MONTANA

Evidence-Based Work Group

Guide to Evidence-Based Substance Prevention

Updated June 2020

In Partnership with -Addictive and Mental Disorder Division

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Introduction to Prevention Resource Center

State Advisory Council, State Epidemiology Outcomes Workgroup & Evidence-Based Workgroup

The Prevention Bureau, in the Department of Public Health and Human Services Addictive and Mental Disorder Division, , works to raise public awareness about public health issues, including substance use, and how to prevent them statewide. By Montana statute, the ICC Interagency includes the Attorney General, the Superintendent of Public Instruction, representation from private and non-profit prevention programs and the Montana Children's Trust Fund board, agency directors from DPHHS, the Montana Board of Crime Control, the Department of Labor and Industry, and the Department of Transportation, among others.[1]

The duties of the ICC include:

- Creating a comprehensive and coordinated prevention program delivery system
- Developing interagency prevention programs and services that address the problems of at-risk children and families
- Studying financing options for prevention programs and services
- Ensuring that a balanced and comprehensive range of prevention services is available to children and families with specific or multi agency needs
- Assisting in the development of cooperative partnerships among state agencies and community-based public and private providers of prevention programs;
- Developing, maintaining, and implementing benchmarks for State prevention programs[2]

A current priority identified by the ICC is youth alcohol, tobacco and drug use. However, this group does not have any direct State funding to implement prevention programs to address this or other priority areas. Instead, the ICC must work to coordinate efforts and leverage funds from participating agencies.

The ICC also organizes a number of key work groups who are tasked with researching and providing guidance on key aspects of prevention efforts in the state. These groups include:

State Epidemiology Outcomes Workgroup: The State Epidemiology Outcomes Workgroup (SEOW) seeks to drive data-informed decision making on what the SUD problems in Montana are and where resources should be directed. The workgroup sets the foundation for SUD-related programs in Montana to measure outcomes. The SEOW is a required element for most, if not all, SAMHSA funded prevention grants.

Evidence-Based Work Group: The ICC also convenes an Evidence-Based Work group whose purpose is to assist prevention specialists and coalitions with identifying research and evidence-based practices that are grounded in prevention science and, if implemented with fidelity and culturally relevant, can achieve measurable outcomes and move the needle on curbing and addressing substance misuse and abuse. The work group is currently working on setting criteria and guidelines for local prevention specialists and coalitions to help them develop a prevention strategy that meets evidence-based standards.

[1] http://leg.mt.gov/BILLS/mca/2/15/2-15-225.htm

[2] IBID

Mission Statement

Assist Montana communities in selecting best fit evidence-based substance misuse and abuse prevention strategies for their unique community to address identified needs.

Vision Statement

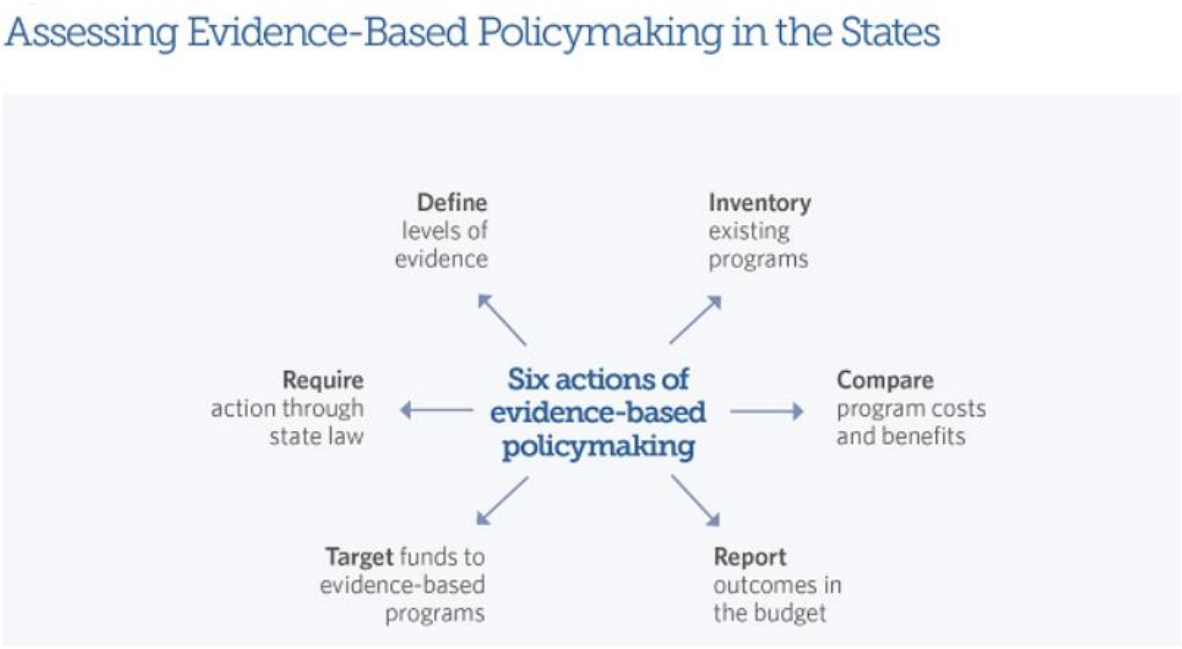
Improve health and prevent substance misuse and abuse across the lifespan of all Montanans by implementing sustainable prevention programs and practices which are grounded in science; based on proven standards; use valuable resources effectively and efficiently and are responsive to diverse cultural beliefs and practices.

Introduction

The PEW Charitable Trusts report *"How States Engage In Evidence-Based Policymaking – A national assessment"* states "By focusing limited resources on public services and programs that have been shown to produce positive results, governments can expand their investments in more cost-effective options, consider reducing funding for ineffective programs, and improve the outcomes of services funded by taxpayer dollars"(1). The Prevention Evidence-based workgroup is focused on Activities A-E.

Evidence-Based Policymaking Activities Include:

A) **Defining levels of evidence can allow state leaders to distinguish proven programs from those that have not been evaluated.**
B) **Inventorying state programs can help governments to manage available resources strategically.**
C) **Comparing program costs and benefits would allow policymakers to weigh the costs of public programs against the outcomes and economic returns they deliver.**
D) **Reporting outcomes and program effectiveness can help policymakers identify which investments are generating positive results and use this information to better prioritize and direct funds**.
E) **Targeting funding to evidence-based programs, such as through a grant or contract, can help states implement and expand these proven approaches.**
F) **Requiring action through state law, which includes administrative codes, executive orders, and statutes, can help states sustain support for evidence-based policymaking.**

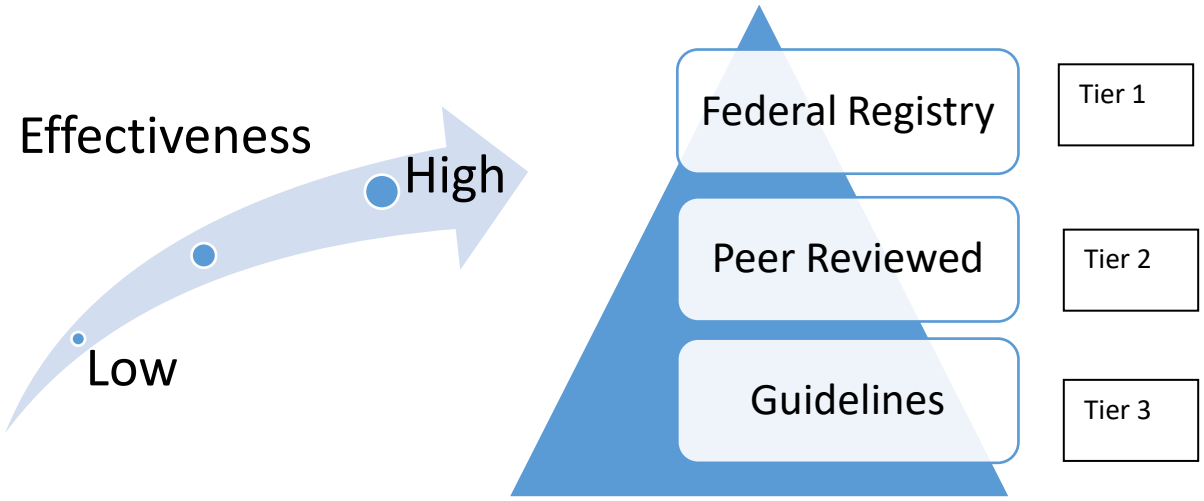


[1] http://www.pewtrusts.org/en/research-and-analysis/reports/2017/01/how-states-engage-in-evidence-based-policymaking

Defining the Levels of Evidence

The Evidence Based Workgroup of Montana has adopted the Center for Substance Abuse Prevention's (CSAP's)/Substance Abuse Mental Health Services Administration's (SAMHSA's) operational definition of "evidence based," which states that a program's effectiveness must be supported by Tier 1) inclusion in a Federal registry of evidence-based interventions, Tier 2) publication in a peer-reviewed journal, or Tier 3) documentation based on guidelines. (See Figure 1)

Figure 1



Tier 1 -Inclusion in a Federal Registry of Evidence-based interventions

Standards:

1.1 – Strategy appears on a National registry of evidence based practices
1.2 – Strategy is based upon a theory of change that is documented in a clear logic model
1.3 – Proposed strategy implementation falls within acceptable deviation from original implementation design

Tier 1: Mapping Federal Registry Standards to a MT standard

(Effective, Promising, Researched)

The Evidence-based Workgroup reviewed several federal registries and determined that registries rank their programs using their own determined language standards for evaluating programs but have common underlying comparable rigorous principles. Using these principles, the workgroup developed a "simple" language standard to define levels of evidence. Figure 2 shows the mapping of several national database rating scale to equivalent MT rating standards.

- **Effective** - Programs having strong evidence that have been shown achieving outcomes are classified as "evidence-based" but may also be "best practice", "well supported", "Model Program" as these categorizations demonstrate favorable long-term effects.

- **Promising** - Programs that have been shown effective through less rigorous evaluation methods are classified as "Promising" and as this categorization demonstrate a likely favorable short-term effect.

- **Researched**- Programs that have been shown "Researched Based", Researched Informed", "and Inconclusive" as this categorization demonstrates insufficient methodological rigor where the short-term effects could not be calculated, but there are correlational studies and/or outcome surveys.

Figure 2

Evidence Based Indicator	MT Rating Continuum	Fei-Wits	Blueprints	CA EB Clearinghouse	Crime Solutions & OJJDP
YES	Effective	Federal List	Model Plus Model	Well Supported Supported	Effective
YES	Promising	Peer Reviewed Journal	Promising	Promising	Promising
NO	Researched	Researched Based Innovative	Researched Informed		
NO	N/A		Opinion Informed	Fails to Demonstrate Concerning Practice	No Effect

Tier 2) Publication in a peer-reviewed journal

Standards:

2.1 - Strategy appears in a peer-reviewed publication with positive effects
2.2 - Strategy is based upon a theory of change that is documented in a clear logic model
2.3- Proposed strategy implementation falls within acceptable deviation from original implementation design

Tier 3) Documentation based on guidelines

Standards:
3.1 - Strategy has been effectively implemented in the past, multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects (Dates of implementation, Location and setting of implementation, Number of participants involved in each strategy implementation, Outcome data documenting measurable positive change)
3.2 - Strategy is based upon a theory of change that is documented in a clear logic model
3.3 - Proposed strategy implementation falls within acceptable deviation from original implementation design

Selecting Evidence Based Programs, Policies and Practices that Align with Community Needs

Following meeting the criteria for SAMHSA operational definition of "evidence-based" as defined above, communities are also required to align their selection with their "Community Needs" as outlined through Community Fit, Feasibility, and Data Outcome Driven Measures.

Community Fit

Community Fit Criteria:

- Will the proposed strategy yield the listed short and long term outcomes?
- Are the proposed activities an appropriate match with the population served?
- Does it address the identified Risk/Protective Factors?

Feasibility (Capacity-Resources for Sustainability)

Feasibility addresses 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, that partnerships are strengthened, and that financial and other resources are secured over the long term. (Staffing, Time, Resources)

To complete this chart, the best practice suggests completing in partnership with Prevention Specialists and Point Person at the location program will be implemented.

EASE OF SUSTAINABILITY	**Criteria**	**Rank 1-5 1= Low Support 5=High Support or NA(Not applicable=5)**
	Prevention Values	
1	Administrative Organizational Support	
2	Reaches Target Domain	
3	Program shows high level of EB - ethical	
4	Program is relevant	
	Processes	
5	MOU's in place-established-secured	
6	Availability of data to support	
7	Ongoing ability to evaluate ongoing need	
8	Continued fidelity of program implementation	
	Financial Supports	
9	Cost of purchase	
10	Cost of specialized training	
11	Cost of Technical Assistance	
12	Cost of technology	
	Human Supports	
13	Assigned Point Person	
14	Time Commitment to Roll-out program	
15	Staff with right skills set	
16	Adequate Number of Staff	
17	Experience with relevant prevention interventions	
18	Experience with target population(s)	
	Total Points	
	High Support 61-90	
	Medium Support 31 - 60	
	Low Support 0 - 30	

Data Outcomes Driven Measures

- Does the program and/or selected strategy…

    - address the prioritized issue?
    - focus on identified target population?
    - address short and long term Outcome Measures? (Problem & Risk/Protective Factors)

Request for Evidence-Based **Research** Program Identification

Below is a link to the current Evidence Based Program Proposal Form

https://dphhs.mt.gov/Portals/85/amdd/documents/SubstanceAbuse/EvidencedBasedProgramProposalForm.pdf

Who to Contact

Prevention Specialists

Available in every county is a local Prevention Specialist who can help guide you in the process of selecting and/or completing any of these forms.

Please visit https://dphhs.mt.gov/amdd/substanceabuse/preventionregionalinfoWhen Request Form is Completed, please send to Barbara Bessette at barbara@youthconnectionscoalition.org

- **Note:** The MT Evidence-Based Workgroup meets on a Quarterly basis: March; June; September; December.
- The Request Form is due by the 2nd Friday of the month before the Workgroup's quarterly Meeting: April; May; August; November.

Glossary

Evidence-based prevention strategies – Programs or policies that have been evaluated and demonstrated to be effective in preventing health problems based upon the best-available research evidence, rather than upon personal belief.

Evidence-based practice – 1) making decisions based on the best available scientific and rigorous program evaluation evidence; 2) applying program planning and quality improvement frameworks; 3) engaging the community and stakeholders in assessment and decision making; 4) adapting evidence-based interventions for specific populations or settings; and 5) conducting sound evaluation

*Brownson RC, Baker EA, Leet TL, Gillespie KN, True WR. Evidence-Based Public Health. 2nd edition. New York (NY): Oxford University Press; 2011.

**Peer-Reviewed Literature – articles and reports that have gone through a formal process to assess quality, accuracy, and validity

Table Definitions

Domains	(Community, School, Peer/Individual, After-School, College, Outpatient)
Geographic Location	Urban, Suburban, Frontier/Rural/Tribal MT will not use Urban/Suburban classifications MT can use Frontier, Rural and Tribal MT uses three Urban/Rural classifications of populations: Small Metro <= 157,048 Micropolitan < = 114,181 Noncore <= 19,052
IOM Target	Universal, Selective, Indicated, Unspecified
Target Audience	By age or Childhood, Adolescent (Early, Late), Young Adult, Families Who would use this curriculum/program
Risk/Protective Factors	Factors based on Montana Prevention Needs Assessment (PNA) Risk Factors: Conditions for an individual, group, or community that increase the likelihood of a substance abuse problem. Protective Factors: Conditions for an individual, group, or community that decrease the likelihood of substance abuse problems and buffer the risks of substance abuse
Evidence Level	Effective, Promising, Researched Strong evidence means that the positive outcomes assessed are attributable to the intervention rather than to extraneous events, and that the intervention reliably produces the same pattern of positive outcomes in similar populations and contexts.
Cost	Anticipated costs (Materials, Travel, Training etc.)
Cost Effectiveness	Rate of return on investment, cost of program versus long term cost savings with intervention
Description	Brief description of the program
Reference Links	Link on where to find further information on identified program