

Defining and Using Evidence-Based Programs, Practices, and Strategies for Community-Based Prevention

November 3, 2017

Prevention Summit, Yakima, WA

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Presentation Overview

- Define evidence.
 - Discuss the purpose and value of evidence-based programs to prevention.
- Review evidence-based program registries.
- Explain DBHR's primary prevention evidence-based program criteria.
- Review DBHR's youth marijuana prevention program identification process and list.
- Explore program selection considerations.

Activity Prompts

- What is evidence?
- What role does evidence play in your prevention work?
- What is one example of how you have used evidence to inform your work?



What is evidence?

- Evidence-based program
- Evidence-based policy
- Evidence-based practice
- Evidence-based strategies
- Evidence-based decision making
- Research-based
- Promising programs
- Promising practices
- Best practices

Variety in Definitions & Lists

- Multiple websites categorize programs as “evidence-based.”
 - SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP)
 - Washington State Institute for Public Policy
 - Blueprints for Healthy Youth Development
 - Crime Solutions
 - The Athena Forum – Excellence in Prevention
 - Others

NREPP

OUTCOME RATING		
Outcome Evidence Rating	Icon	Definition
Effective		The evaluation evidence has strong methodological rigor, and the short-term effect on this outcome is favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is substantial.
Promising		The evaluation evidence has sufficient methodological rigor, and the short-term effect on this outcome is likely to be favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is likely to be substantial.
Ineffective		The evaluation evidence has sufficient methodological rigor, but there is little to no short-term effect. More specifically, the short-term effect does not favor the intervention group and the size of the effect is negligible. Occasionally, the evidence indicates that there is a <i>negative</i> short-term effect. In these cases, the short-term effect harms the intervention group and the size of the effect is substantial.
Inconclusive		Programs may be classified as <i>inconclusive</i> for two reasons. First, the evaluation evidence has insufficient methodological rigor to determine the impact of the program. Second, the size of the short-term effect could not be calculated.

NREPP Criteria Summary

- Program outcomes are reviewed in 4 areas:
 1. Rigor – strength of study methodology,
 2. Effect size – measure of program impact,
 3. Program Fidelity – quality of program delivery, and
 4. Conceptual Framework – alignment of program components.
- Numerical values are assigned in each area.



NREPP Program Profile

Program Snapshot

Evidence Ratings

- ✓ Knowledge, Attitudes, and Beliefs About Substance Use
- ✓ Knowledge, Attitudes, and Beliefs About Health

✓ Evaluation Findings by Outcome

✓ Study Evaluation Methodology

✓ References

✓ Resources for Dissemination and Implementation *

Washington State Institute for Public Policy (WSIPP)

Inventory criteria summaries

- Evidence-based Program:
 - Tested in **heterogeneous** or intended populations;
 - **multiple randomized and/or statistically-controlled evaluations**, or one large multiple-site randomized and/or statistically controlled evaluation;
 - demonstrates **sustained improvements** in at least one outcome;
 - has procedures to allow successful replication in Washington and; and
 - when possible, has been determined to be cost-beneficial.

Washington State Institute for Public Policy (WSIPP) Inventory criteria summaries

- Research-based Program:
 - Tested with a **single randomized and/or statistically-controlled evaluation**; and
 - demonstrates sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term “evidence-based” in RCW (EBP definition) **but does not meet the full criteria for “evidence-based.”**

Washington State Institute for Public Policy (WSIPP) Inventory criteria summaries

- Promising Program:
 - Based on statistical analyses or a well-established theory of change, shows **potential for meeting the “evidence-based” or “research-based” criteria**, which could include the use of a program that is evidence-based for outcomes other than the alternative use.

Washington State Institute for Public Policy (WSIPP) Program Descriptions

WSIPP's Evidence-Based, Research-Based, and Promising Program Descriptions

Evidence-Based Programs

- Tested in heterogeneous or intended populations;
- Multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation;
- Weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the desired outcomes;

Research-Based Programs

- Tested with a single randomized and/or statistically controlled evaluation; and
- Demonstrates sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term "evidence-based," but does not meet the full criteria for "evidence-based".

Promising Programs

- Based on statistical analyses or a well-established theory of change;
- Shows potential for meeting the "evidence-based" or "research-based" criteria; and
- Could include the use of a program that is evidence-based for outcomes other than the alternative use.

Blueprints for Healthy Youth Development



Blueprints Promising Program Criteria

- Promising Programs
 - Intervention specificity
 - Evaluation quality
 - Intervention impact
 - Dissemination readiness
- Model and Model Plus Programs meet additional standards.

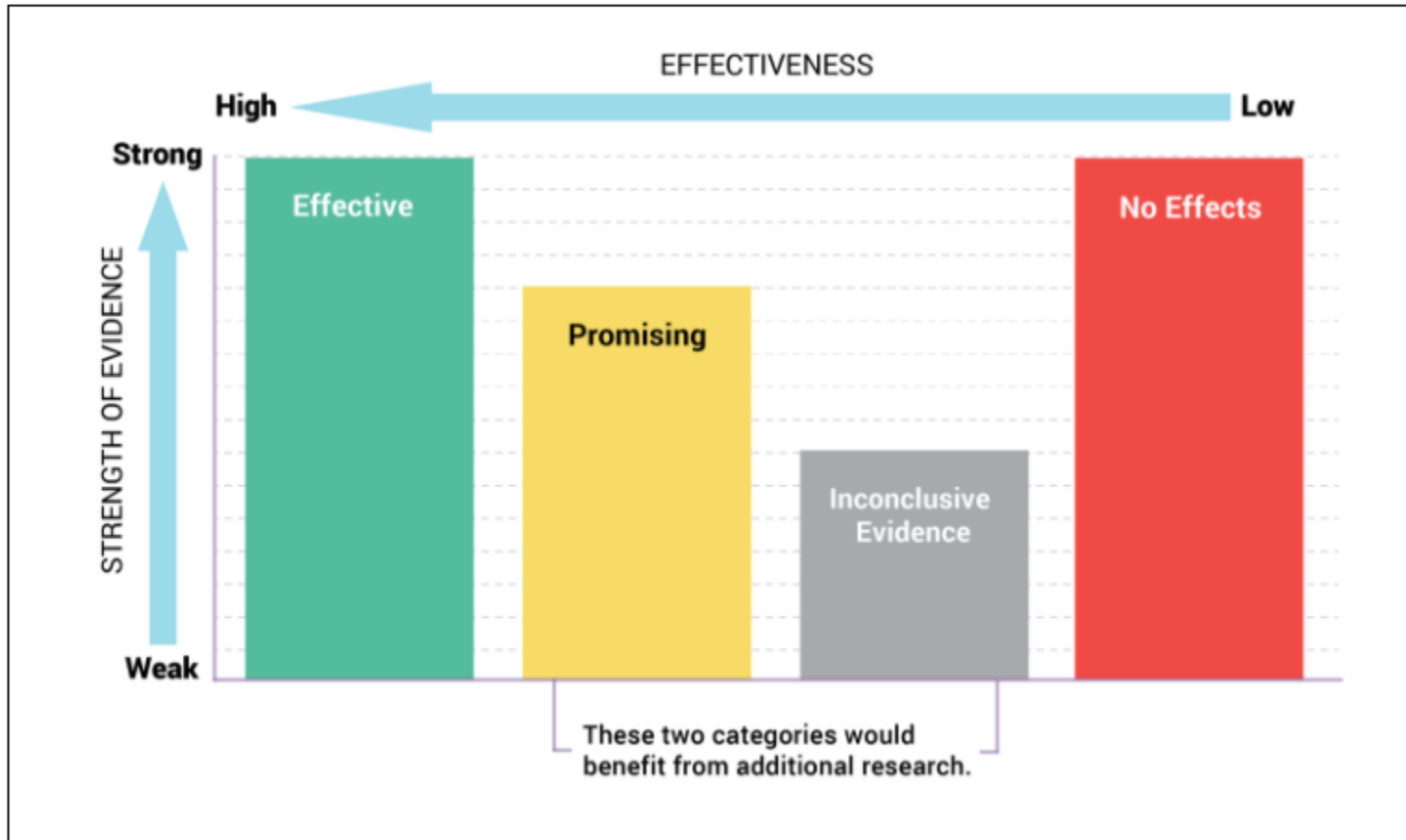
Blueprints Model and Model Plus Criteria

- **Model Programs**
 - A minimum of two high quality randomized control trials or high quality quasi-experimental evaluation.
 - Study findings show positive and sustained impact for a minimum of 12 months post program.
- **Model Plus Programs**
 - Independent replication.
 - A minimum of 1 high quality study demonstrating that the research (e.g., data collection) was conducted by an investigator who is not affiliated with the program developer's research team.

Crime Solutions Criteria for Review

- Must be evaluated with at least one randomized field experiment or quasi-experimental research design (with a comparison condition).
- The outcomes assessed must relate to crime, delinquency, or victimization prevention, intervention, or response.
- The evaluation must be published in a peer-reviewed publication or comprehensive evaluation report.
- The date of publication must be 1980 or after.

Crime Solutions Continuum of Evidence



Crime Solutions Rating Matrix

Evidence Rating* when implemented with fidelity	Study Classification				
	Class 1 - Strong Evidence of Positive Effect	Class 2 - Some Evidence of Positive Effect	Class 3 - Strong Evidence of Negative Effect	Class 4 - Strong Evidence of Null Effect	Class 5 - Insufficient Information
Effective Strong evidence to indicate they achieve their intended outcomes.	Must have at least 1 study in Class 1	May have up to 2 studies in Class 2	Must have 0 studies in Class 3	May have up to 1 study in Class 4	Studies do not determine Evidence Rating
Promising Some evidence to indicate they achieve their intended outcomes.	Must have 0 studies in Class 1	Must have at least 1 study in Class 2	Must have 0 studies in Class 3	May have up to 1 study in Class 4	Studies do not determine Evidence Rating
No Effects Strong evidence indicating that they had no effects or had harmful effects.	Must have 0 studies in Class 1	Must have 0 studies in Class 2	Must have at least 1 study in either Class 3 or Class 4		Studies do not determine Evidence Rating

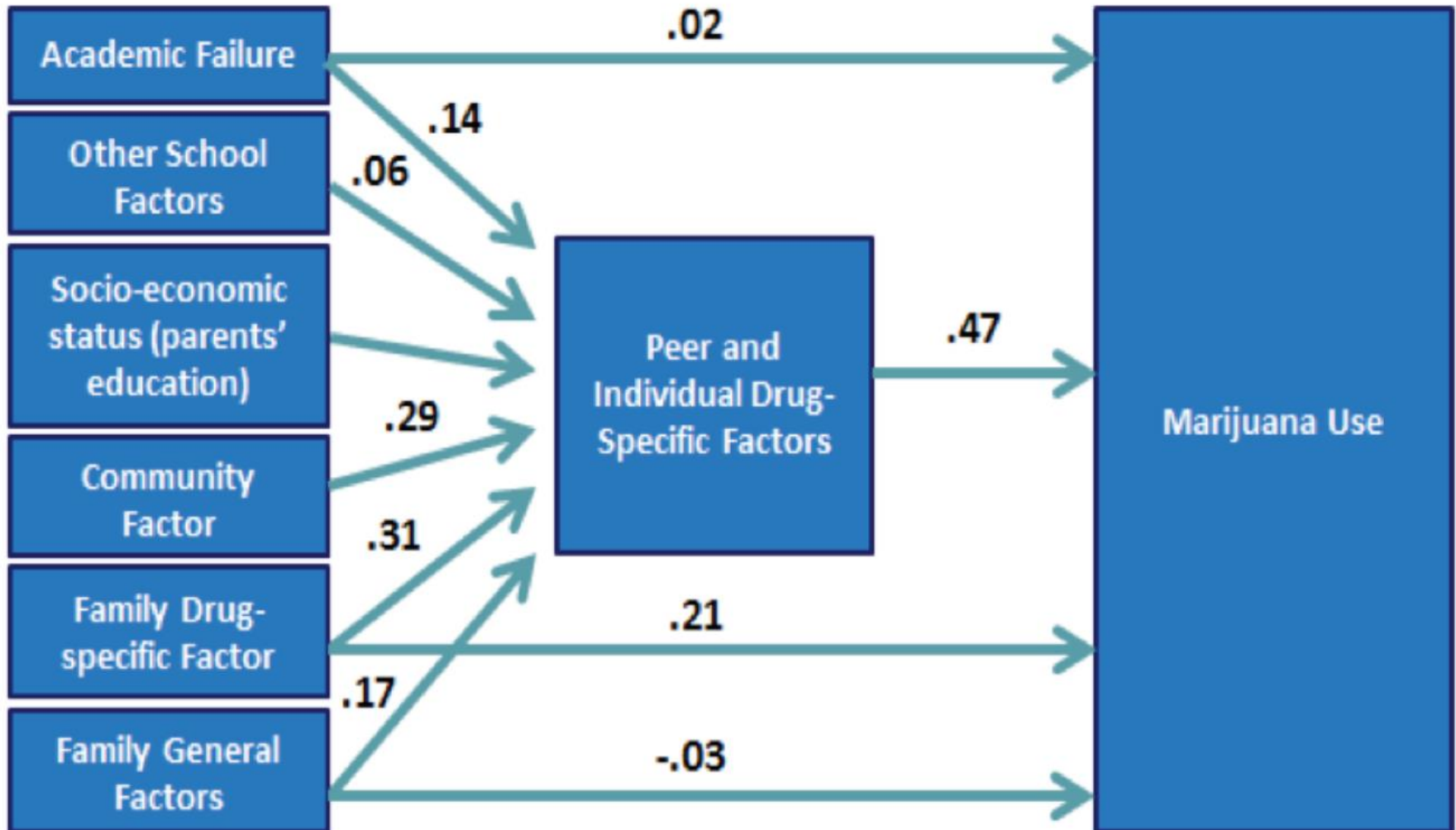
DBHR's Primary Prevention EBP Criteria

- Outcome(s) in intended results demonstrated in at least two published studies;
- All programs listed include 'substance abuse prevention' as an area of interest; and
- Strategies come from at least one of the following primary resources:
 - Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP);
 - A separate list of programs identified as evidence-based by the State of Oregon; or
 - "Scientific Evidence for Developing a Logic Model on Underage Drinking: A Reference Guide for Community Environmental Prevention." Pacific Institute for Research and Evaluation (PIRE).

DBHR Process for identifying Youth Marijuana Prevention EBP Programs

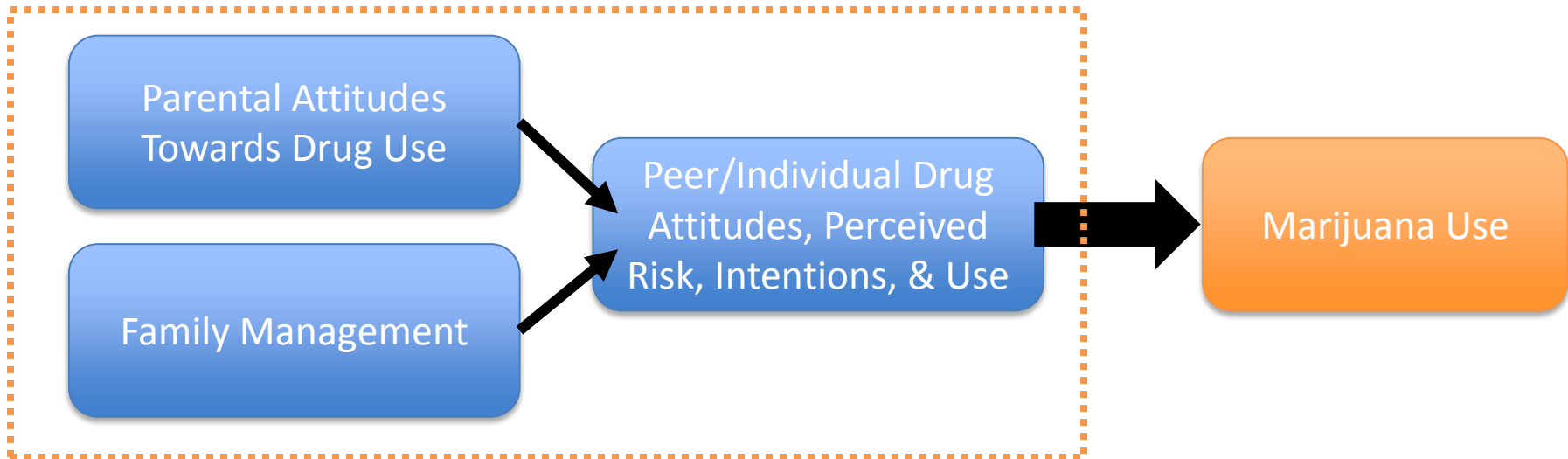
- Consulted with UW and Western CAPT (SAMHSA/CSAP) to identify the evidence-based programs that had outcomes in marijuana use prevention or reduction among 12-18 year olds. (Preliminary list – July 2013)
- WSIPP review of programs.
- Developed Path Analysis of the risk factors.
- Consulted with UW and WSU on programs with impacts on risk factors most salient to youth marijuana use.

Path Analysis Model



DBHR, WSU, and UW Program Review

- WSU and UW reviewed research on programs that effectively target the risk factors most strongly associated with youth marijuana use.



DBHR's Prevention Programs and Practices for Youth Marijuana Use Prevention

Prevention Programs and Practices for Youth Marijuana Use Prevention (for DMA CPWI Enhancement Services)

Note: No less than 85% of DMA funds can be used to support **Evidence-Based** and **Research-Based** Programs and no more than 15% of DMA funds can be used to support **Promising Programs** from the list below.

Evidence-Based & Research-Based Programs

- Communities that Care
- **Family Matters – (adapted for marijuana)**
- Good Behavior Game (GBG)*
- Guiding Good Choices*
- Incredible Years*
- LifeSkills Training - Middle School (Botvin Version; Grades 6, 7, and 8)
- Lions Quest Skills for Adolescence*
- Community-based Mentoring* (Big Brothers Big Sisters, Across Ages, Sponsor-a-Scholar, Career Beginnings, the Buddy System, or innovative design- must be approved by Mentoring Works WA)¹
- Nurse Family Partnership (NFP)*
- Positive Action*
- Project Northland (Class Action may be done as booster)
- Project STAR
- **Project Towards No Drug Abuse**
- **Project Towards No Tobacco Use – (adapted for marijuana)**
- **PROSPER**
- SPORT Prevention Plus Wellness
- Strengthening Families Program: For Parents and Youth 10-14 (Iowa Version) *
- **Strong African American Families**
- **Strong African American Families – Teen**

Promising Programs

- Athletes Training & Learning to Avoid Steroids
- Familias Unidas
- keepin it REAL*
- **Keep Safe**
- Raising Healthy Children (using SSDP model)

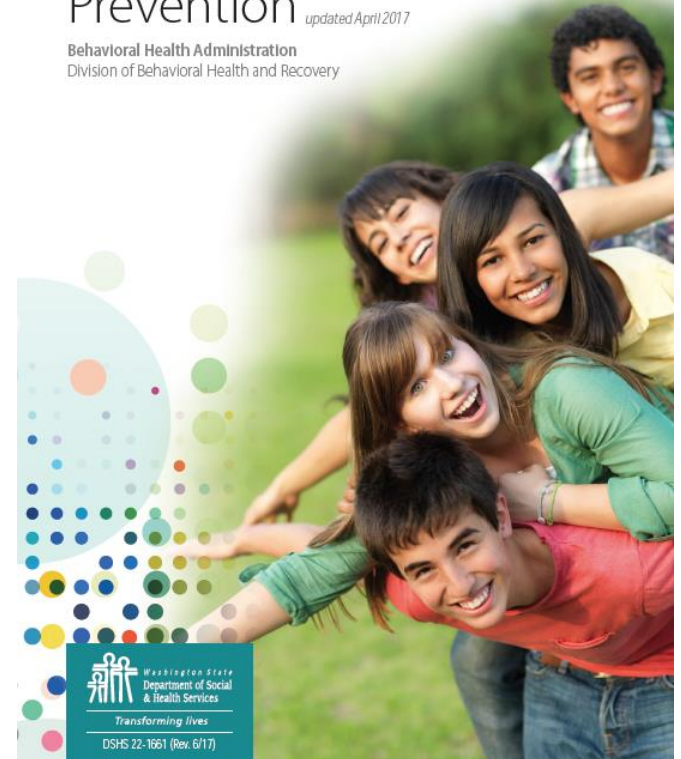
Environmental Strategies (Promising)

- **Community Trials Intervention to Reduce High-Risk Drinking (adapted for marijuana)**
- Policy Review and Development
- Purchase Surveys coupled with Reward and Reminder
- Restrictions at Community Events
- Social Norms

Washington State

Programs & Practices for Youth Marijuana Use Prevention updated April 2017

Behavioral Health Administration
Division of Behavioral Health and Recovery



Activity Prompts

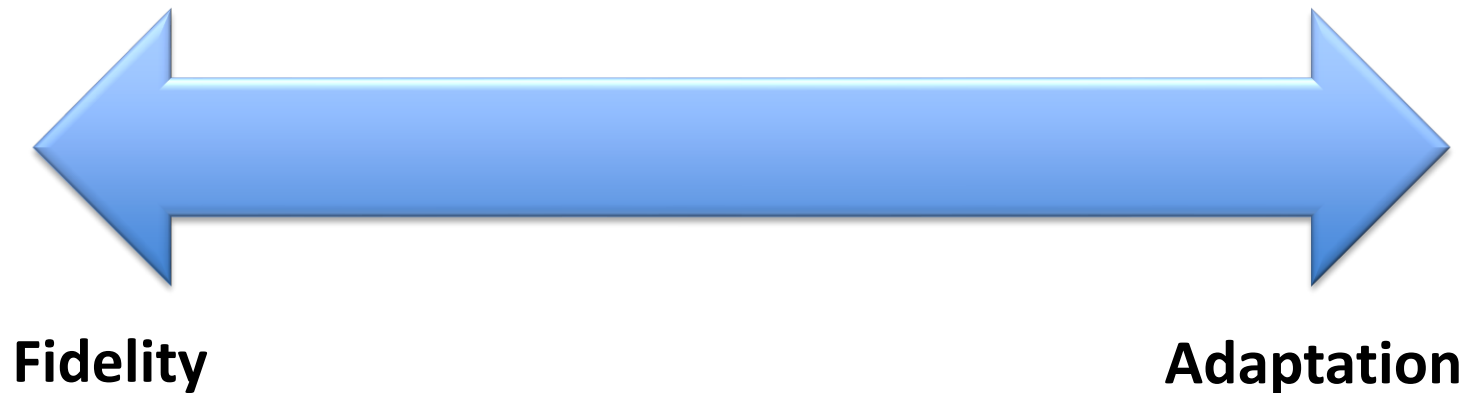
- What role do evidence-based programs play in your work?
- Have you used one or more of the registry lists described?
 - If so, how have you used the information to support your work?
- If you haven't used these lists before – could you?
 - If so, how?



Program Selection Considerations

- Strength and type of evidence.
- Resources and timeline.
- Conceptual and practical fit:
 - Target population,
 - Organization,
 - Stakeholders, and
 - Community needs.
- Collaboration with partners/funders.
- Fidelity vs. adaptation.

Program Fidelity vs. Adaptation



Program Fidelity vs. Adaptation

Program or strategy as designed
and tested by developer.



Adaptation Considerations

- Select a program that meets your needs.
- Identify the key elements that make the program effective.
- Assess the need for adaptation.
- Adapt using best practices.
 - Consult with a program developer.
- Monitor adaptations.

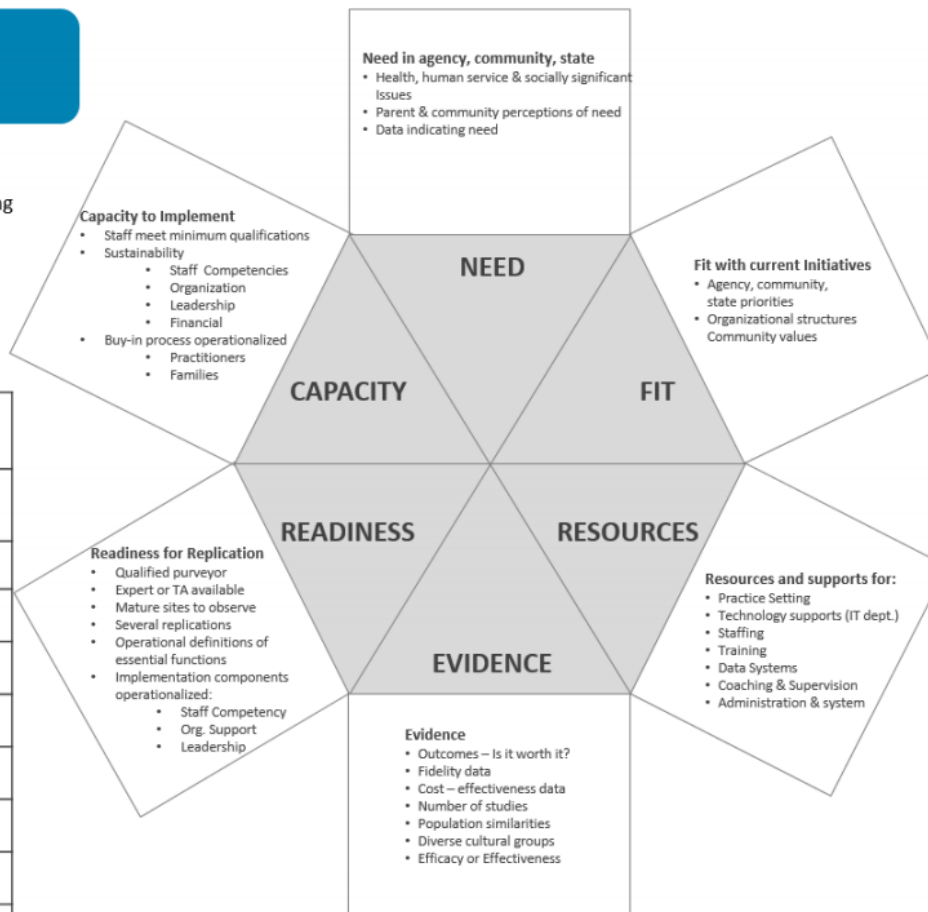
The Hexagon Tool

The Hexagon Tool Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the Active Implementation Hub Resource Library
<http://implementation.fpg.unc.edu>

EBP:			
5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.			
	High	Med	Low
Need			
Fit			
Resource Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
Total Score			



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Adapted from work by Laurel J. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith (2007)



Excellence in Prevention Strategy List

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: **Positive Action**

Report Contents

1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
7. Who is using this program/strategy
8. Study populations
9. Quality of studies
10. Readiness for Dissemination
11. Costs (if available)
12. Contacts for more information

1. Overview and description

Positive Action is an integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict. Positive Action has materials for schools, homes, and community agencies. All materials are based on the same unifying broad concept (one feels good about oneself when taking positive actions) with six explanatory sub-concepts (positive actions for the physical, intellectual, social, and emotional areas) that elaborate on the overall theme. The program components include grade-specific curriculum kits for kindergarten through 12th grade, drug education kits, a conflict resolution kit, site-wide climate development kits for elementary and secondary school levels, a counselor's kit, a family kit, and a community kit. All the components and their parts can be used separately or in any combination and are designed to reinforce and support one another.

2. Implementation considerations (if available)

abuse prevention professionals
to become better at what they do

ntended audience? (Select all that apply)

our intended audience? (Select all that apply)

aska Native

an

er Pacific Islander

ll that apply)

Resources

WA State DSHS/DBHR:

www.TheAthenaForum.org/I502PreventionPlanImplementation

www.TheAthenaForum.org/best_practices_toolkit

Washington State Institute for Public Policy:

www.WSIPP.wa.gov/

Blueprints for Healthy Youth Development:

www.BluePrintsPrograms.com/

National Implementation Research Network:

<http://implementation.fpg.unc.edu/resources/hexagon-tool-exploring-context>

National Institute of Justice Crime Solutions:

www.CrimeSolutions.gov/

SAMHSA National Registry of Evidence-based Programs & Practices:

www.NREPP.samhsa.gov/

Questions



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