SDFSC Learning Forum: Partnering for Success

May 17th – 18th, 2011
Monterey, CA

AGENDA, Day One

8:00 – 8:30 a.m. Registration, Networking and Continental Breakfast

8:30 – 8:45 a.m. **Welcome and Overview**

8:45 – 10:15 a.m. **Partnering for Success: Thinking Beyond SDFSC Funding**
An overview session focused on identifying new opportunities, partnerships, and service approaches as the federal SDFSC state funding ends.
- ~ *Representative, CA Dept. of Alcohol and Drug Programs*
- ~ *Tom Herman, CA Dept. of Education*
- ~ *Greg Austin, WestEd*

10:15 – 10:30 a.m. BREAK

10:30 – 11:45 a.m. **Preparing for the Journey: Becoming Equipped with the Right Tools and Resources**
An update on current thoughts and strategies for moving forward with the California Healthy Kids Survey (CHKS) and other data tools and resources.
- ~ *Greg Austin, WestEd*

11:45 – 1:00 p.m. LUNCH AND NETWORKING (Transition to break-out sessions)

1:00 – 2:45 p.m. **Making It Happen: Break-Out Sessions**
(Participants choose from one of three concurrent sessions)
- School Climate Workbook – Hands-on Data Exercise (with Peer Sharing)
  - ~ *Leslie Poynor, Cal-SCHLS Regional Coordinator*
- Creating Effective Partnerships
  - ~ *Jan Ryan, Center for Applied Research Solutions (consultant)*
  - ~ *Dean Lesicko, Riverside County & Maureen Sedonaen, Youth Leadership Institute*
- Broadening the Prevention Landscape
  - ~ *Kerrilyn Scott-Nakai, Center for Applied Research Solutions*
  - ~ *Christina Borbely, Center for Applied Research Solutions (consultant)*

2:45 – 3:00 p.m. BREAK

3:00 – 4:30 p.m. **Starting on the Path: Sharing the Learnings**
Panel presentation and group discussion on best practices, successes, and challenges.
- ~ *Daryl Thiesen, Kern County & Vicki Bauman, Stanislaus County*
- ~ *Danelle Campbell & Marian Gage, Butte County*

4:30 – 5:00 p.m. **Closing and Overview of Day Two**

AGENDA, Day Two

8:00 – 8:30 a.m. Networking and Continental Breakfast

8:30 – 8:45 a.m. **Welcome and Overview of Day 2**

8:45 – 10:15 a.m. **Starting on the Path: Sharing the Learnings**
Panel presentation and group discussion on best practices, successes, and challenges.

~ *Brenda Armstrong, Santa Cruz County*
~ *Erika Green, People Reaching Out*
~ *Gary Najarian, Marin County*

10:15 – 10:45 a.m. BREAK (hotel check-out, transition to break-out sessions)

10:45 – 12:30 p.m. **Making It Happen: Break-Out Sessions**
(Participants choose from one of three concurrent sessions)

- School Climate Workbook – Hands-on Data Exercise (with Peer Sharing)
  ~ *Leslie Poynor, Cal-SCHLS Regional Coordinator*
- SAP Programs as a Successful Strategy
  ~ *Jan Ryan, Center for Applied Research Solutions (consultant)*
  ~ *Dean Lesicko, Riverside County*
- Broadening the Prevention Landscape
  ~ *Kerrilyn Scott-Nakai, Center for Applied Research Solutions*
  ~ *Christina Borbely, Center for Applied Research Solutions (consultant)*

12:30 – 1:30 p.m. LUNCH AND NETWORKING

1:30 – 3:00 p.m. **Sustaining Our Efforts: Collaborating for Success**
(Facilitated discussion, small group interaction, and report out)

~ *Kerrilyn Scott-Nakai, Center for Applied Research Solutions*
~ *Jan Ryan, Center for Applied Research Solutions (consultant)*

3:00 – 3:15 p.m. BREAK

3:15 – 4:00 p.m. **Taking It Home and Closing**

Presenter Bios

Brenda Armstrong supports government and community agencies in developing sustainable programs using evidence based strategies. As Prevention Program Manager, in Santa Cruz County California, she manages multiple collaborative projects including Project CURB (Communities United to Reduce Bingeing), Santa Cruz Meth Project, and a School based intervention using The Seven Challenges. As a National Trainer for Youth Leadership Institute she trains professionals on Integrating Youth Development Practices, Program Development and Communities Mobilizing for Change on Alcohol.

Greg Austin. As director of WestEd's Health and Human Development Program, he has responsibility for supervising agency projects and staff relating to building the capacity of schools, families, and communities to promote positive youth development and resilience, achievement, physical and mental health, and well-being. They also work to promote career education opportunities. This multidisciplinary program has helped practitioners and policymakers apply the best research-based knowledge to create safe, drug-free, healthy, and supportive environments that enable youth to thrive and succeed. Projects he directs include survey research, program evaluations, prevention demonstration studies, and technical assistance. He has authored and edited numerous research articles, resource tools, and prevention guides. A major focus of current work is assessing and analyzing the needs of students, schools, and families, providing data to guide programmatic decision-making. He has been the co-director of the biennial California Student Survey since 1989 and developed and directs (since 1997) the Healthy Kids School Climate Surveys of students, school staff, and parents used throughout the nation and internationally. As part of the California School Climate, Health, and Learning Surveys Project, he provides assistance to every school district in California in collecting and using data from students, school staff, and parents to guide school improvement and community programs. He is working with the California Department of Education to foster more positive school climates in sixty low-performing, needy schools in California through a federally-funded Safe and Supportive Schools Grant, as well as to improve school mental health, special education and migrant education programs in all schools and help close the racial/ethnic achievement gap.

Vicki Bauman graduated Magna Cum Laude from California State University, Stanislaus with a Bachelor of Arts Degree in Organizational Communication. Her current title is Director II of the Prevention Programs Department. She has direction over an organizational unit involving 20 professionals and other level employees. She is responsible for a diversified, multiple county wide technical area with a budget of over $36 million.

She is Regional Coordinator for TUPE (Tobacco Use Prevention Education), Safe Schools, and Healthy Start. She oversees After School Education and Safety Programs, 21st Century Community Learning Centers and ASES, After School Programs, Leadership Academy and the grant writing process for future programs to serve the region.

Ms. Bauman also serves on several committees; she represents the county on the Prop 10 Commission and Children's Council, Heart Walk, Child Abuse Prevention Committee, Drop Out Prevention committee, Domestic Violence Council, Howard's Training Center Board member, Prop 63 Committee Member, Binge Drinking Committee Member, and Police Activities League Board President, Gang task force and her favorite member of the Modesto Rotary, and Gang Task Force.

She has been married for 34 years, has three grown children, and 2 grandsons; Parker and Logun.

Christina Borbely, Ph.D., is a research consultant at CARS providing technical assistance to California's Safe and Drug Free Schools & Communities grantees. Also a member of the EMT team, Dr. Borbely coordinates program evaluations for El Dorado County Office of Education and San Francisco Big Brother Big Sister. Prior to joining EMT/CARS, Dr. Borbely was a member of the research staff at Columbia University's National Center for Children and Families. Her work in the field of youth development and prevention programs has been presented at national conferences and published in academic journals. Specifically, Dr. Borbely has extensive knowledge and experience in program evaluation and improving service delivery by identifying factors that impact today's young people. She is also involved as a volunteer in providing mentoring and developmental support to youth in underserved populations. She received her doctoral degree in developmental psychology, with a focus on children and adolescents, from Columbia University (2004).

Danelle Campbell has over 20 years' experience in the prevention field. She manages the Prevention Unit for Butte County Department of Behavioral Health and provides consultation, facilitation and training at the local, state and national level in areas such as strategic planning, ATOD prevention, youth development, youth evaluation, environmental prevention, community organizing, coalition development and youth grant making/philanthropy. She is responsible for the local development and implementation of several grant initiatives including Safe and Drug Free Schools and Communities, Office of Traffic Safety, Friday Night Live Mentoring and Drug Free Communities Coalition. Danelle has been a regional trainer for Prevention by Design and a consultant for CARS providing consultation, training and technical assistance to County Prevention Coordinators, staff and community stakeholders – assisting them with the Strategic Prevention Framework (SPF) including needs assessment, capacity building, strategic planning, evaluation and sustainability. She brings innovation, expertise and knowledge of effective prevention programming to statewide efforts including the California Friday Night Live Partnership, where she served as President of the statewide Collaborative. She has developed and implemented four nationally recognized programs including Butte County Friday Night Live/Club Live, Butte County Friday Night Live Mentoring, Butte County Youth Nexus and the Butte Youth Now Coalition - three receiving the Exemplary Substance Abuse Prevention Program award for effective, evidence-based, state-of-the-art substance abuse prevention programs and one for CADCA'S National Coalition of the Year GOT OUTCOMES award.

Marian Gage has over 30 years of experience in working in the field of prevention and early intervention. Over 12 years were spent in the Butte County Mental Health/Alcohol and Drug system as the Prevention Coordinator. Over 20 years were spent as the Health and Safety Coordinator of Butte County Office of Education. Marian has written over 30 federal, state, and local grants and managed the 12 million dollars awarded for school and community based prevention and early intervention services and programs. Ms. Gage has facilitated numerous trainings from school based prevention curriculum, strategic planning, safe school planning, and youth development including a stint as a state-wide trainer for Safe School Assessments. Ms. Gage is currently retired and works part time on projects related to Early Intervention Services for Youth, an addiction education program with Doctor specializing in addiction, and a Cultural Proficiency Project.

Erika Green, M.S. has worked in the prevention field for 14 years and has a wealth of experience working with mentoring and general prevention programs in a management capacity. Ms. Green's work experiences include coalition development, providing research and evaluation support, and providing technical assistance and training through workshop and training development. Ms. Green also has over eight years of hands-on experience in youth development and substance abuse and violence prevention and has developed a rich expertise in the areas of effective prevention strategy development, implementation and evaluation. She holds both an undergraduate and graduate degree in Criminal Justice from California State University, Sacramento. Ms. Green is currently the Director of Training and Technical Assistance at People Reaching Out, a non-profit organization located in Sacramento, California.

Tom Herman has been in education for over twenty years as a high school teacher, coach, mentor teacher, vice principal and principal. Mr. Herman currently manages the Coordinated School Health and Safety Office at the California Department of Education. As well as overseeing Coordinated School Health, he administers the Safe and Supportive Schools Federal grant for the improvement of school climate, and the prevention of drug, alcohol abuse, and violence in California's schools. Additionally, through the 58 county coordinators, he oversees the technical assistance for Tobacco Use Prevention Education (TUPE) Programs in California. Tom also sits on the Governor's Prevention Advisory Council (GPAC).

Dean Lesicko currently serves as Project Director for two grant-funded programs; the Student Assistance Program called Breakthrough, and an Elementary School Counseling Program called R.A.I.N. He received his B.A. in Psychology from the University of California, Santa Barbara and an M.S. in Counseling from California State University, Long Beach. He currently teaches in the Counseling and School Psychology Department at San Diego State University and Azusa Pacific University. He is Past- President of the California Association of School Counselors (CASC). He possesses an Administrative Services Credential and a Pupil Personnel Services Credential. Mr. Lesicko has a long-standing professional interest in alternative education and youth development. He is interested in creative methods for enhancing collaborative efforts between K-12 schools and the surrounding community.

Gary Najarian has served for seven years as Resource Development Coordinator in the Department of Health and Human Services (HHS) with the County of Marin. Mr. Najarian coordinates the new "Prevention Hub", a cross-divisional collaboration effort to enhance primary prevention services within HHS. He also serves as the Prevention Coordinator for the Division of Alcohol, Drug and Tobacco Programs. Mr. Najarian currently coordinates alcohol and drug prevention, media and evaluation efforts under the direction of the new 2010-2015 Continuum of Services Strategic Plan. Included in that plan are three new local community coalitions, and county-wide projects to reduce the appeal and access young people have to alcohol and drugs including Social Host Accountability Ordinance implementation, Responsible Beverage Service, Compliance Checks and Shoulder Tap Operations and the Play Fair initiative. Previously, he served for five years as the Project Director for the Connecticut Coalition to Stop Underage Drinking, an initiative of The Governor's Prevention Partnership in Hartford, CT. As the Project Director of the CCSUD, Mr. Najarian assisted over 100 communities in Connecticut to implement comprehensive initiatives to stop underage drinking. Included in those initiatives were 40 local ordinances to prevent underage drinking "house parties", the Champions for Youth campaign support to local communities, Minors in Stings, a campus-community initiative and the Governor's Spouse's Initiative. He is a graduate of the UConn School of Social Work where he received his MSW in Community Organizing and Public Policy. He is also a MPH candidate at the UConn Program in Public Health at the UConn Health Center.

Leslie Poynor is the California School Climate, Health and Learning Survey System (Cal-SCHLS) Regional Coordinator for the North Coast/Bay Area Region. She is a Research Associate in the Health and Human Development Program at WestEd in Oakland, California. Her areas of expertise include fostering positive school climates. She is particularly interested in creating an inclusive, trusting community for students from a variety of cultural and linguistic backgrounds. She has conducted a number of original research studies, authored several published education articles, published an edited book, and presented at local, state, national, and international conferences. Her articles have appeared in the Educational Researcher, the Bilingual Research Journal, and the TESOL Journal.

Jan Ryan is a consultant coming from the field of education but with experience in multiple systems, she has become a "translator" between systems. Although employed by one school district for 29 years, only the first four were in a traditional teaching job. Every year after 1981 has resulted in jobs never done before either in structure or in content. Jan has been consulting locally, regionally, statewide, nationally, and internationally due to the flexibility and generosity of the Desert Sands Unified School District which contracted out her services. Her first language was public education at the site, district, county, and state levels. In Micronesia as a consultant for the Attorney General, she learned more about cultural competency, community engagement, and developing services for the whole community, those at risk, and for individuals in need. Working side by side with a countywide School Resource Officer, she learned some of the basic language law enforcement. Currently Ms. Ryan is consulting with the Riverside County Department of Mental Health department and Substance Abuse Programs, to assist with the Strategic Prevention Framework and the re engineering of the continuum of care. In every setting, the teamwork and programs she facilitated are sustaining. Thanks to mentors and experience, Ms. Ryan sees opportunity where others see scarcity.

Maureen Sedonaen has over 20 years of experience in the nonprofit leadership and management sector. A nationally and internationally recognized authority and thought leader in the field of Strategic Leadership and Youth Development; she focuses primarily on the intersections between Leadership, Social Change and Community in the areas of Health, Public Policy, Philanthropy and Civic Engagement. In 1989, Ms. Sedonaen founded the Youth Leadership Institute (YLI), incorporated in 1991, and currently serves as the organization's President and Chief Executive Officer. An accomplished keynote speaker, trainer, and consultant, she has received the State of California Governor's Award of Recognition for developing youth programs that truly empower young people; a Congressional Award of Innovation for her youth leadership and development work. She has a particular interest in the intersections between Social Justice, Philanthropy and Social Entrepreneurship. Maureen has written numerous articles, thought and policy papers on leadership, prevention, public policy and meaningful youth engagement. Maureen holds an MBA in Strategic Leadership.

Kerrilyn Scott-Nakai is currently the Project Director for the Safe and Drug Free Schools and Communities Technical Assistance Project and the Community Prevention Initiative. She has over 12 years of progressive experience conducting research and evaluation projects focusing on ATOD and violence prevention services for youth and their families—with an emphasis on school-based programs. Ms. Scott-Nakai has worked at the local, state, and federal levels. She has overseen several local and statewide evaluation projects (including the California Friday Night Live Mentoring Project, the California Youth Council, and the Orange County On Track Tobacco Free Communities Project) and has substantially contributed to the management and design of large-scale multi-site federally funded prevention studies (including Project Youth Connect and the Mentoring and Family Strengthening initiative). Before joining CARS, Ms. Scott-Nakai conducted school safety research as a consultant for the Florida Safe and Drug Free Schools Program and the Florida Safe Learning Environment Data Project (a three-year longitudinal study). During this time, she provided technical assistance and support to SDFSC Coordinators regarding evaluation and measurement issues. Additionally, Ms. Scott-Nakai taught a Theory of Measurement course at the University of Florida for two years.

Daryl Thiesen has served the students, teachers and families of Kern County as the County Prevention Programs Coordinator for the past 15 years in the School-Community Partnerships Department at the Kern County Superintendent of Schools Office in Bakersfield, CA.

Mr. Thiesen strives to make a positive difference in the lives of children and families in his community. Through his many leadership roles in Kern County, along with his workshops and conferences, he teaches students how to avoid conflict with each other, replace substance abuse like tobacco with positive activities, and create a sense of belonging through youth asset development and student leadership instead of gangs. He is currently working on a Mental Health Services Act-Prevention & Early Intervention Prop. 63 funded Student Assistance Programs project in partnership with Kern County Mental Health and Kern County school districts. He has co-authored two successful Safe Schools/Healthy Students federal grants.

Over his 24 years as an educator he has been a classroom teacher, varsity soccer coach, school staff development trainer, adjunct

University Instructor and program administrator. Mr. Thiesen has a dual Master's degree from Harvard University and a Bachelor's degree from Fresno Pacific University. Mr. Thiesen is married, has two boys-Mike and Matt, and his wife Connie is an elementary teacher in the Rosedale Union School District in Bakersfield, CA.	

Day1

Presentations

Partnering for Success:

Thinking beyond SDFSC Funding

Presentation #1

Sharon Dais, ADP

SDFSC Learning Forum

A New Vision for Prevention

Sharon Dais

Assistant Deputy Director, Prevention Services CA ADP

A New Vision for Prevention

- Thinking beyond traditional funding silos
- Thinking across systems and disciplines and investing in partnerships
- Thinking about effective strategies that lead to multiple outcomes

A New Vision for Prevention

- Relying on need driven planning processes, evidence-based implementation, and outcome-based decision making
- Thinking of whole person wellness and prevention prepared communities

Thinking Beyond Funding Silos

- FEDERAL TRENDS
  - Substance Abuse and Mental Health Service Administration (SAMSHA)
  - Office of National Drug Control Policy (ONDCP)
  - Health Care Reform, Affordable Care Act (ACA)

Thinking Across Systems

INVESTING IN PARTNERSHIPS

- Schools (LEAs)
- Community-Based Organizations
- Communities
- Health Care Settings
  - Clinics and FQHCs
- Mental Health Settings

Thinking About Multiple Outcomes

- **Risk and protective factors are predictive of an array of risky behaviors and harmful consequences**.
  - Substance abuse
  - School drop out
  - Violence and delinquency
  - Mental health issues
  - Physical health issues

Thinking About Multiple Outcomes

- Cross system approaches lead to cross-system outcomes
  - Student Assistance Programs (SAPS)

Relying on Data Driven Processes

Value of the Strategic Prevention Framework (SPF)

- Conducting a needs assessment
- Engaging in strategic planning
- Building community capacity
- Implementing evidence-based strategies
- Evaluating strategies for effectiveness

A New Vision for Prevention

Never Waste a Good Crisis!

A New Vision for Prevention

Exciting Opportunities on the Horizon

Contact Information

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Partnering for Success:

Presenter

~*Tom Herman, CDE*

~*Greg Austin, WestEd*

Today's Challenges and Opportunities in AOD Prevention

Greg Austin, WestEd
Director, Health and Human Development Program & CalSCHLS
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Presented at the
Partnering for Success Forums
April-May 2011

WestEd
WestEd.org

Presentation Overview

- The Challenges in the Post-Title IV World
- Strategies for addressing the challenges
  - Collaboration
  - Raising school awareness of AOD use
  - Opportunities within school climate movement
- Programmatic implications
- The critical role of data

WestEd

Immediate Challenges

- Title 4 (Safe & Drug Free Schools) funding & requirements gone
- A generation of prevention specialists retiring
- Accountability/testing movement: Schools unwilling to do anything that takes away from instruction
- Budget crisis: Schools unwilling to do anything not required
- Two decades of capacity building collapsing

WestEd

Chronic Structural Challenges

- Prevention and health marginalized in schools
- Program Limitations:
  - Narrowly-focused and fragmented
    - Categorical funding and requirements
  - Redundancy — Students assigned to multiple, overlapping programs;
  - Don't deal with common causes and interrelationships.
  - More focused on fixing problems than providing supports to avoid problems

Structural Challenges (2)

- Lack of internal coordination of services.
- Lack of external coordination and referrals to community services.
- Poor sustainability

The Challenges: High Schools

- As AOD use increases, level services decline dramatically.
- Only 1/5th HS staff strongly agree school provides ***effective confidential support and referral services*** to help with substance abuse or other problems (e.g., Student Assistance Program).
- Only 10th strongly agree school has sufficient AOD prevention resources.
- Only 18% strongly agree school considers prevention important goal.

Source: Austin et al. (2008), *2004-06 California School Climate Survey Results*

What Challenges Have You Experienced?

Meeting the Challenge: School-Community Collaboration

- Help identify (through data) needs of youth/schools
- Raise awareness of need among administrators and teachers
- Strategize on how to address needs collaborative
- Pool resources and expertise to meet these needs
  - i.e., referral to treatment

Meeting the Challenge: Cross-Program Collaboration

- Reduce fragmentation/redundancy and promote service integration
  - Embed AOD prevention in a comprehensive, integrated approach to promoting wellness.
  - Substance abuse typically only one of multiple inter-related problems often rooted in common factors.

Heavy Users Have Multiple Problems

Heavy drug use and binge drinkers are 1.5 to 5 times more likely than nonusers to:

- be harassed, fear being beaten, feel unsafe at school (1.5-2 times)
- fight and vandalize at school (2-3 times).
- carry a weapon to school and threaten someone with it (5 times),
- be a gang member (5 times)
- be the victim of teen dating violence (4 times) [10]
- experience chronic sadness (1.5-2 times).

Raising Awareness & Combating Marginalization

- Focus on what matters to schools:
  - Improving attendance, grades, test scores, and graduation
  - Turning around low-performing schools.
- Show adverse affects of AOD use on:
  - Student behavior and performance
  - Whole school environment
  - Financial costs to the school

Framing the Message

- Substance use is a barrier to learning and school improvement
- Prevention as a learning support
  - The resources, services, and strategies that give students the physical, social, emotional, and intellectual support needed to learn and have equal opportunity to succeed.

Learning Support Framework

- Student attendance and readiness and ability to learn hampered if they are:
  - Ill, tired, or hungry,
  - Unable to concentrate or restless from lack of exercise,
  - **Intoxicated**,
  - Fearful, stressed, emotionally disengaged.
- Violence, crime, and bullying on campus hinder learning of *all* students.
  - Much of it AOD-related

Leaning Support Framework (2)

- Learning affected by complicated set of nested factors (e.g., health, social/emotional, developmental) that must be addressed in a holistic fashion.
  - Addressing the needs of the Whole Child

Affects Teachers

- 22% of teachers in CA leave job within four years
- Among contributing factors:
  - Stress from dealing with student AOD use and related problems (e.g., safety)
  - Poor workplace conditions
    - Lack of collegiality, high expectations, meaningful participation and decision making (i.e., developmental supports)

Awareness of Need

- Many educators recognize substance abuse and health problems adversely affect schools and learning
  - 60-64% of CA school boards and superintendents strongly agree that health services reduce student absenteeism, improve academic performance, and facilitate student learning (2007 survey).
  - In a national survey, few superintendents did not understand the necessity of schools doing more to address nonacademic/health problems.

Awareness of Need (2)

- Half of CA high school staff see AOD use as a moderate or severe problem at school
  - Exceeded only by truancy and disruptive behavior
  - AOD use rated above all of seven violence-related indicators, including bullying.
- For many, issue may not be awareness so much as capacity and resources to address the problem.
- What can we do to help turn awareness into action?

Austin & Bailey (2008), *What California teachers and staff tell us about their schools*.

Let's Look at Some Data

Impacts School Budgets

- ATOD use annually costs American schools $41 billion due to:
  - truancy
  - special education
  - disciplinary problems
  - disruption
  - teacher turnover and
  - property damage.

©enter on Addiction and Substance Use (2001), *Malignant neglect: Substance use and America's schools.*

Impacts Test Scores

- Level of substance use significantly correlated with changes in a school's average CA standardized test scores one year later as well as overall API scores.
  - Current AOD use at school
  - Lifetime intoxication
  - Offered drugs at school

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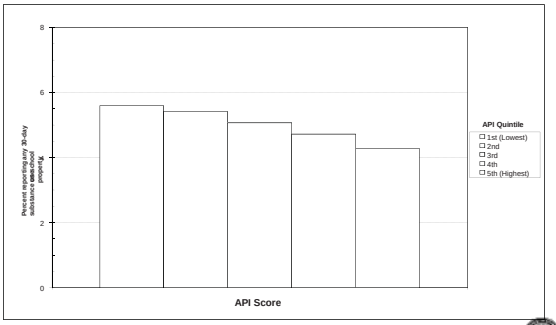
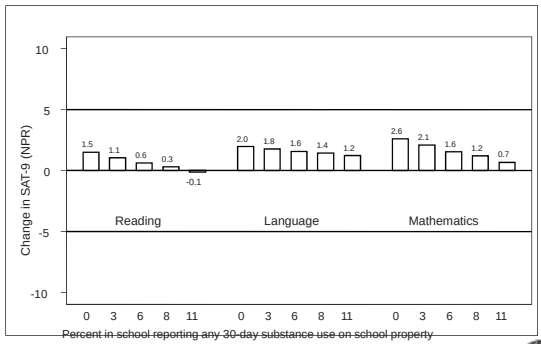
Hanson et al. (2004), *Ensuring No Child Left Behind*, www.chks.wested.org. See CHKS Factsheet #3

30-day Substance Use at School and API Scores (Concurrent Relationship)



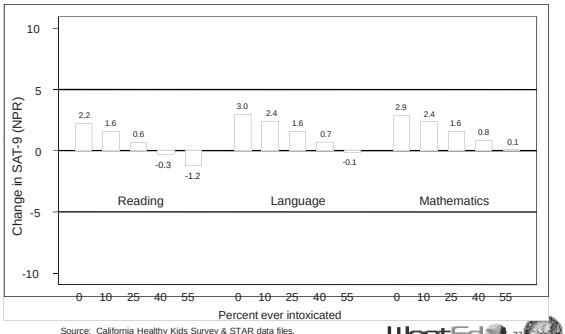
30-Day Substance Use at School and Annual Changes in Test Scores



Source: California Healthy Kids Survey

Not Just Users at School:

Lifetime Intoxication and Annual Changes in Test Scores



Source: California Healthy Kids Survey & STAR data files.

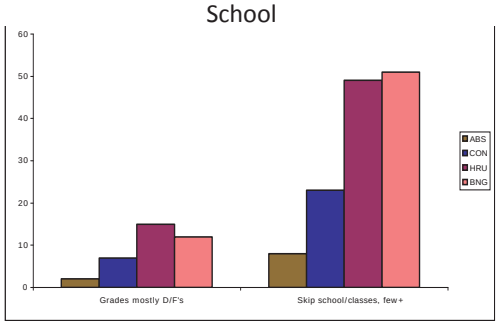
Hanson et al. 2004

Impacts Attendance

- 6% of CA 11th graders miss school because of **substance use**.
  - underestimation
- Chronic truants (monthly) six times more likely to be heavy users than nonusers (58% vs. 10% in 11th grade).
- Heavy users in 9th grade 4+ times more likely to have skipped school or cut classes at least several times than nonusers. Conventional users, 2-3 times more likely.
- *Students can't learn if they are not in the classroom and school loses ADA funds.*

Austin et al, (2005), *Heavy alcohol and drug use among high school students, 2003-04.*

More Likely to Perform Poorly and Skip School



9th Graders

HRU = High Rate Drug Use. ABS = Total Abstainer (past 6 months)
BNG = Binge Drinker.

Impacts School Vandalism and Violence

- Heavy users about 4 times more likely to damage school property than nonusers.
  - Conventional users, 2-3 times more likely.
  - Among all 11th graders reporting school vandalism, heavy users responsible for half — and nonusers only 17%.
- Heavy drug users 7-10 times more likely to (1) carry a weapon to school and (2) threaten someone with it.

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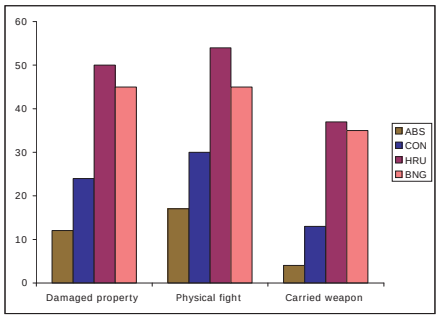
Austin et al, (2005), *Heavy alcohol and drug use among high school students, 2003-04*.

Engage in More Violence at School



9th Graders — Past 12 Months

Overall Impact of Heavy Use

- For every ten students who report poor school performance, attendance, and violence or weapons possession at school, 3-to-4 students in 9th grade and 4-to-6 in 11th are heavy AOD users.

Impact on School Disproportionate

18% of 9th-graders are HRU/BNG. They responsible for:

- About 30% of fighting and vandalism at school.
- About 40% of chronic truancy, D/F's, weapons.
  - 1.5-2 times abstainers (50% of enrollment)

In 11th grade, HRU/BNG (30%) vs. abstainers (35%) are:

- 1.2 times more responsible for D/F's
- 2-3 times, physical fighting, weapons, vandalism
- 6 times, chronic truancy

Tobacco Use

- Current smokers, especially in 7th grade, significantly more likely than nonsmokers to be:
  - AOD users
  - Experiencing school problems and disengagement.
  - Involved in school violence and gang membership, and
- Implications:
  - Smoking becoming marginalized in high-risk youth
  - Amarker for identifying youth at risk of school failure
  - Efforts to reduce student smoking need to address a broad range of risk behaviors and promote overall health and well-being.

Opportunities

School Reform and Climate

- Growing recognition of limits of current school reform efforts focused on curriculum, instruction, and governance.
- Call for focusing on school climate and need to improve environmental supports for all students
  - Federal Safe and Supportive Schools Grants

Limits of School Reform

- Fail to address health and psychosocial barriers to learning — e.g. AOD use — that impede students readiness, ability, and motivation to learn — and benefit from instructional improvements.
  - Learning supports are the "missing piece" of school reform.
  - Engaging students in learning given too little attention

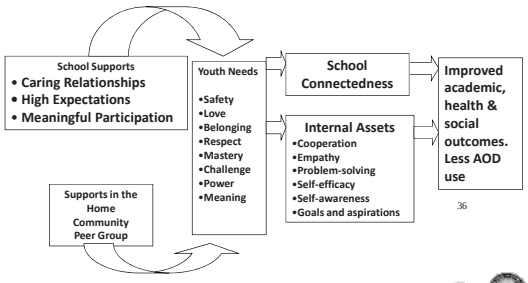
Engagement and Prevention Align

- Literature in both areas stress the importance of youth development
  - Learning can't occur unless the fundamental developmental needs of student are ~~not~~ met
  - Providing developmental protective factors that meet these needs increases likelihood of positive health, social, and academic outcomes — including less substance use — even in high-risk environments.
- A primary example of need to break down silos between prevention and education

Engagement and Youth Development

- "The fundamental challenge [of school reform] is creating a set of circumstances in which students take pleasure in learning…and that they can be reasonably expected to be able to learn the material."
- "Although learning involves cognitive processes…motivation to learn depends on a student's involvement in a web of social relationships….It is not coincidental that many of the qualities associated with engaging schools also have been found to foster healthy youth development." (National Research Council, *Engaging Schools*, 2004)

CHKS Youth Development Framework for Engagement, Prevention, & School Success



Connectedness is AOD Prevention

- Research repeatedly finds that academic achievement and school bonding/connectedness are protective factors associated with lower AOD use.
  - National Adolescent Health Survey: family and school connectedness the most powerful health protective factor (Resnick et al. 1997).
- Prime example of need to break down silos between health and education

Benefits of Approach

- In era of limited resources, not expensive
- Not a curriculum requiring extensive training
- It's a twofer: increased academic achievement and lower substance use and other risk behaviors.

School Climate and AOD Prevention

- What is school climate?
  - The conditions or quality of the learning environment that affect the experiences, attitudes, behaviors, and performance of students and staff
- Premise: Achievement will be increased by improving conditions for learning and teaching within the school:
  - Promote engagement
  - Provide learning supports to reduce risk behaviors and external barriers to learning — such as AOD use.

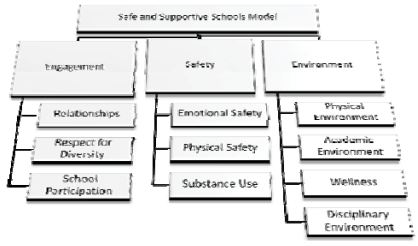
School Climate and AOD Prevention

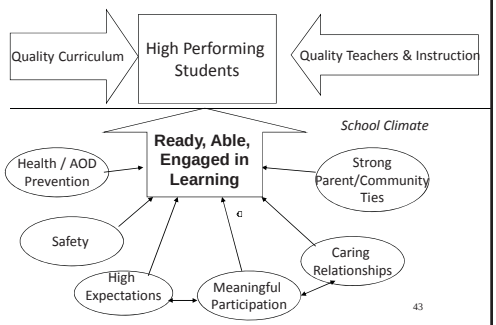
- School climate aligns with the public health pyramid and Response To Intervention (RTI) movement
  - Universal supports for all students
  - Indicated programs targeting at-risk groups
  - Interventions for symptomatic individuals
- Shared focus on:
  - Developmental supports
  - Referral to treatment
  - Need to engage parents and school-community collaboration

What is School Climate?

- An environmental approach
  - Shift from "fixing" the individual to creating a protective environment that reduces risk of problems developing
  - Shift from problem orientation to strength promotion
- Means to embed prevention in school improvement
  - Link health/prevention and education and break down the silos that have separated them

US ED'S S3/School Climate Model





A School Climate Model for School Success

Summary: Framing the Message

- AOD use fundamental learning barrier that affects both student and staff attendance, behavior, performance, as well as school budget.
- Community partnership in school improvement efforts is an important AOD prevention and health promotion strategy.
- Prevention/health and education are complimentary

Program Implications

- Integrate prevention efforts into more systematic learning support programs
- Become less focused on fixing kids through curriculum than on collaboratively providing all youth with developmentally supportive and protective environments — school, family, & community.

Program Implications: SAP's

- Address needs of heavy users and other high-risk populations through interventions (Student Assistance Programs) that:
  - Identify problem users and at-risk youth
  - Collaboratively provide ***support*** and a continuum of services and referrals that link school and community resources.
  - Comprehensively address school, social, personal, and behavioral problems associated with AOD use.
    - Research supports they reduce use and improve school attendance and graduation
- Go to the Forum SAP Workshop!

Collaboration: What Schools Need

- Emphasize you want to be partners with schools — you support the schools mission.
- Show school leaders how you can make their job easier and help in improving the school and student achievement.

What Schools Need (2)

- Help them collect and analyze data to identify prevention and intervention needs (e.g., who are "at-risk" youth)
- Engage in strategic planning to meet their needs
- Provide expertise to help students in need
- Identify community resources to meet the needs
- Aid in identifying and implementing research validated programs

See: CHKS Guidebook to Data Use and Dissemination

What Schools Need (3)

- In national survey of Superintendents, priorities regarding learning supports were:
  - Guidance and strategies on **best practices**
  - Guidance and support on **capacity building** and how to identify and **better use financial and service resources**
  - **Funding** improvements and flexibility
  - Guidance in fostering **school-community collaboration**
- **What have you found promotes school-community prevention collaboration?**

Source: Center for Mental Health in the Schools, UCLA

The Critical Role of Data

- Data central to:
  - Making the case for AOD prevention,
  - Obtaining funding
  - Demonstrating progress (accountability)
  - Fostering collaboration
- Schools main source for data — the California Healthy Kids Survey. It too under threat.
- Next up on the Agenda:
  - Value of CHKS and the Cal-SCHLS System for AOD prevention and how to sustain it.

Preparing for the Journey:

Becoming Equipped with the Right Tools and Resources

~ Greg Austin, WestEd

Sustaining and Using Cal-SCHLS as a Resource for AOD Partnerships

Greg Austin, WestEd
Director, Health and Human Development Program & Cal-SCHLS
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Presented at the
Partnering for Success Forums
April-May 2011

WestEd.org

Presentation

- Survey Background and Value
  - AOD content
  - Data access and use resources
- Sustaining in the post Title IV world
  - Plans for next California Student Survey
- What the Safe and Supportive Schools Grant means to you and sustaining the survey

Announcing Cal-SCHLS

- The **California School Climate, Health, and Learning Surveys** Data System
- Three linked assessment tools:
  - **CA Healthy Kids Survey** (CHKS)
  - **CA School Climate Survey** (CSCS)
  - **CA School Parent Survey** (new, fall 2010)
- Websites: cal-schls/chks/cscs/csps.wested.org
- A project of the California Dept of Ed, Coordinated School Health and Safety Office and partners

What is Cal-SCHLS?

- The largest, oldest effort to provide schools/communities statewide with local data from students, staff, parents to:
  - Identify and meet the needs of students and promote academic achievement, positive development, and well-being.
  - Improve school climates, teacher satisfaction and retention, and parent involvement
- Identified as a model by ED (*Safe Schools/Healthy Students*)
- CA's major source of data on adolescent AOD use.
  - A major resource for establishing school-community partnerships.

Overview to Cal-SCHLS

- Paper and Online versions (student online new for 2010/11)
- Low cost
  - $30/student fee for both CHKS and CSCS
  - Parent additional; discount if combined with student/staff
- Detailed survey administration and data use guidebooks and support materials
- Factsheets analyzing results

Data Overview

- 2004-11 CHKS/CSCS required every 2 years, Title IV
- Students: grades 5, 7, 9, 11, & Continuation
  Staff and parents: All grades 4-12
- Representative district, county, and state reports posted on CHKS and CSCS websites

CHKS Content

CHKS Core Content Overview

- Learning conditions, barriers, and supports
- School connectedness & engagement
- Resilience/developmental supports in school & community
  - Caring, respectful relationships
  - High expectations
  - Meaningful participation and decision making
- ATOD use
- Safety, violence, victimization, and crime
  - Weapons, gangs, gambling, hate crimes, dating violence
- Mental health (depression risk & suicide ideation)
- Exercise

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Content—ATOD Use

- Lifetime and 30-day frequency
- Use at school
- Adverse AOD effects (11)
- AOD Dependency indicators (10)
  - Based on APA DSM criteria: tolerance, lack of control, interference with life, efforts to stop use
- Perceived availability
- Attitudes; perceived harm & friends disapproval
- Prevention (talk to parents; message exposure)

Content—School ATOD Indicators

- Use at school
  - 30-day frequency of alcohol, marijuana, tobacco, other drugs, and total AOD
  - Lifetime number of times
  - Important indicator of promoting school-community partnership discussions
    - Indicator of both heavy use and school disengagement
    - Direct link to adverse effects on learning
- AOD use cause 1) miss school, 2) problems with school work, 3) interference with normal activities like school
- Offered drugs at school

Heavy Use Indicators

- Binge drinking
- Weekly alcohol or marijuana use (in three or more of the past 30 days)
- Current use of drugs other than marijuana and polydrug use (simultaneous use)
- Use at school
- History of being drunk or intoxicated on drugs
- Use style — getting drunk or very high when use
- Two or more use problems and/or dependency indicators
- New: Current Heavy Drug User Index

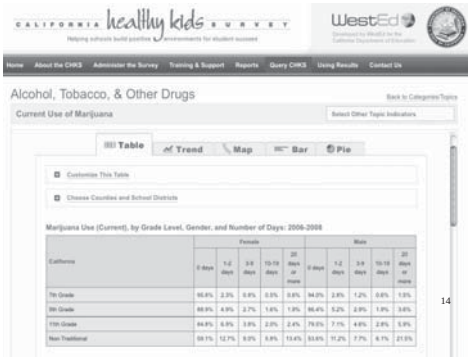
AOD Use: Supplementary Module

- Six-month use frequency.
- Steroid / performance enhancement drug use, lifetime.
- Use cessation.
  - 3 items on quitting alcohol, cigarettes, and marijuana
  - 1 item about feeling need for help for AOD use.
- Likelihood student would find help at school to stop or reduce using alcohol or other drugs
- Availability/Sales
  - how do kids get alcohol; frequency sold drugs
- Combined with Core forms full CSS

Reporting System

- All district level reports posted on website (www.chks.wested.org)
- School level reports ($50) and complete dataset available on request
- Online access to key indicators through Query CHKS
  - AOD use: lifetime, 30-day, at school, use level, driving
  - Selected cross-tabs (gender, race/ethnicity, school connectedness)
  - Data graphing

Query CHKS—Search Results



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- Your suggestions for improving reports?

The Staff Survey

California School Climate Survey — www.cscs.wested.org

Staff Survey Overview

- Three short sections targeting different groups
  - General Core (All staff)
  - Learning Supports Module
    - Health, safety, AOD prevention, and counseling staff
  - Special Education Supports Module
    - Staff with responsibilities for students with Individualized Education Plans (IEPs).
- Reports posted on website
- Query CSCS forthcoming
- Less than half (47%) of Forum Survey respondents have seen results

AOD Content — Core

- How much of a problem is use of alcohol, tobacco, other drugs at the school?
  - Compare with student report of use

AOD Content — Learning Supports Module*

Provides data to assess services and strategies that address AOD and other behavioral/health needs:

- Interventions: School provides effective confidential support and referral services for substance abuse etc. (e.g., SAP).
- Collaboration: School collaborates well with community organizations to help address substance use

*for staff in health, prevention, safety, counseling

AOD Content — Learning Supports Module

- Policy/Disciple:
  - School punishes first-time violations of alcohol or other drug policies by at least an out-of-school suspension.
  - This school enforces zero tolerance policies
- Prevention:
  - School considers substance abuse prevention an important goal.
  - School provide alcohol or drug use prevention instruction
  - School has sufficient resources to address substance use prevention needs.

CALIFORNIA school parent SURVEY

www.csps.wested.org

Features

- Newest survey, just beginning
- Not covered by CHKS fees
- Shortest (34 questions)
- Voluntary and anonymous for parents
- Online and/or paper (scannable OMR booklet)
- Translated into 26 languages
  - Reach 99% of California parents and caregivers
  - Online and booklets now only English and Spanish
    - Other OMR in process

Content

- Problems at school from **AOD use**, violence, bullying, truancy, etc.
- Perceived school safety
- School welcoming/informative to parents
- Parental involvement in education of children
- Students cared for and treated fairly, respectfully, and equally
- Students held to high expectations
- Clarity and equity of discipline

Parent Participation

- Even bigger problem than staff
- Average RR of district-sponsored surveys about 30% using paper surveys
- Outreach and encouraging participation is essential
  - See guidebooks
  - Presentation on website (from National School Climate Symposium)

How do you think you could use the parent survey?

Customize to Meet Your Needs

- Not just a survey but a data collection system
- Add questions to expand value
- Student exposure to prevention programs for evaluation
- Assess parent/community AOD risk factors
  - Attitudes & knowledge
  - Discussions with children
  - Exposure to prevention messages


Aides to Understanding and Using the Data in Partnership


Data Use Supports

- On-call TA & tele-workshops (webinars)
  - Onsite workshops as custom service
- *Content Guides* discuss significance and implication of each question in each survey
  - Why asked; what research says; relevance to practice
  - Recommendations for further analysis
  - Sections on substance use
- *Guidebook to Data Use and Dissemination*
  - Stresses importance of collaboration


Data Use Supports

- *Workbook for Improving School Climate and Closing the Achievement Gap* (being revised)
  - Helps identify key findings and strategies to address them
- *Handbook to Using the CHKS/CSCS to Help Improve School Mental Health Programs (forthcoming)*
  - Section on AOD use as indicator and contributor to mental health issues

All documents posted on websites

Data Use Webinars

- Very basic
  - Walkthrough content and significance
  - Key issues in interpreting meaning of data, response rates, change over time, comparing results
- Regularly offered: High staff turn-over
- Open to all members of school-community team
- Sets stage for onsite workshops on request
- Download PPT slides: http://chks.wested.org/training_support/workshops/presentations

Student Voice Fishbowl

- Facilitated discussion of survey results with students with adults listening in circle around them.
  - How'd they reduce substance use?
- Obtain student input into program improvement
- A youth-development and school climate improvement strategy
  - Meaningful participation
  - Communicates caring
- Adds context to survey responses
- Follow with collaborative student-staff planning.

Partnering in Analysis

- Fund school reports and dataset for analysis to drill down into more details at local level
- Trends
- Characteristics of heavy users: race/ethnicity, gender, family/living arrangements etc.
- How AOD use is related to school outcomes
- How use related to programmatic efforts and services

Sustaining Use Post-Title IV

Strategizing for the Future

- Schools no longer have T4 funds for survey expenses
  - Student fees
  - Photocopying surveys, parent consent etc.
  - Labor for planning, administration and data analysis
- CHKS/CSCS no longer required under Title IV
  - As/more problematic than funding
  - If participation declines, so does value of survey for county and state coverage

What CDE Has Done

- Reduced Local Requirements & Costs
  - No longer requires 5th or 11th grade
    - 7th good baseline for program planning
    - 9th difficult transition year and before dropout rates rise.
- Created online CHKS (Core only) to reduce costs, especially for small districts
- TUPE Tier 1 Grants
  - Provides funds for survey

CSS-CHKS Integration

- DADP/CDE Collaboration
- Embed CSS (AG's Biennial Substance Use Survey) into CHKS data collection
- Goals
  - Save cost & maximize available funding
  - Encourage ongoing local CHKS participation
  - Preserve representative county and statewide data threatened by decline in survey participation

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CSS-CHKS Integration Plan

- Randomly select normal CSS sample every two years
- Provide financial incentives to administer full set of CSS questions as part of regular local CHKS over a two-year period
  - No longer using outside proctors
  - Cover student fees in selected schools
  - Raffle prize to encourage written consent form return
  - Per-school honorarium ($100) for local survey coordinator
  - Provide copies of instruments for use in all schools

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CSS-CHKS Integration Plan (2)

- After first 2 yrs of data collection, produce annual statewide reports with rolling averages
  - More current information statewide

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Reasons Why Schools Should Survey

- See *Cal-SCHLS Guidelines for Survey Administration, 2010-11*. (www.cal-schls.wested.org)
- Useful in guiding school improvement efforts
  - Majority of items assess school behavior, experiences, attitudes
  - Developmental supports and other conditions for learning / school climate factors
  - Supplementary S3 school climate module (new)
- Identify contributors to poor achievement & dropping out — learning barriers
- Identify factors related to teacher retention and parent/community involvement.

Reasons (2)

- Value of CHKS/CSCS data for only $.30/kid.
  - For half of districts, basic fees c.$130 or less.
  - Districts in 6th & 7th deciles, from $150-350.
  - The 10% of largest districts, $1,000.
  - Cost effective means to collect other needed data
- Value for obtaining state and federal grant funding
  - Federal/state grants will still be requiring needs-assessment data to justify funding in proposals.
  - USDE requirement for new school climate grantees.
  - State TUPE grants

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Reasons (3)

- Raise public awareness and program support
- Guide program funding allocation and policy
- Identify most vulnerable populations
- Improve school-community collaboration in meeting needs of youth
  - Brings community resources into service of schools.
- Contribute to county and state planning
  - If all districts don't continue, can't have representative county/state data

Forum Survey Results

How do you use CHKS results?

- Raise local awareness of youth needs/problems 67%
- Justify need for program funding in proposals 62%
- Guide prevention program funding 59%
- Guide prevention policy development 52%
- Monitor progress in reducing AOD use 52%

How to Help

- Cover fees and other costs
- Photocopy instruments
- Train older students to be proctors as a "service learning" experience (e.g., Friday Night Live)
- Reach out to local sources of funding and support

Local Sources of Financial Support

- Community and county agencies that rely on survey results
  - E.g., United Way, hospitals
- Local Prop 63 committees.
  - Cal-SCHLS *Guidebook to Promoting Student Supports and School Mental Health Programs*. (forthcoming)
- Federal grant funding (SSHS, GRAA, SDFSC/SAMHSA
- Your suggestions?

How to Help — Raise Awareness

- Compile evidence of financial value
- Distribute information on how health promotion improves school attendance (and thus funding), attention-level, and school performance
- Compile evidence of how improvements have occurred in addressing problem in the past

Compile Success Stories

- Collect and disseminate examples of positive effects surveys have had at the local, county, and state levels
  - Greater awareness of local needs, even at school-level
  - Improved school-community collaboration
  - Greater understanding of factors that contribute to poor achievement and dropping out.
  - Contributions to getting program funding
- Need examples of how made a difference, not just how as disseminated.
  - What actions occurred based on results?
  - What positive outcomes from actions?

What success stories do you know?

What One County Did

- Sonoma COE Health Program Coordinator obtained small amounts of funding from county stakeholders using the data.
  - Stressed how much they rely on the data and how much funding the data brought into county
  - $1,000-2,500 annual commitment pledges
  - Totaled enough to cover all survey fees for all districts
- Used as evidence to districts of how important survey data was to local and county agencies serving youth
- Got LEA's committed to continue survey through 2013.
- Collaboration important
  - Success based on relationships developed over years.

State-level Strategies

- State agencies require survey data in proposals to justify funding and continuing administration for monitoring progress
- Obtain state mandate with funding support
  - Under discussion
  - Based on widespread reliance on data
  - Need to support local use to provide representative county and state data.

Issue: Survey Content Balance

- Enhancing value to others raises issue of survey balance and length in Core CHKS Module
- Currently, heavily skewed to AOD use
- Other health advocates want more balance
- Need to focus on school climate
- Forum Registration Survey
  - Help us better understand which AOD questions are most valuable to programs to guide future decision making.

Forum Survey Results

- Very often used/very useful
  - Current use
  - Perceived harm
  - Perceived difficulty in obtaining; how where get alcohol
  - Age of onset
- Least often used/useful
  - Steroid & performance enhancing drugs
  - Exposure to antidrug messages
  - Frequency sold drugs
  - Perceived cessation help from school
  - Six month use

What S3 Means for You

- A means to fund data collection and data use TA in participating districts
- An enhancement of resources for all
- Raising awareness statewide of how school climate links to school improvement

S3 Overview

- Four year grant
- 300 high schools in 59 districts conducting Cal-SCHLS in Spring 2011 and 2014
  - CDE covering costs:
    - Survey instruments
    - All fees
    - School reports and racial/ethnic disaggregation
- Based on data and application 59 needy high schools will receive $100-$175K annual funding for program implementation

S3/School Climate Module

- Supplementary Module to CHKS
  - Better aligns all three Cal-SCHKS surveys
  - Better aligns Cal-SCHLS with ED School Climate Model

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School Climate Index (SCI)

- Summary score being calculated for all S3 schools and publicly posted
  - Score and results for each indicator used in its calculation
  - Includes AOD use at school
- SCI being added to any school reports requested.
- Draw attention to issue throughout state

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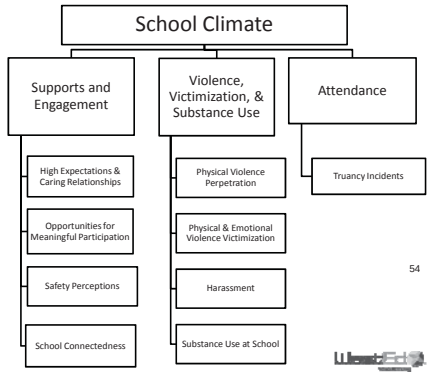
CAL S3 School Climate Measurement Model (Empirically Based)



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Enhanced State Resources

- Heavy reliance on technology & website to supplement onsite TA to S3 schools
  - Efficiency in disseminating information to grantees throughout state
  - Provide access to resources and tools that all schools and stakeholders can draw upon
  - Legacy after project funding ends
- Improvements in online data collection and reporting systems

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Resources

- Cadre of trained Data Use Coaches and outside consultants
  - Free to grantees but available to all
- Aids for integrating student, staff, & parent survey results and identifying needs
- Identification of best practices and systems changes to meet needs
- Webinars open to all

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Website Content

- Provide access to range of experts and resources addressing domains of school climate and varying needs:
  - Universal developmental supports (relationships, expectations, participation)
  - Connectedness/engagement
  - Safety (physical and socio-emotional)
  - Order and discipline
  - Physical and mental wellness (**substance use**)
  - Creating a continuum of services and practices integrated within school

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Information on Other Resources for All

- National S3 TA Center
- County Offices of Ed
- Healthy Kids Resource Center
- Community Prevention Initiative (DADP)
  - Free webinars, workshops, consultants related to substance use and prevention
- UCLA Center for School Mental Health
- Cal State LA Alliance for Study of School Climate

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Support Materials

- *Using Cal-SCHLS data to guide school climate improvement* (survey content guide)
  - Includes section on substance use
- Revised and expanded school climate data *Workbook*
- *What Works* guide to policies and practices
- Manual for conducting student voice fishbowls

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Potential Webinars — Initial

- Overview to importance of positive school climate and the S3 model
- Promoting developmental supports in the school and classroom (relationships, participation, and high expectations).
- What works in school safety and bullying prevention

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Potential Webinars

- Addressing health-related barriers to learning
- Substance use and school climate
- Creating a student assistance process.
- Integrating learning supports into school improvement
- Cultural relevance and respect for diversity
- Asset mapping
- Re-engaging students
- Classroom discipline
- Your suggestions?

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Publications

- Periodic factsheet and briefs highlight relevant survey results and best practices
  - *#12. Substance use and school improvement* (forthcoming)
- Report on how are SCI and test scores related over time
  - Making the link to achievement
- Statewide report aggregating survey results across grantees for comparison

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COE/CDE Capacity Building

- Collaboration with California Comprehensive Center for Technical Assistance (CC)
  - Raise understanding within CDE and COE
    - Why school climate essential part of reform
  - Building capacity to inform and help districts
  - Extend reach throughout state

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School Climate Workbook

- Tool to help identify student needs and link needs to strategies (practice).
  - http://www.wested.org/chks/pdf/CTAGWorkbook-complete.pdf
- Built around key questions about data.
- Emphasis on strength-based assessment and meeting developmental needs.
- First version focused on subgroups (race/ethnicity, special education, migrant education):
- Being expanded and interactive (online) for S3.

See how it works at the Forum
School Climate Data Workshop!

Questions

- How many of you have easy access to CHKS data?
- What issues have you experienced in trying to collaborate with schools in improving prevention efforts?
- What are the major data needs of local and county agencies?

Starting on the Path:

Sharing the Learnings

~ Daryl Thiesen, Kern County &

Vicki Bauman, Stanislaus County

One Piece at a Time: Putting Together School/Law Enforcement and Community Coalitions to Address Prevention & Intervention Needs

SDFSC Regional Forum

May 2011

Vicki Bauman

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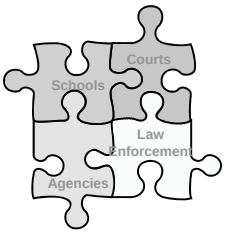
2

Putting together the puzzle pieces by forming coalitions



How we SLOWLY, OVER MANY YEARS created coalitions to address:

•After-School Programs
•Truancy
•Gangs
•Substance Abuse
•School Safety/Violence Prevention and Bullying

3

The Focus of Our Presentation- Gardener Metaphor

"Rather than the hasty tinkering of the mechanic, the nurturing of life requires the patience of the gardener. The fast technological rush of society leads us to be mechanics. We must preserve the long patience of the gardener."

McWhirter, At Risk Youth, p. 3

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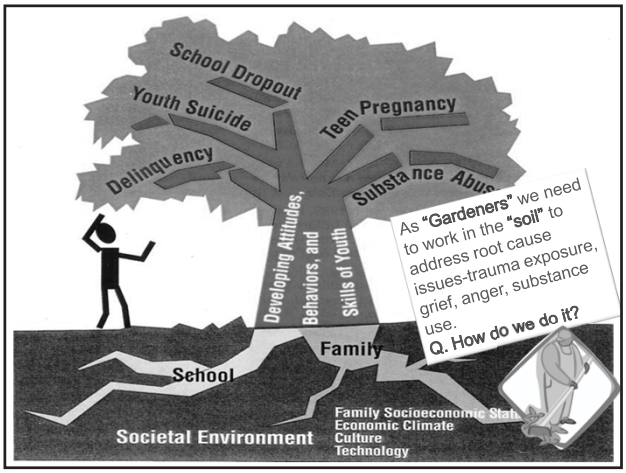


Vicki's Key Concepts in Developing Collaborative Partnerships

- Know your community….a must in developing partnerships
- Get on as many boards as you can ….to establish relationships for future partnerships
- Take a grant writing class
- When you write grants, write in personnel that can carry out the tasks of the grant

6

Vicki's Key concepts in developing collaborative partnerships

- Hire employees with qualities that you do not possess, (this makes for an incredible team)
- Write into a grant, an evaluator…a great evaluator is an incredible asset
- Diversify grants, for example…write State, Federal and non profit grants (do not put all your eggs in one basket)

7

Vicki's Key Concepts in Developing Collaborative Partnerships

- Get to know your city and county government….especially now with less resources, (collaborating together for a **common goal** is essential)
- Questions

8

Daryl's Key Steps in Building a Coalition

1. **Choose an area of prevention focus** based on data
2. **Join an existing coalition or group** focused on that prevention need, and/or - if one does not exist then Find Champions/Allies for that cause
3. **Create a strategic plan**
   a. Establish Goals/Objective/Benchmarks for Success
   b. Use evidenced-based programs with fidelity
4. **Find funding**
   a. Start small-local sources
   b. Take a grant writing course and/or find an experienced grant writer-and then learn from them
      - Google "grant writing resources = many free resources
      - http://www.tgci.com/
5. **Evaluate efforts, refine program**

9

Daryl's Key Steps in Building a Coalition

6. **Look for strategic allies**
   - Local Lead Agencies (Tobacco Coalition/Public Health)
   - Boys and Girls Clubs; Universities/Colleges
7. **Involve Youth… but not just as chair-occupying placeholders** (CASC training-how to plan and facilitate meeting, goal setting, planning a collaborative project, see www.casc.net
8. **Highlight what young people are doing in your community:** www.leadersinlife.org Annual Youth Conf. planned for teens by teens with over 1800 students/adults (started very small) in 13th yr.
9. **Use Youth Led Action Research**
   - Local examples with Friday Night Live Community Based Environmental Risk Reduction (CBERR) reducing youth access to alcohol and tobacco
   - California Tobacco Control Project grant with LLA
10. **Numerous Coalition Building Tip Sheets at:**

http://wch.uhs.wisc.edu/01-Prevention/01-Prev-Coalition-tips.html

10. **Start Small and build, learn from each grant or new project**

10

Building a Substance Abuse Prevention Coalition

Safe Schools Healthy Students

Key steps in building a coalition

1. Used California Healthy Kids Survey (CHKS) data to win a Federal Safe Schools/Healthy Students (SS/HS) grant for $6.8 million over 4 years. For SS/HS grant details, see OSDFS web site at: http://www2.ed.gov/programs/dvpsafeschools/index.html

Other Funding Sources

Tobacco Use Prevention Education (TUPE) grades 6-12 competitive grants http://www.cde.ca.gov/fg/fo/profile.asp?id=1399

Mental Health Services Act (MHSA) Prevention and Early Intervention Funding-Prop. 63 (see http://www.dmh.ca.gov/prop_63/mhsa/default.asp)

11

SS/HS Grant

Safe Schools Healthy Students

Required partners: LEA (School District), Law Enforcement, Mental Health

The FY 2011 SS/HS grant pre-application is available spring, 2011, one of the web sites where the grant RFP can be accessed will be: http://sshs.samhsa.gov .

Also on the OSDFS web site at: http://www2.ed.gov/programs/dvpsafeschools/index.html

12

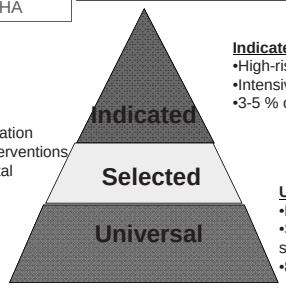
In Order to Get Grants you MUST Use Evidenced Based Programs

Comprehensive Prevention & Early Intervention Planning

Substance Abuse & Mental Health Services Administration SAMSHA

California Healthy Kids Resource Center Research-Validated Prevention Programs List

National Registry of Prevention Program NREPP



Indicated:
- High-risk population
- Intensive Interventions
- 3-5 % of total population

Selective:
- At-risk population
- Intensive Interventions
- 7-10 % of total population

Universal:
- Entire population
- School-wide/community-wide systems of support
- 85-90% of students

13

National Evidenced Based Programs Lists/Prevention

- **National Registry of Prevention Programs** (NREPP)
  - **NREPP is** a searchable online registry of more than 160 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment
  - http://www.nrepp.samhsa.gov/
- **California Healthy Kids Resource Center**
  - Research Validated based on 3 key factors: 1) Behavioral Outcomes; 2) Published Research; 3) Materials Ready for Implementation
  - http://www.hkresources.org/c/@Mi8p.._.LNHOY/Pages/rvalidated.html
- **California Department of Education Science-Based Prevention List**
  - CDE list of programs acceptable for use with Title IV SDFSC, TUPE funding
  - http://www.cde.ca.gov/ls/he/at/sbplist.asp
- **Blue Prints for Violence Prevention**
  - Center for the Study and Prevention of Violence at the University of Colorado

(Example of Evidenced-Based Program)

Aggression **R**eplacement **T**raining (ART) – **T**eaching **P**ro-social **S**kills

The goal of ART® is to improve social skill competence, anger control, and moral reasoning.

The program incorporates three specific interventions: skill-streaming, anger-control training, and training in moral reasoning

- **Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Program**
  - –Study populations include adolescent males and females ages 13-17 from various ethnic backgrounds including Latino, White, Asian, African American, American Indian
- **A.R.T. Program Components**
  - Targets Adolescents showing or at-risk of aggressive or antisocial behavior
  - Group early intervention
  - Groups are conducted by a pair of trained co-facilitators
  - Master's or bachelor's level facilitators

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Overview of MHSA PEI Funding

Mental Health Services Act (MHSA) Prevention & Early Intervention Funding from Prop. 63

Essentials of PEI (Prevention and Early Intervention)

- The intent of PEI programs is to engage people prior to the development of serious mental illness or emotional disturbance, (or) to alleviate the need for additional mental health treatment, and/or to transition individuals to extended mental health treatment

Prevention; Reducing risk factors and stressors; Building protective factors and skills; Increasing support

Early Intervention

- Short duration; Relatively low intensity interventions
- Goal is to measurably improve a mental health problem or concern very early to avoid the need for more extensive mental health treatment OR,
- To prevent a mental health problem from getting worse

Mental Health Services Act (MHSA) Prevention and Early Intervention Funding-Prop. 63 (see http://www.dmh.ca.gov/prop_63/mhsa/default.asp)

16

Building a Gang Prevention/Intervention Coalition

project 180

Key steps in building a coalition

Data Collection in Need: Conducted County-wide review of gang data at Community Forums organized by gang prevention champion-Supervisor Michael Rubio

This process resulted in county-wide collaborative effort of Law Enforcement/Courts/Community-Based Agencies/Faith-Based Organizations drafting at county-wide Strategic Plan to Combat Gang Violence for Prevention/Intervention/Suppression of gang violence

See Strategic Plan at www.KernProject180.org

Find Funding: Board of Supervisors authorized general fund contracts for faith-based partners, community-based agencies and KCSOS to implement Gang Prevention program of mentoring, parenting skill building, substance abuse treatment

Governor's California Gang Reduction, Intervention and Prevention (CalGRIP) initiative

CalGRIP http://gov.ca.gov/issue/anti-gangs/

After School Education and Safety (ASES) Program

See http://www.cde.ca.gov/fg/fo/profile.asp?id=1678

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KCSOS PROJECT 180
www.kernproject180.org

Part of a gang prevention partnership with local non-profit, agency and faith-based groups to support youth at-risk for gang involvement

18

We All Know We Should use Evidenced Based Programs...BUT, WE MUST CONNECT TO KIDS Promoting Positive Youth Development

YOUTH DEVELOPMENT...
"An approach that helps youth build strong relationships with others, learn new skills, and give back to the community."
Karen Pittman in Getting Results, Update 1, p. 7

Resiliency is...

- *the capacity to spring back, rebound, successfully adapt in the face of adversity, and develop social competence despite exposure to severe stress.*

From Healthy Kids Healthy California

No significant learning occurs without a significant relationship.

-Dr. James Comer

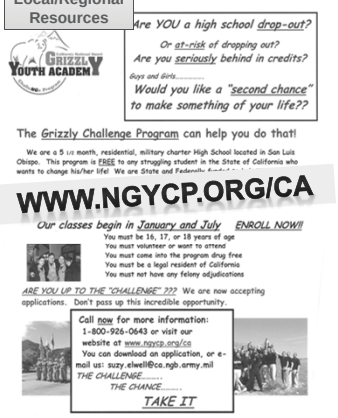
Parent Project

Helping Parents and teens to *Change Destructive Adolescent Behavior*

- Activity based 10-16 week parenting skills curriculum
- Designed to give parents of difficult children concrete strategies, skills and support to facilitate behavioral change within their homes.
- **Developed by law enforcement, school staff and psychologist (see www.parentproject.com**
- **Parallel curriculum for delivery to teens - *Personal & Social Responsibility***
- *Parent Project- **Loving Solutions** (parents of 5-10 yr. olds)*
- Faith-based curriculum option for churches
- *Facilitator Kits –Loan/check-out*
- *PP Materials in English/Spanish for parents (FREE!)*
- *Materials request form at www.kernparentproject.org*

21

Find Existing Local/Regional Resources



- Grizzly Youth Academy is a FREE, residential educational setting for youth at-risk of dropping out to catch up on HS credits, gain discipline and focus
- Boys & Girls ages 16-18
- Voluntary
- Students behind in credit, at-risk for dropping out
- **A Second Chance on life**
- Operated by National Guard in California dating back to 1991, with over 100,000 graduates
- 90% of Graduates are back in school, employed, pursuing higher education, or serving in the military.
- 75 % have received HS Diploma or GED
- Two sites in California: Grizzly Youth Academy (San Luis Obispo) and Sunburst Youth Challenge (Los Alamitos/LA area)

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Leaders In Life
YOUTH CONFERENCE FOR TEENS BY TEENS

- An annual youth conference for teens planned by teens that highlights student-led efforts to improve their schools to address bullying/school climate
- Planned by 110-120 junior and senior high age students from across Kern County as a positive youth development opportunity to highlight effective Student Assistance Programs and Strategies for local schools
- See www.leadersinlife.org
- March 16, 2011 was our conference date, over 1750 students and staff attended

Starting on the Path:

Sharing the Learnings

~ Danelle Campbell & Marian Gage, Butte County

A Lasting Partnership Story between a county school system and a county Behavioral Health/Alcohol and Drug Prevention Unit

Danelle Campbell-Butte County Department of Behavioral Health's Prevention Unit
Marian Gage-Butte County Office of Education's Partners in Health and Safety

Sustainability

- RELATIONSHIPS
  - Support strengths: i.e. Include in each other's programs in budgets and trainings
  - Emotional Bank account: i.e. make deposits of praise and appreciation to support "withdrawals" related to confrontations

The Collaborative Journey

- 1998 Violence Prevention Conference that establishes a retreat model of bringing youth together with adults to explore an issue and develop solutions
- 1999-current Youth Development capacity building
  - Training i.e. school and community based including an adult/youth team speakers bureau
  - Hiring youth staff
  - Youth Development Summit

The Collaborative Journey

- Youth Development Capacity Continued:
  - Youth involvement with City Councils
  - Youth and adult partnership in preventing alcohol access
  - Social Norming Campaigns
  - Student developed media/PSA campaigns
  - Student Code of Conduct
  - Every 15 Minutes
  - "Committed" Campaigns
  - Inclusion of youth development principles in county 2030 general plan update

The Collaborative Journey

- Shared Resources through grant funding
  - BCDBH Drug Free Communities grant funded school prevention curriculum
  - BCOE Drug Free Communities grant funded FNL programs, media/PSA/committed campaigns and sponsorships for youth summits/conferences
  - BCOE Grants to Reduce Alcohol Use funded FNL programs and youth access prevention planning involvement
  - BCOE Safe Schools/Healthy Students grant funded BCDBH Live Spot, FNL programs, Collaborative student/adult team Respect Days, and sponsorships for youth summits/conferences

The Collaborative Journey

- Shared Strategic Planning
  - Both BCOE and BCDBH participated in each other's community and grant strategic planning
  - BCOE participated in MHSA planning
  - Both BCOE and BCDBH participate on the county Tobacco Prevention Coalition, Children's Service Coordinating Council, and Meth Strike Force
- Shared training resources
  - Prevention and Intervention Curriculum/Programs
  - Youth Development
  - Coalition Development

The Collaborative Journey To date

- BCOE awarded a BCDBH MHSA Innovative project to establish an Early Intervention System for Youth Services Task Force of school, agency, and youth members to assess mental health services for k-12 students in school and the community
  - BCOE and BCDBH adult and youth staff facilitate training on how to effectively involve youth in this kind of planning process
  - CA FNL Partnership Standards of Practice approved to guide Task Force Youth Involvement as an example of the institutionalization of youth development principles advocated for by this partnership over 10 years ago.

Leaving a Legacy

This presentation reflects more than 20 years of relationship/partnership between two passionate prevention leaders and the departments they lead that has proven successful regardless of funding streams, policy changes, and agency leadership…

"Because we share common values, respect each other, and care for the youth of our communities…that is sustainability"

Day2

Presentations

Starting on the Path:

Sharing the Learnings

~ Brenda Armstrong, Santa Cruz County

Safe & Drug-Free Schools & Communities
Technical Assistance Project
California's Governor's Program

SDFSC LEARNING FORUM

Sustainable Programming: Sharing the Learning

Continuum of Services Strategic Planning process

Collaboration

- It really works!
- School disciplinary policy
- Youth/Parent Teams
- Administration/Staff training
- Community support
- Seven Challenges®

The Spectrum of Prevention

Influencing Policy & Legislation
Changing Organizational Practices
Fostering Coalitions & Networks
Educating Providers
Promoting Community Education
Strengthening Individual Knowledge & Skills

Strategy

- Screening and Referral data
- Training partners
- Involving Parents, school administration, youth
- Prioritizing strategies that work
- Developing process and outcome measures

Securing the Future

- Screening, Brief Intervention and Referral to Treatment
- Local Community Coalitions
  - Changing Organizations Practice
  - Social Norm Change

Starting on the Path:

Sharing the Learnings

~ Erika Green, People Reaching Out

SDFSC Learning Forum

Starting on the Path: Sharing the Learnings

Engaging the Health System in Prevention

People Reaching Out

- Staci Anderson, President & CEO,
- Erika Green, Director of Youth Development & Community Wellness

Engaging the Health System in Prevention

- The case for partnering with the health field
  - Research and evaluation addressing the intersection of prevention and health and wellness
  - Future of healthcare reform
  - Using environmental prevention to address community health issues

A Real-Life Example of Collaboration

- Making the connection between school districts, the health industry, and prevention organizations: A real-life example
  - Valley Hi Youth and Adult Coalition

Challenges and Successes

- Making the initial connections with the health systems
- Finding the right fit for prevention and the targeted health partner
- Engaging treatment, prevention and the health system to provide a continuum of service for communities

Starting on the Path:

Sharing the Learnings

~ Gary Najarian, Marin County

Safe & Drug Free Schools & Communities Technical Assistance Project California's Governor's Program

SDFSC
LEARNING FORUM

Starting on the Path:

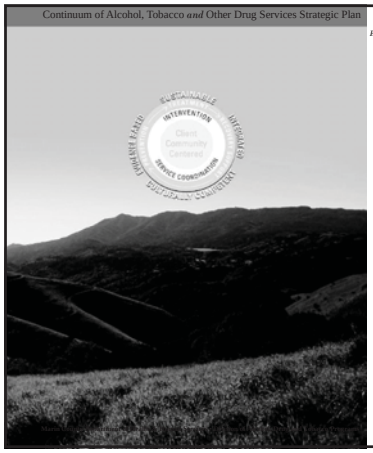
Sharing the Learnings

CARS WestEd

be the Influence Marin

BE THE INFLUENCE – MARIN

www.BetheInfluenceMarin.org



- Continuum of Services Strategic Planning process

Strategy

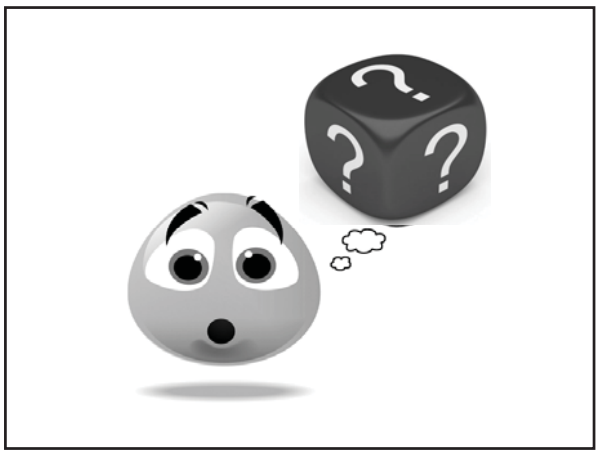
- Screening and Referral data
- Training partners
- Involving parents, school administration, youth
- Prioritizing strategies that work
- Developing process and outcome measures

Sustainability

- It really works!
- School disciplinary policy
- BACR counselor policy
- Youth/Parent teams
- PTSA/Staff training
- Community Forums
- Project Success

The Spectrum of Prevention

Influencing Policy & Legislation
Changing Organizational Practices
Fostering Coalitions & Networks
Educating Providers
Promoting Community Education
Strengthening Individual Knowledge & Skills



Sustaining Our Efforts:

Collaborating for Success

SDFSC Learning Forum

County Substance Abuse Prevention, County Offices of Ed.

School Districts, Community Based Organizations, Public Health and Mental Health &

Non-Traditional Partners

FISH BOWL

System by System,

Learning to connect.

Sustaining Our Efforts, Collaborating for Success!

THEMES

- Investing in cross system partnerships
- Identifying comprehensive approaches that lead to cross system outcomes
- Integrating data into planning, implementation and decision making
- Sustaining and/or transitioning

Brain Stretch

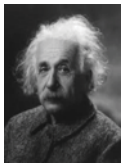
- Successes
- Challenges
- Strategies/Best Practices
- Recommendations (state and/or local)

Final Reflections

I think…

I feel…

I believe…



Closing and Next Steps…

Sustaining Our Efforts: Collaborating for Success
Worksheet

Instructions, Page 1.

Conference Themes

1. Investing in cross-system partnerships
2. Indentifying comprehensive approaches that lead to cross-system outcomes
3. Integrating data into planning, implementation and decision making
4. Sustaining and/or transitioning current services

Exercise: for themes above identify: **(1) Successes, (2) Challenges, (3) Strategies/Best Practices, and (4) Recommendations (state and/or local)** relevant to your service area or programs.

Start by discussing one of the above themes with your peers (Pre-identified for your table) and identify common success, challenges, strategies and recommendations. Use the next page to take personal notes. Use the table-top flip charts to write-up the group's common responses. Take 20 minutes.

Next, move to one other table with a different theme and do the same thing. Take 20 minutes.

After you have discussed two themes, we will reconvene as a large group to report out.

Successes	Challenges
Theme A	Theme A
Theme B	Theme B
Strategies/Best Practices	Recommendations (state/local)
Theme A	Theme A
Theme B	Theme B

Sustaining Our Efforts: Collaborating for Success. Instructions, Page 3

After report out, identify 1-3 things you can accomplish: now, by the end of the year, and long-term.

Now	
By end of year	
Long-term	

Break-Out Sessions

Day 1 & 2

Making it Happen

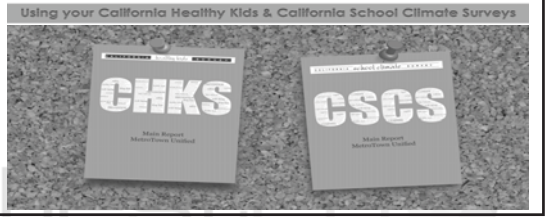
Making it Happen:

Break-Out Sessions

~School Climate Workbook – Hands-on Data Exercise

MAKING IT HAPPEN:
HANDS-ON BREAK-OUT SESSION

WORKBOOK FOR
IMPROVING SCHOOL CLIMATE & CLOSING THE ACHIEVEMENT GAP
Using your California Healthy Kids & California School Climate Surveys



WORKBOOK FOR
IMPROVING SCHOOL CLIMATE & CLOSING THE ACHIEVEMENT GAP

Brought to you by:

- Coordinated School Health and Safety Office (CSHSO)
- P-16 Division
- English Learner and Curriculum Support Division
- Special Education Division

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Areas Covered in the Workbook

School Climate - *New*
- Environmental Supports & Engagement
- Violence, Victimization & Substance Use at School
- Staff Climate

Closing the Achievement Gap
- Equity of Expectations & Support
- Race: Equity & Respect
- Cultural Relevance: Education & Curriculum
- Health

Special Education

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THE IMPORTANCE OF A POSITIVE SCHOOL CLIMATE

Teachers can not teach and students can not learn if either are tired, sick, hungry, distracted, scared, or absent.

If we are to close the achievement gap we must recognize that successful teaching and learning cannot occur unless basic environmental supports and opportunities are in place.

In other words…

WestEd.org

H.A.L.T.

Before teachers can teach and students can learn the school climate must be one in which teachers and students are not:

Hungry
Angry
Lonely *or*
Tired

We may not have much control over students arriving hungry or tired, but we can create a positive school climate in which students are not angry, lonely, or scared.

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THE RESEARCH ON A POSITIVE SCHOOL CLIMATE

A positive school climate…
Increases:

- attendance;
- ***school engagement;***
- academic aspirations;
- academic performance; and
- teacher retention.

Decreases:

- ***Substance use;***
- sexual activity among students;
- depression/anxiety;
- violent behaviors; and
- ***bullying.***

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THE CENTRAL ELEMENTS OF A POSITIVE SCHOOL CLIMATE

1. Caring relationships between/among adult-student, adult-adult-, and student-student;
2. Positive and high expectations for student achievement and professional growth and development; and
3. Opportunities for students and staff to have meaningful participation in decisions related to the school structure, materials, curriculum, rules, and policies.

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Purpose of the Workbook

To assist educators in using the data collected from the California Healthy Kids Survey (CHKS) for students and the California School Climate Survey (CSCS) for staff to:

•Promote Positive School Climates

•Support AOD prevention, obtain funding, and demonstrate progress (evaluation)

•Comply with the State and Federal requirements.

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STATE AND FEDERAL REQUIREMENTS

*The California Education Code requires every public school to create a safe school committee responsible for the development of a **Comprehensive School Safety Plan** to be submitted and updated annually. This committee is charged with creating a plan that assesses and addresses the level of school safety, the quality of student-student and adult-student relationships, and the learning environment.*

*The California Education Code and the federal Elementary and Secondary Education Act (ESEA) require each school to consolidate all school plans for programs funded through the School and Library Improvement Block Grant, the Pupil Retention Block Grant, the Consolidated Application, and ESEA Program Improvement into the **Single Plan for Student Achievement**.*

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HOW TO USE THE WORKBOOK
Form a School Climate Team

The Single Plan for Student Achievement (SPSA) requires the formation of a School Site Council Team

The school site council shall be composed of the principal and representatives of: teachers selected by teachers at the school; other school personnel selected by other school personnel at the school;14 parents of students attending the school selected by such parents; and, in secondary schools, students selected by students attending the school.

The Comprehensive School Safety Plan (CSSP) requires the School Site Council or a School Safety Planning Committee

The school site council shall be composed of the principal or designee, classified employees, teachers, parents, and law enforcement.

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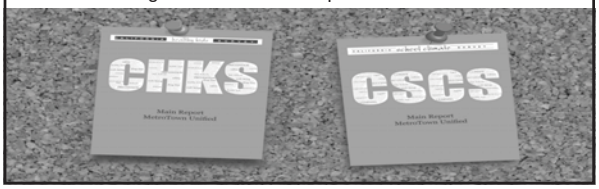
HOW TO USE THE WORKBOOK
LOCATE CAL-SCHLS DATA

- Both the SPSA and the CSSP require data gathering and data analysis.
- Both list the surveys from the Cal-SCHLS system as data sources for this purpose.

CHKS Main Report and CSCS Main Report
Additional reports disaggregated by ethnicity or specialty such as Migrant Education or Special Education



HOW TO USE THE WORKBOOK
Locate School Climate Focus Areas

1. Environmental Supports and Engagement Opportunities
   - *Adult Support: Caring Relationships*
   - Adult Support: Positive (High) Expectations
   - Meaningful Participation
   - School Connectedness
2. Violence, Victimization, & Substance Use
   - Violence
   - *Victimization*
   - *Substance Use at School*
3. Staff Climate

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HOW TO USE THE WORKBOOK
Analyze Your Data

Check Your Assumptions!

1. Predict how students & staff answered a school-climate related question

2. Compare your prediction to the actual CHKS and CSCS data

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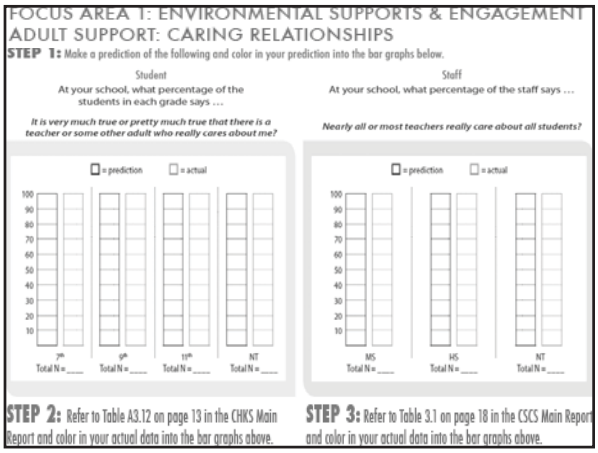


FOCUS AREA 1: ENVIRONMENTAL SUPPORTS & ENGAGEMENT
ADULT SUPPORT: CARING RELATIONSHIPS

STEP 1: Make a prediction of the following and color in your prediction into the bar graphs below.

Student
At your school, what percentage of the students in each grade says ...

It is very much true or pretty much true that there is a teacher or some other adult who really cares about me?

Staff
At your school, what percentage of the staff says ...

Nearly all or most teachers really care about all students?

= prediction = actual

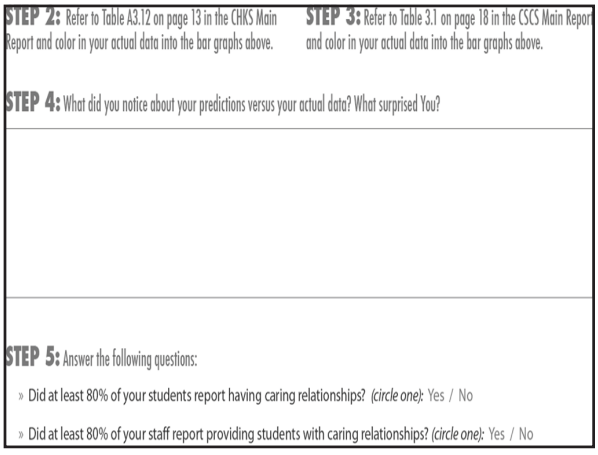
100 90 80 70 60 50 40 30 20 10

7th Total N = ___ 9th Total N = ___ 11th Total N = ___ NT Total N = ___

MS Total N = ___ HS Total N = ___ NT Total N = ___

STEP 2: Refer to Table A3.12 on page 13 in the CHKS Main Report and color in your actual data into the bar graphs above.

STEP 3: Refer to Table 3.1 on page 18 in the CSCS Main Report and color in your actual data into the bar graphs above.



STEP 2: Refer to Table A3.12 on page 13 in the CHKS Main Report and color in your actual data into the bar graphs above.

STEP 3: Refer to Table 3.1 on page 18 in the CSCS Main Report and color in your actual data into the bar graphs above.

STEP 4: What did you notice about your predictions versus your actual data? What surprised You?

STEP 5: Answer the following questions:

» Did at least 80% of your students report having caring relationships? *(circle one):* Yes / No

» Did at least 80% of your staff report providing students with caring relationships? *(circle one):* Yes / No

COMPARISON: Use the tables below to examine your data on various subgroups represented in your school such as students and staff engaged in migrant education programs, students and staff who self-identify with a selected racial/ethnic group, staff who work in special education programs, or any other subgroup at your school.

STEP 1: Select your subgroup population for both student and staff.

STEP 2: Select a survey item from the previous pages.

STEP 3: Make a prediction and color in the bar graph of your predictions on the tables below.

STEP 4: Refer to your CHKS and CSCS reports and color in the bar graph with your actual data.

STEP 5: Color in the third column with the actual data from the graphs on the previous page.

ANALYSIS

What are your strengths and resources in providing caring relationships?

1.
2.
3.
4.
5.

What services have you provided for the general population? Describe them and how successful they have been.

1.
2.
3.
4.
5.

What services have you provided for at risk populations? Describe them and how successful they have been.

1.
2.
3.
4.
5.

PROMOTING CARING RELATIONSHIPS WITH STUDENTS

WHAT CAN I DO RIGHT NOW WITH NO FURTHER TRAINING OR PROFESSIONAL DEVELOPMENT?

Doing	Will Do
	» Learn each student's name.
	» Learn one personal fact about each student and discuss it with him/her.
	» Make personal contact, something as simple as a hello or a smile, with each student every day.
	» Stand at the door and greet each student by name and with a smile at the beginning of each class.
	» For students learning English as their second language, use body language and gestures to show your interest in and caring about each student.
	» Chat with each student outside the classroom, something as simple as how was your weekend, how are you this morning, etc.
	» Keep an open door policy with students inviting them to come to your for advice/concerns. If need be set a specific time/day when you can be reached.
	» If needed include a teacher/staff member who speaks the student's native language.
	» Consciously watch how and what you say to your students. Being aware of the positive way you communicate makes it easier to stay positive.
	» Bring in older high school, college students, and community volunteers to be mentors to students.
	» Invite community volunteers to work one-on-one and in small groups with students to increase the number of adults in close relationships with students.
	» Attend school sporting events and compliment students on the team for their hard work.

WHAT CAN THE STAFF AT MY SCHOOL DO TO PROMOTE CARING RELATIONSHIPS?	
Doing	Will Do
	» Institute Student "Fishbowl" Focus Groups for students to express their ideas/concerns about these findings and for staff to hear their ideas/concerns. Staff and student work together to develop strategies to address their ideas/concerns. http://chks.wested.org/using_results/resilience/pd
	» Form small groups of staff to discuss these findings and explore ideas for promoting caring relationships. http://chks.wested.org/using_results/resilience/pd
	» Create school schedules and structures so teachers have more time for collegial decision-making and planning.
	» Organize teacher support groups.
	» Provide new teacher mentoring.
	» Organize school-wide retreats.
	» Invite community agencies to create afterschool programs.
	» Institute Adventure Learning through Expeditionary Learning Outward Bound. www.elob.org or Project Adventure, Inc. www.pa.org
	» Institute Arts Learning www.artsusa.org and www.artsednet.getty.edu
	» Work with community agencies to create a full-service community school
	» Institute Service Learning www.nicsl.coled.umn.edu students.
	» Institute cooperative learning www.tribes.com
	» Establish a Family Center
	» Institute Group Process www.ojaifoundation.org
	» Institute mentoring www.calmentor.org www.mentoring.org
	» Institute restorative justice www.ssw.che.umn.edu/rip
	» Institute student assistance programs www.nasap.org
	» Host a "World Café" for students and parents www.theworldcafe.com

FOCUS AREA 2: VIOLENCE, VICTIMIZATION, AND SUBSTANCE USE AT SCHOOL

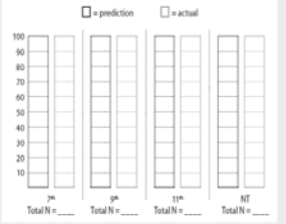
VICTIMIZATION

STEP 1: Make a prediction of the following and color in your prediction into the bar graphs below.

Student

At your school, what percentage of the students in each grade says …

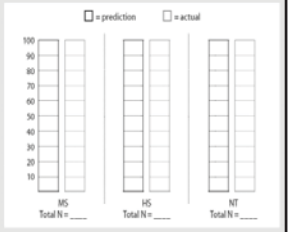
They have been harassed or bullied on school property during the past 12 months?



Staff

At your school, what percentage of the staff says …

Harassment or bullying among students is a moderate to severe problem at this school?



STEP 2: Refer to Table A6.7 Any Harassment on page 41 in the CHKS Main Report and color in your actual data into the bar graphs above.

STEP 3: Refer to Table 6.1 on page 30 in the CSCS Main Report and color in your actual data into the bar graphs above.

STEP 4: What did you notice about your predictions versus your actual data? What surprised You?

STEP 5: Answer the following questions:

» Did at least 80% of your students report no experiences of victimization? *(circle one):* Yes / No

» Did at least 80% of your staff report that harassment and bullying are not moderate to severe problems? *(circle one):* Yes / No

COMPARISON: Use the tables below to examine your data on various subgroups represented in your school such as students and staff engaged in migrant education programs, students and staff who self-identify with a selected racial/ethnic group, staff who work in special education programs, or any other subgroup at your school.

STEP 1: Select your subgroup population for both student and staff.

STEP 2: Select a survey item from the previous pages.

STEP 3: Make a prediction and color in the bar graph of your predictions on the tables below.

STEP 4: Refer to your CHKS and CSCS reports and color in the bar graph with your actual data.

STEP 5: Color in the third column with the actual data from the graphs on the previous page.

FOCUS AREA 2: VIOLENCE, VICTIMIZATION, AND SUBSTANCE USE AT SCHOOL

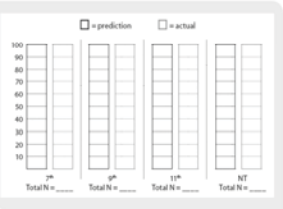
SUBSTANCE USE AT SCHOOL

STEP 1: Make a prediction of the following and color in your prediction into the bar graphs below.

Student

At your school, what percentage of the students in each grade says …

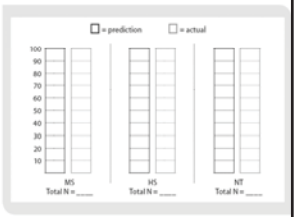
They smoked cigarettes on school property during the past 30 days?



Staff

At your school, what percentage of the staff says …

Tobacco use is a moderate to severe problem at this school



STEP 2: Refer to Table A5.4 Any on page 34 in the CHKS Main Report and color in your actual data into the bar graphs above.

STEP 3: Refer to Table 6.8 on page 32 in the CSCS Main Report and color in your actual data into the bar graphs above.

STEP 4: What did you notice about your predictions versus your actual data? What surprised You?

STEP 5: Answer the following questions:

- Did at least 80% of your students report no substance use at school? *(circle one):* Yes / No
- Did at least 80% of your staff report student substance use at school is not a moderate to severe problem? *(circle one):* Yes / No

COMPARISON: Use the tables below to examine your data on various subgroups represented in your school such as students and staff engaged in migrant education programs, students and staff who self-identify with a selected racial/ethnic group, staff who work in special education programs, or any other subgroup at your school.

STEP 1: Select your subgroup population for both student and staff.

STEP 2: Select a survey item from the previous pages.

STEP 3: Make a prediction and color in the bar graph of your predictions on the tables below.

STEP 4: Refer to your CHKS and CSCS reports and color in the bar graph with your actual data.

STEP 5: Color in the third column with the actual data from the graphs on the previous page.

ANALYSIS

What are your strengths and resources in addressing substance use at school?

1.
2.
3.
4.
5.

What services have you provided for the general population? Describe them and how successful they have been.

1.
2.
3.
4.
5.

What services have you provided for at risk populations? Describe them and how successful they have been.

1.
2.
3.
4.
5.

WHAT CAN I DO RIGHT NOW WITH NO FURTHER TRAINING OR PROFESSIONAL DEVELOPMENT?	
Doing	Will Do
	» Monitor bathrooms
	» Monitor hallways
	» Walk up to groups of students and ask each one how things are going
	» Be visible
	» Monitor seat assignments for potential conflicts
	» Keep an open door policy with students inviting them to come to your for advice/concerns. If need be set a specific time/day when you can be reached and include a teacher/staff member who speaks the student's native language.

WHAT CAN THE STAFF AT MY SCHOOL DO TO PREVENT VIOLENCE, VICTIMIZATION, AND SUBSTANCE USE AT SCHOOL?	
Doing	Will Do
	» Institute Student "Fishbowl" Focus Groups for students to express their ideas/concerns about these findings and for staff to hear their ideas/concerns. Staff and student work together to develop strategies to address their ideas/concerns. http://chks.wested.org/using_results/resillience/pd
	» Form small groups of staff to discuss these findings and explore ideas for communicating high (positive) expectations. http://chks.wested.org/using_results/resillience/pd
	» Institute peer Helping/Support www.peerhelping.org , www.cappeer.org
	» Devote time and energy to building caring relationships, communicating high (positive) expectations, and providing opportunities for meaningful participation
	» Implement Positive Action www.positiveaction.net
	» Implement Reconnecting Youth www.son.washington.edu/departments/pch/ry/
	» Institute cooperative learning www.tribes.com
	» Institute Group Process www.ojaifoundation.org
	» Institute restorative justice www.ssw.che.umn.edu/rip

HOW TO USE THE WORKBOOK
Determine Your Strengths and Needs

CSSP Component 1: People & Programs ***Our program helps us to create a caring and connected school climate.***	**CSSP Component 2: Places** ***Our plan helps us create a physical environment that communicates respect for learning and for individuals .***
What are your strengths and resources in providing Supports and Engagement?	What are your strengths and resources in preventing Violence, Victimization and Substance Use?
What are your needs in providing Supports and Engagement?	What are your needs in preventing Violence, Victimization and Substance Use?
What youth development strategies can you implement to meet those needs?	What youth development strategies can you implement to meet those needs?
What evidenced-based and/or research-based programs, strategies, and activities can you incorporate to meet those needs?	What evidenced-based and/or research-based programs, strategies, and activities can you incorporate to meet those needs?

CSSP Component 1 – People and Programs

Our program helps us to create a caring and connected school climate.		Highly Developed	Partially Developed	Not Yet Developed	Level of Priority
Parents, students, and staff involved in making decisions, planning, and implementing programs					
❑ **Assess developmental assets of students and staff**					
❑ Support ❑ Empowerment ❑ Wellness & Health ❑ Boundaries & Expectations	❑ Positive values ❑ Positive identity ❑ Social Competencies ❑ Commitment to Learning				
❑ **Recognize and build on the cultural richness of our school and community**					
❑ **Provide ongoing training so staff can meet the unique needs of the student body**					
❑ **Set high academic and behavioral goals**					
❑ **Improve curriculum and teaching practices**					
❑ **Include health and resiliency curriculum**					
❑ **Address multiple learning styles**					
❑ **Promote caring, supportive relationships with students**					
❑ **Provide students opportunities for meaningful participation in school/community service**					
❑ **Emphasize critical thinking and respect**					
❑ **Communicate clear standards and consequences that are consistently *and* fairly enforced.**					
❑ **Communicate procedures to report (anonymously) and deal with threats**					
❑ **Empower students to take responsibility for safety**					
❑ **Train staff on bullying prevention and tolerance**					
❑ **Provide training for students and staff on the**					

CSSP Component 1 – Places

Our plan helps us create a physical environment that communicates respect for learning and for individuals.	*Highly Developed*	*Partially Developed*	*Not Yet Developed*	*Level of Priority*
❑ Maintain classrooms and grounds as pleasant places to meet and learn?				
❑ Make sure that the school is an important part of the community?				
❑ Share information about student crimes and truancy with nearby businesses and law enforcement?				
❑ Make the campus secure from criminal activity? Campus closed to outsiders? Signs prominently placed at all entry points?				
❑ Limit places for loitering?				
❑ Monitor/supervise all areas?				
❑ Provide a pleasant eating area and healthy food?				
❑ Maintain clean and safe bathrooms?				
❑ Provide adequate lighting in all areas?				
❑ Provide students with current textbooks and materials?				
❑ Maintain a variety of sports facilities and equipment?				
❑ Provide a well-stocked library?				
❑ Communicate procedures for security, including a SEMS-compliant crisis response plan?				
❑ Deal with vandalism before students return to school?				
❑ Inventory, identify, and store valuable property?				
❑ Provide training for security personnel and staff?				
❑ Engage students and the community in campus beautification projects?				
❑ Promote school and neighborhood watch programs?				
❑ Check that weapons and drugs are not on campus?				

CSSP Prevention Strategies Component 1 People/Programs

Researched-based violence prevention practices	Area of Desired Change being Addressed	We will know it works for our students by;
After-school recreational programs		
Anger Management		
Breaking the Code of Silence		
Buddy Systems		
Bully Prevention Programs		
Character & Citizenship Education		
Classroom Behavior-Management Techniques		
Conflict Resolution and Violence Prevention Curricula		
Cooperative Learning		
Discipline Policies – Suspensions/Expulsions		
Drug & Alcohol Abuse Prevention		
Gang-prevention Curricula & Intervention		
Hate Motivated Behavior Prevention/Tolerance Education		
Identification, Redirection, & Supervision of Repeat Offenders		
Languages		
Learning Styles/Multiple Intelligences		
Mentoring relationships that include behavior management techniques		
Monitoring and reinforcement of the requirements of school attendance, academic progress, and school behavior		
Parent & Family-Based Interventions		
Parenting Reinforcement		
Positive Behavioral Support		
Restitution & Community Service for Juvenile Offenders		
School-Community Policing		
Staff Development		
Structured Positive Playground Activities		
Terrorist Threats		
Tutoring		
Youth development (resiliency) focus		

CSSP Prevention Strategies Component 2 Places

Researched-based violence prevention practices	Area of Desired Change being Addressed	We will know it works for our students by;
Adequate Lighting		
Closed Campus		
Comfortable Rooms & Furnishings		
Community policing		
Crisis Response Procedures		
Entries & Exits – Safe Passages		
Graffiti Removal & Vandalism Repair		
Hallway Supervision		
Interagency Information-Sharing Agreements		
Interrogations by Police Officers of suspicious persons in the vicinity		
Lockers/Parking Area: Use, Visibility, & Supervision		
Neighborhood block watch		
Parking Areas		
Positive Posters, Bulletins, & Signs		
Restrooms – Safe & Clean		
Security Technologies – Surveillance Cameras & ID Cards		

HOW TO USE THE WORKBOOK
SPSA: Set Your Goals and Monitor Progress

CSSP Component 1: People & Programs ***SPSA: What is your Goal?***	**CSSP Component 2: Places** ***SPSA: What is your Goal?***
What data did you use to form this goal and what did the data analysis reveal that led you to this goal?	What data did you use to form this goal and what did the data analysis reveal that led you to this goal?
Who are the focus students, what is the expected growth, and what data will be collected to measure growth?	Who are the focus students, what is the expected growth, and what data will be collected to measure growth?
What process will you use to monitor and evaluate the data and student achievement (if applicable)?	What process will you use to monitor and evaluate the data and student achievement (if applicable)?
How does this goal align to your Local Educational Agency Plan goals?	How does this goal align to your Local Educational Agency Plan goals?

HOW TO USE THE WORKBOOK
SPSA: Action Plan

Program Support Goal # __
(Based on conclusions from analysis of program components and student data pages)

Groups participating in this goal (e.g., students, parents, teachers, administrators):		Anticipated annual growth for each group:		
Means of evaluating progress toward this goal:		Group data to be collected to measure gains:		
Actions to be Taken to Reach This Goal Consider all appropriate dimensions (e.g., Teaching and Learning, Staffing, and Professional Development)	Start Date Complete Date	Proposed Expenditures	Estimated Cost	Funding Source

HOW TO USE THIS WORKBOOK
SPSA: Evaluation

Program Name	Indicator	Baseline Data	What is goal/ target?	End of Year Data	Imple-mented with Fidelity?	Proven or Research Based? Yes or No	Achieved Desired Results? Yes or No	If Not, Why Not?	Retain Program? Yes or No

WestEd
WestEd.org

Making it Happen:

Break-Out Sessions

~Creating Effective Partnerships

Creating Effective Partnerships

Breakout Session Facilitated by:
Jan Ryan and
Jim Kooler, Wil Harris, or Maureen Sedonaen

Getting to know you!

Who are you?
Where are you from?
What system do you work in?

Collaboration:

An un-natural act, between unwilling partners, doing together what they think they don't need help with.

First, keep doing what works

- Partnering across systems
- Collecting data
- Sharing common language
- Thinking about multiple outcomes
- Sharing strategies and best practices
- Sustaining the vision of equal access to prevention for individuals and communities

Partnering Across Traditional Systems

- Schools
- Community-based Organizations
- County Behavioral Health and Mental Health

Partner and Co-locate Across NON-Traditional Systems

- Primary Health Care
- Federally Qualified Health Centers (FQHC)
- Real Estate and Property Managers
- Military
- Employment

Stages of Collaboration

Coordination

- Longer-term effort around a project or task
- Some planning and division of roles
- Some shared resources, rewards, and risks

Cooperation

- Shorter-term, informal relationships
- Shared information only
- Separate goals, resources, and structures

Collaboration

- More durable and pervasive relationships
- New structure with commitment to common goals
- All partners contribute resources, and share rewards and leadership

Keep Collecting Data

- AOD use
- Tobacco Use
- Related Risk Factors
- Bullying
- Nutrition

Think through the data together

- California Healthy Kids Survey (CHKS)
  - California School Climate, Health, and Learning Surveys Data System (Cal-SCHLS)
- New Safe and Supportive Schools (S3)
  - School Climate Index
- Present data and solutions together to generate concern and action

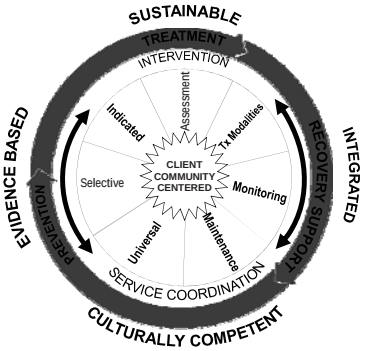
Keep Sharing Common Language

- Risk and Protective Factors
- Resiliency
- Asset Development
- Youth Development

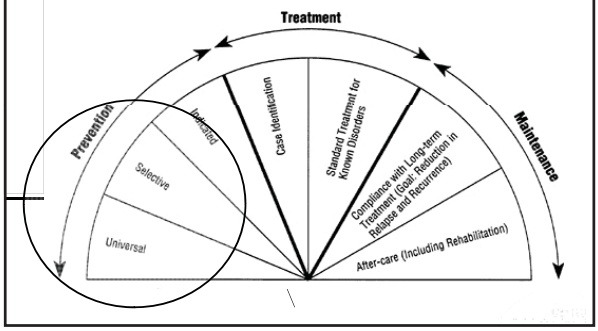
Use key concepts that help define the "Who" and "How" of Prevention

- The Institute of Medicine Three Prevention Populations
  - Universal
  - Selected
  - Indicated
- Center for Substance Abuse Prevention Six Strategies
  - Information Dissemination
  - Education
  - Alternatives
  - Community-based
  - Environmental
  - Problem Identification and Referral

CA ADP Continuum of Services



IOM Spectrum of Mental Health Interventions: Funding Emphasis on Prevention



Connect the Ideas

- Dart board: Strategic Prevention/Planning Framework (SPF) Continuum of Services
- Circles: Institute of Medicine Risk and Need-focused Categories: Universal, Selected and Indicated
- Darts: Six Center for Substance Abuse Strategies, Evidence based programs and strategies, Best Practices and Programs
- Score: Web-based data collection like CA Cal OMS Prevention; National Outcomes Measures (NOMS); new School Climate Index

Leaving a Legacy: Six Strategies for Sustainability

- Leadership
- Partnership and Collaboration
- Implementation
- Communications and Marketing
- Evaluation
- Financing

- Source: Safe Schools Healthy Students Legacy Wheel http://sshs.promoteprevent.org/implementing/sustainability/legacy-wheel

Learn new language

- Safe Supportive Schools (S3) with Prevention as:
  - "learning support"
  - "whole child"
  - "whole school"
  - "wellness first"
  - "well being"
- Prevention Prepared Communities
- Affordable Care Act (ACA)
- Screening and Brief Intervention (SBI)
- Screening, Brief Intervention, Referral to Treatment (SBIRT)

Elements of Sustainable Programs

- Program can be modified over time
- Champion is present
- Program fits with its organization's mission and procedures
- Benefits to staff members and/or clients are readily perceived
- Stakeholders in other organizations provide support

Elements of Sustainable Programs

- Alignment with needs, positive relationship among key implementers
- Successful implementation and effectiveness in the target prevention systems
- Ownership by prevention system stakeholders

Safe and Supportive Schools (S3) Model of School Climate

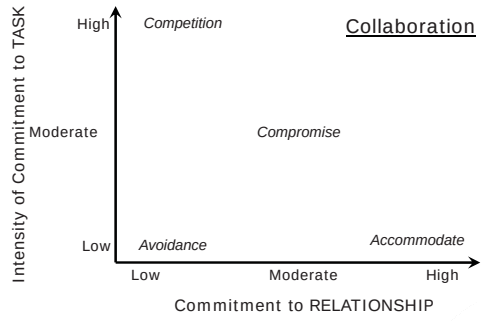
QuickTime™ and a decompressor are needed to see this picture.

Keep Thinking About Multiple Outcomes

Risk and Protective Factors are predictive of an array of risky behaviors and harmful consequences

- Substance abuse
- School Drop Out
- Violence and delinquency
- Mental Health issues
- Physical Health issues

Conflict Styles Impact Collaboration



Keep sharing strategies and tools and best practices

- Strategic Prevention Framework (SPF)
- Coalition-building
- Youth Development
- Student Assistance Programs (SAP)

Invest in Training and Technical Assistance Across Systems

- California Prevention Training and TA
- Center for Substance Abuse Prevention
- Online networking of "My Prevention"
- Military training
- Health Care Reform
- Screening and Brief Intervention across systems

County Office of Education and Tobacco Use Prevention

- The Tobacco-Use Prevention Education (TUPE) County Technical Assistance and Leadership Funds (CTALF) provide funding to county offices of education to plan, develop, and implement capacity building, technical assistance and training, evaluation, program improvement services, and coordination activities for TUPE activities for local educational agencies. You can read more about the CTALF and County TUPE Coordinators responsibilities on line at:

Exercise: Are you my partner?

- What are the Strengths of the system I work in…..
- Barriers of working with my system
- What I never want to hear again is ….
- What I am willing to do is …..

FISH BOWL

System by System,
Learning to connect.

Keep prevention comprehensive, coordinated, integrated

Systems Change that sustains:

- Comprehensive scope
- Coordinated in action
- Integrated in design

Commit to Equal Access to Prevention

Communities:

Prevention messaging needs to educate populations

AND

Individuals:

Successful prevention interventions help individuals to acknowledge and identify risk factors in their lives and actions they can take to protect themselves.

Some Recommendations

- Slow down to go fast
- Never work alone
- Share Resources across systems
- Show up
  - For your own well-being
  - For the vision

Riverside County FNL –
A Case Study in Effective Partnering

- **Friday Night Live in Riverside County**
  - Was one of the 3 original pilot counties when program was started in 1984
  - County has maintained and grown program for past 27 years
  - Currently largest FNL program in the state of California – average 120 chapters each year reaching over 4000 young people
  - Creating effective partnerships was the only way the program was allowed to grow to this level

Who we partnered with

- Riverside County Office of Education (RCOE)
- 19 of the 23 school districts in Riverside County
- Community based prevention providers
- Neighborhood associations and Coalitions
- County Department of Mental Health
- State ADP
- Office of Problem Gambling (OPG)
- Office of Traffic Safety (OTS)
- Only to name a few……

Results of Partnership

- Number of FNL chapters increased over time to level of today – sustained at this level for past 5 years
- FNL program fully integrated into Riverside County's Strategic Prevention Framework (SPF) plan and thus increased sustainability of program
- Cooperative efforts between Prevention Contract Providers and FNL chapters to address Environmental Prevention efforts – now able to implement environmental strategies in almost all areas of the county
- Funding for special programs (OTS, OPG)

Future Partnerships

- Youth Development framework of FNL makes it a perfect avenue to address other prevention issues besides AOD – e.g. tobacco, gambling, teen obesity, traffic safety, teen pregnancy, HIV, etc.
- There is a national trend to move away from a "siloed" approach to prevention to a more universal approach
- There is a realization that increasing protective factors and reducing risk factors are effective prevention strategies across issues

Learning About Institute of Medicine Prevention Populations and Center for Substance Abuse Prevention Strategies

Criteria	Universal	Selected	Indicated
How do you **identify or recruit** the population	Informed by: •Data •Setting •Relevance	Identified by: • Shared risk • Internal or external • Context • Circumstances	• Early signs or symptoms • Self identify • Risk driven referral by friend, parent, staff • Agency referral
For example	*Elementary, MS, HS youth; seniors*	*Children in stress, at risk for school failure, juvenile justice involvement*	*Frequent absence, illness, Suspended AOD/violence*
How do you **access** the population?	• Depends on the setting and usual way to reach the population	• Recruitment or referrals increases access depending on risk	• Screening individuals who are referred, mandated by policy, or self refer.
For example	*Classroom presentations* *Assemblies* *Special events*	*Transitional grades, times* *Domestic violence shelter* *Residential recovery*	*Policy-based, mandated referrals* *Concerned person referrals*
What do you know about the **risk level**?	• Unknown risk level; often assumed lowest risk, yet are varied risk levels	• Increased risk for developing a problem, though no problem has yet occurred	• Sign or symptom of an impending problem, multiple risks, high risk • Not to the level that requires treatment
How do you **design** the intervention?	• Youth development • Awareness of signs and symptoms • Natural access	• Direct service (4+ hrs) • Group tasks • Protective factors • Reflective dialogue	• Intensive • Reduce harm • Comprehensive • Strength-based prevention focused vs. diagnostic
For example	*HS youth; seniors*	*Children in stress, at risk for school failure, juvenile justice involvement*	*Frequent absence, illness, Suspended AOD/violence*
Comparative **costs**	• Less staff, time, cost	• More staff, time, cost	• Highly skilled staff • Most time and cost
For example	*HS youth; seniors*	*Children in stress, at risk for school failure, juvenile justice involvement*	*Frequent absence, illness, Suspended AOD/violence*
What are the **appropriate outcomes** for the population	• Increased visibility • Increased receptivity • Increased readiness • Increase in awareness	• Reduced risk and Increased protective factors o Type o Prevalence o Frequency o Amount	• Increase protective factors • Reduce risk behaviors and consequences o Type o Prevalence o Frequency o Amount

Created by Jan Ryan
Source: The Institute of Medicine Framework, and its Implication for the Advancement of Prevention Policy, J. Fred Springer and Joel Phillips

Learning About Institute of Medicine Prevention Populations and Center for Substance Abuse Prevention Strategies

Center for Substance Abuse Prevention Evidence-based Prevention Strategies

CSAP Strategy	Example
Problem ID & Referral	Student / Employee Assistance Programs; prevention screening to determine whether an individual can benefit from prevention education or whether s/he needs to be referred for a treatment assessment.
Community-Based Process	Youth and adult allies organize coalitions to develop campaigns /other strategies to address mental health/ promotion/products, community needs assessment; systematic planning; training and technical assistance
Environmental	Policy changes to reduce availability / access of alcohol to minors; ordinances; media strategies; retailer compliance; community development; efforts to ensure policy implementation, enforcement and sustainability. Suicide prevention, health promotion.
Education	Two-way communication. Delivering school-based curriculum in classrooms or as part of after school activities; mentoring; small group sessions on prevention
Information Dissemination	One-way communication. Distributing educational and informational materials; maintaining a video library/ clearinghouse/ website; telephone information services; developing and airing public service announcements
Alternatives	Mental health promotions, community events; youth-driven events; involving youth in coalitions/ environmental strategies

Metaphor for how IOM Populations and Prevention Strategies work together

QuickTime™ and a decompressor are needed to see this picture.

WHAT - Dartboard: strategic prevention planning: assessment, capacity, plan, implement, evaluate.

WHO - Three circles of target: aiming for universal, selected or indicated populations.

HOW – Darts are the six evidence-based prevention strategies that describe how that strategy meets the need of that population.

Value of IOM: 1) Useful framework that connects our growing knowledge to the practical issues of service delivery, cost, effectiveness, and planning for addressing the need with the appropriate prevention, 2) Clarifies complexity of prevention, 3) Improves decisions.

Created by Jan Ryan
Source: The Institute of Medicine Framework, and its Implication for the Advancement of Prevention Policy, J. Fred Springer and Joel Phillips

Predictors of Sustainability

1. Program can be modified over time
2. “Champion” is present
3. Program “fits” with its organization’s mission and procedures
4. Benefits to staff members and/or clients are readily perceived
5. Stakeholders in other organizations provide support
6. Alignment with needs Positive relationships among key implementers
7. Successful implementation and effectiveness in the target prevention system(s)
8. Ownership by prevention system stakeholders

Thanks to Christina Borbely, PH.D. and CARS/CPI Consultant for this research.
Source: Meta-analysis of empirical studies of program sustainability (Schierer, 2005), Empirical studies of ATOD prevention program sustainability, Theoretical paradigms (e.g. Johnson et al, 2004) and Lived experience (SDFSC grantees 2010)

Making it Happen:

Break-Out Sessions

~Broadening the Prevention Landscape

Safe & Drug Free Schools & Communities Technical Assistance Project California's Governor's Program

SDFSC Learning Forum

Making It Happen

CARS WestEd

SDFSC Grantee Learning Community ~ 2011

Broadening the Landscape of Prevention

Kerrilyn Scott-Nakai & Christina Borbely, Ph.D.

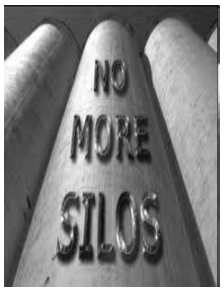
Session Overview

- Understanding the emerging landscape
- Connecting the big picture of prevention to local level prevention
- Linking programs and services to new or diverse initiatives

"Think sun block not band aid"

Dr. Tom McLellan, 3/8/10

Systems of prevention services work better than service silos.



Broader Vision of Prevention

~ Education

~ Violence

~ Health Care

~ Mental Health

~ Public Health

Players in Prevention Field

- Office of National Drug Control Policy (ONDCP)
- Department of Education (USDE)
- Substance Abuse & Mental Health Services Administration (SAMHSA)
- Office of Juvenile Justice & Delinquency Prevention (OJJDP)

*Respective State and local affiliates

Emerging Prevention Landscape

- SAMHSA integrating substance abuse prevention & mental health
- Health Care Reform, Community Transformation Grant
- SDFSC re-authorized (Elementary and Secondary Education Act) as Positive School Climate
- ONDCP collaborating with OJJDP, SAMHSA, & DOE for rollout of Prevention Prepared Communities initiative

Exercise in New Perspectives

Examples from the evolving prevention landscape

SAMHSA: Substance Abuse & Mental Health

- Attempted merger of SAMHSA's block-grant funding for mental illness and substance use
- Shift from sickness and disease to wellness and prevention

Pamela Hyde, SAMHSA Chief: "We've got to think differently about funding… Improve integration, collaboration, and creativity to address funding changes"

Other Federal "Blending"

- The Mental Health Parity and Addiction Equity Act and
- The Patient Protection and Affordable Care Act (ACA)
  - Prevention Fund ($770 million FY11)
    - Community Transformation grants

ACA: Substance Abuse Prevention

Insurance package

- Screening and brief counseling to reduce alcohol misuse (adults only)
- Counseling for tobacco use (adults and pregnant women)

Supplemental funds

- Public Health Fund Grants
- Community and School-based Health Centers
- Public Health Departments

ACA: Coalition for Whole Health

Recommendations for ACA:

Chronic disease focus

- Preventable and treatable
- Full spectrum: prevention, treatment, rehabilitation, recovery support.

ACA Inclusions:

- Substance abuse and mental health service providers eligible for community health team grants (medical home model; no date)
- $35 million for the fiscal years 2010 - 2013 for mental health and behavioral health workforce (e.g. prevention providers) training & education grants.

HCR: National Prevention, Health Promotion & Public Health Fund & Council

Council:

- Coordinates federal prevention, wellness, and public health activities
- Director of ONDCP a Council Member
- Substance abuse disorders and mental illness are priorities
- Separate Advisory Group established
- SAMHSA consulted on substance abuse disorders and mental illness issues

Community Transformation Grant

- **$145 million through Centers for Disease Control and Prevention**

Systemic local change through innovative programs and coalitions of stakeholders to:

"address underlying causes of illness and inequities, including social, economic and environmental factors."

Prevention Prepared Communities

Pilot budget is $22.6 million

Communities that provide:

a system of evidence-based youth prevention interventions lasting throughout adolescence (age 21).

Cultural Competency

Agencies and organizational standards for:

- **Cultural competency**
- **Linguistic competency**

California CLAS for AOD prevention, treatment and recovery

Workforce Development

- Core Competencies
  - Broader to expand eligibility
- Expanded Credentialing

Big Picture

- More cross-system collaboration
  - Less territorial
  - More innovation
- More community mobilization
  - Less isolated implementation
  - More connections
- More advanced cultural competence
  - Less top-down directive
  - More organic, stakeholder-driven

Prevention Impacts

- Cross-system efforts lead to cross-system outcomes
- Prevention outcomes may be part of a constellation of wellness impacts

For example…

- ATOD reduction
- Better nutrition
- Lowered drop out rates
- Access to mental health services
- Fewer emergency room visits
- Safer neighborhoods

Big Picture to *My* Picture

- What does this mean at the local level?
- How can my agency prepare for this?

Span Systems of Care

- Know the key players
  - Leaders
  - Champions
- Systematic and regular communication
  - Listservs (social networks, twitter?)
- Participate in meetings and activities of different sectors or where diverse sectors are present

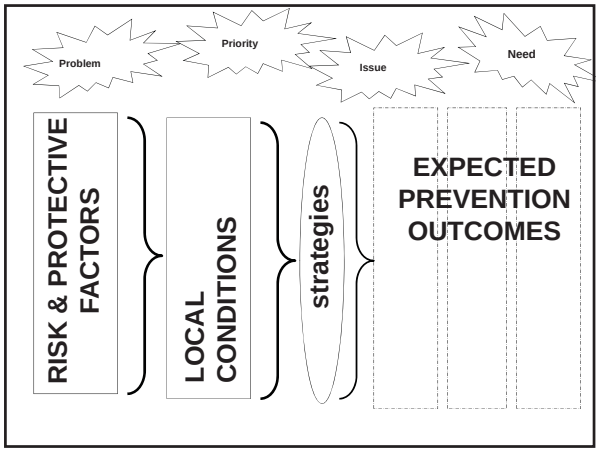
Yard Work: Know *Your* 12 Sectors*

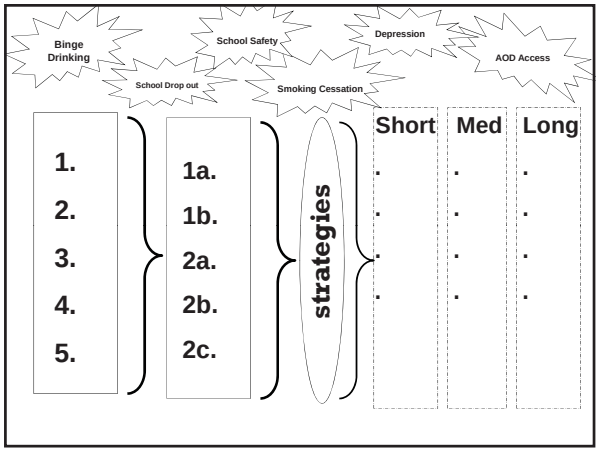
1. Youth
2. Parents
3. Businesses
4. Media
5. Schools
6. Youth-serving organizations
7. Law enforcement
8. Religious/fraternal organizations
9. Civic/Volunteer groups
10. Healthcare
11. State, local, or tribal governmental agencies
12. Organizations involved in ATOD reduction

*Drug Free Communities

Look at the Logic (Model)

- Where does my agency intersect?
- Where else could we intersect?
- Who do we partner with? Where do they intersect?





Collaboration Approach

- Open-minded approach
  - learning mode
- Take stock
- Communicate
  - Explain
  - Define
  - Detail
- Act

Cross-sector Collaboration

- Problem Definition
- Key Issues
- Data/Evidence
- Funding
- Training
- Partners
- Approaches
- Outcomes

Collaboration Math

- *Averaging* definitions
- *Adding* data sources
- *Multiplying* training efforts
- *Averaging* solutions

Online Resources

- CDC/P's The Community Guide: Effective strategies for preventive services

www.thecommunityguide.org

- California School Health Centers

www.schoolhealthcenters.org

- California's Federally-Qualified Health Centers (FQHC):

www.oshpd.ca.gov/RHPC/Clinics/FQHCS.html

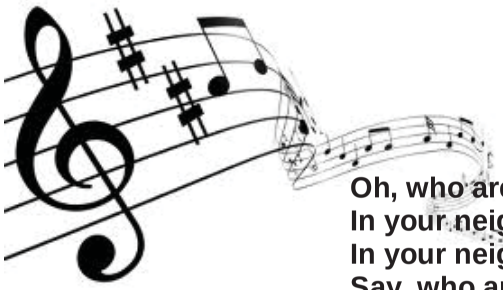
Next Steps

Who are the people in your neighborhood?

My 12 Community Sectors

	Youth	Parents	Businesses	Media	Schools	Youth-serving Organizations	Law enforcement	Religious/fraternal organizations	Civic/Volunteer Groups	Healthcare agencies	governmental agencies	ATOD reduction agencies
Name of representative(s)												
Individual's commitment to:												
Be a community leader amongst the represented sector												
Ensure clear communication between the sector represented and the other parties/project team												
Act as a positive role model for youth, families and peers												
Support the project mission												
Attend project meetings on a frequent basis												
Participate actively in at least one subcommittee or workgroup												
Attend project-sponsored trainings, public meetings or community events												
Contribute to the strategic planning process												
Participate in sustaining the project's capacity, involvement and energy												
Prevent youth substance use through designated strategies												
Provides requested in-kind/services/finances as a match, as applicable												

Use a scale (e.g., 0 = none; 4 = high) or a check mark to indicate your project/program's engagement of the 12 Community Sectors



THE PEOPLE IN YOUR NEIGHBORHOOD (excerpts) by Sesame Street

Oh, who are the people in your neighborhood?
In your neighborhood?
In your neighborhood?
Say, who are the people in your neighborhood?
The people that you meet each day

A teacher works the whole day through
To teach important things to you
He'll teach you things you won't forget
Like numbers and the alphabet

The bus driver drives fast or slow
To take you where you want to go
When you get in and pay your fare
She will drive you anywhere

A dentist cares for all your teeth
The top ones and the ones beneath
So if you have an aching tooth
He'll fix it quick, and that's the truth

The grocer sells the things you eat
Like bread and eggs, cheese and meat
No matter what you're looking for
You'll find it at the grocery store

Oh, the postman always brings the mail
Through rain or snow or sleet or hail
I'll work and work the whole day through
To get your letters safe to you

Oh, who are the people in your neighborhood?
In your neighborhood?
In your neighborhood?
Well, they're the people that you meet
When you're walking down the street
They're the people that you meet each day

Mapping Prevention Across Sectors

Your Prevention Strategies/Programs/Services

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Potential Proposed Outcomes from Diverse Sectors

Child/Youth:

- ☐ Improved nutrition
- ☐ Reduced obesity
- ☐ More physically active
- ☐ Stop smoking
- ☐ Access to MH services
- ☐ Health care in school
- ☐ Less bullying
- ☐ Reduced absences/suspensions
- ☐ Higher academic performance
- ☐ Positive school climate
- ☐ Referral to MH treatment

Adults:

- ☐ Better parenting
- ☐ Equal access to health services
- ☐ Access to mental health
- ☐ Success in treatment
- ☐ Service professional capacity

Community

- ☐ Policies and infrastructure for integrated “whole health”
- ☐ Tobacco law compliance
- ☐ Agencies’ cultural and linguistic competence
- ☐ Capacity to address child wellness birth – 21 years

Making It Happen:

Break-Out Sessions

Session 2 - afternoon

SAP Programs

IOM and SAP Components

Continuum of Services = Comprehensive SAP

- Intensive
  - Internal Referral Process and Services
  - Individualized Family Conferences and Family Action Planning
  - Suicide Prevention and Intervention
- Targeted
  - Educational Student Support Groups
  - Parenting Workshops
  - Support Groups
- Universal
  - School Board Policy
  - Staff Development
  - Prevention Lessons
  - Integration with Other School-based Programs
  - Cooperation and Collaboration Communitywide
  - Classroom Curriculum and School-wide Events
  - Crisis Team Response

BreakThrough
STUDENT ASSISTANCE PROGRAM

6

Sacramento Participant Outline: SAP Hands on Session

Learning Objectives – participants will:

A. Expand their understanding of formal and informal SAP
B. Identify the internal and external partnerships for SAP
C. Describe how the function of SAP creates the form or infrastructure that promotes sustainability.
D. Explore the funding of SAP from no budget to multiple budgets

A. What is the role of SAP within education and with partners?

a. Formal SAP Structures: named for the targeted problem, role, intervention task, or funding or the vision?
b. **EXERCISE:** Circles of Support and Discussion: mapping the people, places, institutions, and other opportunities available to youth.
c. Cost of no Student Assistance: using the CA Dataquest Reports to calculate the cost of no SAP. (Handout: CA statewide data reports)

B. What systems support SAP?

a. Comprehensive Multi-faceted Approach to Addressing Barriers to Student Learning (Handout: Adelman and Taylor UCLA New Directions for School and Community)
b. **EXERCISE:** Using IOM categories to describe student support services

C. **Why are there so many infrastructure options for SAP?**

a. Form follows function -_This is a principle associated with modern architecture and industrial design in the 20th century. The principle is that the shape of a building or object should be primarily based upon its intended function or purpose.
b. Referral sources: (Handout: flow charts MUSD, Riverside)
c. Staffing options:
    i. Internal: staff internal only
    ii. External: external contracted
    iii. Hybrid: both
d. Location Options

D. How can SAP survive without a Budget?

a. Starting with no budget: (Handout: DS Table of Evolution)
b. Using mandates, funding guidelines to leverage cross system support

From: Jan Ryan <janryanprevention@mac.com>
Subject: **California State - Suspension & Expulsion Information**
Date: March 13, 2011 5:56:06 PM PDT
To: Ryan Janis <janryanprevention@mac.com>, Ryan Janis <jblakeryan@aol.com>

California Department of Education
Safe & Healthy Kids Program Office
Prepared: 3/13/2011 5:55:31 PM

Year: 2009-10

California State - Expulsion, Suspension, and Truancy Information for 2009-10

County	CD Code	School Code	Enrollment*	Number of Students with Unexcused Absence or Tardy on 3 or More Days (truants)	Truancy Rate	Violence/Drug		Total Persistently Dangerous Expulsions	Number of Non-Student Firearm Incidents	Overall Total	
						Expulsions	Suspensions			Expulsions	Suspensions
Alameda	01		210,907	66,882	31.71%	389	10,357	125	588	440	21,208
Alpine	02		112	27	24.11%						
Amador	03		4,461	1,670	37.44%	10	227	2	42	13	571
Butte	04		30,457	14,490	47.58%	239	2,224	22	9	311	5,260
Calaveras	05		6,335	1,266	19.98%	12	413			12	781
Colusa	06		3,298	516	15.65%	14	189	1	5	17	485
Contra Costa	07		165,638	57,896	34.95%	457	10,314	112	122	494	24,595
Del Norte	08		4,267	1,019	23.88%	19	513	1		21	1,108
El Dorado	09		29,226	6,007	20.55%	114	1,570	12	119	116	2,687
Fresno	10		194,078	59,974	30.9%	845	14,110	237	193	978	38,134
Glenn	11		5,672	705	12.43%	15	384	1	9	16	998
Humboldt	12		18,196	3,230	17.75%	27	1,187	1		31	2,532
Imperial	13		36,338	12,494	34.38%	48	1,881	6	9	58	4,031
Inyo	14		3,482	488	14.01%	1	379			22	814
Kern	15		146,826	46,679	31.79%	1,830	12,829	92	232	2,630	33,488
Kings	16		28,498	9,165	32.16%	195	1,651	16	193	290	5,002
Lake	17		9,364	3,279	35.02%	82	1,124	17	3	86	2,530
Lassen	18		5,065	1,506	29.73%	4	253			4	484
Los Angeles	19		1,581,299	453,997	28.71%	1,850	62,989	377	891	2,242	128,078
Madera	20		29,308	8,009	27.33%	197	2,319	26	53	236	5,209
Marin	21		29,707	5,942	20%	57	1,134	4	13	117	2,496
Mariposa	22		2,173	851	39.16%	32	165	3		40	334
Mendocino	23		12,817	3,161	24.66%	76	1,329		55	90	3,304
Merced	24		55,447	19,949	35.98%	243	3,102	44	57	279	7,625
Modoc	25		1,655	582	35.17%	3	141			4	880
Mono	26		1,675	769	45.91%	4	26			4	76
Monterey	27		70,088	15,780	22.51%	153	4,403	16	100	174	9,546
Napa	28		20,139	5,376	26.69%	67	1,139	12		130	2,327
Nevada	29		11,600	1,823	15.72%	11	888		13	22	2,401
Orange	30		501,787	101,729	20.27%	1,056	12,660	122	162	1,223	24,542
Placer	31		65,120	9,108	13.99%	94	2,018	30	147	109	4,331
Plumas	32		2,207	350	15.86%	7	147	3	7	7	319
Riverside	33		411,388	132,237	32.14%	1,808	25,042	264	238	2,167	54,266

Sacramento	34		234,433	66,960	28.56%	499	17,973	155	63	548	43,537
San Benito	35		11,378	4,212	37.02%	18	618	2	3	22	915
San Bernardino	36		412,705	158,175	38.33%	1,804	29,412	255	445	2,162	68,098
San Diego	37		483,677	128,466	26.56%	812	21,827	179	505	985	46,592
San Francisco	38		56,071	13,820	24.65%	26	2,063	15	76	26	3,236
San Joaquin	39		135,191	40,006	29.59%	580	15,980	82	28	691	59,411
San Luis Obispo	40		34,473	11,924	34.59%	148	1,757	2	35	191	4,272
San Mateo	41		90,878	23,551	25.91%	302	4,090	73	29	344	8,626
Santa Barbara	42		65,382	20,281	31.02%	190	2,768	31		198	6,503
Santa Clara	43		259,449	50,166	19.34%	539	9,119	141	251	584	20,905
Santa Cruz	44		38,282	12,835	33.53%	168	2,564	12	20	183	6,201
Shasta	45		26,635	7,475	28.06%	80	2,197	13	8	102	5,600
Sierra	46		461	166	36.01%	1	16			1	38
Siskiyou	47		6,067	1,384	22.81%	23	351	3	10	23	1,075
Solano	48		65,522	18,103	27.63%	244	6,402	91	7	269	17,335
Sonoma	49		68,788	10,611	15.43%	357	2,856	21	139	400	5,715
Stanislaus	50		102,753	22,819	22.21%	529	9,627	84	44	623	21,242
Sutter	51		20,463	4,429	21.64%	78	1,391	6	181	93	2,639
Tehama	52		10,706	1,884	17.6%	21	573	2	13	22	1,321
Trinity	53		1,714	554	32.32%	2	144	1		2	245
Tulare	54		96,882	16,864	17.41%	457	7,447	52	157	523	13,899
Tuolumne	55		5,946	2,157	36.28%	21	357			28	793
Ventura	56		132,359	39,753	30.03%	312	6,296	44	8	362	13,666
Yolo	57		29,388	10,547	35.89%	87	2,136	22	8	98	5,483
Yuba	58		13,928	3,646	26.18%	165	1,843	20	2	176	9,256
California State			6,102,161**	1,717,744	28.15%	17,422	326,914	2,852	5,292	21,039	757,045

* Does not include NPS data.
** Not all agencies submitted data.

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"Energy is eternal delight."
William Blake

Impacts of Breakthrough Program by Participation in Family Conference

The table below provides a comparison of Breakthrough Program impacts based on whether or not the Student Evaluation Survey respondents participated in the Family Conference portion of the program. It is interesting to note that a greater percent of those who participated in the Family Conference reported positive impacts related to (a) less alcohol and drug use, (b) better relationships with teachers, peers, and parents, (c) less problematic behaviors, (d) better school performance/greater learning, and (e) more involvement in activities/hobbies, as compared to their counterparts.

Because of Breakthrough… (n=79-80)	**Yes**	**No**	**Don't know**
I am less likely to drink alcohol or use other drugs.			
Participated in Family Conference	59% (n=13)	23% (n=5)	18% (n=4)
Did NOT participate in Family Conference	47% (n=27)	23% (n=13)	30% (n=17)
My behaviors are not causing me as many problems.			
Participated in Family Conference	68% (n=15)	18% (n=4)	14% (n=3)
Did NOT participate in Family Conference	58% (n=33)	28% (n=16)	14% (n=8)
I am doing better at school.			
Participated in Family Conference	68% (n=15)	23% (n=5)	9% (n=2)
Did NOT participate in Family Conference	53% (n=30)	26% (n=15)	21% (n=12)
I have better relationships with my teachers or other adults at school.			
Participated in Family Conference	67% (n=14)	14% (n=3)	19% (n=4)
Did NOT participate in Family Conference	41% (n=24)	28% (n=16)	31% (n=18)
I have better relationships with my peers.			
Participated in Family Conference	68% (n=15)	14% (n=3)	18% (n=4)
Did NOT participate in Family Conference	51% (n=29)	17% (n=10)	32% (n=18)
I have a better relationship with my parent(s).			
Participated in Family Conference	64% (n=14)	27% (n=6)	9% (n=2)
Did NOT participate in Family Conference	40% (n=23)	35% (n=20)	25% (n=14)
I am learning a lot of new things and skills.			
Participated in Family Conference	55% (n=12)	36% (n=8)	9% (n=2)
Did NOT participate in Family Conference	35% (n=20)	39% (n=22)	26% (n=15)
I am involved in more activities or hobbies in my free time.			
Participated in Family Conference	50% (n=11)	36% (n=8)	14% (n=3)
Did NOT participate in Family Conference	47% (n=27)	36% (n=21)	17% (n=10)

BreakThrough
STUDENT ASSISTANCE PROGRAM

Administrator Quick Look 2007-08

Breakthrough Office Tele: 696-1600 ext. 1146 FAX 304-1526

Who is referred to Breakthrough (S.A.P.)?

- ✓ **All 6-12th SUSPENSION-based Referrals: Alcohol and Other Drugs, Violence, Tobacco**
- ✓ **All EXPULSION CASES**
- ✓ **All K-12 CONCERN-based referrals** (any student concern or student behavior that may be an obstacle to student's education; the goals are safety and equal access to services for all students)

Alcohol and Other Drugs: "c", "d", "j" , "p"

Violence: "a (1,2)", "b", "m", "n", "o", Ed. Codes 2,3,4,7

Days of suspension:

- ✓ **alcohol and other drugs: five days suspension**
- ✓ **violence: one to five days of suspension**

Procedure:

1. Suspension should describe the specific offense.
2. Contact the parent by phone or in person. Note on Breakthrough Parent Notification form.
3. Mail home the following: suspension, Parent Notification and S.A.P. brochure. (note: home language)
4. Fax both the suspension and the Parent Notification form to 304-1526 the same day as ASAP as family often makes their appointment for the next day.

Expulsion process for AOD when:

- Sales and Second offense while in Murrieta Valley USD

Expulsion process for violence when:

- Serious first offenders, usually involves serious injury or threat.
- Multiple fights at one site usually results in referral to expulsion; call Student Support for clarification.
- Chronic problems with this suspension as the deciding factor
- Riverside Co. "Kids and Guns Protocol" is in place if there is a gun involved. Call Student Support and Breakthrough.

Tobacco Referrals and Suspensions: "h"

Days of Suspension: 1st offense is referral to Smokeless Saturday School possible suspension 2nd offense one day or more suspension. Third or more: two days per incident.

Procedure:

1st offense: referral to Smokeless Saturday School; FAX referral to Breakthrough office.
2nd offense: suspend one day, fax suspension to Breakthrough; family receives Family Conference
3rd and subsequent offenses: suspend for two days, fax suspension to Breakthrough, student receives follow-up meeting.

12/19/08

CONCERN-based Referrals:

When a short-term or chronic concern threatens academic/personal success

REFER ANY STUDENT ENTERING THE EXPULSION PROCESS TO LINK PARENTS WITH SCHOOL AND COMMUNITY SERVICES IMMEDIATELY

✓ Referring students **entering the Expulsion Process**:

1. Refer the students to Breakthrough by giving them the program brochure and telling them to call us directly.
2. Fax the suspension to 304-1526 and mark it clearly as referred to expulsion process.
3. Breakthrough staff will send the Administrator the S.A.P. Plan to include in the expulsion packet.
4. Students/families will be listened to individually and connected with school and community services.

✓ Referring students to the **Concerned Person Referral Process**

1. Observe the behavior
2. Report your concern:
   - Complete a Concerned Person Referral; give to counselor or send to Breakthrough directly
   - Contact site counselor
   - E-mail or call Dean Lesicko/Kim Lesnick or Ernestina Castillo ext. 1046
3. Students will be listened to individually and offered services

✓ Referring parents Requesting **Parenting Education Programs**:

1. Refer the parents to the Parent Center, on-site counselor, or Breakthrough office for detailed information about programs.
2. PRICE Basic Parenting Programs and Parent Project offered at no cost to families.
3. Parents will be referred to the appropriate program.

BreakThrough
STUDENT ASSISTANCE PROGRAM

12/19/08

Evolution of the SAP Model in Desert Sands from 1983 to Present

Provided by: Jan Ryan

Comprehensive SAP Model: providing early intervention services, coordinated prevention curriculum, individualized and group training, and community networking

SAP Design	TRADITIONAL School-by-school site-based core teams of staff who volunteer	RESPONSIVE and INNOVATIVE One neutral, centralized site team working with K-12 Counselors and key teachers to serve all school sites	RESEARCH AND REPLICATION One centralized cross-system team to serve one district; replicated in 8 districts, 100,000+ students	COLLABORATION with key district groups and local Cities, Colleges
Year	1983-1994	1994- present	1999- present	2005 - present
Definition	Alcohol, tobacco and other drugs (ATOD) Called Chemical Awareness Network (CAN)	ATOD (K-12) and violence (6-12) Project Concern for Athletes/Extra Curricular Activities All voluntary referrals	ATOD (K-12) and violence (6-12) All voluntary referrals All barriers to learning	All barriers to learning with emphasis on… ATOD Violence
Infrastructure	.5 to 1 Coordinator .5 to 1 Support staff 1 Specialist Extra duty time staffing Stipend Group Facilitators Volunteer staff and Community-based agencies	1 Program Facilitator 1 School Counselor 3 Support Staff 2 CBO's contracts or agencies Extra duty time staffing Stipend Group Facilitators Release time for key site staff Volunteerism, staff and agencies	2 Consultants contracted out 1 Program Facilitator 1 School Counselor 3 Support Staff 3 CBO's contracts Stipend Group Facilitators Release time for key site staff Volunteerism	1 Consultant contracted 1 Program Facilitator 1 School Counselor 3 Support Staff 3 CBO's contracts Stipend Facilitators Release time Volunteerism
Referral sources	1. AOD suspensions 2. Concerned person referrals 3. Children of Alcoholics 4. Students seeking support for sobriety	Add… 5. Athletes, Band members, Drama 6. Violence-related suspensions (6-12) 7. Sexual harassment 8. Gifted and Talented 9. Any student with barriers to learning	Add… 10. Students with academic deficits 11. Students with Chronic Truancy 12. Students identified as homeless	Add… 13. Students with incarcerated parents 14. Students living in the Farm Labor Camp
How it works for students	Suspended students placed in a group; parents of suspended students offered one education group Referred students offered group	All referrals receive a "FAMILY CONFERENCE": one staff, one family for 90 minutes to set up a plan for school site, districtwide and/or community services. School site and home visits	Same	Shorter Family Conference to accommodate increased referrals Satellite SAP offices: Farm Labor Camp, planned youth facilities
Influences	★ Board of Education ★ Task Force of Administrators, MS and HS Counselors, Teachers and Parents ★ Child Welfare and Attendance ★ Community Intervention ★ Betty Ford Center	★ Families and students ★ Peers involved as mediators ★ K-12 School Counselors ★ Vice Principals, Principals, Security ★ Coaches and Advisors ★ Betty Ford Center Training Model ★ County and agency support	★ Staff referrals ★ Principle of "SAP is everyone's job; program is the response process" ★ Family requests for service ★ Pre-school and First Five ★ Title I collaborations ★ External evaluators	★ Local Coalitions or Collaborations ★ School Reform changes ★ Community Redevelopment ★ UMIRS Reporting changes

For more information, contact Jan Ryan, 760.578.2274
www.redleafresources.com

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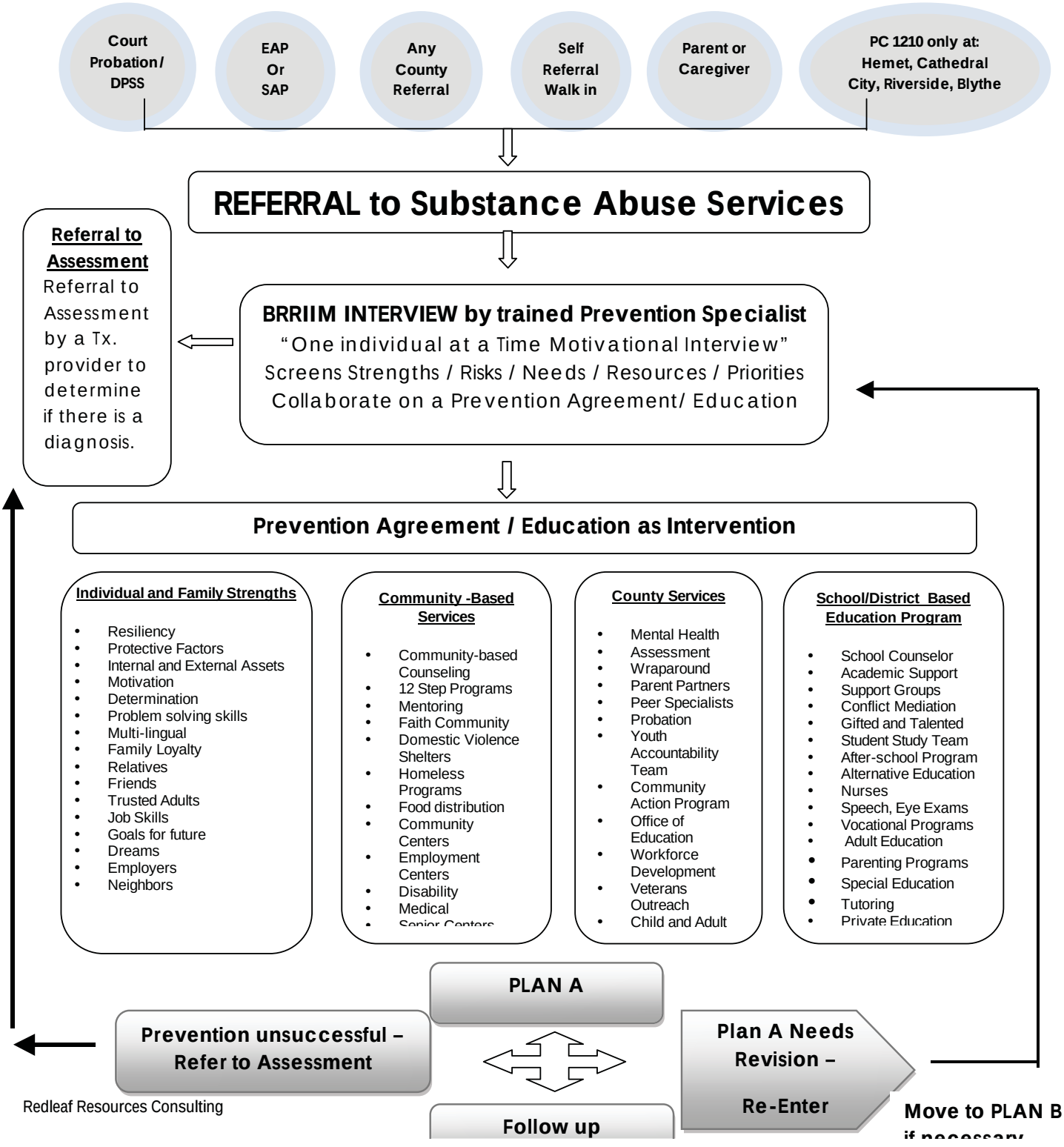
SAP Design	TRADITIONAL School-by-school site-based core teams of staff who volunteer	RESPONSIVE and INNOVATIVE One neutral, centralized site team working with K-12 Counselors and key teachers to serve all school sites	RESEARCH AND REPLICATION One centralized cross-system team to serve one district; replicated in 8 districts, 100,000+ students	COLLABORATION with key district groups and local Cities, Colleges
Year	1983-1994	1994- present	1999- present	2005 - present
Funding Sources	$ Lottery funds $ Drug Free Schools $ CADPE $ Tobacco Use Prevention (k-12) $ Competitive Grants: local, state, federal	$ Safe and Drug Free Schools $ TUPE Competitive Grants $ School Safety Funding (AB1113) $ Drop Out Prevention Entitlement $ Pre-school, Headstart and First Five $ Homeless and Title I $ Gifted and Talented funding $ California Wellness Foundation $ Law Enforcement shared funding $ Competitive Grants $ Other agency funded grants (CAPIT)	$ Safe Schools Healthy Students funding (partner with COE to hire and train one cross-system team for each of the 7 districts to serve all that district's students. Cross system team members: 1 school counselor, 1 bi-lingual aide, 1 local CBO, 1 Substance Abuse Staff/ DOMH, with support of 1 School Resource Officer services if needed) $ High Priority Schools funding	$ General funds $ SDFSC $ TUPE $ AB1113 $ Title 1 $ Competitive Grants
Critical elements for fidelity	♦ Board, Superintendent leadership ♦ Staff and Volunteer Training ♦ Policy driven regulations that set up a clear referral process ♦ Confidential services ♦ Key respected staff's support ♦ Community networking	♦ Flexible model responsive to board priorities ♦ Family-driven service delivery ♦ School Counselors academic focus ♦ Peers as Conflict Mediators ♦ Policy driven change ♦ Law Enforcement support	♦ Impact on Master Schedule ♦ External evaluation of process and outcome data ♦ Internal qualitative evaluation ♦ Supervision of interns ♦ Practicum Training for staff replicating model ♦ Fidelity areas	♦ Collaborative efforts within district school reform activity ♦ City government family and youth development focus
Impact: On site staff On system	↑ Staff: key trusted staff volunteerism, involvement, then most staff. ↑ System: met mandates	↑ Staff: reduced volunteerism increased paid full and part time school staff as funded. ↑ System: met unmet needs of staff, families, informed and impacted master schedule.	↑ Staff: adjusted to increased pressure by more reliance on SAP. ↑ System: institutionalized process impacting strategic planning.	↑ Staff: visibility of SAP in community keeps staff aware. ↑ System: dependence on SAP for individualized services. Pressure to fund SAP

For more information, contact Jan Ryan, 760.578.2274
www.redleafresources.com

Brief Risk Reduction Interview and Intervention Model (BRRIIM)

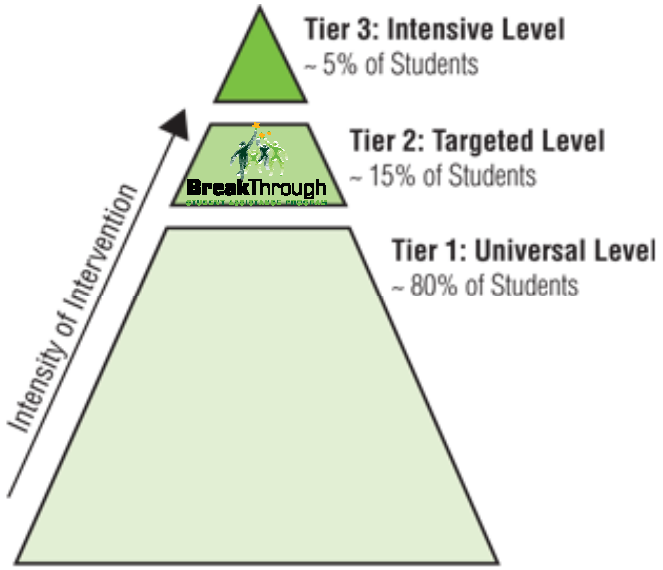
Individual Prevention Service in Riverside County
Accessible to All Residents (all ages, usually 12-80)



Redleaf Resources Consulting

RTI Pyramid

BreakThrough
STUDENT ASSISTANCE PROGRAM



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Day1 & 2

Resources

Resources:

Sharing the Learnings

Continuum of Alcohol, Tobacco *and* Other Drug Services Strategic Plan

Highlights 2010-2015

Marin County Department of Health & Human Services • Division of Alcohol, Drug and Tobacco Programs

Acknowledgements

The Marin County Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs wishes to acknowledge the leadership and tremendous contributions of countless individuals in developing a Strategic Plan that will guide the delivery of a comprehensive continuum of prevention, intervention, treatment and recovery support services for the next five years. The Division also wishes to extend appreciation to the Board of Supervisors, Advisory Board on Alcohol and Other Drug Problems, Department of Health and Human Services leadership, Division staff and community partners for providing the support and expertise necessary to advance alcohol, tobacco and other drug issues in Marin County.

Strategic Plan Subcommittees

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Teresa Bowman, Helen Vine Detox Center

Otis Bruce, Marin County Office of the District Attorney

Don Carney, YMCA

Brandi Comaroto, Youth Leadership Institute

Elizabeth Dandenell, Therapist

Kate Deveney-Chilton, Youth Leadership Institute

Kristen Gardner, HHS: Community Mental Health Services

Jose Gomez, Bay Area Community Resources

Sarah Grossi, HHS: Division of Social Services

Andrea Hedin, Kaiser Permanente

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Tracy Keough, O'Rorke, Inc.

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Julie Van Winkle, HHS: Policy and Planning

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Cindy Myers, Marin Services for Women

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The Division of Alcohol, Drug and Tobacco Programs would also like to thank the individuals who responded to survey requests and participated in Key Informant Interviews and Focus Groups. Participants included young people, individuals in recovery, clients currently engaged in treatment, safety net and healthcare service providers, front line staff in Social Services and community provider settings, law enforcement officials, school personnel, County Department Heads, HHS Division Directors and other key community stakeholders.

We would like to extend a special acknowledgement to *Christina Borbely* and *Kerrilyn Scott-Nakai* from the Center for Applied Research Solutions for providing ongoing technical assistance and support in facilitating and designing the Strategic Planning process.

Letter to the Community

Dear Community Members of Marin,

The Continuum of Alcohol, Tobacco and Other Drug Services Strategic Plan marks the commencement of a comprehensive approach to preventing, treating and providing ongoing recovery support services for the problems associated with the use of alcohol, tobacco and other drugs in our community.

Marin is vibrant and strong with access to unparalleled community resources; however, individuals, families and communities continue to experience the devastating impacts related to the use of alcohol, tobacco and other drugs. We too often see individuals who are homeless or unemployed due to problems with alcohol and other drugs, or individuals filling our jails and emergency rooms who could benefit from intervention and treatment services for their substance use issues. It is easy for young people to access alcohol, tobacco and other drugs and they are using these substances at alarmingly high rates and experiencing significant health and safety consequences. Families are struggling to stay intact and families are spending their life savings to put a loved one through treatment. Finally, communities themselves are dealing with alcohol, tobacco and other drug nuisances, drug related crime and a host of other consequences to businesses, community events and their bottom lines in an era of shrinking public resources.

Acknowledging our limited public resources for alcohol, tobacco and other drug issues, it is our intent and long-term vision that individuals at-risk of or experiencing problems related to their substance use will be identified early and referred to appropriate services. Someone looking for help for a friend or family member will only need to make one phone call. Individuals with complex or co-occurring mental health and substance use disorders will have access to integrated treatment services from highly qualified practitioners. Communities will demand change and will implement policies and practices that affect the way alcohol, tobacco and other drugs are viewed and addressed at the local level.

The priorities and goals outlined in this Plan strive to establish a comprehensive, integrated and recovery-oriented continuum of evidence-based services that are responsive to community needs, engage multiple systems and stakeholders, encourage community participation, promote system integration, and embrace a comprehensive approach to service delivery.

The priority areas and goals position Marin County as a leader in designing and delivering services in a manner that recognizes that a substance use disorder is a chronic health condition requiring a long term recovery management approach similar to the treatment of diabetes and other chronic conditions. It is our collective responsibility to impact the social norms and perceptions around how alcohol, tobacco and other drugs are viewed and how individuals with substance use disorders are recognized and treated, as well as to update the policies and practices that continue to perpetuate substance use disorders being viewed as a social problem, rather than as a health condition.

The need and demand for services, coupled with the economic challenges before us, require that we have a clear direction and that we allocate resources and deliver services in the most efficient, effective and high-quality manner possible. The landscape of the alcohol, tobacco and other drug field continues to change, but the priority areas and goals outlined in the Plan position Marin County for new opportunities, including accessing benefits from the recent parity legislation and healthcare reform, as well as laying the foundation for achieving this great task before us.

To realize this vision, we are developing implementation and evaluation plans, and activities will commence beginning in the Fall of 2010. We invite you to visit our website at **www.co.marin.ca.us/adtp** where we will post regular updates and annual evaluation reports.

Join us in this groundbreaking work as we embark on implementing a comprehensive and integrated continuum of alcohol, tobacco and other drug services.

Sincerely,

DJ Pierce, OTR, MPA
Division Chief
Marin County Division of Alcohol, Drug and Tobacco Programs

Background

The Marin County Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs is responsible for planning, coordinating and managing a continuum of publicly funded alcohol, tobacco and other drug prevention, intervention, treatment and recovery services that are responsive to the needs of the community and Marin County. To accomplish this task, the Marin County Division of Alcohol, Drug and Tobacco Programs allocates funding to community-based agencies to provide an array of prevention, early intervention and treatment services for substance use disorders.

The Department of Health and Human Services is working to restructure, redesign and reprioritize declining resources in an effort to move to a more sustainable future. The County Board of Supervisors and the County Administrator's office have asked that all departments seek to realign resources in response to expected long-term downward pressure on public revenues as a result of the current economic downturn and expected structural deficits. Consequently, it is important to acknowledge that the Division's efforts to recalibrate its own system into a more public health and long-term recovery management model are part of a larger Department of Health and Human Services redesign effort.

The existing service gaps, coupled with the direction of local, state and federal initiatives and economic realities, prompted the Division to initiate a community-based Strategic Planning process in order to more effectively organize diminishing resources into a systemically integrated, co-occurring capable, recovery-oriented continuum of alcohol, tobacco and other drug services.

The purpose of the Strategic Planning process was to:

- **Move from an acute to a public health-oriented chronic care service delivery model that embraces an upstream prevention approach;**
- **Maximize current resources while leveraging additional resources where possible;**
- **Streamline service delivery to improve efficiencies and enhance client outcomes;**
- **Recognize the preponderance of co-occurring conditions and thereby ensure a collaborative systems approach that eliminates "silos" and maintains a client-focus;**
- **Move toward a strategic, sustainable and evidence-based approach; and**
- **Align with local, statewide and federal initiatives that deliver a comprehensive and integrated continuum of services.**

Source: Substance Abuse and Mental Health Services Administration

Strategic Planning Process Framework

To develop the Strategic Plan, the Division of Alcohol, Drug and Tobacco Programs engaged service providers and other key community partners, and utilized the Substance Abuse and Mental Health Services Administration's Strategic Planning Framework to guide the planning process. The Division also engaged the expertise of the Center for Applied Research Solutions, a contracted technical assistance provider for the California Department of Alcohol and Drug Programs, to assist with designing the process, providing capacity building trainings and providing ongoing technical assistance.

The steps in the Strategic Planning Framework are as follows:

Assessment: Profile population needs, resources and readiness to address issues;

Capacity: Mobilize and/or build capacity to address needs;

Planning: Develop a comprehensive Strategic Plan;

Implementation: Implement evidence-based strategies and activities; and

Evaluation: Monitor, evaluate, sustain and improve or replace strategies that are not successful.

In the first phase of the planning process, which occurred from March 2009 to January 2010, the Strategic Planning Committees participated in various trainings, conducted a needs assessment, developed data-driven problem statements, identified evidence-based strategies to address the issues, and recommended standards and practices to guide the delivery of high-quality services. In the second phase of the process, which commenced in summer 2010, Division staff developed implementation plans and contracted with an independent evaluation contractor to develop the overall evaluation plan.

Strategic Plan Structure and Participation

The Division of Alcohol, Drug and Tobacco Programs outreached to a variety of stakeholders including representatives from prevention, treatment and recovery service providers, HHS Divisions of Community Mental Health, Public Health, Social Services and Aging and Adult Services, criminal justice partners, County Advisory Board members, school personnel, law enforcement, County and community policymakers and other interested community members and stakeholders. Stakeholders were invited to participate in subcommittees, which were the driving force in determining the Goals, Priorities and Strategies outlined in the Plan. Interested stakeholders that wanted to contribute, but were unable to make the time commitment, were invited to share data and participate in a key informant interview and/or focus group.

The Continuum of Alcohol, Tobacco and Other Drug Services Strategic Plan marks the commencement of a comprehensive approach to preventing, treating and providing ongoing recovery support services for the problems associated with the use of alcohol, tobacco and other drugs in our community.

Current and Future Service Delivery Landscape

Currently, the publicly funded system is focused on: engaging in environmental level changes to prevent alcohol, tobacco and other drug use; working with at-risk populations to reduce and eliminate illegal drug use; implementing population-level approaches to impact the social norms and behaviors around alcohol, tobacco and other drugs; and providing treatment services which are dedicated to serving high-risk and indigent populations, such as individuals that are homeless, pregnant and parenting, HIV positive, Intravenous Drug User (IVDU), justice involved, and other vulnerable populations.

Within our publicly funded system of care, significant gaps exist:

- **Prevention** services are largely focused on universal populations, leaving the higher-risk selective and indicated populations with limited resources;
- **Early intervention** services exist, but are not strategically co-located in settings that reach individuals at-risk of or with substance use disorders;
- **Treatment** is not reaching those who need it. According to the 2008 National Household Survey on Drug Use and Health, nearly 10% of individuals age 12 and older were in need of treatment for an illicit drug or alcohol use problem. Of these, only less than 10% actually received treatment services. Based on these estimates, in Marin, approximately 94% of individuals in need of treatment services are not engaged with the publicly-funded treatment service delivery system;
- The lack of sufficient **Recovery Support Services** reduces the success of long-term recovery. While offered as part of the program design in some of our contracted treatment provider agencies, the Division does not directly coordinate or allocate resources for these types of services creating a gap for those seeking assistance and support to sustain their recovery; and
- Client care is often not coordinated among various service providers and clients are not always actively linked with essential **primary and ancillary services,** including specialty care for clients with trauma or co-occurring mental health and substance use disorders, stable and supportive housing, primary health care, vocational training and other social services.

Below is a summary of the current landscape of the alcohol, tobacco and other drug system of care, as well as a snapshot of the vision of what the system of care will reflect as a result of Strategic Plan implementation.

CURRENT SYSTEM OF CARE: *Prior to Strategic Plan Implementation*	IMPLEMENT EVIDENCE-BASED STRATEGIES	**FUTURE SYSTEM OF CARE:** *After Strategic Plan Implementation*
Substance use disorders are commonly viewed as social problems and are often addressed through the justice system or addressed through an acute model of care		**Substance use disorders are viewed as health conditions and are addressed using a public health approach and recovery-oriented chronic relapsing disease model of care**
Primary prevention efforts primarily focus on youth alcohol and tobacco use and utilize environmental prevention approaches		**Primary prevention strategies will continue to place a focus on alcohol, tobacco and environmental approaches, but efforts will also address emerging issues, including prescription drug use and poly-substance use among youth and older adults, and will also include strategies appropriate for selective and indicated populations**
Individuals at-risk of or with substance use disorders or co-occurring conditions are not systematically identified early and referred for services		**Agencies and settings that commonly interact with individuals at-risk of or with substance use disorders, such as primary health clinics, safety net providers, the County Jail and Probation Department, and other school and community settings will be systematically implementing screening, brief intervention and referral services for co-occurring conditions**
Treatment services provided to clients with substance use disorders are often not coordinated with other related services and clients are not consistently linked with appropriate ancillary services		**Centralized assessment and care coordination will attempt, within the constraints of limited funding, to provide client access to comprehensive and integrated co-occurring capable services tailored to their individual needs, as well as coordinated transitioning between modalities of service throughout the continuum**
Evidence-based approaches to preventing and managing substance use disorders are not consistently utilized by agencies, organizations, schools, communities and other partners involved in alcohol, tobacco and other drug efforts		**Relevant agencies, organizations, schools, communities and other partners will utilize evidence-based approaches to preventing, intervening or reducing problems associated with alcohol, tobacco and other drugs**
Insufficient resources, restrictions on categorical funding and artificial barriers that restrict access to ancillary services limits the availability to provide a comprehensive and integrated continuum of services		**While these intractable issues will continue to have an impact, existing resources will be realigned and used as effectively and strategically as possible**

CONTINUING CURRENT EFFORTS

Current efforts that will continue through Strategic Plan implementation are as follows:

- Publicly-funded services for the treatment of substance use disorders will continue to focus on high-risk and indigent populations, such as individuals that are homeless, pregnant and parenting, HIV positive, IVDU, justice involved, and other vulnerable populations;
- The Division of Alcohol, Drug and Tobacco Programs will continue to allocate resources and provide training and technical assistance to the service provider network to enhance their capacity to provide evidence-based services tailored to individual client needs; and
- The Division of Alcohol, Drug and Tobacco Programs will continue to look at trends and emerging issues, as well as at short and long-term client and community outcomes to plan services and evaluate efficacy and efficiency.

Current and Future Fiscal Landscape

The vast majority of financial resources for Division-funded prevention, intervention, treatment and recovery services are from a combination of categorical (68%) and discretionary (32%) federal, state and local dollars. While nearly 85% of the Division's $5,000,000 annual budget is dedicated to direct service delivery, the current gaps necessitate a reallocation of resources to maximize service delivery and ensure a comprehensive and integrated continuum of services.

Detailed on page 6 is the FY 2009/10 breakdown of resources by service modality for alcohol and other drug services. Within the treatment service delivery system, services for clients involved in the Adult Drug Court and PC 1210 (formerly Substance Abuse and Crime Prevention Act /Proposition 36) programs represent 12.3% of the budget. Among tobacco services, 59% ($172,143) and 41% ($122,000) of contracted activities are dedicated to prevention and cessation services, respectively.

Given the finite public resources available for alcohol, tobacco and other drug services, it is imperative to design a service delivery system that is efficient, outcome-oriented and committed to facilitating long-term recovery. To effectively ensure a comprehensive and integrated continuum of services that reflects a public health model, the limited resources must be reallocated to include additional modalities of service, such as recovery support services, as well as must be realigned to more efficiently and effectively match clients with services needed through the continuum.

In addition to reallocating resources in order to provide a continuum of services, the recent and proposed local, state and federal funding cuts merit creative and strategic resource allocation. In addition to ongoing County General Fund reductions for tobacco prevention and cessation services and for treatment services for Adult Drug Court clients, the State's elimination of the Substance Abuse and Crime Prevention Act (SACPA) Program in FY 2008/09 left the treatment system with a $700,000 treatment gap, therefore limiting Marin's ability to serve eligible justice-involved clients.

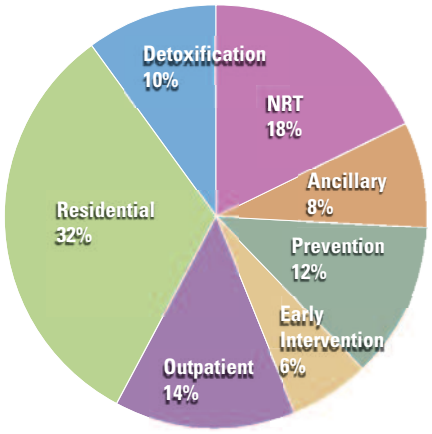
Additionally, the Governor's proposed May revision to the FY 2010/11 budget calls for elimination of Drug/Medi-Cal and CalWORKS, which would reduce an additional $600,000 from existing treatment resources. Services currently being provided with those dollars include Narcotic Replacement Therapy, outpatient treatment for women, outpatient services for individuals with co-occurring disorders, and residential treatment for CalWORKS eligible women.

Primary prevention services are also being reduced with the elimination of the Governor's portion of the Safe and Drug Free Schools and Communities grants, which translates to a $125,000 annual reduction in prevention and early intervention services for students in the Tamalpais Union High School District.

Given the complex and continually changing financial picture, the priority areas and goals outlined in the Plan serves a critical role in determining the prioritization and reallocation of our limited resources. In order to maximize service delivery and ensure a comprehensive and integrated continuum of services, following Strategic Plan implementation, resources are projected to be realigned as detailed below.

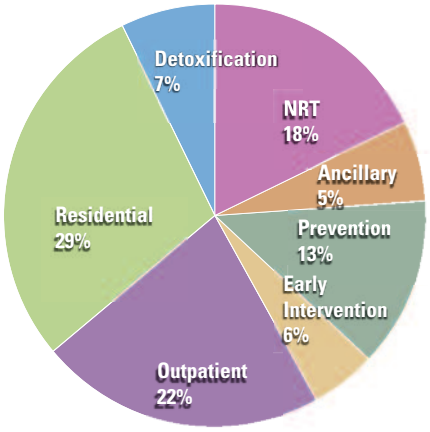
ALCOHOL AND OTHER DRUG RESOURCE DISTRIBUTION

FY 2009/10



Service Modality	Allocation	Percent
Prevention	$505,858	12%
Early Intervention	$277,057	6%
Outpatient/IOP	$591,621	14%
Residential	$1,395,208	32%
Detoxification	$425,900	10%
NRT	$793,450	18%
Ancillary	$328,106	8%
Total	$4,317,200	100%

Year 1: Strategic Plan Implementation



Service Modality	Projected Allocation	Percent
Prevention	$569,178	13%
Early Intervention	$260,366	6%
Outpatient/IOP	$978,461	22%
Residential	$1,301,483	29%
Detoxification	$326,772	7%
NRT	$792,686	18%
Ancillary	$241,909	5%
Total	$4,470,857	100%

Administrative costs and tobacco prevention and cessation resources are not included in the charts.

In view of the finite public resources available for alcohol, tobacco and other drug services, it is imperative to design a service delivery system that is efficient, outcome-oriented and committed to facilitating long-term recovery.

The following allocation and capacity changes expected as a result of Strategic Plan implementation are based on a reallocation of existing resources, with the exception of leveraging new Minor Consent Drug/Medi-Cal funding:

Modality	Projected Reallocation of Resources	Projected System Capacity (Changes)
Prevention	Increase in funding for prevention services to engage in system-wide social norm change Reallocation of existing prevention funding to align with the strategies included in the Plan	Increase in prevention strategies with communities and selective and indicated populations
Early Intervention	Reallocation of existing early intervention resources to align with the strategies included in the Plan, including SBIRT and Centralized Assessment/Care Management	Screen: 15,000 clients (+1,264%) Brief Intervention: 3,405 clients (+389%) Central Assessment: 750 clients (new)
Outpatient/ Intensive Outpatient [IOP]	Increase in resources for outpatient services for priority populations, including adolescents (Minor Consent), high-risk and indigent individuals, such as homeless, pregnant and parenting, HIV positive, IVDU, justice involved, and other vulnerable populations	346 clients (+ 193%)
Residential	Increase in PC 1210 funding for long-term residential treatment services Decrease in funding for long-term residential treatment services	30 beds (0%); 77-123 clients (+ 30%) *Note: A shorter length of stay is anticipated, resulting in increased residential capacity*
Detoxification	Decrease in funding for short-term residential detoxification services	6 – 9 beds; 548 – 821 clients (- 32%)
Narcotic Replacement Therapy [NRT]	Maintain funding for subsidized Narcotic Replacement Therapy services	160 clients (no change)
Recovery Support Services	Increase in funding for Care Management coordination that includes recovery support services Redesign service delivery standards to ensure that recovery management services are integrated into treatment	583-629 clients (new)
Ancillary Services	Increase in access to ancillary services through establishment of formal partnerships with relevant providers across and between systems Decrease in funding for justice funded ancillary services	Varies depending on client needs

Priority Areas

During the Strategic Planning process, the following three themes were identified as the key priority areas necessary to successfully implement a comprehensive and effective continuum of alcohol, tobacco and other drug services. Within each of the priority areas are problem statements that the Strategic Planning committees formulated based on the needs assessment, which included a review of objective data, and input from key informant interviews and focus groups with community stakeholders.

PRIORITY AREA ONE

Impact Norms and Perceptions: Impact how alcohol, tobacco and other drug use, abuse and addiction are viewed and addressed in Marin County.

Corresponding Problem Statements:

- Substance use disorders continue to be viewed primarily as a social problem, rather than as a health condition.
- High-rate, frequent and poly-substance use of alcohol, inhalants, prescription drugs and marijuana are emerging as the predominate pattern of use among youth and older adults in Marin leading to significant academic, health and safety consequences.
- Alcohol, tobacco and other drugs are available in significant quantities in social environments where youth are present leading to regular and heavy consumption, resulting in threats to individual health and community safety.
- Local, state and federal laws and regulations are not being adhered to in retail settings leading to sales and service to minors under the age of 18 for tobacco products, under the age of 21 years for alcohol, and adult sales to intoxicated persons which results in threats to individual health and community safety.

PRIORITY AREA TWO

Improve System Capacity and Infrastructure: Improve the capacity of individuals, agencies and communities to address alcohol, tobacco and other drug issues, as well as develop the infrastructure necessary to provide a seamless and comprehensive integrated continuum of services in Marin County.

Corresponding Problem Statements:

- A significant number of individuals with, or at risk of, alcohol, tobacco and other drug issues are not receiving prevention messages or being identified early and referred for treatment, as screening is not universally implemented in many settings such as school, community, medical or criminal justice.
- Screening for tobacco use is not currently being integrated into the intake and service delivery processes at all substance abuse and mental health treatment agencies in a consistent manner.
- Treatment for client with co-occurring disorders is being met through different systems (Mental Health and Alcohol and Other Drugs) and there is no unifying coordination of this treatment across systems.
- Many Divisions within HHS and Departments within the County work with the same clients and there is no system in place to ensure that there is cross communication regarding client services accessed, history and needs.
- Case management, ancillary and aftercare services, which are integral to achieving long-term recovery, are not systematically provided throughout the assessment, treatment and recovery processes.
- There is limited local alcohol, tobacco and other drug data to demonstrate community-specific needs and the prevalence and impact of culturally relevant, evidence-based programs and strategies.
- The current state-required data collection systems do not accurately reflect a continuum of care model.
- The cost to address alcohol, tobacco and other drug use and its related community consequences is a significant burden on the public health and safety resources in Marin and is out of balance to the resources available for local communities to address the issue.

PRIORITY AREA THREE

Implement Effective Alcohol, Tobacco and Other Drug Services: Implement evidence-based alcohol, tobacco and other drug prevention, intervention, treatment and recovery support services that are aligned with the needs and issues of Marin County and its communities.

Corresponding Problem Statements:

- As a large proportion of available public funding is categorical and restrictive, it is insufficient to adequately address community priorities.
- There is a significant lack of substance abuse treatment services for adolescents and their families.
- All tobacco using clients are not being advised to quit using tobacco and are not being routinely provided with cessation services on site or by referral.
- School curricula, programs and strategies utilized in many settings do not incorporate the latest in science and research, are not implemented with fidelity, decline in frequency as youth age and use increases, and record little to no documented effectiveness or measurement of impact.
- Communities are not engaged in effective alcohol, tobacco and other drug prevention due to a lack of: local data, capacity to address the issues, implementation of evidence-based strategies, and coordinated action.
- Current substance abuse and mental health treatment services in Marin have limited co-occurring capabilities. Economic instability can undermine long-term recovery for many of the clients within the treatment system.

The priorities and goals strive to establish a comprehensive, integrated and recovery-oriented continuum of evidence-based services that are responsive to community needs, engage multiple systems and stakeholders, encourage community participation, promote system integration, and embrace a comprehensive approach to service delivery.

It is our collective responsibility to impact the social norms and perceptions around how alcohol, tobacco and other drugs are viewed and how individuals with substance use disorders are recognized and treated, as well as to update the policies and practices that continue to perpetuate substance use disorders being viewed as a social problem, rather than as a health condition.

Strategic Goals

The Strategic Goals for FY 2010/11 – FY 2014/15, which were shaped by the problem statements established by the Strategic Planning committees, are as follows:

GOALS

1. **Ensure that substance use disorders are viewed as a health condition, rather than as a social problem;**
2. **Ensure that individuals with or at-risk of alcohol, tobacco or other drug problems are identified early, screened and referred for services as appropriate;**
3. **Coordinate, communicate and collaborate across departments, HHS Divisions and community partners to ensure the provision of comprehensive and integrated evidence-based services and strategies for clients and communities;**
4. **Leverage alternative resources to maximize the availability and diversity of available services;**
5. **Deliver services in a manner that is consistent with a continuum of care and chronic relapsing disease model and are tailored to specific client needs and considerations, such as economic status, gender, age, language, sexual orientation, geographic, racial, cultural, legal and other situational issues;**
6. **Support implementation of and consistent adherence to laws, policies, standards and practices that prevent and reduce alcohol, tobacco and other drug problems; and**
7. **Collect and report data on the alcohol, tobacco and other drug system of care.**

Implementing Services: Initiatives, Activities and Outcomes

In order to successfully implement the identified goals in the Strategic Plan, the Division of Alcohol, Drug and Tobacco Programs developed a series of work plans for each of the Strategic Plan Goals, which includes measureable objectives, activities, outcomes, timeframes and responsible entity, and will guide the multiple phases of implementation over the next five years. As part of Strategic Plan implementation, the Division issued Policies, Procedures, Standards and Practices that shall enhance service delivery for contracted provider services. The following are **highlights of the initiatives** that will be implemented to achieve each of the Strategic Goals.

GOAL 1

Ensure that substance use disorders are viewed as a health condition, rather than a social problem.

INITIATIVE

- Shift the view of substance use disorders among the public, service providers, healthcare professionals, policymakers, justice partners, and other community leaders through media, peer-based education campaigns, and policy and practice development.

KEY ACTIVITIES

- Allocate resources to a Media and Public Relations contractor to develop a media advocacy strategy and related media campaigns targeted to shifting the public's perception of alcohol, tobacco and other drug issues;
- Develop and disseminate information on the science and nature of substance use disorders via trainings, fact sheets and presentations to service providers, healthcare professionals, policymakers, justice partners and other community leaders; and
- Engage service providers, healthcare professionals, policymakers, justice partners and other community leaders to serve as "change agents" to educate their peers and implement policies and practices that align with substance use disorders being viewed as a health condition.

STRATEGIC OUTCOMES

- **The system of care reflects a continuum that is consistent with the public health-oriented chronic disease model.**
- **Change in the public's and providers' perception of alcohol, tobacco and other drug use and substance use disorders.**
- **Increase in resources to address alcohol, tobacco and other drug issues.**
- **Increase in the number of service partners and communities addressing alcohol, tobacco and other drug issues.**
- **Extent of service integration among public health, mental health, and alcohol, tobacco and other drug services.**
- **Increase in the perceived harm of high-risk behaviors, including high-rate, frequent and poly-substance use.**

GOAL 2

Ensure that individuals with or at-risk of alcohol, tobacco or other drug problems are identified early, screened and referred for services as appropriate.

INITIATIVE

- Implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in at least 15 primary health, safety net, justice, youth and community settings.

KEY ACTIVITIES

- Identify and disseminate information on evidence-based SBIRT models and tools;
- Seek and leverage resources to provide SBIRT services;
- Engage policymakers and key staff at potential SBIRT sites to implement universal SBIRT practices;
- Provide training and technical assistance to SBIRT sites to integrate SBIRT procedures into routine service delivery and ensure staff ability to provide SBIRT services with fidelity; and
- Ensure the availability of assessment and referral resources for individuals requiring specialty services.

STRATEGIC OUTCOMES

- **Increase in the number of settings incorporating Screening, Brief Intervention and Referral to Treatment (SBIRT) into their service delivery practices.**
- **Increase in the early identification of and intervention with individuals experiencing problems related to the use of alcohol, tobacco or other drugs.**
- **Increase in self-referrals to the alcohol, tobacco and other drug service delivery system.**
- **Long-term decrease in the need and demand for treatment services for substance use disorders.**

GOAL 3

Coordinate, communicate and collaborate across departments, HHS Divisions and community partners to ensure the provision of comprehensive and integrated evidence-based services and strategies for clients and communities.

INITIATIVES

- Increase the capacity of Division-funded contractors, HHS Divisions, County Departments and community partners to deliver comprehensive and integrated evidence-based services for individuals, families and communities.
- Engage communities to identify and implement comprehensive evidence-based strategies that address alcohol, tobacco and other drug issues among universal, selective and indicated populations.

KEY ACTIVITIES

- Engage HHS Divisions, County Departments and community partners that interface with clients at-risk of or with alcohol, tobacco or other drug issues;
- Assess system and staff capacity to implement evidence-based practices for serving clients with a full spectrum co-occurring conditions;
- Identify high-need, high-cost and shared clients and strategic opportunities to collaborate and integrate services;
- Implement policies and practices that enhance access to integrated services;
- Provide training and technical assistance to implement evidence-based strategies, standards and practices and enhance staff capacity to deliver individualized services for clients with complex and multiple co-occurring conditions;
- Allocate funding to three community coalitions and one county-wide coalition to address relevant and emerging alcohol, tobacco and other drug issues;
- Engage stakeholders to form coalitions/groups with diverse sectors of the community; and
- Train coalitions/groups to identify relevant alcohol, tobacco and other drug issues and implement evidence-based strategies to address the issues.

STRATEGIC OUTCOMES

- **Increase in strategic collaboration between HHS Divisions, County Departments and community partners.**
- **Increase in the capacity of system partners to implement evidence-based practices to effectively serve clients.**
- **Increased in integrated treatment planning and information sharing between HHS Divisions.**
- **Increase in clients receiving comprehensive services aligned with their individual needs.**
- **Improved outcomes for clients engaged in the alcohol, tobacco and other drug service delivery system.**
- **Increase in knowledge among partner providers regarding availability and eligibility of services.**
- **Increase in communities using evidence-based strategies to address specific local alcohol, tobacco and other drug issues.**

GOAL 4

Leverage alternative resources to maximize the availability and diversity of available services.

INITIATIVE

- Seek new and leverage existing resources and partnerships in order to provide a comprehensive and integrated continuum of alcohol, tobacco and other drug services.

KEY ACTIVITIES

- Analyze available funding streams and allocate resources via Requests for Proposals, interdepartmental agreements, and annual provider allocations to maximize coordinated and evidence-based service delivery;
- Develop formal agreements and procedures with County Departments, HHS Divisions and community partners to provide reciprocal access to ancillary and specialty treatment services;
- Train County Departments, HHS Divisions and community partners to increase their capacity to internally serve clients with alcohol, tobacco and other drug issues;
- Train service providers to leverage new and existing funding streams, such as submitting grants, billing insurance, accessing Drug/Medi-Cal, collecting client fees and engaging in fundraising;
- Review and analyze policies and legislation that affect resources for alcohol, tobacco and other drug services; and
- Provide technical assistance to communities to implement policies that leverage resources for alcohol, tobacco and other drug services, such as policies that mitigate the costs of harm caused by alcohol.

STRATEGIC OUTCOMES

- **Increase in identifying, preparing and applying for grants.**
- **Increase in resources dedicated to preventing and addressing alcohol, tobacco and other drug issues.**
- **Increase in the amount and quality of evidence-based prevention, intervention, treatment and recovery services.**
- **Decrease costs to local communities and system partners to address problems related to the use of alcohol, tobacco and other drugs.**
- **Long-term decrease in the need and demand for treatment services for substance use disorders.**

GOAL 5

Deliver services in a manner that is consistent with a continuum of care and chronic relapsing disease model and are tailored to specific client needs and considerations, such as economic status, gender, age, language, sexual orientation, geographic, racial, cultural, legal and other situational issues.

INITIATIVE

- Re-allocate and leverage resources to implement a comprehensive, individualized and integrated evidence-based continuum of care ranging from prevention and early intervention to treatment and recovery support services.

KEY ACTIVITIES

- Develop formal agreements and procedures with County Departments, HHS Divisions and community partners to provide integrated services and reciprocal access to ancillary and specialty treatment services;
- Train County Departments, HHS Divisions and community partners to increase their capacity to internally serve clients with alcohol, tobacco and other drug issues;
- Ensure that providers are trained to deliver evidence-based services with fidelity;
- Provide technical assistance to contracted providers to ensure successful implementation of and adherence to the Division's standards and practices for service delivery;
- Re-allocate funding to new initiatives that are in alignment with the Strategic Plan, including: 1) Establishing Community Coalitions to address community-specific alcohol, tobacco and other drug issues; 2) Media and Public Relations services; 3) Centralized Assessment/Care Management services; 4) Outpatient Services for the Safety Net, Justice and General populations; and 5) SBIRT for youth settings;
- Maintain services including Residential treatment, Narcotic Replacement Therapy and Detoxification services; and
- Leverage partnerships and technical assistance resources to ensure access to ancillary services and build a peer-driven recovery-oriented system of care.

STRATEGIC OUTCOMES

- **Increase in implementation of evidence-based practices with fidelity.**
- **Increase in providers' ability to provide individualized services that match client needs, such as being culturally and co-occurring competent, gender-specific, and trauma-informed.**
- **Increase in clients receiving integrated, comprehensive high-quality services aligned with their individual needs.**
- **Increase in clients moving seamlessly through the continuum of services.**
- **Increase in client engagement and retention in services.**
- **Increase in successful outcomes for clients engaged in the alcohol, tobacco and other drug service delivery system, such as abstaining from substance use, securing stable housing and employment, accessing primary health care and engaging in recovery support services.**

GOAL 6

Support implementation of and consistent adherence to laws, policies, standards and practices that prevent and reduce alcohol, tobacco and other drug problems.

INITIATIVE:

- Engage three Community Coalitions, a County-Wide Coalition and the Smoke-Free Marin Coalition to support implementation and enforcement of at least 12 policies that reduce alcohol, tobacco and other drug problems.
- Adopt and implement standards and practices for contracted services to ensure the design delivery of evidence-based prevention, intervention, treatment and recovery support strategies and services.

KEY ACTIVITIES

- Allocate funding to form three community coalitions and a county-wide coalition that address community-specific and emerging alcohol, tobacco and other drug issues;
- Provide training and technical assistance to the coalitions on using data to identify relevant community problems, and evidence-based strategies, including policy, media and enforcement, to address the issues;
- Develop and implement institutional and/or municipal alcohol, tobacco and other drug policies;
- Enforce existing and new alcohol, tobacco and other drug laws and policies;
- Develop and distribute to Division-funded service providers programmatic and administrative standards and practices for contracted services;
- Provide technical assistance and trainings to providers to ensure successful implementation and adherence to the standards and practices; and
- Monitor adherence to the standards and practices and assess fidelity with evidence-based program designs annually.

STRATEGIC OUTCOMES

- **Prevent the illegal use of alcohol, tobacco and other drugs and related community problems.**
- **Increase in enforcement of existing laws and policies.**
- **Increase in implementation of effective policies to prevent and address problems associated with the use of alcohol, tobacco and other drugs.**
- **Decrease in alcohol, tobacco and other drug-related problems, such as crime, injury and violation of other laws, including youth access to alcohol and tobacco, and driving after drinking.**

GOAL 7

Collect and report data on the alcohol, tobacco and other drug system of care.

INITIATIVE

- Establish and utilize a data collection system that demonstrates client and community-specific needs and accurately reflects a continuum of care and public health model.

KEY ACTIVITIES

- Evaluate the current system and needs and identify key indicators for data collection;
- Establish measures and methods of data collection for key indicators;
- Implement data quality standards and procedures for contracted services;
- Provide training and technical assistance to contracted providers and communities to enhance quality data collection; and
- Analyze data and develop and disseminate fact sheets and annual reports to demonstrate community needs, articulate client outcomes, inform program design and service delivery, and determine resource allocation.

STRATEGIC OUTCOMES

- **Increase in the number of measures being collected that reflect a chronic disease model.**
- **Increase in the availability of quality community-specific alcohol, tobacco and other drug-related data.**
- **Increase in programs developing logic models and implementing and evaluating programs in accordance with the models.**
- **Increase in the collection and reporting on program-specific outcome measures.**
- **Increase in the ability to evaluate the effectiveness of interventions and make successful adaptations to deliver the highest quality of services available.**
- **Increase in the use of data to inform policy and funding decisions.**

Shifting How We Do Business:

Policies, Procedures, Standards and Practices

As part of Strategic Plan implementation, the Division of Alcohol, Drug, and Tobacco Programs issued *Policies, Procedures, Standards and Practices* that shall guide service delivery for contracted provider services for the next five years. The policies, procedures, standards and practices are a compilation of: **1)** New policies and practices recommended during the Division's Strategic Planning Process; **2)** Existing policies and procedures implemented by the Division of Alcohol, Drug and Tobacco Programs over the past decade; **3)** Existing state and national regulations, standards and practices, such as the California Department of Alcohol and Drug Programs' Certification Standards and the *National Quality Forum's National Voluntary Consensus Standards for the Treatment of Substance Use Conditions;* and **4)** Recommendations from the Alcohol, Tobacco and Other Drug Contracted Provider network.

In addition to requiring agencies that provide Division-funded prevention, intervention, treatment and recovery services for alcohol, tobacco and other drug issues to comply with all applicable standards, laws and requirements, key themes for service delivery include:

- **Services and Strategies are Evidence-Based:** Agencies providing prevention, early intervention, treatment and recovery services shall utilize evidence-based, culturally relevant strategies and assess fidelity with the program design at least annually.
- **Co-Occurring Competency and Integrated Treatment are the Expectation:** Agencies providing substance use treatment services shall be competent to provide services for clients with co-occurring disorders, as evidenced by the Dual Diagnosis Capability in Addiction Treatment (DDCAT) or COMPASS-EZ Assessment score. Clients with co-occurring substance use and mental health disorders shall be treated by individuals, teams or programs with expertise in co-occurring disorders. Further, each disorder shall be considered as primary and integrated treatment shall be provided.
- **Clients with Multiple Co-occurring Conditions—Including Substance Use, Mental Health and Primary Health Care Issues — Are the Expectation, so Clients Shall Receive Individualized and Comprehensive Services:** Agencies shall actively link clients with appropriate recovery support services, as well as with ancillary resources such as housing assistance, vocational training, and primary healthcare.
- **Addressing Substance Use Disorders Requires a Long Term Recovery Management Approach:** All clients receiving treatment for substance use disorders shall receive post treatment monitoring and support. Support and monitoring can occur through periodic telephone contacts, participation in recovery support groups, or other appropriate activities. Agencies shall be responsible for following-up with the client thirty (30) days after discharge. Care Management shall also follow-up with clients at 3 months, 6 months and 1 year post discharge from a level of service to assess client progress and provide linkages to recovery support services as needed.
- **Resources are Leveraged to Maximize Comprehensive Service Delivery:** Agencies shall be certified or in the application for certification process to provide Drug/Medi-Cal services, as applicable, including Minor Consent services for agencies serving adolescents. Agencies are encouraged to access and leverage alternate funding streams to maximize the availability of services, such as private insurance, grants and donations.
- **Service Systems Shall Engage in Continuous Quality Improvement Efforts:** Agencies providing treatment services for substance use disorders shall conduct at least one NIATx Change Project per contract year. Agencies/individuals shall engage in regular evaluation activities, including coordinating with the Independent Evaluator and relevant contract management staff, to assess progress in achieving the desired outcomes and identify the need for course corrections if necessary.

Evaluation

The Division of Alcohol, Drug and Tobacco Programs is contracting with an independent evaluator to assist with developing the overall system to track and report on strategic outcomes, conduct an annual independent evaluation and provide technical assistance and training to project partners. The Strategic Plan Evaluation Plan and annual evaluation reports will be available on the County website.

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For additional information or copies of Strategic Plan documents, please contact the Marin County Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs at **www.co.marin.ca.us/adtp** or 415.473.3030

Front cover photo: Simon Darken; Marin Civic Center photo: John W. Roberts. Graphic Design: Robin Brandes www.robinbrandes.com

What is *Be The Influence?*

The goal of the project is to reduce the number of students in the Tamalpais Union High School District who are currently binge drinking, or are at risk to start binge drinking, by 30% by 2012.

Be The Influence is funded through a grant to the Marin County Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs from the Governor's Set-Aside of the Federal Safe and Drug Free Schools and Communities program which is administered by the California Department of Alcohol and Drug Programs.

Binge drinking is often defined as drinking alcoholic beverages with the primary intention of becoming intoxicated.

For the purposes of this group, the term is taken to mean consuming 5 or more standard alcoholic drinks (male), or 4 or more drinks (female), for a typical adult within a two-hour period.

The primary outcomes of *Be The Influence* are to:

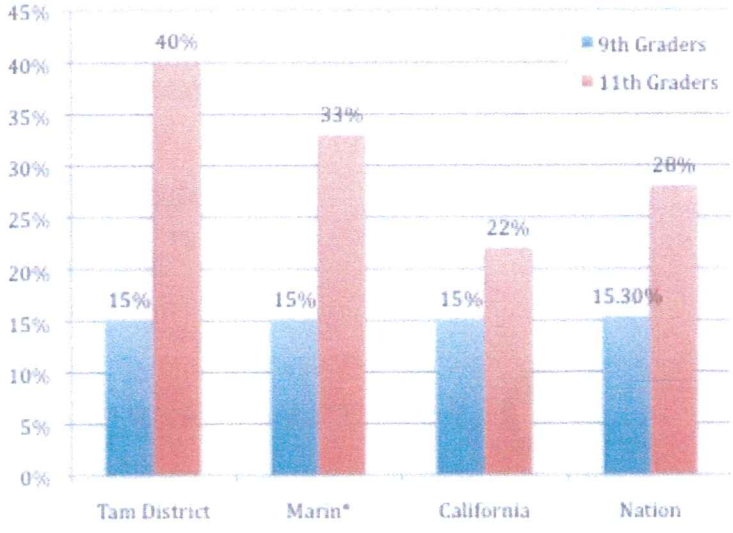
- Reduce the number of students engaged in high risk and binge drinking.
- Reduce the number of settings where youth engage in underage and binge drinking.
- Increase the number of students referred to community resources to address binge drinking behavior.
- Increase community action to address the problems of binge drinking.

Why is *Be the Influence* focusing on the Tamalpais Union High School District?

According to 2009 data from the California Healthy Kids Survey:

- Drinking alcohol in the past 30 days among Tam District 9th graders rose from 12% in 2001 to 18% in 2005 to 28% in 2007 and then lowered to 23% in 2009. Among 11th graders, it increased from 37% in 2001 to 38% in 2005 to 57% in 2007 and lowered to 55% in 2009.
- Tam District has the highest binge drinking rate among 9th and 11th grade students.
- 96% of 9th and 11th grade Tam District students felt it was "very easy" to obtain alcohol.

Table 1: Binge Drinking results from 2009 California Healthy Kids Survey and CDC Youth Risk Behavior Surveillance System



*Marin County percentage includes Tam District results

How will *Be The Influence* Work?

Collaboration between all five of the District's schools, Bay Area Community Resources and the Youth Leadership Institute will:

- Provide evidence-based Project Success Curriculum to students at San Andreas Continuation School and evidence-based Class Action Curriculum (implemented by the Tam District) to students at Tam, Drake and Redwood High Schools. *
- Convene Leadership Teams comprised of students and/or parents, which will identify and engage in at least one community-based project to increase awareness of the Social Host Accountability Ordinance.
- Increase community attention and understanding of the problem of binge drinking through media efforts.

Contact Information:

To join the student/parent leadership team, please contact Monica Jimenez, Program Coordinator at the Youth Leadership Institute, at 415.455.1676 ext. 236 or molivajimenez@yli.org.

For media inquiries, please contact Grier Mathews from O'Rorke, Inc. at 415.543.9119 ext. 154 or grier@ororkeinc.com.

To learn more about the grant, please contact Gary Najarian, Alcohol and Other Drug Prevention Coordinator with the Marin County Division of Alcohol, Drug and Tobacco Programs at 415.499.4230 or gnajarian@co.marin.ca.us.

To learn more about brief intervention services provided by Bay Area Community Resources, please contact Thom Kessler M.S., RAS at 415.945.3777 or tkessler@bacr.org.

http://www.betheinfluencemarin.org/

http://www.yli.org

YOUTH LEADERSHIP INSTITUTE

MARIN COUNTY Friday Night Live PARTNERSHIP

*Project Success and Teen Intervene (Class Action) are both part of SAMSHA's National Registry of Evidence-Based Programs and Practices.

be the Influence marin

Don't be a Party to Underage Drinking!

What is the *No-Host Campaign?*

The *No-Host Campaign's* goal is to reduce youth access to alcohol and increase awareness and enforcement of the Social Host Ordinance in Marin. Studies have shown that most youth get their alcohol from people age 21 or older or at social settings with adults.

The *No-Host Campaign's* focus is to collaborate with merchants to send clear messages to parents and adults about the dangers and illegality of hosting underage drinking parties and providing alcohol to minors. The campaign hopes to educate the community about the importance of enforcing the Social Host Ordinance and its purpose to:

- Prevent underage drinking
- Reduce youth access to alcohol through parents and adults
- Change parental norms around underage drinking- "safer to drink at home"
- Prevent property damages, drunk driving, injury and death

Through the Social Host Ordinance, the City and Police Department can

- Cite "responsible" adults (18 and over) that host underage parties and provide alcohol to minors
- Impose fines ranging from $750-$2,500 to the "responsible" adult even if they have no knowledge of the gathering.
- Take civil and/or criminal actions towards the "responsible" adult and youth

How can you as a merchant get involved?

We are asking merchants to put up campaign posters and bottle tags in their store and educate adults about the dangers of hosting underage parties and serving alcohol to minors. We are also asking merchants to sign a pledge, agreeing not to sell alcohol to minors.

In return, we will have a running list of responsible merchants that are helping to reduce the underage binge drinking rate in the Tam District. The list will be sent to the Marin Independent Journal.

No-Host Campaign Materials – Bottle Tags and Posters

The *No-Host Campaign* materials include bottle tags and posters with messages about the ordinance and encouraging parents not to be a party to underage drinking.

Bottle Tags

Posters

Contact Information:

To learn more, please contact Monica Jimenez, Program Coordinator at the Youth Leadership Institute at 415.455.1676 ext.236 or molivajimenez@yli.org.

http://www.betheinfluencemarin.org/

www.yli.org

YOUTH LEADERSHIP INSTITUTE

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DON'T BE A PARTY TO UNDERAGE DRINKING!

Under YOUR Roof?

Under YOUR Responsibility!

UNDER THE SOCIAL HOST ORDINANCE

FINES RANGE FROM $750-$2,500

To learn more, please contact the Youth Leadership Institute at 415.455.1676 or visit

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Brought to you by the County of Marin Health and Human Services Division of Alcohol, Drug and Tobacco Programs


Parents, did you know YOU can be held financially responsible for underage drinking at your home - even if you have no knowledge of it?
FINES RANGE FROM $750-$2,500
DON'T BE A PARTY TO UNDERAGE DRINKING!
To learn more, please contact the Youth Leadership Institute at 415.455.1676 or visit www.betheinfluencemarin.org
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Self-Assessment for Binge Drinking Risks
Results for the 2009-2010 School Year

The goal of Be the Influence is to reduce the number of students in the Tamalpais Union High School District who are currently engaged in a pattern of binge drinking or who are at risk of binge drinking by 30% by 2012. As part of this effort, the project conducts an annual on-line, anonymous self-assessment with 9th and 11th graders in the Tamalpais Union High School District.

For the purposes of this project, binge drinking means consuming 5 or more standard alcoholic drinks (male), or 4 or more alcoholic drinks (female), for a typical adult within a two hour period.

Through the self-assessment these students have the opportunity to acquire information on their risk and identify the extent of their illegal and dangerous drinking patterns. Be the Influence provides Brief Intervention services at each of the school sites to engage these students, their friends and their families in a process to create a plan to reduce their drinking.

Be the Influence also works directly with youth, parents and school faculty to mobilize action around the issue of binge drinking and ensure that students in need of Brief Intervention services are referred.

What is the Self-Assessment?

The Alcohol Self Assessment being used by the project was adapted from the Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organization which is used globally to identify high risk drinking patterns.

In the Tamalpais Union High School District, the self-assessment tool was completed anonymously on-line utilizing a custom scored version of the AUDIT. The scoring utilized is listed in the chart to the right. The self-assessment tool is located online at BeTheInfluenceMarin.org.

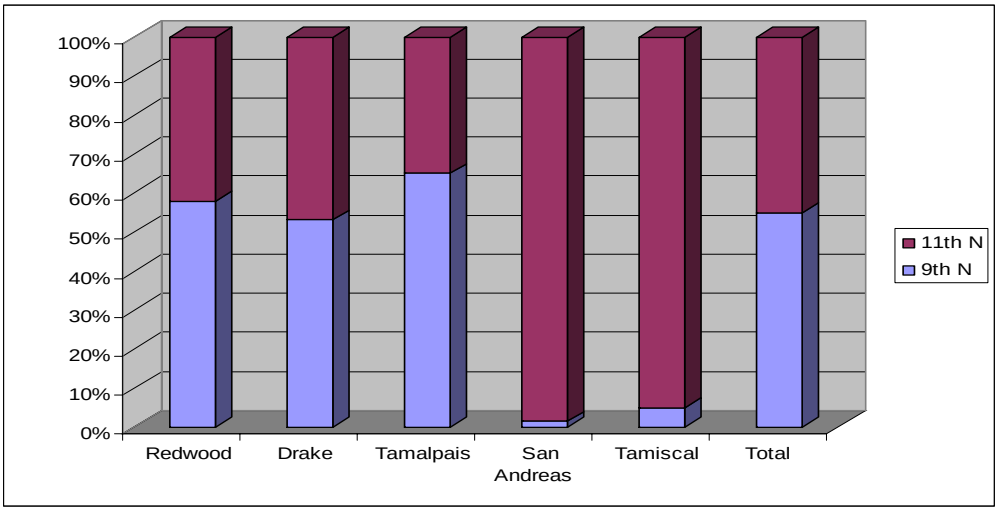
Alcohol Self-Assessment Scoring	
Youth	
0	Low Risk
1-3	Risky
4-6	High Risk
7 +	Dangerous

Passive permission was obtained from parents for the administration of the assessment to 9th and 11th graders. As the self-assessment is available on a public website, other students and parents can elect to review and respond to it from their personal computers at any time.

The self-assessment results provided in this report were obtained anonymously from students in all five of the district's high schools. Be The Influence recommends formalized Brief Intervention services for students that receive a score of 4 (High Risk) or higher and increased information and discussions regarding binge drinking with students, peers and families for anyone with a score of 1-3 (Risky) or higher.

Overall District Results

A total of 2172 of the district's students completed the Alcohol Self Assessment. In order to ensure that data was as accurate as possible, it was reviewed by the project's independent evaluator. A total of 61 cases were removed from the total number of completed assessments because they were completed by adults, or by students for which no identifying information (school, grade, gender, etc.) had been entered. This resulted in **a total of 2111 self-assessments** completed by students at the district's five schools.

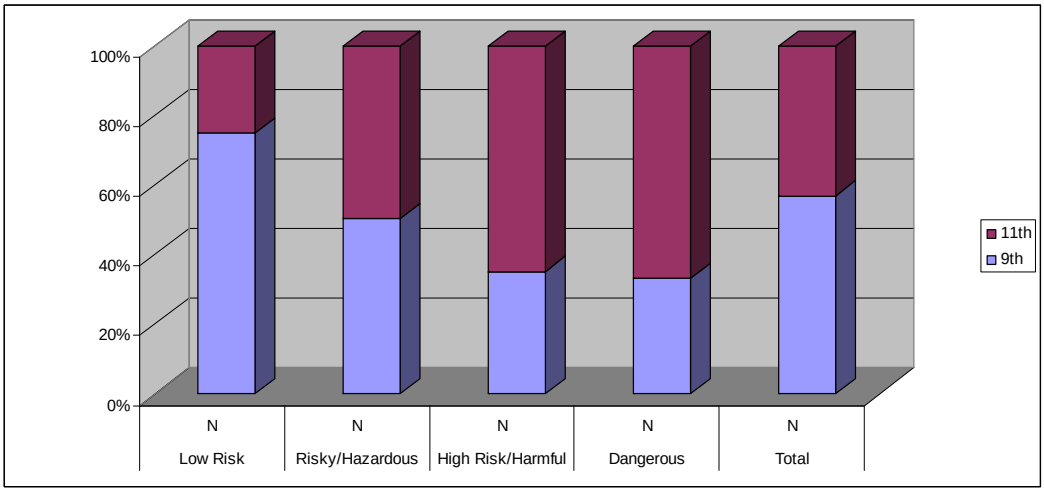


The 2111 self-assessments included a total of **1080 9th graders**; 55 10th graders, **884 11th graders** and 82 12th graders. Since the project's focus is on 9th and 11th graders, the 137 10th and 12th graders that took the assessment have been excluded from the analyses. *The chart above indicates the proportion of 9th and 11th graders that took the survey at each of the schools.*

"Overall, students took the self assessment very seriously", said Thom Kessler of Bay Area Community Resources, "They were intensely focused and asked thoughtful questions during the process. Their responses should be taken seriously as a representation of their risk at the time of the assessment."

Risk Level

The results of the self-assessment contained some good news - of those who took the self-assessment, 47% reported that they do not use alcohol. However, very concerning was the reality that almost **35% of students – or 1 in 3 – were engaged in a pattern of drinking that would be considered risky to dangerous.** This level of risk means that their alcohol consumption is very likely already causing them problems in their life, including consequences to their safety as well as emotional, mental, social and physical development. Additionally, 37 students (1.8%) were identified as having dangerous drinking patterns that may meet the criteria for alcohol dependence.



Data in the chart to the right shows the breakdown of Alcohol Self Assessment scores for the 9th and 11th grade students from throughout the District. Of the 2111 total self-assessments completed, 1866 (88%) were obtained from 9th and 11th graders in the three comprehensive high schools (Redwood, Drake and Tam). **The most concerning result from this information is the increasing proportion of students drinking at significantly riskier levels as they progress from the 9th to the 11th grade.**

Breakdown of Assessment Questions by Grade

What follows is a breakdown of responses to each question in the self-assessment from the total of 1080 9th and 884 11th graders in the District who completed the self-assessment.

Self Assessment Responses by Question

Domain	Question	Item Description	Number and Percent Answering Yes			
			9th N = 1080		11th N = 884	
			N	%	N	%
Hazardous Alcohol Use	1	Frequency of drinking	380	34.8	653	73.9
	2	Typical drinking (3 or more)	197	18.1	458	51.8
	3	Frequency of heavy drinking	174	**16.0**	435	**49.2**
Dependence Symptoms	4	Impaired control over drinking	65	6.0	135	15.3
	5	Increases salience of drinking	94	8.6	177	20.0
	6	Morning drinking	38	**3.5**	46	**5.2**
Harmful Alcohol Use	7	Guilt after drinking	128	11.7	229	25.9
	8	Can't remember after drinking	155	14.2	306	34.6
	9	Alcohol related injuries (to self/others)	112	11.0	183	20.7
	10	Others concerned about drinking	61	5.6	78	8.8

From WHO AUDIT manual

Drinking Patterns of Concern

All of the results of the Self Assessment indicate concerns for a significant proportion of students who are engaged in drinking. The data demonstrates that binge drinking is the clear pattern of behavior for youth and that young people are experiencing numerous consequences to their health and safety.

Of immediate concern is the tripling of students engaging in binge drinking between the 9th and 11th grade. (16.0% of 9th graders and 49.2% of 11th graders report drinking 5 or more drinks on one occasion. (Question 3))

Additionally, the number of students experiencing potential alcohol dependence almost doubles between the 9th and 11th grade. (3.5% of 9th and 5.2% of 11th graders report needing a first drink in the morning to get going after a night of heavy drinking. (Question 6))

A Call to Action

Parents, students, administrators and faculty should be concerned that 35% of the students who completed the self-assessment are engaged in a pattern of drinking that ranges from high risk to dangerous.

Additionally, when these students were provided with safe opportunities to "self-refer" to Brief Intervention sessions with a trained alcohol and drug counselor, the vast majority **did not take** the opportunity to do so. This reflects a need for concerned peers and adults to encourage students to take action to address this issue.

One of the **most effective strategies** to address this is called "**Brief Intervention**" where a trained counselor sits down with the young person, reviews their risk with them and helps them to create a plan to reduce their drinking. The counselor and the youth then check in at regular intervals to discuss how the implementation of that plan is progressing and if changes need to be made.

It is essential that we, as adults, educate ourselves on the recent science and effects of binge drinking for youth and begin to change our actions around teen binge drinking. Alcohol is not only the most common factor in injury and death for young people, but youth binge drinkers perform worse in school, are more likely to fall behind and have an increased risk of social problems, depression, suicidal thoughts and violence.

The self-assessment results demonstrated that while students may be drinking at problem or dangerous levels, they do not view their drinking as dangerous and therefore are not inclined to seek help on their own.

It is essential that concerned adults and youth work together to engage these young people in a process to help them create and maintain a plan to reduce their drinking.

What can I do to *Be the Influence*?

Parents and students can take action in a number of ways to help themselves, their peers and their teens:

To learn more about the self- assessment and brief intervention services provided by Bay Area Community Resources, contact Thom Kessler at (415) 945-3777 or tkessler@bacr.org

To join one of the student/parent actions teams, please contact Maria Reyes at (415) 455-1676 or mreyes@yli.org

To learn more about the project, contact Gary Najarian, Alcohol and Other Drug Prevention Coordinator with the Marin County Division of Alcohol, Drug and Tobacco Programs at (415) 473-4230 or gnajarian@co.marin.ca.us

For media inquiries, please contact Meagan Miller at (415) 543-5280 or meagan@ororkepr.com

Check out the Be the Influence website at: www.BeTheInfluenceMarin.org

Be the Influence is funded through a grant to the Marin County Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs from the Governor's Set-Aside of the federal Safe and Drug Free Schools and Communities program which is administered by the California Department of Alcohol and Drug Programs.







Safe & Drug Free

SCHOOLS AND COMMUNITIES

THE SEVEN

CHALLENGES PROGRAM

2008-10 Results

October 2010

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INTRODUCTION

The Seven Challenges Program is designed specifically for adolescents with drug problems. Its goal is to motivate a decision and commitment to change and to support success in implementing the desired changes. The Seven Challenges Program simultaneously helps young people address their drug problems as well as their co-occurring life skill deficits, situational problems, and psychological problems. Counselors using The Seven Challenges Program teach youth to identify and work on the issues most relevant to them. In sessions, as youth discuss the issues that matter most, counselors seamlessly integrate the challenges as part of the conversation. Youth are then taught the skills needed to overcome drug and alcohol abuse and are provided with group support to make successful changes.

The Santa Cruz County Alcohol and Drug Program has worked with participating school to develop a school policy whereby students facing suspension or expulsion can participate in The Seven Challenges Program as an alternative to the suspension/expulsion. Not only will these students benefit from the program, but they will be allowed to stay in school.

The purpose of this study was to collect information on high school students participated in The Seven Challenges Program regarding their attitudes and behaviors towards alcohol, tobacco, and other drug use (ATOD) use and consequences they have experienced as a result of ATOD use. All activities within this research project received approval from an Institutional Review Board (IRB), which ensures the protection of the rights and welfare of all subjects. It is hypothesized that implementation of the Seven Challenges Curriculum will result in decreased risk factors (ATOD use) and increased protective factors. The outcomes that were focused on in this study include: Connection to school and community, Self-efficacy, Stress management, Perceptions of harm of ATOD use, and Reduction in ATOD use.

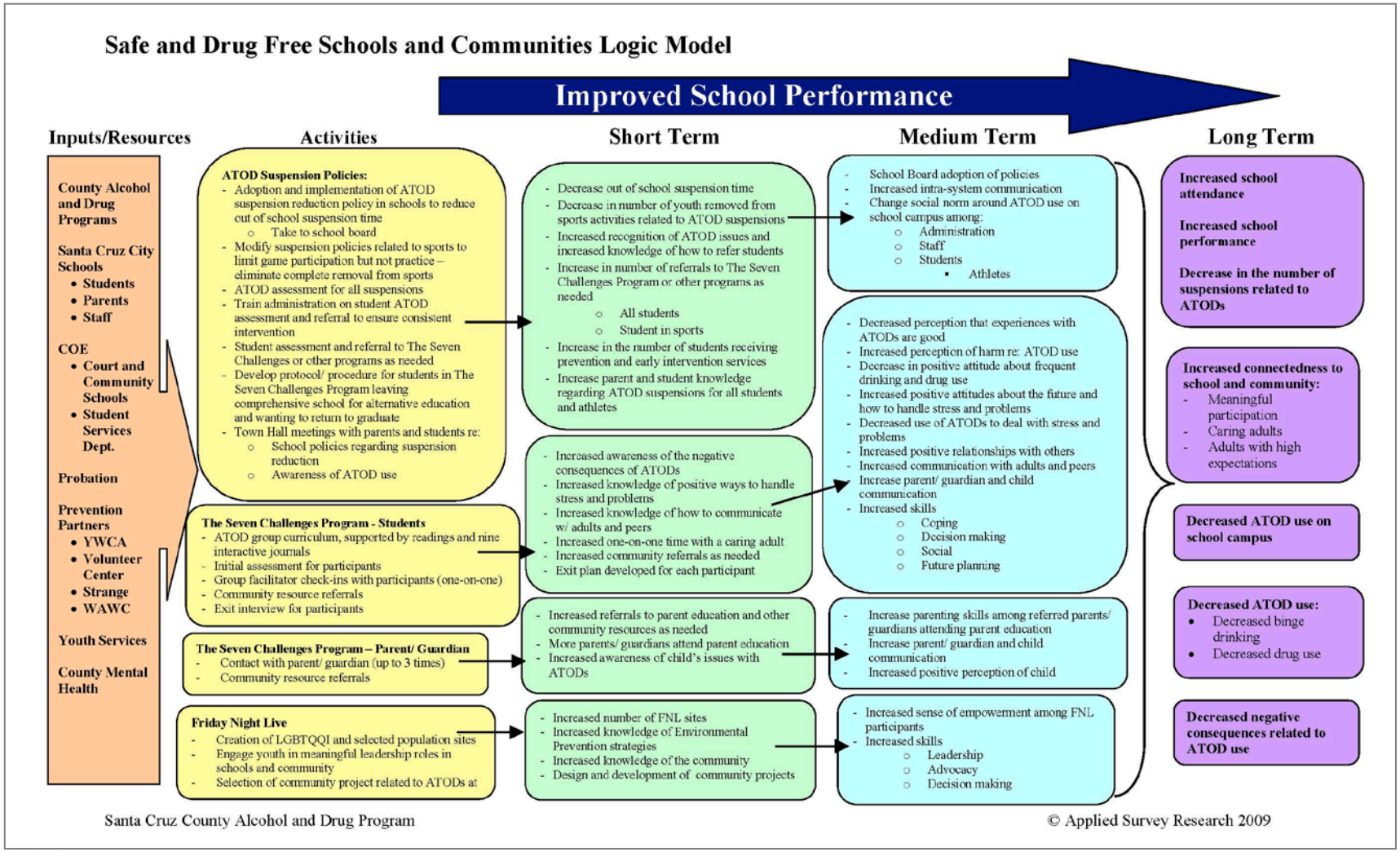
METHODOLOGY

Two surveys were administered to youth participants in The Seven Challenges Program: 1) a pre survey of attitudes, perceptions, and behaviors related to ATOD use, in addition to basic demographic questions, was given at the first program session, and 2) a post survey of those same attitudes, perceptions, and behaviors related to ATOD, as well as of their thoughts about The Seven Challenges Program was given in the final program session (after the program). The Seven Challenges Program staff administered the surveys by following a strict survey protocol in order to assure that the survey was administered in a standardized manner. The survey protocols include procedures for setting up the physical environment and ensuring confidentiality, as well as instructions and statements to be read to participants regarding confidentiality and the voluntary nature of the surveys.

The pre and post surveys were then matched based on the respondents' initials and date of birth provided on the survey. There were a total of Only pre and post surveys that could be successfully matched were included in the analyses. The pre and post surveys were conducted during both the 2008-2009 and the 2009-2010 school years. The data in this report represent aggregated data collected during the 2008-2009 school year and the 2009-2010 school year. There were some modifications made to the survey tools between 2008-2009 and 2009-2010 in order to comply with requests made by the State Alcohol and Drug Programs. Because of the addition of new survey questions, some data are only available for the 2009-2010 school year.

LOGIC MODEL

Applied Survey Research, the local evaluator selected to work on this project, helped create a logic model to articulate the program's activities and intended outcomes. While this logic model was designed for the entire Safe and Drug Free Schools and Communities Project, the logic model includes The Seven Challeges Program. This logic model also helps to align both short- and long-term process measures and outcomes, and to prioritize evaluation data collection and analysis activities.



LEGENDS

Arrows represent the change in direction that the data should go; the percentage inside the arrow represents the percentage of students who reported change in the "right direction" in at least one of the items in the question series.

Boxes describe the number of students who reported change in the "right direction" in at least one of the items in the question series.

RESPONDENT DEMOGRAPHICS

Survey data showed that The Seven Challenges Program participants from 2008-2010 were typically male (64% of all participants) and Caucasian (61%) high school students. Forty-four percent were in 11th grade, while 27% were in 9th grade. Over half (52%) of participants were students at Soquel High School and 15% were students at Santa Cruz High School. Data also revealed that most (63%) of the students who participated in the program were not involved in any school activities in the 2009-2010 school year.

When asked about their reason for being in The Seven Challenges Program, 38% of participants reported that they selected to be in the program instead of being suspended, 30% requested to be in the program, and 1% selected to be in the program instead of being expelled. Of participants who selected to be in the program instead of being suspended or expelled, the most commonly cited reasons for suspension/expulsion were because they had drugs at school or at a school event (45%) and because they were high at school or a school event (29%).

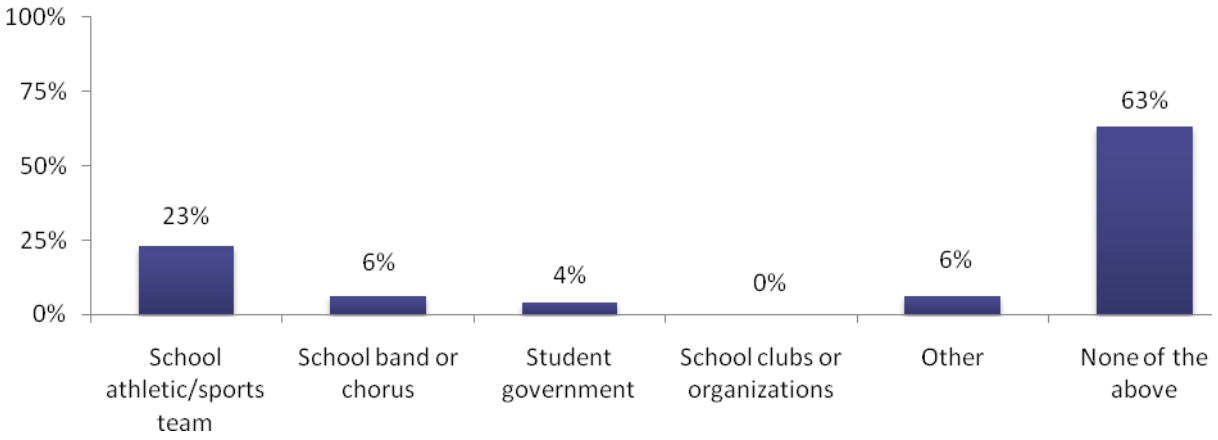
Figure 1: Respondent Demographics (2008-2010)

	2008-10
Gender	N=126
Male	64%
Female	34%
Other	2%
Sexual Orientation	N=125
Straight/heterosexual	90%
Bisexual	7%
Gay/lesbian/queer/homosexual	2%
Questioning	1%
Other	1%
Ethnicity	N=124
Caucasian	61%
Latino	20%
African American	1%
Native American	1%
Multi-racial	13%
Other	5%

	2008-10
Grade	N=48
9	27%
10	15%
11	44%
12	15%
School	N=125
Barrios Unidos	2%
Costanoa	9%
Esperanza	2%
Harbor High	10%
San Lorenzo Valley High	1%
Santa Cruz High	15%
Soquel High	52%
Star Academy	10%

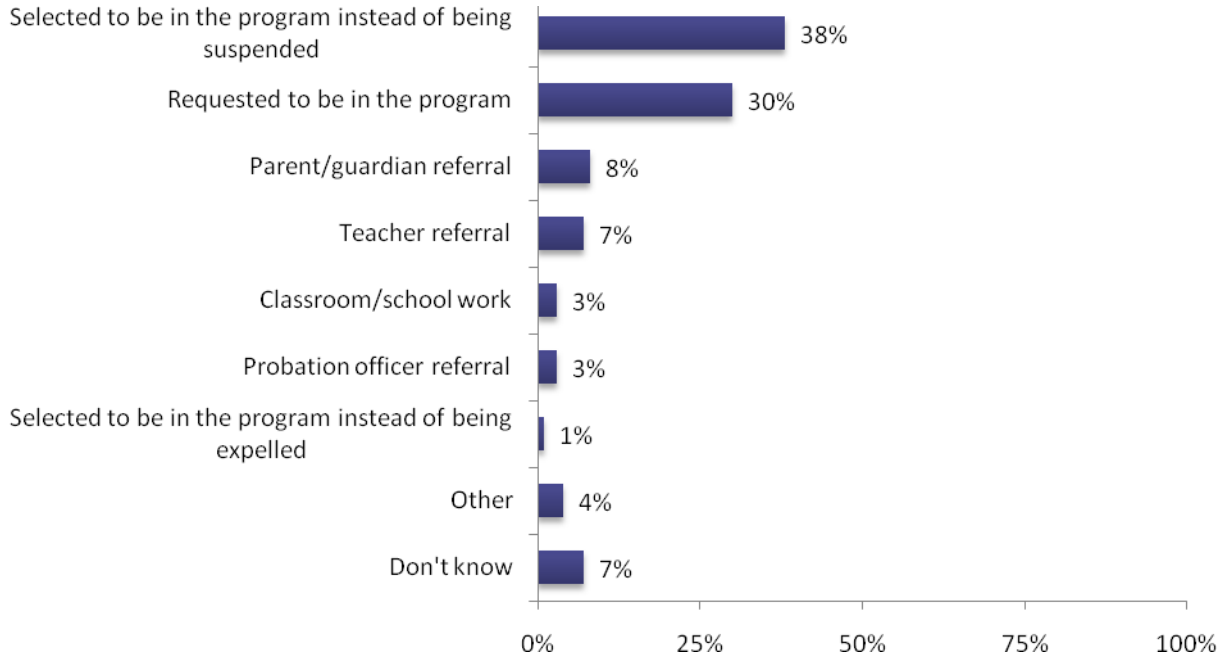
Source: Applied Survey Research, *Seven Challenges 2008-2009 and 2009-2010 Pre Surveys,* 2010.

Figure 2: Involvement in School Activities (2009-2010)



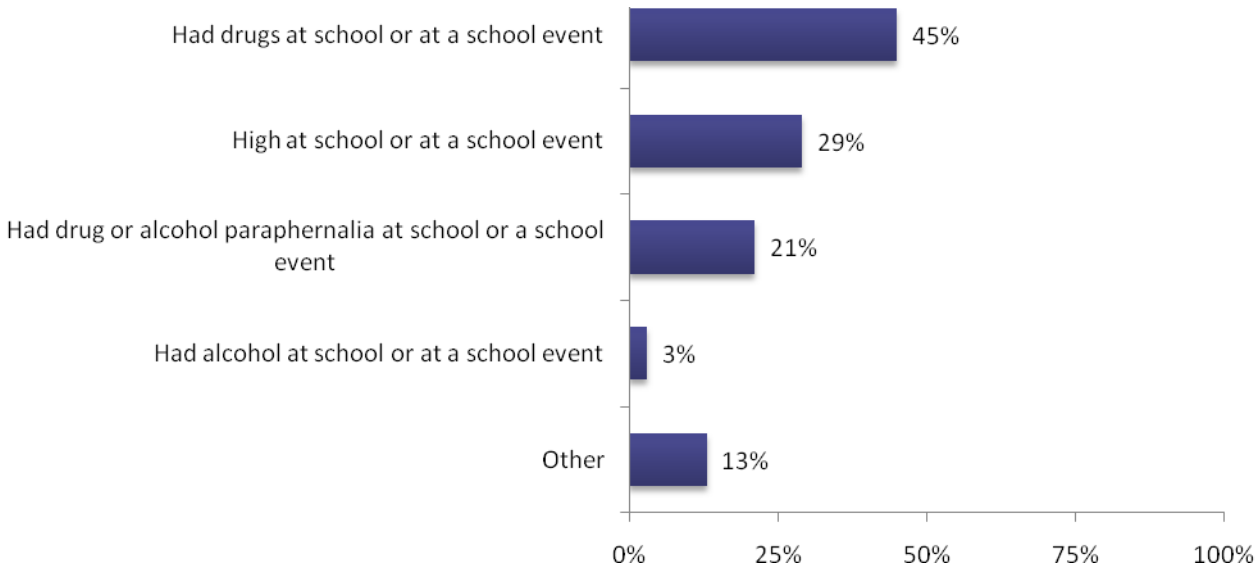
Multiple Response Question with 48 Respondents Offering 49 Responses.
Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Pre Survey*, 2010.
Note: This question was not asked during the 2008-2009 school year.

Figure 3: Reason for Program Participation (2008-2010)



N=76.
Source: Applied Survey Research, *The Seven Challenges Program 2008-2009 and 2009-2010 Pre Surveys*, 2010.

Figure 4: Reason for Suspension/Expulsion From Students Who Selected to Be in Program (2008-2010)



Multiple Response Question with 38 Respondents Offering 42 Responses.
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre Surveys,* 2010.

ATTITUDES ABOUT ALCOHOL AND OTHER DRUG USE AND PREVALENCE OF USE

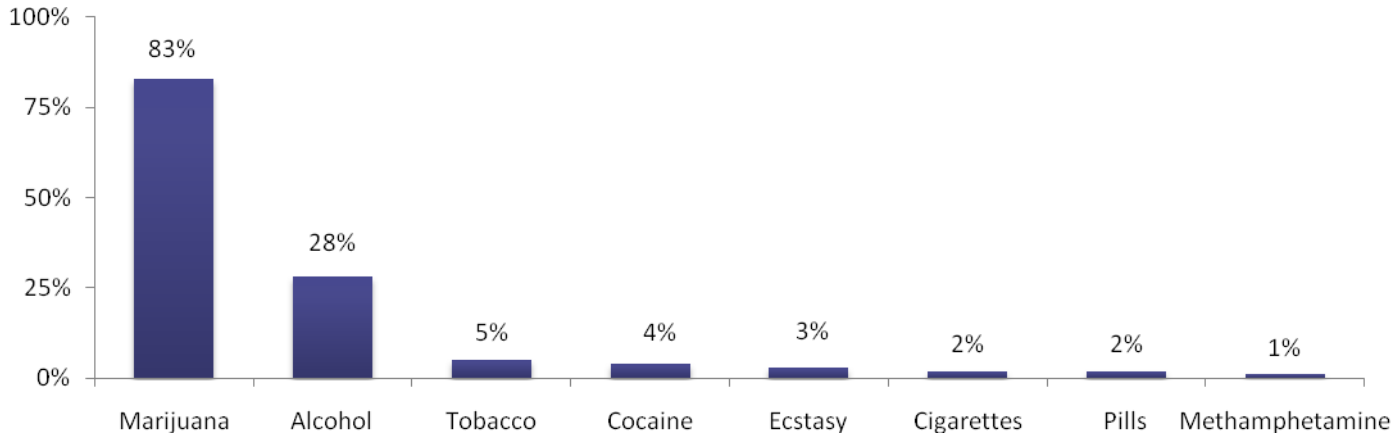
The primary drug of choice for 83% of program participants was marijuana. Other primary drugs of choice were alcohol (cited by 28% of participants) and tobacco (5%).

In terms of age of onset, 54% of program participants reported using marijuana when they were in middle school. Forty-eight percent reported having their first full drink of an alcoholic beverage in middle school and 36% reported having part or all of a cigarette or using other tobacco products for the first time when they were in middle school.

When asked about their experiences with alcohol and other drugs at the end of the program, greater percentages of participants rated their experiences as “bad” or “completely bad” compared to when they were asked at the beginning of the program. The percentage of participants who rated their experiences with cigarettes as “bad” or “completely bad” increased from 19% to 26% from the beginning to the end of the program,

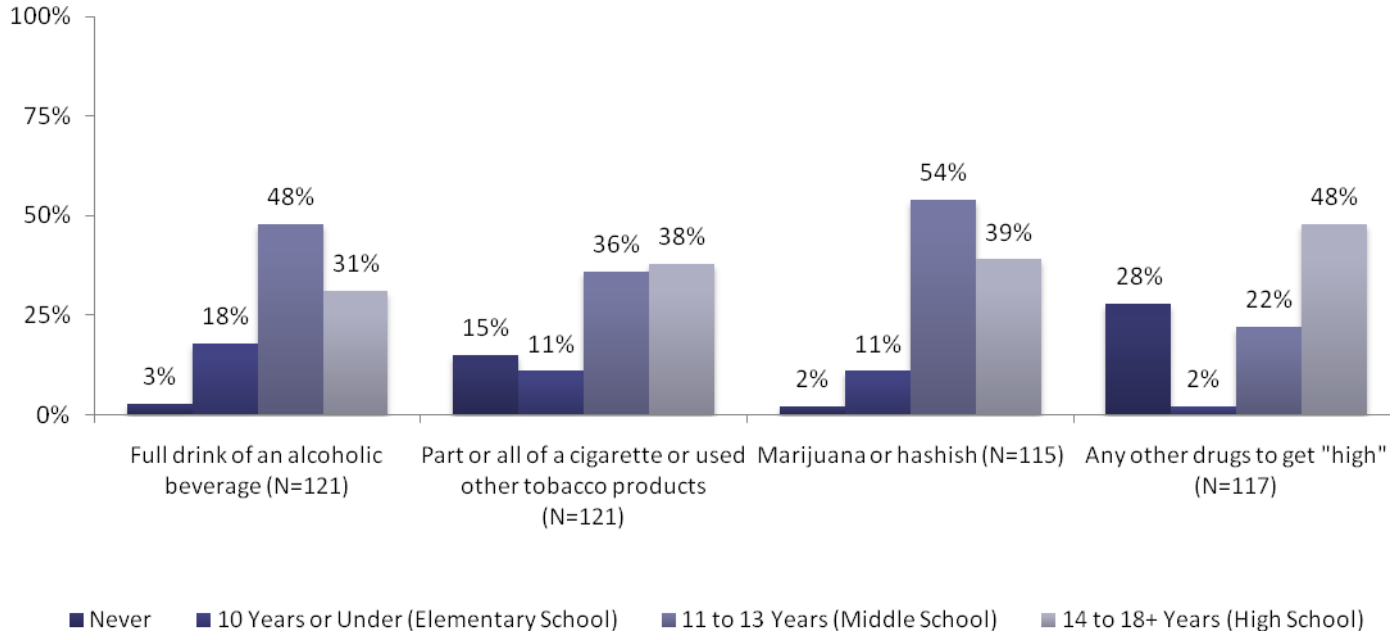
Additionally, smaller percentages of participants reported at the end of the program that they had consumed alcohol in the past month for various reasons. The largest decrease was seen among respondents who drank alcohol “to have fun” (a decrease from 76% to 64%).

Figure 5: Primary Drug of Choice (2008-2010)



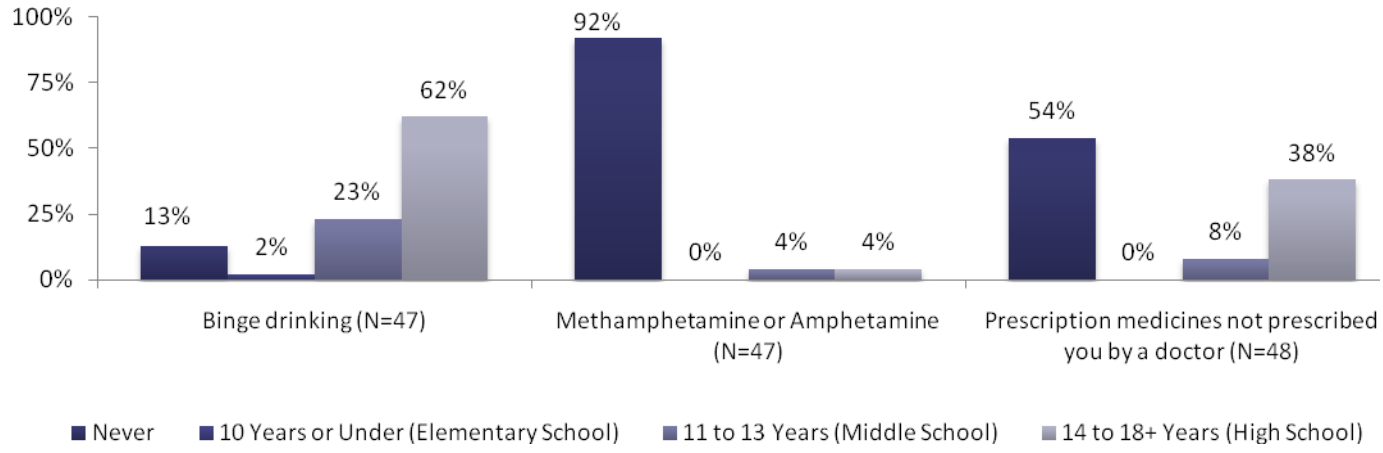
Multiple Response Question with 119 Respondents Offering 151 Responses.
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre Surveys,* 2010.

Figure 6: Age of Onset for the Following Substances (2008-2010)



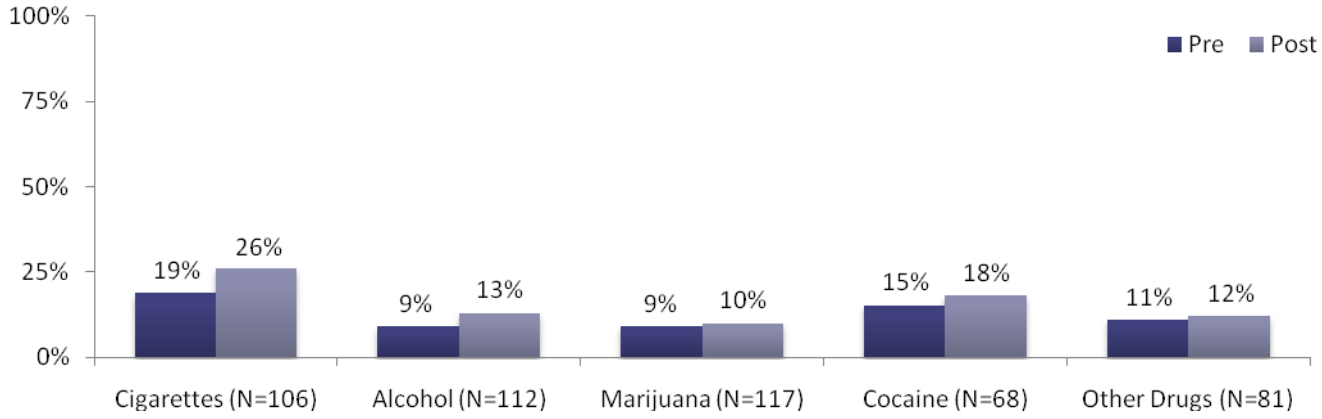
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre Surveys,* 2010.

Figure 7: Age of Onset for the Following Substances (2009-2010)



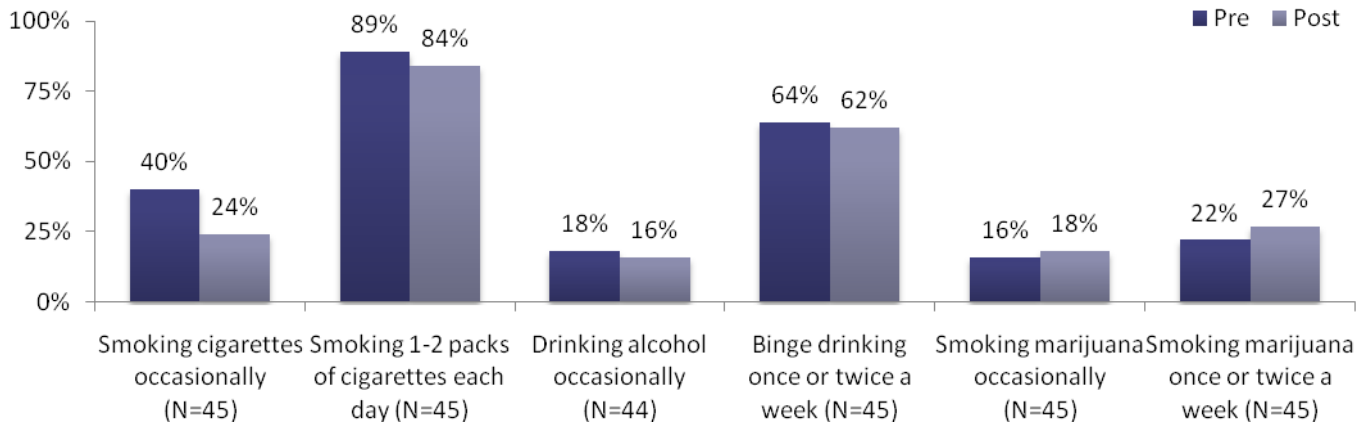
Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Pre Survey*, 2010.
Note: This question was not asked during the 2008-2009 school year.

Figure 8: Percentage of Respondents Who Rated their Experiences with Alcohol and Other Drugs as "Bad" or "Completely Bad" (2008-2010)



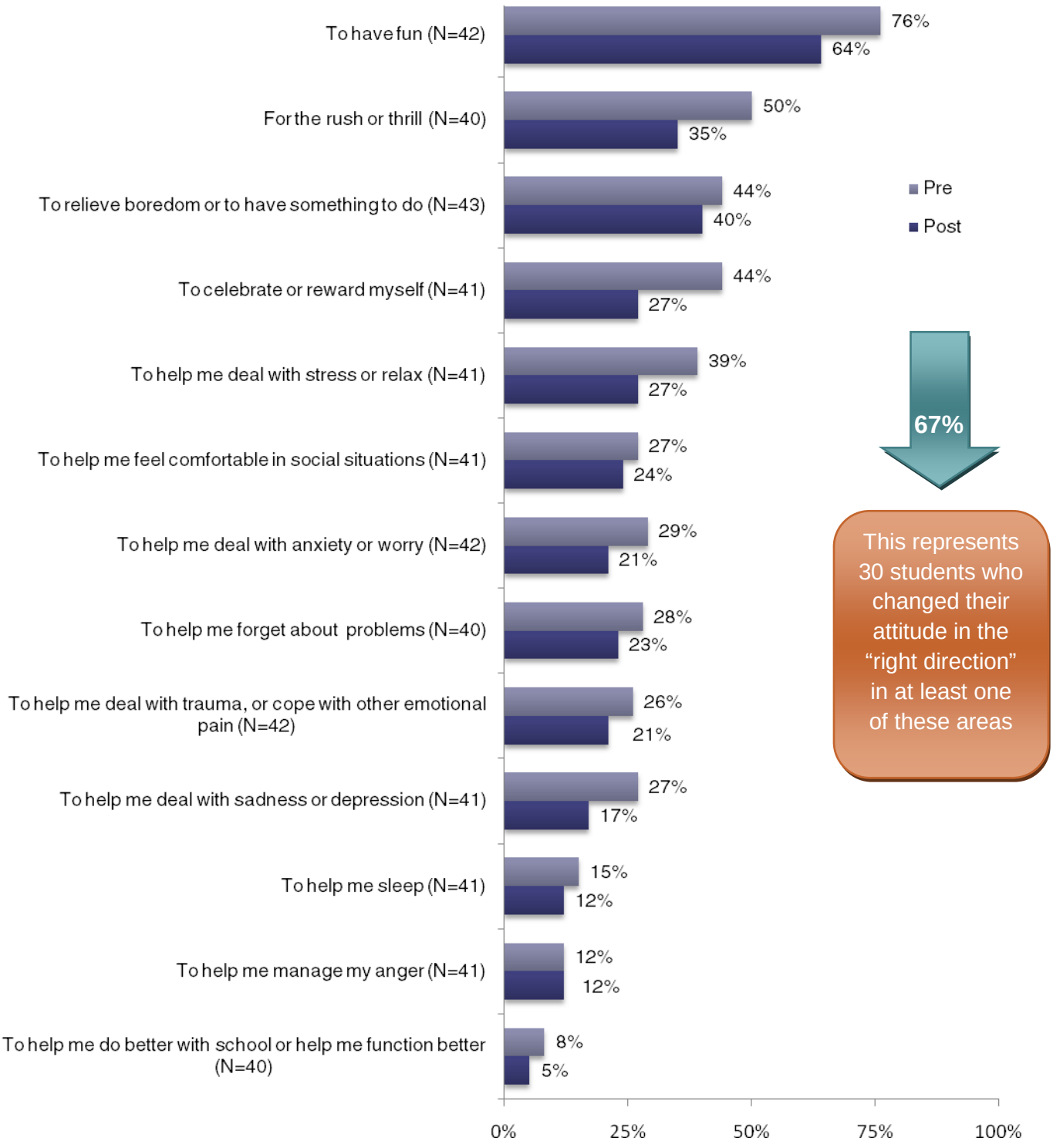
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre and Post Surveys*, 2010.

Figure 9: Percent of Respondents Who Perceived That Doing the Following Activities Caused "Great" or "Moderate" Harm (2009-2010)



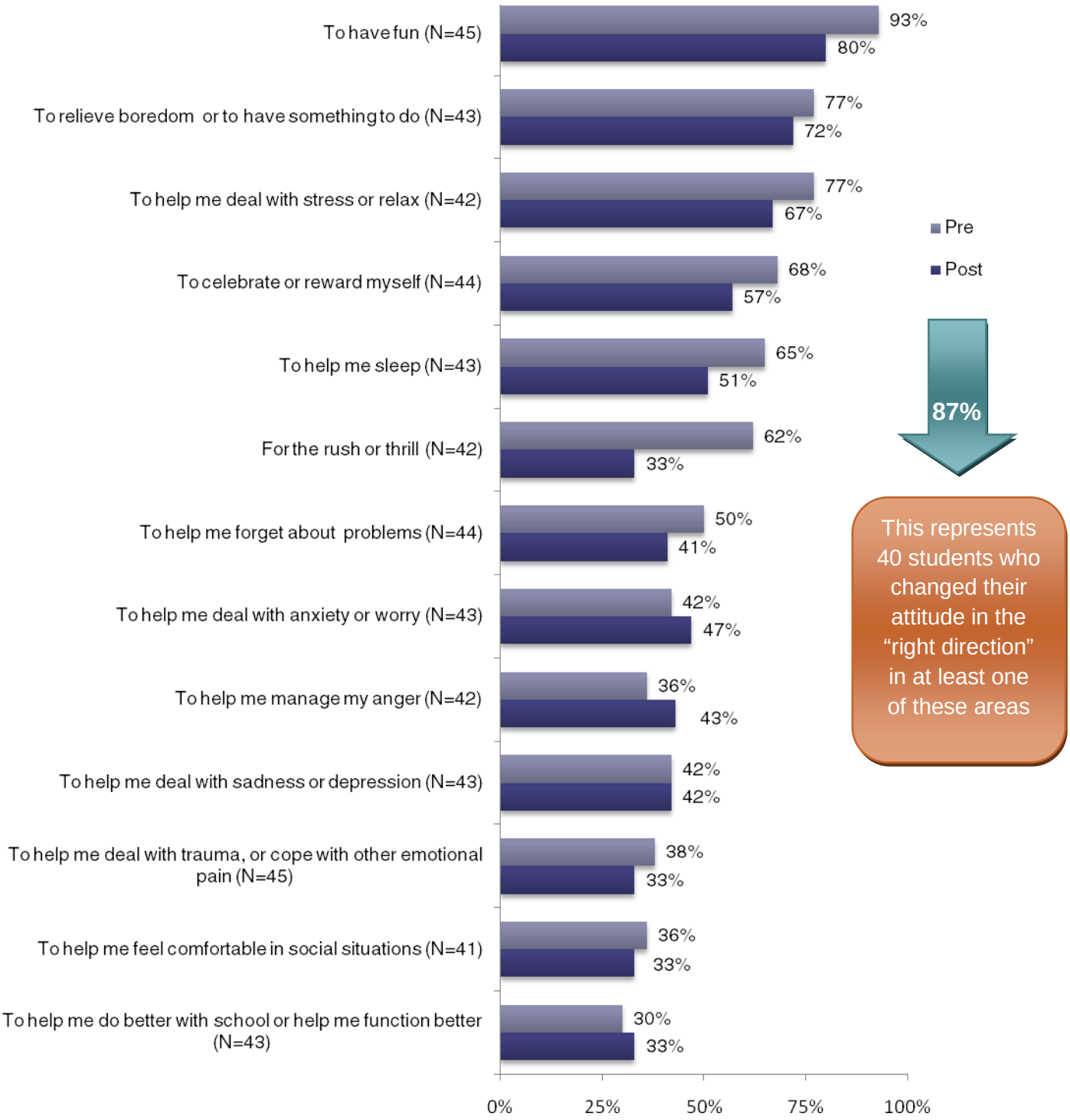
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.
Note: This question was not asked during the 2008-2009 school year.

Figure 10: Percentage of Respondents Who Drank Alcohol for the Following Reasons in the Past 30 days (2009-2010)



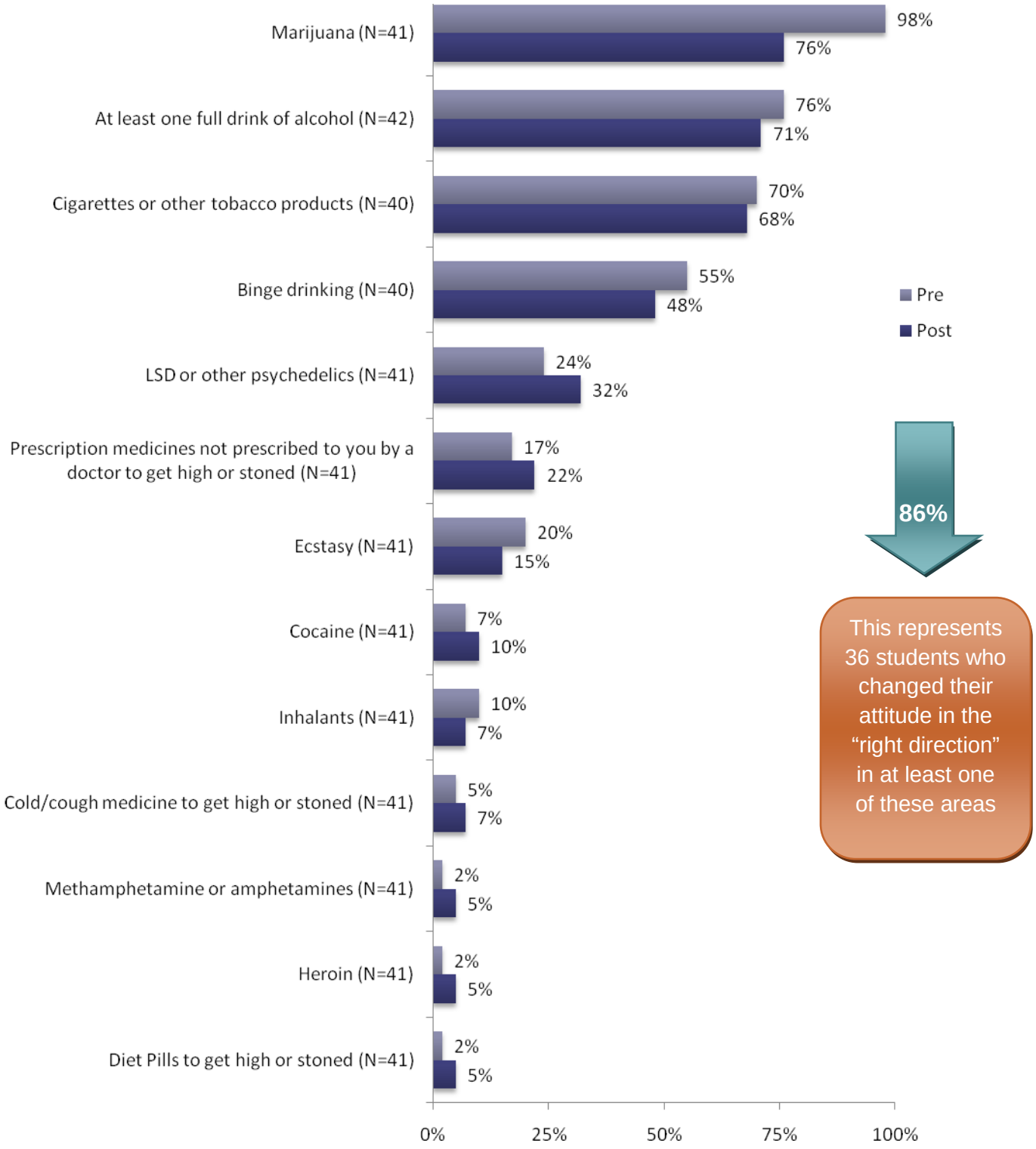
Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.
Note: This question was not asked during the 2008-2009 school year.

Figure 11: Percentage of Respondents Who Used Marijuana or Other Drugs for the Following Reasons in the Past 30 days (2009-2010)



Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.
Note: This question was not asked during the 2008-2009 school year.

Figure 12: Alcohol and Drug Use During the Past 30 Days (2009-2010)



Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.
Note: This question was not asked during the 2008-2009 school year.

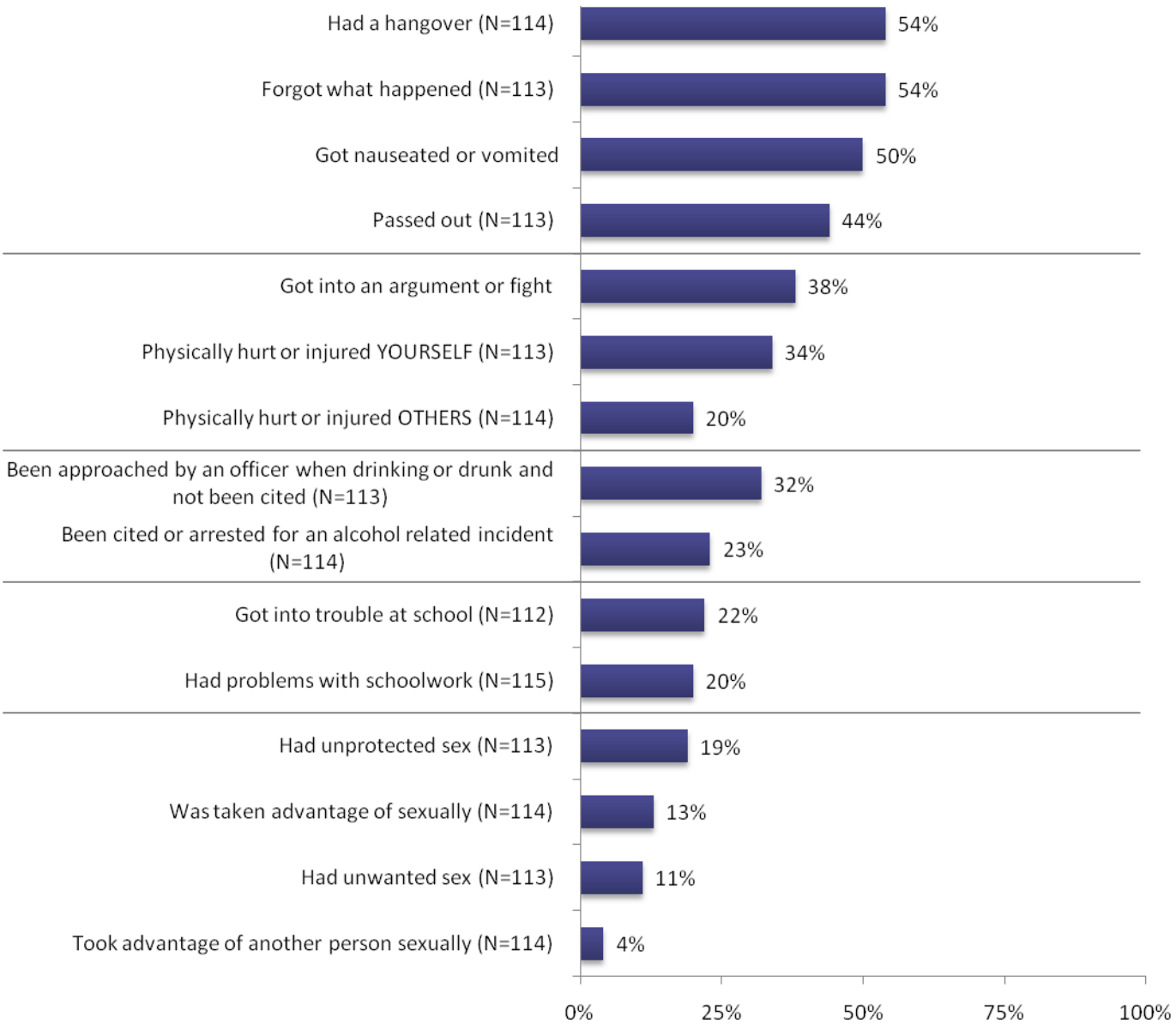
EXPERIENCES WITH AND CONSEQUENCES OF ALCOHOL AND OTHER DRUG USE

When asked at the beginning of the program about the consequences they had to face as a result of drinking alcohol in the past six months, 54% of respondents reported that they had a hangover, 54% reported having forgotten what had happened, 50% reported having been nauseated or vomiting, and 44% reported having passed out. In addition, 19% of program participants reported that they had unprotected sex and 13% reported that they had been taken advantage of sexually.

Some survey respondents also had to face consequences as a result of using marijuana or other drugs in the past six months. The majority (67%) reported getting into trouble at school, 50% reported having been cited or arrested for a drug related incident, 49% had forgotten what had happened, and 22% reported having engaged in unprotected sex.

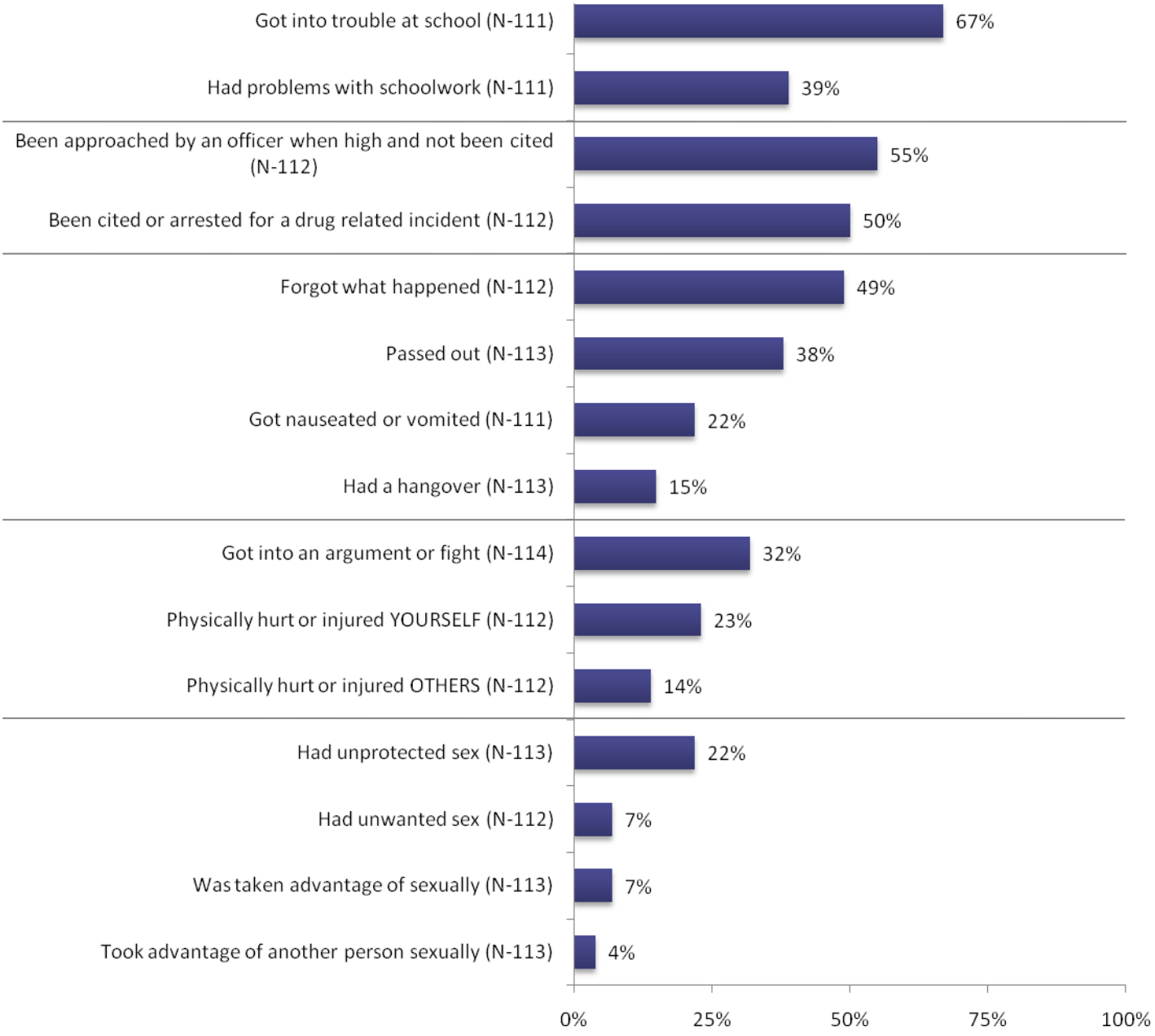
With regards to driving under the influence, 14% of participants reported at the beginning of the program that they had driven a car while under the influence of alcohol. Additionally, about one-third (31%) of participants reported having driven a car while under the influence of marijuana or other drugs, over half (59%) reported having ridden in a car driven by someone who had been drinking alcohol, and over three-fourths (76%) reported having ridden in a car driven by someone who had been using marijuana or other drugs.

Figure 13: Consequences as a Result of Drinking Alcohol over the Past 6 Months (2008-2010)



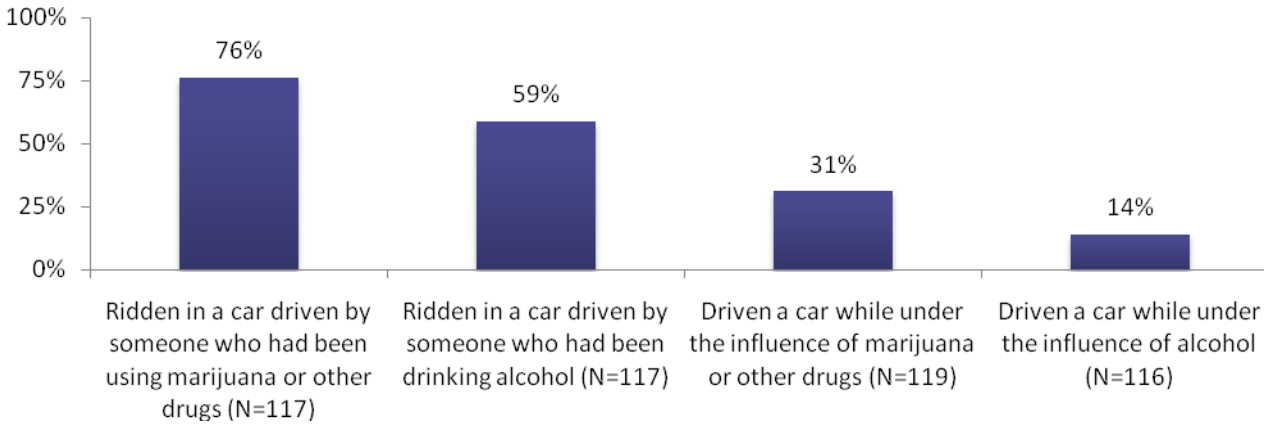
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre Surveys,* 2010.

Figure 14: Consequences as a Result of Using Marijuana or Other Drugs over the Past 6 Months (2008-2010)



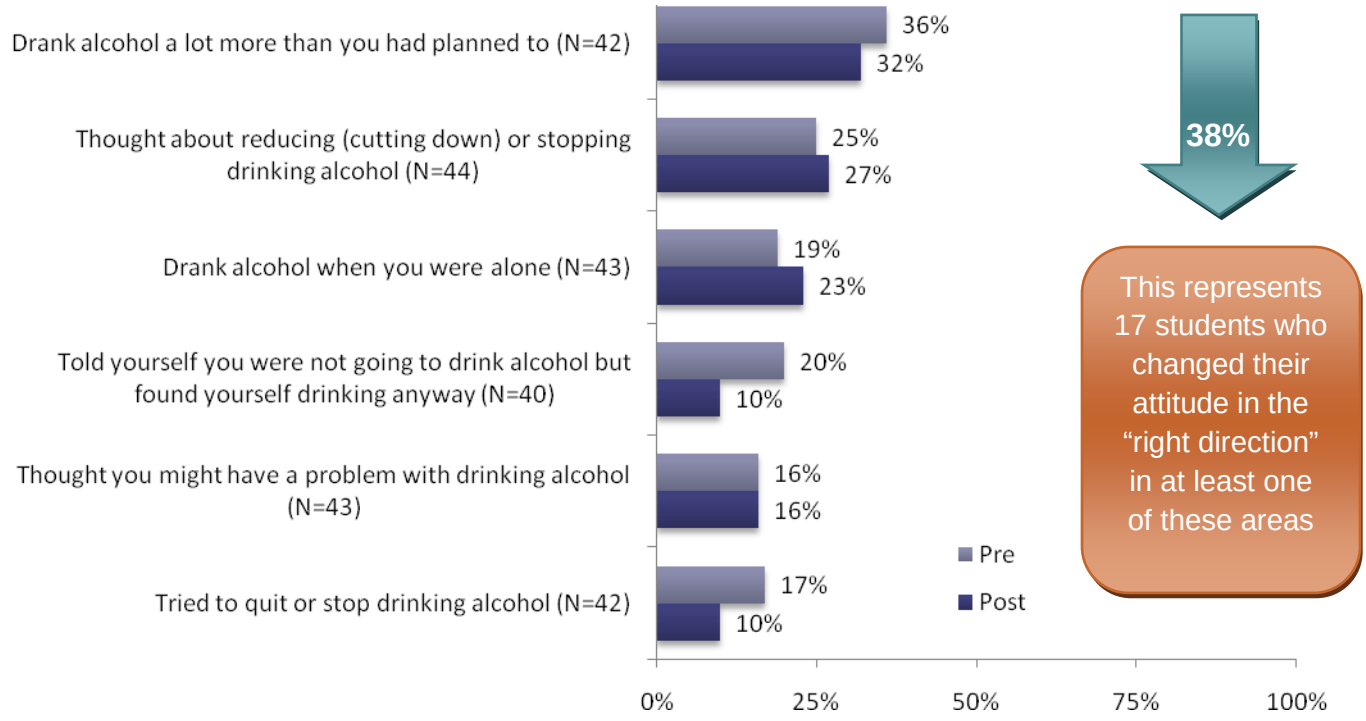
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre Surveys,* 2010.

Figure 15: Percentage of Respondents Reported Having the Following Experiences in the Past 6 Months One or More Times (2008-2010)



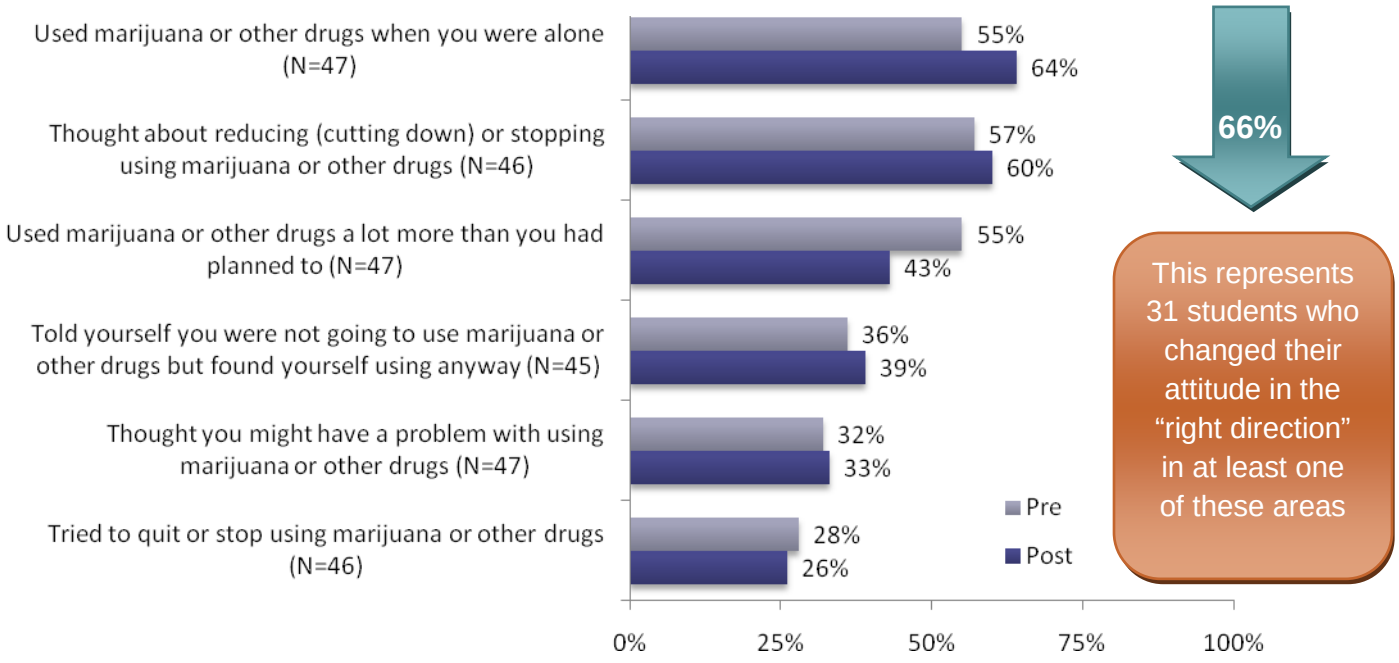
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre Surveys,* 2010.

Figure 16: Percentage of Respondents who Had the Following Experiences as a Result of Drinking Alcohol over the Past 30 Days (2009-2010)



Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.
Note: This question was not asked during the 2008-2009 school year.

Figure 17: Respondents who Had the Following Experiences as a Result of Using Marijuana or Other Drugs over the Past 30 Days (2009-2010)

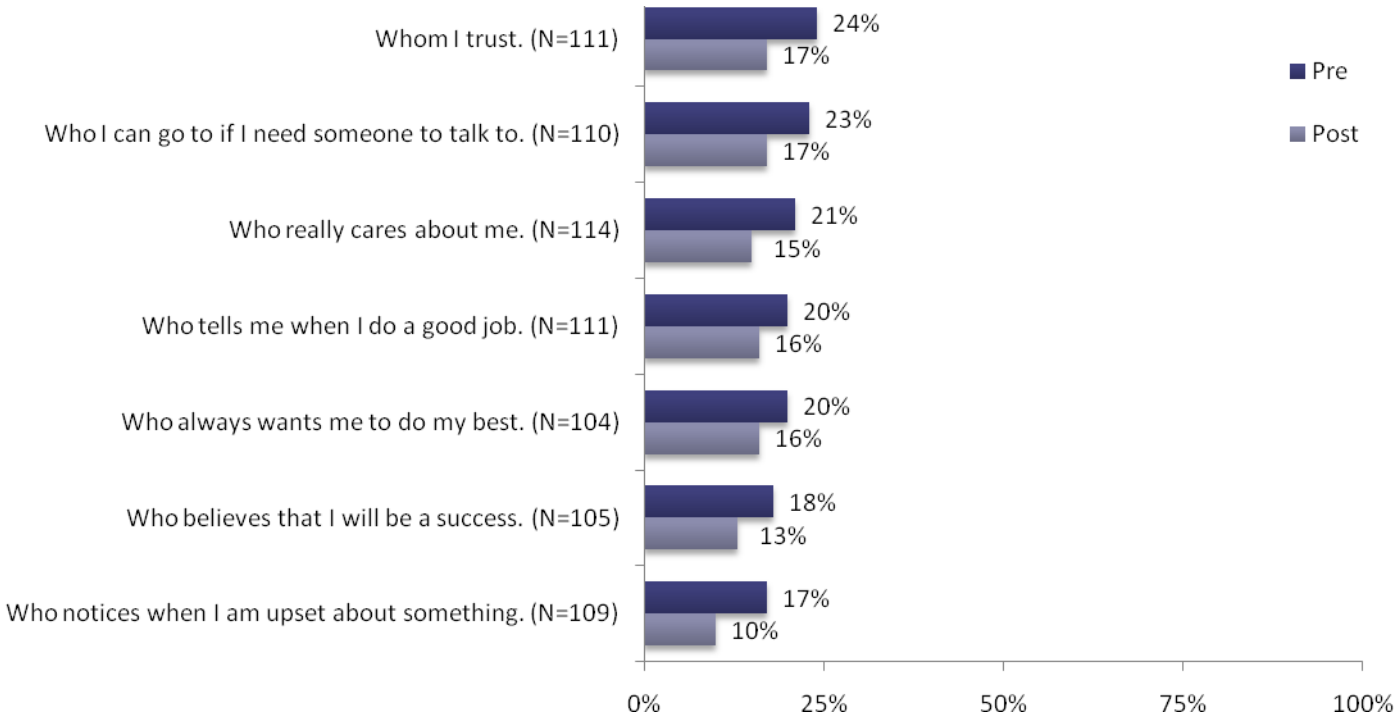


Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.
Note: This question was not asked during the 2008-2009 school year.

CONNECTEDNESS WITH ADULTS, THOUGHTS OF THE FUTURE AND READINESS FOR CHANGE

There was an increase in the percentage of respondents who indicated that they were happy to be at their school (from 15% at the beginning of the program to 20% at the end). Similarly, the percentage of respondents who reported feeling safe at school increased from 15% to 20%.

Figure 18: Percentage of Respondents Who Felt it Was "Very Much True" that "at their School there is a Teacher or Some Other Adult…" (2008-2010)

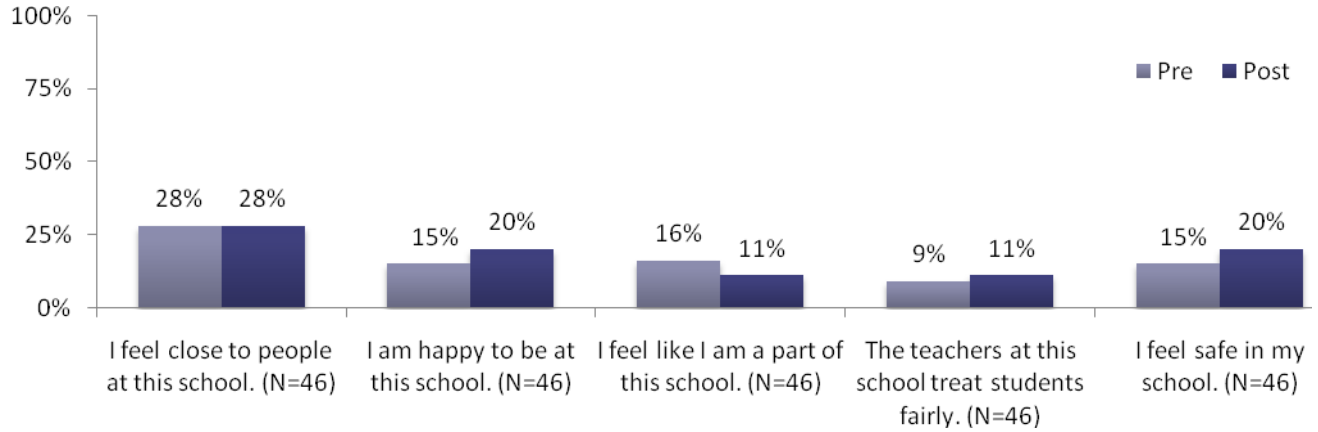


Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre and Post Surveys*, 2010.

Figure 19: Percentage of Respondents Who Felt That it Was "Very Much True" that "Outside their Home or School there is an Adult…" (2008-2010)

Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.

Figure 20: Percentage of Respondents Who "Strongly Agreed" with the Following Statements About School (2009-2010)



Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.
Note: This question was not asked during the 2008-2009 school year.

THOUGHTS OF THE FUTURE AND READINESS FOR CHANGE

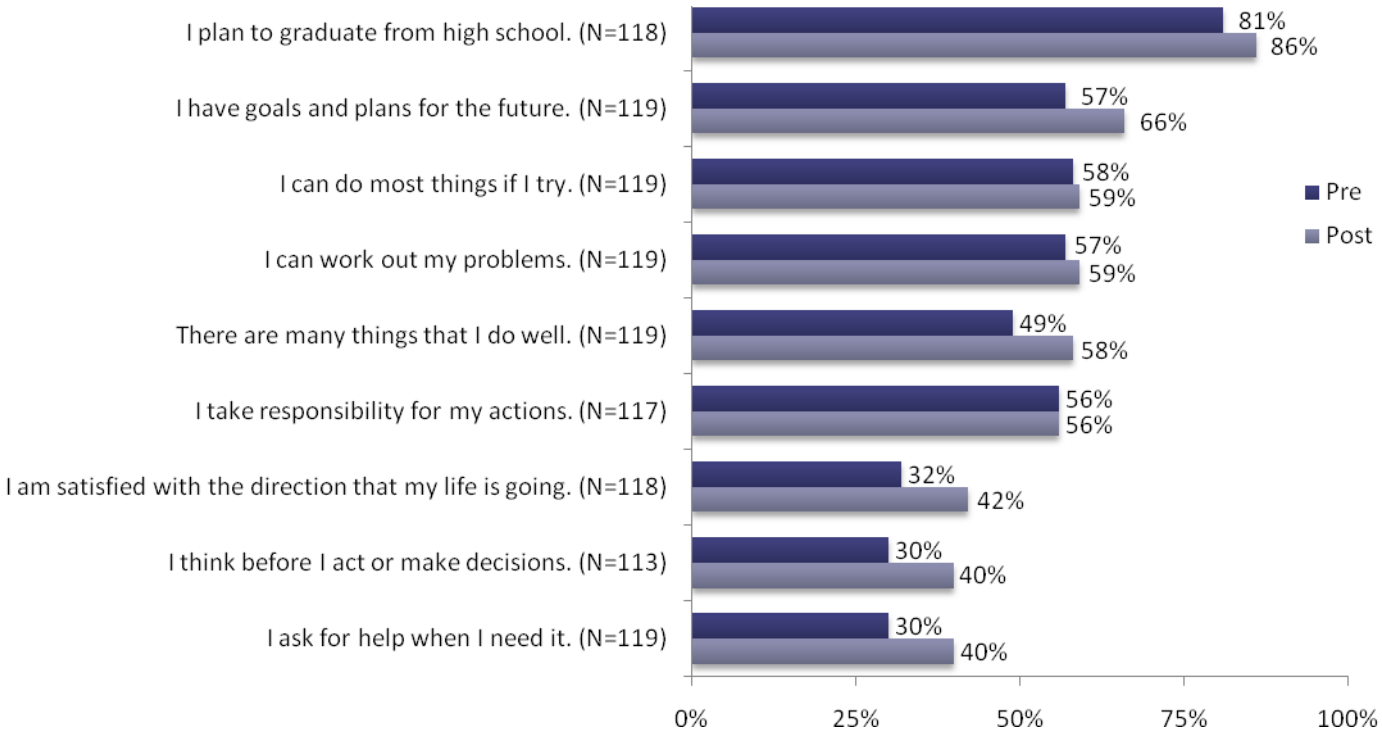
When program participants were asked about the helpfulness of the Seven Challenges Program, 34% felt that it was "very helpful" and 61% felt that it was "somewhat helpful." The majority (70%) of program participants believed that The Seven Challenges Program helped them make improvements by helping them to recognize their substance use. Additionally, 64% believed that participation in The Seven Challenges Program helped them make improvements by increasing their knowledge about the consequences of substance use.

The percentage of respondents who reported having goals and plans for the future increased from 57% to 66%. There was also an increase seen with the percentage of respondents who indicated being satisfied with the direction that their life was going (from 32% to 42%), and the percentage of respondents who reported thinking before they act or make decisions (from 30% to 40%).

When program participants were asked about their desire to make changes in their life, participants had a greater desire to make changes at the end of the program. On a scale from 1 to 5 (1 being not at all, 5 being very much), participants, on average, gave their desire to make changes a 2.85 rating at the beginning of the program compared to a rating of 3.04 at the end of the program.

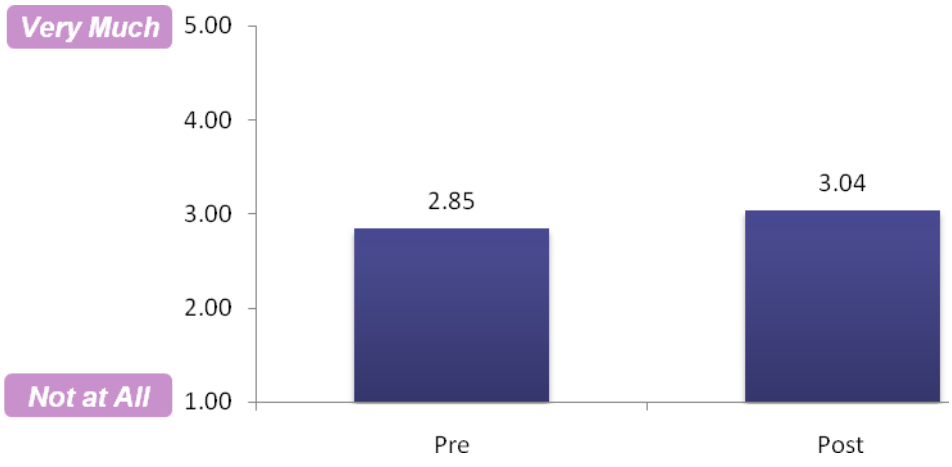
At the end of the program, about one-third (34%) of participants in The Seven Challenges Program indicated that they believe that their alcohol and/or drug use is going to be less than before entering the progam. Thirteen percent felt that they were not going to drink after completion of the program, and 9% of respondents felt that they were not going to be using drugs after the program.

Figure 21: Percentage of Respondents Who "Strongly Agreed" with the Following Statements (2008-2010)



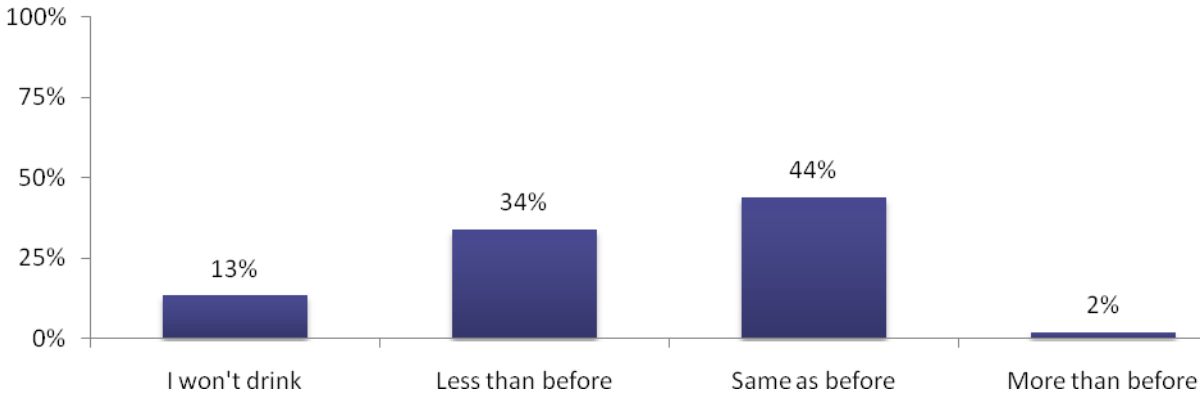
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.

Figure 22: Participant Rating of Their Desire to Make Changes in Their Life on a Scale of 1 to 5 (1=Not at all; 5= Very much) (2008-2010)



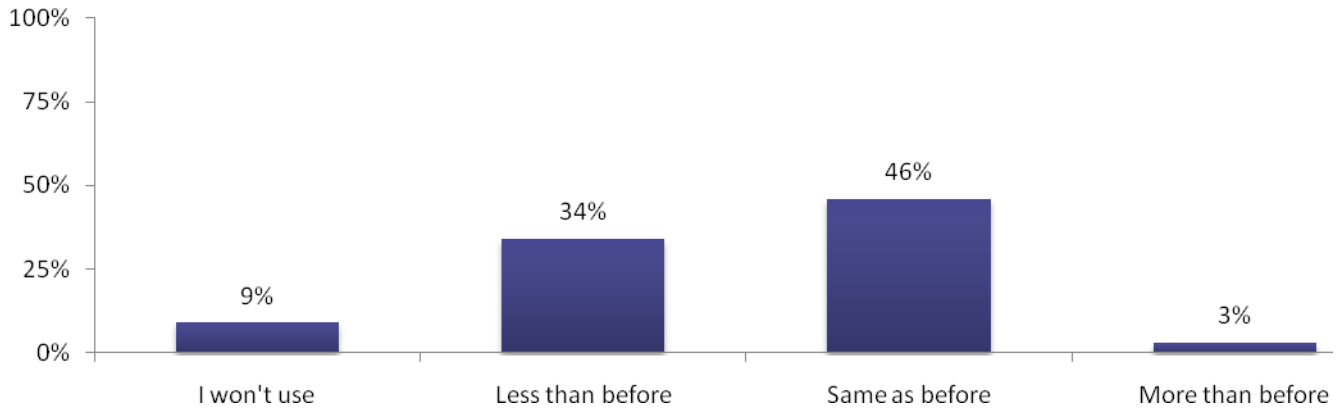
N=94.
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Pre and Post Surveys,* 2010.

Figure 23: Respondent Perception of their Alcohol Use Upon Leaving The Seven Challenges Program (2008-2010)



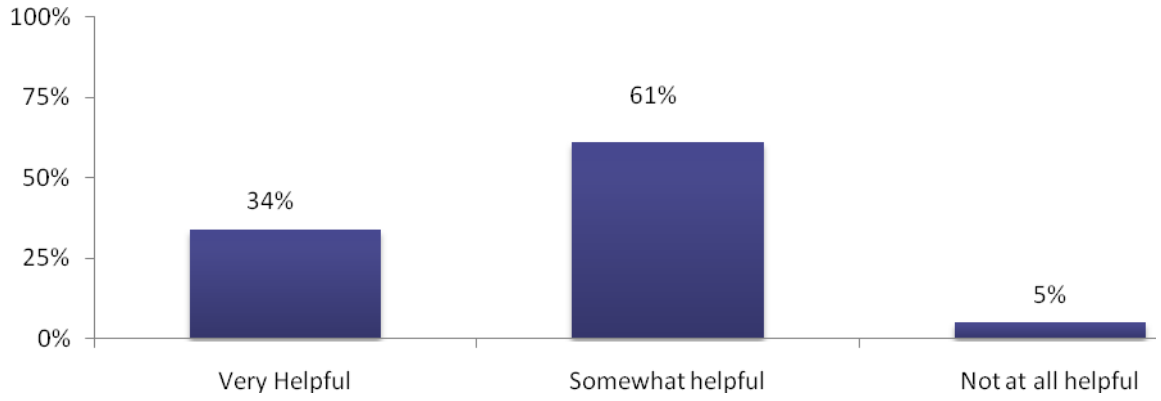
N=90.
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Post Surveys,* 2010.

Figure 24: Respondent Perception of their Drug Use Upon Leaving The Seven Challenges Program (2008-2010)



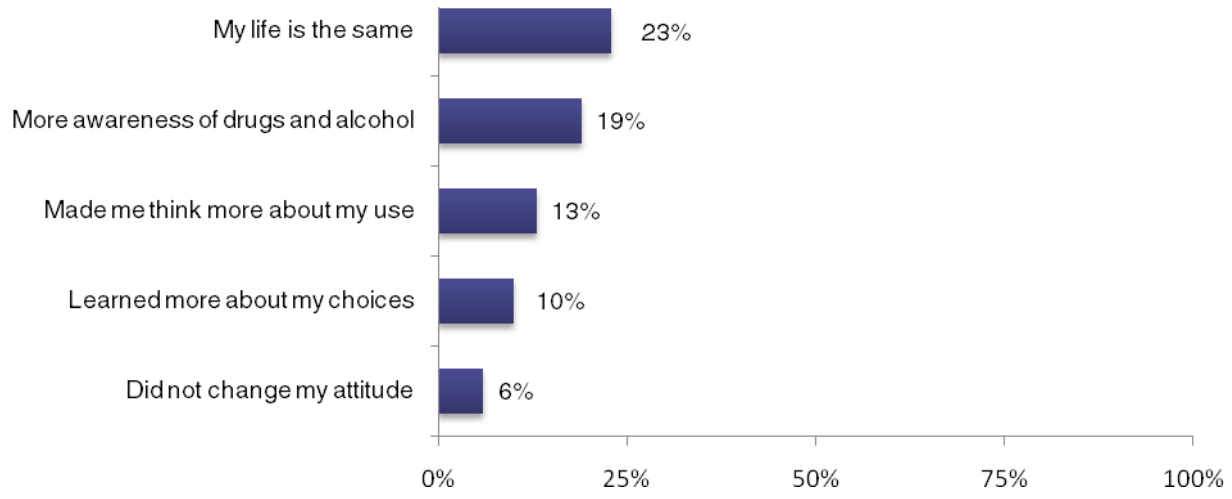
N=91.
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Post Surveys,* 2010.

Figure 25: Respondent Perception of Helpfulness of The Seven Challenges Program (2008-2010)



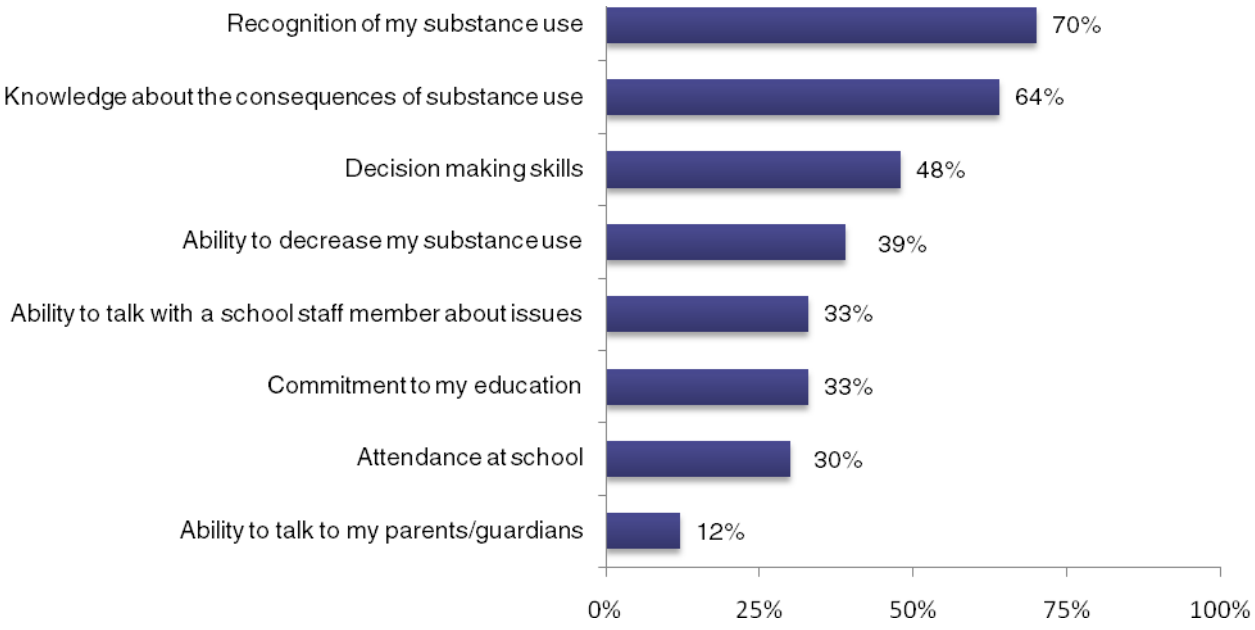
N=92.
Source: Applied Survey Research, *2008-2009 and 2009-2010 The Seven Challenges Program Post Surveys,* 2010.

Figure 26: Percentage of Respondents Who Reported That Participation in the Program Has Changed Their Lives in the Following Ways (2009-2010)



N=31.
Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Participant Questionnaire,* 2010.
Note: This question was not asked during the 2008-2009 school year.

Figure 27: Percentage of Respondents Who Reported That Participation in the Program Has Helped Them to Make Improvements in the Following Areas (2009-2010)



Multiple Response Question with 33 Respondents Offering 109 Responses.
Source: Applied Survey Research, *2009-2010 The Seven Challenges Program Participant Questionnaire,* 2010.
Note: This question was not asked during the 2008-2009 school year.

Resources

Break-Out Session

Broadening the Prevention Landscape

COLLABORATION MATH:

Enhancing the Effectiveness of Multidisciplinary Collaboration

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Prevention Institute
Putting prevention at the center of community well-being

COLLABORATION MATH:
Enhancing the Effectiveness of Multidisciplinary Collaboration

Applying Collaboration Math to the U.C. Berkeley Traffic Safety Center—A Case Study

This document was prepared by Prevention Institute with funding from the U.C. Berkeley Traffic Safety Center through the California Office of Traffic Safety. Principle authors are:

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This paper applies *Collaboration Math* to the U.C. Berkeley Traffic Safety Center (TSC) (www.tsc.berkely.edu). Their mission is to reduce traffic fatalities and injuries through multi-disciplinary collaboration in education; research; and outreach. A main goal of the Center is to strengthen the capability of government, academic institutions and local community organizations to enhance traffic safety.

Prevention Institute is a non-profit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on traffic safety, injury and violence prevention, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website.

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Prevention Institute
Putting prevention at the center of community well-being

Traffic Safety Center
Setting New Directions in Traffic Safety

COLLABORATION MATH:
Enhancing the Effectiveness of Multidisciplinary Collaboration

INTRODUCTION

Reducing the toll of traffic-related injuries requires a concerted effort, calling on the resources, commitment and expertise of diverse agencies, professionals and community members.[1,2] Traffic safety is affected by numerous aspects of community life such as how neighborhoods are designed, how fast cars travel and how safe people feel walking or driving to key destinations. Preventing traffic-related injury is a responsibility shared by many. As evidenced by many federal, state and local efforts, partnerships, coalitions and networks have become common ways to address the incidence of traffic crashes, fatalities and other injuries.

The purpose of this paper is to describe *Collaboration Math*, a tool developed to help individuals and groups representing different disciplines, organizations or constituencies work together effectively. This practical tool was designed to make key differences and similarities within groups explicit, so that they are more likely to succeed in the challenging work of building and sustaining collaborations. In 2002, the Traffic Safety Center (TSC) at the University of California, Berkeley worked with *Collaboration Math* and this paper highlights the process for using the tool by providing specific examples from the TSC.

The mission of the TSC is "to reduce traffic fatalities and injuries through multidisciplinary collaboration in education, research and outreach." Participants of the TSC represent disciplines of public health, engineering, transportation studies and optometry and include the Institute of Transportation Studies, UC Berkeley's Schools of Public Health and Optometry, Partners for Advanced Transit and Highways (PATH), the Technology Transfer Program, Prevention Institute, and the Prevention Research Center. The California Office of Traffic Safety, through the Business, Transportation and Housing Agency is the primary funder of the TSC. Prevention Institute worked with members of the TSC to apply *Collaboration Math* with the goal of supporting and enhancing the group's multidisciplinary approach.

> *"...The determinants of health are beyond the capacity of any one practitioner or discipline to manage....We must collaborate to survive, as disciplines and as professionals attempting to help our communities and each other."*
>
> INSTITUTE OF MEDICINE[3]

WHY COLLABORATE?

Injuries remain the leading cause of death for Americans ages 1-34,[4] and disproportionately affect rural, low-income and youth of color.[5,6] Traffic-related injuries represent the largest proportion of injuries and involve a complex set of issues. No one organization possesses all of the resources, knowledge, or political will to identify and implement the range of effective countermeasures or prevention strategies needed to prevent traffic-related injuries. Addressing issues such as neighborhood design (do pedestrians have to cross high speed thoroughfares?); availability of products (are child passenger safety seats affordable?); access to services (are quality emergency services accessible?); and safety (do people feel safe? How much do injuries affect the community?) requires multiple partners and multi-faceted solutions.

Addressing issues such as neighborhood design; availability of products; access to services; and safety requires multiple partners and multi-faceted solutions.

Collaborations provide the opportunity to generate broad-based support to improve traffic safety and prevent injuries. Collaborations can create a forum for research institutions, grassroots organizations, community members, government agencies and other participants to cooperate, share information and resources and minimize reinventing the wheel.[7] The Institute of Medicine's landmark publication, *Reducing the Burden of Injury: Advancing Prevention and Treatment* underscores the value of collaboration in injury prevention: "To increase the impact and reach of injury prevention programs and to maximize the expertise and resources available, injury prevention and safety professionals have to expand collaborative activities and work together."[8]

Budgetary constraints may also provide the impetus for effective, purposeful collaborations. When fiscal challenges arise, the need to conserve resources, reduce unnecessary duplication of services, and achieve greater reach in a given community becomes even more pressing than in times of surplus. When state dollars for transportation, health, education and safety are all shrinking, shared approaches that are presented as a common cause have greater credibility to funders. When issues are presented by multiple interests, they can reach broader constituencies and as a result, may have greater success in communities and bureaucracies.[9]

Effective collaboratives that represent diverse agencies may also be more appealing to funders. Increasingly, federal and state funders are looking to support groups that represent multiple sectors (e.g., schools, health departments and community members) or multiple disciplines (e.g., law enforcement, health services, and city planners). Collaborations that are up and

EXAMPLE: OLDER ADULT MOBILITY

Developing safe intersections for senior pedestrians is a traffic safety issue best addressed with input from diverse disciplines. An effective and lasting solution to traffic safety for elders does not lie with any single organization.

Public health, optometry and human bio-dynamics research can inform planners and engineers about danger zones for older pedestrians, older adults' behaviors and their needs related to mobility. Transportation engineers can then develop longer crossing signals and city planners can ensure that traffic islands, larger and more visible signs, and attractive, safe resting stops are placed near intersections and along sidewalks. By tapping each other's expertise, professionals can improve traffic safety utilizing a more integrated approach. The likelihood that changes to the streets will be accepted by local constituents is enhanced greatly if proposed approaches are advanced and promoted by a community collaborative. Needless to say, it is not simple to figure out all of the key players interested in and capable of reducing pedestrian injuries to the elderly. At the same time, unless all potential stakeholders are engaged, it is likely that the full range of approaches and possible solutions will not emerge. On Queens Boulevard in New York City such an effort was developed. There were numerous deaths and injuries on this street and investigation revealed they were largely occurring among seniors. Further study showed those who had impaired mobility didn't have enough time to get across the streets. The signal timing was changed and the center islands were expanded. Deaths and serious injuries plummeted.[10]

running are best situated to respond to requests for proposals quickly. Existing collaborations are also more likely to present a cohesive structure and demonstrate to funders a history of effectively working together.

Innovations in data sharing, public-private sector partnerships and new legislation often result from diverse groups and agencies working together. Strategic collaborations can bring together individuals and organization with distinct, but complementary skills that allow the collaboration as a whole to use resources effectively, to advance research and practice and to use systems thinking to understand common problems and develop shared solutions.

COLLABORATION MATH: A TOOL FOR MULTIDISCIPLINARY COLLABORATIONS

Successful collaborations require developing a working knowledge of how other agencies (or disciplines) think, function and define success. Mandates, problem definitions, data sources, and stakeholders are likely to be different, especially when working across disciplines. *Collaboration Math* was designed to aid multidisciplinary groups and it can also be used to facilitate collaboration between similar organizations, such as multiple school districts, or agencies within a public health department. Specifically, *Collaboration Math* helps multidisciplinary groups:

- Identify common and divergent approaches and goals
- Better understand each other's perspectives
- Take stock of individual and collective resources
- Identify what (or who) is missing
- Forge comprehensive approaches and joint solutions
- Clarify how people from each discipline view and approach the issue
- Avoid the assumption that people from different disciplines think the same (or even similarly) about the issue
- Avoid incorrect assumptions about shared language or perceptions
- Orient new collaborative members to the breadth and depth of the organization
- Distinguish the added value and role of additional disciplines that join the group

Collaboration Math provides a structure for deepening a group's understanding of its own anatomy—starting with the basics, such as, "Who is 'at the table'?", "What resources do they bring?" and "How do they envision their role in developing solutions?"

Collaboration Math illustrates the range of strategies, solutions, and outcomes that each participating group uses and can help diverse groups combine their various definitions, goals, and strategies through such processes as *averaging* definitions, *adding* data sources, *multiplying* training efforts, and *averaging* solutions. The remainder of this document describes the tool and its application at the TSC.

Collaboration Math is designed to eliminate misconceptions, clarify the benefits of collaboration and suggest what needs to be better understood or studied.

HOW COLLABORATION MATH WORKS

Collaboration Math uses a matrix in which each collaborative member provides key information according to a common set of categories (See below).

SAMPLE COLLABORATION MATH MATRIX (PARTIAL)

	Problem Definition	Key Issues	Data	Funding	Training	Partners	Approaches/ Outcomes
Group A							
Group B							
Group C							
Implications							

A representative from each group or discipline should provide the information in each category as it pertains to his/her agency or discipline. The representative will fill in the row moving from left to right, starting with the name of his/her discipline in the far left column of the table (listed as Group A, B, C above). All of the information from each discipline should be filled in or transcribed onto one table. Once the information is compiled, a facilitator can work with the group to compute the "math." Because the process can be rather complex and the tool is still new, a facilitator who is familiar with the tool and skilled in its application can provide guidance and encourage groups to give candid answers. The facilitator can address any unanswered questions related to the tool and can help provide guidelines that may be useful to the group.

Specific matrix categories can vary based on the particular collaboration; however, suggested, useful categories are:

Problem Definition

How does each participant define the issues? What language do participants use to define the issues?

Key Issues

What are each participant's priority areas related to the issues?

Data/Evidence

What information does each participant collect, and how? What is the information to which each reacts with concern? What evidence affirms that efforts are succeeding?

Funding

What funding sources or other resources does each participant bring?

Training

What expertise can each participant share with other participants? Who does each participant typically train? From whom does each participant receive training?

Partners

To what other types of groups is each participant connected? In what other networks do partners participate?

Approaches/Outcomes

What specific results is each participant seeking?

The information entered in the matrix provides the raw material for a discussion of implications. Use of the matrix allows collaborators to see the 'big picture' and lays the groundwork for an organized discussion of the implications of the table's contents. The following paragraphs discuss types of *Collaboration Math* that can be applied to the different columns as viewed by the TSC.

The Collaboration Math matrix allows people to see the 'big picture' and lays the groundwork for an organizational discussion.

Entries in the **PROBLEM DEFINITION** column can be *averaged* to arrive at a common way of defining and speaking about the problem at hand. The shared definition usually represents an agreed upon description that the entire group can utilize. Technical terms should be discussed thoroughly, as sometimes the same word may hold different meanings for different disciplines. For example, traffic engineers and police officers both use the term "warrants" differently. The police officer issues warrants to make arrests, but to a traffic engineer a warrant is the guideline needed to put a traffic safety device in place.

KEY ISSUES help characterize the main elements of work for each discipline and describe how different members of a collaborative think about the topic at hand. For example, some of the key concerns of optometry representatives of the TSC might be issues like signage and headlight illumination whereas law enforcement or health representatives might focus on a topic like driving under the influence (DUI). To identify the group's key issues, the facilitator may *average* the information in the Key Issues column to arrive at a common set of concerns.

Information in the **DATA** column should represent data regularly used by the members rather than data each discipline is responsible for collecting. This may reveal some levels of collaboration that are already taking place. For example, public health professionals working in traffic safety regularly use Fatality Accident Reporting System (FARS) data. Although FARS data is collected by the National Highway Traffic Safety Administration—not public health departments—a public health professional may include FARS among the list of data sources used by public health. Once filled in, the Data column provides a foundation for better understanding the existing data sources used by each group, those that are potentially available to the group as a whole, and also sheds light on the key indicators that each discipline relies on to measure impact and/or effectiveness of intervention

strategies. By scanning down the Data column, the breadth of data that is available to the group becomes apparent. Data can be *added*, revealing a list of all available data sources that may be shared across disciplines.

The **FUNDING** column may be 'added' once each participant identifies funders and sources of funding. The group may not want to start out revealing funding sources during initial conversations. The decision to discuss funding should be considered in light of the possibility that collaborators may unknowingly be competing for the same pots of money. In some cases funding would best be addressed once group members are comfortable with each other, due to the sensitive and potentially politically-charged nature of the topic. A facilitated and structured discussion might yield the best results. For example, several members of the group may be interested in seeking funding for reducing impaired driving and identify ways to add value to funding proposals, rather than working in competition.

The **TRAINING** column is an opportunity for participants to delineate who they train, who trains them, and the subject(s) and format of trainings. The information in the Training column can be *multiplied* to reflect the capacity of the group and individual members to reach others as participants share expertise and methodologies. The matrix also outlines the potential for cross-training as individuals learn and apply each other's methods. Training is also *multiplied* as the group begins to identify a much broader group of potential trainers and trainees beyond collaborative members. All members might benefit from a better understanding of the kinds of road enhancements and signage that improve walkability and level of service through a training from traffic engineers and optometrists.

The **PARTNERS** column can be *added* to reflect the network that the group collectively represents. There may be overlap between partnering agencies. The group should decide ahead of time whether or not to include both formal and informal partnerships. In any case, once the partners are added, it becomes clear that the reach of the group is larger than that of any individual or organization.

APPROACHES/OUTCOMES are the types of efforts a group uses to achieve results and the outcomes that they are seeking. This column may include typical strategies and/or an overall statement about what the group envisions as a solution to the problem. The Approaches/Outcomes column can be *added* to reflect the desired outcomes of all participants in the group or *averaged* to arrive at a common desired solution or outcome. Thus the TSC describes its overall objective as a multidisciplinary collaboration in research, education and outreach.

IMPLICATIONS: When the columns in the matrix are filled in by all members, the facilitator works with the group to analyze and calculate the results of the table. The analysis is summarized in the Implications section of the matrix, which can be an ongoing resource and reference to the group.

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THE TRAFFIC SAFETY CENTER AND COLLABORATION MATH

THE FIVE GOALS OF THE TRAFFIC SAFETY CENTER

The Traffic Safety Center uses a collaborative approach to advance interdisciplinary methods for understanding and preventing injuries as illustrated by its five strategic goals.

1. ORGANIZATION: To maintain a multidisciplinary focus through a broad-based and active staff, Steering Committee and Advisory Board.

The **ORGANIZATION** of the TSC supports its multidisciplinary mission by ensuring that staff, steering committees, and advisory boards have a broad understanding of the overall approach and its value. Meeting agendas and collaborative materials reflect a mix of items relevant to each discipline to emphasize the added value of a multidisciplinary approach. By holding meetings at different organizations, the TSC encourages its members to become familiar with, and better understand the work of, other members.

2. EDUCATION AND TRAINING: To introduce current and future researchers and practitioners in public health, engineering, planning and other disciplines to issues in traffic safety and injury control, and to provide them with appropriate skills, tools and knowledge.

EDUCATION AND TRAINING present opportunities to broaden the knowledge-base of students and professionals as they educate and train across disciplines. Such an approach has the potential to result in a new cadre of practitioners and researchers that is skilled at working across disciplinary boundaries. However, promoting a meaningful, multidisciplinary training agenda requires the development of new materials and approaches.

3. RESEARCH: To capitalize on the wide variety of nationally recognized transportation, vehicle, public health, and safety research and to leverage these multiple disciplines and investigators to a distinctly identifiable set of research products aimed at traffic safety issues facing communities in California.

RESEARCH at the Center focuses on advancing a multidisciplinary research agenda. By engaging multiple disciplines, new areas for study can be defined and explored jointly. In addition, new analytic tools, data linkage and research methods can be applied across disciplines, bringing about new innovation and increasing the knowledge-base for future researchers.

4.TECHNICAL ASSISTANCE: To provide public and private organizations with technical assistance in the areas of data collection and analysis; program development, implementation, and evaluation; grant development; and other project activities.

TECHNICAL ASSISTANCE is an important mechanism for providing other organizations with the tools and skills to be effective in traffic safety. As the TSC builds its base of research products and tools, it will need to continually train those who can use these approaches successfully in professional and community settings.

5. PUBLIC INFORMATION: To be a source of information on traffic safety issues for government, professional, academic, and community programs and departments, as well as for the general public.

PUBLIC INFORMATION provides the opportunity to disseminate information to a diverse audience. Public information in traffic safety is critical because constituents need to be made aware of the magnitude of the problem and effective solutions and political resources. Public information is also an important vehicle for communicating to legislators and decision-makers that there are proven and effective strategies for reducing traffic-related injuries that can save lives and money. Public information is most effective when it is tailored to specific audiences so that they can clearly see how traffic safety is an issue they should be concerned about.

COLLABORATION MATH IN ACTION: TSC APPLIES THE TOOL

The TSC is committed to fostering a collaborative approach by bringing together the participants necessary to enhance the likelihood of decreasing traffic crashes and fatalities. For example, one meeting was held at a location where new auto technologies are tested. The meeting enriched member knowledge of technical aspects of traffic safety previously unfamiliar to many participants. This approach distributes the responsibility of hosting meetings among participants, but more importantly creates an opportunity for participants to better understand each other.

Prevention Institute worked with other members of the TSC to use the *Collaboration Math* tool. The goal of the process was to support and advance the TSC's multidisciplinary efforts by clarifying and documenting the diverse elements and perspectives of participating disciplines.

The *Collaboration Math* matrix (on the next page) reflects information provided by participants of the Traffic Safety Center. Prevention Institute staff collected the information from lead participants in the Center. The table shows a partial *Collaboration Math* chart (the **FUNDERS** and **KEY ISSUES** columns have been omitted for simplicity).

THE TRAFFIC SAFETY CENTER'S COLLABORATION MATH MATRIX (PARTIAL)

Participant	Problem Definition	Data	Training	Approaches/ Outcomes
Public Health	Traffic safety is a community health problem	Morbidity and mortality rates Hospital admissions Emergency Rm data Fatality Accident Reporting System (FARS)	Identifying at-risk communities and individuals Effects of transportation on health	Education campaigns Community participation Environmental and policy change
Law Enforcement	Traffic violations are a community safety issue	Moving violations Crash reports	Promoting use of occupant restraint systems Enforcement techniques Crash investigations	Check points Patrolling and citations Education campaigns
Transportation Engineering	Transportation infrastructure should promote safe and efficient travel	Police reports Crash reports Speed volume and congestion studies FARS	Identifying dangerous roads Safer road and sidewalk design	Improved vehicle safety devices Safer roads and sidewalks Traffic calming
Optometry	Optimal visibility of signals and hazards improves traffic safety	Human factors studies of acuity and driver performance Reaction time to various signals and signs	Identifying how people visualize traffic signs and signals	Better vehicle display, signal and road designs Better driver assessment for licensing purposes
Planning	Traffic safety can be affected by transportation system design and travel behavior	Surveys of travel behavior Census data Zoning maps Traffic congestion and speed counts	Transportation demand Transportation behavior Effect of infrastructure on length and types of trips	Create "safe havens" for vulnerable users Create transportation systems that minimize conflict between users (i.e., pedestrians, bicyclists, and motorists).
Math	**Average**	**Sum**	**Product**	**Sum/Average**
Implications				

Arriving at a **PROBLEM DEFINITION** helped each discipline (public health, law enforcement, transportation engineers, optometry, and planning) learn how the others defined traffic safety. This way the group became better equipped to arrive at a definition for the center that would be inclusive and fully reflective of the group's diversity.

By filling in the **DATA** column, transportation engineers and public health professionals at the TSC saw that both groups identified FARS data as a resource. Interestingly, this data is generated by neither group but by NHTSA and comes from information collected by law enforcement. But it reaffirms to the group the value of sharing information. Awareness of this common data use can help TSC members to identify a common language for discussing traffic safety issues and to help focus prevention/intervention efforts. Having multiple data sources at the ready broadly illustrates the traffic safety problem and can strengthen grant proposals, which often require a clear and concise definition of the problem and its impact on communities. The TSC can now use the matrix to quickly see what data is available (or conversely what may be missing) to define and address key traffic safety issues.

The **TRAINING** column provides TSC participants with a menu of training opportunities. TSC members can provide training for each other, enhancing each member's capacity. The Training column also shows the collective capacity of the group to train others. Training is *multiplied* because members can cross-train each other or can offer trainings external to the group. Once groups effectively train each other, the work of delivering external trainings can then be divided among group members, lessening the work for any one group member.

The *Collaboration Math* tool allowed the Traffic Safety Center to define commonalities among various **APPROACHES/OUTCOMES**. Each group has its own mandates, but scanning down the Approaches/Outcomes column quickly reveals joint approaches and synergy of TSC members. The Approaches/Outcomes column demonstrates considerable overlap and distinct approaches between disciplines. *Averaging* this column revealed that multiple disciplines view environmental change as a plausible solution while others employ different solutions such as educational campaigns to raise awareness. *Adding* together these educational campaigns (i.e., choosing a common theme and time) can maximize effectiveness.

INITIAL IMPLICATIONS OF TSC'S COLLABORATION MATH MATRIX AND NEXT STEPS

Once the matrix was filled out, it became available to the group as a catalyst for discussion and analysis. As noted earlier, each of the five strategic goals of the TSC—Organization, Education and Training, Research, Technical Assistance, and Public Information—demonstrate an intentional

emphasis on and commitment to multidisciplinary collaboration. Carrying out each goal with an emphasis on multidisciplinary work is challenging; therefore, the tool can be a useful resource for further discussion and reflection as the Center evolves. The tool can be a "reflection piece" to ensure that each of its five strategic goals continue to reflect the multidisciplinary foundation upon which the center was created.

The TSC has shared their *Collaboration Math* matrix with the TSC's Advisory Board to give them a sense of the broad capacities of the TSC and to help members more clearly envision ways to build upon the Center's multidisciplinary strength. The *Collaboration Math* tool also proved useful to the TSC as a means of orienting Advisory Board members to the breadth and depth of the group's goals, definitions and strategies.

In the future, the *Collaboration Math* matrix can provide TSC members with a record so that they can identify next steps, additional partners or shared approaches. As representatives to TSC change over time, the *Collaboration Math* tool is a physical record to help them understand others' perspectives and languages. If new disciplines join the Traffic Safety Center, the group may choose to update the *Collaboration Math* chart. This process is critical because it demonstrates that each discipline's understanding of and contribution to the problem is valued by the group and relevant to the work.

CONCLUSION

One of the reasons groups join together is to achieve successes that none is likely to achieve in a stand-alone effort. Multidisciplinary collaborations take a special level of skill and commitment. Harnessing the skills, momentum and commitment of individuals with distinct skill sets, funding streams, analytical tools, and goals can be challenging. While tools and processes do not make the challenges of collaboration disappear, they do provide strategies for acknowledging and addressing difficult issues.[14]

This paper described *Collaboration Math* and its utility at the University of California Berkeley's Traffic Safety Center, a multidisciplinary collaboration focused on preventing traffic-related injuries and fatalities. The tool can also be applied to different disciplines and during a "visioning" process. Like all tools, it must be used in the right situation, with skill and creativity. Certainly, no tool is a substitute for effective, committed people. Ultimately, it is the people in the collaborative and their efforts, vision, and relationships that will determine the collaborative's effectiveness. *Collaboration Math* was developed to assist groups and individuals working in collaboration to be more effective. When a collaborative works well, the result can be a powerful force for mobilizing individuals to action, bringing health and safety issues to prominence, forging joint solutions and developing effective policies.

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FACT SHEET

Office of National Drug Control Policy

Executive Office of the President

www.WhiteHouseDrugPolicy.gov

COMMUNITY-BASED PREVENTION STRATEGIES

The Obama Administration recognizes that the most effective way to keep America's youth drug-free is to prevent them from getting involved with drugs in the first place. The Office of National Drug Control Policy (ONDCP) administers programs that focus on community-based substance abuse prevention, and supports prevention initiatives in the Departments of Health and Human Services, Justice, Education, and others. The President's FY 2011 Budget seeks to increase funding for drug prevention efforts by 13.4 percent over the FY 2010 Budget.

Key programs supporting prevention include:

Prevention-Prepared Communities

Funding request for FY 2011: $22.6 million

The new Prevention-Prepared Communities Program (PPC) supplements existing community-based efforts and focuses on youth ages 9-25. Grantees will conduct epidemiologic needs assessments, create a comprehensive strategic plan, implement evidence-based prevention services, and address common risk factors for mental, emotional, and behavioral problems. For FY 2011, the proposal is to fund 30 communities, at an average of $500,000 each.

Drug Free Communities Support Program

Funding enacted in FY 2010: $95.0 million
Funding request for FY 2011: $85.5 million

The Drug Free Communities Support Program (DFC) is the Nation's leading effort to mobilize communities to prevent youth drug use. Based on the concept that local problems demand local solutions, DFC-funded coalitions engage multiple sectors of the community to address their specific local drug problems. Coalition members determine which drug problems should be priorities for their community, then develop strategies and work to involve the community in implementing those plans.

In FY 2009, the DFC program funded 746 communities in all 50 States, as well as in Washington, DC, Puerto Rico, the U.S. Virgin Islands, American Samoa, and Palau. Approximately 150 new grants are expected to be awarded in FY 2010.

Web site: http://www.ondcp.gov/dfc/overview.html

National Youth Anti-Drug Media Campaign

Funding enacted in FY 2010: $45.0 million
Funding request for FY 2011: $66.5 million

The National Youth Anti-Drug Media Campaign increases teen exposure to anti-drug messages through a combination of paid advertising (television, Internet, cinema) and public communications (community events, corporate partnerships with youth brands, youth-centered activities).

Web sites: http://www.AboveTheInfluence.com
http://www.MethResources.gov

The Campaign has two areas of focus:

- The youth-targeted *Above the Influence* Campaign for ages 12-17. *Above the Influence* includes two tiers: a national component that delivers broad prevention messaging to teens, and a local component that delivers targeted efforts to at-risk teens at the local community level.
- The Anti-Meth campaign for young adults ages 18-34 and their influencers. The Anti-Meth Campaign conveys the risks of meth use, the effectiveness of treatment, and the possibility of recovery from meth addiction.

High Intensity Drug Trafficking Areas (HIDTA)

Funding enacted for HIDTA prevention efforts in FY 2010: $2.7 million
Funding request for HIDTA prevention efforts in FY 2011: $2.7 million

The HIDTA program provides funds to assist Federal, State, and local agencies with coordination, equipment, technology, and resources to combat drug production, trafficking, and use.

***Web sites*:** http://www.whitehousedrugpolicy.gov/HIDTA/overview.html
http://www.nhac.org/

Currently, there are 28 areas around the country designated as HIDTAs, many of which emphasize prevention as part of their anti-drug strategies. Two examples:

- The Southwest Border (California Region) HIDTA works closely with more than a dozen other organizations on prevention initiatives, including drug courts, youth service organizations, and a U.S. Border Patrol program that educates children about drug use.
- In Washington State, the Northwest HIDTA promotes links with drug courts, community coalitions, public awareness campaigns, and other groups to support initiatives aimed at reducing substance abuse and preventing the initiation of drug use.

Strategic Prevention Framework-State Incentive Grants

Funding enacted in FY 2010: $111.8 million
Funding request for FY 2011: $103.5 million

Since 2004, 55 States and territories and 12 tribes have been awarded five-year Strategic Prevention Framework-State Incentive Grants, a program administered by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention.
***Web site*:** http://prevention.samhsa.gov/grants/sig.aspx

The program has three objectives:

- Prevent the onset and reduce the progression of substance abuse;
- Reduce substance abuse-related problems in communities; and
- Build prevention capacity and infrastructure at the State and community levels.

Preliminary results indicate communities funded in the first two cohorts demonstrated improvements in 77 percent and 80 percent of their selected outcomes.

Substance Abuse Prevention and Treatment Block Grant

Funding enacted in FY 2010: $359.7 million
Funding request for FY 2011: $359.7 million

Each year, Congress appropriates almost $1.8 billion for the Substance Abuse Prevention and Treatment Block Grant, which provides funds to supplement States' prevention and treatment efforts. States are required to spend at least 20 percent of the funds ($359.7 million enacted in FY 2010 and requested for FY 2011) on substance abuse prevention. The funds are administered by the Substance Abuse and Mental Health Services Administration and, generally, are spent on five broad strategies: Information Dissemination, Education, Alternative Activities, Problem Identification and Referral, Community-Based Processes, and Environmental Strategies.
Web site: http://www.tie.samhsa.gov/SAPT2010.html

Examples of Prevention Funding Opportunities

The Obama Administration is committed to balanced U.S. drug control efforts and a public health approach to reducing drug use and its consequences. This effort includes an FY 2011 Budget request for increased funding of prevention programs by $203 million, a heavier emphasis on early intervention programs in healthcare settings, aligning criminal justice policies and public health systems to divert non-violent drug offenders into treatment instead of jail, funding scientific research on drug use, and expanding access to substance abuse treatment and recovery support services.

SAMHSA Funding

The White House Office of National Drug Control Policy (ONDCP), in partnership with the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), announced the availability of new Drug Free Communities (DFC) Support Program funding. ONDCP expects to award approximately $9.35 million for 75 new competing grants to support the efforts of community coalitions working to prevent and reduce substance use among youth. The deadline to submit DFC grantee applications was Friday, March 18, 2011.

"The Drug Free Communities program reflects the Obama Administration's commitment to preventing youth substance abuse before it starts. Preventing substance use before it begins not only makes common sense, it is also cost-effective. For every dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other drugs can be seen." said Gil Kerlikowske, Director of National Drug Control Policy. "Community problems need community solutions, and when local leaders organize around their specific drug issues, they make a difference in creating safer and healthier communities."

Grant opportunities from the Patient Protection and Affordable Care Act. *Not all grants have been released for application, but please check back for updates.*

- **Prevention**
  - Community Transformation Grants | PDF - 454KB
  - Consumer Assistance Program Grants | PDF - 490KB
- **Workforce**
  - Behavioral Health Education and Training | PDF - 494KB
  - Area Education Centers | PDF - 488KB
  - Personal or Home Care Aides | PDF - 352KB
  - Community Team to Support Patient Cenetered Medical Home | PDF - 352KB
  - Co-Locating Primary and Specialty Care in Community MH | PDF - 455KB
- **Demonstration Projects**
  - Early Child Home Visitation Programs (HRSA) | PDF - 493KB
  - National Centers of Excellence for Depression | PDF - 487KB
  - Co-Locating Primary and Specialty Care in Community-Based Mental Health Settings | PDF - 455KB

- **Medicaid and Medicare**
  - Health Home Planning Grants | PDF - 485KB
  - Incentives for Prevention of Chronic Disease in Medicaid | PDF - 379KB
  - Medicaid Emergency Psychiatric Demonstration Project | PDF - 458KB
  - Evaluation of Bundled Payments for the Provision of Integrated Care in Medicaid | PDF - 451KB
  - Evaluation of Community-Based Prevention and Wellness Programs for Medicare Members | PDF - 453KB
  - School-Based Health Centers - Services | PDF - 486KB
  - School-Based Health Centers - Capital | PDF - 85KB

FOR IMMEDIATE RELEASE: Tuesday, January 18, 2011

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Prevention Institute

Putting prevention at the center of community well-being

COLLABORATION MATH

Collaboration Math is a tool intended to help organizations from diverse disciplines work together. It enables them to better understand each other's perspectives and to identify the strengths and gaps in their partnership. This tool is designed to eliminate misconceptions, clarify the benefits of collaboration, suggest what needs to be better understood or studied, and identify key players that may be missing.

Each group in a collaborative provides key information about its organization according to a common set of categories. Specific categories vary based on the particular collaboration; however, typical examples include:

- **DEFINITION OF PROBLEM:** What language does each organization use to define the issue?
- **KEY ISSUES:** What are each organization's priorities relating to the issue?
- **DATA:** What information does each organization collect, and how does it collect it?
- **FUNDING:** What funding sources and other resources does each organization bring?
- **TRAINING:** What expertise can each organization share with other participants; who does each organization typically train?
- **PARTNERS:** With what other types of groups is each organization connected?
- **SOLUTIONS/OUTCOMES:** What specific objectives has each organization set in relation to the issue?

Once the information is compiled, a facilitator can help the groups compute the "math." For example, entries in the **Data** column can be "added": in other words, collaboration greatly increases the amount of information available to each of the participants. Entries in the **Definition** column are "averaged": for diverse groups to work together, a common way of defining and speaking about the issue needs to be agreed upon. **Training** "multiplies" the capacity of the individual groups and of the coalition: by sharing expertise and methodologies, participants strengthen their ability to achieve success. And by "dividing" up the responsibility for the overall work, the efforts required of each group are diminished. This "math" typically plays out as conversation and analysis during which groups discuss how they can make best use of their diverse backgrounds and resources.

The benefits of collaboration grow exponentially as more groups are added and more categories explored. A sample of a partial *Collaboration Math* matrix is on the next page.

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EXAMPLE: Healthy Eating Coalition

A coalition for promoting healthy eating might include nutritionists and members from public planning and social services departments. By pooling approaches into a comprehensive effort, programs can complement and reinforce each other. Social services may offer welfare benefits, but without local markets offering healthy foods, food stamps are simply subsidizing poor diets. On the other hand, public planners can't bring markets into a neighborhood if its residents can't afford the food. Thus, a coordinated effort is needed. But even when the healthy options are available, people often go with the familiar, less-healthy foods. Learning how to prepare healthy foods and being inspired to do so are just as important as having the resources to eat well. Nutritionists can provide such training. Also, they can help improve food stamp programs by drawing on the greater success of WIC vouchers. By recognizing each other's expertise, these coalition members can address nutrition from a more systems-level perspective.

EXAMPLE: HEALTHY EATING COALITION
(This is a sample; expected levels of detail would be greater)

PARTICIPANT	DEFINITION OF THE PROBLEM	DATA	TRAINING	SOLUTIONS/ OUTCOMES
NUTRITIONIST	Poor nutrition is a result of poor food choices	Dietary intake data	Choosing healthy foods, food purchase, & food preparation Promoting WIC	Give people the motivation, skills, & opportunity, to prepare & eat nutritious foods
SOCIAL SERVICES DEPARTMENT	Poor nutrition is a result of inadequate household resources	Participation rates in public assistance and federal nutrition programs	Who is eligible & how do they apply for benefits	Get people enrolled in benefit programs
PUBLIC PLANNING DEPARTMENT	Poor nutrition is a result of a lack of supermarkets or other food retail options	Location of supermarkets & food retail outlets	Policy options to attract food retail business	Get supermarkets & other sources for fresh & affordable foods into neighborhoods
MATH	**AVERAGE**	**SUM**	**PRODUCT**	**PRODUCT**
IMPLICATIONS	■ **Build a more complete picture:** ADD data for a more compelling and well-substantiated argument. ■ **Create a common language:** AVERAGE diverse perspectives. ■ **Reinforce the benefits of collaboration:** Assets are ADDED and MULTIPLIED. Responsibilities are DIVIDED among member groups. ■ **Design a comprehensive strategy:** Take advantage of interdisciplinary membership and pool approaches.			

The above groups come from very different backgrounds, but it should be noted that the *Collaboration Math* tool could also be used to facilitate collaboration between similar organizations, such as various agencies within a public health department.

Collaboration Math has been piloted successfully across the country to facilitate the early stages of collaborative work. However, because it pools and clarifies the diverse perspectives of coalition members, *Collaboration Math* also lays the foundations for comprehensive strategy development. In that sense, the *Collaboration Math* tool is designed to complement and inform Prevention Institute's *Spectrum of Prevention*, a tool that promotes multifaceted activities as the best practice for effective prevention. By working through Collaboration Math, participants will see the fruits of their efforts grow exponentially.

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Please note that since this tool is still in development, we ask that it not be disseminated, and would appreciate any feedback regarding its use and effectiveness.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Risk *and* Protective Factors *for* Mental, Emotional, *and* Behavioral Disorders Across *the* Life Cycle

INFANCY & EARLY CHILDHOOD

- Difficult temperament
- Insecure attachment
- Hostile to peers, socially inhibited
- Irritability
- Fearfulness
- Difficult temperament
- Head injury
- Motor, language, and cognitive impairments
- Early aggressive behavior
- Sexual abuse

- Parental drug/alcohol use
- Cold and unresponsive mother behavior
- Marital conflict
- Negative events
- Cold and unresponsive mother behavior
- Parental drug/alcohol use
- Family dysfunction
- Disturbed family environment
- Parental loss

- Poor academic performance in early grades
- Specific traumatic experiences
- Negative events
- Lack of control or mastery experiences
- Urban setting
- Poverty

- Self-regulation
- Secure attachment
- Mastery of communication and language skills
- Ability to make friends and get along with others

- Reliable support and discipline from caregivers
- Responsiveness
- Protection from harm and fear
- Opportunities to resolve conflict
- Adequate socioeconomic resources for the family

- Support for early learning
- Access to supplemental services such as feeding, and screening for vision and hearing
- Stable, secure attachment to childcare provider
- Low ratio of caregivers to children
- Regulatory systems that support high quality of care

Disorders

depression · anxiety · substance abuse · schizophrenia · conduct disorders

Type of Factor

risk factor · protective factor

Sources of Risk/Protective Factors

individual · family · school/community

MIDDLE CHILDHOOD

- Negative self-image
- Apathy
- Anxiety
- Dysthymia
- Insecure attachment
- Poor social skills: impulsive, aggressive, passive, and withdrawn
- Poor social problem-solving skills
- Shyness
- Poor impulse control
- Sensation-seeking
- Lack of behavioral self-control
- Impulsivity
- Early persistent behavior problems
- Attention deficit/hyperactivity disorder
- Anxiety
- Depression
- Antisocial behavior
- Head injury
- Self-reported psychotic symptoms

- Parental depression
- Poor parenting, rejection, lack of parental warmth
- Child abuse/maltreatment
- Loss
- Marital conflict or divorce
- Family dysfunction
- Parents with anxiety disorder or anxious childrearing practices
- Parental overcontrol and intrusiveness

(family risk factors continued)

- Parents model, prompt, and reinforce threat appraisals and avoidant behaviors
- Marital conflict; poor marital adjustments
- Negative life events
- Permissive parenting
- Parent-child conflict
- Low parental warmth
- Parental hostility
- Harsh discipline
- Child abuse/maltreatment
- Substance use among parents or siblings
- Parental favorable attitudes toward alcohol and/or drug use
- Inadequate supervision and monitoring
- Low parental aspirations for child
- Lack of or inconsistent discipline
- Family dysfunction

- Peer rejection
- Stressful life events
- Poor grades/achievements
- Poverty
- Stressful community events such as violence
- Witnessing community violence
- Social trauma
- Negative events
- Lack of control or mastery experiences

(school/community risk factors continued)

- School failure
- Low commitment to school
- Peer rejection
- Deviant peer group
- Peer attitudes toward drugs
- Alienation from peers
- Law and norms favorable toward alcohol and drug use
- Availability and access to alcohol
- Urban setting
- Poverty

- Mastery of academic skills (math, reading, writing)
- Following rules for behavior at home, school, and public places
- Ability to make friends
- Good peer relationships

- Consistent discipline
- Language-based rather than physically-based discipline
- Extended family support

- Healthy peer groups
- School engagement
- Positive teacher expectations
- Effective classroom management
- Positive partnering between school and family
- School policies and practices to reduce bullying
- High academic standards

Source: National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press.

Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle *(continued)*

ADOLESCENCE

- Female gender
- Early puberty
- Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration
- Low self-esteem, perceived incompetence, negative explanatory and inferential style
- Anxiety
- Low-level depressive symptoms and dysthymia
- Insecure attachment
- Poor social skills: communication and problem-solving skills
- Extreme need for approval and social support
- Low self-esteem
- Shyness
- Emotional problems in childhood
- Conduct disorder
- Favorable attitudes toward drugs
- Rebelliousness
- Early substance use
- Antisocial behavior
- Head injury
- Marijuana use
- Childhood exposure to lead or mercury (neurotoxins)

- Parental depression
- Parent-child conflict
- Poor parenting
- Negative family environment (may include substance abuse in parents)
- Child abuse/maltreatment
- Single-parent family (for girls only)
- Divorce

(family risk factors continued)

- Marital conflict
- Family conflict
- Parent with anxiety
- Parental/marital conflict
- Family conflict (interactions between parents and children and among children)
- Parental drug/alcohol use
- Parental unemployment
- Substance use among parents
- Lack of adult supervision
- Poor attachment with parents
- Family dysfunction
- Family member with schizophrenia
- Poor parental supervision
- Parental depression
- Sexual abuse

- Peer rejection
- Stressful events
- Poor academic achievement
- Poverty
- Community-level stressful or traumatic events
- School-level stressful or traumatic events
- Community violence
- School violence
- Poverty
- Traumatic event
- School failure
- Low commitment to school
- Not college bound
- Aggression toward peers
- Associating with drug-using peers
- Societal/community norms about alcohol and drug use

(school/community risk factors continued)

- Urban setting
- Poverty
- Associating with deviant peers
- Loss of close relationship or friends

- Positive physical development
- Academic achievement/intellectual development
- High self-esteem
- Emotional self-regulation
- Good coping skills and problem-solving skills
- Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture

- Family provides structure, limits, rules, monitoring, and predictability
- Supportive relationships with family members
- Clear expectations for behavior and values

- Presence of mentors and support for development of skills and interests
- Opportunities for engagement within school and community
- Positive norms
- Clear expectations for behavior
- Physical and psychological safety

EARLY ADULTHOOD

- Early-onset depression and anxiety
- Need for extensive social support
- Childhood history of untreated anxiety disorders
- Childhood history of poor physical health
- Childhood history of sleep and eating problems
- Poor physical health
- Lack of commitment to conventional adult roles
- Antisocial behavior
- Head Injury

- Parental depression
- Spousal conflict
- Single parenthood
- Leaving home
- Family dysfunction

- Decrease in social support accompanying entry into a new social context
- Negative life events
- Attending college
- Substance-using peers
- Social adversity

- Identity exploration in love, work, and world view
- Subjective sense of adult status
- Subjective sense of self-sufficiency, making independent decisions, becoming financially independent
- Future orientation
- Achievement motivation

- Balance of autonomy and relatedness to family
- Behavioral and emotional autonomy

- Opportunities for exploration in work and school
- Connectedness to adults outside of family

Disorders

depression, schizophrenia, anxiety, conduct disorders, substance abuse

Type of Factor

risk factor, protective factor

Sources of Risk/Protective Factors

individual, family, school/community

Resources:

Day 2 Break-Out Sessions

Session 2 –afternoon

Student Assistance Programs (SAP)

A Center Policy Brief

Moving Beyond the Three Tier Intervention Pyramid Toward a Comprehensive Framework for Student and Learning Supports

(February, 2011)

Abstract

Introduction into federal policy of response to intervention (RTI) and positive behavior intervention and supports (PBIS) led to widespread adoption and adaptation of the three tier intervention pyramid. As originally presented, the pyramid highlights three different levels of intervention and suggests the percent of students at each level. While the focus on levels has made a positive contribution, the pyramid is a one dimensional intervention framework. Continuing overemphasis on the pyramid is limiting development of the type of comprehensive intervention framework that policy and practice analyses indicate are needed to guide schools in developing a comprehensive, multifaceted, and cohesive system of student and learning supports.

This brief underscores the limitations of the pyramid as an intervention framework and illustrates a mulitdimensional intervention framework and the type of expanded school improvement policy that can foster development and implementation of a comprehensive and coherent system.

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http://smhp.psych.ucla.edu/pdfdocs/briefs/threetier.pdf

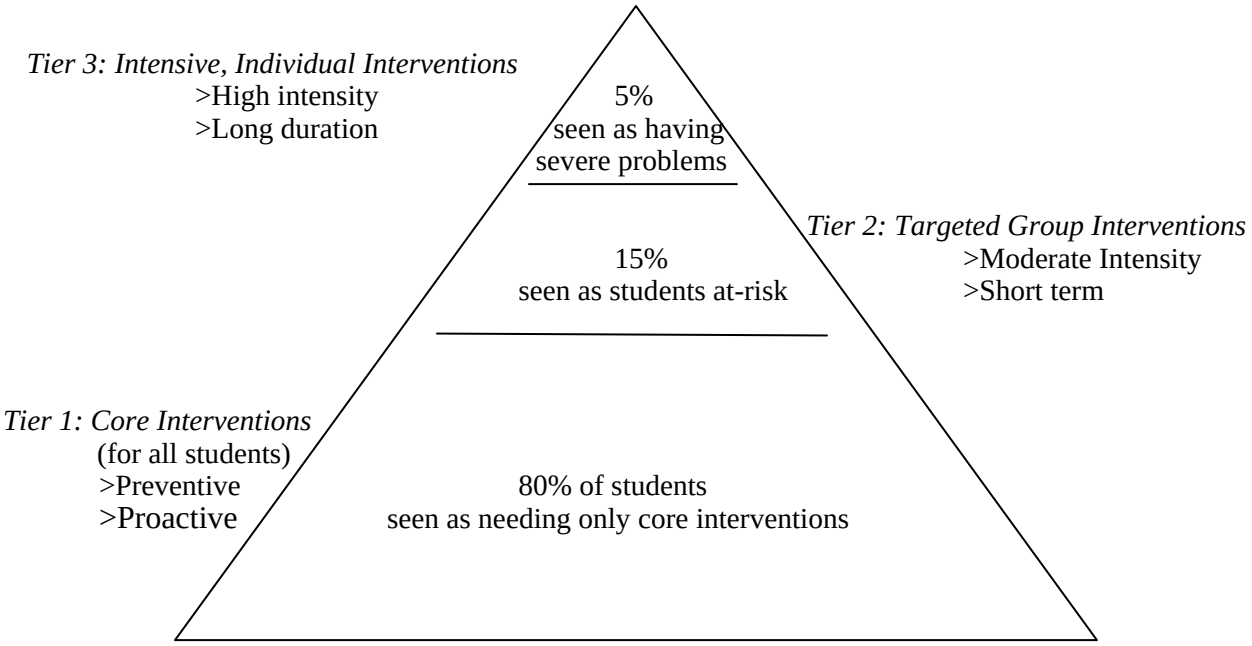
Moving Beyond the Three Tier Intervention Pyramid
Toward a Comprehensive Framework for Student and Learning Supports

Introduction into federal policy of response to intervention (RTI) and positive behavior intervention and supports (PBIS) led to widespread adoption and adaptation of the three tier intervention pyramid (Bender, 2009). As originally presented, the pyramid highlights three different levels of intervention and suggests the percent of students at each level. While the focus on levels has made a positive contribution, the pyramid is a one dimensional intervention framework and, as such, is an inadequate guide for developing a comprehensive system of student and learning supports.

The Three Tier Pyramid and Prevailing Policy

There have been many versions and adaptations of the pyramid. Exhibit 1 illustrates the most basic way it was diagrammed and discussed at the outset (Marston, 2003).

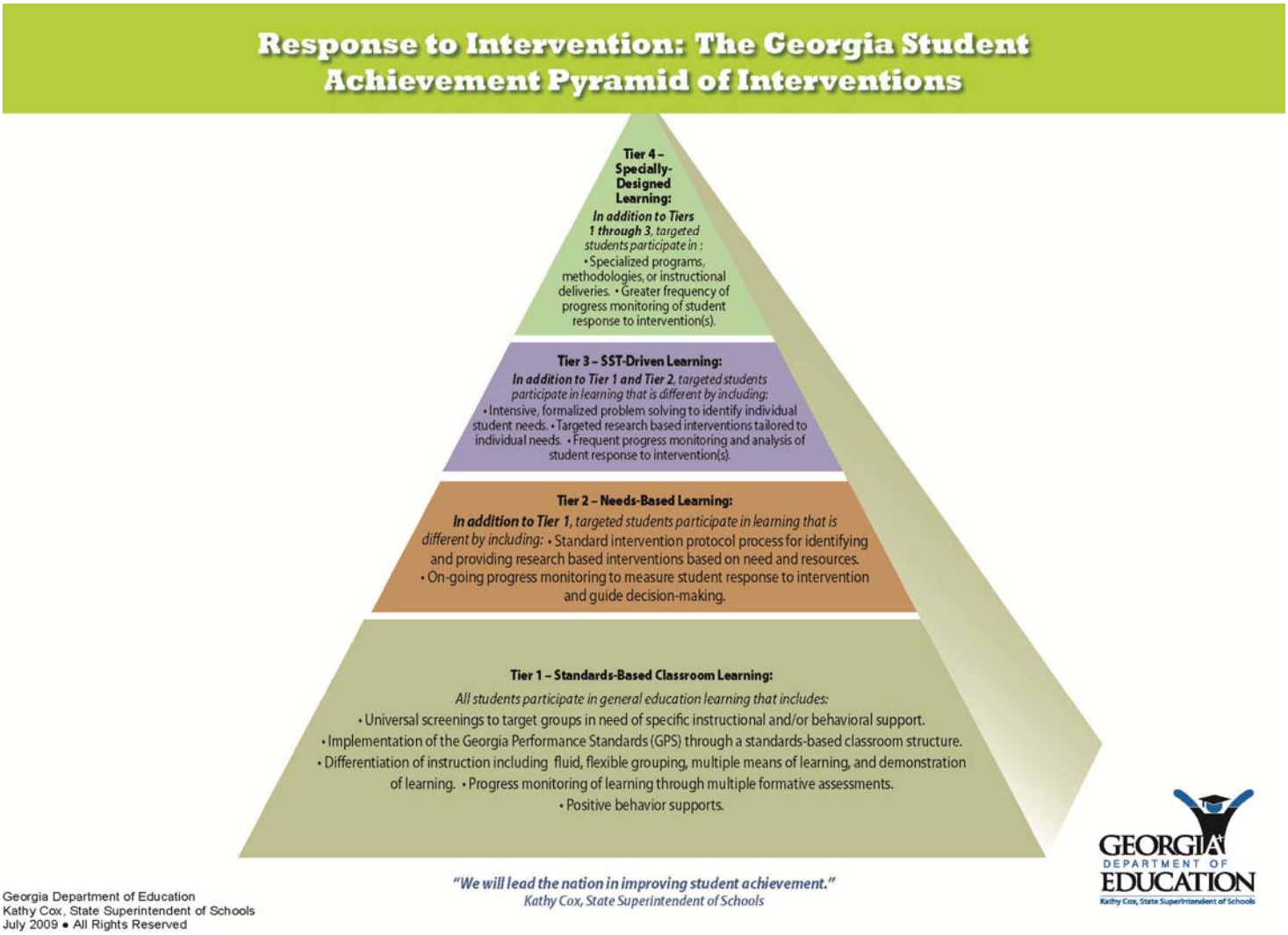
Exhibit 1
The Three Tier Pyramid as a Outline of Levels of Intervention Intensity



As can be seen, this formulation provides a simple way of emphasizing the levels of intervention students may need. The tiers are described as varying in intensity. The 5% and 15% figures reflect an estimate of how many might require more than core interventions under optimal conditions.

The pyramid's appeal rests in its simplicity -- so do its limitations. Its main contribution to policy and practice has been to underscore differences in levels of intervention, with special emphasis on a tiered delivery system for special education. As federal policy has expanded RTI and PBIS into schoolwide practices, reference to multiple tiers of intervention has appeared in state and local education agency schoolwide policy formulations. In some cases, the number of tiers has been expanded. For example, see Exhibit 2 for the Georgia Department of Education's pyramid (https://www.georgiastandards.org/Resources/Pages/Tools/ResponsetoIntervention(RTI).aspx).

Exhibit 2



While still focusing on three tiers, others have turned the pyramid into a cone and differentiated academic and behavioral concerns. Other formulations have emphasized levels in terms of universal, selective, and indicated interventions or primary, secondary, and tertiary prevention.

Another policy-oriented adaptation of the pyramid is found in the 2009 document from the U.S. Department of Education discussing how funds designated for compensatory and special education may be used in implementing RTI. Specifically, the focus is on the Elementary and Secondary Education Act's Title I schoolwide and targeted assistance programs and Title III which assists students who have limited English proficiency and the Individuals with Disabilities Education Act's Coordinated Early Intervention Services (CEIS). In this adaptation, the pyramid is described as a *triangle* and is used to illustrate when funds from the three sources can and cannot be used for levels ranging from "core instruction" through to "increasingly intensive instructional interventions." What is striking in this document is the absence of designated tiers and specific percentages of students. Instead, RTI is described simply as a multi-level framework and "four core components" are delineated (e.g., core instruction for all students, universal screening to identify students who are struggling, increasingly intensive research-based interventions for students who need extra help, and progress monitoring). Also, a triangle within the triangle is used to show that services for students with IEPs are appropriate at each level and that a student may be receiving services at several levels. Finally, it is stressed that as the interventions become increasingly intense, the number of students involved declines. (Note: The pyramid formulation also is used in the public health literature – see the Appendix to this brief.)

Efforts to Move Beyond the Pyramid

In the years since the pyramid's introduction, it has been widely acknowledged that focusing simply on levels of intervention, while essential, is insufficient. Three basic concerns about the pyramid formulation are that it mainly stresses levels of intensity, does not address the problem of systematically connecting interventions that fall into and across each level, and does not address the need to connect school and community interventions. Moreover, the stated percentages too often have been taken as factual data, when the reality is that some schools have many more students who need a range of student and learning supports. Rather than true data, the percentages only represent a recognition that an effective continuum of interventions can substantially reduce the number of students needing more than core instruction.

Few will argue against the notion that conceptualizing levels of intervention is a good starting point for framing the nature and scope of interventions needed to ensure all students have an equal opportunity to succeed at school. However, as the above concerns indicate, the pyramid is not the best way to depict this facet of intervention efforts.

An example of another way to conceive the levels is in terms of what they aim to do and as an interrelated continuum of subsystems. For instance, over many years our work has stressed overlapping levels conceived as a continuum of interrelated and overlapping intervention subsystems focused on (1) promoting development and preventing problems, (2) responding to problems as early-after-onset as feasible, and (3) treating severe, pervasive, and chronic problems (Adelman & Taylor, 1994, 2006a,b, 2010). Each subsystem is seen as needing to link school and community interventions in ways that integrate, coordinate, and weave resources together.

Moving beyond the pyramid also involves the pressing matter of *coalescing* the laundry list of fragmented programs and services designed to promote healthy development and address barriers to learning and teaching. This requires a formulation to guide organizing programs and services into a circumscribed set of arenas reflecting the *content purpose* of the activity.

In sum, it is evident that the three tiered pyramid has contributed to understanding that intervention is a multi-level enterprise. It also is evident that the overemphasis on the pyramid has limited formulation of the type of intervention framework that policy and practice analyses indicate is needed to guide schools in developing a comprehensive, multifaceted, and cohesive system of student and learning supports (Center for Mental Health in Schools, 2005).

Toward a Comprehensive Intervention Framework for Enabling All Students to Have an Equal Opportunity for Success at School

Over the years our intervention research has included a focus on developing an *intervention framework* for a comprehensive approach to addressing barriers to learning and teaching and re-engaging disconnected students. Subsequently, our policy analyses led to formulation of an *expanded policy framework* for ending the marginalization of work designed to develop such a comprehensive approach and integrate it fully into school improvement efforts (Center for Mental Health in Schools, 2008a). We offer a brief overview of these frameworks below.

Intervention Framework

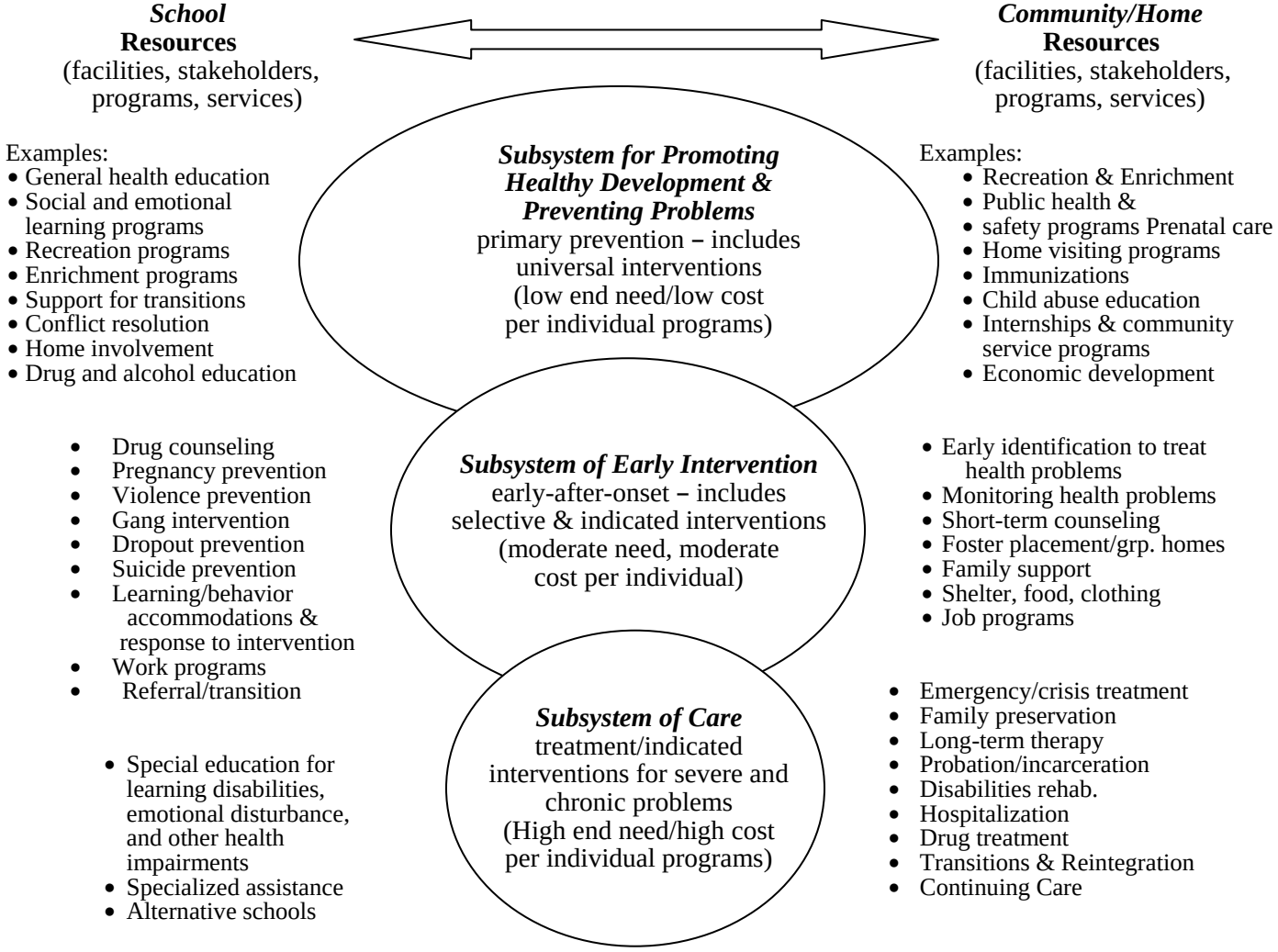
The evolving intervention framework generated by our Center's research (a) conceptualizes levels of intervention as a full continuum of integrated intervention *subsystems* and emphasizes the importance of weaving together school-community-home resources and (b) organizes programs and services into a circumscribed set of arenas reflecting the *content purpose* of the activity. In keeping with public education and public health perspectives, the intervention framework encompasses efforts to enable academic, social, emotional, and physical development and to address behavior, learning, and emotional problems in the classroom and schoolwide at every school and in every community.

Levels as a continuum of subsystems. As one facet of establishing, over time, a comprehensive, multifaceted, cohesive approach, we conceive a continuum of interventions that strives to

- promote healthy development and prevent problems
- intervene early to address problems as soon after onset as is feasible
- assist with chronic and severe problems.

As graphically illustrated in Exhibit 3, (a) each level represents a subsystem, (b) the three subsystems overlap, and (c) all three require integration into an overall system that encompasses school and community resources.

Exhibit 3
Integrated Continuum of Intervention Subsystems*



The three subsystems taper from top to bottom to indicate the view that if the top is well designed and implemented, the numbers needing early intervention are reduced; and if the subsystem for early intervention is well designed and implemented, fewer students will need "deep-end" interventions.

Arenas of activity. Focusing only on a continuum of intervention is insufficient. For example, "mapping" done with respect to three levels of intervention does not do enough to escape the trend to generate laundry lists of programs and services at each level. Thus, in addition to the continuum, it is necessary to organize programs and services into a circumscribed set of arenas reflecting the *content purpose* of the activity. Our work emphasizes six arenas encompassing interventions to:

- *Enhance regular classroom strategies to enable learning* (e.g., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems; includes a focus on prevention, early intervening, and use of strategies such as response to intervention)
- *Support transitions* (i.e., assisting students and families as they negotiate school and grade changes and many other transitions)
- *Increase home and school connections and engagement*
- *Respond to, and where feasible, prevent crises*
- *Increase community involvement and support* (outreach to develop greater community involvement and support, including enhanced use of volunteers)
- *Facilitate student and family access to effective services and special assistance* as needed

Some version of the six basic arenas has held-up over the last decade in a variety of venues across the country (see *Where's it Happening* -- http://smhp.psych.ucla.edu/summit2002/nind7.htm).

As illustrated in Exhibit 4, the *continuum* and six *content arenas* can be formed into an intervention framework for a comprehensive system of learning supports. Such a framework can guide and unify school improvement planning for developing the system. The matrix provides a unifying framework for mapping what is in place and analyzing gaps. Overtime, this type of mapping and analyses are needed at the school level, for a family of schools (e.g., a feeder pattern of schools), at the district level, community-wide, and at regional, state, and national levels.

Exhibit 4
Framework for a Comprehensive System of Student and Learning Supports

Integrated Intervention *Continuum*

Arenas of Intervention *Content*	Subsystem for Promoting Healthy Development & Preventing Problems	Subsystem for Early Intervention	Subsystem of Care
In Classroom			
Support for Transitions			
Crisis response/prevention			
Home involvement			
Community engagement			
Student & Family Assistance			

Continuum + Content = An Enabling Component

In our work, we operationalize a comprehensive system of learning supports as an *Enabling* or *Learning Supports Component* (see Exhibit 5). This helps to coalesce and enhance programs with the aim of ensuring all students have an equal opportunity to succeed at school. A critical matter is defining what the entire school must do to enable *all* students to learn and *all* teachers to teach effectively. School-wide approaches are especially important where large numbers of students are affected and at any school that is not yet paying adequate attention to equity and diversity concerns.

As indicated in the Exhibit, an enabling component involves first addressing interfering factors *and then* (re-)engaging students in classroom instruction. The reality is that interventions that do not include an emphasis on ensuring students are engaged meaningfully in classroom learning generally are insufficient in sustaining, over time, student involvement, good behavior, and effective learning at school.

In essence, beginning in the classroom with differentiated classroom practices and by ensuring school-wide learning supports, an Enabling or Learning Supports Component

- addresses barriers through a broader view of "basics" and through effective accommodation of individual differences and disabilities
- enhances the focus on motivational considerations with a special emphasis on intrinsic motivation as it relates to individual readiness and ongoing involvement and with the intent of fostering intrinsic motivation as a basic outcome
- adds remediation, treatment, and rehabilitation as necessary, but only as necessary.

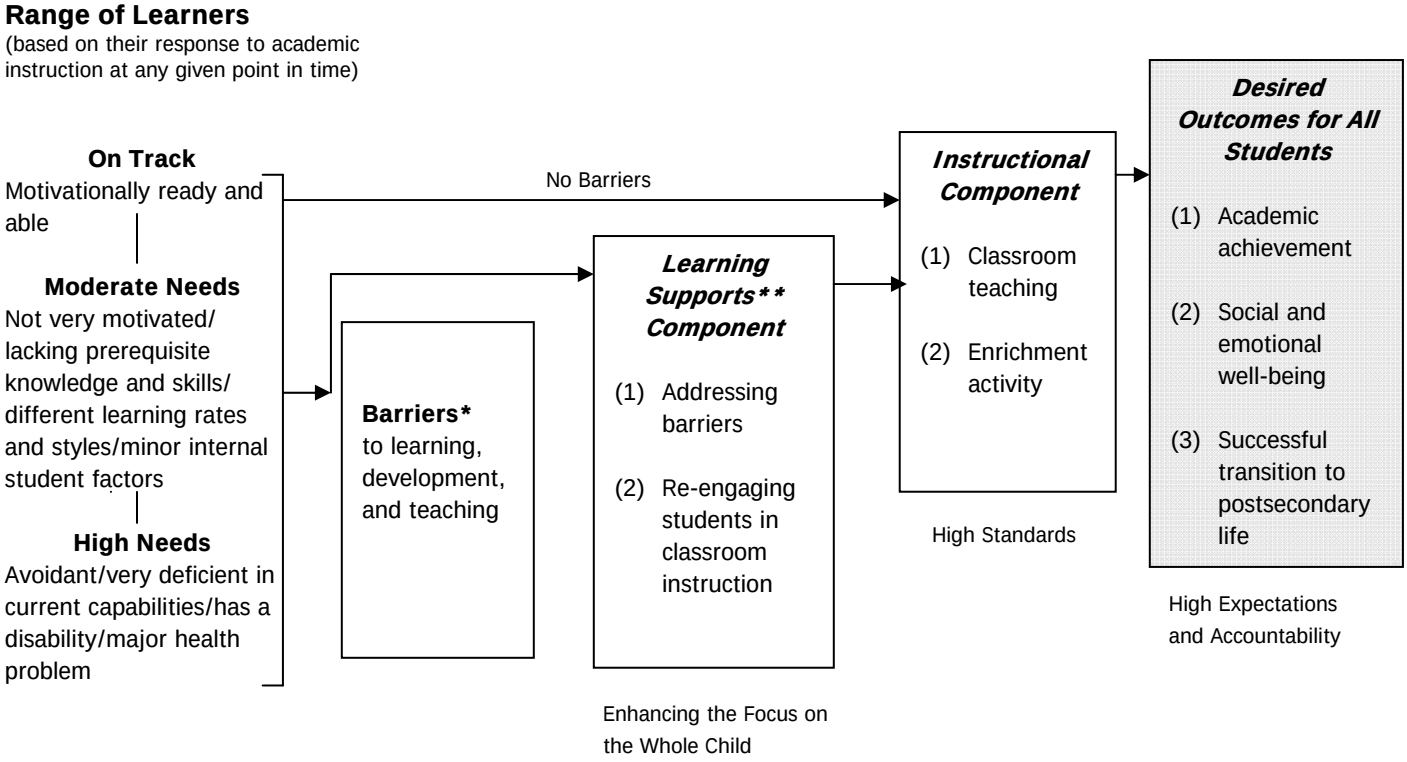
External and internal barriers to learning pose some of the most pervasive and entrenched challenges to educators across the country, particularly in chronically low performing schools. Failure to directly address these barriers ensures that (a) too many children and youth will continue to struggle in school, and (b) teachers will continue to divert precious instructional time to dealing with behavior and other problems that can interfere with classroom engagement for all students. Despite this state of affairs, the need to systemically lower or eliminate barriers to learning and teaching is given only marginal attention in formulating policies and programs to improve schools. An expanded policy framework for school improvement is needed to end the marginalization.

Policy Framework

To date, federal policy addresses two components as primary and essential to school reform. One emphasizes core curriculum and instructional practices; the other addresses governance and operations of schools. Research has clarified the need for a third component that directly and comprehensively focuses on (a) addressing barriers to learning and teaching and (b) re-engaging students who have become disconnected from classroom instruction (Center for Mental Health in Schools, 2005). In most school districts today, the student and learning supports necessary to accomplish the school's mission are treated as a marginal facet of school improvement efforts. Typically, these interventions are provided by a range of school employed personnel (e.g., school counselors, psychologists, social workers, nurses, etc.) and sometimes by community-based providers who collocate on campuses. However, because of the long-standing marginalization of student and learning supports, the resources and leadership dedicated to supporting such work continues to be fragmented, often with costly redundancy and counterproductive competition for sparse resources, and always producing too-limited outcomes.

Exhibit 5

A Learning Supports Component to Address Barriers and Re-Engage Students in Classroom Instruction



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*Examples of Conditions That Can Increase Barriers to Learning

Environmental Conditions			Person Conditions
Neighborhood	**Family**	**School and Peers**	**Internal Student Factors**
▪ High poverty ▪ High rates of crime, drug use, violence, gang activity ▪ High unemployment, abandoned/floundering businesses ▪ Disorganized community ▪ High mobility ▪ Lack of positive youth development opportunities	▪ Domestic conflicts, abuse, distress, grief, loss ▪ Unemployment, poverty, and homelessness ▪ Immigrant and/or minority status ▪ Family physical or mental health illness ▪ Poor medical or dental care ▪ Inadequate child care ▪ Substance abuse	▪ Poor quality schools, high teacher turnover ▪ High rates of bullying and harassment ▪ Minimal offerings and low involvement in extracurricular activities ▪ Frequent student–teacher conflicts ▪ Poor school climate, negative peer models ▪ Many disengaged students and families	▪ Neurodevelopmental delay ▪ Physical illness ▪ Mental disorders ▪ Disabilities ▪ Inadequate nutrition and healthcare ▪ Learning, behavior, and emotional problems that arise from negative environmental conditions exacerbate existing internal factors

**Learning supports are defined as the resources, strategies, and practices that provide physical, social, emotional, and intellectual supports to enable all students to have an equal opportunity for success at school by directly addressing barriers to learning and teaching and by reengaging disconnected students.

The type of learning supports component illustrated in Exhibit 5 can coalesce the fragmented interventions generated by current school policy if it is conceived and enacted as a primary and essential third component of school improvement (see Exhibit 6). Such a component is intended to facilitate development of a comprehensive and cohesive system of learning supports that is fully integrated with instruction and management (Exhibit 6B) and that fully integrates student and learning supports, such as RTI, PBIS, social-emotional learning beyond curricular approaches, home engagement, school-community collaboration, and more. From a policy and practice perspective, a comprehensive system of student and learning supports is essential to school improvement.

Where Does RTI and PBIS Fit In

A question frequently asked of our Center is: *Where does some specific initiative, such as RTI and PBIS, fit into a comprehensive system of student and learning supports?* (Center for Mental Health in Schools, 2008b).With reference to the matrix in Exhibit 4, well-conceived approaches to RTI and PBIS fit into every cell. And, from our perspective, most such initiatives not only fit, they provide an opportunity to move forward in fully integrating a comprehensive system of supports into school improvement policy and practice.

It is necessary, however, to understand that there is considerable variability in how RTI and PBIS are currently operationalized across the country. The tendency in some places is to proceed as if more and better instruction and more positive social control related to undesired behavior is all that is needed. Clearly, good instruction and positive ways of dealing with behavior problems are necessary, but often are insufficient. From various reports, it seems clear that RTI and PBIS frequently are not conceived or implemented in ways that (1) address major barriers to learning and teaching *and also* (2) re-engage disconnected students in actively pursuing classroom instruction.

If RTI is treated simply as a way to provide more and better instruction and PBIS focuses only on positively addressing undesired behavior, the interventions are unlikely to be effective over the long-run for a great many students. However, if RTI and PBIS are understood as part and parcel of a comprehensive system of classroom and school-wide student and learning supports, schools will be in a better position not only to address problems effectively early after their onset, but will prevent many from occurring.

Implied in all this is that staff are designated specifically to work on ensuring (1) development of an optimal learning environment in classrooms and schoolwide, (2) classroom teachers are learning how to implement "well-designed early intervention" in the classroom, and (3) support staff are learning how to play a role, often directly in the classroom, to expand intervention strategies as necessary.

Concluding Comments

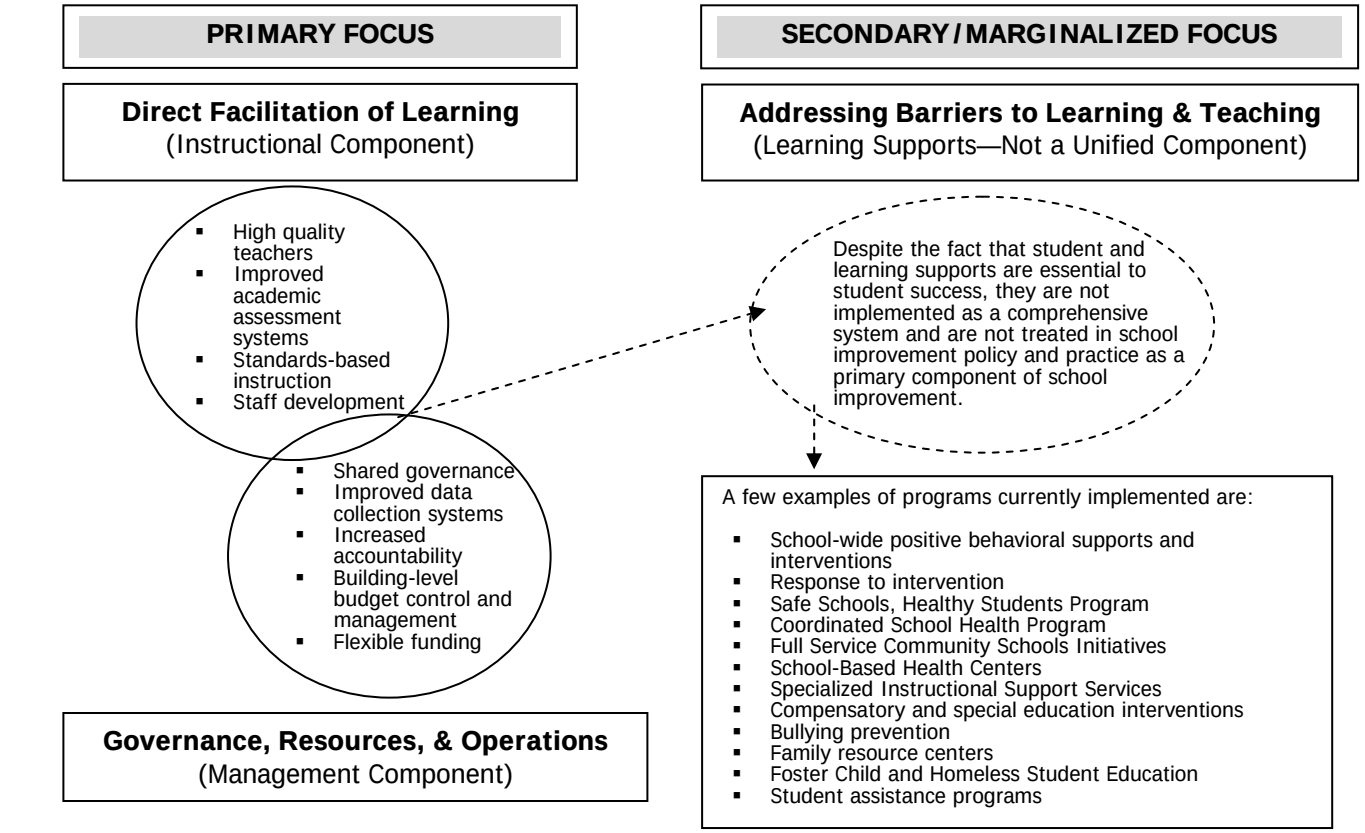
For much of the last decade, the three tiered pyramid has made a contribution in enhancing appreciation that intervention is a multi-level enterprise. At this point, a continuing overemphasis on the pyramid is limiting development of the type of comprehensive intervention framework that policy and practice analyses indicate are needed to guide schools in developing a comprehensive, multifaceted, and cohesive system of student and learning supports.

Addressing barriers to learning and teaching and reengaging disconnected students is a school improvement imperative. Developing and implementing a comprehensive, multifaceted, and cohesive system of learning supports is the next evolutionary stage in meeting this imperative. It is the missing component in efforts to close the achievement gap, enhance school safety, reduce dropout rates, shut down the pipeline from schools to prisons, and promote well-being and social justice.

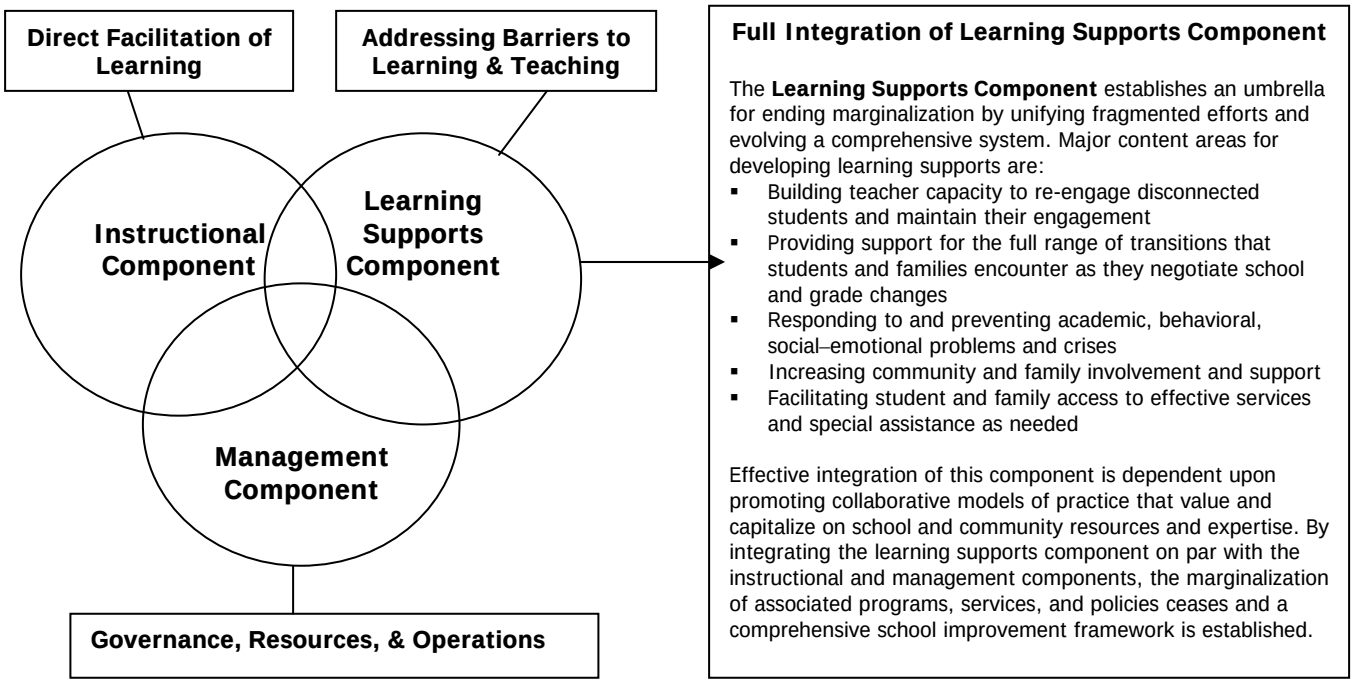
Exhibit 6

Moving From a Two- to a Three-Component Framework for Improving Schools

A. Current School Improvement Framework



B. Needed: Policies to Establish an Umbrella for School Improvement Planning Related to Addressing Barriers to Learning and Promoting Healthy Development



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*The Center has compiled a variety of resources, including a toolkit, to provide ready access to a set of resources for developing a comprehensive system of student/learning supports. See http://smhp.psych.ucla.edu/summit2002/resourceaids.htm

Among the many resources in the toolkit is a set of self-study surveys related to developing a comprehensive system of student/learning supports. One of these is a survey of "systems" designed to help determine the degree to which a comprehensive system is being developed. (Directly accessible at http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf)

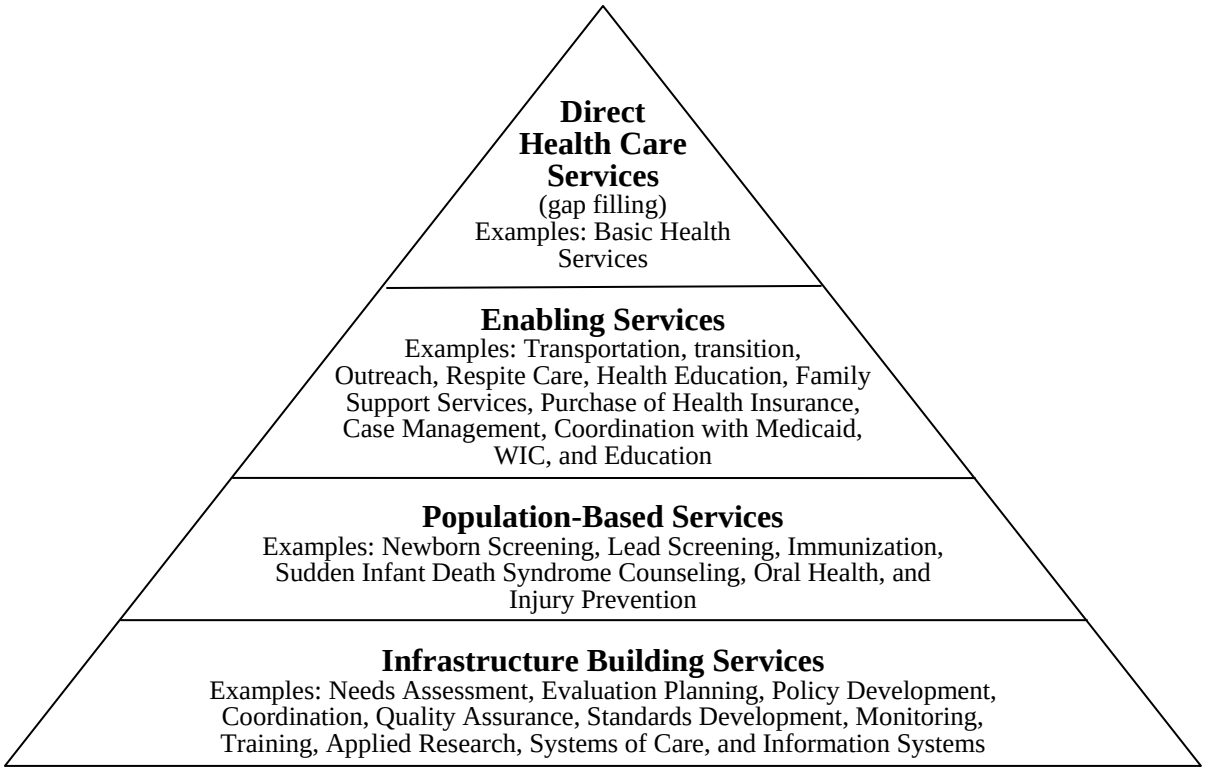
Appendix

The Pyramid as Used in the Public Health Field

Below are two examples of how a pyramid of interventions is used in the public health arena.

In a 2010 article, Thomas Frieden proposed *The Health Impact Pyramid* as a framework for public health action. He states that "a 5-tier pyramid best describes the impact of different types of public health interventions and provides a framework to improve health. At the base of this pyramid, indicating interventions with the greatest potential impact, are efforts to address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and health education and counseling." He stresses that "interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort. Implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit" (see Thomas R. Frieden (2010), A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health, 100*, 590-595).

For many years, the Department of Health and Human Services has promoted the Maternal and Child Health Bureau's Pyramid of Health Services. That pyramid is illustrated below:



From: U.S. Department of Health and Human Services (2008). *State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements* (2nd Ed). U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). http://mchb.hrsa.gov/iaa/default.htm

Guidelines and Tips for Starting a Student Assistance Program

The National Student Assistance Association recommends the following nine components as minimum foundation for establishing a SAP on a school campus that helps to "reduce barriers to learning and ensure student success in safe, disciplined and drug-free schools and communities." (http://www.nasap.org/sapcomponents.html) In addition, tips from successful SAP practitioners help orient your SAP development process in the right direction.

❶ **School Board Policy.** A school board policy may define the SAP process of referral and confidentiality, the relationship between the SAP and other co-curricular activities, and the involvement of law enforcement, mental health professionals, and other associated community agencies and organizations. [Another resource to help shape a school board policy for your site is "Guidelines for Shaping School Board Policy," available at http://www.prevention.org/SAC/Constructs.asp#board.]

★Practitioner's Tip
When a process is selected and current or new team members are identified and trained, insure their effort is supported by policy and administrative regulations that describe the effort.

★Practitioner's Tip
Although it is called "Student" Assistance, make it clear that supporting classroom teachers, school-site counselors, and site administrators as they identify and refer students is a primary goal, so these staff can focus on their roles more efficiently.

❷ **Staff Development** is important to the establishment of a SAP so that all staff and supporting school personnel have program buy-in, and are aligned with the similar goals of improving student's attendance, academics, and behavior through SAP services.

❸ **Program Awareness.** Marketing the SAP's services and policies to parents, students, and the community will help garner interest, collaboration, and awareness of the resource to help students in need.

❹ **Internal Referral Process** is necessary to identify students and refer them to the SAP problem solving and case management team who will link students to the appropriate services and resources they need.

★Practitioner's Tip
Decide which students and/or families are the first to receive SAP support. This could be students suspended for alcohol, tobacco, or other drug offenses, violence-related offences, and other referral processes.

❺ **Problem Solving Team and Case Management** to help serve the multifaceted academic, social, and emotional needs of students through "solution-focused strategies."

★Practitioner's Tip
Keep a history of the process steps taken as you develop and prepare the SAP Team, and track the time spent in trainings, meetings, and with the first students/families served.

❻ **SAP Evaluation** will enable program planners to continuously reflect and improve upon existing processes, services, and strategies to ensure the optimum effect of SAP resources for students.

❼ **Educational Support Groups** are a unique and important component of the SAP for providing support and problem-solving skills to students who are facing a variety of behavioral issues.

★Practitioner's Tip
Unite a cross-section of administration, staff, parents, and students to start or enhance the current SAP process. Collaborative teams may include, but not be limited to, local county offices for AOD prevention and public/private mental health services for children.

❽ **Cooperation and Collaboration with Community Agencies** will enhance the SAP provider network, available resources, funding opportunities and, consequently, services to students.

★Practitioner's Tip
Be direct, honest, and flexible as different people's visions emerge and obstacles appear; each is an opportunity to strengthen the team's resolve to support students, families, and staff.

❾ **Integration with Other School-Based Programs** will enhance the SAP's role in the school community, promote an atmosphere of teamwork among program staff, teachers, administrators, and other affiliated persons, and enhance the network of supports available to students.

Implementing Student Assistance Programs How to

Provides information for implementing new Student Assistance Programs (SAPs) along with resources for strengthening existing SAPs.

Student Assistance Programs (SAPs) evolved from the Employee Assistance Program (EAP) model of the 1960s-1970s. Recognition of the importance of removing all barriers to work performance translated to school policy in the 1980s when SAPs developed in the vein of EAPs. SAPs at first only addressed substance abuse in students, but soon expanded to help address a wide range of issues that impede adolescent academic achievement. As Gary Anderson writes in the first published model for Student Assistance Programs, “Any student assistance program effort demonstrates that a school system recognizes, first, that such problems do plague students and, second, that a responsible system of adults must respond and help.” (Hipsley, 2001)

According the California Student Survey, trends reveal that high rate use of alcohol or drugs by California students increase significantly in the middle and high school years. Over the last decade, 11th grade excessive alcohol users’ and high risk drug users’ rates are typically between one-third higher and twice as high as 9th grade rates. The recent emphasis on prevention has not reduced the portion of students who use at a high rate. The goals of SAPs are to reduce students’ behavioral and disciplinary violations and substance use habits while improving school attendance and academic performance through the referral and facilitation of appropriate services.

The Governor’s Prevention Advisory Council High Rate Underage Users’ (HRUU) workgroup was designed to address the intervention of high rate users of alcohol among our youth. The HRUU workgroup includes representatives from several government agencies such as the California Department of Education, Attorney General’s Office, Department of Alcohol and Drug Programs, Department of Mental Health, California Parent Teacher Association, community based organizations and school administrators. Also included in this workgroup are representatives from the California Masonic Foundation. The Masons have started some of the first public schools in America and have been proponents of SAPs since the early 1980s. The Masons also provide free SAP training to school districts throughout the country.

The sources listed below will provide the following information:

- What are SAPs and why are they needed?
- Data to prove the effectiveness of SAPs.
- Guidelines for starting SAPs.
- The cost to operate SAPs.
- SAP resources and references.

Associations

National Student Assistance Association (NSAA) (Outside Source)
Learn about student assistance, research, and state associations.

Curricula

Positive Action (Outside Source)
Positive Action is a nationally recognized, evidence-based program that improves academic success, behavior, and character development.

Project SUCCESS (Outside Source)
Project SUCCESS (Schools Using Coordinated Efforts to Strengthen Students) is a school-based Center for Substance Abuse Prevention (CSAP) Model program that prevents and reduces substance use among high-risk multi-problem adolescents.

Research Studies, Information and Free Materials

Join Together (Outside Source)
Information for prevention and community action regarding substance abuse and gun violence.

Search Institute (Outside Source)
An independent nonprofit organization whose mission is to provide leadership, knowledge, and resources to promote healthy children, youth, and communities. At the heart of the institute's work is the framework of 40 Developmental Assets (Outside Source).

Substance Abuse and Mental Health Services Administration (SAMHSA) (Outside Source).
School, family and community resource kits for prevention.

Resources

Connecticut Governor's Prevention Partnership (Outside Source)
The Student Assistance Program is a school-based prevention and early intervention program for students in kindergarten through twelfth grade.

Introduction to Student Assistance Programs: Supporting Student Achievement Toolkit (PDF; Outside Source)

Masonic Model Foundation for Children (Outside Source)
The National Masonic Foundation for Children established in 1986, is a nonprofit 501(c)(3) charitable organization that seeks to promote programs in schools, particularly the Masonic Model Student Assistance Program, to identify the barriers preventing students from achieving academic success and provide intervention to help the youth of this country lead productive, useful, and healthy lives. More than 36,000 educators have attended Masonic Model training which has resulted in more than half a million school children being successfully referred to and helped by this program.

National Student Assistance Association (NSAA) (Outside Source)
The NSAA provides cutting edge school reform, prevention and intervention services for youth and families.

Nebraska Student Assistance Program Initiative (Outside Source)
The Nebraska Student Assistance Program Initiative is a training resource funded to assist schools and the communities they serve with the development, implementation, and continuation of a core team model Student Assistance Program.

Safe State Drug and Alcohol Abuse Prevention (Outside Source)
California Attorney General's Crime and Violence Prevention Center.

Texas Student Assistance Program Initiative (Outside Source)
The Texas SAP Initiative (TSAPI) provides a two-day Core Team training, technical assistance, specialty topic training, and SAP-related materials to schools interested in establishing or rejuvenating a research-based, resiliency-focused Student Assistance Program.

The California SAP Resource Center (Outside Source)
Resources for supporting student achievement through Student Assistance Programs.

Standards

National Student Assistance Association Standards of Practice (PDF; Outside Source)
NSAA Standards of Practice for SAP development and implementation training.

Training

Alameda County Office of Education: One day training (Outside Source)
Training sessions for educators, parents and students to coordinate drug awareness and prevention efforts on campus.

Center for Applied Research Solutions (CARS) (Outside Source)
Provides on-line training for substance abuse and mentoring professionals.

Masonic Model Student Assistance Program Training (MMSAP) (Outside Source)
MMSAP is an intensive three-day training workshop for educators to learn how to identify, intervene with, and create appropriate referrals for students that may be at risk for substance abuse, depression, suicide or violence.

NSAA Training/Events (Outside Source)
The National Institute of Student Assistance Practices (NISAP) (PDF; Outside Source) is the training and information dissemination arm of the NSAA and provides courses to advance the development of student assistance services in school districts, agencies, and organizations across the country.

Questions: Marlena Uhrik | muhrik@cde.ca.gov | 916-319-0208

Student Assistance Program Components – National Student Assistance Association (NASAP) website: http://www.nasap.org

Student Assistance Programs (SAP) provide a comprehensive model for the delivery of K-12 *prevention*, *intervention* and *support services*. Student assistance services are designed to reduce student risk factors, promote protective factors and increase asset development. The nine SAP components described below are recommended, as the minimum requirements needed to reduce barriers to learning and ensure student success in safe, disciplined and drug-free schools and communities.

School Board Policy
To define the school's role in creating a safe, disciplined and drug-free learning community and to clarify the relationship between student academic performance and the use of alcohol, other drugs, violence and high-risk behavior.

Staff Development
To provide all school employees with the necessary foundation of attitudes and skills to reduce risks, increase protective factors and foster resilience through SAP services.

Program Awareness
To educate parents, students, agencies and the community about the school policy on alcohol, tobacco, other drugs, disruptive behavior and violence and provide information about Student Assistance services that promote resilience and student success.

Internal Referral Process
To identify and refer students with academic and social concerns to a multi-disciplinary problem-solving and case management team.

Problem Solving Team and Case Management
To evaluate how the school can best serve students with academic or social problems through solution-focused strategies.

Student Assistance Program Evaluation
To ensure continuous quality improvement of student assistance services and outcomes.

Educational Student Support Groups
To provide information, support and problem-solving skills to students who are experiencing academic or social problems.

Cooperation and Collaboration with Community Agencies and Resources
To build bridges between schools, parents and community resources through referral and shared case management.

Integration with Other School-Based Program
To integrate student assistance services with other school-based programs designed to increase resilience, improve academic performance and reduce student risk for alcohol, tobacco, other drugs and violence.

Quick Look at Institute of Medicine (IOM) Prevention Populations

Criteria	Universal	Selected	Indicated
How do you **identify or recruit** the population	Informed by: •Data •Setting •Relevance	Identified by: • Shared risk • Internal or external • Context • Circumstances	• Early signs or symptoms • Self identify • Risk driven referral by friend, parent, staff • Agency referral
For example	*Elementary, MS, HS youth; seniors*	*Children in stress, at risk for school failure, juvenile justice involvement*	*Frequent absence, illness, Suspended AOD/violence*
How do you **access** the population?	• Depends on the setting and usual way to reach the population	• Increased access depending on risk	• Screening individuals
For example	*Classroom presentations* *Assemblies* *Special events*	*Transitional grades, times* *Domestic violence shelter* *Residential recovery*	*Policy-based, mandated referrals* *Concerned person referrals*
What do you know about the **risk level**?	• Unknown risk level for the general population • Varied risk levels	• Increased risk for developing a problem, though no problem has yet occurred	• Sign or symptom of an impending problem, multiple risks, high risk • Not to the level that requires treatment
How do you **design** the intervention?	• Youth development • Awareness of signs and symptoms	• Direct service (4+ hrs) • Group tasks • Protective factors • Reflective	• Intensive • Reduce harm • Comprehensive
For example	*HS youth; seniors*	*Children in stress, at risk for school failure, juvenile justice involvement*	*Frequent absence, illness, Suspended AOD/violence*
Comparative **costs**	• Less staff, time, cost	• More staff, time, cost	• Highly skilled staff • Most time and cost
For example	*HS youth; seniors*	*Children in stress, at risk for school failure, juvenile justice involvement*	*Frequent absence, illness, Suspended AOD/violence*
What are the **appropriate outcomes** for the population	• Increased visibility • Increased receptivity • Increased readiness • Increase in awareness	• Increase protective factors o Type o Prevalence o Frequency o Amount	• Increase protective factors • Reduce risk behaviors and consequences o Type o Prevalence o Frequency o Amount

Created by Jan Ryan 3/30/11
Source: Joel Phillips and Springer

California Outcomes Measurement Service (CalOMS) for Prevention (Pv)
Assigning Institute of Medicine (IOM) Categories Guidelines

IOM Categories

Q1 How do IOM Categories and Center for Substance Abuse Prevention (CSAP) Strategies relate to service?

IOM Category → Service Population → WHO
CSAP Strategy → Service Description→ WHAT

IOM Categories

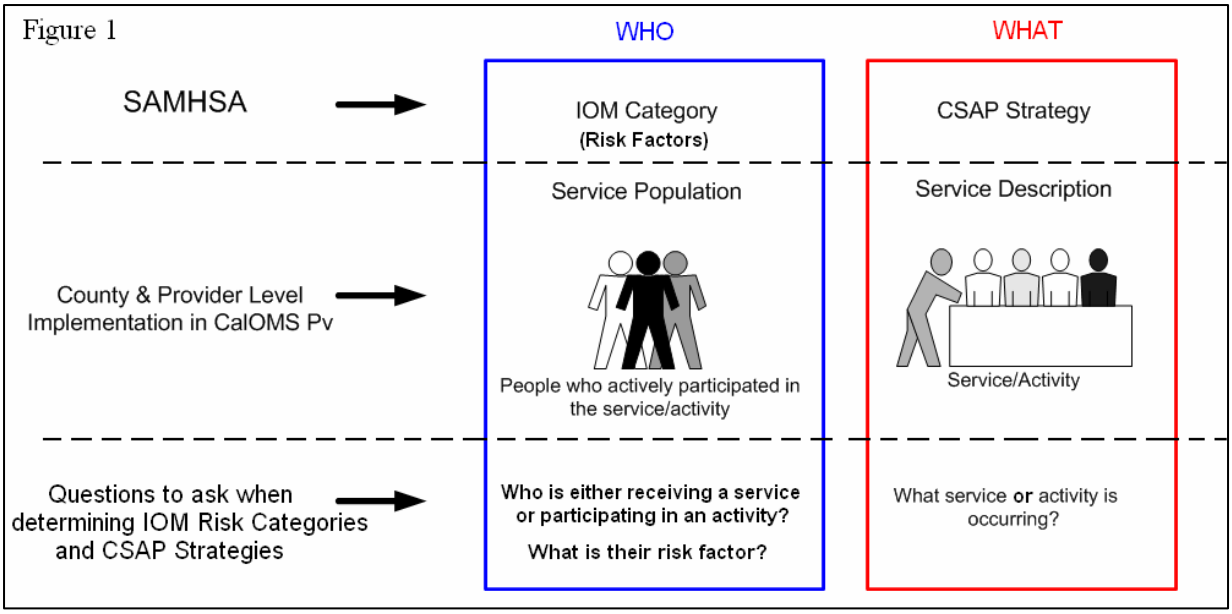
- IOM categories are assigned by looking at the **risk level** for substance abuse of the *service population*.
- **The people** - The *service population* identifies people "**Who**" received a service or who participated in an activity.

CSAP Strategies

- CSAP strategies are assigned by looking at the *service description*.
- **The service or activity**- The *service description* describes "**What**" type of service or activity is occurring.

In the CalOMS Pv system, the *service population* identifies **the people** who participated in **the service or activity**. **The service or activity** is then described in the *service description*.

Figure 1



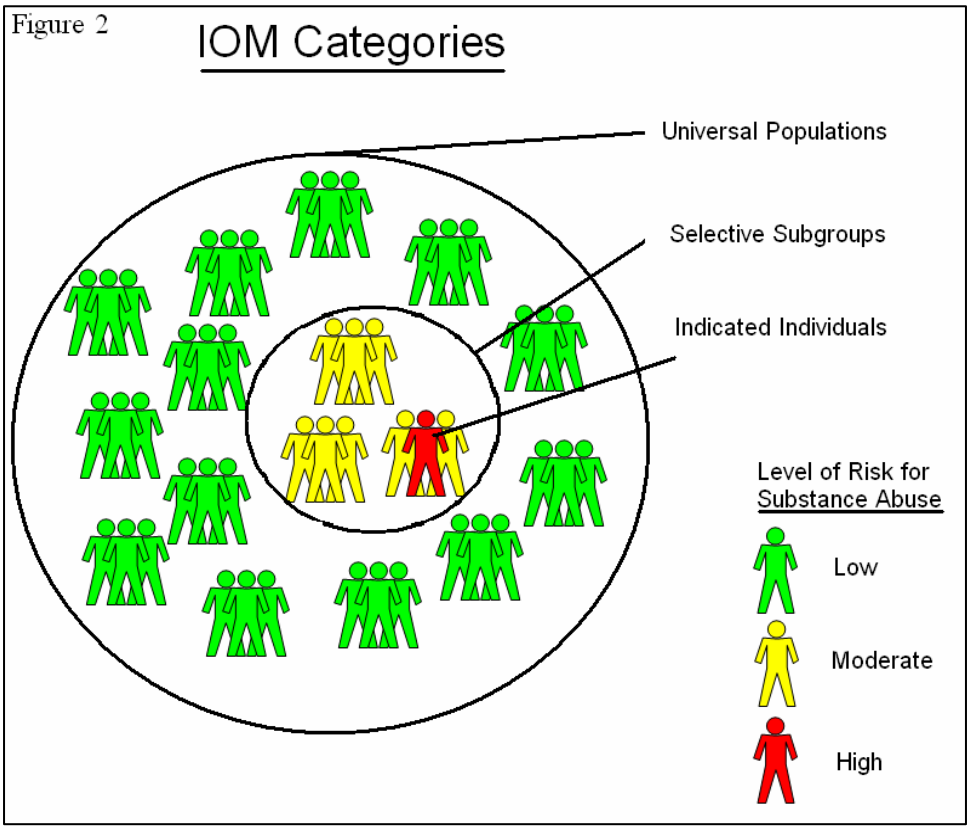
Q2 How are IOM Categories assigned?

A. IOM Categories identify the level of risk for substance abuse of the population being served

When determining IOM Categories:

- First, identify the service population*; these are people who directly receive a service or participate in an activity.
- Second, determine their level of risk for substance abuse:
  - **Universal:** The entire population shares the same general risk for substance abuse. The mission of universal is to prevent the problem.
  - **Selective:** Subsets of the population considered to be at risk for substance abuse. The mission of selective is to address subsets of the population who share a higher than average risk for substance abuse compared to the entire population (e.g. children of alcoholics, dropouts, students who are failing academically).
  - **Indicated:** Individuals who are showing early signs of substance abuse and problem behaviors but do not meet DSM-IV criteria for addiction. The mission of indicated is to identify these individuals to serve them with special programs.

Figure 2



Q3 How is the *service population* determined?

A. *The Service Population

1. People directly receiving a service or participating in an activity are the *service population.*

2. People delivering a service or activity are *presenters*.

   Depending on the type of service or activity that is occurring, presenters can be identified as part of the service population if they are receiving a service through their participation in the service or activity.

   Example: Friday Night Live mentors delivering mentor services to protégés.

Q4 What should the *service description* include?

A. The Service Description
The *service description* should identify:

"**Who**" received the service or activity (service population)
"**Who**" delivered the service or activity
"**What**" type of service or activity is occurring
"**Why**" the purpose of the activity

An example of an appropriate service description would contain the following:

"Prevention Staff co-facilitated a meeting for the Youth Council Coalition regarding developing policy around youth access to alcohol at house parties."

Q5 How are IOM categories assigned to intermediary groups?

A. Intermediary groups are businesses, organizations, professionals and individuals who, by the nature of their work, interact directly with subsets of the population and individuals who may experience risk for substance abuse. The most common intermediary groups in the service population area of CalOMS Pv are:

Service Populations

Business and Industry
Civic Groups/Coalitions
Employee Groups/Unions
Fire Professionals
Government/Elected Officials
Homeowners Associations
Law Enforcement/Military
Local Municipal Agencies
Neighborhood Associations
Prevention/Treatment Professionals
Professional/Trade Associations
Property Managers
Religious Groups
Retailers
Social Service Providers
Teachers/Administrators/Counselors
Voluntary/Fraternal Community Service

Common service/activities involving these service populations:

- Meetings, trainings, and planning activities

Following the guidelines for identifying service populations and assigning IOM Categories, intermediary groups as a whole are not at any higher risk for substance abuse than the general population and are the direct recipient of services or participants in meetings, trainings, and planning activities. Intermediary groups receive prevention services to increase impact beyond Prevention Providers. The IOM Category for intermediary groups will be ***Universal***; unless the intermediary group is at risk for substance abuse and is being targeted through special prevention programs.

Example: Prevention programs targeting returning members of the military could be assigned the Selective IOM Category.

Q6 How are IOM Categories assigned to service populations involved in Environmental Strategies?

A. The Environmental Strategy for prevention focuses on places and specific problems, with an emphasis on public policy. The results can be wide-ranging and sustained, although specific recipients may not be identifiable. The ***Universal*** IOM category will usually be selected for these types of activities and occasionally the ***Selective*** IOM Category depending on the service population that is selected following the previously mentioned guidelines.

Q7 How do you determine whether a group falls under the Selective or Indicated IOM Category?

a. If the group consists of all ***Indicated*** individuals, the group is then an ***Indicated*** group.

b. If the group is a ***Selective*** subset of the population, and contains ***Selective*** and ***Indicated*** individuals, the group would continue to be ***Selective***.

Essential Components of RTI – A Closer Look at Response to Intervention

April 2010

National Center on Response to Intervention
http://www.rti4success.org

IDEAs Work
U.S. Office of Special Education Programs

About the National Center on Response to Intervention

Through funding from the U.S. Department of Education's Office of Special Education Programs, the American Institutes for Research and researchers from Vanderbilt University and the University of Kansas have established the National Center on Response to Intervention. The Center provides technical assistance to states and districts and builds the capacity of states to assist districts in implementing proven response to intervention frameworks.

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Introduction

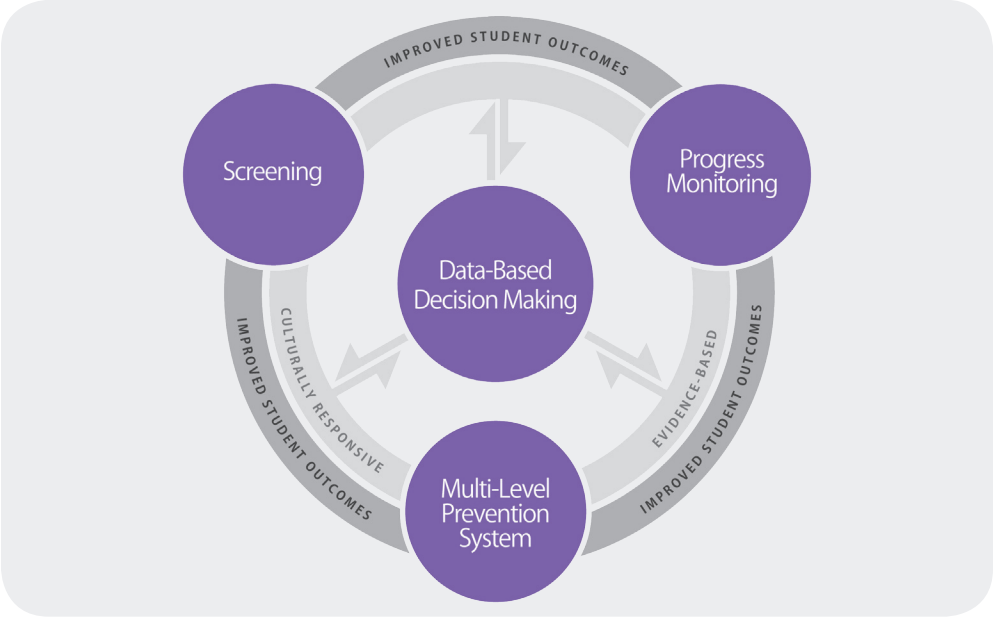
To assist states and local districts with planning for RTI, the National Center on Response to Intervention (NCRTI) has developed this information brief, *Essential Components of RTI – A Closer Look at Response to Intervention*. This brief provides a definition of RTI, reviews essential RTI components, and responds to frequently asked questions. The information presented is intended to provide educators with guidance for RTI implementation that reflects research and evidence-based practices, and supports the implementation of a comprehensive RTI framework. We hope that this brief is useful to your RTI planning, and we encourage you to contact us with additional questions you may have regarding effective implementation of RTI.

NCRTI believes that rigorous implementation of RTI includes a combination of high quality, culturally and linguistically responsive instruction, assessment, and evidence-based intervention. Further, the NCRTI believes that comprehensive RTI implementation will contribute to more meaningful identification of learning and behavioral problems, improve instructional quality, provide all students with the best opportunities to succeed in school, and assist with the identification of learning disabilities and other disabilities.

Through this document, we maintain there are four essential components of RTI:

- A school-wide, multi-level instructional and behavioral system for preventing school failure
- Screening
- Progress Monitoring
- Data-based decision making for instruction, movement within the multi-level system, and disability identification (in accordance with state law)

The graphic below represents the relationship among the essential components of RTI. Data-based decision making is the essence of good RTI practice; it is essential for the other three components, screening: progress monitoring and multi-leveled instruction. All components must be implemented using culturally responsive and evidence based practices.



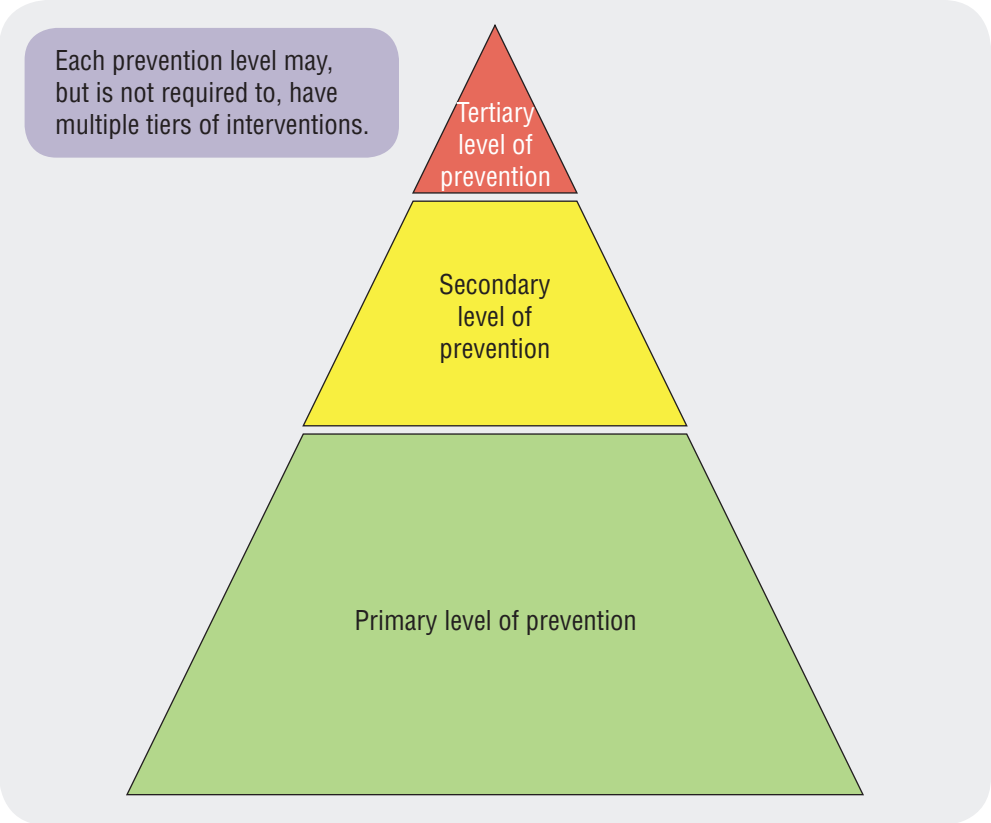
Defining RTI

NCRTI offers a definition of response to intervention that reflects what is currently known from research and evidence-based practice.

> Response to intervention integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavioral problems. With RTI, schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student's responsiveness, and identify students with learning disabilities or other disabilities.

Levels, Tiers, and Interventions

The following graphic depicts the progression of support across the multi-level prevention system. Although discussions in the field frequently refer to "tiers" to designate different interventions, we intentionally avoid the use of this term when describing the RTI framework and instead use "levels" to refer to three prevention foci: primary *level*, secondary *level*, and tertiary *level*. Within each of these levels of prevention, there can be more than one intervention. Regardless of the number interventions a school or district implements, each should be classified under one of the three levels of prevention: primary, secondary, or tertiary. This will allow for a common understanding across schools, districts, and states. For example, a school may have three interventions of approximately the same intensity in the secondary prevention level, while another school may have one intervention at that level. While there are differences in the number of interventions, these schools will have a common understanding of the nature and focus of the secondary prevention *level*.



The "What" Part of the Center's Definition of RTI

RTI integrates student assessment and instructional intervention

RTI is a framework for providing comprehensive support to students and is not an instructional practice. RTI is a prevention oriented approach to linking assessment and instruction that can inform educators' decisions about how best to teach their students. A goal of RTI is to minimize the risk for long-term negative learning outcomes by responding quickly and efficiently to documented learning or behavioral problems and ensuring appropriate identification of students with disabilities.

RTI employs a multi-level prevention system

A rigorous prevention system provides for the early identification of learning and behavioral challenges and timely intervention for students who are at risk for long-term learning problems. This system includes three levels of intensity or three levels of prevention, which represent a continuum of supports. Many schools use more than one intervention within a given level of prevention.

- Primary prevention: high quality core instruction that meets the needs of most students
- Secondary prevention: evidence-based intervention(s) of moderate intensity that addresses the learning or behavioral challenges of most at-risk students
- Tertiary prevention: individualized intervention(s) of increased intensity for students who show minimal response to secondary prevention

At all levels, attention is on fidelity of implementation, with consideration for cultural and linguistic responsiveness and recognition of student strengths.

RTI can be used to both maximize student achievement and reduce behavioral problems

The RTI framework provides a system for delivering instructional interventions of increasing intensity. These interventions effectively integrate academic instruction with positive behavioral supports. The Positive Behavioral Interventions and Supports (PBIS) Center (http://www.pbis.org) provides a school-wide model similar

to the framework described herein, and the two can be combined to provide a school-wide academic and behavioral framework.

RTI can be used to ensure appropriate identification of students with disabilities

By encouraging practitioners to implement early intervention, RTI implementation should improve academic performance and behavior, simultaneously reducing the likelihood that students are wrongly identified as having a disability.

The "How" Part of the Center's Definition of RTI

Identify students at risk for poor learning outcomes or challenging behavior

Struggling students are identified by implementing a 2-stage screening process. The first stage, universal screening, is a brief assessment for all students conducted at the beginning of the school year; however, some schools and districts use it 2-3 times throughout the school year. For students who score below the cut point on the universal screen, a second stage of screening is then conducted to more accurately predict which students are truly at risk for poor learning outcomes. This second stage involves additional, more in-depth testing or short-term progress monitoring to confirm a student's at risk status. Screening tools must be reliable, valid, and demonstrate diagnostic accuracy for predicting which students will develop learning or behavioral difficulties.

What is a cut point?

A cut point is a score on the scale of a screening tool or a progress monitoring tool. For universal screeners, educators use the cut point to determine whether to provide additional intervention. For progress monitoring tools, educators use the cut point to determine whether the student has demonstrated adequate response, whether to make an instructional change, and whether to move the student to more or less intensive services.

Provide research-based curricula and evidence-based interventions

Classroom instructors are encouraged to use research-based curricula in all subjects. When a student is identified via screening as requiring additional intervention, evidence-based interventions of moderate intensity are provided. These interventions, which are in addition to the core primary instruction, typically involve small-group instruction to address specific identified problems. These evidenced-based interventions are well defined in terms of duration, frequency, and length of sessions, and the intervention is conducted as it was in the research studies. Students who respond adequately to secondary prevention return to primary prevention (the core curriculum) with ongoing progress monitoring. Students who show minimal response to secondary prevention move to tertiary prevention, where more intensive and individualized supports are provided. All instructional and behavioral interventions should be selected with attention to their evidence of effectiveness and with sensitivity to culturally and linguistically diverse students.

What is the difference between evidence-based interventions and research-based curricula?

We refer to an *evidence-based intervention* in this document as an intervention for which data from scientific, rigorous research designs have demonstrated (or empirically validated) the efficacy of the intervention. That is, within the context of a group or single-subject experiment or a quasi-experimental study, the intervention is shown to improve the results for students who receive the intervention. *Research-based curricula*, on the other hand, may incorporate design features that have been researched generally; however, the curriculum or program as a whole has not been studied using a rigorous research design, as defined by the Elementary and Secondary Education Act.

Monitor student progress

Progress monitoring is used to assess students' performance over time, to quantify student rates of improvement or responsiveness to instruction, to evaluate instructional effectiveness, and for students who are least responsive to effective instruction, to formulate effective individualized programs. Progress monitoring tools must accurately represent students' academic development and must be useful for instructional planning and assessing student learning. In addition, in tertiary

prevention, educators use progress monitoring to compare a student's expected and actual rates of learning. If a student is not achieving the expected rate of learning, the educator experiments with instructional components in an attempt to improve the rate of learning.

Adjust the intensity and nature of interventions depending on a student's responsiveness

Progress monitoring data are used to determine when a student has or has not responded to instruction at any level of the prevention system. Increasing the intensity of an intervention can be accomplished in a number of ways such as lengthening instructional time, increasing the frequency of instructional sessions, reducing the size of the instructional group, or adjusting the level of instruction. Also, intensity can be increased by providing intervention support from a teacher with more experience and skill in teaching students with learning or behavioral difficulties (e.g., a reading specialist or a special educator).

Identify students with learning disabilities or other disabilities

If a student fails to respond to intervention, the student may have a learning disability or other disability that requires further evaluation. Progress monitoring and other data collected over the course of the provided intervention should be examined during the evaluation process, along with data from appropriately selected measures (e.g., tests of cognition, language, perception, and social skills).

In this way, effectively implemented RTI frameworks contribute to the process of disability identification by reducing inappropriate identification of students who might appear to have a disability because of inappropriate or insufficient instruction.

Use data to inform decisions at the school, grade, or classroom levels

Screening and progress monitoring data can be aggregated and used to compare and contrast the adequacy of the core curriculum as well as the effectiveness of different instructional and behavioral strategies for various groups of students within a school. For example, if 60% of the students in a particular grade score below the cut point on a screening test at the beginning of the year, school personnel might consider the appropriateness of the core curriculum or whether differentiated learning activities need to be added to better meet the needs of the students in that grade.

RTI 101: Frequently Asked Questions

NCRTI has received numerous questions about RTI from state and local educators, families, and other stakeholders across the country. Below, we provide answers to frequently asked questions.

What is at the heart of RTI?

The purpose of RTI is to provide all students with the best opportunities to succeed in school, identify students with learning or behavioral problems, and ensure that they receive appropriate instruction and related supports. The goals of RTI are to:

- Integrate all the resources to minimize risk for the long-term negative consequences associated with poor learning or behavioral outcomes
- Strengthen the process of appropriate disability identification

What impact does RTI have on students who are not struggling?

An important component of an effective RTI framework is the quality of the primary prevention level (i.e., the core curriculum), where **all** students receive high-quality instruction that is culturally and linguistically responsive and aligned to a state's achievement standards. This allows teachers and parents to be confident that a student's need for more intensive intervention or referral for special education evaluation is not due to ineffective classroom instruction. In a well designed RTI system, primary prevention should be effective and sufficient for about 80% of the student population.

What is universal screening?

NCRTI defines universal screening as brief assessments that are valid, reliable, and demonstrate diagnostic accuracy for predicting which students will develop learning or behavioral problems. They are conducted with all students to identify those who are at risk of academic failure and, therefore, need more intensive intervention to supplement primary prevention (i.e., the core curriculum). NCRTI provides a review of tools for screening at http://www.rti4success.org.

What is student progress monitoring?

NCRTI defines student progress monitoring as repeated measurement of performance to inform the instruction of individual students in general and special

education in grades K-8. These tools must be reliable and valid for representing students' development and have demonstrated utility for helping teachers plan more effective instruction. Progress monitoring is conducted at least monthly to:

- Estimate rates of improvement
- Identify students who are not demonstrating adequate progress
- Compare the efficacy of different forms of instruction to design more effective, individualized instruction

NCRTI provides a review of tools for student progress monitoring at http://www.rti4success.org.

What are culturally and linguistically responsive practices?

The use of culturally and linguistically responsive practices by teachers and other school staff involves purposeful consideration of the cultural, linguistic, and socio-economic factors that may have an impact on students' success or failure in the classroom. Attention to these factors, along with the inclusion of cultural elements in the delivery of instruction, will help make the strongest possible connection between the culture and expectations of the school and the culture(s) that students bring to the school. Instruction should be differentiated according to how students learn, build on existing student knowledge and experience, and be language appropriate. In addition, decisions about secondary and tertiary interventions should be informed by an awareness of students' cultural and linguistic strengths and challenges in relation to their responsiveness to instruction.

What are differentiated learning activities?

Teachers use student assessment data and knowledge of student readiness, learning preferences, language and culture to offer students in the same class different teaching and learning strategies to address their needs. Differentiation can involve mixed instructional groupings, team teaching, peer tutoring, learning centers, and accommodations to ensure that all students have access to the instructional program. Differentiated instruction is NOT the same as providing more intensive interventions to students with learning problems.

What is the RTI prevention framework?

RTI has three levels of prevention: primary, secondary, and tertiary. Through this framework, student assessment and instruction are linked for data-based

decision-making. If students move through the framework's specified levels of prevention, their instructional program becomes more intensive and more individualized to target their specific areas of learning or behavioral need.

What is primary prevention?

Primary prevention, the least intensive level of the RTI prevention framework, typically includes the core curriculum and the instructional practices used for all students. Primary prevention includes:

- A core curriculum that is research-based
- Instructional practices that are culturally and linguistically responsive
- Universal screening to determine students' current level of performance
- Differentiated learning activities (e.g., mixed instructional grouping, use of learning centers, peer tutoring) to address individual needs
- Accommodations to ensure all students have access to the instructional program
- Problem solving to identify interventions, as needed, to address behavior problems that prevent students from demonstrating the academic skills they possess

Students who require interventions due to learning difficulties continue to receive instruction in the core curriculum.

What is meant by core curriculum within the RTI framework?

The core curriculum is the course of study deemed critical and usually made mandatory for all students of a school or school system. Core curricula are often instituted at the elementary and secondary levels by local school boards, Departments of Education, or other administrative agencies charged with overseeing education.

What is secondary prevention?

Secondary prevention typically involves small-group instruction that relies on evidence-based interventions that specify the instructional procedures, duration (typically 10 to 15 weeks of 20- to 40-minute sessions), and frequency (3 or 4 times per week) of instruction. Secondary prevention has at least three distinguishing characteristics: it is evidence-based (rather than research-based); it relies entirely on adult-led small-group instruction rather than whole-class instruction; and it involves a clearly articulated, validated intervention, which should be adhered to

with fidelity. NCRTI has established a Technical Review Committee (TRC) which is conducting a review of the rigor of instructional practices for secondary prevention. The results of this review will be posted at http://www.rti4success.org.

Secondary prevention is expected to benefit a large majority of students who do not respond to effective primary prevention. As evidenced by progress monitoring data, students who do not benefit from the interventions provided under secondary prevention may need more intensive instruction or an individualized form of intervention, which can be provided at the tertiary prevention level.

What is tertiary prevention?

Tertiary prevention, the third level of the RTI prevention framework, is the most intensive of the three levels and is individualized to target each student's area(s) of need. At the tertiary level, the teacher begins with a more intensive version of the intervention program used in secondary prevention (e.g., longer sessions, smaller group size, more frequent sessions). However, the teacher does not presume it will meet the student's needs. Instead, the teacher conducts frequent progress monitoring (i.e., at least weekly) with each student. These progress monitoring data quantify the effects of the intervention program by depicting the student's rate of improvement over time. When the progress monitoring data indicate the student's rate of progress is unlikely to achieve the established learning goal, the teacher engages in a problem-solving process. That is, the teacher modifies components of the intervention program and continues to employ frequent progress monitoring to evaluate which components enhance the rate of student learning. By continually monitoring and modifying (as needed) each student's program, the teacher is able to design an effective, individualized instructional program.

Why is a common framework for RTI helpful?

A common RTI framework may strengthen RTI implementation by helping schools understand how programming becomes increasingly intensive. This helps schools accurately classify practices as primary, secondary, or tertiary. These distinctions should assist building-level administrators and teachers in determining how to deploy staff in a sensible and efficient manner.

How many tiers of intervention should an RTI framework have?

Schools and districts vary widely in the number of tiers included in their RTI frameworks. Regardless of the number of tiers of intervention a school or district

implements, each should be classified under one of the three levels of prevention: primary, secondary, or tertiary. Within this three-level prevention system, schools may configure their RTI frameworks using 4, 5, or more tiers of intervention. In choosing a number of tiers for their RTI framework, practitioners should recognize that the greater the number of tiers, the more complex the framework becomes. All students receive instruction within primary prevention level, which is often synonymous with tier 1.

Is RTI a special education program?

No. RTI is not synonymous with special education. Rather, special education is an important component of a comprehensive RTI framework that incorporates primary, secondary, and tertiary levels of prevention. All school staff (e.g., principal, general educators, special educators, content specialists, psychologists) should work together to implement their RTI framework and make decisions regarding appropriate intensity of interventions for students. Movement to less intensive levels of the prevention framework should be a high priority, as appropriate.

What does RTI have to do with identifying students for special education?

IDEA 2004 allows states to use a process based on a student's response to scientific, research-based interventions to determine if the child has a specific learning disability (SLD). In an RTI framework, a student's response to or success with instruction and interventions received across the levels of RTI would be considered as part of the comprehensive evaluation for SLD eligibility.

How does an RTI framework work in conjunction with inclusive school models and Least Restrictive Environment? Aren't students requiring more intensive levels of instruction removed from the general education classroom to receive those services?

Within an RTI framework, the levels refer only to the intensity of the services, not where the services are delivered. Students may receive different levels of intervention within the general education classroom or in a separate location with a general education teacher or other service providers. This is an important decision for educators to consider carefully.

Can students move back and forth between levels of the prevention system?

Yes, students should move back and forth across the levels of the prevention system based on their success (response) or difficulty (minimal response) at the level where they are receiving intervention, i.e., according to their documented progress based on the data. Also, students can receive intervention in one academic area at the secondary or tertiary level of the prevention system while receiving instruction in another academic area in primary prevention.

What's the difference between RTI and PBIS?

RTI and PBIS are related innovations that rely on a three-level prevention framework, with increasing intensity of support for students with learning or behavioral problems. Schools should design their RTI and PBIS frameworks in an integrated way to support students' academic and behavioral development. For more information on PBIS, see http://www.pbis.org.

I've got the basics, where should I go from here?

The NCRTI library provides more information on a variety of RTI topics. In particular, we suggest that you take a look at the following resources:

- NCRTI's *What is Response to Intervention?* webinar
- NCRTI's *Planning for the Implementation of RTI* webinar
- *Getting Started with SLD Determination*
- *Addressing Disproportionality through Culturally Responsive Educational Systems*
- NCRTI's *Screening and Progress Monitoring Tool Charts*
- *Using Differentiated Instruction to Address Disproportionality*
- NCRTI's *Glossary of RTI Terms*

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QUICK LOOK with Details: Multi-system Support for Student Assistance Programs (SAP) as a Prevention Service Delivery Model

Advancing SAP as Service Delivery Process supported by multiple systems, capable of coordinating services, and resulting in systems change.

1. SAP programs who create ways to coordinate services for students/families as part of their comprehensive prevention model designed to address the needs of all three Institute of Medicine (IOM) prevention populations (universal, selected and indicated) are positioning themselves as good partners for other key systems also interested in comprehensive prevention and also using the same IOM definitions to help define comprehensive prevention.
2. All funding sources in this table support goals focused on building strength-based prevention that increases protective factors and reduces risk factors for the domains: individual, peer, family, community, school.

Define the Need using IOM	Re-engineer ADP Prevention as part of Continuum of Care using IOM	Reach Vulnerable Populations and implement statewide efforts using IOM	Educate Pre-school to 12 and Higher Education	Safety for individuals and Community	Improving urban blight and access to underserved
Prevention Populations	**Alcohol and Drug Programs (ADP) Substance Abuse Prevention Funding**	**Mental Health Services Act (MHSA) Prop. 63**	**Education**	**Law Enforcement**	**Other Governmental Departments**
Universal (whole group)	Youth in schools Youth in community All ages: senior and vulnerable populations	Anti Stigma Suicide Prevention	School Safety: K-12 and Higher Education, Graduation Rates, Community College Transfers, College Degrees, ,Employability Counselor/Student Ratios Class Size	School and Community Safety	
Selected (Subsets of risk)	Subsets of risk: Children impacted by ATOD Individuals and communities with Limited access to prevention	*Vulnerable populations: Children experiencing school failure Children in stressed families Underserved cultural populations Trauma-exposed youth Children at risk of or experiencing juvenile justice involvement Youth experiencing onset of psychiatric illness	"Achievement Gap" Racial Achievement Gap		
Indicated (individuals at high risk/ NO diagnosis	High risk individuals, prevention services prior to an assessment to treatment for a potential diagnosis.	Early Intervention Trauma-induced… Parent Training and Support	Students: academic failure, crisis, suspensions, expulsions, Special Education,	601: 602	

QUICK LOOK with Details: Multi-system Support for Student Assistance Programs (SAP) as a Prevention Service Delivery Model

Define the Strategy	SAP = Indicated Only?	SAP = listed resource	SAP = Comprehensive (U, S, I)	SAP = Partner	Limited use of SAP
	Alcohol and Drug Programs (ADP)	**Mental Health Services Act (MHSA) Prop. 63**	**Education**	**Law Enforcement**	**Other**
Information Dissemination	Reducing Underage Drinking	State Guidelines for Suicide Prevention	Board Policy, Administrative Regulations	Public Service Announcements: TV, Radio Prevention Events: Red Ribbon Week, Drunk Driving Prev.	
Alternatives	Friday Night Live Partnership/Collaborative Casey's Pledge		After-school Programs	Sheriff and local PD Peer and Mentoring Programs	
Education	Project Success FNL Mentoring	Statewide Anti-Stigma	Project Alert ATOD Curriculum Second Step Violence Prevention Curriculum Towards No Drug Use Curriculum Reconnecting Youth, Continuation	School Resource Officers	Foster Children Educational Programs
Community-based Processes	Community Coalitions	Community Supports and Services Component		Community Law Enforcement Partnerships	
Environmental	Youth led Environmental Activism, Projects Social Host Ordinances Statewide legislation: tobacco, alcopops, TRACE			Truancy Ordinances Tobacco Ordinances TRACE: alcohol point of purchase	
Problem Identification and Referral	Project Success Student Assistance Programs FNL Mentoring	Student Mental Health Programs Coordination of Services Referrals to Wraparound Programs Referrals to Parent Support	Student Assistance Programs Student Study Teams Student Attendance Review Board	Youth Accountability Teams (YAT) in schools	Case Management

QUICK LOOK with Details: Multi-system Support for Student Assistance Programs (SAP) as a Prevention Service Delivery Model

Define the Mandates and Funding Sources					
Alcohol and Drug Programs (ADP)		**Mental Health Services Act (MHSA) Prop. 63**	**Education**	**Law Enforcement**	**Other**
20% set aside for Prevention for Substance Abuse Prevention and Treatment (SAPT) funds the implementation of comprehensive prevention and uses the three IOM populations. Prevention Education Trust (SB920 and SB921) penalty assessment from alcohol and drug related violations charged by the courts, sent to the Depts. Of Mental Health, and legislated to be focused on "primary" prevention for youth and families, planned collaboratively with schools (district-level, school level and county offices of education). ADP funded Safe And Drug Free Schools and Communities funded competitive grants. ADP Contracts/Providers		Five Components: two focused on prevention are Prevention and Early Intervention (PEI) and Innovation. Join with local county planning to prepare the PEI Plan and design your SAP as a viable service delivery system. *Focus on coordinating services for the indicated population (see resource Betty Ford Institute for Coordinating SAP Services for Individuals and Families using the "Family Conference" Model) To be ready for the Student Mental Health Initiative.	Title IV: Safe and Drug Free Schools and Communities (SDFSC) Entitlements Tobacco Use Prevention Education (TUPE) School Safety Funding (SB1113) AB1802 Counselors, Increase Exit Test Success After-school Programs Prop. 49 Consolidated Application focus on high need populations Safe School Plan Safe Schools Healthy Students	Community Officers Policing Grants School Resource Officer funding Probation funding Youth Accountability Team	Department of Social Services (DPSS) Economic Development Agency: Workforce Investment Act City Redevelopment Funds Elected Supervisors Offices
Positions within each system who influence change	County Substance Abuse Prevention Coordinators 58 Counties	Community-based Organizations,	District-level Title IV Coordinator, Child Welfare and Attendance, Educational Services Directors, Categorical funding Directors	Probation, Youth Accountability Teams,	Workforce Investment Act Economic Development Agencies

MHSA Information in detail

PEI Priority Populations
Underserved Cultural Populations
PEI projects address those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.
Individuals Experiencing Onset of Serious Psychiatric Illness
Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness first break, including those who are unlikely to seek help from any traditional mental health service.
Children/Youth in Stressed Families
Children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illnesses or lack of care giving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.
Trauma-Exposed
Those who are exposed to traumatic events or prolonged traumatic conditions including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.
Children/Youth at Risk for School Failure
Due to unaddressed emotional and behavioral problems.
Children/Youth at Risk of or Experiencing Juvenile Justice Involvement
Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS).

THE SHIFT TO A STRENGTHS-BASED APPROACH

AT RISK	→	AT PROMISE
Talking about problems		Talking about positives and possibilities
Focusing on troubled and troubling youth		Focusing on all youth
Viewing young people as problems		Seeing youth as resources
Reacting to problems		Being proactive about building strengths and preventing problems
Blaming others		Claiming personal responsibility
Treating youth as objects of programs		Respecting youth as actors in their own development
Relying on professionals		Involving everyone in the lives of young people
Competing priorities		Collaborating
Managing crises		Building a shared vision
Age segregation		Intergenerational community
Individual focus		Environmental focus
Despair		Hope

STRENGTHS-BASED APPROACH

In the fields of prevention, education, psychology, social work and others, there has been a shift in philosophy from focusing on deficits and problems to focusing on strengths. This emphasis on strengths does not deny or ignore problems, but instead widens the field of vision to include the individual, family, educational, social and community assets of a situation, person or group.

The Student Assistance Program model employed by The Governor's Prevention Partnership uses a strengths-based approach. This is informed by decades of research examining the factors that build resiliency in young people and help them grow up to be safe, successful and drug-free. An effective Student Assistance Team uses strategies in their action plans that are backed by research and that build on students' strengths in order to meet their needs.

The Governor's Prevention Partnership focuses particularly on three theoretical, research and strengths-based models:

1) The Search Institute has delineated **40 Developmental Assets** that help youth grow into healthy, productive adults,
2) The **Resiliency** Model indicates the factors that help youth bounce back and manage life challenges, and
3) The **Social Development Strategy** lays out the conditions that promote healthy behaviors in youth.

Together, these offer Student Assistance Teams multiple, similar strategies to assist young people in getting back on track.

Resources:

Additional Resources

- ~ *School Partnerships*
- ~ *Sustainability*

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Reaching a Bend in the Road—Sustaining Safe and Drug Free Schools and Communities (SDFSC) Programs

By Belinda Basca and Craig Bowman

Introduction

Using cutting-edge education and prevention strategies, the 43 California Governor's Program SDFSC grantees are responsible for reducing alcohol, tobacco and other drug use as well as the often accompanying violence among young people in the state.

Faced with recent funding cuts and difficult economic times, many prevention programs are struggling to identify and compete successfully for increasingly limited resources. Potential federal budget cuts make this particularly true for the Safe and Drug-Free School and Community grantees. In each of the 35 counties where funds have been awarded, there will still be a need for the program services supported by the grants. How will programs continue to do their critical work if this funding stream is no longer an option? How will they sustain the services for the youth in need?

To ensure the continuation of these critical youth services, it is essential to integrate proven sustainability strategies into the day-to-day of these programs now. It is critical to think about sustainability in a broader sense and with a longer-term vision, extending beyond just the next grant cycle. In order to remain viable, programs must develop competencies which include marketing the benefits of the program to the community, demonstrating that services result in improved outcomes for youth, and sharing and leveraging resources through partnership and collaboration, just to name a few.

Programs which are able to convey a clear sense of purpose when communicating with the public, program stakeholders, current and potential funders, and policy makers, will be the ones best prepared to weather tough times, surviving shifting priorities or reduced funding streams. These programs will last because they have taken the steps necessary to build a strong foundation.

> *"Give a man a fish, you have fed him for a day. Teach a man to fish, and you have fed him for a lifetime."*
> - Author Unknown

Sustainability is a complex issue involving many aspects of an organization's overall management and operations: planning, finance, fundraising, human resources, programming, partnership building, etc. In this brief, we will focus on several of these components to help grantees in their sustainability efforts.

Why are Sustainability Efforts Essential to the California Safe and Drug-Free Schools and Communities (SDFSC) Programs?

SDFSC programs are the backbone of youth drug prevention and intervention efforts in the United States. The Bush administration has proposed eliminating the state grants portion of the Safe and Drug-Free Schools and Communities (SDFSC) Program for the 2006 and 2007 fiscal years. The administration asserted that the SDFSC state grants program "has not demonstrated effectiveness, and grant funds are spread too thinly to support quality interventions." Last year Congress restored $346.5 million to the program after the President recommended its elimination. However despite this, the program still sustained a 21% ($90.5 million) cut. The proposed Fiscal Year 2007 budget request again recommended zeroing out the entire $346.5 million for the State Grants portion of the SDFSC program. The FY 2007 budget request would add $52 million to the National Programs portion of SDFSC for competitive grants to Local Educational Agencies (LEAs). This new program would make it a struggle for many programs to compete for these funds. The Administration's proposal would leave the vast majority of our nation's schools and students with no drug and violence prevention programming at all (Curley, 2006).

> *"Safe and Drug-Free Schools and Community dollars provide the backbone of the prevention effort in the United States…If schools do not receive SDFSC funding, no thought will be given to the negative impact alcohol and drugs could be causing, especially on the school learning environment. Without any voice encouraging kids to not use, those voices—and they are prevalent—that encourage use will have unchecked access to the minds of our children."*
>
> - Hope Taft, First Lady of Ohio
> Ohio Certified Prevention Specialist II

Given the instability of future funding, it is critical that SDFSC grantees begin to think about, plan, and implement strategies to sustain their programs long term. The 2004 Annual Report data submitted by each grantee to the Department of Alcohol and Drug Programs (ADP) showed that most grantees have not aggressively begun to identify sources of potential funding to sustain their program beyond the SDFSC funding period. Of the 43 grantees, only 22 of them (51%) have identified potential funding sources. And only half that number (12 grantees) have moved forward and applied for funding. This data also showed that only 4 grantees (9%) have secured funding to sustain their programs.

An online survey conducted by the Center for Applied Research Solutions (CARS) and completed by 23 grantees reflected similar results. Only half of the grantees reported that they have identified potential funding sources, and only a small subset had moved forward to apply for additional funding. Of the 19 respondents to the survey, only 1 grantee noted that they have secured additional funding at this time.

Grantees were also asked to estimate the likelihood that their county will sustain programming in the same or comparable form beyond the SDFSC funding. Almost half (48%) of the grantees said they were likely to sustain programming. The results show that most grantees are optimistic that their programs will be sustained to some extent.

Does a Program Need to be Fully Sustained—Or are There Other Options?

What can grantees do to increase their likelihood of program sustainability in the same or comparable form? Although funding is critical, there are other vital components needed to sustain a prevention program over time. Sustainability involves much more than fiscal resources.

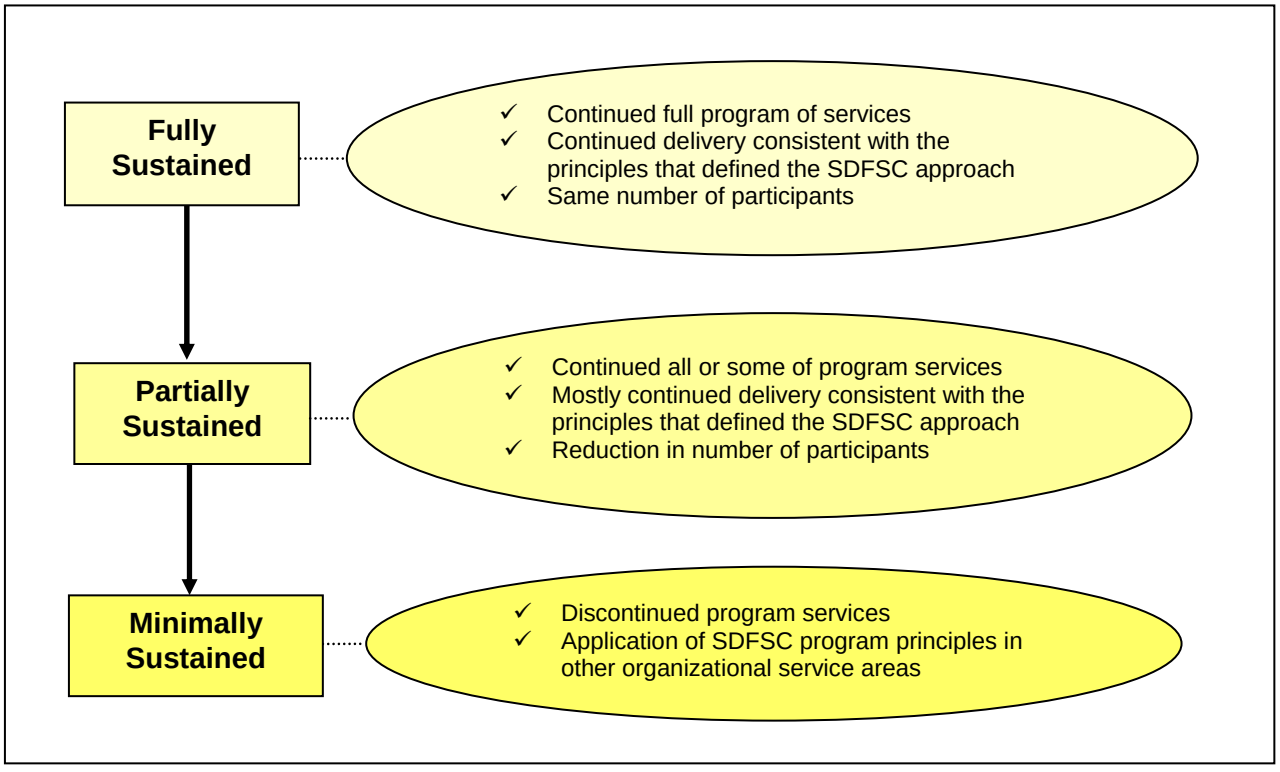
At the bottom line, sustainability means continuing the benefits (enhanced outcomes) that a demonstration or program innovation brings to program participants (Scheirer, 2005:324). For SDFSC this means sustaining those services and service delivery innovations that SDFSC outcome evaluations demonstrated to be key components of program success.

For many SDFSC grantees however, this may be a far-reaching goal. Most programs are sustained on a range of levels, from minimally to fully sustained. The graphic below details the continuum of sustainability that prevention staff may find their programs align with over time. A *fully sustained program* has a full program of services that is continued to be delivered with the consistency of the SDFSC principles that initially defined the program. In addition, program participation, intensity, and evaluation efforts remain at a consistent level.

A *partially sustained program* modifies its program components, approaches and services. These changes may be directly related to the quantity or intensity of services or participants, including reducing program intensity (hours of service per participant), reducing the number of participants, reducing program data collection and performance monitoring, reducing the number of locations for service provision, or reducing staff. For example, a grantee that provided program services to at-risk youth and families may modify the program structure to only target youth and discontinue services to families.

A *minimally sustained program* discontinues the program components, approaches, and services. The grantee agency and their school partners instead take the SDFSC principles learned during the grant period and apply them in other organizational service areas. For example, a grantee might take the evaluation methodology learned throughout SDFSC and integrate it into other services within its organization.

The Continuum of Sustainability



How can grantees fully maintain their program services over time? It is not an easy task. Before we delve into the research, let us first step back and highlight why it is so challenging to sustain prevention programs.

Why Is It So Challenging to Sustain Prevention Programs Over Time?

Typically, some level of sustainability is achievable for prevention programs. The challenge is having the foresight to adequately plan and acquire funding to fully sustain a prevention program once the "seed" funds have ended. In general there are three broad areas that are most challenging when planning for sustainability: funding, environmental change, and organizational change. Let's take a brief look at each of these challenges in more detail.

> *"Nobody wants to fund what already exists ... How do we continue the good work we are doing without completely changing our program or adding entire projects onto what we do?"*
> - SDFSC Grantee

Funding

Funding is clearly a major barrier to achieving sustainability objectives. Funding issues are also the key reasons that service types, amounts, or principles are eroded in partially sustained programs. Instability during funding transitions and gaps can cause newly established collaborative arrangements to unravel. As stated by one respondent in a recent longitudinal study of CSAP-funded grantees about their sustainability efforts (Springer, 2006), *"the program at the primary health setting was not sustained because we lost funding to support our clinician's position. Once we lost that position due to a glitch in the loss of funding, it was difficult to rebuild the trusting relationship after we found new funding."*

Funding issues are a primary concern for most SDFSC grantees. The SDFSC Grantee Statewide Planning 2006 online survey highlighted this in the following responses from grantees:

"Potential funding sources, potential SDFSC opportunities with new state funding, etc."

"How do we sustain programs that have been funded for the past 5-6 years and face disappearing if SDFSC goes away? How do you get the community and agencies to buy into the prevention model, especially if we are constantly told that you cannot measure prevention?"

"More ideas about where to seek continuation funding."

Environmental Change

A second barrier to sustainability is instability in the program environment. Changes in the federal, state or local policy environment, or in the community, are a potential challenge to achieving sustainability. For example, if a school gets a new principal who does not buy into the program, or there is a turnover in school staff, the sustainability of the program may be at risk if there is no "champion" at the school to support it.

Changes in funding priorities can also relate to the areas in which funds are targeted. Much of this depends on what the prevalent prevention areas are at the moment. For example in recent years, more funds in the prevention field have been diverted towards mentoring programs. There have also been recent shifts in funding by the Department of Education (DOE) towards programs that foster character development. This resurgence of character development can be traced back

to three recent trends—(1) the decline of the family; (2) troubling trends in youth behavior; and (3) an overall negative environment due to violence in media, poor role models, a decline in the work ethic, and the self-centeredness of the "me" generation (Morris and Wells, 2000).

When changes in funding priorities such as these occur, the degree of flexibility to which grantees can tweak their services can impact sustainability. Another example of this is with population perspective. A program may have funds to provide mentoring programs in schools, but new funding acquired targets youth in incarcerated environments. A program would need to be flexible to meet the needs of these special populations in order to sustain the program.

Organizational Change

Change in the lead organization can also present serious challenges because it can interrupt important internal supports. Organizational instability can be an important contributor to setbacks in achieving sustainability objectives. For example, a transition period due to staff turnover may result in loss of trained staff crucial to providing continuity in program principles. Or if the sub-contracting, direct-service organizations have a change in staff, this may disrupt the organization and flow of the program, which in turn may limit its success long term.

What Does Research Say About Sustaining Prevention Programs Over Time?

The U.S. Department of Education (2006) noted three important reasons why prevention initiatives should be sustained over time:

To maximize resources. Launching a program entails significant start-up costs in terms of human, fiscal, and technical resources. Unfortunately, these resources may be wasted if program activities are stopped before they can be fully evaluated. Prevention activities that are sustained over time are more likely to achieve a high level of implementation, providing evaluators with the opportunity to measure their true impact. In addition, sustaining a program over time enables providers to capitalize on their learnings and refine the program appropriately. Prevention programs adapt over time as grantees meet the continuing needs of the community—it is a long-term process.

To produce long-term effects. It can be counterproductive to end a program that has produced positive outcomes if the problem the program was meant to address still exists or recurs. While many school-based prevention programs are effective in the short term, studies often report diminishing effects in the long term. According to Gager and Elias (1997), *"Programs that are of short duration— whether due to financial constraints or districts' preferences or faddish, "revolving door" approaches to bringing programs into schools—are unlikely to have the breadth and depth of impact to [effect substantive change]."*

To establish a track record. If a prevention program is successful but not sustained, people will want to know why. Failing to sustain a program that is well-supported and effective may compromise a grantee's ability to garner support and/or funding for future initiatives. When working with a community effort, a one or two year program that is cut short due to an end in funding (often called "drive-by programming") may result in a bad reputation within the community. If a grantee gets new funding later and wishes to go back into the same community, the program may not be welcomed. This negative participant perspective can impact a grantee's recruitment and retention efforts, making it a challenge to successfully implement a program.

Scheirer (2005) reviewed 19 empirical studies of health-related programs and the extent of sustainability achieved. She identified five important factors that influenced the extent of sustainability:

- ***A program can be modified over time***—the extent to which the program can be modified to adapt to the organization, in particular its mission and procedures.
- ***A "champion" is present***—someone who is strategically placed within an organization to advocate effectively for the program.
- ***A program "fits" with its organization's mission and procedures***—the overarching principles related to the organizational context and the people behind it, both within and outside the implementing agency, were found to heavily influence sustainability.
- ***Benefits to staff members and/or clients are readily perceived***—a belief in the benefits provided by the program by both staff members and external stakeholders was cited more often than a positive influence from actual evaluation findings.
- ***Stakeholders in other organizations provide support***—other organizations and community supporters played a key role in helping secure resources and mobilizing support for continuation.

From her findings, Scheirer (2005) provided the following recommendations for local program developers to increase the likelihood of program continuation:

- ✓ Choose programs and interventions that relate strongly to the agency's mission and culture, so that support from upper management will be likely, and tasks needed to implement the program will fit within the workloads of available staff members.
- ✓ If the program components have been developed elsewhere, engage in thoughtful modifications of components to fit the new organizational context, without destroying the core components contributing to the effectiveness of the original design.
- ✓ Identify and support a program champion to take a leadership role in both initial program development and planning for sustainability.
- ✓ When designing and publicizing the program, emphasize its benefits for various groups of stakeholders, including staff members and clients, as well as its fit with the major objectives of potential external funders.
- ✓ Consider the possible advantages of "routinizing" the program into the core operations of an existing agency rather than continuing it as a "stand-alone" program.

Given these research findings, how can grantees put the principles described above into practice? Let's now explore some strategies for sustaining SDFSC programs.

What are Some Strategies for Sustaining Your SDFSC Program?

What factors help increase the likelihood of sustainability? This issue is of central importance when planning for program sustainability, when it is helpful to know what processes and other influences need to be considered to extend the delivery of program activities. The key point to keep in mind is that a factor that may be crucially important to the longevity of one program may be an unimportant variable in another grantee's program implementation. There is no single set of guidelines on "how to do it." Program sustainability is a multi-faceted topic (Scheirer, 2005) with results contingent on the specific programs and contexts in which they are operating. The following strategies are mere suggestions as grantees begin to think about the longevity of their programs, they may not all fit with a grantee's program principles.

Find Alignment with Lead Agency's Priorities

As Scheirer (2005:339) found in her review of existing studies of sustainability, *"the 'fit' of a new program with the existing organizational mission and/or its standard operating procedures … (was) a key influence on sustainability."* For SDFSC programs, this entails the degree to which County AOD offices continue to do school-based prevention services for at-risk youth. If the office has a long-term history with services such as these, the infrastructure is likely to be there to sustain program services. If this is not a priority, then sustainability may be an issue. The office's attitude may be "we tried it out and the money is no longer there, so cut it." For SDFSC programs, this may particularly be the case for programs with a parenting component, which were a struggle for programs to recruit and retain parents for program services.

> Compatibility with the organizational setting of the grantee organization was identified as the strongest contributor to program sustainability among ten key program activities and organizational characteristics in a recent longitudinal study of CSAP-funded grantees. Respondents noted that the fact that "*the program fits well within the mission and procedures of the lead agency*" was a very important contributor to sustaining services and principles.
> - Springer (2006)

SDFSC grantees need to assess the extent of buy-in by the County AOD office with respect to the services, age group, and science-based curriculum that their program offers. This assessment will provide insights into how well their program "fits" with the organization's mission and principles. If the fit is not there, grantees may need to reassess their program to ensure a good fit for continuation of program services.

Finding alignment may also provide guidance for program changes in the future. If program adaptations need to be made to ensure sustainability (for example in terms of acquiring funding), identifying funding opportunities that relate to the Lead Agency's priorities may foster key connections that nurture sustainability.

Collaborate With Community (and Other Existing Resources)

Collaboration with the community is a second strategy for sustainability. SDFSC program services may be sustained within an identifiable separate program that is a continuation of SDFSC, or they may be "institutionalized" or "routinized" through blending into ongoing activities in the larger grantee of host organizations.

Springer (2006) distinguished between two types of collaborative activity—"systems or community level" collaboration or coalitions and "service collaborations" with other organizations integral to providing services in the program itself. Systems level coalitions bring together a variety of community institutions and interests to work in an ongoing way on issues of common concern. With greater or less focus, the systems level coalitions that the SDFSC programs may focus upon can include problem solving, collaboration and advocacy for prevention services, particularly related to at-risk youth, youth tobacco use, youth alcohol and drug use, or parenting skills. The strength of systems level coalitions is not in supporting specific principles of operation or services, but in sustaining funding. Springer found that with CSAP-funded grantees, the fully sustained programs had an established history of involvement in systems level coalitions, and this involvement was a strong support for their success in sustaining funding and services.

Springer also found that collaboration at the service level was not necessarily a support for sustaining funding. If collaborators have stable funding for the services they are providing, or

can institutionalize their participation in SDFSC services into their larger organization, this is a support to sustaining the larger SDFSC program. However, this may often not be the case, and collaboration at the service level is often a barrier to sustainability. For example, collaborators may withdraw from sustained services because there was not continued funding support. New funding sources may not be flexible enough to allow funding of multiple collaborators.

Involve Key Stakeholders

Strong project leadership is a very important factor in supporting sustainability. Identify a dynamic leader who has been with the project for a long period of time and has a history of commitment to SDFSC-like principles. These champions can be some of a grantee's strongest proponents for the program. If possible, identify and promote more than one champion. A program may flounder if its dynamic leader leaves for another position.

For many grantees, it is unlikely that they report to a board of directors (Bowman, 2005). A board of directors can play an essential role in many key functional areas, particularly when it comes to sustainability. Often board members have connections within the community that can lead to funding initiatives. However establishing and maintaining an effective board of directors requires a tremendous amount of time, energy, hard work, and commitment. It is not an easy task, but the rewards are well worth the investment.

The key is to become valuable to multiple partners and stakeholders, whether it be a few dynamic leaders or an entire board of directors. If the program provides a valuable service to a multitude of community members, the more "champions" to the program a grantee will have. These proponents can be key influences during funding initiatives, marketing opportunities, and building further connections within the community.

Utilize Evaluation Findings in Marketing Program to Others

There can be immense value in using evaluation as a resource for supporting sustainability strategies aimed at attracting funding. Evaluation results and outcome data can be valuable in writing grant applications. Evaluation findings can also be immensely useful as grantees market their program to potential funders.

Develop an executive summary with key findings and a logic model that demonstrates the program's components relative to the program's outcomes. Tools such as these let funders know what the program is about. It is often said that "a picture is worth a thousand words". Short and concise executive summaries and logic models can be very helpful marketing tools.

In addition, programs need to be able to define the need for the services in their community. A needs assessment can demonstrate the gap and quantitative need for services in the community with valid data. A needs assessment with a clear problem statement—why is this service needed in the community—can be a strong selling tool to funders. Show that the program is not a duplication of services, but that the community is at risk because of the factors detailed.

> Four out of nineteen empirical studies of health-related programs and the extent of sustainability achieved documented evaluation as a contributor to sustainability. While a potentially important resource for sustainability, the degree to which evaluation actually contributes to achieving sustainability goals depends on opportunities in the environment that are beyond a programs' direct control (e.g., funding opportunities in which evaluation is a valued input).
> -Scheirer (2005)

Diversify Funding

There is value in diversifying funding—combining resources from personal, private, state, and federal sources. Because some funding sources may be unstable, expanding the ways in which funding is acquired is critical. A strong and flexible funding infrastructure in the organizational environment of the lead agency is a support to sustainability.

Often prevention programs focus on acquiring federal and state grants to implement their programs. However there are several other resources that prevention programs should consider. These include direct corporate support, foundation funding, and individual giving.

Direct Corporate Support—Corporate support can come in the form of direct dollars or in-kind donations of materials and supplies. Both are valuable and grantees will need to decide which will be most useful to ask for from corporate partners (Weinberger, 2005).

Some companies are interested in exploring how they might allocate a gift to a specific aspect of a program. This might include such things as contributing to after-school activities for youth in the program, arranging transportation to and from various program functions, funding summer programs, or sponsoring group activities for parent participants.

Even if they can't give direct dollars, corporations may still be able to help through in-kind donations. This can include space for activities, equipment (such as computers or furniture), or pro bono services (designing a brochure, or hosting a Web site, for example). Just about every business has something they can contribute if grantees help them figure out the logical connections. Brainstorm all the material things a program needs, both for day-to-day operations and for one-time events, and see how many of them can be acquired free as an in-kind donation.

Foundation Funding—Foundation funding can take the form of a family or private foundation, a corporate foundation, or a community foundation. There are nearly 65,000 foundations in the United States today. In most cases, foundations award grants in a geographic area near their home base. McGrath (2005) recommends the following steps if grantees pursue foundation funding:

- Through online and library research, identify foundations that make grants in the program's town or city and that fund projects in prevention or education.
- Read the foundation's instructions carefully and put together a clear, concise proposal that incorporates everything requested.
- Do a who-do-you-know check with board members, staff, and friends before approaching a foundation. If someone is found who knows someone, use that contact.
- Submit materials on time, resist the urge to pester the foundation, and respond promptly when asked for more information, meetings, or site visits.
- Establish a record-keeping system to receive and administer the grants awarded.

Individual Giving—Individual giving accounted for 83% of charitable contributions made in 2003 (Bowman, 2005). This is more than corporate support (6%) and foundation funding (11%) combined. According to the American Association of Fundraising Council (AAFRC), this amounts to over $201 billion dollars. Although most of this

- Nearly nine out of 10 U.S. families make charitable contributions (89%).
- In the United States, more people donate money than vote in national elections.

(36%) goes to religious institutions, prevention programs can also diversify their funding sources by targeting individuals as well. There is great potential in asking friends and family, colleagues and fellow congregants, neighbors and new acquaintances to invest in the prevention program. Focus on people already known: the people who care about you and your organization and the things you care about. It is likely that passions will connect, making the actual asking easier and more successful.

Be Flexible

Be flexible moving forward with the programs. It is likely that grantees will need to modify the program in some ways to meet changing needs. This is a crucial factor in pursuing sustainability. This is consistent with Scheirer's (2005:338) finding that "*programs that were modifiable at the local level were more likely to be sustained.*" Sometimes modification is necessary to achieve positive principles of program implementation such as cultural appropriateness. However, with SDFSC programs, the need for flexibility may be related to changes necessary to meet the requirements of altered funding circumstances or shifting organizational or resource constraints. These kinds of changes may be necessary to maintain services or program viability, but they do not necessarily promote sustainability of program effectiveness, quality or even principles of operation. This is an important tension with respect to strategies for achieving sustainability, and opens the possibility that program flexibility in order to attract funding or survive in altered program settings may detract from the ability to maintain innovations in service and principles of delivery. Put more generally, sustaining resources and program identity may reduce fidelity to the initial program concept and principles in certain circumstances.

SDFSC Interview with the Experts

We asked J. Fred Springer, Director of Research for EMT Associates, Inc., to share his thoughts about sustainability.

J. Fred Springer, Ph.D. – Director of Research, EMT Associates, Inc.

I was recently asked to lead a follow up study of eight programs that participated in SAMHSA's Starting Early Starting Smart (SESS) demonstration funded by SAMHSA and the Casey Family Program Foundation. SESS grantees delivered integrated behavioral health services (mental health and substance abuse prevention and treatment) for young children (birth to 7 years) and their caregivers. Rigorous evaluation conducted by EMT Associates, Inc. and a consortium of university researchers demonstrated the following: (a) greater accessibility of SESS program services to families with multiple needs; (b) improved behavioral health and parenting support in the family environment; and (c) improved social-emotional and cognitive development in participating children. The funders and interested stakeholders were understandably interested in how well these successful and innovative programs achieved sustainability, and how they were able to do it.

As we talked to program leaders about their sustainability experience, we were surprised by some of their insights. We had expected that sustaining funding was the sin qua non of sustainability, but we heard that sustainability involves much more than funding. Indeed, chasing sustained funding sometimes led to failure to sustain the very innovations, services, and population focus that defined the success of the program. At the bottom line, sustainability means continuing the benefits (enhanced outcomes) that a demonstration or program innovation brings to program participants. For SESS this meant the degree to which grantees were able to sustain: (a) the beliefs and principles that defined the SESS service delivery innovation (e.g., family-centered, relationship-oriented, culturally-appropriate, integrated); (b) the fully integrated service package; and (c) the funding base. The important lessons we learned from the SESS experience with sustainability included the following:

Strong implementation and organizational support are important contributors to sustained services and principles. The experience of SESS grantees indicated that the quality of implementation of the demonstration, and the degree to which the innovation was embraced and supported by the lead agency, had a strong influence on the degree to which services, and in particular the principles of the innovation, were continued. Specific organizational supports contributed to sustaining services in the SESS programs.

- Lead organizations should encourage and support *strong and stable leadership of the program innovation* during the demonstration period. Strong leadership was a frequently recognized contributor to sustainability in the SESS study.
- Lead organizations should *clearly define and support the staff roles that are important to successfully implement the principles of the innovation.* When staff members understand innovations, believe in them and feel success, there is an increased chance that the principles will continue beyond the grant period. For example, some SESS programs included strong training that addressed issues identified by staff—clear identification of roles that are best filled by para-professional and professional staff, the development of guides and resources to empower staff in home visits and other direct service activities, the development of supportive work groups that integrate para-professional and professional roles on a continuing basis, and recruitment, training, and practice procedures that support cultural awareness and appropriateness.
- When service delivery involves multiple collaborating agencies, *the development of strong staff relations (e.g., cross-agency workgroups) and early discussion about sustaining collaboration post-grant* are important. Maintaining ties with service providers in other agencies was one of the most difficult challenges to SESS organizations. It is important to be flexible to allow continuation of core service relationships, and to change relations when experience during the grant period recommends modification.

Interview with J. Fred Springer, Ph.D Continued...

Continuation or replacement funds require strategic integration of multiple sources. SESS programs encountered an unstable and fragmented funding environment. Those SESS programs that were able to sustain funds melded support from multiple federal, state, and local public sources, and through private sources, including foundation grants, contracts, and donations. Funding instability and divergent requirements (e.g., participant eligibility, service requirements) made it a challenge to sustain the full range of SESS innovations.

- Lead organizations must *plan for sustained funds early, and develop search and advocacy strategies* including scanning opportunities, leveraging current relationships, and assessing ways to modify services to allow managed care or federal (e.g., Medicaid) reimbursement.
- To identify sources of funds, implementers should *carefully assess the degree to which new funds may be incompatible with the core service innovations to be sustained.* SESS programs sometimes had to move away from some services and service principles to meet requirements of new funders.
- Lead organizations should *support strong performance monitoring, including outcome effectiveness and cost analysis* to support sustainability. Materials should be clearly presented and suitable for program advocacy before multiple funding sources.
- If demonstrations of effective innovative services are to be fiscally sustained with stability and fidelity, *policy makers and funders must modify the funding environment to allow more flexible, continuous and performance-driven funding decisions.*

Summary

Improvement in the ability of providers to sustain positive innovation in services for early childhood behavioral health and development will require careful matching of demonstration programs in compatible organizational environments; emphasis on strong implementation and support of innovations during the demonstration period; clear documentation of program service strategies, effectiveness, and cost; and adaptive, flexible, and careful strategies to continue funding without losing positive service innovations. Just as important, it will require changes in the funding environment that will allow successful innovation in program service to more efficiently drive the allocation of funds to promote positive outcomes for young children.

SDFSC Grantee Success Stories

Sonoma County

Sustainability Component:
Padres Unidos Staff have learned the value of creating satisfied clients through their parenting skills program. Staff work hard to help parents overcome barriers to participation, offering child care, snacks, and one-on-one support to clients. In addition, the facilitators make the classes engaging, offering practical parenting tips and sound guidance. Staff measure success by tracking retention rates and make every effort to help each client complete the 16-week program. Efforts are paying off, with more than 80% of parents completing the course. These happy clients are spreading the word to other parents. Staff who track referral sources attest that former client referrals are the number one source of new clients.

Padres Unidos is also continuing efforts to document its program impact now that funding for a paid evaluator has dissipated. The Center for Applied Research Solutions (CARS) has supplied Sonoma County with technical assistance in developing a sustainable evaluation program that is easy for program staff to manage. Continuing the evaluation component allows Padres Unidos to track success over a longer period of time, and to continue to share results with current and potential supporters.

Finally, program and county staff have worked together to create a financial sustainability plan. This plan includes outreach to the community, building relationships with potential local partners, and applying for additional grants. Staff put together a "road show" complete with a PowerPoint presentation, "press kit" and client testimonies and has scheduled several presentations at various community forums. Potential local partners such as the local police and probation department have been identified, and staff are working to cultivate relationships and future funding opportunities. A list of state and national foundations was also created, and staff are currently writing grant applications to secure a new wave of long-term funding.

Challenges:
- ✓ Continuing evaluation efforts after funding for a paid evaluator dissipates can be a challenge.
- ✓ Developing new funding sources to avoid taking money away from other important local programs proved difficult.

Lessons Learned:
- ✓ Funders want evidence of outcomes *AND* client testimony.
- ✓ Planning for sustainability needs to start early! Identifying potential funders and partners and then building new relationships takes time.

Recommendations:
1. Begin with an Attitude that Your Valuable Program is a Worthy Investment
- ✓ Do not put yourself in the subordinate position of being grateful for any crumb thrown in your direction—"Charity connotes a sense of the poor and needy."
- ✓ Feel the difference when you say to a potential funder, "I have come to you with an opportunity to assist in the solution of a community problem."

2. Demonstrate a Quality Product
- ✓ Create a "prospectus" or profile of your program that encourages investment, for example a one-page history of the organization, awards received, letters of praise from clients, summary of goals/ long range plans, brochures, and attractive information on the organization with charts and graphs showing growth, budget, list of staff, etc.
- ✓ Show off the data from your model program—science-based evidence of your future success.

SDFSC Grantee Success Stories

3. Tie into the Passion and Values of Funders

- ✓ Target the issues—funders are investing in issues and expect results.
- ✓ Promote your values. Do not promote yourself as an agency and break down what you do by programs. For example, start with how you help build healthy families and then describe the outcomes of your programs—more resilient kids, confident parents, etc. vs. running down a list of your mini-program names.

4. Identify Problems and Needs

- ✓ Create a short problem description that clearly paints a picture and peaks the interest of the funder—create an emotional connection.
- ✓ Back up your problem description with evidence! Have local statistics and expert interpretation (census vs. school data). Try to provide collaborating evidence from police to schools to an economic profile.

5. Offer Solutions

- ✓ Show that your agency is in the unique position to lead this effort.
- ✓ Show you've carefully selected a strategy that's had proven results in other communities.

6. Accept Partners in Creating Solutions

- ✓ Tie your program name to the good reputation of local partners. If a school gives in kind space, then use their name as a partner.
- ✓ Provide opportunities for companies, such as employee participation or other involvement.

7. Develop a Slogan and Focus

- ✓ Brand yourself—put on all materials (brochures, fax covers, letterhead, signs, parent materials, etc.) and have on answering machine, etc.
- ✓ Continuously convey brand. A brand is the client's perception that a program is distinctive. Convey brand through all printed materials, staff interactions, and activities. Brands keep consumers coming back—funders and community will select you time and again.

8. Plan and Prepare

- ✓ Designate someone to lead marketing efforts—board member, staff, or you?
- ✓ Keep it simple—use a staff meeting to develop a slogan, determine how to integrate the slogan into work and all paper materials, identify target funders, and create a timeline to submit proposals/ make presentations—ALL staff and board should help carry this message.

9. Have Milestones

- ✓ Set goals for number of clients to serve AND target outcomes.
- ✓ Match to slogan, helping bring families together—track communication improvements, parent confidence, etc.
- ✓ Have everyone share in reaching these milestones—share goals with staff, clients, and funders.

10. Celebrate and Share Success

- ✓ Share when milestones are reached. Announce at staff meetings, send thank you notes to funders to share the exciting news, announce to parents in class, have an ice cream party with the kids, or send a press release.
- ✓ Make sure to track success and highlight this in reports and in new grant proposals.

We'd like to thank Holly White-Wolfe, Health Information Specialist for the Sonoma County Department of Health Services, for sharing these ten planning steps to sustain a prevention program.

Conclusion

Sustainability is a continuously evolving process in the life cycle of a project. Sustainability efforts should begin long before the end of initial funding. This brief highlighted the challenges grantees foresee as they begin to plan and implement their sustainability efforts, what the research says about sustaining prevention programs over time, as well as practical insights into sustainability around six topic areas:

- Finding alignment with Lead Agency's priorities
- Collaborating with community (and other existing resources)
- Involving key stakeholders
- Utilizing evaluation findings in marketing program to others
- Diversifying funding
- Being flexible

While doing so, this brief also shared the advice of an expert in the field as well as a grantee who has had success in program sustainability. The knowledge and insights shared by these resources provide grantees with a multitude of tips and strategies to keep in mind while working towards sustainability of prevention programs over time.

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Notes on *Prevention Brief*, Vol. 2 No. 1:

This *Brief* was written by Belinda Basca, CARS consultant. Ms. Basca is a K-5 curriculum writer of Science Companion®, a hands-on learning program that takes advantage of children's extensive knowledge of—and curiosity about—how things work in the world. As a consultant for EMT and CARS, Belinda has assisted on a variety of mentoring projects and conducted site visits for Friday Night Live Mentoring and the SDFSC program.

As a former researcher at Harvard Project Zero on The Understandings of Consequence Project, Ms. Basca's work focused on complex causal science concepts and their application in the classroom. In particular, she studied how children reason about challenging topics in science at the elementary and middle school level. She developed science curriculum and conducted frequent classroom observations of teachers and interviews with children.

For this issue of *Prevention Brief*, J. Fred Springer was consulted for his expertise on sustainability. We thank him for his contribution.

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The SDFSC TA Prevention Brief Series provides information on topics relevant to grantees grounded in your experiences and explained through research. A copy of this publication can also be found on our website at www.ca-sdfsc.org. If you would like to suggest a topic, contact Kerrilyn Scott-Nakai, Project Director, at kerrilyn@emt.org.

To learn more about the Safe and Drug-Free Schools and Communities Technical Assistance Project and other publications by the Center for Applied Research Solutions (CARS), please contact our office.

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Building Long-Term, Mutually Beneficial Partnerships with Schools

By Belinda Basca

Introduction

Each of the 43 grantees awarded the California Safe and Drug-Free Schools and Communities (SDFSC) grant is working with schools to some extent during the implementation of their programs. For some grantees, this has been an effortless process. For most however, navigating the school terrain and building sustainable partnerships with schools has been a challenge. This prevention brief was developed in collaboration with grantees and experts in the field in order to facilitate building and maintaining school partnerships. The goal of this prevention brief is multifold:

- ✓ Identify typical stages of collaboration between grantees and schools through a continuum of collaboration strategies;
- ✓ Review common challenges grantees expressed in building partnerships with schools;
- ✓ Share the most recent research findings on school partnerships that programs can implement; and
- ✓ Provide strategies for building mutually beneficial, long term partnerships with schools.

Why is it so challenging to work with schools? What does the research say about building and maintaining successful school partnerships? What have some SDFCS grantees done to meet and overcome these challenges? This brief will answer those questions and provide programs with practical insights into working successfully with schools.

Why are successful school partnerships essential to the California Safe and Drug-Free Schools and Communities (SDFSC) programs?

A title can speak volumes about a grant. The California Safe and Drug-Free **Schools** and Communities grant is no exception. When grantees first submitted their requests for proposals with the California Department of Alcohol and Drug Programs (ADP), most understood the magnitude of the role that schools would play in the implementation of their programs. This is emphasized in detail within the *Principles of Effectiveness (POE)*, which serve as a framework for planning, implementing, and evaluating all SDFSC programs. In particular, the *POEs* note the following regarding a grantee's program and schools:

> *Partnerships are mutually supportive arrangements between schools or school districts and individual volunteers, businesses, government agencies, or community organizations. Partnerships often include written contracts in which partners commit themselves to specific objectives and activities to benefit students.*
> - PARTNERS IN EDUCATION

- ✓ Be based on an assessment of objective data regarding the incidence of violence and illegal drug use in the elementary schools and secondary schools and communities to be served, including an objective analysis of the current conditions and consequences regarding violence and illegal drug use, including delinquency and serious discipline problems, among students who attend such schools (including private school students who participate in the drug and violence prevention program) that is based on ongoing local assessment or evaluation activities.

- ✓ Be based on an established set of performance measures aimed at ensuring that the elementary schools and secondary schools and communities to be served by the program have a safe, orderly, and drug-free learning environment. (NCLB, Title IV, Sec.4115)

In addition, the *No Child Left Behind Act (NCLB)* emphasizes the importance of school partnerships. The pillars of NCLB place a large responsibility on schools to be accountable for their results. It also focuses on the implementation of programs or strategies that have already been proven to be effective through scientific research. Since the SDFSC grant also calls on grantees to adopt science-based program models, partnering with a school is mutually beneficial for both the school and grantee.

How are successful school partnerships created? First off, grantees should understand partnerships are not built overnight. It takes time, a long time for many, before schools and community-based organizations form the bonds that sustain their partnerships indefinitely. The graphic on page 3 details the stages of collaboration that prevention staff may encounter as they initiate, nurture, and sustain their partnerships with schools.

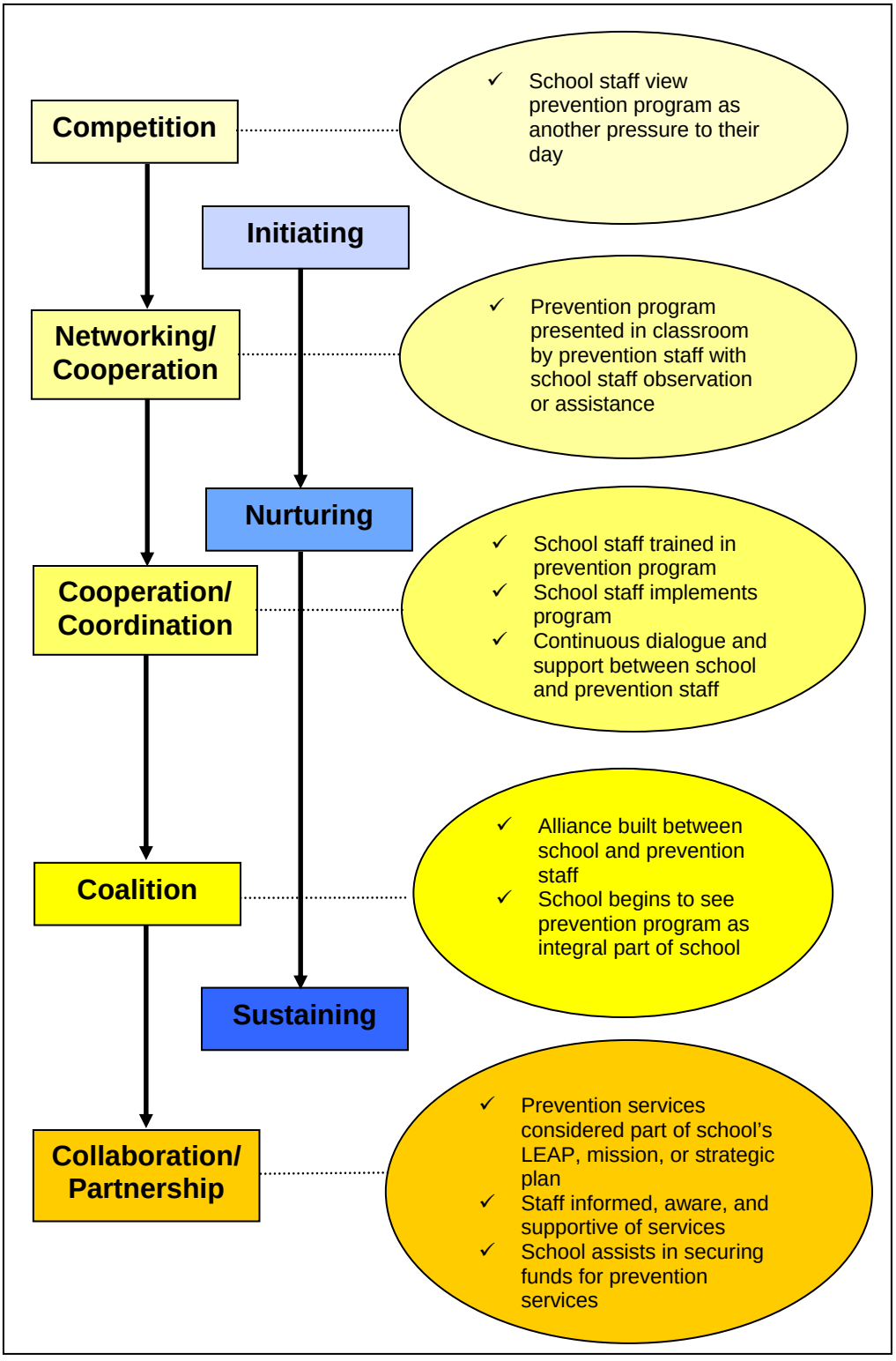
> *"I'm so stressed. Today a student who speaks limited English was added to my class, and tonight I have to mark report cards. On top of that I have an early breakfast meeting with parents."*
> - Fifth grade teacher

When grantees first enter the school landscape, overworked school administrators and staff may see a grantee's program as another pressure placed onto their already overloaded day. This can lead to a sense of competitiveness between school and prevention staff if teachers try to fulfill their teaching duties while inviting prevention staff into their classrooms or if teachers are expected to teach the grantee's curriculum in addition to their other subject areas. This can also occur if school staff allow prevention staff to remove youth from their classes to attend prevention service activities.

At the cooperation or coordination level, a nurturing supportive relationship is established between grantees and school staff. Rather than prevention staff just presenting their program in the classroom, the school staff is trained in the prevention program and then implements it themselves. During the entire process, there is continuous dialogue and support between the school and grantee. The competitiveness is gone because the school staff realizes the importance of the prevention program in helping the youth; they work collaboratively to see that this is accomplished.

As the relationship between school and grantee is sustained, the school begins to view the prevention program as an integral part of the school. As a true partnership is formed, the grantee's program is considered part of the school's mission, the school staff is supportive of the services, and the school assists the grantee in securing funds for sustainable services.

The Stages of Collaboration



How can grantees reach this level of collaboration and partnership with schools? It is not an easy task. Before we delve into the research, let us first step back and highlight what grantees noted as common challenges in working with schools.

Why is it so challenging to build successful school partnerships for prevention programs?

The 2004 Annual Reports submitted by each grantee to ADP as part of their grant requirements[1] confirmed what the Center for Applied Research Solutions (CARS) suspected and research has shown for some time—working collaboratively with schools is complicated and grantees need strategies and tips to help them build successful school partnerships. Six common themes emerged from the annual reports that relate to the challenges grantees encountered in 2004 as they worked with schools.

Challenges to Successful School Partnerships
- Access
- Attitude
- Funding Cuts
- Turnover
- Recruitment
- Follow Through

Access—several grantees noted an outright refusal from principals to let prevention programs in their schools.

"Club Live coordinator was unable to reach the principal to set up the system of recruitment and all the necessary steps to start a new year in site. After several failed attempts Club Live staff decided to replace site for ---------- Middle School."

Attitude—teachers saw the prevention program as another pressure rather than an asset..

"*Being in a school, the teachers see this as another pressure when they are feeling the academic standards pressure so intently. Also, the time commitment to overseeing a cultural change in a school- which involves the actions and mindset of all staff, is much greater than we anticipated. So many factors affect things- school personnel, budgets, etc.*"

Funding Cuts—the availability of prevention programs was impacted by funding cuts at the school level.

"Ongoing funding cuts at the school level will impact efforts toward sustainability."

Turnover—staff turnover at the school level impacted the implementation of several prevention programs.

"Staffing for this project has been an issue. Due to a series of unanticipated staff vacancies, staff members of the primary prevention unit have taken the initiative to fill-in while school hiring is underway."

"When there was a change in school administrators, we had to start from square one in terms of reestablishing buy-in from the school."

Recruitment—grantees found that recruiting school personnel was not an easy task.

"School staff members are less available to be active in leadership team activities, program implementation, and training opportunities."

Follow Through—poor follow through of school personnel impacted the success of prevention programs, at both the administrative and school staff level.

"*Frequently, the school district and administrators expressed buy-in to the project, but either did not follow through with grant activities, or did not follow through in a timely manner.*"

[1] Round 1 grantees were not required to submit an annual report for the first year of their grant because of delays in grant start-up.

Several of the challenges noted above may seem one-sided and target schools and school staff unfairly. It is not that school staff have a poor "attitude" and lack "follow through" with prevention programs. It is the responsibility of prevention providers to send the appropriate message to schools about the benefits of prevention programs and the long-term connections with academic outcomes. The marketing and approach grantees take must establish value for schools. It is not that schools and school staff do not care—of course they do. Prevention providers need to demonstrate the value of their programs and how they support academic goals.

What Does Research Say About Building Mutually Beneficial Partnerships With Schools?

Ferguson (2001) noted that in 1990, *PARTNERS IN EDUCATION*[2] conducted the first nationwide study of partnerships in school districts. This provided important baseline data from which to compare growth, trends, and changes in partnerships between school districts and their communities between 1990 and 2000. The surveys were divided into three parts: the current status of partnerships; the sponsors involved in the partnerships; and the focus of partnerships in terms of their objectives and activities.

They found that partnerships expanded significantly in the ten years of the study. Data collected from 1,641 school districts indicated that school districts in 2000 were involving community partners to address key issues such as school safety, professional development, technology, standards, and literacy. The survey showed that 69% of districts nationwide engaged in partnership activities compared with 51% in 1990. Schools districts were also partnering to improve graduation rates, school-to-work transition, and citizenship. Some of their key findings included the following:

Necessity is the mother of invention

America's schools are being asked to do much more, and the resources are coming up short. Parents, local businesses, community groups, and others are coming together to form local partnerships designed to meet local needs.

School partnerships support the nation's education goals

Partnerships continue to focus on the major areas of education reform. In the last decade, school partnerships have fully supported student achievement, technology, school-to-work, school readiness, family literacy, community involvement, school safety, and systemic change.

School partnerships have grown beyond parent groups

In 1990, parent partnerships were the most prevalent. In 2000, small business partnerships became as widespread and those with community organizations increased considerably. The large growth in business and community partnerships supports the growing sentiment that all sectors of a community have a stake in education.

Rural communities are uniquely challenged when organizing school partnerships

Rural communities, in addition to complex education issues, have fewer school partnerships than their urban and suburban counterparts. Distance, poverty, small populations, and a lack of concentrated businesses, all contribute to this deficit.

[2] The National Association of PARTNERS IN EDUCATION is a national membership organization devoted solely to providing leadership in the field of education partnership development.

School partnerships support parents and families, a child's first and most important teachers

In the last decade, demands on American family life have changed dramatically. School partnerships have responded to those changes, especially in urban communities. In 2000, schools in partnering districts collaborated to help parents enhance their parenting skills (72%), increase family literacy (59%), and offer social services support (58%).

> *"The prevention program is an alternative for learning; not an alternative to learning. Actual school work is completed."*
> - Maine State Dept. of Education (1992)

School partnerships promote a circle of giving among communities

School partnerships do more than bring much-needed goods and services into schools and communities; they teach students about citizenship and the value of "giving back" to their communities. In 2000, 78% of partnering districts collaborated on increasing citizenship skills, 70% on volunteerism and service learning.

Drugs and safety are every district's problem

In the past decade, the proportion of school districts working with others on substance abuse prevention more than doubled. In 2000, 72% of partnering districts collaborated on substance abuse prevention; in 1990 30% did. Increases are shown for all districts, suburban, urban, and rural. School violence, a new area measured in 2000, is also a focus of school partnerships, with 66% of partnering districts collaborating on violence prevention.

Partnerships help schools and communities make the most of after school hours

In the last ten years, an overwhelming body of research has shown the value of quality after-school programs. Unfortunately for most families and communities, keeping children engaged in safe, educational activities after school has become a major challenge. In 2000, more than half of school districts collaborated with partners to help ease this burden and provide after-school care for students.

In addition, Epstein (2005) identified eight "essential elements" for effective leadership and programs of school, family, and community partnerships. Districts and schools that organized programs with these components had higher-quality programs, greater outreach to parents, and more parents involved from one year to the next.

8 Essential Elements for Effective Leadership and Programs of School, Family, and Community Partnerships

- ✓ Leadership
- ✓ Teamwork
- ✓ Action plans
- ✓ Implementation of plans
- ✓ Funding
- ✓ Collegial support
- ✓ Evaluation
- ✓ Networking

- Epstein (2005)

At the school level, Epstein (2005) found that on-going technical assistance on partnerships helped schools improve the number and quality of actions taken to organize their programs of family and community involvement from one year to the next. When schools established action teams for partnerships and used helpful tools and materials, the teams were more likely to form committees, write plans, adjust for changes in principals, reach out to more families, evaluate their efforts, and sustain their programs over time. In addition, schools had greater success reaching "hard-to-reach families."

What are Some Strategies for Building Mutually Beneficial, Long Term Partnerships with Schools?

Begin on Common Ground

Both schools and prevention providers have the same ultimate goal: helping youth. However, the vision of this common objective often becomes lost amongst other competing intermediate goals. While there are differences and those differences need to be respected and accommodated for, at the foundation there is a common purpose from which to build upon. The following are some ways for schools and prevention providers to find that common ground from which to build their relationship:

- ✓ The commonalities between people are what connect them; it usually answers the question, "Why?" But the best way to find those commonalities is to ask a "what" question: "What makes this important to you, to us? What results do you hope for?"
- ✓ Be patient. If you are impatient, it will show. Sometimes this hurts the process; other times it will help the process. Early patience pays off; later impatience can pay off by acting as a catalyst for change and facilitate responsiveness.
- ✓ Step back and put yourself into the shoes of the people who receive the services, not the way the money comes in. This vision of service may inspire you and your program.
- ✓ Caucusing helps groups to find common ground separately when it is hard to find it together. Introduce "caucus" as part of the way you do business and it won't seem unusual when someone calls for a caucus to help move people to consensus.

Establish a Common Language

There is often a disconnect in the language that schools use versus that of prevention. This may lead to miscommunication as prevention providers attempt to implement program services in a school setting. Sometimes it is beneficial to take a step back and establish a common language with school partners before attempting to work collaboratively. Terms such as *at-risk students*, *intervention*, and *treatment*, may have differing definitions for prevention providers and school staff members.

> **At-risk students**: Students who have a higher than average probability of dropping out or failing school. Broad categories usually include inner-city, low-income, and homeless children; those not fluent in English; and special-needs students with emotional or behavioral difficulties.
>
> - The Association for Supervision and Curriculum Development (ASCD)

If a successful, sustainable partnership is to be established between a school and a SDFSC grantee, all staff need to be in agreement as to what these terms mean.

Build Linkages between Prevention Outcomes and Academic Outcomes

A growing body of research supports what many educators have always understood intuitively: academic performance is strongly linked to whether students' basic developmental needs are met — needs such as health, security, respect, and love (WestEd). These basic developmental needs are embodied in the prevention outcomes, such as greater school bonding or higher self-esteem that prevention providers strive to meet with their programs. Yet many schools remain transfixed on their academic outcomes due to the mounting pressures of statewide academic testing with *No Child Left Behind (NCLB)*. Linkages need to be built between the prevention outcomes of the SDFSC grantees and the academic outcomes of the schools. This is not a straightforward and transparent undertaking.

Yet even after controlling for socioeconomic conditions, WestEd researchers found a significant relationship between the annual standardized achievement test scores of secondary schools and a variety of non-academic factors, including students' physical exercise, nutrition, substance use, and safety at school. Moreover, longitudinal analyses revealed that health risks and low levels of resilience assets impede the progress of schools in raising test scores.

Overall, the data suggest that schools have higher levels of academic achievement when students have fewer health-risk factors (e.g., drug use) and more protective factors (e.g., caring relationships with teachers). The following are some tips and strategies to build these linkages between prevention outcomes and academic outcomes:

> *"Youth development and learning are complementary processes. If our goal is turning around low-performing schools, part of the solution must be addressing young people's well-being and reducing health risks that are barriers to learning."*
>
> - Greg Austin, WestEd

- ✓ Use a strength-based approach, make the connection between building resiliency and protective factors and the ability to reduce suspensions, behavioral difficulties, and improve school bonding—which will eventually result in improved academic performance.
- ✓ Work with counselors or others to focus on outreaching to the students that are struggling the most academically—don't be afraid to work with students on the "D and F List" which exists in every school.
- ✓ Work with school counselors or others to identify the youth who are having family or personal crisis and who as a result are beginning to act-out or struggle academically. Reach out to students in the most need and assist them in proving they can make it despite all odds.

Become a Valuable Commodity Rather than a Burden

Many overworked and underpaid school staff may see your prevention program as a burden added to their already full day. The first step to overcoming this roadblock is to establish the common ground mentioned previously; that the ultimate goal of both you and school staff is to help youth. In doing so, strive to have your prevention program become part of the school's Local Educational Agency Plan (LEAP). Volunteer to assist in drafting certain sections of the LEAP for the school, in particular those sections in which your services are a good fit. This is an excellent strategy for helping schools with a difficult task, while building sustainability for your prevention services at the same time. The following are some other tips to become a valued asset in the schools:

- ✓ Never underestimate the fear caused by the language "duplication of services" which sends a message that what you do can be eliminated, but what I do will be preserved at your expense. There is an abundance of people to be supported and ways to do this; think in terms of strengths rather than competition.
- ✓ Role definition can be difficult at this stage; start with being clear with yourself about your role, then communicate it often, especially to the people who seem to expect more or less of you.
- ✓ Join other's advisory groups; they need you to be at their table more than you may think you need to be there; consider it a way to "bank" good will and ask for specific assistance in the future.
- ✓ Become aware of the dynamics of a school environment, in particular the school calendar so that prevention services do not conflict with other school services.

Share Data

Data collection is common to both schools and SDFSC grantees. For many SDFSC grantees, this grant is the first time they have been required to have an evaluation component integrated into their programs. The learning curve in terms of data collection and evaluation has been steep for many grantees! Sharing data between grantees and schools is among the most challenging tasks of collaboration, but can be immensely beneficial towards sustainability of a program.

Many grantees have met with significant challenges in terms of accessing California Healthy Kids Survey (CHKS) data at the school level. Offering to pay the cost of school-level CHKS data is one way to ensure you will receive a copy. The cost is only $50 and worth it if there are enough students surveyed. You might also consider going in and assisting the schools during implementation of the CHKS. This will reinforce your vested interest in the data and schools might be more willing to share the data with you once the results come back. The following are some additional tips to consider when trying to access school level data:

- ✓ Safe School Plans often overlook CHKS data as a source; if a prevention program is active in the group that designs this plan, it is a good way to be part of the data gathered.
- ✓ California Safe Schools (CSS) data is often overlooked as a second, more accessible source of data to CHKS. It is a random sample, and a valid and publicly available risk indicator.
- ✓ Countywide reports are also possible if districts agree; this data can help every district but it is very political if it is disaggregated and comparisons are made.
- ✓ Identify and establish a working relationship with your county Healthy Kids Coordinator and/or participate on your county CHKS Advisory Committee if applicable.
- ✓ Bottom line is that this data is public data; if you need it, ask for it in writing and send copies of your request to your county SDFSC Coordinator, maybe even to ADP and/or CDE state representatives. Sometimes you have to ask yourself or your collaborative the question, "If parents are asked their permission for their children to take the survey, then whose data is this and how can parents and community benefit from open data sharing?"

Manage Infrastructure Changes

Education as well as the prevention field are very volatile areas in terms of employment. Unfortunately, staff turnover is a commonality in both areas. Even if you identify a person or group within the school to support your program, you still need an overall plan that is broader than the group to ensure sustainability if school staff turns over. Managing these infrastructure changes can be challenging, but having a plan laid out in advance will help as challenges arise. Below are some additional tips to help in management:

- ✓ Remember that timing in schools is critical so do not show up when it is a bad time; do show up when it is a good time. If you are not sure, get the calendar, mark it carefully, negotiate times at the beginning of the year, and then be available for unexpected needs that arise.
- ✓ Joining carefully, that is selecting which groups to join, is a task better done with help from another in the field to guide you, yet not bias you. Joining and then leaving can cost you. Go and visit more than once if necessary and use the excuse your agency is trying to figure out how best to use your time, to give you more time to select carefully.
- ✓ Roles change in collaboration; talking about the changes is one sign that the system is functional. Yet many do not want to talk about the roles. Still, try to keep clarity of roles part of your speech when you describe your limits or your interest in something new, i.e. "As an organization based in the community, I look at the situation this way…"

SDFSC Interview with the Experts

We asked two of our prevention experts about strategies for building sustainable partnerships between prevention providers and school systems. Alison Adler, Chief of Safety and Learning Environment for the School District of Palm Beach County, FL, provided us with advice on creating a "Single School Culture©" and Jan Ryan, Prevention Consultant, Riverside County, Department of Mental Health provided us with helpful hints for lessening the divide and building bridges with school systems.

Alison Adler, Ed.D. – Chief of Safety and Learning Environment, Palm Beach, FL

Forging Relationships with Schools

Why has prevention lost its place at the dining table?

It is called No Child Left Behind (NCLB) or as I like to refer to it as, "Turning the Titanic." If schools could have had every child meet proficiency or higher, they would have. As schools become savvier on how to organize themselves to meet the accountability requirements of the legislation, one thing will become clearer and clearer. You can only go so far with good instruction, because as all preventionists have known for years, there are many students whose learning in severely impacted by other non-academic barriers.

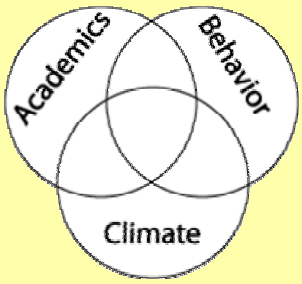
There are also barriers for preventionists in beginning their work in schools. These barriers can easily be addressed, and if addressed, make working together get off on the right foot.

1. Many preventionists don't understand the NCLB legislation completely; hence do not know what schools are up against. Schools are afraid that they won't be able to move all children academically and will suffer the consequences, which are costly.
2. Preventionists need to ensure that the programs they are bringing in, even the scientifically research-based proven programs are talked about in school "talk". For example, when talking about Aggressors, Victims, and Bystanders, one could say, "All chapters use the higher levels of Bloom's Taxonomy in questioning. There are many opportunities for extended answer responses." When preventionists don't take the time to make their programs "fit" then school administrators often view them, no matter how wrongly, as "one more thing to do."
3. We, and I consider myself a preventionist, need to show data that what you can provide, works. For many years, we had no standards and benchmarks. We had no real data streams. Now there are social and emotional benchmarks from Casel (Collaborative for Academic, Social, and Emotional Learning) in Chicago and the amount of tracking tools continues to grow and provide potency to demonstrate program results. We must match our work to these long awaited standards. Before, it wasn't that you couldn't make the intellectual argument that prevention and educating "the whole child" was important. Schools just wanted you to do it after school or on weekends or with parents. They couldn't or wouldn't spare you the time to do your work.

Now with proven programs, different surveys, and tracking systems, prevention can show schools that prevention reduces/prevents, among other things: fights, bullying, drug use, absenteeism, negative peer pressure, underage drinking, and a myriad of unhealthy behaviors. Why would schools be interested in this? Because most schools are familiar with the work of Robert Marzano (2000) who says that "opportunity to learn," and "time spent" are two high correlates of good academic outcomes. So if prevention can save days lost to suspension, or time engaged in non-productive behaviors that detract from a teacher's opportunity to teach, they're happy. And if you can show that prevention work is, and it is, made up of higher order questioning, critical thinking, and application skills such as role plays, schools will see this work as related and helpful. It isn't that schools have no sensitivity to adolescent needs, they just feel all this pressure to move academic achievement and haven't quite figured out how to "Turn the Titanic" and meet behavioral, social and emotional needs at the same time.

What is Single School Culture© and why would you create it where you work?

Palm Beach County Florida is the nation's 11th largest school district. Over 141 languages and dialects are spoken. Over the last three years, we have moved from being rated a C district by the state of Florida to the only A rated district of the seven large urban districts in Florida. We did this in great part by developing and promoting a Single School Culture©. Single School Culture© is a way of organizing and running a school. It is the "way we do things around here." It results in consistency of both adult and student practices related to academics, behavior and climate:



Besides being a set of organizing practices, it is the collective beliefs we hold about our students and ourselves. They must be modeled and talked about across a whole campus. These components influence each other so much that they cannot be separate. It would be like only caring about a child's grades and not worrying about his immunizations. Why create a Single School Culture©? Because it does address the needs of the whole child. It is the organizing construct for a school. Its parts are scheduled for, reported on, and certification points are awarded for its parts. So how can you help create this synergy? Let's first look at the hardest piece. Carving out some academic time for prevention to meet behavior or climate needs.

- Build a compelling case for the need to address behavior and climate (where we tend to put social and emotional aspects as we tend to make them elements of the environment that we create). Use state safe schools data, use discipline data, use ATOD data, use climate surveys, data, data, data.
- Use their data like they do. They use it to target weaknesses/concerns. They: make a plan to address an area like measurement in math; determine an assessment/test that will detect change; pick a protocol/program/strategy to use that is aligned with the need; do requisite training; begin; assess and tweak. We have to work like that. When starting an initiative we, in prevention, sometimes start with the program talk. "We have a proven program to reduce your underage drinking…" Let's stop doing that. Schools are worn out and leery of "program du jour," both in the prevention and academic arenas. Let's start with, "Do some of your students have barriers to their learning that might not be academic?" " What if we worked together using materials/ activities that align to how you want teachers to teach, that use higher order questioning and rigorous assessment, that enhance vocabulary development AND will reduce your high incidents (in whatever areas you have used data to identify), if done together and done well?"
- Now, knowing what you know about their accountability worries, what can you do to see that you will do this **with** them not **to** them.
- Do not be afraid to articulate what you need in return and negotiate it after the previous steps have been taken. Tell the school that neither of you wants to waste precious time and energy unless you both have data to prove that what you do matters.
- After you get started, start looking at other enhancements that will give real potency to your initiative like campaigns, recognitions, parent and community events that you can bring to the table that do not take time away from academics but will really solidify your collaboration.

Making partnerships that don't take academic or teacher time are easier to do just not as sustainable as something that happens over a long period of time, is scheduled for, meets a need, and is reported on as part of the whole academic improvement plan. **We need both. We can do both and do them together.**

SDFSC Interview with the Experts

Jan Ryan – Riverside County, Department of Mental Health

Countdown to Sustainability

Sustainability is an outcome. It is what happens when the service is great! I learned this from my mentor, Elgie Bellizio, who was a prevention pioneer and Monterey Peninsula Baseball Commissioner in Salinas, California. He taught me that no matter what obstacles in funding I encountered, I would be okay if I made service to people the priority. Later, another mentor, Counselor Jim Rothblatt, put it into words that are not easy to forget, "If it has eyes, do it first." Good service starts with listening carefully to what people want, need, and ask for even when you think you know what they are going to say. Before leaving to do the work, it is important to state your own limits and come to an agreement of what will be done, when it is expected and every detail is nailed down. The best service happens when the provider "seeks to understand before being understood." For me, making service central to a vision meant the Student Assistance Program I worked with sustained for 23 years.

Here is a practical way to keep SERVICE central so sustainability can be part of your future.

3 PEOPLE YOU SHOULD KNOW

- **District Safe and Drug Free Schools Coordinator**: this is the administrator or staff member assigned to facilitate the SDFSC federal entitlement, Title IV. They could be located in the district or central office or at a school site. It is their job to write and implement the plan for how this funding is spent. This includes implementing the California Healthy Kids Survey (CHKS) which is public data SDFSC Grantees need.
- **District Child Welfare and Attendance Director/Coordinator**: this person is responsible for responding to suspensions when a Vice Principal or other school staff suspend or want to expel a student. This is the person who will have the suspension and expulsion data for every school which is very important data. Also they are mandated to ensure every student receives early intervention before entering the expulsion process.
- **District Health Curriculum Administrator or, if the district is very small, the Principal or even Superintendent**: the smaller the district, the higher you need to go to receive the attention you need to achieve your grant's goals. This person needs to be able to tell you what prevention programs students receive at each grade level. With this information, you can find out who to talk to about curriculum, what they need to be successful, and how your plan fits with their plan.

2 DOCUMENTS YOU NEED TO KNOW

- Local Educational Agency Plan (LEAP): this is the name of the document that describes the plan for how entitlement funding will be spent. It is part of the Consolidated Application submitted by the federal projects staff. Title IV, SDFSC and TUPE and the School Safety Funding (Carl Washington funding) are included here. This "master plan" so being part of it or contributing your plan as part of it ensures you has a place in the plan.
- Safe and Drug Free School Annual Report: this is an annual report of how the district's SDFSC plan performed. Past reports can be found at www.cde.ca.gov.

1 STRATEGY TO MAKE SERVICE CENTRAL: RELATIONSHIPS!

Service is important because it is the right thing to do. This is the message the prevention field brings into every setting. But if you still need convincing, remember that *relationships last longer than the money*. This will help all of us to remember that we are in a people business.

Riverside County

School Partnership Component:
Riverside County has 23 school districts and the County Office of Education. Riverside County District Safe and Drug Free Schools and Communities (SDFSC) Coordinators with the support of Riverside County Office of Education has held a monthly Roundtable meeting for the past 18 years. We have been an active member in this roundtable with members from Public Health, the Cancer Society, the Sheriff's Department and a few other agencies who have entered and exited over the years. This meeting allows for networking, sharing success stories, what is new and what is working in ATOD prevention, discussions on legislation, compliance issues, funding opportunities, etc.

Through our collaboration with this group we have built a strong and lasting relationship with 20 of the 23 school districts and have had working MOU's with these 20 districts and the County Office of Education for more then 10 years. We have collaborated on grants that have brought in over 10 million dollars in prevention services to students and families since 2000. We have been able to direct approximately $450,000 in local prevention funds annually to ATOD prevention services to students and families of the 23 school districts in our County. We maintain over 100 FNL ATOD Prevention chapters on school campuses across Riverside County every year. Over the past 20 years our partnership has allowed Riverside County to host two statewide California Prevention Summits and over 20 teacher training institutes to build the capacity of our educators engaged in Positive Youth Development activities with our youth. We have provided local camps, conferences, as well as regional and statewide training opportunities for well over 5,000 county youth and their allies over the past 20 years.

Friday Night Live has provided over three million prevention service contacts to county youth and families over the past 20 years. We host or support six county youth councils and operate a county theater company that trains youth to create and present ATOD related prevention performances to our schools and communities. We have also developed and maintain a youth dance troupe who perform throughout California—promoting the message of a positive teen lifestyle free from alcohol, tobacco, and other drugs. And we've established three regional youth philanthropy programs that train young people to be philanthropists. Each region distributes $20,000 per year to positive community teen developed projects.

Project Connect is an indicated prevention collaborative project between Alvord Unified School District and the Department of Mental Health funded out of California Department of Alcohol and Drug Program SDFSC funded grant. We work closely with schools in providing services for students and their families who are going through the expulsion process for ATOD or violence related offences.

Challenges:
- ✓ Language—each field has their own language and the same words have different meaning to education than health.
- ✓ System business practice differences; also priorities, ethics and skill sets.

Lessons Learned:
- ✓ Systems' administration must be committed to project success—there will be need to compromise and administration will have to navigate the project through intragency impediments.
- ✓ Partners must have strong personal/professional relationship and commit to frequent communication and remain flexible—this is difficult and challenging work!

Santa Clara County

School Partnership Component:
School partnerships are extremely challenging. Our program works closely with two high schools, and sometimes a third high school in a large, urban school district. The school district committed to implementing the Olweus Bullying Prevention Program in two high schools for three years, and comparing the results to a third high school (a control group). The control school data has been gathered without incident. One of the two schools with the Olweus intervention has been successful for three years; finding a motivated second Olweus school took about two years and attempts at three schools (the third school is succeeding). We have struggled with the politics of the district but had great success with the teachers who are involved in the day-to-day grant activities. Our efforts producing successes include:

- ✓ Work with a school that has staff whose members are interconnected to the school and to each other. The more isolated the teachers are, the harder it is to implement a program school-wide and keep the momentum going.
- ✓ Regular contact with school point people, at least every other week, sometimes daily.
- ✓ Come to them. Adapt to their school schedules as much as possible, as their time constraints are intense.
- ✓ Find out from the school point people what type of activities, people, or groups have been successful and utilize them! Add existing school elements into new projects as much as possible; this builds a better foundation for your project and increases sustainability in the long term.
- ✓ Make sure your budget allows the school folks to have financial resources for occasional staff training (with paid substitutes), art/activities with the kids, food, etc. Even if infrequent, these activities are greatly appreciated by staff and they notice when a program rewards/supports their efforts.
- ✓ Keep staff informed of the project's successes and struggles. This builds trust.
- ✓ Come to their meetings once in a while and bring a pizza; if possible attend some school functions occasionally to show your support.
- ✓ Ask for input from school personnel and integrate it into your plans.
- ✓ Thank them for their participation—no matter how small the efforts.
- ✓ Continually increase your school contacts by getting names from your point people at the school.

Challenges:
- ✓ Despite having a written contract with the District, the District's administration did not cooperate and sometimes fought me on decisions that had to be made to continue the grant (e.g., switching from one high school to another when the first school was not actively participating in the program).
- ✓ Having to be ready to pull funding if the administration didn't accommodate basic requests to benefit the grant.
- ✓ Contractors (an agency that was to provide a parent education curriculum) who did not finish their work and never gave us a finished product (they were eventually defunded).
- ✓ Teachers that are "too busy" or have "too many State requirements" to participate.
- ✓ Coordinating school schedules with those with traditional work schedules (i.e., 8 a.m.-5 p.m. Monday—Friday, working summers, etc.).
- ✓ Starting the project without an evaluator and having one enter at year-two and create an evaluation plan.
- ✓ Having to again alter the evaluation plan in year-four due to the type of school data we were and were not able to obtain.
- ✓ Having another full-time set of duties instead of being able to devote all of my time to the school projects.
- ✓ Adapting the Olweus program for high school kids and staff: a) changing terminology to make the program more palatable to high school students; b) implementation fidelity, especially since the Olweus program hasn't been implemented in high schools before; c) finding creative ways to engage youth and staff in participating in the program.

Lessons Learned:

- ✓ Don't try to work with a school without a commitment from them to do what you need them to do. Tell staff up front specifically what will be required of them before you start implementing.
- ✓ Work with schools whose staff get along, or at least have mutual respect and will work well together for the sake of the students.
- ✓ Integrate new program components into existing activities in the school to insure sustainability.
- ✓ Help the staff be creative as they implement your program.
- ✓ Provide money for substitutes so staff can get training or have meetings when needed.
- ✓ Include all types of school personnel in the project, but you MUST have the backing of the Principal (not just in words....).
- ✓ Get the students involved in as many ways as possible. If some staff is resistant, it's unlikely they will reject a project that the students are sold on.
- ✓ Be flexible—ensure that required program elements are implemented but let the staff take care of the details.
- ✓ Let your program evaluation plan evolve with the grant activities. Deal with reality and use existing resources to make things work. Be willing to change or adapt an element if it is not working.
- ✓ Consult with your colleagues and your ADP County Analyst for ideas and support.

Conclusion

Building long-term, mutually beneficial partnerships with schools is not an easy process. This brief highlighted the challenges grantees have encountered while working with schools, what the research says about building and maintaining successful school partnerships, as well as practical insights into working successfully with schools around six topic areas:

- Begin on common ground
- Establish a common language
- Build linkages between prevention outcomes and academic outcomes
- Become a valuable commodity rather than a burden
- Share data
- Manage infrastructure changes

While doing so, this brief also shared the advice of experts in the field as well as grantees who've had success in building school partnerships. The knowledge and insights shared by these resources should provide you with a multitude of tips and strategies to keep in mind as you continue your work in schools.

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Notes on *Prevention Brief*, Vol. 2 No. 1:

This *Brief* was written by Belinda Basca, CARS consultant. Ms. Basca is a K-5 curriculum writer of Science Companion®, a hands-on learning program that takes advantage of children's extensive knowledge of—and curiosity about—how things work in the world. As a consultant for EMT and CARS, Belinda has assisted on a variety of mentoring projects and conducted site visits for Friday Night Live Mentoring and the SDFSC program.

As a former researcher at Harvard Project Zero on The Understandings of Consequence Project, Ms. Basca's work focused on complex causal science concepts and their application in the classroom. In particular, she studied how children reason about challenging topics in science at the elementary and middle school level. She developed science curriculum and conducted frequent classroom observations of teachers and interviews with children.

For this issue of *Prevention Brief*, Alison Adler and Jan Ryan were consulted for their expertise on culturally appropriate strategies. We thank them for their contribution.

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The SDFSC TA Prevention Brief Series provides information on topics relevant to grantees grounded in your experiences and explained through research. A copy of this publication can also be found on our website at www.ca-sdfsc.org. If you would like to suggest a topic, contact Kerrilyn Scott, Project Director, at kerrilyn@emt.org.

To learn more about the Safe and Drug-Free Schools and Communities Technical Assistance Project and other publications by the Center for Applied Research Solutions (CARS), please contact our office.

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