



MONTANA

Evidence-Based Work Group

Guide to Evidence-Based Substance Prevention

Updated November 2021



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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 the Behavioral Health and Developmental Disabilities Division, works to raise public awareness about public health issues, including substance use, and how to prevent them statewide. There are 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 Evidence-Based Work group's 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.

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

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) **Inventoring 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.**

Assessing Evidence-Based Policymaking in the States



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 an operational definition of evidence-based which states that a program’s effectiveness must be supported by one or more of the following sources: inclusion in a national registry of evidence-based interventions (e.g., the Partnerships for Success list of Evidence-Based Practices, Policies, and Programs), reviewed by an established evidence-based program evaluator, publication in peer-reviewed literature, and/or local community data indicating successful results from implementation.

Based on the evidence from these sources, each program (or practice or policy) was classified as either Effective, Promising, Innovative, or Not Cleared according to the following definitions:

- **Effective:** Multiple sources provide evidence of statistically significant long-term effects resulting from the program.
- **Promising:** At least one source provides evidence of positive effects from the program, but more thorough research may need to be conducted to confirm those results.
- **Innovative:** Program is relatively new or has mixed research results, more thorough research is required to determine the effectiveness of the program.
- **Not Cleared:** The program does not have up-to-date research regarding its effectiveness and/or the research indicates no statistically significant effects.

The established evidence-based program evaluators that are used by the evidence-based workgroup include Blueprints for Healthy Youth Development, the California Evidence-Based Clearinghouse for Child Welfare (CEBC), the Collaborative for Academic, Social, and Emotional Learning (CASEL), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Social Programs that Work, and What Works Clearinghouse (WWC). The figure below depicts how the ratings from certain evaluators correspond to the evidence level given to each program.

Figure 1

Evidence Based Indicator	MT Rating Continuum	Blueprints	CEBC	CASEL	Crime Solutions & OJJDP	Social Programs that Work	WWC
YES	Effective	Model / Model Plus	Supported / Well Supported	SElect Program	Effective	Top Tier	Positive Effects
YES	Promising	Promising	Promising	Promising	Promising	Near Top Tier	Potentially Positive Effects
NO	Innovative	Research Informed				Suggestive Tier	
NO	Not Cleared	Opinion Informed	Fails to Demonstrate Effects		No Effects		No Discernible Effects

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 Outcome 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 are links to the current Evidence-Based Program Proposal Form as well as the Evidence-Based Program homepage

[Evidence-Based Work Group Request Form \(mt.gov\)](#)

[Evidence-Based Programs \(mt.gov\)](#)

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/preventionregionalinfo> When 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.

Peer-reviewed literature – Articles and reports that have gone through a formal process to assess quality, accuracy, and validity.

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

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	Infant (0-2 yrs), Early Childhood (3-4), Late Childhood (5-11), Early Adolescence (12-14), Late Adolescence (15-18), Early Adulthood (19-22), Adult (23+)
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, Innovative 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