



The Kansas Prevention Collaborative: A Decade of Prevention in Kansas 2015 - 2025

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Objectives

1. Present the contributions of a decade-long comprehensive prevention infrastructure approach toward reducing youth substance use in Kansas communities.
2. Describe how the Kansas Prevention Collaborative has provided training, technical assistance, and resources to assess needs, build coalition capacity, support strategy implementation, and evaluate outcomes.
3. Review cumulative youth substance use process and outcomes data from 20 coalitions spanning ten years of prevention strategy implementation.

Background and Introduction to Kansas Prevention Collaborative

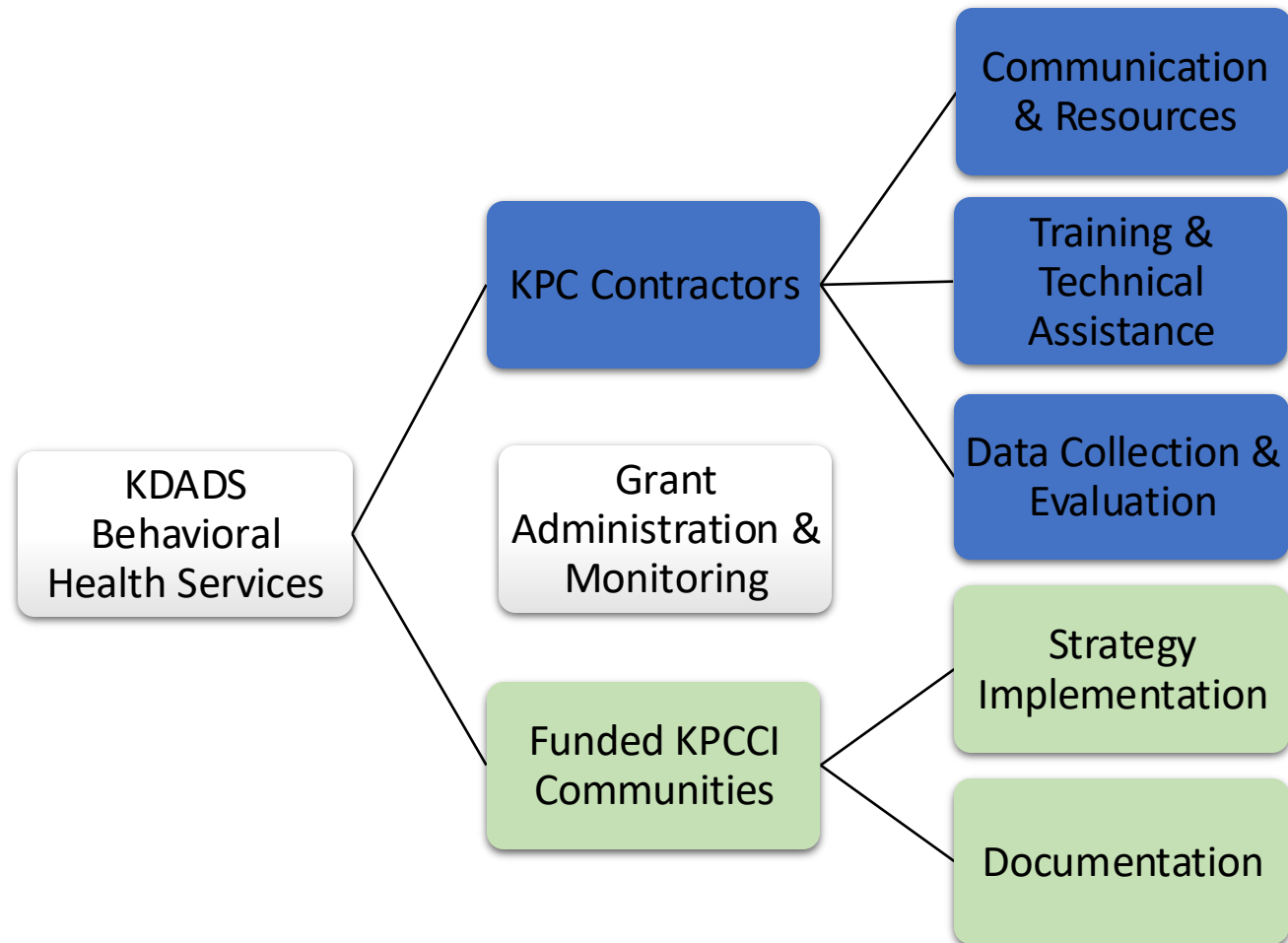
- **Substance Abuse and Mental Health Services Administration**
 - Provides block grant and other funding to states and communities
 - Supports prevention and treatment efforts
- **Kansas Department of Aging and Disability Services**
 - Oversees Community Mental Health Centers
 - Oversees addiction and prevention services in Kansas
 - Promotes policy, development, evaluation and resources of prevention, treatment and recovery
 - Administers Substance Use Prevention, Treatment and Recovery Services Block Grant

Support and Enabling Groups

- **Kansas Department for Aging and Disability Services** – Oversees project
- **DCCCA, Inc.** – Technical assistance
- **Learning Tree Institute at Greenbush** – Evaluation
- **KU Center for Community Health and Development** – Evaluation
- **WSU Community Engagement Institute** – Training and communications
- **Kansas Prevention Collaborative Community Initiative (KPCCI)** Funded Partner Coalitions – Community prevention initiatives

Kansas Prevention Collaborative Approach to Prevention

- Restructured approach
 - Kansas Prevention Collaborative
 - Cohort funding
 - Support organizations
 - KCTC Survey
 - Website and resources
 - PreventionWorks
 - SEOW

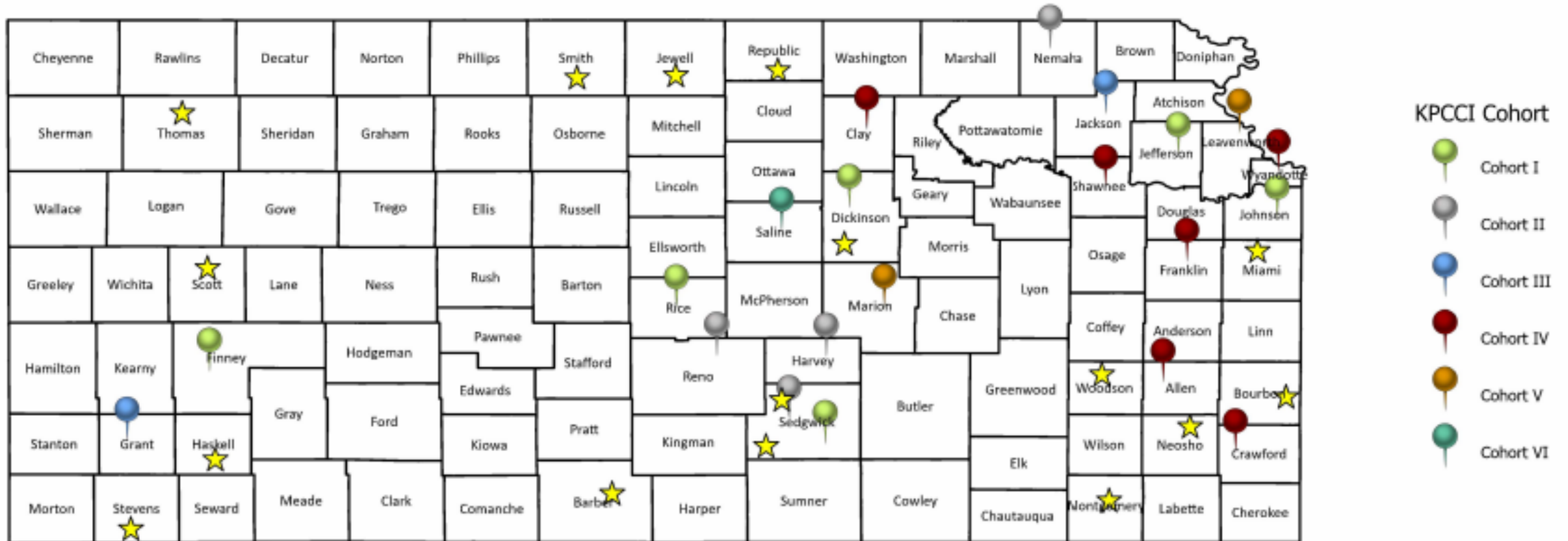


KCCPI Grantee Timeline

	KPCCI Cohort Timeline				
	I	II	III	IV	V
July 1, 2016-June 30, 2017	Planning				
July 1, 2017-June 30, 2018	Implementation	Planning			
July 1, 2018-June 30, 2019		Implementation	Planning		
July 1, 2019-June 30, 2020			Implementation	Planning	
July 1, 2020-June 30, 2021				Implementation	Planning
July 1, 2021-June 30, 2022					Implementation
July 1, 2022-June 30, 2023					
July 1, 2023-June 30, 2024					

KPCCI Grantees by Cohort

★ Current KPCCI Grantees



Strategic Prevention Framework



Assessment - conduct a needs assessment and prioritize areas of need;

Capacity - mobilize and build state and community capacity to address needs;

Planning - develop a state and community-level strategic plan for prevention;

Implementation - implement evidence-based prevention practices to meet state and community needs;

Evaluation - monitor and evaluate the implementation of the model and strategies

Data Collection Requirements

Connecting
Process &
Outcome Data



COMMUNITY CHECK BOX
EVALUATION SYSTEM



Kansas Communities
That Care

STUDENT SURVEY

Process Evaluation Questions

Was the capacity of community coalitions improved?

What evidence-based strategies were implemented by funded communities?

How many people were reached or served by each strategy implemented?

Were selected strategies and action plans implemented fully and with fidelity?

Training was provided to build capacity – Planning Phase

- | |
|---|
| • Orientation |
| • Substance Abuse Prevention Skills Training (SAPST) |
| • Assessment and Capacity Building |
| • Behavioral Health Disparities and Cultural Competence |
| • Community Check Box Training |
| • Planning, Implementation, and Evaluation |
| • Environmental Strategies |
| • Behavioral Health Disparities & Cultural Competence |
| • Sustainability |
| • Sensemaking-making Documentation Review |
| • Data & Evaluation Workshop |

Training was
provided to
build capacity –
Implementation
Phase

- Fidelity

- Sense-making Documentation and
Community Check Box Review

- Sustainability

- Community Check Box Training and
Technical Assistance Event

- Tri-Ethnic Readiness Assessment Training

- KPC Technology Tools Capacity Building

- Sense-making Documentation and
Community Check Box Review Event

- Implementation Presentations

Measuring Capacity



Tri-Ethnic Center Community Readiness Interviews:

Open-ended questions

Community's attitudes, knowledge, beliefs, etc., about an issue.

Level of readiness to engage in and support prevention efforts

Nine Stages of Readiness

(Stage 1 = No awareness to Stage 9

= High Level of Community Ownership)

What Capacity was Built - Readiness

Cohort	Initial Tri-Ethnic Average Score Total for all coalitions	Final Tri-Ethnic Average Score Total for all coalitions	Change
Cohort I	4.0 (Preplanning)	3.8 (Preplanning)	-0.20
Cohort II	4.4 (Preplanning)	5.3 (Preparation)	+0.9
Cohort III	2.8 (Vague Awareness)	4.3 (Preplanning)	+1.6
Cohort IV	3.2 (Vague Awareness)	4.2 (Preplanning)	+1.0
Cohort V	3.9 (Preplanning)	5.7 (Initiation)	+1.8
Total	3.7 (Preplanning)	4.7 (Preparation)	+1.0



Measuring Capacity

- **Coalition Capacity Survey:**
- Measures multiple aspects of the **coalition's** ability to prepare for the planning and implementation of prevention strategies
- Uses a 5-point scale
- (0 = No Capacity to 4 = Strong Capacity)
- Eight Domains
 - 1) Vision, mission, and goals (6 questions);
 - 2) Projects (6 questions);
 - 3) Sense of community (8 questions);
 - 4) Coalition meetings (5 questions);
 - 5) Membership and participation (9 questions);
 - 6) Management (8 questions);
 - 7) Cultural competence (7 questions); and
 - 8) Internal and external communication (9 questions)

What Capacity was Built – Best Processes

Cohort	# of Coalitions	Vision, Mission & Goals	Projects	Sense of Community	Coalition Meetings	Membership & Participation	Management	Cultural Competence	Communication
I*	6	+2 (-2 to 54)	+16 (-3 to 13)	+11 (3 to 19)	+2 (-6 to 12)	+13 (70 to 93)	+8 (2 to 25)	+9 (6 to 11)	+11 (-1 to 30)
II	4	+14 (5 to 27)	+13 (5 to 19)	+13 (3 to 23)	+10 (-3 to 24)	+9 (1 to 18)	+12 (0 to 24)	+12 (-3 to 22)	+9 (2 to 19)
III	2	+11 (-0.2 to 22)	+10 (-4 to 25)	-3 (-14 to 9)	+1 (-7 to 9)	+0.6 (-11 to 12)	+3 (-9 to 14)	+12 (4 to 20)	+0.4 (-2 to 3)
IV*	6	+14 (2 to 35)	+7 (-8 to 43)	+11 (1 to 34)	+7 (-7 to 17)	+11 (-6.0-43)	+7 (-15 to 38)	+12 (-8 to 45)	+10 (-15 to 46)
V	2	+9 (8 to 10)	+9 (8 to 10)	+6 (-2 to 14)	+5 (5 to 6)	+11 (4 to 17)	+10 (6 to 14)	+7 (-2 to 16)	+8 (-3 to 19)

*One coalition did not complete the final survey.

Legend

-5.0 to 0	Light orange
0 to +4.9	Pale blue
+5.0 to +9.9	Light blue
+10 to +14.9	Blue
+15.0 and up	Dark blue

Capacity across Cohorts

Vision, Mission, & Goals	Projects	Sense of Community	Coalition Meetings	Membership & Participation	Management	Cultural Competence	Communication
+10	+11	+8	+5	+9	+8	+10	+8

Types of Strategies – Institute of Medicine

Universal: Focuses on the general public or a whole population group and are not directed at a specific risk group.

- Universal Direct
- Universal Indirect

Selective: Focuses on individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

Indicated: Focuses on individuals in high-risk environments who have signs foreshadowing a disorder or have biological markers indicating predispositions for a disorder but do not yet meet diagnostic levels.

Types of
Strategies –
Center for
Substance Abuse
Prevention

Information Dissemination

Prevention Education

Drug-Free Alternative Activities

Community-Based Processes

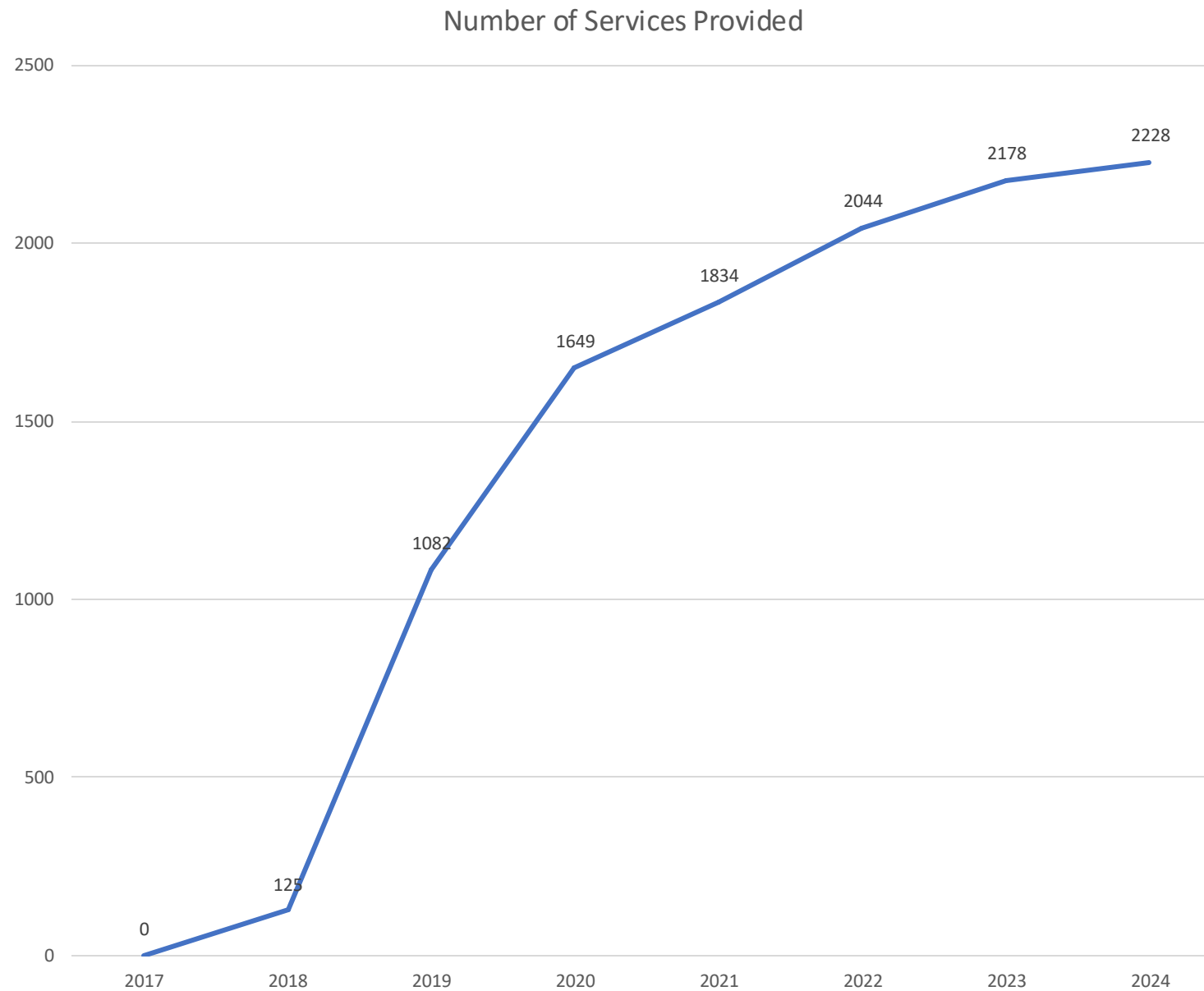
Environmental Change

Problem Identification

Most Frequently Implemented Strategies during this period

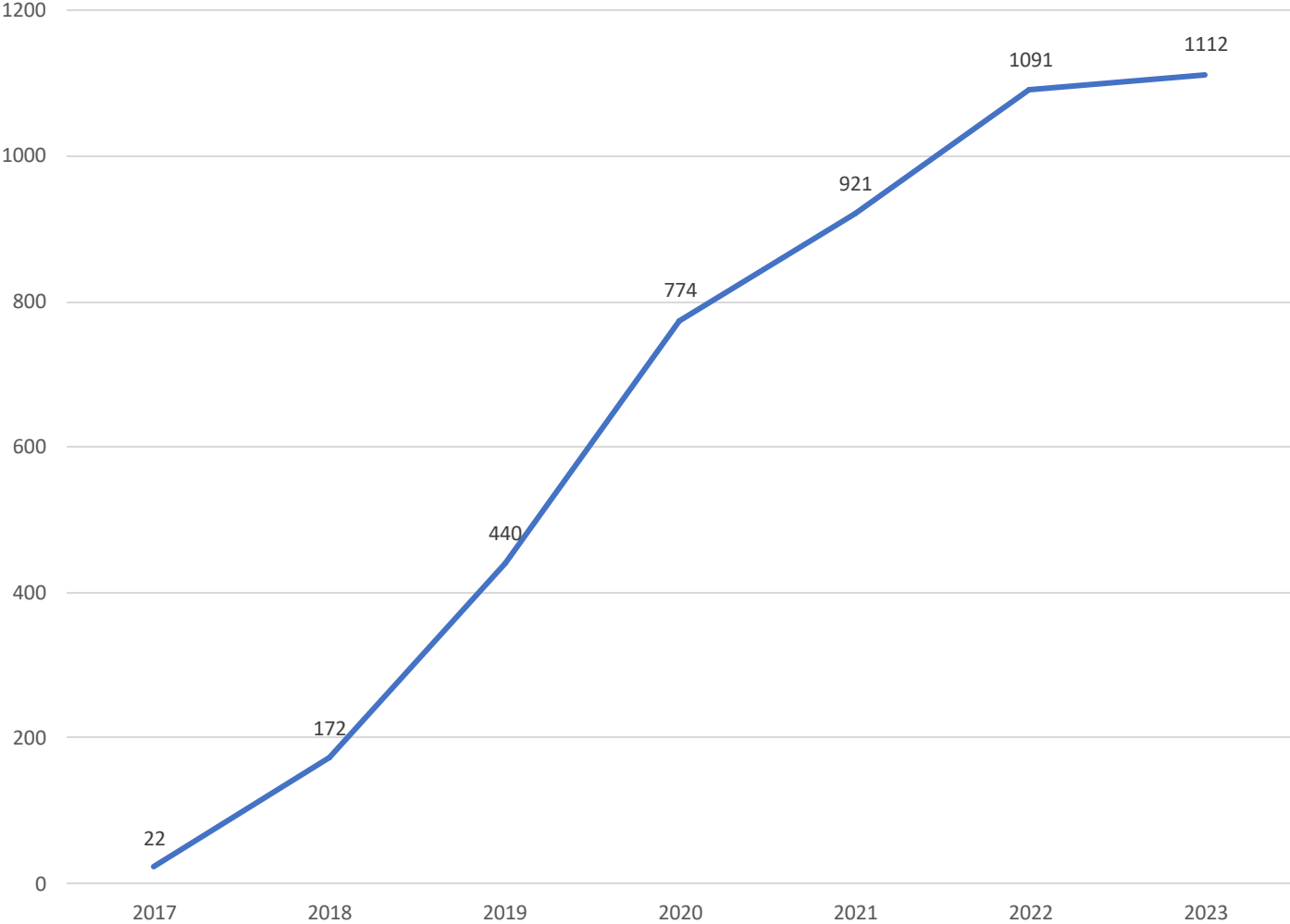
Evidence-Based Strategies	Coalitions
It Matters or Mass Media Campaign	14
Alcohol Education	8
Sticker Shock	8
Alcohol True Stories	5
Environmental/Systems Change	5
Community/Public Events	4
Life Skills	4
Compliance Checks	4
Talk They Hear You	4
Family Day	3
Red Ribbon	3
Strengthening Families	3
Teen Intervene	3

Evidence-Based Strategies Implemented – Alcohol

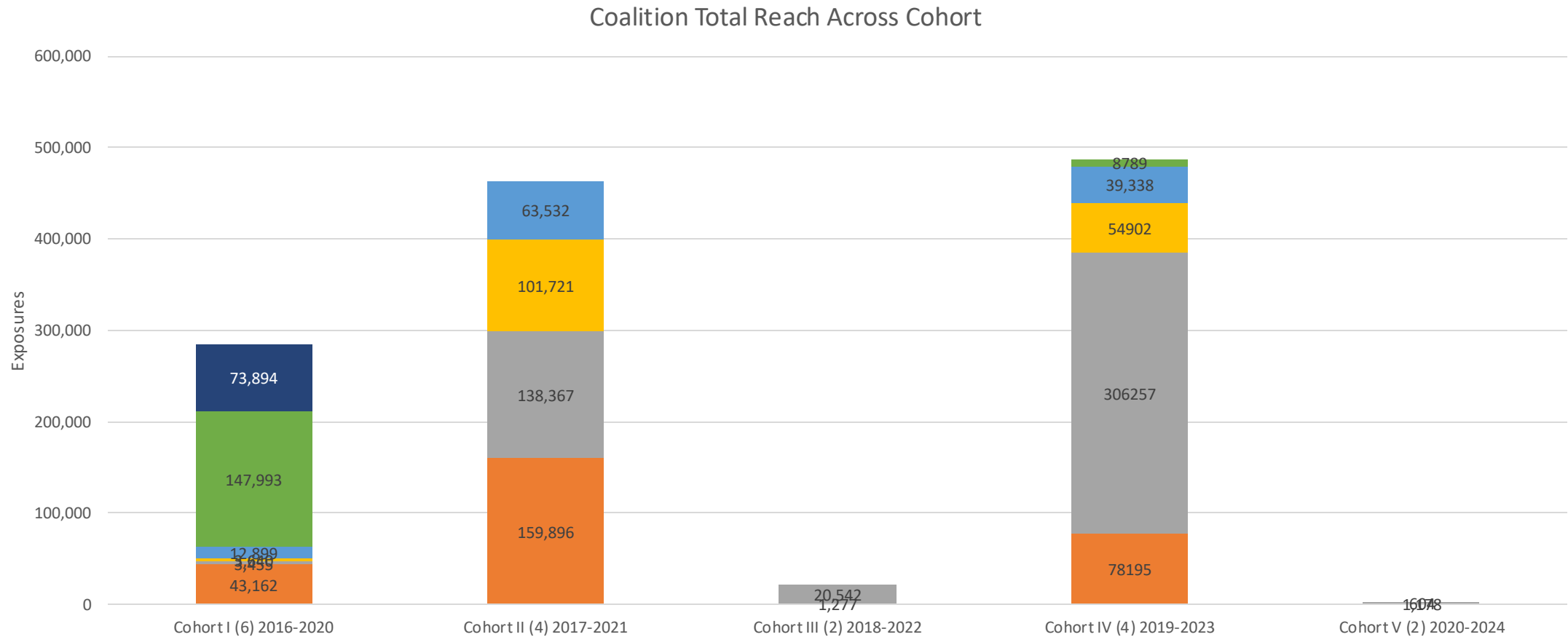


Evidence-Based Strategies Implemented – Marijuana

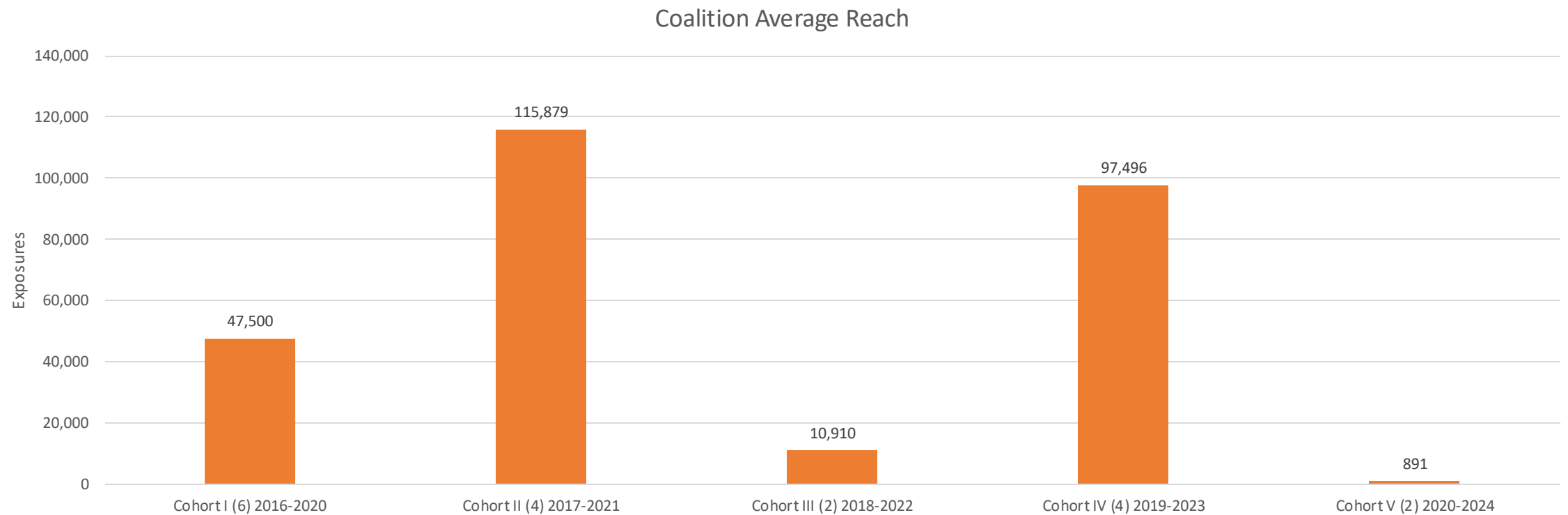
Number of Services Provided



Coalition Total Reach Across Cohort



Coalition Average Reach



KPCCI Reach – 2015-2024

The number of coalitions in a cohort ranged from 2 to 6.

An estimated 1,527,713 exposures to prevention strategies were reported during the five cohorts.

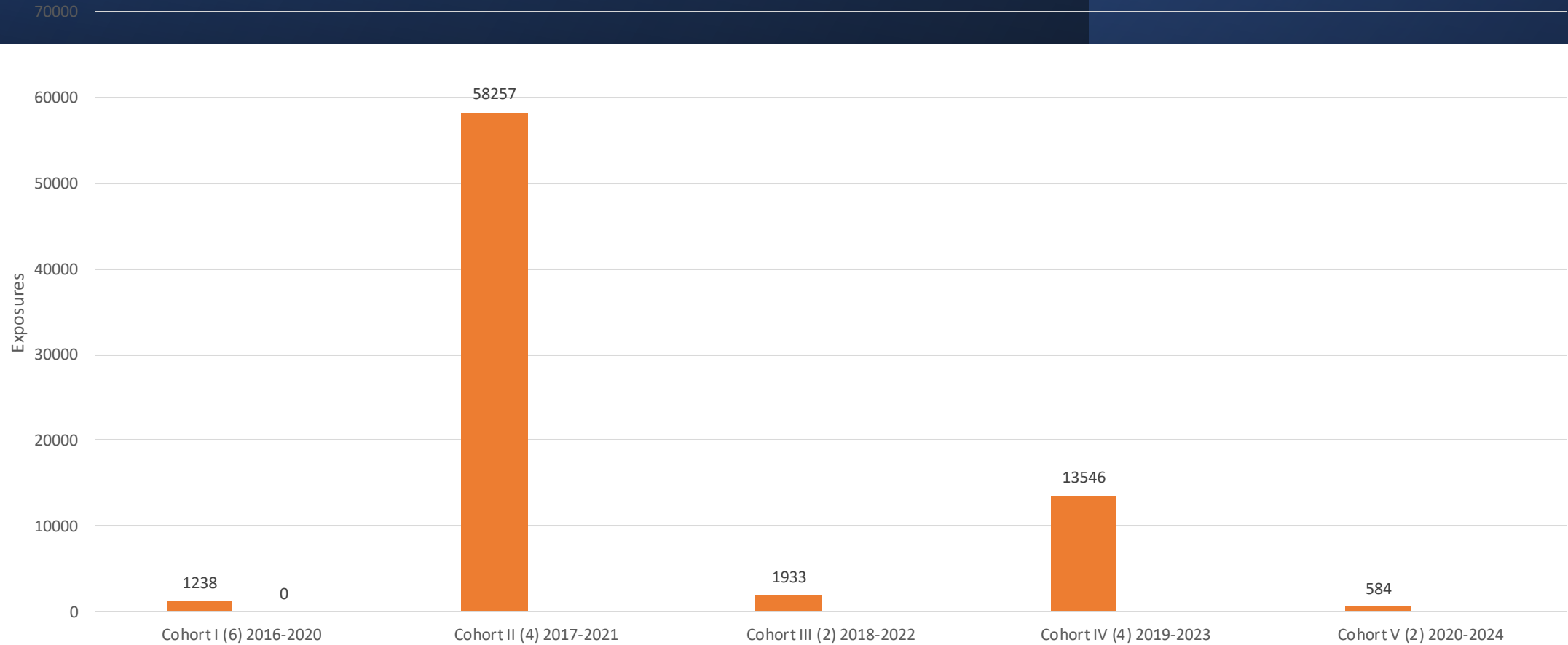
Coalitions focused heavily on media campaigns, such as It Matters.

The pandemic reduced the implementation of strategies in 2020-2021

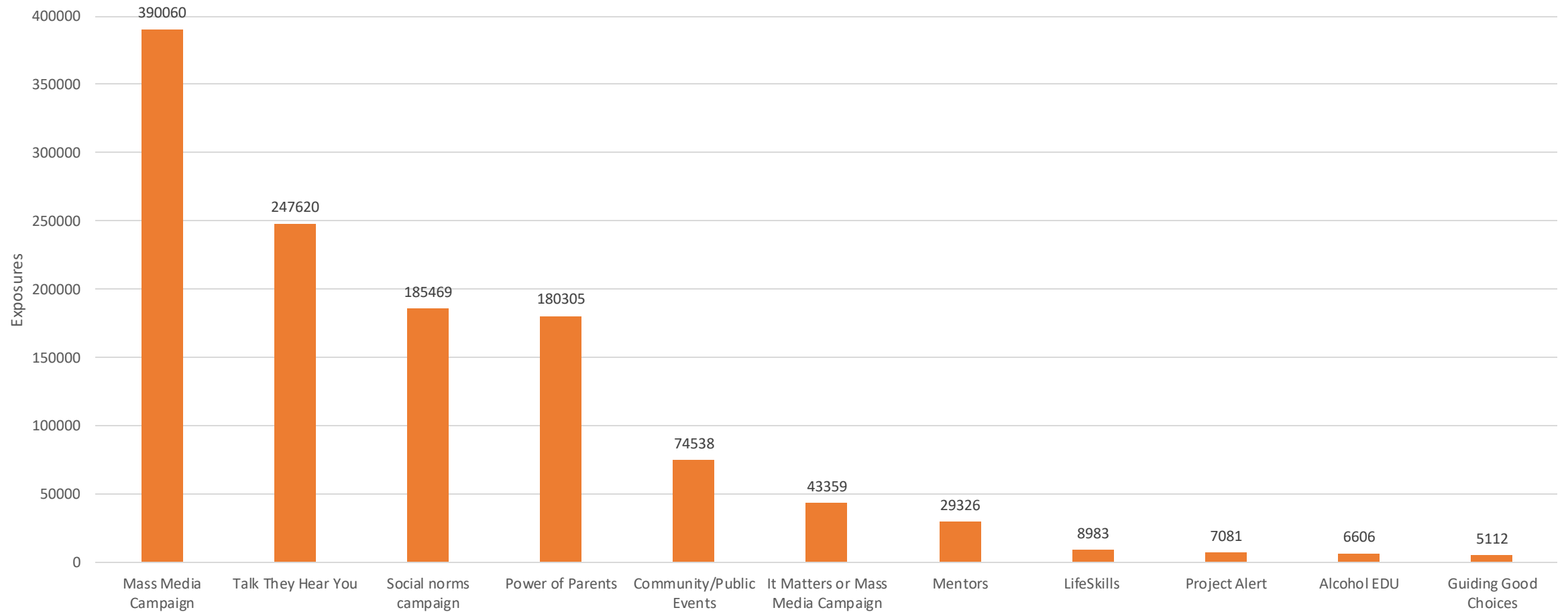
Coalitions focused on Prevention Education and Information Dissemination strategies

Kansans Exposure to Prevention Education

Kansans Exposure to Prevention Education



Evidence-Based Strategy Reach



Outcome Evaluation Questions

How did implementation of strategies result in changes in participant outcomes related to targeted risk factors and youth substance use?

Were funded communities successful in reducing targeted youth 30-day substance use compared to historic values?

Were changes in funded communities different from changes in the state average?

Outcome Data

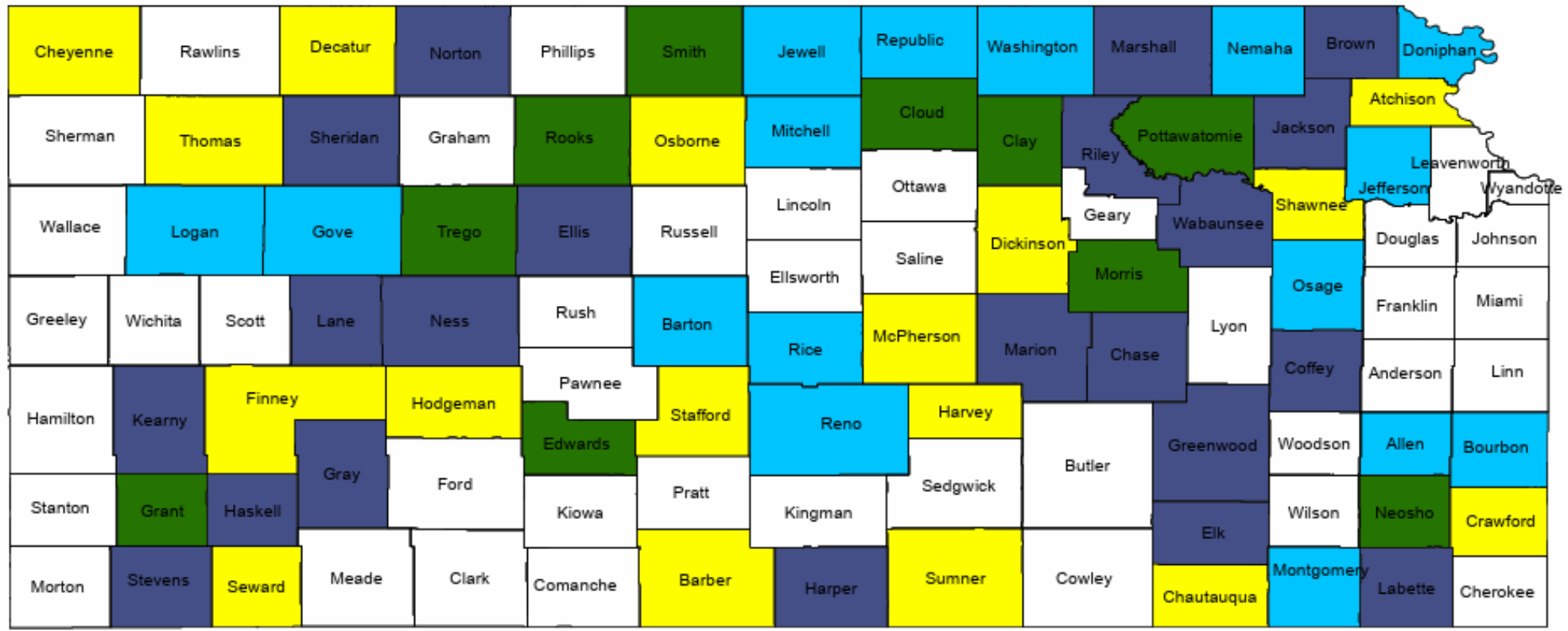
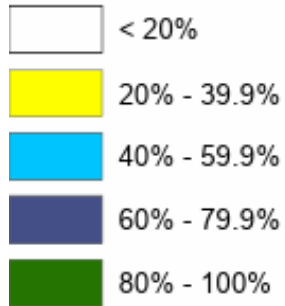
- Funded by Kansas Department for Aging and Disability Services, Behavioral Health Services
- Available annually free of charge to all districts, public and private
- Parent consent required
- Anonymous online administration
- Target population is students in 6th, 8th, 10th, 12th grades
- Grantee goal of 60% participation



2025 KCTC COUNTY PARTICIPATION

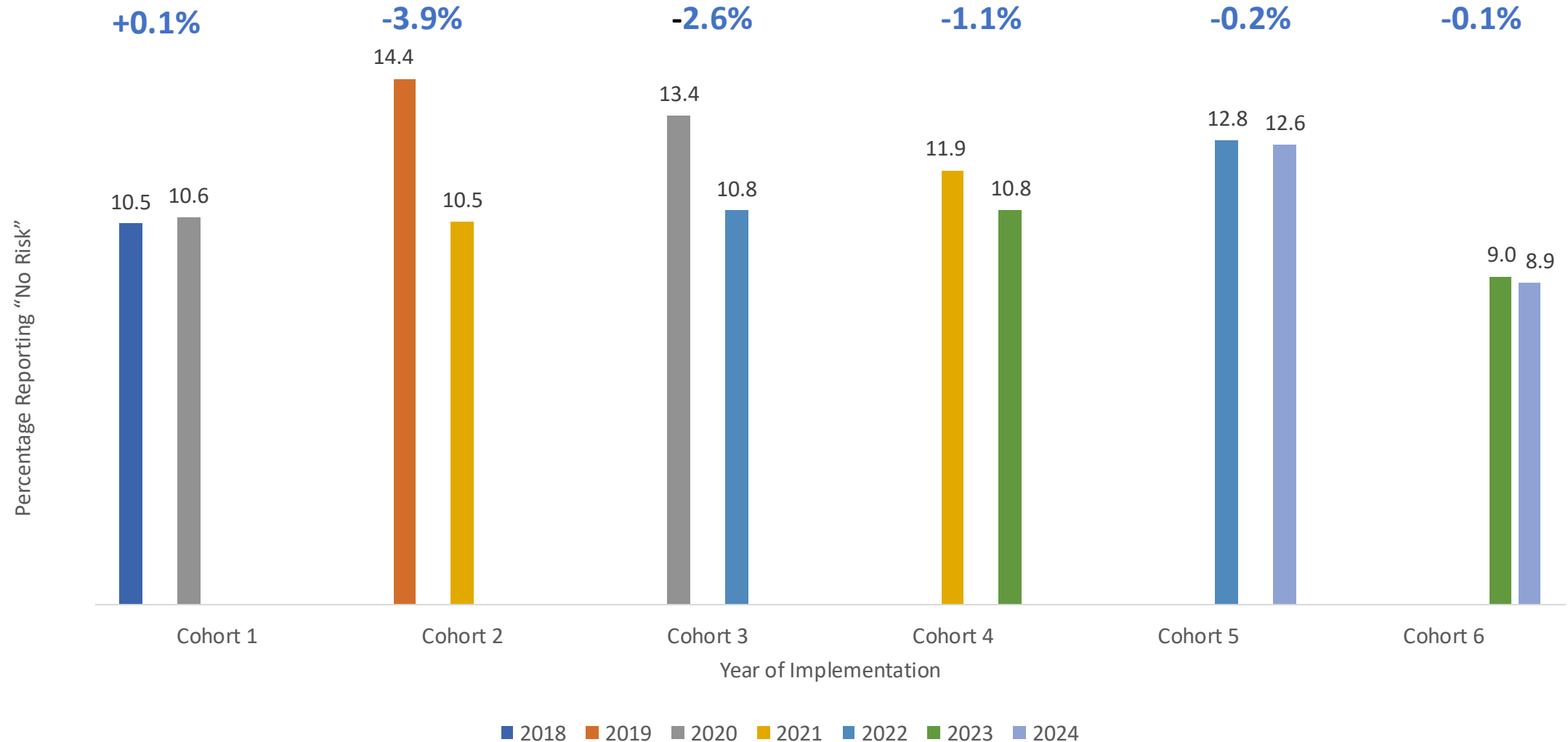


Participation

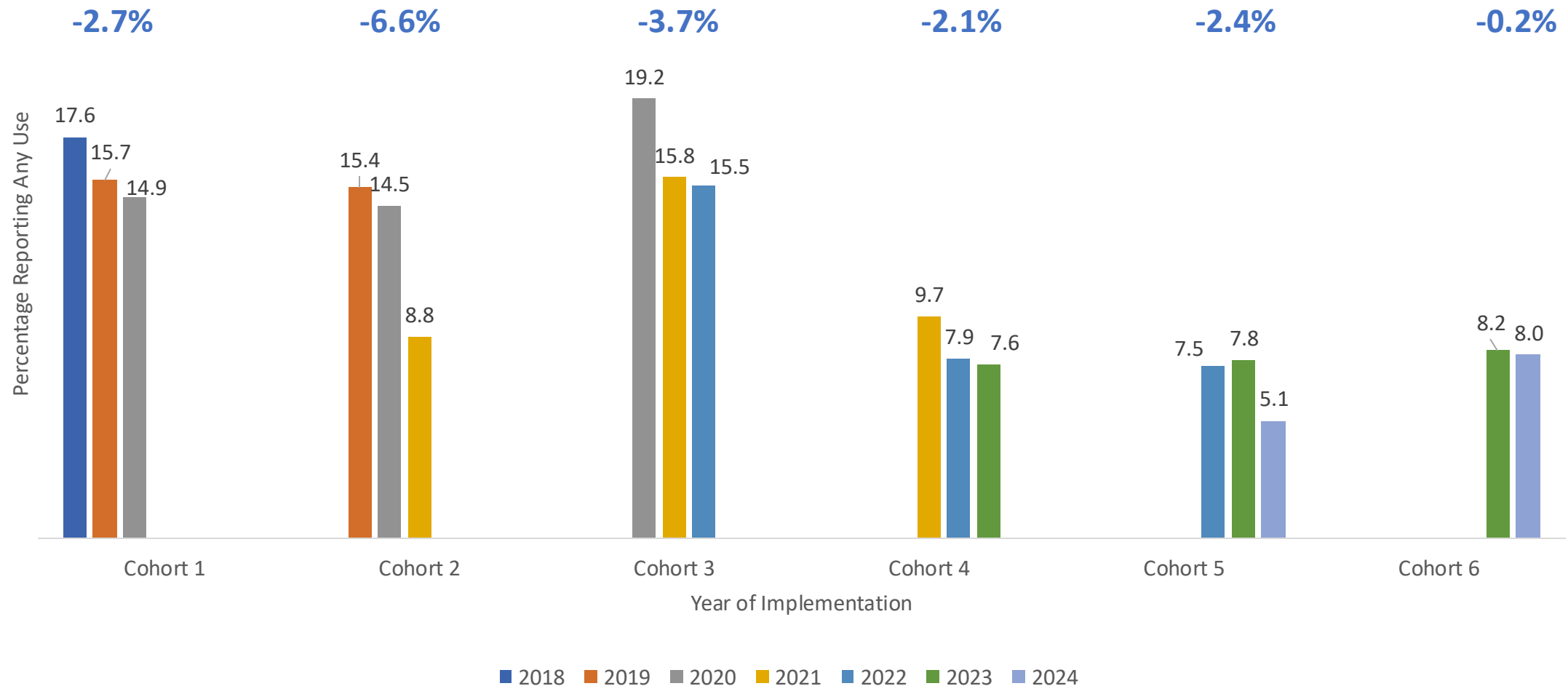


Impact on Influencing Factors

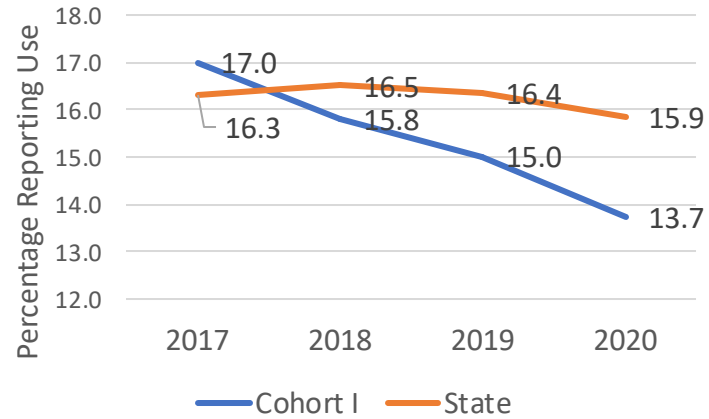
- Perceived Risk of Harm from Alcohol



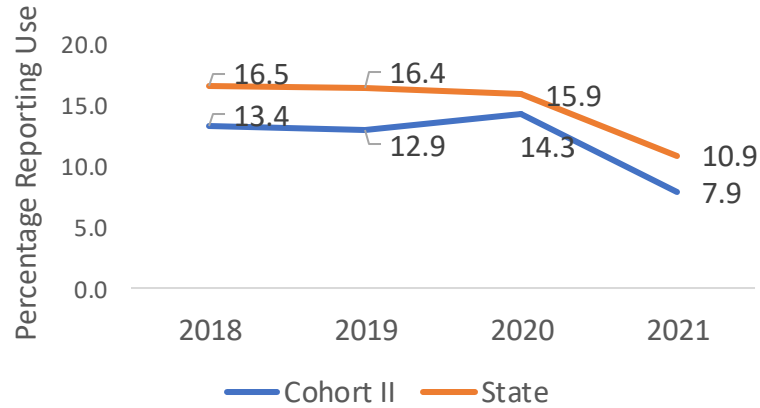
Changes in Outcomes – Past 30-Day Alcohol Use



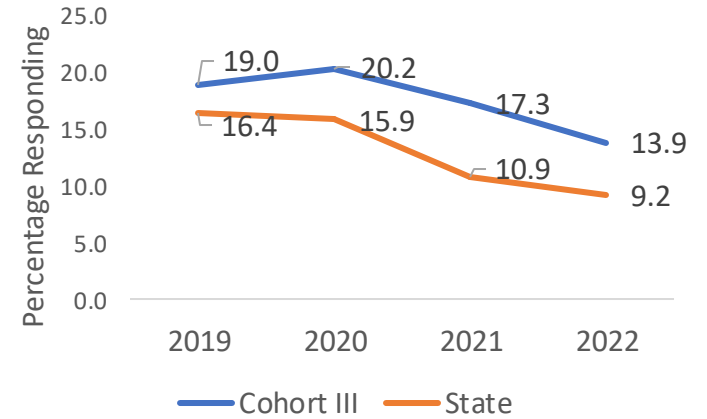
Cohort I - Past 30-Day Student Alcohol Use



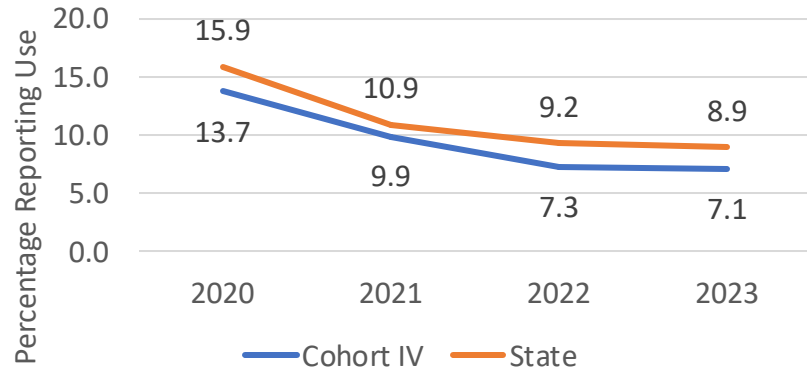
Cohort II - Past 30-Day Student Alcohol Use



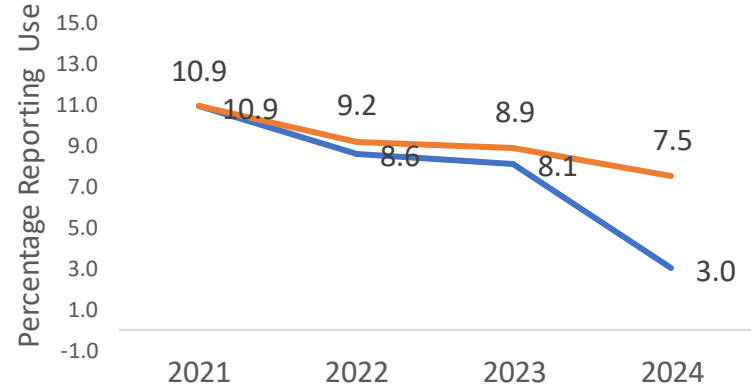
Cohort III Past 30-Day Student Alcohol Use



Cohort IV - Past 30-Day Student Alcohol Use

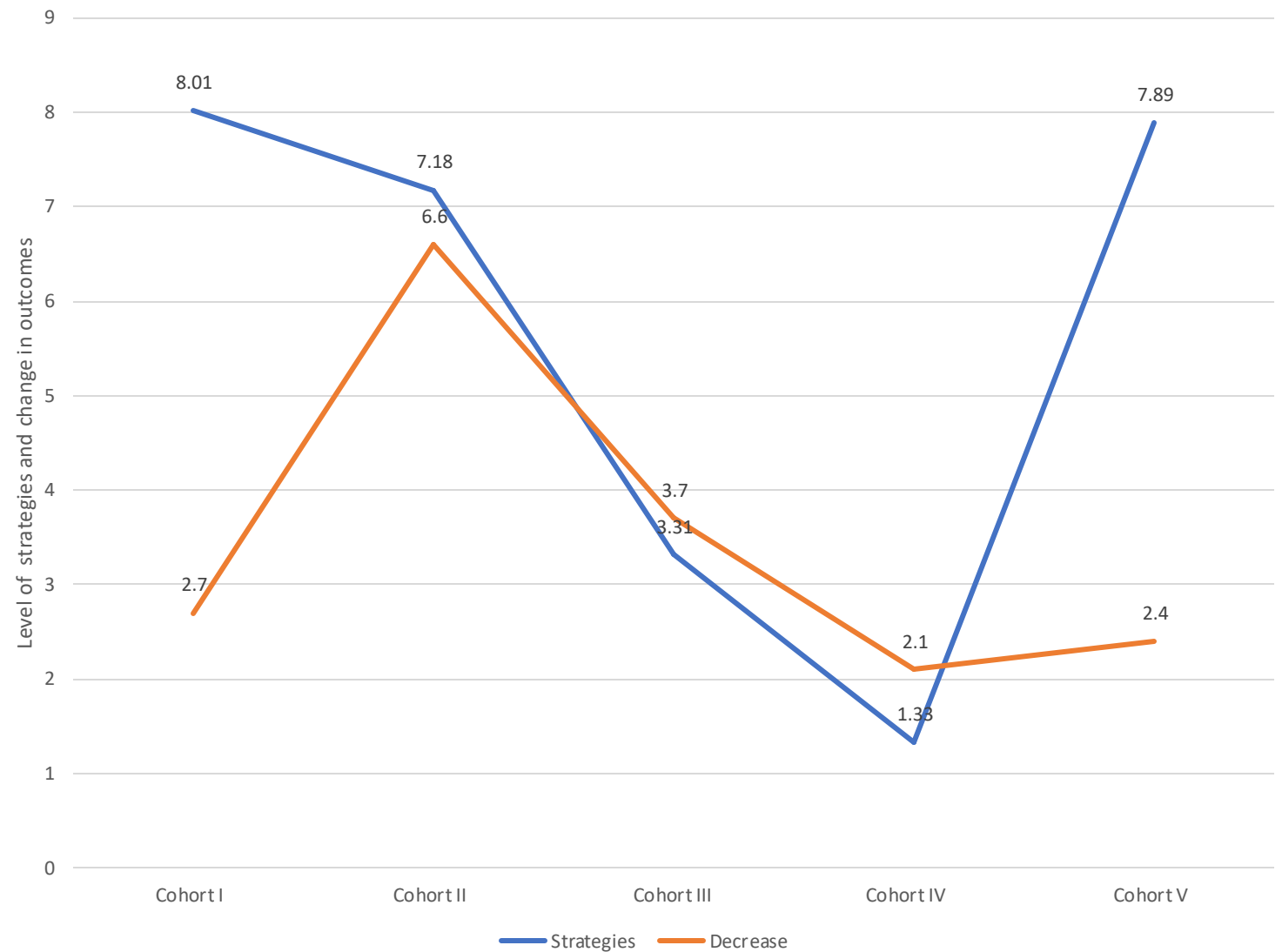


Cohort V - Past 30-Day Student Alcohol Use



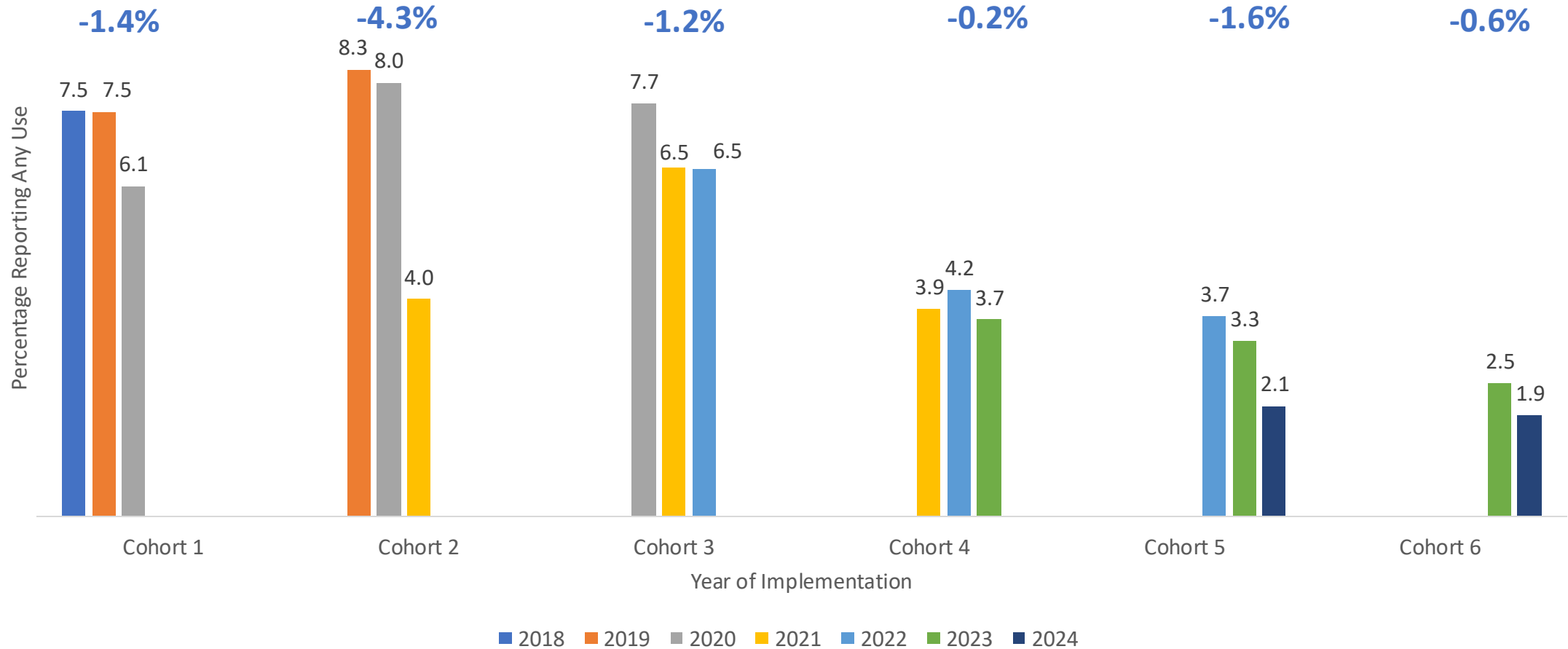
Correspondence Between Strategy Implementation and Decrease in Alcohol Use

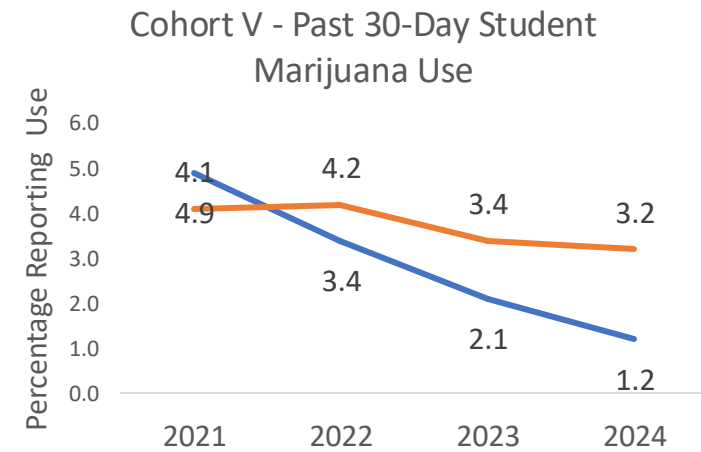
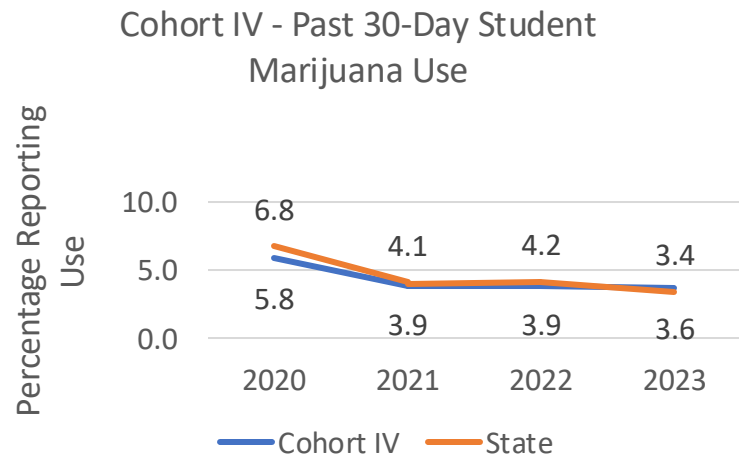
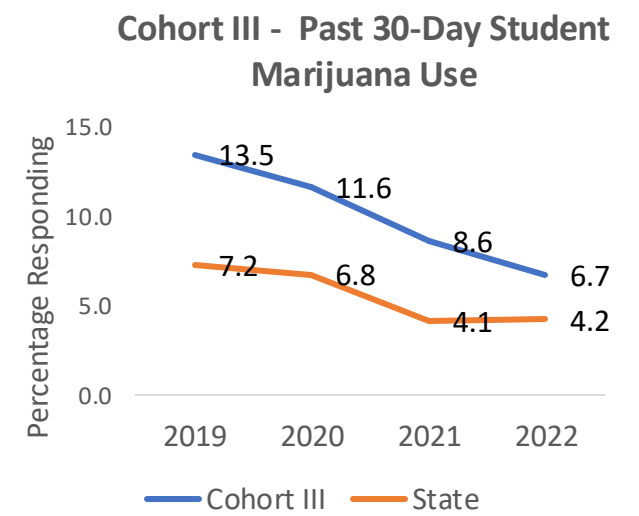
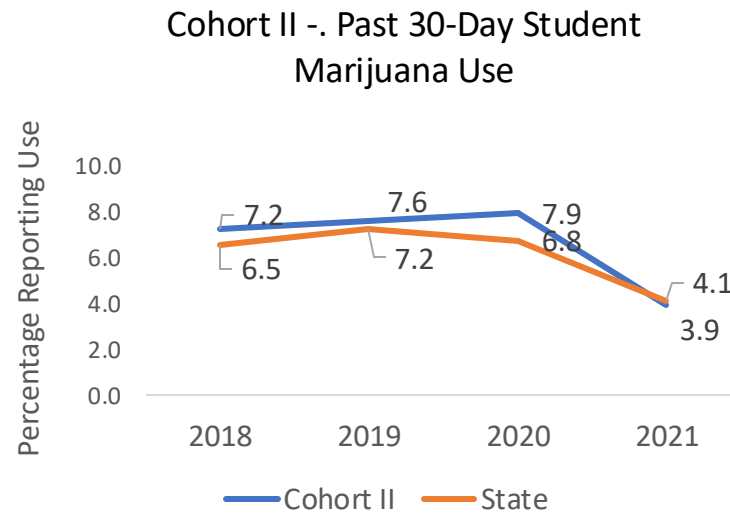
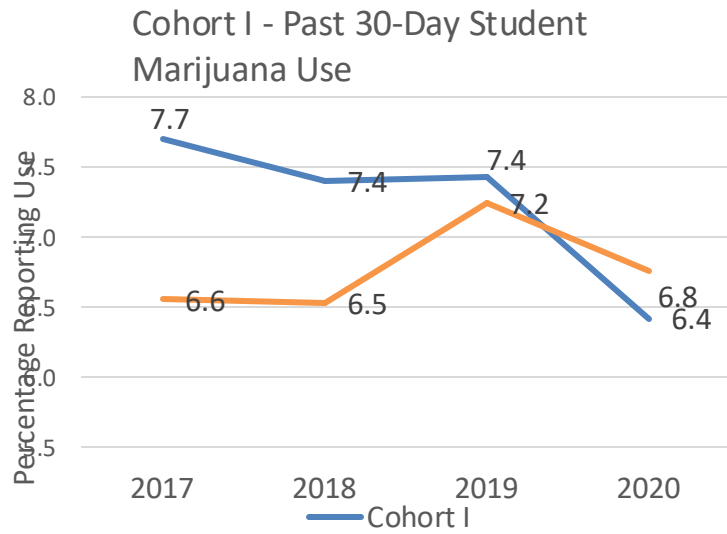
Correspondence Between Number of Strategies Implemented (X10) and Percent Decrease in Alcohol Use



Changes in Outcomes

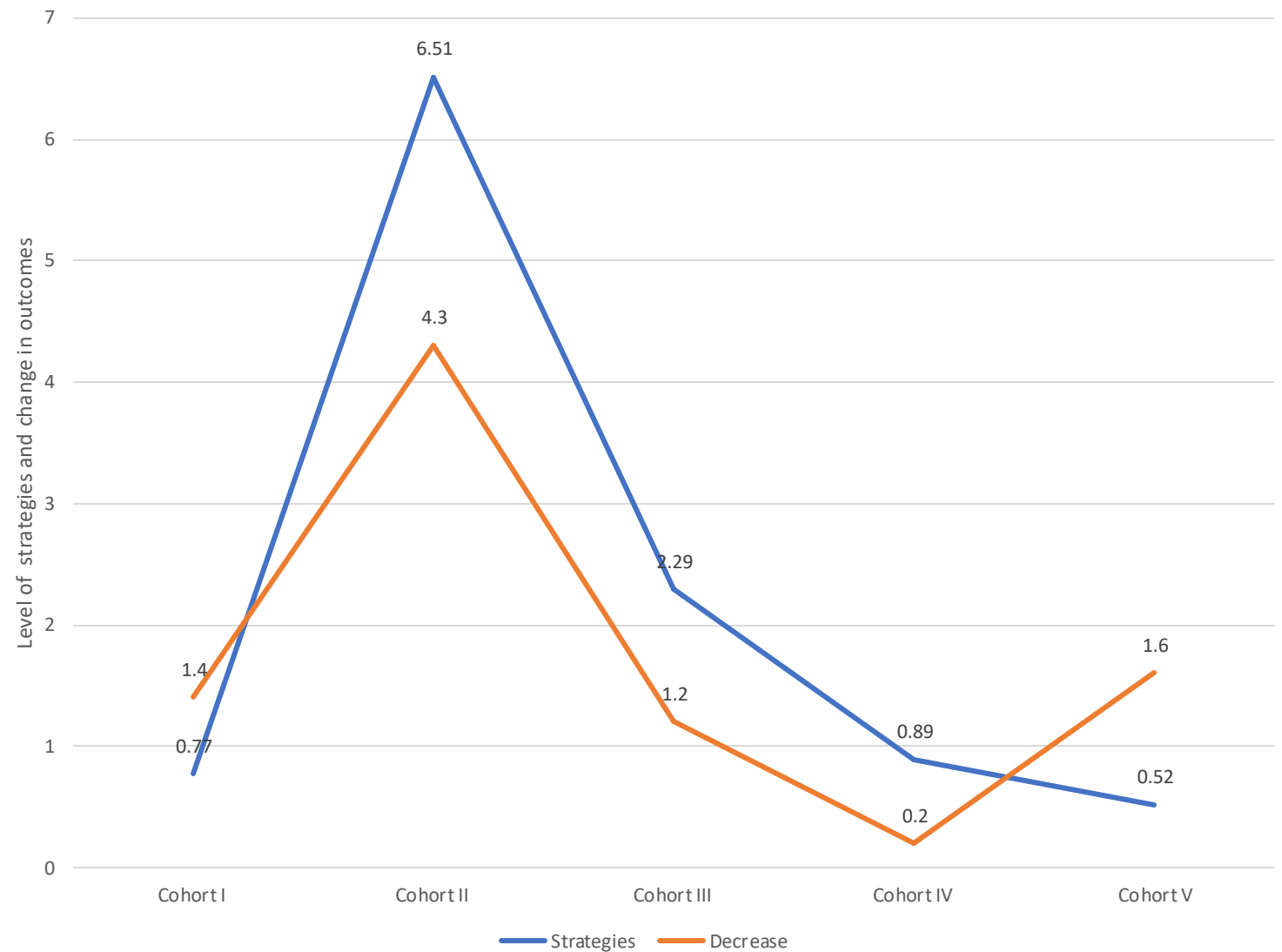
– Past 30-Day Marijuana Use





Correspondence Between Strategy Implementation and Decrease in Marijuana Use

Correspondence Between Number of Strategies Implemented (X10) and Percent Decrease in Marijuana Use



Conclusion

The Kansas Prevention Collaborative (KPC) supported coalition building, coalition capacity, and implementation fidelity, all of which showed improvement during the grant cycle.

Improved capacity supported the implementation of evidence-based strategies and reach across the communities.

Contextual factors (e.g., COVID, legislative, and coalition staff changes) made implementation and data collection difficult.

Funded coalitions reduced youth alcohol and marijuana use.

Questions



For more information, Please Contact:

- **Elisa Nehrbass –
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- **Jerry Schultz – jschultz@ku.edu**

Grantee Comments

“Technical assistance is helpful, especially its relationship to building a comprehensive prevention program.”

“It [the KPC] has been a great contribution to our community, and I appreciate the importance from the state level of focusing on our very rural community about the issues and concerns, as well as building a coalition has been wonderful.”

"My community/agency was better prepared to address behavioral health concerns while implementing our KDADS grant because of the training and support offered through the KPC."