

Fundamentals of the Strategic Prevention Framework

An ABHPC Prevention Pathways Training

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Disclaimer

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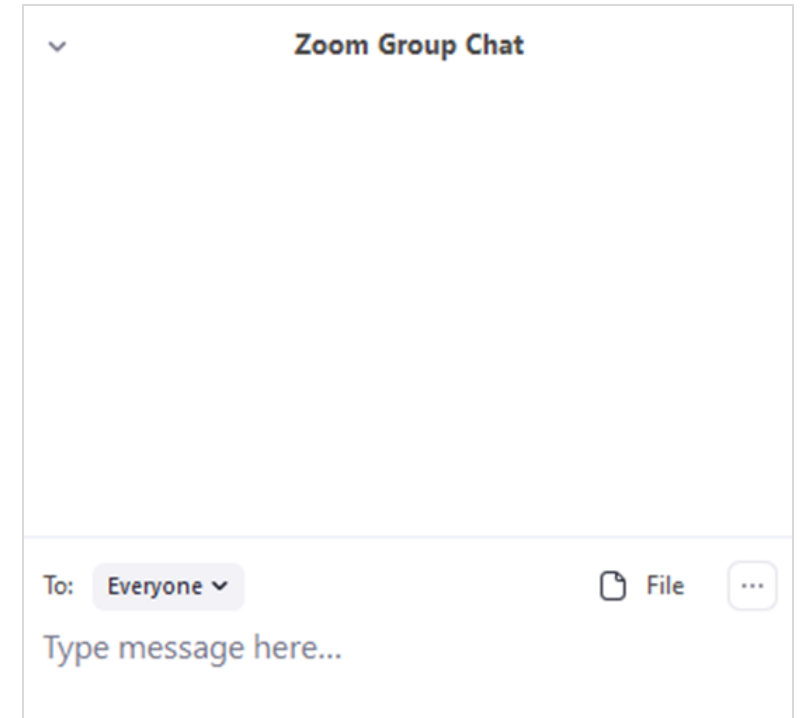
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Welcome to Today's Session!

Fundamentals of the Strategic Prevention Framework



**Advance Behavioral Health
Prevention California**

Agenda – Guiding Questions



- What is the Strategic Prevention Framework?
- Why do we use it?

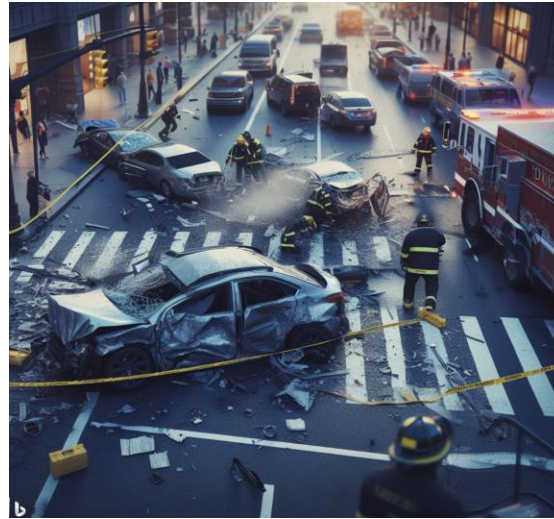
The SPF in a nutshell



Attempts to Prevent Substance Use Disorder



Just Say 'No'



Scare Tactics



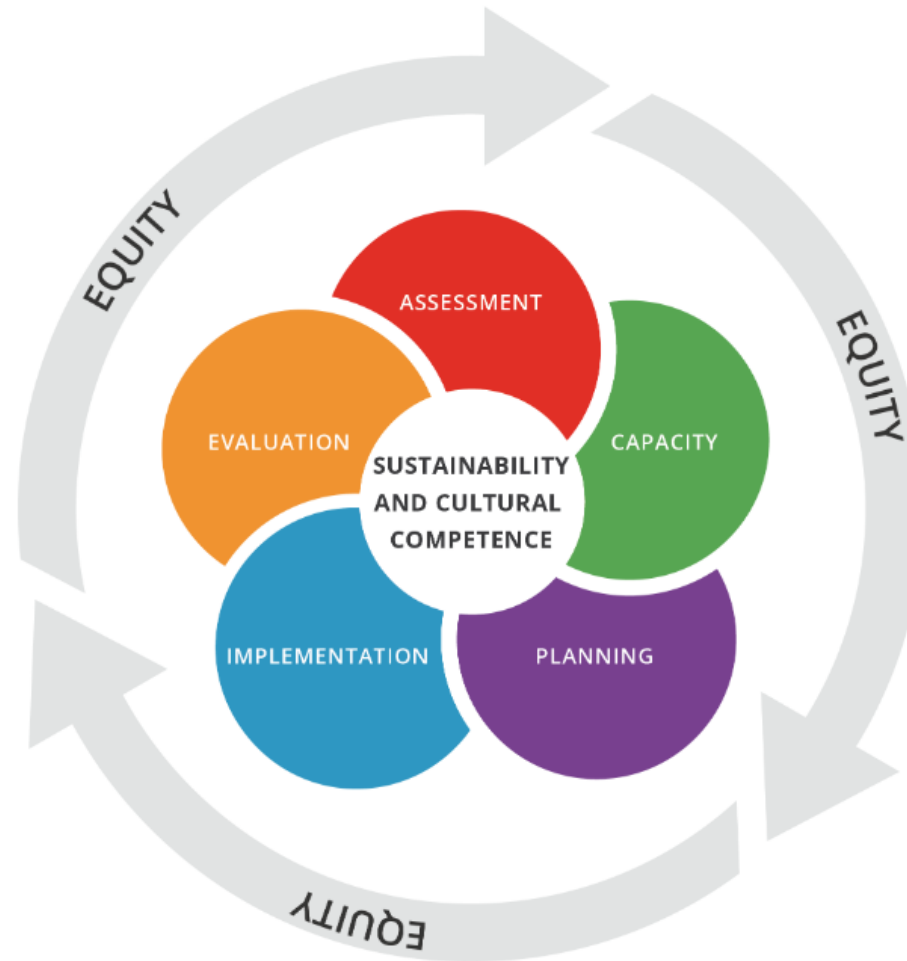
D.A.R.E



Police Athletic League

What is the SPF?

- A 5-step Guide
- Data Driven
- Collaborative
- Continuous



Quick Overview - 1

Assessment: What is the problem? How do you know?

Capacity: What do you have to work with? What else do you need?

Planning: Based on your data and capacity, create a plan to address the problems you identify.

Implementation: Putting your plan into action.

Evaluation: How will you know if your plan is succeeding?

Assessment



Quick Overview - 2

Cultural Competence: Meeting people where *they* are (regardless of where *you* are) in terms of their (and your) values, culture, languages, lifestyles, and traditions.

Sustainability: The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Two Kinds of Data

Qualitative: non-numerical, subjective: anecdotes, case studies, results of focus groups, key informant interviews. Stories.

Quantitative: numerical; statistics; involves counts, survey results, pre & post test results.

2 Kinds of Data

Quantitative

Numbers, statistics

Who?

What?

Where?

When?

Qualitative

Stories, anecdotes

Why?

What can we do?

How ready are we to do
the work?

How will you get qualitative data?



Talk to people!

Key informant interviews

Focus groups

Direct observation

Open-ended questionnaires

Town hall meetings

How will you get quantitative data?

Consumption Data

- CHKS, CA Student Survey, local collected data: PH Dept, SUD Tx data.
- Data on age of onset, 30-day use, life-time use, binge use, consumption by high-risk populations, consumption in risky situations

Consequence Data

- Police - data on DUI, drug related arrests
- Hospitals - data on drug related admissions, ER visits, deaths
- Schools - data on attendance, suspensions and expulsions

Contributing Factor Data

- CHKS. Data on risk and protective factors

Capacity Data

- Resources on hand; resources needed

Risk & Protective Factors

Risk Factors: associated with a higher likelihood of developing a problem (e.g., low impulse control, peer substance use)

Protective Factors: associated with a lower likelihood of developing a problem (e.g., academic achievement, parental bonding, and family cohesion)

Risk & protective factors exist in multiple contexts (e.g., individual, family, school, peer, and community).



4 Criteria for Prioritizing Problems

Magnitude: How widespread is a problem?

Severity: How serious is the problem?

Trend: Is the problem changing?

Changeability: Is the problem/issue amenable to change?

Assessing Capacity – what do you have?



Human
Fiscal
Organizational
Community



Assessing Capacity – what do you need?



Human
Fiscal
Organizational
Community

Community Readiness



Sustainable programming

Implementing

Planning

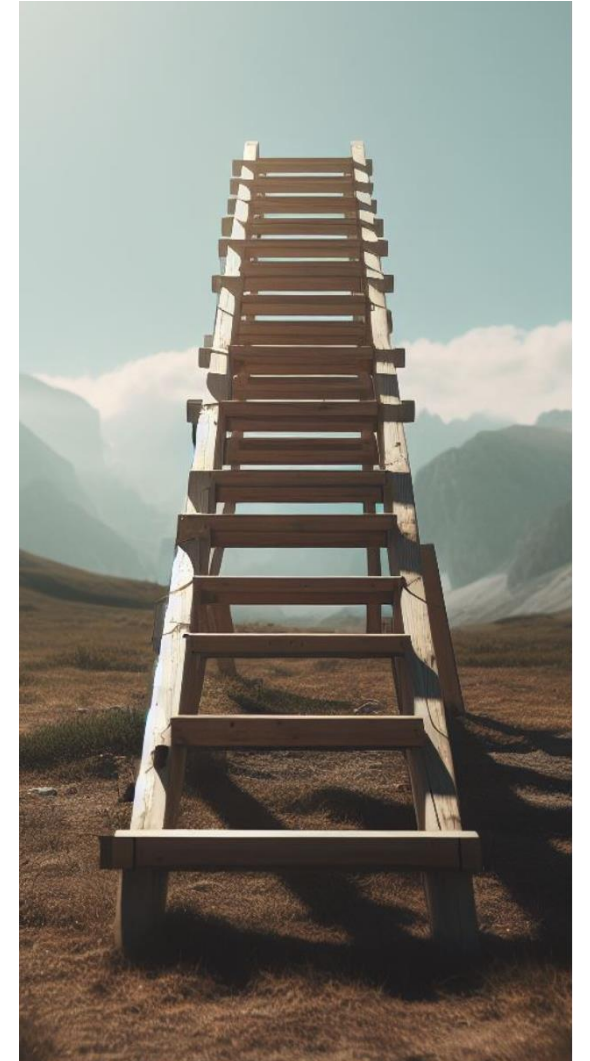
Meeting, discussing

Desire to do something; pre-planning

Vague awareness

Tolerate

No knowledge, denial



Problem Statement – putting it all together

Substance

Underage drinking is a priority in our county because **alcohol is accessible by teens from adults**, **parents do not believe drinking is harmful**, and **teens have a favorable attitude toward drinking**. Binge drinking and youth accessibility for alcohol lead to high rates of **alcohol involved traffic accidents**.

Risk Factor #1

Risk Factor #2

Risk Factor #3

Consequence

Capacity Building



3 Broad Strategies to Build Capacity



- Engage diverse community of stakeholders
- Develop and strengthen your prevention team
- Raise community awareness about issues

Engage Diverse Community of Stakeholders

SUD treatment providers

Local businesses

School personnel

Law enforcement

University and research institutions

Health care providers

Neighborhood and cultural associations

Local government

Faith communities

Youth-serving agencies and institutions

How to Recruit A Diverse Community of Stakeholders

- Contact partners
- Ask partners to contact partners
- Attend meetings and speak up
- Share information
- Meet key players
- Anticipate and overcome roadblocks

Develop and Strengthen Your Prevention Team

Educate

Have clear policies and procedures

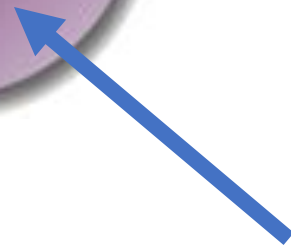


Raise Community Awareness About the Issue

- Identify community resources
- Spread prevention information
 - Meet public opinion leaders
 - Ask
 - Submit articles
 - Share information
 - Host community events
 - Convene meetings

Create a Capacity Building Plan

	Actions	Timeline
Community Resources	build	Yr 1
	promote	Y2/Q1
	recruit	Mo 1-3
	coordinate	
Organizational Resources	develop	
	present	
Human Resources	hire	
	train	
Fiscal Resources	research	
	apply for	



Planning

What is Planning?

It's a comprehensive process that:

- Engages diverse community stakeholders
- Replaces guess work
- Includes data driven decisions
- Results in an evidence-based plan
- Addresses identified priorities

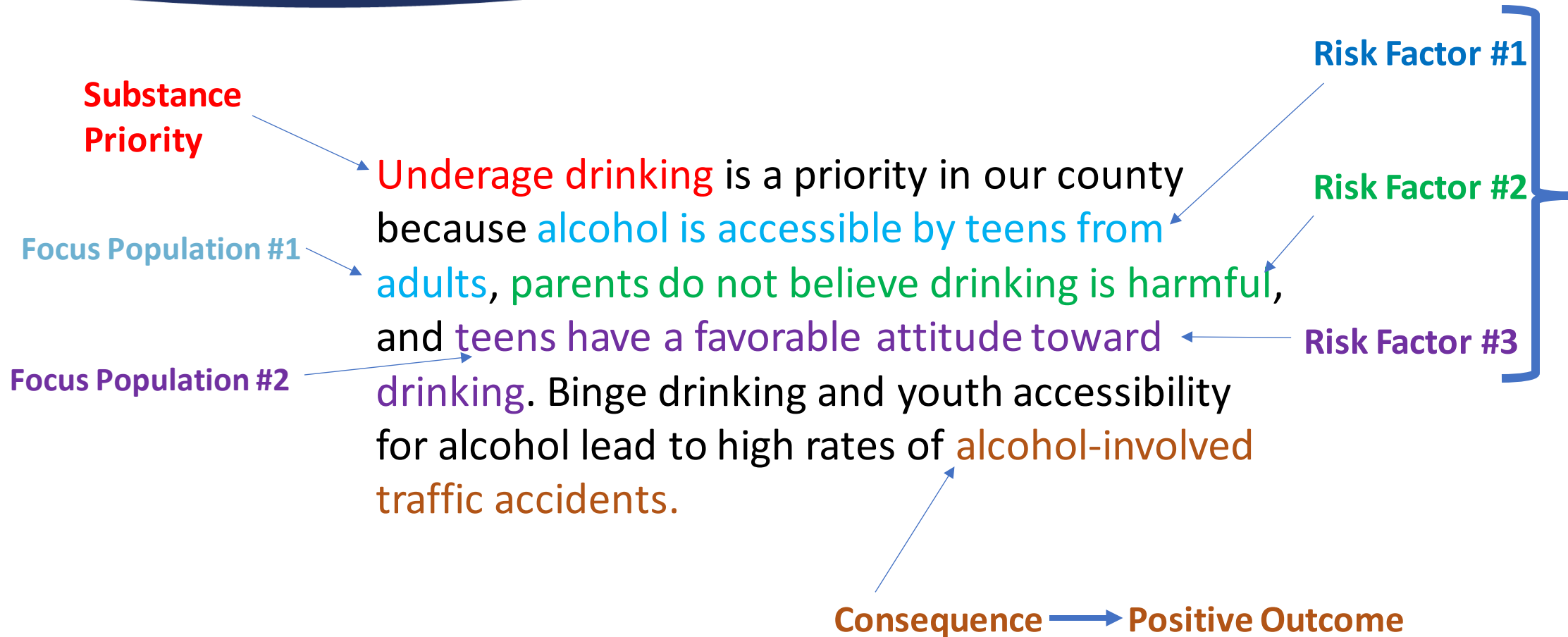
How to Plan

Start with the problem statement

Look for 3 things:

- Evidence-based programs/practices
- Conceptual fit
- Practical fit

Problem Statement – Review



Registries of Evidence-Based Programs (EBPs)

- » SAMHSA'S Pacific Southwest Prevention Technology Transfer Center:
 - <https://pttcnetwork.org/centers/pacific-southwest-pttc/product/guide-online-registries-substance-misuse-prevention-evidence>
- » Registry of Experimentally Proven Programs:
 - <https://www.blueprintsprograms.org/>
- » *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, 2016* (Appendix B)
 - <https://pubmed.ncbi.nlm.nih.gov/28252892/>

Types of Evidence

- » You can implement strategies based on...
 - The best available research (EBPs typically found in registries)
 - The experience of people in other communities having used the strategy
 - Factors associated with the local environment or context in the community

Logic Model



- Graphic planning tool
- Internal consistency
- Time saver
- Communication tool

Outcomes

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Outcomes are the changes communities want their prevention programs and practices to produce.

Prevention outcomes can be short-term, intermediate-term, or long-term.

Logic Model - 2

Underage drinking is a priority in our county because **alcohol is accessible by teens from adults**, **parents do not believe drinking is harmful**, and **teens have a favorable attitude toward drinking**. Binge drinking and youth accessibility for alcohol lead to high rates of **alcohol involved traffic accidents**.

Problems	Risk/Protective Factors	Programs/Practices	Short-Term Outcomes	Intermediate-term Outcomes	Long-Term Outcomes
Underage Drinking Alcohol-Involved Traffic Accidents	Alcohol is accessible by teens from adults	"Parents Who Host Lose Most"	Recruit 10 sheriff-referred parents	50% if parents will lock their household alcohol	Underage drinking rates will decline by 10% Alcohol related traffic accidents among teens will decline by 15%
	Parents do not believe underage drinking is harmful	"Family Matters" groups	Recruit 12 parents to "Family Matters" through CPS & SUD Tx programs	30% of parents will not condone their teen's use of alcohol	
	Teens have a favorable attitude towards drinking	Project ACHIEVE	Recruit 125 students to Project ACHIEVE	25% of teens will stop drinking	



Implementation

What is Implementation?



Putting your plan into action:

- Fidelity vs. Adaptation
- Establishing Supports

Fidelity and Adaptation

Fidelity: The degree to which a program or practice is implemented as intended.

Adaptation: Describes how much, and in which ways, a program or practice is changed to meet local circumstances.

How to Balance Fidelity with Adaptation

- Retain core components
- Build capacity before changing the program
- Add rather than subtract
- Adapt with care
- Get help

How to Establish Supports

- Leadership and administrative support
- Provider selection
- Pre- and in-service trainings
- A clear action plan
- Implementation monitoring

Create an Implementation Plan

	Strengthening Families	
Key Tasks	Timeline	Responsible Party
Outreach to secure 3 locations	July – Sept, annually	Provider A
Outreach to recruit parents	July – Aug, annually	Provider A
Implement 5 program sessions	Session 1: Aug, annually Session 2: Oct, annually Session 3: Jan, annually Session 4: Mar, annually Session 5: May, annually	Provider A

Evaluation



What is Evaluation?

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The systematic collection and analysis of information about prevention activities to improve effectiveness, reduce uncertainty, and facilitate decision making.

Process and Outcome Evaluation

Process: Did we do what we said we were going to do?

Outcome: Did we get the results we hoped for? Did we make a difference?

Process Evaluation

Process: Did we do what we said we were going to do?

- Did we implement programs/interventions as planned?
- Who participated and for how long?
- Did we make adaptations to program curriculum or implementation?
- Did we have sufficient resources?
- Did we run into obstacles? How did we handle them?

Process evaluation occurs during and after program implementation.

Outcome Evaluation

Outcome: Did we make a difference?

- What behavior changes occurred?
- Did the intervention affect the risk & protective factors & problems we wanted to address?
- How did these changes compare to the outcomes we expected to achieve?

Outcome evaluation occurs after program implementation.

Evaluation Considerations

- Identify what you need to know before starting to evaluate. (Make a plan!)
- Establish data collection procedures that are practical & minimize disruption
- Decide who will do the evaluation
- Anticipate & address potential obstacles
- Respect the rights and protect the well-being of all involved
- Explain how findings will be disclosed and who can access them
- Share findings with stakeholders in a timely manner

Sharing Results

Audiences

- Funders
- Boards
- Stakeholders
- Local community
- Participants
- Community groups
- Media
- Administration

Formats

- Full evaluation report
- Fact sheet
- Flyers, brochures, pamphlets
- Web sites
- Social media
- Press releases
- Town hall meeting
- Presentation at a conference

Create an Evaluation Plan

Outcomes Short-term Intermediate-term Long-term	Sources Surveys (CHKS) Program Records Interviews Observations	Roles & Responsibilities Who collects data? (provider, evaluator, staff)	Timeline Before, during, after? Deadlines
1.			
2.			
3.			
4.			

Sustainability Cultural Competence



How to be Culturally Competent in the SPF

Assessment – Identify the vulnerable sub-populations in your area and the health disparities they experience. Identify data gaps and attempt to fill them. Use qualitative data when necessary.

Evaluation – Allocate needed evaluation resources to learn whether the interventions you selected are having the intended impact on the behavioral health disparities you are hoping to reduce.

Implementation – Involve populations experiencing behavioral health disparities in delivering services designed for them.



Capacity – Make sure that practitioners understand the role of cultural competence in their work and the unique needs of those sub-populations experiencing disparities. Provide training as needed.

Planning – Make community representation in the planning process a priority. Make members of the focus population active participants and decision-makers. Identify and prioritize factors associated with disparities.

How to Build Sustainability into the SPF

Assessment – Build relationships with data keepers and stakeholders who can help support and sustaining local prevention efforts over time.

Evaluation – share evaluation findings to build support needed to expand and sustain effective interventions.

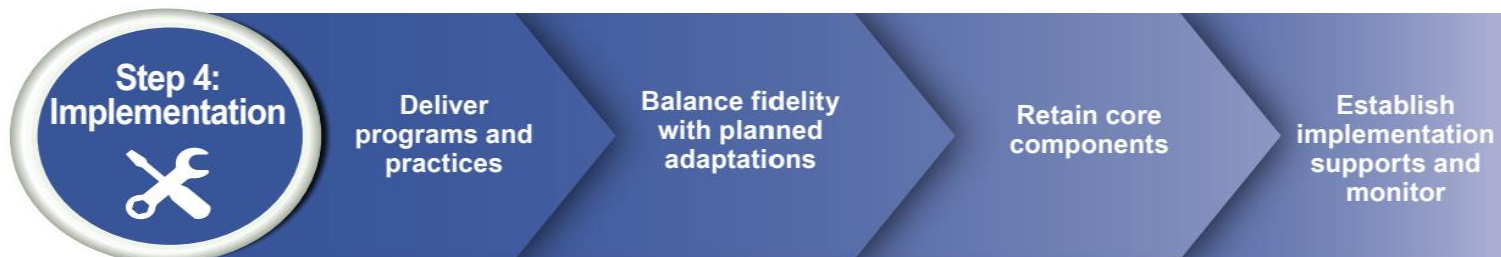


Capacity – Promote public awareness and support for your programs. Engage partners and cultivate champions.

Implementation – Work closely with community partners to deliver evidence-based programs and practices as intended. Closely monitor and improve delivery. Celebrate “small wins” along the way.

Planning – Make sure that prevention interventions fit with local needs, capacity, and culture. The better the fit, the more likely your interventions will be successful and sustainable.

Putting it All Together: The SPF at a Glance



**Questions?
Comments?
Discussion?**



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Closing



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Your time and feedback are greatly appreciated and valued!

Contact Us

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