

Kansas Prevention Survey Content Analysis

N=132, 121 surveys completed (91.7%)

Q1: To prevent children and young people from using alcohol and other drugs, what are some key services and actions communities need to undertake? (n130)

A need for a coordinated, broad-based community-driven effort was indicated as being essential for prevention efforts by 28% of respondents. This includes elements such as a systematic approach involving assessment, planning, and evaluation, as well as collaborative efforts across agencies and organizations. 22% of respondents indicated that there is a need for school-based prevention education as well as coordination of efforts with schools. In addition, 22% of those surveyed related the need for healthy, positive, prosocial activities, which when linked to the Social Development Strategy and targets local protective factors, have been shown to work in combination with reducing risk to achieve local prevention outcomes. Parent training and family involvement, as well as community awareness and education, were also reported as essential actions and services for prevention to be successful at the local level.

<p>Coordinated, systematic community-based efforts, use of SPF: Community comprehensive approach, multiple targeted interventions, align strategies, systematic approaches, community-based programs, targeted and global prevention efforts, coordinate action and involvement, working collaboratively, partnership between organizations, address risk and protective factors, open communication between agencies, SPF, assessment, capacity, planning, implementation, and evaluation package, reliable data collection for monitoring and tracking, assessment</p>	<p>37 28%</p>
<p>School-based prevention: School prevention curriculum, evidence-based school programs, coordinate with schools, provide education in schools, prevention education in schools, programs in schools, education geared to students/teens, education and intervention in elementary and middle school, integrate prevention into school topics, teach problem-solving skills and coping mechanisms, Protecting You Protecting Me, Life Skills</p>	<p>29 22%</p>
<p>Youth alternative activities: Provide meaningful and fun activities, provide free healthy activities, alternative activities, fun inter-generational helping activities, programs for youth, inside pool and recreation centers, provide non-school hours activities, offer free, fun activities, interesting activities, more afterschool programs, they need something to do, community centers, leisure activities for youth, study halls with tutors</p>	<p>29 22%</p>
<p>Parent training, education, and involvement: Parent training, educate parents about SA issues, educate and engage parents, parenting skills, family/parental involvement, parent groups, presentations on how to talk to your children, family programs like Love and Logic and Strengthening Families, healthy families, parent involvement, educate caregivers</p>	<p>29 22%</p>
<p>Campaigns, media, communication and awareness efforts: Coordinated awareness campaigns, campaigns, educate using targeted marketing, youth messaging, ad campaign, advertise what can happen to you, education and awareness campaigns from role models, public awareness campaigns, age-appropriate messaging, media coverage of local efforts, education on laws and effects on brain, education to increase awareness, community awareness, education/awareness, awareness among parents and educators, State clearinghouse, statewide resources, trainings and resources for teachers, families, and youth, problem gambling prevention</p>	<p>28 21%</p>

education	
Coalitions, community engagement, key leaders and stakeholder involvement, and community participation: Coalitions; community groups, task forces, neighborhood associations, community engagement, opportunities for involvement, more community involvement for young people, connect youth to school and community, protective factors, meet communities where they are, mobilization of key leaders, involvement of key stakeholders, work with all community sectors	25
Environmental strategies: Environmental strategies, environmental approaches, policies and practices, strict law enforcement, enforcement of laws, enforce laws about accessibility and sales, keep alcohol out of grocery and convenience stores, limit availability, work with law enforcement, have consequences, educate about laws and enforce them, reduce alcohol ad's	21
Social norms change and reduction of denial: Anti-drug community norm, role model based community attitude, positive adult role models, changing social norms, social norms, communities need to be less tolerant, hold parents accountable, parents not setting bad examples, recognize issue and reduce denial	14
Access to mental health services, screening, and intervention: Expand access to mental health services due to co-morbidity, provide mental health treatment in schools, counseling services for their specific addiction, support programs, youth treatment available across state, affordable and available treatment, family preservation, intervention and counseling in schools, early intervention, universal screening of all students in middle school, rapid access to care, mandatory counseling or rehab, family therapy	13
Evidence-based strategies: Best practices, evidence-based prevention programs, evidence-based strategies	12
Educate youth about prevention and substance abuse: Educate kids about resources, educate adolescents on prevention, training for youth, teach refusal skills, educate kids about consequences of use	9
Faith-based resources and involvement: Church programs, involve faith community, faith relationship, faith-based instruction	7
Early education: Start early, early education	6
Funding: Increase funding for CMHCs, fund universal pre-school, increase funding for K-12 education, funding to dedicate staff to the issue, funds are scarce	5
Prevention Infrastructure: Statewide infrastructure, workforce development for prevention staff, RPC support, trained prevention workers, subject matter experts	5
Mentoring: Mentors, mentoring	5
Character education: Character education, teach citizenship, youth accountability	3
Engage healthcare providers: Work with physicians re: widespread Adderall in schools, PSA literature in doctor's offices	2
Peer-supports: Peer support by youth in recovery, youth-led education, youth leadership	2
Eliminate ineffective strategies: Stop funding DARE because research shows it is ineffective, don't fund ineffective programs	2
Ineffective prevention strategies or those with sporadic effectiveness were suggested by survey	2

respondents, including: School assemblies, DARE, drug dogs	
Inclusion of Bible study in schools: Direct public schools to include study of the Bible	1

Q2: What do communities need to do to bring about meaningful improvement in preventing and reducing youth substance abuse? (n128)

Among the responses, common themes relating to what communities need to do to bring about meaningful improvement in youth prevention outcomes included collaboration and partnership across community agencies, organizations, and sectors (16%), parental education and support for families (13%), enforcement of laws (12%), and coalition and community capacity development to coordinate and drive efforts (11%).

Collaboration, partnership, and shared efforts across community and sectors: Systematic issue, needs addressed by a system of resources acting as a team, communities coming together, shared efforts across community partners, bringing together all the players, cooperative education and activities in community, incorporate prevention programs across the community (school, churches, families, etc.), one stop shop for prevention, united stand, sector involvement, mobilize community sectors	21 16%
Support families, provide parent education, involve parents: Support families, support parents in reaching out, parent education, empower parents, get parents involved, educate about familial cycle of abuse, parent classes, incentivize parent education by working with community, train parents, strengthen family groups and parent involvement, involve parents, mandate parent classes for those getting married	17 13%
Enforcement of laws: Law enforcement, enforce laws and increase retailer fines, focus on consequences, harsher consequences, no tolerance, community policing, consequences at all angles, be consistent with policies and enforcement, limit youth access, stop providing substances to youth, no tolerance messages	16 12%
Coalition and community member involvement: Coalition leadership, multi-sector community group, coalitions, communities need to be involved, community involvement, grassroots involvement, empowerment, engage youth in prevention efforts	15 11%
Awareness, information, and education: Awareness, be in the know, educate communities, professional development in communities on prevention, prevention education, educate adults, bring back "It's Everybody's Business," increasing awareness, media campaign, brochures and pamphlets, state awareness campaigns, teach warning signs	15 11%
Youth alternative activities: Alternative activities, offer more means to feel good, drug free positive activities, affordable afterschool activities, safe places and activities, keep them occupied, include prevention in Boys and Girl Scouts, Red Ribbon Week with more boy-oriented activities, increase job opportunities for youth	15 11%
Funding and resources: Funding, integrated and simplified funding, put more money in the area like taxes, legislate funding, access state money, fund projects, resources, state resources, need more than volunteers, volunteers can't handle it all	13
Evidence-based strategies: Evidence-based strategies, increase Strengthening Families. EBPs, environmental strategies, tested	12

effective strategies, environmental and individual strategies	
Access to treatment and mental health services: Treatment of co-occurring disorders, funding for child mental health, treat the adult with addiction issues, make space available in public community buildings for treatment, strong referral system, treatment first jail as an alternative, reduce problems and low self-esteem that contribute to desire to get high, easier access to programs and services	11
Educate youth about prevention and substance abuse: Education, teach refusal skills, substance abuse education in schools, continuous education, early school based prevention education, teach drug awareness in schools, partnership with schools, tell kids what happens to people who use drugs, talk to youth	10
Social norms change: Change community norms, coordinated community message that it's not okay, change belief about rite of passage, change social norms, hold parents accountable, positive community norms, be positive role models, character education, nurture civic pride	10
Prevention Infrastructure: Educated prevention network, state support system, RPC, prevention infrastructure, certified prevention professionals, technical assistance from RPCs, build capacity	7
Reduce denial, acknowledge issues: Admit there is a problem, see how it is already affecting the community	6
Early prevention and intervention: Early education and intervention, early intervention for those caught, early childhood programs, early intervention, education, and treatment	6
Services for at-risk families and youth: Services for at-risk youth, support parents and their at-risk youth	4
Peer groups and advocates: Advocates, positive peer groups, have a group they can go talk to instead of using, youth groups to talk about it	4
Faith community engagement: Spiritual truth, faith community involvement	2
School supports: Support K-12 schools, train teachers to support student learning and application to real-life issues	2
Mentoring: Mentoring	2
Research-driven prevention framework and assessment: SPF framework , use data	2
School prevention committees: Develop a committee in each school of people in recovery who will create prevention programs	1
Volunteer at schools: Volunteer at school events to get to know kids	1

Q3: Are evidence-based prevention strategies currently being implemented in your community? (n123)

In order to achieve prevention outcomes, it is necessary to align evidence-based prevention strategies that targets local risk and protective factors prioritized as part of local assessment efforts. Without implementing prevention strategies, there will be no change in targeted outcomes. However, 34% of respondents indicated that there has not been, or is no current, implementation of evidence-based prevention strategies in their

respective communities. An additional 27% didn't know or was unable to answer, speaking to the need for such strategies to not only be in place, but to be accessible and promoted. Evidence-based strategies were reported as being implemented by 18% of respondents, who named at least one specific strategy, curriculum, or program. An additional 6% indicated that there were evidence-based prevention strategies in their communities, but did not offer any detail. Among the barriers to implementation, 6% indicated that there are no evidence-based strategies in place either due to a lack of funding or due to previous funding streams having ended.

No or not currently: Not at this moment, none that I am aware of, no, unaware of any, have not seen any, not at this time, no we're working on it, not overall, I have not heard from the regional prevention center in the past thirteen years	42 34%
Yes; with a specific or multiple EBS/EBP indicated: *Respondent named a specific EBS	23 18%
Yes (unspecified): Yes, absolutely, yes several, yes but only because pre-paid by SPF-SIG	8 6%
Don't know: Have no idea, I don't know, not certain, not sure, probably, lots of curriculums are research based, N/A	21 17%
Somewhat or variable: It varies by community, some of our communities are, in a third to one half of communities, some do, only in some schools, prevention is done in schools, yes but it is difficult for parents to know what is evidence-based, some, kind of in one community not the county, changes year to year, I can't remember the names	12 9%
No due to lack of funding: Stopped after funding cut, most have ceased, not consistently, not widely due to lack of funding, some from JJA funding but disappearing, none supported over the long term with adequate funding, only when there is funding	8 6%
Non-evidence-based strategy listed by survey respondent: Red Ribbon Week, youth groups, afterschool sports, DARE, KSDE Character Education	8
Treatment-related EBPs: EBPs used for treatment, only in treatment centers, not outside treatment centers, only the mental health department	6
RPC-based: Our local RPC is implementing them, prevention center activities/outreach, prevention center does some education and work, RPC implements for ATOD offenders	4
Law enforcement participation: Community police officers attend neighborhood meetings, police in schools	2
Environmental strategies: Enforcement policies and practices	1
KCTC student survey: CTC survey	1
Other:: Prevention success has never been associated with increases or decreases in drug use	1
Other: No I am not in favor of this	1
Other: Needs to be more selective and indicated strategies	1

Q4: What are the barriers or challenges in your community that makes the implementation of evidence-based prevention strategies difficult? (n121)

The number one barrier or challenge for the implementation of evidence-based prevention strategies was funding, reported by 40% of respondents. In a related fashion, 19% of respondents described a lack of staff, time, or manpower necessary for coordination and implementation. A lack of community support, involvement, and buy-in was indicated as being problematic by 16% of respondents, speaking to the need for more effective community engagement and mobilization. Denial, apathy, and social norms that either condone or do not actively discourage youth substance abuse was also cited by respondents as a barrier, as was a lack of parental support and involvement.

Funding: Reduced funding, financial resources, funding, funds for staff time, financing, limited funding, cost, lack of funding, money, lack of resources, money cut	49 40%
Lack of time or manpower: Lack of volunteer time, time, volunteers are limited, need staff to implement, lack of manpower, staff to implement, schools are maxed out, school district can't find time, coalition meets at inconvenient times, getting people involved	23 19%
Lack of community support, coordination, engagement, and buy-in: Disconnected community partners, lack of community support, community buy-in, lack of cooperation from sector representatives, lack of coordinated effort, lack of organized effort, silo	20 16%
Apathy, denial, failure to be proactive, social norms: Support is limited until substance use involves criminal activity, social norms and tradition, apathy, denial, community doesn't want it, people don't want to change, marijuana is perceived as safe due to legalization efforts, peer pressure, parents unwilling to confront substance abuse	16 13%
Lack of parental support and involvement: Parental involvement, parents don't attend unless court ordered, parents condone illegal behaviors, don't want to know what their children are doing, parents supportive of UAD, someone else's kids or problem, parents don't understand need, need to focus on family values	15 12%
Need for awareness and information: Lack of awareness, lack of information, more information for public, information is sparse	8
Popularity of non-evidence-based activities or resistance to EBS: Popularity of non-evidence based/ feel good programs, not open to new approaches	5
Turf issues: Turf issues between organizations, different agendas, fragmentation	5
Inconsistent enforcement of laws and policies: Inconsistent enforcement, lack of consistency in enforcement	5
Low priority, differing priorities, or low perceived value: Perceived value of benefits, low rewards to policy makers, schools/communities want to focus on non-ATOD prevention (e.g. bullying)	5
Fidelity implementation of strategies: Fidelity implementation, maintaining fidelity	4
Diversity and cultural issues: Multiple languages, cultural/longstanding distrust of SRS, diverse community, bilingual, cultural norms	4
Low community readiness:	3

Community not ready, not moving beyond awareness to action	
Turnover in staff: Turnover in prevention staff, turnover	3
Outdated materials: Outdated materials, lack of up to date materials, programs shouldn't focus on dangers of an activity	3
Timeframe for change and scope: Scope of efforts to large, takes time to implement and show outcomes	2
Need for education and training: Training needed, difficult for adults to know how to work with youth	2
Not getting support from RPC: Lack of RPC support	2
Stigma: Stigma, ostracized	2
Access to treatment services: Won't pay for treatment	1
Need for faith-based programs: Faith based programs are overlooked or discouraged	1
Need for healthcare involvement: Not including more physicians	1
Other: Treatment professionals are best to provide this education but are not allowed to do it	1
Other: We need to get the state out of public schools	1
Other: People get more free stuff when they don't have a job	1
Other: Educating parents and prisoners	1
Other: Adding more casinos	1
Other: 12 step programs are shunned	1
Other: Presence of community risk factors	1

**Q5: How fully have these SPF processes taken place (or are taking place) in your community?
(n95)**

Occasionally	36 37%
Frequently	27 28%
Rarely	19 20%
Never	10 11%
Annually	6 7%

Q6a: Which steps do communities find most challenging? (n114)

All of the Above	43 37%
Implementation	36 31%
Capacity	27 23%
Evaluation	21 18%
Assessment	12 10%
Planning	11 9%

Q6b: Why do you think that is?

Among the reasons cited as being barriers to the use of a systematic prevention approach that involves assessment, capacity development, planning, implementation, and evaluation, the majority of respondents indicated that the lack of resources, funding, and manpower were key issues. Other challenges included a lack of commitment among community members, and the fact that communities never reach the implementation phase but rather get caught in a continuous loop of assessment and planning, perhaps due to the previous cited reasons – lack of funding and resources and lack of manpower.

Lack of resources or volunteer time: Finding the resources and funding to implement, lack of funds and manpower, volunteer time is not sufficient need to allocate funds for staff time, need dedicated staff, sustaining funding	16
Lack of involvement, participation, and engagement: Staffing and commitment, getting a handful of committed people, hard to get the right people with the right skills to the table, not enough that want to be involved, apathy, finding people to be in charge	11
Never get to implementation phase: Communities adept at planning and assessing but not implementation so stop and restart continuously, lack follow through, people do the study and plan but never implement, communities have zeal at the start but it drops off when work increases, get distracted, need better follow through on the SPF model	9
Lack of assessment: Don't want to assess the problem, coalition does things without an assessment since 2006, don't want to use data to do things, wants to immediately do activities and programs	7
Capacity challenges or lack of coordinated efforts: Capacity is a problem – different groups working on same issue, difficulty understanding capacity, communication, lack of agreement	6
RPC does not support community effectively: Not RPC staff, RPC staff are doers not teachers and unable to build community capacity, RPC does not work with my community	4
Data and assessment challenges:	3

Hard to find local data, it is difficult to get people to gather and look at data or know what local data is available	
Evaluation challenges: Challenge to evaluate and show effectiveness, evaluation difficult step	3
Key leader and support across community sectors: Getting the 12 sectors at the table, recruitment is the key element, community leaders don't have the knowledge or are not invited to the process	3
Turf issues: Competition, providers not being honest	3
Difficulty with fidelity implementation of strategies: Fidelity	2
Selecting effective strategies: Choosing environmental and evidence-based strategies, choosing correct strategies	2
Politics: Politics, people who have the power don't care	2
Lack of awareness, lack of follow through, or lack of proactive use of services: People wait for people to come to them before providing services, only a judge can make people seek help, doctors and hospitals don't refer people to treatment, parents unaware of services	2
KCTC survey misinformation: I've been told kids lie on the KCTC survey, CTC surveys are dwindling in implementation and use	2
Lack of consistent enforcement and follow through: County attorney wouldn't prosecute UAD related crimes	1
Lack of community readiness: Community readiness	1
Other: Cost and certification for problem gambling treatment providers	1
Other: Communities don't know what an RPC should do	1
Other: Prohibitions into bringing spirituality into the assessment	1
Other: Activities in schools are stale and happen only one time per year	1
Don't know, not sure: Not sure	1

Q7: What resources are necessary to be successful in prevention efforts (other than funding) in these steps? (n113)

Among the resources necessary for successful prevention efforts, the majority of respondents indicated that community support, engagement of key stakeholders and service providers, and taking a collaborative approach is essential. As part of this, leadership was also identified as essential. Funding and resources, either for implementation or sustainment, was reported by 17% of respondents as being critical for successful prevention efforts.

Community support and involvement: Community involvement, untapped people, community support and buy-in, community partners, commitment, coordinated effort, public input, engagement of stakeholders, new faces, community	33 29%
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partnerships, don't leave groups out, sectors on board	
Leadership, key leaders, coordinated and cooperative efforts: Strong community leaders, a champion, leadership, form alliances, cooperation from community leaders, shared leadership, communication between prevention organizations, more coordination, collaboration, some agency being the lead, organizational structure	21 18%
Funding, resources, and sustainment: Sustainment, funding from the State of Kansas talk is cheap, funding, lack of resources, funding, money, leveraged resources, communities should get funds directly from the State, financial resources, reallocate prevention funding, meeting places	20 17%
Staff: Trained staff, volunteer time is limited need staff, more providers to work with youth, human resources	16 14%
RPC support: Technical assistance and coaching, RPC assistance, RPC support, guidance	12 10%
Strategic plans, goals, and action plans tailored to communities: Plans need to match data, a clear plan, community specific plan, need to implement a plan or strategies, common goals	10 8%
Information, education, campaigns: Awareness campaigns, marketing, community information, access to children who need the information, education with visuals	9
Time	8
Assessment and data: Reliable data, data used correctly, good assessment tools	4
Parental involvement and engagement: Increased parental involvement, train parents	4
Honesty and accountability: Fairness, honesty among elected officials, passionate leadership with integrity, accountability	4
Community capacity building, awareness, information and education: Help with capacity and showing there is a problem, education	3
School engagement and support: Buy-in from schools	2
Public speakers: Motivated speakers, more assemblies at school	2
Law enforcement engagement: Police experience, law enforcement	2
Behavioral health integration: Behavioral health integration, include treatment providers at table, tap into natural resources and recovery community	2
RPC does not support community effectively: Not RPC staff	2
Evaluation: Evaluation, evaluate based on service rather than global data	2
Mental health services and resources: Mental health counseling and referral within schools	1
Reduce stigma	1
Other: Viable alternatives	1
Other:	1

A state coalition of coalitions	
Other: Jail populations	1
Other: Give money to Christian institutions to put up warning signs as large as billboards	1
Other: Relevant and meaningful activities for boys	1
Social norms change: Willingness to change community culture	1
Fidelity implementation of strategies: Fidelity	1

Q8: What capacity exists in your community to take effective action to address mental health, suicide, delinquency, problem gambling, or related issues? (n117)

Overall, approximately 1/5 of respondents indicated that their community has strong or sufficient capacity to address a broad range of behavioral health issues. 12% cited the availability of mental health services, although 9% reported the need for coordination of existing services and resources for greater impact and effectiveness.

Good, multiple, much capacity: Good, multiple agencies, several, many, great capacity	23 19%
Have mental health services: Mental health agency, huge hospital	15 12%
Need coordination across community and organizations: Vast number of agencies but do not work together for common good, not used effectively, unfocused or diluted, unharnessed, lack collaboration, too many silos, lack leadership and focus, coordination of resources is tricky	11 9%
Very little or none: Very little, need more, none	9
Limited, modest, or some: Limited in all areas, modest amount, some, medium	8
Strong problem gambling group or coalition	8
Unable to answer, don't know: Not familiar enough to answer, not sure, don't know, N/A	7
Funding issues: Funding needed, grants ending	7
Have a coalition or could be done via coalition: Can be done through a coalition for all issues since related, task force or coalition, local coalitions	6
Hotline: Has a crisis hotline, suicide hotline	5
Have schools: Schools, have a large school district	5
Strong collaboration present: Community pulls together, history of collaboration, key individuals	4
Need mental health services: No MH agency and waiting list is very long, CMHCs are not open 24/7	4

Need more providers	3
Distance and geographic barriers: Geographic barriers, distance	2
All but problem gambling	2
Have suicide prevention efforts	2
Have churches	2
Have a university	1
Other: Wellness program web-based	1
Other: Plenty and it is all in the churches where they should send funds and troubled people	1
Other: Need more emphasis on faith-based	1
Other: Newer infrastructure in these areas	1
Get referrals from courts	1
Other: If you are broke they don't care about you	1
Other: Services available but people in denial	1
Other: We have a house to hold meetings	1
Other: Resources exist outreach is the problem	1

Q9: What barriers in your community prevent people from working together to address mental health, suicide, delinquency, problem gambling, substance abuse, and accessing treatment? (n117)

Of the barriers reported, nearly 40% of respondents indicated that the lack of funding or resources is the primary barrier to community-level efforts to address behavioral health issues. 22% of respondents indicated that a lack of coordination, or fragmentation and siloing, were significant barriers, and an additional 18% cited stigma, denial, or a reluctance to seek help. Time, turf issues, and lack of awareness of existing resources were also commonly reported challenges.

Lack of funding and resources: Funding, resources for sustainment, limited resources, cost, money, grant requirements, volunteers don't have time, limited staffing, lack of staff	45 38%
Lack of coordination, fragmentation, coordinated efforts: Over-seeing committee is missing, many people doing similar things, different visions, lack of direction, lack of integrated, coordinated services, lack of collaboration, groups focus on their topic and not the big picture, existing opinions, not wanting to collaborate, resistance, lack of respect for community member involvement, disconnect between substance abuse and related problems	26 22%
Stigma, denial, and pride: Stigma, shame and misunderstanding, pride, egos get in the way, denial, hide the issue, generational substance abuse, people only use services when court ordered	22 18%

Time	17
Turf issues and competition: Agencies do not communicate, turf issues, competitiveness, turf, financial competition, people do not want to share resources, lack of referrals between agencies	15
Lack of information and awareness: Lack of awareness of resources, lack of awareness, lack of awareness to need to be proactive, lack of training, information does not get out	13
Denial, skepticism, lack of ownership: Lack of interest, apathy, someone else's problem, no one wants to take responsibility, skepticism, attitude, cultural acceptability	7
Low capacity: People don't know data and need, don't know how to plan, don know language of prevention, need a strong leader, need leader, need a facilitator, need leadership	7
Don't know: Not familiar enough to answer, not sure, none that I am aware of, not applicable	5
Access: Transportation, rural area	2
Can't afford services: People can't afford services, underinsured	2
Focus on self: People focused on themselves, selfishness	2
Confidentiality: Client confidentiality laws	2
Low priority: Low legislative priority, low priority	2
Perceptions of governmental acceptance: City and state careers are owned by the casinos, the Government allows it	2
Politics: Politics	2
Other: Medicaid funding requirements	1
Other: Do not like agency in community so go elsewhere for services	1
Involvement of parents and families: Need parental involvement	1
Other: Limited adolescent SUD treatment resources	1

Q10: If there was one big thing that needed to happen to make change and accomplish prevention outcomes in Kansas communities, what would that be? (n118)

In response to the question inquiring about one big thing needed to make change and accomplish prevention outcomes in Kansas, the majority of responses (19%) related to the need for funding or resources. Coordination of efforts, in addition to collaboration and alignment, as well as marketing, promotion, and education, were also identified as key elements.

Funding:	23
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Continued funding, funding, plenty of funding, grants for staff for implementation, dollars for prevention work, fully fund services, quit taking away money, increase funding, allocate funds as intended, more funding, money and resources, dollars to implement prevention strategies, financial commitment, budget needs to be finalized	19%
Coordination and shared efforts and resources across community and organizations: Agencies work together as a unified system, everyone in prevention working together, coordinate efforts of all players, increased teamwork, partnerships and collaboration, community collaboration, coordination of prevention across spectrum/problem behaviors, prevention programs aligning with current programs, sharing resources, partnerships of resources	15 12%
Marketing, promotion, information, education: Market programs to public so they know what is available, more state campaigns and resources, increased coordination of communication efforts, statewide/broader media efforts, communication, open accessible statewide stigma free messaging and communication, awareness, more state funded ad's on television, more outreach, public awareness campaign, campaign to dispel myths, consistent message coming from the State and other agencies	15 12%
Increase resources and scope of activities for the current Kansas Prevention Infrastructure: Increase trainings and resources for the KPN, invest in the infrastructure, broadening scope of work of RPCs, enhance KPN ability to be more flexible, credentialed prevention infrastructure	11 9%
Community involvement and participation: Get people involved, include public in efforts not just experts, have more people understand prevention, move from an expert in charge to someone who helps communities through the process, fresh ideas fresh faces	8
Early intervention and access to services: Support system to connect people to help, early intervention, easy access to services, assess kids for violent or anti-social tendencies to decrease gun violence, universal screening	8
Key leader and stakeholder support, leadership: Understanding and support by key leaders, stakeholder involvement, develop a relationship with sector reps and broaden their contribution, multiple sectors, champion in each sector, leadership, direction from someone to pull people together	6
Parent involvement: Parental prevention efforts when children are young, getting families involved, help parents understand dangers of UAD, target families for prevention/intervention, early childhood prevention, parents required to participate when children reach eighth grade	6
Don't know: Unsure, I don't know, not sure, not applicable	6
Evidence-based strategies: Evidence-based strategies, pay for best practices only, evidence-based efforts, SPF process, more protective factors	6
Community ownership and capacity development: Allow communities to take ownership, build community capacity to own the work, capacity building	5
Fund communities directly: Fund communities directly, more resources directly to communities, do away with RPC to get money to the community, invest directly in communities, RPCs cover too large an area to be effective	5
Social norms: Change community norms, attitudes, individuals must want change, recognition it's a community problem not just a family problem, change social norms	5
Guidance and accountability: Accountability, directive, clear benchmarks	5

Educate about the importance of prevention: Sense of urgency for the need for prevention, educate policy makers about prevention ROI and importance, show effectiveness of prevention	4
Reduce stigma	4
Integration and alignment of MH and SA efforts: Integrate MH and SA funding, rules, and regulations, government support financially, logistically, and policy driven, more support from state administration, state coordinating MH and SUD issues to allow funding to flow through where needed	4
Spiritual intercession and faith-based engagement: Second coming of Christ, the presence of God, Spiritual revival, ministers need to get out of politics and take care of their flock	4
Care and offer help: Caring people, reach out to other people, providing real, viable help to people with these issues	4
Staffing: Caring individuals with time, staff time for implementation, dedicated staff member to empower communities to act regardless of funding	3
Enforcement and follow through: Law enforcement and punish consistently, change process to mandate parental follow through	3
Increase belief that efforts are meaningful: Hope for change, convince people to care, change perception that people can't make a difference	3
Issues relating to government and elected officials: Transparency of elected leaders, government needs to regulate and not mandate/stay out of private sector business, elect a Democratic leader	3
Time: Time, slow process	2
Outcome flexibility: Allow communities to work on issues other than underage drinking	2
Environmental strategies: Legislate environmental changes, emphasis on environmental strategies	2
Multiple strategies, comprehensive approach: Multiple strategies, synergy of effort	2
Work in target settings and with target groups: Work in homes, jails, and schools, work with students, parents, and educators	2
Cultural competence and diversity: Respect for individuals of all backgrounds	1
Other: Everybody exercising 30 minutes per day	1
Other: Supporting multiple communities at the same time in the same process	1
Other: Incentives	1
Other: Pass anti-gambling laws/close the casinos	1
Other: Be creative in community efforts	1
Other: Fund a prevention counselor in each CMHC	1
Other:	1

12 step is not the only form of treatment and should not be the basis for treatment	
Other: Consistent programming from one county to the next	1
Other: Resurrect prevention efforts established first by JJA	1