

2015 Prevention Needs Assessment Survey Profile Report

This report summarizes the findings from the Prevention Needs Assessment (PNA) Survey that was conducted during 2015. The results are presented along with comparisons to national data sources such as the Monitoring the Future Survey (only grades 8, 10, and 12 are surveyed) and the Bach Harrison Norm (BH Norm), which consists of a large, weighted, nationwide sample.

The survey was designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. The risk and protective factors have been shown to influence the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth.

Table 1 contains the characteristics of the students who completed the survey from your community. When using the information in this report, please pay attention to the number and

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percentage of students who participated from your community. If 60% or more of the students sample participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, a review of who participated should be completed prior to generalizing the results to the entire community.

The Risk and Protective Factor Model of Substance Abuse Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they

Table 1. Characteristics of Participants

| Student Totals | | | | | | |
|-----------------------|------------------|---------|--------|---------|--------|---------|
| Total Students | Berkshire County | | | | | |
| | 2011 | | 2013 | | 2015 | |
| | Number | Percent | Number | Percent | Number | Percent |
| | 2709 | 100 | 2774 | 100 | 2686 | 100 |
| Grade | | | | | | |
| 8 | 1137 | 42.0 | 1077 | 38.8 | 1051 | 39.1 |
| 10 | 827 | 30.5 | 984 | 35.5 | 909 | 33.8 |
| 12 | 745 | 27.5 | 713 | 25.7 | 726 | 27.0 |
| Gender | | | | | | |
| Male | 1354 | 50.3 | 1373 | 49.7 | 1310 | 49.1 |
| Female | 1340 | 49.7 | 1389 | 50.3 | 1360 | 50.9 |
| Ethnicity | | | | | | |
| Native American | 102 | 3.8 | 24 | 0.9 | 19 | 0.7 |
| Asian | 51 | 1.9 | 44 | 1.6 | 51 | 1.9 |
| African American | 93 | 3.5 | 108 | 4.0 | 114 | 4.3 |
| Pacific Islander | 18 | 0.7 | 23 | 0.9 | 10 | 0.4 |
| Hispanic | 115 | 4.3 | 109 | 4.1 | 120 | 4.5 |
| White | 2145 | 80.5 | 2280 | 85.3 | 2192 | 82.0 |
| Multi-racial or Other | 140 | 5.3 | 171 | 6.4 | 167 | 6.2 |

The Risk and Protective Factor Model of Substance Abuse Prevention (Continued)

have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior. Research on risk and protective factors has important implications for prevention efforts.

The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem.

By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance.

The chart to the right shows the links between the 19 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

| Risk Factors | Problem Behaviors | | | | |
|---|-------------------|-------------|----------------|-----------------|----------|
| | Substance Abuse | Delinquency | Teen Pregnancy | School Drop-Out | Violence |
| Community | | | | | |
| 1. Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime | ✓ | ✓ | | | ✓ |
| 2. Availability of Drugs & Firearms | ✓ | ✓ | | | ✓ |
| 3. Transitions and Mobility * | ✓ | ✓ | | ✓ | |
| 4. Low Neighborhood Attachment | ✓ | ✓ | | | ✓ |
| 5. Community Disorganization | ✓ | ✓ | | | ✓ |
| 6. Extreme Economic Deprivation * | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family | | | | | |
| 7. Family History of the Problem Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| 8. Family Conflict | ✓ | ✓ | ✓ | ✓ | ✓ |
| 9. Family Management Problems | ✓ | ✓ | ✓ | ✓ | ✓ |
| 10. Parental Attitudes Favorable Towards Drugs / Other Problem Behavior | ✓ | ✓ | | | ✓ |
| School | | | | | |
| 11. Academic Failure | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12. Lack of Commitment to School | ✓ | ✓ | ✓ | ✓ | ✓ |
| Peer / Individual | | | | | |
| 13. Early Initiation of Drug Use & Other Problem Behaviors | ✓ | ✓ | ✓ | ✓ | ✓ |
| 14. Early & Persistent Antisocial Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| 15. Alienation & Rebelliousness | ✓ | ✓ | | ✓ | |
| 16. Friends Who Use Drugs & Engage in Problem Behaviors | ✓ | ✓ | ✓ | ✓ | ✓ |
| 17. Favorable Attitudes Toward Drug Use & Other Problem Behaviors | ✓ | ✓ | ✓ | ✓ | |
| 18. Gang Involvement | ✓ | ✓ | | | ✓ |
| 19. Constitutional Factors | ✓ | ✓ | | | ✓ |

Building a Strategic Prevention Framework

The survey is an important data source for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF). CSAP created the SPF model to guide states and communities in creating planned, data-driven, effective, and sustainable prevention programs. Each part represents an interdependent element of the ongoing process of prevention coordination.

Assessment: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery. The SPF begins with an assessment of the needs in the community that is based on data. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness. The PNA results presented in this Profile Report will help you to identify needs for prevention services. PNA data include adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

Capacity: Mobilize and/or Build Capacity to Address Needs. Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Planning: Develop a Comprehensive Strategic Plan. States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on the assessments conducted during Step 1. The Plan should address the priority needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities.

Implementation: Implement Evidence-based Prevention Programs and Infrastructure Development Activities. By measuring and identifying the risk factors and other causal factors that contribute to the targeted problems specified in your strategic plan, programs can be implemented that will reduce the prioritized substance abuse problems. After completing Steps 1, 2, and 3, communities will be able to choose prevention strategies that have been shown to be effective, are appropriate for the population served, can be implemented with fidelity, are



Building a Strategic Prevention Framework (cont'd)

culturally appropriate, and can be sustained over time. The Western Center for the Application of Prevention Technology has developed an internet tool located at <http://casat.unr.edu/bestpractices/search.php> for identifying Best Practice Programs. Another resource for evidence-based prevention practices is SAMHSA's National Registry of Evidence-based Programs and Practices www.nrepp.samhsa.gov.

Evaluation: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail. Finally, ongoing monitoring and evaluation are essential to determine if the desired outcomes are achieved, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. The OPNA allows communities to monitor levels of ATOD use, antisocial behavior, risk, and protection.

Sustainability and Cultural Competence: Incorporate principles of cultural competence and sustainability in each of the five elements. At the center of the SPF model, sustainability and cultural competence play a key role in assessment, capacity appraisal, planning, implementation and evaluation, ensuring successful, long lasting prevention programs.

Sustainability is accomplished by utilizing a comprehensive approach. States and communities should plan adaptive, flexible programs around a variety of resources, funding, and organizations. An inclusive design helps build sustainable programs and achieve sustainable outcomes. A strategic plan that dynamically responds to changing issues, data, priorities, and resources is more likely to achieve long term results.

Sharing information gathered during the evaluation stage with key stakeholders, forging partnerships and encouraging creative collaboration all enhance sustainability.

Cultural Competence recognizes unique needs, styles, values and beliefs of the recipients of prevention efforts. Culturally competent prevention strategies use interventions, evaluations and communication strategies appropriate to their intended community. Cultural issues reflect a range of influences and are not just a matter of ethnic or racial identity. Learning to communicate with audiences from diverse geographic, cultural, economic, social, and linguistic backgrounds can increase program efficacy and ensure sustainable results.

Whether enlisting extended family networks as a prevention resource for single parent households, or ensuring there are resources available to bridge language gaps, cultural competency will help you recognize differences in prevention needs and tailor prevention approaches accordingly.

A one-size-fits-all program is less effective than a program that draws on community-based values, traditions, and customs and works with knowledgeable people from the community to develop focused interventions, communication, and support.

Validity Measures

Honesty: Because the survey was anonymous, and because confidentiality was stressed through the survey's administration process, most of the reasons for students to exaggerate or deny behaviors were eliminated. However, Bach Harrison has built several checks into the data analysis to minimize the impact of students who were either not truthful in their responses or who did not take the survey seriously. Surveys were eliminated from the final data reported in this report for meeting one or more the following five pre-determined dishonesty indicators:

1. In response to a question about whether or not they had been honest in completing the survey, the students indicated that they were "Not Honest At All" in completing the survey.
2. The students indicated that they had used a non-existent, fictitious drug in their lifetime or in the past 30 days.
3. The students reported an impossibly high level of multiple drug use (having used substances on 120 or more occasions in the past 30 days).
4. The students indicated past-month use rates that were higher than lifetime use rates.