Prioritizing Intervening Variables/Strategies and Developing Your Logic model
Areas of Focus

1. Intervening variables (IVs) for substance misuse
2. Prioritization and decision-making processes related to IV selection
3. Prevention strategy selection criteria
4. Components of a community-level logic model
5. Linkages between IVs, strategies, and short- and long-term outcomes
Intervening Variables: Definition

Biological, psychological, social, environmental, cultural, and economic factors related to substance use and consequences of use.
Intervening Variables

*Related* means that the value of one variable (substance use) changes based on the value of another variable (parental communication) and vice-versa.

![Diagram showing different types of correlation](image-url)
Intervening Variables: Ecological and Systems Theory Perspective

Individual behavior is influenced by a complex web of social influences and environmental interactions.

Intervening variables represent *potentially modifiable* points within and/or across levels of influence.
Intervening Variables: Comprehensive Approach

Interconnectedness and complexity argues for considering multiple:
- Related IVs and/or
- Levels Domains and/or
- Centered groups or settings

Embodiment of a comprehensive approach to prevention
Intervening Variables

Potential Data Sources

- Key Stakeholder Interviews
- Focus Groups
- Surveys
- Geographical mapping (e.g., outlet density)
- School / Early Childhood Organizational Data
- Hospital Data
- Police Data
- Treatment Provider Data
Intervening Variables: Assessment and Examination

Before getting to intervening variables:

1. Nature of the issue
2. How severe the issue is
3. How has it changed over time
4. Any specific groups who are disproportionately impacted
5. Areas impacted – when and where the issue occurs

Intervening variables

1. Factors that contribute to the issue
2. Factors that help address or mitigate the issue.
Intervening Variables: Brief List of Examples

Community norms favorable to use
Low levels of enforcement
Intergenerational trauma
Stigma
Availability / Ease of Access – retail
Academic failure
Perception of parental disapproval or attitude
Family communication
Parental monitoring or family management practices
Chaotic home environment
Availability / Ease of Access – home
Perception of peer disapproval or attitude
Perception of harm / risk
Lack of awareness of resources
Stress and anxiety
Poor social skills / coping skills

Cultural identity and pride
Effective school policies
Strong bonds with family, school, community
Opportunities for positive social involvement
Positive school climate
Attachment to school
Strong relationships with adults
Intergenerational relationships
Collaborative family-school partnerships
Parent / caregiver engagement
Parent / caregiver self-efficacy
Good parenting skills
Parental supervision
Clear parental expectations and consequences
High self-esteem and problem-solving skills
Good mental, physical, spiritual and emotional health
Intervening Variables

Questions about intervening variables?

Crowdsourcing collective wisdom from colleagues about specific IVs or processes
Intervening Variable: Prioritization

**Importance**

How a specific IV affects a problem

How much does the IV contribute to our priority need?

**Changeability**

Community capacity to influence the IV

Do we have the readiness, capacity, and resources to address the IV?

Is there a suitable program or practice to address this IV?
Intervening Variable Prioritization: Beyond Importance and Changeability

**COMMUNITY FIT**
- Importance
- Community Readiness
- Relevance
- Political Will
- Cultural Alignment
- Potential for Unintended Consequences

**SUPPORTING EVIDENCE**
- Supported by Qualitative and Quantitative Data
- Qualitative & Quantitative Data Quality
- Corroborated by Different Sources
- Logically linked to the issue of interest

**ACTION AND CHANGE**
- Proximity to Issue of Interest
- Changeability
- Prevention Capacity
- Feasibility
- Resource Availability
- Timeline
- Redundancy with Existing Efforts

**LASTING IMPACT**
- Ability to Measure Outputs and Outcomes
- Sustainable
- Partner Buy-In and Involvement
- Regional in Nature
- Linkages to Other IVs
- Related to Other Health, Behavioral Health, Community Issues
Intervening Variables: Sample Prioritization Questions

Generate questions for each prioritization criteria:

1. Is this IV important/relevant to our community?
2. Do we have a good understanding of how this IV operates?
3. Does this IV operate in the same or similar ways across all segments of the community and within all populations?
4. Does a broad group of stakeholders support this IV?
5. Is this IV supported by good data from multiple sources?
6. Can this IV be changed or modified?
7. Are there capacity and resources available or that could be developed to address the intervening variable?
8. Are other efforts in place to change this variable?
Intervening Variable
Sample Decision-Making Processes

**Informed Experts**
Small group of core planning group members attempt to reach consensus

**Workgroups**
Intervening variable workgroup is tasked with making decision

**Cluster Approach**
Each cluster solicits input and reports to core planning group

**Inclusive Approach**
Town hall style presentation, discussion, and prioritization

**Point of Reflection**
Did the IV assessment process provide adequate opportunity for community input?
Are there missing perspectives?
Was the assessment comprehensive and inclusive?
Intervening Variable Prioritization and Selection

Questions about intervening variables prioritization and selection?

Crowdsourcing collective wisdom from colleagues
Prevention Strategy Selection

Identify and select strategies that have been shown through research or practice to be effective, those that are a good fit for your community, and those likely to promote sustained change.
Prevention Strategies: 
Ecological and 
Systems Theory 
Perspective

Intervening variables can be the focus of multiple strategies operating at more than one level and in more than one setting.

Consider the IV (what/why) the strategy (how) is a secondary consideration.
Prevention Strategies: CSAP Strategy Types

Information Dissemination: One-way transfer of information (media, communications) - Passive

Education: Two-way transfer of information (classroom / small group) - Interactive

Alternative Activities: Pro-social activities, hobbies, sports, exercise - Engaging / Fulfilling

Comprehensive Approach to Prevention

Community-Based Processes: Coalition building, grassroots involvement, coordination
Mobilizing

Environmental Strategies: Policy and environmental change (access / norms / practice)
Setting and Environment

Problem ID and Referral: Screening and referral to supports and services
Linkages to Care
PREVENTION STRATEGIES: CADCA STRATEGY TYPES

INDIVIDUAL

PROVIDING INFORMATION
Community education, increasing knowledge, raising awareness
Media, Materials, Events

ENHANCING SKILLS
Building skills and competencies
Education and Training

PROVIDING SUPPORT
Involvement in drug-free and healthy alternative activities
Recreation and Community Involvement

ENVIRONMENTAL

CHANGING CONSEQUENCES
Enforcement, compliance, incentives, and disincentives
Compliance checks and publicity

PHYSICAL DESIGN
Changing Physical Environment
Environmental scans, beautification, signage

MODIFY/CHANGE POLICIES
Changing institutional, organizational, or government policies
School, workplace, liability, responsible sales

ACCESS AND BARRIERS
Access and Accessibility
1. Outreach, translation, equitable access,
2. Home and social access to substances
Prevention Strategy Prioritization: Beyond Conceptual and Practical Fit

**SUPPORTING EVIDENCE**
- Logically Linked to Intervening Variable
- Meets Criteria for Evidence-Based or Evidence-Informed
- Tested with Similar Populations or Generalizable
- Linked to Substance Misuse Prevention Outcomes

**COMMUNITY FIT**
- Community Readiness
- Community Climate and Buy-In
- Cultural Alignment
- Potential for Unintended Consequences
- Fit with Existing Community Efforts

**ACTION AND CHANGE**
- Proximity to Issue of Interest
- Changeability
- Prevention Capacity
- Feasibility
- Resources (cost, staffing, setting)
- Timeline
- Scalability

**LASTING IMPACT**
- Ability to Measure Outputs and Outcomes
- Sustainable
- Community Ownership
- Community Champions
- Partner Buy-In and Involvement

**COMMUNITY FIT**
- Community Readiness
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**LASTING IMPACT**
- Ability to Measure Outputs and Outcomes
- Sustainable
- Community Ownership
- Community Champions
- Partner Buy-In and Involvement
Strategy Selection: Key Considerations

Shared decision-making prompts:

1. Is the strategy likely to influence the **intervening variable**?
2. Is the strategy **feasible** given time, resources, readiness?
3. Have we identified implementation **partners**?
4. Have we identified the **setting/location** for implementation?
5. Is the strategy likely to **reach** its intended audience? Equitably?
6. Is the strategy **culturally appropriate** for the setting/population?
7. Is there any indication that the strategy is **sustainable**?
8. Does the strategy align with or complement **existing efforts**?
9. Have we considered **alternative approaches**?
10. Have we included **community voice and input**?
Questions about prevention strategy selection?

Crowdsourcing collective wisdom from colleagues
Components of a Community-Level Logic Model

MassCALL3 and SOR-PEC Logic Model Template

<table>
<thead>
<tr>
<th>Intervening Variable</th>
<th>Strategy</th>
<th>Centered Group(s)</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Short-Term</td>
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<tr>
<td></td>
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<td></td>
<td>Intermediate</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Long-Term</td>
</tr>
</tbody>
</table>

Locally identified/prioritized substance of first use for specified populations:*
The logic model is arguably the most important component of your strategic plan.
### Logic Model Components

<table>
<thead>
<tr>
<th>Need/Issue identified by BSAS:</th>
<th>What is the purpose of the initiative?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local manifestation of the need/issue:</td>
<td>What is the local issue you are trying to address? Baseline data.</td>
</tr>
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<td>What needs to change to address the local issue?</td>
<td>What are you proposing to do to address the issue?</td>
<td>Which groups or individuals will be exposed to or reached by the strategy?</td>
<td>How will you know that you implemented the strategy as intended?</td>
<td>What are the antecedents (first steps) for expecting change in the intervening variable and how do you measure these?</td>
<td>How can you directly or indirectly measure changes in the intervening variable?</td>
<td>How can you directly or indirectly measure changes in the local issue?</td>
</tr>
</tbody>
</table>
Describes why BSAS made grant dollars available (from the RFR)

MassCALL3: Substances of first use
SOR-PEC: Elevated risk for future substance use

Can be slightly modified with more specific information

The local manifestation of the need/issue row should be logically linked to the need/issue identified by BSAS

**MassCALL3 Need/Issue identified by BSAS**
Substances of first use. Youth use of electronic vapor products such as Juul, Vuse, MarkTen, and Blu (including e-cigarettes, vapes, and vape pens)

**SOR-PEC Need/Issue identified by BSAS**
Children (prenatal – 11 years of age) with familial history of substance misuse and addiction are at elevated risk for future substance use and related health and behavioral health issues.
Local manifestation statement is baseline for the long-term outcome.

Is this currently being measured? If not, can it be measured? Can it be measured over time? How often? If it can’t be directly measured, is there a substitute measure (proxy) that you can use instead?

Think about: (1) the indicator/measure you will be using, (2) centered population, (3) presence or absence of historical and/or comparison data, and (4) timing and frequency of future measurement.

**MassCALL3 Local Manifestation of the Need/Issue**
20.6% of local high school students in grades 9-12 reported past 30-day use of electronic vapor products in 2021, up from 5.5% in 2017 and 4.3% in 2015.

**SOR-PEC Local Manifestation of the Need/Issue**
A high proportion of pre-K [ages 3-5] children in Smithtown (27%) are not entering kindergarten with the social-emotional skills needed to thrive, particularly among youth without safe, nurturing, and predictable environments at home and in the classroom (45% vs. 17%).
In 2021, past 30-day use of **alcohol** among high school students (42%) was higher than the state average of 36%.

In 2021, 46% of students in grades 9-12 reported feeling moderately/greatly **stressed** 3+ days a week in the past 30 days. Students reporting high levels of stress were more likely than their peers to report past 30-day use of cannabis (47% in the high stress group versus 14% in the low stress group).

In 2021, past 30-day use of alcohol among high school students (42%) was higher than the state average of 36%. Many students report strong existing **connections** to the school community and teachers at school – this presents an opportunity to formalize this process for all students.

In 2021, high school students in grades 9-12 who identify as gay, lesbian, bisexual, transgender, or queer (**LGBTQ**) reported higher past 30-day use of alcohol (63% vs. 44%), electronic vapor products (49% vs. 22%), and cannabis (41% vs. 27%) than their peers.
The **levers** of change. These represent your theory of change.

What is driving the problem or issue in your community?

What would help address the local manifestation of the need/issue?

The more time and effort you put into truly understanding and prioritizing the intervening variables in operation in your setting, the more likely you are to impact the long-term outcome.

**MassCALL3 Intervening Variables**
Low perception of risk of harm of vaping among high school students.

**SOR-PEC Intervening Variables**
Internalizing and externalizing behaviors among youth.
### Related Intervening Variables at Multiple Levels

**Individual**  
Low perception of risk of harm of vaping among high school students

**Peer**  
Misperception of level of use of electronic vapor products among peers

**Family**  
Low levels of parent and caregiver communication about vaping

**School**  
Lack of school policies and inconsistent enforcement

**Community**  
High levels of retail availability in the community
Related Intervening Variables at Multiple Levels

**Individual**
Internalizing and externalizing behaviors among youth

**Peer**
Social isolation and peer rejection

**Family**
Chronic stress among parents and caregivers

**EC Center**
Limited knowledge and skills related to trauma-informed care among providers

**Community**
Lack of positive community role models
Is there a link between the strategy and the IV?

Who is in your primary centered population? Is there a secondary or tertiary population?

The centered population should almost always include the long-term outcome group.

**MassCALL3 Strategy**
11-session Life Skills Training classroom curriculum for high school students (including the Everything You Need to Know About e-cigarettes, vaping, and hookahs supplemental module).

**SOR-PEC Strategy**
ParentCorps Social-Emotional Learning Classroom Curriculum
Strategies

**Individual**
Low perception of risk of harm of vaping among HS students

11-session Life Skills Training curriculum (with vaping module)

**Peer**
Misperception of level of use of electronic vapor products among peers

Youth-led social norms campaign (posters, handouts, social media)

**Family**
Low levels of parent and caregiver communication about vaping

Parent workshops and information dissemination

**School**
Lack of school policies and inconsistent enforcement

Develop, promote, and enforce school policies on vaping (restorative justice)

**Community**
High levels of retail availability in the community

Retailer training

Mystery shopping with feedback to establishment
Strategies

**Individual**
Internalizing and externalizing behaviors among youth

ParentCorps
Social-Emotional Learning Classroom Curriculum

**Peer**
Social isolation and peer rejection

Buddy Bench Project on playground

**Family**
Chronic stress among parents and caregivers

ParentCorps
Parenting Program

**EC Center**
Limited knowledge and skills related to trauma-informed care among providers

ParentCorps Training (emphasis on TIC supplement)

**Community**
Lack of positive community role models

Local Heroes poster project in classrooms
Logic Model Components

Centered Populations

Groups that will be exposed to or reached by each strategy.

Almost always includes the population in which you expect to observe change in the long-term outcome and/or individuals, groups, organizations, or systems surrounding this population.

Consider primary population for each strategy (direct recipients) and secondary or tertiary populations (indirect recipients).

Consider inequities in access to services and utilization of services, which may necessitate specific actions to enhance equity and reduce inequities.

Understand how many individuals are in centered populations (e.g., how many youth are in grades 9-12 in the community, how many parents/caregivers of these youth are in the community).
Logic Model Components

Questions about local statements of need, intervening variables, strategies, or centered populations parts of the logic model?

Crowdsourcing collective wisdom from colleagues
“Yeah, yeah, yeah…. we’re just counting things.”

Are you implementing the strategy well?

Are you implementing it as planned?

Can it be improved?

Are you reaching your centered population?

Is the strategy appropriate for your centered population?

Are they engaged?
Logic Model Components: The Underappreciated Outputs Column

**ADHERENCE**
- Was content implemented as planned?
- Were protocols, techniques, and materials followed?
- What were the characteristics of the providers?
- What were the characteristics of the participants?

**EXPOSURE**
- Frequency of contact
- Number of sessions delivered
- Participant attendance
- Length of sessions
- Number of people reached via messaging
- Number of people trained

**QUALITY**
- Provider knowledge of content
- Provider delivery skills
- Provider enthusiasm
- Provider preparedness
- Quality of materials
- Quality of messages

**RESPONSE**
- Were participants engaged?
- Were participant receptive?
- Did we collect feedback from participants?
- Were services provided in a culturally responsive manner?
Logic Model Components

Short-Term Outcomes

The bridge between strategies and intermediate outcomes
1. **FAST ACTING**
   Immediate (hours) or near-immediate (months) effects of the strategy.

2. **OBJECTIVE-DRIVEN**
   Related to strategy objectives (e.g., “to learn” implies knowledge change)

3. **PRECURSORS**
   First thing that needs to happen in series of events leading to ultimate change.

4. **STRATEGY-DEPENDENT**
   The starting point is dependent on the end point.

   First step based on where the site is at in the process.
Short-Term Outcomes

**Individual**
11-session Life Skills Training curriculum (with vaping module)

- Increased knowledge of risk of harm of youth vaping

**Peer**
Youth-led social norms campaign (posters, handouts, social media)

- Increased knowledge of actual rates of youth vaping behaviors

**Family**
Parent workshops and information dissemination

- Increased knowledge of communication techniques

**School**
Develop, promote, and enforce school policies on vaping (restorative justice)

- Increased knowledge and awareness of new vaping policies

**Community**
Retailer training

- Increased knowledge and awareness of responsible sales practices
Short-Term Outcomes

**Individual**
ParentCorps
Social-Emotional Learning
Classroom Curriculum

Knowledge of classroom behavior standards

**Peer**
Buddy Bench Project on playground

Awareness of Buddy Bench Project and Buddy Bench rules

**Family**
ParentCorps Parenting Program

Knowledge of positive parenting practices

**EC Center**
ParentCorps Training (emphasis on TIC supplement)

Knowledge of ways to promote SEB development and family engagement

**Community**
Local Heroes poster project in classrooms

Knowledge of positive role models in the community
Plan Ahead

How do we operationalize the measure?

Can we directly measure it or identify a proxy measure?

Please indicate how much you disagree or agree with each of the following statements.

<table>
<thead>
<tr>
<th></th>
<th>I Know It’s False</th>
<th>I Think It’s False</th>
<th>I Don’t Know</th>
<th>I Think It’s True</th>
<th>I Know It’s True</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. E-cigarette use among youth and adults is strongly linked to the use of other tobacco products.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Non-smoking youth who use e-cigarettes are less likely to try conventional cigarettes in the future than non-smoking youth who do not use e-cigarettes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. The aerosol from e-cigarettes can contain potentially harmful chemicals such as diacetyl.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

For each item below, please circle the appropriate number which best describes your child’s behavior:

0 = Not True  1 = Somewhat or Sometimes True  2 = Very True or Often True

0 1 2 1. Acts too young for age
0 1 2 2. Afraid to try new things
0 1 2 3. Can’t pay attention for long
0 1 2 4. Can’t sit still, restless
0 1 2 5. Gets too upset if separated from parent
0 1 2 6. Hits/harms (bites, kicks, etc.) others
0 1 2 7. Looks unhappy without good reason
0 1 2 8. Tires easily
0 1 2 9. Needs things done at a slower pace
0 1 2 10. Sticks with it
0 1 2 11. Fussing
0 1 2 12. Angry moods
The bridge between short-term outcomes and long-term outcomes

Indicators of change in the intervening variable
<table>
<thead>
<tr>
<th></th>
<th>INTERMEDIATE OUTCOME CHARACTERISTICS</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>DELAYED</td>
</tr>
<tr>
<td></td>
<td>Gradual changes in attitudes, norms, confidence, skills, and behaviors</td>
</tr>
<tr>
<td>2</td>
<td>IV-DRIVEN</td>
</tr>
<tr>
<td></td>
<td>Related to changes in intervening variables</td>
</tr>
<tr>
<td>3</td>
<td>ACTION-ORIENTED</td>
</tr>
<tr>
<td></td>
<td>More active than passive in nature (behavioral precursors, behavioral intent, actual behaviors)</td>
</tr>
<tr>
<td>4</td>
<td>PROXY FOR LONG-TERM</td>
</tr>
<tr>
<td></td>
<td>Logical stand-in measures when directly measuring long-term outcomes is not possible</td>
</tr>
</tbody>
</table>
Intermediate Outcomes

**Individual**
Low perception of risk of harm of vaping among HS students

Increased perception of risk of harm of vaping among high school students

**Peer**
Misperception of level of use of electronic vapor products among peers

Increased accuracy in the perception of youth vaping behaviors

**Family**
Low levels of parent and caregiver communication about vaping

Increased family communication about youth vaping

**School**
Lack of school policies and inconsistent enforcement

Increased consistent enforcement of school policies on vaping

**Community**
High levels of retail availability in the community

Increase in consistent ID checking behaviors among retail staff
Intermediate Outcomes

**Individual**
Internalizing and externalizing behaviors among youth

- Increased SEB development and academic performance

**Peer**
Social isolation and peer rejection

- Decrease in feelings of social isolation and peer rejection

**Family**
Chronic stress among parents and caregivers

- Increase in effective stress management practices

**EC Center**
Limited knowledge and skills related to trauma-informed care among providers

- Enhanced skills and competencies among providers

**Community**
Lack of positive community role models

- Increased attachment with trusted adult role models
Indicators of change in the local manifestation of the need/issue
### Logic Model Components

#### Long-Term Outcome

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<th>MassCALL3 Long-Term Outcome</th>
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<td>Decrease in reports of vaping in the past 30-days among high school students in grades 9-12</td>
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<th>SOR-PEC Local Manifestation of the Need/Issue</th>
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<td>Proportion of pre-K [ages 3-5] children in entering kindergarten with the social-emotional skills needed to thrive, particularly among youth without safe, nurturing, and predictable environments at home and in the classroom</td>
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Logic Model

Linkages between IVs, strategies, and short- and long-term outcomes

No component of the logic model stands alone
<table>
<thead>
<tr>
<th>C. Intervening Variable</th>
<th>D. Strategy</th>
<th>E. Centered Group(s)</th>
<th>F. Outputs</th>
<th>G. Short-Term</th>
<th>H. Intermediate</th>
<th>I. Long-Term</th>
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<td>Logically linked to the Local Need [Box B]</td>
<td>Logically linked to the Intervening Variable [Box C]</td>
<td>Direct and indirect recipients of each strategy [Box D]</td>
<td>Logically linked to each strategy [Box D] and Precursors of Intermediate Outcomes [Box H]</td>
<td>Logically linked to each strategy [Box D]</td>
<td>Direct or indirect measures of the Intervening Variable [Box C]</td>
<td>Direct or indirect measures of Local Need [Box B]</td>
</tr>
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End of Session

Questions?

Crowdsourcing collective wisdom from colleagues
Additional Resources: Logic Model Development Guides

MassCALL3
- MassCALL3 Resource Page [Resource Link]
- MassCALL3 Logic Model Development Guide [Resource Link]

SOR-PEC
- SOR-PEC Resource Page [Resource Link]
- SOR-PEC Logic Model Development Guide [Resource Link]
Additional Resources: Registries of Evidence-Based Programs

SAMHSA’s Evidence-Based Practices Resource Center has helpful guides and resources
  • Evidence-Based Practices Resource Center [Resource Link]
  • Adapting Evidence-Based Practices for Under-Resourced Populations [Resource Link]

SAMHSA’s PTTC has a helpful website and accompanying Guide to Online Registries
  • Evidence-Based Programs and Practices for Substance Misuse [Resource Link]
  • Guide to Online Registries for Substance Misuse Prevention [Resource Link]

Blueprints for Healthy Youth Development is one of the more comprehensive registries
  • Blueprints for Healthy Youth Development [Resource Link]
Additional Resources: Evidence-Informed Principles

- Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide [Resource Link]
- Preventing Drug Use among Children and Adolescents [Resource Link]
- Adapting Evidence-Based Practices for Under-Resourced Populations [Resource Link]
- BSAS Guiding Principles [Resource Link]
- Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System [Resource Link]
- Implementing Community-Level Policies to Prevent Alcohol Misuse [Resource Link]
- Increasing Cultural Humility for Prevention Specialists Who Work with Hispanic, Latino, Latinx Populations in New England [Resource Link]