

ACDPN

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NOT FOR CIRCULATION

Community Based Planning Guide To Promote Best Practice Planning and Development To Prevent Substance Abuse

This Guide is part of a series of tools and resources being developed by ACDPN in collaboration with the McGill School of Social Work, CSSS Cavendish, and other partners, with funding support from CHSSN. These are drafts only as the guide is still under development





This guide can help your community build positive, healthy futures for its youth.

This best practice *Prevention Strategies Guide* includes access to web based resources and tools to provide your community with descriptions of tested and, according to available studies, effective prevention programs, policies and practices to help your community meet its unique prevention needs and fulfill funding requirements

In this guide, you'll find helpful information to guide your organization's planning by involving your Board, staff, partners, and key stakeholders

Research-based prevention planning

The programs in this guide will have the greatest impact in your community if implemented as part of a community-wide prevention-planning process which we describe how a community organizes for prevention Find out more about this system and the research behind it.

Community Development Tools To Increase Local Capacity to Promote Best Practice Prevention Approaches

- 1) Assessing the extent to which a given community is ready to . implement a comprehensive, best practice prevention model
- 2) Becoming organized and trained to implement the planning model
- 3) Assessing the level of risk, protection, and healthy or negative behavioural outcomes in the community;
- 4) Elaborating an action plan for the community; and
- 5) Implementing the plan and evaluating the degree to which programs . have been faithfully implemented and outcomes achieved .

Communities Organize for Best Practice Prevention



CONTENTS OF THE GUIDE

This Guide shows NPI member organizations how to organize their community to promote best practice prevention approaches

Use the guide with its step-by-step planning mechanisms to show funders, and public network partners that your organization had adapted a research-based prevention planning model to develop your best practice program.

1. Takes a systematic approach to community building

—all parts of the community are involved (including those with control of resources and those who know how to implement programs), and gaps in existing community efforts and resources are identified. The Guide describes how to train your team

2. Helps communities collect the right data

—by focusing on both risk and protective factors, to create a community profile of these identified predictors

3. Focuses on promoting positive youth development and on preventing problem behaviors

—community needs are identified by assessing predictors both of problem behaviors and of positive youth outcomes: risk and protective factors that have been shown to predict youth outcomes in longitudinal research across a number of fields.

4. Matches prioritized predictors to tested, effective programs, policies and practices

Using web based tools

5. Helps communities implement and evaluate an outcome-focused community action plan, which increases accountability

Risk Factors

Adolescent Problem Behaviors

	<i>Substance Abuse</i>	<i>Delinquency</i>	<i>Teen Pregnancy</i>	<i>School Drop-Out</i>	<i>Violence</i>
Community					
Availability of drugs	●				●
Availability of firearms			●		●
Community laws and norms favorable toward drug use, firearms and crime	●	●			●
Media portrayals of violence					●
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	●	●	●	●	●
Peer and Individual					
Early and persistent antisocial behavior	●	●	●	●	●
Rebelliousness	●	●		●	
Friends who engage in the problem behavior	●	●	●	●	●
Gang involvement	●	●			●
Favorable attitudes toward the problem behavior	●	●	●	●	
Early initiation of the problem behavior	●	●	●	●	●
Constitutional factors	●	●			●

African Canadian Development and Prevention Network will partner with McGill School of Social in making these tools available to CHSSN NPI

Building protection: The Social Development Strategy

The goal...
Healthy behaviors
for all children and youth

Start with...
Healthy beliefs & clear standards
...in families, schools, communities and peer groups

Build...
Bonding
■ Attachment ■ Commitment
...to families, schools, communities and peer groups

By providing...
Opportunities

By providing...
Skills

By providing...
Recognition

...in families, schools, communities and peer groups

And by nurturing...
Individual characteristics

Réseau
de
Développement
et de
Prévention
Afro
Canadien



African
Canadian
Development
and
Prevention
Network


ACDP NETWORK

This framework uses a five-phase process to guide communities through the process of developing a strategic prevention plan. This chart shows the key goals, or milestones, for each phase, and the training, tools and technical support ACDPN in partnership with CHSSN, McGill School of Social Work, CSSSN Cavendish, and Batshaw Family Center which provides help to communities to achieve those milestones.

Phase	Milestones	Training, Tools and Technical Assistance
Phase One: Getting Started	<ul style="list-style-type: none"> Organize the community to begin the shared vision on identifying your community-based model of best practice prevention development Define the scope of the prevention effort. Identify community readiness issues. Analyze and address community readiness issues, or develop a plan for addressing them. The community is ready to move to Phase Two: Organizing, Introducing, Involving. 	<p><i>NPI Strategic Consultation</i></p> <p><i>Workshop module on Comprehensive Prevention Approaches for NPI groups</i></p> <p><i>Tools for Community Leaders: A Guidebook for Getting Started</i></p>
Phase Two: Organizing, Introducing, Involving	<ul style="list-style-type: none"> Engage Key Leaders (positional and informal). Include CSSS, and public networks Develop a Community “working group” from your key stakeholders and Board to facilitate coordination, assessment, prioritization, selection, implementation and evaluation of tested, effective programs, policies and practices. Provide Orientation and training from manual The community is ready to move to Phase Three: Developing a Community Profile. 	<p><i>Key Leader Orientation</i></p> <p><i>“ Working Group “ Orientation Technical Assistance Manual</i></p>
Phase Three: Developing a Community Profile	<ul style="list-style-type: none"> The NPI “Working Group” has the capacity to conduct a community assessment and prioritization.(CHSSN evidence –based report) Collect other community assessment information and prepare it for prioritization. Prioritize populations or geographic areas for preventive action, based on risk- and protective-factor data. Identify priority risk and protective factors. Conduct a resource assessment and gaps analysis. Integrate all the data into one report The community is ready to move to Phase Four: Creating a Community Action Plan. 	<p><i>Prevention Training Workshop Modules</i></p> <p><i>Community Resources Assessment Training tools</i> and web based resources from <i>SAMSHA</i> to help communities identify the steps in completing this work</p>

Phase	Milestones	Training, Tools and Technical Assistance
<p>Phase Four: Creating a Community Action Plan</p>	<p>The “NPI Working Group” now has the capacity to create a focused Community Action Plan.</p> <p>Step 1. Identify a community consultation process which involves a broad cross-section of the community in identify service gaps, needs, experiences</p> <ul style="list-style-type: none"> ● Involve community-get people to tell their stories, and make the data have a “face” ● Identify priorities with community input <p>Step 2. Identify Potential best Practice Approaches</p> <ul style="list-style-type: none"> ● Specify the desired outcomes of the plan, based on the community assessment data. ● Select tested, effective programs, policies and practices to address priority risk and protective factors and fill gaps ● Consult with technical resources to review implementation issues and potential for adaptation to local conditions and needs <p>Step 3. Consult community on proposed solutions</p> <ul style="list-style-type: none"> ● Communicate benefits and expected outcomes of the proposed best practice solution ● Complete community consultations by “Identifying Three year Prevention Action Plans” <p>Step 4. Enlarge “working group” to structure and process the implementation of The Three Year Community Prevention Action Plan.</p> <ul style="list-style-type: none"> ● create a regional dialogue with agence, CSSS, and MSSS to ensure access to identified prevention resources for English-speaking families at risk and present the Action Plan ● identify an advocacy plan to push for policy and program changes to ensure access based upon the Action Plan 	<p><i>Community Assessment Planning and Reaching Out To Involve Target Groups Training Module</i></p> <p><i>SAMSHA PREVENTION PLATFORM (web-based tool which can be adapted to match local needs)</i></p> <p><i>Community Planning Module 2</i></p> <p><i>Community Planning Module 3 –advocacy efforts to promote access with agence, C.S.S.S & M.S.S.S.</i></p>
		<p><i>These Tools are under development in collaboration with McGill School of Social Work</i></p>

Phase	Milestones	Training, Tools and Technical Assistance
<p>Phase Five: Implementing and Evaluating the Community Action Plan</p>	<p>Specify the role of the NPI Working Group, and other key stakeholder groups in implementing and evaluating the plan.</p> <ul style="list-style-type: none"> ● Implementers of new programs, policies or practices have the necessary skills, expertise and resources to implement with fidelity. ● Develop University/community partnership for evaluation (outcome and process) ● Identify Implementation Plan which describes staff training, staff development, administration, project management and technical, clinical, and financial supports. ● Identify adaptation mechanisms to ensure program matches local needs and culture ● Identify clinical model of partnership with CSSS and schools ● Identify how your best practice program can be integrated within provincial framework and explore long term sustainability ● Implement new programs, policies and practices with fidelity. ● Explore how to link best practices to other local prevention resources and enlarge continuum of services in collaboration with CSSS, schools and public networks of social services ● Conduct program-level evaluations at least annually. ● Conduct community-level assessments at least every two years. ● Share and celebrate observed improvements in risk and protective factors and child and adolescent well-being. ● Disseminate and Communicate results ● Establish regional dialogue with agence and MSSS to ensure access to needed prevention resources based upon your outcomes and support 	<p><i>Community Planning Module 4</i></p> <p><i>Web based resources from SAMSHA and CSAP</i></p> <p><i>Technical assistance from McGill/ACDPN best practice prevention training portal</i></p>



Use the program information in this guide to help your community:

- match tested, effective prevention programs to its priority risk and protective factors
- fill identified gaps
- fulfill funding requirements

Each program description includes key information to help you make selections, including:

Risk and protective factors addressed

This will help you match programs to your community's priority risk and protective factors.

Target audience

Each description indicates whether the program is:

- ■ universal (available for everyone)
- ■ selective (targeted to those exposed to specific risk factors)
 - indicated (targeted to those who have shown early signs of problem behaviors)

Target age range

Risk and protective factors should be addressed in all developmental periods. Use the target age range information to fill identified developmental gaps in the prevention resources your community offers.

National recognition

Any national recognition of the program by other agencies or organizations will be listed. This can help you fulfill funding requirements.

Program materials available

Each program description lists any materials and support available with the program, such as curriculum manuals, trainings and technical support.

Program description

Each program includes a description of the program's background, how it works, and findings on the program's effectiveness.

Contact information

Contact information is provided for each program's developer and/or distributor.



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Strengthening Families for the Future

Strengthening Families for the Future is a prevention program for children between the ages of 7 and 11 who may be at risk for substance abuse, depression, violence, delinquency and school failure. The program offers fourteen group sessions which revolve around a community dinner for families and facilitators followed up by separate one-hour sessions for parents and children and a final 50-minute family session. *Strengthening Families for the Future* is a Canadian program based on a successful model developed in the United States by Dr. Karol Kumpfer at the University of Utah.



What are the risk and protective factors that build resilience in children?

Individual factors: temperament, learning strengths, feelings and emotions, self-concept, ways of thinking, adaptive skills, social skills and physical health

Family factors: attachment, communication, family structure, parent relations, parenting style, sibling relations, parents' health and support outside the family

According to Susan Lalonde Rankin, who is a Program Consultant with the Centre for Addiction and Mental Health (CAMH), *Strengthening Families for the Future* "works and is worth it". Susan can state this with some certainty because between 2000 and 2005, the program underwent an extensive five-year multi-site randomized control trial which included the recruitment and pre-testing of 674 families. Families were randomly assigned to the Program or a minimal intervention control condition; a home study where they were provided with material on family life skills, effective parenting and how to talk to their children about drugs and alcohol.

The evaluation proved that the program engages families and is very effective at reducing risk factors and strengthening protective factors that build

Environmental factors: inclusion (gender, culture), social conditions (socio-economic situation, media influences), access (education, health) and involvement

Source: Barankin T, Khanlou N.
Growing Up Resilient: Ways to Build Resilience in Children and Youth.
Toronto: CAMH; 2007

resilience in children. (See side bar: What are the risk and protective factors that build resilience in children?)

Rankin points out that evaluating a program such as Strengthening Families was challenging. During the evaluation process, it was extremely important that facilitators maintained program fidelity and followed program guidelines to the letter. This was often difficult for facilitators who were used to having some leeway in implementing such a dynamic family oriented program.

In retrospect, these challenges were well worth it. Today, the program managers can state with confidence that *Strengthening Families for the Future* is effective and they can recruit families with the full knowledge that they are providing a high quality, well evaluated program.

From its very earliest beginnings *Strengthening Families for the Future* has focused on enabling cross-sector collaboration and building partnerships from the ground up. According to Susan Rankin, the program offers "a concrete way to reduce silos". In order to establish the program, facilitators invite a variety of community agencies such as Children's Aid, public health, adult addiction treatment agencies, mental health agencies, school boards and others to form a coalition. "These groups come to the table to plan, select a site and decide who will facilitate. It takes a special person to ensure that the right people come together to talk about how the program will work."

Today, the program is confidently moving forward in its dissemination phase. It is currently offered in 10 of Ontario's 14 Local Health Integration Networks with a goal that it be offered in every LHIN area by the end of 2009.

For more information including evaluation results:

http://www.camh.net/Publications/CAMH_Publications/strengthen_families.html

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Participant Feedback:

"The most important thing I learned was how to talk so my kids will hear me."

"What I liked best about the program was having the kids learning the same material as the parents."

"I like everything in the program, the people are great and what I'm learning is working."

Getting Help >

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Education and Courses >

Research >

Influencing Policy >

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[CAMH Newsletters](#)

[Annual Report & Strategic Plan](#)

[Resources for Professionals](#)

Media and Events >

About CAMH >

Queen Street Redevelopment >

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Strengthening Families for the Future

Strengthening Families for the Future is a prevention program for families with children between the ages of seven and 11 who may be at risk for substance use problems, depression, violence, delinquency and school failure. Strengthening Families is effective because it involves the whole family. The goals of the program are to:

- reduce children's or adolescents' intention to use alcohol and/or other drugs, and reduce other behaviour problems
- increase children's resilience and life skills
- increase positive and effective parenting
- increase family communication.

How the program works

The Strengthening Families program is presented in 14 consecutive weekly sessions. Sessions last about three hours, and include a communal meal. At the beginning of each session, parents and children meet together to share a meal. This is followed by separate one-hour sessions for parents and children. Finally, the families come back together for the family session, where they practise skills they learned in their separate sessions. The sessions are fun and are activity based.

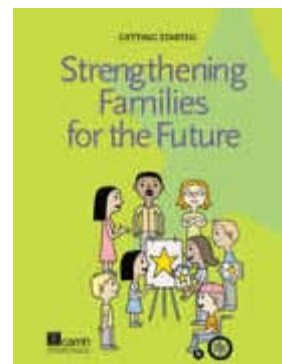
The parent and child sessions are each led by two co-facilitators. All four facilitators are present for the family session.

The Strengthening Families resource

The Strengthening Families resource includes:

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Related Links

- [Child, Youth & Family Resources](#)
- [How to order CAMH Publications](#)
- [CAMH Publications](#)

- everything you need to know to start a program and to keep families coming back—sample consent forms, promotional materials, job descriptions and more
- outlines for 14 parent, child and family sessions, complete with background information for facilitators, session objectives, presentation scripts and handouts for participants (in English and French).

Although the resource is a complete “how to” guide, training and program consultation is available from your local CAMH consultant.

What are the results?

Strengthening Families for the Future is modelled on a successful program developed in 1988 by Dr. Karol Kumpfer, of the University of Utah. The original program was updated, with input from treatment agencies in Ontario, and has undergone an extensive evaluation funded by the National Institute on Alcohol Abuse and Alcoholism. Preliminary results show that Strengthening Families is a promising intervention for fostering significant improvements in family functioning, parenting and children’s psychosocial functioning. While the evaluation was conducted with families at risk, the effective parenting skills and positive life skills learned in the program can benefit all families.

Strengthening Families has been listed as a best practice program by Health Canada.

Read online excerpts from [Strengthening Families for the Future](#).

- ISBN 978-0-88868-527-8 • kit
- \$90.00 • published 2006 • product code P5607
- 4 English manuals - **Getting Started, Child Manual, Parent Manual, Family Manual**
- 1 French manual - translated extracts from the 4 English manuals
- 2 children's books - 1 each of **Wishes and**

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Prevention Readiness

- [Prevention Readiness Tool](#)
- [Your Readiness Roadmap](#)

You're Here : Home >> Prevention Readiness Tool >> Readiness Roadmap

Readiness Roadmap

Readiness Roadmap

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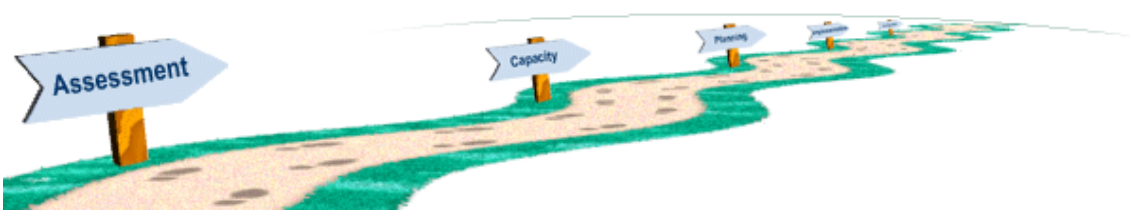
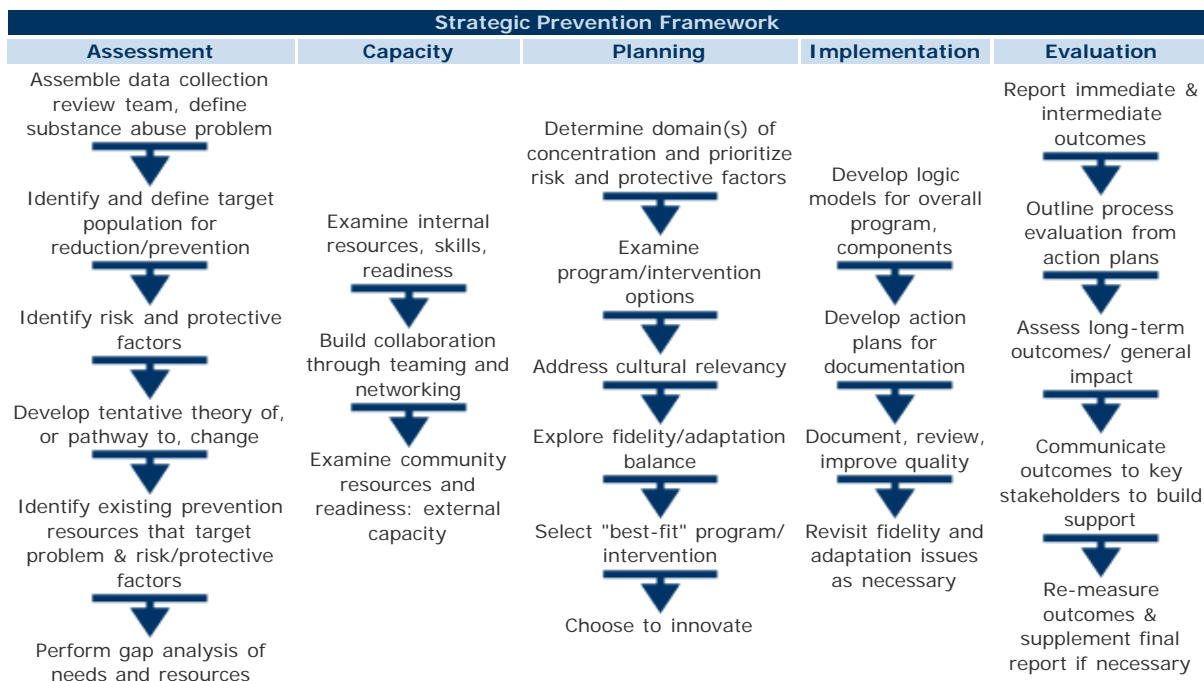
Congratulations, you have answered all readiness questions. This roadmap is based on your responses.

Program Planning Readiness Feedback

We know from experience that prevention works. We know, also, that sponsoring agencies, funders, and policy makers at all levels require increasingly sophisticated, evidence-based documentation of that success. It is equally important to demonstrate that your prevention efforts have meaningful impact on your organization or community. This site is intended to provide for you the tools needed to efficiently and effectively document the success of your prevention efforts.

The information provided in this report is based on responses you made on the previous pages of the Readiness Tool. The background information contained in this report came from the Center for Substance Abuse Prevention's funded projects, the *Pathways to Effective Programs and Positive Outcomes* (referred to as the "Pathways document", and formerly known as *Achieving Outcomes: A Practitioner's Guide to Effective Prevention*) and the tools and documents contained on the Prevention Platform Web site pages. If you follow the process outlined in this report, you are likely to see measurable outcomes. You will have empirical evidence that what you are doing is accomplishing what you intended. This report will present a roadmap, showing the steps you can take toward building capacity for demonstrating and documenting outcomes. In this report we will also point you to other resources you will find useful in developing your prevention programs and practices.

This report has been tailored to give you feedback in the areas in which you have indicated you do not have sufficient current knowledge or capacity, or have not yet completed in your planning process. The report was designed for printing, not to be read on the computer screen.



Assessment

Why start with a formal assessment of prevention needs and resources in the community you serve when you may feel

you already know what they are? Even if you and other substance abuse prevention practitioners and community specialists have a good understanding of the general substance abuse problem(s) in your community, a formal assessment is essential.

Participating in a comprehensive needs and resources assessment process enables prevention practitioners and community collaborators to take a hard look at the underlying factors that contribute to the general substance abuse problem. This is a prerequisite for developing a comprehensive plan to address the problem(s). This process includes reviewing different types of data and considering the value of creating a team effort in order to gain access to critical data, obtain data from particular sources, or explain the data you already have. The conclusions from your analysis of the data form a pathway for setting goals and objectives for your comprehensive plan and developing a credible theory (or theories) of change. From this theory of change you can develop a logic model to guide your work. Once you complete your multi-layered needs assessment, you will be ready to tackle the steps involved in assessing your capacity, selecting and implementing your interventions, and evaluating your efforts.

You need to take an objective look at the full complement of community environmental, social, and individual risk and protective factors that are contributing to the problem, not just at the problem itself. You will need to determine who, on your team, will work on developing this needs assessment and, if need be, locate an evaluator to assist. These types of assessments may be new to you or broader in scope than those you have previously undertaken. We have provided a number of resources that will assist you in this process.

Types of communities can vary widely in terms of size, cultural characteristics, political power, education, economic status, and other factors that are essential to know as you are working with people and organizations to set up prevention programs. For example, basic demographic information may help to ensure that the makeup of your priority population reflects the makeup of the community, and if it does not, the data may provide the rationale for focusing on a particular group. Other examples of how a community profile may contribute to the quality of your project:

- Knowing the average household income and size may help determine the economic status of the community and thus what its available resources may be.
- Knowing the average educational level of people will help you decide the most appropriate reading level and message content for materials development.
- Knowing the community has a large population of non-English-speaking residents will indicate the need to use different communication channels, such as foreign language newspapers and radio stations.

Both the Pathways document and the tools and resources on this site will assist you by providing practical information for identifying your "target" population(s) or environmental condition(s) and the underlying factors that create vulnerability to substance abuse and/or build upon the protective factors that mitigate the negative effects of risk. It is very likely that your needs assessment will identify more than one target population that is at risk or already involved in substance abuse. Nonetheless, identifying the specific substance abuse problem(s) and specific at-risk populations will enable you and your partners to choose appropriate programs and practices. Changing the pattern of risk and protection across an entire community will involve a number of programs, as it is highly unlikely that any one single program (or campaign or environmental approach) will address all of the substance abuse risk factors, or actual use rates, in a given community. Multiple approaches over multiple domains, effective programs, and systematic evaluations are key to achieving positive prevention/reduction outcomes.

Next Steps Roadmap

- ✓ Attend a workshop or conference that focuses on prevention interventions (contact your regional CAPT representative to find out what opportunities exist in your area).
- ✓ Read about best prevention practices to become more educated in what works and what does not work.
- ✓ Decide upon the types of indicator data that you will need to collect for your program (demographics, socioeconomic, health, substance abuse, risk factors).
- ✓ Locate potential evaluators or involve an evaluator available to your project and request feedback on your needs analysis data collection plan or initial research findings.
- ✓ Collect data for your baseline measures from National, State and community level data sets as required by the indicators you have chosen. For those items that cannot be measured directly (for example, family management problems), select appropriate proxy measures (such as children living away from parents and runaway statistics).
- ✓ Locate other stakeholders within the community that can provide additional data sources and/or access to appropriate people to interview to obtain this information so that you can obtain the most accurate local baseline possible.
- ✓ Use the Assessment tool, located under the tab at the top of the screen, to increase your readiness in this area and to begin documenting your efforts.

Assessment Resources

If you are most comfortable using a paper-based process, and/or are new to the process of developing and implementing prevention programs, you should print out the "Determine Prevention Needs and Resources" chapter of the *Pathways* document, provided here in Adobe Acrobat PDF format (formatted for printing) provided at http://about.preventionondss.org/html/documents/Pathways/Pathways_Chap1_6-03.pdf.

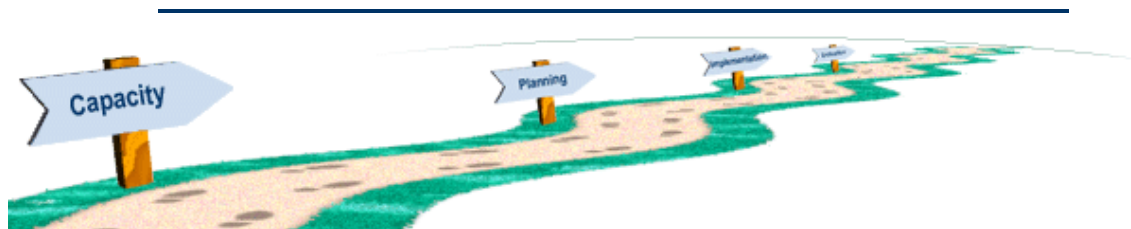
If you have more proficiency using a computer system, you might want to use the Web-based resources found in the Assessment section. These include a complete, step-by-step system for entering in information about your needs and for conducting searches for National, State and local data, as well as a Graphical Information Systems (GIS) tool for researching and displaying information on a map of the regions of interest.

For more information, see the Assess Your Needs Pre-organizer at

<http://about.preventiondss.org/html/documents/Preorganizers/anguide.pdf>, and the Assess Your Needs step-by-step tutorial at <http://demo.preventiondss.org/docs/tutor/menu04.htm>.

Other needs assessment resources include:

- [World Health Organization Workbook No. 3 \(Needs Assessment\)\(pdf\)](#)
- [NCADI State Needs Assessment Profiles Database](#)
- [CT DMHAS Overview of a Substance Abuse Prevention Needs Assessment](#)
- [Pathways to Effective Programs and Positive Outcomes, Chapter 1, "Determine Prevention Needs and Resources" \(pdf\)](#)
- [Preorganization Guide to Using the Assessment Tool \(pdf\)](#)
- [Step-by-step Guide to Using the Assessment Tool](#)



Capacity

Before you can effectively select substance abuse programs, it is important to examine your organization's capacity to bring about the changes that you would like. Capacity refers to the various types and levels of resources that an organization has at its disposal to meet implementation demands.

Capacity includes not only funding, but also human resources - staff or volunteers - with specific skill sets, including leadership, program development, and networking abilities, to carry out the intended intervention. You will need facilities, transportation, office supplies, equipment, and other fixed capital to ensure sufficient capacity to implement sound programs. Central to your general capacity-and the area where programs often falter-you will need management and evaluation resources. You may need to seek outside resources to augment those you already have.

Specific programs will dictate the types of capacity you will need. An absence of these resources will almost certainly jeopardize your effort. You simply will not have the tools to implement the selected prevention program(s) well. This may require you to select another program (or programs) that meets identified needs but requires fewer or different resources. You need to assess the overall capacity of your group or coalition to reach your goals and assess whether the community is ready to support the program. This part of the process ensures that the required resources will be in place when needed, whether the intervention is small and very specific, or large and comprehensive. Individual members of a coalition will also want to undertake this capacity assessment before making decisions about program selection.

Assessing your areas of capacity and readiness will:

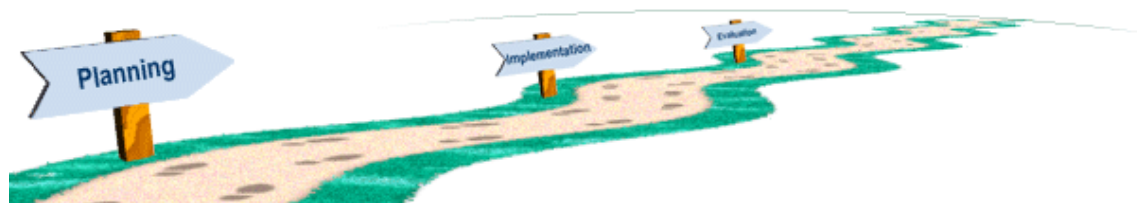
- Help you make a realistic match between the needs you have identified in your needs and resources assessment and the capacity of your organization/coalition to address them
- Provide the evidence you need to assure yourself and others that you have the ability to reach your desired outcomes
- Reveal strengths and shortfalls in your capacity in key resource categories
- Provide an opportunity to make up for anticipated shortfalls, find a way around them, or select another program that better matches your capacity.

Next Steps Roadmap

- ✓ Identify your program needs: staffing, facilities, training needs and costs.
- ✓ Determine your internal capacity: administrative, leadership.
- ✓ Identify external resources-leaders, stakeholders, media, volunteers.
- ✓ Inventory your group's technical capacity (including managerial, administrative, evaluation skills).
- ✓ Compare your capacity to your needs.
- ✓ Use the Capacity tool, located under the tab at the top of the screen, to increase your readiness in this area and to begin documenting your efforts.

Capacity Resources

- [Community Tool Box Resource](#)
- [Community Readiness Model](#)
- [Pathways to Effective Programs and Positive Outcomes, Chapter 2, "Build Capacity" \(pdf\)](#)
- [Preorganization Guide to Using the Capacity Tool \(pdf\)](#)
- [Step-by-step Guide to Using the Capacity Tool.](#)



Planning

Much of what we now know about prevention is data driven as well as theory based. This means that the developers of many evidence-based programs are able to measure change as it applies to each of the components of their programs, as well as to demonstrate positive outcomes at program conclusion. The most rigorously evaluated programs among the evidence-based group—those that are effective or model—have used control groups for comparisons and can attribute positive outcomes directly to the program or intervention. In fact, the programs that have been most rigorously evaluated (effective and model programs as identified on SAMHSA's model program Web site) can demonstrate positive outcomes that are achievable for different populations in different settings.

Selecting a program from among SAMHSA's identified effective and model programs provides you with two immediate advantages. First, if you have been thoughtful about linking the needs of your identified population or area of interest to the selection of an effective or model program, and you implement that program with fidelity to its core components, your ability to produce positive outcomes is almost assured. Second, in a related vein, your evaluation is much easier. The program developer has already used control groups to demonstrate that outcomes were directly related or attributed to the program and not to other conditions. Not only are you more likely to produce positive outcomes if your selection is from among SAMHSA's effective or model programs, but you need not worry about a control group.

Note, however, that if you are part of a demonstration project or other type of special research, you be compelled to use a control group or comparison group as part of your research design. Keep in mind that effective evidence-based programs, although theory based and therefore related body of knowledge about substance abuse, have not been evaluated with equal rigor. This means that the more removed your selection is from a recognized effective or model program, the more rigorous should be in evaluating your outcomes.

As you select your "best-fit" option, the following steps should guide your decision:

- Develop or review, as appropriate, a logic model of the program.
- Consult with the broader community outside the coalition in which the implementation will take place to ensure that community readiness and capacity are in place.
- Develop a plan of action—the steps you will follow to implement the program.

It may be that there is no NREP-listed model, effective, or promising program to fit your selected population's risk and protective factors, or there may be capacity issues that dictate against such a choice.

Additionally, you may wish to expand the field, either to fill the void you found, or simply to share innovative ideas. In such instances, practitioners and coalitions may decide to innovate, to develop a new program. This is helpful to the field if carried out in a rigorous, scientific fashion because it will lead to a larger pool of evidence-based programs available to all practitioners. Innovation, however, can be difficult, and you should be sure that you have the capacity to do it properly before taking on the task.

Any program or intervention that you develop or adapt must be carried out systematically. It is not innovation and does not contribute to the field, to the body of evidence-based approaches, if it is not done properly. Innovations require careful attention to needs and resources, a theory of change well grounded in previous research, development of elements and activities related to that theory, and consistent, carefully designed evaluations. Reviewing the logic models of NREP-listed programs as preparation for your own innovative approach will enable you to understand the steps involved in moving from your theory of change through the activities that will lead to final outcomes.

Determine how the characteristics of the programs you are considering fit the individual needs of your identified population or place, your adjusted theory of, or pathway to, change, and your consequent goals and objectives. It is important that the program be culturally relevant for your purpose. A program designed to prevent alcohol and drug abuse for urban African-American youth may not be a good fit for Hispanic youth from migrant farm families. When considering cultural relevance, take into account the community's values and existing practices and the culture and characteristics of the identified population. For example, well-baby and home visit support programs for teen mothers may not fit into a context in which young mothers are suspicious of social workers. Some young mothers may not allow social workers into their homes for fear that their babies will be removed. If you were considering this program, you would want to identify leaders within the culture you have defined to help you assess the probable reaction to such a program and recommend ways to increase its acceptance.

Here are some considerations for assessing the cultural fit of a program:

- Consider the cultural context and readiness of the identified population. Are they aware of, and knowledgeable about, the problem?
- Consider the values and traditions that affect how your identified group regards health promotion issues. What do they consider to be appropriate ways to communicate and provide helping services?
- Consider the extent to which the community is ready for the program. Are they willing to accept help and/or programs that ask for changes in their behavior, attitudes, and knowledge? What is their level of resiliency and their capacity to make these changes?
- Determine whether the proposed program is appropriate given the cultural context and community readiness issues. What modifications/adaptations are needed? Consider the cost and feasibility of these adaptations/modifications (e.g., the cost of translating an entire curriculum into another language).

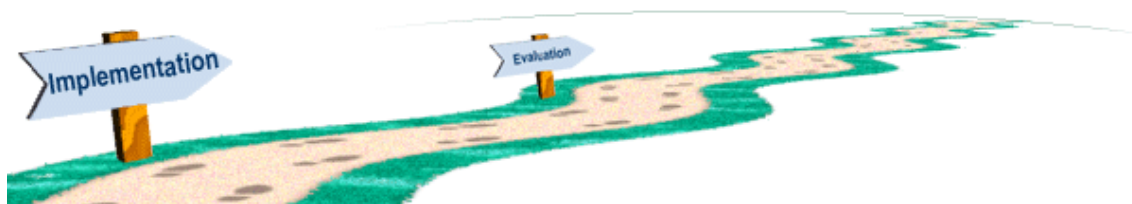
Knowing what programs are in place in your community will help you figure out how your program fits in. What other programs are already being offered to the group you will be serving? Are they complementary to your program? Do they work at cross-purposes? Are there resources that could be shared between programs?

Next Steps Roadmap

- ✓ Find out what programs are already in place within your community and how they fit in with your proposed program (Do they serve the same population? Are they complementary to your program? Are you competing for the same population? What are the risk and protective factors that the programs target? What cultural settings have they been adapted to fit within? Who are the key players and leaders in these programs?)
- ✓ Research programs that have been already tested and approved to see if there are any that meet your needs. Create a list of candidate programs that best match your needs.
- ✓ Conduct a detailed review of the candidate programs to find the best fit(s).
- ✓ Gather enough detail on the top candidate to find out how well it can be adapted to your community, what the costs of the program materials and training will be, and what the costs of the adaptation will be.
- ✓ If no candidate programs can be located, innovate a program and practices based on your targeted risk and protective factors and your theoretical model.
- ✓ Document your decision-making process and your program.
- ✓ Use the Planning tool, located under the tab at the top of the screen, to increase your readiness in this area and to begin documenting your efforts.

Planning Resources

- [National Registry of Effective Programs \(NREP\)](#)
- [Western CAPT: Link to Best Practices by Ethnicity](#)
- [Pathways to Effective Programs and Positive Outcomes, Chapter 3, "Select/Adapt/Innovate Programs" \(pdf\)](#)
- [Preorganization Guide to Using the Planning Tool \(pdf\)](#)
- [Step-by-step Guide to Using the Planning Tool.](#)



Implementation

Your action plan provides you with a working outline of the tasks you should complete to implement the components and the program logic model. The action plan translates the program and component logic models into a practical operational plan. You can also think of it as a detailed "to-do" list. The action plan organizes your general implementation effort, guiding you and your staff as you strive to implement each component to its maximum potential.

Action plans also assign responsibility for program activities; provide opportunities and space to record outcomes; and identify, track, and measure the results of adaptations when they occur. Action plans are quite useful, especially for program directors. They have innumerable uses in organizing the effort, budgeting, managing the process, coordinating communications, documenting progress, and evaluating results. Review your action plan to make sure that you have covered:

- The successive tasks that should be completed by staff or partners before the program or component can begin
- The delegation of authority and responsibility for task completion
- Timelines associated with each task, including planned start, actual start, planned end, actual end
- How and why adaptations are needed and to what effect
- Who will be responsible for measuring, analyzing, and communicating with staff (and others as needed) differences between expected and actual change
- Who will be responsible for maintaining general documentation of the process overall.

You may wish to add detail to this program action plan, such as participant data (e.g., how many participants are expected to attend what/for how long). Remember to keep the action plan current by documenting changes in assignments, timelines, and other significant operational matters.

The more thoughtfully you develop and track activities, issues, and outcomes on your action plans, the easier it will be for you to pinpoint any problems, take corrective action, and produce the results you expect. In short, comprehensive action plans will minimize your evaluation tasks.

After completion of the activities for each component, you should record the actual amount of change. This will be the change between the baseline measure and your subsequent measures of the underlying condition the component was designed to address. This is actually part of the evaluation process and may be one of your evaluator's tasks, depending on how your evaluation team is organized.

Should actual outcomes fall short of your expectations, examine your plans. Look for problems encountered during implementation. Review planned (or unplanned) adaptations. Consider cultural issues. A team meeting that includes the staff member responsible for the component in question may yield insight about why expectations were not met.

A problem of unmet expectations may stem not from the implementation process itself but from the initial needs and resources assessment, which may have failed to dig deep enough into the needs of your defined population. A detailed, thoroughly documented action plans allows you not only see where you are going but where you have been. You can retrace your steps to explain why a component did or did not work as expected.

Since documentation is really a component of evaluation as well as implementation, be sure to involve your evaluation team as early in the process as possible. Evaluation works best as a team effort. One person heads the team and has primary responsibility for the project with assistance from other staff and volunteers. (You, the practitioner, need not be the team leader.) Together, your evaluation team does the following:

- Determines the design and measurement issues related to the evaluation
- Develops the evaluation plan, outcome measures, and data collection instruments
- Collects, analyzes, and interprets data
- Prepares the report on evaluation findings.

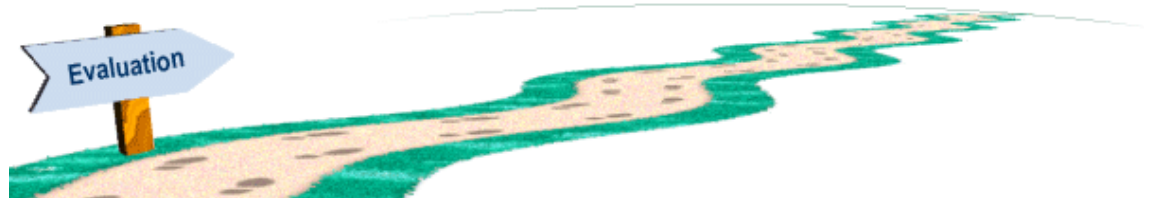
If you have developed this plan on your own, without the resources of a professional evaluator, your work will be considerably enhanced by a review and critical discussion with an experienced evaluator.

Next Steps Roadmap

- ✓ Review your timeline and task list and assign individuals or groups to the various tasks.
- ✓ Review your training needs and schedule training for your staff.
- ✓ Establish a process evaluation/quality control measures.
- ✓ Use the Implementation tool, located under the tab at the top of the screen, to increase your readiness in this area and to begin documenting your efforts.

Implementation Resources

- [Guidelines for Balancing Program Fidelity/Adaptation](#)
- [Guidelines and Benchmarks for Prevention Programming: Implementation Guide \(pdf\)](#)
- [Pathways to Effective Programs and Positive Outcomes, Chapter 4, "Implement and Assess Programs" \(pdf\)](#)
- [Step-by-step Guide to Using the Implementation Tool](#)



Evaluation

The resources (time, money, people) you have available will influence the extent of your involvement in developing and executing an evaluation plan. Pre-planning for this step should come as you develop your implementation plan and assemble your evaluation team. Balancing your expectations (and those of others) with what is realistic and manageable can be difficult. You will need to consider the following:

- Time. Whose time and how much is available to work on evaluation? What priority will evaluation have in your overall workload? Involving community members is a way to spread the workload, but it may require additional time for preparation or training.
- Money. Some activities require financing. For example, what financial resources are available to print questionnaires, pay for postage, reimburse participants, analyze the data?
- Expertise. What outside expertise will you need to assist with evaluation? Do you have the necessary expertise to construct instruments or analyze the data? Or, are there experienced people with knowledge of your program who can train you in the skills needed? Would the involvement of an independent evaluator increase the evaluation's credibility?

Prevention practitioners, and this includes coalitions, often have neither the inclination nor the time to produce a credible evaluation on their own. The assistance of an evaluator attuned to, and practiced in, the art and science of systematic outcome evaluation is essential. Sometimes the biggest challenge to getting useful evaluation results is finding an evaluator who understands your program and with whom you can work comfortably.

How do you find expert evaluators?

- Check with universities, research institutes, or consulting firms
- Ask other prevention groups/organizations for recommendations
- Consult with representatives from your State agency who are responsible for administering the Federal substance abuse block grant funds
- Call the Center for the Application of Prevention Technologies (CAPT) in your region for suggestions, or consult SAMHSA's CSAP project officer assigned to your State.
- Take an introductory course in the basic concepts relative to outcome evaluation (and earn CEUs) to make you a better consumer of evaluation services. (Evaluation courses are available at

www.preventionpathways.samhsa.gov.)

While each program is unique, outcomes can be accounted for at three distinct stages:

- **Immediate Outcomes:** The initial changes in a sequence of changes expected to occur in an evidence-based program.
- **Intermediate Outcomes:** In a sequence of changes expected to occur in an evidence-based program, the changes that are measured subsequent to immediate change, but prior to the changes that are measured at program completion. Depending on the theory of, or pathway to, change guiding the intervention, an intermediate outcome in one intervention may be an immediate or longer-term outcome in another.
- **Long-term Outcomes:** Over time, the change(s) that result from the program or intervention.

Immediate and intermediate outcomes are the changes between baseline (measurement of your defined population's risk and protective factors before selecting and implementing a program), and the measurements taken of those same underlying factors at completion of each of the components. You will need to decide what instruments to use for measuring baseline and program completion. There are a number of well-tested instruments that can be used to evaluate prevention measures. Using the same instruments you used to measure the baseline for the underlying conditions for your defined population or area of interest, re-measure upon completion of the component that addresses the condition. Your action plans, which you develop during the implementation phase, detail your anticipated immediate and intermediate outcomes. If the actual outcomes were less than expected, you need to:

- Review your action plan for faulty implementation
- Consider the need to undertake a deeper needs assessment to enrich your understanding of participant readiness
- Consult with the program developer or other experts regarding adaptation issues.

Process evaluation quantifies as well as qualitatively describes, what you have done (the activity or program), to whom (how many in each group and how consistently), for how long (hours, weeks, months, years), and how smoothly. A process evaluation also describes how it was done and why it was done that way. Your component logic model maps-and your action plan tracks and documents-each aspect of the process, such as participant and implementer characteristics, attendance, implementation issues, etc.

The importance of process evaluation to the field is often underestimated. For example, program implementers report the number of youth in after-school programs, or families in parenting programs they served without addressing one of the most important issues in program implementation and evaluation: participant attrition. Attendance history and the outreach methods used to attract and keep difficult-to-reach populations as active participants is a key issue in the prevention field.

The baseline measures that you established for the general substance abuse problem in your needs and resources assessment are measured again after all program activities are completed to ascertain your long-term outcomes.

- If possible, the same measures that were made at the completion of the program are repeated 12 and 18 months later to demonstrate sustainable outcomes, or long-term outcomes.
- If you are part of a coalition or a community partnership, your long-term outcomes are changes in the general substance abuse problem that caused your concern. These are broader in scope than the outcomes of the individual collaborators. The prevention activities of your coalition partners are "components" of your coalition's overall logic model. Their long-term outcomes are your immediate or intermediate outcomes.
- The change that you have measured in your general substance abuse problem is documented on your logic model and/or action plan.
- Be sure to supplement your report to the community with these long-term impacts.

Next Steps Roadmap

- ✓ Ask other programs in your coalition or in your geographical area for recommendations on evaluators; review the available people and get them involved in your project as early as you can.
- ✓ Complete your goals, objectives and action plan and identify those components for which evaluation is critical (e.g. to retain funding, to show results to community, to know what is working and not working in your program).
- ✓ Work with your evaluator on an evaluation design.
- ✓ Share the design with others in your coalition and community and ask for feedback.
- ✓ Review available instruments and measures (it is better to begin with one that is widely used, if possible, so that you have comparable results.) Adapt an instrument if none are available that will work with your group, with the assistance of an evaluator familiar with prevention programming.
- ✓ Collect, keep organized, and retain data from throughout the life of your program.
- ✓ Use the Evaluation tool, located under the tab at the top of the screen, to increase your readiness in this area and to begin documenting your efforts.

Evaluation Resources

- [Western CAPT: How To Evaluate Guide](#)
- [Evaluation Basics](#)
- [Pathways to Effective Programs and Positive Outcomes, Chapter 5. "Complete an Evaluation" \(pdf\)](#)
- [Preorganization Guide to Using the Evaluation Tool \(pdf\)](#)
- [Step-by-step Guide to Using the Evaluation Tool.](#)

Readiness Roadmap Resource List

- [Community Readiness Model](http://www.colostate.edu/Depts/TEC/article3.htm)
http://www.colostate.edu/Depts/TEC/article3.htm
- [Community Tool Box Resource](http://ctb.ukans.edu/tools/EN/sub_section_main_1002.htm)
http://ctb.ukans.edu/tools/EN/sub_section_main_1002.htm
- [CT DMHAS Overview of a Substance Abuse Prevention Needs Assessment](http://www.dmhas.state.ct.us/sig/needassess/default.htm)
http://www.dmhas.state.ct.us/sig/needassess/default.htm
- [Evaluation Basics](http://www.preventiondss.org/macro/csap/dss_portal/portal_content/eval_intros/eval-nug8-30b.htm)
http://www.preventiondss.org/macro/csap/dss_portal/portal_content/eval_intros/eval-nug8-30b.htm
- [Guidelines and Benchmarks for Prevention Programming: Implementation Guide \(pdf\)](http://www.secapt.org/NewFiles/GuidelinesBenchmarks.pdf)
http://www.secapt.org/NewFiles/GuidelinesBenchmarks.pdf
- [Guidelines for Balancing Program Fidelity/Adaptation](http://www.unr.edu/westcapt/bestpractices/bpadapt.htm)
http://www.unr.edu/westcapt/bestpractices/bpadapt.htm
- [National Registry of Effective Programs \(NREP\)](http://modelprograms.samhsa.gov)
http://modelprograms.samhsa.gov
- [NCADI State Needs Assessment Profiles Database](http://www.health.org/databases/factoids/states.aspx)
http://www.health.org/databases/factoids/states.aspx
- [Pathways to Effective Programs and Positive Outcomes, Chapter 1, "Determine Prevention Needs and Resources" \(pdf\)](http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap1_6-03.pdf)
http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap1_6-03.pdf
- [Pathways to Effective Programs and Positive Outcomes, Chapter 2, "Build Capacity" \(pdf\)](http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap2_6-03.pdf)
http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap2_6-03.pdf
- [Pathways to Effective Programs and Positive Outcomes, Chapter 3, "Select/Adapt/Innovate Programs" \(pdf\)](http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap3_6-03.pdf)
http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap3_6-03.pdf
- [Pathways to Effective Programs and Positive Outcomes, Chapter 4, "Implement and Assess Programs" \(pdf\)](http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap4_6-03.pdf)
http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap4_6-03.pdf
- [Pathways to Effective Programs and Positive Outcomes, Chapter 5, "Complete an Evaluation" \(pdf\)](http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap5_6-03.pdf)
http://about.preventiondss.org/html/documents/Pathways/Pathways_Chap5_6-03.pdf
- [Preorganization Guide to Using the Capacity Tool \(pdf\)](http://about.preventiondss.org/html/documents/Preorganizers/dcguide.pdf)
http://about.preventiondss.org/html/documents/Preorganizers/dcguide.pdf
- [Preorganization Guide to Using the Assessment Tool \(pdf\)](http://about.preventiondss.org/html/documents/Preorganizers/anguide.pdf)
http://about.preventiondss.org/html/documents/Preorganizers/anguide.pdf
- [Preorganization Guide to Using the Evaluation Tool \(pdf\)](http://about.preventiondss.org/html/documents/Preorganizers/epguide.pdf)
http://about.preventiondss.org/html/documents/Preorganizers/epguide.pdf
- [Preorganization Guide to Using the Planning Tool \(pdf\)](http://about.preventiondss.org/html/documents/Preorganizers/spguide.pdf)
http://about.preventiondss.org/html/documents/Preorganizers/spguide.pdf
- [Step-by-step Guide to Using the Capacity Tool](http://demo.preventiondss.org/docs/tutor/menu05.htm)
http://demo.preventiondss.org/docs/tutor/menu05.htm
- [Step-by-step Guide to Using the Assessment Your Needs Tool](http://demo.preventiondss.org/docs/tutor/menu04.htm)
http://demo.preventiondss.org/docs/tutor/menu04.htm
- [Step-by-step Guide to Using the Evaluation Tool](http://demo.preventiondss.org/docs/tutor/menu08.htm)
http://demo.preventiondss.org/docs/tutor/menu08.htm
- [Step-by-step Guide to Using the Implementation Tool](http://demo.preventiondss.org/docs/tutor/menu07.htm)
http://demo.preventiondss.org/docs/tutor/menu07.htm
- [Step-by-step Guide to Using the Planning Tool](http://demo.preventiondss.org/docs/tutor/menu06.htm)
http://demo.preventiondss.org/docs/tutor/menu06.htm
- [Western CAPT: How To Evaluate Guide](http://www.unr.edu/westcapt/bestpractices/eval.htm)
http://www.unr.edu/westcapt/bestpractices/eval.htm
- [Western CAPT: Link to Best Practices by Ethnicity](http://casatweb.ed.unr.edu/cgi-bin/WebObjects/Step6.woa/)
http://casatweb.ed.unr.edu/cgi-bin/WebObjects/Step6.woa/
- [World Health Organization Workbook No. 3 \(Needs Assessment\)\(pdf\)](http://www.who.int/substance_abuse/PDFfiles/needsassessment.pdf)
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