2022

PENNSYLVANIA PROGRAM INVENTORY AND RESOURCE REPORT

A report prepared for the Pennsylvania Cross-Systems Prevention Workgroup

ACKNOWLEDGMENTS

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CSPW Leadership

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Partner Agencies & Associations

Only through the expert input and tireless support of these representatives from many of Pennsylvania's systems, could CSPW and the creation of this vast report come to fruition.

Commonwealth Prevention Alliance
County Commissioners Association of PA
PA Commission on Crime and Delinquency
PA Department of Drug and Alcohol Programs
PA Department of Education
PA Department of Health
PA Department of Human Services
PA Liquor Control Board
PA Office of Attorney General
PA Recreation and Park Society
Pennsylvania State University
PolicyLab at Children's Hospital of Philadelphia
Prevention Coalition Advisory Council

EXECUTIVE SUMMARY

Background & Rationale

The Pennsylvania Program Inventory and Resource Report was commissioned by the Cross-Systems Prevention Workgroup (CSPW) to draw together information on the types of primary prevention initiatives being implemented across the Commonwealth, the systems delivering prevention, the level of evidence associated with prevention strategies, and the implementation quality monitoring and program evaluation strategies being used in these efforts.

Methodology

A total of 123 prevention stakeholders and providers reported on 415 promotion and primary prevention efforts being delivered across the Commonwealth of Pennsylvania. Of the 415 services reported, 155 were unique. Respondents reported on prevention services taking place in 60 of the 67 counties in Pennsylvania from 2017 to 2018. Data were collected in 2018.

EXECUTIVE SUMMARY

Report Highlights

- Schools are the main primary prevention delivery systems for youth, accounting for 44% of all approaches reported.

- Although more than 50% of the primary prevention approaches were ranked as "effective" or "promising" in terms of their documented impacts, a large proportion (44%) of strategies fell into the "untested" category, meaning that little is known about their actual impacts on targeted outcomes.

- Most prevention approaches have some procedures in place to assure high-quality implementation, but many of these strategies are underutilized. The use of implementation strategies did not vary significantly across systems or the level of evidence associated with the interventions.

- Most implementing organizations reported conducting some type of impact evaluation for their primary prevention strategies. However, in many cases evaluation could be strengthened to highlight the value of primary prevention to stakeholder groups and decision makers.

- Barriers to sustainability were common, and included problems securing stable funding, competing demands for staff time and staff turnover, lack of administrative support, and competing priorities.

EXECUTIVE SUMMARY

Recommendations

- In light of the fact that schools are the primary prevention delivery system for youth, other systems should support and collaborate to assure that schools have adequate resources. Supporting systems should take advantage of schools' natural reach to make primary prevention widely available.
- Whenever possible, systems should utilize effective or promising interventions, rather than untested or ineffective approaches. This will increase confidence that programs are having their desired impacts.
- Because high-quality implementation is central to the effectiveness of even the best prevention programs, all systems should increase their use of implementation monitoring as part of a continuous quality improvement strategy. If factors such as manualization, consistent training and technical assistance, and the use of monitoring forms are not available for a particular prevention approach, organizations should consider developing their own.
- Organizations and systems should consider the use of more rigorous evaluation strategies to document their impacts. This will assure stakeholders that their goals are being met. Some data sources, such as school district PAYS reports and administrative data collected at the local level, are currently under-utilized. Systems should consider integrating them into their evaluation plans.
- Given that funding, staffing, administrative support, and organizational roles all emerged as obstacles to sustainability, systems implementing prevention programs should develop their sustainability plans with these obstacles in mind. Focused planning and problem solving may diminish the impact of these barriers.

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PENNSYLVANIA PROGRAM INVENTORY AND RESOURCE REPORT

Background on the Program Inventory and Resource Survey

The program inventory initiative began with the identification of measures of prevalence data for six youth behavioral health risk outcomes specific to youth in Pennsylvania. Figure 1 lists important findings from Pennsylvania data on six CSPW-focused youth health risk behaviors from 2016–2018. These data correspond to the implementation timeframe assessed in the prevention program inventory survey, 2017–2018. These youth health risk behaviors have the potential to create high societal costs if left unaddressed, and indicate the need for effective, coordinated prevention programs, practices, and strategies related to the health and well-being of youth.

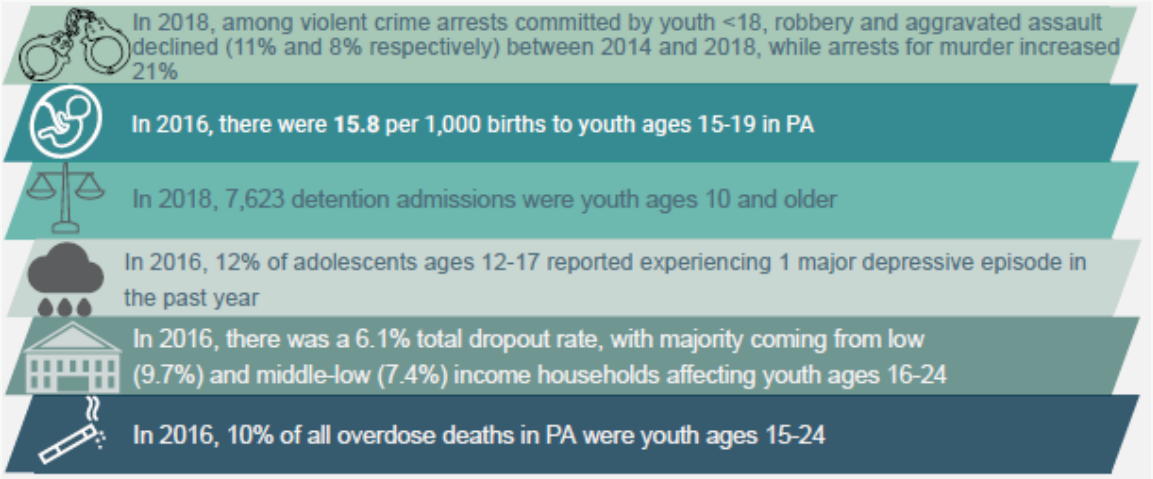

Figure 1. Pennsylvania data reflecting the six CSPW focused youth health risk behaviors from 2016 -2018, corresponding to the respondent reported program implementation timeframe

Rationale for the Pennsylvania Program Inventory & Resource Survey

The goal of primary prevention is to reduce or eliminate exposure to behavioral risk factors, and to build protective factors and resilience. Effective primary prevention has the potential to reach many youth at relatively low cost, and is associated with significant reductions in "downstream" costs associated with treatment and other intensive interventions.

The Pennsylvania Program Inventory and Resource Report provides a snapshot of primary prevention strategies used throughout Pennsylvania, with the goal of aiding and informing policy and decision-making regarding prevention resources. It offers an assessment of state and county primary prevention efforts regarding six youth outcomes: violence, teen pregnancy, delinquency, depression/anxiety, school dropout, and substance misuse. It incorporates information on intervention implementation, monitoring, and sustainability. This report includes county resources and prevention strategies used to decrease negative youth behavioral health outcomes, including their programmatic details, such as outcome measurement, fidelity, participation, and length of implementation. These data provide some insights into the resources and ongoing efforts that target overall improvement of life for youth and their families.

The Pennsylvania Program Inventory and Resource Report concludes with recommendations for key stakeholders in Pennsylvania on how they can best support prevention efforts statewide. The CSPW's overall goal is to highlight the importance of primary prevention for improving public health across the state and the role of specific prevention stakeholders and decision-makers in reducing risks and promoting healthy outcomes. A brief discussion of the limitations of the current data and recommendations for next steps is included.

Description of the Survey Variables Examined in This Report

Program Characteristics of Primary Prevention Services Delivered

Intervention Context

Primary prevention is delivered targeting a variety of different contexts. These contexts describe the socioecological levels at which risk and protective factors targeted by the preventive intervention are observed. Socioecological levels of the intervention context include domains described in the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center for Substance Abuse Prevention resource guide for science-based practices **(1)**.

CSAP articulates that risk and protective factors and an individual's character interact through six life or activity domains. Within each domain are characteristics and conditions that can function as risk or protective factors; thus, each domain presents opportunities for prevention.

The domains of focus included in the current report are individual, family, school, and community. Additionally, preventive interventions can also target multiple contexts within a single program; thus, we also examined preventative interventions in which more than one of the above domains were targeted.

Level of Evidence

The most effective and fiscally responsible way to promote positive youth development is through the use of evidence-supported prevention strategies. One way to determine the relative strength of a prevention approach is to consider the strength of the evidence supporting it. This can be conceptualized as a continuum with varying levels of confidence based on the amount of research evidence available on the outcomes associated with the strategy. This Continuum of Confidence is illustrated in Figure 2. Interventions can range from harmful to effective, with a large area in between representing the many approaches that have never been rigorously evaluated. Prior to investing in a prevention strategy, stakeholders should carefully evaluate the available evidence and determine where that strategy falls along the Continuum of Confidence. Whenever possible, ineffective or unevaluated strategies should be avoided in favor of those with better evidence of effectiveness.

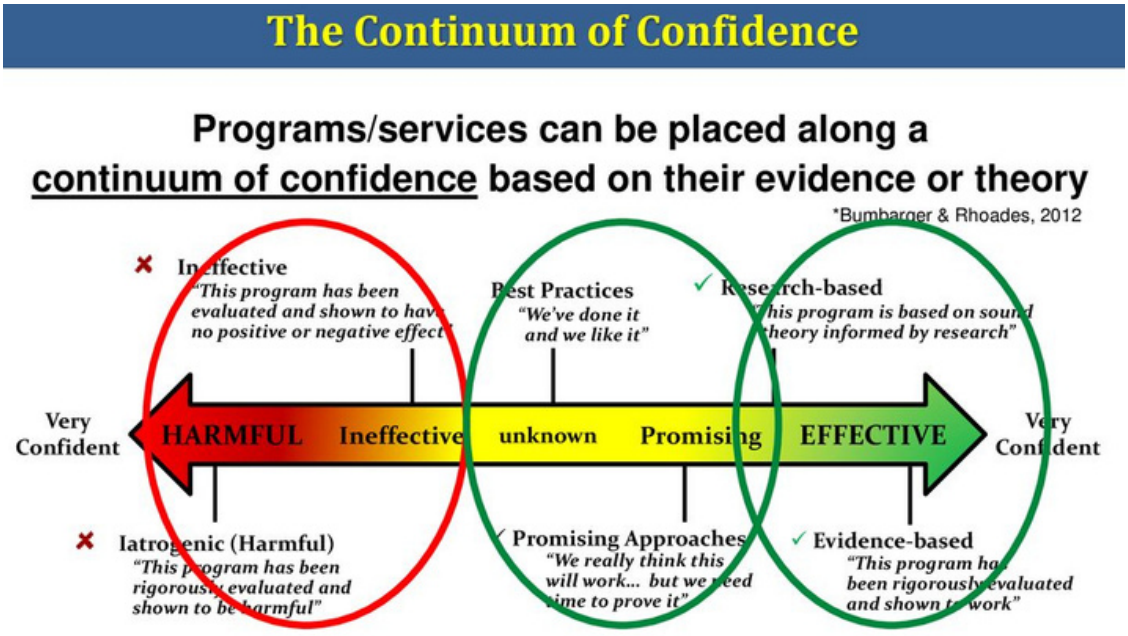

Figure 2. Depiction of the Continuum of Confidence Reflecting the Evidence-based Effectiveness of Primary Prevention Programs

Effective Programs: Effective approaches are evidence-based, meaning that they have been rigorously evaluated using high-quality research designs and found to have positive impacts on the targeted outcome. This generally requires at least one randomized control trial in which participants are randomly assigned to either receive the intervention or to a comparison group. Effective approaches also demonstrate sustained favorable effects in targeted outcomes for at least 12 months post-implementation and their effects have been replicated across multiple settings, including diverse cultural groups. Due to the rigorous processes involved, effective approaches usually come at a higher cost.

Promising Programs: Promising approaches are similar to effective approaches in that the available evidence suggests that the approach will be effective in achieving the targeted outcomes. They are also based on sound developmental theory. The main difference between effective and promising approaches is the rigor of the evaluation methods used. For example, promising approaches may lack a long-term follow-up or may have been evaluated using a quasi-experimental research design rather than a randomized controlled trial.

Informed Programs: Informed approaches are common in primary prevention because of their affordability. These approaches do use some type of research and theory to guide implementation but lack sufficient evidence to demonstrate a positive effect on the targeted outcomes. They are often driven by requests from the community in response to a perceived need, requiring a certain level of innovation that leans on expert opinion or research because of the lower price tag. This can be seen as a limitation because decisions are prioritized on the availability of monetary resources versus level of effectiveness. Additionally, these approaches have typically not been replicated across various settings, including cultural settings.

Untested Programs: Untested approaches are also very prevalent in primary prevention, again because they are an affordable option. These approaches have simply not been evaluated, so it is difficult to measure their effectiveness in terms of achieving desired outcomes. Unlike informed interventions, these approaches may also lack a sound theory of change, and may be based on questionable assumptions (i.e., scare tactics). Despite their lack of evidence, they may contain features attractive to communities, including low cost, emotional appeal and minimal requirements for time or training (i.e., one-time events).

Ineffective Programs: Ineffective approaches are those that have been evaluated and found to have no positive impact on the targeted outcomes. Examples include DARE, which was repeatedly evaluated over a 30-year period and shown to have no positive effects. Despite the lack of impacts and the associated waste of resources, use of such practices continues in communities, often because of strong advocacy by program developers or local champions.

Harmful Programs: Harmful approaches are those that have been rigorously evaluated and shown to have negative effects on participants. In these studies, youth who received the program had worse outcomes than those who received nothing or an alternative intervention. For example, justice-involved youth who participated in the Scared Straight intervention were found to be more likely to re-offend than those who experienced the traditional probation system. Harmful programs should never be used; however, they may also persist in communities for the same reasons that many ineffective interventions continue—habit, low cost, emotional appeal, and advocacy from developers or local champions.

Program Monitoring and Evaluation Activities

Evaluation and implementation quality are important aspects of intervention effectiveness and stakeholder accountability. They are always important but become even more vital in discussions of informed and untested approaches and their effectiveness on a population identified as having a specific need. Evaluation typically begins during the development stages of an approach and continues through implementation, ending with interactions with participants to evaluate impacts and measure short- and long-term effects **(2)**. Whether "program staff are pushed to do evaluation by external mandates from funders, authorizers, or others, or they're pulled to do evaluation by an internal need to determine how the program is performing and what can be improved," evaluative processes are more sustained when staff view results as useful information that can inform and guide effective programming **(3)**. When deciding between informed and untested approaches, evaluation becomes integral as a monitoring tool that can be adapted as positive or negative participant effects are discovered.

Implementation Fidelity Monitoring

Fidelity refers to the degree to which an intervention is delivered as intended. High fidelity indicates that the intervention administered all components in the correct order, critical elements were neither deleted nor changed, participants received the proper amount of the intervention (e.g., the right number of sessions), the individual delivering the intervention was properly trained, and participants were meaningfully engaged in the intervention (e.g., interested and actively participating). Research has shown that fidelity is closely tied to impacts for most prevention approaches. When interventions are delivered with high fidelity, they are more likely to have the desired impact on participants. Conversely, low-implementation fidelity is associated with diminished program effectiveness.

Fidelity of program implementation is critical to achieving targeted programmatic outcomes of proven effective prevention approaches. To achieve outcomes, community prevention systems need clearly defined outcomes and goals, with measurable steps (action planning) to achieve goals **(4,5)** and dedicated training, technical assistance, and tools that build the capacities of the community to implement actionable steps **(6)**. When fidelity is prioritized, approaches typically succeed in replicating results across various settings. When outcomes are validly measured (e.g., using pre/post testing), program success can be demonstrated. It is uncommon for unevaluated programs to have tools in place to monitor fidelity.

Measurement

Outcome evaluation involves the measurement of intervention impacts on the target population. Unlike implementation evaluation, which documents how a program is delivered, outcome evaluations are focused on what the actual effects on participants are. Documenting outcomes is critical for accountability and continuous quality improvement, as it documents the impacts of prevention approaches on targeted consumers. Evaluation reassures stakeholders that resources are being used responsibly and that interventions are having the desired effects. The use of evaluation is particularly critical when research evidence of intervention effectiveness is lacking or suggests that the intervention may be ineffective.

Program Sustainability

Sustainability refers to the persistence of an intervention or initiative beyond its initial start-up support **(7)**. Often, this means that a program or strategy is "adopted" by an existing system or organization, which provides stable funding and infrastructure necessary for the intervention to continue. Prioritizing the understanding of sustainability is vital to creating larger and longer-term benefits for communities **(8)**. Setting a program up for long-term success includes the continued evaluation of program activities, a willingness to improve on proven effective methods, and engagement in community support **(8)**. Without these elements, prevention strategies risk being unsustainable in the long term. Inadequate funding, staffing, and recruitment are common threats to sustainability, but perhaps the most pervasive barrier is the availability of consistent funding. This is particularly true for funding that has strict requirements and guidelines **(7)**. This report highlights barriers to sustainability that exist in primary prevention, while also pointing out strategies that help circumvent such barriers.

Methodology

Sample

The respondent sample involved a total of 123 prevention providers and stakeholders, including but not limited to County Human Services Prevention Providers, County Drug and Alcohol Prevention Providers, School District Prevention Providers, Prevention Provider Organization Directors, Prevention Program Coordinators, and Community Mobilizers.

Data Collection

The Pennsylvania Program Inventory and Resource Survey was distributed to representatives across state and county systems in Pennsylvania in a strategic effort to capture information on prevention programs receiving federal, state, county, local, and other funding. The objective was to incorporate coordinated and braided funding across systems to establish sustainability of prevention programs, policies, and practices.

Respondents were recruited using the snowball sampling method. Each of the members of the CSPW received the survey link and instructions for completing the survey. Workgroup members also sent out an email invitation and survey link to prevention partners and system leaders; in addition, the invitation to participate was also sent to the Evidence-based Prevention and Intervention Support (EPIS) listserv of evidence-based program providers. The email included a description of the survey, the survey goals, a pre-survey program worksheet, and a link to the survey. Respondents were asked to forward the survey link to additional staff in their agency and other partner organizations who could respond regarding prevention services being implemented and resourced. In the email, respondents were encouraged to share the email invitation and survey link broadly to those partners whom they felt were most knowledgeable about prevention programming and strategies within their community or region. The survey was distributed broadly to county leaders, schools, and systems service providers from multiple sectors in Fall 2018.

This information allowed the committee to examine where prevention efforts were taking place and key implementation characteristics and conditions for the reported services. It also aided the assessment of trends in the quality of intervention implementation and funding for 2017–2018.

Overview of the Survey Instrument

The survey, developed by the CSPW, with support from EPIS, was a strategic effort to (1) identify prevention programs and practices funded across state and local agencies and across systems and (2) identify opportunities for coordinated funding across systems for the sustainability of programs. Broadly, the survey was used to determine the breadth of programs and strategies being implemented across the Commonwealth, specifically targeting the following youth behavioral outcomes: Substance Abuse; Depression and Anxiety; Delinquency; Violence; Teen Pregnancy; and, School Drop Out.

Information gathered from the survey is intended to aid the CSPW to:

1. Increase opportunities for braided and blended funding for prevention programs
2. Identify gaps and or need in primary prevention funding
3. Clarify what is needed to sustain prevention efforts for the long term
4. Strengthen the focus of funding on upstream prevention

Procedural instructions to potential survey respondents were as follows:

DO NOT TRY TO COMPLETE THIS SURVEY FOR EVERY PREVENTION PROGRAM IN YOUR COUNTY - SHARE THIS SURVEY: PLEASE SHARE THIS SURVEY WITH OTHER STAKEHOLDERS IN YOUR COUNTY. OUR GOAL IS TO AVOID PLACING THE BURDEN FOR RESPONDING TOO HEAVILY ON ANY ONE PERSON. PLAN TO ENLIST HELP FROM PREVENTION PARTNERS IN YOUR COUNTY (INCLUDING SCHOOL DISTRICTS, OR LOCAL SERVICE AREAS) BY FORWARDING THE SURVEY TO OTHER PREVENTION PARTNERS INCLUDING, BUT NOT LIMITED TO: COMMUNITY MOBILIZERS; SCHOOL ADMINISTRATORS; PREVENTION PROVIDER ORGANIZATIONS; SAP TEAM COORDINATORS AND FUNDERS.

Respondents were encouraged to share the survey link with all persons who could aid in providing current and accurate information regarding primary prevention implementation monitoring and assessment, barriers, funding, and sustainability.

Instructions for gathering information before starting the survey were also included:

PLEASE GATHER PROGRAM INFORMATION BEFORE COMPLETING THIS SURVEY: THIS SURVEY ASKS FOR THE FOLLOWING INFORMATION FOR EACH PROGRAM OR STRATEGY BEING IMPLEMENTED IN YOUR COUNTY:

1. ANNUAL TOTAL BUDGET AND SOURCES OF FUNDING
2. APPROXIMATE YEAR PROGRAM STARTED
3. NUMBERS OF PARTICIPANTS SERVED
4. INFORMATION ABOUT BARRIERS TO SUSTAINABILITY, FOR INSTANCE LACK OF ONGOING FUNDING, NEED FOR ONGOING MATERIALS, REPLACEMENT TRAINING DUE TO TURNOVER
5. PROCESSES FOR TRACKING IMPLEMENTATION AND OUTCOMES
6. PROCESSES FOR MONITORING FIDELITY AND QUALITY
7. HOW THE PROGRAM WAS SELECTED

FOR THIS REASON, IT MAY BE MUCH SIMPLER FOR YOU TO GATHER THIS INFORMATION IN ADVANCE AND OVER TIME USING THIS CSPW SURVEY WORKSHEET, AND THEN COMPLETE THE ONLINE SURVEY ALL AT ONCE. DOWNLOAD THE CSPW SURVEY WORKSHEET. IF YOU HAVE ALL OF THIS INFORMATION AT HAND CLICK THE BUTTON BELOW TO BEGIN ENTERING IT NOW.

COMPLETING THE SURVEY AT A LATER TIME:

FOR YOUR CONVENIENCE, WE STRONGLY ENCOURAGE YOU TO COMPLETE THE SURVEY IN ONE SITTING IF POSSIBLE. DOWNLOADING THE WORKSHEET AND COMPLETING IT BEFORE YOU START THE SURVEY CAN AID YOUR EFFORTS. IF YOU CANNOT FINISH THE SURVEY IN ONE SITTING, YOU WILL NEED TO CLICK ALL THE WAY TO THE END OF THE SURVEY AND THEN CLOSE OUT THE SURVEY. UPON CLOSING THE SURVEY, YOU WILL BE EMAILED A LINK TO THE SURVEY CONTAINING YOUR SURVEY RESPONSES. PLEASE NOTE THAT UPON CLICKING THE LINK ANY INFORMATION YOU CHANGE WILL REPLACE YOUR PREVIOUS RESPONSES.

Measurement of Survey Variables Examined in This Report

Respondents were asked to list the primary prevention programs and strategies their organization had implemented or supported or were implementing or supporting. For each program, respondents were asked to provide additional information on program characteristics and the implementation context.

Delivery Systems of Care

The delivery system of care was assessed by one item. Respondents were asked to "indicate the system or systems served" by the primary prevention program or strategy. Response options included Schools, Criminal Justice, Child Welfare, Mental Health, Drugs and Alcohol, or Other. "Other" responses were then coded into the existing systems categories, or a new system category was created if it was not already present in the above list. Respondents could select all that apply.

Socioecological Domain

Socioecological domain for each program was coded from a review of the program description. Categories included: Social-Environmental, Community-focused, School-focused, Family-focused, Peer-focused, Individual-focused, and Multiple domain-focused.

Level of Evidence

The level of evidence was coded from a review of program information. All programs reported were reviewed by going to the program's website if available, reviewing program effectiveness ratings from existing clearinghouses (i.e., Blueprints for Healthy Youth Development, Crime Solutions, What Works Clearinghouse, etc.), and doing a literature review of program evaluation. Level of evidence categories included Effective, Promising, Unknown, Ineffective, and Harmful.

Fidelity Monitoring and Assessment

Fidelity Monitoring

Fidelity monitoring was assessed by one item. Respondents were asked "Does [organization or agency] take steps to ensure the quality of implementation and/or model fidelity for [program or strategy]?" Response options were "Yes," "No," or "I'm not sure."

Fidelity Assessment Strategy

Fidelity assessment strategy was assessed by a single item. Respondents were asked "How does [organization or agency] ensure the quality of implementation and/or model fidelity for [program or strategy]?' Respondents were only asked this question for a program or strategy if they responded "Yes" to the fidelity monitoring question. Response categories included:

- Standard Written Program Manual
- Required Training for Staff
- Required Training for Supervisors, Supervisor Discusses Barriers/Successes with Internal Supervisor
- Consultation with Model Expert
- Self-Observation, External Observation
- Review of Video/Audio by Model Expert
- Other

"Other" responses were then re-coded into the existing assessment strategy categories, or a new category was created if it was not already described by the strategies provided in the survey. Respondents could select all that apply.

Outcomes Measurement

Outcomes measurement was assessed with one item. Respondents were asked, "What types of information does [organization or agency] gather to assess the outcomes of [program or strategy]?" Response options included:

- Pre/post surveys (Participants complete a baseline before the program begins, and the same survey again after the program ends)
- Retrospective surveys (Participants answer questions about their experience in the program after it is over)
- Interviews (including focus groups, post-program interviews about satisfaction)
- Other

Three response options were included for "other." "Other" responses were then re-coded into the pre-categorized evaluation approaches, or a new category was created if it was not already described by those is the provided list. Respondents could select all that apply.

Barriers to Sustainability

Barriers to sustainability was assessed with one item. Respondents were asked, "Has [organization or agency] experienced any of the following barriers to sustainability for [program or strategy]?" Response options included:

- Lack of stable funding source
- Staff turnover
- Lack of participant interest
- Other competing priorities for funding
- Other competing priorities for staff time, Lack of support from administrators Program is too challenging to implement
- Program is too expensive to implement
- Other
- I'm not sure

There were two response categories for "Other." "Other" responses were then re-coded into the existing barriers, or a new barrier code was created if it was not already described by those in the provided list. Respondents could select all that apply.

Major Findings from the Pennsylvania Program Inventory and Resource Survey

A total of 123 respondents provided information on prevention efforts taking place in Pennsylvania between 2017 and 2018. Data were reduced to include only reported programs and services categorized as promotion or primary prevention efforts.

- Respondents reported on 415 prevention services
- A total of 155 unique prevention services were reported on for this report.
- Program implementation was reported for 60 of the 67 counties in Pennsylvania.

This report does not reflect data from the following counties: Adams, Crawford, Cumberland, Huntingdon, Perry, Potter, and Sullivan.

Counts and Percentages of the Report Measures

In Table 1, counts and percentages are included for the delivery systems of care. These include the system or setting providing the preventative service. Respondents could select all that apply as well as write in this information. Thus, the system categories below are not mutually exclusive.

- In total, 8 different systems of care were reported across all 415 programs
- The majority of programs are being delivered within school settings: 44%

Table 1. Counts and Percentages of Delivery Systems of Care

Delivery Systems of Care	N	%
Child Welfare	55	8%
Community	62	9%
Criminal Justice	46	7%
Drug and Alcohol	101	15%
Early Childhood	6	1%
Healthcare	2	0%
Mental Health	57	8%
School	297	44%
Unknown	47	7%
Other	1	<1%
Total Delivery Systems	624	100%

In Table 2, descriptive information is included for prevention program characteristics. These include the system of care setting providing the service, the socioecological domain targeted by the preventive intervention, and the level of evidence the program has received.

• 67% of reported programs target the individual domain
• Although 54% of reported programs have evidence of effectiveness, 44% of those being implemented are untested in terms of program effectiveness

Table 2. Counts and Percentages of Prevention Program Characteristics

Measure	N	%
Number of Programs	415	100%
Socioecological Domain		
Community-focused	42	10%
Family-focused	63	15%
Individual- focused	275	67%
Multiple	33	8%
No Domain classified	2	<1%
Level of Evidence		
Effective	90	22%
Promising	134	32%
Ineffective	8	2%
Untested	183	44%
Note. Percentages are out of the total number of programs reported N = 415.		

In Table 3, descriptive information is included for reported monitoring and evaluation activities undertaken while implementing primary prevention services. These include whether fidelity was monitored, fidelity assessment approaches, and outcomes measurement approaches.

- Most of the programs reported on monitored program fidelity and used a combination of multiple strategies to assess fidelity.
- About 75% reported using some outcome evaluation, although the evaluation methods were not particularly rigorous. Retrospective surveys were the most common method of outcome evaluation.

Table 3. Counts and Percentages of Monitoring and Evaluation Activities across 415 Primary Prevention Services

Measure	N	%
Fidelity Assessed		
Yes	323	78%
No	80	19%
Unknown	12	3%
Total Programs	415	100
Fidelity Assessment Strategy		
Standard Written Program Manual	241	18%
Required Training for Staff	228	17%
Required Training for Supervisors	166	13%
Supervisor Discusses Barriers/Successes with Internal Supervisor	258	20%
Consultation with Model Expert	78	6%
Self-Observation	127	10%
External Observation	152	12%
Review of Video/Audio by Model Expert	3	0%
Other Strategy	64	5%
Total Strategies	1317	100%
Outcomes Measurement Approach		
PrePost Surveys	247	44%
Retrospective Surveys	110	19%
Interviews	46	8%
PAYS	3	<1%
Admin	2	<1%
Process	25	4%
Other	23	4%
Unknown	21	4%
None	90	16%
Total Approaches	567	100%

In Table 4, descriptive information is included for reported barriers to program sustainability. Participants' qualitative responses were categorized and then thematically organized and recoded to comprise a total of six global categories of reported barriers to sustaining primary prevention programs. The full list of barriers classified is presented later in the document in the Sustainability sub-section.

The challenges for sustainability were varied, with funding and staffing being the most commonly mentioned barriers.

Table 4. Counts and Percentages of Reported Barriers to Sustainability

Measure	N	%
Barriers to Sustainability		
Funding	87	18%
Staffing	92	19%
Participant Engagement	84	18%
Other Funding	43	9%
Other Staffing	75	16%
Administrative Support	54	11%
Other	17	4%
Not Sure	25	5%
Total Barriers	477	100%

Findings on Primary Prevention Program Characteristics

Proportions of Delivery Systems of Care, Socioecological Domain, and Level of Evidence

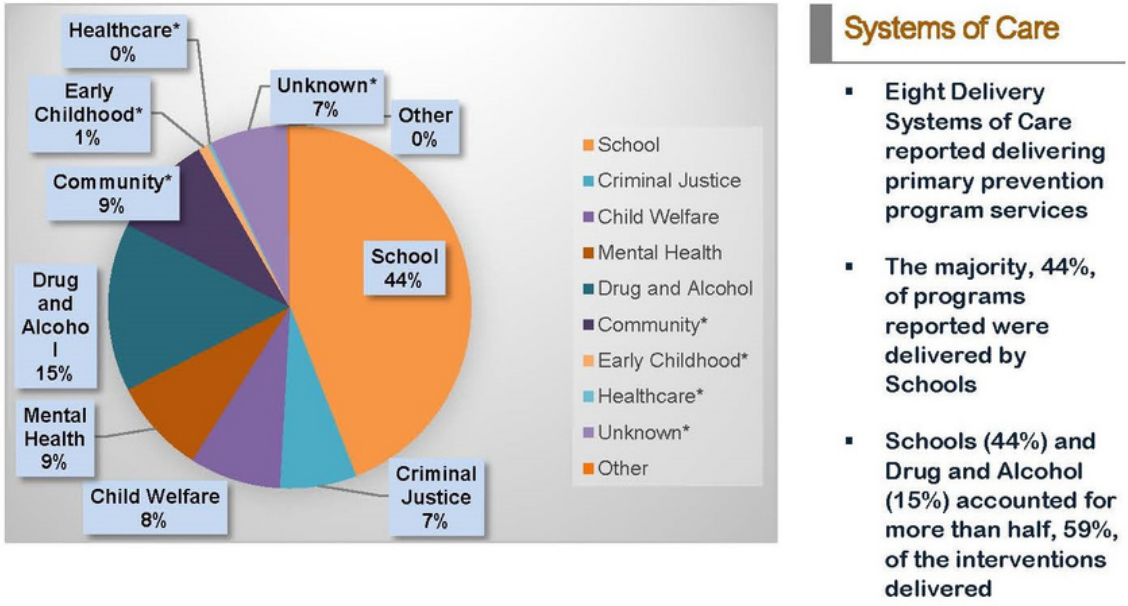

Figure 3. Distribution of Reported Delivery Systems of Care for 415 Primary Prevention Services

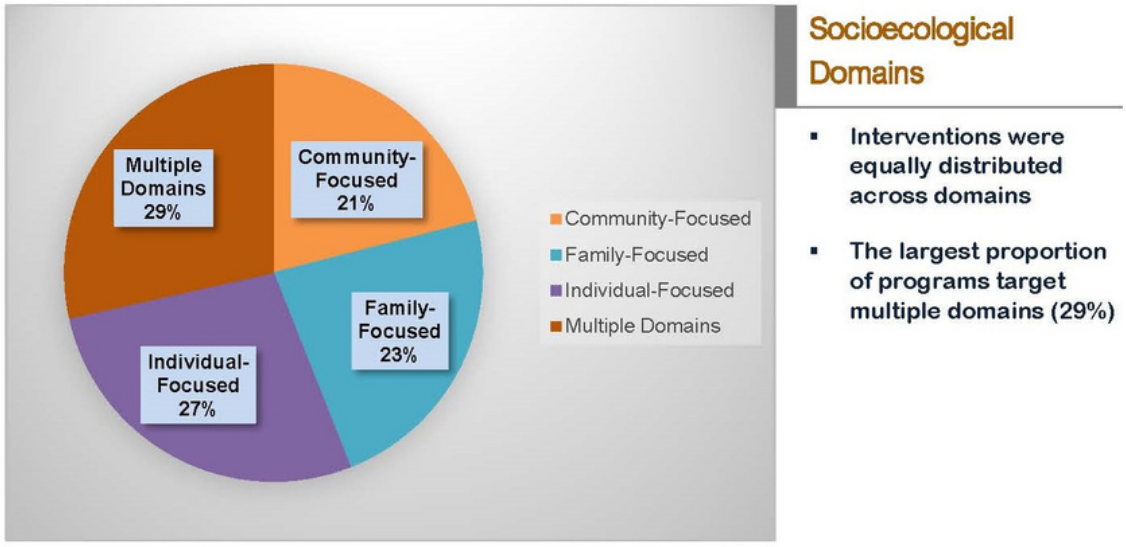

Figure 4. Distribution of Socioecological Domains across 415 Primary Prevention Services

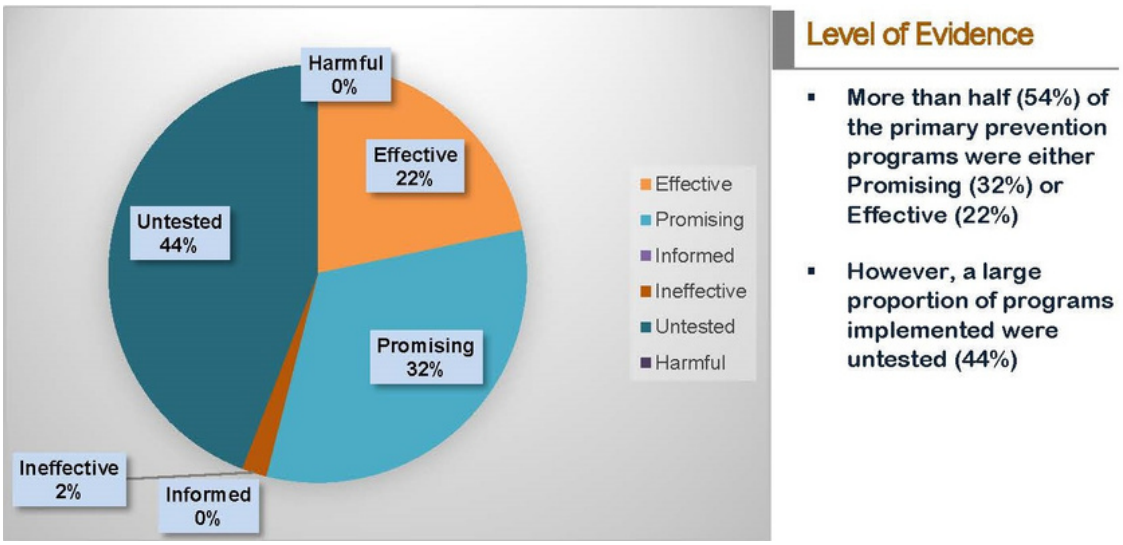

Figure 5. Distribution of Program Level of Evidence Rating for 415 Primary Prevention Services

Cross-Tabulation of Socioecological Domain with Delivery System of Care

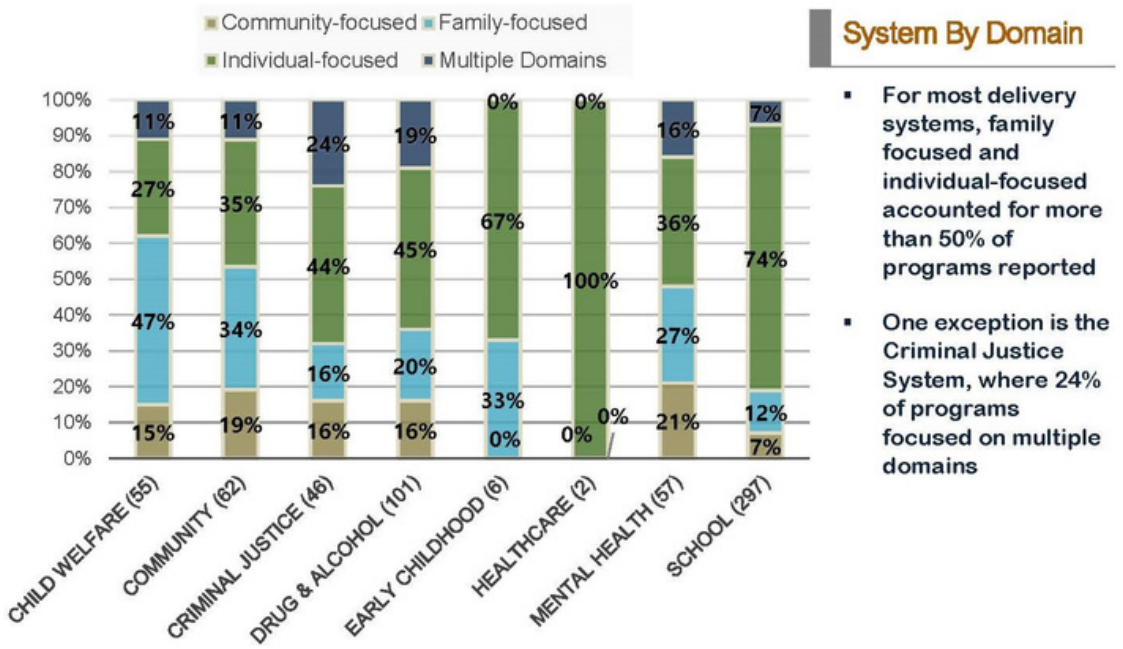

Figure 6. Percentages of Socioecological Domain Targeted by the Primary Prevention Service, across Eight Systems of Care

Cross-Tabulation of Systems of Care with Level of Effectiveness

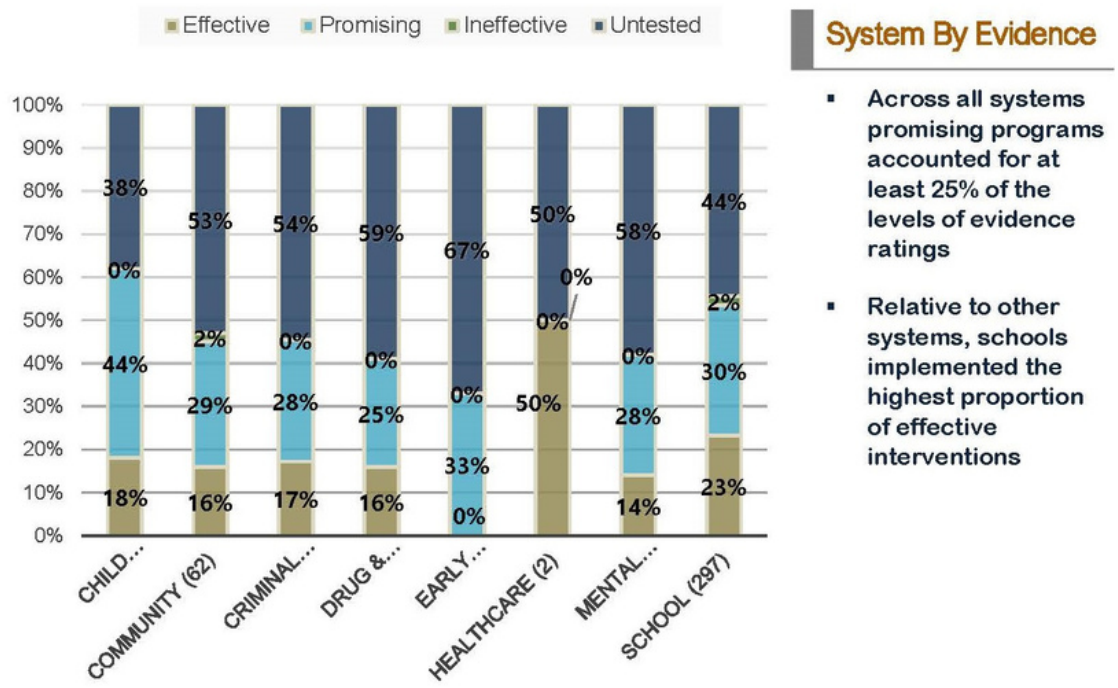

Figure 7. Percentages of Program Level of Evidence Classification within Systems of Care

Findings on Fidelity Monitoring and Measurement

Respondents indicated whether program fidelity was being monitored for each program reported. For those programs where fidelity was being monitored, respondents indicated types of assessment strategies used to assess fidelity. Respondents could select "all that apply". Thus, reported strategies are not mutually exclusive. For almost all of those who reported yes to monitoring fidelity, respondents reported using more than one strategy to assess fidelity of program implementation.

Cross-Tabulation of Socioecological Domain with Fidelity Monitoring

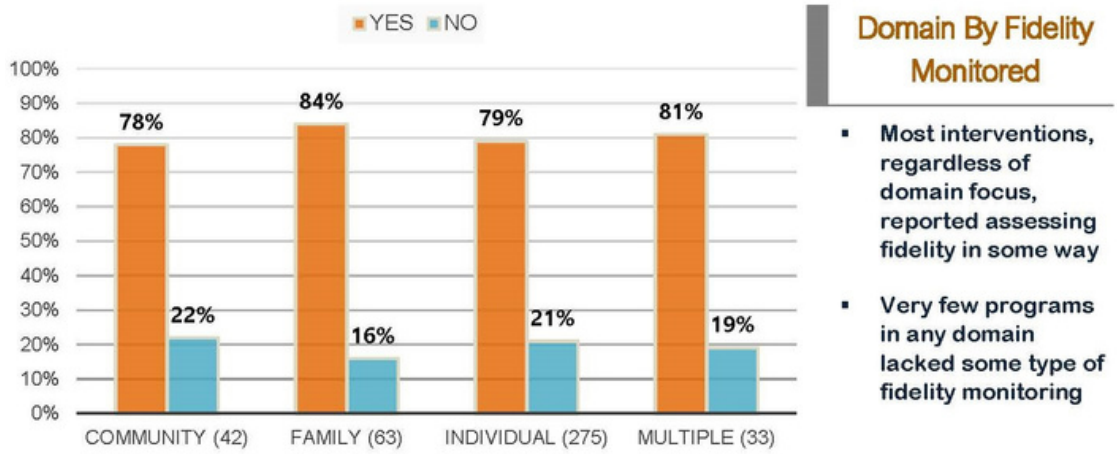

Figure 8. Domain of Intervention Target By Fidelity Monitoring

Cross-Tabulation of Systems of Care with Fidelity Monitoring and Assessment

Fidelity Monitoring in Systems of Care

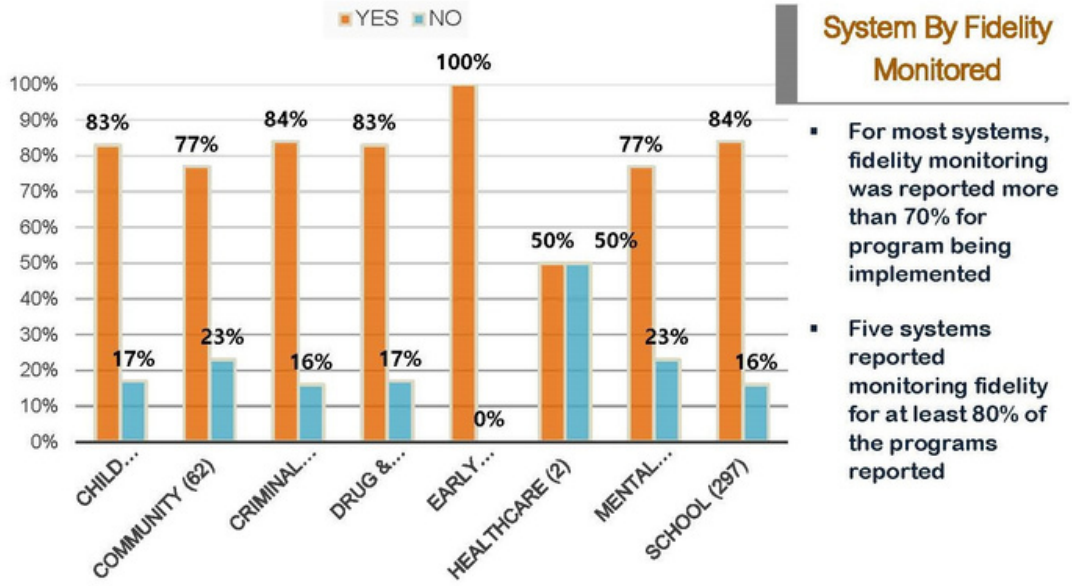

Figure 9. Percent of Programs Reporting Fidelity Assessment and Monitoring within Systems of Care

Fidelity Assessment Strategies Used Across Systems of Care

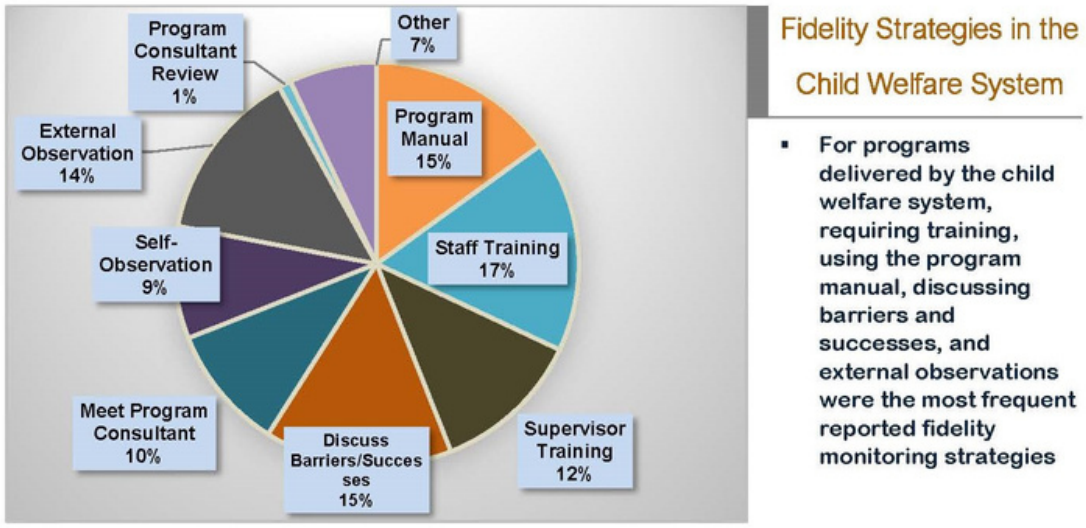

Figure 10. Delivery System By Fidelity Assessment Strategy (Total number of Strategies = 228 reported across 54 programs monitoring fidelity within the child welfare system)

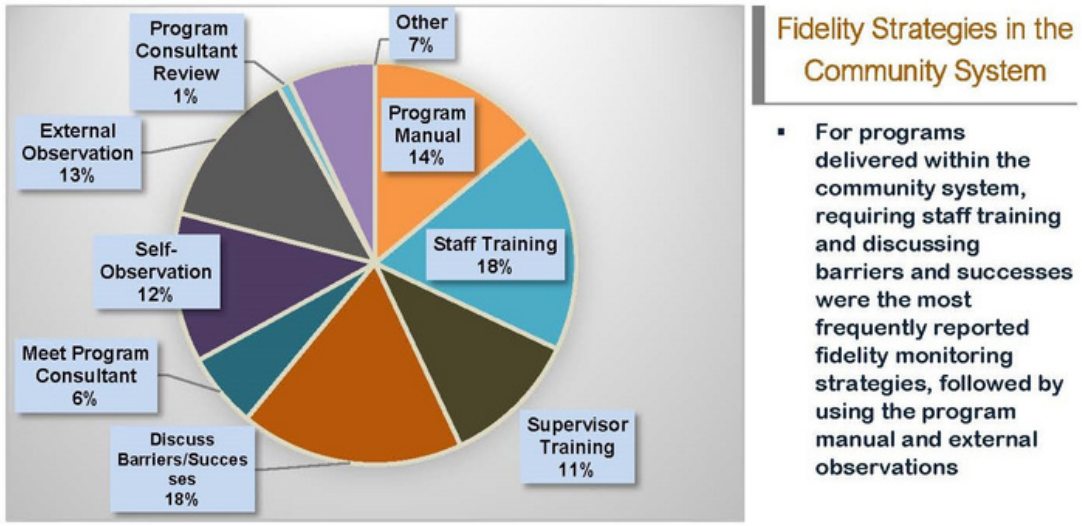

Figure 11. Delivery System By Fidelity Assessment Strategy (Number of Strategies = 208 reported across 62 programs monitoring fidelity within the community)

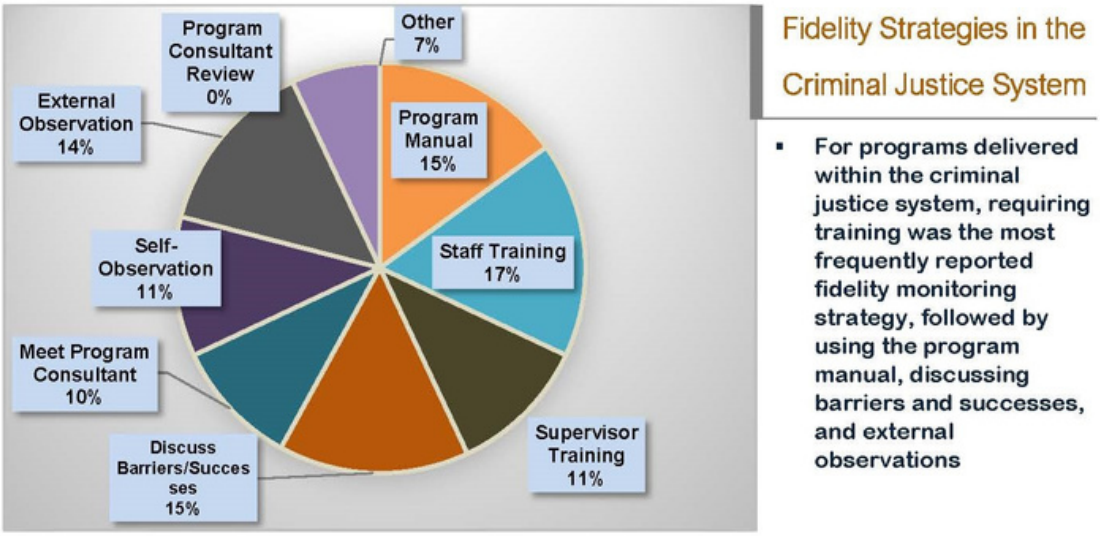

Figure 12.Delivery System By Fidelity Assessment Strategy (Number of Strategies = 185 reported across 46 programs monitoring fidelity within the criminal justice system)

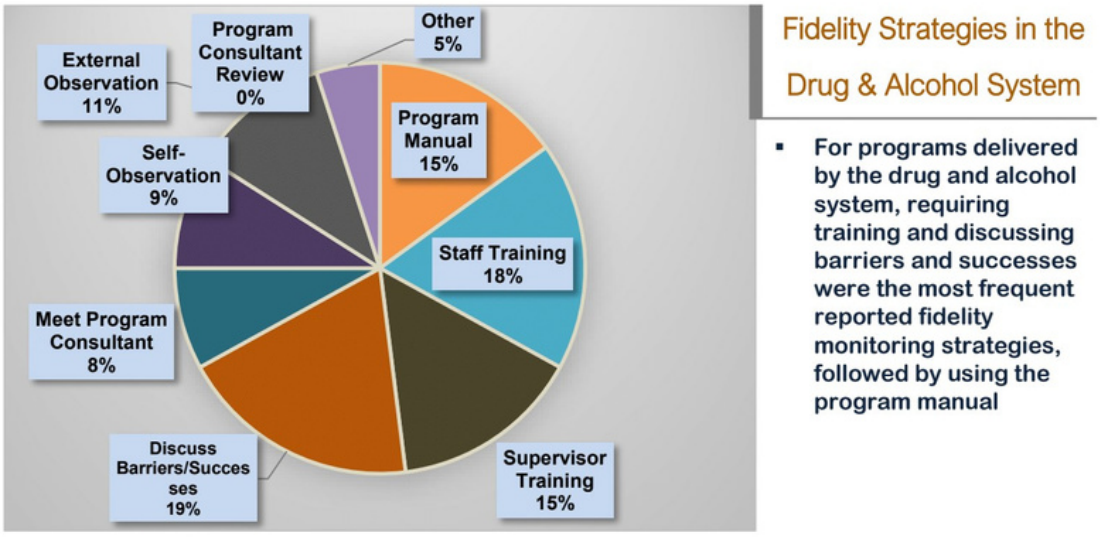

Figure 13. Delivery System By Fidelity Assessment Strategy (Total number of Strategies = 378 reported across 101 programs monitoring fidelity within the drug and alcohol system)

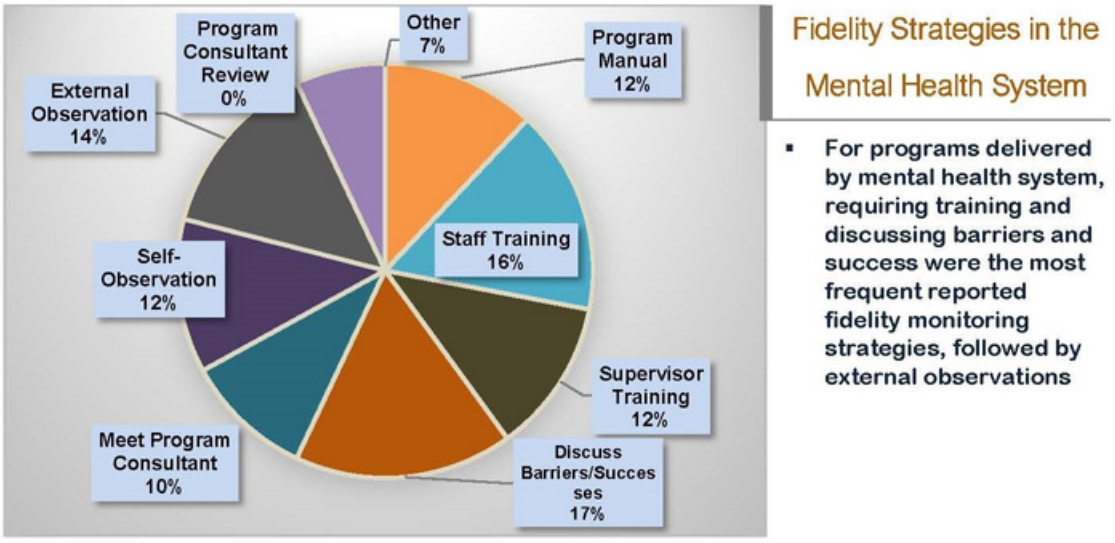

Figure 14. *Delivery System By Fidelity Assessment Strategy (Number of Strategies = 226 reported across 57 programs monitoring fidelity within the mental health system)*

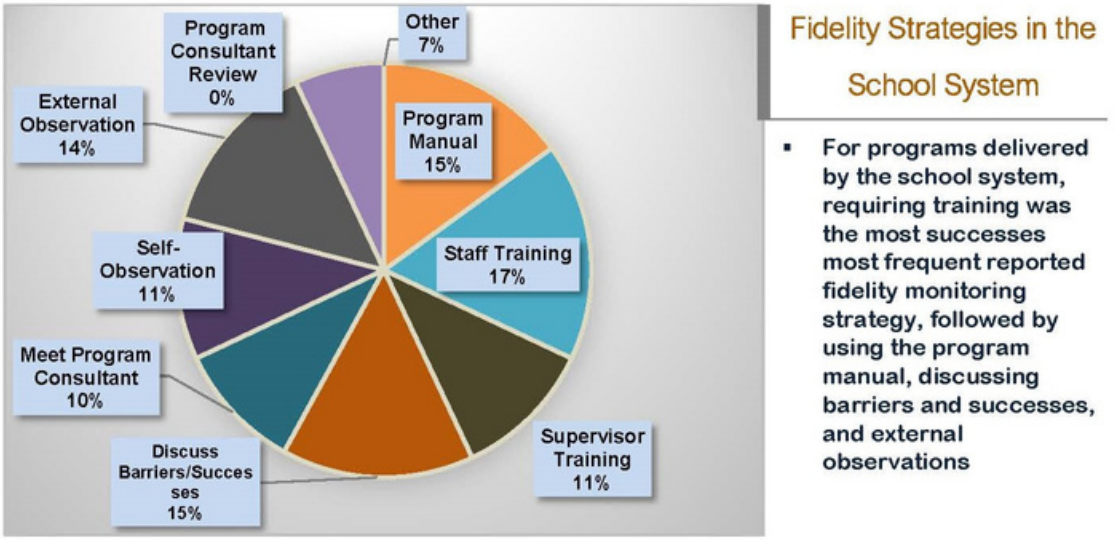

Figure 15. Delivery System By Fidelity Assessment Strategy (Number of Strategies = 1017 reported across 297 programs monitoring fidelity within the school system)

Cross-Tabulation of Level of Evidence with Fidelity Monitoring and Assessment

Fidelity Monitoring Across Program Level of Evidence Ratings

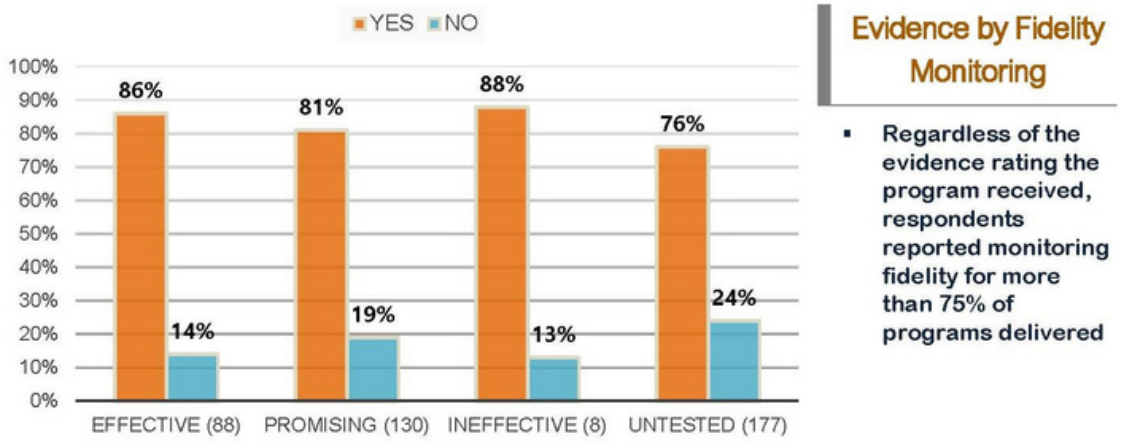

Figure 16.Level of Evidence By Fidelity Monitoring

Fidelity Assessment Strategies Used Across Program Level of Evidence Ratings

Table 5. Level of Evidence By Fidelity Assessment Strategy

Level of Evidence	Fidelity Assessment Strategy									
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	Evidence Totals
Effective	59	44	38	54	13	25	39	0	11	283
	21%	16%	13%	19%	5%	9%	14%	0%	4%	100%
Promising	90	83	60	80	33	43	54	3	19	465
	19%	18%	13%	17%	7%	9%	12%	1%	4%	100%
Ineffective	6	4	3	4	1	4	1	0	4	27
	22%	15%	11%	15%	4%	15%	4%	0%	15%	100%
Untested	86	97	65	120	31	55	58	0	30	542
	16%	18%	12%	22%	6%	10%	11%	0%	6%	100%
Fidelity Total	241	228	166	258	78	127	152	3	64	1317

Note. (a) = Standard Written Program Manual; (b) = Required Training for Staff; (c) = Required Training for Supervisors; (d) = Supervisor Discusses Barriers/ Successes with Internal Supervisor; (e) = Consultation with Model Expert; (f) = Self-Observation; (g) = External Observation; (h) = Review of Video/Audio by Model Expert; (i) = Other

Outcomes Measurement and Evaluation

Cross-Tabulation of Socioecological Domain with Outcomes Measurement Approach

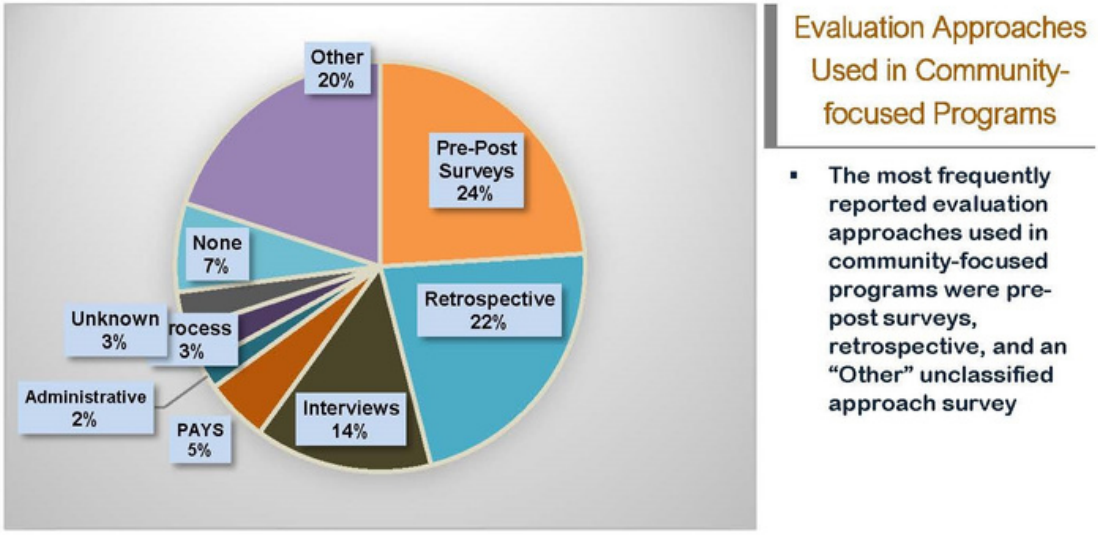

Figure 17.Socioecological Domain By Outcomes Measurement Approach (N =59 Evaluation approaches reported for programs targeting the community domain)

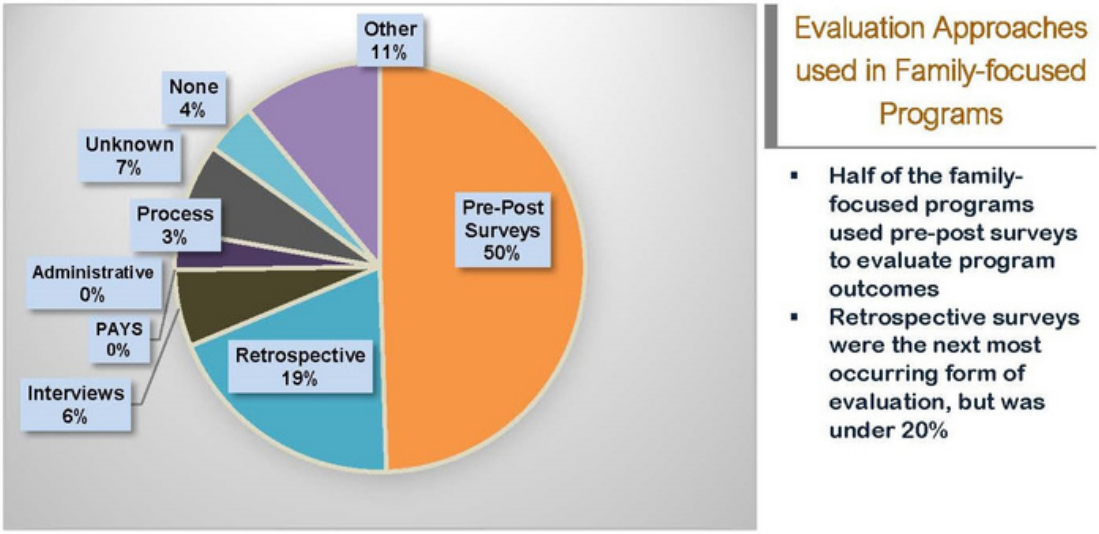

Figure 18.Socioecological Domain By Outcomes Measurement Approach (N = 89 evaluation approaches reported for programs targeting the family domain)

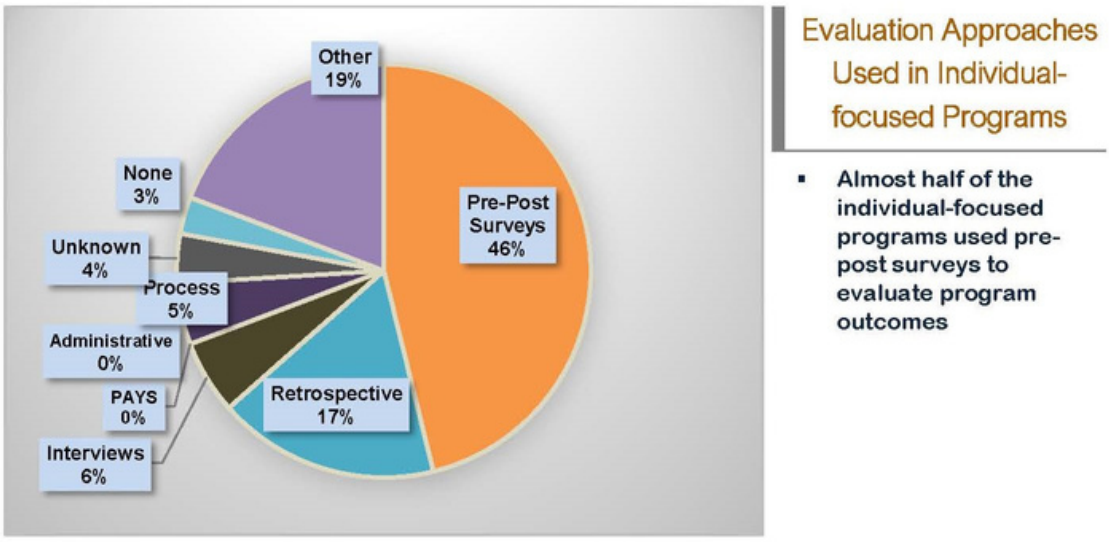

Figure 19.Socioecological Domain By Outcomes Measurement Approach (N = 370 evaluation approaches reported for programs targeting the individual domain)

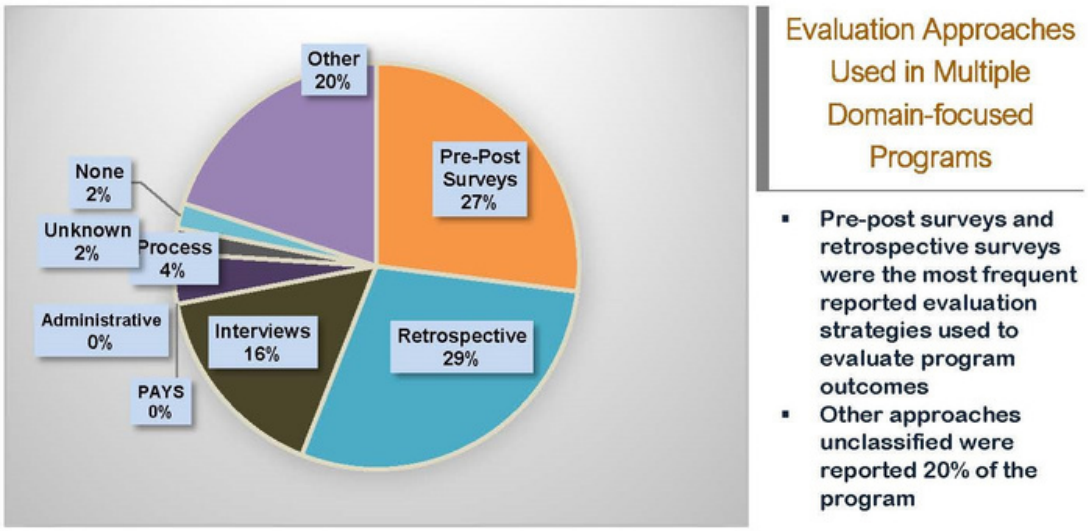

Figure 20. Socioecological Domain By Outcomes Measurement Approach (N = 45 evaluation approaches reported for programs targeting multiple domains)

Cross-Tabulation of Systems of Care with Outcomes Measurement Approach

Proportions within each system of care, separately, are reported in Figures 21–26. Figures are displayed only for those systems with more than 50 programs reported.

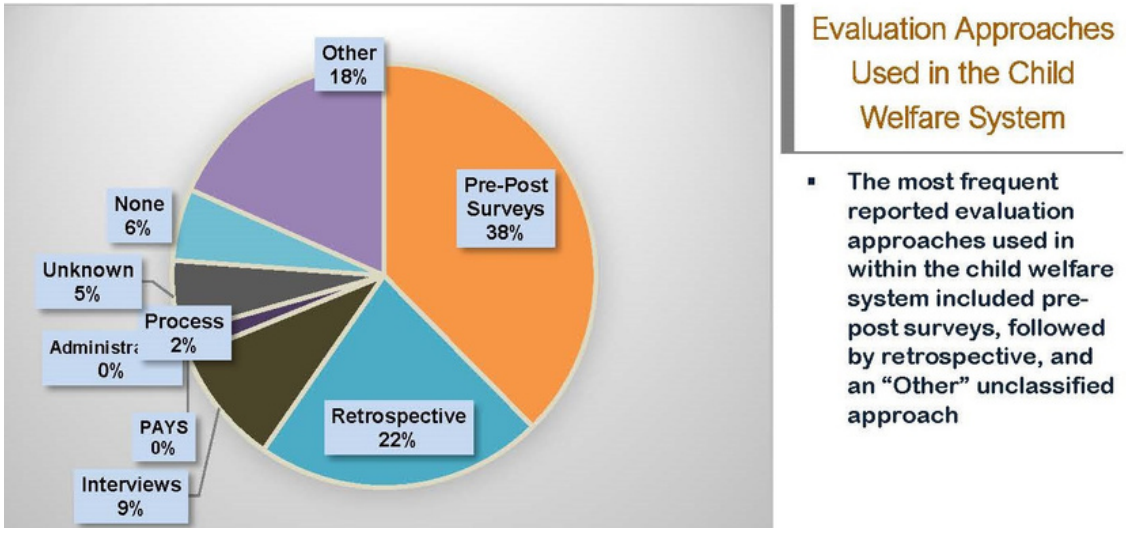

Figure 21. Delivery System By Outcomes Measurement Approach (N = 82 evaluation approaches reported for services delivered in child welfare system)

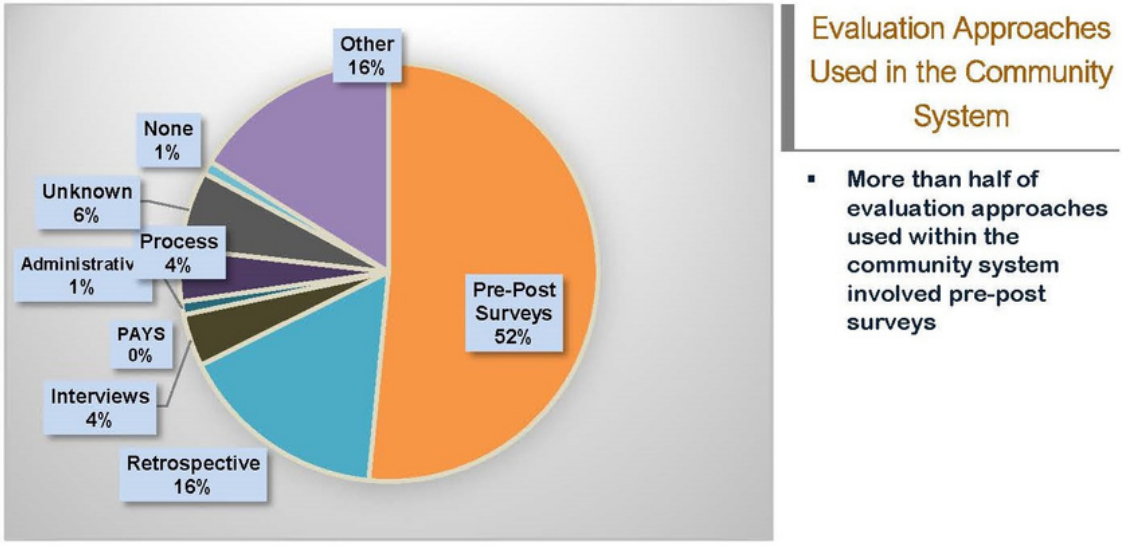

Figure 22. Delivery System By Outcomes Measurement Approach (N = 79 evaluation approaches reported for services delivered within the community system)

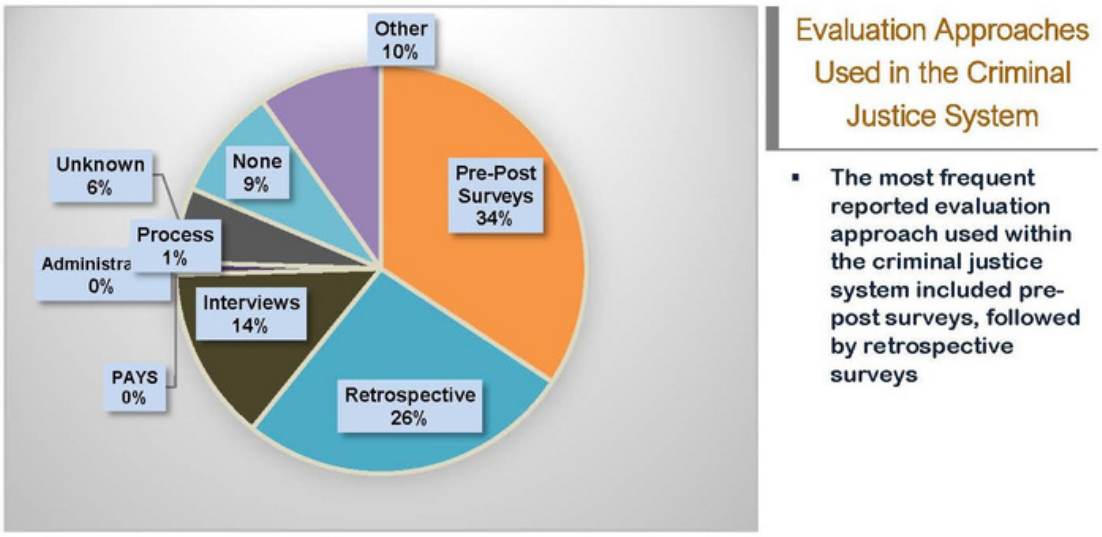

Figure 23. Delivery System By Outcomes Measurement Approach (N = 77 evaluation approaches reported for services delivered within the criminal justice system)

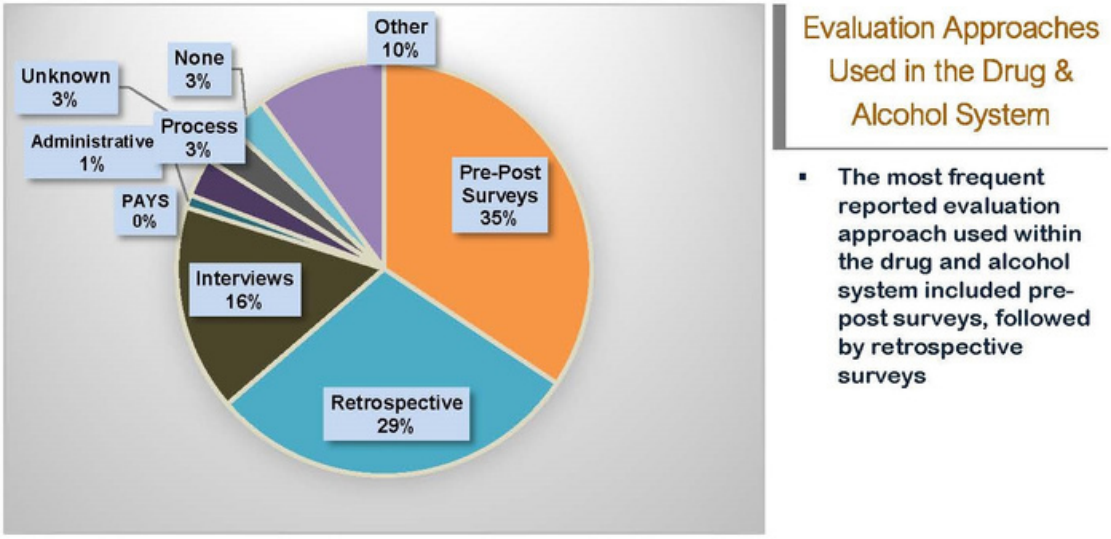

Figure 24. Delivery System By Outcomes Measurement Approach (N = 158 evaluation approaches reported for services delivered within the drug and alcohol system)

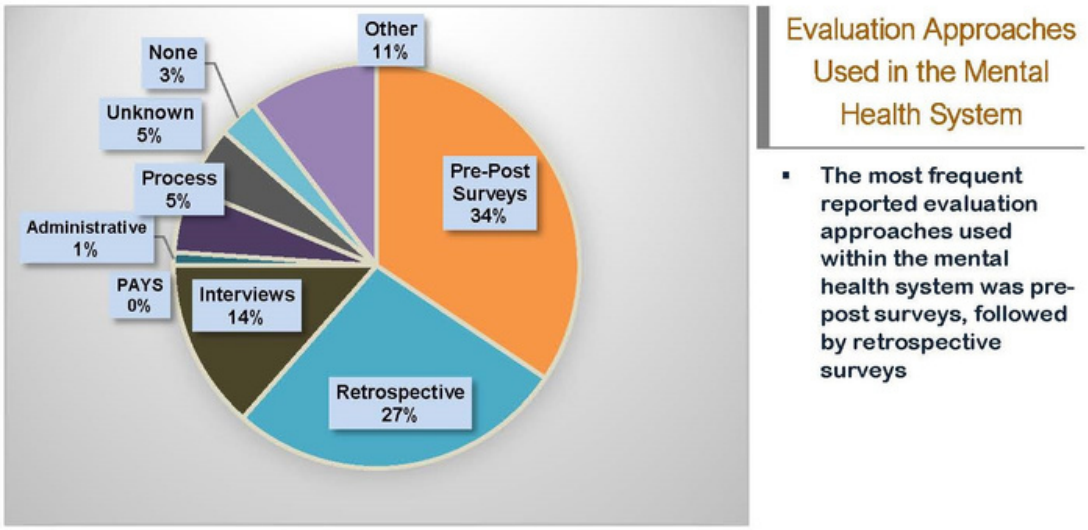

Figure 25. Delivery System By Outcomes Measurement Approach (N = 87 evaluation approaches reported for services delivered within the mental health system)

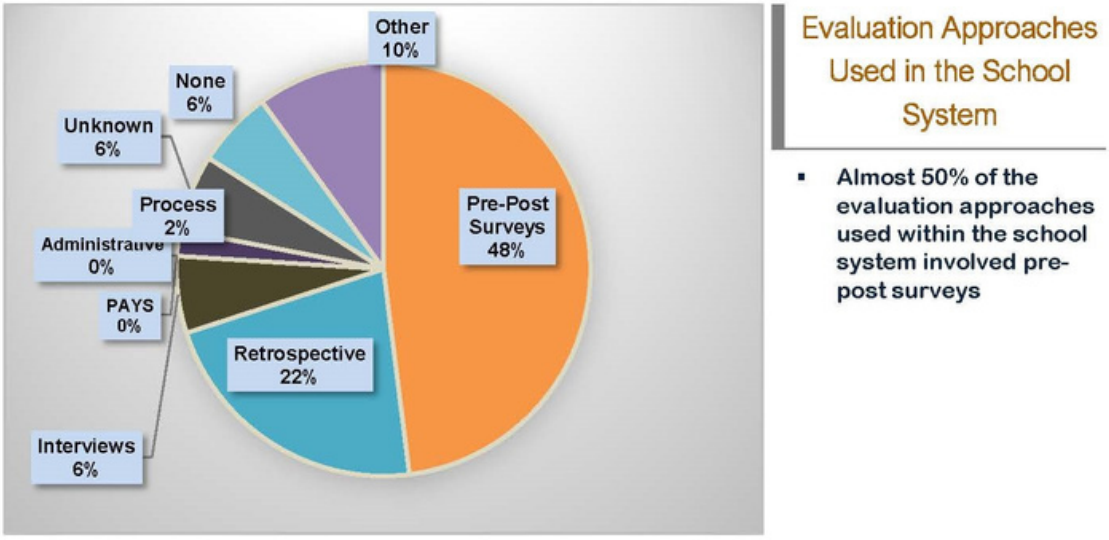

Figure 26. Delivery System By Outcomes Measurement Approach (N = 407 evaluation approaches reported for services delivered within the school system)

Cross-Tabulation of Level of Evidence with Outcomes Measurement Approach

Table 6 shows the evaluation strategies used for interventions at different levels of evidence.

- Across all program levels of evidence rating categories, pre/post surveys was the most frequently reported approach used to measure program outcomes
- The second most frequently reported evaluation approach was retrospective surveys, regardless of the program's level of evidence rating

Table 6. Level of Evidence By Intervention Evaluation Strategy

Level of Evidence	Intervention Evaluation Strategy									
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	Domain Total
Effective	73	19	6	0	1	6	4	3	14	126
	58%	15%	5%	0%	1%	5%	3%	2%	11%	100%
Promising	91	31	9	3	0	7	9	9	25	184
	49%	17%	5%	2%	0%	4%	5%	5%	14%	100%
Ineffective	8	2	0	0	0	1	0	0	1	12
	67%	17%	0%	0%	0%	8%	0%	0%	8%	100%
Untested	75	58	31	0	1	11	10	9	50	245
	31%	24%	13%	0%	0%	4%	4%	4%	20%	100%
Strategy Totals	247	110	46	3	2	25	23	21	90	567

Note. (a) = Pre=Post Surveys; (b) = Retrospective Surveys; (c) = Interviews; (d) = PAYS; (e) = Administrative; (f) = Process; (g) = Other; (h) = Unknown; (i) = None

Finding on Reported Barriers to Program Sustainability

Table 7 provides the average number of barriers reported by the socioecological domain of the program or strategy target.

- Across all domains targeted by the intervention, respondents reported experiencing at least one barrier to program sustainability

- Community- and Individual-focused programs reported experiencing a little more than one and one-half barriers to sustaining the program after funding ended

Table 7. Domain x Average Barrier Count (Number of barriers from those above "Other" could have been endorsed up to two times)

Socioecological Domain	Average
Community	1.52
Family	1.24
Individual	1.56
Multiple	1.03

Table 8 provides information on responses on reported barriers to sustainability.

- Responses were not mutually exclusive and participants could check as many barriers as experienced.
- Most frequently reported barriers were Staff Turnover/Implementation Challenges and Funding/Program Costs (20%), and Lack of Stable Funding Source/Program is Too Expensive to Implement (18%)

Table 8. Frequencies for Barriers to Sustainability

Barrier	N	%
Lack of Stable Funding Source/Program is Too Expensive to Implement	87	18%
Staff Turnover/Program is Too Challenging to Implement	92	19%
Lack of Participant Interest	84	18%
Other Competing Priorities for Funding	43	9%
Other Competing Priorities for Staff Time	75	16%
Lack of Support from Administrators	54	11%
Other	17	4%
I'm Not Sure	25	5%
Total	477	100%

CONCLUSIONS

Summary and Recommendations

I. Most interventions are individual-focused, and schools are the main delivery system. The results of the Pennsylvania Program Inventory and Resource Survey indicated that the majority of primary prevention approaches used in Pennsylvania are individually focused and that the system most often delivering primary prevention is the school, where 44% of the interventions were being delivered. Given that most youth attend schools, these organizations have unique capacity to reach the target population relative to other systems. In contrast, only 2% of primary prevention approaches were delivered in healthcare settings, despite the fact that most youth and families also interact with healthcare providers. Clearly, this system is underutilized for prevention.

> **Recommendation #1:** Schools should be prioritized for resources for primary prevention, and other organizations should look for opportunities to collaborate and support school-based prevention efforts.

> **Recommendation #2:** Underutilized systems, most notably the healthcare system with its broad reach to children, youth, and families, should seek opportunities to expand its involvement in primary prevention.

II. Most primary prevention approaches used are untested, regardless of the delivering system. Overall, 44% of the interventions used were untested, compared to 23% effective, 32% promising, and 2% ineffective. Within delivery systems, schools had the highest proportion of effective prevention approaches (23%). Of note, 58% of interventions delivered in mental health settings and 59% of those delivered in drug & alcohol settings were untested.

> **Recommendation:** Systems should make an effort to increase the use of effective and promising interventions whenever possible. The widespread, persistent use of untested interventions, particularly in the absence of rigorous local evaluation, means that many youth may not be receiving the best available prevention programs, and runs the risk of wasting resources.

CONCLUSIONS

III. Most primary prevention systems attend to implementation quality, but the use of monitoring strategies is limited. Implementation quality is critical to achieving the desired outcomes of prevention programs. The vast majority of survey respondents (more than 80%) indicated that their primary prevention approaches used some strategy for assuring implementation fidelity, and this was true across systems and for interventions at all levels of evidence. That said, most strategies were not commonly used within any system. Overall, fewer than 30% of most systems reported using intervention manuals, and required trainings for implementers or supervisors, discussions of barriers and successes, or structured implementation monitoring.

Recommendation: Systems should increase their efforts to standardize their implementation fidelity procedures so that they can determine in real time whether preventive interventions are being implemented correctly. Specifically, systems should:

- Engage with developer-sponsored training for both implementers and supervisors. If none exists, systems should consider developing their own standardized training protocols.

- Utilize program manuals that clearly delineate implementation protocols. If these do not exist, systems should consider developing their own so that all implementers know exactly what they should be doing.

- Utilize structured implementation monitoring tools (completed either by the implementer or an outside observer). Ideally, these would be analyzed in real time, and used to provide corrective technical assistance in the event of significant drift from the implementation protocol.

CONCLUSIONS

IV. Most delivering systems attempt to evaluate program impact, but these evaluations strategies could be strengthened. The most common strategies across all systems were the use of pre/post surveys and retrospective surveys. Smaller proportions were reported for participant interviews and the use of administrative data. Very few respondents indicated using the PAYS data as an evaluation measure, and relatively few reported using no evaluation strategy.

Recommendation #1: All systems should strive to bolster their evaluation strategies. Whenever possible, stronger evaluation designs such as pre/post surveys and quasi-experimental designs should be considered, as they are the most likely to show effects that matter to stakeholders.

Recommendation #2: Existing data sources, including administrative data generated by schools and many local organizations, as well as the bi-annual PAYS, are readily available and should be utilized whenever it makes sense to do so.

Recommendation #3: Organizations lacking expertise in evaluation should partner with academic institutions or other entities that can provide guidance and technical assistance.

V. Most primary prevention approaches experience some challenges related to sustainability. The PIR highlighted a few key challenges related to sustainability. The most common barriers involved lack of stable funding, staff turnover and lack of time, and lack of participant engagement. Other sustainability factors mentioned were competing priorities and lack of administrative support.

Recommendation #1: Systems should attend to these issues at the time that prevention initiatives begin. Prior to adoption, administrative support and organizational priorities should be clarified.

CONCLUSIONS

Recommendation #2: Adopting organizations should communicate consistently with stakeholders regarding the value of primary prevention, including issues related to program impact and cost-effectiveness of prevention. Alignment with stakeholder goals and priorities is critical and likely to enhance sustainability.

Recommendation #3: Prevention initiatives embedded within stable systems are more likely to sustain, provided organizations retain prevention as one of their primary priorities.

To learn more about implementing these recommendations, reach out to EPIS@psu.edu.

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