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A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

WASHINGTON/BALTIMORE HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA

Blueprints
FOR HEALTHY YOUTH DEVELOPMENT

NPSC
To Improve Lives

Applied Prevention Science International

DEVELOPING A COMPREHENSIVE COMMUNITY-BASED PREVENTION STRATEGY

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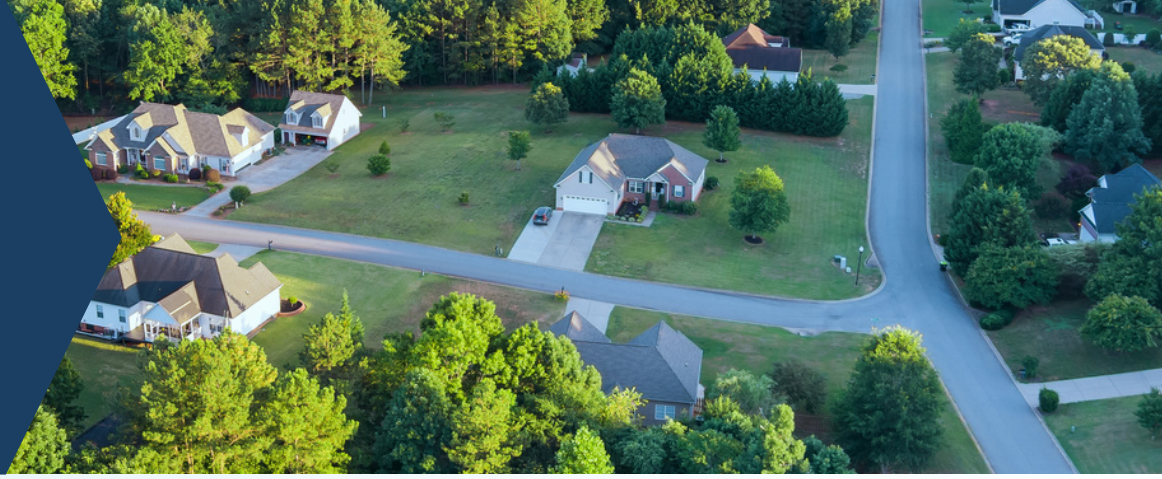
ABOUT



Purpose

The purpose of this brief is to 1) summarize key lessons learned from prevention science that highlight what works to prevent substance use and promote positive development in youth, and 2) present a five-phase approach to support the development and implementation of a comprehensive community-based prevention strategy.

Acknowledgement

This document was prepared by A Division for Advancing Prevention and Treatment (ADAPT) at the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA). Contributers include the National Prevention Science Coalition to Improve Lives, Applied Prevention Science International, and Blueprints for Healthy Youth Development. ADAPT would like to extend a special thank you to all who reviewed this product and generously shared their knowledge and expertise.

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EXECUTIVE SUMMARY

Over the last forty years, many approaches have been developed and implemented with the goal of preventing substance use in youth. Through this work much has been learned about how to achieve this goal (1). Today, evidence-based registries, like Blueprints for Healthy Youth Development, serve as a resource for finding developmentally appropriate programs that have been shown to either delay or deter youth substance use. The field of prevention science has not only enhanced our understanding of what works to prevent youth substance use, it has also shed light as to why ineffective approaches have not been effective. Despite the evidence, the implementation of evidence-based preventive interventions and policies is not widespread and it is not uncommon for ineffective, or untested, strategies to continue to be funded and implemented.

In this brief, we summarize key lessons learned from prevention science that highlight what works to achieve the goal of substance use prevention. An overarching lesson is that **preventing substance use is multifaceted and requires a comprehensive community-based prevention strategy** comprised of synthesized programs, practices, and policies grounded in the best available evidence. For such a strategy to work, evidence-based interventions must be supported by an implementation infrastructure that assures a competent workforce, quality of service, and sustainability.

This brief presents 1) five lessons learned from prevention science about what works to prevent substance use and promote positive development in youth and 2) a five-phase approach to support the development and implementation of a comprehensive community-based prevention strategy. Each of the five phases in the approach aligns with existing evidence-based prevention frameworks. The approach begins with **MOBILIZING** community stakeholders to come together to better understand the attitudes, knowledge, resources, and activities present in their community and **ASSESSING** community needs (2). This information then informs the **PLANNING** and **IMPLEMENTATION** of effective interventions that have been shown to strengthen protective conditions and mitigate risks. **MONITORING** and **EVALUATION** throughout the planning and implementation processes enable continuous quality improvement and establish the evidence necessary to build support for a sustainable prevention infrastructure within which effective prevention activities are delivered.

The work of prevention is HARD, but POWERFUL, and the science is clear. Investing in a comprehensive community-based prevention strategy that effectively integrates all the necessary components will yield immediate benefits and can continue to pay dividends over time through the healthy, safe, and supportive environments it provides for youth.

MAKING PREVENTION A PRIORITY

Most youth across our nation are making healthy choices to not use psychoactive substances (i.e., nicotine, alcohol, marijuana, misuse of prescription drugs, and illicit drugs). At the same time, there is great concern about the harm experienced by those that do use these substances. Studies show that 9 out of 10 adults who develop a substance use disorder (SUD) started using substances before age 18, and often much earlier in adolescence (3–5). Because of the actions of psychoactive substances on the developing brain, if youth do not use any substance before age 25, when brain development has more or less reached maturity, their chance of developing an SUD dramatically decreases (3).

The use of alcohol, nicotine, and other psychoactive substances by youth has been a concern for decades. Yet the emerging substance use landscape in the United States is rapidly evolving and igniting new concerns. For instance, the recent development of lethal synthetic substances paired with creative new approaches to marketing and distributing those substances are resulting in devastating outcomes such as overdose (6). Both long-standing and emerging drug threats compel local, state, and federal organizations and agencies to dedicate resources toward managing these threats with strategies that range from prevention and treatment to law enforcement and interdiction (7).

Treatment-related mitigation efforts have historically received the greatest amount of resources to address the problem of substance use once it has already been initiated, and this has resulted in advancements in effective treatment models and development of promising recovery and harm reduction strategies (8–11). These efforts have saved lives and increased the health and wellbeing of individuals, families, and communities.

On the other hand, comparably fewer resources have been devoted to preventing substance use despite the substantial body of knowledge and best practices generated over the past 40 years by the field of prevention science. Research has identified **effective strategies that can protect communities against ANY substance use when a comprehensive, systems approach is utilized** (12).

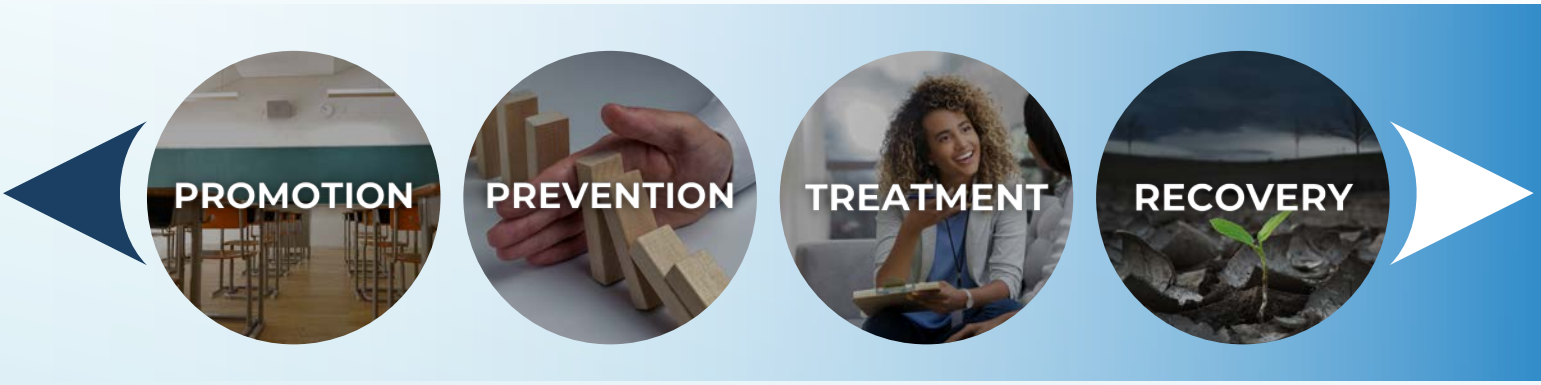
Rather than relying on a "downstream" approach whereby problems surface before we intervene, prevention strategies work "upstream" to eliminate or reduce the underlying root causes of substance use and strengthen protective factors that promote positive youth development and wellness (13). Early investment in these strategies means communities will expend far fewer financial and other resources to manage the healthcare, mental health, treatment, criminal justice, academic, and occupational challenges that arise from substance use and associated behaviors (12-13). The cost-benefit analysis demonstrating the cost-effectiveness of many effective prevention strategies are publicly available through the Washington State Institute for Public Policy (16).

Prevention must be made a priority and an essential component of a community's overall response to substance use and related issues. In doing so, it is essential that an *effective* prevention strategy be used to successfully reduce the negative impact of substance use on individuals, families, neighborhoods, and communities.

RATIONALE FOR A COMPREHENSIVE COMMUNITY-BASED PREVENTION STRATEGY

Substance use prevention refers to activities that deter or delay the onset of substance use, slow or stop the progression of use and development of SUDs, and minimize the adverse impact of substance use on the individual, their family and community, and the economy (17, 18).

The Institute of Medicine (IOM) offers a framework that delineates prevention activities across a continuum of substance risk, or likelihood for development of a problem or disorder. These domains are universal, selective, and indicated prevention (19).



PROMOTION	UNIVERSAL SELECTIVE INDICATED	CASE IDENTIFICATION STANDARD TREATMENT	COMPLIANCE WITH LONG TERM TREATMENT AFTER-CARE INCLUDING REHABILITATION

Universal preventive interventions focus on an entire population and are not directed at a specific group of individuals who might be at increased risk for substance use. Rather, these interventions aim to deter the onset of substance use by providing all individuals, families, and communities with the information, skills, and strategies necessary to prevent the problem and promote healthy development. Universal prevention is applied broadly, such as to entire grades, schools, or communities (19).

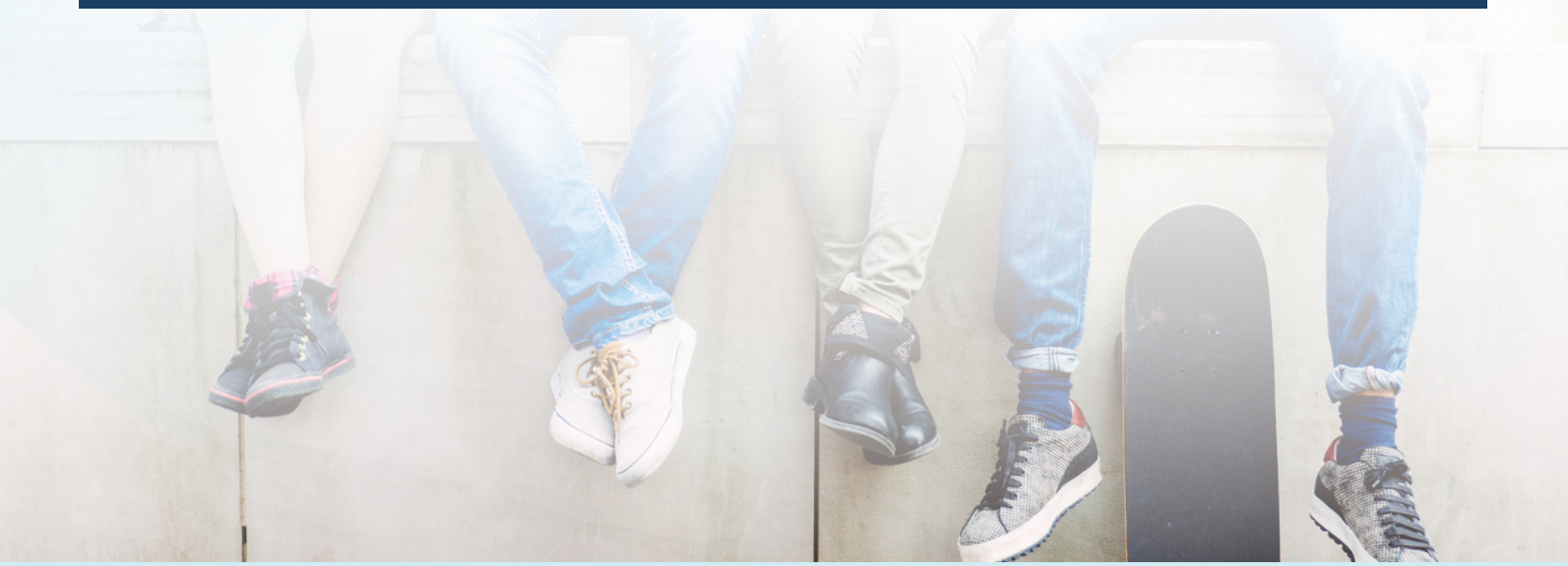
Selective preventive interventions are intended for individuals considered at increased risk for substance use, for example the children of persons with SUDs. These interventions often address biological, psychological, social, and/or structural risk conditions to decrease the likelihood of substance use (19).

Indicated preventive interventions are provided to individuals who have begun to use, have been exposed to a high level of risk conditions, and/or exhibit other behavioral problems, but have not been diagnosed with a substance use disorder and are not engaged in treatment. The goal of these interventions is to identify individuals with these characteristics and to offer them evidence-based strategies to prevent worsening conditions or associated problems (19).

A comprehensive prevention strategy provides preventive interventions across the continuum of substance use risk. Thus the IOM framework can be used as a tool to guide prevention planning by helping to identify and differentiate the prevention needs of a community and aligning appropriate activities to meet those needs (19).

NOTE:

Beyond prevention, the IOM framework presents a broader continuum of services that includes promotion, treatment, and maintenance/recovery. Understanding the full spectrum of risk for engaging in substance use and its consequences can help inform the broad range of needs within a community (20). See the Dictionary for definitions of these other service domains.



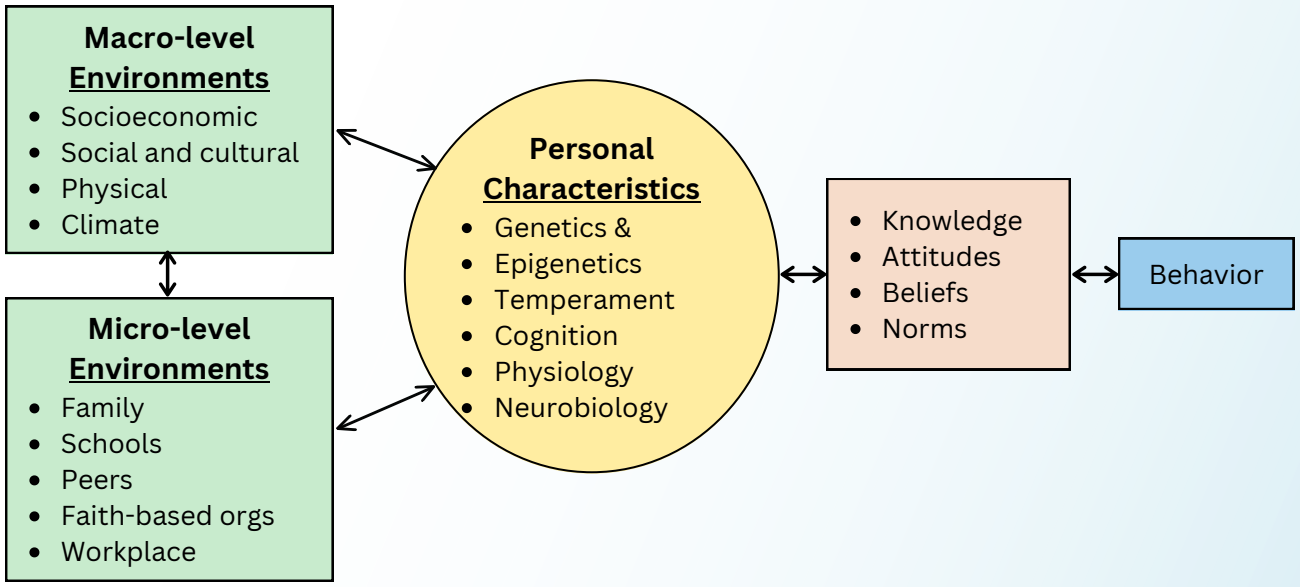
LESSONS LEARNED FROM PREVENTION SCIENCE

Over the last 40 years, many substance use prevention strategies have been developed, tested, and implemented. Through this work we have learned a great deal about what works to prevent substance use and support positive youth development. Below, we provide a summary of the key lessons learned from prevention science that emphasize the necessity of a comprehensive community-based prevention strategy to reduce risk and strengthen protective conditions to effectively prevent substance use.

Lesson 1

Substance use and addiction develop through a multitude of individual, family, peer, school and neighborhood influences that start during the prenatal period and continue throughout life.

The framework below highlights the many influences that can increase vulnerability toward risk and protect against substance use and other behavioral problems (12).



As shown in the diagram, an individual's behaviors are shaped by the interaction of his or her personal characteristics and a wide range of environmental influences that, together, propel pathways toward or away from substance use. Although this brief is not intended to delve into all the causes of substance use, it is important to understand that many factors influence prosocial versus problematic developmental outcomes so that interventions can be targeted to effectively impact those conditions. **The goal of preventive interventions within a comprehensive strategy, therefore, is to reduce the RISK FACTORS that often lead to health, behavioral and social problems and enhance PROTECTIVE FACTORS that buffer against health, behavioral and social problems** (20). Research has identified risk and protective factors across all levels of influence, as highlighted on the next page.

RISK FACTORS	DOMAIN	PROTECTIVE FACTORS
• Low community attachment • Community disorganization • Community transitions and mobility • Personal transitions and mobility • Laws and norms favorable to drug use • Perceived availability of drugs • Economic disadvantage		• Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies
• Poor family management and discipline • Family conflict • A family history of antisocial behavior • Favorable parental attitudes to the problem behavior		• Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
• Academic failure/ low academic achievement • Low commitment to school • Bullying		• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
• Rebelliousness • Early initiation of problem behavior • Impulsiveness • Antisocial behavior • Interaction with friends involved in problem behavior • Sensation seeking		• Social skills • Belief in a moral order • Emotional control • Interaction with prosocial peers

KEY TAKEAWAY:

Given the many influences that can increase vulnerability versus protection against substance use, multiple prevention efforts must be implemented to address the most common and diverse needs of a community and its residents.

Lesson 2

Addressing substance use without considering co-occurring problems is not an effective strategy.

Substance use, misuse, and addiction is often preceded by, and experienced alongside, a variety of risk conditions such as adverse experiences, trauma, mental health problems, poor academics, family conflict, and poverty (21). The same factors that increase vulnerability to substance use and addiction also affect several other outcomes, including mental health, chronic disease, educational attainment, crime, violence, and death by suicide (22–24).

KEY TAKEAWAY:

The most effective prevention interventions and strategies aim to boost protective conditions that promote healthy youth development while minimizing the influence of common risk factors that underlie substance use and related behavioral and mental health problems.

Lesson 3

Preventing substance use and related problems requires a proactive approach that focuses upstream on root causes.

Youth most likely to develop problematic substance use are often exposed to a high degree of risk conditions. Studies have shown that as risk exposure increases, so does the likelihood of being diagnosed with a SUD in adulthood (25). Yet, although counterintuitive, youth with low and moderate levels of risk exposure comprise the majority of the cases of SUD (26). Termed the "prevention paradox," this phenomenon occurs because the subgroup of youth who are at high risk is relatively small compared to the majority in any given population who are at lower levels of risk (27). Thus, interventions that only focus on youth with the highest risk for SUD will not adequately address the problem.

Given this paradox, **an effective community-based prevention strategy addresses all levels of prevention risk by embedding selective and indicated interventions for youth at higher risk *within* a universal strategy designed to benefit all youth**. While communities may feel compelled to prioritize those at highest risk, universal strategies are of the utmost importance to turn the tide on substance use and addiction in a community.

KEY TAKEAWAY:

A strong and comprehensive community-based prevention strategy employs 1) robust universal strategies that promote healthy, nurturing environments where children can safely develop and avoid substance use and other negative behaviors; 2) selective strategies that aim to identify and deploy proactive interventions for youth at increased risk for substance use; and 3) indicated strategies that address early signs of substance use and misuse through brief intervention, and engagement into treatment.

Lesson 4

Most of what is currently implemented in America as "prevention" has not been evaluated.

Prevention science has generated a strong understanding of what works to prevent substance use. Yet studies have shown that the vast majority of programs and strategies implemented to prevent substance use have either not been rigorously evaluated or continue to be implemented despite evidence that they do not work (28–32).

Effective substance use preventive interventions or programs are those that have been shown through high-quality research methods to delay or deter initiation of use, halt escalation of use, and/or reduce ongoing use. These programs are based on theories of human behavior and learning and include practices that promote protective factors (e.g., attitudinal change, social influences, social skill development, resistance skills) and address risk factors (e.g., misperceptions about social norms) using interactive learning approaches and by providing opportunities for skills application (33–36).

KEY TAKEAWAY:

Effective substance use prevention programs are supported by a body of evidence showing they work to prevent or reduce substance use. There are registries of these effective programs that can (and should) be used to identify these activities.

Lesson 5

Delivering evidence-based prevention strategies is HARD WORK; however, there are resources and community frameworks to help communities select, implement, sustain, and scale effective strategies.

Research on periods of vulnerability during youth development and the social and environmental conditions that increase risk have led to the design and testing of numerous evidence-based preventive interventions shown to improve lives by strengthening the conditions individuals, families, and communities need to thrive (1). As mentioned above, one way these preventive interventions are identified and disseminated is via online registries that provide systematic reviews and appraisals of interventions, thereby serving as a resource for practitioners and community stakeholders seeking to make informed decisions when investing in social programs (37). For example, Blueprints for Healthy Youth Development is a searchable online database of interventions designed to promote positive youth development and prevent substance use in youth aged 0-25. Blueprints provides information on interventions implemented at the individual, family and/or community and school levels shown to effectively (1) remove or remediate risk conditions that contribute to problem behavior, and (2) strengthen assets that promote resiliency against those conditions (38). In addition, the Blueprints website provides access to helpful background material, implementation advice, and resources.

However, the research is also clear that having effective preventive interventions available (such as those listed in evidence-based registries) is not enough to truly prevent substance use and related problems. A community-based prevention infrastructure, or system is needed from which a synthesized set of activities can be deployed. **This work takes time, collaboration, and commitment.** The good news is that existing frameworks are available to guide communities through this process, including the following:

SAMHSA's Strategic Prevention Framework (SPF) is a community engagement framework that serves as a guide to support planning, implementation, and evaluation of prevention strategies (39).

Communities that Care (CTC) is an evidence-based prevention system that guides communities through a structured process toward achieving community-wide healthy youth development and prevention of problem behaviors through mobilization, assessment and planning, implementation, and evaluation (40).

Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER) is an evidence-based delivery system in which universities partner with community teams to implement and evaluate evidence-based programs for preventing risky youth behaviors, enhancing positive youth development, and strengthening families (41).

The SPF, CTC, and PROSPER frameworks are all grounded in a philosophy that the health and wellbeing of youth and communities can be improved by engaging multiple community systems, structures, and citizen groups to work synchronously toward a common prevention goal. Several key concepts are shared across the SPF, CTC, and PROSPER frameworks.

These concepts include: **MOBILIZING** communities toward substance use prevention, **ASSESSING** and prioritizing efforts, **PLANNING** for implementation, **IMPLEMENTING** selected interventions and strategies with high fidelity via trained professionals, and **MONITORING and EVALUATING** progress and outcomes. **These activities form the foundation for the recommended approach toward building a comprehensive community-based prevention strategy presented in this brief.**

In addition, SAMHSA, through the Prevention Technology Transfer Centers, as well as other organizations such as Applied Prevention Science International provide competence-based training and other resources to enhance the knowledge and skills of prevention professionals to prepare them for this work.

KEY TAKEAWAY:

Research shows that a strong infrastructure is needed to support and sustain cost-effective preventive interventions (16). The common denominators of the three important frameworks mentioned above yield a solid approach to executing a comprehensive community-based strategy using a 5-phase process:

1. MOBILIZE
2. ASSESS
3. PLAN
4. IMPLEMENT
5. MONITOR & EVALUATE

RECOMMENDED APPROACH

Drawing from the frameworks and systems mentioned above, the 5-phase process is presented below to support communities in thinking through the process of developing and implementing a comprehensive prevention strategy that prioritizes universal prevention and integrates, as warranted, selective and indicated strategies.

Phase 1: MOBILIZE

A comprehensive community-based prevention strategy starts by building a community team of relevant stakeholders willing to work together to pursue an agreed upon prevention goal. Thus, the first phase focuses on mobilizing community members to embrace substance use prevention (42). Prevention professionals are typically well-connected within their communities and as such often lead mobilization activities. An engaged community team comprised of stakeholders and champions is imperative to the identification and implementation of the multiple strategies needed to promote protection and address risk conditions. The 12 sectors team members typically include youth, parents, business, media, school, youth-serving organizations, law enforcement, religious or fraternal organizations, civic or volunteer groups, healthcare professionals, state or local agencies, and other local organizations (43). It is also essential to engage local, county, and state health and human services departments and governmental offices. Together, this broad representation ensures that input from diverse perspectives across the community is integrated into the strategy while also developing support for a sustainable prevention infrastructure (12).

Common activities in the mobilization phase include determining roles and responsibilities of the community team, identifying team leaders to oversee and manage the process, building prevention knowledge among the group, defining the prevention goal and scope of the prevention effort, and building community awareness and support for substance use prevention (SPF, CTC, PROSPER). Inevitably, members of the team and/or broader community will vary in their readiness to support upstream prevention activities. Community readiness approaches help shift mindsets and build support for prevention (see Community Readiness Model) and can be initiated during the mobilization phase and then again throughout the remaining phases, as needed and desired.

Phase 2: ASSESS

Community assessments are essential to the development of a sustainable and comprehensive prevention infrastructure. These assessments reveal the most pressing needs and available resources to inform the selection of interventions. Community assessments typically measure the following:

- Needs of youth related to substance use knowledge, attitudes, perceptions and behaviors, other youth problem behaviors (e.g., violence), health outcomes, and risk and protective conditions
- Prevalence of substance use (who is using what)
- Gaps in evidence-based programming
- Gaps in implementation resources
- Opportunities for implementation support
- Community strengths and assets

Typically, this information is collected using both quantitative and qualitative data. Sources of data may include archival data (e.g., past records of substance-related problems such as school-identified youth of concern or youth requesting treatment services in the community, emergency room visits for overdose, etc.), survey data (e.g., national and local assessments of youth substance use), key informant interviews (e.g., interviewing youth or school personnel), and focus groups.

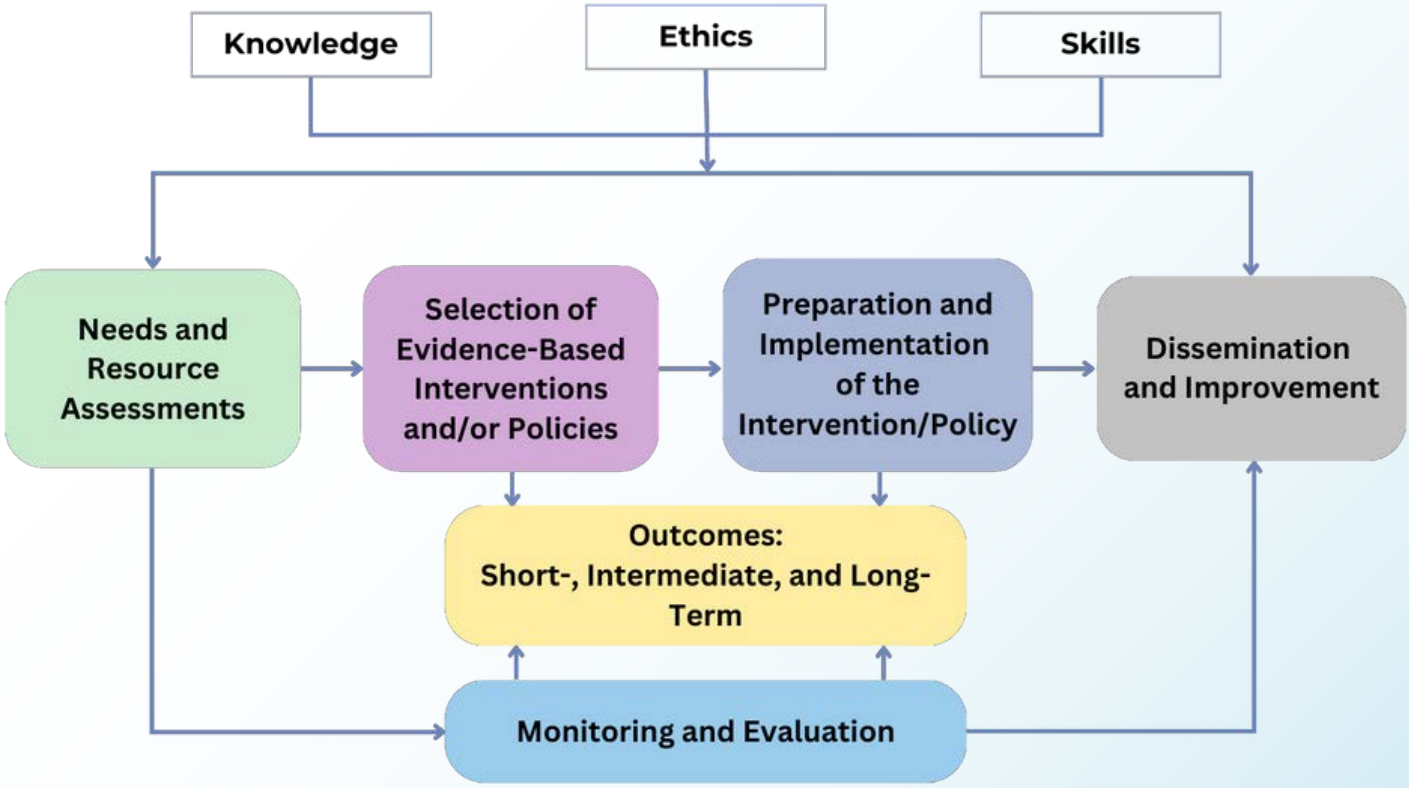
The idea of collecting data as part of a community assessment may feel overwhelming to community teams. Team leaders can maintain the momentum developed during the mobilization phase by providing the rationale for the assessment content, identifying existing data sources, developing an assessment approach that fills gaps between what data exist and are needed, and taking lead on organizing the data and drawing meaningful conclusions.

Team leaders are also encouraged to develop a summary report highlighting the key findings from the assessment and to share and elicit feedback from the community. Assessment findings and community feedback will propel the team toward agreed upon priorities that have community support and help garner resources to allocate to the development of a prevention infrastructure and implementation of selected interventions.

Phase 3: PLAN

The planning phase includes several key activities that will support prevention teams in working together to strategically select prevention strategies. These activities include transforming identified needs into goals and SMARTIE (Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, and Equitable) objectives, developing a logic model for the community-level prevention system, identifying and selecting effective prevention programs or strategies, and developing specific intervention-level goals, objectives, and logic models for each selected intervention. It is essential that the planning team intentionally elicit and integrate stakeholder perspectives throughout this phase.

The figure below provides one example of a community-level logic model (44).



As shown in this figure, key components of a community-level prevention infrastructure include determining community needs and resources (see Phase 2 above), selection of interventions (Phase 3), preparation and implementation activities (Phase 4), and dissemination and ongoing continuous quality improvement (Phase 5). Ensuring workforce capabilities related to knowledge, ethics, and skills is essential to the success of a prevention system.

The process of developing a comprehensive community-based prevention infrastructure is complicated and resources and trainings are available to support community teams through these activities.

Several additional resources are available to support prevention teams through the planning phase. For instance, prevention teams need to ensure that the selection of preventive interventions are supported by high-quality research to achieve the prevention outcomes specified in the logic model. Outcomes may include enhanced protective and reduced risk conditions, and/or delayed or reduced substance use and other problem behaviors. Substance use prevention strategies with a strong evidence base can often be found on public registries (as mentioned above) that provide a summary of available data and offer a rating based on the strength of the evidence and effectiveness of the strategy.

It is also important to attend to the fit between the selected strategy and community needs and resources. One of the limitations of the current prevention science is that not all evidence-based interventions have been tested within varied demographic groups. The CDC's *A Framework for Thinking About Evidence* offers guidance on how to **consider fit based not only on the best available research evidence, but also contextual and experiential evidence**.

Contextual evidence informs how effective implementation will likely be by assessing the necessary resources to implement an identified program or strategy with high fidelity or as intended; whether a program or strategy will be useful and is appropriate for that community or setting; whether it will be feasible and successful given the economic, social, geographic, and historical aspects of the community or setting; and finally, the likelihood it will be accepted by the people and decision makers in the community or setting.

Experiential evidence refers to the collective experience and expertise of those who have practiced or lived in a particular setting. Experiential evidence can inform the decision-making process by answering questions about what has and has not previously worked in a community, whether the program or strategy would appeal to stakeholders and participants, and importantly, whether it would meet the needs and goals of its target population.

Collectively, the best available research evidence, contextual evidence, and experiential evidence inform the selection of programs or strategies that are most likely to be successful. Taking time to ensure fit decreases the need for adjustments to be made during implementation. Fit is a multi-step process that incorporates three activities:

1. Review of the essential elements, core components, and outcomes of the program/strategy.
2. Assess the degree of fit of the program/strategy with the community-level logic model to determine how well it meets the needs of the target population, seems feasible given organizational infrastructure and capacity, and leads to similar outcomes as those that are desired.
3. Seek input from others who have experience implementing or participating in the program/strategy (45).

Tools such as The Hexagon: An Exploration Tool have been developed to support the process of assessing fit and feasibility of a program or strategy with the local context (46).

Prior to implementation, it is advisable to share the selected strategies and rationale with community stakeholders, local officials, and health agencies who, together, can offer critical input and/or support for the planned activities.

Phase 4: IMPLEMENT

In this phase, communities implement community-level and/or selected prevention activities to strengthen protection and address priority risks. Key activities in this phase include:

- preparing for implementation by developing community-level and program/strategy-specific evaluation plans
- creating any needed policies or operating procedures
- ensuring adequate resources and training are delivered

Workforce training is an often-overlooked element of a prevention system, yet essential for its success. Prevention teams can develop a training plan that specifies which professionals will be trained, the training they will need to receive, the process for ongoing support and professional development, and funding required for training-related activities. Training plans should be grounded in the goal of helping the identified professionals achieve the knowledge, skills, and competencies needed to deliver evidence-based preventive interventions.

When ready, communities implement selected programs or strategies using techniques that ensure high fidelity. Fidelity refers to the degree of adherence to core components that make an evidence-based intervention effective (47). When a community determines that a program or strategy requires some revision to best suit their preferences, needs, values, and customs, best practice guidelines for making thoughtful adaptations should be followed (48).

Program developers will sometimes speak to the adaptation process in their program materials, specifying which adaptations are allowed (**green light**), require consultation with the developers as they could diminish program effectiveness (**yellow light**), or cannot be adapted (**red light**). When such guidance is not available and consultation with the program developers is not feasible, following best practices in balancing fidelity with adaptation will increase the likelihood of maintaining fidelity to core components while ensuring fit with the local context (48).

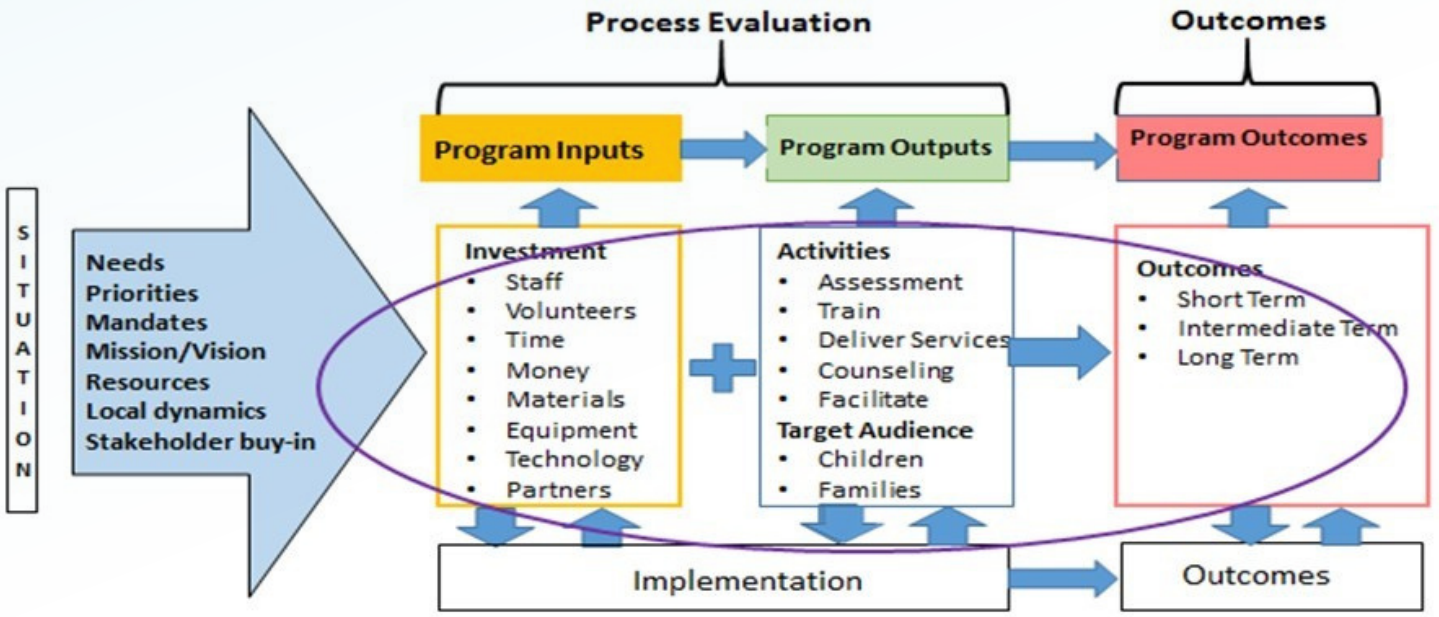
Evaluation of both the community-level prevention system and selected preventive interventions is initiated in the implementation phase to track key activities, progress, and outcomes (See Phase 5 below). Ongoing attention is paid to local contexts and resources and how those factors interact with planned activities to impact implementation, outcomes, and/or sustainability (49).

Sustainability planning begins during mobilization and continues throughout all five phases. However, during implementation, team leaders firm up community-level and selected intervention-specific sustainability plans. High quality implementation resulting in intended outcomes and satisfaction with the prevention activity help to ensure the continuation of that activity. At the community level, factors that support sustainability include having a high functioning community team, the development of the prevention infrastructure, securing ongoing financial supports and resource allocation, ongoing training and technical assistance, continuous and demonstrating intended outcomes (49).

Phase 5: MONITOR & EVALUATE

Monitoring and evaluation processes begin during the assessment phase and continue throughout all phases. In the evaluation phase, community teams actively monitor and evaluate implementation progress and outcomes and adjust along the way to increase likelihood of achieving intended outcomes. There are two main types of evaluation: monitoring/process and outcome. Both are important in determining the effectiveness of prevention activities.

The chart below depicts these two levels of evaluation along with respective metrics (50). The circled area highlights a full evaluation that includes monitoring, or process, evaluation and outcomes.



Monitoring, or process, evaluation gives information about how, and how well, a program or strategy was implemented. This type of evaluation data includes tracking records of core planning and implementation activities (e.g., implementation fidelity, intervention dose, process for adaptations, continuous quality improvement) along with other program inputs and outputs.

Outcome evaluation tells whether the program or strategy had the intended impact and includes short, intermediate, and longer-term program outcomes. Were knowledge, attitudes, perceptions, and/or behaviors changed? Were protective conditions enhanced and risks mitigated? Was there a change in how many youth started using substances?

Documenting what and how much was accomplished (i.e., process) and whether it made any difference (i.e., outcome) is important in determining what needs to change to improve or justify continuation of a specific program. When thinking about how to monitor and evaluate the community-level prevention system, comparable processes are followed. Monitoring/process and outcome evaluations are informed by the community-level logic model and used to determine whether the synthesized set of prevention activities achieved their intended outcome(s). Factors that influence how well the prevention system is working include the effectiveness of the community team, impact of the implemented programs and/or strategies, and progress made toward development and sustainability of a prevention infrastructure (49). It is generally recommended that program-level evaluations be implemented at least annually, and community-level assessments be implemented every two years as these time points allow opportunities to measure the impact of implemented activities.

EXAMPLE: THE MARTINSBURG INITIATIVE

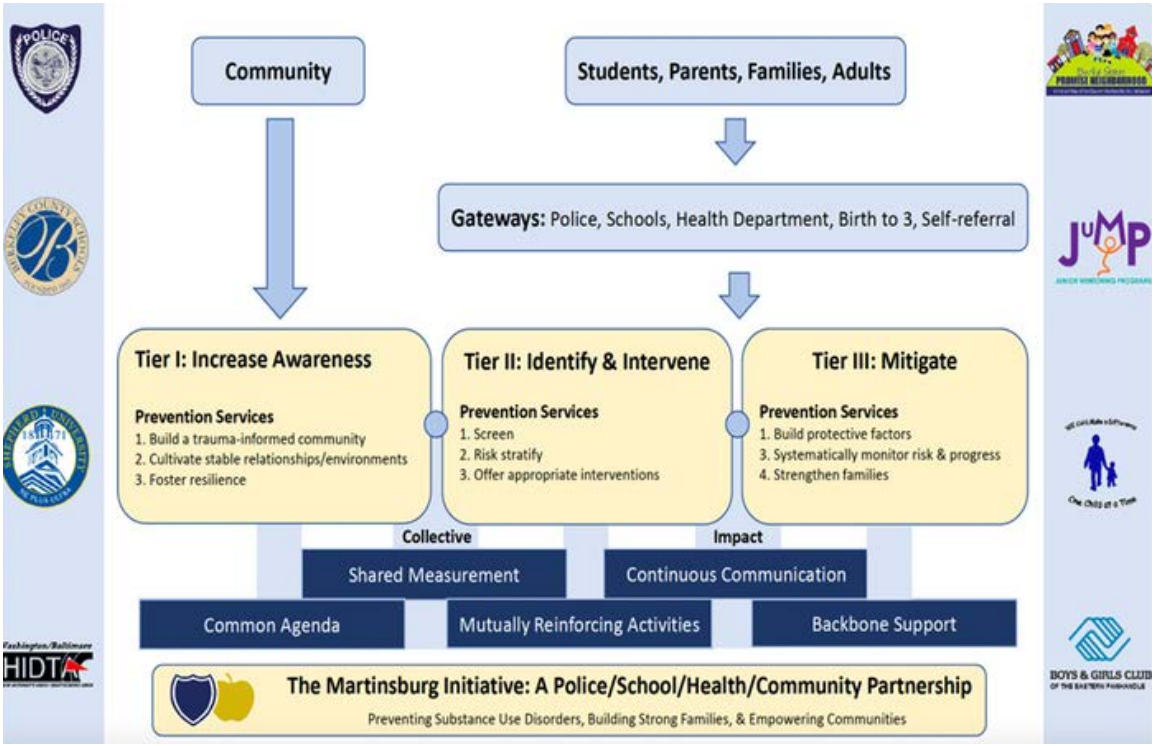
The Martinsburg Initiative (TMI) is a community effort in Berkeley County, West Virginia, developed to break the cycles of trauma and substance use and build strong families. TMI is based on the science of Adverse Childhood Experiences (ACEs) that shows how early childhood experiences shape the lives of adults. By creating a dynamic partnership between police, schools, community, health, and education, TMI strengthens families and empowers communities by providing a long-term solution to the problem of substance abuse.

PHASE	KEY ACTIVITIES	LESSONS LEARNED
1	• Developed a community team by bringing together key partners and stakeholders to identify representation on the TMI Board and champions to support the team in developing the approach based on the needs of the community. This work included determining roles and responsibilities of TMI board members. • Developed relationships with other individuals and groups in the community through outreach and offering mutual support to those organizations such as through the provision of ACES 101 training. • Defined prevention goals. • Created a Drug Free Community coalition with representation from the 12 required sectors. • Identified leaders for and launched Youth Coalitions in two of the public high schools.	The mobilization process takes time as a thoughtful approach is required for developing relationships and building community readiness.

2	• Understood community needs through several sources.
	  ◦ The triennial community health needs assessments coordinated by the local hospitals provided prioritized, significant community health needs and potential resources.
	  ◦ The state Department of Health and Human Resources provides a Data Dashboard with month-by-month and county level overdose data.
	• Ongoing participation in a community group with several other sectors including social needs services providers, public health, public safety, and other coalitions to assess programmatic needs and determine how they could also support those sectors. As examples, a need to strengthen relationships between police and community led to police classroom visits and when a Harm Reduction Clinic at the Health Department needed childcare assistance, a TMI social worker was able to support this need twice a week. Trauma-informed trainings were also offered to the students of TMI university partners.
		Leveraging knowledge, skills, and resources of other organizations advances shared goals and utilization of scarce resources.

Learn more about TMI >

PHASE	KEY ACTIVITIES	LESSONS LEARNED
3	• Early federal funding required TMI to identify their core evidence-based components, develop SMART goals and objectives and a logic model, and develop a plan to monitor and track the processes and outputs of their work. • Evidence-based program selection was informed by local needs and input from staff who would be delivering the interventions. • Planning included building an evaluation plan and tracking mechanisms to ensure real-time data capture and quality improvement during implementation.	Planning is a tedious process requiring multiple iterations based on discussions and feedback from program recipients and community partners.
4	• Initiated several evidence-based programs and strategies across the prevention continuum. • Prepared for implementation by providing training on the selected evidence-based interventions and fidelity monitoring. • Aim for high quality fidelity by ensuring fidelity checklists are routinely used to monitor program and community-level implementation.	Each of the programs/ interventions need established processes to be evaluated separately for fidelity to the core components and progress toward outcomes.
5	• TMI regularly monitors and evaluates processes, resources, and outcomes through data collection and dialog with staff and partner organizations. • Ongoing continuous quality improvement. • Data and successes are shared with TMI stakeholders and partners. • The evaluation process is continuous and iterative.	Monitoring evaluation metrics requires buy-in from the staff to accurately capture the necessary information/data and adherence to the evaluation plan to analyze outputs and outcomes.



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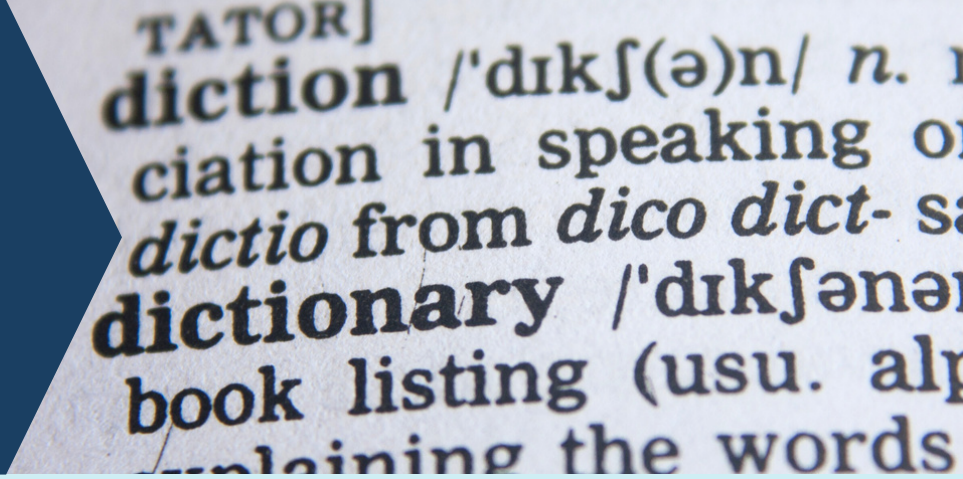

Adaptation	Adaptation describes the modification of evidence-based interventions that have been developed for a single ethnic, linguistic, and/or cultural group for use with other groups, typically made to increase feasibility, acceptability, and/or impact on the intended population (51).
Best Available Research Evidence	Best Available Research Evidence refers to studies on a program, practice, or policy with the most rigorous research design (such as randomized controlled trials) available. Studies with a more rigorous design provide more compelling evidence (52).
Contextual Evidence	Contextual Evidence is considered in conjunction with the best available research evidence and experimental evidence and refers to factors that address whether a strategy is useful, feasible to implement, and accepted by a particular community (52).
Experiential Evidence	Experiential Evidence is considered in conjunction with the best available research evidence and experimental evidence and refers to the professional insight, understanding, skill, and expertise that is accumulated over time and is often referred to as intuitive or tacit knowledge (52).
Evaluation	Evaluation is the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making. It examines the process and outcomes of programs and practices (e.g., Is your plan succeeding?) (39).

Fidelity	Fidelity refers to the degree of adherence to core components that make an evidence-based practice effective and the actual implementation of that program or strategy in a new setting or community (51).
Promotion	Promotion aims to enhance developmentally appropriate health and safety behaviors. These lead to healthy, productive communities. Goals may be to acquire a positive sense of well-being, maintain healthy relationships, and develop resilience (53).
Prevention	Prevention refers to interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder (53). **Universal preventive interventions** address the population at large. **Selective preventive interventions** address groups or individuals with an elevated risk. **Indicated preventive interventions** address individuals with early symptoms or behaviors that are precursors for disorder but are not yet diagnosable (54).
Prevention Science	Prevention Science refers to the study of the determinants of individual, family, community and societal level problems with the goal to develop science-based prevention practices, interventions and policies that reduce the incidence of harmful conditions and promote the processes and conditions that enhance health and safety (55).
Protective Conditions	Protective Conditions are characteristics at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes (56).
Risk Conditions	Risk Conditions are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of problem outcomes (56).
Treatment	Treatment refers to interventions for individuals who are identified as currently suffering from a diagnosable disorder that are intended to cure the disorder or reduce the symptoms or effects of the disorder, including the prevention of disability, relapse, and/or comorbidity (53).
Maintenance and Recovery	Maintenance and recovery strategies are for people who have finished or are going through treatment with the goal of improving health and wellness and achieving personal goals. These include peer and community supports, vocational (job) rehabilitation programs, and other supports that address social determinants of health (54).

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