

The Power of Prevention: Utah Prevention System Statewide Webinar

May 10, 2016

utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH

Presenters

- Doug Thomas, Division Director, Utah Department of Human Services, Substance Abuse and Mental Health
- Richard F. Catalano, University of Washington
- Gilbert Botvin, Cornell University Medical College (emeritus)
- Jeffrey M. Jenson, University of Denver
- J. David Hawkins, University of Washington
- Brian Bumbarger, Pennsylvania State University
- Craig L. PoVey, Convener, Utah Department of Human Services, Substance Abuse and Mental Health

Objectives

- Why should we care about prevention?
- What is *Unleashing the Power of Prevention*?
- Building capacity for evidence based prevention: Communities That Care
- How can we collaborate to *Unleash the Power of Prevention* at scale?



Shift in Causes of Mortality

- There has been a shift in the leading causes of mortality from infectious to non-communicable diseases and conditions
- Behavioral health problems are implicated in this shift



Leading Causes of Mortality 15-24 Year Olds (2011, U.S.)

	Total deaths (per 100,000)
1 Motor Vehicle Crashes	15.9
2 Accidents	11.5
3 Intentional self harm (suicide)	10.7
4 Assault (homicide)	10.3
5 Malignant neoplasms	3.7
6 Diseases of heart	2.2
7 Congenital malformations, deformations and abnormalities	1.0
8 Influenza and pneumonia	0.5
9 Cerebrovascular diseases	0.4
10 Pregnancy, childbirth and the puerperium	0.4
-- All other causes (Residual)	11.1

48.8/100,000
or 72% of all
deaths

7.8



Leading Causes of Mortality 15-24 Year Olds, American Indian/Alaskan Natives (2010, U.S.)

	Total deaths (per 100,000)
1 Intentional self harm (suicide)	20.9
2 Motor Vehicle Crashes	18.0
3 Accidents	9.9
4 Assault (homicide)	11.5
5 Drug-related overdose	3.2
6 Alcohol-related overdose and disease	2.6
7 Malignant Neoplasms	2.0
8 Diseases of Heart	1.9
9 Pregnancy, childbirth and the puerperium	0.7
10 Cerebrovascular diseases	0.5
-- All other causes (Residual)	9.7

66.8/100,000
or 82.6% of
all deaths



Should Public Systems, for example Juvenile Justice and Child Welfare, Care about Community-based Prevention?

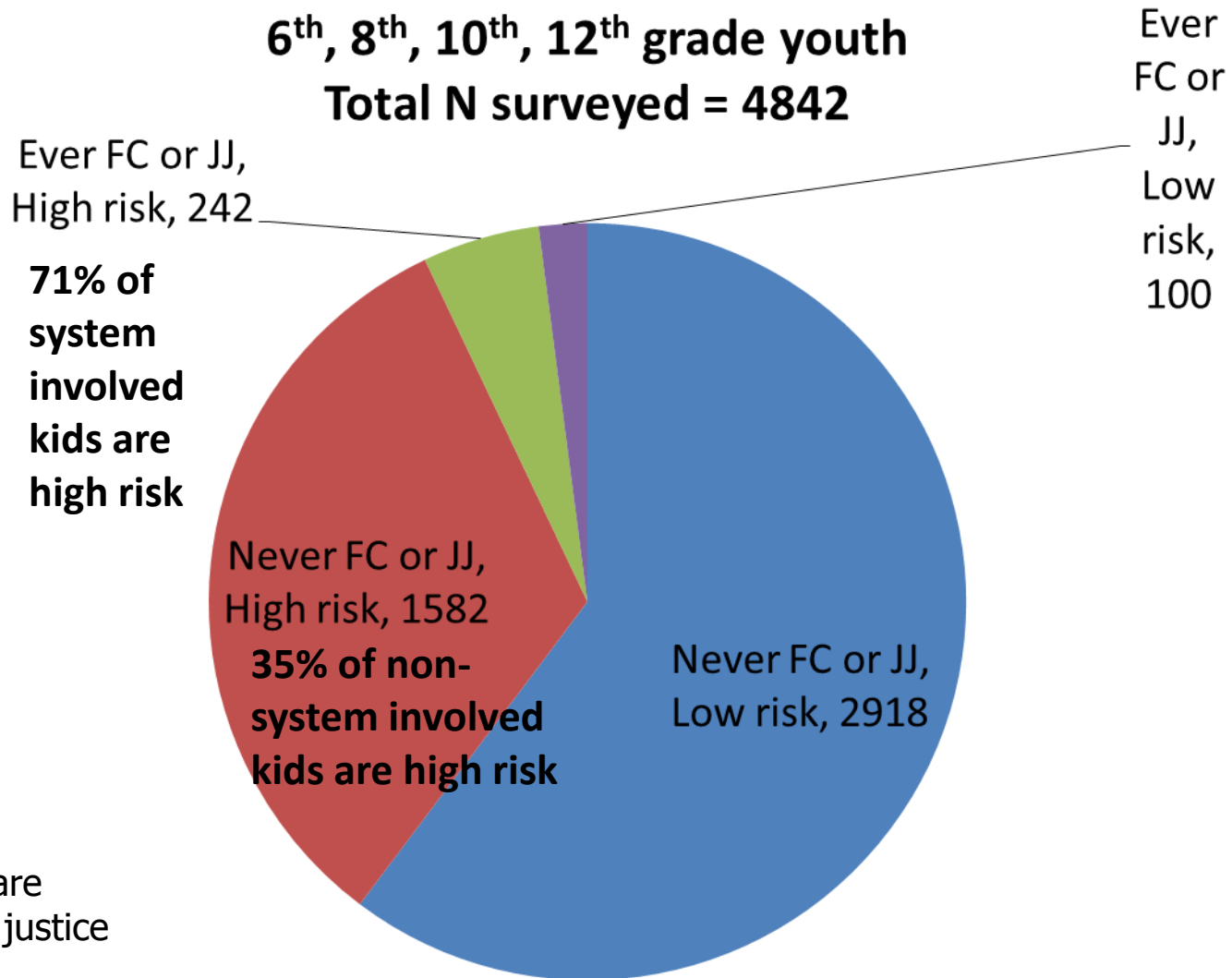


Number Exposed to 10 or more Behavioral Health Risk Factors

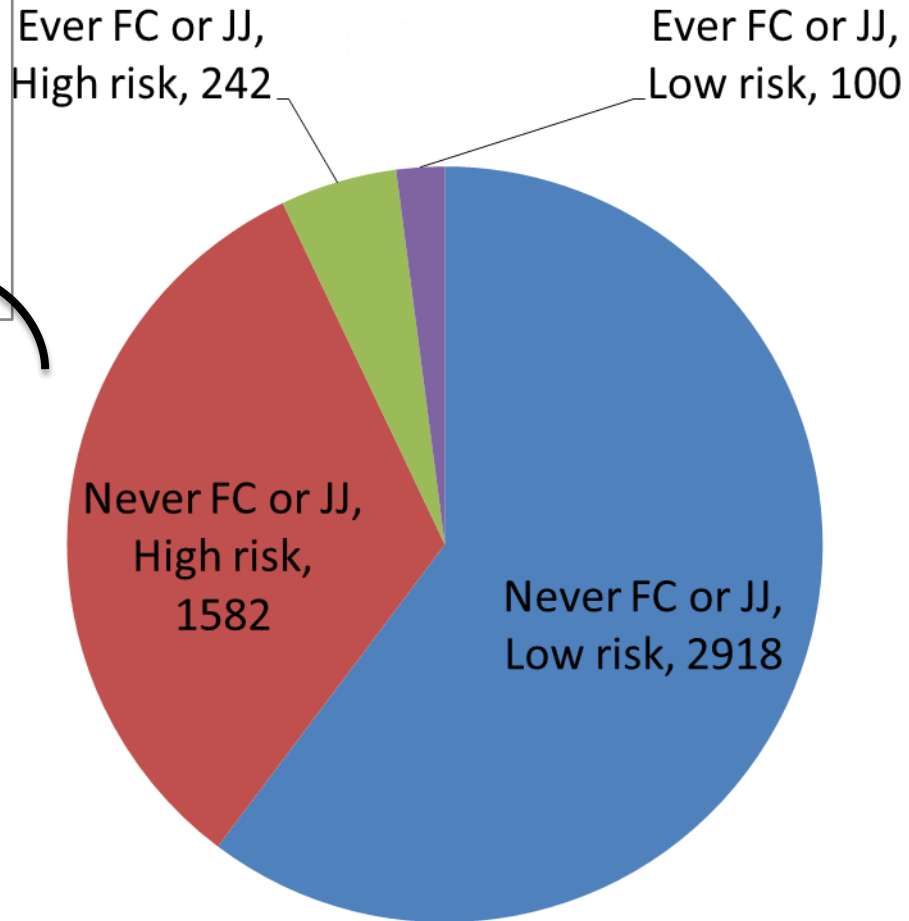
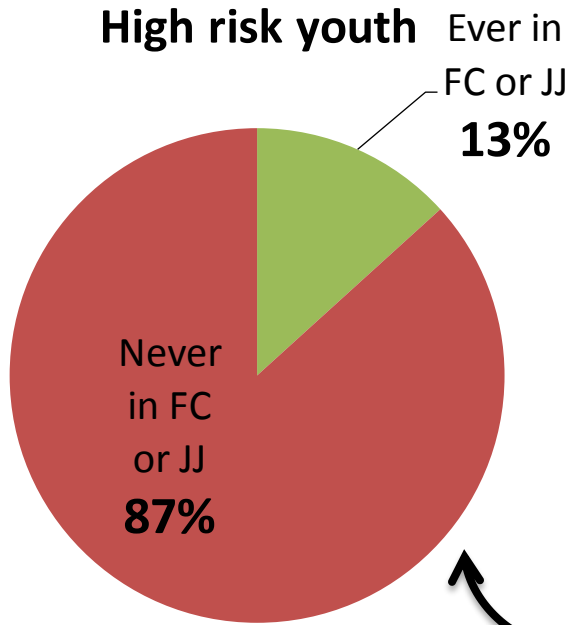
Foster Care and Juvenile Justice v. General Population Medium Sized Eastern City

6th, 8th, 10th, 12th grade youth

Total N surveyed = 4842



87% of Youth Exposed to 10 or more Behavioral Health Risk Factors are not in Foster Care or Juvenile Justice





Without Effective Prevention, the Public System may be Overwhelmed





Should Health Care
Professionals, eg., Accountable
Care Organizations, be
Concerned about Prevention?



Keeping the Population Healthy

(Hacker & Walker, 2013: AJPH)

- Only 10% of health outcomes are a result of the medical care system
- 50% to 60% of health outcomes are due to behavioral health problems
- Preventive activities must reach beyond the clinical setting and incorporate community and public health systems
- We must enhance our capacity to assess, monitor, and prioritize risk factors that impact patient health outcomes in local communities



Prevention is Critical for Health and Well-being

- Behavioral health problems cause harm in childhood and adolescence
- Behavioral health problems established in adolescence cause harm into adulthood
- Preventing these behavioral health problems during childhood and adolescence can reduce mortality and morbidity over the life course

Unleashing the Power of Prevention From Nothing Works to Effective Prevention

Gilbert J. Botvin, Ph.D.
Weill Cornell Medical College
National Health Promotion Associates
Coalition for the Promotion of Behavioral Health

May 2016

Early Prevention Efforts: Drug Abuse Prevention as Case Study

- Knowledge and Attitude Change
- Ineffective: No Decrease in Drug Use
- Some Drug Information Programs
Increased Drug Use (Tobler, 1986)

Lesson: Untested good ideas can
sometimes make things worse.

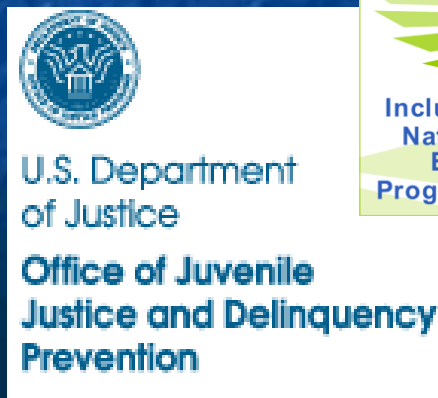
Paradigm Shift: Toward a Public Health, Risk-Focused Approach to Prevention

- To Prevent a Problem Before It Happens
- Address its Predictors
- Etiology Research to Identify
 - Risk Factors
 - Protective Factors
- Develop Intervention to Target R/P Factors

Progress: 35 Years of Research

- RCTs: **over 60** effective policies and programs
- Preventing behavioral health problems
- Substance abuse, delinquency and violence
- Mental health problems (depression, anxiety)
- Prevention Saves Money
- Sources
 - **Effective programs:** www.blueprintsprograms.com
 - **Effective policies:** Catalano et al. 2012, Hingson & White 2013, Vuolo et al., 2015
 - **Cost Savings:** www.wsipp.wa.gov/
 - Lee, S., Aos, S., & Pennucci, A. (2015). *What works and what does not? Benefit-cost findings from WSIPP.*

Agency Recognition of Evidence-Based Programs



Effective Prevention Programs

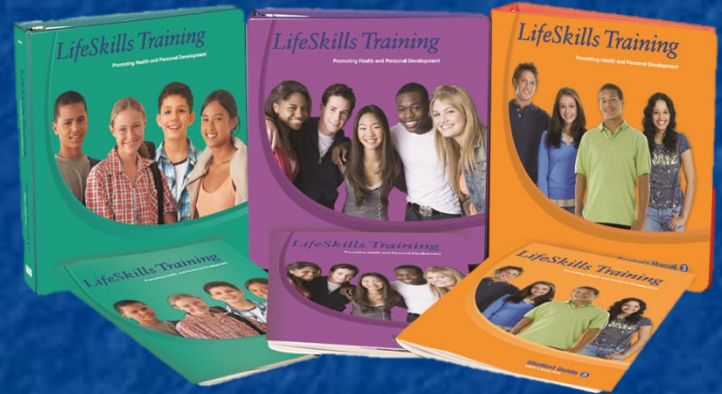
- Good Behavior Game, Life Skills Training,
- Positive Action, Project Northland,
- Raising Healthy Children,
- Achievement Mentoring- Middle school, ATLAS,
- BASICS, Coping Power, Keep Safe,
- Familias Unidas, Strengthening Families 10-14,
- Strong African-American Families,
- Guiding Good Choices,
- MST, Functional Family Therapy

Some EBPs Prevent Multiple Behavioral Health Problems

- Many Problems Share Risk Factors
- Addressing Shared Risk Factors Can Prevent Multiple Problems
- Some EBPs Prevent Multiple Problems
- Increasing Efficiency and Saving Money
- Three Examples: LST, NFP, SSDP

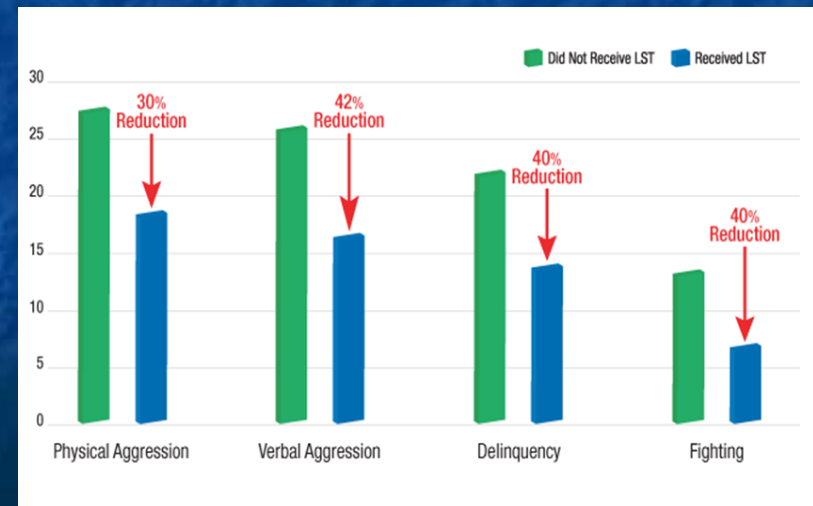
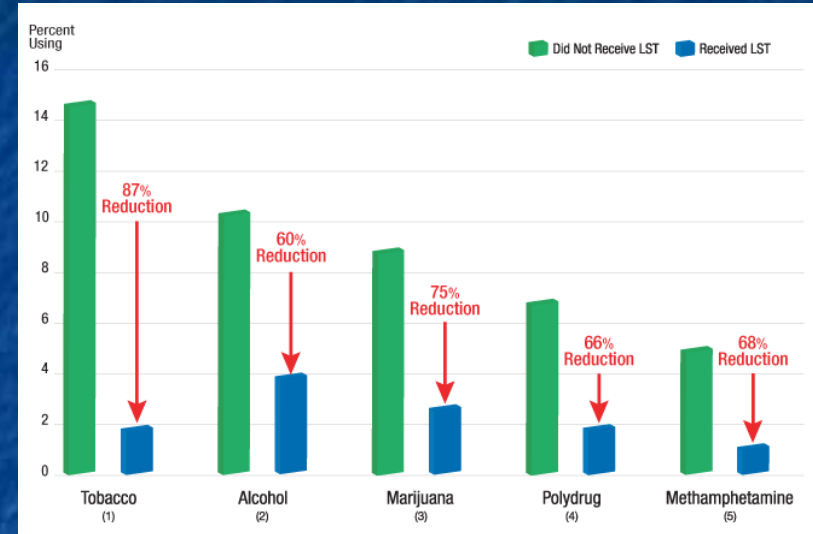
LST Program Elements

- Middle/JHS School
- Year 1: 15 sessions
- Year 2: 10 sessions
- Year 3: 5 sessions
- Interactive methods
- Provider Training
- Technical Assistance



Effectiveness

- 32 published studies
- Randomized Trials
- Short and long-term
- SA and violence
- Diverse populations
- Different providers
- Multiple replications
- \$38 benefit: \$1 cost



Nurse Family Partnership

David Olds, Ph.D.

- Home visitors are trained public health nurses
- Guideline-driven and family-centered
- Visit from pregnancy through child age 2
- Visit 2-4 times a month: weekly during 1st mo., every other week through pregnancy, weekly for 1st 6 weeks postpartum, & every other week until 2nd birthday
- 100 family sites with specific staffing
- Caseload of 25 families per full-time nurse

Evidence of NFP Effects: Elmira Follow-Up

Produced reductions of 40% - 60% in...

- Child abuse and neglect
- Arrest rate and convictions of the mothers (for poor, unmarried women only)
- Arrest rate of juveniles (for children of poor, unmarried women only)
- Problems associated with drug and alcohol abuse by mothers (poor, unmarried women only)
- 25% reduction in smoking during pregnancy (poor, unmarried)
- Benefit over cost: \$3.23 return on \$1 invested (WSIPP, 2011).

Seattle Social Development Project Intervention Components

- Teacher Training in Classroom Instruction and Management
 - Opportunities, Recognition, Bonding, Positive Norms
- Parent Training in Behavior Management and Academic Support
 - Opportunities, Recognition, Bonding, Positive Norms
- Child Social, Emotional and Cognitive Skill Development
 - Skills, Self-Efficacy, Self Determination, Belief in Future



SSDP Changed Risk, Protection and Outcomes

Hawkins et al. 1999, 2005; 2008; Lonczak et al., 2002.

At the end of grade
• boys **less aggressive**
• girls **less sexually active**

Intervention has specific benefits for **children from**

By the end of grade 12, the intervention group had:

- less heavy alcohol use
- less marijuana use
- less cigarette use
- fewer mental health disorders and symptoms
- fewer lifetime sexually transmitted diseases
- more above median on SES attainment index
- fewer mental health disorders and symptoms
- fewer lifetime sexually transmitted diseases

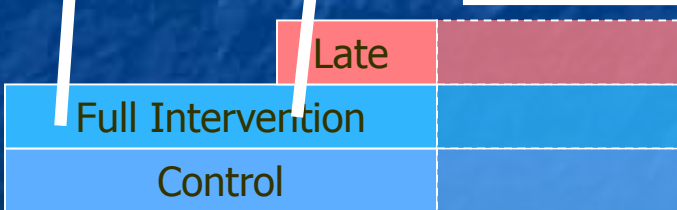
By age 18 Youths in the Full Intervention had

- less heavy alcohol use
- less marijuana use
- less cigarette use
- fewer mental health disorders and symptoms
- fewer lifetime sexually transmitted diseases
- more above median on SES attainment index
- fewer mental health disorders and symptoms
- fewer lifetime sexually transmitted diseases

By age 27, significant effects were found on educational and occupational outcomes mental health and risky sexual activity:

- more above median on SES attainment index
- fewer mental health disorders and symptoms
- fewer lifetime sexually transmitted diseases

Less comorbid diagnosis of substance abuse and mental health disorder



Grade 1 2 3 4 5 6 7 8 9 10 11 12

Age 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Conclusions and Implications

- Power of Prevention within our Grasp
 - Implement Programs Proven to Work
- Leverage that Power
 - Combine EBPs Shown to Prevent Multiple Health Behavior Problems
- Develop an Action Plan to Unleash the Power of Prevention

Unleashing the Power of Prevention

An Action Plan to Advance
Prevention Practice and Policy

*Jeff Jenson, PhD
University of Denver*

*Coalition for the Promotion
of Behavioral Health*

Coalition for the Promotion of Behavioral Health

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All these behavioral health problems
have been prevented in controlled trials

Anxiety

Depression

Autistic
behaviors

Alcohol,
tobacco,
other drug
use

Risky
driving

Aggressive
behavior
and conduct
problems

Delinquent
behavior

Violence

Self-
inflicted
injury

Risky
sexual
behavior

School
dropout

Despite this progress...

- Tested and effective interventions for preventing behavioral health problems are not widely used

In fact...

- Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be effective (Ringwalt, Vincus, et al. 2009)

*Solution: Unleash the
Power of Prevention...*

*to ensure behavioral health of
children through action grounded
in research*

Solution!

Unleashing the Power of Prevention

- A summary of evidence pertaining to behavioral health problems and an action plan aimed at increasing the widespread use of preventive interventions
- Developed by the *Coalition for the Promotion of Behavioral Health*
 - Published as a Discussion Paper by the National Academy of Medicine in June, 2015
 - Selected as a Grand Challenge initiative by the Academy of Social Work and Social Welfare in January, 2015



Grand Challenges
for Social Work

Unleashing the Power of Prevention

10 Year Goals!

- Reduce the incidence and prevalence of behavioral health problems in the population of young people from birth through age 24 by 20%
- Reduce racial and socioeconomic disparities in behavioral health problems by 20%

Action Steps

1. Increase public awareness of the advances and cost savings of effective preventive interventions that promote healthy behaviors for all
2. Increase the percentage of all public funds that are spent on effective prevention programs
3. Implement capacity-building tools that guide communities to assess and prioritize risk and protective factors, and select evidence-based prevention programs

Action Steps

4. Establish criteria for preventive interventions that are effective, sustainable, equity-enhancing, and cost-beneficial
5. Increase infrastructure to support the high-quality implementation of preventive interventions
6. Monitor and increase access of children, youth, and young adults to effective preventive interventions
7. Create workforce development strategies to prepare practitioners for new roles in promotion and preventive interventions

Initiatives

1. Collaborate with states to improve community-level prevention capacity and state-level backbone coordination and infrastructure
2. Implement and test healthy parenting programs in primary care settings
3. Work with universities, states, and communities to develop a prevention workforce

The Prevention Pay-Off!

- Tested and effective prevention programs prevent problems and save lives
- Effective preventive interventions are cost-effective and have the potential to save millions of dollars annually

We can prevent behavioral health problems in young people before they begin and improve the public health!!

- *Unleashing the Power of Prevention* is published as a Discussion Paper by the National Academy of Medicine. It is available at:
<http://nam.edu/perspectives-2015-unleashing-the-power-of-prevention/>



- *Unleashing the Power of Prevention* is also available at the Academy of Social Work and Social Welfare website: <http://aaswsw.org/grand-challenges-initiative/>



Communities That Care: Building Local Capacity for Evidence Based Prevention of Youth Substance Abuse, Delinquency and Violence

J. David Hawkins, PhD
Endowed Professor of Prevention
University of Washington

Funders and State Collaborators

Funders

National Institute on Drug Abuse

National Cancer Institute

Center for Substance Abuse Prevention

National Institute on Child Health and

National Institute of Mental Health

Human Development

National Institute on Alcohol Abuse and Alcoholism

State Collaborators

Colorado DHS Alcohol & Drug Abuse Division

Illinois DHS Bureau of Substance Abuse Prevention

Kansas Dept. of Social & Rehabilitation Services

Maine DHHS Office of Substance Abuse

Oregon DHS Addictions & Mental Health Division

Utah Division of Substance Use & Mental Health

Washington Division of Behavioral Health & Recovery



Unleashing Prevention: Action Step 3

3. Implement assessment and capacity-building tools that guide communities to assess and prioritize risk and protective factors, and select evidence-based prevention programs that target prioritized factors

- *Goal 1: In a decade, at least 1,000 communities in the United States will actively monitor population levels of risk and protection and behavioral health problems among young people*
- *Goal 2: In a decade, at least 1,000 U.S. communities will implement effective health promotion approaches and evidence-based preventive interventions*

The Challenge for Community Prevention: Different Communities, Different Needs



Different
Norms &
Values



Different
levels of risk
and
protection



Different
youth
problem
behaviors



Different
resources &
capacity



communities
that care

Strong Communities, Successful Kids

What is Communities That Care?

A system for building local capacity to choose and implement effective prevention programs that address prevalent risks and strengthen protection against behavioral health problems.

Communities That Care Builds Protective Communities

SOCIAL DEVELOPMENT STRATEGY

Opportunities

Skills

Recognition

HEALTHY BEHAVIORS

Clear Standards

Bonding



Individual Characteristics



communities
that care

Strong Communities, Successful Kids

Communities That Care Features

- **Uses a public health approach** to prevent youth problem behaviors by addressing risk and protective factors
- **Community owned and operated:** run by a coalition of community stakeholders from all sectors
- **Data Driven:** the community makes its decisions using the community's own data
- **Evidence Based:** adoption and expansion of effective programs
- **Outcome Focused:** reductions in community levels of adolescent risk taking behavior; improvements in child & youth well-being
- **Tested and Effective**



Risk Factors for Adolescent Problem Behavior	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Community						
Availability of Drugs	•				•	
Availability of Firearms		•			•	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	•	•			•	
Media Portrayals of the Behavior	•	•			•	
Transitions and Mobility	•	•		•		•
Low Neighborhood Attachment and Community Disorganization	•	•			•	
Extreme Economic Deprivation	•	•	•	•	•	
Family						
Family History of the Problem Behavior	•	•	•	•	•	•
Family Management Problems	•	•	•	•	•	•
Family Conflict	•	•	•	•	•	•
Favorable Parental Attitudes and Involvement in the Problem Behavior	•	•			•	
School						
Academic Failure Beginning in Late Elementary School	•	•	•	•	•	•
Lack of Commitment to School	•	•	•	•	•	
Individual/Peer						
Early and Persistent Antisocial Behavior	•	•	•	•	•	•
Rebelliousness	•	•		•	•	
Gang Involvement	•	•			•	
Friends Who Engage in the Problem Behavior	•	•	•	•	•	
Favorable Attitudes Toward the Problem Behavior	•	•	•	•	•	
Early Initiation of the Problem Behavior	•	•	•	•	•	
Constitutional Factors	•	•			•	•



**communities
that care**

Strong Communities, Successful Kids

Community Owned and Operated

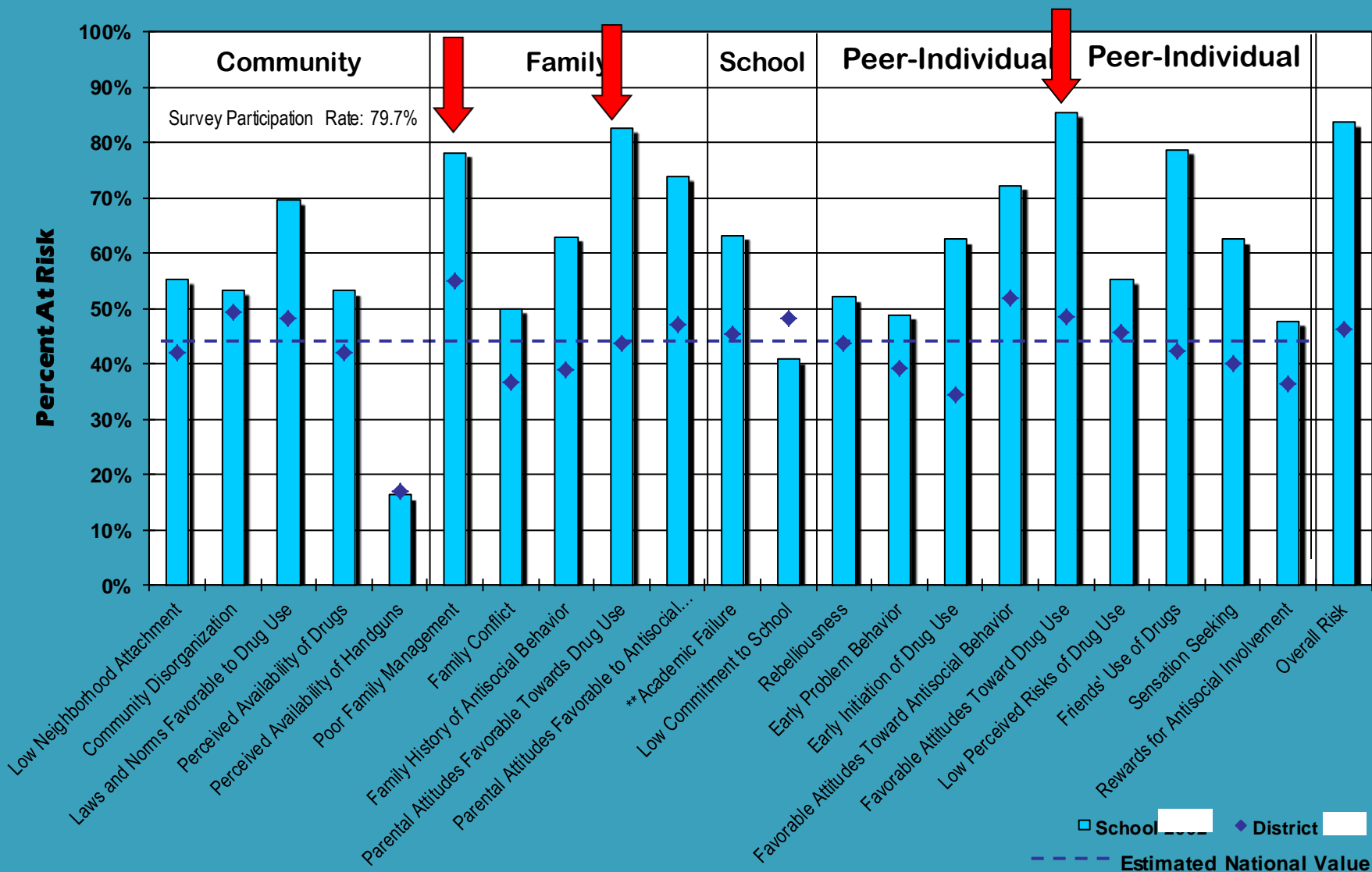


Community

CTC solves real problems in each community by giving kids a real voice.



High School "N" Risk Profile 10th Grade





Each CTC community selects the right evidence-based programs for its unique needs.



Blueprints for Healthy Youth Development

ABOUT US

ASSESS NEEDS

BLUEPRINTS CRITERIA

VIEW ALL PROGRAMS

PROGRAM SEARCH

NOMINATE PROGRAM

RESOURCES

**BLUEPRINTS: YOUR RESOURCE FOR
HEALTHY YOUTH DEVELOPMENT PROGRAMS**

FIRST TIME HERE?
TRY OUR STEP-BY-STEP SEARCH APPROACH

GET STARTED >>



FIND WHAT WORKS

Match your children's needs to cost-effective programs that meet the highest scientific standard of evidence for promoting youth behavior, education, emotional well-being, health, and positive relationships.

View videos: "[Why Use Blueprints](#)" and "[How Blueprints Helps.](#)"



**We review and rate programs that promote positive youth development.
Find a program that matches your needs with the tools below, or view our entire [List of Programs](#) »**

Effective Programs Implemented in CTC Trial

School-Based

- All Stars Core
- Life Skills Training (LST)
- Lion's Quest SFA (LQ-SFA)
- Project Alert
- Olweus Bullying Prevention Program
- Towards No Drug Abuse (TNDA)
- Class Action
- Program Development Evaluation Training



Selective After school

- Participate and Learn Skills (PALS)
- Big Brothers/Big Sisters
- Stay SMART
- Tutoring
- Valued Youth



Family Focused

- Strengthening Families 10-14
- Guiding Good Choices
- Parents Who Care
- Family Matters
- Parenting Wisely



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Strong Communities, Successful Kids

Numbers exposed to effective programs

Program Type	2004-05	2005-06	2006-07	2007-08
School-Based	1432	3886	5165	5705
After-school*	546	612	589	448
Family Focused	517	665	476	379

Note: Total eligible population = 10,030.

*Includes PALS, BBBS, Stay SMART, and Tutoring programs

(Fagan et al., 2009)



**communities
that care**

Strong Communities, Successful Kids

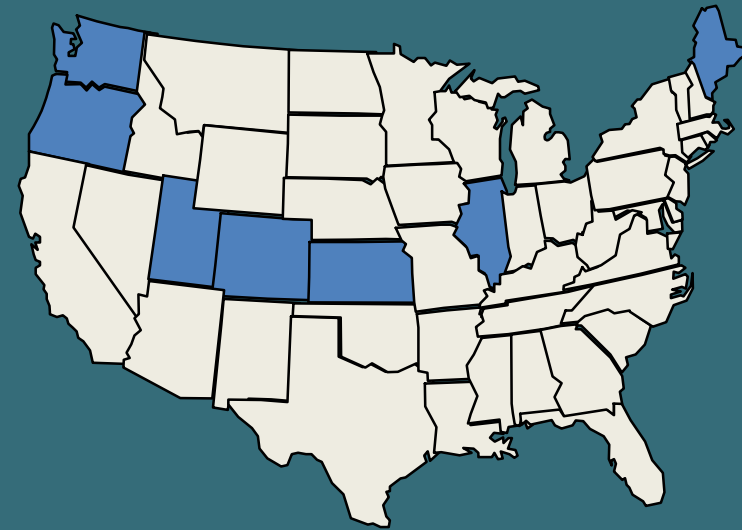
Randomized Trial of CTC: Community Youth Development Study

24 incorporated towns

- Matched in pairs within state
- Randomly assigned to CTC or control condition
- 5-year implementation phase
- 5-year sustainability phase

Longitudinal panel of 4407 students

- Population sample of public schools
- Surveyed annually starting in grade 5

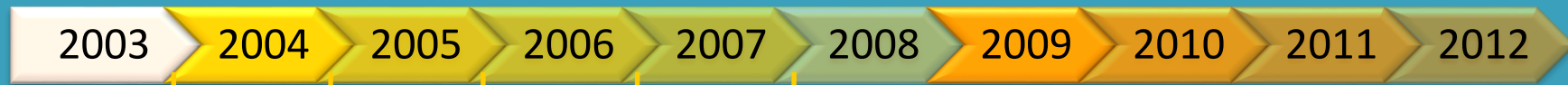


CTC Effects on Youth Outcomes

Randomize & Train

Phase 1: Implement

Phase 2: Sustain



Grade 5

Grade 6

Grade 7

Grade 8

Grade 9

Grade 10

Grade 11

Grade 12

Age 19

Targeted Risk Factors

Protective Factors

Targeted Risk Factors

Onset: Delinquency

Onset: Delinquency
Alc, Cigs

Onset: Delinquency
Alc, Cigs

Onset: Delinquency
Alc, Cigs

Onset: Delinquency

Current: Delinquency
Drug Use

Current: Delinquency
Violence
Cigarettes

Males: Onset
Delinquency
Cigarettes



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Strong Communities, Successful Kids

Sustained Effects Through Grade 12

- In CTC communities:
- **33% had never used alcohol**
(v. 23% of controls)
- **50% had never smoked cigarettes**
(v. 43% of controls)
- **42% had never engaged in delinquency**
(v. 33% of controls)

Benefit cost ratio: \$4.23 benefit for each \$1 cost



SOCIAL DEVELOPMENT RESEARCH GROUP
UNIVERSITY of WASHINGTON
School of Social Work



**communities
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Strong Communities, Successful Kids

eCTC



CTC is now widely available through web-streamed locally-facilitated training with coaching support.



**communities
that care**

Strong Communities, Successful Kids

- Home
- eCTC**
- How It Works
- Research & Results
- Get Started
- News
- About

For Community Members

eCTC Learning Community

For Facilitators

Welcome to the *electronic Communities that Care (eCTC) center.*

The Communities that Care (CTC) system is a planning and implementation process for building positive futures for youth community-wide. It brings diverse stakeholders together to prevent youth health and behavior problems in a science based, data-driven way.

eCTC we have developed a variety of tools to help build community capacity to implement the 5 phases of CTC.

Here's what you need to get started:

[Documents Index](#)

[Videos Index](#)

[Milestones & Benchmark Tool](#)

STRONG COMMUNITIES, SUCCESSFUL KIDS





communities
that care

Strong Communities, Successful Kids

Instructional Design

- Content provided by experts on video followed by checks for understanding and activities to ensure learning and application
- 50 modules with facilitator guides
- 3 types of video content (122 total videos):
 1. Big idea
 2. Instructional
 3. Testimonial



SOCIAL DEVELOPMENT RESEARCH GROUP
UNIVERSITY of WASHINGTON
School of Social Work



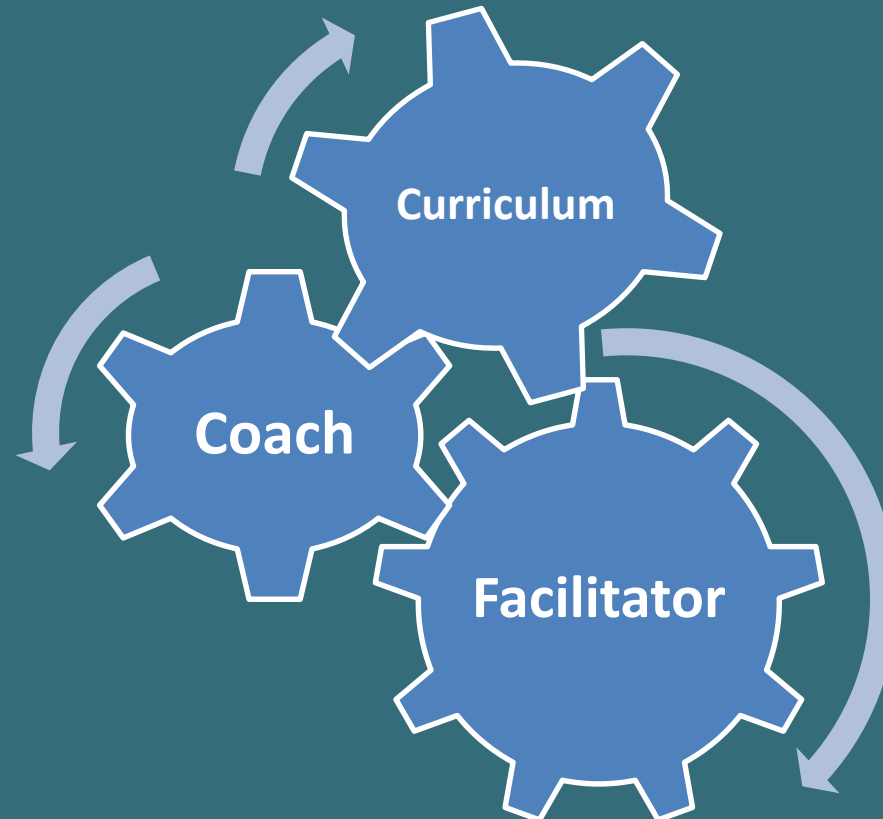
**communities
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Strong Communities, Successful Kids

But ... Technology is not Enough!

Coach Role:

- Train facilitator
- Provide regular, proactive, virtual coaching
- Troubleshoot and problem solve



Facilitator Role:

- Facilitate local process
- Work with local leaders to recruit & maintain coalition
- Lead local workshops



**communities
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Strong Communities, Successful Kids

Building CTC Coaching Infrastructure



Capacity Building

1. Facilitator Training & application
2. Coaching Training & application

“Going forward I have the tools I need and support system in place to move forward.”



Building Community and Public Systems' Capacity to Unleash the Power of Prevention (at scale)

Brian K. Bumbarger
Assistant Director for Knowledge Translation & Dissemination
Bennett Pierce Prevention Research Center
Penn State University



May 2016





RELIABLE RESEARCH. REAL RESULTS.

Search Go Advanced Search

TOPICS All Programs About CrimeSolutions.gov Research at OJP FAQs Nominate a Program

Topics A-Z

- Corrections & Reentry
- Courts
- Crime & Crime Prevention
- Drugs & Substance Abuse
- Juveniles
- Law Enforcement
- Technology & Forensics
- Victims & Victimization

NCJRS Library

The NCJRS Abstracts Database contains abstracts or more than 200,000 criminal justice, juvenile justice, and substance abuse resources housed within the NCJRS Library. Search the NCJRS Abstracts Database for resources on this topic.

Home > Topics > Juveniles > Delinquency Prevention

Juveniles

Delinquency Prevention

When a juvenile commits an act that is determined to be delinquent. Delinquent property, drug offenses, and crimes against redirect youth who are considered at-risk from deeper involvement in the juvenile



OJP Publications

U.S. Attorney General's Defending Childhood Initiative



All Results (74) Effective (30)

Showing 1 to 50 of 74 entries

Title
Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) Program
Brief Alcohol Screening and Intervention of College Students (BASICS)

NREPP is a searchable online registry of more than 220 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. We connect members of the public to intervention developers so they can learn how to implement these approaches in their communities.

NREPP is not an exhaustive list of interventions, and inclusion in the registry does not constitute an endorsement. (More about NREPP).

Basic Search Advanced Search View All Interventions

Find an Intervention - Advanced Search

Select criteria below to run an advanced search of NREPP-reviewed interventions.

Search

Areas of Interest

- Mental health promotion
- Mental health treatment
- Substance abuse prevention
- Substance abuse treatment

Outcome Categories

- Alcohol
- Cost
- Crime/delinquency
- Drugs

Geographic Locations

- Urban
- Suburban
- Rural and/or frontier
- Tribal

Ages

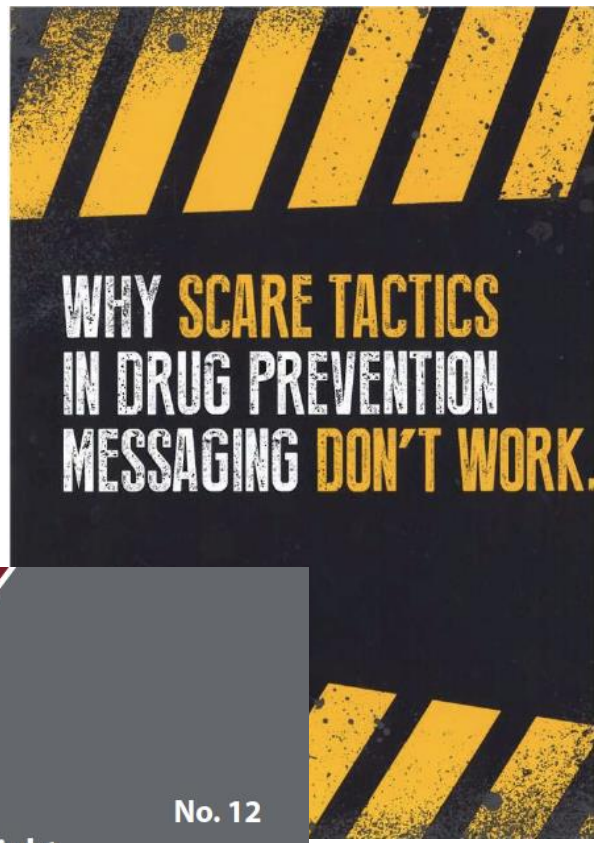
- 0-5 (Early childhood)
- 6-12 (Childhood)
- 13-17 (Adolescent)
- 18-25 (Young adult)

Races/Ethnicities

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino

Settings

- Inpatient
- Residential
- Outpatient
- Correctional



**Crime Prevention
Research Review**

No. 12

**Scared Straight
and Other Juvenile Awareness
Programs for Preventing
Juvenile Delinquency**



Anthony Petrosino
WestEd
Carolyn Turpin-Petrosino
Bridgewater State University
Meghan E. Hollis-Peel
Michigan State University
Julia G. Lavenberg
University of Pennsylvania Medical Center
Alexis Stern
Providence, Rhode Island



Getting from “lists” to population-level outcomes

The challenge:

- Having community-based prevention work be more focused and strategic
- Increase (carefully planned) adoption of EBPs by more communities
- Ensure high quality implementation
- Sustain programs long-term

To improve outcomes, we must bridge the gap between science and practice

Pennsylvania's Approach: Create sustained, community-wide public health impact through effective community coalitions using proven-effective programs targeted at strategically identified risk and protective factors

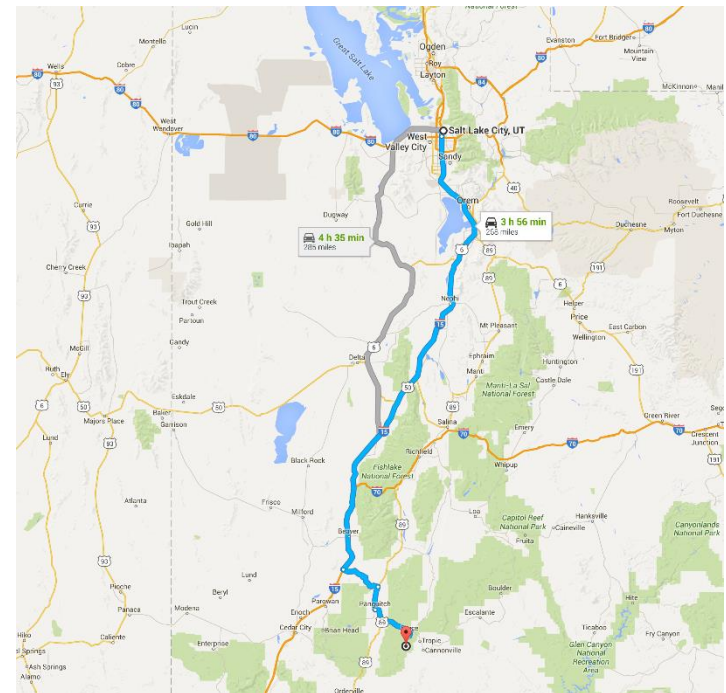
- ✓ Community Mobilization +
- ✓ Systems Coordination +
- ✓ Data-driven Surveillance and Diagnosis +
- ✓ Evidence-based strategies
- ✓ applied with fidelity & sustained

EBPs represent innovation, but...



"Well, there it goes again. ... And we just sit here without opposable thumbs."

**Innovation
without
capacity
is of limited
value**





**“I want you to find a bold and innovative way
to do everything exactly the same way
it’s been done for 25 years!”**

Capacity building is the key to
UNLEASHING innovation

What does capacity look like?

- Infrastructure to support thorough diagnostic community needs assessment, with....
- Infrastructure to support thoughtful, data-informed program selection
- Infrastructure to support training, startup, and optimization (of programs and systems)
- Infrastructure to support ongoing implementation monitoring in a CQI feedback cycle (i.e. beyond compliance)
- Infrastructure to support ongoing documentation of impact and ROI
- All of this....at scale

The road to scale runs through public systems.

***...decades of experience tell us that
a bad system will trump a good program
every time.***

Patrick McCarthy, Annie E. Casey Foundation

Multi-Agency Steering Committee
(Justice, Welfare, Education, Health)

Intermediary and State-level Prevention Support System



Support to
Community Prevention
Coalitions

Support to
Evidence-based
Prevention & Intervention
Programs

Improve Quality of
Local Innovative Programs
and Practices

Broad-scale Dissemination

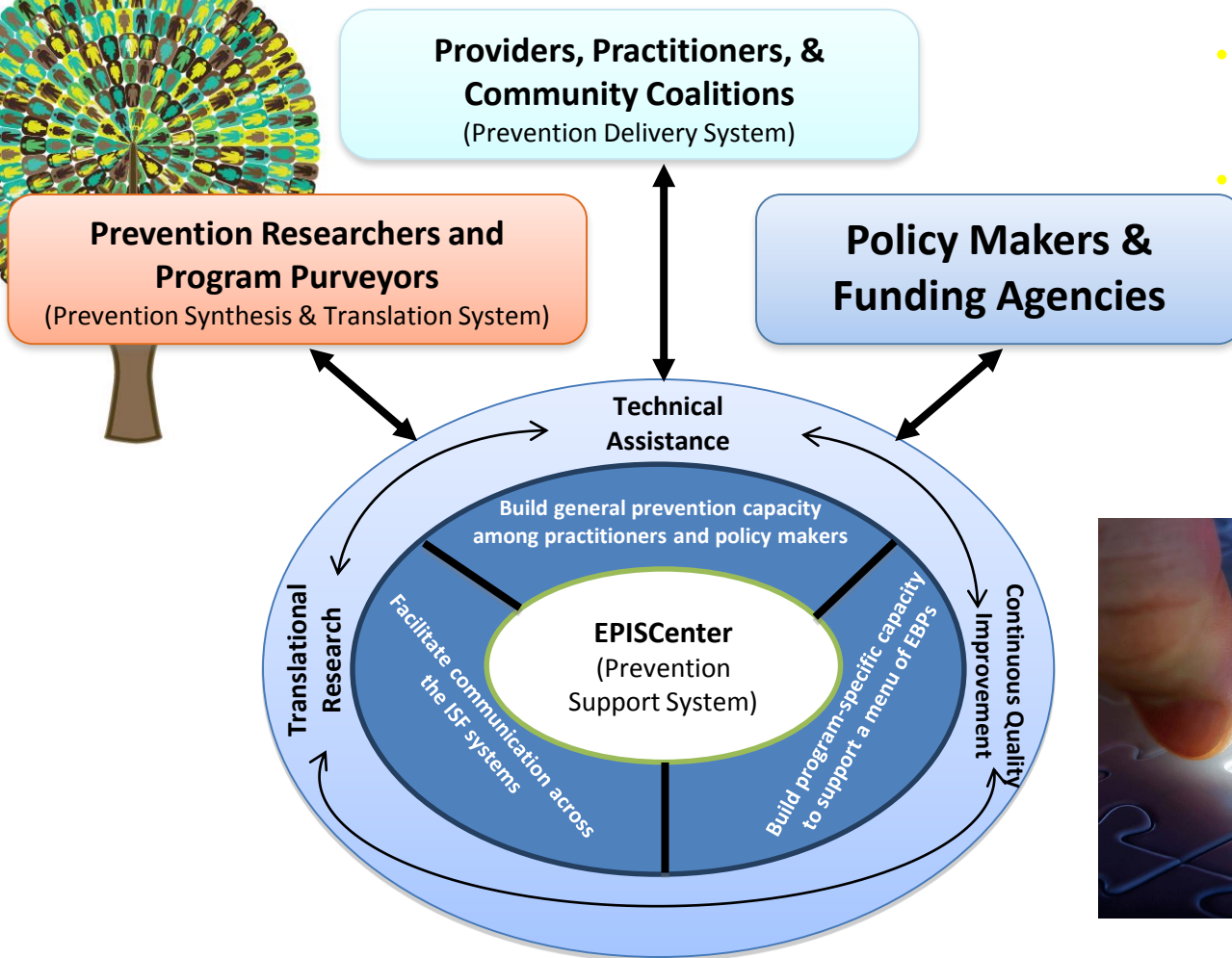
High Quality Implementation

Valid Impact Assessment

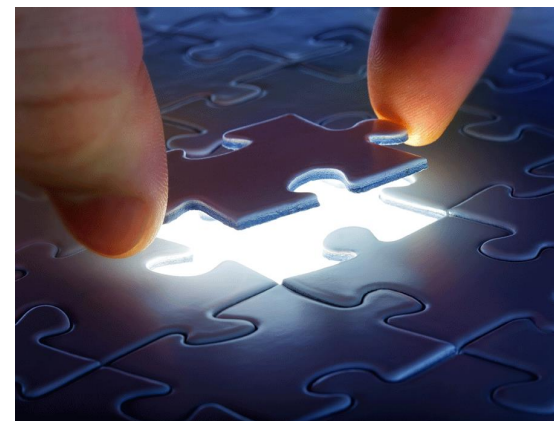
Long-term Sustainability

UNDERSTANDING THE VALUE OF **BACKBONE ORGANIZATIONS** IN COLLECTIVE IMPACT

The Interactive Systems Framework for Dissemination and Implementation:

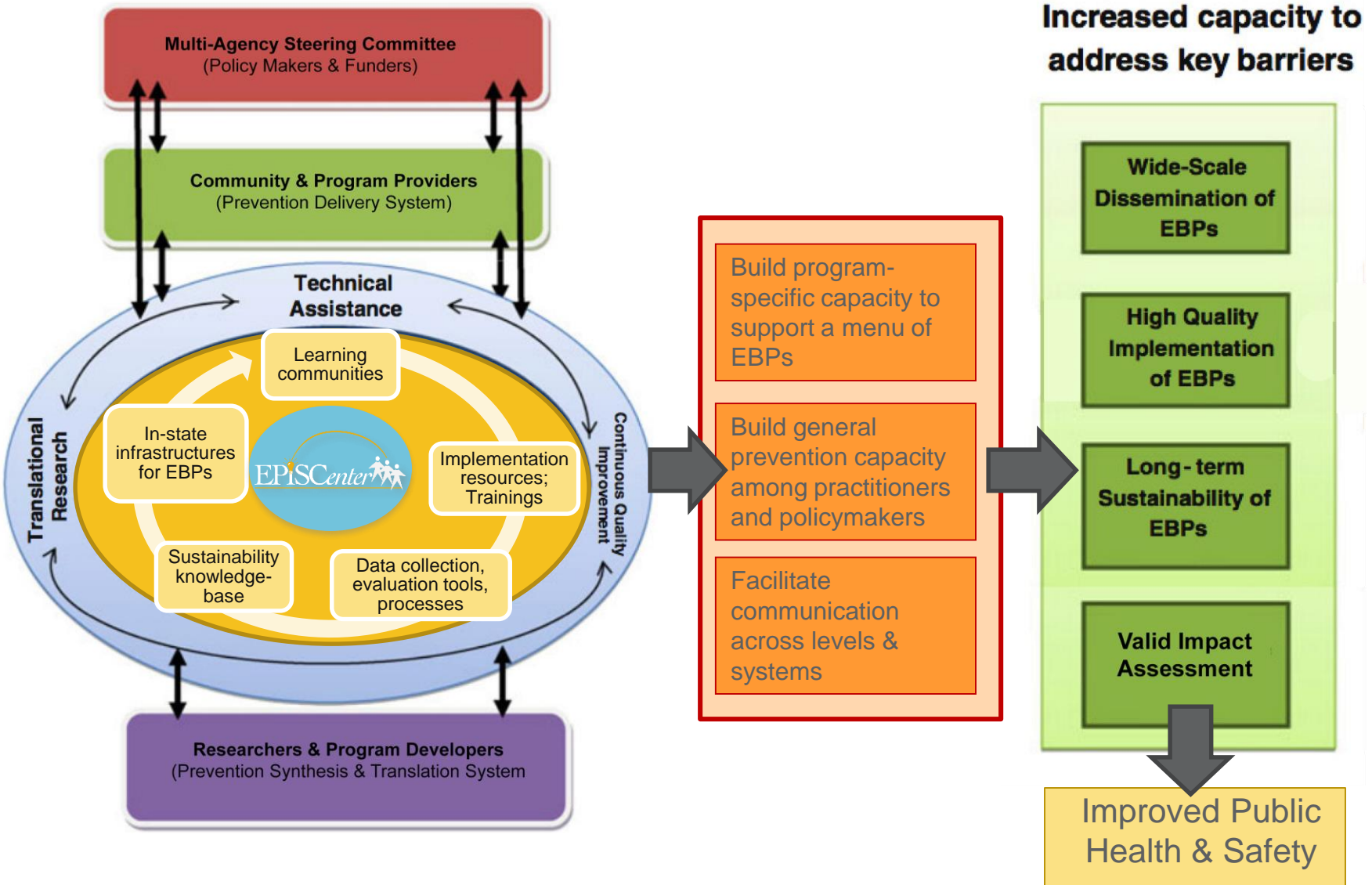


- Build general prevention capacity
- Build program-specific capacity
- Facilitate interaction/communication between systems



Rhoades, Bumbarger & Moore (2012). The Role of a State-Level Prevention Support System in Promoting High-Quality Implementation and Sustainability of Evidence-based Programs. *American Journal of Community Psychology*.

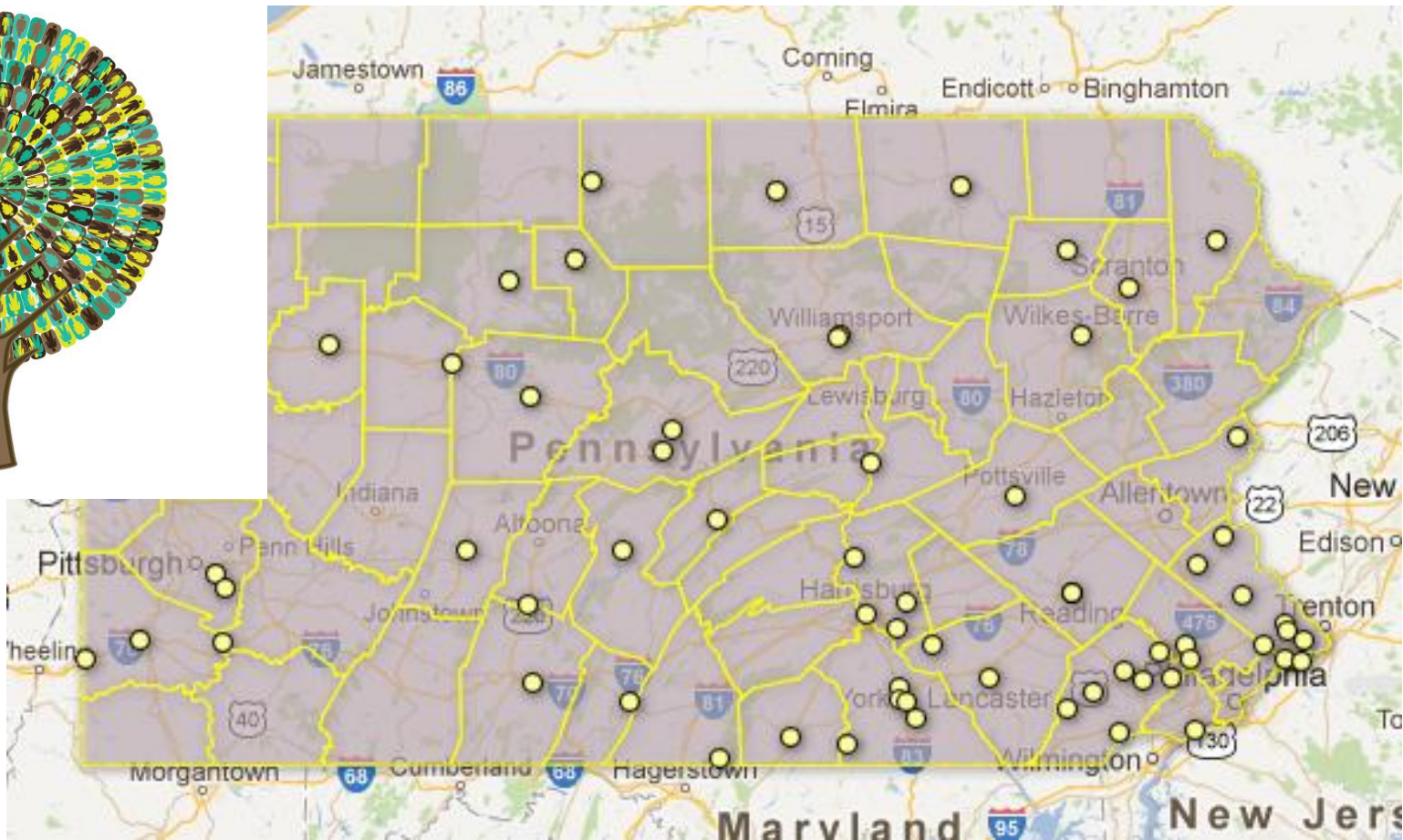
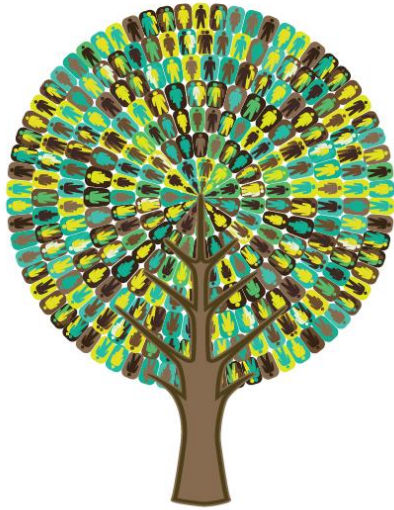
EPISCenter Logic Model



PA's CTC coalitions create collective impact

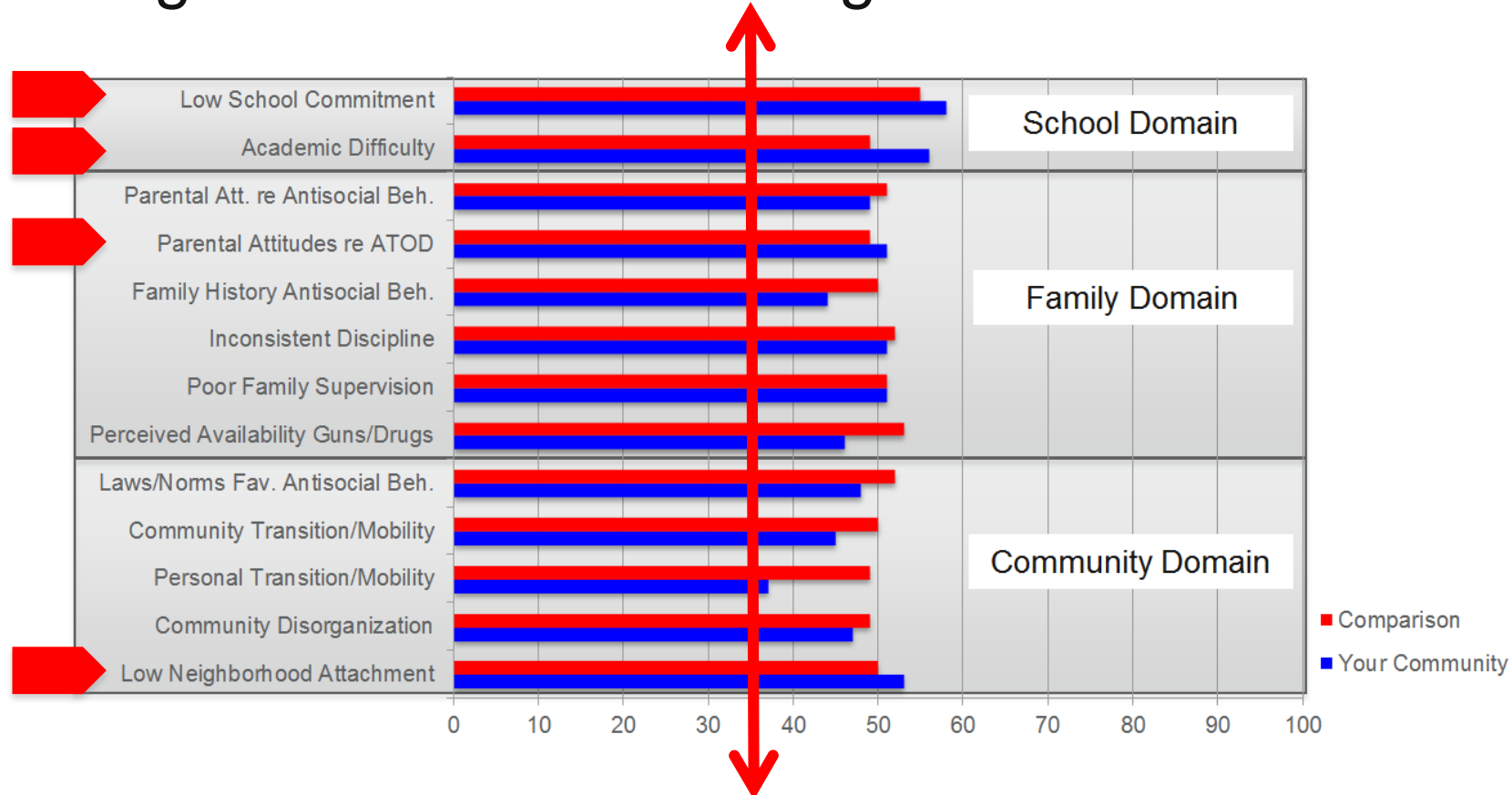
Stanford **SOCIAL INNOVATION** REVIEW
Browse the SSR website: www.ssrreview.org

UNDERSTANDING THE VALUE OF **BACKBONE ORGANIZATIONS** IN COLLECTIVE IMPACT



Community Diagnostic Profiles for Strategic Prevention Planning

- Helps to guide us strategically toward solutions
- Begins to articulate our logic model





Evidence-Based Programs (EBP)

Resources & Research

Outreach

Upcoming Events

News

Juvenile Justice

Communities That Care (CTC)

Evidence-Based Programs (EBP)

- EBP
 - Aggression Replacement Training

Project Towards No Drug Abuse

Project TND Pennsylvania Outcome Report

This report summarizes outcomes data from Pennsylvania implementations.

Project Towards No Drug Abuse (TND) curriculum implemented at the high school level... the consequences and misperceptions associated with drug use... sessions provide motivation-skills-decision-making... alcohol, marijuana, hard drug use, and violence... 40 to 50 minutes each, are designed to be implemented... to students provides cognitive motivation and... information about the social and health consequences... misperceptions. The instruction also addresses... communication skills, stress management, and... self-control to counteract risk factors for drug... demonstrated the program's impact on reducing... use, hard drug use, and victimization at one...

Are You Ready to Implement Project TND?

Find out by using this new [Project TND Readiness Checklist](#)

[Project TND Logic Model](#)

[Project TND Frequently Asked Questions](#)

Tools for Measuring the Impact of Project TND

These tools are adapted from the developer, Dr. Steven Sussman, Project TND curriculum. They are used to measure the impact of implementations.

[Project TND Pre Test](#)

This test should be administered before the implementation of the curriculum.

[Project TND Post Test](#)

This test should be administered after the implementation of the curriculum.

[Project TND Attendance and Participation](#)

Use this tool to track student attendance and participation data.

[Tips for Implementing the Program](#)

Click here for a brief list of tips for implementing the program smoothly.

[Project TND PCCD Quarterly Report](#)

Use this tool to record, report, and analyze data from PCCD Surveys and Fidelity Observations.

Tools for Maintaining Model Fidelity

In order to make sure that we get the desired outcome from the Project TND curriculum it is important to teach each lesson as written in the developers manual with the correct style and additional activities. The tool below will help you to stick to the Project TND model by providing a structure for assessing each other and/or completing a self assessment. PCCD sites are required to conduct two peer observations and one self report observation for every implementation of the curriculum.

[Project TND Fidelity Observation Checklist](#)

Complete 3 fidelity observation checklists for every 12 TND lessons taught.



[More Than Just Check The Box! 7 Ways to Bring Meaning to Your Use of Fidelity Observation Tools](#)

Click here for a list of strategies for enhancing your fidelity observation process.

Project TND Game Tips: This deceptively simple part of the TND curriculum is actually an excellent tool for engaging students, reviewing material and controlling classroom behavior. Click here for tips on how to maximize your use of this game while teaching TND lessons.

Pennsylvania's EBP dissemination in 1999...

Map Layers

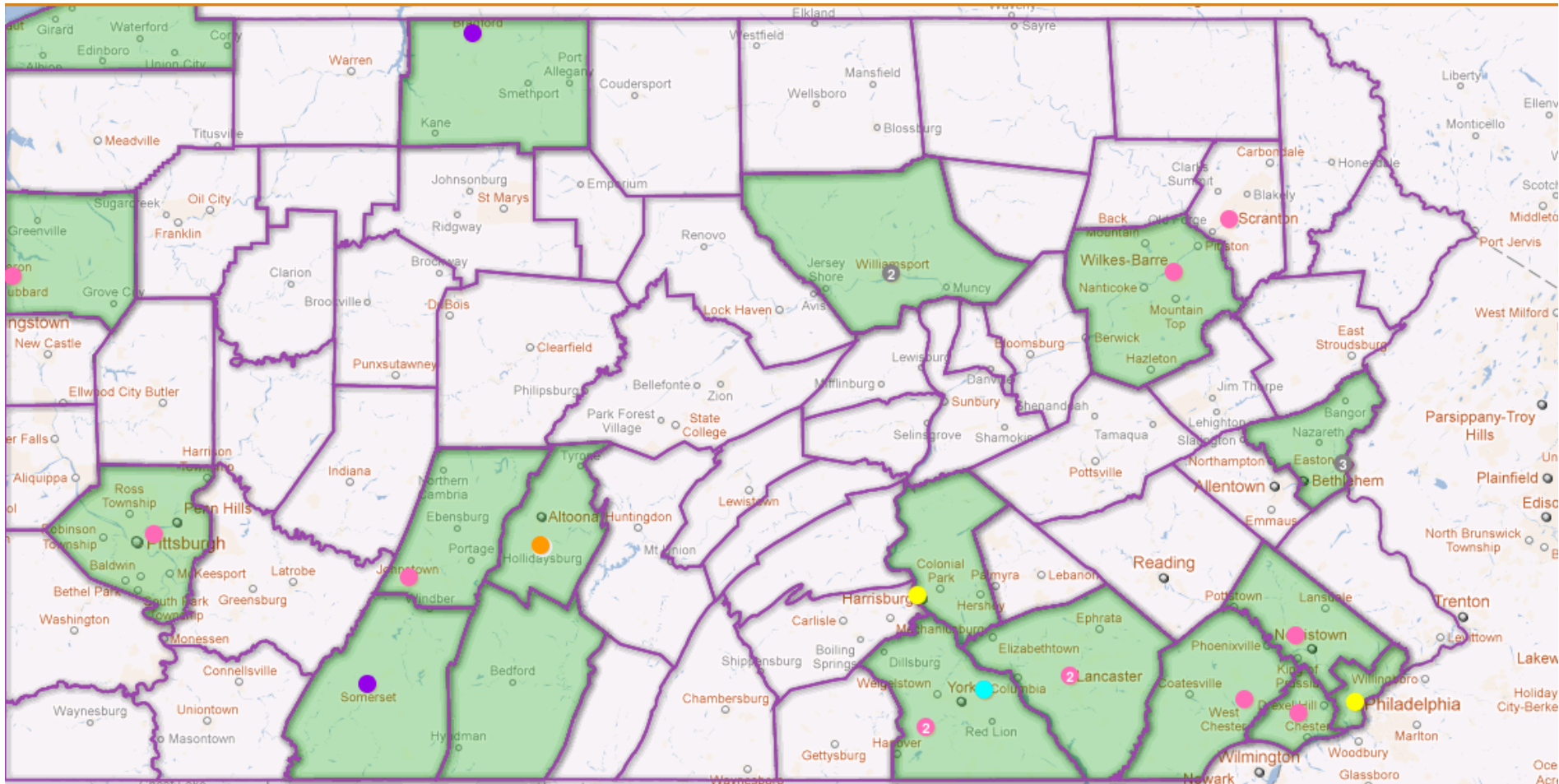
Grant Programs

- Select all types
- BBBS MTFC FFT IYS LST
- MST OBPP PATHS SFP Other

*Numbers within markers indicate the number of grants awarded to the agency
Markers without a number indicate grants awarded with only 1 grant*

Boundary Layers

- Counties State House Districts
- School Districts State Senate Districts



Pennsylvania's EBP dissemination in 2015...

Map Layers

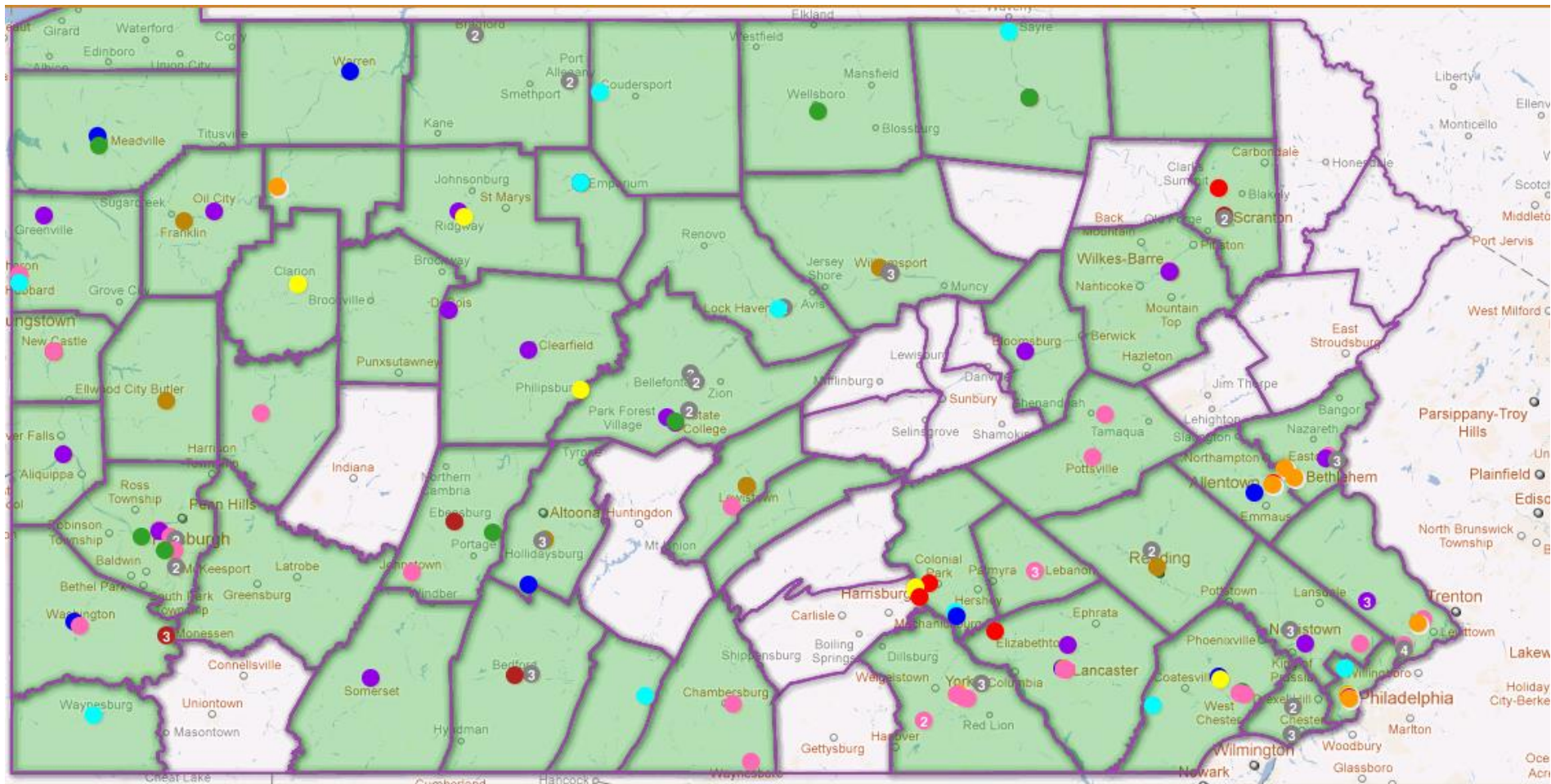
Grant Programs

- Select all types
- BBBS MTFC FFT IYS LST
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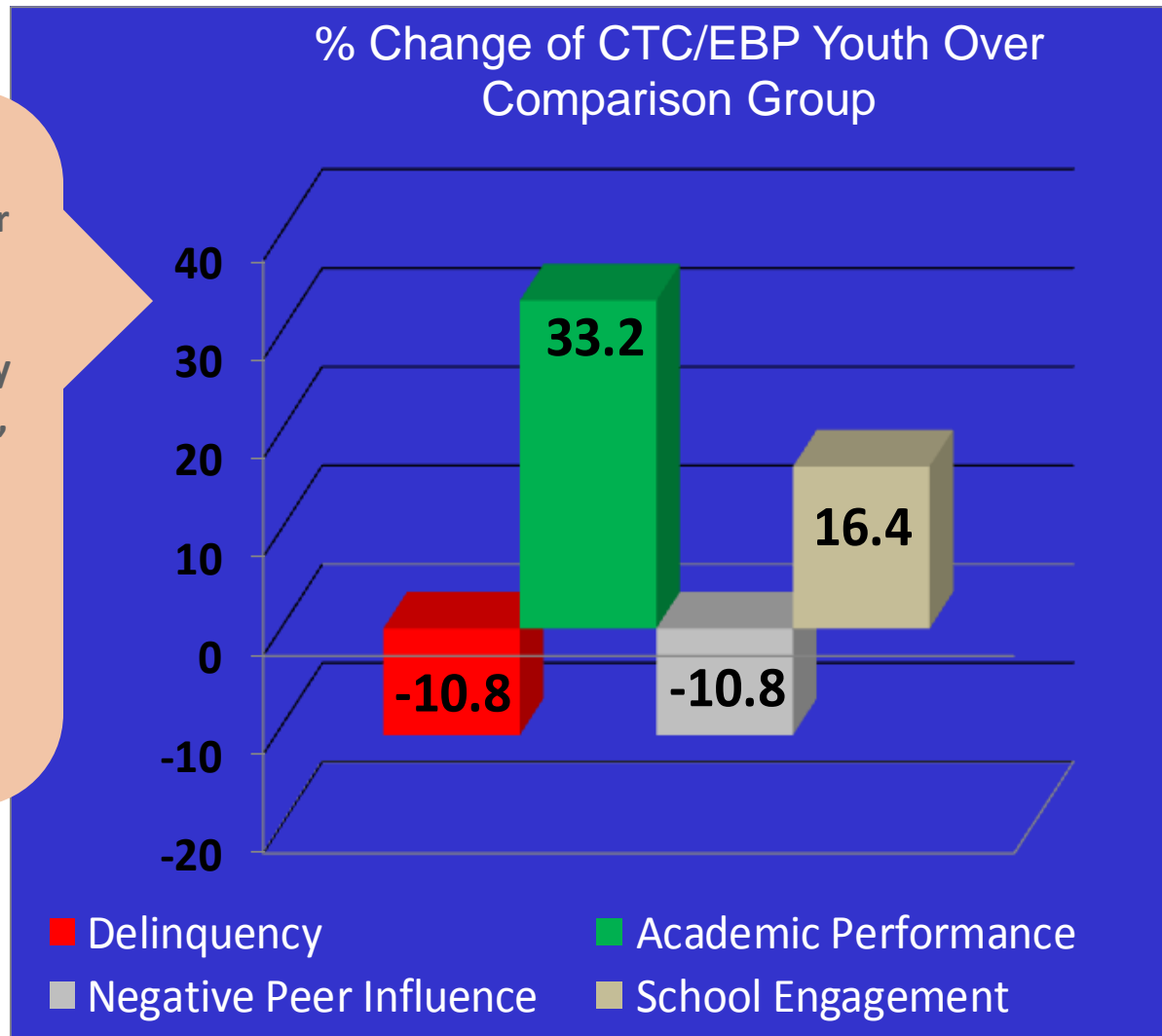
Boundary Layers

- Counties State House Districts
- School Districts State Senate Districts



5 year Longitudinal Study of PA Youth

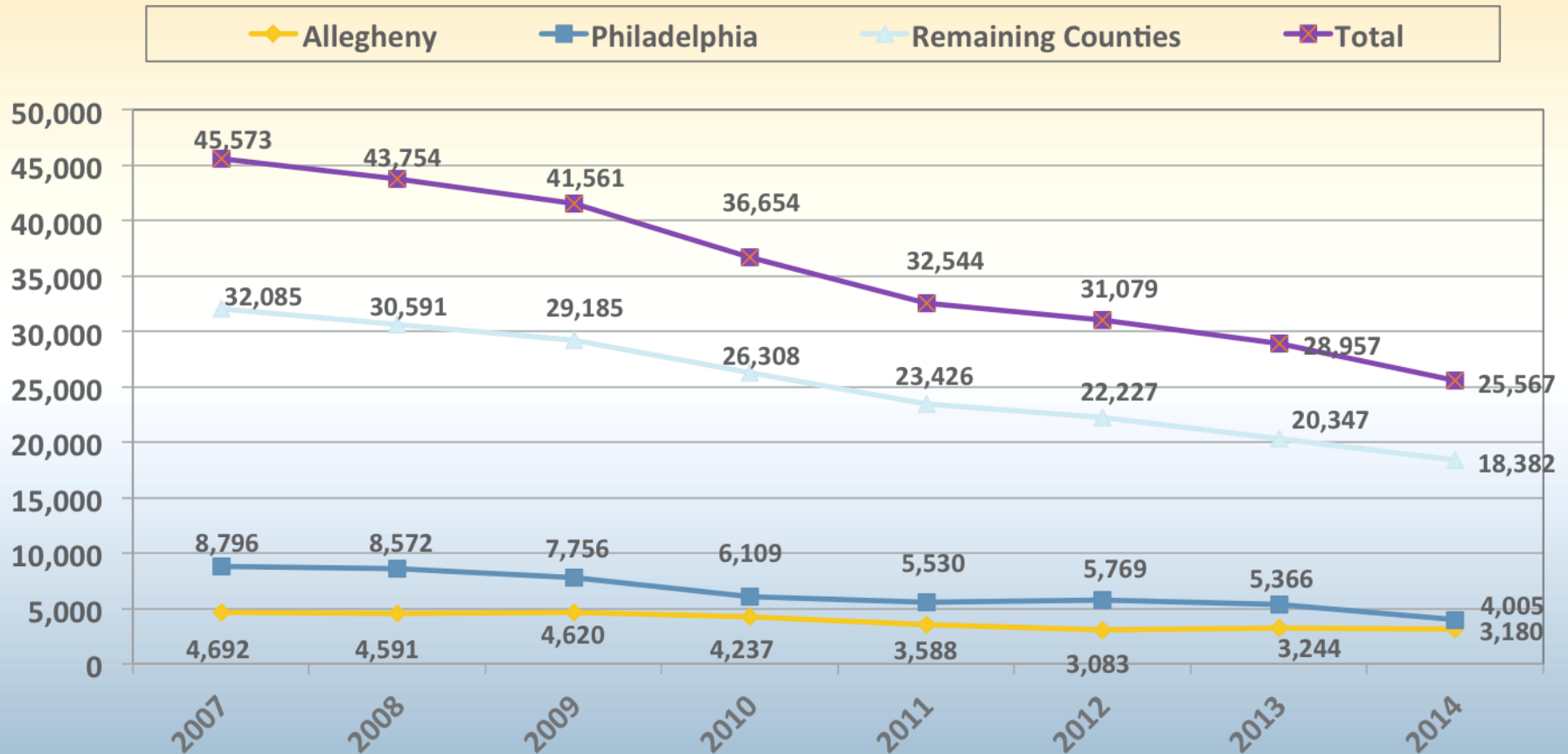
419 age-grade cohorts over a 5-year period: youth in CTC communities using EBPs had significantly lower rates of delinquency, greater resistance to negative peer influence, stronger school engagement and better academic achievement



PA Juvenile Delinquency Dispositions of New Allegations 2007-2014

(Excludes disposition reviews and placement reviews)

Source: Juvenile Court Judges' Commission

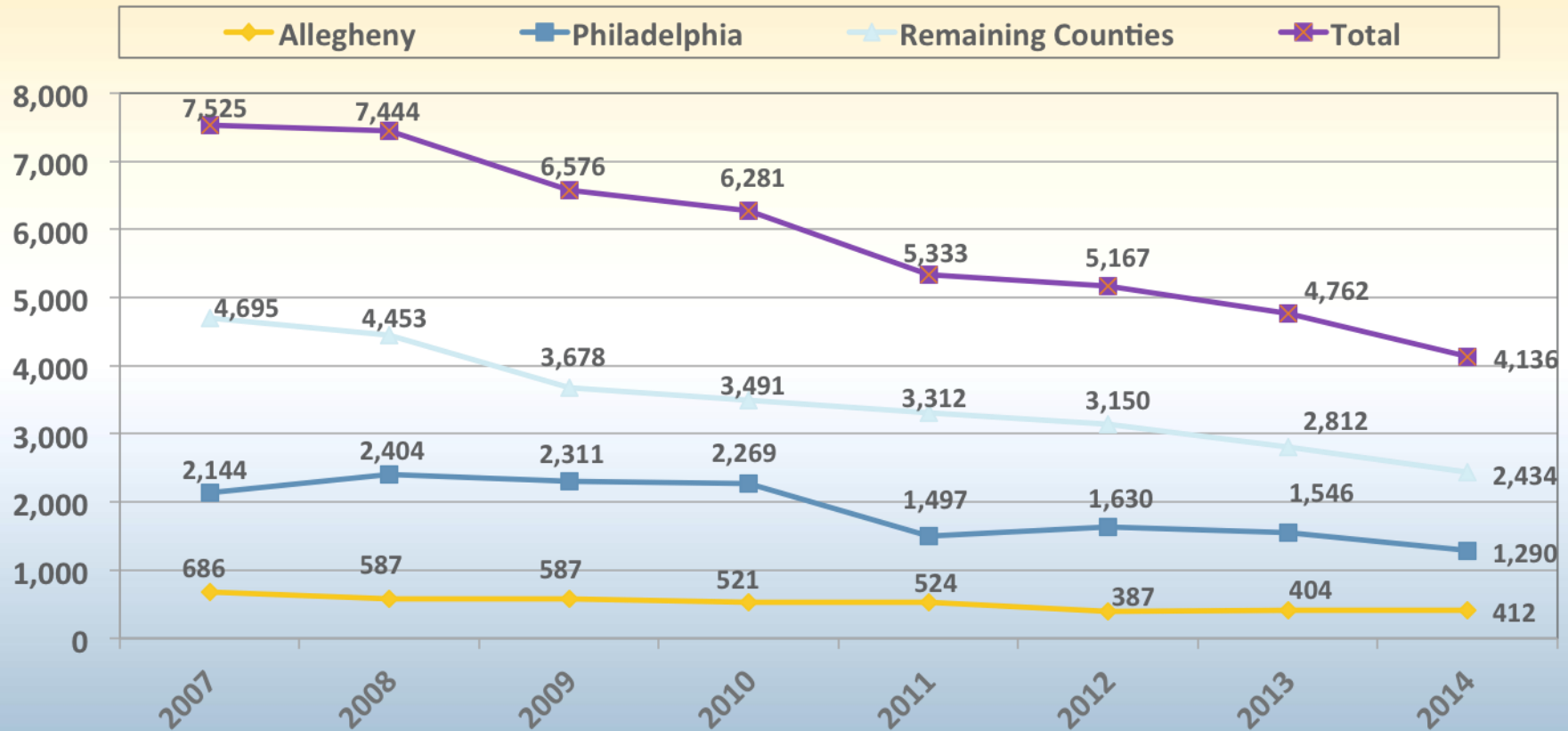


- Between 2007 and 2014, the number of juvenile delinquency dispositions from new allegations decreased 44%, from 45,573 to 25,567.

PA Juvenile Delinquency Placements 2007-2014

(Includes disposition reviews but excludes placement reviews)

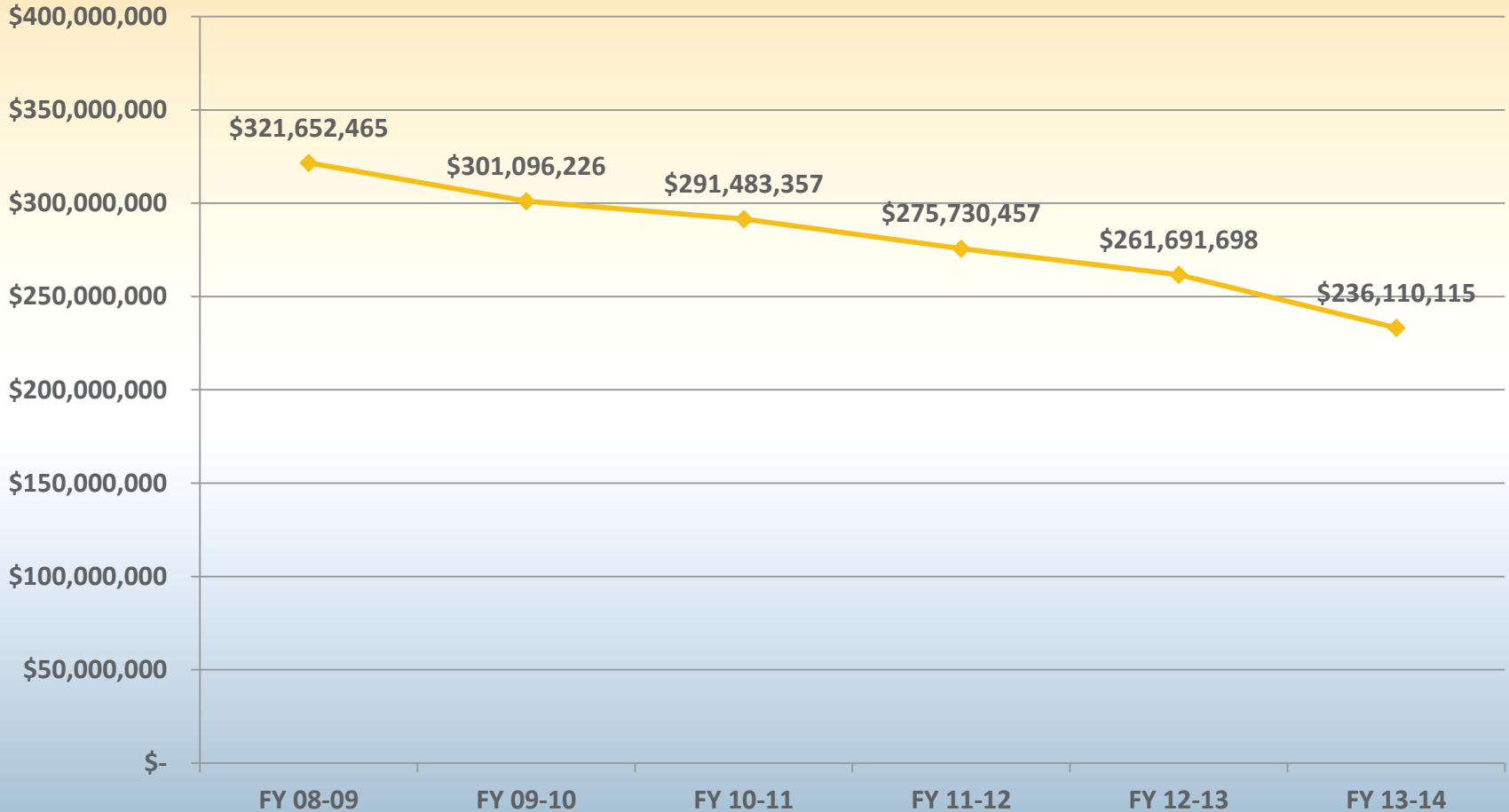
Source: Juvenile Court Judges' Commission



- Between 2007 and 2014, the number of delinquency placements decreased 45%, from 7,525 to 4,136.

Total Delinquency Placement Expenditures*: Fiscal Year 08-09 to Fiscal Year 13-14

Source: Office of Children, Youth, and Families (OCYF) Needs-Based Budget



*Does not include secure detention costs.

- Total delinquency placement expenditures decreased from \$321,652,465 to \$236,110,115, when comparing FY 08-09 to FY 13-14 costs, a difference of \$85,542,350.

Justice Reinvestment Realized

LOCAL NEWS

Police/Fire/Courts | Transportation | Business | State | Lottery | Calendar | Weather | Obituaries

home ▶ news ▶ local news

Youth Development Center vacated, will close Feb. 15

YDC facts

New Castle Youth Development Center

* A secure 100-bed facility for delinquent

* Referrals to the center have drastically decreased over the last several years. 31 juveniles housed there as of Jan.

* The facility costs taxpayers more than \$1 million annually, at a cost of \$725 per child. Closing the center and relocating residents is expected to result in \$730 million in taxpayer savings over five years.

State to close juvenile treatment center

Tribune-Democrat (Johnstown, PA), 2015-08-18

Aug. 18 -- CRESSON -- State officials announced the closure of a Cresson treatment facility for juveniles Monday, about two years after a state seized on the same property, shut its doors

The Department of Public Welfare's Institute for Offender Services and delinquent youth

According to a report, the center serves youth across the state for the current year.

"By ending operations of the community-based center," said in the release.

The programs will be housed at the workplace.

"Our priority is to ensure the safety of the community."



News for Immediate Release

Jan. 15, 2013

Governor Corbett Invests \$10 Million for At-Risk Youth and Juvenile Offenders

Harrisburg –Governor Tom Corbett unveiled a new plan today that will invest \$10 million into proven prevention and intervention strategies for at-risk youth and juvenile offenders.

This strategy came out of the Justice Reinvestment Initiative, established last year to evaluate ways to enhance public safety through the most efficient and effective use of limited state resources. It focuses on the Department of Public Welfare's Youth Development Centers.

Research-Practice- Policy Partnerships

for Implementation of Evidence-Based
Practices in Child Welfare and
Child Mental Health

Lawrence A. Palinkas,
Cherry Short, and Marleen Wong

School of Social Work
University of Southern California
Los Angeles, CA

August, 2015



MacArthur
Foundation

Evidence-Based Policymaking

A guide for effective government



The What Works Marketplace

Helping Leaders Use Evidence to Make
Smarter Choices

By Alex Neuhoff, Simon Axworthy, Sara Glazer, and Danielle Berford

April 2015

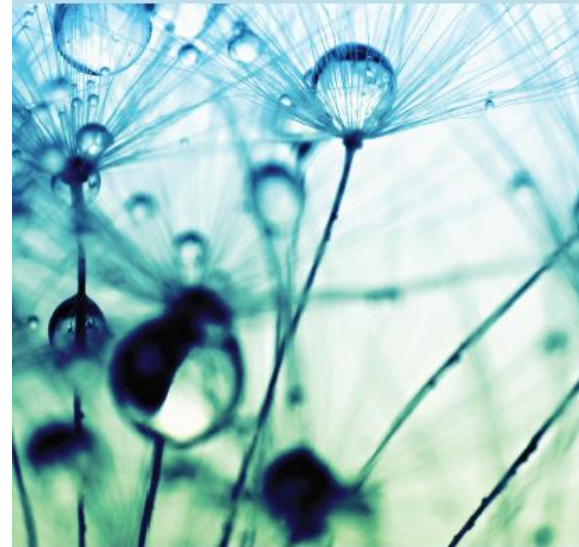
ISSUE REPORT

A Healthy Early Childhood Action Plan: POLICIES FOR A LIFETIME OF WELL-BEING 2015

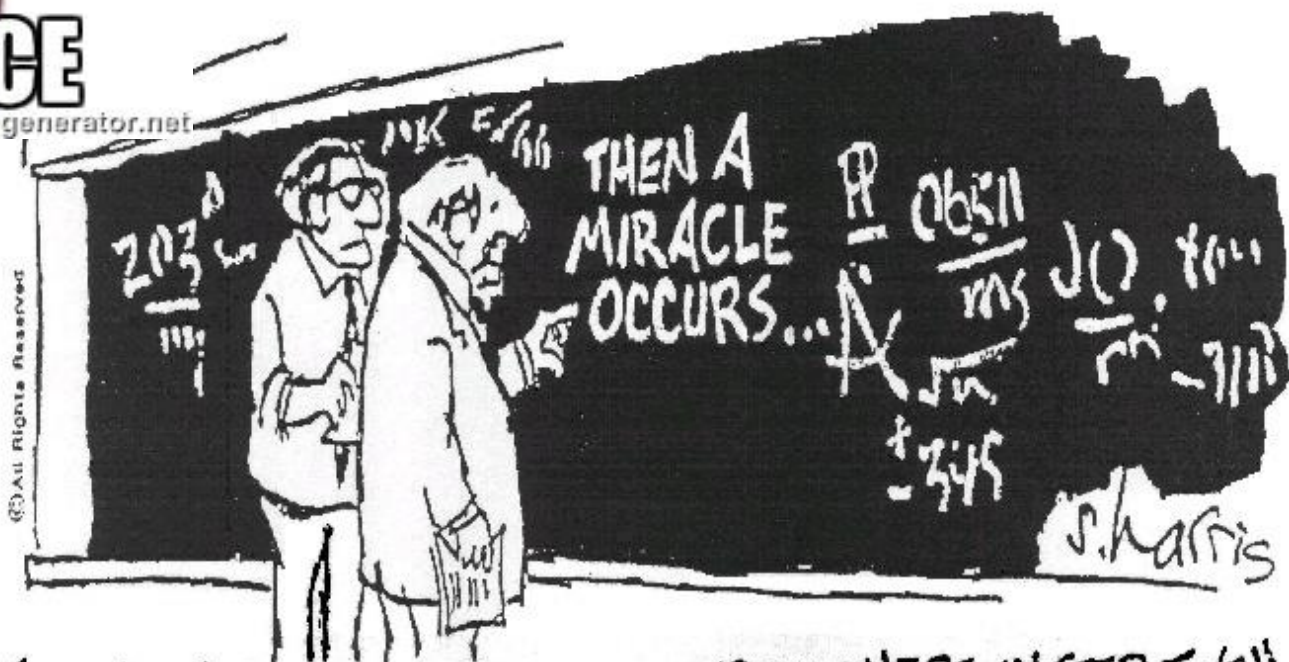
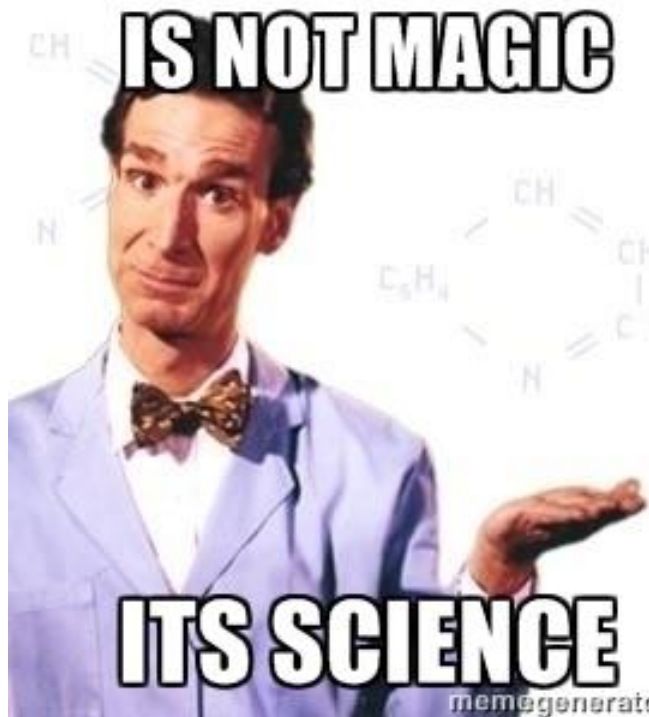


Trust for
America's Health
WWW.HEALTHYAMERICANS.ORG

NOVEMBER 2015



Unleashing the Power of Prevention



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

THANK YOU!

National Prevention Science Coalition
www.NPSCoalition.org

Blueprints for Healthy Youth Development
www.blueprintsprograms.com

EPISCenter
www.episcenter.org

Am J Community Psychol
DOI 10.1007/s10464-012-9502-1

ORIGINAL PAPER

The Role of a State-Level Prevention Support System in Promoting High-Quality Implementation and Sustainability of Evidence-Based Programs

Brittany L. Rhoades · Brian K. Bumbarger · Julia E. Moore

Contents lists available at ScienceDirect

Evaluation and Program Planning

journal homepage: www.elsevier.com/locate/evalprogplan



Achieving successful evidence-based practice implementation in juvenile justice: The importance of diagnostic and evaluative capacity

Sarah Cusworth Walker^{a,*}, Brian K. Bumbarger^{b,c,1}, Stephen W. Phillippi Jr.^{d,2}

 CrossMark

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ARTICLE INFO

Article history:
Received 2 February 2015
Received in revised form 30 April 2015
Accepted 14 May 2015
Available online 20 June 2015

Keywords:
Evaluative capacity
juvenile justice
Evidence-based practice
Capacity
Implementation
Adaptation
Continuous quality assurance

ABSTRACT

Evidence-based programs (EBPs) are an increasingly visible part of the justice system. Research demonstrates that such programs are replacing more expensive, less effective options. However, benefits when they are not well-matched to community needs and scale. We argue that achieving these benefits requires states and county governments to invest in data-driven, rigorous and flexible way to shifting political and funding priorities as diagnostic capacity and evaluative capacity. Diagnostic and evaluative capacity is a critical component of EBP implementation. Policy analyses of Washington State, Pennsylvania and Louisiana are used to illustrate the benefits of diagnostic and evaluative capacity in EBP implementation.

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... wide-scale dissemination and support of EBPs, and recognizing the need for a distinct state-level PSS, Pennsylvania has created an infrastructure to effectively address the primary barriers to moving from lists of EBPs to achieving population-level public health improvement.

Keywords: Translational research · Implementation · Sustainability · Dissemination · Evidence-based programs · Prevention

Adm Policy Ment Health
DOI 10.1007/s10488-011-0372-x

ORIGINAL PAPER

A State Agency–University Partnership for Translational Research and the Dissemination of Evidence-Based Prevention and Intervention

Brian K. Bumbarger · Elizabeth Morey Campbell

Opportunities for Involvement

Parents and Community members: Use the social development strategy with the young people you see daily.

Community Leaders: Start or join a CTC coalition in your community. (DSAMH can help you.)

Health or Education Worker: Ask what is the evidence that prevention programs we are doing are effective.

Legislator: Investigate increasing the percentage of funds spent on effective prevention for children and youth

Everyone: Advocate for creating the infrastructure necessary for Utah to Unleash the Power of Prevention

Join the Coalition for the Promotion of Behavioral Health!

Jeff Jenson Ph.D., Chair,
Coalition for the Promotion of Behavioral Health
Graduate School of Social Work
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