Putting & Keeping The Puzzle Together
Today’s Agenda

Welcome and Introductions
Kansas Prevention Collaborative
Prevention Background and Theory
Connecting Points
Strategic Prevention Framework
Evidence-Based Strategies
Comprehensive Planning
Community Example
Q & A
Conclusion
KDADS Vision for Change

Two Primary Goals:

1. Integrate behavioral health prevention efforts

2. Allocate greater resources to local level, community-driven prevention efforts
Objectives for this Session

PARTICIPANTS WILL BE ABLE TO...

- Name and recognize risk factors that contribute to child abuse
- Name and recognize protective factors that help prevent child maltreatment
- Name and recognize risk factors that contribute to substance abuse
- Name and recognize protective factors that help prevent substance abuse
- Learn more about effective strategic planning models and approaches to the prevention of substance abuse and other behavioral health problems impacting children
What is Behavioral Health?

*A state of mental/emotional being and/or choices and actions that affect wellness*
Continuum of Care

Promotion

Universal, Selective, Indicated

Public Health: Key Characteristics

- Promotion and prevention
- Population based
- Risk and protective factors
- Multiple contexts
- Developmental perspective
- Planning process


The FROG or the POND?
Risk Factor

A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.
Protective Factor

A characteristic at the individual, family or community level that is associated with a lower likelihood of problem outcomes.

Developmental Perspective

Public Health Questions

**What?** Substance use and other behavioral health problems

**Who?** Population that is the focus of the intervention(s)

**When?** Developmental stage of the focus population

**Where?** Contexts that influence health

**Why?** Risk and protective factors

**How?** Strategic Prevention Framework
RISK FACTORS—INDIVIDUAL

- Parents' lack of understanding of children's needs, child development and parenting skills
- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Nonbiological, transient caregivers in the home (e.g., mother’s male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors

http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html
RISK FACTORS—FAMILY

- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions

http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html
Center for Disease Control and Prevention

RISK FACTORS—COMMUNITY

- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.

http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html
Center for the Study of Social Policy’s Strengthening Families

PROTECTIVE FACTORS FRAMEWORK

- Parental resilience
- Social connections
- Concrete support in times of need
- Knowledge of parenting and child development
- Social and emotional competence of children

Risk Factors—Community

- Low Neighborhood Attachment
- Community Disorganization
- Laws and Norms Favorable to Drug Use
- Perceived Availability of Drugs
Protective Factors—Community

- Rewards for Positive Involvement
Risk Factors—School

- Poor Academic Performance
- Lack of Commitment to School
Protective Factors—School

- Opportunities for Positive Involvement
- Rewards for Positive Involvement
Risk Factors—Peer/Individual

- Friends Who Engage in Alcohol, Tobacco, and Other Drug (ATOD) Use
- Interactions with Antisocial Peers
- Favorable Attitudes Toward ATOD Use
- Rewards for Antisocial Behavior
- Attitudes Favorable Toward Antisocial Behavior
- Early Initiation of Drug Use
- Early Initiation of Antisocial Behavior
- Perceived Risks of Drug Use
Protective Factors—Peer/Individual

- Social Skills
- Healthy Beliefs & Clear Standards
  (Belief in the Moral Order)
Risk Factors—Family

- Poor Family Management
- Family Conflict
- Parental Attitudes Favorable to Antisocial Behavior
- Parental Attitudes Favorable to Alcohol, Tobacco, and Other Drug Use
- Family History of Antisocial Behavior
Protective Factors—Family

- Family Attachment
- Opportunities for Positive Involvement
- Rewards for Positive Involvement
Child Abuse & Neglect and Substance Abuse Factors Frameworks

- **Parental resilience**
  - Family Conflict
  - Parental Attitudes Favorable to Antisocial Behavior
  - Poor Family Management

- **Social connections**
  - Parental Attitudes Favorable to Substance Use
  - Family History of Antisocial Behavior
  - Rewards for Positive Involvement

- **Concrete support**
  - Opportunities for Positive Involvement
  - Healthy Beliefs & Clear Standards
  - Family Attachment

- **Parenting & child development**
  - Social Skills

- **Social & emotional competence**

Social Development Strategy

Individual Characteristics

Opportunities

Healthy Behaviors

Healthy Beliefs & Clear Standards

Bonding: Attachment Commitment

Skills

Recognition

Healthy Behaviors

Individual Characteristics
Interconnections

- ACES
- Attachment Bonding
- Substance Use
- Depression Suicide
Kansas ACES
Children Aged 0-17 Experiencing two or more ACES by Age Group 2011/12

Source: National Survey of Children's Health
2014 Kansas Family Data for Youth

- Kansas children in single-parent families (KIDS Count): 31%
- Kansas children (0-17) living 125% below poverty (Source: KS Statistical Abstract): 25%
- Kansas children (5-17) living in poverty (Source: KS Statistical Abstract): 16%
KANSAS
Communities That Care
Student Survey
KCTC Survey Goals

- Self-report instrument appropriate for adolescents ranging from 11-18 years old

- Provide data on the epidemiology of risk & protective factors among community youth

- Help focus prevention efforts on geographic areas or subpopulations experiencing highest levels of risk
  - and lowest levels of protection

- Administered in one class setting
KCTC Survey Administration

- Funded by Kansas Department for Aging and Disability Services, Behavioral Health Services
- Available annually free of charge to all districts, public and private
- Available for paper & online administration
- Target population is students in 6th, 8th, 10th, 12th grades
### Lifetime Use

On how many occasions have you had a beer or hard liquor to drink in your lifetime (more than just a few sips)?

### 30 Day Prevalence

On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days?

### Binge Drinking

Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

During the past 30 days, on how many days did you have 5 or more drinks on the same occasion? (By ‘occasion’, we mean at the same time or within a couple of hours of each other).

### Laws and Norms Favorable to Drug Use

If a kid drank some beer, wine or hard liquor for example, vodka, whiskey or gin in your neighborhood or the area around which you live, would he or she be caught by the police?

How wrong would most adults in your neighborhood or the area around which you live, think it is for kids your age to drink alcohol?

### Perceived Availability of Drugs

If you wanted to get some beer, wine or hard liquor for example, vodka, whiskey or gin, how easy would it be for you to get some?

### History of Antisocial Behavior

Have any of your brothers or sisters ever drunk beer, wine or hard liquor (for example, vodka, whiskey, or gin)?

Has anyone in your family ever had a severe alcohol or drug problem?

### Early Initiation of Drug Use

How old were you when you first had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?

How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?
On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days?

County: Shawnee County  ▼  Level: All Ages/Grades  ▼  Response: At least once  ▼  Beginning Year: 2012  ▼  Ending Year: 2016  ▼

Back to Questions/indicators

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http://www.kctcdata.org/
School Domain

School Domain involves questions and indicators revolving around school climate issues.

Community Domain

Community Domain is centered around how comfortable a student is with their community.

Peer/Individual Domain

Peer/Individual Domain measures how the student views himself or herself, and the peers they interact with.

Family Domain

Family domain looks at family beliefs around problem behaviors.
Interconnections

ACES

Attachment Bonding
Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.

- Do you feel very close to your mother?
- Do you enjoy spending time with your mother?
- Do you share your thoughts and feelings with your mother?
- Do you feel very close to your father?
- Do you enjoy spending time with your father?
- Do you share your thoughts and feelings with your father?
Interconnections

ACES

Attachment Bonding

Substance Use
Kansas Youth Attachment and Substance Use

- Do you feel very close to your Mother/Father?

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Kansas Youth Attachment & Substance Use
- My teacher(s)/neighbor(s) notice when I do a good job and tell me about it

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- Alcohol use
- Marijuana Use
Interconnections

- ACES
- Attachment Bonding
- Depression Suicide
KCTC Youth Depression & Suicide Questions

- During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Have you ever seriously thought about killing yourself?

- Have you ever made a plan about how you would kill yourself?

- Have you ever tried to kill yourself?
Kansas Youth Attachment & Depression/Suicide

-I feel very close to my Mother/Father

Yes-Mother  No-Mother  Yes-Father  No - Father

Depression  Suicidal thoughts  Suicide Plans  Suicide Attempts
Kansas Youth Attachment & Depression/Suicide

- My teacher(s)/neighbor(s) notice when I do a good job and tell me about it

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Interconnections

ACES

Substance Use

Depression

Suicide
Kansas Youth Substance Use and Depression/Suicide - Past 30-day Alcohol Use

- Depression: 27.3%
- Suicide Thoughts: 31.6%
- Suicide Plans: 36.5%
- Suicide Attempt: 40.4%

Graph showing the percentage of youth with symptoms of depression, suicide thoughts, suicide plans, and suicide attempts, based on whether they consumed alcohol in the past 30 days.

- No symptoms; yes alcohol
- Yes symptoms; yes alcohol

Percent
Kansas Youth Substance Use and Depression/Suicide - Past 30-day Marijuana Use

- Depression, 10.2
- Suicide Thoughts, 13.5
- Suicide Plans, 16.00
- Suicide Attempt, 19.9

No symptoms; yes marijuana

Yes symptoms; yes marijuana

Percent
Interconnections

- ACES
- Attachment Bonding
- Substance Use
- Depression Suicide
Kansas Youth Bullying & Depression/Suicide

- During this school year how often have you been bullied at school?

![Graph showing the relationship between bullying frequency and depression status.](image-url)
Depression
What We Know About Kansas Youth

- Youth reporting past year depression
  - Family conflict 62% vs. 30%
  - Bullied in past year (51% vs. 23%)
  - Fewer opportunities for involvement (38% vs. 68%)
  - Fewer family rewards (37% vs. 65%)
  - Higher reported substance use (all substances)
    - Largest differences found for alcohol (31% vs 15%) and marijuana use (13% vs 4%)

- More cumulative risk factors
- Fewer cumulative protective factors
- High availability of drugs
Suicidal Thoughts & Plans
What We Know About Kansas Youth

- Suicidal Thoughts

- Family history of antisocial behavior
- Favorable attitudes toward drug use
Suicide Attempts
What We Know About Kansas Youth

- Community disorganization
- Availability of drugs
- Poor family management
- Low commitment to school
- Early initiation of drug use
- Early initiation of antisocial behavior
- Peers who use drugs
- Rewards for antisocial behavior
- Few community rewards for positive behavior
Interconnections

- ACES
- Attachment Bonding
- Substance Use
- Depression Suicide
Strategic Prevention Framework (SPF)

A data-driven, five-step planning process that guides coalitions to plan, assess, implement and evaluate prevention efforts.
Assessment

Profile population needs, resources, and readiness to address needs and gaps

- What is going on in the family?
- What type of problems are there? How big are these problems?
- What resources currently exist in the community that can support the family?
- How ready is the family for change?
- The family must own the problem.
Capacity Building

Mobilize and/or build capacity to address needs

- Families need support to build and maintain capacity in all areas of their lives to support a healthy family structure.

- Families must be engaged in solving their own problems.
Planning

Develop a comprehensive strategic plan including setting goals, developing interventions, outlining tasks and schedules to accomplish the goals.

- Act with intent and be thoughtful
- Identify how to focus resources and efforts wisely
- Implement effective strategies
Implementation

Executing evidence-based prevention strategies

Strategic plans are put into action by implementing-
- policies
- practices
- programs
Evaluation

Monitor, evaluate, sustain and improve

- Compare results with baseline data
- Collect and analyze data
- Write evaluation reports
- Recommend quality improvements based on data
- Celebrate progress!
Cultural Competence and Sustainability

**Cultural Competence** - A set of congruent behaviors, attitudes, and beliefs that come together and work effectively in cross-cultural and varied socio-economical situations.

**Sustainability** - Supporting the ability of the coalition to maintain development and growth without compromising the future.
Evidence-Based Strategies

- Gathering and using data to guide all prevention decisions
- Identify which priority area to address
- Choose the most appropriate ways to address the priority area
- Align strategies with priority area
- Determine if strategies are making an impact on priority area

*Remember to work with diverse partners to identify appropriate, effective and sustainable prevention practices that are a good fit for the population.*
## Types of Strategies

### INDIVIDUAL STRATEGIES
- Focus on behavior and behavior change
- Focus on the relationship between the individual and problems
- Short-term focus on program implementation and outcomes
- Individual generally does not participate in decision making
- Individual as audience

### ENVIRONMENTAL STRATEGIES
- Focus on policy and policy change
- Focus on the social, political and economic context of substance-related problems
- Long-term focus on policy development
- People gain power by acting collectively
- Individual as an advocate
Center for Substance Abuse Prevention (CSAP)
Core Strategies

- Prevention Education
- Community-Based Processes
- Environmental Approaches
- Problem Identification and Referral
- Information Dissemination
- Alternative Activities
Where Do I Find Evidence-Based Practices?

- SAMHSA Behavioral Health Resources
  http://www.samhsa.gov/capt/tools-learning-resources/finding-evidence-based-programs

- The California Evidence-Based Clearinghouse for Child Welfare
  http://www.cebc4cw.org/

- The Annie E. Casey Foundation
  http://www.aecf.org/work/evidence-based-practice
Comprehensive Implementation

- Implement a mix of programs, policies and practices
- Data-driven decision making guides choices
- All strategies should align with identified priority areas and complement each other
- Multi-sector representation (schools, religious organizations, law enforcement, parents, youth, businesses, media, civic groups, health care professional, youth-serving organizations)
Collaboration

People working together with a shared goal – coalitions!

- Businesses unite to provide Christmas gifts for children in foster care
- Share resources and reduce duplication
- Work with schools to keep substances off school grounds
Coalitions in Kansas
Reno County Risk Factor- Poor Family Management Problems

**Strengthening Families 10-14**

- 6 week training with 1 hour for parents, 1 hour for youth concurrently, and then a combined family session
- Practice skills over the next week
- Very interactive
- Positive outcomes for youth avoiding alcohol and drug use 2 and 4 years after completion and less likely to have aggressive and destructive behavior 4 years after completion
- Program also had a positive impact on parenting outcomes
Success Stories

- Carla as a foster family
- Divorced Couple at Lincoln
- Kid from Nickerson
- Julie M
Botvin LifeSkills Parent Training

• Section 1: Introduction
  Overviews the issues related to adolescent drug abuse.

• Section 2: Protective Family Factors
  Provides information on how to be a good role model for your child, ways to convey a clear anti-drug message, and tips for effective family communication and parental monitoring.

• Section 3: General Life Skills
  Provides information and engaging activities to help your children develop personal self-management and social skills.

• Section 4: Additional Resources
  Offers a comprehensive listing of resources to help parents seek out additional information.
Successes

- Working with local jail
- Working with drug court
- Working with local youth shelter
Parenting Wisely

- Can be done as a self-administered CD-ROM or in an office setting. Also available online.
- Develops significantly more knowledge of positive parenting practices.
- Significantly increased their belief in the effectiveness of positive parent practices.
- Significantly more likely to apply positive parenting practices.
Lessons Learned and Successes

- Best if done at your office and have time to debrief with parents
- Provide a list of resources in the community
- Helped develop partnerships in the community
- Poor Family Management went from 46.67% in 2006 to 35.1% in 2016. This is a 11.57% drop.
Collaboration

- Collaboration is key in parenting classes.
- Work with local churches, courts, St. Francis Community Services, Youth Shelter, Drug Court, etc.
- These programs are for all families not just at risk. Having a combination of different families with different backgrounds helps to make the class go smoother.
Center for the Study of Social Policy

“LEVERS” AND VISION FOR CHANGE

Key Levers
- Parent Partnerships
- Policy & Systems
- Professional Development

Families, Communities, Service Systems, and Organizations
- Build protective and promotive factors
- Support Parents as Decision-makers and Leaders
- Value culture and unique assets of Every Family
- Are Mutually Responsible
Questions & Answers
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