Fundamentals of the Strategic Prevention Network

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Disclaimer

- Elevate Youth California (EYC) is a program of the California Department of Health Care Services (DHCS) funded through Proposition 64 California Cannabis Tax Fund, Allocation 3, YEPEITA. Sierra Health Foundation: Center for Health Program Management (The Center) is contracted to support the implementation of EYC. This statewide program provides funding and technical assistance for organizations that are developing or increasing community substance use disorder (SUD) prevention, outreach, and education focused on youth.

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A Few Logistics

- To ensure the best audio quality, all participants will be muted except in the breakout rooms. Please go off video if you are moving.
- Click “CC” on the bar at the bottom of the screen for auto captioning.
- Share your questions for the group in the chat.
- The recording and materials will be shared after the training and posted to the EYC website.

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A Few Logistics

- If you have questions for the presenter, you may privately chat the word “support.”
- Take care of yourself during the training.
- If you must leave before the end of the session, please complete the feedback form that pops up. The survey will also be shared post-event.

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Welcome

Your purpose is not
the thing you do. It is
the thing that happens
in others when you
do what you do.

-Dr. Caroline Leaf

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How are you arriving?

Chat your cat.

- Share your **name, pronouns, location,** and the **role** you play in caring for others.

- A **feeling** that has been visiting you lately *(no need to explain)*.

Settling Inward: Self Check

Take the next sixty seconds to engage in any of the following practices:

- Drop your shoulders.
- Exhale deeply. Audibly.
- Unclench your jaw. Your belly.
- Take a big stretch.
- Sip water.
- Shake it out a little.
- Find a warm tone in your body. Offer gratitude.
- Feel into your feet. wiggle your toes.
- Look around the room, find exits, notice light, and signs of life.

Land and Labor Acknowledgement

Meet Today's Trainer

Julia Arroyo

She/Her

Executive Director

Young Women's Freedom Center

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Today's Objectives

To introduce core concepts of prevention as a healing-centered, systems-based, life-course approach, and strengthen your ability to identify and apply prevention strategies that:

- Align with the Fundamentals of the Prevention Framework.
- Apply a healing-centered lens.
- Identify risk and protective factors.
- Identify one action step.

Today's Flow

- Welcome
- Prevention foundations and healing-centered lens
- Risk and protective factors
- Strategic Prevention Process (SPP) overview
- Application activity and case discussion
- Sustainability and systems change
- Reflection and Closing

Prevention Foundations and Healing Centered Lens

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Chat Waterfall

What does prevention mean to you?

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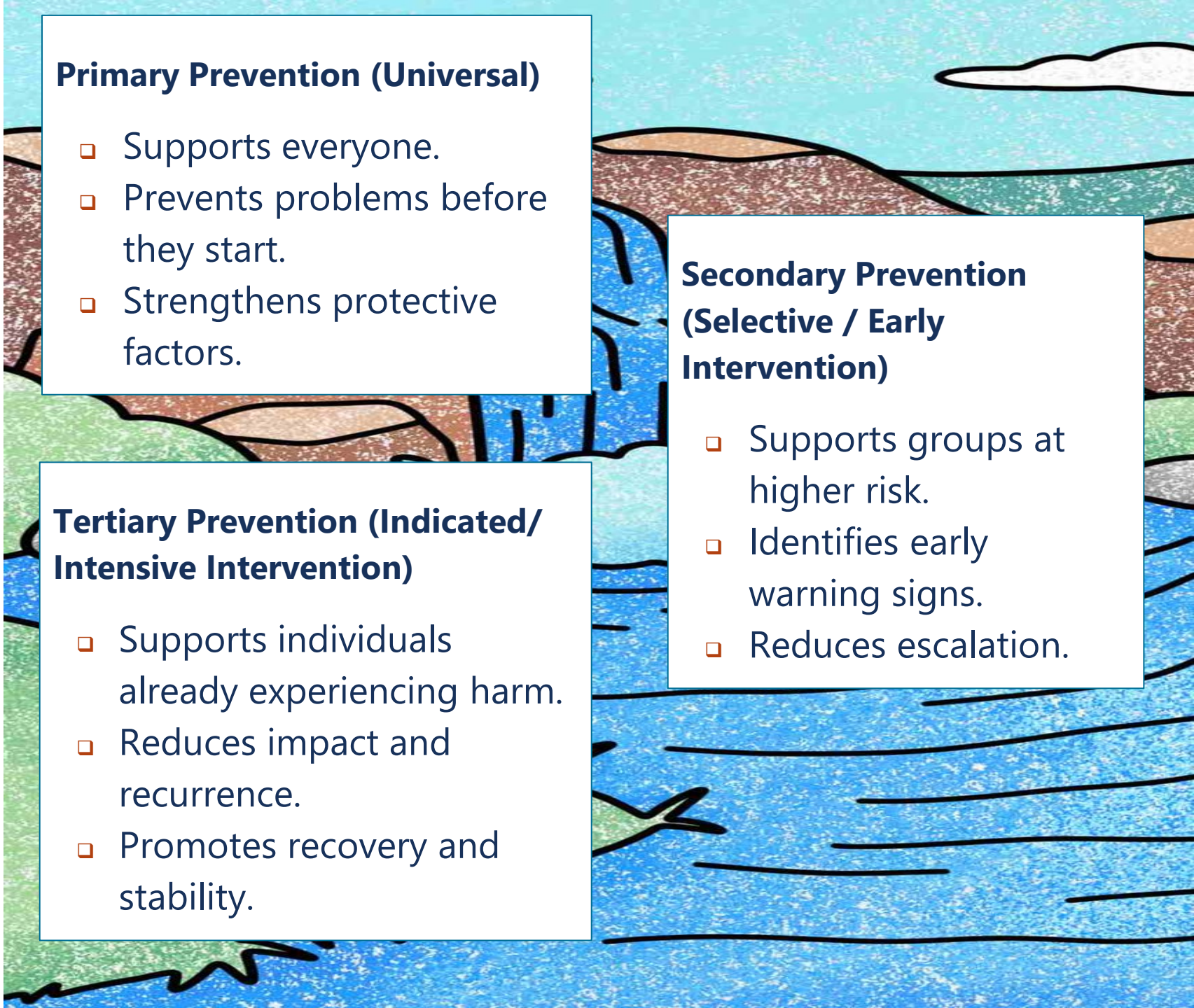
Prevention as a Continuum of Care

Prevention is not a single moment — it is a layered, proactive system of support across the life course.



Primary Prevention (Universal)

- Supports everyone.
- Prevents problems before they start.
- Strengthens protective factors.

Secondary Prevention (Selective / Early Intervention)

- Supports groups at higher risk.
- Identifies early warning signs.
- Reduces escalation.

Tertiary Prevention (Indicated/ Intensive Intervention)

- Supports individuals already experiencing harm.
- Reduces impact and recurrence.
- Promotes recovery and stability.

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Attempts to Prevent (SUD)

Deficit-Based Models	Risk-Reduction Focus	Trauma-Informed Approaches	Healing-Centered Engagement
Focus: What's wrong? **Examples:** ▪ "Just Say No" campaigns. ▪ Scare tactics emphasizing worst-case consequences.	**Focus:** Identify and reduce risk factors. **Examples:** ▪ Drug Abuse Resistance Education (D.A.R.E.). ▪ Early zero-tolerance school policies.	**Focus:** What happened to you? **Examples:** ▪ Screening for adverse childhood experiences (ACEs). ▪ Restorative practices in schools. ▪ Mentoring programs.	**Focus:** What's strong? What's possible? **Examples:** ▪ Youth leadership programs. ▪ Cultural identity development initiatives. ▪ Community-based programs.
Core Assumption: Youth engage in risky behavior due to poor choices or lack of willpower.	**Core Assumption:** Education and rule enforcement reduce substance use.	**Core Shift:** Behavior may be a response to stress, trauma, or unmet needs.	**Core Shift:** Prevention builds belonging, identity, purpose, and opportunity—not just behavior change.

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Risk and Protective Factors: Healing Centered Engagement

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Healing Centered Prevention

- Engages people as agents of their own well-being.
- Asks what's right with you?
- Builds on experiences, knowledge, skills, and curiosity as positive traits to be enhanced.

Protective Factors as Community Strengths

Examples:

- Positive school climate.
- Cultural identity and belonging.
- Strong family bonds.
- Access to opportunity.
- Youth leadership.

Reframing Risk Through Healing

Instead of: "High crime neighborhood"
Ask: "What structural conditions contribute?"

Shift from blame → context → opportunity

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Strategic Prevention Framework

"Resilience theory … provides a framework for studying and understanding how some youths overcome risk exposure and guides the development of interventions for prevention using a strengths-based approach."

Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A.(2013). Adolescent Resilience: Promotive Factors That Inform Prevention. Child Development Perspectives, 7(4), 215–220.

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The Strategic Prevention Framework (SPF)

- A five-step guide
- Data driven
- Collaborative
- Continuous

Assessment

- **Qualitative:** Non-numerical, subjective: involves anecdotes, case studies, results of focus groups, key informant interviews, stories**.**

- **Quantitative:** numerical; statistics: involves counts, survey results, pre- and post-test results.

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Assessment

- **Cultural Responsiveness:** Meeting people where ***they*** are (regardless of where ***you*** are) in terms of their (and your) values, culture, languages, lifestyles, and traditions.

- **Sustainability:** The process of building an adaptive and effective system that achieves and maintains desired long-term results.

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Assessment

- How does your organization collect data?
- What are barriers to collecting qualitative and quantitative data?
- What are some of your strengths with assessment?

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Capacity Building

Capacity Building

Examples:

- Engaging key stakeholders and rightsholders.
- Developing and strengthening your teams.
- Creating a capacity building plan.

What strategies have you found most effective when building meaningful partnerships and networks of care?

Capacity Building Plan Example

Actions		Timeline
Community Resources	Build	Y1
	Promote	Y2/Q1
	Recruit	Mo 1-3
	Coordinate	
Organizational Resources	Develop	
	Present	
Human Resources	Hire	
	Train	
Fiscal Resources	Research	
	Apply for	

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Planning

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Planning

Examples:

- Logic Model.
- Theory of Change.
- Start with a problem statement.
- Identify outcomes.
- Map through potential solutions.

Logic Model Example

Underage drinking is a priority in our County because **alcohol is accessible to teens by adults**, **parents do not believe drinking is harmful**, and **teens have a favorable attitude toward drinking.** Binge drinking and youth accessibility for alcohol lead to high rates of **alcohol involved traffic accidents.**

Problems	Risk/ Protective Factors	Programs/ Practices	Short-term Outcomes	Intermediate-term Outcomes	Long-term Outcomes
Underage Drinking **Alcohol-Involved Traffic Accidents**	Alcohol is accessible to teens by adults.	"Parents Who Host Lose Most".	Recruit 10 sheriff-referred parents.	50% if parents will lock their household alcohol.	Underage drinking rates will decline by 10%. Alcohol related traffic accidents among teens will decline by 15%.
	Parents do not believe underage drinking is harmful.	"Family Matters" groups.	Recruit 12 parents to "Family Matters" through Child Protective Services (CPS) and SUD programs.	30% of parents will not condone their teen's use of alcohol.	
	Teens have a favorable attitude towards drinking.	Project ACHIEVE.	Recruit 125 students to Project ACHIEVE.	25% of teens will stop drinking.	

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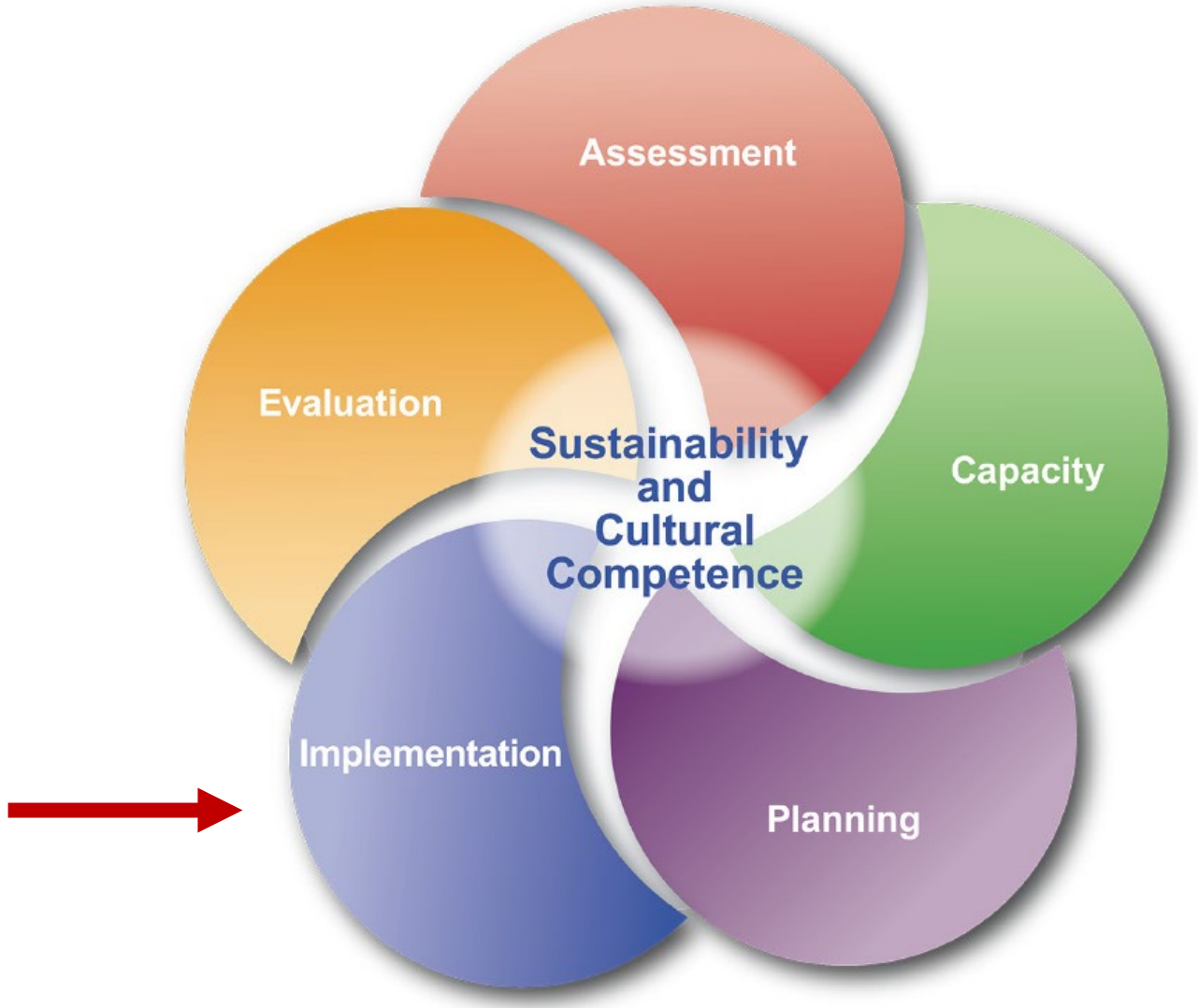
Implementation



Implementation

- **Fidelity:** The degree to which a program or practice is implemented as intended.
- **Adaptation:** Describes how much, and in which ways, a program or practice is changed to meet local circumstances.
- **Balancing both:** Retain core, build capacity, add over subtracting, adapt intentionally, leverage help.
- **Establishing supports:** Administrative, partners, and other providers, and clear action plans.

Implementation Plan Example

SUD Prevention: To prevent and reduce substance use by at least 75% as self-reported by 150 program participants by increasing protective factors through engagement in formal 1:1 mentorship programs, cultural and healing-centered safe spaces, and cohort-based training/internship opportunities by December 2028.

Activity	Timeline	Who is responsible	Frequency
Outreach to secure three locations.	July – September	Youth Program Director	Annually
Outreach to recruit youth and engage families.	July – August	Youth Program Manager	Annually
Implement ten monthly program sessions.	August – July	Youth Coordinator	Annually

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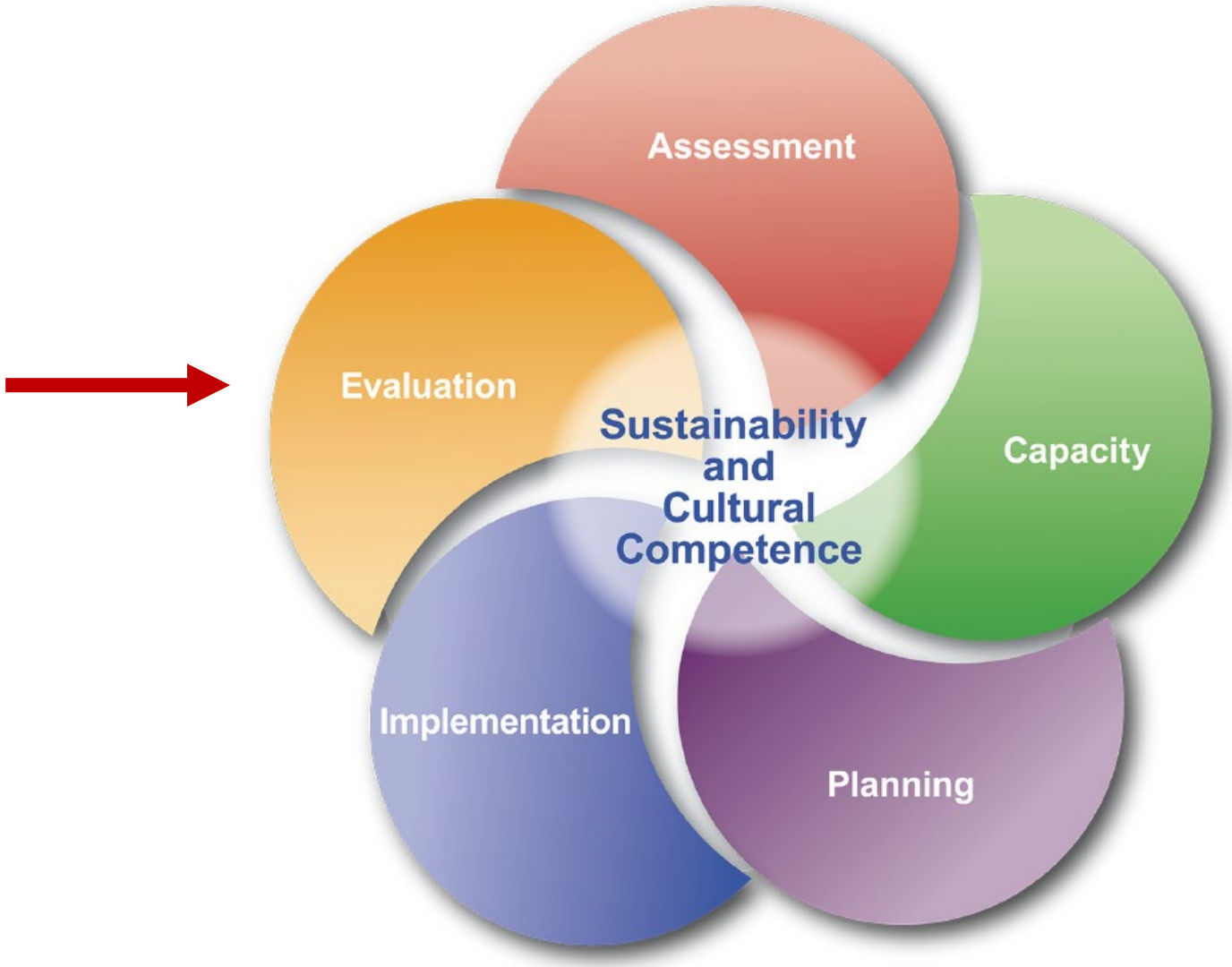
Evaluation



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Evaluation

- The systemic collection and analysis of information about prevention activities to improve effectiveness, reduce uncertainty, and facilitate decision making.
- **Process:** Did we do what we said we were going to do?
- **Outcome:** Did we achieve the results we hoped for? Did we make a difference?

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Evaluation Considerations

- Start intentionally.
- Collect information respectfully.
- Treat evaluation as a collective learning process.
- Share findings respectfully.

Nothing happens about communities, without communities!

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Sustainability and Cultural Competence

Building Cultural Competency using the SPF

- **Assessment:** Identify the vulnerable sub-populations in your area and the health disparities they experience. Identify data gaps and attempt to fill them. Use qualitative data when necessary.

- **Capacity:** Make sure that practitioners understand the role of cultural competence in their work and the unique needs of those sub-populations experiencing disparities. Provide training as needed.

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Building Cultural Competency using the SPF

- **Planning:** Ensure community representation in the planning process is a priority. Make members of the focus population active participants and decision-makers. Identify and prioritize factors associated with disparities.

- **Implementation:** Involve populations experiencing behavioral health disparities in delivering services designed for them.

- **Evaluation:** Allocate needed evaluation resources to learn whether the interventions you selected are having the intended impact on the behavioral health disparity you hope to reduce.

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How to Build Sustainability into the SPF

- **Assessment:** Build relationships with data keepers and stakeholders who can help support and sustaining local prevention efforts over time.

- **Capacity:** Promote public awareness and support for your programs. Engage partners and cultivate champions.

- **Planning:** Make sure that prevention interventions fit with local needs, capacity, and culture. The better the fit, the more likely your interventions will be successful and sustainable.

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How to Build Sustainability into the SPF

- **Implementation:** Work closely with community partners to deliver evidence-based programs and practices as intended. Closely monitor and evaluate program delivery (e.g., youth listening sessions). Celebrate "small wins" along the way.

- **Evaluation:** Share evaluation findings to build support needed to expand and sustain effective interventions.

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Putting it All Together: The SPF at a Glance

Step 1: Assessment	Assess problems and related behaviors	Prioritize problems (criteria: magnitude, time tread, severity, comparison)	Assess risk and protective factors
Step 2: Capacity	Engage community stakeholders	Develop and strengthen a prevention team	Raise community awareness
Step 3: Planning	Prioritize risk and protective factors (criteria: Importance, changeability)	Select interventions (criteria: effectiveness, conceptual fit, practical fit)	Develop a comprehensive plan that aligns with the logic model
Step 4: Implementation	Deliver programs and practices	Retain core components	Establish implementation supports and monitor
Step 5: Evaluation	Conduct process evaluation	Recommend improvements and make mid-course corrections	Share and report evaluation results

Application Activity and Case Discussion

Case Study: “Riverbend High Youth Coalition”

- Riverbend High School is a mid-sized urban school.
- Staff have noticed an increase in vaping, alcohol use, and occasional marijuana use among 9th–11th graders.
- Reports suggest peer pressure, high stress, and a lack of after-school activities. Some students have experienced trauma at home or in the community.

Small Group Discussion Questions: Riverbend High School Youth Coalition

1. **What data would you collect?**
   - Who is affected? Age, grade, demographics.
   - What substances are involved?
   - Where and when use occurs.
   - Existing protective and risk factors.

2. **What protective factors exist in this community?**
   - Positive peer groups.
   - Teachers and counselors who mentor students.
   - Community programs (e.g., sports leagues, youth clubs).
   - Cultural and family strengths.

3. **What healing-centered strategies could be used?**
   - Programs that build belonging and leadership (peer mentoring, youth councils).
   - Trauma-informed social-emotional learning.
   - Family engagement initiatives.
   - Community mobilization (after-school programs, recreational spaces).

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Reflection and Closing

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What thoughts, feelings, or emotions are you experiencing?

- Key insights.
- Challenges identified.
- Systems-level opportunities.

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Questions?

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Thank You!

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