SAMHSA’s Strategic Prevention Framework is a dynamic, data-driven planning process that prevention practitioners can use to understand and more effectively address the substance abuse and related mental health problems facing their communities.

Understanding the Strategic Prevention Framework (SPF)

Throughout all five steps remember . . .

There are many ways to view the world, so make sure that your plan values, respects, and accepts the differences of all people in the community.

Also, work toward maintaining not only effective interventions, but also the planning processes that contribute to their success.

Step 1. Assessment—Discover what your community needs

- What substance use and related problems are occurring in your community?
- How often and where are these problems occurring?
- Who are these problems affecting the most?
- Is your community ready to do something about it?

Step 2. Capacity Building—Find out what your community needs to address identified problems

- Who are the people whose help you need? How can you engage them in your prevention efforts?
- What types of knowledge and skills does your prevention team need to work together effectively?
- How can you raise community awareness of the problems you hope to address? Don’t forget to think outside the box!

Step 3. Planning—Develop a detailed plan that links desired outcomes to identified needs.

- What are the underlying factors that contribute to your community’s problems? How will you prioritize these factors?
- Where will you go to find interventions that address your priority factors? Are they a good fit for your community?
- How will you communicate your plans to key stakeholders?

Step 4. Implementation—Put your plan into action by delivering evidence-based interventions, as intended.

- Have you built the infrastructure you need to support effective implementation of your plan?
- How will you know if your plan is being implemented as intended?

Step 5. Evaluation—Assess the effectiveness of your prevention efforts. Evaluation can help you:

- Document and describe your prevention activities
- Meet the diverse information needs of your stakeholders
- Continuously improve your prevention activities
- Demonstrate the impact of your efforts
- Identify which elements of your plan are working well
- Build credibility and support for prevention in your community
Prevention practitioners used to jump straight to finding solutions to the substance abuse problems facing their communities, but research and experience has shown that prevention must begin with an understanding of complex problems within complex environments. Only then can communities establish and implement effective plans to resolve their problems. SAMHSA developed the Strategic Prevention Framework (SPF) to help states and communities more effectively address their substance abuse and related mental health problems.

Five Steps and Guiding Principles
The SPF includes the following five steps:
1. **Assessment**: Identify local prevention needs based on data (e.g., What is the problem?)
2. **Capacity**: Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)
3. **Planning**: Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. **Implementation**: Deliver evidence-based interventions as intended (e.g., How can you put your plan into action?)
5. **Evaluation**: Examine the process and outcomes of interventions (e.g., Is your plan succeeding?)

The SPF is guided by the following principles:
- **Cultural competence**: The ability of an individual or organization to interact effectively with members of diverse population groups
- **Sustainability**: The process of building an adaptive and effective system that achieves and maintains desired long-term results

Defining Features
The following are key characteristics of the SPF:
- **A dynamic and iterative process**: For example, assessment is the starting point, but practitioners will return to this step again and again as their community’s prevention needs and capacity evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation once an intervention is underway. For these reasons, the SPF is a circular—rather than a linear—model.
- **A data-driven model**: The SPF is designed to help practitioners gather and use data to guide all prevention decisions—from identifying which substance use problems to address in their communities, to choosing the most appropriate ways to address these problems, to determining whether communities are making progress in meeting their prevention needs.
- **A team approach**: Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions on board will change as the initiative evolves over time, but the need for prevention partners will remain constant.

The SPF is a community-level, data-driven process that guides prevention practitioners through the steps needed to successfully explore and address substance abuse problems in context.
SPF Step 1: Assessment

Assessment, the first step of the SPF, involves identifying local prevention needs based on data. To conduct a comprehensive assessment of prevention needs, you must gather data about each of the following:

- Substance abuse problems and related behaviors
- Risk and protective factors for priority problems
- Capacity, including resources and readiness, for prevention

Once you have completed this assessment, it is important to share key findings with diverse prevention stakeholders.

What are Problems and Related Behaviors?
It is important to assess the nature and extent of both substance abuse problems and related behaviors in the community. But what are *problems* and what are *behaviors*?

- *Problems* refer to the negative effects, or consequences, of substance use. Some problems are direct consequences of substance use (e.g., overdose), while others are indirect consequences (e.g., motor vehicle crashes).
- *Behaviors* refer to how people use or misuse substances and are sometimes referred to as consumption (e.g., binge drinking). Consumption patterns describe substance abuse behaviors within specific groups (e.g., binge drinking among 12 to 17 year olds).

Substance use behaviors and consumption patterns *produce* substance use problems. This is not a one-to-one relationship. A single substance use behavior or consumption pattern can lead to various, and often multiple, problems—including illnesses, injuries, and crimes. For example, binge drinking among 12 to 17 year olds can lead to alcohol poisoning, motor vehicle crashes, delinquent acts, and other problems in this age group.

Assessing Problems and Related Behaviors

Use the following questions to guide your community assessment of substance use problems and related behaviors:

1. **What** substance use problems (e.g., overdoses, alcohol poisoning) and related behaviors (e.g., prescription drug misuse, underage drinking) are occurring in your community?
2. **How often** are these substance use problems and related behaviors occurring? Which ones are happening the most?
3. **Where** are these substance use problems and related behaviors occurring (e.g., at home or in vacant lots, in small groups or during big parties)?
4. **Who** is experiencing more of these substance use problems and related behaviors (e.g., males, females, youth, adults, members of certain cultural groups)?

This information can help you identify—and determine how to most effectively address—your community’s priority substance use problem(s). To answer these four assessment questions, you will need to do the following:
- **Take stock of existing data:** Start by looking for state and local data already collected by others (e.g., hospitals, law enforcement agencies, community organizations, state agencies and epidemiological workgroups).
- **Look closely at your existing data:** Examine the quality of the data that you’ve found, discard the data that are not useful, and create an inventory of the data you feel confident about including in your assessment.
- **Identify any data gaps:** Examine your inventory of existing data and determine whether you are missing any information (e.g., about a particular problem, behavior, or population group).
- **Collect new data to fill those gaps:** If you are missing information, determine which data collection method (e.g., surveys, focus groups, key informant interviews)—or combination of methods—represents the best way to obtain that information.

Once you have all of your assessment data, analyze it according to the following criteria to determine your community’s priority substance use problem(s):

- **Magnitude:** Describes the prevalence of a specific substance use problem or behavior (e.g., Which problem/behavior is most widespread in your community?)
- **Severity:** Describes how large an impact a specific substance use problem or behavior has on the people or the community (e.g., Which problem/behavior is most serious?)
- **Trend:** Describes how substance use patterns are changing over time within a community (e.g., Which problem/behavior is getting worse/better?)
- **Changeability:** Describes how likely it is that a community will be able to modify the problem or behavior (e.g., Which problem/behavior are you most likely to influence with your prevention efforts?)

**Assessing Risk and Protective Factors**

Two types of factors influence the likelihood that an individual will develop a substance abuse or related mental health problem:

- **Risk factors** are associated with a higher likelihood of developing a problem (e.g., low impulse control, peer substance use).
- **Protective factors** are associated with a lower likelihood of developing a problem (e.g., academic achievement, parental bonding, and family cohesion).

Understanding risk and protective factors is essential to prevention:

Since you cannot change a substance use problem directly, you need to work through the underlying risk and protective factors that influence the problem. An intervention can only make a difference if it’s a good match for both the problem and its underlying factors.

The following are some key features of risk and protective factors:

- Risk and protective factors exist in multiple contexts (e.g., individual, family, peer, and community).
- Risk and protective factors are correlated and cumulative.
• Individual factors can be associated with multiple problems.
• Risk and protective factors are influential over time.

The underlying factors driving a substance use problem in one community may differ from the factors driving that same problem in a different community. Effective prevention focuses on reducing the risk factors and strengthening the protective factors specific to the priority problem in your community.

Assessing Capacity for Prevention
Capacity for prevention includes two main components: resources and readiness.

*Resources* include anything a community can use to help address prevention needs, such as:

- People (e.g., staff, volunteers)
- Specialized knowledge and skills (e.g., research expertise)
- Community connections (e.g., access to population groups)
- Concrete supplies (e.g., money, equipment)
- Community awareness of prevention needs
- Existing efforts to meet those needs

*Readiness* is the degree to which a community is willing and prepared to address prevention needs. Factors that affect readiness include:

- Knowledge of the substance use problem
- Existing efforts to address the problem
- Availability of local resources
- Support of local leaders
- Community attitudes toward the problem

To assess readiness for prevention, it is often helpful to speak, one-on-one, with local decision makers and public opinion leaders. If individuals with access to critical prevention resources are not onboard, then it will be important to find ways early on to increase their level of readiness.

Understanding local capacity, including resources and readiness for prevention, can help you do the following:

- Make realistic decisions about which prevention needs your community is prepared to address
- Identify resources you are likely to need, but don’t currently have, to address identified prevention needs
- Develop a clear plan for building and mobilizing capacity (SPF Step 2) to address identified prevention needs

Sharing Assessment Findings
After completing a thorough assessment of prevention needs and capacity, your community must communicate the key findings to prevention stakeholders. To do this effectively, consider who will be interested in your assessment findings and what format will work best for each audience. The following are some key strategies for sharing assessment findings:

- *Develop a full report:* Your funder and some of your prevention partners (e.g., task force members) will want the whole story, and it’s good to have all of the details in one place.
Assessment and Cultural Competence
The following assessment activities are examples of culturally competent prevention practices and ways to make sure that your assessment data reflect the diversity of your community:

- Gather existing data about different population groups in your community, including those considered hidden or hard-to-reach
- Collect new data to fill a gap in your understanding of problems and behaviors within a specific population group
- Share your assessment findings with and solicit input from individuals and groups throughout your community—including focus population members, prevention partners, and local leaders

Assessment and Sustainability
Even though assessment marks the beginning of the prevention planning process, many assessment activities support the long-term sustainability of prevention efforts, for example:

- Basing prevention-related decisions on high-quality state and local data
- Assessing resources needed for prevention and considering how to fill gaps
- Assessing readiness for prevention and considering how to bring reluctant community leaders onboard

A thorough and inclusive assessment process will help your community identify its priority substance use problem(s), the risk and protective factors driving the problem(s) at the local level, and where you will need to build local capacity to be successful in your prevention efforts.
SPF Step 2: Capacity

Capacity, the second step of the SPF, involves building and mobilizing local resources and readiness to address identified prevention needs. A community needs both human resources (e.g., staff and volunteers, knowledge, and skills) and structural resources (e.g., funding, technology, policies) to establish and maintain a prevention system that can respond effectively to local problems. Readiness describes the motivation and willingness of a community to commit local resources to address identified prevention needs. Prevention programs, policies, and strategies are always more likely to take off—and take hold—if they’re well supported.

The following are three strategies for building local capacity for prevention:

1. Engage diverse community stakeholders
2. Develop and strengthen a prevention team
3. Raise community awareness of the issue

Engaging Diverse Stakeholders
Engaging a broad range of stakeholders is key to unlocking a community’s capacity for prevention. Prevention practitioners need diverse partners—from residents to service providers to community leaders—to share information and resources, raise awareness of critical substance use problems, build support for prevention, and ensure that prevention activities reach multiple populations with multiple strategies in multiple settings.

The following are some of the different community sectors you may want to involve in your prevention initiative:

- Substance abuse prevention
- Law enforcement
- Health care providers
- Local government
- Local businesses
- University and research institutions
- Neighborhood and cultural associations
- Youth-serving agencies and institutions

Potential community partners will have varying levels of interest and/or availability to address your prevention efforts. Some may be willing to help out with specific tasks, while others may be willing to take on leadership roles. The following are some different participation options (i.e., levels of involvement) for prevention stakeholders in your community:

- **No involvement:** Stakeholders engage in separate activities, strategies, and policies (e.g., “You do your thing, we’ll do ours.”)
- **Networking:** Stakeholders share what they are doing during interagency meetings; talk about community issues in which they all have a stake; or communicate about existing programs, activities, or services (e.g., “Let’s talk and share information.”)
- **Cooperation:** Stakeholders publicize one another’s programs in agency newsletters, write letters in support of one another’s grant applications, co-sponsor trainings or professional development activities, and/or exchange resources such as technology expertise or meeting space (e.g., “I’ll support your program, and you’ll support mine.”)
- **Coordination:** Stakeholders serve together on event planning committees and community boards or implement programs and services together (e.g., “Let’s partner on an event.”)
• Collaboration: Stakeholders create formal agreements (e.g., memoranda of understanding, contracts), develop common data collection systems, partner on joint fundraising efforts, pool fiscal or human resources, and create common workforce training systems (e.g., “Let’s work together on a comprehensive plan to address the issue. After all, our missions overlap.”)

The following are some different ways to approach people and organizations in the community with information about, and invitations to participate in, your prevention efforts:

• Call your contacts, particularly those with overlapping interests
• Attend and speak up at community meetings and events
• Ask your partners to contact their partners
• Keep potential partners well informed about prevention activities and progress
• Meet with key players, including public opinion leaders and local decision makers
• Anticipate and overcome roadblocks (e.g., address the concerns of those who might oppose or hinder prevention efforts)

The following are some different ways to encourage stakeholders to get more involved in prevention (i.e., move from networking to cooperation, coordination, or collaboration):

• Meet face-to-face to discuss overlapping goals and agendas
• Extend an invitation to attend a prevention team or task force meeting
• Make more specific requests for involvement once prevention planning is underway
• Extend invitations to attend future prevention events and activities
• If nothing else happens, maintain the relationship by keeping stakeholders informed of prevention activities and progress

Strengthening Your Team

Full collaboration, the highest level of involvement, often takes the form of a prevention task force. While not all stakeholders need to be involved at this level, the task force should include representatives from those community sectors that are most vital to the success of your prevention initiative. Here are some considerations for building and/or strengthening your task force:

• Identify and fill gaps: Once you have a team in place, ask yourself: Are all key community sectors represented? If you identify any gaps, try to fill them—but first make sure that your existing partners support additional recruitment. If current partners have reservations (e.g., “More people mean more opinions and conflict!”), take some time to point out, as specifically as possible, why you want to bring each new partner onboard.

• Build prevention knowledge: A truly representative task force means that members will bring diverse insights and experiences to the table, as well as varied knowledge and perspectives on the priority problem being addressed. Use a variety of strategies, including guest speakers and group trainings, to increase task force members’ understanding of the problem and effective prevention strategies.

• Monitor and improve group structure and processes, as needed: Even the most well-informed group won’t be productive unless it functions well. To help your team work together effectively, discuss how you will share leadership, make decisions, divide tasks, resolve conflicts, and communicate with one another—as well as with the broader community.
Raising Community Awareness

By raising public awareness of your community’s priority substance use problem, you can help garner valuable resources and increase local readiness for prevention. The following are some strategies for raising community awareness:

- Meet one-on-one with public opinion leaders
- Ask task force members to share information in their own sectors
- Submit articles to local newspapers, church bulletins, club newsletters, etc.
- Share information on relevant websites and social media outlets
- Host community events to share information about and discuss the problem
- Convene focus groups to get input on prevention plans

It’s always helpful to think “outside the box” when looking for new ways to raise community awareness. For example, the local high school may have a media club that can help you create a video about your community’s priority problem and/or prevention efforts. Which individuals and groups in your community could help you reach out, spread the word, and get others involved?

Capacity and Cultural Competence

Below are some examples of capacity-building activities that will help to ensure that your prevention efforts will be culturally competent:

- Recruit prevention partners from diverse community sectors
- Connect with high-risk and hard-to-reach populations, and recruit representatives from these groups to join your task force
- Help your task force learn about your focus population
- Help your task force learn about diversity and cultural competence, overall

Capacity and Sustainability

Many capacity-building activities support the long-term sustainability of prevention efforts, for example:

- Engaging partners and tapping resources from diverse community sectors
- Building widespread community awareness of and support for prevention
- Cultivating champions among influential leaders and decision makers
- Building task force capacity to support evidence-based prevention

By building and mobilizing local capacity for prevention, you create the foundation your community will need to begin developing prevention efforts that will be effective and enduring.
SPF Step 3: Planning

Planning, the third step of the SPF, involves figuring out how to best address identified prevention needs and associated factors. To develop a solid prevention plan, your community needs to:

- Prioritize risk and protective factors
- Select appropriate interventions to address each priority factor
- Combine interventions to ensure a comprehensive approach
- Build and share a logic model with stakeholders

The same flowchart (presented under Step 1) that illustrates the information your community needs to gather to identify prevention needs can also guide you in developing an effective prevention plan:

Communities can’t change substance use problems directly. Instead, they need to address the risk and protective factors that influence the problem. Selected prevention interventions can only make a difference if they’re a good match for both the problem and its associated factors.

Prioritizing Risk and Protective Factors

Every substance use problem in every community is associated with multiple risk and protective factors. No community can address all of these factors—at least not at once. So the first step in developing a prevention plan is to figure out which risk and protective factors to address first. To prioritize factors, it’s helpful to consider a factor’s importance and changeability.

- **Importance.** This describes how a specific risk or protective factor affects a problem. To determine a factor’s importance, ask yourself the following questions:
  - How much does this factor contribute to our priority problem?
  - Is this factor relevant, given the developmental stage of our focus population?
  - Is this factor associated with other behavioral health issues?

- **Changeability.** This describes a community’s capacity to influence a specific risk or protective factor. To determine a factor’s changeability, ask yourself the following:
  - Do we have the resources and readiness to address this factor?
  - Does a suitable intervention exist to address this factor?
  - Can we produce outcomes within a reasonable timeframe?

When developing a prevention plan, it is best to prioritize risk and protective factors that are high for both importance and changeability.
If no factors are high for both, the next best option is to prioritize factors with high importance and low changeability. Since factors with high importance contribute significantly to priority substance use problems, addressing these factors is more likely to make a difference. And it’s easier to increase the changeability of a factor (e.g., by building capacity) than it is to increase its importance.

However, in some cases your community may choose to address a factor with low importance and high changeability. Doing this can give your community a quick “win,” help raise awareness of and support for prevention, and increase the community’s capacity to address more important factors in the future.

Selecting Appropriate Interventions
Sometimes people want to select interventions that are popular, that worked well in a different community, or that they are familiar with. However, these are not good reasons for selecting an intervention. What’s more important is that the prevention intervention can effectively address the priority substance use problem and associated risk and protective factors, and that intervention is a good fit for the broader community.

The following are three important criteria for selecting appropriate prevention interventions:

- **Evidence-based:** Whenever possible, you should select evidence-based interventions (i.e., interventions that have documented evidence of effectiveness). The best places to find evidence-based interventions are federal registries of model programs, such as SAMHSA’s National Registry of Evidence-Based Programs and Practices, and peer-reviewed journals, such as the American Journal of Public Health. It’s important to note, however, that these sources are not exhaustive, and they may not include interventions appropriate for all problems and/or all populations. In these cases, you must look to other credible sources of information. Since states have different guidelines for what constitutes credible evidence of effectiveness, you could start by talking to prevention experts—including your state-level evidence-based workgroup.

- **Conceptual fit:** An intervention has good conceptual fit if it directly addresses one or more of the priority factors driving a specific substance use problem and has been shown to produce positive outcomes for members of the focus population. To determine the conceptual fit of an intervention, ask yourself, “Will this intervention have an impact on at least one of our community’s priority risk and protective factors?”
• **Practical fit:** An intervention has good practical fit if it is culturally relevant for the focus population, a community has the capacity to support it, and it enhances or reinforces existing prevention activities. To determine the practical fit of an intervention, ask yourself, “Is this intervention appropriate for our community?”

Evidence-based interventions with *both* conceptual fit and practical fit will have the highest likelihood of producing positive prevention outcomes.

**Ensuring a Comprehensive Approach**

In a comprehensive approach to prevention, interventions combine to have widespread reach, target multiple domains, and ensure cultural relevance.

• **Widespread reach:** To produce population-level change, communities should implement strategies with the greatest possible reach. To determine reach, ask yourself:
  - How many people will the intervention affect?
  - Which sectors of the community will be affected by your efforts?

Individual-level interventions (e.g., classroom curricula) are low-reach strategies. While they can represent an important component of a comprehensive prevention plan, environmental change strategies—such as social marketing, policy development, and enforcement—have greater reach. No prevention plan is truly comprehensive without attention to environmental or contextual change.

• **Multiple domains:** According to the socioecological model, risk and protective factors operate at four levels, or domains: individual, family, school/campus, and community. A comprehensive prevention plan includes multiple interventions operating in multiple settings and across multiple domains.

• **Cultural relevance:** Interventions must be responsive to, and appropriate for, the different cultural groups that comprise a focus population. This includes not only high-risk groups, but *all* intervention participants. Throughout the SPF process, you must take steps to ensure the cultural relevance of prevention efforts. For example:
  - During SPF Step 1: Assessment – Map the cultural landscape to identify different population groups in the community, as well as key leaders in each group, and analyze assessment data by group.
  - During SPF Step 2: Capacity – Share and discuss assessment findings throughout the community, invite interested community members and groups to participate in prevention planning, and make sure that the planning team includes individuals with strong ties to groups at high risk.
  - During SPF Step 3: Planning – Recruit focus population members to help identify appropriate interventions and convene focus groups with diverse community members to obtain valuable feedback on potential interventions.

**Building and Sharing a Logic Model**

A logic model is a graphic planning tool, much like a roadmap, that can help your team communicate where you want to go and how you intend to get there. A logic model includes the following components:
The final component, **Outcomes**, has been added to this familiar flowchart. **Outcomes** are the changes communities want their interventions to produce.

Prevention outcomes fall into two categories:

- **Short-term outcomes** are the most immediate effects of an intervention. They have the following traits:
  - Are closely related to how well the intervention is implemented
  - Usually include changes in knowledge, attitudes, beliefs, and skills
  - Tend to be connected to changes in priority risk and protective factors

- **Long-term outcomes** are the ultimate effects of interventions after they have been in place for a while. They exhibit these traits:
  - Usually result from positive short-term outcomes that can, over time, lead to long-term behavioral changes
  - May take a long time to produce and measure—sometimes many years.

When developing a logic model, it’s important to work with an evaluator to identify a set of anticipated outcomes that are clear and measurable.

After completing your logic model for prevention, share it with these two important groups:

- **Prevention partners**: These include the individuals, groups, and institutions that participated in the assessment, were brought onboard during the capacity-building processes, and will play a key role in selected prevention interventions. Be sure that your logic model clearly communicates what the prevention partners hope to accomplish and how they will work together to make it happen.
- **Other prevention stakeholders**: These include funders as well as community members and groups who may not be actively involved in prevention efforts (yet!). A logic model can help you build support for prevention, overall, and mobilize the specific capacity needed to implement selected interventions. The more people who understand the problem and are onboard with the prevention plan, the more likely it is that interventions will be sustained over time.

**Planning and Cultural Competence**

The following planning activities can help ensure that your prevention efforts will be culturally competent:

- Use assessment data from diverse community groups to make planning decisions
- Include focus population members as active participants and decision makers in the planning process
- Incorporate prevention interventions that are appropriate for and specific to high-risk and cultural groups
Planning and Sustainability
Many planning activities help support the long-term sustainability of prevention efforts. Examples include:

- Use prevention data to determine which risk and protective factors to address in order to have the biggest impact in the community
- Identify evidence-based interventions that directly address priority factors
- Select only those interventions that a community has sufficient capacity to implement effectively
- Make the planning process transparent and inclusive by sharing information with and inviting participation from key stakeholders
- Develop a data-driven prevention plan with high relevance for the focus population and strong community support

In an effective planning process, communities involve diverse stakeholders, replace guesswork and hunches with data-driven decisions, and create evidence-based and comprehensive prevention plans to address their priority substance use problems.
SPF Step 4: Implementation

Implementation, the fourth step of the SPF, involves putting your plan into action by delivering evidence-based interventions as intended. Important tasks in the implementation step include the following:

- Connect with key implementation partners
- Consider fidelity and adaptation
- Maintain core components
- Adapt with care (as needed)
- Establish implementation supports

Connect with Key Implementation Partners
You will have already identified and connected with key implementation partners during the previous steps of the SPF (i.e., assessment, capacity, and planning). These are the individuals and organizations that will be responsible for and/or involved in the delivery of your selected interventions. Sometimes these partners will want to make changes to the implementation plan. Even if they don’t, it’s important to communicate openly and make sure that all partners are onboard with the implementation plan as you move forward.

Consider Fidelity and Adaptation
As you prepare to implement your selected prevention interventions, it is important to consider fidelity and adaptation:

- **Fidelity:** Describes the degree to which a program or practice is implemented as intended
- **Adaptation:** Describes how much, and in what ways, a program or practice is changed to meet local circumstances

Evidence-based programs are defined as such because they consistently achieve positive outcomes. The greater your fidelity to the original program design, the more likely you are to reproduce these positive results.

Customizing a program to better reflect the attitudes, beliefs, experiences, and values of your focus population can increase its cultural relevance. However, it’s important to keep in mind that such adaptations may compromise program effectiveness.

Maintain Core Components
Evidence-based programs are more likely to be effective when their core components (i.e., those elements responsible for producing positive outcomes) are maintained. Core components are like the key ingredients in a cookie recipe. You might be able to take out the chocolate chips, but if you take out the flour—a core component—the recipe won’t work!

Here are some general guidelines for implementing a program with fidelity and maintaining core components:

- Preserve the setting as well as the number and length of sessions.
- Preserve key program content: It’s safer to add rather than subtract content.
- Add new content with care: Consider program guidance and prevention research.
• Identify the best possible candidate to deliver the program.

Adapt with Care
The degree to which an evidence-based prevention intervention is a good fit for the focus population is a prime consideration when selecting a prevention program. However, even when interventions are selected with great care, there may be ways to improve a program’s appropriateness for a unique focus population. Cultural adaptation refers to modifications that are tailored to the beliefs and practices of a particular group and enhance the cultural relevance of an intervention. To make an intervention more culturally appropriate, it is crucial to consider the language, values, attitudes, beliefs, and experiences of focus population members. When adapting an evidence-based program, it is important to consult with the following groups:

• The program developers can provide information on how it has been adapted in the past, how well these adaptations have worked, and what core components should be retained to maintain effectiveness.
• Members of your focus population can suggest ways to enhance the program materials to better reflect their concerns and experiences.

Keep in mind that adaptations can be planned in order to improve a program (as with cultural adaptation) or they can be unplanned. It is important to be aware of the potential for unplanned changes that may occur during implementation (e.g., missed sessions when schools close unexpectedly due to bad weather) and address any changes that might compromise program effectiveness (e.g., schedule make-up sessions so students don’t miss out on core program content).

Establish Implementation Supports
Many factors combine to influence the implementation and support the success of prevention interventions, including the following:

• Favorable prevention history: An individual or organization with positive experiences implementing prevention interventions in the past will likely be more ready, willing, and able to support the implementation of a new intervention. If an individual or organization has had a negative experience with—or doesn’t fully understand the potential of—a prevention intervention, then it will be important to address these concerns early in the implementation process.
• Onsite leadership and administrative support: Prevention interventions assume many different forms and are implemented in many different settings. To be effective, interventions require leadership and support from key stakeholders.
• Practitioner selection: When selecting the best candidate to deliver a prevention intervention, consider professional qualifications and experiences, practical skills, as well as fit with your focus population. (e.g., Who is prepared to implement the intervention effectively? Who will intervention participants feel comfortable with?)
• Practitioner training and support: Pre- and in-service trainings can help practitioners responsible for implementing an intervention understand how and why the intervention works, practice new skills, and receive constructive feedback. Since most skills are learned on the job, it is also very helpful to connect these practitioners with a coach who can provide ongoing support.
• Program evaluation: By closely monitoring and evaluating the delivery of an intervention, practitioners can make sure that it is being implemented as intended and improve it as needed. By assessing program outcomes, they can determine whether the intervention is working as intended and worthy of sustaining over time.
• **A clear action plan:** This should include (1) all implementation tasks, (2) deadlines, and (3) person(s) responsible. By working with implementation partners to develop this plan, practitioners can make sure that everyone is on the same page and no key tasks fall through the cracks.

When prevention practitioners promote both fidelity and cultural relevance, and anticipate and support the many factors that influence implementation, these efforts go a long way toward producing positive outcomes. But to sustain these outcomes over time, it is important to get others involved and invested in the prevention interventions. Find concrete and meaningful ways for people to get involved, keep cultural and public opinion leaders well-informed, and get the word out to the broader community through media and other publicity efforts.

**Implementation and Cultural Competence**
The following implementation activities can help to ensure that your prevention efforts will be culturally competent:

• Identify interventions with documented efficacy for your focus population
• Adapt interventions, as needed, to increase their cultural relevance
• Involve focus population members, including potential intervention participants and cultural leaders, in the adaptation process
• Identify a practitioner to implement interventions who is a good and comfortable fit for the focus population

**Implementation and Sustainability**
Many implementation activities help support the long-term sustainability of prevention efforts. Examples include the following:

• Ensure that interventions are evidence-based and part of a comprehensive prevention plan
• Increase the cultural relevance of interventions without compromising their effectiveness (i.e., maintain core components)
• Work closely with implementation partners to build capacity for prevention and evaluation
• Reach out to implementation and other community partners to increase support for prevention
SPF Step 5: Evaluation

Evaluation, the fifth step of the SPF, involves examining both the process and outcomes of prevention interventions. Specifically, evaluation is the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and make decisions. According to Michael Quinn Patton, an expert in evaluation, research seeks to *prove* while evaluation seeks to *improve*. Evaluation is about enhancing prevention practice.

**Evaluation and the SPF**

Evaluation in the context of the SPF means asking questions at three levels:

1. Since a comprehensive prevention plan includes multiple interventions, examine the degree to which *each intervention* produces positive outcomes.
2. Determine how well these different interventions *work together* as part of your community’s comprehensive plan to address your priority substance use problems.
3. Evaluate the SPF process, itself (e.g., Were all step-specific tasks completed? Was cultural competence and sustainability integrated along the way?). Remember, the better your prevention *processes*, the better the prevention *outcomes*.

For example:

- In Assessment, you might evaluate your ability to find existing data on local substance use problems.
- In Capacity, you might examine how successful you were in bringing key prevention stakeholders onboard.
- In Planning, you might look at how well your selected interventions align with your priority risk and protective factors.
- In Implementation, you could evaluate the degree to which your community delivered selected prevention interventions as intended.
- In Evaluation, you could assess the quality of the data you collect from participants following an intervention.

**Benefits of Evaluation**

Evaluation can help prevention professionals and communities to accomplish the following:

- Systematically document and describe prevention activities
- Meet the diverse information needs of prevention stakeholders, including funders
- Continuously improve prevention interventions
- Demonstrate the impact of prevention interventions on substance abuse and related behavioral health problems
- Identify which elements of a comprehensive prevention plan are working well
- Build credibility and support for effective interventions in the community
- Advance the field of prevention by increasing the knowledge base about what does—and does not—work

**Types of Evaluation**

There are two main types of evaluation: *process* and *outcome*.
• **Process evaluation**, which documents the implementation of an intervention, can be used to improve intervention delivery and enhance understanding of prevention outcomes. The following are examples of process evaluation questions:

  - To what extent were program sessions delivered as originally designed?
  - How many people participated in the program?
  - How many participants did not complete the program?
  - What, if any, adaptations were made to the program?

• **Outcome evaluation**, which measures the effects of an intervention following its implementation, can reveal whether the intervention produced the anticipated short- and long-term prevention outcomes and helped build support for those interventions that worked. The following are examples of outcome evaluation questions:

  - To what extent did participants’ attitudes toward the priority problem(s) change?
  - To what extent did local rates of substance use behavior specific to the priority problem(s) change?

There are also two different ways for communities and evaluators to work together: **traditional** and **participatory**.

• In a **traditional** approach to evaluation, an evaluator is hired to conduct an evaluation and works independently—interacting with program or agency staff as needed to retrieve information.

• In a **participatory** approach to evaluation, an evaluator is invited to take part in an evaluation as more of an advisor and partner—interacting regularly with all involved as part of, rather than outside of, the group. The team, of which the evaluator is a member, works together to plan and carry out the evaluation.

Benefits of the **participatory** approach include the following:

  - Builds on the strengths and values of the contributions of all participants
  - Increases evaluation buy-in and evaluation capacity among participants
  - Increases the likelihood that the evaluation results will be valued and used
  - Increases the likelihood that the evaluation will be culturally appropriate and relevant
  - Can reduce evaluation costs

**Evaluation Principles**

All evaluations—whether process or outcome, traditional or participatory—should adhere to the following four principles: utility, feasibility, propriety, and accuracy.

• **Utility** is about making sure the evaluation meets the needs of prevention stakeholders, including funders. To increase the utility of the evaluation, prevention professionals should:
  - Identify the evaluation needs of all key stakeholders
  - Make sure evaluators are trustworthy and competent
  - Document findings so they are easily understood
  - Share findings with stakeholders in a timely manner
• **Feasibility** is about making sure the evaluation is realistic and doable. To ensure the feasibility of the evaluation, prevention professionals should:
  o Establish data collection procedures that are practical and minimize disruption
  o Anticipate and address potential obstacles (e.g., opposition from political or other interest groups)
  o Consider efficiency and cost-effectiveness
• **Propriety** is about making sure the evaluation is conducted in accordance with legal and ethical guidelines and is consistent with each community’s cultural context. To support the propriety of the evaluation, prevention professionals should:
  o Respect the rights and protect the well-being of all involved
  o Examine the intervention in a thorough and impartial manner
  o Define how findings will be disclosed and who can access them
• **Accuracy** is about making sure the evaluation is conducted in a precise and dependable manner. To increase the accuracy of evaluation findings, prevention professionals should:
  o Clearly describe the intervention and evaluation procedures
  o Gather and use information that is both valid and reliable
  o Systematically and appropriately analyze all information
  o Justify and fairly report all conclusions

**Evaluation Tasks**

Evaluation tasks, which are based upon the Centers for Disease Control and Prevention’s *Framework for Program Evaluation*, include the following:

**Task 1. Engage stakeholders:** An evaluation stakeholder is anyone who cares about, or has something to gain or lose from, an intervention and its evaluation findings. Stakeholders include everyone who is:

• Involved in *delivering* the prevention interventions (e.g., intervention staff, managers, funders, prevention partners, task force members)
• *Served or affected* by the prevention interventions (e.g., participants, advocacy and interest groups affected by the issue, public officials)
• In a position to *do something* with the evaluation findings (e.g., prevention partners, task force members, funders, public officials, public/taxpayers)

By involving diverse stakeholders, you can:

• Demonstrate respect for the many individuals and groups connected to prevention efforts
• Obtain the help and support needed to conduct a thorough evaluation
• Enhance understanding of evaluation among those involved in data collection and analysis
• Ensure the cultural relevance and appropriateness of the evaluation design, tools, and findings
• Increase the credibility of prevention interventions as well as the evaluation process and findings
• Increase the likelihood that evaluation findings will be disseminated and used
• Garner support for any efforts to expand and/or sustain prevention interventions

**Task 2. Describe the initiative:** Remember the logic model from SPF Step 3: *Planning*, which lays out exactly what a prevention initiative intends to do and achieve? This tool can help your prevention team
communicate its plans to stakeholders and serve as a framework for evaluating the initiative. Specifically, this logic model identifies the following:

- Priority substance use problem to be addressed by the prevention initiative
- Risk and protective factors, prioritized based on the degree to which they influence the problem at the local level and existing capacity to change them
- Evidence-based programs and strategies selected to address each priority factor
- Anticipated short- and long-term outcomes (e.g., changes in knowledge, attitudes, skills and—over time—behaviors of intervention participants)

You can use the process evaluation to monitor and improve the implementation of selected prevention interventions and the outcome evaluation to measure the degree to which those interventions produce anticipated prevention outcomes. When a prevention initiative is laid out fully and clearly in a logic model form, it is much easier to identify appropriate evaluation questions and gather the data needed to answer them.

Task 3. Focus the evaluation design: Often, at the beginning of an evaluation, people jump right to thinking about how to collect data (e.g., “Let’s do a survey!”) before thinking through what data they’ll need. The following tasks can help you design the right evaluation for your prevention initiative:

- Clarify your purpose: For example, do you want to find out if your interventions reached your focus population, or how well they worked to bring about change? Your purpose should be dictated by your stakeholders’ needs, including funding requirements, and guide all decisions that follow.
- Develop your questions: Once you’re clear on your purpose, you’ll need to develop evaluation questions that are specific to what you want to learn. Some questions can help you learn about the implementation of an intervention while others can help you learn about its outcomes.
- Select the right design: There are different ways to design, or structure, an evaluation. Some questions are best answered by gathering data from intervention participants and practitioners throughout implementation. Other questions are best answered by gathering data before and after an intervention, and/or from non-participants as well as participants. This latter approach allows for helpful comparisons and a better understanding of an intervention’s effects.
- Choose appropriate methods: There are many different ways to gather the data you need. Qualitative methods (e.g., interviews, focus groups) produce data that are usually expressed in words. They let you explore an issue or population in-depth by answering questions such as Why or why not? and What does that mean? Quantitative methods (e.g., surveys, checklists) produce data that are usually expressed in numbers. They allow you to draw general conclusions about an issue or population by answering questions such as How much? How many? and How often? Which methods you select will depend on what you want to learn, your budget and timeline, and what’s most appropriate for your focus population.

Task 4. Gather credible evidence: How you gather data will determine how well you can answer your evaluation questions—and whether your findings will be taken seriously by others. The following are some ways to increase the credibility of your evaluation:

- Use quality tools and procedures: This means using data collection tools and procedures that are both valid and reliable. A valid tool measures what it’s supposed to measure. A reliable tool produces
consistent results each time you use it. Selected tools and procedures should also be culturally appropriate.

- **Take a mixed-methods approach** (i.e., a combination of quantitative and qualitative methods). This approach will allow you to examine your initiative from diverse perspectives, answer your evaluation questions more fully, and feel more confident in your findings.
- **Provide training and support**: Make sure that everyone involved in collecting and analyzing data gets the training and support they need to do it well.
- **Gather enough data**: Gather enough data from different sources to be able to draw conclusions with confidence—without going beyond your budget or missing important deadlines.
- **Manage the process**: It’s important to take a systematic approach to storing and analyzing these data, as well as to developing and acting on your findings.

**Task 5. Justify conclusions**: Before you can justify your conclusions, you will need to analyze, synthesize, and interpret your evaluation data.

- **Analyze**: This involves systematically examining each data source to determine key findings. Whenever possible, engage multiple reviewers in the data analysis process and make sure that everyone follows the same protocol.
- **Synthesize**: The next step is to compare and connect your results across data sources. By combining information from different data sources, you can detect areas of overlap and consistency—and identify new questions to explore when findings are inconsistent.
- **Interpret**: Finally, draw conclusions based on a careful examination of all your data. What positive or negative outcomes do your data reveal? Can you attribute these outcomes to the intervention—or are other explanations possible? What decisions or actions do you recommend based on your conclusions?

When analyzing, synthesizing, and interpreting evaluation data, it is important to involve the right people. These include individuals with research expertise, intervention staff, focus population members, and other prevention stakeholders who can help increase the accuracy and cultural relevance of evaluation findings.

**Task 6. Ensure use and share lessons learned**: The best way to make sure that your evaluation findings will be used is to communicate them in ways that meet the varied needs of your diverse stakeholders. For each audience, ask yourself the following questions:

- **What do they want to learn from the evaluation?** Different audiences care about different things. For example, the general public will want to hear about the big picture. Are your interventions saving lives? Are you putting tax dollars to good use? Your funder, on the other hand, will want all the details of your evaluation procedures, methods, and findings.
- **Which communication methods and channels are most appropriate?** Consider how your different audiences get their information. You may be able to share information with some groups—such as community service providers—through meetings, workplace newsletters, or listservs. But you may have better luck reaching other groups, such as young people, with posts to social networking sites and tweets!

The following are some different reasons and ways to communicate evaluation findings:
To share key evaluation findings with the public, submit a short *press release* to local newspapers
To get a large group of community members thinking and talking about evaluation findings, convene a *town hall meeting*
Create *fact sheets and/or infographics* of key findings to post on websites, distribute on listservs, and hand out at events
To provide funders with a complete overview of the evaluation process and findings, write a *full report*
To explore findings and potential next steps with local cultural and advocacy groups, schedule a *small group presentation* for each group
Contribute to the prevention field by sharing findings in a *conference presentation or journal article*

### Evaluation and Cultural Competence
The following evaluation activities can help to ensure that your prevention efforts will be culturally competent:

- Involve diverse stakeholders, including focus population members, when clarifying your purpose and questions
- Identify data collection methods and procedures that are appropriate for all participants
- Consult diverse stakeholders, including focus population members, when analyzing, synthesizing, and interpreting your findings

### Implementation and Sustainability
The evaluation process can help support the long-term sustainability of prevention efforts. For example:

- Evaluation can help to improve interventions so they’re worth sustaining.
- Evaluation will reveal which interventions should be expanded or sustained.
- By sharing evaluation findings, you can help build the support needed to expand and sustain effective interventions.
- Evaluation can help you examine your ongoing plans for, and progress toward, sustaining interventions that work.

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