



Primary Prevention:

- What It Is and Why It Is Important
- What We Know Works
- Yesterday & Tomorrow
- Call to Action

Today's Presenters



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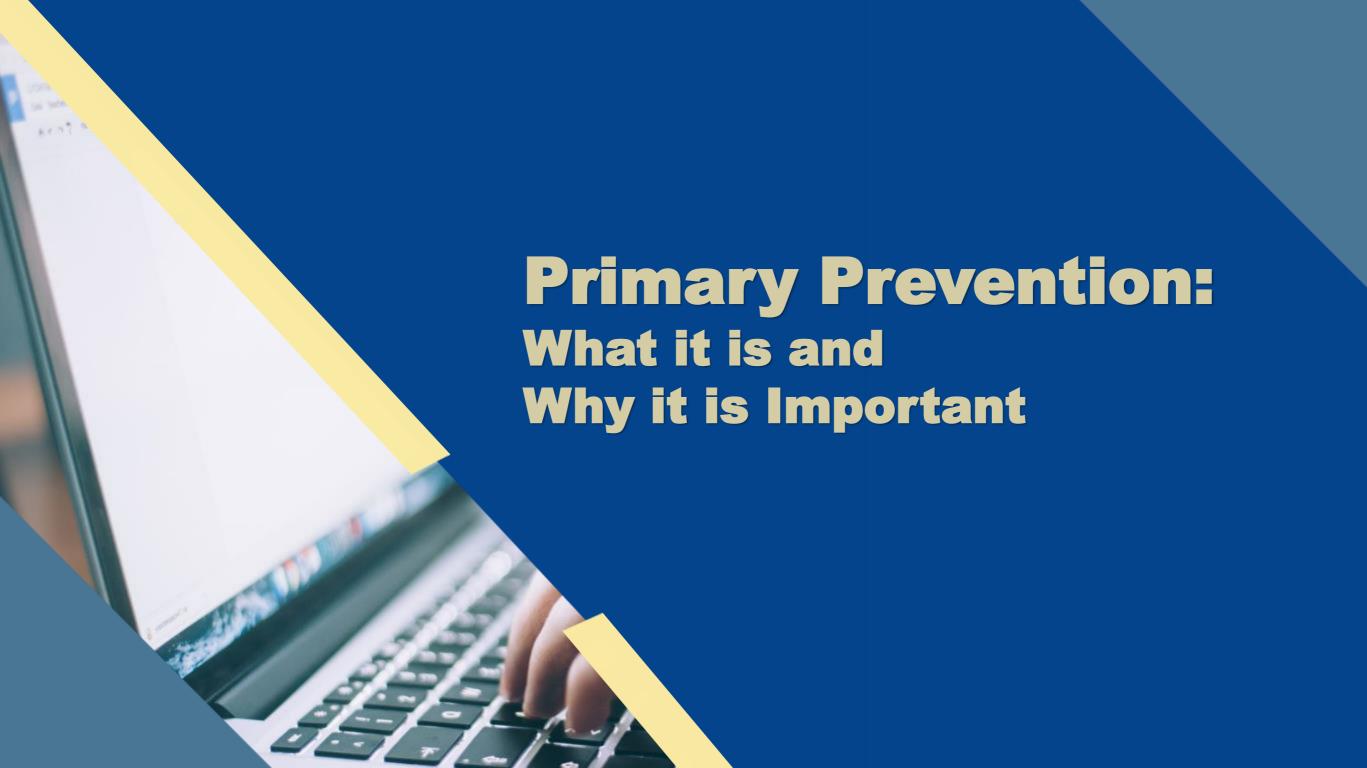


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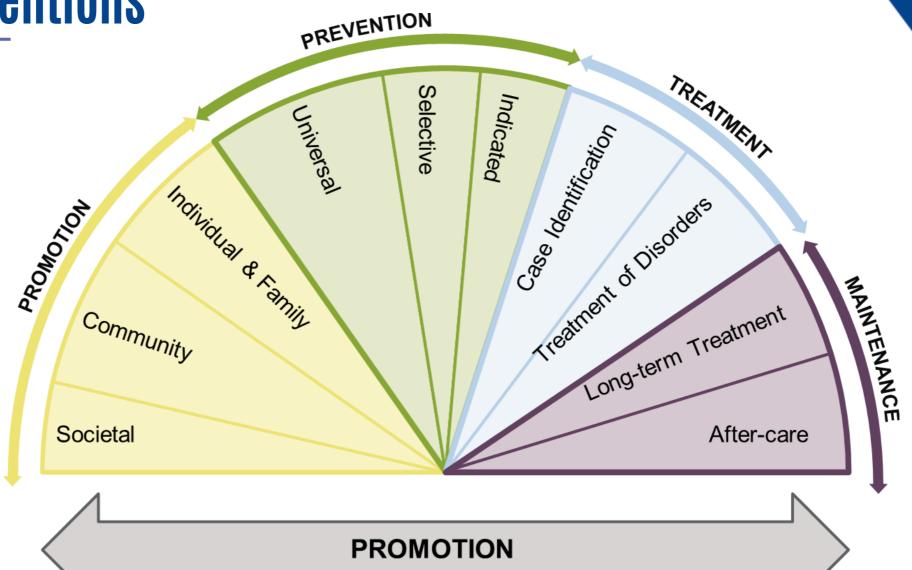
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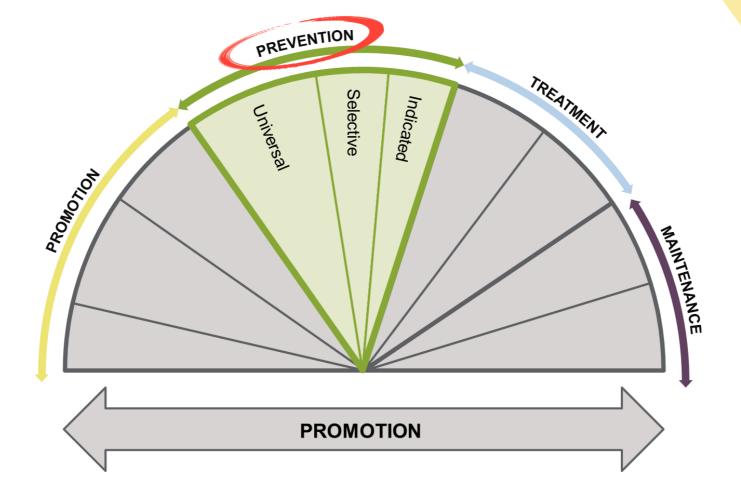
Defining Primary "Upstream" Prevention



Spectrum of Mental, Emotional, & Behavioral (MEB) Interventions

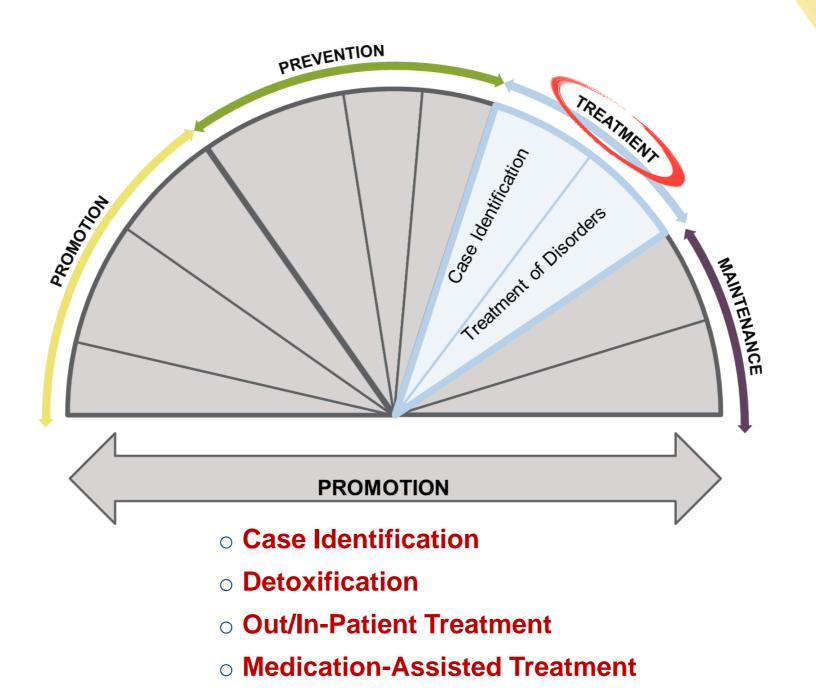


Prevention

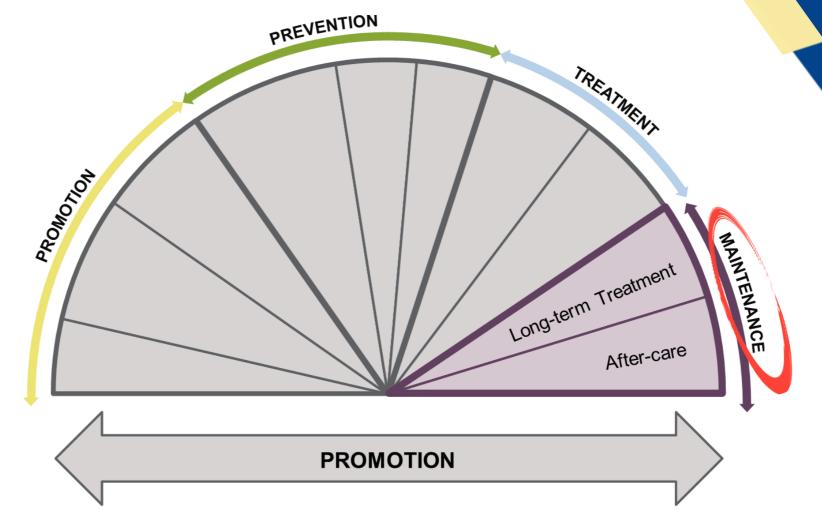


- Universal (Note that it is larger than other sections)
 - General population
- Selected
 - o Those at risk of developing behavioral health disorders is elevated
- Indicated
 - Those identified with minimal on-set signs and symptoms

Treatment

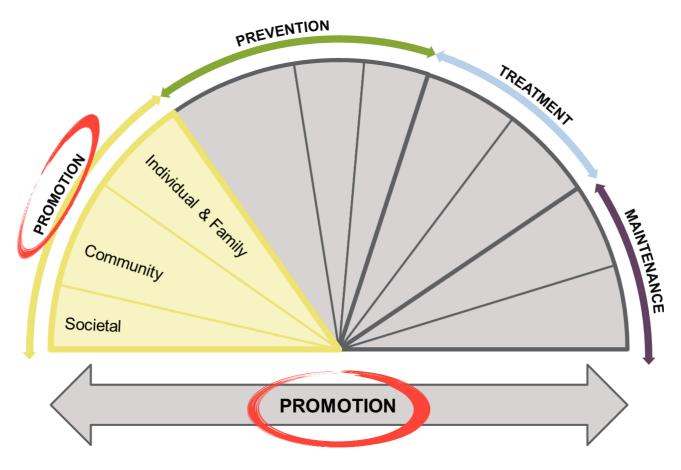


Maintenance

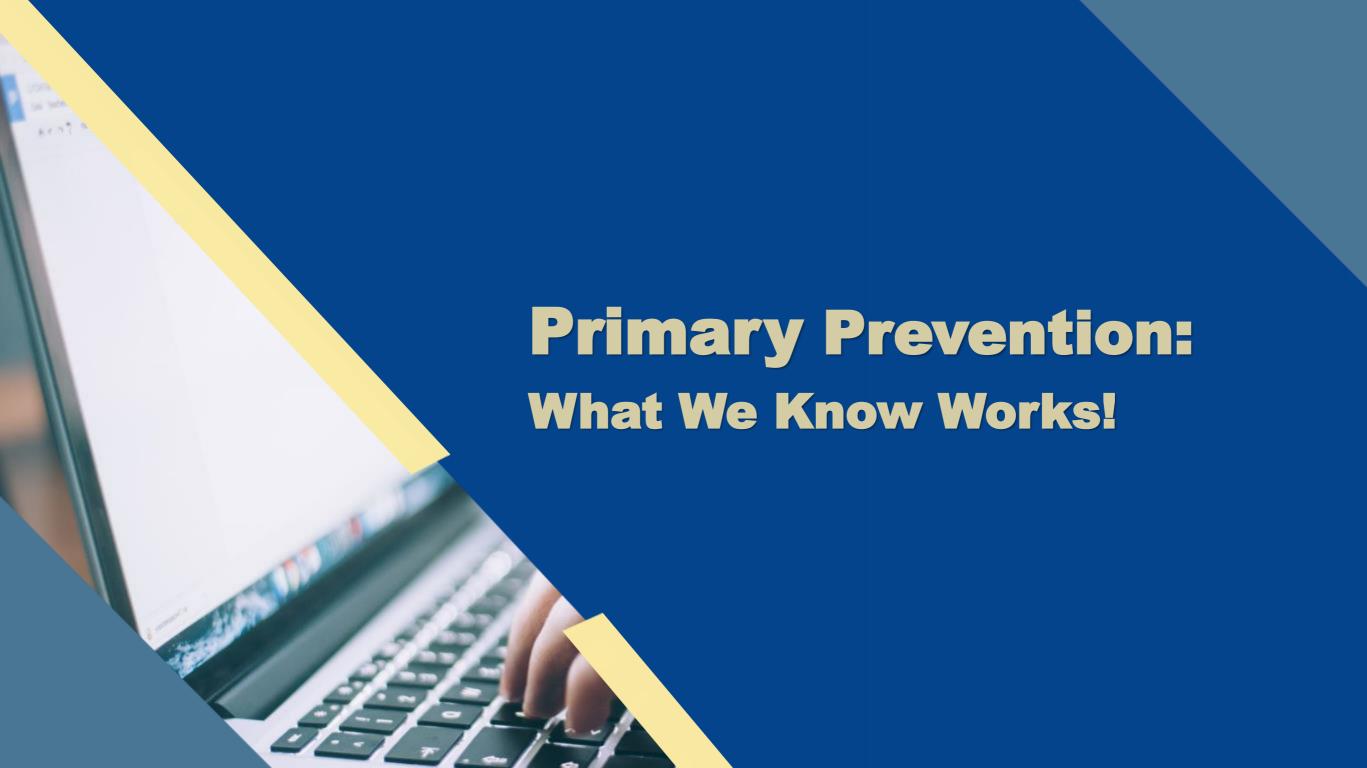


- Compliance with Long-Term Treatment
- Improve Health and Wellness
- Live a Self-Directed Life
- Strives to Reach Full Potential

Health Promotion



- Public Policy
- Health Literacy & Personal Skills
- Supportive Environments
- Strengthening Community Actions



What We Know Works

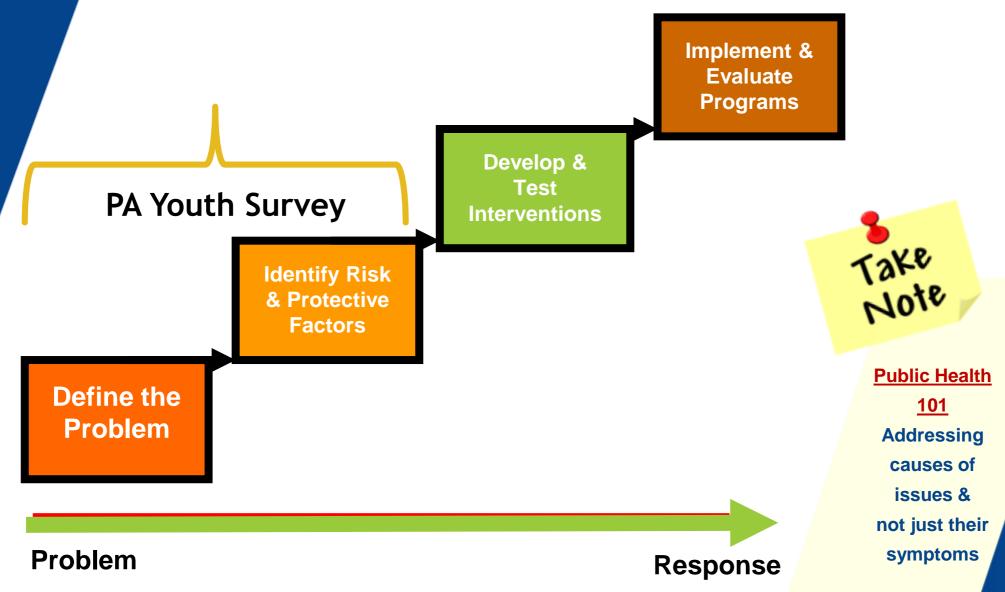
What is Prevention Science?

- Relatively new scientific discipline that has its roots in:
 - Public Health
 - Epidemiology
 - Community Psychology
- Based on the recognition that many issues have Risk and Protective Factors (RPFs) that can be identified <u>BEFORE</u> the issue occurs including:
 - Substance Misuse
 - Child Maltreatment
 - Academic Failure
 - Juvenile Delinquency

- Violence
- Teen Pregnancy
- Depression and Anxiety

 RPFs are MALLEABLE, so interventions can be implemented to prevent problems from occurring and/or mitigating their severity

Public Health Approach



What We Know Works

What is Evidence-Based Practice?

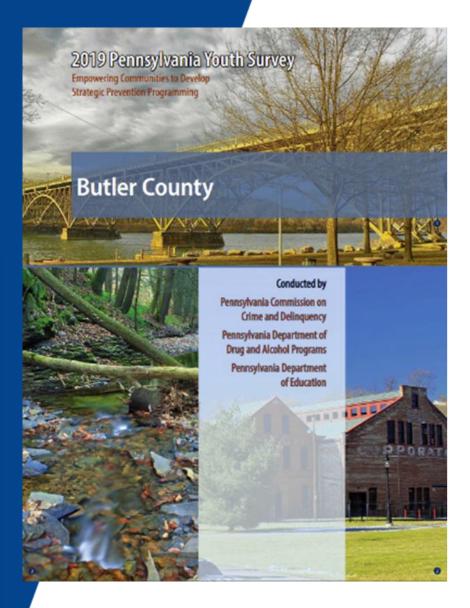
- Evidence refers to the information gather from scientific RESEARCH indicating that the intervention leads to a desired outcomes such as:
 - Improved Reading Skills
 - Reduced Substance Misuse
 - Reduced Juvenile Delinquency
- For an intervention to be evidence-based, there must be research that shows impact on SPECIFIC outcomes
- Many interventions used today are GROUNDED in science, but have not direct evidence of their impact = actual effects are unknown

What We Know Works

How Strong Is Your Evidence?

- How many studies have been conducted to evaluate the intervention?
- How rigorous were the studies?
 - Randomized Controlled Trials (RCTs) are generally the most rigorous & produce strongest evidence
 - RCTs randomly assign participants to intervention and control groups
- Do the studies include long-term follow up with participants?
 - This activity is needed to understand the long-term effects of the intervention
- Has the intervention been tested with different groups of people?
 - Sometimes what is effective with a particular group isn't effective at all in other groups

PA Youth Survey



- o 32 Years of Implementation 17th Biennial Administration
 - Aproximately 250K students surveyed each administration
 - o Grades 6, 8, 10, 12

	2015	2017	2019	2021 (Estimated)
# of School Districts	356	379	417	377
# of Traditional Schools	960	973 (58% of Total)	1135 (60% of Total)	872
# of Non-Traditional Schools	37	39	58	40
Online Participation	26%	36%	54%	84%
# of County Reports 58 Possible: 9 counties with 1 SD = No county report	54	55	57	57
 # of Counties with No PAYS Data 2015: Sullivan, Union, Wayne, Wyoming 2017: Montour, Sullivan & Wyoming 2019: Wyoming 2021: Wyoming 	4	3	1	1

PAYS Risk & Protective Factors



8 Protective Factors

- People or conditions (also known as assets) that shield or buffer youth from exposure to risk or assist in how they respond to risk
- Conditions that buffer against risk factors

21 Risk Factors

- Conditions that increase the likelihood that a child will develop problem behaviors later in life
- Predictors of problem behavior in adolescence

Fall into 1 of 4 Domains

- **o** Community
- Family
- School
- Peer-Individual

Address These Behaviors

- Substance Use
- **Delinquency**
- **Teen Pregnancy**
- School Drop-Out
- Violence
- Depression & Anxiety

Risk and Protective Factors

The Theoretical Models

lisk	factors are conditions that	increase	the lil	ælihood	lofay	oung/	person
ecoming involved in drug use, lelinquency, school dropout, nd/or violence		Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community	Availability of Drugs	✓				✓	
	Availability of Firearms		✓			✓	
	Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓			✓	
	Media Portrayals of the Behavior	✓				✓	
	Transitions and Mobility	✓	✓		✓		✓
	Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
	Extreme Economic Deprivation	✓	✓	✓	✓	✓	
Family	Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
	Family Management Problems	✓	✓	✓	✓	✓	✓
	Family Conflict	✓	✓	✓	✓	✓	✓
	Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	
School	Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
	Lack of Commitment to School	✓	✓	✓	✓	✓	
Peer / Individual	Early & Persistent Antisocial Behavior	✓	✓	✓	✓	✓	✓
	Rebelliousness	✓	✓	✓	✓	✓	
	Gang Involvement	✓	✓			✓	
	Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓	
	Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓	✓	
	Early Imitation of the Problem Behavior	✓	✓	✓	✓	✓	
	Constitutional Factors	✓	✓			✓	✓

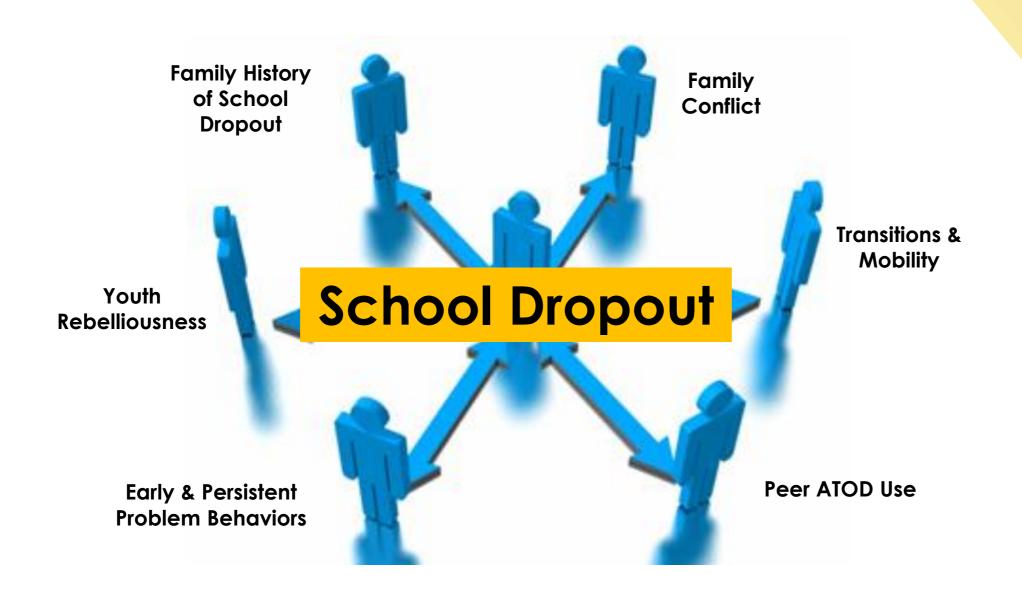
Protective factors, also known as "assets," are conditions that buffer youth from risk by reducing the impact of Healthy beliefs and Clear Standards the risks or changing the way they respond to risks. Opportunities for Prosocial Involvement Rewards for Prosocial Involvement Family Attachment Opportunities for Prosocial Involvement Rewards for Prosocial Involvement Opportunities for Prosocial Involvement Rewards for Prosocial Involvement Interaction with Prosocial Peers Prosocial Involvement Rewards for Prosocial Involvement Belief in the Moral Order Religiosity

NOTE: THE LIST ABOVE REPRESENTS THE CONCEPTUAL MODEL ORIGINALLY ESTABLISHED BY THE RISK AND PROTECTIVE FACTOR MODEL OF PREVENTION, PAYS USES A REFINED AND TARGETED SUBSET OF RISK FACTORS THAT ARE BASED ON THIS MODEL.

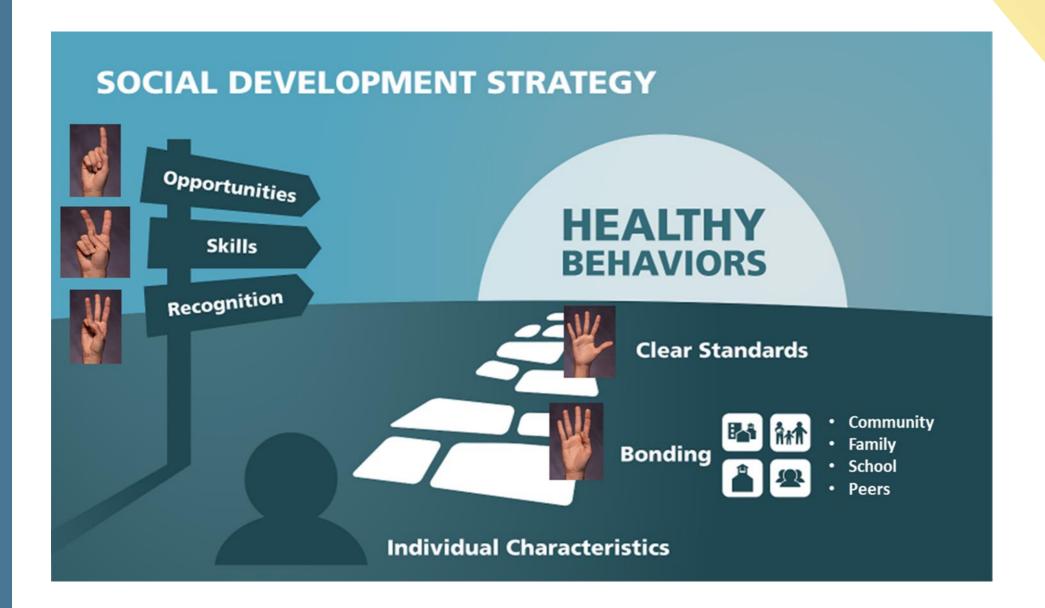
SAME RISK FACTOR may lead to DIFFERENT OUTCOMES

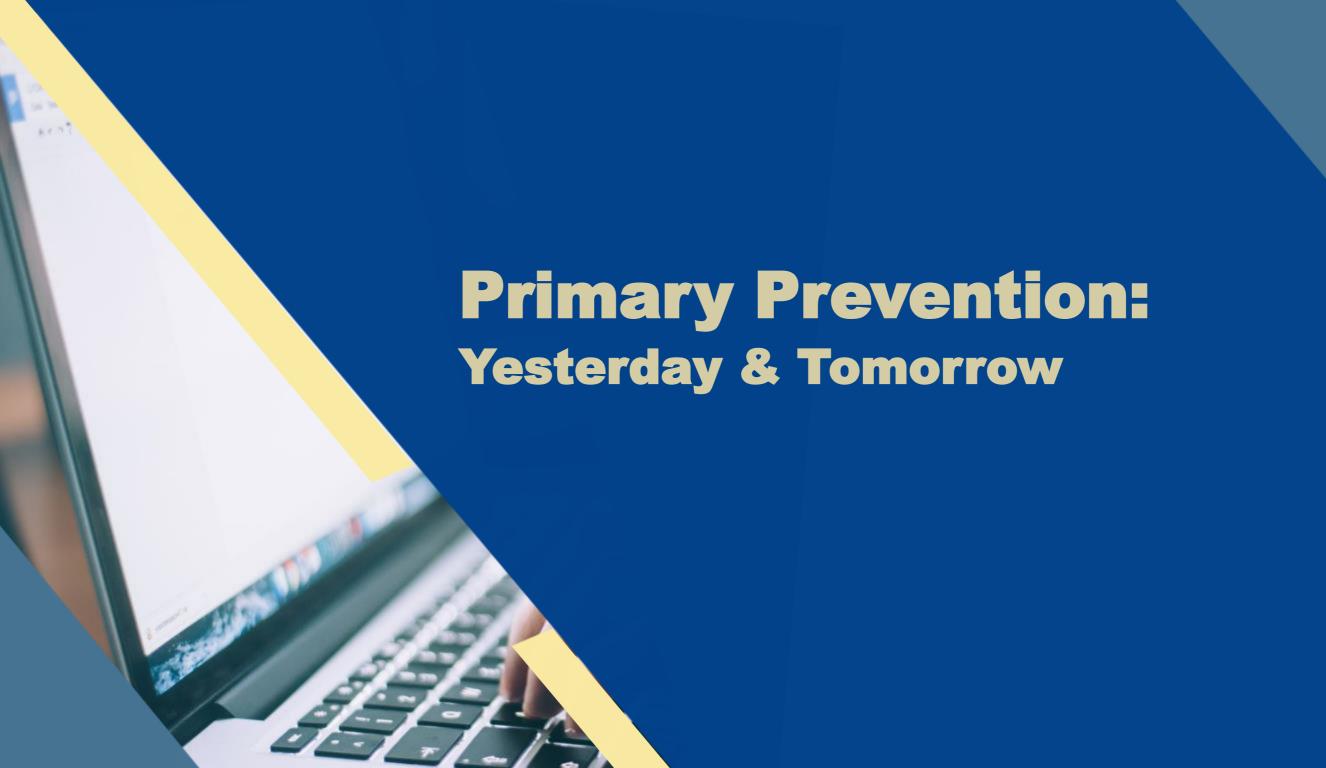


DIFFERENT RPFS may lead to SAME OUTCOMES



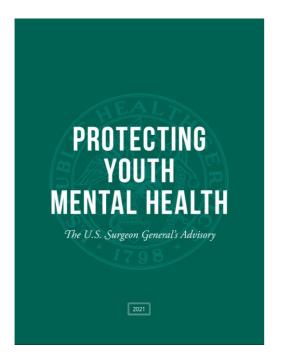
Social Development Strategy





Federal Priorities

- Biden-Harris Drug Control Policy:
 - Priority 4: Supporting evidence-based prevention efforts to reduce youth substance use
 - https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf



- Protecting Youth Mental Health: The US Surgeon General's Advisory
 - https://www.hhs.gov/sites/default/files/surgeon-general-youth-mentalhealth-advisory.pdf

Cross-Systems Prevention Workgroup

- 1. Ensuring the effectiveness of prevention across the continuum of strategies
- 2. Increasing sustainable funding resources for Commonwealth prevention initiatives
- 3. Ensuring the stewardship of taxpayer dollars

Establish Priorities Using Data Identify Best Evaluate Practices **Monitor Progress Assess Resources** Develop a Plan

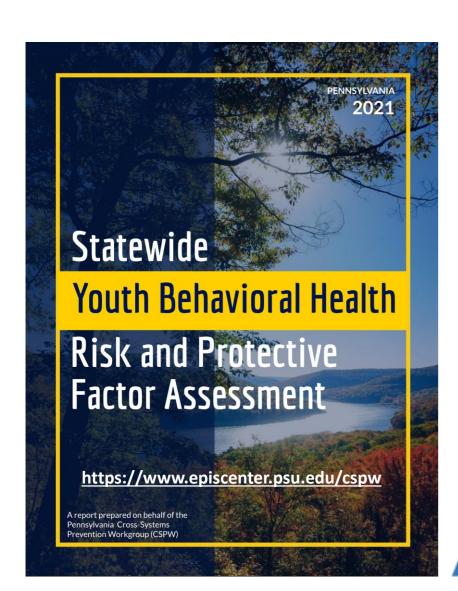
CSPW Partner Systems

- Attorney General's Office
- Commonwealth Prevention Alliance
- Community Coalitions/Prevention Coalition Advisory Council
- County Commissioners
- Drug & Alcohol Programs
- Education
- Health
- Human Services
- Juvenile Justice
- Law Enforcement
- Liquor Control Board
- Parks & Recreation
- Research/Prevention Science

Participating State Agencies/Association

- Commonwealth Prevention Alliance
- County Commissioners Association of PA
- PA Commission on Crime & Delinquency
- PA Department of Education
- PA Department of Health
- PA Department of Human Services
- PA Liquor Control Board
- PA Office of Attorney General
- PA Recreation and Park Society
- Pennsylvania State University
- PolicyLab at Children's Hospital of Philadelphia
- Prevention Coalition Advisory County

Youth Behavioral Health RPF Assessment



Goals:

- Prioritize data-informed decision making
- Use science-based approaches for strategic planning for prevention
- Align efforts across systems and sectors
- Monitor and assess performance and increase local evaluation capacity
- Provide evidence-informed guidance and recommendations to primary prevention stakeholders
- Consider health determinants, disparities, and inequities in risk and protection

Risk Assessment Recommendations

Provide Evidence-Informed Guidance To Prevention Stakeholders

- Identify best practices & research-based guidelines for effective systems coordination
- Ensure most current science is available
 & is used to make decisions
- Provide guidance on how to analyze the prevention landscape, layer services & understand the prevention continuum
- Provide coalition members education about differences between evidencebased and best practice approaches

Consider Health Determinants, <u>Disparities, & Inequities</u> in Risk Assessment

- Disaggregate data to illuminate risk disparities across diverse populations
- Identify a diverse array of approaches
 & strategies within the service area
- Ensure that a broad approach is taken when developing programming for diverse youth
- Assess and attend to Adverse Childhood Experiences
- Improve the diversity & representation of the prevention workforce

Risk Assessment Recommendations

Data-Informed Decision Making

- Use local data to assess risk & protection
- Assess risk & protection across multiple contexts & settings
- Use valid data collection methods to assess process & outcomes
- Establish a data management & accountability process to ensure data accuracy
- Increase longitudinal assessments to measure sustained program impact and inform future planning

Use Science-Based Approaches to Guide Strategic Planning

- Utilize Clearinghouses and registries to identify evidencebased approaches
- Assess fit of program with prioritized risk and protective factors
- Be critical when considering the continuum of evidence for prevention strategies
- Review & learn about effective community prevention system models

Risk Assessment Recommendations

Align Efforts Across Systems & Sectors

- Utilize a science-based coalition strategic planning model
- Ensure there is a balanced approach across Spectrum of Mental, Emotional, & Behavioral Challenges
- Ensure that a broad approach is taken in strategic planning efforts
- Provide resources and capacitybuilding for technical assistance, fund mapping, and sector engagement
- Establish shared definitions and meaning across systems & sectors

Monitor Performance, Increase Local Evaluation Capacity

- Identify strategies & approaches for evaluating programs among diverse youth population
- Ensure valid and reliable assessment of implementation & outcomes measures
- Establish feedback systems for continuous quality improvement
- Ensure pre- and post-measurement of outcomes to establish baseline
 & change after program delivery

CSPW 2022 Strategic Activities

- Release the Program Inventory Report
- Put the Resource Assessment Report Into Action!
 - Prioritize Recommendations
 - Engage Additional Sectors
- Host Prevention Showcase in July

DDAP

SCA Needs Assessment/Planning/Evaluation





DDAP

SCA Needs Assessment/Planning/Evaluation

Phases A & B

"What are the problems?"

Consumptions

& Consequences

Phase C

"Why are the problems occurring?"

Risk/Protective Factors

Phase D

"Why are the problems occurring HERE?"

Contributing Factors

Phase E

"What resources are available?"

Resource Assessment

Phase F

"What are we going to do?"

SMART Goals

& Action Planning

Phase G

"Is our plan having its desired impact?"

Plan Implementation & Evaluation



DDAP SCA Needs Assessment Results

- Top youth problems:
 - Alcohol, Vaping, Marijuana
- Top adult problems:
 - Alcohol, Opioids
- Top youth risk factors:
 - Low Perceived Risk, Access & Availability, Laws/Norms Favorable, Parental Attitudes Favorable
- Top adult risk factors:
 - Access & Availability, Low Perceived Risk, Laws/Norms Favorable



DDAP SCA Resource Assessment Results

Common Strengths Identified

- Strong community partnerships and collaboration
- Good implementation of evidence-based programming
- Having the necessary resources, staffing and capacity available for high quality implementation
- An overall awareness and buy-in for key issues
- Positive school engagement in programming or services



DDAP SCA Resource Assessment Results

Common Gaps/Challenges Identified

- Lack of resources (funding, staffing, materials)
- Lack of adult prevention programming/services
- Varying levels of school engagement
- Poor program evaluation
- Lack of collaboration with other community sectors
- Lack of parent/family programming and engagement
- Presence of community laws/norms posing challenges to buy-in for or implementation of effective programming



Montgomery County

Comprehensive Prevention Programming Project (CP3)

State

1. Cross-Systems
Prevention
Workgroup

2. DDAP Needs
Assessment

County

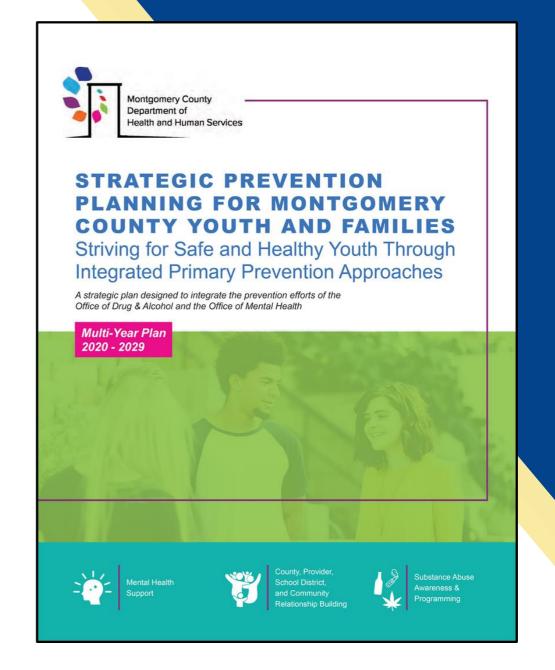
3.Health &
Human
Services
Strategic
Plan
4.ODA/OMH
Prevention
Plan

Local
Local
Coalition
Strategic
Plans

Montgomery County

Comprehensive Prevention Planning

- 1. Strengthened relationships between county, school districts, community and providers
- 2. Improved prevention service delivery capacity
- 3. Enhanced data-driven decision making
- 4. Ongoing promotion of wellness



Montgomery County

Comprehensive Prevention Planning In Action

Comprehensive Prevention Programming Project (CP3)



County Prevention

#1

- 9-yr Comprehensive Plan for ODA/OMH
- Strategy development & execution planning
- Organizational structure for ongoing monitoring



#2

- Planning process & assessment tools
- **Dedicated Technical** Assistance
- **District-Level Action Plan Reports**



Sustaining the

#3

- Annual Staff & Provider training planning
- Planning Effort Training library for on-demand skill development
 - Procedures in place for future planning

- **School District** Planning
- Youth Engagement
 Environmental Strategy Support
 - School Committee & Coalition Development

Families First Prevention Services Act (FFPSA)

- Enacted in 2018 to support placement of children/youth in out-of-home care
 - Authorizes child welfare systems to invest in system improvements to keep kids safely in their homes and prevent out-of-home placements

Family First Provisions

- Decrease use of congregate care facilities
- Increase requirements & support for resource families
- Utilize trauma-informed best practices
- Strengthen equity practices
- Strengthen Kinship care givers available resources
- Utilize evidence-based programs and practices
- Make informed, data-driven decisions

PA 5-Year Prevention Service Plan (Still a work in progress)

- Strengthening Equity Workgroup
- Trauma-Informed Care
- Regional FF Implementation Teams
- Candidate of Foster Care Defined
- Innovation Zones
- Chosen EBP

- Continuous Quality Improvement (CQI)
- Evaluation of Promising Programs
- Decrease Caseworker Caseloads

Families First Prevention Services Act (FFPSA)

- **Evidence-Based Programs Listed in Plan**
 - Functional Family Therapy (FFT)
 - **Healthy Families America**
 - Homebuilders
 - **Multisystemic Therapy (MST)**
 - **Nurse-Family Partnership**
 - Parents as Teachers
 - The Incredible Years Toddler Basic
 - The Incredible Years School Age Basic
 - Triple P Level 4 Standard
 - Triple P Level 4 Group





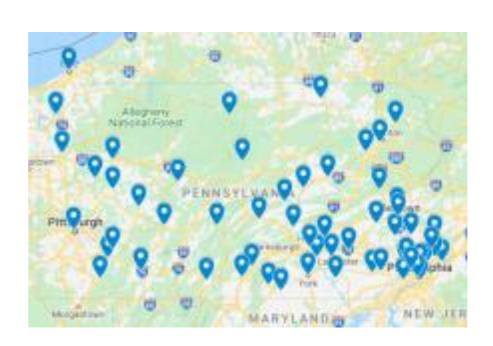
SERVICES PLAN

Opioid Misuse Prevention Project (OMPP)

- State-Level Partnership with EPIS @ Penn State University
 - PA Commission on Crime and Delinquency (PCCD)
 - PA Depart of Drug and Alcohol Programs (DDAP)
 - PA Department of Education (PDE)
- 5-Year Dynamic Primary Prevention Project
 - Implement Two Universal Prevention Programs: LifeSkills Training & Strengthening Families 10-14
 - Deliver Social Development Strategy
 - Proliferate the PAStart Primary Prevention Messaging Campaign
- Counties Included in the Project
 - Lancaster
 - Beaver
 - Schuylkill
 - Fayette
 - Erie

Coalition Check-Up Research Project

- Studying the Effects of a Coalition Technical Assistance Model
 - Proactive TA
 - Relationship Based
 - Data Informed
- 4-Step Process Assisting Coalitions
 - Collecting Coalition Data
 - Reviewing Data Collected
 - Making Decision Using the Data
 - Implementing Those Decision



PA Start Media Campaign

- Commonwealth Prevention Alliance Initiative
 - PA Commission on Crime and Delinquency (PCCD)
 - PA Depart of Drug and Alcohol Programs (DDAP)
 - PA Department of Education (PDE)
- Downloadable Prevention Toolkits
 - Families/Parents
 - Prevention Professionals
 - Expanded LGBTQ+ and Equity Messaging

PAStart.org









Results First Return on Investment

https://www.wsipp.wa.gov/BenefitCost

Program	Mean Cost Per Participant Based on Analysis of 2010–2018 Grantee Budgets (+/- Range)	Benefit Per Participant (WSIPP as of Nov. 2020)	Number of Partic- ipants Served by Projects Funded in FY 2018	Mean Estimated Total Return on Investment (+/- Range)
Positive Action	\$63 (+/- \$78)	\$31,159	2031	\$63,155,403 (+/-\$158,825)
Promoting Alternative Thinking Strategies	\$215 (+/- \$54)	\$8,360	204	\$1,661,529 (+/-\$10,969)
Life Skills Training	\$132 (+/- \$56)	\$1,419	319	\$410,527 (+/-\$18007)
Project Toward No Drug Abuse	\$117 (+/- \$47)	\$396	279	\$77,825 (+/-\$13,157)
Strengthening Families Program 10–14	\$1743 (+/- \$279)	\$3,123	231	\$318,863 (+/-\$64364)
Strong African American Families	\$2,261 (+/- \$755)	\$1,482	10	\$-7,792 (+/-\$7,547)
Big Brothers/Big Sisters Mentoring	\$1569 (+/- \$444)	-\$642	601	-\$1,328,891 (+/- \$266,991)
Positive Parenting Program - Triple P	\$1447 (+/- \$257)	\$3,116	247	\$412,229 (+/-\$63,409)
Incredible years (Parent Training)	\$2134 (+/- \$647)	\$8004	39	\$228,919 (+/-\$25,232)
Aggression Replacement Training	\$918 (+/- \$577)	-\$2,541	81	\$-280,142 (+/-\$46,742)
Trauma Focused Cognitive Behavioral Therapy	\$1912 (+/- \$561)	\$24,189	72	\$1,426,746 (+/-\$40,399)
Total			4114	\$66,083,053 (+/-\$708,095)

Primary Prevention: Be a Part of the Solution!

Not a One-System, One- Level Solution

Be a Part of the Solution!



Put Your Data to Work!

- o www.PAYS.pa.gov
 - State and County Profile Reports
 - Cross-Tabulation Tool for County and State Data
 - Analyze Down to Question Level
- o www.EPIS.psu.edu
 - PAYS User Guide and Worksheets
 - Report Templates
- o Ask Us a Question!!!
 - o https://www.episcenter.psu.edu/paysquestion



Be a Part of Primary Prevention

Change the Future for PA Youth!

- Increase Your Knowledge & Skills
 - Commonwealth Prevention Alliance Quarterly Regional Meetings
 - 1st Wednesday at 1:00 PAYS Webinar Series
- Partner with Local Prevention Efforts
 - Explore local coalition efforts
 - Reach out to county Drug and Alcohol Offices
 - Get involved with local school district prevention efforts
 - PAYS analysis
 - Student Assistance Programs
- Invest in Primary Prevention
 - Seek out Grants that fund primary prevention efforts
 - Ensure that primary prevention is funded at optimal levels
 - Fund local coalition and collaboration efforts



Be a Part of Primary Prevention

Notable Events

- Prevention Week 2022
 - May 8-15
 - In-Person and Virtual Events Throughout Week
 - https://commonwealthpreventionalliance.org/preventionweek/ (Work in Progress Check Back Often!)
- Commonwealth Prevention Alliance Annual Conference
 - June 21-24
 - In-Person: Penn Stater Conference Center, State College
 - Exploring Virtual Options
 - https://commonwealthpreventionalliance.org/aboutconference/ (Work in Progress Check Back Often!)
- Quarterly Regional Meetings
 - Virtual Meetings Held by Region
 - To Learn More & Register: https://commonwealthpreventionalliance.org/about/regional-news/





For all you do to improve the lives of youth, families & communities of Pennsylvania!

Access a copy of this presentation and other referenced documents at

https://www.episcenter.psu.edu/cspw



Complete Your Evaluation

Join us in July for the next Prevention Showcase!