely updates, and the sharing of best practices help agencies like ours provide effective prevention services. Additional opportunities for collaboration among prevention providers, schools, and community organizations, along with continued investment in prevention programming and workforce development, would further strengthen our ability to meet the needs of the communities we serve."

We recommend that the State and its partners consider the suggestions above from provider agencies to identify potential areas of focus and possible systemic adjustments for FY2027. As specified in the logic model at the beginning of this report (Figure 1), data-driven decision making involves examining data from the ongoing monitoring of implementation progress and community changes to identify and address deficiencies, adjust plans as needed, and celebrate successes. With that in mind, we recommend that all involved with the prevention system (the State, statewide and LME/MCO partners, and the funded prevention agencies) consider the contents of this report and utilize the information (and future evaluation data) when making decisions.