

# *Seven Ways to Unleash the Power of Prevention*

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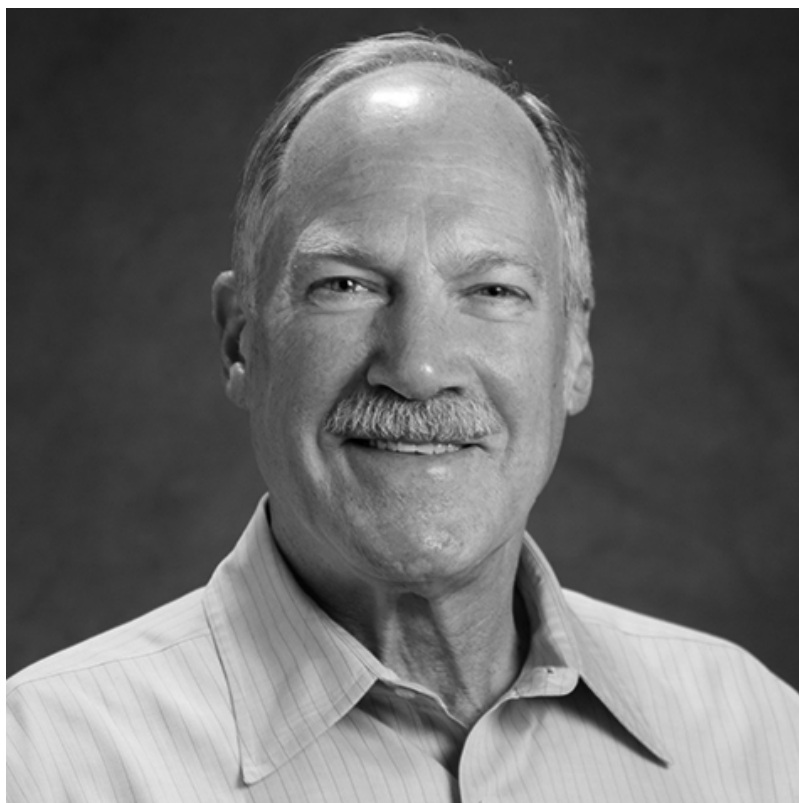
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# Acknowledgements

- J. David Hawkins, PhD  
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1. How far have we come in advancing prevention practice, policy, and science?
  - a. Review the history and current status of prevention
  - b. Describe the 7 action steps and goals of *Unleashing the Power of Prevention*
  - c. Assess progress in reaching these goals
2. How can you be involved in promoting prevention?
  - a. Think and talk about how to unleash the power of prevention
  - b. Commit to contributing to at least 1 action step to unleash the power of prevention
  - c. Join the *Coalition for the Promotion of Behavioral Health*



## Strategies:

- Information
- Fear arousal – “Scared Straight”
- Just say “No”

## Outcomes:

- No decreases in drug use or delinquency
- Some information programs *increased* drug use
- Scared Straight *increased* delinquency



**Lesson: Untested good ideas can make things worse!**



1. To prevent a problem before it happens you have to address its predictors
2. Research over the past several decades has identified these predictors, viewed today as **risk and protective factors**\*
  - Factors that elevate the likelihood of problem behavior, or that buffer or reduce exposure to high levels of risk
  - Embedded in individual, peer, school, family, and community contexts
  - Many of the same risk and protective factors predict different behavior health problems
3. Develop interventions to change malleable risk and protective factors

\*Elliott & Fagan, 2017; Hawkins et al., 1992; Jenson & Bender, 2013; O'Connell et al., 2009.



All these behavioral health problems have been  
prevented in controlled trials

Anxiety

Depression

**Alcohol,  
tobacco, other  
drug use**

Risky driving

Delinquent  
behavior

Aggressive  
behavior and  
conduct problems

Violence

**Self-inflicted  
injury**

**Risky sexual  
behavior**

School  
dropout



# Some programs prevent multiple behavioral health problems

Program	Drug use	Delinquency	Violence	School	Risky Sex	Mental health
Life Skills Training	✓	✓	✓		✓	
High Scope Preschool		✓	✓	✓		
Familias Unidas	✓	✓	✓	✓		
MST (Multisystemic Therapy)	✓	✓	✓	✓		✓
Good Behavior Game	✓	✓	✓		✓	✓



## Tested and Effective Programs and Policies

Controlled trials have identified over 80 effective policies and programs for preventing behavioral health problems in young people

**Effective programs:** 15 model/model plus and 66 promising programs in the Blueprints registry [www.blueprintsprograms.com](http://www.blueprintsprograms.com)

**Effective policies:** Anderson et al. 2009; Catalano et al. 2012; Hingson & White 2013; Vuolo et al., 2016, **Surgeon General's Report, 2016**

**Effective prevention saves money:** Washington State Institute for Public Policy [www.wsipp.wa.gov](http://www.wsipp.wa.gov)



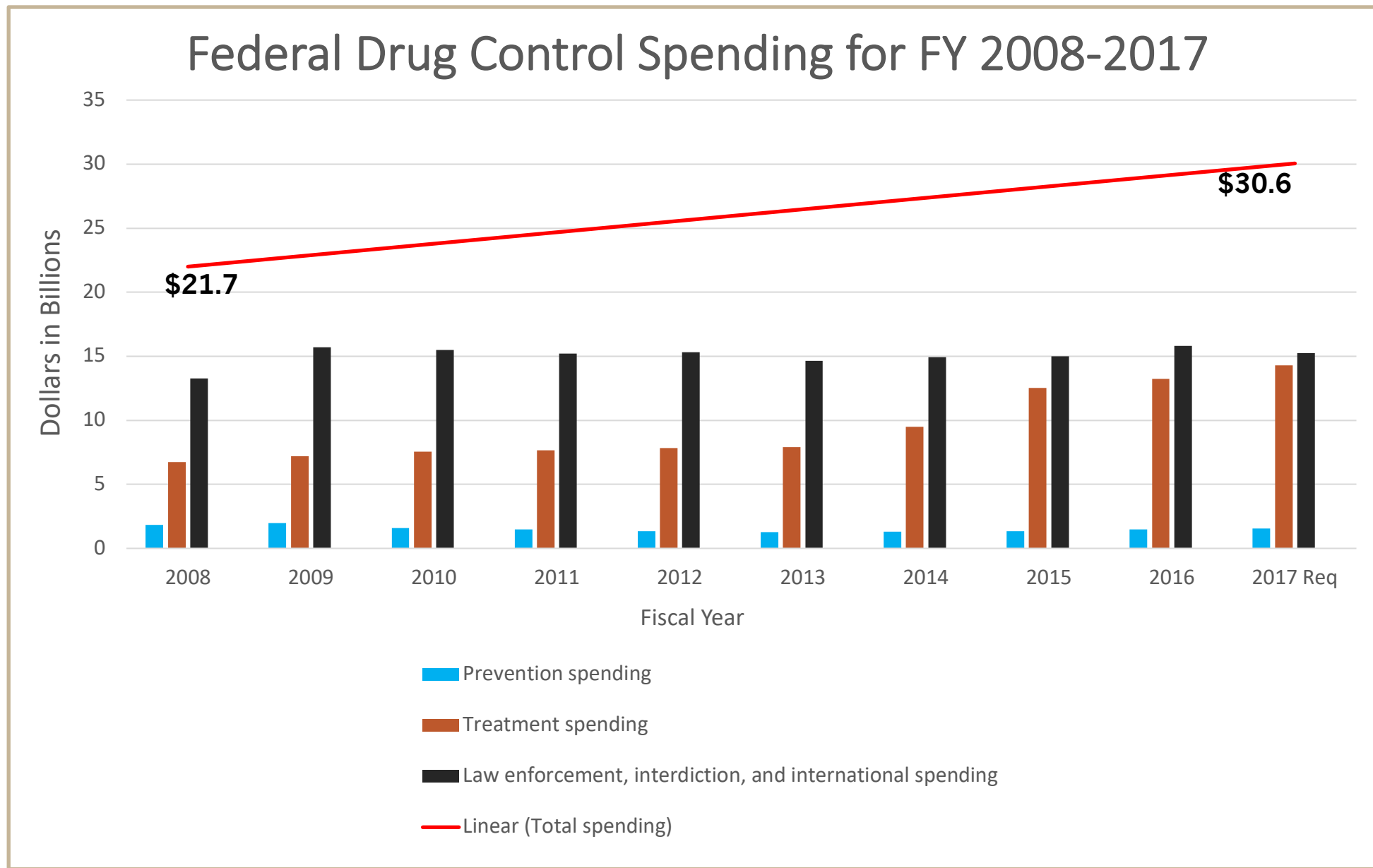
1. Reduce risk and enhance protection to prevent behavioral health problems
2. Choose and implement policies and programs proven to work
3. Combine evidence based programs and policies to achieve greater effects in preventing behavioral health problems



Effective interventions for preventing behavioral health problems are still not widely used

*And...*

We continue to invest much less in prevention than in treatment or law enforcement



Source: Office of National Drug Control Policy -National Drug Control Budget Funding Highlights for Fiscal Years 2016 & 2017



# Massachusetts Spending on Prevention of Behavioral Health Problems FY 2018

Department	Proportion of State Budget on Prevention/Promotion (amount)
Mental Health	< 1%; \$6 million of \$772 million FY18 budget
Public Health – Bureau of Substance Addiction Services	6.2%; \$8.3 million of \$133 million FY 18 budget
Elementary & Secondary Education	< 1%; \$700,000 of \$5.3 billion FY18 budget
Early Education & Care	< 1% on childhood behavioral health: \$2.5 million of \$593 million FY 18 budget

Source: Final Report Massachusetts Legislature's Special Commission on Behavioral Health Promotion and Upstream Prevention. April, 2018.



# How do we ensure the healthy development of *all* youth?





*Solution: Unleash the  
Power of Prevention...*



## ***Unleashing the Power of Prevention***

- Published by the National Academy of Medicine: <http://nam.edu/perspectives-2015-unleashing-the-power-of-prevention/>
- Selected as one of 12 Grand Challenges by the American Academy of Social Work and Social Welfare: <http://aaswsw.org/grand-challenges-initiative/>

## **Primary Outcome Goals:**

1. Reduce the incidence and prevalence of behavioral health problems in young people from birth to age 24 by 20% in a decade
2. Reduce racial and socioeconomic disparities in behavioral health problems by 20% in a decade

Through seven action steps ...



- 1. Increase public awareness**  
of the advances and cost  
savings of prevention
- 2. Increase the percentage of**  
**all public funds** that are  
spent on effective  
prevention policies and  
programs



- 3. Implement capacity-building tools** that guide communities to assess and prioritize risk and protective factors and select evidence-based prevention programs and policies



- 4. Establish criteria** for preventive interventions that are effective, sustainable, equity-enhancing, and cost-beneficial
- 5. Increase infrastructure** to support the high-quality implementation of prevention programs and policies



- 6. Monitor and increase access to effective preventive interventions**
- 7. Create workforce development strategies for new roles in promotion and prevention**



## ASK YOURSELF

1. What's missing?
2. What could I do to advance one or more action steps?

## OUR GOAL

You will choose to do two things:

1. Advance at least one of the action steps necessary to *unleash the power of prevention*
2. Join the *Coalition for the Promotion of Behavioral Health*





## Unleashing the Power of Prevention

By J. David Hawkins, Jeffrey M. Jenson, Richard Catalano, Mark W. Fraser, Gilbert J. Botvin, Valerie Shapiro, C. Hendricks Brown, William Beardslee, David Brent, Laurel K. Leslie, Mary Jane Rotheram-Borus, Pat Shea, Andy Shih, Elizabeth Anthony, Kevin P. Haggerty, Kimberly Bender, Deborah Gorman-Smith, Erin Casey, and Susan Stone\*

June 22, 2015 | Discussion Paper

Every day across America, behavioral health problems in childhood and adolescence, from anxiety to violence, take a heavy toll on millions of lives. For decades the approach to these problems has been to treat them only after they've been identified—at a high and ongoing cost to young people, families, entire communities, and our nation. Now we have a 30-year body of research and more than 50 programs showing that behavioral health problems can be prevented. This critical mass of prevention science is converging with growing interest in prevention across health care, education, child psychiatry, child welfare, and juvenile justice. Together, we stand at the threshold of a new age of prevention. The challenge now is to mobilize across disciplines and communities to unleash the power of prevention on a nationwide scale. We propose a grand challenge that will advance the policies, programs, funding, and workforce preparation needed to promote behavioral health and prevent behavioral health problems among all young people—including those at greatest disadvantage or risk, from birth through age 24. Within a decade, we can reduce the incidence and prevalence of behavioral health problems in this population by 20 percent from current levels through widespread policies and programs that will serve millions and save billions. Prevention is the best investment we can make, and the time to make it is now.

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[Children's health](#), [Public Health](#)

How far have  
we come in  
advancing  
prevention  
practice, policy,  
and science?

Assessing progress in  
the 7 Action Steps  
and Goals of  
*Unleashing the Power  
of Prevention*



## ACTION STEP 1

Develop and increase public awareness of the advances and cost savings of effective preventive interventions

## GOAL:

In a decade, a majority of the U.S. adult population will report in surveys that it is possible and cost-effective to prevent behavioral health problems among children and adolescents



Year*	Perceptions of Prevention
1987	45% favor more emphasis on prevention
2009	59% favor more emphasis on prevention
2009	76% support more investment in prevention
2009	72% believe prevention is worth it even if it does not save money
2009	70% believe prevention is a top health care reform priority of national electorate

\*McInturff & Quinlan,  
Prevention Now for a Healthier  
Future  
<http://pos.org/prevention-now-for-a-healthier-future>

1. If the public already favors prevention, why isn't evidence based prevention the foundation of health care spending rather than an after thought?
2. How do we activate public support for prevention and turn it to *demand*!?



## ACTION STEP 2

Ensure that 10% of all public funds spent on young people support effective prevention programs

## GOAL:

In a decade, at least 10 percent of all state and federal expenditures on the education, health, protection, and welfare of children will be allocated to effective universal, selective, and indicated interventions



## Examples of Federal Legislation, 2017-2018

- *Healthy Kids Act*
  - Provides a 6-year funding extension for the *Children's Health Insurance Program (CHIP)*
- *Family First Prevention Services Act*
  - Provides mental health, substance use treatment, and in-home parenting services to families at risk of entering the child welfare system





## Examples of State Prevention Initiatives

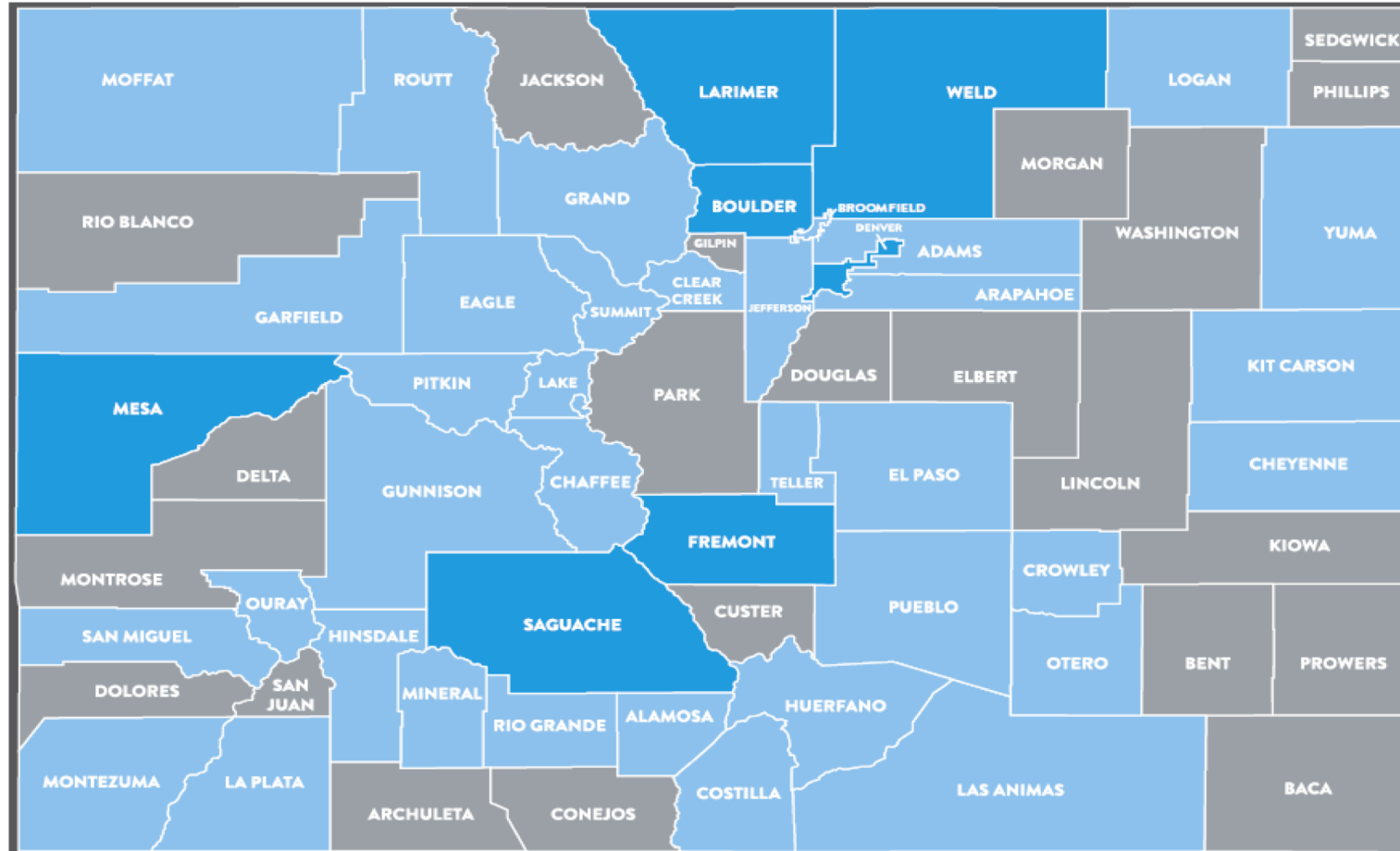
- Marijuana tax dollars are supporting prevention
  - \$16.1 million to support 48 *Communities that Care* communities in Colorado
  - \$20 million for prevention partnerships in Washington State
- Massachusetts Special Commission on Behavioral Health Promotion and Upstream Prevention (*Prevent/Promote*)
  - Appropriate no less than 33% or \$10M from cannabis revenues to fund community-based prevention coalitions
  - *Pay for Success* contracts
  - Tax credits for local sponsors of evidence based prevention

# COLORADO

## COMMUNITIES THAT CARE (CTC), 2017 - 2018

\$9,100,000

48 COMMUNITIES THAT CARE IN 42 COUNTIES



KEY:

COUNTIES  
WITH...

22

0 CTC  
COMMUNITIES

34

1 CTC  
COMMUNITY

\*There is 1 CTC community working  
in both Crowley/Otero counties.

7

2 CTC  
COMMUNITIES



## ACTION STEP 3

Implement capacity-building tools that guide communities to:

1. assess and prioritize risk and protective factors, and
2. select and implement evidence-based preventive interventions that target prioritized factors

## GOALS:

In a decade, at least 1,000 U.S. communities will:

**Goal 1:** actively monitor population levels of risk and protective factors and behavioral health problems among young people

**Goal 2:** implement effective health promotion approaches and evidence-based preventive interventions

**Goal 3:** have a coalition of stakeholders who actively monitor the reach and fidelity of a comprehensive system of effective interventions to promote behavioral health



### Goal 1:

In a decade, at least 1,000 U.S. communities will actively monitor population levels of risk and protective factors and behavioral health problems

### Examples from 2015-2017:\*

1. Twenty states reported results of statewide surveys that include measures of risk and protective factors from the *Communities that Care Youth Survey* (CTCYS) or *Prevention Needs Assessment* survey
2. Selected communities in 7 other states conducted student surveys using the *CTCYS* or *Prevention Needs Assessment* survey to measure risk and protection in their adolescent population

\* Source: Bach-Harrison, L.L.C., Survey Research and Evaluation Services. <http://www.bach-harrison.com>.



## Goal 2:

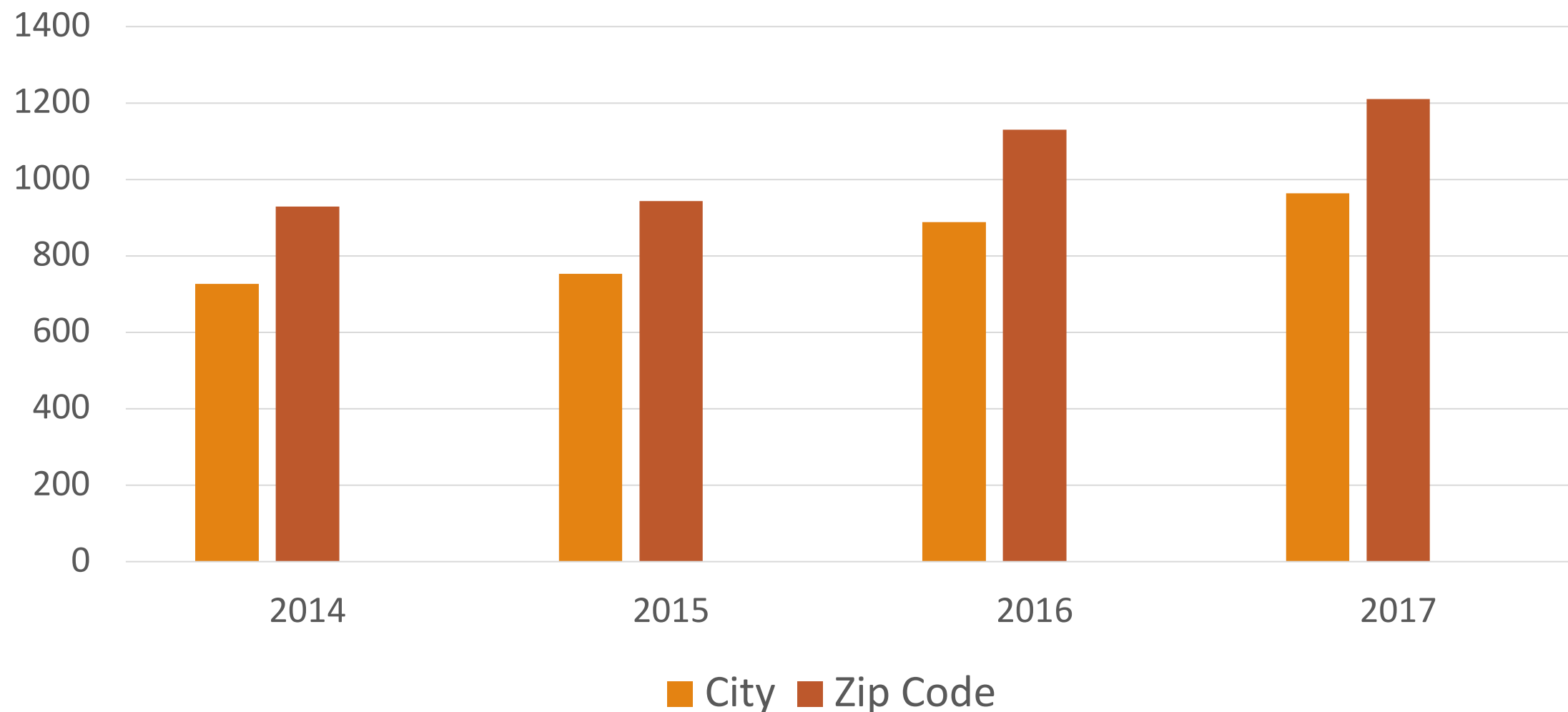
In a decade, at least 1,000 U.S. communities will implement effective health promotion approaches and evidence-based preventive interventions

## Progress:

1. Dissemination of Blueprints programs has increased, but may not always be documented!
2. Pennsylvania implemented approximately 327 Blueprints programs between 1998 and 2018  
[http://maps.episcenter.psu.edu/epis\\_grants.html](http://maps.episcenter.psu.edu/epis_grants.html)
3. *Life Skills Training* illustrates increases in dissemination across the US



### Increase in Communities Using *Life Skills Training*: 2014-2017





## Goal 3:

In a decade, at least 1,000 U.S. communities will have a coalition of stakeholders who actively monitor the reach and fidelity of a comprehensive system of effective interventions

### Question:

How many federally supported coalitions use a tested and effective coalition system?



## Progress:

1. *Communities that Care* (CTC)
  - 120 original CTC sites
  - 117 communities currently using *CTC-Plus* in 13 states
2. *PROSPER: PRO*moting *School-Community-University* Partnerships to *Enhance Resilience*
  - 64 sites in 6 states in 2017 (Spath)
3. *Pennsylvania*
  - 67 local coalitions in 2017
4. Federally supported coalitions:
  - Since 1998, the ONDCP has awarded more than 2,000 drug-free community grants in all 50 states
  - 719 awards FY 2017; 120 awards in FY2018



## ACTION STEP 4

Develop and increase public awareness of the advances and cost savings of effective preventive interventions

## GOAL:

In a decade, all 50 states will use outcome data from controlled studies and information from cost-benefit analyses to inform policy decisions



1. Blueprints provides a registry of tested and effective programs that meet the highest scientific standards
2. Washington State Institute for Public Policy (WSIPP) provides a similar set of high standards for “cost-beneficial” programs
3. State level progress:
  - Pennsylvania Commission on Crime and Delinquency used Blueprints criteria to create its own menu of evidence based programs
  - Since 1997, the Washington State legislature has relied on benefit cost analyses to guide investments that are cost-beneficial
  - The Pew-MacArthur *Results First* Initiative works with 27 states and 10 counties to implement evidence based decision making systems



## Opportunities!

- Blueprints provides a registry of tested and effective programs that meet the highest scientific standards
- Consider...
  - making the Blueprints criteria and scoring system *the* national standard for all registries!
  - establishing Blueprints as *the* source of information for SAMSHA, CDC, and drug-free communities using the Strategic Prevention Framework
  - Making the Blueprints criteria *the* standard for your state



# Action Step 5: Goal

## ACTION STEP 5

Increase  
infrastructure to  
support the high-  
quality  
implementation of  
evidence based  
programs

## GOAL:

In a decade, 25 states will have cross-agency “backbone” organizations that provide coaching, technical assistance, and monitoring services to local community organizations that provide behavioral health promotion and prevention services



1. Examples of state “backbone” organizations

- Pennsylvania State University *EpisCenter*
- Massachusetts Technical Assistance Partnership for Prevention
- Connecticut Center for Healthy Development
- University of Maryland Institute for Innovation and Implementation
- Colorado Department of Public Health and Environment, CTC Coaching System
- University of Denver, Center for Effective Interventions

2. The Pew-MacArthur *Results First* initiative provides infrastructure support for the implementation of tested and effective programs

3. Other...



## ACTION STEP 6

Monitor and  
increase access of  
children, youth,  
and young adults  
to effective  
preventive  
interventions

## GOALS:

**Goal 1:** In a decade, child welfare, disability, education, employment, health, justice, and other agencies in 20 states will use integrated data structures that enable cross-agency collaboration

**Goal 2:** In a decade, integrated data structures will have the capacity to be disaggregated by local community area and social groups and will be used to monitor the provision of effective preventive interventions

**PROGRESS?**

**HELP!!**



### Goal 3:

In a decade, tested technology-assisted approaches will be widely used to ensure the accessibility and reach of effective preventive interventions

1. Progress from selected investigators:
  - David Mohr, Northwestern University
  - Susan Breitenstein, Rush University
  - Willie Prado, University of Miami
  - Ricardo Munoz, University of San Francisco
  - Eric Rice, University of Southern California
- Who are we missing?
- Are you working in this area?



# Action Step 7: Goals

## ACTION STEP 7

Create workforce development strategies to prepare practitioners in health and human service professions for new roles in promotion and preventive interventions

## GOALS:

**Goal 1:** In a decade, 20 universities will include cross-disciplinary, prevention-focused training programs in behavioral health that will include primary care medicine, nursing, psychiatry, social work, and psychology

**Goal 2:** In a decade, 25 universities will include an evidence-based behavioral health promotion and prevention curriculum track in their master's programs

## Progress: Programs in Prevention Science

Degree Programs in Prevention Science		
Degree	Number of Universities	University
Bachelor's	2	Colorado State University University of Utah
Certificate	2	Texas A&M University of Wisconsin, Madison
Master's	9	University of Oklahoma Vanderbilt University University of Oregon Colorado State University Emory University University of Miami Harvard University University of Minnesota University of Utah
PhD	6	University of Oregon Washington State University University of Miami Penn State University University of Illinois at Chicago University of Utah
PhD Minor	2	University of Minnesota University of Wisconsin, Madison



## What can you do to help unleash the power of prevention?

- **Small group activity - 5 to 10 minutes**
  - Share your ideas with the person next to you
  - Decide on one way to help
  - Be ready to report!
  
- **Examples of ideas or activities:**
  - Encourage your school district, community, or state to use a survey that measures risk and protective factors
  - Encourage your state to adopt Blueprints standards as a guide to funding
  - Provide effective preventive interventions through established channels (e.g., primary care or other)



# Seven Action Steps

1. Increase **public awareness** of advances and cost savings of effective prevention
2. Increase the percentage of all **public funds** that are spent on effective prevention policies and programs
3. Implement **capacity-building tools** that guide communities to assess and prioritize risk and protective factors, and select evidence-based prevention programs and policies
4. Establish **criteria for preventive interventions** that are effective, sustainable, equity-enhancing, and cost-beneficial
5. Increase **infrastructure** to support high-quality implementation of preventive interventions
6. Monitor and increase **access** to effective preventive interventions
7. Create **workforce development** strategies for new roles in promotion and preventive interventions



**What can you do to help  
unleash the power of prevention?**



Your action is needed to track progress  
and ***unleash the power of prevention!***

To join the *Coalition for the Promotion of Behavioral Health*  
visit Shelley Logan at the *Communities That Care*  
booth or contact Jeff Jensen, PhD

[Jeffrey.Jenson@du.edu](mailto:Jeffrey.Jenson@du.edu)

**THANK YOU!**



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