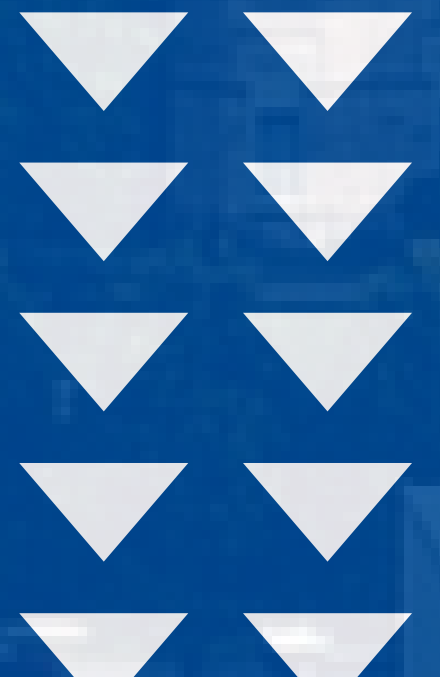


IHEC

Orientation Packet

A guide to the Illinois Higher Education
Center



**ILLINOIS HIGHER
EDUCATION
C E N T E R**
for alcohol, other drug
& violence prevention

Funded in whole or in part by the Illinois Department of Human Services, Division of Substance Use Prevention & Recovery through a grant from the Substance Abuse and Mental Health Services Administration.

Illinois Higher Education Center (IHEC)

A note on creating this orientation guide..

The Illinois Higher Education Center (IHEC) staff created this guide to assist the colleges and universities in the state of Illinois. This packet acts as an introduction to what IHEC is and the services provided, and the framework of alcohol and other drug prevention.

Aspects of this guide come from Prevention First's Prevention Lingo: A guide to substance abuse prevention terminology. Prevention First is the lead training organization for the Illinois Department of Human Resources Substance Abuse Prevention Program and therefore creates the groundwork for work done by IHEC.

Funded in whole or in part by the Illinois Department of Human Services (IDHS), Division of Substance Use Prevention & Recovery (SUPR) through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

IHEC is a federal block grant allocated for primary prevention efforts related to alcohol and other drugs on college campuses. Funding for IHEC is reserved specifically for the prevention of substance use through education, professional development, and support systems for statewide campuses and universities.

IHEC Information & Services

Mission

To assist Illinois colleges and universities in reducing the negative alcohol, other drug and violence consequences impeding student academic success, personal growth and development through policy development, education and student assistance, enforcement, assessment, campus/community collaboration and socio-ecological interventions.

Goals

1. To increase the number of Illinois colleges and universities having a campus/community coalition and/or a campus task force focusing on alcohol, other drug and violence prevention.
2. To increase the number of Illinois institutions of higher education that collect and use data in their prevention efforts.
3. To increase the number of campuses that use evidence-based prevention strategies.
4. To increase the number of campuses using evaluation in their prevention efforts.
5. To increase the number of campuses developing and implementing emerging policies based on evidence of effectiveness.

Services

The Illinois Higher Education Center, with support from the Illinois Department of Human Services and Substance Abuse and Mental Health Services Administration, is pleased to provide the following services to colleges and universities in Illinois:

Technical Assistance: Technical assistance is available to any Illinois institution of higher education or related organization that is affiliated with a college/university or the Illinois Higher Education Center. Technical Assistance in the relevant areas of alcohol, other drug, and violence prevention, including policy development and enforcement, can be provided in numerous ways, including e-mail, telephone calls, on-site visits, and other forms of communication.

Professional Development Opportunities: IHEC promotes trainings and conferences related to alcohol, other drug and violence prevention throughout each year. Specialty trainings are planned and delivered each year related to institutional needs.

IHEC provides a “Fundamentals for Substance Misuse in Higher Education” training that is an introductory course for higher education professionals working in prevention. It is a 9-contact hour course with CEU credits available for attending the full course.

Communications and Resources: A variety of free resources and publications are available upon request. IHEC also utilizes a listserv and monthly newsletters for updated information and news.

Collaboration and Networking: Higher education administrators, wellness staff, students and concerned community members have several opportunities each year to network and collaborate with IHEC through the annual conferences, network meetings, trainings and the statewide coalition.

Consultation Site Visit: IHEC staff members are available to guide colleges and universities in assessment, planning, and evaluation of campus AODV prevention efforts. This is done through technical assistance and use of assessment instruments developed for this project. The purpose of an IHEC consultation visit is for campuses to enhance or strengthen their current programming, provide data to justify need for future programming, and to ensure compliance with state and federal regulations.

Illinois Biennial AOD Survey: Every two years, IHEC conducts a state-wide administration of an Alcohol and Other Drug survey. Following the administration of the survey, a summary of statewide alcohol and drug abuse rates is published. See our website <https://eiu.edu/ihec/> for past survey reports.

Policy: Biennial Review: IHEC's Dr. Eric Davidson is becoming nationally known for his expertise on policy, especially the federally mandated Biennial Review.

Services are offered to campuses to review and evaluate current AODV policies, and make adjustments and improvements to ensure compliance with the federally mandated Drug-Free Schools and Campuses Act. In house workshops and webinars are offered regularly on this topic as well.

General Acronyms

AOD: Alcohol and Other Drugs

ATOD: Alcohol, Tobacco, and Other Drugs

DUI: Driving Under the Influence

DWI: Driving While Intoxicated

IISAP: Illinois Introduction to Substance Abuse Prevention

PSA: Public Service Announcement

SPF: Strategic Prevention Framework

TA: Technical Assistance

IHEC: Illinois Higher Education Center

State and National Governmental Entities, Organizations, Associations, and Programs

CADCA: Community Anti-Drug Coalitions of America: Represents over 50,000 community coalitions that involve schools, law enforcement, healthcare, etc. They offer customized trainings and believe that the most effective way to reduce substance use and its consequences is AOD prevention.

CDC: Centers for Disease Control and Prevention: The CDC works to increase the health and security of the nation. The CDC conducts health and science research that helps fight disease and supports communities.

<https://www.cadca.org/>

CAPT: Center for Application of Prevention Techniques: Works to strengthen prevention systems and is a resource library that contains a myriad of different tools for professionals to use. <https://www.edc.org/center-application-prevention-technologies-capt>

CPRD: Center for Prevention Research Development: CPRD is dedicated to research and evaluation that improves the health and well-being of communities.

The information generated informs and empowers collaborators to effectively implement evidence-based prevention programs that reach people in their communities. They engage in scientific and applied research aimed at translating and disseminating results for stakeholders into actionable policies and practices. <https://cprd.illinois.edu/>

DASA: Division of Alcoholism and Substance Abuse: The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA) is the state's lead agency for addressing the profound personal, social and economic consequences of alcohol and drug use. IDHS/DASA oversees a network of community-based alcohol and other drug treatment programs. Treatment services are delivered through a network of agencies in communities throughout Illinois. The treatment system provides assessment, diagnosis, treatment, continuing care and recovery services to individuals with substance use disorders. <https://www.dhs.state.il.us/page.aspx?item=32300>

DEA: Drug Enforcement Administration: The mission of the Drug Enforcement Administration (DEA) is to ensure safety and health of American communities by combating criminal drug networks bring harm, violence, overdoses, and poisonings to the United States. <https://www.dea.gov/>

IABH: Illinois Association for Behavioral Health: A statewide organization representing addiction and mental illness prevention, treatment and recovery services agencies, staff, consumers, affiliated organizations, and corporations. The mission of the IABH is to advocate for sound public policies in the behavioral health field on behalf of clinicians, consumers, youth, family members, and individuals of recovery who are in need of services.

ICB: Illinois Certification Board: ICB is a private, non-profit organization that promotes standards for professional in the addictions field. ICB shall protect the welfare of the public through improvement of quality health care services being provided to the individual, their family, and/or significant others. ICB does this by writing and publishing standards, evaluating experiences and education, reviewing each application for the respective credentials, and upgrading those standards. <https://iaodapca.org/>

IC&RC: International Certification & Reciprocity Consortium: IC&RC promotes public protection by offering internationally-recognized credentials and examinations for prevention, substance use treatment, and recovery professionals. <https://internationalcredentialing.org/>

IDHS: Illinois Department of Human Services: Illinois created IDHS in 1997, to provide our state's residents with streamlined access to integrated services, especially those who are striving to move from welfare to work and economic independence, and others who face multiple challenges to self-sufficiency. <https://www.dhs.state.il.us/page.aspx>

ILCC: Illinois Liquor Control Commission: The Illinois Liquor Control Commission (ILCC) protects the health and safety of the public through careful oversight of the manufacture, distribution and sale of alcoholic beverages. <https://ilcc.illinois.gov/>

ISBE: Illinois State Board of Education: Provide each and every child with safe and healthy learning conditions, great educators, and equitable opportunities by practicing data-informed stewardship of resources and policy development, all done in partnership with educators, families, and stakeholders. <https://www.isbe.net/>

NAM: National Academy of Medicine: One of three academies constituting the National Academies of Sciences, Engineering, and Medicine (the National Academies). The NAM mission is to improve health for all by advancing science, accelerating health equity, and providing independent, authoritative, and trusted advice nationally and globally. <https://nam.edu/>

NASADAD: The National Association of State Alcohol and Drug Abuse Directors: A private, not-for-profit educational, scientific, and informational organization. NASADAD's basic purpose is to foster and support the development of effective alcohol and other drug use prevention and treatment programs throughout every state. <https://nasadad.org/about-us/>

NIAAA: National Institute on Alcohol Abuse and Alcoholism: The mission of the National Institute on Alcohol Abuse and Alcoholism is to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being, and apply the knowledge to improve diagnosis, prevention, and treatment of alcohol related problems, including alcohol use disorder, across the lifespan. <https://www.niaaa.nih.gov>

NIDA: National Institute on Drug Abuse: Our mission is to advance science on drug use and addiction and to apply that knowledge to improve individual and public health. <https://www.nida.nih.gov/about-nida>

NPN: National Prevention Network: The National Prevention Network (NPN) is a NASADAD component group working to ensure effective and evidence-based tobacco, alcohol, other drug prevention programs and policies that are comprehensive and culturally competent. <https://nasadad.org/npn-4/>

ONDCP: Office of National Drug Control Policy: ONDCP leads and coordinates the nation's drug policy so that it improves the health and lives of the American people. ONDCP is responsible for the development and implementation of the National Drug Control Strategy and Budget. ONDCP coordinates across 19 federal agencies and oversees a \$41 billion budget as part of a whole-of-government approach to addressing addiction and the overdose epidemic. ONDCP also provides hundreds of millions of dollars to help communities stay health and safe through the High Intensity Drug Trafficking Areas Program and the Drug-Free Communities Program. <https://www.whitehouse.gov/ondcp/>

Prevention First: A nonprofit resource center committed to building and supporting healthy, drug free communities through training, technical assistance and public awareness. Prevention First is primarily funded by the Illinois Department of Human Services and is the leading organization for knowledge-building and the dissemination of evidence-based prevention strategies. Prevention First's mission is to advance efforts to promote healthy behaviors and prevent substance misuse in every community through a variety of evidence-based and collaborative approaches, including training, support, and public awareness. <https://www.prevention.org/>

SABG: Substance Abuse (Prevention and Treatment) Block Grant: The SABG program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity. Grantees use the funds to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health. <https://www.samhsa.gov/grants/block-grants#:~:text=The%20SABG%20program%20provides%20funds,abuse%20and%20promote%20public%20health>

SAMHSA: Substance Abuse and Mental Health Services Administration: The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

<https://www.samhsa.gov/about-us>

SAMHSA hosts the Evidence-Based Practices Resource Center (formerly known as the National Registry of Evidence-Based Programs and Practices or NREPP). The resource center is a searchable compendium of evidence-based mental health and substance abuse interventions. Users can search by topic area, substance, or condition as well as resource type (e.g., toolkit, treatment improvement protocol, guideline), target population (e.g., youth, adult), and target audience (e.g., resource for clinicians, prevention professionals, patients, policymakers). <https://www.samhsa.gov/resource-search/ebp>

SPF-PFS: Partnerships for Success: The purpose of the Strategic Prevention Framework-Partnerships (SPF-PFS) for Success program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services. This program is intended to promote substance use prevention throughout a state jurisdiction for individuals and families by building and expanding the capacity of local community prevention providers to implement evidence-based programs.

<https://www.samhsa.gov/grants/grants-dashboard>

SRSAPS: State and Regional Substance Abuse Prevention Services: The grant program of the Illinois Department of Human Services Division of Substance Use Prevention and Recovery to provide substance use/misuse prevention services in regions and through statewide initiatives in Illinois.

SUPP: Substance Use Prevention Program: A program of the Illinois Department of Human Services Division of Substance Use Prevention and Recovery which funds agencies in Illinois to deliver substance use/misuse prevention services. Funded agencies work with their communities to help achieve state prevention goals.

SUPR: Division of Substance Use Prevention and Recovery: The mission of the Illinois Department of Human Services Division of Substance Use Prevention and Recovery is to provide a recovery oriented system of care along the continuum of prevention, intervention, treatment and recovery support where individuals with substance use disorder, those in recovery and those at risk are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. <https://www.dhs.state.il.us/page.aspx?item=29759>

Common Terms and Definitions

Adaptation: The modification of aspects of a program or practice, including context, delivery method and length of program series.

Age of Onset: The age of first use.

Archival Data: Relative to the collection of data for needs assessment purposes, information that already exists and is collected and stored on a periodic basis. Many public agencies collect data that can be used directly or indirectly for an overall picture of substance use or abuse within a specific geographic area.

Assessment: The formal objective process of collecting and analyzing valid data to identify patterns and yield meaningful and actionable information. Areas of assessment include contextual conditions, needs, resources, readiness to identify problem behaviors and conditions as problems and take action, organizational infrastructure and capacity, and gaps in services.

Baseline: Observations or data about the target area and target population prior to program intervention that can be used as a basis for comparison following program implementation.

Best Practices: Strategies and programs that have been shown through substantial research and evaluation to be effective at preventing and/or delaying substance abuse.

Capacity Building: Increasing the ability and skills of coalitions, individuals, groups and organizations to plan, deliver and evaluate substance abuse prevention efforts.

Coalition: A group of people representing the community who work together toward a common cause.

Community Campaign: Communication campaigns utilize a purposeful strategy to change knowledge, attitudes, behavior, or policy among a specific, intended audience via marketing and advertising techniques.

Community Readiness: The extent to which a community is adequately prepared to support and address substance use prevention efforts.

Comprehensive Approach: The delivery of services in multiple domains or spheres of influence that targets the same population in each sphere to reinforce consistent messages that deter the intended audience from alcohol, tobacco, and other drug use.

Consequences: Consequences describe what happens when people use substances. Local AOD-related consequences may include: traffic crashes or fatalities, arrests, crime/violence, treatment admissions, DUI offenses, hospitalizations, or school suspensions/expulsions. Consequence data is typically archival data, or data collected by law enforcement agencies, hospitals, schools, or other community entities.

Consumption Patterns: Consumption patterns describe the way people drink, smoke and use illicit drugs. Common measures for ATOD consumption include: lifetime use; age of first use; past-year and 30-day use; and high-risk behaviors, such as drinking and driving, riding with a drinking driver, and binge drinking. Data tends to be collected through surveys or other self-reported data.

Contributing Factors: Variables that have been identified as being strongly related to and influential in the occurrence and magnitude of substance use problems. Data related to contributing factors are a critical part of a needs assessment because they help explain what is driving the locally identified problem.

Critical Incidents: Events that occur that impact the attitudes, perceptions, and norms in a community.

Cultural Competence: The ability to work effectively across cultures by transcending personal paradigms, and adopting and implementing behaviors and practices that honor and respect beliefs, languages, interpersonal styles, and behavior of others.

Data-Driven Decision Making: The process of examining and utilizing data to make informed decisions regarding program planning, selection, implementation, improvement, or discontinuation.

Data Sources: Documents such as school records, sign-in sheets and satisfaction surveys that contain qualitative and quantitative information about a program.

Dosage: The amount of program content a participant receives.

Drug: Any substance which, when taken, changes one or more of a person's mental health or physical functions.

Duration: The total length of the intervention or program.

Environmental Approaches: Strategies that help alter policies, procedures, systems, and attitudes and aim to change or influence community standards, institutions, structures and attitudes that shape individuals' behavior. Environmental approaches are used to change public perceptions and attitudes, improve and enforce laws and regulations, decrease the availability of or access to harmful drugs, and address other factors affecting public health and safety.

Evidence-Based Prevention: Principles, strategies and programs that are based on theory, are well implemented and have demonstrated a positive effect on specified behaviors or risk factors. Evidence-based prevention is based on research that meets commonly agreed-upon criteria (peer-reviewed) and is guided by credible and substantiated research on evaluation.

Fidelity: The degree to which a program or policy is implemented according to its design.

Focus Group: A small group of people with shared characteristics who typically participate, under the direction of a moderator, in a focused discussion designed to identify perceptions and opinions about a specific topic in order to collect background information, create new ideas and hypotheses, assess a program or interpret results from other data sources.

Goals: General statements of major accomplishments that need to be achieved to realize an expressed vision. Goals generally describe changes in behaviors that will prevent problems and related consequences.

Impact: Long-term, global effects of a program or intervention on the behavior of the target population.

Indicated Prevention: Targets individuals who do not meet the criteria for addiction but who are exhibiting early signs of problematic substance use.

Indicator: A measurable behavior or condition (e.g., 30-day use, perception of harm) that is reflective of an overarching problem or condition, which can be monitored to evaluate change over time.

Intensity: The frequency with which the target audience receives the program intervention.

Intervention: A program, activity, strategy or approach used to prevent or lower the rate of substance abuse.

Logic Model: A flowchart or graphic display representing a theory of change as to how specific interventions will impact a specific problem and its identified intervening variables/contributing factors.

Media Advocacy: The strategic use of media for advancing a social or public policy initiative.

Mission Statement: A statement that describes an organization's purpose.

Norms: A behavior or belief that is considered typical of a community.

Objectives: Specific statements that are logically linked to desired goals and describe changes in the underlying conditions that must occur to achieve these goals.

Outcome: A statement of intended accomplishment that demonstrates that quantifiable progress is being made. Outcomes may be immediate (e.g., a change in knowledge, skills, abilities, perceptions, or attitudes—typically measured by a pre- and post-test after an intervention); intermediate (e.g., a change in underlying causal conditions); or long term (e.g., a change in behavior). In any case, outcome statements should be specific, measurable, achievable, realistic, and time limited.

Outcome Evaluation: Systematic process of collecting, analyzing and interpreting data to determine if there have been changes in stated outcomes (community conditions or characteristics).

Policies: Formally codified rules, regulations, standards, or laws that are designed to prevent problems (e.g., minimum-age purchase laws for alcohol and tobacco); or informal and unwritten standards and norms (e.g., decisions to prioritize prosecution of certain offenses, such as sales of age-restricted products to minors).

Prevention: A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

Prevention Science: Includes all scientific efforts (research, observation, study) supporting the development of interventions that prevent the onset of problematic, social, psychological or physical disorders or outcomes.

Principles: Tenants or concepts derived from prevention research (quantitative and qualitative meta-analytic studies or from expert panels that review research literature and draw consensus agreements) that can be prescriptive in providing implementation directions.

Pre-test and Post-test: Data collection that is conducted before and after the program intervention to measure a program's effectiveness.

Problem Statement: A concise description of the priority problems and consequences that exist, which were identified during the assessment process and which the planning process will address.

Process Evaluation: A descriptive and ongoing assessment process that identifies what activities were implemented, the quality of the implementation and the strengths and weaknesses of the implementation. Process evaluation efforts produce useful feedback to refine programs, determine which activities were most successful, document successful processes for future replication and demonstrate program activities before demonstrating outcomes.

Protective Factor: An attribute, situation, condition or environmental context that works to shelter an individual from the likelihood of ATOD use.

Qualitative Data: Contextual information that usually describes participants and interventions reported in narrative form such as descriptions of programs, testimonials, open-ended responses to questions, etc.

Quantitative Data: Information about an intervention gathered in numeric form and analyzed with statistics to test hypotheses and track the strength and direction of effects.

Reach: The total number of individuals affected by the program or practice.

Replicate: To implement a program in a setting other than the one for which it originally was designed and implemented, with attention to the faithful transfer of its core elements to the new setting.

Resiliency: The ability to cope successfully with significant adversity or risk or to overcome the negative effects of risk factors.

Risk Factor: Individual attributes and community and family conditions that increase the likelihood of drug use or misuse or that may lead to an increase of current use.

Sector: A specified demographic population of the community that represents the groups' interests within the community as a whole. Examples include: youth, parents, business community, school, law enforcement agencies, etc.

Selective Prevention: Prevention efforts that target subsets of the population that are deemed to be at higher risk for substance misuse by virtue of their membership in a particular population segment. Targeted subgroups may be identified on the basis of biological, psychological, social or environmental risk factors such as family history (i.e. children of alcoholics) or place of residence (i.e. high drug-use neighborhoods).

Social-Norms Marketing: The process of applying marketing concepts to social and health issues in order to promote positive, true norms practiced by the majority of a group or population through mass media.

Stakeholder: Those individuals or organizations that will be involved in, affected by, interested in, or have power over an initiative in one way or another.

Strategic Planning: A disciplined and focused effort to produce decisions and activities that guide the successful implementation of an intervention.

Strategy: A course of action that is based on a theory of change (a logical belief, based on assessment and evaluation, that a specific course of action will result in certain desired outcomes). Strategies may consist of programs, policies and/or practices.

Sustainability: The process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, partnerships are strengthened, and financial and other resources are secured over the long term.

Target Population: The individuals and groups who are affected by the problems and consequences – or who are involved in the occurrence of the problems and consequences – upon whom interventions must be focused to be effective.

Technical Assistance (TA): Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations and individuals to conduct, strengthen or enhance activities that will promote prevention.

Universal Prevention: Prevention efforts targeted to the general population— all families, all youth, or all systems— with messages and programs aimed at preventing or delaying the use of alcohol, tobacco and other drugs.

Prevention Science Resources

Substance Abuse and Mental Health Services Administration

SAMHSA developed the Strategic Prevention Framework (SPF) to facilitate the understanding that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts; only then can communities establish and implement effective plans to address substance misuse.



There are many ways to approach prevention through the strategic framework. This section will highlight evidence-based resources that utilize the strategic framework that can be adaptable to different programs and topics.

SAMHSA developed “A Guide to SAMHSA’s Strategic Prevention Framework” in 2019 that reviews the steps and building blocks of a strategic framework. The guide carefully takes the reader through each of the steps (Assessment, Capacity, Planning, Implementation, and Evaluation) to assist them in building their own programs or treatment planning exercises. The guide also reviews important terms and concepts that are often used in tandem with prevention lingo.

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

Prevention First: Strategic Prevention Framework Resource Guide

Prevention First developed “Strategic Prevention Framework Resource Guide” that reviews how the Strategic Prevention Framework is implemented. The guide reviews how to prepare and implement each step of the framework, as well as providing ideas on action plans and development of policy.

<https://www.prevention.org/Resources/3cd4cd07-b577-4ef0-990f-4c843a99f851/Strategic%20Prevention%20Framework%20Resource%20Guide.pdf>

The Prevention Institute developed “Health, Safety, and Wellbeing for All” in 2020. The mission of the Prevention Institute is to reduce the frequency of illness and injury by aiding community environments, evaluating health outcomes, and supporting vulnerable communities. The Prevention Institute has four approaches: Innovate prevention and equity solutions to support communities, build capacity for effective prevention, policy and systems change, and generate momentum. Prevention Institute also introduces theories, fundamentals, measures, and outcomes that have helped make their practice successful.

<https://www.preventioninstitute.org/publications/health-safety-and-wellbeing-all-prevention-institute-strategic-framework>

Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention in a Prevention 101 series publication developed “Strategic Planning for Prevention Professionals on Campus” in 2008. The Guide highlights principles that make programs more effective, calls to action, integration of other frameworks, and templates for professionals to utilize.

<https://safesupportivelearning.ed.gov/sites/default/files/hec/product/strategic-planning.pdf>

The Guide to the Eight Professional Competencies for Higher Education Substance Misuse Prevention

Prevention Professional Competencies



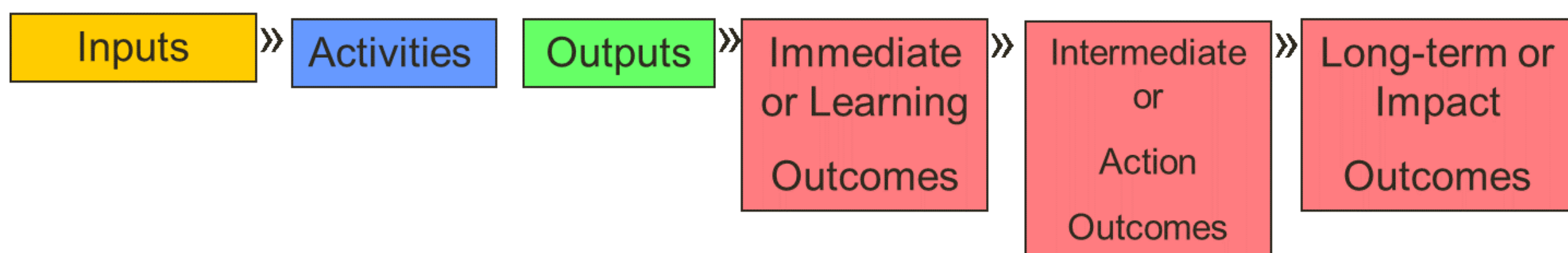
The Guide to the Eight Professional Competencies for Higher Education Substance Misuse Prevention (Professional Competencies Guide) was developed to provide a broad understanding of the range of skills necessary for orchestrating comprehensive campus prevention efforts. With the active engagement of seasoned personnel with extensive experience surrounding campus substance misuse prevention efforts, the resulting compilation organizes competencies within eight core areas; further, it provides specific resources helpful for each of these areas and for overall professional development.

The aim with this Professional Competencies Guide is to increase efficiencies and effectiveness with substance misuse prevention. The breadth and depth of professional competencies highlighted help campus personnel remain accountable to the mission of their institutions of higher education by staying knowledgeable and current. Through the continued growth and learning embodied by these competencies, our campuses become better equipped to promote healthy living and learning environments.

<https://www.campusdrugprevention.gov/sites/default/files/2023-05/Higher%20Education%20Prevention%20Professionals%20Competencies%20Guide.pdf>

Logic Model

Logic models help with assessment and evaluation by focusing on the important matters. It helps identify what should be measured, both in terms of outcomes and processes; match evaluation processes to program; and match program content/curriculum to what is being evaluated and what matters. It is a picture depicting what your program or intervention is going to accomplish and your will to do it. The logic model should contain if-then relationships, so when implemented as indicated, it should lead you to the desired outcomes.



Logic Modeling

The logic model is useful with prevention planning, particularly when designing prevention strategies or interventions. These models outline the process for evaluation, which provides evidence on the effectiveness of your program. For more information & training opportunities, Dr. Davidson did a webinar with the American College Health Association on logic models. The recorded webinar PowerPoint slides can be found here:

https://www.acha.org/documents/Programs_Services/ConEd/Logic_Models.pdf

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[@ihec_eiu](https://www.instagram.com/ihec_eiu)



Illinois Higher Education Center for AODV Prevention

Listserve: Email ihec@eiu.edu to be added.

With any questions or comments, please contact the staff at IHEC at ihec@eiu.edu for more information. We hope this guide can provide you with beneficial information related to your prevention efforts!