Community Readiness & Strategies for Change

Questions to Consider

Where are we starting from?

Where are we going?

What is the best strategy to get there?

List the risk factor(s) to reduce:

List the protective factor(s) to enhance:

Where is the community?
    Community stage of readiness:
    What is our plan to "move the community up" to the next stage of readiness?

Is our focus Individual or Environmental?

Is our focus Universal, Selective or Indicated?

Who is on the planning committee?

Who is missing from the planning committee?

Is our action clear and current?

What does our logic model look like?

What else do we need?

Community Readiness

The Community Readiness Model defines 9 stages of readiness.

Stage 1: No Awareness
• Community has no knowledge about local efforts addressing the issue.
• Leadership believes that the issue is not really much of a concern.
• The community believes that the issue is not a concern.
• Community members have no knowledge about the issue.
• There are no resources available for dealing with the issue.

"Kids drink and get drunk."

Stage 2: Denial/Resistance
• Leadership and community members believe that this issue is not a concern in their community or they think it can't or shouldn't be addressed.
• Community members have misconceptions or incorrect knowledge about current efforts.
• Only a few community members have knowledge about the issue, and there may be many misconceptions among community members about the issue.
• Community members and/or leaders do not support using available resources to address this issue.
"We can't (or shouldn't) do anything about it!"

Stage 3: Vague Awareness
• A few community members have at least heard about local efforts, but know little about them.
• Leadership and community members believe that this issue may be a concern in the community. They show no immediate motivation to act.
• Community members have only vague knowledge about the issue (e.g. they have some awareness that the issue can be problem and why it may occur).
• There are limited resources (such as a community room) identified that could be used for further efforts to address the issue.

"Something should probably be done, but what?
Maybe someone else will work on this."

Stage 4: Preplanning
• Some community members have at least heard about local efforts, but know little about them.
• Leadership and community members acknowledge that this issue is a concern in the community and that something has to be done to address it.
• Community members have limited knowledge about the issue.
• There are limited resources that could be used for further efforts to address the issue.

*"**This is important. What can we do?"***

Stage 5: Preparation
• Most community members have at least heard about local efforts.
• Leadership is actively supportive of continuing or improving current efforts or in developing new efforts
• The attitude in the community is —We are concerned about this and we want to do something about it‖.
• Community members have basic knowledge about causes, consequences, signs and symptoms.
• There are some resources identified that could be used for further efforts to address the issue; community members or leaders are actively working to secure these resources.

"I will meet with our funder tomorrow."

Stage 6: Initiation
• Most community members have at least basic knowledge of local efforts.
• Leadership plays a key role in planning, developing and/or implementing new, modified, or increased efforts.
• The attitude in the community is —This is our responsibility‖, and some community members are involved in addressing the issue.
• Community members have basic knowledge about the issue and are aware that the issue occurs locally.
• Resources have been obtained and/or allocated to support further efforts to address this issue.

"This is our responsibility; we are now beginning to do something to address this issue."

Stage 7: Stabilization

• Most community members have more than basic knowledge of local efforts, including names and purposes of specific efforts, target audiences, and other specific information. • Leadership is actively involved in ensuring or improving the long-term viability of the efforts to address this issue.
• The attitude in the community is —We have taken responsibilityǁ. There is ongoing community involvement in addressing the issue.
• Community members have more than basic knowledge about the issue.
• A considerable part of allocated resources for efforts are from sources that are expected to provide continuous support.

"We have taken responsibility"

Stage 8: Confirmation/Expansion

• Most community members have considerable knowledge of local efforts, including the level of program effectiveness.
• Leadership plays a key role in expanding and improving efforts.
• The majority of the community strongly supports efforts or the need for efforts. Participation level is high.
• Community members have more than basic knowledge about the issue and have significant knowledge about local prevalence and local consequences.
• A considerable part of allocated resources are expected to provide continuous support. Community members are looking into additional support to implement new efforts.

"How well are our current programs working and how can we make them better?"

Stage 9: High Level of Community Ownership

• Most community members have considerable and detailed knowledge of local efforts,
• Leadership is continually reviewing evaluation results of the efforts and is modifying financial support accordingly.
• Most major segments of the community are highly supportive and actively involved. • Community members have detailed knowledge about the issue and have significant knowledge about local prevalence and local consequences.
• Diversified resources and funds are secured, and efforts are expected to be ongoing.

"These efforts are an important part of the fabric of our community."

Risk & Protective Factors

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact.

CSAP articulates that risk and protective factors and an individual's character interact through six life or activity domains. Within each domain are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention.

1) **Individual:** Lack of knowledge in negative consequences of alcohol, tobacco, and other drug use, favorable attitudes towards use, early onset of use, biological or psychological disposition, antisocial behavior, sensation seeking, and lack of adult supervisions are risk factors associated within the individual or personal domain.

2) **Family:** Parental and sibling drug use or approval of use, inconsistent or poor family management practices, and lack of parental involvement, family conflict, generational differences in family acculturation, and low family bonding are risk factors associated within the family domain.

3) **Peer:** Peer use, peer norms favorable towards use, peer activities favorable to use, high rates of substance use in a community, and participation in social activities where use takes place are risk factors associated within in the peer domain.

4) **School:** Lack of commitment to education, poor grades, negative school climate, and lenient school policies or unclear norms regarding use of substances are risk factors associated with the school domain.

5) **Community:** Lack of bonding/attachment to social and community institutions, lack of community awareness of substance abuse problems, community norms favorable to use and tolerant of abuse, and inability for a community to address a substance abuse issue are risk factors within the community domain.

6) **Environment/Society:** Norms are tolerant of use and abuse, existing policies which enable use and abuse, and lack of enforcement of laws are risk factors within the environment/society domain.

PREVENTION STRATEGIES

Individual and Environmental

CAPT, CSAP & CADCA Strategies

Universal, Selective and Indicated

There are multiple prevention theories, evidence-based practices and standardized strategies available for the Prevention Professional to utilize.

Primary prevention activities are those targeted to individuals who do not require treatment for substance abuse. Research shows that in order to effectively implement primary prevention in a community, efforts must be comprehensive.

Single strategies, such as an education delivery to students, have been found not to be effective in changing the substance use rates for a community.

Some substance abuse prevention interventions are designed to help individuals develop the intentions and skills to act in a healthy manner.

Others focus on creating an environment that supports healthy behavior.

Research tells us that the most effective prevention interventions are those that incorporate both these approaches.

Individual and Environmental

Some prevention interventions are designed to help *individuals* develop the intentions and skills to act in a healthy manner.

Others focus on creating an *environment* that supports healthy behavior.

Research tells us that the most effective prevention interventions are those that incorporate **both** these approaches.

Environmental interventions **complement**, rather than replace, interventions targeting individual behavior (such as social norms and other educational programs).

Individual-based programs can have only **limited impact** if environmental forces undermine and contradict their messages and advice.

CAPT Prevention Approaches

1. Individual Level Strategies
2. Communication & Education
3. Policy Adoption
4. Enforcement
5. Community-Based

CSAP Six Strategies

1. Dissemination of Information
2. Prevention Education
3. Alternative Activities
4. Community-Based Processes
5. Environmental Approaches
6. Problem Identification and Referral

CADCA Seven Strategies for Community Level Change

1. Provide Information
2. Enhance Skills
3. Provide Support
4. Enhance Access/Reduce Barriers
5. Change Consequences
6. Change Physical Design
7. Change/Modify Policies

What are the common elements of these three?

They offer both Individual and _____ Strategies.

They all provide _____ -based approaches.

CAPT Prevention Approaches

1. Individual-level Strategies

Many prevention approaches focus on helping people develop the knowledge, attitudes, and skills they need to change their behavior. Most of these strategies are classroom-based.

A comprehensive review of classroom-based programs yielded these conclusions about effective programs:

- Programs that focus on life and social skills are most effective.
- Programs that involve interactions among participants and encourage them to learn drug refusal skills are more effective than non-interactive programs.
- Interventions that focus on direct and indirect (e.g., media) influences on substance use appear to be more effective than interventions that do not focus on social influences.
- Programs that emphasize norms for and a social commitment to not using drugs are superior to those without this emphasis.
- Adding community components to school-based programs appears to add to their effectiveness.
- Programs delivered primarily by peer leaders have increased effectiveness.
- Adding training in life skills to trainings that focus on social resistance skills may increase program effectiveness.

2. Communication and Education

The media plays a large role in shaping how many youth think and behave. Many of the messages kids receive from television, music, magazines, billboards, and the Internet glamorize drug, alcohol, and tobacco use. Yet, the media can be used to encourage positive behaviors as well.

Four communications strategies—public education, social marketing, media advocacy, and media literacy—can be used to influence community norms, increase public awareness, and attract community support for a variety of prevention issues.

These strategies are most effective when coupled with more potent prevention approaches, like policy, enforcement, education, and skill building.

Evidence-based communication and education prevention strategies fall typically under these categories:

    A. Public Education
    B. Social Marketing
    C. Media Advocacy
    D. Media Literacy

A. Public Education

Of the four communications strategies, public education is probably the most common. Some familiar public education slogans include "Friends don't let friends drive drunk" and "A mind is a terrible thing to waste."

The goal of public education is to increase knowledge and awareness of a particular health issue. This awareness can often support the development and success of programs and policies that address the problem.

Public education can also be an effective way to increase awareness about a new or existing law, publicize a community-based program, and reinforce instruction taught in schools or community-based organizations.

Multimedia prevention campaigns typically combine public service announcements on television and radio with billboards and posters.

Research shows that these campaigns are often the most cost-effective way to reach large groups of people. However, they're not an effective way to change individual behavior.

B. Social Marketing

In recent years, prevention professionals have become more strategic in their communications goals and savvier in their approach to using media.
Through techniques known as social marketing, practitioners use advertising principles to change social norms and promote healthy behaviors.

Like public education, social marketing uses a variety of media channels to provide a message to targeted groups of individuals. Yet, social marketing campaigns do more than just provide information—they try to convince people to adopt a new behavior by showing them a benefit they will receive in return.[2]

Social marketing campaigns have been used in a variety of social service and public health settings to address issues ranging from gambling to HIV prevention to seatbelt use.

C. Media Advocacy

Media advocacy involves shaping the way social issues are discussed in the media to build support for changes in public policy.

By working directly with local newspapers, television, and radio to change both the amount of coverage the media provide and the content of that coverage, media advocates hope to influence the way people talk and think about a social or public policy.

D. Media Literacy

Media literacy is a newer communications strategy aimed at teaching young people critical-viewing skills. Media literacy programs teach kids how to analyze and understand the media messages they encounter so they can better understand what they're really being asked to do and think.

Students also learn to create messages that de-glamorize unhealthy activities like drinking alcohol and smoking. They produce their own messages and advertisements and thus demonstrate mastery of media literacy skills and ideas.

3. Policy Adoption

Policy can be broadly defined as "standards for behavior that are formalized to some degree (that is, written) and embodied in rules, regulations, and procedures."

In order to work, these standards must reflect the accepted norms and intentions of a particular community. Imagine, for example, trying to regulate smoking in public places 50 years ago, when smoking was not only acceptable but chic. It would have been impossible! Now that the dangers of smoking—particularly exposure to secondhand smoke—are so well-documented, people are ready and willing to limit where and when others light up.

So, policy represents a kind of social compact, codifying our collective expectations for the kind of world we want to live in. Advocates can be instrumental in creating policy change at the organizational, community, and state levels.

There are six major types of policy approaches we use to prevent alcohol and other drug use:
- A. Economic policies
- B. Restrictions on access and availability
- C. Restrictions on location and density
- D. Deterrence
- E. Restricting use
- F. Limiting the marketing of alcohol products

A. Economic policies

These focus on increasing the cost of items so that fewer people can afford to buy them. Pricing policies are the most common, and most successful, economic policies. Research shows, for example, that when you raise the price of tobacco or alcohol, you see a drop in both the number of people using these products and the amount consumed. Another way to increase cost is by attaching a special tax to the item, sometimes called a "sin" tax. The revenue from these taxes often goes to support prevention and treatment services. Finally, communities can establish laws that prohibit the sale of individual units of alcohol and tobacco products, such as single beers or individual cigarettes. This makes it harder for people on limited incomes—like kids—to afford these products.

B. Restrictions on access and availability

For example, some towns enact policies that ban vending machines in public places. A number of stadiums, like Boston's Fenway Park, restrict drinking beer after the seventh inning. There are also laws that set the legal drinking age at 21 or prevent merchants from selling to youth under 21.

C. Restrictions on location and density

When there are fewer places around where people can purchase alcohol, consuming alcohol becomes less convenient, and so less is consumed. In San Jose, California, for instance, a grassroots group called the Association for Responsible Alcohol Control worked to promote a law that would require new businesses to apply for a conditional-use permit in order to be allowed to make off-site alcohol sales.4 They garnered support for the bill by promoting awareness of the problems associated with alcohol outlets, especially among San Jose's Latino population. As a result of the group's efforts, the city council voted unanimously in favor of implementing the law.

D. Deterrence

This involves setting standards or establishing parameters for appropriate behavior, and they also establish clear penalties or consequences for violating these standards. For example, in October, 2000, Congress adopted a .08 blood-alcohol level as the national standard for drunken driving—a significant change from the 0.10 limit most states had in place at that point. The new standard was established based on research establishing a relationship between lower blood-alcohol levels and reductions in impaired driving incidence, alcohol-related crashes, and traffic deaths.5 In many States, drivers whose blood alcohol levels exceed these legal standards will immediately lose their licenses.

E. Restricting use

For example, restaurants can create smoke-free areas or become entirely smoke-free. Many communities also create drug-free zones in the vicinity of schools. Restricting the settings in which smokers can use tobacco has been shown to be effective in reducing cigarette sales and tobacco use and in lowering average daily cigarette consumption among adults and youth.

F. Limiting the marketing of alcohol products

Alcohol billboards saturate many communities, particularly urban and less affluent communities that lack the zoning regulations to keep billboards out. Studies have shown that exposure to alcohol advertising can affect people's attitudes toward alcohol and their intention to use it.

Policy can be an effective prevention strategy—as long as the laws and regulations you put in place are consistent with community norms and beliefs about the "rightness" or "wrongness" of the behavior you want to legislate.

4. Enforcement

If laws and regulations are going to deter people and businesses from illegal behaviors, they must be accompanied by significant penalties, and they must be enforced, through surveillance, community policing, and arrests.

Enforcement and policy are closely connected, but there are important reasons to draw a distinction between them.

We separate policy and enforcement for three reasons:
- First, policy alone does not imply enforcement. A policy on the books won't have any impact unless it is enforced.
- Second, enforcement alone won't work if the policy isn't appropriate or isn't accepted by the general population.
- Third, policy and enforcement are designed and implemented by two different systems. The legislative or organizational system makes policy, but the justice or law enforcement system enforces it. It is important to acknowledge these two separate systems and bring both parties to the table.

Enforcement strategies can be broken down into four major categories:
- A. Surveillance
- B. Penalties, fines, and detention
- C. Community policing
- D. Incentives

A. Surveillance

This includes things like undercover "sting" operations designed to find out if people are complying with existing laws. Research shows that using compliance checks substantially increases the number of retailers who comply with minimum purchase age laws for alcohol and tobacco—if the checks are conducted regularly, randomly, and with publicity.

B. Penalties, fines, and detention

Penalties, fines, and detention for people or institutions that don't comply with an established policy. Examples include taking away the license of an intoxicated driver or fining a merchant for selling tobacco or alcohol to underage youth. Some communities' also fine young people caught possessing alcohol or tobacco products.

Additionally, enforcement strategies include sending offenders to jail for driving while intoxicated or for violating state or local laws governing the use of alcohol and other drugs.

C.   Community policing

Citizens can play an instrumental role in making youth alcohol and drug use prevention a public health and safety priority.

They can affect the way law enforcement, government agencies, and public officials implement and enforce public policy.

They can also become allies with law enforcement, serving as a "first watch" for troubled areas.

They can form neighborhood crime watches and make use of nuisance abatement programs to dislocate drug dealers and reduce the number and density of drug markets and underage drinking sites within a neighborhood.

D. Incentives

These have also proven to be an excellent way to enforce prevention policies. Safe driver credits, for example, can reduce the cost of car insurance. Massachusetts has a very strong program of auto insurance incentives.

As prevention practitioners, there are many ways to use enforcement to strengthen prevention programs.

For example:
- Educate policymakers and law enforcement agencies about the proven effectiveness of enforcement.
- Generate public understanding of—and support for—the need to enact and enforce youth drug and alcohol laws.
- Collaborate with businesses, law enforcement, and the criminal justice system to ensure that youth alcohol, tobacco, and drug use are taken seriously and that the laws are understood and enforced.
- Publicize the health risks and penal consequences associated with youth substance use.
- Advocate for ongoing evaluation of the effectiveness of federal, state, local, and organizational policies.
- Implement community-level interventions, such as the undercover buying operations, neighborhood watches, and nuisance abatement programs described above.

The key to effective enforcement is visibility: People need to see that substance use prevention is a community priority and that violations of related laws and regulations will not be tolerated.

5. Community Based

The success of any selected strategy or combination of strategies depends on strong collaboration among schools, law enforcement, parents, and other community members.

Collaboration is often thought of as a way for agencies and organizations to stretch their budgets by pooling human resources. But in the field of prevention, collaboration also reflects a particular point of view: that by working together, partners can bring different perspectives to bear on a problem, thereby bringing about change.

There is no one prescribed formula for collaboration. People—and the situations they face—determine how collaborations come about, how they work, and what they ultimately accomplish.

Yet, most collaborative activities ultimately fall into one of three categories:
- A. Coalitions of interest
- B. Interagency collaboration
- C. Intra-agency collaboration

Coalitions of Interest

These form around a particular issue or to represent the needs of a particular geographic community or population group. They typically consist of individuals, usually representing different backgrounds and fields, who organize to address a community concern that transcends any one organization's capacity to respond.1

Coalitions usually focus on setting goals to improve results for children, youth, families, and neighborhoods across a broad range of dimensions of well-being. They are most common at the local level but can happen at the State, regional, and national levels as well.

Interagency Collaboration

This occurs when two or more agencies see the benefit of working together but don't want to form a full-fledged coalition. Interagency collaboration typically occurs at the administrative level, but it can also happen among workers at the service-delivery level, who are sometimes given incentives or encouraged to collaborate.

Interagency collaboration can serve a number of purposes.
It is useful for coordinating efforts between public and private agencies and between law enforcement and service providers.
It is often used to assemble teams that can work together to secure funding. It can help you increase both access to and the quality of prevention and treatment services. And it is also a good way to increase implementation of effective interventions.

Intra-Agency Collaboration

Intra-agency collaboration focuses on changing policies, systems, and practices within a single agency or organization.

Adjusting institutional practices has two clear advantages.

First, it immediately increases the agency's capacity to move its program objectives forward.

Second, it increases the likelihood that the prevention program will be sustained over time, which will help you continue program activities beyond your funding cycle.

In practice, intra-agency collaboration can exist between frontline workers and others in the same agency, particularly immediate supervisors.

There are a number of ways to enhance the effectiveness of your collaborative efforts:
- Involve communities that are already mobilized or ready to engage in community change.
- Combine collaboration with communications and education strategies. This can increase public awareness of a particular issue or program, attract community support, reinforce prevention messages delivered in the schools, and keep the public informed of program progress.
- Don't reinvent the wheel! Look at what the people around you are already doing to prevent substance abuse, and build on their efforts. You can learn from both their successes and their mistakes.

SAMHSA and the Center for Substance Abuse Prevention require that prevention services funded through block grant and discretionary grant funding include multiple approaches in order to increase the likelihood of effective outcomes.

The six CSAP Strategies provide the framework through which strategies should be selected.

1. Dissemination of Information
2. Prevention Education
3. Alternative Activities
4. Community-Based Processes
5. Environmental Approaches
6. Problem Identification and Referral

1. Dissemination of Information: This strategy provides information about the nature and extent of drug use, abuse, addiction and the effects on individuals, families and communities.

It also provides information of available prevention programs and services.
The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two.

Examples of methods used for this strategy include the following:
• clearinghouses and other information resource centers
• resource directories
• media campaigns
• brochures
• radio and television public service announcements
• speaking engagements
• health fairs

2. Prevention Education: This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it's based on an interaction between the educator and the participants.

Activities under this strategy aim to affect critical life and social skills, including decision making, refusal skills and critical analysis (e.g. of media messages).
Examples of methods used for this strategy include the following:
• Classroom and small group sessions
• Parenting and family management classes
• Peer leader and peer helper programs
• Education programs for youth groups
• Groups for children of substance abusers

3. Alternative Activities: This strategy provides for the participation of target populations in activities that exclude drug use.

The assumption is that because constructive and healthy activities offset the attraction to drugs, or otherwise meet the needs usually filled by drugs, then the population would avoid using drugs.

Examples of methods used for this strategy include the following:
• drug-free social and recreational activities
• drug-free dances and parties
• youth and adult leadership activities
• community drop-in centers
• community service activities
• mentoring programs

4. Community-Based Processes This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for drug abuse disorders.

Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions and networking.

Examples of methods used for this strategy include the following:
• community and volunteer training (e.g. neighborhood action training, training of key people in the system)
• systematic planning
• multi-agency coordination and collaboration
• accessing service and funding
• community team-building

5. Environmental Approaches: This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the incidence and prevalence of drug abuse in the general population.

Examples of methods used for this strategy include the following:
• the establishment and review of drug policies in schools
• technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs
• the review and modification of alcohol and tobacco advertising practices
• product pricing strategies

6. Problem Identification and Referral: This strategy aims to identify those who have indulged in the illegal use of drugs in order to assess if their behavior can be reversed through education.

It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment.

Examples of methods used for this strategy include the following:
• driving-while-intoxicated education programs
• employee assistance programs
• student assistance programs

CADCA Seven Strategies for Creating Community Level Change

Identifying a comprehensive selection of evidence-based substance abuse prevention strategies/interventions is vital to implementing effective substance abuse prevention efforts in your community leading to positive change.

CADCA's *Seven Strategies for Creating Effective Community Change* can assist your coalition or planning group with identifying appropriate and timely action steps to include in a comprehensive action plan for strategy/intervention implementation.

1. **Provide Information**: Educational presentations, workshops or seminars, and data or media presentations (e.g., PSAs, brochures, town halls, forums, web communication).

2. **Enhance Skills**: Workshops, seminars, or activities designed to increase the skills of participants, members and staff (e.g., training and technical assistance, parenting classes, strategic planning retreats, model programs in schools).

3. **Provide Support:** Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., alternative activities, mentoring, referrals for service, support groups, youth clubs).

4. **Enhance Access/**Reduce Barriers:

Improving systems/processes to increase the ease, ability, and opportunity to utilize those systems and services (e.g., assuring transportation, housing, education, safety, and cultural sensitivity) in prevention initiatives.

Reduce Access**/Enhance Barriers:**

Improving systems/processes to decrease the ease, ability, and opportunity for youth to access substances (e.g., raising the price of single-serve cans of alcohol, implementing retail alcohol/tobacco compliance checks).

5. **Change Consequences (Incentives/Disincentives):** Increasing or decreasing the probability of a behavior by altering the consequences for performing that behavior (e.g., increasing taxes, citations, and fines; revocation/loss of driver's license).

6. **Change Physical Design:** Changing the physical design of the environment to reduce risk or enhance protection (e.g., re-routing foot/car traffic, adjusting park hours, alcohol/tobacco outlet density).

7. **Modify/Change Policies:** Formal change in written procedures, by-laws, proclamations, rules, or laws (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change).

IOM Spectrum of MEB Interventions

Institute of Medicine Spectrum of Mental, Emotional, and Behavioral Interventions

The term 'mental, emotional, and behavioral disorders'…encompasses both disorders diagnosable using Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria and the problem behaviors associated with them, such as violence, aggression, and antisocial behavior.

Many mental, emotional, and behavioral disorders of youth exist on a continuum…The term…encompasses mental illness and substance abuse, while including a somewhat broader range of concerns associated with problem behaviors and conditions in youth.
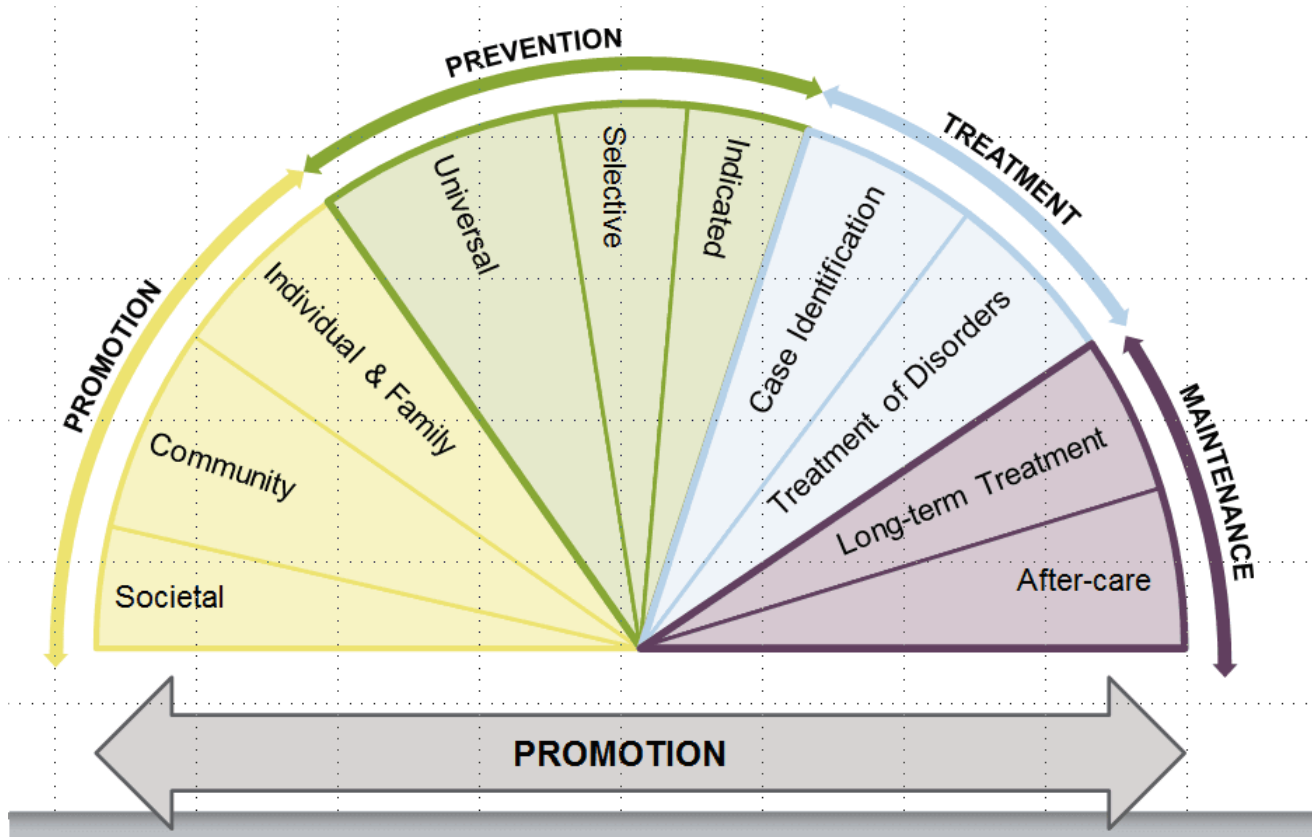
Strategies with the potential to foster healthy MEB development and outcomes.

These strategies may be interventions intended to promote well-being by developing positive attributes (**promotive**) or to prevent harm to well-being by addressing particular issues (**preventive**).

Promotion: Strategies used to develop skills-based positive attributes, such as self-regulation, self-efficacy, goal setting, and positive relationships that promote MEB development.

Prevention: Strategies offered prior to the onset of a disorder that are intended to prevent or reduce the risk for its development.

Prevention strategies may be **universal** (offered to an entire population rather than only to groups identified as at risk for particular negative outcomes), **selective** (targeted to individuals or groups identified as having a higher-than-average risk for the outcomes addressed), or **indicated** (targeted to individuals showing signs of the outcomes of concern).

The figure shows a semicircular diagram of the continuum of mental, emotional, and behavioral health care. Moving clockwise from left to right, the arcs are labeled PROMOTION, PREVENTION, TREATMENT, and MAINTENANCE. The wedges are labeled: Societal, Community, Individual & Family (PROMOTION, yellow); Universal, Selective, Indicated (PREVENTION, green); Case Identification, Treatment of Disorders (TREATMENT, light blue); Long-term Treatment, After-care (MAINTENANCE, purple). A large double-headed arrow labeled PROMOTION spans the base.

Treatment: Care given to an individual who is demonstrating MEB health challenges or has been diagnosed with an MEB disorder.

Maintenance: Care given to prevent relapse, recurrence, or further deterioration of mental, emotional, and behavioral (MEB) health status.

[8] Image retrieved from the National Academies of Sciences, Engineering, and Medicine. (2019). Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda. Washington, DC: The National Academies Press. doi: https://doi.org/10.17226/25201

Universal, Selective, and Indicated Prevention Interventions

Not all people or populations are at the same risk of developing behavioral health problems. Prevention interventions are most effective when they are matched to their target population's level of risk. [9]

Prevention interventions fall into three broad categories:
• **Universal** preventive interventions take the broadest approach and are designed to reach entire groups or populations. Universal prevention interventions might target schools, whole communities, or workplaces.

• **Selective** interventions target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population. Examples include prevention education for immigrant families with young children or peer support groups for adults with a family history of substance use disorders.

• **Indicated** preventive interventions target individuals who show signs of being at risk for a substance use disorder. These types of interventions include referral to support services for young adults who violate drug policies or screening and consultation for families of older adults admitted to hospitals with potential alcohol-related injuries.

Effective Communication and Engagement

Communications Strategies- public education, social marketing, media advocacy, and media literacy- can be used to influence community norms, increase public awareness, and attract community support for a variety of prevention issues.

Messages communicated through the media influence how the public thinks and behaves.

Public education is designed to increase the public's knowledge and awareness of a particular health issue.

Public education campaigns may combine public service announcements (PSAs) on television, radio, or online with billboards and posters. Familiar public education slogans include "Friends don't let friends drive drunk" and "A mind is a terrible thing to waste."

Social marketing involves using advertising principles to change social norms and promote healthy behaviors. Like public education, social marketing uses multiple media channels to message targeted groups of individuals. However, social marketing campaigns do more than provide information. They try to persuade people to adopt a new behavior by showing them the benefit they'll gain by doing so.

Media advocacy attempts to shape the way social issues are discussed in the media. The goal is to build support for changes in public policy. By working directly with outlets to change both the amount of coverage the media provides and the content of that coverage, media advocates hope to influence the way people talk and think about a social or public policy.

Media literacy teaches young people critical viewing skills. This approach seeks to help children and teenagers analyze, understand, and evaluate the media messages they encounter.

Developing an Action Plan

Developing an action plan:
https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/develop-action-plans/main

Developing an action plan can help change makers turn their visions into reality, and increase efficiency and accountability within an organization.
An action plan describes the way your organization will meet its objectives through detailed action steps that describe how and when these steps will be taken.

WHAT IS AN ACTION PLAN?

In some ways, an action plan is a "heroic" act: it helps us turn our dreams into a reality.
An action plan is a way to make sure your organization's vision is made concrete.
It describes the way your group will use its strategies to meet its objectives.
An action plan consists of a number of action steps or changes to be brought about in your community.
Each action step or change to be sought should include the following information:

- What actions or changes will occur
- Who will carry out these changes
- By when they will take place, and for how long
- What resources (i.e., money, staff) are needed to carry out these changes
- Communication (who should know what?)

WHAT ARE THE CRITERIA FOR A GOOD ACTION PLAN?

The action plan for your initiative should meet several criteria.
Is the action plan:
- Complete? Does it list all the action steps or changes to be sought in all relevant parts of the community (e.g., schools, business, government, faith community)?
- Clear? Is it apparent who will do what by when?
- Current? Does the action plan reflect the current work? Does it anticipate newly emerging opportunities and barriers?

WHY SHOULD YOU DEVELOP AN ACTION PLAN?

There is an inspirational adage that says, "People don't plan to fail. Instead they fail to plan." Because you certainly don't want to fail, it makes sense to take all of the steps necessary to ensure success, including developing an action plan.

There are lots of good reasons to work out the details of your organization's work in an action plan, including:
- To lend credibility to your organization. An action plan shows members of the community (including grantmakers) that your organization is well ordered and dedicated to getting things done.
- To be sure you don't overlook any of the details
- To understand what is and isn't possible for your organization to do
- For efficiency: to save time, energy, and resources in the long run
- For accountability: To increase the chances that people will do what needs to be done

WHEN SHOULD YOU CREATE AN ACTION PLAN?

Ideally, an action plan should be developed within the first six months to one year of the start of an organization.

It is developed after you have determined the vision, mission, objectives, and strategies of your group.

If you develop an action plan when you are ready to start getting things done, it will give you a blueprint for running your organization or initiative.

Remember, though, that ***an action plan is always a work in progress.***

It is not something you can write, lock in your file drawers, and forget about.
Keep it visible. Display it prominently.

As your organization changes and grows, you will want to continually (usually monthly) revise your action plan to fit the changing needs of your group and community.

DETERMINE WHAT PEOPLE AND SECTORS OF THE COMMUNITY SHOULD BE INVOLVED IN FINDING SOLUTIONS

If you have been using the VMOSA (Vision, Mission, Objectives, Strategies, Action Plans) model, you might have already done this, when you were deciding upon your group's objectives. Again, try to be inclusive.

Most of the health and development issues that community partnerships deal with are community-wide, and thus need a community-wide solution. Possible sectors include the media, the business community, religious organizations, schools, youth organizations, social service organizations, health organizations, and others.

Some members of the community you might consider asking to join the action planning group include:
- Influential people from all the parts of the community affected by your initiative (e.g., from churches and synagogues, the school system, law enforcement, etc.)
- People who are directly involved in the problem (e.g., local high school students and their parents might be involved in planning a coalition trying to reduce teen substance use)
- Members of grassroots organizations
- Members of the various ethnic and cultural groups in your community
- People you know who are interested in the problem or issue
- Newcomers or young people in the community who are not yet involved

Convene a planning group in your community to design your action plan.

This might be the same group of people who worked with you to decide your group's strategies and objectives. If you are organizing a new group of people, try to make your planning committee as diverse and inclusive as possible. Your group should look like the people most affected by the problem or issue.

Once **everyone** is present, go over your organization's:
- Vision
- Mission
- Objectives
- Strategies
- Targets and agents of change (e.g., youth, parents and guardians, clergy)
- Proposed changes for each sector of the community (e.g., schools, faith community, service organizations, health organizations, government)

Develop an action plan composed of action steps that address all proposed changes.

The plan should be complete, clear, and current.

Additionally, the action plan should include information and ideas you have already gathered while brainstorming about your objectives and your strategies.

What are the steps you must take to carry out your objectives while still fulfilling your vision and mission?

Now it's time for all of the VMOSA (Vision, Mission, Objectives, Strategies, Action Plans) components to come together.

While the plan might address general goals you want to see accomplished, the action steps will help you determine the specific actions you will take to help make your vision a reality.

Here are some guidelines to follow to write action steps.
Members of the community initiative will want to determine:
- What action or change will occur
- Who will carry it out
- When it will take place, and for how long
- What resources (i.e., money, staff) are needed to carry out the change
- Communication (who should know what)

Review your completed action plan carefully to check for completeness. Make sure that each proposed change will help accomplish your group's mission. Also, be sure that the action plan taken as a whole will help you complete your mission; that is, make sure you aren't leaving anything out.

Follow through. One hard part (figuring out what to do) is finished. Now take your plan and run with it! Remember the 80-20 rule: successful efforts are 80% follow through on planned actions and 20% planning for success.

Keep everyone informed about what's going on. Communicate to everyone involved how his or her input was incorporated. No one likes to feel like her wit and wisdom has been ignored.

Keep track of what (and how well) you've done. Always keep track of what the group has actually done. If the community change (a new program or policy) took significant time or resources, it's also a good idea to evaluate what you have done, either formally or informally.

Keep several questions in mind for both yourself and others:
- Are we doing what we said we'd do?
- Are we doing it well?
- Is what we are doing advancing the mission?

You can address these questions informally (ask yourself, chat with friends and other people), as well as formally, through surveys and other evaluation methods.

Celebrate a job well done! Celebrate your accomplishments; you and those you work with deserve it. Celebration helps keep everyone excited and interested in the work they are doing.

AFTER YOU'VE WRITTEN YOUR ACTION PLAN:
GETTING MEMBERS TO DO WHAT THEY SAID THEY WOULD

Every community organization has undoubtedly had this happen: you plan and you assign tasks to get everything you've planned to do accomplished. Everyone agrees (maybe they even offer) to do certain tasks, and you all leave with a great feeling of accomplishment. The problem? At the next meeting, nothing has been done. Besides tearing out your hair, what can you do? Fortunately, there are several things you can try. It's particularly tricky in the case of volunteers, because you don't want to lean too hard on someone who is donating their time and energy to begin with. Still, you can make it easier for members to get things done (and harder to avoid work) without acting like the mean neighbor down the street.

Some of these gentle reminders include:

- Regular phone calls from staff members or dedicated volunteers asking others how they are doing with their tasks. This should be a supportive call, not a "are you doing what you're supposed to" call. The person calling can offer emotional support "how are you doing?" as well as see if the group member needs any other assistance. A friendly call such as this can be seen as helpful, give the member the sense that he is a very important part of the group, and serve as a great reminder to do what he said he would do.

- Distributing the action plan in writing to all members, with names attached to specific tasks. (Additionally, this can be a great time to ask for feedback before the plan becomes "official.")

- Making sure timelines (with due dates) are complete, clear and current.

- At regular group meetings, such as committee meetings or board meetings, ask members to report on accomplishing the tasks they have set out to do. Consider making this a regular part of the meeting.

- Celebrate the accomplishment of tasks. It's important that getting something done actually means something, and is recognized by the group as a whole.

Follow up on the action plan regularly.
You are asking members to be accountable, and to get things done on a regular basis. If they have agreed, you should help them fulfill their commitment as best you can.

Evidence-Based Prevention

Evidence-Based Prevention refers to programs, practices, and policies that have been rigorously tested and proven to be effective in preventing drug use and misuse among adolescents.

These interventions are grounded in scientific research and incorporate best practices, theories, and principles from prevention science.

Key characteristics of Evidence-Based Drug Prevention:

1. **Evidence-based**: Programs are supported by rigorous research, including randomized controlled trials (RCTs), quasi-experiments, and observational studies.

2. **Targeted**: Interventions focus on specific risk and protective factors, such as individual, family, and community-level factors, to address substance use and abuse.

3. **Theory-driven**: Programs are informed by relevant psychosocial theories, such as social learning, cognitive-behavioral, and developmental theories, to understand the etiology of substance use and abuse.

4. **Multi-component**: Effective interventions often combine multiple components, such as school-based, family, and community-based activities, to address substance use and abuse.

5. **Implemented with fidelity**: Programs are delivered as intended, with consistent adherence to the original protocol, to ensure effectiveness.

6. **Evaluated**: Outcomes are regularly assessed and evaluated to monitor effectiveness and identify areas for improvement.

Examples of Evidence-Based Prevention strategies:

1. **Universal prevention**: Programs targeting entire populations, such as schools or communities, to prevent drug use and abuse.
   (e.g., Life Skills Training, Project Towards No Drug Abuse)

2. **Selected prevention**: Interventions targeting specific groups or populations, such as high-risk youth or families, to prevent drug use and abuse.
   (e.g., Brief Strategic Family Therapy, Functional Family Therapy)

3. **Indicated prevention**: Programs targeting individuals who have already shown warning signs or behaviors indicative of substance use or abuse.
   (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT))

Importance of Evidence-Based Drug Prevention

1. **Reduces substance use and abuse**: Evidence-Based Prevention programs have been shown to decrease drug use and abuse among adolescents.

2. **Improves health outcomes**: By preventing substance use and abuse, these programs can reduce the risk of related health problems, such as addiction, overdose, and infectious diseases.

3. **Cost-effective**: Implementing Evidence-Based Prevention programs can be more cost-effective than treating substance use disorders after they develop.

4. **Enhances community well-being**: By promoting healthy behaviors and reducing substance use and abuse, these programs can contribute to a safer and healthier community.

Key Principles

1. **Targeted interventions**: Focus on specific populations or risk factors.
2. **Multicomponent approaches**: Combine multiple evidence-based strategies.
3. **Sustainability**: Ensure long-term implementation and maintenance.
4. **Cultural sensitivity**: Adapt interventions to diverse populations and settings.
5. **Evaluation**: Regularly assess program effectiveness and make data-driven improvements.

These evidence-based approaches to substance abuse prevention can be adapted and combined to address the unique needs of various populations and settings.

Evidence-Based Registries

Blueprints for Healthy Youth Development-
https://www.blueprintsprograms.org/

OJJDP's Model Programs Guide
https://ojjdp.ojp.gov/model-programs-guide/all-mpg-programs

Federal Clearinghouse
https://youth.gov/evidence-innovation/evidence-based-program-directories

Department of Education
https://bestpracticesclearinghouse.ed.gov/index.html

Additional Resources:

School Safety
https://www.schoolsafety.gov/find-school-safety-resources

SAMHSA Evidence-Based Practices Resource Center-
https://www.samhsa.gov/resource-search/ebp