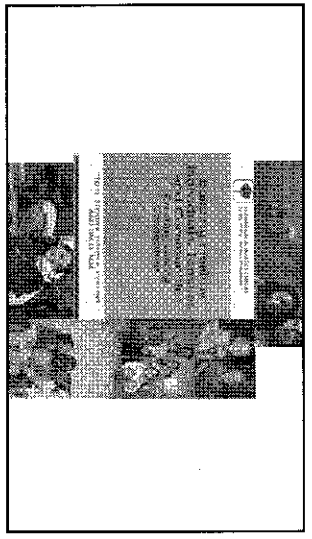


**SUCCESSFULLY INTEGRATING INTERGENERATIONAL EVIDENCE-BASED PREVENTION SERVICES INTO LOCAL AND STATEWIDE SYSTEMS**

29<sup>th</sup> Annual National Prevention Network Conference (NPN), 2016



**INTEGRATING EVIDENCE-BASED PRACTICES INTO LARGE SYSTEMS**

- In the last 10 years, we successfully integrated our *CLIC Curriculum Series* into our local prison aftercare system in Louisville through strategic collaborations with the Kentucky Department of Corrections (DOC) and several other city-wide partner agencies.
- Currently, we are conducting a state-wide rollout of our *CLIC Curriculum Series* in Ohio for intergenerational prevention for children of incarcerated parents.

**THE PRESENTATION OUTLINE**

- History and Background – How we got here
- Developing Evidence-Based Programs (EBPs)
- The Challenges of Taking EBPs to Scale
- 8 Evidence-Based Prevention Dynamics helpful for any program dissemination or integration effort
- 20 Principles of Effective Integration – How to successfully integrate any program into any (willing) system

**THE BACKGROUND...**

- We have practiced prevention for over 35 years.
- In 2000, we wrote a book on our theory of behavioral change – *Building Healthy Individuals, Families and Communities*. (Strecher, Collins and Noel, Kluwer Academic/Plenum)
- In 2007, our *Original Creating Lasting Family Connections* Program was listed on the National Registry of Evidence-based Programs and Practices (NREPP).

**Invited to Help**

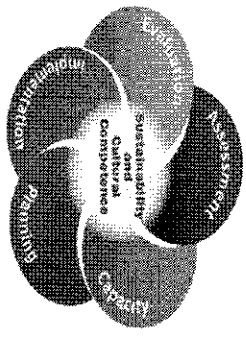
- Many people were complaining about prisons, drugs, prison recidivism and institutional racism
- CLIC was showing great results in serving minority populations
- Representatives from Kentucky prisons, the local Urban League and passionate reentry family members approached us to help minority, substance-abusing, prison reentry populations

- We said "YES" to helping and agreed to develop an adapted version of CLIC for prison reentry and recovery populations
- We asked if they had access to funding to support the work
- They said "No"

**THEREFORE,**

- We sought and received a Minority Aids Initiative (MAI) grant (#SP13365) from SAMHSA and the Center for Substance Abuse Prevention (CSAP) to address substance abuse and HIV in minority populations

**SAMHSA'S STRATEGIC PREVENTION FRAMEWORK**



**Needs Assessment**

- First, we conducted a year-long Substance Abuse and HIV related needs assessment within our state prison population
- We met hundreds of men and women with long, painful alcohol, drug and trauma-filled criminal histories
- They, and others, told us about their wants and needs upon release
- We also met with many other local professionals who served this re-entry population

**DURING THE NEEDS ASSESSMENT...**

- Many professionals repeatedly told us that:
- Recruiting and serving returning citizens (prison reentry) suffering with substance use disorders would be very challenging
- We would not likely be able to recruit and retain returning citizens for participation in a 20-week program

**FROM THE NEEDS ASSESSMENT, WE ALSO LEARNED...**

- The need was much greater than initially anticipated
- We could develop relationships with key institutional players
- The numbers of individuals and families in need would require a very significant investment of time, effort and financial support

**WE EXPANDED SERVICES**

- The needs assessment data drove us to pursue additional funding to meet the extensive needs of returning citizens and their families
- Therefore, we sought and obtained two additional grants from the Administration for Children and Families (ACF), Office of Family Assistance (OFA), to expand services to meet the great need

**IN TOTAL, WE DEVELOPED AND IMPLEMENTED THREE 5-YEAR RESEARCH DEMO PROJECTS**

- Connect-Immunity (CSAP, MIA) for reentry and recovery
- The Fatherhood Initiative (ACF, OFA) for reentry and recovery fathers
- The Marriage Enhancement Program (ACF, OFA) for reentry couples

**COMPREHENSIVE LIST OF AFTERCARE PARTNERS**

1. Kentucky Department of Corrections
2. Dismas Charities
3. Volunteers of America of KY
4. Kentucky Department of Veteran Affairs
5. Center for Women & Families
6. University of Louisville WINGS Clinic
7. Spalding University
8. Seven Counties Services
9. Louisville Metro Department of Public Health & Wellness

Since we secured the funding, we negotiated with the Kentucky Department of Corrections to train their staff and many of their local community partners to collaborate with us.

Therefore, Under DOC authority, we were empowered to manage all local partnerships by developing information and accountability systems.

**COMPREHENSIVE LIST OF PROJECT PARTNERS (CONT'D)**

10. Jefferson County Attorney's Office – Child Support Division
11. Goodwill Industries
12. Kentuckiana Works
13. PAL Coalition
14. Network Center for Community Change
15. Department of Community Based Services
16. Pacific Institute for Research & Evaluation: Louisville Center

**The CLFC Fatherhood Program Results**

- In these research studies, CLFC Fatherhood Program participants showed:
- Improvement in all 9 targeted relationship skills
  - Communication Skills
  - Conflict Resolution Skills
  - Intra-Personal Skills
  - Emotional Awareness
  - Emotional Expression
  - Improvements in those 9 relationship skills that persisted over the course of a year
- |                         |                           |
|-------------------------|---------------------------|
| Inter-personal Skills   | Relationship Satisfaction |
| Relationship Management | Relationship Commitment   |

With 3 simultaneous projects funded through our organization, we created a seamless reentry/recovery support system.

As the central hub for all local reentry men in recovery, we provided our suite of 3 separate CLFC Programs. Our modular design and collaboration with other community partners demonstrated published results which led to both of our two NEW CLFC Programs (CLFC Fatherhood and Marriage Enhancement) being listed on NREPP.

- Participants also showed **improvement in spirituality**
- with decreased intentions to binge drink
- and, **82%** of participants volunteered to get tested for HIV
- **And finally, participants were almost three times (2.94) less likely to recidivate than comparison group participants**

**The CLFC Marriage Enhancement Program Results**

- Participants showed improvement in all 9 targeted relationship skills
- Improvements in those 9 relationship skills that persisted over the course of a year (While the comparison group had no change in relationship skills)

- Our system integration efforts had combined our evidence-based programming with the following key system design features and understandings:
- Modular CLFC Program Design
  - Understanding Primary, Secondary and Tertiary Prevention (relating to addiction, treatment and intergenerational prevention issues)
  - Committed Partnerships
  - Planning Time Among Partner Agency Leaders
  - Systematic Follow up and Reporting
  - Systems Integration with Case Management and JIM

- Supporting Program Integration with Various Treatment Modalities
- Approaching Addiction (and all substance use disorders) from a Health Perspective (not only from a disease perspective)
- Prevention and Treatment as One, Interrelated Field
- Understanding Both Formal and Informal Networks of Authority and Communication in Systems (and learning when and how to leverage them)
- Integrating Evidence-based Prevention Dynamics into Systems of Care

**PUBLICATIONS**

Research on the *CLFC Curriculum Series* has been published in multiple peer-reviewed journals, including:

- "Reducing Alcohol and Other Drug Use by Strengthening Community, Family, and Youth Resiliency," *Journal of Adolescent Research*, Vol. 11 No. 1, January 1996, pp 36-57.
- Shamblen, S. R., Arnold, B. B., Mcklemm, P., Collins, D. A., & Strader, T. N. (2013). Applying the Creating Lasting Family Connections Marriage Enhancement Program to marriages affected by prison reentry. *Family Process*, 52(3), 477-498.


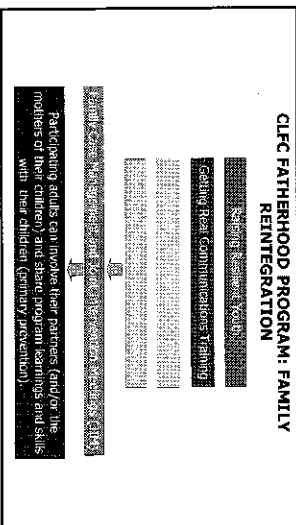
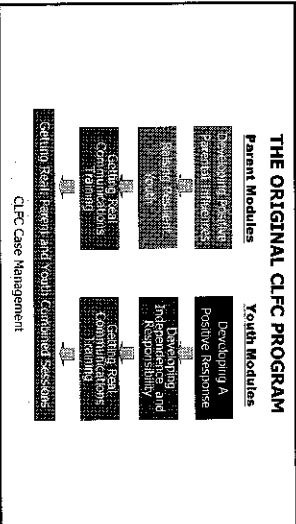
**PUBLICATIONS**

- Mcklemm, P., Shamblen, S. R., Collins, D. A., Strader, T. N., & Kokoski, C. (2013). Creating lasting family connections: Reducing recidivism with community-based family strengthening model. *Criminal Justice Policy Review*, 24(1), 94-122.
- Strader, T. N., Kokoski, C. & Shamblen, S. R. (2013) Intersection of Treatment and Prevention: Prevention and Recovery-Informed Care. SAMHSA's e-newsletter, *Recovery to Practice*, (Issue 14).

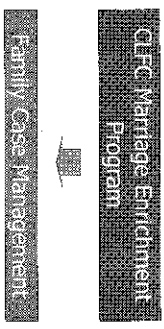
The Creating Lasting Family Connections® (CLFC) Curriculum Series

1. The Original CLFC Family Strengthening Program
2. The CLFC Fatherhood Program: Family Reintegration
3. The CLFC Marriage Enhancement Program

Three separate listings on NREPP!

### CLFC MARRIAGE ENHANCEMENT PROGRAM



Why does the National Registry of Evidence-based Programs and Practices (NREPP) exist?

### TAKING INDIVIDUAL AND FAMILY BASED EBP'S TO SCALE TYPICALLY REQUIRES AN INVESTMENT OF BOTH TIME AND MONEY

- Staff Training and Skill Building
- Program materials
- Effective outreach and recruitment
- Case Management and ongoing client supports
- Linkages to related care and treatment
- Sustainability planning

### LARGE SYSTEMS ALSO PRESENT CERTAIN CHALLENGES

- Large Systems typically experience **Resistance to Change**, and:
1. Have bureaucratic and logistical uniqueness
  2. Involve complex sets of contracting rules and protocols
  3. Must work within strict/arbitrary budget cycles
  4. Must identify and involve various constituents (personalities)
  5. Require development of both internal and external partnerships

### CHALLENGES IN TAKING PROGRAMS TO SCALE

- Large Systems require an investment of **TIME**:
1. To learn how to link with a variety of organizations which have different functional responsibilities and differing levels of organizational capability and need (0-100%)
  2. To translate any new program into a variety of service delivery paradigms (including new recruitment strategies)

### NREPP rated both our CLFC Fatherhood and Marriage Programs with perfect scores for dissemination

- Availability of implementation materials score of 4.0
- Availability of training and support resources score of 4.0
- Availability of quality assurance procedures score of 4.0
- Overall dissemination ratings **4.0**

### A New Statewide Roll-out of the CLFC Series

**Ohio Mental Health and Addiction Services (OHIOMHAS)** is conducting a statewide rollout of the CLFC Curriculum Series in Ohio as part of their **Children of Incarcerated Parents Project** through the statewide federation of Urban Minority Alcohol and Drug Abuse Outreach Programs (UMADAOAP).

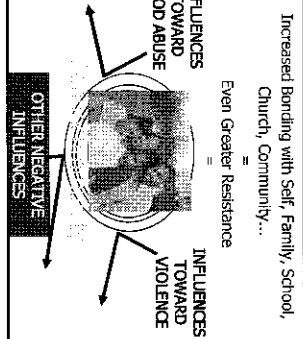
So, in this new statewide rollout, we are widely disseminating our 3 separate CLFC Programs. And, in order to do so...

- We are trying to include (export or communicate) all of our key system design features and understandings to the Ohio Service system providers.
- And additionally, we are attempting to infuse 8 evidence-based prevention dynamics (contained within or supportive of CLFC) throughout their systems of care.

### 8 EVIDENCE-BASED PREVENTION DYNAMICS (EBPD)

1. Connect-Immunity
2. Cultural Sensitivity
3. Buffer Approach
4. Avoiding Absolutes
5. Listening and Validating
6. Trauma-Informed Care
7. Motivational Interviewing
8. Case Management (JM)

**EBPD #1 Connect-Immunity:**  
 A critical protective and healing force in human beings – young or old, rich or poor, male or female. Deep, healthy human connections build strong protective shields (or immunity) to prevent harm and provide both nurturing and healing support even when challenges penetrate this shield.



Cultural Sensitivity is a process. When working with new populations, it is important to both think about and learn about the culture(s) of those you intend to serve with sensitivity.

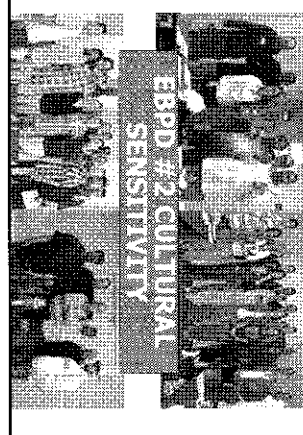
The most effective approach appears to include demonstrating an openness to learning from the service population themselves.

**Increased Self-Bonding**  
 (Generates Immunity)

Bonding With Self:

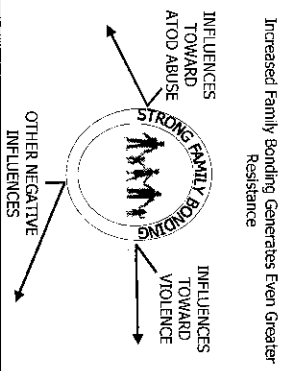
- Self Esteem
- Self Confidence

These Skills Increase Our Ability to Resist Other Negative Factors in Our Environment (or in ourselves)



When we thought about reentry populations, we knew they had experienced health disparities and trauma. We hypothesized that we would serve predominantly low-income men. Mostly African American and white, some Rural African American and rural/Appalachian white, and a low to moderate number of Latinos.

However, during the needs assessment process, we greatly expanded our understanding of reentry culture and embracing the diversity.



National Standards of Culturally and Linguistically Appropriate Services (CLAS).

In all of our projects, we committed to providing effective, equitable, understandable, and respectful quality care and services that were responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

We also recommend that all participating organizations incorporate these CLAS Standards.

- (Using focus group technology with partner agencies and re-entry/recovery/HIV target populations we expanded our understanding of reentry cultural representation.)
- In addition to white and African American culture, we would benefit from addressing...**
1. Male Culture
  2. Female Culture
  3. Criminal Culture
  4. Culture of Poverty
  5. Black Urban
  6. Black Rural
  7. Isolates
  8. White Urban
  9. White Rural
  10. White Appalachian

- Cont'd**
11. Culture of Repair
  12. Love Wolf - Self Reliant
  13. Culture of Distrust
  14. Culture of Blame
  15. Culture of Denial and Delusion
  16. Macho, Bravado and Toughy Culture
  17. Culture of Control
  18. Prison Culture
  19. Gating Culture
  20. Multiple Sub-Cultures of Sexual Orientation and Practice
  21. Princip/Prostitution Culture
- (and lots of individual differences and hybrids)


This led us to think about our own CLFC program as an **ACCULTURATION** process.

**PREVENTION** can be thought of as a **cultural evolutionary** or **revolutionary** process!

Prevention appears to be a culture of:

Connection	Acceptance
Respect	Recovery
Hope and Happiness	Influence (vs. Control) in Relationships
Selected Trust	
Personal & Family Responsibility	

- EBPD #3 BUFFET APPROACH**
- CLFC is presented in a manner similar to a buffet, dinner style approach...take as much as you want of whatever you like
  - Participants are encouraged to freely decide to incorporate only whatever they think may be helpful
  - The "Buffet Approach" recognizes and validates free will and self-determination



**EBPD #5 Listening and Validating... is "A Higher Love"**

People listen and learn when:

1. They feel listened to
2. They feel cared about
3. They feel connected with

- EBPD #6 Trauma-Informed Care is an approach that emphasizes:**
- How an individual's life may be affected by trauma
  - How trauma may affect one's response to behavioral health services

- Trauma-Informed Care is an individualized approach that:**
- Recognizes past (and current) trauma
  - Examines the long-term effects of trauma
  - Recognizes strengths and creative adaptations and resilience
  - Recognizes its relationship to substance abuse and other psychological symptoms

**EBPD #7 Motivational Interviewing**

Motivational Interviewing (MI) is "a collaborative communication style for strengthening a person's own motivation and commitment to change"

**MI Methods and Skills include O.A.R.S.**

- O** = Open-ended questions
- A** = Affirmations
- R** = Reflective Listening
- S** = Summarizations

**EBPD #8 Case Management Services**

We suggest CLFC facilitators/trainers call local service providers to gather the following types of information:

1. The types of services available (in-patient, out-patient, family therapy, marital counseling, chemical dependences treatment, etc.)
2. Eligibility requirements of the service provider (age, gender, etc.)
3. Cost to the participant being referred (sliding scale, hourly or by service)
4. Insurance-related issues relevant to the participant accessing services.

**Joint Intervention Meetings (JIM)**

- Reentry and recovery populations have experienced and have typically addressed some personal attitude and behavioral issues along their path to an improved future.
- Therefore:
  - This population often has other family members, friends, counselors, ministers, probation officers, therapists or others who are invested in their long-term success.
  - We developed a special approach to case management called the Joint Intervention Meeting (JIM).

**Joint Intervention Meetings involve:**

- A specialized way of encouraging, supporting and setting up accountability partners
- A high level of partner agency collaboration
- Transforming the interactional pattern with reentry participants from a reactive, punitive response to a proactive, positive response
- Trauma informed care and motivational interviewing skills

- Key partner agency staff representatives meeting both privately and jointly with selected (indicated) reentry clients.
- Providing a collective and consistent message of strong support, cultural sensitivity, respect, understanding and accountability.
- Addressing early warning signs of behavioral slippage and redirecting participants onto a positive path of reentry and recovery in a pro active and supportive manner prior to the need for major sanctions.

**Ongoing Follow Up**

- Following each JIM meeting, CLFC case managers stay in regular contact with each participant and continue to observe and track the participants' ongoing behavior to help maintain health, wellness and success.
- Case managers provide appropriate support and referral for CLFC participants (and their families) before, during and after participation in a CLFC program.

We also developed a list of 20 Principles of Partnering that we attempt to use broadly in our relationships with professionals and agencies in order to develop effective long-term partnerships.

**20 Principles of Partnering (Creating Lasting Connections)**

1. Know your overall goal.
2. Develop a complete list of agencies that already invest time & money into this or a related goal.
3. Discover their motivation... Personal, Professional, Money, Caring, Short-term or Long-term Investment, Required or Mandated to be involved? (How does this play out with or against your goal?)
4. Examine the role they currently play.
5. Examine any role they **could** play.
6. Determine their honest availability?

**20 Principles of Partnering (Creating Lasting Connections)**

7. Determine how to motivate them – short and long term?
8. Examine new efficiencies or maximized impact by collaborative, collective effort
9. Be realistic – Don't ask for more than is reasonable.
10. Make their investment double and rewarding to them – not just the agency but the people in the agency doing the work.
11. Focus on the positives.
12. Develop a strong relationship. (It's all about the Personal & Professional relationships – Regularly let them know that they & their clients matter.)

**20 Principles of Partnering (Creating Lasting Connections)**

13. Create open, honest feedback loops. (Just like for clients)
14. Use praise & constructive feedback (the don't likes & the what ifs).
15. Keep regular contact.
16. Keep all promises.
17. Keep positive energy flow.
18. Never surrender to the negativity in systems.
19. Never compromise on quality of services to clients.
20. Praise, reward & recognize clients, staff & partners. (Repeat)

**Tips for Leveraging Skills, Knowledge & Resources (Among All Partners)**

- Appreciate your partner's skills, knowledge & resources. (i.e. Use partner staff for key informant surveys & let them know you use it!)
- Conduct staff/partner/client focus groups to gain perspective.
- Find the most successful & respected staff in each partner agency (see if their results look good and if their approach is compatible with yours).

**Leveraging Skills, Knowledge & Resources (Among All Partners)**

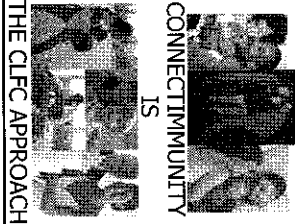
- Find the least successful component of your partner agency that impacts your goal area and envision ways to meaningfully improve functioning.
  - Next, look for systemic improvements within, between and among the partner agencies.
- (Note: Improvements typically involve communication, clarity, consistency & ongoing supervision.)

**Leveraging Skills, Knowledge & Resources (Among All Partners)**

- Improving communication often involves Cultural Sensitivity & Systemic Change.
  - i.e. Corrections – from “control you” to: “help you...”
  - Reentry – from I like to “lie, cheat & steal” to... “be responsible, work, succeed...”
- Create motivation to change for partner agencies, their staff and their clients. (This motivation usually comes from an appeal for greater effectiveness and recognition, resulting in greater responsibility, clarity & efficiency.)

**Leveraging Skills, Knowledge & Resources (Among All Partners)**

- Managing partnerships = Maintaining and enhancing relationships toward continuous quality improvements.
  - Shared vision & responsibility
  - Cross-training
  - Regular mtgs. (PAG, monthly mtgs. & weekly contact)
  - Track & review results
  - Publish results (from newsletters to journal articles)
  - Share the wealth (credit, new dollars, information, speaking engagements, gins...)



CONNECTIVITY IS

THE CLFC APPROACH

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