

Assessing and Sharpening Advanced Skills: *A Tool for Prevention Workforce Assessment*

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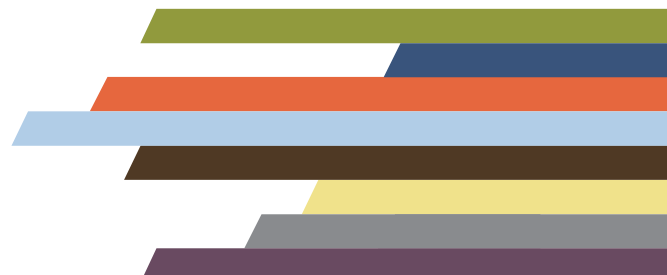
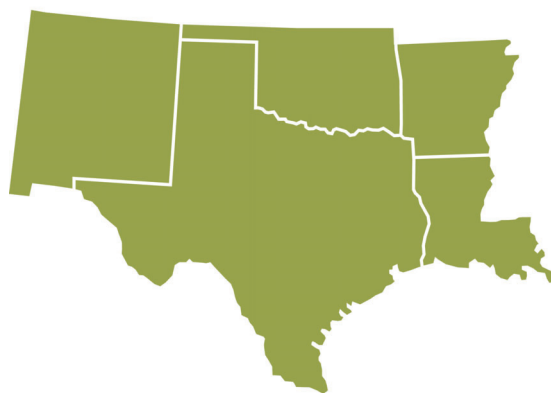




Table of Contents

Background	6
Toolkit Purpose	6
Benefits of the Toolkit	7
Conceptual Framework	7
Practice Dimensions	8
Advanced Skills	8
Assessment Rubric	9
Using the Toolkit	10
Dimension 1: Evidence-Based Practice	11
Description	11
Skills for Evidence-Based Practice	11
Assessment Worksheet	18
Dimension 2: Leadership and Collaboration	19
Description	19
Skills for Leadership and Collaboration	19
Assessment Worksheet	25
Dimension 3: Community Mobilization	26
Description	26
Skills for Community Mobilization	26
Assessment Worksheet	31
Dimension 4: Data-Driven Decision Making	32
Description	32
Skills for Data-Driven Decision Making	32
Assessment Worksheet	38
Comprehensive Assessment Worksheet	39
References	40

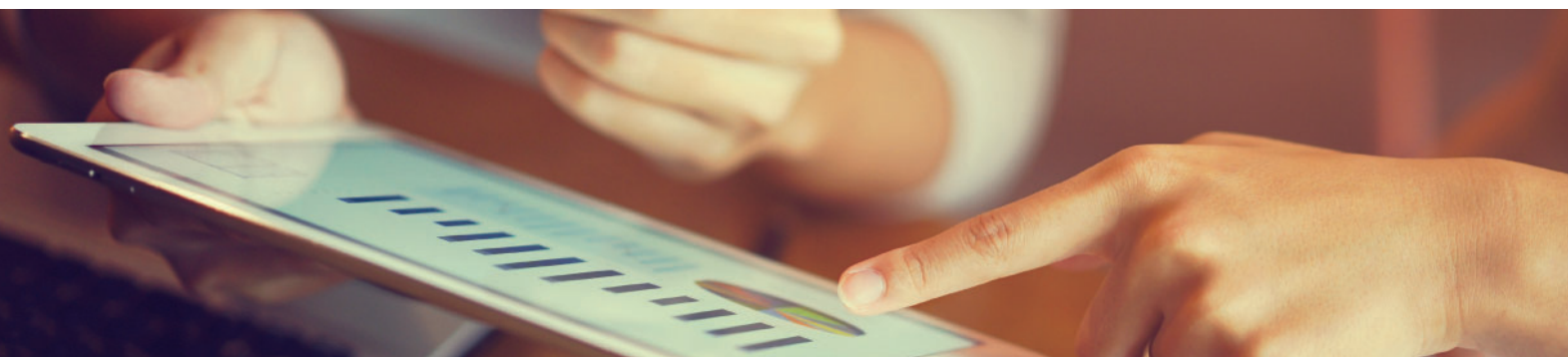
Background

Toolkit Purpose

This toolkit measures the skills expected of advanced prevention practitioners using a behaviorally based and fully operationalized rating scale. This means that for every skill being assessed, the rating scale describes what specific behaviors are expected at each level of mastery. The goal is to provide an objective, consistent, detailed, and skills-focused assessment of the prevention workforce, particularly for experienced practitioners. This toolkit can be used to improve a prevention system leadership's ability to easily identify the gaps in workforce capacity that create barriers to desired prevention outcomes and that reduce potential for community wellness. The toolkit aims to empower prevention system leadership to better target training and technical assistance offerings and to fine tune the types and amount of guidance and feedback provided to the field.

Accurate and consistent workforce capacity assessment is critical to the success of prevention systems. The prevention field does a relatively good job assessing the entry-level professionals' competency using self-rating knowledge inventories and the Prevention Specialist Examination administered by International Certification & Reciprocity Consortium (IC&RC) member boards. There is no existing workforce assessment that focuses specifically on assessing advanced or more experienced professionals' capacity. The existing workforce assessment tools typically contain many items and are cumbersome and time-consuming to administer. These assessments make it difficult to determine whether competency is based in theoretical knowledge or actual practice in the field. In addition, workforce assessment tools usually reference all of the job tasks identified by IC&RC, even though those tasks vary widely from very basic to highly complex.

Existing tools are usually self-administered, further reducing consistency and omitting the expert judgment of supervisors and/or prevention system leadership, and often use a simple numerical rating scale that does not define specific behaviors associated with each skill being measured. This leads to a subjective rating and reduces the likelihood of consistent measurement across individuals. No existing tool provides a fully operationalized definition for each level of the rating scale that is specific to each skill being assessed, and no existing tool offers full support for tool administration by a supervisor or other individual in a leadership position. Because the rating scales are neither clearly defined for each skill nor behaviorally based, it is also challenging to use those tools to identify the finer distinctions in skill competency among more advanced or experienced prevention practitioners.



Benefits of the Toolkit

The value of this toolkit is its potential to easily uncover strengths, opportunities, and gaps in a prevention workforce, including:

- Providing a framework for staff around common organizational goals, expectations, and measures of success based on best practices in the prevention field.
- Providing hiring managers and new prevention staff with a written roadmap of skills recommended for success as an advanced prevention professional.
- Providing current employees with a better understanding of the competencies needed to advance as a prevention professional, the key behaviors they should demonstrate, and the steps needed to increase their proficiency levels.
- Providing consistent, more objective assessments of employees' current proficiency, based on input from both employees and their supervisors, that can be used to identify individual training needs, organization-wide capability gaps, and succession planning needs for experienced or advanced prevention staff.
- Informing the development of advanced professional development activities across organizations and systems (training, coaching, continuing education opportunities).

Conceptual Framework

The International Credentialing and Reciprocity Consortium (IC&RC), the credentialing body for Prevention Specialists worldwide, designates six domain areas with associated tasks and underlying knowledge and skills for each domain. The six domains were the result of a job task analysis conducted by IC&RC and Schroeder Measurement Technologies in 2013 to refine competencies and tasks for the Prevention Specialist examination. From the results of this job task analysis, IC&RC developed the Candidate Guide for the IC&RC Prevention Specialist Examination, which details the knowledge, skills, and abilities (KSAs) needed to achieve or perform those tasks. To access the guide see:

https://internationalcredentialing.org/resources/Candidate%20Guides/PS_Candidate_Guide.pdf.

This toolkit uses the IC&RC designated domains and tasks as a conceptual basis for identifying the competencies to be assessed but focuses only on the skills items. The toolkit excludes knowledge items to give emphasis to items that could be assessed using the behaviorally based rubric in this toolkit.

Practice Dimensions

In total, the six IC&RC domains are comprised of 57 tasks and 297 skills items with significant duplication of items across domains. To streamline the toolkit, skill item duplicates were removed, resulting in 143 unique skill items. Mind Mapping was used to organize the unduplicated skills into unique categories. The authors reviewed each category and combined them if there was subject matter expert consensus. The result of this process was the identification of the four Practice Dimensions that organize this toolkit.



Dimension 1:
Evidence-Based Practice



Dimension 2:
Leadership and Collaboration



Dimension 3:
Community Mobilization



Dimension 4:
Data-Driven Decision Making

The Practice Dimensions are not numbered in any particular order. Ideally, many of the skills within each dimension are being performed simultaneously.

Advanced Skills

After organizing the unduplicated skills items from IC&RC into Practice Dimensions, the authors focused the toolkit on advanced skills. To remove skills that require less advanced expertise, six subject matter experts (SMEs) reviewed each skill item individually and rated the skill on a 6-point scale (1=novice to 6=master) using Kahn and Ramachandran's (2012) model of skills acquisition. The SMEs also provided qualitative feedback on individual items during the review. The authors performed Statistical Package for the Social Sciences (SPSS) frequencies and descriptive analysis and used the following criteria for removal:

- Greater than 50% of SMEs categorized the item as a beginner level of expertise (1, 2, or 3) on a 6-point scale.
- The median score was less than 4.
- Negative qualitative feedback from SMEs (item was vague or unclear, redundant, etc.).

If a tie occurred (50% rated advanced, 50% rated beginner), the authors examined qualitative feedback. If deemed necessary, the authors convened a subject matter expert discussion and reached consensus for removal, modification, or inclusion. This process further reduced the number of skill items in this tool to 40.

For every skill item, the authors then described specific behaviors related to competency in that skill. The descriptions of competent behaviors were then compared across skill items within and across dimensions; skill items with similar behaviors were combined into a single item. This process resulted in 20 advanced skills organized into four Practice Dimensions with between four and six skills uniquely associated with each Practice Dimension.

It is important to note that the authors consider an ability to adhere to ethical principles, including Non-Discrimination, Competence, Integrity, Nature of Services, Confidentiality, and Ethical Obligations for Community and Society as foundational skills for the prevention professional. This assessment tool pre-supposes a commitment to these principles by all parties involved in the assessment.

Assessment Rubric

The toolkit measures skill proficiency using a rubric adapted from the Performance Assessment Rubrics for the Addiction Counseling Competencies written by Gallon & Porter (2011) on behalf of the Northwest Frontier Addiction Technology Transfer Center (ATTC).

https://attcnetwork.org/sites/default/files/2018-11/Final.CS_.Rubrics.Assessment.pdf. The rubric benchmarks are Awareness, Initial Application, Competent Practice, and Mastery in prevention specialists. A definition of each benchmark follows:



Awareness describes a basic level of expertise that involves familiarity with the literature or practice standards in the targeted skill area. It includes witnessing or collaborating with more experienced prevention practitioners and agency representatives who take a lead in performing that skill.



Initial Application describes an intermediate level of expertise that involves performing the skill consistent with agency and protocol standards and within well-defined situations. Performance of the skill in situations that are more complex or requiring modification requires oversight provided by a more experienced supervisor or subject matter expert. These prevention professionals are likely eligible for, or have achieved, certification as prevention specialists as recognized by IC&RC.



Competent Practice describes a moderately advanced level of expertise that involves the ability to perform the relevant skill with consistent, sound judgment in various complex situations. This includes the capacity to make independent decisions and to make modifications based on local community needs. These prevention professionals are likely eligible for, or have achieved, a more advanced prevention certification if offered by their IC&RC member board.



Mastery describes the highest level of expertise that involves strategic application and integration of the skill with consistency and effectiveness in various prevention settings and across disciplines. The prevention specialist can consistently modify the performance of the skill to assure responsiveness to needs across the prevention system. Such individuals improve the prevention field's overall ability to achieve outcomes through leadership, training, technical assistance and mentoring activities.

An advanced prevention professional's array of skills represents that person's strengths, professional development needs, and individual career goals. Please note that this rubric is meant to assess advanced skills and that many competent prevention professionals will likely fall into the "initial application" category with most skills. Advanced prevention professionals need a variety of skills in multiple areas. However, full mastery is not required in all Practice Dimensions or for all skill areas within a particular Practice Dimension. Each position or role has specific skills that are essential to successful achievement of desired outcomes.

The toolkit aims to empower prevention system leadership to better target training and technical assistance offerings and to fine tune the types and amount of guidance and feedback provided to the field. This assessment is not intended to take the place of a regular employee annual review. Finally, this assessment's results are most useful when considered in aggregate across all or part of a prevention system.

Using the Toolkit

This tool is designed to be administered as an interview or guided discussion. All skills being assessed have an associated open-ended question prompt and are rated using a rubric with four levels (Awareness, Initial Application, Competent Practice, and Mastery). Each level of the rubric has a description of competent behavior at that level which is specific to the skill in question.

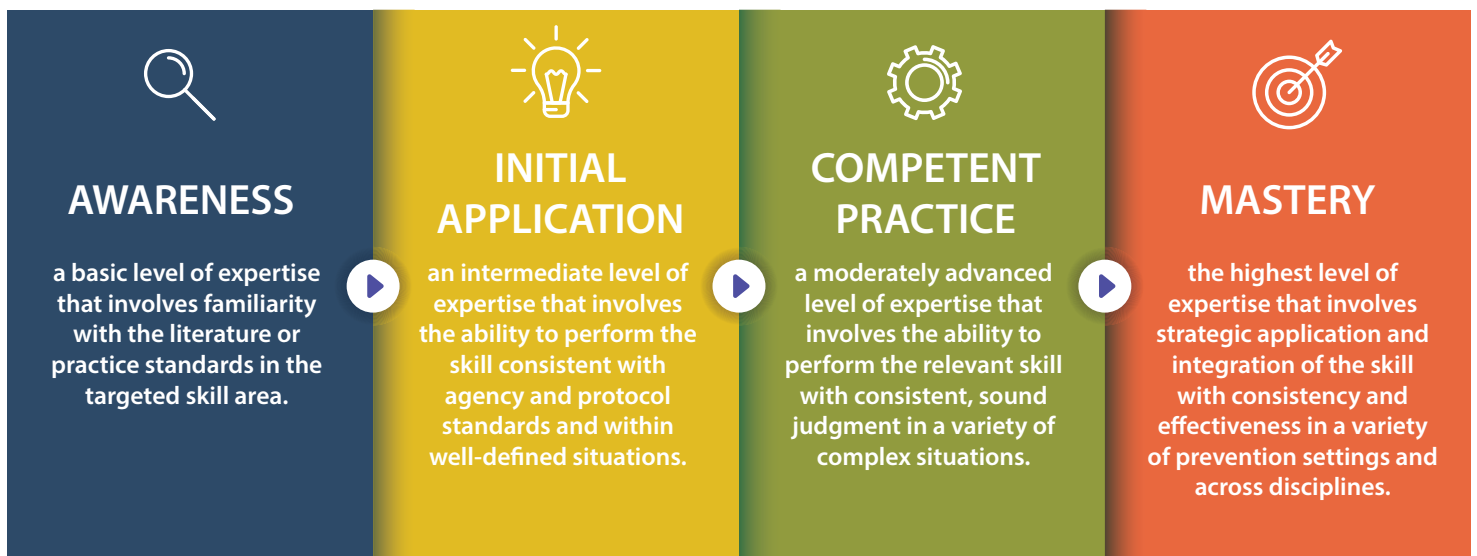
Step 1. Read the Practice Dimension's name and question prompts to the Respondent. A description of the Practice Dimension and list of related skills are included to support the Administrator and should not be read or given to the Respondent.

Step 2. Ask Respondents to describe their experience performing that particular skill. Ask each prompt for the given Practice Dimension in order, giving Respondents as much time as they need to respond.

Step 3. Use the rating form to record the rubric level where the Respondent performs all of the behaviors included in the description. Note: Do not share the rating form or the list of behaviors that define the rubric level with the Respondent. Select the level based on 1) Respondent's answers to the toolkit prompts, and 2) recent observations of the Respondent's work. Some rubric level descriptions contain multiple behaviors; if the Respondent has performed some of the behaviors but not all, please assign a lower rubric level where all of the described behaviors are met.

Step 4. Record examples of practice from the field, observations from a supervisor, and reflections using the text box at the bottom of the rating form.

All of the skills in a Practice Dimension should be assessed in one session, but it is permissible to assess each Practice Dimension separately. The tool could also be used for a self-assessment, but this is not its primary purpose. Self-assessment is most helpful if completed in conjunction with a supervisor-led assessment.



Dimension 1: Evidence-Based Practice

Description

Prevention interventions and practices address changeable factors specified in theoretical models of positive and negative behavior. There are multiple theories and models that are used to support the practice of health promotion and substance misuse prevention, including: the Social-Ecological Model (Dahlberg, 2002); Social Learning Theory/ Social Cognitive Theory (Bandura, 1977 / 1986); Ecology of Human Development (Bronfenbrenner, 1979 / 2005); Risk and Protective Factors (Hawkins et al., 1992); Positive Youth Development (Catalano et al., 1999); Resilience Theory (Werner and Smith, 1982; Bernard, 2004); and Social Norms Theory (Perkins and Berkowitz, 1986).

Prevention professionals integrate knowledge of these theories into their identification, selection, and implementation of strategies that have strong evidence of success in achieving positive substance use or misuse prevention outcomes. In addition to strong evidence of effectiveness, prevention professionals must consider both conceptual fit (matches the risk and protective factors present in the community) and practical fit (can be supported by available community resources and current level of readiness). They must integrate multiple strategies into a comprehensive approach that addresses the various domains and risk factors related to a single priority problem. Prevention professionals then work with prevention programs and communities to implement and monitor evidence-based practices and work to improve them over time.

1. Skills for Evidence-Based Practice


- 1.1. Use evidence of effectiveness to select prevention strategies
- 1.2. Select prevention strategies that are a practical and conceptual fit for the community
- 1.3. Create a comprehensive strategic plan
- 1.4. Maintain fidelity when adapting evidence-based practices
- 1.5. Promote use of evidence-based practices in the community
- 1.6. Implement strategies in a way that reduces the impact of barriers created by structural inequities



1.1

Describe how you use evidence of effectiveness to select prevention strategies.

Rating


AWARENESS	Describes the importance of evidence-based interventions. Supports implementation of activities that comprise an evidence based intervention.	1
INITIAL APPLICATION	Uses established evidence-based lists, inventories, or strategy-selection guidance documents to select strategies that have a theory of change grounded in generally accepted prevention theory.	2
COMPETENT PRACTICE	Uses data on intervention short and long-term outcomes, specifically considering the population and any specific subgroups with whom the intervention has been demonstrated to be effective and any relevant conditions under which the effectiveness was found to vary to identify and select strategies for implementation.	3
MASTERY	Assesses multiple theoretical models of factors that lead to positive and negative health behaviors and prioritizes the model that is the best fit for creating change in a particular priority problem. Communicates and promotes this theoretical model to guide and support logic model development for multiple prevention efforts across a prevention system.	4
<p><i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> </p>		

Notes:

1.2

How do you select prevention strategies that are a practical and conceptual fit for the community?

Rating


AWARENESS	Defines practical and conceptual fit and describes the importance of both in strategy selection. Chooses from pre-approved strategies based on criteria of fit.	1
INITIAL APPLICATION	Uses data on community-level risk and protective factors and on community resources and readiness to prioritize implementation of strategies that have better fit with the community.	2
COMPETENT PRACTICE	Uses data on risk and protective factors, community context, resources, and readiness for each specific focus or sub-population impacted by the priority problem to identify strategies. Balances consideration of both practical and conceptual fit with evidence of effectiveness to identify strategies most likely to lead to desired outcomes.	3
MASTERY	Identifies guidelines for determining practical and conceptual fit across a prevention system and creates utility and feasibility checklists to ensure proposed strategies meet guidelines. Provides guidelines for balancing fit and evidence of effectiveness. Builds the capacity of prevention practitioners to use the checklists and meet the guidelines. Assists programs with identifying problems related to conceptual or practical fit that are affecting process and outcome evaluation results.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> 		

Notes:

1.3

Describe the steps you have taken to create a comprehensive strategic plan.

Rating


AWARENESS	Describes the need to address multiple domains and risk and protective factors as part of a comprehensive strategic plan. Supports the implementation of a comprehensive approach.	1
INITIAL APPLICATION	Creates a prevention plan that uses multiple strategies to impact multiple domains and multiple risk and protective factors.	2
COMPETENT PRACTICE	Uses data on capacity and resources, community context, and readiness to prioritize specific domains and risk/protective factors to include in a comprehensive plan. Plan includes strategies with evidence of effectiveness for multiple, specific focus populations.	3
MASTERY	Aligns multiple comprehensive community strategies plans across a prevention system to increase ability to achieve outcomes and reduce duplication of efforts.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> 		

Notes:

1.4

Describe how you maintain fidelity when adapting evidence-based practices.

Rating


AWARENESS	Lists methods for developing, modifying, and implementing materials tailored to the target audience. Understands some elements of the intervention could be adapted without influencing the outcome, but most elements must be kept the same.	1
INITIAL APPLICATION	Uses community data to make adaptations based on set adaptation guidelines for a specific intervention. Documents adaptations during implementation. Makes mid-course corrections based on process evaluation.	2
COMPETENT PRACTICE	Involves members of each focus population to help develop, modify, and implement materials. Trains those delivering the intervention to be consistent and follow intervention protocols. Obtains feedback on all activities, and revises the program as necessary to meet the specific and changing needs. Adapts prevention interventions to fit community needs while maintaining core theoretical basis for intervention effectiveness. Shares adaptations with other professionals.	3
MASTERY	Advises programs on tailoring products and materials to various audiences to fit the size, age, education, language, culture, and context of the audience. Assists programs with testing new products or materials, or adapting materials for specific audiences. Continuously utilizes evaluation to assess how audiences view products or materials and recommends modifications as needed. Works with programs to focus on building capacity through technical assistance to deliver interventions before making changes to the program. Provides consultation to programs when results do not turn out as planned and helps them think through next steps.	4
<p><i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> </p>		

Notes:

1.5

Describe how you promote the use of evidence-based practices in the community.

Rating


AWARENESS	Describes the importance of evidence-based interventions. Supports implementation of activities that comprise an evidence-based intervention.	1
INITIAL APPLICATION	Educates stakeholders on the importance of using evidence-based practices.	2
COMPETENT PRACTICE	Trains community members and stakeholders on conducting a comprehensive assessment, building the capacity of the community around evidence-based strategies, and establishing a prevention plan with multiple strategies linked to desired outcomes.	3
MASTERY	Provides in-depth technical assistance and guidance on selecting evidence-based strategies using a data-driven decision-making process to achieve population level change. Provides coaching and feedback to communities as they implement environmental change strategies. Promotes the evaluation of promising or emerging practices to determine evidence of effectiveness.	4
<p><i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score. </i></p>		

Notes:

1.6

How do you implement strategies in a way that reduces the impact of barriers created by structural inequities?

Rating

AWARENESS	Describes the importance of reducing structural barriers and how reducing barriers can improve outcomes.	1
INITIAL APPLICATION	Lists specific structural barriers that have been removed as part of an implementation plan.	2
COMPETENT PRACTICE	Conducts a systematic evaluation of all implementation plans to identify structural barriers and systematically changes implementation plans to account for those barriers.	3
MASTERY	Identifies root causes of structural barriers in community or prevention system and works to make changes in those root causes.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> 		

Notes:

Assessment Worksheet

Evidence-Based Practice Rating:

Overall Rating Average Rating

What have you observed that led you to the ratings for this practice dimension?
Provide examples of actions or observable behaviors.

Interviewer Comments:

Dimension 2: Leadership and Collaboration

Description

Prevention professionals must be able to advocate for prevention priorities across systems to coordinate and expand substance misuse prevention services. Navigating different organizational and political systems and building the capacity of existing structures is a crucial part of achieving intended prevention outcomes. Terminology, priorities, and cultures differ across political, judicial, educational, law enforcement, and other systems and organizations; the prevention professional plays a pivotal role in speaking across disciplines to advocate for policies and conditions that reduce substance misuse and related consequences and enhance health.

2. Skills for Leadership and Collaboration


- 2.1 Advocate for prevention priorities to decision-makers
- 2.2 Coordinate prevention efforts with the efforts of other initiatives and systems (i.e. criminal justice, child welfare, etc.)
- 2.3 Support efforts to integrate behavioral and physical health care
- 2.4 Maintain collaborations in the event of unexpected issues or barriers
- 2.5 Provide high-impact technical assistance to the prevention field



2.1

Describe how you advocate for prevention priorities to decision-makers.

Rating

AWARENESS	Packages information about prevention strategies and outcomes into high-quality materials for decision makers and engages marketing/communications experts in delivering prevention messages.	1
INITIAL APPLICATION	Raises the interest of community leadership in prevention approaches and facilitates their participation in prevention activities.	2
COMPETENT PRACTICE	Influences community leaders to take responsibility for sustaining prevention initiatives in the long term. Successfully links prevention priorities to other issues of concern in the community across multiple sectors.	3
MASTERY	Builds policy advocacy skills into prevention training programs. Facilitates the transfer of ownership of prevention initiatives to leaders at multiple levels of authority and influence.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i>		

Notes:

2.2

How do you coordinate your prevention efforts with the efforts of other initiatives and systems (i.e. criminal justice, child welfare, harm reduction, disaster preparedness etc.)?

Rating


AWARENESS	Adapts program implementation to the impact local policy has on risk and protective factors that contribute to substance use and misuse within local communities.	1
INITIAL APPLICATION	Holds meetings with community stakeholders, informing them of local substance use statistics in the area and making them aware of ways to collaborate with prevention initiatives.	2
COMPETENT PRACTICE	Meets with key decision-makers to inform them of how local policy decisions affect substance use outcomes using data and key points. Shares ways prevention can realize cost-savings for local government systems.	3
MASTERY	Co-creates effective and sustainable political, judicial, and law enforcement partnerships that result in implementation of effective substance use prevention policy. Serves in a consultative role to key decision-makers on the impact of policy on prevention outcomes.	4
<p><i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> </p>		

Notes:

2.3

Describe how you support efforts to integrate behavioral and physical health care.

Rating


AWARENESS	Shares information about prevention activities with behavioral and primary care practitioners.	1
INITIAL APPLICATION	Leverages resources from behavioral and primary care systems in the implementation of prevention initiatives.	2
COMPETENT PRACTICE	Collaboratively plans and implements initiatives that target both behavioral and physical health outcomes.	3
MASTERY	Integrates prevention science best practices into the approach of integrated behavioral and primary care systems to build their capacity to achieve positive outcomes.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> 		

Notes:

2.4

How have you maintained collaborations in the event of unexpected issues or barriers?

Rating


AWARENESS	Establishes personal rapport with key stakeholders and leverages those relationships to maintain project implementation in the face of unexpected issues or barriers.	1
INITIAL APPLICATION	Establishes formal agreements or memoranda (i.e. MOUs) with key stakeholders to ensure stability of collaborations and continuation of shared resources and follows those agreements in the case of unexpected issues or barriers.	2
COMPETENT PRACTICE	Works across stakeholder groups to create detailed contingency plans for addressing potential issues or barriers.	3
MASTERY	Provides leadership to community partners to engage in re-planning and re-prioritization of needs and outcomes in response to unexpected issues or barriers.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> 		

Notes:

2.5

Describe an example of providing high-impact technical assistance to the prevention field.

Rating

AWARENESS	Shares relevant, high quality tools and resources with peers and community members in response to their expressed interests and needs.	1
INITIAL APPLICATION	Proactively assesses needs and capacity of team members and stakeholders and links them to appropriate resources and experts. Provides training on prevention fundamentals and facilitates meetings and workgroups.	2
COMPETENT PRACTICE	Provides timely and appropriate guidance on strategic planning tasks and corrective feedback on individual and small group performance.	3
MASTERY	Analyzes a prevention system as a whole, providing recommendations and coaching to leadership on systems change that will increase capacity to produce desired short and long-term outcomes.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> 		

Notes:

Assessment Worksheet

Leadership and Collaboration Rating:

Overall Rating Average Rating

What have you observed that led you to the ratings for this practice dimension?
Provide examples of actions or observable behaviors.

Interviewer Comments:

Dimension 3: Community Mobilization

Description

Community mobilization facilitates coordinated, sustained action across community sectors that leads to reductions in substance misuse and/or related consequences. Community priorities may be identified through systematic data analysis or may arise out of a specific event or community trauma. Regardless, prevention professionals must be skilled in supporting stakeholders with information and guidance to mobilize in a way that is more likely to lead to positive outcomes for the community. To have lasting impact, prevention professionals must also be able to build effective partnerships with a diverse array of stakeholders, maintain or improve community processes that support prevention initiatives, and ultimately ensure that communities own their prevention initiatives.

3. Skills for Community Mobilization


- 3.1 Assess community readiness to support prevention initiatives
- 3.2 Build sustainable relationships and alliances
- 3.3 Build the leadership of people from marginalized populations among prevention partners
- 3.4 Build community ownership of prevention programs (Provide guidance to stakeholders and community members on mobilizing for community change)



3.1

How have you assessed community readiness to support prevention initiatives?

Rating


AWARENESS	Identifies level of community readiness based on existing community data and information.	1
INITIAL APPLICATION	Conducts in-depth community readiness assessment and reaches out to key stakeholders to share assessment results and their potential contribution to prevention work.	2
COMPETENT PRACTICE	Evaluates the impact of readiness activities on community systems and uses evaluation data to target community readiness activities more precisely.	3
MASTERY	Trains community leadership to conduct readiness assessments and readiness building activities. Formalizes responsibility for ongoing community readiness assessment and readiness building with community institutions and community professionals.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> 		

Notes:

3.2

How have you built sustainable relationships and alliances?

Rating


AWARENESS	Documents the goals of community sectors and how those sectors may contribute to prevention efforts.	1
INITIAL APPLICATION	Facilitates resource sharing among community partners in support of common prevention goals. Provides community organization with necessary prevention information (epidemiological data, needs assessment, community concerns) to support their efforts.	2
COMPETENT PRACTICE	Leads the development of a community wide strategic plan that specifies partnership and alliances that will support prevention goals.	3
MASTERY	Mentors and provides guidance or technical assistance to establish agreements (i.e. MOUs) between community sectors that formalize roles and responsibilities around prevention initiatives.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> 		

Notes:

3.3

How have you built the leadership of people from marginalized populations among prevention partners?

Rating


AWARENESS	Documents the prevention partners and initiatives who are effectively serving marginalized populations.	1
INITIAL APPLICATION	Involves community members from marginalized populations in the coordination and implementation of specific prevention activities. Incorporates feedback from marginalized populations into strategic planning for prevention.	2
COMPETENT PRACTICE	Creates a leadership team for prevention initiatives that includes representative participation by people from marginalized populations.	3
MASTERY	Leverages the support of the community at large for initiatives led by and focused on serving marginalized populations.	4
<p><i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> </p>		

Notes:

3.4

How do you build community ownership of prevention programs?

Rating

AWARENESS	Presents information on the value of prevention to various community sectors.	1
INITIAL APPLICATION	Organizes a community coalition committed to planning, implementing, and evaluating prevention activities. Serves as a mentor and leader in guiding communities as they develop and implement action plans to produce desired change.	2
COMPETENT PRACTICE	Selects and trains representatives from community sectors to facilitate the community mobilization and strategic planning within their sectors.	3
MASTERY	Transfers ownership of prevention initiatives from community coalition to appropriate community sectors. Documents the roles and responsibility each sector has for sustaining high quality implementation.	4
<p><i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> </p>		

Notes:

Assessment Worksheet

Community Mobilization Rating:

Overall Rating Average Rating

What have you observed that led you to the ratings for this practice dimension?
Provide examples of actions or observable behaviors.

Interviewer Comments:

Dimension 4: Data-Driven Decision Making

Description

Communities, researchers, and funders know which problems to prioritize and what strategies might work by examining data on substance misuse, related consequences, risk and protective factors, available resources, and readiness. Important measures include the incidence of new cases, the prevalence of existing cases in the community, and the comparison of rates over time, between populations, and across geographic boundaries. Evaluation data helps assure the quality of the implementation process, provides direction on next steps after initial implementation, documents effectiveness, and ultimately demonstrates the importance of the prevention field. While data-related tasks may involve consultation with a technical expert, prevention professionals need to be able to use both epidemiological and evaluation data to make decisions that lead to prevention initiatives achieving desired outcomes.

4. Skills for Data-Driven Decision Making


- 4.1 Use data to identify prevention priorities
- 4.2 Use data to reduce inequities related to the burden of substance misuse
- 4.3 Interpret data for stakeholders and decision-makers
- 4.4 Use process evaluation data to improve implementation
- 4.5 Use evaluation data to improve outcomes



4.1

How do you use data to identify prevention priorities?

Rating

AWARENESS	Describes the importance of using data to identify prevention priorities. Lists data sources that can be used for prevention planning.	1
INITIAL APPLICATION	Uses data reports (i.e. epidemiological profiles) and published local, state, and national data sets to prioritize substance misuse problems. Uses incidence and prevalence data and compares rates over time, and between, geographic locations.	2
COMPETENT PRACTICE	Works with a data workgroup to identify gaps in available data and to develop and implement a plan to acquire existing data and/or collect new data to fill those gaps. Re-prioritizes prevention goals based on a more complete data picture.	3
MASTERY	Coordinates a comprehensive needs assessment effort with a variety of partners to 1) create data sharing agreements 2) collect community wide data that reaches across multiple systems and 3) strategically identify priorities across community sectors.	4
<p><i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> </p>		

Notes:

4.2

How have you used data to reduce inequities related to the burden of substance misuse?

Rating


AWARENESS	Identifies populations in the community that bear a larger burden of substance misuse and related problems.	1
INITIAL APPLICATION	Documents the disproportionate burden of substance misuse and related problems experienced by specific populations in the community and incorporates data on that burden into the process of prioritizing prevention goals and writing a strategic plan.	2
COMPETENT PRACTICE	Adapts prevention interventions for community populations using data on health disparities to create effective change and avoid implementation of strategies that have significant unintended negative consequences for marginalized populations.	3
MASTERY	Establishes a data collection and sharing system that provides resources and support to communities bearing a disproportionate burden related to substance misuse. Helps communities identify prevention interventions and evaluation processes that are effective in reducing substance misuse in their community. Ensures respect for community privacy, data ownership, and local policy.	4
<p><i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> </p>		

Notes:

4.3

How have you interpreted data for stakeholders and decision-makers?

Rating


AWARENESS	Broadly shares existing data products (i.e. reports, presentations, and infographics) with stakeholders.	1
INITIAL APPLICATION	Identifies and/or adapts existing data products for specific audiences and shares strategically based on stakeholder interest and role.	2
COMPETENT PRACTICE	Synthesizes and summarizes data patterns into data products designed for specific audiences.	3
MASTERY	Advises community sectors on data interpretation and aligning communication methods with various audiences support specific prevention goals. Facilitates discussions regularly with stakeholders to gather diverse perspectives on data interpretation.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score.</i> 		

Notes:

4.4

How do you use process evaluation data to improve implementation?

Rating


AWARENESS	Describes fidelity monitoring components such as reach, dose, fidelity, and context and how they relate to tracking implementation improvements.	1
INITIAL APPLICATION	Uses an implementation fidelity tracking tool to collect process evaluation data beyond attendance and satisfaction and makes improvements based on that data.	2
COMPETENT PRACTICE	Trains implementation staff to assess process components consistently and recommends improvements related to audience/ participants, facilitators, and group/community dynamics that may influence implementation. Seeks stakeholder input on process evaluation components from diverse community groups and uses input to improve interventions so they are sustainable across multiple sub populations.	3
MASTERY	Develops a formal quality improvement plan in collaboration with diverse stakeholders that incorporates a multilevel system-wide process evaluation approach. Leads an assessment of system reach, dose, and fidelity to provide improvements for successful strategic planning across an entire prevention system.	4
<p>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet's Overall Score. </p>		

Notes:

4.5

Describe how you utilize evaluation data to improve outcomes.

Rating

AWARENESS	Broadly shares the intervention’s framework or logic model (e.g., what the program or effort is trying to accomplish and how it is doing so) and documented outcomes.	1
INITIAL APPLICATION	Participates actively with evaluation partners to develop an effective evaluation logic model that includes different levels of outcomes (short, intermediate, long term) and shares anticipated outcomes with stakeholders. Regularly shares successes with partners and uses outcome data to build community support to expand and sustain effective interventions.	2
COMPETENT PRACTICE	Helps community leaders and decision makers understand the difference between process and outcome data and promotes the importance of achieving intermediate and long-term outcomes. Works with community partners to revise strategic plans and adapt or change interventions as needed to improve intermediate and long-term outcomes across subpopulations. Discards interventions that do not produce desired outcomes.	3
MASTERY	Elicits feedback on outcome evaluation strategies from multiple systems, ensuring usefulness of outcome data across community sectors. Develops a quality improvement plan that describes how outcome data will be presented to stakeholders, how feedback will be collected, and what role that feedback will have in revising strategic plans. Creates protocols for using outcome data to determine whether an intervention should be sustained, adapted, or discontinued.	4
<i>Add your rating in the box. Your ratings will be totaled and averaged in the Assessment Worksheet’s Overall Score.</i>		

Notes:

Assessment Worksheet

Data-Driven Decision Making Rating:

Overall Rating Average Rating

What have you observed that led you to the ratings for this practice dimension?
Provide examples of actions or observable behaviors.

Interviewer Comments:

Comprehensive Score

Practice Dimensions Combined Rating:

Overall Rating Average Rating

Interviewer Comments:

References

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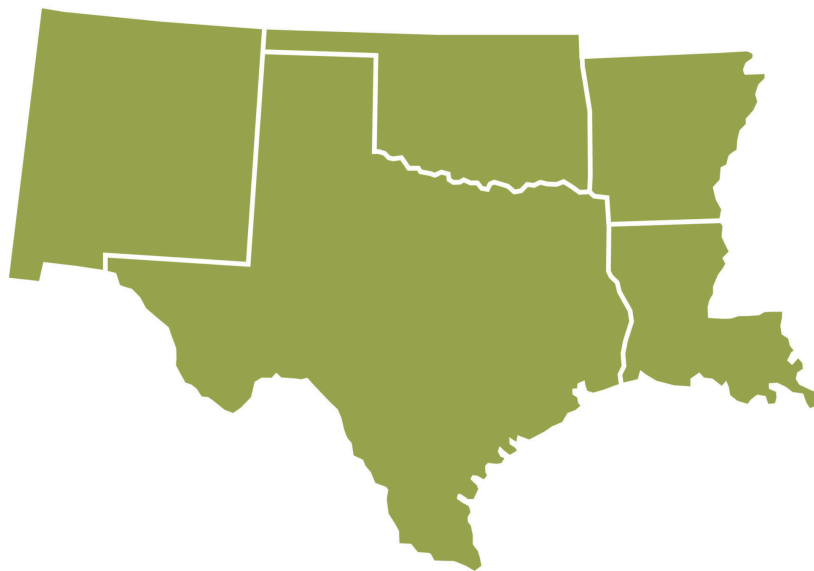
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