ADAD Substance Abuse

Prevention Efforts in Colorado

Alcohol and Drug Abuse Division

Colorado Department of Human Services

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Colorado Department of Human Services

people who help people

adad

Alcohol and Drug Abuse Division

ADAD's Substance Abuse Prevention Efforts in Colorado 2005

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I. Introduction

During the past decade, the field of prevention has developed more clearly defined methods of effective practice. It has increased communication and collaboration, and advanced prevention science to build a strong practice of prevention. Many systems and structures that support prevention efforts have become institutionalized, and the principles and practices of the field are evolving or expanding in all segments of the community -- from the grass roots level to the federally funded statewide programs.

In Colorado, partnership has become a guiding principle of operation. As we prepare to publish **ADAD's Substance Abuse Prevention Efforts in Colorado**, ADAD Prevention Services, is involved in promising new partnership initiatives with its state and federal allies that will continue to move our field forward.

All of the following have played important roles in bringing Prevention Services to its current plan and vision:

- Changing organizational, legislative and budget priorities within Colorado State Government and nationally;
- Unifying theories, methodologies and frameworks in the field of prevention;
- A broadly accepted emphasis on science- and evidence-based programming and prevention outcomes; and
- A continuing trend toward coordination, collaboration and partnerships.

The following pages of **ADAD's Substance Abuse Prevention Efforts in Colorado** provide an overview of ADAD's Prevention Services' system. Among them you will find details about operation and philosophy; roots, recent history, and current direction; partnerships and collaborations; and ADAD prevention programming in Colorado, including technical assistance, prevention capacity development and data collection and evaluation. The final sections review the state prevention infrastructure and SAMHSA's initiatives. This guide has been prepared as a resource tool to assist your prevention efforts.

ADAD's Prevention Services' staff developed this guide with input from other ADAD staff members, prevention contractors, and individuals from other state and federal agencies.

For any questions about this document, please contact any of the following ADAD Prevention Services Section Staff members:

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II. Alcohol and Drug Abuse Division (ADAD)

The Alcohol and Drug Abuse Division (ADAD), a statutorily designated division within the Department of Human Services, is composed of administrative, fiscal. Treatment, prevention and data sections that arrange for, monitor, support and report on substance abuse prevention and treatment services statewide. More information can be found at: www.cdhs.state.co.us/ohr/adad/index8.htm.

Table 1
Vision & Mission Statements

Substance Abuse and Mental Health Services Administration	*Building resilience and facilitating recovery.*
Colorado Department of Human Services' Vision:	*Building partnerships to improve opportunities for safety, self-sufficiency, and dignity for the people of Colorado.*
ADAD's Mission:	*To develop, support and advocate for comprehensive services to reduce alcohol, tobacco and other drug abuse and to promote healthy individuals, families and communities.*
Prevention Services' Mission:	*To promote healthy, resilient, individuals, families and communities by working is partnership/collaboration to foster effective and efficient Prevention Services that reduces the health, social and economic consequences of alcohol, tobacco and other drug use.*
Prevention Leadership Council & Interagency Prevention Systems Program Vision:	*A coordinated system of quality prevention and early intervention services to improve the health and well being of all children, youth and families in Colorado.*
Prevention Leadership Council & Interagency Prevention Systems Program Mission:	*To provide a strong, unified voice for prevention and early intervention in Colorado and to promote coordinated planning, implementation and evaluation of quality prevention and early intervention services for children, youth and families at the state and local level.*

Table 2 Prevention Services Section Goals	
ADAD Prevention Services' Goals:	• To participate with the cross-agency, cross discipline, interagency Prevention Leadership Council to implement Colorado legislation (CRS 25-20.5-106 (2) (b) to insure streamlining and coordination of prevention services to Colorado communities. The ADAD Prevention Section will take a leadership role to assist the design and implementation of the Colorado State Prevention Plan for Children and Youth. • To facilitate federal, state and local cooperation and collaboration, in both the public and private sectors, in order to maximize effective use of resources to meet substance abuse prevention needs in Colorado. • To support and expand research-based and effective universal, selective and indicated substance abuse prevention strategies throughout Colorado. • To support and expand prevention programs to reach a diversity of age, gender, ethnic, and other cultural groups (rural, urban, socio-economic, sexual orientation, persons with disabilities, etc.). • To promote greater public understanding of state-of-the-art theory and research about the causes and prevention of substance abuse. • To support and expand the flow of prevention-related information and materials throughout Colorado that advance the state-of-the-art of prevention. • To support and expand the development of a cadre of well-trained prevention providers by continuing to support comprehensive prevention capacity development activities and to set the standards for quality prevention service.
Role of Prevention Services in Meeting ADAD's Goals:	• To promote an understanding of the preventative nature of the risks and protective factors associated with substance abuse and to create awareness that communities can do something to address this concern. • To fully participate in ADAD's planning process in order to make the most effective use of public resources. • To promote the adoption of effective prevention strategies and approaches that are implemented in an age, gender and culturally appropriate service delivery system which respects the integrity of individuals, families and communities. • To establish and maintain linkages with state, federal, local, private and business/industry and leverage collaboration toward a reduction of substance use in Colorado. • To develop, implement and evaluate training, technical assistance and information dissemination systems to continuously advance the state of the art of prevention, and to identify research findings and best practices and proactively share this information with the provider community. • To develop, coordinate, implement and monitor public policy regarding the availability, effectiveness and funding of prevention services. • To develop, implement and evaluate processes and mechanisms that license and/or approve prevention providers in order to assure quality services, and to set the standards of quality prevention service.

III. ADAD's Prevention Services Section Overview

Staff Expertise: ADAD's Prevention Services consists of six staff members including a director, an information specialist, three regional prevention field managers and an administrative assistant. The majority of professional staff members in ADAD's Prevention Services have had more than a decade of experience in the prevention field. Limited staff turnover during the past ten years has contributed to both consistency and professional growth within the Prevention Services' team.

Integrated Approach: ADAD's Prevention Services uses an integrated approach to target its funding, with a goal of reaching individuals, families, schools, communities and larger systems. Annually, ADAD funds approximately 50 prevention programs throughout the State. By supporting effective, research-based strategies within a comprehensive framework, ADAD aims to promote programs, resources and services that together will contribute to a healthy Colorado.

ADAD Prevention Funding: Funds flow through ADAD's Prevention Services from several sources. The largest source of funding is the annual substance abuse federal block grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Additional funds are received through state fees (e.g., Persistent Drunk Driving) and competitive grants sought by Prevention Services.

The following chart represents the proportion of state and federal dollars received by ADAD for prevention services:

Year	State Dollars	Federal Dollars	Total Dollars
2004	$404,315	$4,938,693	$5,343,008
2005	$461,000	$5,133,399	$5,594,399
2006	$527,000	$4,795,178	$5,322,178

Resource Allocation: ADAD's Prevention Services bases its funding allocation decisions on CSAP and other federal guidelines and emphases, and the latest prevention research. In addition, decisions reflect provider input, social indicators, informal staff needs assessments, and geographic and diversity/equity goals. A formal, statewide needs assessment will play an increasing role in future budgeting and allocation decisions.

- RFP Process: ADAD uses a competitive Request for Proposal (RFP) process to disperse most of its funds. Review teams consist of intentionally diverse experts both in the particular topic area and in state funding processes. The current grant awards that began July 1, 2005 are for five years. In years that RFP's are available from ADAD, applicants must register with the Department of Human Services North Central Procurement Office at http://www.gssa.state.co.us/VenSols**.**

- RFP History: In 1999-2000, ADAD Prevention Services released one of its most comprehensive Request for Proposal cycles, funding prevention programming for youth, family support, community mobilization, workplace, and impaired driving prevention. ADAD also funded a variety of capacity building services targeting professionals including evaluation, prevention information dissemination, and regional technical assistance and training.

- Changing Trends: The RFP's released in 1999-2000 reflected a trend toward more streamlined service delivery, increased use of social indicator data to justify needs, a focus on program outcomes, and the application of evidence-based prevention approaches and principles. As in the past, ADAD RFP's required a strong program evaluation component and organizational commitment to the workforce development of prevention staff members.

  ADAD prevention RFP's released for the 2005-2006 funding cycle included heightened expectations that funded contractors achieve their proposed outcomes within the grant cycle.

Project Liaison: ADAD Prevention Liaisons work in partnership with ADAD's prevention providers. Each staff member is assigned to liaison with specific contractors. In this role, the Liaison conducts periodic site visits to provide technical assistance and to monitor progress with contractual goals and objectives. Liaisons complete site visit reports, copies of which are shared with the contractor and filed in the ADAD contract file.

Collaborative Activities: ADAD Prevention staff are active on a variety of planning groups and boards. See Appendix A for a list of current collaborative activities.

Beliefs & Commitments, Philosophy, Guiding Principles: The following tables are models that represent ADAD's Prevention Services' beliefs and commitments, philosophy and guiding principles. Collectively they support a paradigm grounded in organizational management principles that recognize that strength-based practices and community empowerment lead to success.

Table 3 Prevention Services' Beliefs and Commitments	
Beliefs	• It is more effective in terms of lessening human suffering and societal costs to prevent substance abuse rather than to intervene or treat the problem at a later stage; • Prevention is a complex process and not a singular strategy; • Prevention of substance abuse is based on the understanding that the factors which contribute to abuse vary among individuals, age groups, communities, ethnic groups, and risk level groupings. Specifically tailored prevention services must be made available for these diverse groups through a variety of providers and strategies; • Public prevention dollars should be directed towards gaps in services and/or high risk populations who otherwise would not be able to pay for services; • It is essential for prevention programs to be monitored to assure public safety, promote quality service delivery and protect the integrity of public funds; • The development of an effective prevention system requires coordination among public and private entities; and • Prevention is most effective when there is local understanding of the substance abuse problem and local responsibility for its prevention. Prevention programming must be locally based with broad community involvement and with the public and private sectors jointly sharing the responsibility for the services. • A cross-agency, cross-discipline prevention approach will serve communities better than a separate agency (silo) approach.
Commitments	• The availability of appropriate prevention services and resources throughout Colorado; • Clear and consistent prevention messages which are based on a philosophy of building strengths and capacities; • Collaboration and networking at all levels of prevention programming; • Ongoing program and system evaluation; and • Working directly with cross-agency, cross-discipline prevention efforts to streamline and coordinate services to communities.

Guiding Principles and Philosophy For Prevention

Table 4.1
Paradigm Models

Old Service Delivery Paradigm	Community Empowerment Paradigm
Professionals Responsible (doing for the community)	Shared Responsibility (doing with the community)
Power vested in agencies.	Power resides in community.
Professionals seen as experts.	The community is the expert.
Planning and services are responsive to each agency's mission.	Services and activities are planned and implemented based on community needs and priorities.
Fragmentation of planning and service delivery.	Planning and services are inter-dependent and integrated.
Leadership is external and based on authority.	Leadership from within the community is based on ability to develop a shared vision, enlist a broad base of support, and manage community problem solving.
Little emphasis on ethnic and cultural differences.	Special emphasis on valuing the diversity of racial/ethnic groups and special populations.
External linkages limited to networking/coordination.	Cooperation and collaboration emphasized.
Decision-making process is not inclusive.	Decision-making is inclusive.
Accountability is to the agency.	Accountability is to the community.
Primary purpose of evaluation is to determine funding.	Evaluation is used to check program development and outcomes and impact decision-making.
Categorical Funding	Funding based on critical health issues.
Community participation limited to providing input and feedback.	Community is maximally involved at all levels.

Reprinted with permission from Connecticut's *Framework for a Statewide, Comprehensive Alcohol, Tobacco and Other Drug Abuse Prevention System* (Susan S. Addiss and Sher Horosko, December 1994)

Table 4.2

Characteristics of Metanoia (a shift of the mind)

- From seeing things in parts to seeing things systemically/holistically
- From seeing systems as static and determined to seeing them as self-correcting and able.
- From seeing clients as deficient to seeing them as having unique strengths.
- From power over clients to empowering clients.
- From competition to collaboration.
- From emphasis on pathology to an emphasis on health; from intervention to prevention.
- From individual thinking to group problem solving.

Peter Senge, 1990

Table 4.3	
Alternative Approach to Leadership of Public Problem-Solving	
Conventional Wisdom	**Alternative**
Leadership has an agenda or vision of his own.	Leader facilitates move from current state of affairs (as assessed/defined by the group) to one that is better (as envisioned by the group).
Leader identifies himself by taking stand(s); solicits support and acceptance of people for his stand. Mark of Success: Carrying out stand; means of success--skillfully interacting with the people.	Leader sees a stand as a tool for engaging the people in doing work. Facilities sorting out values and points of view on complex issues.
Process: Responds to traditional idea of leader. Providing solutions, security, and meaning.	Process: Mobilization of a group's resources to do work.(Face, define, and resolve its problems.)
Repeated success of leader increases dependency on leader and weaken constituents' ability to face, define, and solve problems.	Actions serve as catalysts of work, rather than solutions to problems.
Successful in situations where the problem and solution (technical fix) are easily defined and available (e.g., infection-antibiotic). "Leader" does all the work.	For situations in which problem definition is not clear cut (rather, complex) and solution is unclear. Solution requires the group (relevant community of interests) to do the work of defining and solving.
Leader accepts people's expectations (conventional wisdom) that the leader can fix things for.	Leader goes against this expectation. Adjustments in people's attitudes is necessary.
Leadership as a position, exercised by person in authority.	Leadership as a function, an activity. Can be exercised at once by several people from varying positions of authority.

Resource: Ronald A. Heifetz and Riley M Sinder
Leadership Education Project
John F. Kennedy School of Government
2000

Table 5
Characteristics of an Effective Prevention Program

In the late 1980's, the *Prevention Services* staff developed a list of "Characteristics of Effective Prevention Programs." Today a variety of guidelines exist in the substance abuse prevention field regarding effective prevention programming. The chart below compares characteristics promoted in the Substance Abuse Prevention Specialist Training's Building Blocks for Successful Prevention Programs (2000), the Center for Substance Abuse Prevention's (CSAP) Nine Principles of Effective Prevention Interventions, and the Office of National Drug Control Policy's (ONDCP) Principles.

Characteristics	SAPST's "Building Blocks for Successful Prevention Programs" (2000)	CSAP's Nine Principles of Effective Prevention Interventions	ONDCP Principles
Trained staff	The program is facilitated by knowledgeable and competent staff.		Train staff and volunteers.
Research-based	The program is based on sound theory and uses practices grounded in research.	Research-based using multi-causal models.	Assess levels of risk, protection and substance abuse.
On-going, consistent, flexible		Intensive enough in frequency and duration.	Reinforce interventions over time.
			Ensure consistency and coverage of programs and policies.
Tailored	The program is developmentally appropriate.	Tailored to the participant's needs.	Define a population.
Culturally relevant	The program addresses participants from a variety of backgrounds and cultures, and it uses a code of ethics.	Ensure cultural relevancy tailored to gender, development and geography	Intervene in appropriate settings and domains.
Marketed	The program incorporates the media		
Based on good data and planning	The program is systematically planned and assessed.		
Evaluated	The program is evaluated.		Monitor and evaluate programs.
Well-timed		Timed Well	
Follow-up provided		Offers booster and follow-up sessions.	Reinforce interventions over time.
Does not isolate target population based on risk.		Willing to group high risk and low risk/no risk participants together in order for high-risk participants to observe healthier attitudes, skills, and behaviors.	

For guidelines for children and adolescent programs see Appendix B: The National Institute on Drug Abuse's "Prevention Principles for Children and Adolescents" (2002).

IV. ADAD's Substance Abuse Prevention System

ADAD Prevention Programming in Colorado - Overview

Who is Funded: ADAD's Prevention funding supports approximately 50 prevention programs in the state of Colorado during the 4-5 year contract period of funding awarded following a Request for Proposal (RFP). The majority of these contracts are for local non-profit agencies and local government organizations that provide substance abuse prevention programming in their communities. In addition, ADAD funds a variety of statewide training, capacity development and information services.

Detailed information on ADAD's funded prevention programs is available in the annual ***Directory of ADAD-funded Prevention Providers***, published through the Prevention Information Center contract at http://www.preventioncolorado.org/PIC.htm.

Funding Areas:

- Family, Youth, Community and Impaired Driving Prevention.
- Statewide Training, Capacity Development and Information Services: Contractors provide services on Fetal Alcohol Spectrum Disorder, prescription drug abuse, reduction of underage tobacco sales, workplace prevention services and support groups for children of parents who are addicted to drugs or alcohol. In addition, ADAD funds a prevention information center, a regional technical assistance and training services project, a statewide parenting resource and training center, and a coordinator for higher education activities (see details below).

Funding Sources: ADAD's program funds are derived from federal block grants, competitive grants, state cash funds.

Required Data Collection: All ADAD prevention contractors submit PEP data to OMNI Research and Training (see Table 6).

ADAD's Impaired Driving Prevention

Law Enforcement Assistance Funds (CRS 43-4-401-404)

History: In 1982, the Colorado State Legislature passed legislation mandating the Law Enforcement Assistance Fund (LEAF). Drivers convicted of driving under the influence of alcohol or other drugs are required to pay penalty fees into this fund.

Funding Distribution:

- The Colorado Department of Public Health and Environment (CDPHE) is the first to receive allocated funds up to the amount budgeted for testing and breath analysts' court testimony. The monies are first paid to CDPHE from revenues until budgeted costs for testing and testimony have been paid in full.

- The remainder of any revenues is then divided between Colorado Department of Transportation (CDOT) and CDHS/ADAD.
    - The Division of Transportation Safety at the Colorado Department of Transportation monies are for grants to city and county law enforcement agencies for the enforcement of DUI laws.
    - The dollars allocated to the Alcohol and Drug Abuse Division (ADAD) are earmarked for the prevention of drunk driving.

Current Funding: ADAD has selected evidence-based programs based on multi-year county rates of adult alcohol-related arrests and adult DUI's that were in excess of the statewide average. Programs are located in diverse areas of the state and represent a combination of community-based strategies and direct services to youth in high-risk environments for impaired driving.

Persistent Drunk Driving Law

History: In 1998, the Colorado legislature enacted the Persistent Drunk Driving law and in 2001, revised sections of the law including the Persistent Drunk Driver cash fund (CRS 42-3-130.5).

Focus: The fund results from a penalty surcharge and is coordinated by the Departments of Transportation, Revenue, and Human Services. Prevention dollars are intended to support programs that deter persistent drunk driving and to educate the public, with particular emphasis on the education of young drivers, regarding the dangers of persistent drunk driving.

Current Funding: ADAD has selected several counties for prevention services based on county rates of juvenile alcohol-related arrests and juvenile DUI's. These counties have combined rates that are in excess of the statewide average. The counties also were selected based on the lack of other ADAD prevention funding in the county. The counties receive funding to implement evidence-based programming, dependent on their state of readiness to address the issue.

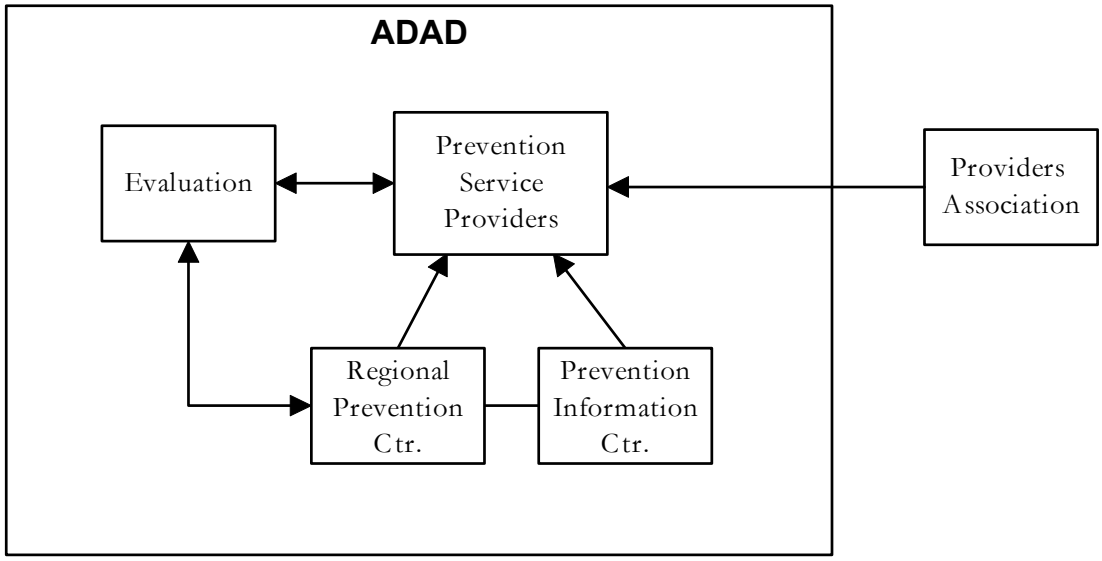
Statewide Prevention Services

Inter-Related Prevention Partners

Entities in Partnership: The Alcohol and Drug Abuse Division's (ADAD) Prevention Services funds several interrelated entities supported by block grant funds. These include:

- The Regional Prevention Services project (RPS), which provides technical assistance and training services to ADAD-funded projects and surrounding communities.
- The Prevention Information Center (PIC) which serves as a resource clearing house and library providing substance abuse and related information to prevention services providers and the broader community.
- The Prevention Evaluation Partners (PEP) evaluation services through OMNI Research and Training, that collect information to evaluate ADAD funded programs, while providing technical assistance to service providers to support local evaluation efforts.
- An independent association of alcohol and drug services provider executives is a professional trade association that cultivates leadership, mobilizes resources and

promotes the effective use, integration, and coordination of alcohol and drug prevention, intervention, and treatment services.



Collaboration Essential: ADAD encourages meaningful collaboration between these major entities. For example, the contracted prevention center services staff and evaluators, both housed at OMNI Research and Training, work closely together to support and complement each other's efforts.

Products: Through these collaborative efforts, a number of products have been developed that provide support to the larger objectives of ADAD and the Colorado prevention system. These include:

- A historical archive of social indicators useful for tracking state and local trends;
- Risk and protective factor data and individualized school reports that support critical assessment of local substance use trends;
- Process and outcome data collection systems useful for tracking services and related outcomes; and
- A comprehensive resources directory that provides web-based information on prevention services for children and youth funded by all Colorado agencies (www.omni.org).

Regional Prevention Services (RPS) Project

History: In 1998, ADAD reorganized the Regional Prevention Centers, originally funded in 1987 under separate contracts with multiple regional host agencies across the state, into a single contract with a program director to coordinate services and supervise prevention staff. The result, the Regional Prevention Services contract, provides a more streamlined approach to statewide technical assistance and training.

Location: ADAD relocated the Regional Prevention Services project to OMNI in 2004 to further research-to-practice efforts.

Regional Structure: The RPS Project locates at least one Prevention Consultant in each of six defined regions across the state. Eight professional prevention staff members provide services through this contract.

Philosophy: The RPS Project has been key to the integration of research and practice and prevention capacity development planning in the 2000s. The project assists ADAD in bringing the principles and practices of prevention to the local level and in designing services based on needs. The RPS is committed to supporting the expertise and experience that already exists within such communities.

For more information on ADAD's prevention capacity development philosophy, see Appendix C.

Services: The RPS Project provides the following services to Colorado agencies, communities, and coalitions involved in substance abuse prevention:

A. Support and Technical Assistance (TA) in the areas of:

- Coalition Building
- Community Readiness Assessment
- Competence in Addressing the Cultures of Diverse Populations
- Grant Writing
- Group Facilitation
- Needs Assessments
- Research Design and Data Analysis
- Resource Referral
- Strategic Planning
- Substance Abuse Prevention Strategies

B. Implementing the Colorado Prevention Partners (CPP) Strategic Planning Model in targeted Colorado communities, beginning in 2005.

C. Providing training opportunities for people working in, or interested in, substance abuse prevention. This includes sponsorship of the *Substance Abuse Prevention Specialist Training (SAPST)*, which is offered six times a year for ADAD contractors and other interested prevention providers.

RPS Contact Information
Regional Prevention Services Project Contact Person: Janna Bisetti Address: 899 Logan Street, Suite 600, Denver, Colorado 80203 Telephone: 303-839-9422 Ext. 40 Fax: 303-839-9420 Email: jbisetti@omni.org Web: www.omni.org

Prevention Training Options

ADAD currently sponsors two primary prevention training options:

The *Substance Abuse Prevention Specialist Training (SAPST):* The *SAPST* is a national prevention curriculum based on ADAD's original Prevention Generalist Training (PGT). This 27-hour training curriculum:

- Targets learners both volunteers and professionals;
- Offers a broad overview of theories, models and working strategies for state-of-the-art applied prevention practice;
- Provides a balance of didactic and experiential activities designed to introduce, empower and activate prevention practitioners throughout the community;
- Emphasizes the importance of developing prevention programming in partnership with communities in a culturally relevant manner;
- Stresses the use of effective prevention models that reflect success as measured by sound program evaluation techniques;
- Provides participants with a certificate for successful completion of the training.

All ADAD contracted prevention personnel are required to attend the *SAPST*. Regional Prevention Consultants from the Regional Prevention Services (RPS) project offer the SAPST a minimum of six times per year. Local agencies throughout Colorado are encouraged to sponsor a *SAPST* in their communities. A registry is maintained of all individuals who have completed the *SAPST*.

Advanced Prevention Coursework: Advanced coursework is offered as an adjunct and follow-up to the basic *SAPST*. Individual courses, determined through ongoing needs assessment of prevention contractors, are offered through forums such as the Winter School for Addictive Behaviors and the ADAD Prevention Capacity Development Training. Trainers are staff members from the Regional Prevention Services project.

ADAD's Comprehensive Information Resource System

Regional Alcohol and Drug Awareness Resources (RADAR)

History:

- State RADAR Center: The former Office of Substance Abuse Prevention (OSAP) - now SAMHSA's Center for Substance Abuse Prevention – initiated this information acquisition and dissemination system through a National Clearinghouse for Alcohol and Drug Information (NCADI) contract. ADAD, along with other Single State Agency (SSA) designations, signed with OSAP to become state RADAR centers in 1988.

- Associate RADAR Site: In 1998, Colorado created a Request for Proposal (RFP) to establish a statewide Associate RADAR site currently known as the Prevention Information Center (PIC) (http://www.preventioncolorado.org/).

Philosophy: ADAD views communication and information utilization and dissemination as central to its work. Through a variety of print, audiovisual and electronic mediums described below, ADAD's Prevention Services is invested in communicating with its contractors in the field as well as providing current and accurate information to other prevention, intervention and treatment providers in the state and to the general public.

Colorado RADAR Network Statewide Clearinghouse

Overview: The Prevention Information Center (PIC) Statewide Clearinghouse, an ADAD contractor, serves the public with a lending library and free video loan program. It is ADAD's state repository and dissemination center for alcohol, tobacco and other drug literature and information.

Contact Information: The toll-free phone line to reach the Clearinghouse is 1-800-251-4772. Services can be accessed by phone, fax, in person at the Clearinghouse office, via exhibits, health fairs, an Internet website, and through other outreach activity.

Services include:

- Helping people find accurate, up-to-date information about prevention and evidence based policies, practices and programs that have proven effectiveness in reducing or preventing substance abuse.
- Providing posters, booklets, and other materials with prevention and intervention messages for youth, parents, and other target audiences. Some of these products are offered in bulk for distribution to groups, while others are camera-ready for reproduction. Almost all materials are in the public domain and community members are encouraged to reproduce and distribute copies.
- Promoting and supporting outreach efforts to groups at high risk (e.g., children of alcoholics and other drug abusers, dropouts, pregnant teens, low-income families, juvenile delinquents, youths with disabilities).

- Responding to questions about prevention and intervention by mail or telephone and assisting visitors by providing hands-on assistance.
- Helping prevention practitioners design and implement programs tailored to meet the special needs of their communities. This includes assistance with services and materials that are culturally sensitive and age-appropriate.

Colorado RADAR Contacts:

Clearinghouse	Colorado State RADAR Coordinator
Prevention Information Center 7525 West 10th Ave. Lakewood, CO 80215 303/239-8633 800/251-4772 (CO only) FAX: 303/239-8428 Denver, CO 80236 E-mail: pic@rmc.org Web: http://www.preventioncolorado.org/	Linda M. Garrett CO State RADAR Coordinator & Information Officer Alcohol & Drug Abuse Division 4055 S. Lowell Blvd. Denver, CO 80236 303-866-7508 FAX: 303/866-7481 E-mail: linda.garrett@state.co.us Web: http://www.cdhs.state.co.us/ohr/adad/index8.htm

ADAD's Data Collection and Evaluation System

OMNI Research and Training

Since 1995 ADAD's Prevention Services has maintained an evaluation contract with OMNI Research and Training to implement a statewide evaluation system for prevention contractors. This commitment to evaluation has led the substance abuse prevention field forward in ever more sophisticated research and evaluation efforts. Since 1999, OMNI, the Regional Prevention Services contractor and the Prevention Information Center have established closer links to advance a system that supports movement from research to practice. The Regional Prevention Services contract was relocated under OMNI in 2004 to further this intent.

OMNI Contact Information
OMNI Research and Training Contact Person: Erica Boyce Address: 899 Logan Street, Suite 600, Denver, Colorado 80203 Telephone: 303-839-9422 Ext. 11 Fax: 303-839-9420 Email: eboyce@omni.org Web: www.omni.org

Evaluation Overview

ADAD Leadership: ADAD has been recognized as a leader within Colorado and nationally in efforts to incorporate evaluation principles and practices into its own work and the work of its contractors. We believe that comprehensive program evaluation -- from needs assessment through process and outcomes measurement -- is a critical component in all prevention planning and implementation activities.

Purpose of Evaluation: ADAD's evaluation effort is designed to verify, document and quantify the extent of existing problems and assess the changes or impacts to these problems as a result of funded prevention services. Three areas of evaluation are implemented:

- *Process evaluation* helps track or monitor efforts and understand the population being served.
- *Outcome evaluation* is used to measure the immediate effects of a program.
- *Impact evaluation* is concerned with the ultimate effects of the program.

Contractual Requirements: All ADAD prevention contractors are required to use process and outcome evaluation strategies to measure the success of their programs. Related data can provide tangible evidence as to the quality and effectiveness of each prevention providers' services while supporting measures of accountability.

ADAD's PEP System:

ADAD's Prevention Services implemented the Prevention Evaluation Partners (PEP) data collection system in 1998 for all its Substance Abuse Prevention Block Grant recipients (Block Grant providers). This system is explained in the table below:

Table 6
Prevention Evaluation Partners (PEP) Evaluation Components

Component One/Process:

Purpose: This component counts the type of prevention services delivered and the demographic characteristics of the clients receiving services.

System: In fall of 2004, ADAD contracted with a national software firm, KIT Solutions, to adapt their prevention evaluation software package for Colorado's needs. Colorado KIT is a web-based system that enables prevention providers to collect data pertaining to the dosage and fidelity of service delivery, as well as, program participant profile information. Several providers piloted the system during fiscal year 04-05 and ADAD rolled out the system to all Substance Abuse Prevention Block Grant providers for fiscal year 05-06. Colorado KIT is also being used by 20% of prevention programs funded through various state agencies.

Future Development: Colorado KIT will continue to be modified and enhanced as the system is used during this fiscal year. Also, the Colorado KIT Steering Committee, of which ADAD is a participant, will begin developing an evaluation/analysis plan in preparation of the end of the fiscal year. This plan will enable state agencies to review prevention services in aggregate for the first time in Colorado's history.

Table 6
Prevention Evaluation Partners (PEP) Evaluation Components (cont.)

Component Two/Outcomes:

Purpose: The second component of PEP builds the evaluation capacity or prevention providers by teaching them how to write outcome objectives, develop logic models, measure change in their participants and communities over time, and write outcome evaluation reports. Providers are encouraged to use pre-post research designs with standardized instruments.

System: Colorado KIT also serves as a data warehouse for outcome related information. Prevention providers indicate which ADAD-approved outcomes they will target for the fiscal year along with the corresponding measures in the planning module of Colorado KIT. The system also allows providers to enter pre and post-test data for each individual served. OMNI, contracted evaluation company, will conduct analysis at the end of the fiscal year to determine what outcomes have been fulfilled and whether dosage and fidelity to program design had any impact on success.

Future Development: Colorado KIT will continue to be modified and enhanced as the system is used during this fiscal year. Also, the Colorado KIT Steering Committee, of which ADAD is a participant, will begin developing an evaluation/analysis plan in preparation of the end of the fiscal year. This plan will enable state agencies to review prevention services in aggregate for the first time in Colorado's history.

Component Three/Qualitative:

Purpose: The third component of PEP consists of a qualitative focused data collection effort.

System: Staff members representing each of ADAD's funded prevention programs write success stories that are reflective of their services. These stories related the contribution of the program being evaluated to positive (successful) changes for youth, adults, groups, or communities. For each success story, the provider discusses the background of the program and participant highlights, the service provided by the program, and the results of the intervention.

OMNI also collects state and community social and health indicator data along with information on prevention programs funded throughout the state, and school survey data on social problems and related risk and protective factors.

Social and Health Indicators

History: Social and health indicators were selected in 1998 to assist ADAD decision-makers in identifying areas with high substance-related problems. ADAD uses these data, in conjunction with evaluation information, to assist in agency planning efforts.

Overview: OMNI developed a web-based data system designed to store and manage the social and health indicators and a variety of resource or program service data. The OMNI Resource and Indicator Database (RID) is a web-based public use system that is designed to help communities and policy makers make better decisions about the use of scare resources and to track community and state changes over time. The system can be accessed through OMNI's web site at www.OMNI.org.

Value to State: The RID system was developed in response to a growing need to gather and package information in more useful ways for interested persons statewide. It is intended to facilitate long-range integrated and more comprehensive planning; improved resource utilization and assessment of impacts. Its development is timely given the convergence of a number of important contextual factors, including:

- Growing interest at the federal and state levels in the use of data driven-planning models.
- Greater interest and ability at the state level to coordinate and integrate planning and funding activity.
- Parallel interest by foundations to examine issue-specific funding activity across foundations.
- A need at the community level to streamline and improve needs assessment activity, resource management and strategic planning efforts.
- A desire to increase dialogue between state and community groups to better align funding activity with assessed needs and service gaps.

The system continues to be enhanced leading up to a complete first version launch in July 2005 which will include mapping functions and community folders.

School Survey Data: Healthy Kids Colorado Survey

History: The 2005-2006 school year will be the first year the Healthy Kids Colorado (HKC) Survey instrument will be implemented in Colorado Schools. This instrument will replace the Colorado Youth Survey (CYS) that had been used since 1998.

Overview: This HKC instrument contains items from the Colorado Youth Survey (based on the "risk and protective factor" framework), which has been an important component of ADAD's monitoring and assessment of youth substance use and related factors since 1998. In addition, the HKC contains items from the Youth Risk Behavior Survey (from the Centers for Disease Control) and asset and resiliency scales. The instrument's development has been supported and approved by a number of Colorado state agencies including the Departments of Education, Public Health and Environment, Human Services (Alcohol and Drug Abuse Division), and Public Safety (Division of Criminal Justice, Office of Adult and Juvenile Justice Assistance).

Administration: Statewide administration of HKC to obtain Colorado representative data will occur on a bi-annual basis beginning in the 2005-06 school year. Survey data for local reporting will occur on an annual basis.

Challenges: As a local control state, there have been challenges in obtaining a representative statewide sample as well as minimizing the impact of multiple student surveys in local schools. However, school and communities see the utility in using these data for planning and implementation of prevention services, to monitor risk and behaviors of youth and to leverage additional prevention dollars and other funding for their communities.

Value to State: At the state level, HKC data will prove useful for tracking changes over time, understanding key problem areas across the regions surveyed and building the capacity of the state and school to do prevention assessment.

Summary

ADAD now has the ability to plan for prevention services linking outcome and impact evaluation data with needs assessment information. More than ever before, data collection, interpretation, and planning have become more broad-based in terms of the amount of input from local communities and other state agency prevention funders. Evaluation in Colorado is moving forward in partnership between prevention contractors, evaluators and state agencies which will lead to better resource utilization and larger and more sustained impacts.

V. Colorado's Interagency Prevention Infrastructure

Prevention Services Division (CDPHE)/Interagency Prevention Systems

Setting the Stage: Many theories and strategies of prevention were developed in the substance abuse field since that is where many federal prevention dollars were directed. It soon became evident that the work of prevention was promoted by many federal agencies and carried out in other health and human service endeavors.

Collaborative efforts among the various fields began to occur in the mid-1980s when the paradigm shift towards multi-strategy, risk/protective factor analysis, and community ownership of prevention programming took hold.

These efforts solidified in 1987 with the creation of the Interagency Prevention Council, formed after the federal Omnibus Drug Bill brought many more dollars and players to the substance abuse prevention field in Colorado. The current director of ADAD, Janet Wood, was chairperson of the Interagency Prevention Council.

Legislative Mandate: On May 18, 2000 when Governor Owens signed into law House Bill 00-1342, which formalized as statute CRS 25-20.5-101-111. This legislation created a Division of Prevention and Intervention Services for Children and Youth at the Colorado Department of Public Health and Environment, currently known as the Prevention Services Division/Interagency Prevention Systems Program.

The objective of the legislation was to coordinate a more unified, effective and efficient approach to the delivery of state-funded and federally funded prevention, intervention and treatment services to children and youth in Colorado. The Prevention Leadership Council is the interagency group that implements the law.

IPS: The Interagency Prevention Systems (IPS) program was established within the Prevention Services Division at Colorado Department of Public Health and Environment with the primary responsibility of implementing the mandatory interagency approach to the delivery of state and federally funded prevention and early intervention programs.

Legislative mandates within CRS 25-20.5-101-111:

- Create a new Division within CDPHE;
- Oversee the provision of prevention, intervention and treatment services through federally-funded and state-funded programs;
- Ensure collaboration among programs, and the availability of a continuum of services for children and youth;
- Develop a state plan;
- Establish uniform administrative processes;
- Establish minimum program standards; and
- Develop memoranda of understanding among participating organizations.

Interagency Prevention Systems Program Contact Information
José Esquibel Director, Interagency Prevention Systems Program Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South, A-5, Denver, CO 80246 Telephone: 303-692-2421 Fax: 303-758-3448 Email: j.esquibel@state.co.us Web Address: cdphe.state.co.us/ps/ipsp/index.html

Prevention Leadership Council

History: The Prevention Leadership Council (PLC) was established after the passage of HB 00-1342 (CRS 25-20.5-101-111) to assist the Prevention Services Division in achieving the legislation's stated objectives. Many of the members are the same individuals who previously participated on the Interagency Prevention Council.

Approach: Members of the Prevention Leadership Team meet regularly to carry out the mandates of the law, including coordination of prevention efforts and to make their "systems", both separately and together, more accessible and responsive to communities across the state. Part of this effort involves the development of a database that contains information about all state-funded prevention efforts for children and youth.

Vision: A coordinated system of quality prevention and early intervention services to improve the health and well being of all children, youth and families in Colorado.

Mission: To provide a strong, unified voice for prevention and early intervention in Colorado and to promote coordinated planning, implementation and evaluation of quality prevention and early intervention services for children, youth and families at the state and local level.

ADAD's Involvement: ADAD staff members have been active in these coordinated efforts since the early 90's. The current director of ADAD, Janet Wood, was chairperson of the Interagency Prevention Council.

Current PLC members (2005):

- Interagency Prevention Systems Program/Prevention Services Division, Colorado Department of Public Health & Environment
- Prevention Services Division, Colorado Department of Public Health & Environment
- Office of Local Liaison, Colorado Department of Public Health & Environment
- Alcohol and Drug Abuse Division, Colorado Department of Human Services
- Colorado Works, Colorado Department of Human Services
- Child Welfare, Colorado Department of Human Services
- Juvenile Justice Unit, Division of Criminal Justice, Colorado Department of Public Safety
- Prevention Initiatives Unit, Colorado Department of Education
- Colorado Department of Transportation
- Office of the Attorney General
- Cooperative Extension Programs, Colorado State University
- Health Sciences Center, University of Colorado

Related Agencies/Associations:

OMNI Research and Training – Evaluation Programs
OMNI Research and Training – Regional Prevention Services Project
Southwest Center for the Application of Prevention Technology

Current Accomplishments:

- Uniform Minimum Standards for prevention and early intervention programs approved by the Board of Health.
- Establishment of the "Best Practices" Web site, containing information on over 200 effective, evidence-based prevention programs in forty-six topic areas.
- Development of an on-line Prevention Resource Database that provides information to local communities on over 40 state/federal programs and funding sources and listing over 1,200 local prevention and intervention programs in communities across the state.
- Memorandum of Agreement signed with the Early Childhood State Systems Team to enhance coordination and collaboration with early childhood prevention and early intervention services.
- Multi-state agency agreement reached to support and direct collection of uniform, longitudinal data concerning the self-reported health and behavior practices of school-age youth through a coordinated approach to health/behavior survey administration.

Colorado Prevention Partners/Strategic Prevention Infrastructure – State Incentive Grant

Overview: In October 2004, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded an $11.75 million five-year Strategic Prevention Framework State Incentive Grant to Colorado (Colorado Prevention Partners). The Governor's Office designated the Colorado Department of Human Services' Alcohol and Drug Abuse Division as the lead agency for the grant.

Purpose: The purpose of the grant is to build capacity and infrastructure at the State and community levels, to reduce substance abuse related problems in communities, and to prevent the onset and reduce the progression of substance abuse, including underage drinking.

Cross-agency Collaboration: The grant brings together multiple funding streams from multiple sources in Colorado to implement a comprehensive approach to prevention that cuts across existing programs and services. The Prevention Leadership Council, coordinated through the Interagency Prevention Systems Program/Colorado Department of Public Health and Environment, will serve as the grant's advisory council.

Strategic Prevention Framework: The funds will be used in communities across the state to implement a five-step process known as the Strategic Prevention Framework. This framework is known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors.

The five steps of the Strategic Prevention Framework are:

- Conduct needs assessments
- Build state and local capacity;
- Develop a comprehensive strategic plan;
- Implement evidence-based prevention policies, programs and practices;
- Monitor and evaluate program effectiveness, sustaining what worked well.

The State and selected communities will work in partnership to promote institutionalization of the Strategic Prevention Framework across Colorado.

Data-Driven Process: All state and community efforts will be driven by data analyses that explore major substance abuse and related issues; disparities among ethnic and cultural groups; and gaps in needed resources. A State Epidemiological Workgroup (SEW) will examine indicators and survey resource information to enhance:

- planning by state and community entities;
- integration of state evaluation objectives; and
- formal evaluation of the data-driven framework in Colorado's diverse geographic and cultural settings.

Contact Information: For more information on Colorado Prevention Partners contact Melody Mock Durso, Project Coordinator, 303-866-7507 at ADAD, or José Esquibel, Advisory Council Chair, at 303-692-2421.

VI. SAMHSA's Substance Abuse Prevention Infrastructure

ADAD's Prevention Services operates in collaboration and coordination with SAMHSA's (Substance Abuse and Mental Health Services Administration) initiatives, as outlined below.

SAMHSA's Center for Substance Abuse Prevention (CSAP)

- Was created in 1986;
- Is located in the federal "Department of Health and Human Services" within the federal Substance Abuse and Mental Health Services Administration (SAMHSA);
- Consolidated "alcohol" and "other drug" activities federally;
- Established the Substance Abuse Prevention and Treatment (SAPT) Block Grant, in which states were required to reserve 20% of SAPT Block Grant dollars for Prevention;
- Oversees ADAD's block grant process and monitors its treatment and prevention services;
- Sets guidelines for funding allocation and annual reporting on prevention outcomes; and
- Is a standard bearer for "state of the art" substance abuse prevention programming.

Table 7 CSAP Changes During the Last Decade
• Adopted the Institute of Medicine (IOM) Mrazek and Haggerty model to classify prevention interventions according to their target populations; • Established a clear vocabulary to discuss prevention approaches, including six areas or "domains" of prevention activities and six methods or "strategies" for delivering prevention services; • Focused on risk/protective factors as a unifying descriptive and predictive framework emphasizing the use of evidence or science-based model programs that are grounded in a clear theoretical foundation, subjected to thorough implementation, and evaluated; • Created Strategic Prevention Framework Building Blocks based on a logic model for strategic planning, implementation and evaluation of prevention programs; • Invested significant resources in States through each Governor's office for State Incentive Grants to develop and implement a comprehensive statewide substance abuse prevention strategy focused on the reduction of substance abuse; • Funded the Centers for the Application of Prevention Technologies (CAPTs) system to assist States in bringing prevention research to practice; and • Worked in partnership with the States, with a goal of instituting a new outcome-based block grant reporting process called the Prevention Partnership Program.

The National Prevention Network (NPN)

- In 1983 the NPN grew out of the State Prevention Coordinators' group of the Substance Abuse Prevention and Treatment (SAPT) Block Grant-funded state agencies.
- Is made up of the state level coordinators who are their respective alcohol and drug agency's leaders in coordinating SAMHSA substance abuse prevention funding and services within their state.
- Promotes networking, resource sharing, and information exchange among both public and private substance abuse prevention professionals and other individuals.
- Is structurally part of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) organization.
- Holds an annual NPN Research Conference, which has grown in popularity and prestige.

ADAD's Prevention Service's Section was very influential in establishing NPN, and the first NPN conference took place in Kansas in 1984. ADAD prevention staff members are actively involved in the NPN conference, both as planners and presenters.

RADAR (Regional Alcohol and Drug Awareness Resource) Network

- A part of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP's) information component, the National Clearinghouse for Alcohol & Drug Information (NCADI).
- The nation's largest substance abuse prevention and treatment infrastructure consisting of:
    - ✓ Centers for the Application of Prevention Technologies (CAPTs)
    - ✓ State Centers
    - ✓ Specialty Centers
    - ✓ Associate Centers
    - ✓ Specialty Associate Centers
    - ✓ International Documentation Centers
- Provides ideas and insight into both CSAP's program planning and to the CSAP materials development process (through testing and other review processes in various stages of materials development).
- Network Centers agree to be easily accessible channels for the dissemination of new prevention messages, materials and initiatives.

ADAD's *Prevention Services* Section is the State RADAR Network Center for the State of Colorado. RADAR materials are distributed in Colorado through the Prevention Information Center contract.

Synar Tobacco Prevention Mandate

History: The Synar Amendment, a congressional mandate to States, was named for its sponsor, the late Congressman Mike Synar of Oklahoma. The legislation was passed by Congress to delay the initiation and reduce the continued use of tobacco by youth through restricting access.

Compliance: All 50 States and 9 jurisdictions (including the District of Columbia) are required to comply with the Synar Regulation or lose a portion of their block grant funding.

Infrastructure Development: SAMHSA has worked closely with the Single State Authorities for substance abuse and their partner agencies to build an infrastructure to meet the requirements of the Synar Regulation.

The goal: **to reduce the rate of illegal purchases of tobacco by minors to no more than 20 percent in each State.**

To comply with the SAMHSA regulation implementing the Synar Amendment, States must:

- ❖ Have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18.
- ❖ Enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18.

- ❖ Conduct annual random, unannounced inspections to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.
- ❖ Develop a strategy and timeframe for achieving an inspection failure rate of less than 20 percent of outlets accessible to youth.

Currently, most States are in compliance with the basic provisions of the SAMHSA Implementing Regulation. Specifically, these States:

- ❖ Have laws banning the sale or distribution of tobacco products to minors;
- ❖ Conduct random, unannounced inspections of retail tobacco outlets so that statewide compliance rates can be estimated;
- ❖ Have a timetable (negotiated with SAMHSA) and strategy for bringing the rate of tobacco sales to youth under the age of 18 years to 20 percent or below; and
- ❖ Report to SAMHSA the results of their sampling, inspection, and enforcement activities.

Appendix A

ADAD *Prevention Services'* Staff Involvement on Planning Groups and Boards

- Advisory Council for Adolescent Health
- Assets for Colorado Youth Board
- Assets for Colorado Youth/Conference Planning Committee
- CDHS Equity Management Council
- Child Fatality Review Board/Motor Vehicle Fatalities Subcommittee
- Circle of Concern Consortium
- Coalition of Campus Alcohol and Drug Educators Network
- Colorado Prevention Partners Management Team/Advisory Council
- Colorado Workplace Equity Coalition
- Fetal Alcohol and Substance Abuse Coalition
- Hep C Connection
- HIV/AIDS
- Maternal and Child Health
- Mental Health Prevention Task Force
- National Prevention Network, Workforce Development Committee
- National RADAR Steering Committee
- Prevention Leadership Council (PLC)/Prevention Capacity Development Work Group
- Regis University/Violence Goes to College Conference Planning Committee
- State Suicide Prevention efforts
- State Tobacco Education and Prevention Partnership
- Substance Abuse Librarian Information Specialists (SALIS)
- SWCAPT Regional Coordinating Council

Appendix B

Prevention Principles for Children and Adolescents, National Institute on Drug Abuse (NIDA), 2002

- **Prevention programs should be designed to enhance "protective factors"** and move toward reversing or reducing known risk factors.

- **Prevention programs should target *all forms of drug abuse***, including the use of tobacco, alcohol, marijuana, and inhalants.

- **Prevention programs should include skills** to **resist drugs** when offered**, strengthen personal commitments against drug use,** and **increase social competency** (e.g., in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with **reinforcement of attitudes** against drug use.

- **Prevention programs for adolescents** should include **interactive methods,** such as peer discussion groups, rather than didactic teaching techniques alone.

- **Prevention programs should include a parents' or caregivers' component** that reinforces what the children are learning – such as facts about drugs and their harmful effects – and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.

- **Prevention programs should be long-term,** over the school career, with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.

- **Family-focused prevention efforts** have a greater impact than strategies that focus on parents only or children only.

- **Community programs that include media campaigns and policy changes,** such as new regulations that restrict access to alcohol, tobacco, or other drugs, **are more effective when they are accompanied by school and family interventions.**

- **Community programs need to strengthen norms against drug use** in all drug abuse prevention settings, including the family, the school, and the community.

- **Schools offer opportunities to reach all populations** and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.

- **Prevention programming should be adapted** to address the specific nature of the drug abuse problem in the local community.

- **The higher the level of risk of the target population, the more intensive the prevention effort** must be and the earlier it must begin.

- **Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.**

- **Effective prevention programs are cost-effective**. For every dollar spent on drug use prevention, communities can save 4 to 5 dollars in costs for drug abuse treatment and counseling.

Appendix C

ADAD's Prevention Capacity Development History

Overview: Ongoing prevention capacity development is essential to the growth and maintenance of a comprehensive statewide prevention system. ADAD remains committed to providing the highest quality of services through its paid professional workforce.

In order to accomplish this, ADAD recognizes that there must be an effective integration of research and practice. Prevention capacity development plays a critical role in weaving these two worlds together.

The goals of capacity development must be closely linked to program needs and resources in order to insure the effective transfer of prevention research and best practices to the program level. At the same time, training and technical assistance must support and encourage the use of current research and best practices findings.

A trained professional workforce has the responsibility for strengthening the capacity of local communities to develop and implement their own grassroots prevention initiatives and activities. In ADAD planning, this second level of development activity, which includes speaker development and community education, is a shared responsibility with prevention professionals in the field.

Interagency Efforts: ADAD is currently involved in interagency efforts to embrace a wider emphasis on statewide capacity development through participation in initiatives of the Prevention Leadership Council (PLC). The PLC's UMS Task Force has developed *Uniform Minimum Standards* (see Appendix E) for prevention delivery systems in the State of Colorado. These standards are intended to become the point of reference for all state agencies in the fields of prevention and intervention. The standards establish clear criteria for direct service providers and will link to capacity building and training requirements. A set of *Core Competencies* (see Appendix F), assessment instruments and monitoring tools aligned with the standards will be used to apply the standards across state agencies, technical assistance providers and direct service providers.

The Evolution of ADAD's Approach to Prevention Capacity Development

In the mid-1980's, ADAD conceptualized a training program that has evolved into its current prevention workforce development system. Through the leadership of its Director of Prevention Services at that time, Fred Garcia, ADAD took the following steps:

- established the Regional Prevention Specialist project;
- developed a statewide training system based on regional needs;
- established an annual conference and annual contractor training event; and
- initiated ADAD's Prevention Generalist Training for our prevention providers.

In 1993, ADAD created the Colorado Prevention Resource System to coordinate and strengthen ADAD's state and regional training and technical assistance service system.

During the 1990's, ADAD's approach to capacity development continued to evolve. It strengthened its training capability and developed regionalized technical assistance services. Its prevention-training curriculum became nationally respected. ADAD's trainers conducted two national Training of Trainers of its Prevention Generalist curriculum, and directly trained prevention staff in Hawaii, New Mexico, Utah, Wyoming, and other states.

In 2000, ADAD embarked on an approach that centralized project management while retaining regionalized training and technical assistance services. ADAD looked to strengthen its long-standing commitment to the development of a capable workforce providing prevention services throughout Colorado. Through funding of the Regional Prevention Services (RPS) Project, it sought to find more effective ways of bridging prevention research with practice.

Project staff developed a preliminary logic model for capacity development planning. The model was organized into four domains in order to organize project planning and data tracking. These domains include Community Capacity Building, Program Support, Professional Development, and State Level Capacity Building.

The Regional Prevention Consultants (RPC's) spent the first six months of the project visiting communities and programs in their regions. They built relationships with those engaged in the practice of prevention and sought to understand the beliefs, values, cultures, and challenges of each unique community. They examined demographic, social, health and resource data for each county within their regions, using these data to develop community profiles, which would inform their work and the work of prevention delivery professionals.

Based on this assessment of the communities in their regions, RPCs then developed logic models and regional plans, identifying targeted counties and establishing intended outcomes for their technical assistance.

A data tracking system was developed to record RPC activity that could be linked to individual programs, counties, identified outcomes, and domains of the overall project logic model. In addition, through the data tracking system, the project could measure level of effort organized by preplanning, event or TA provided, follow-up and travel. Such measures provide important data to RPCs in refining their TA strategies and in assessing their own progress in achieving their outcomes. The level of effort measures assist project staff in better estimating anticipated level of work in taking on new initiatives and in overall project planning.[J1]

Measurable Goals and Objectives

Three goals have guided planning and growth of ADAD's capacity development over the past three years. These are the following:

1. To grow a technical assistance and training system using the evaluation practices encouraged by CSAP and required of direct service providers in the State of Colorado;
2. To apply principles and research which have guided and continue to guide prevention practice to technical assistance and training; and
3. To promote and support critical thinking at all levels of the prevention system of Colorado.

Outcomes achieved

Several noted outcomes have been achieved through the structuring of technical assistance in the above manner. Among them are the following:

- Design of a framework for providing TA that permits maximum innovation within a system of accountability;
- Development of a logic model for providing TA;
- Design of a triage system for technical assistance;
- Development of an interactive tool for working with social and health indicator data;
- Development and implementation of the Substance Abuse Prevention Specialist Training for all ADAD service providers, and
- Implementation of a comprehensive regionally based training and technical assistance system for Colorado prevention professionals.

Appendix D

PREVENTION IN COLORADO - A PROUD PAST

Prevention Milestones by Decade

1 9 7 0's

1971

- Senate Bill 71-166 creates ADAD with mandate for prevention and education programs included.

1972

- Colorado is the first state in country to produce combined alcohol and drug abuse state plan.
- First federal alcoholism formula funds are made available from the National Institute on Alcohol Abuse and Alcoholism (NKIAAA). Monies are used in Colorado to fund coordinators for planning and development in each of 13 regions.

1973

- Federal formula drug funds first made available from the National Institute on Drug Abuse (NIDA).

1974

- Colorado law (House Bill 74-1279) decriminalizing the abuse of alcohol takes effect.

1978

- First ADAD Prevention Coordinator hired with funding from NIDA.

1979

- State Prevention Coordinator (SPC) Grant program replaces formula grants. Models at Prevention, a school-based prevention program funded jointly by ADAD and the Alcoholism Council of Colorado.

1 9 8 0's

1980

- Prevention efforts initiated and six-member community prevention teams organized in Durango, Alamosa, Trinidad, Pueblo and Colorado Springs. Statewide Resource Center funded by ADAD.

1981

- Number of programs dedicated to prevention/intervention grows from 3 (in 1979) to 20; emphasis on training and program development.

1982

- Federal Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) substance abuse block funding (with 20% set aside for prevention activities) replaces SPC Grant program; available funds increase 250% and funded programs now total 55, with 1/3 of providers being school districts.

1983

- Prevention staff at ADAD expands to 3; Law Enforcement Assistance Funds (LEAF) made available for impaired driving prevention programs; Project BRITE (Beverage Retail Industry Training and Education) initiated.

1984

- First alcohol/drug problem risk factor analysis of 63 Colorado counties.

1985

- Minimum administrative, programmatic and personnel standards for prevention programs are issued.
- First specific funding targeted for prevention in state legislative appropriation to ADAD.

1986

- Federal Omnibus Drug Act brings more resources and systems into the substance abuse prevention arena; Regional Prevention Center (RPC) program initiated.
- Regional Prevention Specialist project funded by ADAD to serve as a contractual technical assistance and training arm for ADAD. The fund placed regional prevention specialists in each of six regions throughout Colorado.

1987

- Youth 2000 – a 3-year special project combining intervention and treatment with job training is funded jointly by ADAD and the Governor's Job Training Office.
- ADAD begins to contribute funds to Communities for Drug-Free Colorado (CDFC) prevention grants.
- ADAD offers first *Prevention Generalist Training*
- ADAD receives Silver Quill award for *Know Your Limits* drinking and driving media project.
- First ADAD Conference, *Community Solutions.*

1988

- ADAD and the Division of Youth Services (DYS) are awarded joint funding from the Office of Substance Abuse Prevention (OSAP) for a special project, *Adventures in Change*, which combined intervention and treatment with job training for committed youth.
  Second annual ADAD Prevention Conference, *Lifestyle Choices.*
- ADAD becomes a State Regional Alcohol and Drug Abuse Resource (RADAR) Network site.

1989

- ADAD is awarded OSAP High Risk Youth 3-year grant, the Colorado Youth Activities Project, which incorporates cultural bonding into prevention activities with targeted minority youth.
- Third Annual ADAD Prevention Conference, *Prevention – The New Direction.*

1990's

1990

- Fourth Annual ADAD Conference (first to combine prevention, intervention and treatment), *Changing Norms in the Nineties*

1991

- Colorado Coordinator for Southwest Regional Center for Drug-Free Schools and Communities housed at ADAD
- Fifth Annual ADAD Conference, *Families in Change: Alcohol and Other Drug Issues*.

1992

- Prevention/Intervention Coordinated Data System (PICODS) introduced; ADAD begins to fund the Governor's Office Family Center Programs.
- Sixth Annual ADAD Conference, *Special Populations: Celebrating Diversity*.

1993

- ADAD awarded a 5-year grant, jointly with the Department of Health's Disease Control and Environmental Epidemiology Division (DCEED), to address the prevention of fetal alcohol syndrome (FAS) within Colorado, from the Centers for Disease Control and Prevention (CDC).
- ADAD awarded one of eight Prevention Needs Assessment Grants by the Center for Substance Abuse Prevention (CSAP)
- Seventh Annual ADAD Conference, *Tools for Success: The 90's and Beyond.*

1994

- ADAD offers first *Prevention Generalist Training* out of state.
- ADAD becomes part of the new Colorado Department of Human Services.
- ADAD receives a 3-year Needs Assessment grant from CSAP to develop and implement a needs assessment protocol based on risk and protective factors and including a study of school dropouts.
- Eighth Annual ADAD Conference, *Alcohol, Tobacco and Other Drug* Abuse*: Everyone's Problem; Everyone's Solution*.

1995

- ADAD funds long-term prevention outcome and impact evaluation project, the Prevention Evaluation Partnership (PEP).
- ADAD supports the development of the Colorado Prevention Resource System.
- ADAD offers first *Advanced Prevention Generalist Training*.

- ADAD receives CSAP Community Partnership Grant, "Connecting Colorado Statewide Coalition."
- First national PGT Training of Trainers (TOT) held, with 7 states sending teams to Grand Junction's Winter School.
- ADAD wins Gold Leaf award from Colorado Health Care Communications for its FAS prevention media campaign, *Smart Start*.
- Ninth Annual ADAD Conference, *Substance Abuse and Violence: Closing in on Solutions.*

1996

- Tenth Annual ADAD Conference, *Strengthening Families; Building Lifetimes*.

1997

- ADAD awarded one of seven subcontracts from the University of Washington for the "Seven State Diffusion Grant."
- ADAD's Prevention Services becomes a pilot site for the computer-based CSAP Management Information System, "MDS."
- Eleventh Annual ADAD Conference, *Youth: Assets for Today and Tomorrow.*

1998

- Colorado awarded 3-year CSAP State Incentive Grant, "Colorado Kids Ignore Drugs (CKID)" to help strengthen the substance abuse prevention infrastructure of the State and provide evidence based substance abuse prevention programs to Colorado youth ages 12-17.
- ADAD's Prevention Services authorizes the Western Center for the Application of Prevention Technologies (Western CAPT) in Reno, Nevada to use its *Prevention Generalist Training* curriculum as the basis of a new *Substance Abuse Prevention Specialist Training* curriculum *(SAPST).*
- Twelfth Annual ADAD Conference, *Building Community.*

1999

- ADAD awarded 3-year CSAP Community Initiated Prevention Interventions research grant, "Testing the Social Norms to Reduce High Risk College Drinking" at University of Denver.
- In an attempt to streamline services, ADAD Prevention Services releases 15 RFPs in the same year to fund all of its prevention services.
- ADAD restructures Regional Prevention Specialist project, creating the Regional Prevention Center Services contract under one funded agency. A project director now oversees the work of seven regional prevention specialists who provide training and technical assistance to communities and providers throughout the State.
- Thirteenth Annual ADAD Conference, *Circle of Life – Holistic Approach.*

2 0 0 0's

2000

- House Bill 00-1342 is signed into law by Governor Bill Owens, requiring comprehensive planning and coordination of prevention, intervention and treatment services for children and

youth in the Prevention and Intervention Services for Children and Youth Division at the Colorado Department of Public Health and Environment.
- CDHS creates a Children's Health and Rehabilitation Services Division that brought together children program specialists from ADAD, Mental Health Services and Developmental Disabilities. An ADAD prevention services staff member is reassigned to this Division.
- Fourteenth Annual ADAD Conference, *Hot Topics for Changing Times.*

2001

- ADAD signs a Memorandum of Understanding with the Prevention and Intervention Services for Children and Youth Division as part of the first comprehensive State plan under HB 00-1342.
- Persistent Drunk Driver Fund established by state statute HB 98-1334 on July 1, 1998 with funds jointly administered by ADAD, Colorado Department of Transportation Safety and Colorado Division of Motor Vehicles. This penalty surcharge fund allocates a percentage of monies to ADAD's prevention section to fund youth education and prevention programs designed to prevent youthful drinking and driving.
- ADAD becomes one of 3 pilot states to test a web-based version of MDS, working with CSAP software development contractor Macro International.
- National Interagency Civil-Military Institute and SWCAPT offer a *Substance Abuse Prevention Specialist Training (SAPST)* session in Colorado.
- Fifteenth Annual ADAD Conference, *Voices of Hope, Health & Health.*

2002

- RPCS project replaces Colorado's Prevention Generalist Training (PGT) with the nationally distributed Substance Abuse Prevention Specialist Training (SAPST) curriculum.
- Sixteenth Annual ADAD Conference, *Journey Towards Balance*.

2003

- CDHS Children's Health and Rehabilitation Services is reintegrated and children's programs, budget and staff are returned to their original divisions. It is replaced by a Children's Collaborative.
- Due to budgetary constraints, general fund support for ADAD prevention services is eliminated along with other general fund cuts to treatment..
- Seventeenth and final Annual ADAD Conference, *Seasons of Change: Growth and Renewal in Challenging Times.*

2004

- Colorado is awarded a 5-year CSAP Strategic Prevention Infrastructure State Incentive Grant, "Colorado Prevention Partners (CPP)" to help strengthen the substance abuse prevention infrastructure of the State and communities, and provide evidence based substance abuse prevention programs to Colorado youth ages 12-17. The Governor's office names ADAD as the fiscal agent for CPP.

Uniform Minimum Standards for Prevention and Early Intervention Programs

Minimum Standard #1: **Clear Statement of Problem/Issue(s) to be Addressed.**
The program/project identifies the specific problem/issue(s) to be addressed, and describes a population or geographic area where the problem/issue exists. Estimates of the extent and nature of the problem in the population or geographic area to be served are based on relevant existing local, regional, state or national data (e.g. data from health, human services, education, law enforcement agencies, relevant studies or program data).

Minimum Standard #2: Focus on Contributing Factors.
The program/project specifies risk factors known to contribute to the problem and/or protective factors known to prevent or reduce the problem/issue(s) identified; and focuses its resources on changing these risk and/or protective factors. If specific risk and protective factors related to the problem have not been identified in the literature, the program/project provides a clear rationale for the program focus, based on relevant prevention/intervention or child/youth development principles, theories or frameworks.

Minimum Standard #3: **Intended Outcomes Specified.**
The program/project specifies one or more measurable outcomes it intends to achieve as a result of the prevention and intervention program/services to be provided. These intended outcomes are related to changing factors contributing to the problem, or factors contributing to the prevention or reduction of the problem. The intended outcomes specify the changes in knowledge, attitudes/beliefs, skills, behaviors, obstacles/enabling factors in the physical or social environment and/or changes in the physical or emotional health status, educational achievement or well-being of the individual, group or community being served.

ım Standard #4: Evidence-Based Programs/ Services.
The program/project provides prevention or intervention services that have been previously implemented in one or more communities with demonstrated success in achieving the intended results, or that otherwise demonstrate a reasonable potential for success based on research, sound prevention/intervention principles or relevant theory.

Minimum Standard #5: Services and Target Population Specified.
The program/project specifies the amount and type of services to be provided, and the proposed number of individuals, groups or the target population that will receive or benefit from the various program activities/services.

ım Standard #6: Evaluation.
program/project systematically documents and is able to provide data regarding services provided/activities carried out and the number of individuals, groups and/or target population(s) receiving the services or benefiting from program activities; and (b) the program/project systematically documents changes occurring as a result of the program services and activities provided; and is able to provide evidence of progress in meeting one or more of its intended outcomes.

ım Standard #7: Agency Capacity
f carrying out the program/project are trained in the specific program, services or model that they will be implementing; or they have at least two years prior experience in the successful implementation of similar prevention or intervention programs, practices and/or policies; and (b) The agency maintains records of revenues and expenditures by funding source, and can produce verification of expenses upon request. An independent review of the fiscal records/practices is conducted periodically, but no less frequently than annually.

ım Standard #8: Collaboration.
The program/project regularly exchanges information with other public, private and non-profit prevention, intervention programs at the state, regional or local level (e.g. faith-based organizations, health, law enforcement, human service agencies, or other units of government) for the purposes of resource sharing, coordination of efforts, case management and to avoid duplication of services.

Appendix F

Prevention/Intervention Work Force: Core Competencies

The following is a list of "Core Competencies" developed by the Prevention Leadership Council* and modified and aligned with the Uniform Minimum Standards. We believe that knowledge and skills in the areas listed below are important to developing and sustaining effective community-based prevention and intervention programs.

1. UMS 1: Clear Statement of Problem
   - 1.1. Collect and analyze state & local health/ social data
   - 1.2. Describe the target population
   - 1.3. Conduct resource/gaps analysis
   - 1.4. Prioritize needs based on data and community assessment
   - 1.5. Write a complete needs statement

2. UMS 2: Focus on Contributing Factors
   - 2.1. Identify and analyze factors through research and literature which contribute to the problem

3. UMS 3: Intended Outcomes Specified
   - 3.1. Develop an implementation plan to impact the needs or identified problem
   - 3.2. Assign appropriate time frames for measurement of outcomes
   - 3.3. Relate outcomes to the analysis of the contributing factors and overall goal

4. UMS 4: Evidence Based Programs/Services
   - 4.1. Select and implement effective programs/services
   - 4.2. Select and implement culturally competent programs/services
   - 4.3. Link program activities and services to the needs and contributing factors
   - 4.4. Implement programs/services with fidelity to the core components

5. UMS 5: Services and Target Population Specified
   - 5.1. Effectively recruit and retain target population for program implementation
   - 5.2. Utilize systems for tracking and monitoring populations served
   - 5.3. Provide services and educational materials that demonstrate various learning styles of the target population
   - 5.4. Provide services and activities that are culturally and age-appropriate for the population served.
   - 5.5. Maintain confidentiality and adhere to standards and principles of prevention practices.
   - 5.6. Adhere to state mandated reporting related to harming self, others or property.

6. UMS 6: Evaluation
   - 6.1. Develop an evaluation plan
   - 6.2. Select/design evaluation instruments
   - 6.3. Implement evaluation plan.
   - 6.4. Analyze and interpret evaluation data throughout the program/service delivery and modify to improve services.
   - 6.5. Demonstrate impact of services on intended outcomes.

7. UMS 7: Agency Capacity
   A. Organizational Capacity Skills
   7.1. Recruit, hire, evaluate and retain knowledgeable and experienced staff that meets the needs of the population served.
   7.2. Develop staff capacity through assessing knowledge/skills and providing appropriate staff development.
   7.3. Implement appropriate fiscal systems and practices for managing and accounting for funds
   7.4. Develop and implement appropriate organizational and operational policies, procedures and guidelines.
   7.5. Maintain records of services provided.
   7.6. Develop and maintain an appropriate governance structure.
   7.7. Involve families and youth as partners.

   B Funding and Resource Development
   7.8. Generate diverse funding and develop plans for sustainability.

   C. Marketing, Public Relations and Mass Communications
   7.9. Market program/services

8. UMS 8: Collaboration
   8.1. Actively collaborate with other agencies and community leaders/leadership to share/leverage resources and avoid non-purposeful duplication.
   8.2. Link agency plan, resources and services with community-wide prevention planning efforts and priorities, if applicable.

Note: Programs may require additional specific sets of skills/knowledge related to their particular intervention (e.g. addiction training, nutrition expertise or training in infant seat restraints). It is expected that specific programs would provide training/skill development in these areas.

***** The Prevention Leadership Council is a state-level, interagency group committed to coordinating and streamlining state processes, and enhancing the quality and accessibility of prevention and intervention services for children and youth in Colorado. Membership includes the Departments of Education, Human Services, Public Health and Environment, Public Safety and Transportation, UCHSC, CSU and statewide prevention resource organizations.