Multnomah County

Environmental Scan and Gaps Analysis of Prevention Programs

Prepared for Multnomah County Mental Health and Addiction Services

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CPW Community Planning Workshop

Environmental Scan and Gaps Analysis of Prevention Programs in Multnomah County

FINAL REPORT

Prepared for:
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Executive Summary

Youth substance abuse continues to be a serious problem in Multnomah County despite significant investment in a variety of youth programs developed to address the issue. Therefore, Multnomah County Mental Health and Addiction Services Division engaged the Community Planning Workshop to summarize the scientific consensus on best prevention practices and identify where the services offered within the County fall short of this scientific base. This report, the result of that effort, concludes that the key gap is the lack of a comprehensive prevention system, needed to coordinate prevention activities across the spectrum of services and for the provision of consistent systemic evaluation. Among other findings, the report also concludes the County would benefit from emphasis on early childhood prevention and appropriate school-based prevention curricula for all students.

This report examines gaps in Multnomah County's present prevention efforts and makes recommendations about their governance, focus, coordination and implementation. Through an evaluation of recent literature and an examination of gaps in present prevention efforts in Multnomah County, this report describes means to improve the County's youth substance abuse prevention efforts. The literature shows that *preventing* high-risk behavior is far more cost-effective and successful than *treating and/or rehabilitating* youth that have already become engaged in these behaviors. The literature also shows that many prevention efforts lack the funding, coordination, and public awareness efforts that are devoted to traditional, less-economically-efficient treatment, criminal justice, and other remedial services.

Background and purpose

Youth drug and alcohol use and abuse are of particular concern in Multnomah County. Recent reports suggest that almost one in three eight graders in Multnomah County have used alcohol in the past month, 50% over the national average (ODHS, 2006). Moreover, these statistics identified an 8.2% increase in alcohol use among eighth-grade girls between 2001 and 2005. Multnomah County youth are also above the national average for marijuana use, with 12% of eighth-graders using marijuana regularly, almost twice the national average (6.4%) (ODHS, 2006).

While the State of Oregon and Multnomah County have devoted considerable resources and time to addressing these problems, youth drug and alcohol abuse remains a significant issue. There are many efforts in Multnomah County aimed at decreasing youth high-risk behaviors. Service providers, however, report that service fragmentation and funding limitations reduce program delivery and effectiveness (Chapter 4 of this report). The result is a patchwork of programs that lacks the fundamental elements of a comprehensive system. The fact that prevention is not prioritized by high-level officials further complicates this situation.

This report (1) identifies key elements in successful prevention systems, (2) highlights gaps in the current Multnomah County system and (3) presents recommendations about steps the County can take to investigate the development of a comprehensive youth prevention system.

Findings

Literature review

CPW conducted an extensive review of recent prevention literature, focusing on more than 20 meta-analyses of prevention studies published after the year 2000. The recent studies of prevention illuminate a common prevention language and theory, and highlight several key findings at both the systems and programmatic level. Community Planning Workshop (CPW) notes that recent literature reflects broad national trends and inferences may not directly reflect conditions in Multnomah County. The objective of all prevention efforts is to decrease risk factors and increase protective factors. **Risk factors** are those characteristics or behaviors that lead to a greater propensity for high-risk behavior. Conversely, **protective factors** reduce the likelihood of a youth developing a substance abuse or other adjustment problem and can prevent the onset of antisocial and harmful behaviors in others.

Research has demonstrated that preventing high-risk behaviors from occurring is much more cost effective than treating individuals after they engage in such behavior (Greenwood, et al. 1996; Aos, et al. 2001).

Risk factors exist in all areas of a child's life (school, home, peers, neighborhoods etc.), and evidence suggests no single factor can explain who will become involved in risky behaviors (like substance abuse), and who will be protected from them (SAMHSA, 2004b). Comprehensive prevention approaches, therefore, should include multiple strategies within multiple sectors. These sectors include *individual; family; peer group; local institutions; community;* and *policy* sectors (U.S. Department of Health and Human Services, 2001).

Within each of these sectors there are different levels of prevention. These levels include *individual*, *family*, and *environmental* levels. The *individual* level of prevention focuses on increasing the protective factors and decreasing the risk factors in an individual (or their peers). Prevention at the *family* level addresses the risk and protective factors that influence youth substance abuse and other delinquent behaviors in families. The *environmental* level of prevention attempts to deter youth substance use and abuse by altering their environment, and the social norms in the broader community (Bronfenbrenner, 1975).

Within each of these levels there are three distinct types of intervention; *universal, selective*, and *indicated*. *Universal Programs* are aimed at general populations, such as all students in a school or all parents in a community. *Selective Programs* target groups or individuals, such as children of substance abusers that have an above-average risk of developing substance-abuse problems. *Indicated Programs* are for individuals whose actions put them at high risk for substance abuse problems.

The literature indicates a general trend toward a "public health approach" using a comprehensive prevention system that impacts multiple health problems. Age targets are early childhood and transition points, sometimes called "boosters", such

as the transition into high school. School programs are a critical element of a comprehensive prevention system, but seldom are programs in schools implemented effectively. Programs must be based on best-practice models using effective techniques, be accessible, and multi-contextual.

Table S-1 summarizes key findings from the literature review.

Table S-1: Summary of Literature Review Findings

Findings	Description
General Themes	
Comprehensive approaches to public health	Comprehensive approaches have emerged as the most viable way of reducing youth drug and alcohol use in the long term (Florin and Chavis, 1990; Dryfoos, 1993a; Chambliss, 1994). This widespread approach (sometimes referred to as the "public health approach"), seeks to include all the environmental and social factors that contribute to risk by effectively reaching multiple sectors of a community (individual; family; peer group; school; policy; and community) (Aguirre-Molina and Corman, 1996). Comprehensive prevention systems identify ways to bring together these diverse existing resources to involve them in one common prevention effort.
Prevention is prevention	The common components of effective prevention are the same in many spheres of public health. Generally, the same interventions that reduce the likelihood (or effects) of cancer, cardiovascular disease, violence, obesity, or mental illness also reduce substance abuse in individuals, families and communities (SAMHSA, 2004b).
Programmatic Themes	
Early prevention is critical	Experts overwhelmingly agree that primary prevention, is much more cost-effective than administering treatment (Greenwood et al., 1996, Aos et al., 2001). Jurisdictions, however, rarely prioritize prevention over treatment. Prevention is most effective with children ten years old or younger, and especially with children four years and younger (Thornton et al., 2002). This includes educating and assisting expectant parents. Practices that inform parents about parenting techniques, proper nutrition, and pre-natal care, such as home-visits by nurses, have proven to decrease child alcohol and tobacco abuse dramatically. Such interventions also allow prevention practitioners an opportunity to assess if a family is in need of additional resources and make appropriate referrals.
Prevention Programs in Schools are critical but usually implemented Ineffectively	Schools provide a critical role in a prevention system because (1) they are an easy access point to most children and (2) prevention in schools tends to be better funded than prevention efforts in other arenas. Since the enactment of the Drug Free School Act in 1996, virtually all U.S. schools have adapted some kind of prevention program. Unfortunately, research indicates that close to 90% of school's programs are unlikely to contribute to reducing drug-use (Ennett et al., 2003).
Reaching youth at key transition points	Programs are most effective when directed toward a target audience and providing appropriate support for a particular developmental stage. These stages are punctuated by transitions when prevention "boosters" can make a critical difference. These times include puberty, hard social situations (like a parent's divorce), the transition from elementary to middle or junior high, and the transition to high school (Greenberg et al., 2000).
Programs should be based upon a best-practices model and utilize effective	As is most evident in the school environment, many programs are not based upon a model that utilizes effective content to reach out to youth. Worse still, the majority of substance abuse programs use non-interactive implementation strategies that are ineffective. Complicating this issue is the lack of a standard outcomes measurement tools for prevention programs to evaluate their impact.

Findings	Description
techniques for program implementation	prevention programs to evaluate their impact.
Programs should be accessible (population specific)	Throughout the development of a child, having access to effective pro-social activities outside of school is critical. The ability to participate in enriching activities in a supervised environment is an effective means of preventing high-risk behavior. Barriers to "access" are multifarious, but can include cultural, racial, and physical hurdles. Programs need to be population specific, taking into account the age, race, ethnicity and culture of potential participants. In particular, youth in high-risk circumstances should have access to programs that provide more intensive opportunities for support.
Programs should be multi-contextual	Similarly, it has been demonstrated that programs that do not integrate a variety of aspects of a child's life are less effective than those that do. It is particularly effective to incorporate children's parents into community programs. It encourages a child to recognize the applicability of lessons outside of a single framework.

Environmental scan

Many organizations in Multnomah County are involved in prevention. Key players include various government agencies at the state and local level, school districts and nonprofit organizations. Local government organizations include the Multnomah County government and nineteen city governments. The Multnomah Education Service District includes eight school districts. There are also numerous neighborhood and community organizations, nonprofits, and faith-based centers that provide a range of prevention and related services.

Multnomah County has several prevention programs and related services which are dispersed across a number of departments. The Department of County Human Services (DCHS), the Department of School and Community Partnerships (DSCP), Department of Community Justice (DCJ), the Health Department, and the Commission on Children, Families and Community (CCFC) all house agencies and divisions dedicated to promoting healthy children, families and communities.

In Multnomah County, schools are the largest provider and funder of services to school-aged youth. Multnomah County's eight school districts face challenges unique to their district. These challenges include shifting demographics, funding shortfalls, and inconsistency in prevention education and content. A variety of services are provided for individual schools by County departments, County contracted nonprofits, and coordinated nonprofit, community and faith based organization efforts.

All of the previously mentioned groups have similar objectives. Together, County departments and nonprofits, school districts, individual schools, neighborhood groups and faith centers need to integrate their efforts to create a continuum of care. The pieces of a continuum of care already exist. The missing element is a comprehensive evidence-based prevention system that coordinates efforts and facilitates this continuum of care.

The most important and difficult question facing Multnomah County today is "*what should be the vision of a comprehensive prevention system in Multnomah County?"* The County has a wealth of dedicated, adaptable individuals and agencies committed to improving the lives of children and families. The next step is utilizing this present network to catalyze the establishment of a more informed, coordinated system of prevention efforts.

Gap Analysis

The gaps analysis is based on information obtained through a review of County policy documents, key person interviews and a series of focus groups CPW facilitated in April 2006.

In this report, gaps are defined as "missing components" in the County's prevention structure. Barriers are the "roadblocks" that prevent or inhibit implementation. Together, these gaps and barriers have a negative impact on the effectiveness, coordination and integration of prevention programs into an overarching prevention system.

While the County offers a broad variety of prevention services, **the over-arching gap is the current lack of a comprehensive prevention system in Multnomah**

County. In the County's current prevention efforts, CPW identified gaps and barriers in the following five categories:

Table S-2: Gaps Analysis Summary

Category	Brief Summary of Findings
Politics/Policy	• Low public awareness and public support for prevention • Inconsistent focus—Prevention focus tends to shift with political changes
Communication/ Partnerships	• "Siloed" system limits communications between groups, and increases competition • Collaborative efforts tend to be superficial and are incorporated more to meet funding mandates than because they add value to programs • Funding is not available to establish collaborative efforts—true collaborative efforts require substantial energy and leadership
Education/Evaluation	• Lack of consistent program evaluation in Multnomah County • Lack of integrated school substance abuse prevention program
Funding	• "Siloed" funding system isolates different elements of the prevention system from one another. • Funding streams change frequently, often reflecting shifting political priorities • Funding limitations encourage competition between providers with similar services • The multiplicity of funding sources forces programs to meet multiple funding requirements – absorbing limited staff time and resources • Reductions in funding contribute to staff turnover and decrease the time available for training.
Accessibility/Program Delivery	• The following problems impact programs' effectiveness; physical locations, lack of cultural competency, costs to clients, and ability to identify and attract appropriate clients.

Recommendations

Our literature review and environmental scan indicate that a "prevention system" is lacking in the County. A system would allow administrators to ensure comprehensive services across a spectrum of services, improve system-wide communication, and provide systems level evaluation. Consistently, research suggested that this one issue superseded others due to its widespread impact, and because the lack of a system has been identified as the major barrier to improving implementation of present services.

Recent research suggests that coalitions offer a way to convene a diverse array of individuals from multiple sectors to address one specific issue. The formation of a coalition seems to provide the most viable option for the County to bridge its isolated prevention services to address the challenges identified in this report. It is our primary recommendation; therefore, that Phase III of this project consists of

exploring prevention coalition options and feasibility. It is proposed that this phase will include:

- Creation of a portfolio of case-studies that demonstrates specific information about successful coalitions in similar communities;
- Evaluation of coalition-building research and identification of best practices;
- Identification of key prevention practitioners, community organizers, politicians, and administrators for inclusion in the coalition-building process and/or the coalition itself;
- Utilization of this information, coupled with knowledge about key the political situation in the County, to ascertain the benefits and costs of building a coalition

It should also be noted that multiple coalitions already exist in Multnomah County, however, none of them focus primarily on prevention, or focus their primary efforts on coordinating and evaluating prevention efforts.

Other System Level Recommendations:

If Phase III activities reveal that the barriers to creating a formal coalition are insurmountable, we recommend taking specific steps to support cross-sector communication, mimicking the creation of a coalition or system. Through facilitation or funding of specific activities, it is our belief that the County can still leverage its influence, and create outcomes similar to that of a prevention coalition. This could be achieved through the following actions:

- Create and disseminate a prevention resources database;
- Fund Trainings. Specifically, fund cultural competency trainings, trainings about appropriate system-wide referrals, and trainings about effective implementation;
- Measure Outcomes;
- Conduct Periodic Needs Assessments.

Programmatic Recommendations

Our research has also resulted in two recommendations for how County efforts could have the most impact at the programmatic level:

- Focusing on early prevention, particularly emphasizing programs that support and involve parents;
- Implementing a system-wide school prevention program.

Chapter 1:
Introduction

This report examines gaps in Multnomah County's present prevention efforts and makes recommendations about their governance, focus, coordination and implementation. Through an evaluation of recent literature and an examination of prevention gaps, this report describes means to improve the County's youth substance abuse prevention efforts. The literature shows that *preventing* high-risk behavior is far more cost-effective and successful than *treating* youth that have already become engaged in these behaviors. The literature also shows that many prevention efforts lack the necessary funding, coordination, and public awareness focus traditionally allocated to treatment services. The Community Planning Workshop (CPW) at the University of Oregon prepared this report for Multnomah County's Mental Health and Addiction Services Division.

Background

Youth drug and alcohol use and abuse are of particular concern in Multnomah County. Recent reports suggest that 30% of eight graders in Multnomah County have used alcohol in the past month, 50% higher than the national average, Moreover, these statistics identified an increase of 8.2% in alcohol use among eighth-grade girls between 2001 and 2005. Similarly, 12% of eighth-graders use marijuana regularly, almost twice the national average (6.4%) (ODHS, 2006; CDC, 2005).

While the State of Oregon and Multnomah County have devoted considerable resources and time to addressing these problems, youth drug and alcohol abuse remains a significant issue. There are many efforts in Multnomah County aimed at decreasing youth high-risk behaviors. Local service providers, however, report that service fragmentation and funding limitations reduce both the scope and range of programs as well as their effectiveness. The result is a patchwork of programs that lack elements of a comprehensive system. A lack of prevention system prioritization at the highest levels of government further complicates this situation.

CPW identified three key issues in current efforts in the County (including programs funded by the County as well as other programs):

1. **Lack of centralized leadership.** There is a perceived lack of leadership around prevention. Despite the extensive energy and creativity of devoted staff, the lack of a uniform prevention message and consistent high-level political support has created a patchwork of relatively autonomous prevention programs. These efforts would be more effective in an integrated system of care.

2. **Prevention is not a high priority.** Governmental funding sources and the general public do not identify prevention as a high priority. There is little recognition that substance abuse prevention services are vital, less costly, and more effective in the long run than treatment services.

3. **Funding is a barrier.** The current structure of federal funding creates "silos." Often funding sources have separate and distinct objectives, evaluation

requirements, target audiences, and approaches to prevention. This creates silos that contribute to the lack of interaction and communication between programs, duplication of some services, and inefficient competition for resources between agencies. Additionally, services may neglect some needy populations if they do not fit within a silo.

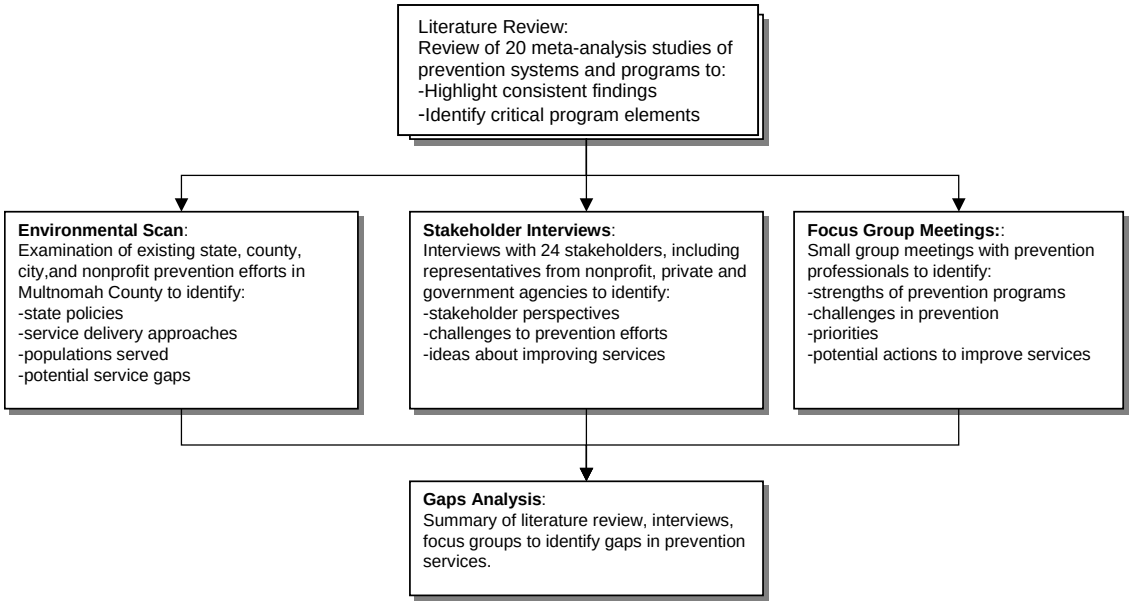
Finally, the literature on prevention emphasizes the need for service providers to use evidence-based program content and implementation strategies. The literature also emphasizes the need for culturally competent strategies that incorporate family and community involvement.

Purpose and Methods

This report (1) identifies key elements in successful prevention systems, (2) highlights gaps in the current system and, (3) makes recommendations about steps the County can take to develop a comprehensive youth prevention system.

Figure 1-1 shows a diagram of CPW's work program.

Figure 1-1. Overview of research activities



Organization of this Report

The remainder of this report is organized as follows:

Chapter 2: Literature Review provides a summary analysis of more than twenty meta-analytic studies of prevention programs and strategies. CPW identified and summarized consistent findings about these programs and strategies and used them to propose critical elements for ideal components within the prevention system in Multnomah County.

Chapter 3: Environmental Scan presents an overview of prevention and prevention programs as implemented in Multnomah County. It also presents a conceptual framework for prevention efforts in the County and describes its implications for the study.

Chapter 4: Gaps Analysis identifies program and system gaps and barriers in the County. This evaluation includes a discussion of funding issues, politics, communications, and access to services, research, and education about prevention services.

Chapter 5: Recommendations offers recommendations based on the literature review and gaps analysis.

This report also includes several appendices:

Appendix A: Bibliography provides a list of studies used to guide this report**.**

Appendix B: Best Practice Programs List provides a list of commonly accepted best practices for several different developmental stages of youth. The appendix includes a table that analyzes the benefits and costs of many programs.

Appendix C: Summary of Key Person Interviews summarizes the key person interviews conducted by CPW.

Appendix D: Summary of Focus Group Meetings presents a summary of focus groups with local prevention experts facilitated by CPW in April 2006.

Chapter 2:
Literature Review

A key objective of this study was to conduct a review of current literature on drug and alcohol abuse prevention. CPW conducted an extensive review of recent prevention literature, focusing on more than twenty meta-analyses of prevention studies published after the year 2000. The objective was to highlight elements that are critical to effective prevention systems; the leadership, protocols, and practices that govern a network of prevention programs. Most literature, however, focuses primarily on program-level findings, describing elements that individual programs should include to be effective. CPW, therefore, focused specific attention on the studies of prevention systems that do exist, in addition to the available meta-analysis of prevention programming.

A complete bibliography of sources CPW used in the literature review is included in Appendix A. CPW notes that recent literature addresses broader national or regional issues. While circumstances in Multnomah County may vary from these regional and national trends in some ways, the consistent findings that emerge from this broad literature should be informative to practitioners in the County.

This chapter begins with a background on prevention to provide a common ground of prevention terms and concepts. The next section focuses on findings that relate to system-level prevention efforts. The chapter concludes with discussion of elements common to effective prevention programs.

Background

What is Prevention?

Oregon Department of Human Services defines prevention as "a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and life styles" (ODHS, 2006). About substance abuse specifically, they state:

> *Prevention of youth alcohol, tobacco and other drug use and abuse is a complex and multi-faceted process. It encompasses structured activities, which may be evidence-based 'model' programs or community-based projects; environmental change strategies; or strategic policy development efforts. It can take place in homes, schools, faith-based centers, the workplace, or other community locations* (ODHS, 2003).

The objective of all prevention efforts is to decrease risk factors and increase protective factors. **Risk factors** are those characteristics or behaviors that lead to a greater propensity for substance abuse. Risk factors include, but are not limited to early aggressive behavior, lack of parental supervision, drug availability and poverty.

Conversely, **protective factors** reduce the likelihood of a youth developing a substance abuse problem. The more protective factors a young person has, the less likely it is that he or she will try alcohol, tobacco, or other drugs (NIDA, 1996)). Examples of

protective factors include impulse control, parental monitoring, academic competence, anti-drug use policies, and strong neighborhood attachment (NIDA, 1996). The Search Institute's often-cited "Forty Developmental Assets" are examples of protective factors (Search Institute, 2004). "These assets have the power during critical adolescent years to influence choices young people make and help them become caring, responsible adults."

Prevention can take many forms, including parents taking the time to talk to their children about the dangers of drugs, a child learning to read, an after school sports program, or an anti-tobacco media campaign. Some prevention forms are explicit, while others are so embedded into our lives that we do not immediately recognize them as prevention methods.

While CPW's literature review is focused primarily on substance abuse prevention, it is imperative to recognize that prevention efforts in many spheres of public health share similar components. Prevention efforts that reduce substance abuse can also help reduce risk of health issues such as cancer, cardiovascular disease, obesity, and mental illness. The reverse is also generally true, with risk factors for substance abuse also increasing risk of a wide variety of other health issues (SAMHSA, 2004b; Hawkins et al. 1992).

In this review, "prevention" refers to a system of coordinated strategies designed to help youth avoid risky behaviors and make healthy choices. This literature review explores the "best practices" of common prevention strategies implemented through prevention programs.

This definition of prevention does not include treatment programs that reduce recurrence of problematic behaviors. While treatment programs are vital for helping youth who have abused substances, or are exhibiting other delinquent behaviors, treatment programs are not the focus of this review.

Is Prevention Cost Effective?

Research has demonstrated that preventing high-risk behaviors from occurring is much more cost effective than treating individuals after they engage in such behavior (Greenwood et al., 1996; Aos et al., 2001). The initial investment in prevention programs may appear to be more expensive than treatment-based interventions because the greater societal savings of reduced costs associated with adjudication, incarceration, social services, disability, and premature deaths are accrued through time. For each dollar invested in prevention, however, it has been demonstrated that communities can save up to $10 in deferred treatment for alcohol or other substance abuse (Aos et al., 2001; Hawkins et al., 1999; Pentz, 1998; Spoth et al., 2002a; Spoth et al., 2002b). Other studies indicate that for every one dollar spent on prevention services, as much as $100 in treatment costs can be avoided. Some programs studied return as much as $31,000 in savings per individual receiving services (Aos et al., 2004). While the cost effectiveness of prevention efforts remains largely dependent upon the type of programs and services provided, empirical evidence advocates early investment in prevention as a cost effective alternative to treatment. Despite overwhelming evidence of the economic benefit of prevention, approximately two-thirds of funds for youth programs are restricted to treatment services (U.S. Department of Health and Human Services, 2001).

When is it most important to engage in prevention efforts?

Early Childhood Prevention

Research suggests that implementation of prevention early in a child's life yields the most cost effective and productive prevention results (Greenwood et al., 1996; Aos et al., 2001). For example, by intervening with an expectant mother in the second half of her pregnancy, and the early years of her child's life, a parent-based prevention program may significantly reduce the risk of several conduct disorders, including substance abuse. Delaying intervention until a youth becomes entrenched in self-destructive behavior will make it more difficult to overcome risks stemming from poor early development (Gauntlett et al., 2001). By the time a child reaches adolescence, most families and children are resistant to long-term change. Overall, parental interventions are most effective with children ten years old or younger, with exponentially increased returns for children four years and younger (Thornton et al., 2002).

> When programs are directed at families with children who have yet to complete primary school, they are more effective in terms of social outcomes (such as reduced substance abuse, reduced maltreatment, reduced future involvement with the justice system, increased school completion rates, future employment and so on) (Gauntlett et al., 2001).

Also, prevention is more cost-effective (in terms of the return on the initial investment) the earlier in a child's life it is implemented. For instance, a study completed in Ontario, Canada, found that annual governmental expenditures on early childhood, universal programs were less than $2,800 per child for children up to age six. After this time period (for youth 6-18 years of age), however, this amount increased to $7,250 annual per year (Gauntlett et al., 2001). Despite the overwhelming agreement that primary prevention, stopping substance abuse and related delinquent behavior before it begins, is much more cost-effective than administering treatment, little funding is dedicated to these types of programs (Greenwood et al., 1996; Aos et al., 2001).

While early intervention is critical, prevention needs to continue throughout a child's development to be effective. There is evidence that the impact of earlier prevention programs diminishes over time without reinforcement (NIDA, 2003). Additionally, prevention programs can be particularly important at key transition points (NIDA, 2003; Greenwood et al., 1996). Prevention "boosters" should address the unique stresses that youth face as they transition from one stage to the next and be developmentally appropriate. These transition points include infancy, early toddler-hood, primary school and secondary school, the start of college, and even the start of a career (Bor, 2004; NIDA, 2003).

Prevention: Systems-Level Findings

Public Health Approach: An Ecological Framework for Prevention

In recent years, new understanding of the combined impact of environmental and social conditions has resulted in a different approach to prevention. The shift diverts prevention efforts from single-focused education programs targeting an individual's behaviors to more comprehensive, community-based approaches (Wallack and Corbett,

1990; Wagenaar et al., 1994; Stokols, 1992; Kaftarian and Hansen, 1994). Risk factors exist in all areas of a child's life (school, home, peers, neighborhoods etc.), and evidence suggests no single factor can explain who will become involved in risky behaviors, and who will be protected from them (SAMHSA, 2004b).

Most school-based and community intervention programs operate in relative isolation from one another (Adelman and Taylor, 2003). This means that a child may be participating in multiple programs but each one with different objectives and goals (Adelman and Taylor, 2003). The end result is that the root causes of the risky behaviors are not addressed (Adelman and Taylor, 2003). Comprehensive approaches have emerged as the most viable way of reducing youth drug and alcohol use in the long term (Florin and Wandersman, 1990; Florin and Chavis, 1990; Dryfoos, 1993a; Chambliss, 1994). Comprehensive prevention approaches, therefore, include multiple strategies within multiple sectors, seeking to change social norms within a community (altering the environment) (Bernard, 1990). This widespread approach (sometimes referred to as the "public health approach"), seeks to include all the environmental and social factors that contribute to risk (Holder and Wallack, 1986).

Research suggests that comprehensive prevention will effectively reach multiple sectors (also commonly called "domains"). For instance, The Surgeon General separates risk and protective factors into five domains: individual; family; peer group; school; and community (U.S. Department of Health and Human Services, 2001). Other groups include *policies* and *local institutions* as distinct sectors of prevention (SAMHSA, 2004b).

Table 2-1 gives examples of common risk and protective factors in each of these sectors.

Table 2-1. Summary of protective and risk factors

Sector	Protective Factors	Risk Factors	Level	Type
Individual	Self-Control	Early Aggressive Behavior	**Individual**	Universal Selective Indicated
Peer	Academic Competence	Substance Abuse	**Individual**	
Family	Parental Monitoring	Lack of Parental Supervision	**Family**	Universal Selective Indicated
Local Institutions (e.g. schools)	Anti-Drug Use Policies	Drug Availability	**Environmental**	Universal Selective Indicated
Community	Strong Neighborhood Attachment	Poverty	**Environmental**	
Policy	Drug Use Policy	Enforcement of Policy	**Environmental**	

As shown in Table 2-1, protective and risk factors can be identified for each sector. The most effective prevention systems span across different sectors. For example prevention efforts to combat abuse of tobacco that reach across sectors might include a school-based anti-tobacco curriculum, peers that don't smoke, and community store owners and police who enforce the legal minimum age for purchasing cigarettes.

Prevention Levels

Another way to categorize prevention efforts is by separating efforts into three primary levels: those related to the *individual*, *family*, and the *environmental*, as shown in the fourth column of Table 2-1.

The **individual** level of prevention focuses on increasing the protective factors and decreasing the risk factors in an individual (or their peers), as illustrated in the first two rows of Table 2-1. Prevention strategies aimed at influencing the risk and protective factors in this sector typically emphasize changing an individual's qualities or skills or the nature of their peer group (Kerns and Prinz, 2002). Common prevention strategies include skill and competency building (e.g. conflict resolution, interpersonal relationship skills, resiliency skills, etc.), mentoring, and behavior management. Individual level prevention is commonly implemented in schools.

Prevention at the **family** level (the third row of Table 2-1) addresses the risk and protective factors that influence youth substance abuse and other delinquent behaviors in families. The desired outcomes of family level prevention are enhanced family bonding and relationships, more effective parenting skills, and the process of developing, discussing and enforcing family policies on substance abuse (NIDA, 2006).

Practitioners frequently emphasize the development of family communication skills and developmentally appropriate discipline styles and general family management skills.

The **environmental** level of prevention attempts to deter youth substance use and abuse by altering the environment through focusing on local institutions, the community, and social policies (lines 4-6 of Table 2-1). By changing social norms, policies, beliefs, and attitudes, it is hoped that youth substance use and abuse will become less prevalent in communities. An environmental focus also addresses the precursors to risk as well, including services that help alleviate poverty and unemployment. Additionally, media campaigns, public education and outreach, and policy changes are common tools used at this prevention level. Again, recent studies suggest that emphasis on the environmental level of prevention is the most crucial element of a prevention system (Pentz, 1986; Goodman et al., 1996; Rogers and Storey, 1987); partially because environmental level prevention efforts generally compliment a diversity of preexisting direct services in those same communities.

Prevention Types

The literature also identifies a hierarchy of prevention types; universal, selective, and indicated. These prevention types all have benefits and drawbacks, but basically offer different intervention intensities depending on an individual's level of risk. Within each of the identified levels of prevention (individual, family, and environmental) there should be universal, selective, and indicated prevention efforts, as indicated in the last column of Table 2-1 (Kerns and Prinz, 2002).

Universal Programs are aimed at general populations, such as all students in a school or all parents in a community. These programs tend to be the most cost-effective, and they reduce stigma associated with participation, since the entire population is involved (Information adapted from Kerns and Prinz, 2002).

School settings, in particular, expose youth to new stresses including rejection by peers, punishment by teachers, and academic failures. Children are also likely to have their first encounters with drug use during these periods. If not addressed preemptively, these experiences can lead directly to truant behavior, deviant peer associations, and other high-risk activity (NIDA, 2006). Universal prevention programs can be particularly important at key transition points in a youth's development, such as the transition to middle school (NIDA, 2006). School-based prevention practices can be effective at reducing alcohol and drug use, dropout and nonattendance, and other conduct problems even among high-risk families and children (Wilson et al., 2001). As centers of both a community's activity and of key developmental stages in youth, schools represent a critical piece to a comprehensive universal prevention strategy.

Selective Programs target groups or individuals who have an above-average risk of developing substance-abuse problems, such as children of substance abusers. Programs that target more at-risk populations tend to have larger observed positive impact, but are more costly and influence far fewer individuals (Dishion et al., 1998).

Family-based prevention is one example of a selective prevention strategy. Family based prevention is paramount because parents are the earliest, most substantial influence in their children's lives. Parental monitoring and supervision are crucial to prevent youth drug abuse. Also important are rule setting, praise for appropriate

behavior, and moderate, consistent discipline to enforce defined family rules. When parents lack these essential skills, family and parent-based youth substance abuse prevention programs can help to teach or reinforce these skills (NIDA, 2006).

Drawbacks to selected programs include a negative stigma associated with being singled out for participation (Kerns and Prinz, 2002). Another complaint is that programs often reach youth who do not need intensive intervention, or alternatively those that are in need of more intensive services (often factors used for selecting participants are not the best risk-indicators). It has also been found that assembling youth with aggressive behaviors in group interventions encourages dynamics that reinforce aggressive behaviors (Kerns and Prinz, 2002).

Indicated Programs are for individuals whose actions put them at high risk for substance abuse problems. These actions may include antisocial or other risky behaviors such as truancy, academic failure, or hanging out with substance abusing peers. These programs are usually customized to an individual's age, developmental level, and type of support needed. They generally demonstrate very positive results, but are more time and resource intensive, and are hard to replicate (Kerns and Prinz, 2002).

Because individuals' needs vary, (e.g. youth exposed to a high number of risk factors may require different interventions than youth with a current substance abuse problem) comprehensive community prevention models must include universal, selective, and indicated levels of programming (Battistich et al., 1996). Individual programs tend to target one (sometimes more) population within one of these levels; children of impoverished Latino families in a particular middle school, for example. Because of the limited focus of each individual program, it is important to have a larger coordinating body that can evaluate where gaps exist throughout the network of services (i.e. the prevention system). Thus, while there are steps individual programs can take to improve their services, it is also important to recognize that without an effective means to connect individuals with appropriate resources, or meet the needs of multiple needy populations with a diversity of well-linked services, individual program-efficiency will do little to ease problems at the community-wide level.

Table 2-2 provides an example of interventions within each prevention level and prevention type, that is, how universal, selective, and indicated prevention efforts can focus on individuals, families and the larger environment.

Table 2.2: Prevention types within prevention levels

Prevention Level	Prevention Type	Example
Individual	Universal	3rd grade curriculum that focuses on building communication skills
	Selective	After-school culinary arts course for kids whose families live in poverty
	Indicated	Nurse home visits to expectant teen mothers
Family	Universal	Parenting education offered at the public library
	Selective	Reduced cost childcare program for parents on welfare
	Indicated	Mentor program for children with incarcerated parents
Environmental	Universal	Media campaigns
	Selective	A campaign to dissuade baseball players from using tobacco during televised games
	Indicated	Lobbying particularly influential politicians

*programs used as examples are not all indicative of evidenced-based practices but are used for explanatory purposes

Challenges to Building Comprehensive Prevention Efforts

While comprehensive prevention efforts that span multiple sectors and include multiple levels and types of prevention are consistently seen as crucial, organizing such efforts is challenging for several key reasons. First and foremost, there is a lack of a defined and comprehensive system for providing and financing services. In the treatment arena there are established systems such as clinics, hospitals, HMOs, outpatient centers, and clinician training and certification systems, but no such established network of services exists for prevention.

For example, despite the effectiveness of protective interventions in preventing a host of unhealthy behaviors (as discussed above), the people working on preventing obesity in youth generally work independently of those working with youth on violence prevention, and those working on substance abuse prevention. Comprehensive prevention systems identify ways to bring together these diverse existing resources to involve them in one common overall strategy. In short, the lack of recognition of prevention as its own arena of health care reduces the likelihood of successful environmental-level, cross-sector prevention efforts.

Furthermore, there is no clear lead person, agency or structure at the system level for prevention efforts. This makes it difficult to determine how decisions are made about prevention implementation. Moreover, the process for decision-making can be inconsistent, subject to politics and funding shifts, and who should be responsible for filling specific prevention voids in the larger system remains unclear. While community needs assessments can clarify service gaps and help prioritize community issues, a lack of leadership can make it difficult to discern who should act upon systems-level deficiencies and what actions should be taken. Conducting needs assessments at regular intervals contributes to a system's ability to be responsive to changing community dynamics, but this requires a level of coordination between prevention efforts that is often not present (CDC, 2005).

Similarly, prevention efforts often do not prioritize altering social norms, and therefore fail to impact changes at the environmental level. Standardized packages or curricula, devised by experts without attention to the unique characteristics of a given community, fail to engage target communities. "Isolated researchers, providers and health educators are typically not effective agents of community-wide change" (Aguirre-Molina and Corman, 1996). Without engaging the whole community, the success of prevention will remain limited. True systems efforts can counter this by ensuring wide-spread involvement of multiple stakeholders and providers.

What Options Exist?

To combat these challenges many communities have asked the question: Can we more effectively reduce the use of illegal drugs and alcohol by consolidating existing prevention resources into a community-wide "system" of prevention? Many communities have attempted to do this through the formation of alliances that gather diverse interest groups, such as community organizations, agency providers, and constituencies, to achieve environmental change they are unable to bring about independently (Butterfoss et al., 1993).

There are clear distinctions between networking, coordination, cooperation, and collaboration, all of which might be used to bolster present efforts. Networking is defined as a loose connection between agencies or individuals that facilitates the sharing of information. Coordination involves the organization of different efforts to reach a common goal. Cooperation can be defined as working an organized effort between two parties, involving sacrifices on the part of each, to reach a common goal. The main distinction between cooperation and coordination is that cooperatives form to achieve a goal in the context of a complicated environment for a short period of time, whereas coordination is less complex, involving mainly the differentiating of roles. Literature cites collaboration as the most involved and complex relationship of these, involving meaningful contribution from a diversity of parties committed to reaching mutually beneficial long-term goals. The relationship among parties typically continues beyond the accomplishment of initial tasks because goals within social-service collaborations are dynamic (i.e. addressing ongoing social ills), for which permanent solutions are unlikely (Wikipedia, 2006). While community prevention efforts might benefit from "coordination" or "cooperation", full-scale collaboration will likely be necessary to achieve environmental change and system-wide impact.

While many names and models exist for such collaborative bodies (including steering committees, advisory boards, task forces, community prevention boards, and alliances),

the basic impetus is the same: to band together a diverse group of stakeholders to optimize resources and provide an effective degree of oversight over system-wide efforts. Such alliances, hereafter referred to as "coalitions," have emerged as the most viable way of reducing youth drug and alcohol use in the long term (Florin and Wandersman, 1990; Florin and Chavis, 1990; Dryfoos, 1993a; Chambliss, 1994). These coalitions have been successful not just in bridging the gap between islands of prevention efforts, but also in engaging the community in long-term change (Aguirre-Molina and Corman, 1996). By incorporating youth and families, the media, community organizations, and local institutions (such as schools, the business sector, the faith community, government, and law enforcement) coalitions have effectively re-shaped public norms.

For instance, the Clallam County, Washington Community Coalition began in 1998. The coalition became a 501(c)(3) in 2004, and focuses on prevention of substance abuse, child abuse and neglect and violence. Coalition members include representatives from the school district, county government, and community-based nonprofits. The coalition has significant support from all three County Commissioners and a State Senator. The results are impressive:

- 45% decrease in burglary
- 29% decrease in drug offenses
- 27% decrease in assault charges
- 18% decrease in larceny
- 65% decrease in weapons charges (Hawkins, 2002)

The complexity of mounting a community-wide substance abuse prevention collaboration necessitates some instruction on how a community can adopt, implement, and maintain a structure to promote and take responsibility for this process.

> *Organizational theories relevant to community prevention programming suggest that a process with identifiable time-limited steps or objectives to be completed empowers community leaders to implement a program efficiently; such a process should include conjoint feedback and evaluation at each step before the next step is addressed (Goodman et al., 1996; Pentz, 1986). Relevant structural theories suggest that community leaders form a council or coalition with several committees organized by responsibility for specific drug use risk factors such as drug accessibility, or by program channels such as mass media (Boruch and Shadish, 1983; Pentz et al., 1989).* (Pentz, 2006)

Prevention: Programmatic Level Findings

While establishing a comprehensive community-based prevention effort is critical, community substance abuse prevention efforts depend on the implementation of effective prevention programs. In this review of prevention literature, we identify several effective elements key to successful program implementation (see Table 2-3) taken from recent meta-analyses. A meta-analytic study is one that reviews and evaluates the findings of myriad other studies that focus on the same issue. Because they include multiple studies, meta-analysis help reduce uncertainty that can arise from

an individual study's particular methodology or research samples. While the following list is not exhaustive, it is meant as a starting point.

Programs should be evidence-based

There have been many studies published regarding outstanding programs, and there is some agreement on specific programs that are the most effective (Appendix D provides a partial list of programs) (Thornton et al., 2002; Gauntlett et al., 2001; Mendel et al., 2000; U.S. Department of Health and Human Services, 2001; and Mihalic et al., 2001). Unfortunately, despite the prevalence of information about good programs, only 62% of schools operating prevention programs utilize effective content ("effective content" was not based solely on program used) (Tobler and Stratton, 1997; Tobler et al., 2000). There is a need for more studies of proven-effective prevention programs

Programs must be target appropriate

A prevention effort must reach its target audience. Intensive programs often reach youth who do not need intensive prevention intervention or those that are in need of more intensive services. For example, mentoring is a strategy that typically works well with selected youth, but high-risk youth placed in these programs are often in need of more intensive services.

Table 2-3: Effective Programs are . . .

Evidence-based
Accessible for their target audience
Varied in the ways they address risk and protective factors
Culturally appropriate content & competent staff
Adequate staff training, support, and supervision
Monitored and evaluated for outcomes
Interactive and implemented as intended
Matched with the needs of participants (universal, selective, indicated)
Age and developmentally appropriate

Also, it is important to note that it is common to select program participants on factors that might not be the best predictor of future substance abuse problems. For instance, one study found that a parent's relationship with a child was a better predictor of potential child abuse than the socio-economic indicators (e.g. income, single parent family, etc.) that are frequently used as a means to select intervention participants (Dishion et al., 1998).

Similarly it is important to note that risk and protective factors vary among children, by both gender and age (Kerns and Prinz, 2002). In young children, risk and protective factors focus on the quality of their relationship with their parents and parental efficacy. At this point, interventions should address improving parental skills and the bonding of parent and child. As children grow into adolescence, risk and protective factors change. In middle school, parental efficacy is still important (Ialongo et al., 2001). However, socialization with delinquent peers and school difficulties are much more influential risk factors at this age (U.S. Department of Health and Human Services, 2001). Because risk and protective factors are developmentally dynamic, prevention interventions are most effective when they address the specific risk or protective factors that are most salient for the age and developmental stage of the participant (Kerns and Prinz, 2002).

Programs must be Accessible

Barriers to "access" are multifarious, but can include cultural and physical limitations. Therefore programs need to be population specific, taking into account the age, race, financial circumstances, physical location, ethnicity and culture of potential participants.

Cost of programs can also make them inaccessible. Several evidence-based programs have been subjected to cost-benefit analysis. Such analysis can help point out cost-effective programs. Care, however, must be taken when interpreting the results of a cost benefit analysis because implementation of the same program can cost dramatically different amounts in different areas due to variances in fixed costs or administrative overhead.

Programs should be multi-contextual

It is critical to address an individual's choices in the context of the different environments in which they live. For example, research has documented that youth who achieve success in boot camp programs often relapse into problematic behavior patterns when they return home (Kerns and Prinz, 2002; Wilson et al., 2000). It is hypothesized that this relapse is because youth do not generalize the skills they learned at boot camp to apply to the context of their home environments. Thus, the youth return home unable to cope with the same environmental and social influences that contributed to their delinquent behavior in the first place. The lack of transferability of skills learned has also been demonstrated in school-based programs.

To be truly effective, youth must be able to generalize the skills they learn to multiple situations. Again, this speaks to a need for programs that address the person in a holistic manner: building an individual's skills inclusive of social and environmental risk factors.

Parental involvement is also cited as the critical element in effective programs (Gauntlett et al., 2001). Because parents are the gateways of development, involved on many levels, their participation is imperative to affect holistic prevention in their youth. While their participation is necessary, it is also important to consider how to engage other agents as well. This requires "a coordinated effort among parents, teachers, school psychologists, and school nurses to identify problems early and teach children problem solving and academic skills" (Thornton et al., 2002). Additionally, communities need to combine family-based prevention with other comprehensive approaches because "not all prevention efforts will reach those who need them, or will always be successful with those that they reach" (Gauntlett et al., 2001).

Programs must be culturally competent

Effective prevention is region and population-specific (Thornton et al., 2002). Cultural competency pertains to the need for prevention services that are appropriate and befitting to the diversity of needs within the community. A prevention system containing culturally, ethnically, and developmentally appropriate programs is dynamic and able to respond to changes in local conditions and demographics of different communities. Cultural competency can facilitate rapid adaptation to changing community needs and reduces the likelihood of specific populations being underserved. Effective preventions employ culturally competent practitioners. While cultural

competency is far more than having staff capable of speaking a particular language or being from a similar region to a program's constituency, participants may also identify more easily with staff that have similar backgrounds. The success of culturally specific prevention programs also lies in the programs ability to convey a prevention message that reflects an image of the student in the context of their cultural surroundings. (Williams, 2003)

Staff should receive adequate training, support, and supervision

Studies conclude that program staff must be adequately trained, supported, and supervised for prevention programs to achieve success (Pressley and McCormick, 1995; Rohrbach et al., 1993; Rohrbach et al., 1996; Steckler et al., 1992). Successful implementation is also strongly correlated to provider's comfort with program content and delivery approach. This level of comfort is largely dependent upon experience, modeling, and practicing the interactive strategies upon which the program depends (Rohrbach et al., 1993; Rohrbach et al., 1996; Pressley and McCormick, 1995; Thornton et al., 2002; Steckler et al., 1992)

Additionally, staff must be trained to identify individuals and families for referral to additional services (e.g. mental health, drug and alcohol treatment services). This element is an important part of a community's safety net (Reese et al., 2000).

Progress is monitored, outcomes are evaluated

Ongoing program evaluation is also important (Ennett et al., 1994). Few programs justify their effectiveness through rigorous study, yet such evaluation is necessary if expenditures are to be effective. Furthermore, hard decisions must be made to discontinue programs that are not effective. For example, over $750 million is spent each year on DARE programs throughout the country, despite DARE's inability to demonstrate any positive impact on the lives of youth (Ennett et al., 1994).

Schools

While the County government has little direct influence over schools, to avoid discussion of schools would ignore one of the key forums in which prevention occurs. Schools provide a critical role in any prevention system for two primary reasons; (1) they are the best access point to most children, and (2) prevention in schools tends to be better funded than prevention efforts in other arenas. Total social services spending for youth in Multnomah County was estimated at $130 million, while the total K-12 budget for education within Multnomah County approximates $1 billion. (Nichols and Rinnie-Hill, 2000) It is difficult to define precisely what portion of school funding is devoted to prevention. However, allotting only 1% to prevention-related services results in an estimated $10 million in school prevention spending. Examples of school prevention activities are special ed., ESL, health classes, and counseling.

Unfortunately, prevention literature (admittedly not focused on Multnomah schools) suggests that 90% of prevention programs in schools are unlikely to contribute to reducing drug-use (Ennett et al., 2003; Tobler et al., 2000). This lack of impact is partially due to programmatic content, but is primarily due to ineffective implementation (Ennett et al., 2003). Indications are that only 62% of schools use effective content, and only 17% utilize interactive programs (only 14% use both)

(Ennett et al., 2003). Unfortunately, Non-interactive programs have little lasting impact on youth substance abuse habits (Wilson et al., 2001).

While the limitations of this study do not allow an investigative look at the specific school programs in Multnomah County, this seems to be the arena with great potential for improvement.

Table 2-4 provides a summary of the findings from the literature review.

Findings	Description
General Themes	
Comprehensive approaches to public health	Comprehensive approaches have emerged as the most viable way of reducing youth drug and alcohol use in the long term (Florin et al., 1990; Dryfoos, 1993a; Chambliss, 1994). This widespread approach (sometimes referred to as the "public health approach"), seeks to include all the environmental and social factors that contribute to risk by effectively reaching multiple sectors of a community (individual; family; peer group; school; policy; and community) (Holder and Wallack, 1986; Aguirre-Molina and Corman, 1996). Comprehensive prevention systems identify ways to bring together these diverse existing resources to involve them in one common prevention effort
Prevention is prevention	The common components of effective prevention are the same in many spheres of public health. Generally, the same interventions that reduce the likelihood (or effects of) cancer, cardiovascular disease, violence, obesity, or mental illness also reduce substance abuse in individuals, families and communities (SAMHSA, 2004b).
Programmatic Themes	
Early prevention is critical	Experts overwhelmingly agree that primary prevention, is much more cost-effective than administering treatment (Greenwood et al., 2006; Aos et al., 2001). Jurisdictions, however, rarely prioritize prevention over treatment. Prevention is most effective with children ten years old or younger, and especially with children four years and younger (Thornton, 2002). This includes educating and assisting expectant parents. Practices that inform parents about parenting techniques, proper nutrition, and pre-natal care, such as home-visits by nurses, have proven to decrease child alcohol and tobacco abuse dramatically. Such interventions also allow prevention practitioners an opportunity to assess if a family is in need of additional resources and make appropriate referrals.
Prevention Programs in Schools are critical but usually implemented Ineffectively	Schools provide a critical role in a prevention system because (1) they are an easy access point to most children and (2) prevention in schools tends to be better funded than prevention efforts in other arenas. Since the enactment of the Drug Free School Act in 1996, virtually all U.S. schools have adapted some kind of prevention program. Unfortunately, research indicates that close to 90% of school's programs are unlikely to contribute to reducing drug-use (Ennett et al., 2003).
Reaching youth at key transition points	Programs are most effective when catered towards a target audience fashioned on appropriate support for the particular developmental stage. These stages are punctuated by transitions when prevention "boosters" can make a critical difference. These times include puberty, hard social situations (like a parent's divorce), the transition from elementary to middle or junior high, and the transition to high school.

Findings	Description
Programs should be based upon a best-practices model and utilize effective techniques for program implementation	As is most evident in the school environment, many programs are not based upon a model that utilizes effective content to reach out to youth. Worse still, the majority of substance abuse programs use non-interactive implementation strategies that are ineffective. Complicating this issue is the lack of a standard outcomes measurement tools for prevention programs to evaluate their impact.
Programs should be accessible (population specific)	Throughout the development of a child, having access to pro-social activities outside of school is critical. The ability to participate in enriching activities in a supervised environment is an effective means of preventing high-risk behavior. Barriers to "access" are multifarious, but can include cultural, racial, and physical hurdles. Programs need to be population specific, taking into account the age, race, ethnicity and culture of potential participants. In particular, youth in high-risk circumstances should have access to programs that provide more intensive opportunities for support.
Programs should be multi-contextual	Similarly, it has been demonstrated that programs that do not integrate a variety of aspects of a child's life are less effective than those that do. It is particularly effective to incorporate children's parents into community programs. It encourages a child to recognize the applicability of lessons outside of a single framework.

Chapter 3:
Environmental Scan

This chapter presents an environmental scan of prevention programs in Multnomah County. First, it describes the core goals and outcomes of prevention programs. It then discusses how prevention systems are structured to address those goals and outcomes. Next, this chapter provides a brief description of the organizations that are currently involved in youth substance abuse prevention in Multnomah County and what roles those organizations play within the spectrum of prevention services.

Prevention Systems: High-level goals and outcomes

According to the Collaborative for Academic, Social and Emotional Learning (CASEL), in the 21st century, "substantial percentages of young people experience mental health problems, engage in risky behaviors, and lack social-emotional competencies." Studies indicate that 1 in 5 school age children may have a diagnosable disorder. However, an estimated two-thirds of all young people with mental health problems are not getting the help they need (Weissberg et al., 2003). If they do not receive prevention services at a young age, these youths may engage in future substance abuse and other dangerous behavior. Unfortunately, the number of youths who may be at risk is higher than many realize. According to the U.S. Department of Heath and Human Services, the number of youths with mental disorders nationwide range from eight million to thirteen million. Furthermore, many of these youths with disorders face additional risk factors at home.

In Oregon, nineteen percent of youth less than eighteen years of age live in poverty, one-third live in families where no parent has full-time, year-round employment and twenty-eight percent live in single-parent households (Weissberg et al., 2003). As described in detail in chapter three, these risk factors contribute to youth substance abuse and other delinquent behavior. A study commissioned by the Robert Wood Johnson Foundation reports that by the 8th grade, half of adolescents have consumed alcohol, forty-one percent have smoked cigarettes, and twenty percent have used marijuana (RWJF, 2001).

At the broadest level, prevention systems seek to create an environment where youth can pass into adulthood as contributing members of society. One example of a prevention system's goals (and outcomes) is:

Goal 1: Healthy, thriving youth that…

- are ready to learn
- do not use or abuse alcohol, tobacco or other drugs
- do not live in poverty
- engage in positive youth development activities and avoid crime
- exhibit positive behavior and responsibility
- make educational progress and succeed in school
- live in healthy environments

Goal 2: Strong, nurturing families that…

- foster healthy growth, development and health care practices for youth 0-18 years of age
- provide stability for youth
- provide an environment that fosters learning

Goal 3: Healthy, supportive and caring communities that …

- support the safety and health of all citizens

Generally, communities conduct prevention activities to mitigate risk factors that include domestic violence, poverty, parental drug and alcohol abuse or teen pregnancy. The most typical approach is to develop a social service network and prevention system that provides a continuum of care. A continuum of care begins with pre-natal services and continues through young adulthood, and can include all persons who play a role in the healthy development of a child. In the years between pregnancy and adulthood, numerous players provide services. The challenge is to coordinate and integrate the multiple programs and strategies.

Prevention Systems: Local roles

The challenge facing Multnomah County today is how to integrate the numerous players involved in promoting the above goals and outcomes into a comprehensive prevention system. With over 672,000 residents in 2006, Multnomah County is the most populous county in Oregon in (NACo, 2006). County residents are diverse and represent an array of cultures and beliefs. There is a strong sense of community, and there is strong support throughout the County for services that promote healthy children, families and communities. However, the sheer size of the County is often an impediment to providing comprehensive prevention services.

Many organizations in Multnomah County are involved in prevention. Key players include various government agencies at the state and local level, school districts, nonprofit organizations, and multiple neighborhood groups and associations. Local government organizations include the County government and nineteen city governments. The Multnomah Educational Services District includes eight school districts. There are also numerous neighborhood and community organizations, nonprofits, and faith-based centers that provide a range of prevention and related services. The following sections provide a general description of the roles of key organizations involved in youth substance abuse prevention in Multnomah County.

County Government

Multnomah County has several prevention programs and related services which are dispersed across a number of departments. The Department of County Human Services (DCHS), the Department of School and Community Partnerships (DSCP), Department of Community Justice (DCJ), the Health Department, and the Commission on Children, Families and Community (CCFC) all house agencies and divisions dedicated to promoting healthy children, families and communities.

Each department receives funding from various sources including the County as well as federal, state and private foundations. Departments and their divisions fund both County implemented programs and contracted services. Many divisions also apply for and receive funding directly from the federal or state government, as well as private

foundations or large nonprofits. There are numerous nonprofits in the County that hold multiple contracts with County departments and divisions.

A review of the County organizations with a role in prevention suggests that the current system of service delivery in Multnomah County is more fragmented than is ideal. The following section provides a summary of the roles of County departments.

- *Department of County Human Services (DCHS)*. The Mental Health and Addiction Services Division (MHASD) of County Human Services primarily focus on mental health and substance abuse treatment. According to their website (Multnomah County Mental Health and Addiction Services, Last accessed: June 5, 2006):

  > (MHASD) develops, mobilizes and manages resources for services to adults, adolescents and children with mental illness, emotional and addictive disorders. The Division is responsible for providing or contracting for a continuum of crisis intervention and treatment services, providing protective services, assessment and referral, facilitating access and authorizing reimbursement. The Division is also responsible for monitoring and improving the availability, accessibility and quality of services for mentally ill and chemically dependent persons.

- *Department of School and Community Partnerships (DSCP)*. The mission of DSCP is to "align services in order to create systems of support that impact poverty and increase academic success (Multnomah County Department of School and Community Partnerships, Last accessed: May 19, 2006)." One of the ways DSCP fulfills this mission is by supporting Schools Uniting Neighborhoods (SUN schools). The mission of SUN schools is "to improve the lives of children, their families and the community through partnering with local school communities to extend the school day and develop schools as 'community centers' in their neighborhoods" (Schools Uniting Neighborhoods – SUN Community Schools, www.sunschools.org, Last accessed May 19, 2006). There are currently fifty-two SUN schools operating in Multnomah County.

- *Department of Community Justice (DCJ)*. The Department of Community Justice's, Juvenile Services Division is committed to using culturally competent programs that are based on best practices to provide efficient and effective services. The Juvenile Services Division is focused on preventing delinquency and intervening early when delinquency occurs. The Juvenile Services Division helps at-risk, acting-out or delinquent youth by challenging and supporting parents, schools and neighborhoods to raise expectations about acceptable behavior and encouraging school attendance and participation in meaningful after school activities (Multnomah County Department of Community Justice. www.co.multnomah.or.us/dcj, Last Accessed: May 23, 2006).

- *Department of Health*. The Department of Health's focus is on "healthy people, healthy communities." The Department of Health funds the School Based Health Centers (SBHC) program. As part of their mission, SBHC's:

  > "…partner with schools, families, other school-supporting agencies, other health care providers and the community to provide, among other things, preventive and primary health and mental health care,

health education, and health referrals to students in schools through on-site health centers." (Multnomah County Health Department. www.co.multnomah.or.us/health. Accessed: May 19, 2006)

- *Commission on Children, Families and Communities (CCFC).* The CCFC has a mandate to "promote wellness for children of all ages and their families." This agency works with "the community and stakeholders to develop policy recommendations and planning frameworks" and "to involve and support the community in making Multnomah County a great place to grow up and live" (CCFC, May 19, 2006).

The common ground already present in various County services suggests many elements of an effective continuum of care exist. Particularly when coupled with the prevention efforts occurring in schools and the nonprofit sector, it is clear that Multnomah County has a strong foundation of prevention.

School Districts

In Multnomah County, schools are the largest provider and funder of services to school-aged youth. Multnomah County's eight school districts face challenges unique to their districts. These challenges include shifting demographics, funding shortfalls, and inconsistency in prevention education and content. County departments currently provide a variety of services in individual schools.

Nonprofit organizations

The County contracts nonprofits to provide a multitude of services. Nonprofits also actively coordinate with other nonprofits and community and faith based organizations to provide services. Following is a snapshot of several large nonprofit organizations in Multnomah County and the services they offer.

LifeWorks NW

The mission of LifeWorks NW is to "promote a healthy community by providing quality and culturally responsive mental health and addiction services across the lifespan" (LifeWorks NW, 2006). This is achieved with policies and programs that provide a continuum of prevention and other services to youth of all ages. LifeWorks NW also educates and trains staff for youth substance abuse treatment and prevention.

Morrison Child and Family Services

Morrison provides a range of mental health, substance abuse, juvenile justice, and prevention services to over five thousand children and families annually. Morrison Child and Family Services specializes in programs for young women as well as for Latino youth and families through intensive home, school and community-based services.

Janus Youth Services

For 34 years, Janus Youth Services has provided community-based, innovative, continuum of care programs to high-risk children, youth and families in crisis. Janus Youth Services serves runaway and homeless youth. The agency offers youth and family counseling and training for other nonprofit organizations.

Portland Impact

Founded in 1966, Portland Impact works to help "people achieve and maintain self-sufficiency and to prevent and alleviate the effects of poverty" (Portland Impact, Last accessed: May 23, 2006). Portland Impact provides a range of services to meet the needs of people of all ages. Portland Impact offers youth tutoring and mentoring, early childhood education and before and after school activities.

Self Enhancement Inc.

For 25 years Self Enhancement Inc. (SEI) has provided culturally competent academic and family services to Portland's inner-city populations. Predominately serving African-American youth between the ages of 8-25, SEI works with schools, families and community organizations throughout Multnomah County to promote the personal and academic success of the area's youth.

Implications for this study

In summary, Multnomah County has a range of programs that are administered by a variety of organizations. CPW's review of these programs suggests that many service providers in Multnomah County have similar objectives, revolving around providing services that decrease the likelihood that youth will engage in drug and alcohol abuse.

Although prevention objectives are similar, these programs have distinct funding sources, target populations, procedures, measurement techniques, and prioritization of elements within their particular intervention strategies. Individual programs and agencies do much to maximize their limited resources to serve their constituencies; however, there is no one agency or organization that evaluates the massive scope of prevention services, that also has sufficient resources to address gaps in the network of services or effectively facilitate communication between complimentary efforts. Coordination between the hundreds of prevention focused programs and organizations is held together only by a loose framework, lacking supportive infrastructure and consistent leadership at the systems level.

The information presented in this chapter suggests that prevention is a subset of a larger social services system that is implemented by a range of organizations, with a range of objectives, and a variety of funding sources. Moreover, there is never enough time, money or staff to implement a comprehensive system. As such, prevention organizations are confronted with a number of difficult questions:

- Where is the greatest need?
- What types of programs are most effective?
- What populations should be targeted?
- What funding sources are available?
- What are other programs doing?

The most important and difficult question facing Multnomah County today is *what should be the vision of a comprehensive prevention system in Multnomah County?* During the course of this study, CPW discovered that the County has a wealth of dedicated, adaptable individuals and agencies committed to improving the lives of children and families. If the County and other service providers can harness this collective energy under a common vision, utilize available research to adjust to

changing community needs, and effectively evaluate the impact of the spectrum of services over time, more can be accomplished utilizing these same resources.

Chapter 4:
Gaps Analysis

This chapter focuses on the gaps and barriers that the Community Planning Workshop identified in Multnomah County's youth prevention structure. This gaps analysis is based on information obtained through a review of County policy documents, key person interviews and a series of focus groups CPW facilitated in April 2006. CPW's review of prevention literature and local plans and policies also informed the gaps analysis.

Methodology

Stakeholder Interviews

CPW contacted 27 professionals working in youth substance abuse prevention or related fields. This list included a diverse group of programs and services, from people working in the schools, to those serving youth and families in housing projects, to people working in Juvenile Justice. The interview panel was selected on the recommendation of personnel within Multnomah County's Division of Mental Health and Addiction Services.

Questions fell into four broad categories: (1) information about successes and challenges within individual programs or agencies, (2) the state of the prevention system in Multnomah County, (3) current and past attempts at collaboration, and (4) questions designed to expand our list of contacts for further interviews and focus groups.

A standard template of 18 questions provided a framework to each interview. Interviews lasted approximately half an hour and were conducted primarily over the phone by a group of five graduate researchers. The interviewer was responsible for taking notes and writing up a summary of the interview afterwards. Questions ranged from the very broad, such as " How well is the County currently addressing youth substance abuse issues?" to the programmatic level, such as, "What other agencies and organizations do you collaborate, partner or network with?"

Focus Groups

To incorporate a broad network of organizations in the focus groups, invitations were sent to approximately 60 individuals representing over 39 agencies. Out of those invited, 20 individuals participated in one of the five 90-minute sessions that took place on April 12th and 13th at the County offices in Portland, Oregon. Invitees were selected based upon recommendations from the personnel within Multnomah County's Division of Mental Health and Addiction Services, and personnel recommended by participants in our key person interviews.

Participants represented a diverse sample of agencies and organizations including: Lifeworks NW, Outside In and Project Metamorphosis, Boys and Girls Club of the Greater Portland Area, Morrison Family Services, Portland Public Schools,

Multnomah County Department of Mental Health and Addiction Services, the Multnomah County Commission on Children Families and Community, Schools Uniting Neighborhoods, Insights Teen Parent Program, and New Avenues For Youth.

Focus groups followed a standard outline that encouraged participants to move from an internal discussion of agency-based challenges and strengths to conversations of challenges that existed external to those programs, and the overall network of services in Multnomah County. After identifying key challenges at a systems level, participants were asked to prioritize which challenges they felt were most significant. Participants were then asked to reflect upon the County's existing prevention based goals. Each group member was then asked to expand upon these adopted goals through an informal brainstorming session that attempted to identify next steps and barriers in achieving desired outcomes.

A standard template was used to facilitate discussions. Each session was conducted by a facilitator while another research assistant recorded key points from the discussions. In order to provide relative a framework for the discussion of services, a literature-based definition of *prevention* services was provided to the participants of each focus group, emphasizing that prevention services were those that provided intervention to individuals before they became engaged in drug and alcohol misuse.

In this report, gaps are defined as "missing components" in the County's prevention structure. Barriers are the "roadblocks" that prevent or inhibit implementation. Together, these gaps and barriers have a negative impact on the effectiveness, coordination and integration of prevention programs into an overarching prevention system.

System Gaps

Efforts aimed at preventing substance abuse can also have a positive effect on lowering the occurrence of other high-risk behaviors. Therefore, multiple governmental and social service agencies, in various sectors, have both an interest and a role in realizing prevention goals. A prevention system is effective when policies are used to guide multiple agencies and efforts towards creating and sustaining an organizational structure that allows activities to be conducted efficiently and effectively (Florida Prevention System, 2004). The result is a prevention system that is able to align organizations around a shared vision and goals, rather than funding streams, individual programs or a single agency.

While there are numerous collaborative efforts and a continuing willingness in the County to collaborate, most collaborative youth substance abuse prevention efforts have separate goals from one another and exist largely to satisfy funding requirements. Furthermore, while there are County policies that address issues such as school success and poverty, there is a lack of policies focused on prevention. This has contributed to the current fragmented prevention structure. For these reasons, several of the gaps listed in this chapter fall into the category of *system gaps*. These gaps are generally broad and over-arching. In several instances, multiple stakeholders identified these broad gap categories. Other gaps are more narrowly focused, and may impact a smaller stakeholder group. Here, CPW refers

to more narrowly focused gaps as *programmatic gaps*, because they exist primarily at the program level, rather than the larger system level.

Gaps in County Prevention Efforts

While the County offers a broad variety of prevention services, the over-arching gap is the current lack of a comprehensive prevention system in Multnomah County. In the County's current prevention efforts, CPW identified gaps and barriers in the following five categories:

Table 4-1: Gaps Analysis Categories

Category	Brief Summary of Findings
Politics/Policy	• Low public awareness and public support for prevention • Inconsistent focus—Prevention focus tends to shift with political changes
Communication/Partnerships	• "Siloed" system limits communications between groups, and increases competition • Collaborative efforts tend to be superficial and are incorporated more to meet funding mandates than because they add value to programs • Funding is not available to establish collaborative efforts—true collaborative efforts require substantial energy and leadership
Education/Evaluation	• Lack of consistent program evaluation • Program evaluation that varies based on funding sources • Lack of integrated school substance abuse prevention program
Funding	• "Siloed" funding system isolates different elements of the prevention system from one another. • Funding streams change frequently, often reflecting shifting political priorities • Funding limitations encourage competition between providers with similar services • The multiplicity of funding sources forces programs to meet multiple funding requirements – absorbing limited staff time and resources • Reductions in funding contribute to staff turnover and decrease the time available for training.
Accessibility/Program Delivery	• The following problems impact programs' effectiveness: physical locations, lack of cultural competency, costs to clients, and ability to identify and attract appropriate clients.

The discussion that follows is cast broadly; it addresses gaps at all levels of government and across different types of organizations and populations. CPW recognizes that Multnomah County is limited in its ability to address some of the gaps identified in this report.

Politics and Policy

CPW consistently heard that existing federal, state and local prevention policies need to (1) more closely reflect current prevention research, (2) provide better support for the work done by County and nonprofit service providers, and (3) foster long-term collaborative efforts. Some service providers said that previous legislative efforts and service delivery policies have contributed to the current fragmented system. There is a perception that legislation and policy has done little to build lasting, long-term collaborative efforts around "evidence based practices." Instead, much of the collaboration in Multnomah County that exists today is done primarily to fulfill funding requirements.

What focus group participants said about politics and policy

In terms of service integration "politics would be a barrier. It comes down to competition."

There is a "lack of leadership within the County."

"Administrative inconsistency in the county is a challenge."

"SB 555 was about coordinated planning and did nothing to remove funding silos- only added the requirement that we coordinate."

Funding for prevention programs is frequently contingent on the internal and external politics and policies of multiple agencies. Further complicating the delivery system, the pieces of the existing prevention structure are housed within multiple, separate state agencies and County departments. The result is a fragmented and disjointed system that under-serves some populations while over-serving others. As a result, providers in a single County department or school district may be unaware of ongoing prevention activities within their own organizations.

Finally, politics and policy surrounding youth substance abuse is driven by the nature of a political system that often demands short-term fixes rather than long-term solutions. Politicians, subject to voter satisfaction, may pursue funding for treatment or punitive solutions like incarceration. These short-term solutions are often quick "band-aid" fixes that may temporarily ease the problem at hand. However, taking a prevention approach requires addressing long-term causal factors. Although prevention is more time intensive, it is, in the long run, more time and cost effective.

Gaps and Barriers

No "Department of Prevention"

In Multnomah County and the State of Oregon there is no 'Department of Prevention' or high-level prevention director. Each of the County departments that work with children, families and communities provide or support prevention programs. According to one focus group participant, a County or state level department of prevention would require "a paradigm shift in County and state government. There is no single person or agency that looks at the entire system of care and figures out how the pieces fit together" according to one stakeholder. There was an expressed need in both the key person interviews and focus groups for leadership at the County or state level. This leadership would be responsible for coordinating the system of care by looking at prevention at a systems level and identifying what services are duplicated or missing and which populations are over or under-served in the current prevention structure.

A 2001 evaluation of collaboration efforts in Oregon under the State Incentive Cooperative Agreement (SICA), funded by the Center for Substance Abuse Prevention, found that the project goal of reducing the use of alcohol, tobacco and other drugs among youth relied in part, on having individuals at both the state and local level advocate for enhanced coordination, increased resources for prevention and the implementation of best-practice programs (Green et al., 2001).

The above assessment and the importance that service providers place on leadership indicates a need for County and/or state level prevention leadership. As a County-level position, there was consensus that the position would require the support of all levels of County government and departments and a significant amount of political capital. Several focus group participants suggested that anyone from the County might become "compromised" and what the County needed was "an educated, uncompromised leader, maybe an independent contractor," to lead prevention efforts.

In summary, both CPW's independent assessment and comments by service providers in Multnomah County suggest a need for leadership to promote coordination and prevention efforts at the state or County level (or both). This seemed to be one of the most important yet difficult gaps to address.

Prevention is not flashy policy

Prevention does not provide good sound bites or front page pictures in the newspaper. Prevention is difficult, requires long-range planning, and the dedication of multiple groups. Moreover, because prevention is an ongoing effort, it is difficult to demonstrate the impact of high-level outcomes from local programs—and to justify the public expenditures. Prevention is not a problem to be "solved" but instead requires ongoing dedication and adaptability. The public needs to know that many social problems and diseases, such as the Methamphetamine crisis, can be mitigated through effective prevention programs.

Prevention is political

A successful prevention system requires the long-term cooperation of multiple agencies, departments and nonprofits. Current funding issues have decreased the willingness of these multiple prevention players to cooperate with one another unless doing so will fulfill a funding requirement. Many prevention providers worry about protecting "their turf" while experiencing repeated funding cuts.

What focus group participants said about funding

"There is competition for funding"

"Prevention dollars are limited when funding is short"

"Turf problems are created by the siloed funding system"

"Constant adaptation due to funding changes"

Prevention requires long-term political commitment

Leaders, representing different political parties and ideals, come and go in our political system. To be effective, prevention needs to transcend politics. County decision makers and residents should understand the value of an effective prevention system. An effective prevention system lowers crime, enhances quality of life for all citizens and is more cost-effective over time than treatment programs

and incarceration. Service providers will be more willing to coordinate and collaborate if they know that their efforts are not threatened with changing leadership. One stakeholder described the frustration inherent in changing leadership, "(A) new (commissioner) chair means new interests and there goes your whole system." Multnomah County needs a well-established plan that has long-term political commitment to survive shifts in County leadership.

Funding

In Multnomah County, stakeholders overwhelmingly identified a lack of funding for prevention programs as a problem. Lack of prevention funding is not new to the County. In the 2002 Comprehensive Plan, the CCFC noted that prevention funding was not adequate to support initiatives aimed at reducing youth alcohol and substance abuse (CCFC Comprehensive Plan, 2002). While the consensus in current prevention literature is that prevention programs are more cost effective than treatment programs, service providers in the County informed us that there is a lack of funding for prevention programs. Until the County develops and implements a well-funded, comprehensive prevention system, energy and funds will remain focused on treating problems as they occur even though this strategy is more costly and less effective than preventing problems from occurring.

Gaps and Barriers

Lack of consistent, long-term, prevention funding

Focus group and interview participants overwhelmingly identified the lack of consistent, long-term prevention funding as a major implementation barrier. Federal and foundation grant funding is generally short-term. It provides money to start a program, but does little to promote long-term program sustainability. The lack of long-term prevention funding creates numerous problems that include; workforce insecurity, competition for funding, "turf" protection, lack of focus, and program instability.

Coordination and collaboration requirements of funding streams

Many federal, state, county and private grants require varying levels of coordination and collaboration. However, agencies and service providers must coordinate and collaborate with each other not because these partnerships support a prevention system, but because they fulfill a grant or contract requirement. Because funding is short-term, coordination and collaboration to fulfill a requirement may end once that source of funding is exhausted. This endless cycle of misdirected coordination and collaboration is exhausting, time consuming and counter productive for service providers and grantors alike.

Funding silos

Funding silos result when funding streams are earmarked for specific programs or services and are not flexible. This type of funding leads to "tunnel vision" that is focused on preventing a narrowly defined *outcome* or issue instead of focusing on meeting the goal of a broadly coordinated prevention system. For one nonprofit in Multnomah County, funding silos have resulted in thirteen different prevention contracts—each with different requirements (participant comment during CPW focus groups 6/7/06). The documentation requirements of a system funded in this manner are a burden for agencies already operating with limited staff or time to spend on clients.

Lack of primary and referral services

As discussed above, there is a lack of funding available for long-term prevention. Increasingly, the lack of funding for prevention has impacted the number of nonprofits offering prevention services in the County. Service providers are skilled at recognizing clients that need more than primary prevention services. However, what we heard from these service providers is that it is increasingly difficult to refer clients because there is nowhere to send them.

Staff reductions due to funding shortfalls

The County strives to offer the same level of services each year as the budget for those services consistently shrinks. Given this environment, it is difficult to retain qualified, culturally competent providers. No matter how dedicated the provider is, additional responsibility without additional compensation takes its toll. The result for Multnomah County is a shrinking supply of qualified, culturally competent providers.

Competition between service providers

As the availability of funding decreases, many service providers become very protective of their "turf" and of funding streams. This type of environment does not foster voluntary networking, coordination or collaboration. According to some service providers, the current procurement process for County contracts does little to decrease competition or promote a more collaborative process.

Limited funding to train staff in best-practice prevention programs

Because County agencies and service providers are doing more work with less staff, there is very little remaining time or money to ensure that staff have received training in best-practice prevention programs. This decreases prevention program fidelity. If staff do not receive adequate training, they will face challenges implementing best-practice programs.

Accessibility

Prevention strategies are only effective if people access them. Ensuring prevention services are readily available, affordable, and equitably distributed is challenging - especially in an area as large and diverse as Multnomah County. During key interviews and focus groups, participants identified several gaps and barriers regarding the accessibility of prevention-related programs.

Gaps and Barriers

Lack of Prevention Services

There are not enough service centers or programs that deal with specific drug and alcohol issues. This results in long waiting lists, people having difficulty receiving services that are appropriate for their unique needs, and longer travel distances.

Affordability

Oregon Health Plan cutbacks and the rise of the uninsured in Oregon have reduced the "working poor's" ability to receive services. The result is an increase in the number of people who are in need of services but cannot afford to pay for them.

The populations who need services the most are often those who cannot afford them.

Bringing Prevention to Those in Need

Many programs are inconveniently located for the people who need them the most. The lack of programs quantity and limited funding affects the geographic distribution of programs. Practitioners noted that increasing clients' travel time and transportation costs reduce program retention rates. There was an expressed desire to locate more services within people's immediate schools, neighborhoods, and common gathering places.

What focus group participants said about accessibility

"Need to integrate the person as a whole into the system…"

"We need stream-lined program delivery."

"OHP cutbacks have really impacted the working poor. People can't pay for services, the working poor are slipping through the cracks."

"People aren't going to ride a bus across town for services. It just isn't going to happen."

"One of the biggest issues is that parents are using [drugs and alcohol] with their children, yet there are no services that address this."

Focus Resources on Early Identification

Currently, if there is not an incident that triggers a response, it is difficult for service providers to identify families who may benefit from intensive prevention services before the situation progresses to the stage where they require treatment. Focus group participants recognized the value of early childhood prevention efforts, but noted it is difficult to identify and refer families to these services. Several focus group participants recommended universal home visits to every home shortly after each birth in Multnomah County. Early universal home visits would identify higher risk families and link them with needed services at a critical transition point. Additionally, focus group participants felt this would be cost-effective long-term and would help each child avoid preventable risk factors.

Referral challenges

Several participants stated that people are not currently referred to their needed services. There are several reasons for this. First, in the focus groups, practitioners mentioned that agency "turf wars" over clients contributed to agencies not referring those clients to other programs that may be more appropriate for their needs. Second, in some cases, services simply do not exist that adequately meet client' needs. Third, in other cases, programs are difficult to find because of the size, diversity, fluctuating program life spans, and the lack of a coordinated prevention system in Multnomah County. Even seasoned professionals lamented the difficulty of navigating the current structure. These barriers prevent services from being holistically "wrapped around" the individual.

Cultural Competency

Cultural competency pertains to the need for prevention services that are appropriate and befitting to the diversity of needs within the community. A prevention system containing culturally, ethnically, and developmentally appropriate programs is dynamic and able to respond to changes in local conditions and demographics of different communities. One example is an increase in immigrant populations. Cultural competency facilitates rapid adaptation to changing community needs and reduces the likelihood of specific populations being underserved.

What focus group participants said about cultural competency

"We need full implementation of the diversity plan now. There needs to be momentum around our race issues. This includes: a better understanding of diversity issues, standards of accountability, and implementing the [staff] educational component."

"The county is unwilling to– or cannot due to provider supply – change providers [who provide poor service]. This is a disservice to minority kids."

"We need staff that are culturally competent and have funding available to train them."

Gaps and Barriers

Too Few Programs

There is an overall lack of programs for specific at-risk populations, such as gay, lesbian, bi-sexual or transgendered youth; indicated youth and youth not in school; homeless youth; and those who do not fit into traditional programs. Additionally, there is concern that there are not enough culturally specific programs to serve ever-increasing minority populations (e.g. Latinos, African American, Russians, etc).

Quality of Culturally Specific Programs

Participants voiced concerns regarding the quality of culturally specific programs during focus groups and key person interviews. There was a concern that culturally specific programs do not have to meet any accreditation standards and that their outcomes are not objectively evaluated. This results in programs that are "culturally competent" on paper but not in practice. Further, there are not enough programs to meet the increasing need for these services. As such, there was a sentiment that the same programs received consistent funding regardless of quality or outcome measurements. Additionally, a lack of funding has left little room to train staff in culturally competent practices. Finally, there is a need for more bi-lingual practitioners that are adept at working with individuals and families from a variety of cultural and ethnic backgrounds.

Lack of Best Practices

Several barriers hinder widespread implementation of culturally competent best practices across the County. There is a need for more micro-level needs assessments and outcome measurements. This type of data analysis is necessary to ensure that prevention programming continues to reflect the needs of changing community demographics and priorities. Additionally, for some populations, there is simply a lack of research regarding best practices. For example, there is limited literature covering best practices for the implementation of culturally competent media campaigns.

Evaluation and Education

Multnomah County does not currently have standardized program evaluation for programs that it funds. CPW key person interviews and focus groups responses indicate that while participants identified a heightened need for formalized evaluation criteria and standards for programs, an increased presence of "red tape" attached to County funding streams has required organizations to devote staff time and additional resources to maintain financial support. Similarly, challenges associated with accessing objective and evidence based research was cited as a significant barrier to the successful provision of prevention services - specifically those programs that work with minority populations.

Gaps and Barriers

Effective Evaluation and Outcome Measurement

Research indicates that there is a lack of evaluation and outcome measurements for prevention programs and services within the County. Program evaluation is an important element of building an effective prevention system. Standardized evaluation creates a stronger understanding of which programs are most successful and then shifts funding priorities toward these successful programs and away from ineffective programs.

Lack of consistent prevention curriculum within the County school system

Inconsistencies in prevention curriculums and health programs within Multnomah County's schools provide barriers to a uniform prevention message.

Participants noted that prevention programs and curricula vary across school districts as well as across grade levels. Currently, there is no standardized prevention training or curriculum requirement across school districts in the County. County funding cuts have decreased the number of school health programs. As a result, teachers have the responsibility to teach a prevention curriculum in addition to their pre-existing responsibilities. This has led to a lack of interest and involvement in curriculum trainings.

What focus group participants said about communication and partnerships

"Inability of high level County management to communicate and work together is a huge roadblock that impacts funding streams"

"There is a lack of trust between community/County as a whole. People have a right to know how County money is being spent"

"Administrators are not listening, even to employees, and are too removed and influenced by people that fund them. Agency health is their priority not services."

"Contacts are made by people in the system, not by the system itself, therefore the strengths are limited to people and experience"

Communication and Partnerships

CPW found that service providers and County level administration feel that there are youth substance abuse prevention communication challenges at all levels of government within Multnomah County. For example, there is also a lack of communication, and a lack of discussion of the appropriate prevention issues between the County

and nonprofits, community groups, school districts, parents and individuals. This has created gaps and barriers to an integrated prevention system.

Gaps and Barriers

Lack of Inter-agency and County Communication

Research indicates that a lack of sustained contact between agencies and County level administration restricts the integration of prevention programs and services within Multnomah County. This also leads to an overlapping of services within the system as well as inconsistencies in program implementation. Similarly, a lack of coordinated efforts and appropriate communication contributes to service fragmentation within Multnomah County. The absence of a comprehensive database of organizations and programs within the County requires many interagency contacts to be based upon individual relationships that are often difficult to sustain.

Inter-agency Partnerships Often Result from Funding Requirements

Research indicates that partnerships between agencies/organizations are often built upon funding requirements/streams and do not necessarily upon community needs. Participants in both the facilitated focus groups and the key person interviews mentioned Senate Bill 555 in a discussion of administratively encouraged collaboration between agencies and organizations that provide services to children and families. After the implementation of this legislation in 1999, the State and County directed significant attention, and in turn financial incentives, toward agencies and programs involved in these partnerships.

Funding streams attached to collaborative efforts help to encourage communication between agencies. However, many service providers felt that financial incentives must be met with additional support from the County that would help to facilitate and create sustainable collaborations that will truly reflect community needs.

Program Delivery

Program delivery relates to the ability to reach specific audiences and to the attainment of specific goals and outcomes. It is, by nature, closely related to the issue of accessibility.

Need for More Early Childhood and Family-Oriented Programs

Substance abuse prevention practitioners in Multnomah County frequently cited the need for more early childhood programs, particularly those that involve parents. Prevention literature supports statements made by service providers to CPW that early childhood programs are particularly effective at preventing substance abuse as children get older. Family involvement is another necessary component of successful prevention education.

Lack of Programs and Integration in the School System

Prevention education and outreach begins in the school system for most children in Multnomah County. In addition to prevention, schoolteachers and counselors are the first to recognize at-risk children and refer them to the proper services (Walker et al., 1997). In Portland Public Schools, there are two mental health professionals

that provide an assessment of children who are referred to them. Children can also receive a drug and alcohol assessment, though there is some evidence that this service is under used. After referral from the school, whether or not the child receives the needed services is highly dependent on a number of factors including the motivation of the parents, their income levels and whether they have insurance. The space between referral from the school and the actual delivery of services was noted as a major gap in the County system.

Summary

The primary youth substance abuse gap in Multnomah County is the lack of a cohesive prevention system that unifies efforts from across domains including the County, nonprofit service providers, schools and other community prevention efforts. A cohesive system would include universal, selective and indicated prevention as described in the literature review in chapter three of this report. Within this system, CPW identified five broad gaps categories; politics/ policy, communication/ partnerships, education and evaluation, funding, and accessibility/ program delivery.

While CPW prepared this report for Multnomah County Mental Health and Addiction Services (MHAS), many of the gaps included in this chapter exist exterior to County prevention efforts. For example an education and evaluation gap cites a lack of consistent prevention curriculum within the County school system. While MHAS will not be able to directly respond to gaps such as this one that exist outside of its prevention efforts, MHAS may be able to ensure that prevention coordination and collaboration occur by providing funding, staff and other resources to organize a strategic planning process. CPW further elaborates on this idea in the following chapter (Chapter 5: Recommendations). In Chapter 5, CPW again acknowledges that the County cannot simply provide a prevention system for Multnomah residents. However, the County can begin to lead the necessary coordination and collaboration efforts, and possibly transition this role to an independent organization as other prevention stakeholders feel is appropriate.

Chapter 5:
Recommendations

This chapter provides recommendations designed to improve substance abuse prevention efforts by increasing the breadth of impact for County resources. Our literature review and environmental scan (Chapter 3 and 4) indicate that a "prevention system" is lacking in Multnomah County. System administrators could monitor program quality across the span of services, provide system-wide communication, and provide system level leadership, helping keep prevention efforts coordinated and complimentary. Consistently, research suggests that this one issue supersedes others, due to its potential for widespread impact, and because the lack of a system has been identified as the major barrier to improving implementation of present services.

This chapter, therefore, first explores the idea of an alliance of agencies and organizations that act and function as a coordinating body for prevention efforts; monitoring and evaluating present programs, determining areas in need of improvement, and strategizing an overall vision of prevention efforts. While many names and models exist for such collaborative bodies (including steering committees, advisory boards, task forces, community prevention board, and alliances), the basic impetus is the same; to band together a diverse group of stakeholders to optimize resources and provide an effective degree of oversight over system-wide efforts. Such alliances (hereafter referred to as "coalitions"), have proven an effective means of coordinating services across a broad range of otherwise isolated programs, and could supply a more focused prevention framework in Multnomah County.

Next this chapter makes recommendations about steps the County can take if it becomes apparent that the barriers to coalition building are too significant. Last, this chapter makes recommendations about how services can be improved at the programmatic level.

Why a Coalition?

It is clear that prevention efforts aimed at preventing substance abuse can also be effective in preventing delinquency, obesity, teen pregnancy, school drop-outs, violent behavior and a host of other undesirable outcomes (SAMHSA, 2004a; Hawkins et al., 1992). In light of limited resources, it is logical to coordinate prevention efforts to the extent possible.

It is also clear that leadership (not limited by particular funding streams or programs) is paramount. An entity capable of, and responsible for, evaluating the bigger picture of combined impacts of prevention services (and even the continuum of support services), would greatly help avoid duplication and fill gaps in services. Coalitions have proven to be an effective means of creating formal alliances between organizations, groups, and agencies to provide leadership towards a common goal.

It is clear that prevention efforts within any community are most successful when that community identifies a way to send a consistent message across multiple domains of the community. Prevention systems are not the product of state policy or a single county agency. Instead, they are the result of the coordination of multiple groups with strong ties to diverse communities that collectively provide the necessary continuum of care. A coalition is a sustained long-term coordinated, focused group that is able to address and adapt to challenges as they arise. The longevity of the coalition does not rely simply on funding or policy, but instead on the dedication of a community of providers who share both a vision and set of priorities. Building this type of group takes time and research suggests that certain steps should be completed in a specific manner to build effective support for these efforts.

For instance, according to recent studies, recruitment of coalition membership is perhaps the most critical element of coalition formation. It is important that potential members perceive their own legitimacy in the collaborative, hold positive attitudes about other members and the need for and value of collaboration. Additionally, coalitions need to develop relationships with organizations (e.g., neighborhood groups, other service delivery domains, faith based organizations, government entities, and specifically policy makers) not represented on the coalition. Coalitions also need formalized processes and procedures that clarify staff and member roles and responsibilities and provide clear guidelines for all of the processes involved in collaborative work (e.g., decision-making, conflict resolution, interagency agreements) (Foster-Fishman, 2001). Strategizing participation in and steps toward building a potential prevention coalition in Multnomah County should therefore be approached deliberately under the guidance of further research on best practices in coalition building.

It should also be noted that multiple coalitions already exist in Multnomah County including Community Action to Reduce Substance Abuse (CARSA), Oregon Partnership, Caring Communities, the Schools Uniting Neighborhoods (SUN) initiative, and many others. While many of these efforts are well coordinated, none of them focuses primarily on prevention, or focuses its primary efforts on coordinating, and evaluating prevention efforts. This is said not to dismiss the importance of collaboration across the continuum of care (prevention, intervention, treatment, and recovery), but to highlight that a coalition focused primarily on prevention is not duplicative of other efforts.

Butterfoss et al., (1993) offer more of an explanation of the potential benefits of creating a prevention coalition:

> To date, the literature defines coalitions as important in several ways. First, coalitions can enable organizations to become involved in new and broader issues without having the sole responsibility for managing or developing those issues (Black, 1983). Second, coalitions can demonstrate and develop widespread public support for issues, actions or unmet needs. Third, coalitions can maximize the power of individuals and groups through joint action; they can increase the 'critical mass' behind a community effort by helping individuals achieve objectives beyond the scope of any one individual or organization (Brown, 1984). Fourth, coalitions can minimize duplication of effort and services. This economy of scale can be a positive side effect of improved trust and communication among groups that would normally compete with one another (Brown, 1984; Feighery and Rogers,

> 1989). Fifth, coalitions can help mobilize more talents, resources and approaches to influence an issue than any single organization could achieve alone. They are 'strategic devices' that 'enhance the leverage' that groups can amass (Roberts-DeGennaro, 1986a). Sixth, coalitions can provide an avenue for recruiting participants from diverse constituencies, such as political, business, human service, social and religious groups, as well as less organized grassroots groups and individuals (Black, 1983; Feighery and Rogers, 1989). Seventh, the flexible nature of coalitions allows them to exploit new resources in changing situations (Boissevain, 1974).

These benefits would effectively address the vast majority of challenges identified by substance-abuse professionals in Multnomah County. Furthermore, it seems likely that a prevention coalition in the County could provide two additional opportunities:

- Consistent collection and dissemination of information, specifically pertaining to best practices, training opportunities, demographic shifts, changes in risk and protective factor in the community, and resources available in the community;

- An ability to collectively address identified gaps in the services – allowing an attention to the big picture that typically is infeasible for individual programs.

CPW's research suggests that specific barriers exist to creating coalitions about youth prevention providers in Multnomah County. A successful effort will likely need preparation of a specific action strategy to effectively engage the interest of the necessary players. Recent literature suggests that the success of coalitions in the long-term is dependent on several key factors, many of which occur during the initial phases of coalition formation. For instance, there is evidence that an early success of coalition efforts is critical to participants valuing involvement (Butterfoss et al., 1993).

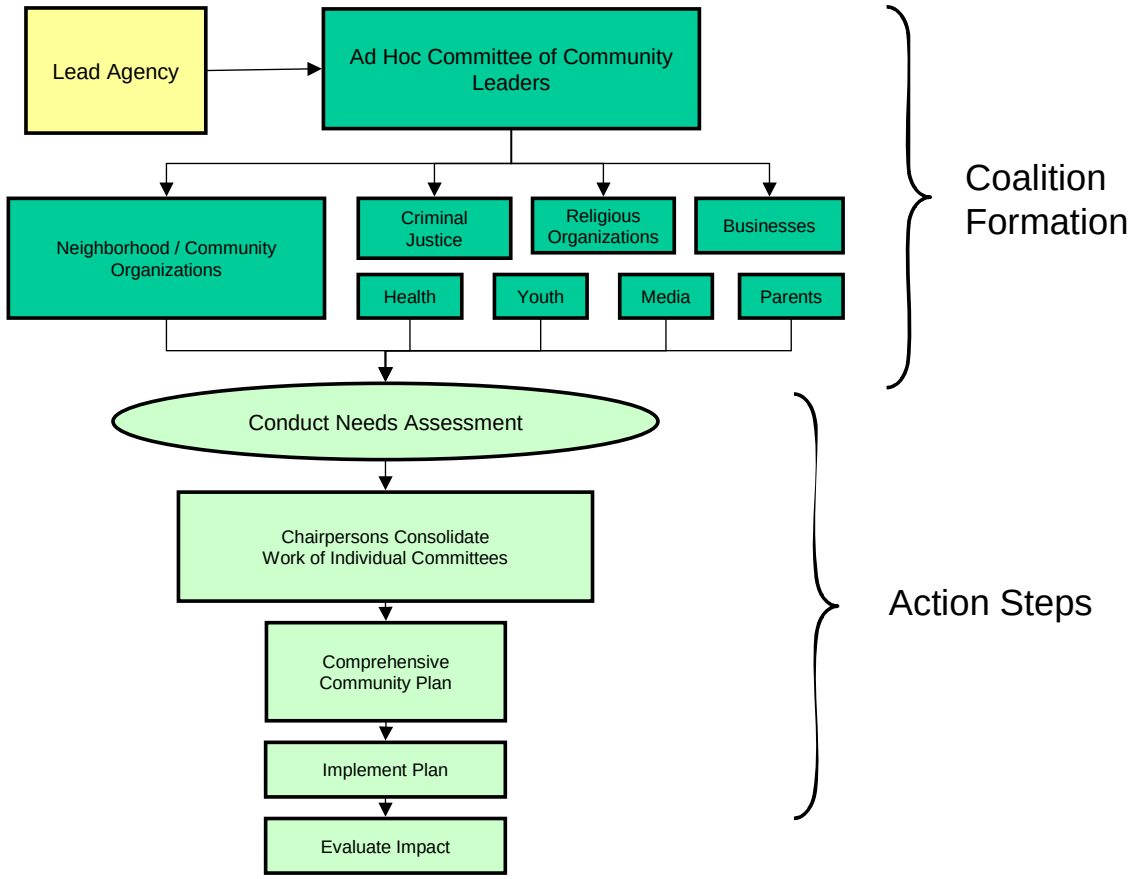
While broad prevention coalitions seem to offer significant potential as a powerful tool for impacting a host of community health issues, it is worth noting that coalitions have not been extensively studied (Butterfoss et al., 1993). Having said that, several coalition models are emerging as effective models for addressing social norms and preventing substance abuse. One of the models that has been widely adopted (and recently purchased by the U.S. Substance Abuse Mental Health Administration) is the "Communities That Care" (CTC) model. CTC was developed by researchers at the University of Washington to help communities evaluate the areas of the greatest risk in their communities and adapt services and programs to address those risks. A major element of the CTC system is building public and political traction through a coalition, the "Community Prevention Board" (Greenberg and Feinberg, 2002). Other successful prevention efforts seem to have been built using similar methods, gathering diverse participation to work on common system-wide goals and build momentum to eventually affect change at the environmental level (MacPherson, 2001).

It is our primary recommendation, therefore, that Multnomah County explore options and feasibility of a prevention coalition. A logical process would include:

- Creating a portfolio of case-studies that demonstrates specific information about successful coalitions in similar communities;
- Evaluating coalition-building research and identifying best practices;
- Identifying key prevention practitioners, community organizers, politicians, and administrators for inclusion in the building process and/or the coalition itself;
- Ascertaining the benefits and costs of building a prevention coalition in Multnomah County

While specific steps for strategizing this exploration will need to be developed, Figure 5-1 provides a possible process of events important to developing a community coalition as described by Butterfoss et al, 1993.

Figure 5-1. Overview of the Development of Community Coalitions



Actions Possible Without A Coalition

If activities reveal that the barriers to creating a formal coalition are insurmountable, we recommend taking specific steps to support cross-sector communication, providing a foundation for the creation of a coalition or system. Through facilitation or funding of specific activities, it is our belief that Mental Health and Addiction Services Division (MHAS) can still leverage its influence,

and create outcomes similar to that of a prevention coalition. This could be achieved through the actions described below.

Create and disseminate a prevention resources database

CPW's work suggests that practitioners feel they are not familiar with other prevention services available in the County. If MHAS can construct a comprehensive listing of existent prevention services and distribute this list among service providers (ideally in conjunction with a referral training), much would be done to eliminate this knowledge gap. Overall this is a relatively inexpensive step the County could take to improve communication, partnership and the sharing of information between practitioners and administrators. It would be important to keep this document up to date, at least annually, as practitioners expressed frustration in utilizing out of date resource documents. Developing a web-based system of data collection and dissemination that could increase tracking of services might be the best way to improve access among practitioners. Again, a comprehensive approach that encourages inclusion health prevention resources, violence prevention resources, etc. would be most useful. This database could provide information on intervention and treatment services as well.

Coordinate and Fund Trainings

Appropriate training can improve the staff proficiency in many areas, but the cost of training is often prohibitive to individual programs. If the MHAS were to fund trainings, multiple practitioners could be invited to make use of the opportunity. More specifically, MHAS funded trainings should concentrate on:

- **Building cultural competency** – identified as a serious deficiency in Multnomah's services, cultural competency trainings could bolster county services, particularly in view of rising migrant populations. MHAS could also make program funding conditional on protocols requiring competency training for all program staff in a given time frame (within six months of their hire, for instance).

- **Referral procedure** – trainings could provide an overview of referral procedures. This would improve connection of individuals to appropriate resources, and improve communication and partnership between practitioners. (This could be an instructional session on how to utilize the aforementioned prevention database.) This is one tangible step MHAS could take to encourage maximization of existent resources.

- **Effective implementation –** Literature clearly points out that often programs are ineffective due to challenges in implementation (Tobler et al., 2000). Studies also point out that training has a significant impact on individuals' ability to effectively implement programs (particularly for schools) (Tobler et al., 2000). Trainings that address implementation of particular program models could be held for all practitioners utilizing similar formats.

Measure Outcomes

Measurement of programmatic outcomes is frequently under-funded, but it is hard to evaluate the efficacy of one program (particularly in comparison to another)

without a (common) way to evaluate outcomes. By encouraging measurement, developing a set of common indicators, and funding evaluation activities where funding is not available, the MHAS can know, minimally, which programs are operating effectively.

Ideally MHAS would influence County and State level funding streams to adopt a common outcomes measurement tool to avoid the time and energy spent fulfilling multiple obligations (one practitioner in our analysis reported being responsible for 13 distinct outcome measurement processes). Minimally, MHAS should encourage the use of one common existing evaluation criteria required by other common system-wide granting agencies, (like SAMHSA).

Multnomah County would also benefit from a data collection system similar to the Community Monitoring System (CMS) from the Society for Prevention Research (Society for Prevention Research, Last accessed: June 3, 2006). The CMS is able to monitor indicators of child and youth well being. This would allow the county to monitor the impact of the overall network of prevention services.

It is recognized that outcomes measurement is expensive and may be impractical due to financial limitations. Another option is to utilize process evaluations, which focus on the internal effectiveness of operations of existent organizations. This evaluative process likely would require less investment of resources, and would not require a broader prevention governing organization to oversee its implementation.

MHAS should utilize available colleges and universities to study and evaluate programs in the prevention system. This will help the County improve effectiveness of prevention efforts and identify what changes need to be made.

Conduct Periodic Needs Assessments

Communities are dynamic. Periodic needs assessments allow the community to understand how their needs are changing. The CMS is also useful for tracking demographic shifts within a region, and could allow the County to publicize noteworthy shifts in the greater Portland area, allowing programs to respond more appropriately to changing community needs.

Recommendations for the Programmatic Level

As has been noted above, it is suggested that the County focus on activities that bridge the gap between prevention programs, and create more interaction between them. In other words the County should focus its efforts on enhancing the impact of prevention at the system-level. Having said that, our research has also unveiled several areas where County efforts would have the most impact at the programmatic level.

Focus on early prevention

Multnomah County should draw public and political attention to the effectiveness of prevention (particularly prevention aimed at families with children ten years old and younger) to encourage policy and structural changes that will prioritize prevention in Multnomah County.

Increase parental support

Multnomah County should identify an agency to offer nurse-home visits to families due to have a baby. Minimally, higher-risk families (single-parent headed families, families living in poverty, families headed by teen-parents, and families headed by parents with drug and alcohol issues, criminal histories, and or physical or mental health challenges) should receive early prevention support for their children. Our research highlighted nurse home visitation programs as particularly effective.

Implement a system-wide school prevention program

As is mentioned in Chapter 3, it is recognized that the County does not have direct influence over prevention programming in schools. At the same time it must be accepted that schools provide perhaps the greatest opportunity to implement effective universal programming. (Again, perhaps the best way to involve the schools is through the formation of a larger coalition that has a task force dedicated to and inclusive of key school-district personnel). Having said that, the county should encourage the adoption of a single ongoing prevention program that spans K-12 education. Empirical evidence and wisdom literature suggest that the integration of prevention programs appears critical to the success of universal prevention efforts within school districts. To make this program as effective as possible the following considerations should also be taken into account:

1. This program should be based upon rigorously studied and effective models.
2. This program should be interactive, and teachers should receive training on how to implement the included models interactively.
3. This program should emphasize general competency skills (general decision making skills, community service etc.) more than being specifically focused on drug and alcohol prevention.
4. This program should be population specific, culturally competent and multi-contextual.

Summary

There are multiple levels on which MHAS can have an impact. It is our primary conclusion that MHAS can have the greatest influence by utilizing its resources and influence to investigate the viability of creating a system-wide prevention coalition. By leveraging resources in this manner, MHAS could potentially initiate efforts that will effectively alter circumstances at the environmental level in Multnomah County. Research suggests that changes at this level are necessary to alter social norms in prevention efforts and furthermore that altering social norms is the most effective way of combating substance abuse in the long-term. Without the formation of significant partnerships between prevention providers and the participation of an array of government entities, such influence seems unlikely.

If collaboration on the broadest scale seems unlikely, there are still steps MHAS can take to strengthen the efforts across prevention services. These efforts will have greater impact than focusing on specific individual programs. These actions include, creating a prevention-provider database, monitoring and evaluating

existent programs, providing system-wide trainings to prevention providers (particularly best practice and cultural competency trainings), and conducting periodic needs assessments of prevention as a whole.

At the programmatic level, MHAS can also take measures to improve specific programs' services. Our research concludes that County resources will have the most impact if focused on early intervention (particularly nurse home visits), and influencing the development of effective comprehensive school-prevention programs.

Appendix A:
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This appendix includes a list of literature CPW reviewed during the course of this study.

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Appendix B:
Best Practices

This list of best practices includes programs that have been rigorously studied and approved by a major federal agency (i.e. SAMSHA, NIDA, or OJJDP). At least one program is offered for each stage of a child's development. These stages were identified as pre-birth, prior to school enrollment, elementary school age, middle school age, and high school age. For the school age stages, both in-school and out-of-school programs have been included. These models have demonstrated success and results have proven replicable.

The second part of this document provides benefit cost analysis of many more programs. These tables, from a recent study Benefits and Costs of Prevention and Early Intervention Programs for Youth, released in June of 2006 by the Washington State Institute for Public Policy, demonstrate that tax-payers will be better off if investments are made in some of these programs, while others do not redeem overall program costs in benefits.

All program descriptions compiled from "Blueprint for Violence Prevention" unless otherwise noted. "Approved by" information was supplemented by CSAP (2002). *Comparison Matrix of Science-Based Prevention Programs* http://modelprograms.samhsa.gov/pdfs/ComparisonMatrix.pdf.

Pre-Birth

Nurse-Family Partnership (Formerly titled Prenatal/Early Infancy Project)

Nurse-Family Partnership sends nurses to the homes of low income, first-time mothers to improve their health, parenting skills, and chances of giving birth to children free of health and developmental problems. Nurses begin visiting first-time mothers during pregnancy and continue the visits until the child is 2 years old. During home visits, nurses promote the physical, cognitive, and social-emotional development of the children and provide general support and instruction in parenting skills to the parents. The following components are fundamental to the program's effectiveness:

- Trained and experienced nurses who have strong interpersonal skills and a maximum caseload of 25 families make the home visits.
- Families are visited every 1 to 2 weeks.
- Nurses focus simultaneously on the mother's personal health and development, environmental health, and quality of care giving.

Visiting nurses help young parents gain the confidence and skills necessary to set and achieve goals such as completing their education, finding work, and avoiding unplanned pregnancies.

Program aimed at: Infants and Parents

Levels: Selective, Indicated

Inclusive of Parents: Yes

Approved by: Surgeon General, OJJDP model program, CSAP model program

Pre-Elementary

The Incredible Years Series

The Incredible Years Parent, Teacher, and Child Training Series is a comprehensive set of curriculums—parent training, teacher training, and child training— designed to promote social competence and prevent, reduce, and treat conduct problems in young children. Program targets are children ages 2 to 8 who exhibit or are at risk for conduct problems. Trained facilitators use interactive presentations, videotape modeling, and role playing techniques to encourage group discussion, problem solving, and sharing of ideas. The parent training component comprises three series: BASIC, ADVANCE, and SCHOOL. BASIC is the core element of program delivery; the other two series in the parent training component—and the teacher and child training components discussed below—are recommended elements of program delivery. BASIC teaches parents interactive play and reinforcement skills, nonviolent discipline techniques, logical and natural consequences, and problem-solving strategies. ADVANCE addresses family risk factors such as depression, marital discord, poor coping skills, poor anger management, and lack of support. SCHOOL focuses on ways to further youth's academic and social competence.

The teacher training component focuses on strengthening teachers' classroom management skills. It seeks to help teachers encourage and motivate students, promote students' prosocial behavior and cooperation with peers and teachers, teach anger management and problem solving skills, and reduce classroom aggression.

The child training component, known as the Dina Dinosaur curriculum, emphasizes skills related to developing emotional literacy, having empathy with others or taking their perspective, making and keeping friends, managing anger, solving interpersonal problems, following school rules, and succeeding at school. It is designed for use as a "pull out" treatment program for small groups of children who exhibit conduct problems.

Program aimed at: Early Childhood, Early Elementary

Levels: Universal, Indicated

Inclusive of Parents: Yes

Approved By: Surgeon General, OJJDP model program, CSAP model program

Elementary School

Olweus Bullying Prevention Program (BPP)

Developed and tested in Norway after three boys committed suicide due to extreme bullying. The program's main aim is to reduce bullying among elementary, middle and junior high school students by eliminating the rewards and opportunities for bullying behavior. School staff is largely responsible for carrying out the specifics of this program. These staff should aim to improve peer relations and improve the safety of the school environment. This program takes place at three core levels: school, classroom and individual. School personnel disseminate an anonymous student questionnaire to assess the nature and prevalence of

bullying, discuss the problem, plan for program implementation, form a school committee to coordinate program delivery, and develop a system of supervising students during breaks. Teachers and/or other school personnel introduce and enforce classroom rules against bullying, hold regular classroom meetings with students, and meet with parents to encourage their participation. Staff hold interventions with bullies, victims, and their parents to ensure that the bullying stops.

Program aimed at: Elementary and Middle School students

Levels: Individual, Universal

Inclusive of Parents: No

Approved By: Surgeon General, OJJDP model program, CSAP model program

Promoting Alternative Thinking Strategies (PATHS)

The program, a school-based intervention, is taught by teachers of students in kindergarten through fifth grade as part of the regular curriculum. PATHS, which is designed to be taught 3 times per week for at least 20 minutes per session, includes lessons in self-control, emotional understanding, self-esteem, relationships, and interpersonal problem-solving skills. Focusing on these protective factors provides youth with tools that enable them to achieve better academically in elementary school. In addition, PATHS helps enhance classroom atmosphere and the learning process. Lessons are sequenced according to increasing developmental difficulty and include activities such as dialoguing, role-playing, storytelling, modeling by teachers and peers, and social and self-reinforcement. Among other lessons, youth are taught to identify and label their feelings; express, understand, and regulate their emotions; understand the difference between feelings and behaviors; control impulses; and read and interpret social cues. Youth are given activities and strategies to use inside and outside the classroom, and parents receive program materials to reinforce behaviors at home.

Program aimed at: Elementary school-aged

Levels: Individual, Universal

Inclusive of Parents: Yes

Approved By: Surgeon General, OJJDP, NIDA Redbook, DOE promising program, OJJDP model program, CSAP effective program

Middle School

Life Skills Training (LST)

Life Skills Training (LST), a drug prevention program focusing on tobacco, alcohol, and marijuana, targets the psychosocial factors associated with the onset of drug involvement by providing drug-related resistance skills training and general life skills training to middle school students beginning in sixth or seventh grade. The 3-year curriculum includes 15 sessions taught in the first year of the program by regular classroom teachers with booster sessions provided in years 2 and 3. The three basic components of the program teach youth (1) personal self-management skills (e.g., decision making and problem solving, self control skills for coping with anxiety, and self-improvement skills), (2) social skills (e.g.

communication and general social skills), and (3) information and skills designed to have an impact on youth's knowledge and attitudes concerning drug use, normative expectations, and skills for resisting drug use influences from the media and peers.

Program aimed at: Middle School Students

Levels: Individual, Universal

Inclusive of parents: No

Approved By: Surgeon General, OJJDP model program, NIDA Redbook & effective program, DOE exemplary program, CDC effective program, CSAP model program.

High School

The Quantum Opportunities Project

QOP was designed to help youth overcome their disadvantaged backgrounds by compensating for their perceived and real lack of opportunities, providing them with a prosocial environment conducive to success, enhancing their skills levels to equip them for success, and reinforcing their achievements and positive actions. A QOP coordinator, who acts as surrogate parent, role model, advisor, and disciplinarian, provides services to a small group (no more than 25) of high-risk youth just entering the ninth grade. The group environment helps youth bond with each other and with a caring adult, and this bonding appears to make the largest difference in student motivation and success. The program includes 250 hours per year of (1) educational opportunities (e.g., peer tutoring, computer-based instruction) to enhance basic academic skills, (2) development opportunities (e.g., family planning, career and college planning, cultural enrichment, personal development), and (3) community service opportunities (e.g., volunteering, working at public events). Financial incentives are offered to increase participation, completion, and long-range planning.

Program aimed at: High School students

Sectors, Types and Levels: Individual, Selective

Inclusive of Parents: No

Approved By: Surgeon General, OJJDP model program

All Ages

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is a short-term, well-documented program that has been applied successfully to a wide range of problem youth and their families in various contexts (e.g., rural, urban, multicultural, international) and treatment systems (e.g., clinics, home-based programs, juvenile courts, independent providers). On average, participating youth attend 12 1-hour sessions spread over 3 months; more difficult cases require 26 to 30 hours of direct service. FFT clearly identifies three treatment phases, each of which includes descriptions of goals, requisite therapist characteristics, and techniques:

Phase 1: Engagement and motivation.

Phase 1 applies reattribution and related techniques to address maladaptive perceptions, beliefs, and emotions. Use of such techniques serves to help targeted youth and their families increase hope and their expectations of change, respect for individual differences and values, and trust between family and therapist; reduce resistance; and overcome the intense negativity within the family and between the family and community that can prevent change.

Phase 2: Behavior change.

FFT clinicians develop and implement intermediate and long-term behavior change plans that are culturally appropriate, context sensitive, and tailored to the unique characteristics of each family member.

Phase 3: Generalization.

FFT clinicians help families apply positive family change to other problem areas and/or situations, maintain changes, and prevent relapse. To ensure long-term support of changes, FFT links families with available community resources.

Program aimed at: All ages

Sectors, types and levels: Community, Indicated

Inclusive of parents: Yes

Approved By: Surgeon General, OJJDP model program

Multidimensional Treatment Foster Care

A viable and cost-effective alternative to group care, Multidimensional Treatment Foster Care (MTFC) recruits, trains, and supervises foster families to provide participating youth with close supervision, fair and consistent limits and consequences, and a supportive relationship with an adult. In MTFC, youth's contact with delinquent peers is minimized. The youth are supervised closely at home, in the community, and at school and are disciplined for rule violations and mentored by their MTFC parents. MTFC parent training emphasizes behavior management methods to provide youth with a structured and therapeutic living environment.

Program aimed at: All ages

Sectors, Types and Levels: Community, Indicated

Inclusive of Parents: Yes

Approved By: Surgeon General, OJJDP model program, DOE exemplary program, CSAP effective program

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) was developed to provide scientifically validated, cost-effective, community-based treatment to youth with serious behavior disorders who are at high risk of out-of-home placement. The overriding purpose of MST is to help parents deal effectively with their youth's behavioral problems; help youth cope with family, peer, school, and neighborhood problems; and reduce or eliminate the need for out-of-home placements.

To empower families, MST also addresses identified barriers to effective parenting (e.g., parental drug abuse, parental mental health problems) and helps family members build an indigenous social support network involving friends, extended family, neighborhoods, and church members. To increase family collaboration and enhance generalization, MST is typically provided in home, school, and community locations. Treatment is designed with input from the family being served, and this approach encourages collaboration and participation. Therapists with low caseloads—who are available 24 hours per day, 7 days per week—provide the treatment, placing developmentally appropriate demands for responsible behavior on youth and their families. Intervention plans include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.

Program aimed at: All ages

Sectors, Types and Levels: Community, Individual/Family, Indicated

Inclusive of Parents: Yes

Approved By: Surgeon General, OJJDP model program, CSAP model program

Midwestern Prevention Project (Project Star)

To ensure that its drug prevention message is heard throughout the community in many settings, the Midwestern Prevention Project (MPP), also known as Project STAR, integrates a school-based program with parent, community, mass media, and local policy components. MPP's goals are to decrease the rates of onset and prevalence of gateway (tobacco, alcohol, and marijuana) and other drug use in youth ages 10–15 and, secondarily, to decrease drug use among parents and other community residents. To achieve these goals, MPP targets the person-, situation-, and environment-level factors believed to be responsible for higher levels of drug use, including prior use, low level of resistance skills, perceived norms for use, peer pressure to use, lack of social support for nonuse, and school and community norms. The program consists of five components: school program, parent education campaign, mass media, community organization and training, and local policy change.

The school program teaches active social learning techniques (e.g., modeling, role playing, discussion) and assigns homework designed to involve family members.

The parent education campaign involves parent-child communication training and a parent-principal committee that meets to review the school drug policy. The other three components deliver a consistent message to the community supporting drug-free living. Collectively, the components focus on promoting youth's drug use resistance and counteraction skills (direct skills training), parents' and other adults' prevention practices and support of adolescent prevention practices (indirect skills training), and the community's dissemination and support of social norms and expectations against drug use (environmental support).

Program aimed at: Youth ages 10-15

Sectors, Types and Levels: Community, Universal

Inclusive of Parents: Yes

Approved By: ***Surgeon General, OJJDP model program, NIDA Redbook (effective program), CSAP effective program***

Table 1
Summary of Benefits and Costs (2003 Dollars)

Estimates as of September 17, 2004	Measured Benefits and Costs Per Youth			
	Benefits (1)	Costs (2)	Benefits per Dollar of Cost (3)	Benefits Minus Costs (4)
Pre-Kindergarten Education Programs				
Early Childhood Education for Low Income 3- and 4-Year-Olds*	$17,202	$7,301	$2.36	$9,901
HIPPY (Home Instruction Program for Preschool Youngsters)	$3,313	$1,837	$1.80	$1,476
Parents as Teachers	$4,300	$3,500	$1.23	$800
Parent-Child Home Program	$0	$3,890	$0.00	-$3,890
Even Start	$0	$4,863	$0.00	-$4,863
Early Head Start	$4,768	$20,972	$0.23	-$16,203
Child Welfare / Home Visitation Programs				
Nurse Family Partnership for Low Income Women	$26,298	$9,118	$2.88	$17,180
Home Visiting Programs for At-risk Mothers and Children*	$10,969	$4,892	$2.24	$6,077
Parent-Child Interaction Therapy	$4,724	$1,296	$3.64	$3,427
Healthy Families America	$2,052	$3,314	$0.62	-$1,263
Systems of Care/Wraparound Programs*	$0	$1,914	$0.00	-$1,914
Family Preservation Services (excluding Washington)*	$0	$2,531	$0.00	-$2,531
Comprehensive Child Development Program	-$9	$37,388	$0.00	-$37,397
The Infant Health and Development Program	$0	$49,021	$0.00	-$49,021
Youth Development Programs				
Seattle Social Development Project	$14,426	$4,590	$3.14	$9,837
Guiding Good Choices (formerly PDFY)	$7,605	$687	$11.07	$6,918
Strengthening Families Program for Parents and Youth 10-14	$6,656	$851	$7.82	$5,805
Child Development Project ‡	$448	$16	$28.42	$432
Good Behavior Game ‡	$204	$8	$25.92	$196
CASASTART (Striving Together to Achieve Rewarding Tomorrows)	$4,949	$5,559	$0.89	-$610
Mentoring Programs				
Big Brothers/Big Sisters	$4,058	$4,010	$1.01	$48
Big Brothers/Big Sisters (taxpayer cost only)	$4,058	$1,236	$3.28	$2,822
Quantum Opportunities Program	$10,900	$25,921	$0.42	-$15,022
Youth Substance Abuse Prevention Programs				
Adolescent Transitions Program ‡	$2,420	$482	$5.02	$1,938
Project Northland ‡	$1,575	$152	$10.39	$1,423
Family Matters	$1,247	$156	$8.02	$1,092
Life Skills Training (LST) ‡	$746	$29	$25.61	$717
Project STAR (Students Taught Awareness and Resistance) ‡	$856	$162	$5.29	$694
Minnesota Smoking Prevention Program ‡	$511	$5	$102.29	$506
Other Social Influence/Skills Building Substance Prevention Programs	$492	$7	$70.34	$485
Project Towards No Tobacco Use (TNT) ‡	$279	$5	$55.84	$274

Source: S. Aos, R. Lieb, J. Mayfield, M. Miller, A. Pennucci. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth. Olympia: Washington State Institute for Public Policy, available at <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>.

More detail is presented in the Appendix to this report, available at <http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf>. The values on this table are estimates of present-valued benefits and costs of each program with statistically significant results with respect to crime, education, substance abuse, child abuse and neglect, teen pregnancy, and public assistance. Many of these programs have achieved outcomes in addition to those for which we are currently able to estimate monetary benefits.

‡ Cost estimates for these programs do not include the costs incurred by teachers who might otherwise be engaged in other productive teaching activities. Estimates of these opportunity costs will be included in future revisions.

* Programs marked with an asterisk are the average effects for a group of programs; programs without an asterisk refer to individual programs.

Table 1 (Continued)
Summary of Benefits and Costs (2003 Dollars)

Estimates as of September 17, 2004	Measured Benefits and Costs Per Youth			
	Benefits (1)	Costs (2)	Benefits per Dollar of Cost (3)	Benefits Minus Costs (4)
Youth Substance Abuse Prevention Programs (Continued)				
All Stars ‡	$169	$49	$3.43	$120
Project ALERT (Adolescent Learning Exp. in Resistance Training) ‡	$58	$3	$18.02	$54
STARS for Families (Start Taking Alcohol Risks Seriously)	$0	$18	$0.00	-$18
D.A.R.E. (Drug Abuse Resistance Education) #	$0	$99	$0.00	-$99
Teen Pregnancy Prevention Programs				
Teen Outreach Program	$801	$620	$1.29	$181
Reducing the Risk Program ‡	$0	$13	$0.00	-$13
Postponing Sexual Involvement Program ‡	-$45	$9	-$5.07	-$54
Teen Talk	$0	$81	$0.00	-$81
School-Based Clinics for Pregnancy Prevention*	$0	$805	$0.00	-$805
Adolescent Sibling Pregnancy Prevention Project	$709	$3,350	$0.21	-$2,641
Children's Aid Society-Carrera Project	$2,409	$11,501	$0.21	-$9,093
Juvenile Offender Programs				
Dialectical Behavior Therapy (in Washington)	$32,087	$843	$38.05	$31,243
Multidimensional Treatment Foster Care (v. regular group care)	$26,748	$2,459	$10.88	$24,290
Washington Basic Training Camp §	$14,778	-$7,586	n/a	$22,364
Adolescent Diversion Project	$24,067	$1,777	$13.54	$22,290
Functional Family Therapy (in Washington)	$16,455	$2,140	$7.69	$14,315
Other Family-Based Therapy Programs for Juvenile Offenders*	$14,061	$1,620	$8.68	$12,441
Multi-Systemic Therapy (MST)	$14,996	$5,681	$2.64	$9,316
Aggression Replacement Training (in Washington)	$9,564	$759	$12.60	$8,805
Juvenile Offender Interagency Coordination Programs*	$8,659	$559	$15.48	$8,100
Mentoring in the Juvenile Justice System (in Washington)	$11,544	$6,471	$1.78	$5,073
Diversion Progs. with Services (v. regular juvenile court processing)*	$2,272	$408	$5.58	$1,865
Juvenile Intensive Probation Supervision Programs*	$0	$1,482	$0.00	-$1,482
Juvenile Intensive Parole (in Washington)	$0	$5,992	$0.00	-$5,992
Scared Straight	-$11,002	$54	-$203.51	-$11,056
Regular Parole (v. not having parole)	-$10,379	$2,098	-$4.95	-$12,478
Other National Programs				
Functional Family Therapy (excluding Washington)	$28,356	$2,140	$13.25	$26,216
Aggression Replacement Training (excluding Washington)	$15,606	$759	$20.56	$14,846
Juvenile Boot Camps (excluding Washington)* §	$0	-$8,474	n/a	$8,474
Juvenile Intensive Parole Supervision (excluding Washington)*	$0	$5,992	$0.00	-$5,992

Source: S. Aos, R. Lieb, J. Mayfield, M. Miller, A. Pennucci. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth. Olympia: Washington State Institute for Public Policy, available at <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>.

More detail is presented in the Appendix to this report, available at <http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf>. The values on this table are estimates of present-valued benefits and costs of each program with statistically significant results with respect to crime, education, substance abuse, child abuse and neglect, teen pregnancy, and public assistance. Many of these programs have achieved outcomes in addition to those for which we are currently able to estimate monetary benefits.

‡ Cost estimates for these programs do not include the costs incurred by teachers who might otherwise be engaged in other productive teaching activities. Estimates of these opportunity costs will be included in future revisions.

The D.A.R.E. program has changed considerably since the last evaluation used in this report. A five-year evaluation of the new program began in 2001.

§ The juvenile boot camp cost in column(2) is a negative number because, in Washington, youth in the State's basic training camp spend less total time institutionalized than comparable youth not attending the camp. In column (4), this "negative" cost is a benefit of the camp versus a regular institutional stay.

* Programs with an asterisk are the average effects for a group of programs; programs without an asterisk refer to individual programs.

Appendix C:
Summary of Key Person Interviews

In performing an environmental scan and gaps analysis of youth substance abuse prevention programs and services in Multnomah County, it has proven useful to tap into the vast knowledge and diverse perspectives of the many professionals working to achieve goals within programs related to this issue. At the onset of our analysis, we designed and conducted key person interviews with 24 people in the County who were identified to us by our client as important and connected people with in the youth substance abuse prevention community in Multnomah County.

By interviewing substance abuse prevention professionals at all levels of engagement, we sought to 1) gain a strong understanding of what is currently being done in the County to address youth substance abuse issues, 2) identify the gaps and barriers in youth substance abuse prevention, 3) gather more detailed information on the nature of "fragmentation," or the lack of communication and cooperation, which has been frequently identified as a significant hindrance to agencies, organizations and programs in the County, and 4) get a better idea of professionals' perceptions of the scope of the problem. This information was to be used to develop a better understanding of the system as a whole, as well as to inform the design and "focus" of our focus groups that were to be held at a later stage in the project.

Methodology

Initially, out client, Larry Langdon, provided the team with a list of 27 names of professionals working in the field or fields related to youth substance abuse prevention. This list included a diverse group of programs and services, from people working in the schools, to those serving youth and families in housing projects, to people working in Juvenile Justice.

Based on the information that we were hoping to collect, the team designed a set of questions to ask the interviewees. The questions fell into four broad categories: (1) Program or Agency Specifics, (2) The State of the Prevention System in Multnomah County, (3) Current and Past Attempts at Collaboration, and (4) Networking Questions – designed to expand our network of contacts further, both for key person interviews and focus groups.

The questions that the team asked ranged from the very broad, such as " How well is the County currently addressing youth substance abuse issues?" to the programmatic level, such as, "What other agencies and organizations do you collaborate, partner or network with?"

The interviews were conducted primarily over the phone, and the interviewer was responsible for taking notes and writing up a summary of the interview afterwards. The team members did experience some degree of difficulty in contacting and scheduling interviews with all of the people on the list. Some people contacted were not available for interviews or were reluctant to be interviewed because they did not see where they fit into the "prevention picture." The team conducted 18 interviews out of the 27 initial names on the list. However, through the use of networking the team eventually conducted twenty-four interviews overall.

Summary of Responses

What is the scope of the problem of substance abuse in Multnomah County?

Not surprisingly, most interviewees stated that there was a big problem with substance abuse in the County among youth. The biggest issues are with marijuana and alcohol use. Some noted that the attention placed on methamphetamines might be unwarranted as it is not as big an issue among youth in the County as other drugs. In addition, the use of tobacco among youth has been declining.

Some of the sources of the problem might include a failure of many parents to recognize substance abuse as a specific problem – especially marijuana and alcohol, children dealing with parents who are addicted, and lack of some specific services (discussed further below). Interviewees also cited a lack of programs and services that specifically target these issues for youth as a key factor in the problem.

How well do the programs and organizations in Multnomah County address youth substance abuse issues overall?

Overall, the issue most cited by the interviewees was a lack of a consolidated system of youth substance abuse prevention at the County level. Among the problems discussed surrounding this issue were a lack of specific focus on substance abuse prevention at the County level and a disconnect between other services and treatment goals, such as teen pregnancy and drop outs, and substance abuse (youth might be receiving services for a related problem, but not for drug abuse).

While specific programs and services in the County seem to be doing a good job overall, the need for a more consolidated effort at the County level is apparent. There is a lack of aligned goals among many programs that could be addressing substance abuse issues. Many of those working with at risk youth do not recognize their role in drug abuse prevention. In addition, the lack of planning has led to a more reactive method of addressing problems (this issue is also related to funding, discussed later), as opposed to strategic planning of programs aimed at proactively addressing substance abuse issues.

What are the services of programs that an at-risk youth would come into contact with in the County?

For the most part, the recognition and referral process in the County begins with the school system. In Portland Public Schools, there are two mental health professionals that provide an assessment of children who are referred to them. Children can also receive a drug and alcohol assessment, though there is some evidence that this service is under utilized. After referral from the school, whether or not the child receives the needed services is highly dependent on a number of factors including the motivation of the parents, their income levels and whether or not they have insurance. The space between referral from the school and the actual delivery of services was noted as a major gap in the County system.

Are there any programs or services not in place in the County that should be?

This was a very broad question and we received a wide range of answers, from missing elements at the County level, to the very specific needs of certain programs. Two commonly cited needs were the need for more early childhood services and the need for more cultural competency and programs targeted at specific ethnicities (Hispanics, African Americans). Many stated that early childhood was a key intervention area, but that there were not enough services to reach all of the children and parents in need of help. There is also a lack of culturally specific prevention and addiction programs and services, and there are very few mainstream programs that are truly culturally competent. This is a developing need, especially with a rapidly growing Hispanic population in the County.

Some respondents placed an emphasis on the role of schools in prevention, and the lack of services within the school system. Some called for more coordination between schools and other programs, such as after school activities and youth development programs. One person gave the example of the Police Activities League (PAL), which "works closely with schools and the County to identify high-risk kids and then get them into programs that will build protective factors." Two interviewees, who worked for Portland Public Schools, cited a need for Alcohol and Drug specialists and more health teachers in the schools.

More focus was placed on the SUN (Schools Uniting Neighborhoods) Schools as having potential to fill the needed link between youth prevention, families and the community. However, a few interviewees were concerned with the new role of these schools as community centers, and the focus of resources there. They felt that this focus would leave many people in need of services out – those that are not involved with the school, children that are not in school, etc. One person stated, "I think that county did away with family centers in neighborhoods and moved everything into the schools (SUN Schools). What happened in the process is that all of the individuals that most needed the services now do not have access to them since the services are in the schools – This doesn't catch the kids that really need help and aren't going to go through the school doors to get services."

Collaboration

When asked to talk about collaboration within their own program or organization, all of the interviewees cited several agencies and organizations with which they network or collaborate. Many collaborations occur around specific programs such as reducing tobacco use, or reducing the drop-out rate for high school students. Funding is the impetus for much collaboration, where specific grants require a collaborative component. However, there is evidence that some of the collaboration, especially between organizations and schools is not necessarily driven by funding requirements.

Many interviewees cited successful collaborative efforts that have occurred in the past as potential models for future efforts. The Multnomah County Tobacco Coalition was cited by a few interviewees as a good example of collaboration around a specific goal. The Coalition was successful because it brought many programs and agencies together in order to focus on one specific goal and it outlined very specific outcomes related to that goal. Other organizations in the County that work on fostering collaboration include Oregon Partnership for Youth, the Children's Investment Fund, and the SUN Schools.

Most interviewees agreed that there was a need for further collaboration, both among specific organizations and within the County system overall. One frequently cited reason for the need

was to better address decreased funding. However, others pointed out that collaboration does not always mean that less funding is needed, and in some cases, can require more funding to drive the collaboration.

Internal Challenges

Most interviewees cited funding as the greatest challenge that their agency or program faces. There were two major issues within the broad category of funding that were frequently mentioned: lack of funding and the nature and administration of grant funding.

Clearly, lack of funding or inadequate funding is a major issue that many social service organizations must deal with on a daily basis. Many non-profit organizations are dependent on grant funding which as one person pointed out, "always has an ending date." Inadequate funding or the struggle to obtain funding effects all levels of prevention and social service organizations, from the administrators that must spend most of their time trying to secure funds, to the line-level staff that are forced to deal with low salaries, to the clients who must adjust to a generally high staff turnover rate.

In addition to inadequate funding, the nature of much of the funding for prevention work has a profound effect on the way that programs operate. There is no consolidated source of money in the County, rather many different grants and funding sources – from the federal government to local, private foundations. Grants are frequently centered around one specific goal, and any given organization may be juggling several different grants at one time. This fragmentation of funding creates a fragmentation in services. There may be a great deal of money available at a certain time for a specific "hot" topic, and so many organizations will bend their programs around that hot topic. However, when the money runs out, so do the programs.

The issue of funding has a profound effect on a number of other challenges that interviewees said they faced including: accessibility of services to clients, staff turnover, and keeping kids in the necessary treatment.

Many notable suggestions for improvement came out of the conversation about internal challenges. The following is a list of other stated needs:

- Need for more networking, which is different from collaboration
- More outreach to schools and families
- Public education campaign at the local level
- More agencies providing alcohol and drug services to the uninsured or OHP
- Working poor or transitory populations really fall through the cracks

Conclusion

The significant gaps that were identified through the key person interviews include the following:

- The lack of a specific focus on prevention at the County level
- Inconsistent referral system of at-risk/in-risk youth – beginning at the school level

- Early childhood services are not able to reach all families in need
- Lack of culturally specific programs and cultural competency
- Need for more networking among programs and agencies
- Need for collaborative efforts centered around specific goals
- Funding fragmentation
- Lack of services for those without insurance

Appendix D:
Summary of Focus Group Meetings

Utilizing the initial contacts as well as the data provided by the key person interviews, a series of facilitated focus groups were conducted with local service providers and county level administration. The overarching objectives associated with this next phase of qualitative research aim to represent the perspectives and opinions of a variety of agencies and organizations. Through an informal discussion of existing challenges and obstacles participants were encouraged to explore and identify system-based gaps and challenges that subversively influence an integrated and comprehensive system of prevention and youth based services within Multnomah County.

In an attempt to incorporate a broad network of organizations invitations were sent to more than 57 individuals and over 39 agencies. Out of those invited, approximately 20 individuals participated in five 90-minute sessions that took place on April 12th and 13th at the County' offices in Portland, Oregon.

These participants represented a diverse sample of agencies and organizations including: Lifeworks NW, Outside In and Project Metamorphosis, Boys and Girls Club of the Greater Portland Area, Morrison Family Services, Portland Public Schools, Multnomah County Department of Mental Health and Addiction Services, the Commission on Children Families and Community, Schools Uniting Neighborhoods, Insights Teen Parent Program, and New Avenues For Youth.

Methods and Process

The basic structure of these focus groups followed a simple outline that encouraged participants to move from an internal discussion of agency-based challenges and strengths into a conversation of challenges that externally influence an integrated and comprehensive system of prevention services within Multnomah County. In order to provide relative framework for a discussion of these services, a literature-based definition of prevention and social services was provided to the participants of each focus group.

After identifying key challenges at a systems level through a series of "snow card" activities, participants were then asked to reflect upon the County's existing prevention based goals. (Each answer was written on a card called a "snow card." The individual cards were then stuck to a wall according to common themes, producing several "snowballs" of cards.) Each group member was then asked to expand upon these adopted goals through an informal brainstorming session that attempted to identify next steps and barriers in achieving desired outcomes.

Key Findings

The overarching themes and/or categories identified by participating service providers and administrators reflect the most consistently recognized and pressing challenges identified within Multnomah County. For the purpose of this report a discussion of these challenges have been condensed into six "themes" or categories, utilizing the labels provided by group

participants: Funding, Culturally/Population specific services, Education and Research, Communication, Politics and Policy, and Program Delivery.

Funding

Funding was the most consistently identified challenge. All participants categorized a general lack of resources and competition for funding streams as a primary obstacle in long-term support for services and coordination efforts among individual agencies and providers. Participants consistently expressed concern that the County's current funding created a siloed structure of distribution that was continually compromised by political agendas and fluctuating requirements.

Other identified challenges associated with the current funding system in Multnomah County include:

- Greater expectations placed upon the role of nonprofits in prevention/services without additional funding to support these services.
- Lack of funding for home visits and increased family support
- Lack of funding clarity
- Constant adaptation of program model to funding changes
- Amount of reporting from having multiple funding sources (time and staff consuming)

Culturally/Population Specific Needs and Services

A general lack of culturally sensitive and population specific services was also identified as an increasing concern for service providers within Multnomah County. These concerns include:

- A lack of cultural understanding and research to target and find best practice models for minority and homeless populations
- Lack of culturally specific providers especially in mental health therapy and alcohol and drug services
- Considering 18-24 populations as adult vs. youth in reference to eligibility requirements for support services (especially critical for homeless youth)
- At risk populations that have not reached the justice system are often difficult to access and are many times not connected with the community and in turn necessary support services

Education and Research

A general lack of necessary education and training contributed to a variety of internal as well as external challenges facing local agencies and individual providers within Multnomah County. In addition to a lack of education and information concerning mental health services, many participants identified a lack of effective evaluation and outcome measurement for organizations as an impeding factor in the provision of evidence based services.

Similarly, participants felt that a lack of objective data, as well as relevant models and best practice literature influenced the quality and stability of services throughout the County.

Communication

Due to a lack of communication between service providers and County-level administration, focus group participants felt that certain youth populations in Multnomah County have been simultaneously underserved and overserved by agencies and organizations. Because of a lack of integrated youth programs and support services, organizations tend to fall subject to "turf" battles over geographic and population specific areas within the County.

Similarly, participants felt that a lack of sustained and facilitated communication among service providers has resulted in a fragmented system of prevention that has become increasingly difficult to navigate. The complexity of the system is further complicated by the lack of an updated and comprehensive database of services and programs within the County.

Politics and Policy

Contemporary political climates and existing policy issues greatly influence funding streams, as was previously identified. In addition to these concerns, participants felt that existing structures and political paradigms within the County demanded that contracted service providers face consistently low salaries and funding cuts while simultaneously attempting to provide for an increased demand for services.

In addition, a lack of coordinated regulations and eligibility requirements for services and support systems within Multnomah County complicate the provision of services; oftentimes duplicating efforts or turning away populations in need. Service providers that work specifically with homeless populations (both youth and adult) identified this challenge as a barrier in terms of access to these populations they are attempting to serve. Many homeless individuals and families have an immediate need for services and support. If these populations are turned away or faced with arbitrary deadlines and waiting lists, a providers ability to reach and provide follow up support is greatly hindered.

Program Delivery

The last category that was identified by participants translates internal, program-based challenges into a larger discussion of service delivery within Multnomah County. These gaps and barriers identify what programs and partnerships participants feel are absent or under-utilized. These challenges and concerns include:

- A lack of integrated youth programs/support in order to effectively decrease risk factors
- A lack of programs and integration within schools. Prevention is not a part of the school's service so it becomes an outreach service that nonprofit organizations must take on. However, it is more difficult for nonprofit agencies and organizations to reach these populations outside of school settings.
- Programs that are geared towards parenting classes and support are oftentimes only when parents are about to lose custody and are on a caseload. There needs to be more parent and family involvement across all youth services within Multnomah County.
- Lack of follow-up services, especially for homeless populations.

- Caseworkers are often only assigned to adjudicated/judicial system kids.
- Lack of best practice models for minority populations

Participant Recommendations

In conclusion, participant recommendations have been included as a means with which to proactively address the challenges and concerns within the system. These recommendations frame many of the next steps participants' felt the county as whole would need to address in order to move towards a more integrated, and accessible system of prevention. These next steps include:

- A county wide, universal definition of prevention needs to be established. At what level does prevention lead to intervention?
- The County must become an advocate for community groups and service providers that are recognizing the needs of homeless youth populations specifically due to the level of demand and lack of direct attention in Multnomah County.
- Money specifically designated for facilitating an increased integration of schools and prevention services.
- Integrating the person as a whole into the school system: creating a physical place, a centralized location for a full service support system including family and mental health services. Allowing the schools, which by default allow access to a "captive audience" of school age youth, to become the center of a centralized system of prevention and prevention services in the County. A resource development coordinator could then enhance this centralization by maintaining a level of stability in funding that will specifically coordinate financial support for families as well as populations within schools.
- Encourage the culture of assessment and evaluation of service providers within Multnomah County.
- Increased funding for home visits and family services.
- Coordination of funding and a comprehensive system of program information, which will address the challenges associated with navigating the current system of prevention in the County. Certain groups identified specific means with which to address coordination and collaboration of services focusing upon county meetings of HHS and SAMHSA participants, as well as youth provider meetings that would bring together organizations such as: JDH, New Avenues For Youth, Outside In, St. Vincent De Paul, Metamorphosis, and Janus Youth to name a few.
- Tri-County youth consortium: Intermediary non-profit group of service providers with monthly meetings and scheduled staff trainings. Possible heads for this consortium include: The Multnomah Department of Mental Health and Addiction services or The Multnomah County Commission on Children, Families and Community.
- Increase collaboration with the media on drug and alcohol issues: Address the impact the media has upon the community and in turn hold the media to a higher standard about what they are communicating to the general public.

- Open and realistic alcohol and drug prevention in schools by trained professionals and educators that will focus less upon abstinence programs and more upon harm reduction and the support of general decision making skills.