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## **Participatory Monitoring and Evaluation Within a Statewide Support System to Prevent Adolescent Substance Abuse**

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*To prevent youth substance abuse, a state prevention system aims to support implementation of best practices statewide. A critical component is the prevention support system; that is, the network of people and organizations that build capacity within communities to implement prevention activities. This study describes the Kansas Prevention Network (KPN), the prevention support system within Kansas. It examines how KPN uses monitoring and evaluation to guide support for implementation of prevention activities. From 2009 to 2011, support organizations implemented nearly 4,000 activities to build capacity of local coalitions to better implement interventions. Activities focused primarily on building capacity for community-based processes, such as assessment and planning, and for dissemination of information. This report describes innovative approaches to documenting and monitoring the statewide effort as well as structured approaches for using the data to guide decision making and technical assistance.*

**KEYWORDS** *adolescent substance abuse prevention, monitoring and evaluation, participatory evaluation, prevention support system, state prevention system*

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Substance use among adolescents has been a major concern in the United States since the mid-1960s (Han, Clinton-Sherrod, Gfroerer, Pemberton, & Calvin, 2011), and community coalitions are a key delivery system for prevention activities. The aim of a prevention system is to apply knowledge in support of prevention activities that reduce risk for youth substance abuse and improve community-level outcomes. The prevention system is often described as being comprised of two sub-systems: the prevention support system (e.g., organizations that collect data and provide training) and prevention delivery system (e.g., community coalitions engaged in bringing about programs and policies). Both are integral to assuring successful implementation of key prevention processes and practices (Wandersman et al., 2008). Despite their prominence, there is little empirical information about the functioning of state prevention support systems and the supports they provide to prevention delivery in communities.

Although national rates of alcohol and tobacco use among adolescents have decreased since the 1990s, data show that Kansas has a higher percentage of youth participating in these risky behaviors. In a national study, 13.8% of 8th graders, 28.9% of 10th graders, and 41.2% of 12th graders reported having consumed alcohol in the past month (Johnston, O'Malley, Bachman, & Schulenberg, 2010). In Kansas, 19.4% of 8th graders, 35.4% of 10th graders, and 46.8% of 12th graders reported doing so (Southeast Kansas Education Service Center, 2011). Nationally, 8.0% of 8th graders reported having used marijuana within the last 30 days (Johnston et al., 2010). In Kansas, 9.7% of 8th graders had consumed this substance within the past month (Southeast Kansas Education Service Center, 2011).

State prevention systems take a variety of forms and have a variety of functions. Typically, they (a) develop a system organization (e.g., prevention delivery groups, technical assistance providers, data collection systems); (b) provide state prevention leadership (e.g., providing guidance and direction, empowering communities); (c) develop a plan for and manage approaches for improving outcomes (e.g., develop state-level vision, mission, and outcomes, provide guidance on approaches); and (d) provide resource development and management (e.g., provide materials and resources, provide data and evaluation) (Substance Abuse and Mental Health Services Administration, 2003a).

Community prevention coalitions, the prevention delivery system, intervene to address multiple risk and protective factors associated with adolescent substance abuse. They work to establish community programs and policies that influence academic failure, alienation, friends who use, and other risk factors. They also work to strengthen protective factors such as programs to enhance social skills, opportunities for positive involvement, and family attachment (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002). Addressing the multiple and interrelated causes of substance abuse requires collaboration among many different individuals and organizations in the comprehensive

prevention effort (Fawcett et al., 2000). Key processes used by community coalitions, such as assessment and strategic planning, can help create change and improvement in conditions and related population-health outcomes (Shortell et al., 2002). Research suggests that coalitions engaging in these key processes are more likely to bring about change and improvement. Emergent evidence and experiential knowledge suggest that specific processes or mechanisms, such as action planning and using information and providing feedback, are associated with enhancing progress of community coalitions to implement targeted change and improvement in communities (Fawcett, Schultz, Watson-Thompson, Fox, & Bremby, 2010).

The prevention support system is crucial to assuring effective preventive interventions in local communities where youth live, learn, and play. Capacity-building support focuses on implementation of key processes (e.g., assessment, strategic planning) to assure conditions within the organization or community to support the implementation of evidence-based prevention strategies (Spath & Greenberg, 2005). Despite the potential significance, there has been limited research examining the activities of the prevention support system within the broader statewide system.

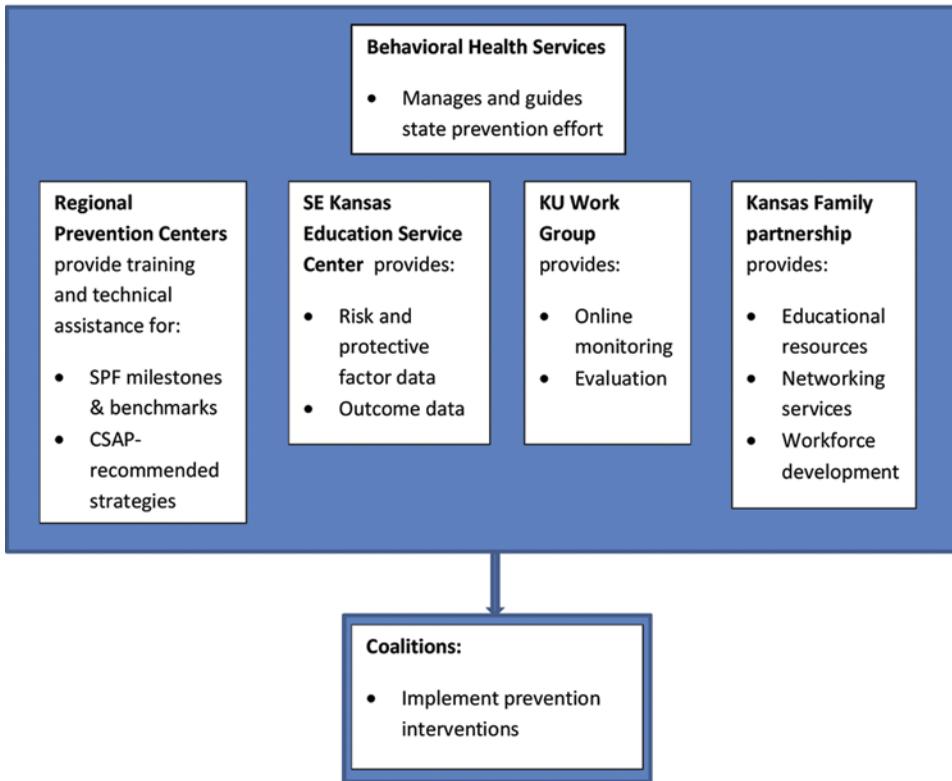
This study describes the Kansas Prevention Network (KPN), the prevention support system within the broader Kansas prevention system. It examines how those working together in the KPN share responsibility for supporting the community-based coalitions that deliver substance abuse prevention interventions in Kansas. In particular, this study examines how KPN uses monitoring and feedback to support community prevention efforts, and to guide improvements in the prevention support activities they deliver.

## METHOD

### Context

As depicted in Figure 1, Kansas's prevention support system (the KPN) is anchored by several core partners and a framework for action. The effort is managed and guided by the Behavioral Health Services (BHS) within the Kansas Department of Aging and Disability Services [formerly the Addiction and Prevention Services of the Kansas Department of Social and Rehabilitation Services]. The Substance Abuse and Mental Health Services Administration (SAMHSA) designated BHS as the Single State Authority for substance abuse services in Kansas. BHS manages the federal block grant provided to Kansas for substance abuse prevention. The block grant provides resources for the KPN. In addition, KPN consists of 10 Regional Prevention Centers (RPCs) that provide direct training and technical support to local prevention coalitions; the Kansas Family Partnership (KFP), which provides educational resources, education, and networking services; the Southeast Kansas Education Services

## Kansas Prevention Network



**FIGURE 1** The key partners and framework for action of the Kansas Prevention Network. (Color figure available online.)

Center, which implements the Kansas Communities that Care behavioral surveys (KCTC) each year to collect county-level data on risk and protective factors; and the University of Kansas Work Group for Community Health and Development (KU Work Group), which provides technical assistance and online support for documenting, monitoring, and evaluating activities of KPN and community coalitions. Community coalitions deliver prevention activities in more than half of 105 counties in Kansas.

The primary role of Regional Prevention Centers (RPCs) within this system is to help build capacities of the communities and coalitions across the state. They provide training and technical assistance and leverage resources for effective implementation of evidence-based and culturally appropriate intervention programs. The RPC's support enables communities and coalitions to take actions to implement new programs, policies, and practices that reduce risk for adolescent substance abuse. RPCs support communities in understanding the extent and causes of substance abuse and

helps citizens take action to reduce and prevent them. Communities receive assistance in selecting proven prevention strategies and seeking additional resources and supports for prevention efforts.

Building capacity for evaluation of prevention efforts is a critical part of the prevention system (Fawcett et al., 2003; Wandersman et al., 2008). The KPN also built local- and system-level capacity for monitoring and evaluating prevention efforts in Kansas. In this system, evaluation is seen as a shared responsibility among local people and practitioners in the prevention support system. Data from the monitoring and evaluation system are used to support local efforts, as well as to improve and adjust the KPN's efforts in providing technical support. Working together, partners in the KPN established the evaluation research agenda, gathered information, collaboratively made sense of it, and used the information to celebrate successes and make adjustments.

### The Kansas Prevention Network's Implementation of the Monitoring and Evaluation System

Fawcett et al. (2003) outline a six-step iterative process for participatory evaluation of comprehensive community health initiatives. This framework is used to characterize key tasks in designing and implementing the KPN's monitoring and evaluation system:

#### NAMING AND FRAMING THE GOAL OF THE PREVENTION SYSTEM

The BHS Vision is: Kansas communities thrive and support recovery. Its mission is: Partnering to promote prevention and recovery in Kansas communities. State prevention goals are established periodically, after stakeholders review assessments of the level of substance abuse problems across the state. Review is conducted by state leadership, and included input from an advisory board, BHS staff, and staff of the RPCs. The local coalitions develop their own (related) community-specific goals based on local assessment, and this process is often assisted by an RPC. Recent goals selected mirrored those of the Strategic Prevention Framework State Incentive Grant (SPF-SIG) initiative that was implemented in Kansas during the previous five years. The SPF-SIG project used a process of selecting goals with input from key stakeholders and partners that reviewed epidemiological data including incidence and prevalence of substance use, estimates of harm, and other indicators.

A state substance abuse profile (Kansas Department of Social and Rehabilitation Services, 2007) and the results of the annual KCTC survey provided useful information for establishing the goals and objectives for prevention in Kansas. The profile provided information from state agencies including those involved with health, treatment, and law enforcement. The goal was to provide a comprehensive look at the state of substance abuse in Kansas so that priority areas could be identified and addressed. KCTC results showed

that underage drinking and tobacco use were priority adolescent health concerns in Kansas.

Three priority goals for prevention in Kansas resulted from the review process by stakeholders: (1) reduce underage drinking; (2) reduce binge drinking; and (3) reduce youth tobacco use.

#### DEVELOPING A LOGIC MODEL AND PLAN FOR ACHIEVING SUCCESS

The SPF-SIG project's model was the Strategic Prevention Framework (SPF) (Substance Abuse and Mental Health Services Administration, 2011) and the KPN integrated the model into its efforts. Based on principles of prevention science, the SPF guides the prevention efforts of the KPN. The SPF framework guides the KPN to build capacities for prevention efforts locally and across the state. This framework encompasses five phases: (1) Assessment—conducting an appraisal of the situation to better understand the problem; (2) Capacity—building competence of the state and communities to solve their problems; (3) Planning—developing strategic and action plans to address identified issues; (4) Implementation—putting in operation effective community prevention programs, policies, and practices; and (5) Evaluation—examining efforts and outcomes. The framework also addresses the issues of sustainability and cultural competence throughout the five phases.

Core partners in the KPN provided support to community coalitions. This included identifying SPF milestones and benchmarks for success, building capacity through training and technical assistance, and assuring evaluation information and support for making adjustments. The KPN also supports coalition implementation of core strategies identified by the Center for Substance Abuse Prevention (CSAP); these include: information dissemination, prevention education, community-based processes, environmental processes, drug-free alternatives, and problem identification and referral (Wisconsin Clearinghouse for Prevention Resources, 2011). The RPCs assist community coalitions in implementing the SPF phases through training and technical assistance activities.

#### IDENTIFYING EVALUATION QUESTIONS AND METHODS

The KPN developed a set of evaluation questions that are used by stakeholders at different times and levels within the system. Those responsible for implementation of the overall system must respond to block grant reporting requirements as well as ensuring the development of an effective prevention system. Primary evaluation questions include: (a) Are the prevention system and community coalitions implementing the components of the SPF?; (b) Are CSAP strategies being implemented and how do they contribute to outcomes?; (c) How much effort are the RPCs providing in support of each strategy?; and (d) Is the KPN a catalyst for change across Kansas?

Support organizations, such as the RPCs, ask evaluation questions that include: (a) Are communities implementing new programs, policies, and practices related to the state goals?; (b) What capacity building supports are we providing?; (c) Are new coalitions and partnerships being developed and becoming institutionalized?; and (d) Are best practices being implemented?

Coalitions posed evaluation questions that include: (a) What are the levels of problems in the county?; (b) What are the influencing factors or the risk and protective factors that affect these outcomes?; and (c) Are our interventions contributing to changes in outcomes?

The evaluation questions have evolved over time, reflecting the changing interests of multiple stakeholders. Several core questions have remained constant: what is the problem, what are we doing about it, and how are we organizing to reduce it. Changing interests and demands from grant makers have led to other questions: (a) how many new programs, policies, and practices are being implemented; (b) what specific strategies are being implemented; and (c) what is the reach or scope of interventions.

#### DOCUMENTING THE INTERVENTION AND ITS EFFECTS

The RPCs and community coalitions take actions to implement programs, policies, and practices related to their mission and appropriate to their region of the state. This is grounded in the components of the SPF framework and common goal of preventing youth substance abuse. A priority activity to be documented is community/systems change—that is, new or modified programs, policies, and practices brought about by local community coalitions. Other key activities documented included planning activities, resources generated, and media coverage. Documenting activities and intermediate outcomes helps the KPN and local coalitions understand how activities and interventions influence outcomes, make adjustments in their work, and disseminate information about progress.

The prevention support efforts of the RPCs and intervention implemented by some local coalitions are tracked using the University of Kansas's Online Documentation and Support System (ODSS) (Fawcett & Schultz, 2008). This online platform provides access to a secure environment for documenting activities, tailored data entry templates, and immediate graphing of data related to key questions. Entries and results can be accessed anywhere by any partner in the KPN. Local and regional activities are documented by regional documenters and entered into the system each month. The entries are scored and can be accessed as lists of activities or graphic displays for immediate sense-making and feedback. The KU Work Group staff provides quality data management. Technical assistance is provided as needed to documenters to maintain reliability and completeness of documentation. Documentation of prevention efforts in Kansas has been conducted since the mid-1990s.

Data about other measures, such as risk and protective behavior, and outcomes such as youth 30-day use of alcohol or drugs are also collected. The KCTC youth survey has been administered annually throughout the state by the Southeast Kansas Education Service Center since 1994. The survey tracks youth use of alcohol, tobacco, and other drugs. In addition, the survey provides a baseline for youth participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family, and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas youth. The survey is voluntary for all districts and students in the State and is offered for students in 6th, 8th, 10th, and 12th grades. The survey results have been used for developing a focus for planning, establishing a baseline to track progress, and conducting public relations and outreach (Southeast Kansas Education Service Center, 2011).

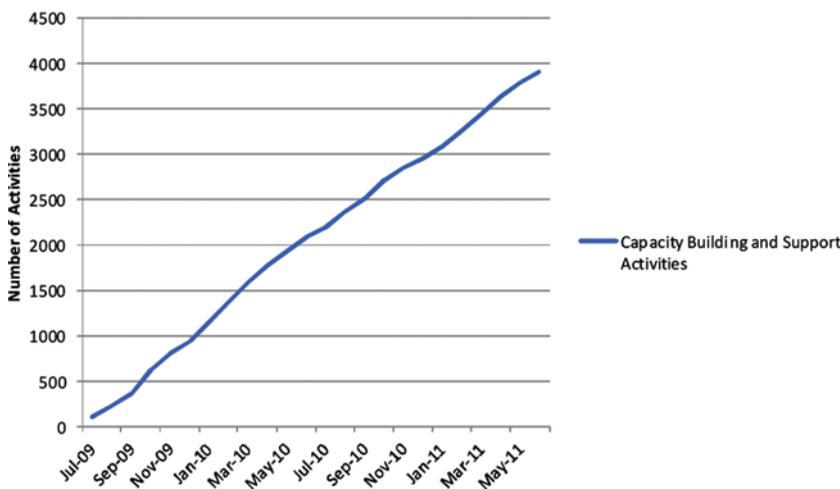
#### MAKING SENSE OF THE DATA

The data provided through the documentation system, and risk and protective factor survey, are used in a variety of ways by stakeholders in the KPN. Community coalition members use the results of their KCTC survey to target influencing factors toward which they will develop plans. An earlier study showed that RPC Directors used and valued the utility of the ODSS data. They used the data to review progress, communicate success or needed improvement to staff, communicate accomplishments of local coalitions, and consider adjustments to plans (Collie-Akers, Watson-Thompson, Schultz, & Fawcett, 2009).

The KPN uses data on documented activities and associated results to examine the contribution of prevention efforts. For instance, one key evaluation question is whether the KPN's activities are associated with changes in alcohol consumption among 12th-grade students. Figure 2 displays the cumulative number of documented KPN activities from 2009–2011. Primarily through RPC activities, the KPN provided nearly 4,000 instances of support or capacity-building activities to local coalitions. These activities primarily took the form of technical assistance activities for capacity building among coalitions; for instance, training, consultation, facilitation, and logistical support for local efforts. The KCTC survey results show that consumption by 12th-grade students in Kansas declined during this same three year period; from 49% in 2009 to 45% in 2011 (Southeast Kansas Education Service Center, 2011). In this case study approach, no causal relationship can be inferred from this observed association.

Activities implemented by the RPCs targeted different capacities of the coalitions. One coalition capacity is the ability to implement priority strategies for changing conditions in the community that influence outcomes of interest. These CSAP-recommended strategies are information dissemination, prevention education, community-based processes, environmental processes,

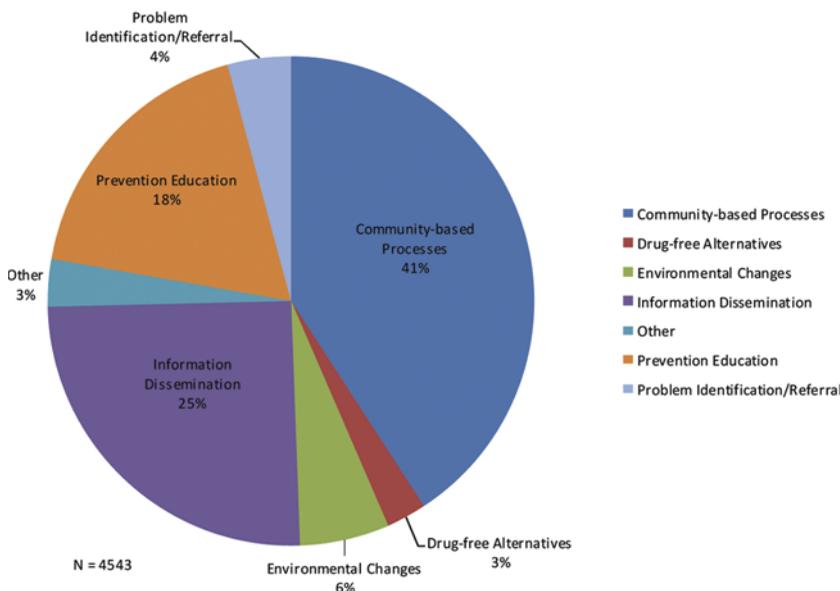
### Kansas Prevention Network Capacity-Building and Support Activities



**FIGURE 2** Cumulative number of capacity-building and support activities of the Kansas Prevention Network (and Regional Prevention Centers) from July 2009 to May 2011. (Color figure available online.)

drug-free alternatives, and problem identification and referral. This information on types of strategies implemented is documented and used by KPN to focus its activities (See Figure 3).

### Support for CSAP Strategies - July 2009 - June 2011



**FIGURE 3** The proportion of support activities implemented by the Kansas Prevention Network from July 2009 to May 2011 targeting recommended strategies for prevention of adolescent substance abuse. (Color figure available online.)

The ODSS provides a communications platform to the KPN for data collection, sharing, and sense-making. It maintains a database of activities and patterns of accomplishments that can be reported to stakeholders and displayed as graphs of activities (see Figures 2–3). Information from the KCTC survey and ODSS can be displayed separately or integrated to examine associations at state, regional, and county levels. During quarterly sense-making sessions, BHS staff and evaluators from the KU Work Group facilitate discussion and systematic reflection about: (a) what are we seeing, (b) what does it mean, and (c) implications for adjustment. These sense-making sessions focus on: (1) Reviewing documented activities related to intended uses of the information; (2) Examining patterns (increases, decreases) in activities and potential factors that might have affected them; (3) Using the results for reporting and securing resources (e.g., supporting grant proposals); (4) Identifying technical assistance needs; and (5) Sharing and disseminating information with communities and stakeholders in the Kansas Prevention System. The sense-making sessions provide an occasion to plan adjustments and improvements in prevention efforts at state and local levels.

During quarterly meetings at the state level, the KPN stakeholders review the implementation of support activities. For example, a review of these efforts showed that, for all RPCs from 2009 to 2011, 1854 (41%) of the support activities of the KPN targeted community-based processes (see Figure 3). During quarterly meetings with each RPC at the local level, similar data were reviewed, but just for that RPC's region and associated counties. The support activities were reviewed to see if they connect to the communities' efforts to create healthy conditions in their community. Brainstorming was conducted to enhance the strategy being implemented, overcome barriers to implementation, and generate ideas for technical assistance. The extent of the RPC effort preparing for the support activities and the proportion of their effort supporting each strategy was also reviewed and discussed.

This analysis of contribution to the coalition's efforts to implement the recommended strategies and the SPF approach locally led to adjustments in strategy implementation and how RPCs adjusted technical assistance. For example, the emphasis on community-based processes during this period seemed appropriate for several reasons, including the focus on newly emerging groups, helping to maintain community efforts in the face of changing conditions such as staff transition, and staying focused on a foundational strategy. However, the importance of supporting greater implementation of other strategies, such as environmental changes and prevention education, was also recognized and expanded efforts to support these strategies are planned.

#### USING INFORMATION FOR CELEBRATING SUCCESS

The KPN has developed an online communications platform—the Kansas Prevention Network Collaboratory—through which announcements and

recognition of activities and successes can be made. Summits held in the past have recognized the accomplishments of coalitions and regional successes. Recognition of local successes is implemented at the local and regional level through ceremonies, newsletters, and personal accolades. During a systems review of the KPN, recognition of accomplishments and the provision of incentives locally, regionally, and statewide was established as one of the goals of the systems change plan. Data are used locally for grant proposals and reports, as well as for recognition of successes.

## DISCUSSION

This empirical case study described the activities of the prevention support system in Kansas as part of a collaborative statewide substance abuse prevention system. In particular, it examined the KPN approach to providing a monitoring and evaluation system for state and local prevention efforts. It also examined how KPN uses the documentation system to guide its support efforts. KPN has generated a significant level of technical assistance and support (nearly 4,000 instances from 2009 to 2011) for the many prevention coalitions across the state. KPN has predominately focused its support on building the capacity of community-based processes of the local coalitions. Building local capacity in this area may benefit the local coalitions' efforts to implement the amount and kind of community/system changes needed to improve population-level outcomes related to adolescent substance abuse (Fawcett et al., 2010). This case study, showing an association between prevention activities and outcomes related to alcohol use is merely suggestive, not causal. Future research—including multiple case studies and stronger experimental designs—will be needed to establish causal links between prevention support activities, community/systems changes, and improvements in community-level outcomes in diverse communities.

There are several strengths of KPN's monitoring and evaluation approach. Systematic documentation of KPN's activities provides useful information responsive to evaluation questions posed by stakeholders. The structured opportunity for prevention partners to review and make sense of available data can lead to innovation and enhanced technical assistance. The KCTC data were used to target communities of high need and to help select influencing factors to address through community programs and policies. The ODSS was used to assess whether appropriate support was provided to coalitions to assist them in intervening on those factors. This helps to analyze the contribution of prevention activities to support community/system changes intended to improve population-level outcomes in substance abuse. Systematic documentation and participatory sense-making—at state and local levels—makes possible to collaboratively see what is happening, consider what it means, and make adjustments in a comprehensive and multilevel effort.

There are also some challenges in this approach. Although sense-making occurred quarterly, more frequent sessions might have assured more timely consultations and solutions for more immediate challenges. In the KPN approach, the RPCs provided support—but were not directly responsible—for implementation of preventive interventions at the local level. Targeted resources for community mobilization at the local or coalition level may also be critical to success in changing conditions. Further research will help clarify the possible chain of influence: whether technical assistance and support from RPCs led to greater implementation of the SPF framework, which led to increased amount and kind of community/system changes and associated improvements in community-level outcomes.

Monitoring and evaluation systems are an integral part of comprehensive and multilevel efforts to create conditions for improved health outcomes. Building capacity of local coalitions is a strategic approach to bringing about community/system change and, ultimately, to improving outcomes such as the prevalence of youth substance abuse. Support organizations are critical to the prevention system, helping to assure delivery of promising practices and approaches needed to affect outcomes. Further research may clarify how data about systems functioning can be used to further improve prevention support systems. Participatory monitoring and evaluation holds great promise for assuring accountability and support for those working together to improve population-level outcomes for health and human development.

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