EDUCATION DEVELOPMENT CENTER, INCORPORATED

Moderator: Carlos Pavao
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Operator: Good day and welcome to today's Tools for Selecting Appropriate Community Substance Abuse Prevention Programs conference call. Today's call is being recorded.

At the completion of the question and answer session, please remain online to complete a polling questionnaire.

I would now like to conduct a brief roll call. When I call out your name, please state your organization and location, and also please state what you would like to learn or gain from today's audio conference.

Let me begin with Heather Thomson.

Heather Thomson: Hi. I'm from the Plymouth County District Attorney's office. I'm the Project Coordinator. And our office was fortunate enough to get the Drug-Free Community's Grant. I am relatively new and looking at substance abuse prevention programming. So I'm kind of green and looking to just get as much information as possible.

Operator: Thank you. Michael Fontana.

Michael Fontana: I'm from Fenway Community Health, in Boston, Massachusetts. And I am the Facilitator for Club Drug Initiative. And I'm just looking to sharpen my prevention skills.

Operator: Thank you. Emily Rosenberg.

Emily Rosenberg: Oh, I'm Emily Rosenberg. And I'm at the Regional Center for Healthy Communities, and I'm part of this conference because we work with a number of different coalitions who are always looking for different prevention models.

Operator: Thank you. And at this time, I'd like to turn the call over to Mr. Carlos Pavao. Please go ahead, sir.

Carlos Pavao: Hello, everyone, and welcome to today's audio conference. My name is Carlos Pavao. I'm the Training and Technical Assistance Manager here at the Northeast CAPT. The purpose of today's audio conference is twofold. One, to learn about what is prevention, but more importantly learning more about the importance of evidence-based strategies. The second purpose of today's audio conference is looking at the feasibility tool and the application of it.

Today's format is we're going to be having one speaker followed by a Q&A of 10 minutes, then we're going to have our second speaker followed by another Q&A for another 10 minutes.

Our first speaker is Judy Ekman. Judy Ekman is the Executive Director of the Alcohol and Substance Abuse Prevention Council in, Saratoga Springs, New York. She's an experienced prevention trainer and has over 20 years of substance abuse prevention programming. She also works closely with law enforcement and schools. She has published "Growing Up Drug-Free: A Prevention Curriculum For Churches."

Our second speaker is Sandra Del Sesto. She is the Founder and Executive Director of Initiative For Human Development in Pawtucket, Rhode Island. She is also the Founder and Administrator at the Rhode Island Teen Institute. Sandra's also an experienced trainer. She is expert when it comes to strategic planning, program development and capacity building. She's also the co-developer of a CSAP exemplary program targeting low literacy immigrant parents. Sandra's publications include "The Rhode Island Community Plan for HIV Prevention" and also the "Community Plan For Substance Abuse Prevention."

I also would like to remind our participants if you are in the room and you have more than one listener it would be great if you would let us know via e-mail who the names of these folks are. We actually need that just for evaluation purposes.

So without further ado, I'm going to have Judy Ekman be our first speaker.

Judy Ekman: OK. Hi, I'm Judy Ekman. I've been working, as Carlos said, in the prevention field for about 25 years. And therefore I've pretty much experienced the history of prevention personally.

We began here in 1979 by developing our own programs and curricula-based in educational theory and a common sense understanding that if parents, teachers and the community all work together to encourage positive decision-making young people would be less likely to try to tobacco, alcohol, or other drugs. From the beginning we used peer leaders, that is, older youth to work in small group settings with younger ones. We were on the right track in those kinds of programs, but our outcome measures were all knowledge-based because that was what we knew how to do. I think in prevention it's particularly important to keep in mind the old adage that if the only tool you have is a hammer then every problem looks like a nail. That's why we have to build a few more tools, get more tools in our box so that we actually are able to approach problems and programs from multi facets.

We all thought our programs were effective but we never had the data to prove that they did anything more than make the schools and the agency and the communities feel good that all of us were doing something. That's where evidence-based prevention comes in. And my little side note here is that from this point my presentation is going to be based on the PowerPoint slide presentation. The first slide is titled "Evidenced-Based Prevention." I hope everyone's printed that out and has reference to it so that you can follow along through this whole process or at least look at it on your computer.

We have to fast forward to today where there's been a great deal of research on a fairly wide number and variety of programs. And we can now assert that specific programs have particular outcomes for particular populations. We can now choose a program that will meet our needs, and if we follow it carefully we can be reasonably certain that we can replicate the outcomes that the program researchers say that we'll get.

My role today is to really get us to the same page in preparation for learning about and actually practicing using a specific tool that will help us decision-makers in determining whether or not a specific program is right for our communities or for the populations that we're choosing.

So, slide two contains a succinct definition of prevention. You'll note that it talks about two different parties, the individual who's acting in a healthy or unhealthy way, and the environment that surrounds that individual. A majority of evidence-based curricula are focused on the individual, but there are a number of effective strategies and programs to help in the development of a positive environment. And effective prevention involves both.

The strategic planning slide lists the steps that need to be accomplished in choosing and implementing effective prevention, both individual and environmental. Before we can begin to assess the feasibility of any particular program we really need to follow the beginning steps of strategic planning. First we have to find out our community needs. There are several ways to do

this. Student and adult surveys conducted using good research standards like surveying an adequate number of randomly selected individuals are really a very, very important tool in beginning a needs assessment. There are a number of good survey instruments. The instruments are often in the public domain and analysis costs for those instruments can be relatively low. The Communities that Care Model, which is now owned by SAMHSA, measures not only behavior but risk and protective factors that underlie and mitigate against problem behaviors. This is a particularly helpful survey for communities because it enables us to target a risk factor in multiple settings such as neighborhood and family and gives a solid measure of progress in factors that tend to change more rapidly than behavior itself. For example, if young teens have the perception that adults or parents, the community or peers approve of the use of substances, they themselves are more likely to use substances. This perception can turn very rapidly, whereas the change in substance use percentages proceeds more slowly. So tracking risk factors can really help to find early information that helps to inform your choice of programs.

The second thing you can use is data that's already collected or archival data. For example, your police department keeps a record of arrests in specific age groups or for specific crimes, the health department knows numbers of teen births or numbers of STDs and the emergency department at a local or regional hospital can tell you about drug or alcohol overdoses that have been treated, et cetera. You can also interview individuals who know what's happening in the community or key informants. A police chief, juvenile aid supervisor, school principals or the vice principals that are dealing with discipline, clergy, leaders in specific neighborhoods or ethnic communities, child welfare supervisors, student leaders, et cetera, each of those people can give you a perspective on specific issues, and they can help to shed light on any survey results. If you've done, you know, if you've surveyed adults or students and have found out some things that puzzle you or that you don't fully understand, these kinds of interviews can help you understand those much better.

Now, the question people always ask is, “you know, I know what the problem is, why do I have to do all this work?” A couple of answers. First, I think each one of us needs to recognize that we have a more limited keyhole than we think. Secondly, when a potential funder or an important supporter asks you why you are asking for their support or for their money it isn’t very compelling to say, well, because we think we have a problem with teens smoking marijuana. Most importantly, without any data as to what’s happening right now you really have no measure to see whether or not you're making progress and whether or not your program is effective.

When you've completed the needs assessment step, then what you need to do is discover what else is being done in the community to prevent or deal with a specific problem. This will produce partners in your initiative; it will help you avoid duplication of services. And we all know that there’s enough to be done, and funding and support are thin enough in this day and age that we can’t afford to be duplicating the work that each other is doing. And it will also give you a realistic picture of some additional resources you may not have thought of who are available to help you, perhaps enhancing an ongoing effort that’s happening in your community.

Based on that needs and resource assessment, then you really need to target in on a specific population. Programs in the model program websites and the specific indexes are listed by the behavior to be targeted, they're listed by the age group of this target population, they're listed by setting such as school, after-school, community. They're listed by rural or urban or suburban. Some of them have results with specific populations of specific ethnicity and not with others, et cetera.

The next slide, Institute of Medicine, illustrates that there are also distinctive populations within any target group. In looking at that slide, let’s take driving under the influence, for example. A universal population is maybe all teens who either drive or ride with other teens. And a universal program might be a group like SADD, which was founded to provide a message against driver and passenger involvement in DUI and a positive message about how to avoid those behaviors.

Obviously, moving to the selective population, teens who drink are more at risk for driving under the influence and, frankly, for riding with drivers who are under the influence. So a community might provide intervention classes or student assistance counseling programs for teens, or server training for – in order to reduce the availability of alcohol specifically for teens. These programs would be based on kids having tried alcohol or having attempted to purchase alcohol as opposed the general population that's focused more on the drinking and driving and all teenage risk.

And finally we have the indicated folks. And those are people who have been arrested for driving under the influence or in some way have been cause doing that. Things like victim impact panels, youth court programs, or DWI court are indicated programs targeted at that population. Now, I'm not saying that each one of the initiatives that I've mentioned has equal evidence of effectiveness. Some do and some do not. But those are illustrations of the different types of populations and programs that might be focused them.

That next little pyramid, if you'll look at that, when you choose an evidence-based program you're choosing one that sits at level four or five of that specific pyramid. This means that it has been published and critically screened and reviewed evidence of effectiveness and includes scientifically matched control populations, which is often difficult for local programs to discover. But you really need to find out whether there's a change in behavior on the part of those who have the program in contrast to a similar population that does not have the program.

They also have evidence that verifies the fact that it's the program itself and not another factor such as a terrific facilitator or the specific community climate at a specific time that's responsible for the outcomes. Level five or model programs have further certified that they have the capacity to provide materials, training, and technical assistance to a national audience. Now, this fact is very important to keep in mind as we move into the concrete feasibility tool, because these model programs have the responsibility to help you as a practitioner be able to fulfill that program with good fidelity or let you know what adaptations will work and what won't.

A review of all of the evidence-based programs would suggest that many of these share these three keys in common. They're theory-based strategies that blend individual and environmental approaches, they utilize multiple strategies in multiple settings working toward a few common goals, and they're logically designed programs that include strong evaluation plans.

Now, what do we mean by multiple strategies? The next several slides are going to discuss the range of strategies that have been demonstrated to be effective. We aren't going to spend a lot of time here because this isn't really the full purpose of this audio conference. But it's important to note and underline that no single initiative or curriculum no matter how effective or how good is going to by itself solve a community problem. We really need to remember from the last slide multiple strategies in multiple settings working toward a few common goals. That needs to be the mantra in prevention.

In the policy realm we're talking locally pretty much about the kinds of local ordinances that produce economic problems. That is fines. They may be school policies that require personal consequences on the part of young people who break the rules. That may mean neighborhood action to shut down a drug house or shut down a bar that's being particularly flagrant in violating the law about underage service. Within all of the literature and the connections to community development there are a lot of remedies available in policy with utilizing local ordinances, you know, such as zoning, et cetera.

Enforcement really means consistency. If it's a law or a local policy, enforce it. If it's a school policy, enforce it whether the young person who breaks the rules is the star – the star football player in the middle of football season or not. This particular realm of things also illustrates the importance of involving law enforcement in our community coalitions or in our community initiatives. If they're there from the beginning and if they understand that there's a body of

community people behind them, enforcement is much more consistent, enforcement is much more likely.

Education is where many model programs reside. This is sort of the group that covers curricula, school-based, out-of-school, peer education or peer advocacy kinds of programs, youth development programs, family education, parenting skills, things like Strengthening Families Program or FAST, Families and Schools Together. Private sector server training, you know, is kind of – server training is both a policy enforcement and education tool that communities can use. Communication is how we get the word out. You may or may not be familiar with the term social marketing. Public education is straight forward, getting the word out to people using whatever media outlets you have available for your community. Social marketing takes that kind of communication a step further by focusing on the perceived needs of the target population and how your desired behavior will benefit them. So lets go back to the needs assessment and the target population. And this is where doing things like focus groups or key informant interviews will give you a good idea of what needs your target population has. Media advocacy is all about developing relationships, and media literacy is about developing critical consumers who understand how the media is getting to them and what they can do to be objective.

I don't think that the group that's on the call here needs any particular information about collaboration. Community coalitions have really made a huge difference in the effectiveness and the reach of prevention programming over the last five to years. And it's a program or a strategy that's growing annually as more and more communities come on board.

Finally, alternatives – well, that isn't finally. I guess that's next to the last. The general conclusion of researchers is that these kinds of activities alone are insufficient to affect substance abuse among youth. That being said, if they are either part of a comprehensive prevention plan that encourages – that includes other strategies that have proven to be effective or if they're focused on an environmental need, these alternatives can be very helpful. For example, if you

discover that most substance use among your middle school population is happening between 3:00 and 6:00 in the afternoon, then providing an alternative program where the kids are at school regardless of the content of that program, it will alter the environmental risk that those young people are facing. However, even better is to take a model program like All Stars and use it in this context which will bring you to the multiple strategy rule, multiple strategies supporting positive alternatives, and further it'll make your life a lot easier in terms of planning that particular after-school program, planning for that block of time.

Another example that we hear all the time is sports. Parents think that automatically their child is in sports and therefore they're protected, when in fact, sports may actually encourage substance use because of the ethos of the particular sport or of the team. When we take policy, enforcement and skill-building programs that focus specifically on athletes and include them in the sports, then we can talk about a deterrent outcome being achieved.

Finally, we have early intervention, and these are the programs that really fill the need of the selective and indicated populations within that group. Trying to work with people who have known risk factors or working with individuals who have already experienced the problem behavior, to move them into a more healthy kind of position. As I said earlier, again – back to the mantra of prevention – multiple strategies in multiple settings. The next-to-the-last slide here talks about those multiple settings. And you can go through those. They can be expanded a great deal. Look at the community, for example. I think everyone on the conference call could think of several different specific settings within communities that are essential to the success of a program. They may be the faith communities, they may be getting a powerful group of senior citizens involved, et cetera. They maybe involve neighborhood associations or the leaders in a particular housing setting, recreational programs, et cetera. But utilizing these multiple settings to do programs is the key.

The caveat slide really connects us to the second half of the program. What we are trying to do through this background and then using feasibility assessment is to help people pick programs that will avoid the problems that are listed on this caveat, to choose effective programs that match our needs and match our resources and match the needs of our particular target population.

So I guess that is really the presentation part that I think will lead us to beginning the feasibility assessment. And at this point I'd be very happy to open – I galloped right through that – and I'd be very happy to open this to questions that people might have.

Operator: And all lines are open for the question and answer session. If you have a question, please go ahead and state that question at this time.

Richard Guevara: Hello?

Judy Ekman: Yes?

Richard Guevara: Hi. I just came in a little late in the conference call.

Judy Ekman: Hi, Richard.

Richard Guevara: I'm not sure if we did a roll call.

Judy Ekman: We did at the beginning, and we welcome you, Richard.

Richard Guevara: Thank you. My apologies.

Carlos Pavao: Actually there's also another participant that just joined. Arthur Plitt. Would you and Richard mind introducing yourselves and also stating a couple things of what you would like to get from this audio conference?

Arthur Plitt: I'm Arthur Plitt, from the Woodlawn Weed and Seed, in Pawtucket, Rhode Island. I'm looking to hone in some other alternatives. We have run a number of substance abuse programs, but we try not to remain still. We do run the All Star program and CIS and a number of other things that have been helpful. But unfortunately, I got into a taping for domestic violence for the local TV station, so I was delayed. But that's one of the other problems that we face and probably adds to the substance abuse in our community as well as I'm sure in others as well.

Carlos Pavao: Thank you. Richard, would you like to introduce yourself?

Richard Guevara: Sure. My name is Richard Guevara. I direct Sobro Mount Haven operation Weed and Seed in Bronx, New York. The reason why I'm actually on the conference call is just to get some more feedback and information on substance abuse prevention. We are the recipient of a SAMHSA grant where we're going to be working with youth and trying to reduce the age of onset for tobacco, alcohol and marijuana. And so really I wanted to surround myself by an audience that has expertise and experience and I can just listen in and get some of the feedback and get some best practices.

Carlos Pavao: Thank you. Does anyone have any questions for Judy?

Actually, Judy, would you mind saying a couple things about where would you get information about evidence-based programs?

Judy Ekman: There are three different registries of evidence-based programs, and the difference has to do with specific purposes and some specific standards. All of the programs listed certainly have good evidence behind them. You can get them at the SAMHSA Web site at the CSAP Model

Programs site, you can get them through the Office of Juvenile Justice and Delinquency Prevention, OJJDP. They have a database where you search specifically. You can search specifically by risk factor, for example. And you can get them through the Department of Education, because the programs that are eligible for Safe and Drug-free Schools promulgation are – that's a slightly broader list – at least I know it is in New York State – than either OJJDP or CSAP. I believe that in the e-mail that Valda sent out about getting onto the call she included the link to the CAPT. And if you go to the link on this audio conference there are particular links to each one of these model program databases is listed right there on the announcement for this audio conference.

Carlos Pavao: Great. Does anyone have any questions?

Arthur Plitt: It's Arthur Plitt, from Woodland. Is there anything that is available for youth with disabilities?

Judy Ekman: I can't tell you that specifically. But, again, Things are listed fairly well by population. And so there may well be programs out there that have done some testing with young people with disabilities, because we know that disability is a risk factor, and therefore there may well be some model programs that have done some research on that.

Arthur Plitt: Thank you.

Carlos Pavao: Any other questions?

Richard Guevara: This is Richard. Actually, when I got the link for the conference call there were some materials that I printed out that initially were already somewhat helpful. The evidenced-based prevention piece that was sent there and the feasibility study – did we go over that stuff? Did I miss that component?

Judy Ekman: We've gone through the evidence-based slide show at this point. That's all that we've gone through. The feasibility assessment, as soon as this question and answer period is over, Sandra is going to move into that slide show and the tool and the case study.

Richard Guevara: And my next question would be, at the conclusion of the actual conference call, will we be able to just share and cross-reference contact information from the people who participated on the conference call?

Carlos Pavao: The NECAPT can share information of who participated in the conference call.

Richard Guevara: Thank you.

Carlos Pavao: Does anyone have any other questions for Judy?

Judy Ekman: Well, Carlos, it sounds like it would be a good time to move along to Sandra. And then it may well be that at the conclusion of that presentation there may be some questions that will come back to some of the pieces of this initial –

Carlos Pavao: OK, great. Our next presenter is Sandra Del Sesto. And Sandra, would you mind taking the stage.

Sandra Del Sesto: Hi, there. Arthur, I'm probably about 10 minutes from you. I'm right on Broadway, in Pawtucket. It's a pleasure for me to speak to you today about the feasibility instrument itself and walk you through some of the slides that we've presented on that. And then my goal is to use the case study that was sent to you and kind of walk through the tool to see how it can be used. I think you'll find that while the tool looks a little daunting if you've downloaded it, when you use it you can see how helpful it can be in terms of helping you with your planning process and identifying maybe gaps that may exist in terms of your programming.

So let's just start – and I'm going to give you examples from my own experience. I'm a community-based provider myself and have had experience implementing a number of model programs. Some of those experiences have been very positive and others have not been quite so positive. And so maybe, you know, you have had similar experiences. And looking at the feasibility tool ahead of time really can help alleviate some of those difficulties.

My experience is that the weakest areas in prevention are two. One is at the beginning of the process where we haven't done a good job with our needs assessment in terms of – and Judy spoke really well of that – our needs assessment in terms of what our resources were and are and what are the specific needs in the community and whether or not the program is really feasible to be implemented in this site or sites that we're thinking of. And then the fit piece that we don't spend a whole lot of time on. We move very quickly to the target population and finding a program for that target population without consideration of all the other issues that combine to create success for a prevention strategy. And then the other piece that I think – where we've gone and we're not going to talk much about today is evaluation and did we make a difference in this population with respect to not just changing knowledge levels, because we know that doesn't change behavior, but in attitudes and behavior.

So if we begin with the slides we can talk about the fact that programs often fail because they don't have a logical plan, that we haven't done our strategic planning so we're linking the community needs and resources, our theory of change, which, you know, what we expect to have happen in terms – and why. And clearly our target population, the activities that are supposed to bring out the change, the short-term outcomes, which around behaviors, which relate increasing risk factors and reducing risk factors and increasing protective factors or the assets in the community. And then the long-term outcome is really what we were funded to do in the first place, which is in the case of this conversation reduced substance abuse and violence in the community. So we fail because we haven't planned.

So in the next slide we talk about the key steps that must precede a feasibility assessment. Before you can even look at feasibility you need to identify your needs, as Judy spoke so eloquently about, and your target population. And it's not only by age but cultural group and in your cases neighborhood, because the Weed and Seed projects are neighborhood-based. What else is already going on, and is the program you're considering, the third bullet on that slide where it says "consistent," you know, it's like consistent and confluent with what you've found out, your needs assessment. Is it going to fit?

So some advantages of using an evidence-based program are all of those. It's intended to make your life easier. That's the bottom line for me. It's maximizing the chances of achieving the desired outcome because the assumption is that in other places with similar target populations and similar settings these changes occurred, whether it's a decrease in marijuana use or decrease in binge drinking, that it's like plant a carrot, get a carrot. If you do it this way, if you follow my recipe you're going to get the outcome. And then minimize the risk of negative unintended consequences. Probably the best example of that is the DARE program, which didn't have really strong evaluation attached to it when it first started and there were negative unintended consequences as a result. And more efficient in applying program strategies, evaluations, and counter the continued application of ineffective prevention programs which all of us had had experience with, where people are well intended, particularly around the implementation, say, of knowledge-based programs or scare tactics. I mean, it's still popular with well-meaning members of our coalitions. But in the long run we've learned that they really have no outcome.

Now, some of the disadvantages of using an evidence-based program. Again, the bottom line here is you may not find one that fits. And in the introduction Carlos spoke about a parenting program that we're doing here out of our agency because we couldn't find a program that had a literacy level low enough for the immigrant families that we were dealing with. So we, you know,

have developed a home-grown program which was a tremendous amount of work. We've been working at it for about eight or nine years now. And so if you can find an evidence-based program it really reduces your time around development, because that's already been done for you. And the design is sound, the evaluation tools are there, and the target population in the setting and all that has been already identified for you.

So if you look at the next slide we're talking about two things. An appropriate program for a community must be (A), effective. In other words, it should have the outcomes that your grant is predicting will happen in your community, which in this case as we said is around violence and substance abuse. And if it's effective, the program has to be evidence-based. The easiest way to identify an evidence-based program is to go to one of the models from one of the three agencies that, you know, we've just described. Otherwise you are designing your own program based on research, which of course is a lot more difficult. And is it feasible. In other words, can we make it happen here?

So the first requirement is: Is it effective? This is an interesting slide because it says an evidence-based program that meets my needs and objectives. And it says if not choose another priority need. If we have that option it's a safe way to do that. But sometimes we don't have that option.

And so now we're going to move to a discussion of the feasibility assessment. And I want to point out some key words in that definition. First that it's structured and systematic. And that's helpful because it gets rid of the subjectivity of a decision in terms of personal preferences of people who are doing planning and creates a setting where we're being just very clear and very objective about our choices. And it's to assess first How easy is this program going to be to implement and how appropriate is it for our population. And the dimensions in feasibility are listed on the next slide, and there are seven, and we're going to talk about each of those individually. And, again, I think this is a reference for you later so that you can – when you think

of resources, et cetera, you can think of the wholesale range of resources that you might have. So the resources are everything from, you know, the cost and what it's going to cost you and the money that you have available to you for the training and your access to space, equipment, materials. And qualified staff – that's always a key issue in terms of feasibility. It's one that's often overlooked – is our staff capable of implementing the program as written.

Additional resources are, for example, time requirements. We implemented a program in a community here in Rhode Island. Actually the key reason we implemented it over other programs that we had choices of was that the program could be delivered in seven sessions and we only had eight sessions that were going to be available to us. And so while it wasn't our first choice in terms of the content, we were limited because the time requirement was nonnegotiable. It wasn't the best reason for making a decision, but it had to be – it was a primary consideration because of the site. Other resources also include incentives for program participants, which is something we overlook. And those incentives don't have to just be associated with money or items, but the group can be very creative about what might provoke people to get into this program, you know, what would be in it for them to do this. And, say, with youth it might be that if you participate in this program you also get to participate in some kind of an alternative program, as Judy described earlier.

The target population, when we look at the target population not only do we want to look at age and willingness to accept a new program, but we have to look at their language. And one I'd like to add here is the literacy level. If you're dealing with immigrant populations or populations where you know that most of the folks who are going to be participating in that program may not have, you know, even finished elementary school either in their own home culture if – or here in the United States, what the customs are, is there information in the curriculum that – say the curriculum has a very strong abstinence sort of message and you don't have an opportunity to incorporate, you know, the local customs of a culture where, say, wine with meals or wine as part of a religious activity.

So, again, the target population is – you know, will the key leaders of that population group, will they embrace this, will they see this as useful and positive for their population. So it's very important that you identify not only the experts in your community as your decision-making group but that you also include key leaders from the target group to be sure that it's something that they're comfortable with and that they can support, and if there are favor history, and do you have permission to collect data. And that's really an FYI to folks now, because if you're doing a funded project you really need to attend to the issues of consent. There should be a consent form for every youth participant for – and then a consent form that corresponds to that for the parents of those youth. And even if you're dealing with a parenting program that there's a consent form as well. And that can be as short as one page, but it's something that's protective for the participants and it's also protective for your agency as well.

The next slide talks about organizational climate. And that's also a consideration that some of us ignore. And that says is our agency ready to implement the program, do I have staff that are willing to accept the program, does it fit in with our mission and everything else we're doing, do we have a buy-in from the key leaders in the organization in terms of the amount of time it's going to take. We're doing a coalition project here in Pawtucket, and so the buy-in of the key leaders of the agencies that are our partners in terms of allowing folks the time to do this program and participate in meetings and trainings is really important. And does the staff see this as useful. And, again, the organizational climate – I wanted to point out that when Judy said multiple strategies with multiple populations working towards a few common goals, do you have other things that are going on within your agency that are complimentary to the program that you're trying to implement. If the answer to that is yes, the likelihood – and this also goes for coalition – for success is going to be greater than if this is the only activity that you're doing.

And the community climate there's some of the same elements, the same willingness to accept new programs, the buy-in of community leaders, the permission to collect data. And then the last

one, again, is something that we forget about. It's like what happens when we have someone in our program that needs assistance beyond what the prevention program is going to offer. So where, say, something like – as Arthur mentioned, domestic violence surfaces or substance abuse in the – in the family, or maybe even basic needs. Do you have a referral system for those folks and, you know, is your staff trained not in a complicated way but to know where to go for additional help for their participants if needed.

And then the next one is evaluability. Can you get baseline data? And that can be through some kind of school surveys or behavioral surveys that are done state-wide but where you can pull data specifically for your community. You can look at juvenile arrest data for your community. But if you're going to prove outcomes – and as the Weed and Seed programs, you know, exhaust their funding you're going to have to be able to show, you know, very concrete outcomes. And you can't do that if you don't have data in the beginning, baseline.

And then the second, too, is access to participants over time. How can I find out what's going on for these folks six months after the program is over or one year after the program is over? And the third one, too, that you don't want your program designed to be too, too complicated. The more complicated it is the more difficult it is going to be to implement and also the more difficult it will be to get outcomes. And do you have access to evaluation skills. My personal suggestion is that you use an outside evaluator if you can afford it, and absolutely that you use the tools that were developed by the program developer for the model program. And then do you have the resources to do this. You need to carve that out of your budget. And if you haven't, I would strongly recommend that, you know, you make a budget revision and do it now.

The future sustainability of the project – and up front do you have good relationships among agencies in the community, and where are the strongest linkages and where are the ones that need to be strengthened. And is there renewable financial support, is there a way that the

program can be taken on or incorporated into existing settings whether it's community center or school or some other – the church or some other entity.

The media is very important. And I think the Weed and Seed here in Pawtucket has done a good job at that, getting the word out about the activities that they're doing and the positive outcomes that they've experienced. And that you have a strong host and strong advocate.

All right, so let's start talking about the tool. The use of the tools is to assess the degree of fit between the requirements and characteristics of a program on the one hand and the needs of the target population, the capacity of the organization or group delivering the services, and the community conditions on the other hand. So how well is this – is this going to fit for us. And then when should we use the tool. Before using the tool you absolutely have to do the three things that are listed. Identify a target population and the specific needs you plan to address. And that might be, you know, alcohol abuse, it might be availability of alcohol because of the density of outlets, you know, providing alcohol in the community, the specific goals that you want to achieve and one or more programs that might be appropriate for your particular setting.

And so the next slide is the sample of the tool. But now I think I'd like you to move to the tool itself – and hope everyone has it – that you downloaded, and it lists on the very first page all the categories that you need. And you notice there's 14 points allocated to each of those. The way this was developed by folks at the CAPT was that there were a thousand points assigned and you actually do a rating from one to 14 of all the items on the first and second page and then one to 24 for the items on the third page. And those have a higher point value because of their influence on the outcome of the program. And then the following pages list additional points as well.

So if you look at the case study you can identify, you know – this talk's about a typical community in the Northeast. We use that because all of here on the call are from the Northeast. And so we look at the categories and the program requirements and the capacity. So, for example, cost is a

similar one. How do we know the cost? It's very simply – and I'm going to say this probably more than once – you call the program developer and you find out the cost of implementing the program. And if you looked on your slides, actually, you know, we talk about, you know, all those possibilities. But cost is not only the cost of the training, it's the cost of the curriculum. And you also have to factor in the cost for any other materials that might be needed such as incentives. And what does it require to implement the program for one group, for example, and what is the capacity of your agency based on the amount of money you have in your grant. And the scale would be the difference between, you know, the capacity and the program requirements. So is it not feasible or extremely feasible.

I had an experience here in Rhode Island where an agency that I knew had applied to implement a program and no one had looked into the possible cost of the program. They actually got the grant because none of the reviewers knew the cost and assumed that the folks had done a feasibility study. And they had written several thousand dollars for cost, and it was – the cost was $14,000. And so in the end the grant was pulled because there was no possibility at all of those folks implementing the program that they had looked at. So, you know, first things first. I mean, can we afford it.

In terms of staff training, I mean, are the requirements, you know, four days, two days, one day. All model programs will require staff training. And so, you know, do you have the capacity to release folks or, you know, to a training that's local or to send them to a training that's national. So you have to look at that capacity as well. And we can go, you know, down a long way. I'd like – on the fourth you'll see the availability of space is three rooms, one for parents, one for kids, and one for daycare. And that's what's required. And the capacity that you have is two rooms. So you need to make a decision about that. These are such practical and obvious issues that often are overlooked when you get down to the point where you're ready to implement.

So if we look at the case study, what if some of the – are we in a dialogue here? No, OK. So there are certain issues here that come up right away if we look at this case study. And I guess the way that I would have to do this is to point out, for example, that the program is – includes nine one-hour sessions in its core program and seven follow-up sessions. But the school says you have to do the program for 12 weeks. So there needs to be some kind of negotiation around the time, because you have, at least in the first round, you have three sessions that you need to address. And there are a number of ways that you could address that. And the first thing, again, would be to call the program developer and say is it possible to have these nine sessions extend over 12 weeks instead of nine weeks, and how can we do that without affecting the outcome of the program, is this an adaptation that's acceptable to you so it won't change, you know, the objectives that we want.

If you scan through you will see in every case the green column that I – or the first – the second column that identifies what the requirements are of the program, and then the third column is the capacity of your particular setting to meet that requirement. And in some cases there might not be a requirement. So that kind of let's you off the hook. And then the difference between the capacity and the program requirement is the scale score that you give it. And then the final score is the multiplication of the points that are listed on the far left, and the scale score will give you your feasibility score. So it's a simple multiplication.

And you would do this for more than one program that's listed as a model program by one of the three sources, again, that we spoke about earlier. And it will give us a point value in the end. One of the reasons why I personally like this tool as a community-based person, as I said before, is to move from a more subjective decision about what people have personal preferences for and what objectively would be best for the community. And given the scores on, say, or two or three programs, then you can have a conversation about, OK, what seems to be best and, you know, how can we best do this, given the information that we have. I also see the use of this tool as extremely helpful in preparing us well for evaluation, both process evaluation, which is did we do

what we said we were going to do, such as we implement 15 sessions over 15 weeks, which is what the program developer says we have to do, and outcome evaluation, which is did it make a difference, do we have positive outcomes in the areas that we're looking at.

So if we go back to the slides, we talk about the primary use of the feasibility tool, and that's to assess the fit between – we already talked about that – between the requirements and characteristics of the program and the needs of the – and capacity and the conditions in our local setting. And when should we use the tool. Again, before – I hope you're on the right slide. This is the slide that says when should a practitioner use the tool. Those – we already talked about that. So now if you have a low score on the feasibility tool there are two things that could be – could indicate. One is a need to adapt a program. And then that becomes a discussion about how much do we have to adapt it so that it will fit into our setting. So again I'll use literacy level because it's one I've had experience with. If the literacy level – it's supposed to be – the program's supposed to be for seventh graders, but the average reading level of the seventh graders in the neighborhood that you're working in is at the fourth grade reading level and the reading level of the curriculum is for – at the seventh grade reading level, you're going to have an issue with that. And so can we adapt it, which would mean simplifying the language, or should we move to another program. Again, that's a decision that has to be made with the assistance of the developer.

Then a need to increase the organizational capacity or change the community conditions. And that is actually more difficult. Except in the case of organizational capacity where you can look at additional training if that's the only capacity issue that you're considering. And the individual item score, it can be used to identify specific areas in which you have less than adequate capacity, either in staff abilities or support – community support or agency support. And whether or not this is – this is something that you need to address before you do anything, before you move any further. This actually can surface those kinds of problems in a – kind of in an objective way.

So we can adapt the tool. Again, it has a thousand points, but you can change the weighing system to fit the – what you consider most important for your community based on your previous experience. And so you can change the weighting among the categories and also within the categories. It's not written in stone. As long as the total, you know, equals a thousand it's going to work for you.

So the tools for it, it's a checklist to guide the evaluation of the program, and it also can help frame requirements if you're putting out an RFP to subcontractors in your community. It can also serve as a checklist for writing your grant. So this is something that actually needs to be done when you're preparing your grant application. Now, given that that's over for you, the second best thing is when you are making decisions about a program for a specific population. So it will also – the second bullet guides you to look at the areas where the programs need adaptation. And that might be space or the time of delivery or the number of folks delivering the program or whether it's during school or after school. You might look at a school-based program that's supposed to be done within the school day and discover from the program developer that with certain small modifications it can be done at the school in a community-based setting.

So – and then the last potential use that's mentioned on this page is to engage community leaders in the decision making process. And my experience has been over the years that the more you involve the community, including the target community, those informal leaders and formal leaders in the target community, in your planning, the more likely you are to have the buy-in you need and enthusiastic support that you're going to need over the course of the project.

And, finally, if you would look at the quote here, attention to both program fidelity – that means are we doing it, you know, the way it's supposed to be done – and adaptation, making adjustments to the program so it fits better in our setting, during the complex process of program implementation – and even if it's a simple program, those of us who work at the community level know that that's pretty complex because of the permissions that are needed and the – also the

arrangements and all the things that go with prevention programming. And this attention is critical to successful, sustained implementation of evidence-based substance abuse prevention programs. And, you know, that's another bottom line for us.

Now, the next two slides give you information about how you can find out more about a prevention program. And you've got those three sites. But there are additional suggestions listed here that would be helpful to you in terms of getting going if that's where you are. And then the last slide gives you references for the slide presentation that both Judy and I gave to you.

And I'm ready for questions and maybe looking at this study with you folks.

Operator: Thank you. And once again all lines are now open.

Carlos Pavao: Thank you so much for that, Sandra.

Sandra Del Sesto: OK.

Carlos Pavao: Does anyone have any questions?

Lisa McGlinchy: Hi, this is Lisa from the Northeast CAPT. I was just thinking as we're moving into the question and answer period if the listeners could really think about some of the challenges that they face or that they may anticipate when they're thinking about choosing an evidence-based program. And since we have Judy and Sandra on the line, maybe they can provide some advice in overcoming some of those challenges.

Judy Ekman: This is Judy. I really like the essential attitude that Sandra brings and that what she's saying is that choosing an evidence-based program is really the easiest way to go because it takes so much time and so much study and so much research to actually develop anything that's

going to be comparable. And I think that people who have been involved with prevention tend to look at evidence-based programs as being more trouble or more difficult. And really think that if we can manage to help change that paradigm to the fact that if you could take a program and apply it with a specific population it's actually going to be likely to work, I think that that really takes care of some of the kinds of challenges we face, which I find are more in the – almost attitudinal, why should we change what we're doing now in order to do something else.

Carlos Pavao: I'm looking at the time. It's about 2:20. We have about five minutes for a question and answer period. Does anyone have any questions?

Richard Guevara: I – actually Richard, from Bronx, New York. Hello?

Female: Yes, go ahead, Richard.

Richard Guevara: OK. I wasn't sure if you guys heard me. Really one – my interest is trying to get that captive audience, going into the schools. My question is one where what challenges have been faced. We're going to the Department of Education. Here in New York it is a very tight situation within the Department of Education. A lot of bureaucracy, a lot of red tape and things of that nature. What, if any, recommendations might you guys have in approaching this. Another location that we're looking to do is recreation centers within the community and targeting the youth that are actually in there and participating in instruction programming already. Unfortunately for us we don't have neighboring programs such as the Boys and Girls Clubs that do these kinds of prevention programs. So we don't have the name brand programs, YMCA, PALs, Boys and Girls Clubs. Really community-based recreational centers. So any challenges facing schools and any suggestions with working with recreational centers and captivating that audience, that target audience.

Sandra Del Sesto: OK, I'd like to jump in on that. First with schools, the biggest issue now with schools is accountability. And so when we've spoken to schools it's – the easiest sell is around the accountability, that we will be able to provide you with data pre-to-post about the impact of this program on your students. And to also talk about the ease of implementation, where the curricula of our model programs are all written out and it's very user friendly. So with a minimum amount of training in most cases your teachers are going to be able to implement this program and without having to go searching for materials and finding information from a variety of sites, that we are going to provide them with everything they need. So it's, (A), about the outcomes, and, (B), about the ease of implementation.

It's just like in business, what's in it for us to do this. And one is outcomes that you can share with your school committee and you can share with your parents, and, (B), is making life easier and being sure that what's being taught in your health class or whatever is effective and that we have a way to measure this, too, you don't even have to come up with your, you know, evaluation tools.

And as far as the community centers, this – my experience has been (too) they're looking for ease of implementation, number one, and they're looking for programs that are interactive. And most of the model programs, some more than others, are extremely interactive and engaging for students. You know, we're implementing a couple here. And the feedback from the agencies that are using it are saying that the kids like the program, they come because it's fun. So they're learning, yes, we have good outcomes, we have a pre and post test, but it is engaging to the youth – to the youth. And, again, if you involve the school or the community agencies in the selection process, then the buy-in will already be there. So that here in this community the parenting program that we wanted to – that was selected was, frankly, not the one that I liked the best as the lead agency. But it was selected by six different agencies based on their opinion about what was going on in the community and the capacity of their agencies. They selected the

program, and we haven't had any problem in meeting our numbers and getting the buy-in from the agencies as a result because they chose it.

And so those would be my suggestions.

Carlos Pavao: Thank you. Does anyone have any further questions before we start wrapping up?

Lisa McGlinchy: This is Lisa again. I have another question for Sandra. I'm just wondering if you could tell us in your experience how accessible have those developers been in scheduling training.

Sandra Del Sesto: Yes, that's been the most pleasant surprise of all. In order for your program to be identified as a model or an effective program by CSAP, at least – I can't speak for the other two, you know, Juvenile Justice and Department of ED, but I'd hope they'd be the same – part of their requirement for them being named is that they be accessible to local providers like us, as part of the requirements of being a model program in the first place. And my experience has been that they are immensely helpful in terms of helping us with adaptation, making accommodations around training, making suggestions around their experience with ease of implementation. All those have been tremendously helpful. In one case I asked the evaluator have you ever done this with a certain cultural group. And he said, no, I haven't, but I know a woman in Fall River, Massachusetts, that's been doing this. And he gave me the information and we've been in regular contact with that woman since the beginning of the project. And it saved us a lot of time, because she had already gone through the whole recruitment process, and that was one of our concerns. And we used all the suggestions she had and as well as the fliers she had developed in our program. And it made our start-up time probably half of what it would have been.

So my experience has been really positive. So I strongly encourage you to call them. And my experience has been that they're very accessible.

Carlos Pavao: Thank you, Sandra. And at this time on behalf of the Northeast CAPT I want to thank all the participants, and especially Judy and Sandra for their wonderful presentations. We're going to be doing evaluations at this time.

Operator: Thank you. At this time, we will conduct a brief electronic survey. After I finish reading the entire question and all the possible responses, please answer by firmly pressing the star key followed by the number on your touch-tone phone that corresponds to your choice. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment.

Please rate your satisfaction with each of the following aspects of today's workshop. First, the quality of the information you received. If it was very – if you were very dissatisfied, press star one; somewhat dissatisfied, press star two; somewhat satisfied, press star three or if you were very satisfied, press star four.

For the second aspect, relevance of the information to your work. Once again, that's star one for very dissatisfied; star two for somewhat dissatisfied; star three somewhat satisfied or star four for very satisfied.

For our third aspect, organization of the workshop. Using that same scale of star one for very dissatisfied to star four for very satisfied.

For our fourth one, sensitivity of the trainers to the participants. Once again that same scale is star one for very dissatisfied through star four for very satisfied.

Question five, opportunity for questions and discussion. Once again that same scale, star one very dissatisfied through star four for very satisfied.

Question six, the handouts or materials. Star one for very dissatisfied through star four very satisfied.

And for our last aspect of today's call, how likely are you use this information or ideas that you received in the workshop. Star one not at all likely; star two not very likely; star three somewhat likely or star four very likely.

And that does conclude today's survey. Mr. Pavao, I'll turn the call back over to you.

Carlos Pavao: Again I want to thank everyone. And Valda Grinbergs will be sending an e-mail to all the participants who were actually on the audio conference today. And we're also going to be asking you, just again for our evaluation purposes, if you had more than one person listening onto the audio conference, it would be great if we could that person's contact information also for our records. Again, thank you very much.

Operator: And that does conclude today's conference. Have a great day.

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