

SEPTEMBER

2021



Evidence-Based Practices, Programs, and Policies Manual



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Executive Summary

In support of the Nevada Partnership for Success (PFS) and the Substance Abuse Prevention and Treatment Block (SABG) Grants, Strategic Progress, LLC, in collaboration with and at the direction of the Bureau of Behavioral Health Wellness and Prevention designed and developed this Evidence-based Practices, Programs, and Policies (EBPPP) Manual based on proposed and administered programs in grant award year 2019-20 and 2020-21. The goal of this manual is to provide both a holistic and comprehensive view of the current EBPPP implementation status across the 10-funded prevention coalitions as part of the Nevada PFS and SABG programs, while also connecting those EBPPPs to the scientific and rating-based literature. In total, there are 27 programs presented, summarized, and discussed from a literature perspective to include content related to: 1) Summary & Rating; 2) Policies, Procedures, Operations, and Implementation; 3) Instruments, Surveys, and Metrics; 4) Evaluation & Compliance, and 5) Supporting Literature.

Preceding the presentation of the PFS and SABG programs, this manual discusses the PFS supporting infrastructure to include the Evidence-based Practices, Programs, and Policies Active Workgroup (EBPPPAW), Statewide Epidemiological Organizational Workgroup (SEOW), and the Multidisciplinary Prevention Advisory Committee (MPAC). Additionally, the roles and responsibilities of BBHWP are introduced with regard to PFS grant award administration, evaluation, compliance, and reporting requirements. From an EBPPP review and rating perspective, there were nine (9) federally recognized Clearinghouses or Resource Centers identified for inclusion in this manual. Narrative content was developed to summarize evidence-based research, ratings, and related support provided and promoted by each identified Clearinghouse or Resource Center.

Fundamentally, this EBPPP Manual was designed to support a cradle-to-cradle life-cycle approach to managing and maintaining PFS and SABG funded EBPPP programming in Nevada. This

manual will help support more coherent, scientifically aligned, and measurable EBPPP implementation across Nevada. Finally, this manual also provides a compliance and quality assurance baseline from which currently proposed and implemented programs can be reviewed for adherence to scientific standards that are imperative to effective program implementation and administration. Ultimately, this EBPPP Manual is designed to support and facilitate more effective programming to serve Nevada youth through available PFS and SABG funded programming.

Introduction & Purpose

Evidence-based Practices, Programs, and Policies (EBPPPs) are emerging at the Federal-level as standard expectations with funding awards for grant funded initiatives such as the Partnership for Success (PFS) and the Substance Abuse Prevention and Treatment Block Grant (SABG). From a national perspective there are numerous sources of EBPPP ratings that range across a variety of scales from Not Effective to EBP (which is operationalized to mean Highly Effective) with other coding options that include Not Applicable (N/A) and Insufficient Evidence as well as Emerging or Promising. These ratings are based on scientific assessment of program outcomes from a statistical significance perspective as well as other factors such as reliability and validity of instruments, applicability across target or specific populations as well as general populations, and other socio-economic, behavioral, geolocational, and demographic variables. As part of this EBPPP Manual, nine clearinghouses and, or resource centers that are recognized by SAMHSA including SAMHSA's own resource center that assess, evaluate, and rate various EBPPPs.

The goal of this report is to create a Nevada-specific EBPPP Manual that guides decision-making across the lifespan of funded projects from planning and scoping to implementation and administration to evaluation and reporting. This life-cycle approach mirrors a cradle-to-cradle support process that is discussed extensively in Industrial Ecology and other engineering and sustainable design industries and sciences (McDonough & Braungart, 2003; McDonough, Braungart, Anastas, & Zimmerman, 2003; Mulhall & Braungart, 2010; Kumar & Putnam, 2008). Such an approach maximizes the utility and applicability of resources, lessons learned, and other outputs and outcomes as starting points for subsequent initiatives and designs.

This report was designed to include background information about EBPPPs, introduce the nine-identified Federal or Federally recognized clearinghouses and resource centers, provide

summaries and overviews of PFS and SABG funded EBPPPs as standalone chapters or sections in a resource directory style presentation, discuss next steps, and align this work with the Statewide Epidemiological Organizational Workgroup (SEOW), Multidisciplinary Prevention Advisory Committee (MPAC), EBPPP Active Workgroup (EBPPPAW), and Bureau of Behavioral Health Wellness and Prevention (BBHWP). This EBPPP Manual is also designed to support the entire life-cycle of EBPPPs in Nevada such that data collected is utilized as part of the preparations for the subsequent needs across the life cycle. Finally, this EBPPP Manual promotes a culture of monitoring, compliance, evaluation, and modeling all of which increase the potential for additional funding and programmatic impact on our communities.

Evidence-based Practices & Resource Centers

Evidence-based practice is quite simply the decision to follow specific actions based on their previously observed effects (American Addiction Center, 2020). When a program is based on the effects that previous users of that particular program have had successful outcomes, this is evidence-based and supported in science. The American Educational Research Association (2008) presents a definition of scientifically based research; this includes research with the following qualities, among others:

- Rigorous, systematic, and objective methods to obtain knowledge;
- Logic and evidence-based reasoning;
- Research design that provides reliable results;
- Use of experimental controls to verify that results are not due to some other factor;
- Appropriate data analysis methods;
- Peer review, repeatability of results, and ability to build on findings.

Source: <https://www.aera.net/About-AERA/Key-Programs/Education-Research-Research-Policy/AERA-Offers-Definition-of-Scientifically-Based-Res>

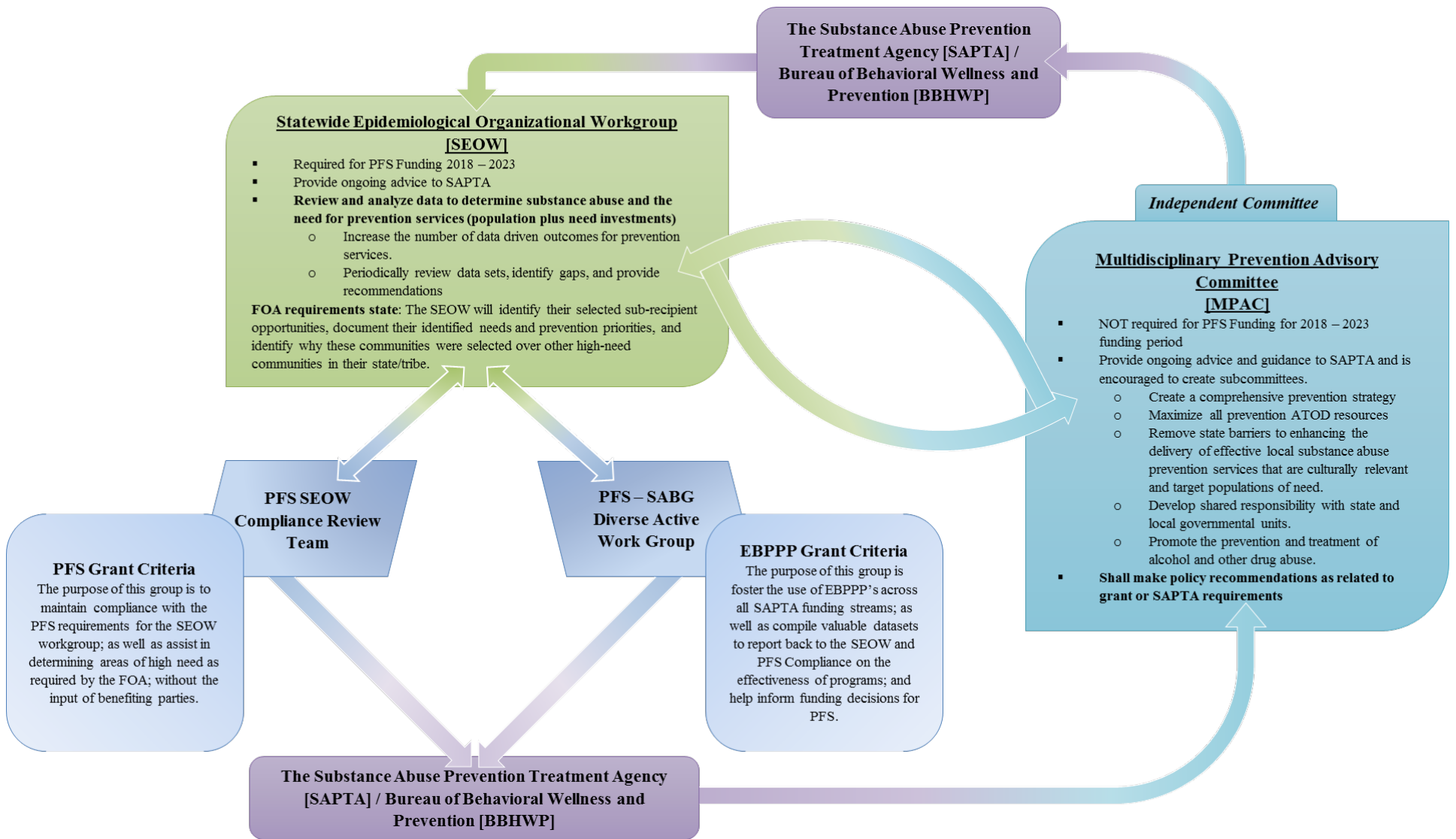
This guide is organized to include a summary of each of the Nevada Partnership for Success EBPs and a rating, as defined by one of eight Clearinghouses and Resource Centers first. Each of the approved, waiver-based, and non-waiver programs contain one of six ratings: a defined “EBP” or classified as a program which is considered “Promising,” “Emerging,” “Mixed Evidence,” “Insufficient Evidence,” “No Effects,” and “N/A,” (only applicable within non-waiver programs). A Policies & Procedures/Operations/Implementation section follows, which includes each program's target population, when available. The Instruments, Surveys, and Metrics section provide the tools and resources required for assessment. The Evaluation & Compliance section offers the data, research, and outcomes, when applicable, which correlates with the current rating of each EPB. Finally,

available literature, documentation, and other resources are provided for further study and exploration.

State of Nevada: EBPPP Active Workgroup, SEOW, and the MPAC

The State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention (BBHWP) is the Substance Abuse Treatment and Prevention Agency (SAPTA) in Nevada. For the purpose of this report BBHWP is the administering agency for the Partnership for Success (PFS) grant that manages Substance Abuse and Mental Health Services Administration (SAMHSA) PFS funding awards to the 10-funded prevention coalitions across Nevada. In support of the PFS funding awards and the funded coalitions, BBHWP engages, collaborates, and at times leads a variety of committees, working groups, and specialized project teams as depicted in the process map on the next page.

There are two main officially commissioned committees or working groups that are central features to data derived and research-based programming related to prevention in Nevada: the SEOW and MPAC. Additionally, there are two specialized project teams, EBPPPAW and PFS Compliance Review Team, one of which is referred to as an active workgroup that are designed to support implementation, administration, and evaluation of prevention programming. The EBPPPAW, SEOW, and MPAC are summarized in some detail following the presentation of the process map on the next page. The PFS Compliance Review Team is not incorporated into this EBPPP Manual in detail; however, simply stated, this team ensures SEOW adherence to PFS requirements and regulations providing ad hoc reports to BBHWP and informing the SEOW of data derived high need populations and other research-based recommendations for consideration of the SEOW in supporting the implementation of the PFS funded programs in Nevada.



EBPPP Active Workgroup

The Evidence-Based Practices, Programs, and Policies Active Workgroup (EBPPPAW) is designed for the purpose of fostering the utilization and deployment of EBPPPs across all BBHWP funding streams in addition to compiling valuable datasets to report back to the SEOW and PFS Compliance concerning the effectiveness of programs and to help inform funding decisions for PFS, SABG (and other BBHWP funding mechanisms). Fundamentally, the mission of the EBPPPAW is to ***assist Nevada communities in selecting best fit evidence-based substance misuse and abuse prevention strategies and programs to address identified unique community needs.*** The EBPPPAW will work across funding types to provide support to BBHWP in the review of proposals, assessment of implemented programs, review of outcomes, and recommendations concerning future funding opportunities.

To meet the diverse needs of Nevada's high-risk populations, the EBPPPAW has sought community members who represent each area of high need, including the following members: a youth leader, minority director, prevention coalition director in rural Nevada, LGBTQ+ representation from Clark County, Psychology major in substance abuse, external quality evaluation reviewer, military and veteran representative, and Tribal Council members (request for member has been distributed). Ultimately, the EBPPPAW will provide feedback to the SEOW as well as inform BBHWP directly with the goal of increasing the number of Tier 1 EBPPPs implemented and administered pursuant to scientific standards in Nevada as a means to improve and expand services related to the prevention of substance misuse and abuse.

The EBPPPAW mission and guidelines can be found in Appendix A or is accessible online at <http://dphh.nv.gov/Programs/ClinicalSAPTA/dta/Policies/SAPTAPolicies/>.

SEOW

The Statewide Epidemiological Organizational Workgroup (SEOW) is a requirement of the 2018-2023 PFS funding award as a provider of ongoing advice and support to BBHWP. The SEOW is a freestanding advisory committee to Nevada Division of Public and Behavioral Health, a Division within the Department of Health and Human Services. From a requirement perspective, the FOA defines the SEOW as responsible for identifying selected sub-recipient opportunities, document identified needs and prevention priorities, and explaining why these communities were selected over other high-need communities across the state. Fundamentally, the SEOW will review and analyze data to determine substance abuse and the need for prevention services with emphasis on population plus need with regard to funding decisions. This support includes increasing the number of data driven outcome for prevention services and conducting period review of data sets to identify gaps and provide recommendations to BBHWP.

A summary of the SEOW policies and procedures are included in Appendix B or accessible online at: <http://dphh.nv.gov/Programs/ClinicalSAPTA/Meetings/SEWAgendasMinutes/>.

MPAC

The Multidisciplinary Prevention Advisory Committee (MPAC) is not required for the 2018-2023 PFS funding award period; however, it is viewed as an independent committee that supports BBHWP in collaboration with the SEOW, EBPPPAW, and other relevant offices and individuals. The MPAC provides ongoing recommendations and guidance to BBHWP (SAPTA) and is encouraged to create subcommittees in support of their work. Some of the specific support and work conducted by the MPAC include:

- Creating a comprehensive prevention strategy
- Maximizing all prevention ATOD resources

- Removing state barriers to enhancing the delivery of effective local substance abuse prevention services that are culturally relevant and target populations in need.
- Developing shared responsibility with state and local government agencies.
- Promoting the prevention and treatment of alcohol and other drug abuse.

Whereas the SEOW is restricted from policy recommendations or engaging with policymaking processes, the MPAC is anticipated to make PFS and other grant related policy recommendations in support of grant-specific and other SAPTA requirements.

The MPAC Bylaws are available in Appendix C or can be accessed online at <http://dphh.nv.gov/Programs/ClinicalSAPTA/Meetings/MPACHome/> along with other MPAC relevant documentation, materials, and content.

Evidence-based Clearinghouses and Resource Centers

Nine Evidence-based Clearinghouses and Resource Centers are identified for the purposes of reviewing the 271 current or recently approved, waiver-based, and non-waiver programs from 19-20 and 20-21 from the Nevada PFS program². The nine recognized Clearinghouses and Resource Centers are:

- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- California Evidence-Based Clearinghouse for Child Welfare (CEBC)
- PEW Charitable Trusts Results First Clearinghouse Database

¹ Initially there were 30 listed programs; however, there were some duplicated listings that were combined or otherwise mitigated during report development to remove unnecessary duplication of programmatic content presented in this EBPPP Manual.

² The SABG programs will be added to this introductory content once reviewed, summarized, and added to this manual.

- The Collaborative for Academic, Social, and Emotional Learning (CASEL)
- National Institute on Drug Abuse (NIDA)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- The National Institute of Justice’s CrimeSolutions
- youth.gov
- Prevention Technology Transfer Center (PTTC) Network

Summaries of each Clearinghouse and Resource Center are provided on pages 8-14, along with their specific emphasis on evaluation, modeling, monitoring, data-derived decision-making, and other implementation-based assessments. While the presented list of nine Clearinghouses and Resource Centers is extensive and includes numerous programs from a review and rating perspective, it is not considered to be an all-inclusive list of available Clearinghouse and Resource Centers. As discussed throughout this EBPPP Manual, the vision for this manual is to be a “living document” with planned annual updates to maintain current and relevant information and resources. Thus, any potential additional Clearinghouses and Resource Centers are identified will be reviewed for possible inclusion in this report on an annual basis.

Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the nation's behavioral health. Congress founded SAMHSA in 1992 to make substance use and mental disorder information, services, and research more accessible. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities (*Substance Abuse and Mental Health Services Administration Strategic Plan FY2019-FY2021, 2018*).

Rockville, MD serves as the headquarter for SAMHSA and three of the four agency's Centers: The Center for Mental Health Services, The Center for Substance Abuse Prevention, and The Center for Substance Abuse Treatment, which direct competitive, formula, and block grant programs and data collection activities to states, territories, tribes, communities, and localities. The Center for Behavioral Health Statistics and Quality is separated into ten regions throughout the United States (SAMHSA, 2020, Regional Administrators).

In order to achieve SAMHSA's mission, the agency adopted a five-year strategic plan for FY2019-FY2023, identifying five priority areas to better meet the behavioral health care needs of individuals, communities, and service providers. The five focus areas are:

1. Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services.
2. Addressing Serious Mental Illness and Serious Emotional Disturbances.
3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use.
4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation.
5. Strengthening Health Practitioner Training and Education.

Additionally, the agency adopted five core principles that guide SAMHSA's activities. The five core SAMHSA principles are:

1. Supporting the adoption of evidence-based practices.
2. Increasing access to the full continuum of services for mental and substance use disorders.
3. Engaging in outreach to clinicians, grantees, patients, and the American public.
4. Collecting, analyzing, and disseminating data to inform policies, programs, and practices.

5. Recognizing that the availability of mental health and substance use disorder services are integral to everyone's health. (*Substance Abuse and Mental Health Services Administration Strategic Plan FY2019-FY2021, 2018*)

Through advisory councils and committees, SAMHSA draws guidance from public members and experts in the profession of substance abuse and mental health to advance its goals. SAMHSA has extensive documentation and information available online, some of the critical content areas utilized to develop this section are accessible using the links below:

- <https://www.samhsa.gov/ebp-resource-center>
- https://www.samhsa.gov/sites/default/files/samhsa_strategic_plan_fy19-fy23_final-508.pdf
- <https://www.samhsa.gov/about-us/who-we-are/regional-administrators>

California Evidence-Based Clearinghouse for Child Welfare (CEBC)

In 2006, as part of The California Department of Social Services (CDSS)'s improvement strategy, the Chadwick Center for Children and Families - Rady Children's Hospital-San Diego was selected to develop the California Evidence-Based Clearinghouse for Child Welfare (CEBC). With a mission to advance the effective implementation of EBPs for children and families involved with the child welfare system, "the CEBC is a critical tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being," (California Evidence-Based Clearinghouse for Child Welfare, 2020, Overview).

The CEBC's program registry helps to identify and distribute information regarding EBPs relevant to child welfare. The CEBC provides information on both evidence-based and non-evidence-

based child welfare related practices to statewide agencies, counties, public and private organizations, and individuals. This information is compiled in simple formats reducing the user's need to perform extensive literature searches or understand and critique research methodology. The CEBC uses two rating scales, a scientific rating scale (1 to 5, including a NR – Not able to be Rated) based upon the strength of the research evidence and a measurement tools rating scale, which articulates the tools used for screening or assessment (A, B, or C), (California Evidence-Based Clearinghouse for Child Welfare, 2020, Rating Scales).

The CEBC is often referenced outside the state of California as a reputable third-party clearinghouse and can be accessed using the provided links.

- <https://www.cebc4cw.org/>
- <https://www.cebc4cw.org/registry/ratings/>
- <https://www.cebc4cw.org/leadership/overview/>

PEW Charitable Trusts Results First Clearinghouse Database

Founded in 1948, The PEW Charitable Trusts uses evidence-based, nonpartisan analysis to solve today's challenges. One of PEW's many projects, the Results First Initiative, works within 46 states to implement an innovative, evidence-based policymaking method that helps states invest in policies and strategies proven to work.

Results First developed their Clearinghouse Database in 2014, an online resource that provides information on the effectiveness of social policy programs from nine national clearinghouses. The Results First Clearinghouse Database provides “color-coding to the distinct rating systems, creating a common language that enables users to quickly see where each program falls on a spectrum from negative impact to positive impact,” (The Pew Charitable Trusts, 2020, The

Results First Clearinghouse Database). The Clearinghouse Database provides users easy navigation and access to understand the evidence from over 3,000 programs.

While each clearinghouse uses slightly different procedures, criteria, and terminology, all use the same overall methodology. First, they assess and summarize rigorous evaluations of different programs. All studies must use research designs that include valid and reliable comparison groups, such as randomized control trials and quasi-experimental designs. Then, the clearinghouses rate the programs based on this framework. Each rating provides the program's level of effectiveness, in addition to the quality and quantity of the evidence. The nine clearinghouses included in the Results First Clearinghouse Database³ are:

- Blueprints for Health Youth Development (Blueprints)
- California Evidence-Based Clearinghouse for Child Welfare (CEBC)
- The Laura and John Arnold Foundation's Social Programs That Work (Social Programs That Work)
- The U.S. Department of Education's What Works Clearinghouse (WWC)
- The U.S. Department of Health and Human Services' Research-Tested Intervention Programs (RTIPs)
- The U.S. Department of Health and Human Services' Teen Pregnancy Prevention Evidence Review (TPP Evidence Review)
- The U.S. Department of Justice's CrimeSolutions.gov (CrimeSolutions.gov)

³ Note: The Results First Clearinghouse Database still contains NREPP's program reviews; however, in January 2018 the NREPP stopped updating the registry (The Pew Charitable Trusts, 2020, The Results First Clearinghouse Database).

- The U.S. Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices (NREPP)*
- The University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation’s County Health Rankings and Roadmaps What Works for Health (What Works for Health)

Additional documentation and resources from the Pew Results First Clearinghouse Database can be accessed and reviewed using the provided link below:

- <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Collaborative for Academic, Social, and Emotional Learning (CASEL)

Formed in 1994, The Collaborative for Academic, Social, and Emotional Learning (CASEL) remains a trusted source for knowledge regarding high-quality, evidence-based social and emotional learning (SEL). Through their mission, CASEL’s supports educators and policy leaders to help make evidence-based SEL an essential part of education from preschool through high school (The Collaborative for Academic, Social, and Emotional Learning, 2020, About CASEL). The five core competencies of CASEL’s SEL framework include:

1. Self-awareness
2. Self-management
3. Social awareness
4. Relationship skills
5. Responsible decision-making

Published annually, The CASEL Program Guide offers “a systematic framework for evaluating the quality of social and emotional programs and applies a framework to identify and rate well-

designed, evidence-based SEL programs with potential for broad dissemination to schools across the United States,” (The Collaborative for Academic, Social, and Emotional Learning, 2020, CASEL Program Guides). The Guide illustrates best-practice strategies for educators on how to choose and implement SEL programs. The Guide also offers recommendations for future SEL initiatives to advance research and practice. Beyond The Guides, a library containing a repository of SEL background and research is available for users.

Additional information about the CASEL resources related to EBPs and supporting documentation can be accessed and reviewed online by using the links provided:

- <https://casel.org/about-2/>
- <https://casel.org/guide/>

National Institute on Drug Abuse (NIDA)

As the lead federal agency supporting scientific research on drug use and its significance, the mission of the National Institute on Drug Abuse (NIDA) is to “advance science on the causes and consequences of drug use (including nicotine) and addiction and to apply that knowledge to improve individual and public health,” (*NIDA Strategic Plan Advancing Addiction Science, 2015*). NIDA’s charge consists of two critical strategies. The first is the support and conduct of research across a wide range of disciplines. The second is guaranteeing the quick and effective dissemination of research to significantly expand prevention and treatment and advise policy regarding drug abuse and addiction (National Institute on Drug Abuse, 2020, About Us).

In order to make completed clinical trial data available to the public, NIDA created a Data Share web site that provides the following information:

- Study protocol
- Reference to study publication of primary outcome

- Data sets (SAS and ASCII)
- Annotated case report forms
- Define file (also known as Data Dictionary)
- Study-specific de-identification notes

In addition, a collection of assessments used within studies can be located on NIDA's Data Share website or by accessing the Alcohol and Drug Abuse Institute Library (ADAI Library) hosted at the University of Washington (National Institute on Drug Abuse, 2020, Assessments).⁴ Additional resources from the NIDA and associated ADAI Library are provided below:

- <https://datashare.nida.nih.gov/index.php/assessments>
- <https://datashare.nida.nih.gov/content/about-us>
- https://www.drugabuse.gov/sites/default/files/2020-02/nida_2016strategicplan_032316.pdf
- <https://www.drugabuse.gov/>

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Within the Office Justice Programs with the U.S. Department of Justice, the was established in 1974 to prevent and respond to juvenile delinquency and victimization by providing coordination, leadership, and resources. OJJDP sponsors program, training, and research, creates priorities and goals, and sets policies to guide federal juvenile justice issues. OJJDP also supports states,

⁴ The ADAI Library closed in 2019, however its 40-year collection has been digitalized and added to The SALIS Collection at the Internet Archive (we can link documents and will need to design an annual update process in which links are check and content updated as needed), where users can access items for free.

communities, and tribal jurisdictions by disseminating information about juvenile justice issues and awards funds to states to support local programming.

Using evidence-based practices, OJJDP's Model Programs Guide (MPG) contains searchable information regarding various child protection, health, and welfare youth programs. Users can access the MPG by filtering by topic, age, protective factor, and risk factors regarding what works, what is promising, and what does not work in juvenile justice, prevention, and intervention. OJJDP shares its database with CrimeSolutions for their program review process, scoring instrument, and evidence ratings (Office of Juvenile Justice and Delinquency Prevention, 2020, Evidence-based Programs). MPG uses expert study and literature reviews and provides policymakers and practitioners with information with problem-specific steps that should be taken in the pre-implementation state by providing MPG Implementation Guides (I-Guides). OJJDP's I-Guides provide users with the necessary information on the ten steps that should be adopted in the pre-implementation state (before implementing an EBP). The ten steps are classified into three categories: Start, Support, and Secure. Each set includes an introduction, recommended action steps, examples from successfully implemented programs, and additional resources. (Office of Juvenile Justice and Delinquency Prevention, 2020, Model Programs I-Guides). Additional information from the OJJDP is available online by accessing the provided links below:

- <https://www.ojjdp.gov/mpg-iguides/iguide-categories.html>
- <https://ojjdp.ojp.gov/evidence-based-programs>

National Institute of Justice Crime Solutions

The National Institute of Justice's CrimeSolutions, often cited in applied research or state reports as CrimeSolutions.gov, serves as a resource to assist practitioners and policymakers with practical decision-making in justice-related programs and practices. CrimeSolutions is comprised of

a web-based clearinghouse of programs and practices and a process for identifying and rating those programs and practices. The web-based clearinghouse delineates the difference between a program and a practice. By CrimeSolutions definition, a program is “a specific set of activities carried out according to guidelines to achieve a defined purpose” (CrimeSolutions, 2020, Programs & Policies). In contrast, a practice is “a general category of programs, strategies, or procedures that share similar characteristics with regard to the issues they address and how they address them” (CrimeSolutions, 2020, Programs & Practices).

The programs and practices presented are identified, screened, reviewed, and rated using a standardized process. CrimeSolutions reviews are “based on evaluations and practices based on meta-analyses that synthesize different evaluations, but those evaluations have to be sufficiently rigorous” (CrimeSolutions, 2020, About CrimeSolutions). Each program and practice are evaluated by two certified reviewers using independent scoring instruments. Ratings are assigned based on the outcomes and the direction of the evidence into three classifications: Effective, Promising, or No Effects. While the rated programs and practices with evidence are considered to be the strongest, a continuum of evidence also recognizes which programs and practices may warrant an emerging, inconclusive, or unclear rating (CrimeSolutions, 2020, About CrimeSolutions).

Additional information, resources, and EBP listings can be accessed and reviewed online at the websites provided below:

- <https://crimesolutions.ojp.gov/about>
- <https://crimesolutions.ojp.gov/programs-practices>

youth.gov

The youth.gov⁵ clearinghouse was created by the Interagency Working Group on Youth Programs (IWGYP), and today represents seven federal agencies and fourteen departments to support programs and services, specifically on youth. Included in IWGYP's Strategic Plan for Federal Collaboration are their goals to:

1. Promote coordinated strategies to improve youth outcomes
2. Promote the use of evidence-based and innovative strategies at the federal, state, local, and tribal levels
3. Promote youth engagement and partnerships to strengthen programs and benefit youth (*Pathways for Youth: Strategic Plan for Federal Collaboration*, 2016).

Based on their mission to “create, maintain, and strengthen effective youth programs,” (youth.gov, 2020, About Us), the youth.gov website provides facts, tools, and available funding. Users are able to identify community assets, locate maps of local and federal resources, search for EBPs tailored toward youth, and keep abreast on the latest, youth-related information. youth.gov also developed a secondary site, engage.youth.gov, and resources specifically for youth to access opportunities and resources.

Responding to the Office of Management and Budget's (OMB) request that all agencies “need to use evidence and rigorous evaluation in budget, management, and policy decisions to make government work effectively,” (youth.gov, 2020, Investing in Evidence) youth.gov has built an evidence-based directory from seventeen registries. In order for a program to be included in the

⁵ Note: formerly known as FindYouthInfo.gov

directory, it must be assessed by OJJDP's MPG, using a process designed by CrimeSolutions (youth.gov, 2020, Background & Methodology). Additional information is available online with specific resources related to EBPs and other relevant content, which can be accessed using the links provided.

- <https://youth.gov/>
- <https://youth.gov/about-us>
- <https://youth.gov/program-directory/background-methodology>
- <https://youth.gov/sites/default/files/IWGY-P-Pathways for Youth.pdf>
- <https://youth.gov/evidence-innovation/investing-evidence>

Prevention Technology Transfer Center (PTTC) Network

Established and funded by SAMHSA in 2018, the Prevention Technology Transfer Center (PTTC) Network was developed to “improve implementation and delivery of effective substance abuse prevention interventions and provide training and technical assistance services to the substance abuse prevention field” (PTTC Network, 2020, About the PTTC Network). Supporting all fifty states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands via regional and national centers, the PTTC Network develops and disseminates tools and strategies needed to improve the quality of substance abuse prevention efforts by providing intensive technical assistance and learning resources to prevention professionals to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices. The PTTC Evidence-Based Interventions Workgroup developed a [quick reference guide](https://pttcnetwork.org/sites/default/files/2020-06/PTTC Quick Guide for Adapting EBIs.pdf) (<https://pttcnetwork.org/sites/default/files/2020-06/PTTC Quick Guide for Adapting EBIs.pdf>), that serves as a resource for adapting evidence-based interventions, including why, how, and where

to adapt and things to consider (PTTC Network, 2020, Quick Guide for Adapting Evidence-Based Intervention).

Nevada is part of the Pacific Southwest PTTC Network or Region 9, which also encompasses American Samoa, Arizona, California, the Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Hawaii, Republic of the Marshall Islands, and the Republic of Palau. The Pacific Southwest PTTC Network is administered by the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno. The overall goal is to advance Region 9's substance misuse prevention workforce's ability to identify, select, plan for, implement, and evaluate evidence-based and promising substance misuse prevention interventions to achieve a reduction in substance misuse and harmful consequences. This goal will be completed by “strengthening regional alliances among culturally diverse prevention professionals and key partners and delivering state-of-the-art, culturally-relevant technical assistance services that reflect regional and local needs” (PTTC Network, 2020, Pacific Southwest PTTC). For more information, to join the network, or participate in upcoming events, contact pacificsouthwest@pttcnetwork.org.

Nevada Partnership for Success EBPs

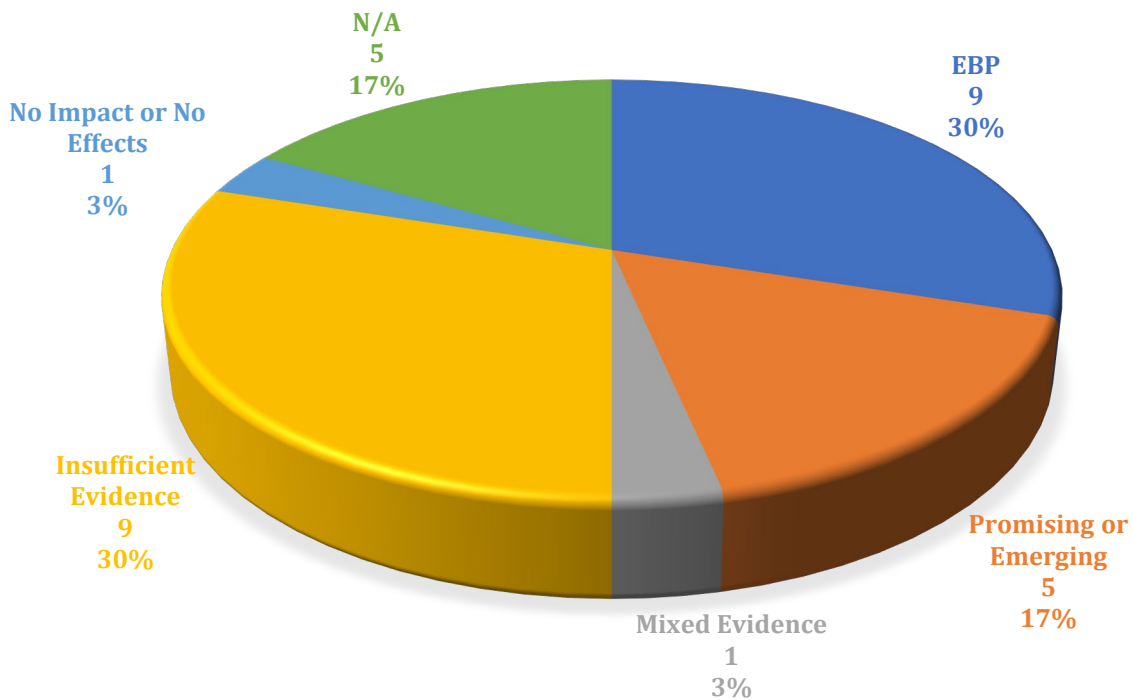
Annually the Nevada PFS funded coalitions propose, implement, and administer EBPs across their defined jurisdictions and service areas. In this report, the proposed, implemented, and administered EBPs from the 2019-20 and 2020-21 PFS funding award periods are presented, summarized, and discussed in a standardized format. The projects were categorized generally into two groups defined as Approved or Waiver-based Programs and Non-waiver Events/Programs. In total there were 27 programs reviewed and incorporated with a few that were duplicated based on varying information or group categorization differences from 2019-20 to 2020-21.

The summaries for each of the EBPs listed include the following main focus areas: 1) Summary & Rating, which also lists the rating clearinghouse or resource center; 2) Policies, Procedures, Operations, Implementation, which also identifies any target populations; 3) Instruments, Surveys, Metrics; 4) Evaluation & Compliance, which lists recommended intensity and duration of EBP administration; and 5) Supporting Literature. Wherever available, links to cited resources or literature are provided to support the utility of this manual across the PFS project life-cycle. As previously noted, the ratings for included EBPs were defined as one of the following: 1) EBP, 2) Emerging or Promising; 3) Mixed Evidence, 4) Insufficient Evidence, 5) No Impact or No Effects, or 6) N/A.

Holistically, there are 30 ratings presented, which includes multiple ratings for a few listed EBPs either as a result of differences between 2019-20 and 2020-21 ratings or multiple implementation options within one EBP. The distribution of ratings based on the EBP ratings indicate opportunities for increased EBP implementation within PFS funded programs in Nevada as shown in the graph on the next page including both the count and percentage of rating distributions. Although this manual does not assess or evaluate the implemented programs to ensure alignment with

proposed EBP, it does provide a framework of knowledge, resources, and comparative literature on which such assessments or evaluations can be conducted. Fundamentally, there is a need for increased data derived decision-making, which should be conducted during the proposal review period in alignment with cradle-to-cradle life-cycle principles. In the subsequent two sections, Approved or Waiver-based Programs and Non-waiver Events/Programs are summarized, presented, and discussed separately.

FEDERALLY RECOGNIZED CLEARINGHOUSE OR RESOURCE CENTERS EBP RATINGS FOR NEVADA PFS PROGRAMS



Approved or Waiver-based Programs

Based on the provided program lists for program years 2019-20 and 2020-21, there were 21 programs presented as Approved or Waiver-based Programs. However, one listed program, Media Campaigns, included four (4) different implementation options for consideration, which resulted in

24 reviewed programs in the subsequently presented program-by-program summaries. Additionally, there were two (2) programs listed that had ratings of Insufficient Evidence with NO listed clearinghouse or resource center providing said rating and one (1) program listed as an EBP based on a separate, yet comparable EBP rated program. The remaining programs were on one of the recognized clearinghouses or resource centers that were reviewed during the development of this manual, while the remaining three (3) were not found on any of the reviewed clearinghouses or resource centers.

EBP considerations aside, the listed programs included varying amounts and types of documentation and resources for assessing programming need, implementing, and administering selected program(s), conducting compliance and quality control, and reporting outcomes and program evaluation results. The 24 total ratings were distributed similar to the overall summary of ratings discussed previously with 9-EBPs, 4-Promising or Emerging, 1 Mixed Evidence, 8-Insufficient Evidence, 1-No Impact or No Effects, and 1-N/A. The summaries and information provided for each of the 21 EBPs listed below enable a comprehensive, systems assessment and review of proposed programming. Such review or assessment could include comparative analysis of proposed vs. implemented program with the summarized program content used as a control group or “model” program. This would help identify gaps between what is proposed and implemented as well as potential gaps between the “model” program and both the proposed and implemented versions of the same program. The 21 programs included in this Approved or Waiver-based Programs section are presented subsequently in alphabetical order.

Active Parenting – 19-20 & 20-21

Summary & Rating

Active Parenting 4th Edition is a video-based parenting education program targeting parents of children from early childhood through early teens who want to improve their parenting skills and their child's behavior. It is based on the application of Adlerian parenting theory, which includes mutual respect among family members, nonviolent discipline, problem solving, communication skills training, family enrichment, and encouragement. Summary & Rating Source:

<https://www.cebc4cw.org/program/active-parenting-4th-edition/>

Rating: ***Insufficient evidence***

Clearinghouse: ***CEBC***

Policies & Procedures/Operations/Implementation

Target Populations: ***Parents and caregivers of children ages 5-12***

Active Parenting 4th Edition is conducted in one 2-hour class per week for 6 weeks. The program features a video (either on two DVDs or embedded in a PowerPoint presentation) that contains vignettes of a variety of typical family situations depicted by professional actors. Each scene provides an example of how an autocratic or permissive parenting technique fails to handle a situation and then models the alternative authoritative "active" skills. The Leader's Guide aids the leader, a professional facilitator, in organizing the sessions. The guide contains session organizers, questions, and answers to help parents process the video, instructions for all group activities, brief explanations to be made by the leader, and home activity assignments. The Parent's Guide and Parent's Workbooks contain all the information covered in Active Parenting 4th Edition, giving parents their first exposure to the information and skills they will be learning. It also includes additional reading material, practice activities, and homework assignments that provide information

and opportunities to practice using the skills. Policy & Procedures, Operations, and Implementation

Source: <https://www.cebc4cw.org/program/active-parenting-4th-edition/>

Instruments, Surveys, Metrics

The essential components of Active Parenting 4th Edition include:

- Uses a multimodal, video-based delivery system:
 - Brief video vignettes with new concepts and both ineffective and positive parenting skills for each topic
 - A structured Leader's Guide with a detailed structure for all aspects of the training
 - Experiential activities reinforce key concepts and skills
 - Leader facilitated group discussion guided by the Leader's Guide
 - Extensive Power Point slides (which some leaders prefer to put on charts or board as they go)
 - Home assignments followed by next session feedback enhance learning
 - A comprehensive Parent's Guide containing all content, exercises, home assignments, and class activities
- Organized around strength development in children:
 - Focuses on developing and enhancing five key qualities in children while at the same time teaching skills for improving everyday living in the family:
 - Courage
 - Responsibility
 - Cooperation

- Mutual respect
 - Self-esteem
- Designed to be easy to lead:
 - Components of the program facilitate the leading of group sessions
 - Leader training available through live workshops and online, but not required
- Designed to be flexible in that it can be delivered any of the following ways:
 - Group Sessions
 - Home visitation
 - Self-directed online delivery to parents
 - Media-based delivery or review (television or Internet)

Active Parenting 4th Edition includes a homework component:

- Each session concludes with homework assignments designed to aid parents in applying new information and skills with their children at home. These assignments are supported in the Parent's Guide and Parent's Workbook and then followed up the next session by the leader using questions from the Leader's Guide. Instruments, Survey, Metrics Source:

<https://www.cebc4cw.org/program/active-parenting-4th-edition/>

Evaluation & Compliance

Active Parenting 4th Edition directly provides services to parents/caregivers and addresses the following:

- Parent of a child with any of a wide range of problematic behaviors, thoughts, or traits including oppositional behavior, poor self-esteem, and a lack of general life skills; parent with

poor parenting skills, lack of education on parenting skills for more challenging children, or problems in the family

Services Involve Family/Support Structures:

- This program involves the family or other support systems in the individual's treatment: This is a parenting education program designed to improve child functioning through change in the parent's knowledge, attitudes, and parenting skills.

Recommended Intensity: ***Weekly 2-hour group session***

Recommended Duration: ***Six weeks***

Active Parenting 4th Edition has a series of Delivery Settings and is typically conducted in a(n):

- Hospital
- Outpatient Clinic
- Community-based Agency / Organization / Provider
- School Setting (Including: Day Care, Day Treatment Programs, etc.)

The typical resources for implementing the program are:

- Groups are usually led by a single leader with either a mental health or education background. In addition, a comfortable room that will seat 10-20 parents in chairs; a TV and DVD player or computer; and either a means of projecting a PowerPoint presentation and/or a whiteboard or flipchart.
- Most leaders have a degree in mental health, education, or a related field; however, this is left up to the providing organization. There is a manual that describes how to deliver this program, and there is training available for this program.

- Over 50 one-day Leader Training Workshops and Webinars (LTWs) are offered each year. Online LTWs (OLTWs) are available at any time online. A Training of Trainers (TOT) Workshop is offered each summer for leaders desiring to offer LTWs in their own communities. Onsite training is available by request.
 - LTW: 7 hours; OLTW: 30 hours (includes reading); TOT: Three days. (CEUs are available through NBCC for all workshops.) Participants successfully completing a Training of Trainers are authorized to conduct LTWs. Evaluation & Compliance Source: <https://www.cebc4cw.org/program/active-parenting-4th-edition/>

Supporting Literature

CLAS (Culturally and Linguistically Appropriate Services) Review. (2001). *Padres Activos de Hoy*. University of Illinois at Urbana-Champaign. CLAS #CL03985.

Fashimpar, G. (2000). Problems of parenting: Solutions of science. *Journal of Family Social Work*, 5(2), 67-80. https://doi.org/10.1300/J039v05n02_06

Foley, Y. C., Popkin, M. H., Mullis, F., & Cooper, P. J. (2019). Active Parenting Now and Active Parenting of Teens: An evaluation of two Neo-Adlerian parenting programs. *Journal of Individual Psychology*, 75(4), 272–286. <https://doi.org/10.1353/jip.2019.0017>

Mullis, F. (1999) Active Parenting: An evaluation of two Adlerian parent education programs. *Journal of Individual Psychology*, 55, 225-232.

Popkin, M. (1991). Active Parenting: A video-based program in M. Fine (Ed.), *The second handbook of parent education* (pp. 77-98). San Diego: Academic Press.

Alcohol: True Stories – 19-20

Summary & Rating

Alcohol: True Stories Hosted by Matt Damon is a multimedia intervention designed to prevent or reduce alcohol use among young people in grades 5-12 by positively changing the attitudes of youth and their parents and other caregivers in regard to youth drinking. The intervention features a 20-minute video, hosted by Matt Damon, which tells the stories of four adolescents' experiences with alcohol; story topics include drinking and driving, lost opportunities, addiction, alcohol-related violence, and the effects of alcohol use on relationships. Through the four stories, the video addresses reasons that motivate young people to drink: to fit in, to ease social interaction, to relieve stress, to have fun, and because they are addicted. The young people profiled describe the consequences of underage drinking and the benefits of waiting to drink alcohol until after reaching legal age, and they offer healthy coping strategies for stressful life events as well as methods to avoid drinking alcohol. Summary & Rating Source:

<https://web.archive.org/web/20180625174053/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=232>

Rating: ***EBP***

Clearinghouse: ***Results First Clearinghouse Database (NREPP)***

Policies & Procedures/Operations/Implementation

Target Populations: ***6-12 (Childhood), 13-17 (Adolescent), 18-25 (Young adult), 26-55 (Adult)***

Alcohol: True Stories' video is accompanied by a discussion guide, which is designed to provoke candid conversation regarding alcohol use and to help young people internalize anti-underage drinking messages and think critically about their own decision making regarding alcohol use.

The intervention can be delivered in two 50-minute sessions or four 25-minute sessions. Each session is dedicated to viewing and discussing each of the four stories. A 1-day training on program implementation is available. Policies & Procedures, Operations, and Implementation

Source:

<https://web.archive.org/web/20180625174053/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=232>

Instruments, Surveys, Metrics

Alcohol: True Stories Hosted by Matt Damon contains a DVD and *discussion guide* and warrants 1-day training. Instruments, Survey, Metrics Source:

<https://web.archive.org/web/20180625174053/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=232>

Evaluation & Compliance

An evaluation by Harvard Medical School shows that Alcohol: True Stories Hosted by Matt Damon meets SAMHSA's NREPP criteria. Evaluation & Compliance Source:

<https://activeparenting.com/product/alcohol-true-stories-hosted-by-matt-damon-dvd/#:~:text=In%20this%20video%2C%20young%20people,%2C%20parents%2C%20and%20ot her%20caregivers>

Supporting Literature

Family Health Productions, Inc. (2002). Alcohol: True Stories Hosted by Matt Damon [*DVD*].

Gloucester, MA: Author

Family Health Productions. (2003). Alcohol: True Stories. Retrieved from <http://www.wordscanwork.com/newimages/Alcohol True Stories Guide.pdf>.

Family Health Productions, Inc. (n.d.). Alcohol: True Stories Hosted by Matt Damon facilitator's PowerPoint [DVD]. Gloucester, MA: Author

Family Health Productions, Inc. (n.d.). Alcohol: True Stories Hosted by Matt Damon train the trainer facilitator workbook. Gloucester, MA: Author

Family Health Productions, Inc. (n.d.). Alcohol: True Stories Hosted by Matt Damon train the trainer participant workbook. Gloucester, MA: Author

Program Web site, <http://www.wordscanwork.com>

Chemical Disposal Kits – 19-20 & 20-21

Summary & Rating

Listed on the PFS EBPs list as Chemical Disposal Kits, the acknowledged name for the program is the Proper Drug Disposal Programs as noted in the review of EBPs documentation below. Proper drug disposal programs accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly. Summary & Rating Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/proper-drug-disposal-programs>

Rating: ***Insufficient Evidence***

Clearinghouse: ***Results First Clearinghouse Database (What Works for Health)***

Policies & Procedures/Operations/Implementation

Programs can use in-person drop-offs, mail-in efforts, or permanent secure collection receptacles and can be administered by state or local governments, municipal trash and recycling services, pharmacies, hospitals, clinics, or community organizations partnered with law enforcement. A 2014 amendment to the federal Controlled Substances Act allows the US Drug Enforcement Administration

(DEA) to register authorized collectors of controlled substances, allowing collection of pharmaceutical controlled and non-controlled substances, but not illicit drugs. Policies & Procedures, Operations, and Implementation Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/proper-drug-disposal-programs>

Instruments, Surveys, Metrics

Proper drug disposal programs are a suggested strategy to reduce illicit drug use and unintentional poisoning, reduce pharmaceutical contamination of fresh water, and improve water quality. Available evidence suggests that drug disposal programs increase collection and proper disposal of unused prescription drugs and reduce pharmaceuticals in the environment. However, additional evidence is needed to confirm effects on drug use and water quality.

Ongoing statewide drug disposal programs with permanent collection receptacles may more effectively prevent drug abuse and accidental poisoning than temporary, one day take-back events. Surveys suggest that community campaigns to raise awareness about drug take-back events increase use of disposal programs and conversations with children about the dangers of prescription drug abuse. Overall, the US Food and Drug Administration (FDA) suggests disposing of unneeded medicine through organized programs or take-back events; however, the FDA also suggests flushing specific harmful drugs to prevent accidental ingestion or misuse.

Many federal agencies and experts suggest that individual households, hospitals, and health care facilities avoid flushing any pharmaceuticals to preserve water quality and protect aquatic life and ecosystems. Active pharmaceutical ingredients (APIs) released into the environment via improper disposal (e.g., flushing or landfill leaching) can adversely affect aquatic life, contaminate freshwater resources, and promote drug resistance in bacteria. Flushing unused pharmaceuticals can

cause spikes in APIs in the environment; flushed pharmaceuticals may also break down into compounds that have different toxicity levels than the original drug. Over 80% of sampled US streams have evidence of pharmaceuticals in the water.

Patient and pharmacist education may be needed to reduce improper drug disposal and increase use of proper disposal programs. Benefit cost analysis suggests that establishing a proper drug disposal program would yield positive net social benefits; ongoing bin-based programs appear to be more cost-effective than mail-in programs or one day events. Instruments, Surveys, Metrics

Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/proper-drug-disposal-programs>

Evaluation & Compliance

Several states have legislation that authorizes and guides proper drug disposal programs for consumers such as Maine, Ohio, and Washington. Some states have legislation that prohibits health care institutions from flushing unused medications into public wastewater as in Illinois. Other states provide public guidelines and educational materials about proper drug disposal such as Connecticut, Florida, New York, and New Jersey.

Since 2010, the DEA holds two drug take-back events each year: since 2010. In 2019, the DEA collected about 441.5 tons at nearly 6,200 sites in all 50 states, Guam, Puerto Rico, and U.S. Virgin Islands. The most recent National Prescription Drug Take Back Day was October 24, 2020 (United States Drug Enforcement Administration, 2020, Take Back Day). Evaluation & Compliance Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/proper-drug-disposal-programs>

Supporting Literature

Botticelli, M. (2016, October 20). October 22nd is National Prescription Drug Take-Back Day.

Retrieved from <https://obamawhitehouse.archives.gov/blog/2016/10/20/october-22nd-national-prescription-drug-take-back-day>

[IL SB 1919](#) - Illinois 96th General Assembly. Safe Pharmaceutical Disposal Act: Senate Bill 1919. [ME](#)

[Statutes 22 604](#) - State of Maine. Disposal of unused pharmaceuticals. Public Laws of Maine: Second Special Session of the 121st; Chapter 679 S.P. 671-L.D. 1926. New York Department of Environmental Conservation. (n.d.) Safe Medication Disposal for Households. Retrieved from <https://www.dec.ny.gov/chemical/67720.html>

[OH HB 93](#) - Ohio 129th General Assembly. Revised code to establish and modify laws regarding the prevention of prescription drug abuse. Amended Substitute House Bill Number 93.

Smith, T. (2019, November 04). DEA and partners collect thousands of pounds of unwanted medications and vaping products during the 18th National Prescription Drug Take Back Day. Retrieved from <https://www.dea.gov/press-releases/2019/11/04/dea-and-partners-collect-thousands-pounds-unwanted-medications-and-2>

State of Connecticut Department of Energy & Environmental Protection (n.d.). Disposing of Prescription Medicines and Over the Counter OTC Products. Retrieved from <https://portal.ct.gov/DEEP/P2/Individual/Disposing-of-Prescription-Medicines-and-OvertheCounter-OTC-Products>

[WA HB 2600](#) - Washington State 60th Legislature. An act relating to providing safe collection and disposal of unwanted drugs. 2008 Regular Session: House Bill 2600; 2008:1-15.

Compliance Checks – 19-20 & 20-21

Summary & Rating

Listed on the PFS EBPs list as Compliance Checks, the program's acknowledged name is the Enhanced Enforcement Programs as noted in the review of EBPs documentation below. This program is also connected to Shoulder Tap Program, which is presented later in this report. Enhanced enforcement programs initiate or increase the frequency of retailer compliance checks for laws prohibiting the sale of alcohol to minors. Retailer compliance checks are generally conducted by local law enforcement or alcohol beverage control agencies along with other efforts to reduce underage drinking (e.g., mass media campaigns publicizing enforcement activities). Violators receive legal or administrative sanctions. Summary & Rating Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/enhanced-enforcement-of-laws-prohibiting-alcohol-sales-to-minors>

Rating: ***EBP***

Clearinghouse: ***Results First Clearinghouse Database (What Works for Health)***

Policies & Procedures/Operations/Implementation

Law enforcement agencies use underage buyers as volunteers to test retailers' compliance with laws regarding the sale of alcohol to minors. Youth, under the supervision of law enforcement, are sent into retail locations to determine if the employee will properly decline to sell to the underage buyer. In the event the employee fails the compliance check, by selling or providing alcohol to the underage buyer, the law enforcement officer would intervene and take appropriate action to address the illegal sale.

The potential sanctions can range from a fine against the seller/server, as well as fines and suspensions against the business for the failure of their employee to decline the sale. Policies & Procedures, Operations, and Implementation Source:

<https://www.prevention.org/Resources/37dafb93-d516-463e-9fe5-4369e74e109c/APRCAlcohol%20Compliance%20Checks.pdf>

Instruments, Surveys, Metrics

While voluntary retailer compliance is the primary goal of retail compliance investigations, many communities realize other significant benefits from conducting the investigations:

- Media exposure from retail compliance investigations allows the agency to change or reinforce community norms, stressing that underage drinking and the sale of alcohol to underage persons are not acceptable behaviors.
- Retail compliance investigations work as part of a broader, comprehensive strategy for preventing alcohol-related tragedies.
- Investigations allow the agency to measure and monitor the level of underage alcohol sales in the community. This raises community awareness among parents and community leaders, especially when coupled with media advocacy.
- Compliance investigations can be used to measure the effectiveness of this enforcement program and other enforcement strategies.
- Over time, compliance investigations will reduce the amount of resources law enforcement must invest in the problem. Instruments, Surveys, Metrics Source:

<https://www.prevention.org/Resources/37dafb93-d516-463e-9fe5-4369e74e109c/APRCAlcohol%20Compliance%20Checks.pdf>

Evaluation & Compliance

There is strong evidence that enhanced enforcement of laws that prohibit alcohol sales to minors reduces retail sales to minors. Such enforcement also appears to reduce underage alcohol consumption. However, additional evidence is needed to confirm effects.

Enhanced enforcement programs have been shown to reduce sales to minors of various racial and ethnic groups in both bars and liquor stores, in rural and urban communities. Research suggests that compliance checks are most effective when checks are frequent, well-publicized, well-designed, solicit community support, and involve penalties to the licensed establishment, instead of just the server. Evaluation & Compliance Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/enhanced-enforcement-of-laws-prohibiting-alcohol-sales-to-minors>

Supporting Literature

Bonnie, R. J., & O'Connell, M. E. (2004). Reducing underage drinking: A collective responsibility. Washington, DC: National Academies Press.

The Community Guide. (2012, August 01). Excessive Alcohol Consumption. Retrieved from <https://www.thecommunityguide.org/topic/excessive-alcohol-consumption>

Imm, P., Wandersman, A., Rosenbloom, D., Guckenburg, S., & Leis, R. (2007). Preventing Underage Drinking: Using Getting to Outcomes™ with the SAMHSA Strategic Prevention Framework to Achieve Results. Santa Monica, CA: RAND Corporation.

National Association of County and City Health Officials. (2020). Model Practices. Retrieved from <https://www.naccho.org/membership/awards/model-practices>

Willingham, M. (2010). Reducing Alcohol Sales to Underage Purchasers: A Practical Guide to Compliance Investigations. Pacific Institute for Research and Evaluation.

Curriculum Based Support Groups (CBSG) – 19-20 & 20-21

Summary & Rating

The Curriculum-Based Support Group (CBSG) Program is a support group intervention designed to increase resiliency and reduce risk factors among children and youth ages 4-17 who are identified as being at elevated risk for early substance use and future delinquency and violence (e.g., they are living in adverse family situations, displaying observable gaps in coping and social skills, or displaying early indicators of antisocial attitudes and behaviors). Summary & Rating Source: <https://web.archive.org/web/20180625174400/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=185>

Rating: **EBP**

Clearinghouse: **Results First Clearinghouse Database (NREPP)**

Policies & Procedures/Operations/Implementation

Target Populations: **6-12 (Childhood)**

Based on cognitive-behavioral and competence-enhancement models of prevention, the CBSG Program teaches essential life skills and offers emotional support to help children and youth cope with difficult family situations; resist peer pressure; set and achieve goals; refuse alcohol, tobacco, and other drugs; and reduce antisocial attitudes and rebellious behavior.

The CBSG Program has been successfully implemented throughout the United States in a variety of settings, including schools, after-school programs, recreation centers, homeless shelters, group homes, outreach programs, churches, alternative schools, and juvenile detention centers.

- Participants are grouped by age and developmental level, with group size being limited to 6 to 12 members, depending on age and development.
- The CBSG Program versions for schools and community-based sites and Christian faith-based settings do not allow new members after the second session. The version for shelters, group homes and transitional settings allows an exception to this rule.
- Typically, there are 10 sessions for selective populations and 12 sessions for indicated populations, plus optional pre/post evaluation survey sessions. Session duration is the same period of time as one regular school class period. Sessions are conducted either weekly or bi-weekly depending on the setting.
- All group sessions are held in private, child-appropriate settings.
- Group rules provide for member confidentiality.

Policies & Procedures, Operations, and Implementation Source:
<https://web.archive.org/web/20180625174400/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=185>

Instruments, Surveys, Metrics

Delivered in 10-12 weekly, 1-hour support group sessions, the curriculum addresses topics such as self-concept, anger and other feelings, dreams and goal setting, healthy choices, friends, peer pressure, life challenges, family chemical dependency, and making a public commitment to staying drug free and true to life goals. Lesson content and objectives are essentially the same for all participants but are tailored for age and developmental status.

Groups are formed with 6-12 participants no more than two years apart in age and are led by trained adult facilitators and co-facilitators who follow the program facilitator's manual. Instruments,

Survey,

Metrics

Source:

<https://web.archive.org/web/20180625174400/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=185>

Evaluation & Compliance

Empirical studies show that the CBSG Program reduces anti-social attitudes and rebellious behavior, increases anti-drug-use attitudes and intentions, reduces early substance use/experimentation, and increases coping and social skills.

The original CBSG Program was developed in 1982 for use in schools and community-based settings. To accommodate grant and contract requirements, age groupings for schools and community based settings are available in separate volumes:

1. Kids' Connection – CBSG Program for Schools & Community Based Settings – Ages 4-12
2. Youth Connection – CBSG Program for Schools & Community Based Settings – Ages 10-17

The CBSG Program curriculum has since been adapted to meet specific needs of certain populations:

- Kids' Connection, Too – CBSG Program for Homeless Shelters, Group Homes, & Transitional Settings – Ages 4-15
- Faith Connection – CBSG Program for Christian Faith-Based Settings – Ages 4-15

To replicate the CBSG Program, you must be trained as a facilitator. Rainbow Days provides CBSG Program Facilitator Training throughout the nation. Evaluation & Compliance Source: <http://rainbowdaystraining.org/cbsg/>

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LifeSkills – 19-20 & 20-21

Summary & Rating

LifeSkills Training (LST) is a classroom-based, drug abuse-prevention program for upper elementary and junior high school students. This program is rated Effective. Students who participated in the program reported a statistically significant decrease in prevalence of cigarette, alcohol, and polydrug use; and slower growth in initiation of substance use, compared with control students. However, there were no significant differences between groups on self-reported marijuana use. Summary & Rating Source: <https://www.crimesolutions.ojp.gov/ratedprograms/186#em>

Rating: **EBP**

Clearinghouse: **CrimeSolutions**

Policies & Procedures/Operations/Implementation

Target Populations: **Middle-school substance abuse prevention program**

LST has five key elements: a cognitive component, self-improvement component, a decision-making component, a coping with anxiety component, and a social skills training component. The LST prevention curriculum specifically:

- Provides students with the necessary skills to resist social pressures to drink alcohol, smoke cigarettes, and use drugs
- Helps students develop greater self-esteem, self-mastery, and self-confidence
- Increases knowledge of the immediate consequences of substance abuse
- Gives students tools to cope effectively with social anxiety
- Enhances cognitive and behavioral competency to prevent and reduce a variety of health risk behaviors

The LST curriculum is centered on the development of drug resistance, personal self-management and increased social skills in the students.

The Drug Resistance Skills components teach students to recognize and challenge common misconceptions about tobacco, alcohol, and other drug use. Using coaching and practice, students learn information and practical drug resistance skills for dealing with peer and media pressure to engage in alcohol, tobacco, and other drug use, and other risk behaviors such as violence and delinquency. The main goal is to decrease normative expectations regarding substance use and to promote the development of drug refusal skills.

The Personal Self-Management Skills components teach students to examine their self-image and its effects on behavior; set goals and keep track of personal progress; identify everyday decisions and how they may be influenced by others; analyze problem situations and consider the consequences of each alternative solution before making decisions; reduce stress and anxiety; and look at personal challenges in a positive light.

The Social Skills components teach students the necessary skills to overcome shyness, communicate effectively and avoid misunderstandings, initiate, and carry out conversations, handle social requests, use both verbal and nonverbal assertiveness skills to make or refuse requests, and recognize that they have choices other than aggression or passivity when faced with tough situations. LST uses developmentally appropriate and collaborative learning strategies taught through lecture, discussion, coaching, and practice to enhance students' self-esteem, self-confidence, ability to make decisions, and ability to resist peer and media pressure.

The middle school program is designed to be taught in a sequence over three years, with the first year's curriculum more intensive (with 15 class meetings) and booster sessions in the following two years' acting as a refresher and review for participants. The elementary school program offers 24 classes to be taught during either third, fourth, fifth, or sixth grade. An LST program for parents is also available. Policy & Procedures, Operations, and Implementation Source: <https://www.crimesolutions.ojp.gov/programdetails?id=186#em>

Instruments, Surveys, Metrics

The LST program is guided by a comprehensive theoretical framework that addresses multiple risk and protective factors, provides developmentally appropriate information relevant to the target age group and the important life transitions they face, includes comprehensive personal and social skills training to build resilience and help students navigate developmental tasks, and uses

interactive teaching methods (e.g., facilitated discussion, structured small group activities, role-playing scenarios) to stimulate participation and promote the acquisition of skills.

The specific program activities are based on cognitive-behavioral principles, including role-playing, modeling, immediate feedback, and reinforcement of positive behaviors. Students are encouraged to practice the lessons of the day through homework assignments. The LST approach aims to reduce substance use (and uptake, in particular) by increasing coping, refusal, social skills, and knowledge in the participants. The prevention of substance use is understood in terms of social influence theory and is treated through enhancing both competence and knowledge to encourage resistance.

Instruments, Survey, Metrics Source:
<https://www.crimesolutions.ojp.gov/programdetails?id=186#em>

Evaluation & Compliance

Customizable training services for LifeSkills Training are available through the National Health Promotion Associates, Inc. (NHPA), a health consulting, research, and development firm. LifeSkills Provider Training Workshops prepare teachers, school counselors, prevention specialists, community youth educators, and other program providers to implement state-of-the-art prevention education activities and teaching strategies found in the LST program. Please see the LifeSkills Training website for additional information about training sessions:

<http://www.lifeskillstraining.com/>. Evaluation & Compliance Source:

<https://www.crimesolutions.ojp.gov/programdetails?id=186#em>

Supporting Literature

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Media Campaign – 19-20 & 20-21

Summary & Rating

Listed on the PFS EBPs list as Media Campaign, the acknowledged name for the program is the Mass Media Campaigns as noted in the review of EBPs documentation below based on specific targeted campaign discussions and ratings. Mass media campaigns use television, print, digital or social media, radio broadcasts, or other displays to share messages with large audiences. A variety of mass media campaigns exist to prevent tobacco use, underage and binge drinking, illicit drug use of youth, and alcohol consumption.

Mass media campaigns against tobacco use

Rating: **EBP**

Clearinghouse: **Results First Clearinghouse Database (What Works for Health)**

Mass media campaigns against underage & binge drinking

Rating: **Insufficient Evidence**

Clearinghouse: **Results First Clearinghouse Database (What Works for Health)**

Mass media campaigns to prevent illicit drug use of youth

Rating: **No Effects**

Clearinghouse: **CrimeSolutions**

School-based social norming; alcohol consumption

Rating: **Mixed Evidence**

Clearinghouse: **Results First Clearinghouse Database (What Works for Health)**

Policies & Procedures/Operations/Implementation

Mass media campaigns against tobacco use

Mass media campaigns reduce tobacco use among adults and youth and reduce or delay tobacco use initiation among young people.

Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco and often include graphic portrayals or emotional messages to influence attitudes and beliefs about tobacco use. The term “tobacco” in this strategy refers to commercial tobacco, not ceremonial or traditional tobacco. Policy & Procedures, Operations, and Implementation Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-tobacco-use>

Mass media campaigns against underage & binge drinking

Campaigns may also include efforts to provide adults with the knowledge and skills to take actions that help prevent underage drinking. Policy & Procedures, Operations, and Implementation

Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-underage-binge-drinking>

Mass media campaigns to prevent illicit drug use of youth

Target Populations: **6-12 (Childhood), 13-17 (Adolescent), 18-25 (Young adult)**

These antidrug mass media campaigns concentrate on preventing, reducing, or stopping the illicit drug use of young people (which generally includes individuals 26 and younger), because initiation of substance use typically begins during adolescence or young adulthood. Policy & Procedures, Operations, and Implementation Source:

<https://crimesolutions.ojp.gov/practicedetails?id=26#ar>

School-based social norming: alcohol consumption

Social norming campaigns provide objective, normative information in order to reduce misperceptions and, ultimately, change behavior. Campaigns can be implemented in a variety of settings and through a variety of means, including mail, online, face-to-face, and mass media approaches. Policy & Procedures, Operations, and Implementation Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-norming-alcohol-consumption>

Instruments, Surveys, Metrics

Mass media campaigns against tobacco use

Mass media campaigns against tobacco use can be implemented on the national, state, and local levels. The Centers for Disease Control and Prevention's (CDC's) Tips from Former Smokers includes stories from real people living with tobacco-related diseases and disabilities; it features tips, tools, and connections to quitlines to support quitting. The Real Cost, from the US Food and Drug Administration (FDA), is a youth-oriented campaign with materials focused on the cosmetic effects of tobacco, the loss of control caused by addiction, and the dangerous mix of toxic chemicals in

tobacco products. The Truth campaign uses its website, social media platforms, and text messages to share information on the dangers of tobacco and methods to prevent youth use.

The Massachusetts Tobacco Cessation and Prevention Program (MTCP) is an example of a state-based effort that uses a comprehensive approach to reduce tobacco and nicotine use which includes social media. The New York City Department of Health launched an anti-smoking campaign in March 2018 which runs on television, subways, social media, daily newspapers, and the Staten Island Ferry. Instruments, Surveys, Metrics Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-tobacco-use>

Mass media campaigns against underage & binge drinking

There are a variety of mass media interventions implemented throughout the country. Some examples include, Talk. They Hear You, Parents Who Host, Lose the Most, and Alcohol: True Stories. Instruments, Surveys, Metrics Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-underage-binge-drinking>

Mass media campaigns to prevent illicit drug use of youth

Mass media campaigns have become a common way of delivering preventive health messages to the general population. The goal of these campaigns is to reach a large number of people, including those who may be difficult to access through traditional approaches, to change health-related behaviors and attitudes. Although antidrug mass media campaigns can be seen by almost anyone in the general population who is exposed to the message, the campaigns usually concentrate on preventing, reducing, or stopping the illicit drug use of young people, because initiation of substance use typically begins during adolescence or young adulthood.

Media campaigns targeting illicit drug use focus on the abuse of drugs such as methamphetamine, heroin, cocaine, and marijuana. Other types of media campaigns may concentrate on preventing misuse of licit drugs, such as alcohol or tobacco, but studies of those types of campaigns were not included in this review. Instruments, Surveys, Metrics Source:

<https://crimesolutions.ojp.gov/practicedetails?id=26#ar>

School-based social norming: alcohol consumption

Social norming campaigns delivered via web with computer feedback and individual face-to-face interventions can reduce alcohol-related problems and quantity of consumption, and positively affect drinking norms. Effects of these campaigns are strongest in the first three months following participation but can last up to sixteen months, especially for web-based interventions. Mailed and group feedback and social norms marketing campaigns, however, do not appear to change drinking behavior or reduce alcohol-related harms among participants.

Alcohol-related social norming campaigns of all types may be less effective in locations with higher alcohol outlet density. Instruments, Surveys, Metrics Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-norming-alcohol-consumption>

Evaluation & Compliance

Mass media campaigns against tobacco use

There is strong evidence that mass media campaigns reduce the number of tobacco users, increase quit rates, and reduce youth initiation and smoking. Evidence is strongest for high intensity, well-funded television campaigns and campaigns that are part of a comprehensive tobacco control program.

Campaigns with messages that include quitline information increase quitline use. Such campaigns have been shown to increase calls to quitlines in communities with majority black populations. State-sponsored campaigns can increase quitline registrations and the use of internet-based cessation interventions.

Intense campaigns that reach many current and potential tobacco users typically yield stronger effects than less intense campaigns. Research from the Centers for Disease Control and Prevention (CDC) suggests that campaigns must reach 75% to 85% of their target audience and last at least 18 to 24 months to affect behavior. Effects on quit attempts may fade shortly after a campaign ends. Emotional messages such as personal testimonials with compelling narratives, intense images, and sounds, or graphic portrayals of negative health consequences appear more effective than other approaches. Studies of the CDC's Tips from Former Smokers, an example of such an approach, suggest such efforts can increase beliefs about the harms of smoking, calls to quitlines, quit attempts, and cessation; greater exposure to such a campaign may contribute to a stronger intent to quit.

Overall, effective youth campaigns generally last more than three years, are based on target audience research, and include school-based lessons, media spots, and multiple media methods (e.g., newspapers, radio, television). Additional evidence is needed about the use of social media and novel forms of technology for tobacco prevention campaigns for youth. Youth appear more responsive to messages about tobacco industry manipulation than adults. Studies of the US Food and Drug Administration's (FDA's) The Real Cost campaign suggest that youth-targeted campaigns can alter population-level perceptions of tobacco-related harms as well as reduce smoking initiation by youth. Campaigns to prevent youth uptake may require less reach than campaigns to promote quitting to yield effects.

Some campaigns appear more likely to yield stronger effects among low income individuals than higher income individuals. Other campaigns, often those with limited reach, increase quit rates most among high income individuals. However, both messages targeted to disadvantaged populations and those intended for broader audiences have demonstrated effects among disadvantaged populations. Campaign effects may also vary by race and ethnicity.

Mass media campaigns included in comprehensive tobacco control programs appear to reduce smoking prevalence.

Mass media campaigns save more in averted health care costs than they cost to implement; media expenditures for such campaigns have ranged from 25 cents to \$3.35 per capita per year. An evaluation of the FDA's The Real Cost Campaign found a return on investment of \$128 for every dollar spent. Campaigns to increase quitline use are estimated to cost about \$260 per additional call made to the quitline. Evaluation & Compliance Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-tobacco-use>

Mass media campaigns against underage & binge drinking

Mass media campaigns that increase adult awareness of underage drinking and its consequences are a suggested strategy to reduce underage drinking and excessive drinking among youth. Available evidence suggests that national media campaigns effectively disseminate information; in general, campaigns may be more effective when paired with enforcement efforts. However, additional evidence is needed to confirm effects of increased parental knowledge on their behavior regarding alcohol. Evaluation & Compliance Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-underage-binge-drinking>

Mass media campaigns to prevent illicit drug use of youth

Categorized into two media types: information campaigns and social marketing campaigns. Information campaigns focus on providing information about the dangers and risks of illicit substances, or about treatment and counseling services that may be available for drug users. The main objectives in information campaigns are warning, empowerment, and support. Social marketing campaigns attempt to clarify misconceptions young people may have about the extent and acceptance of drug use among their peers. The main objectives of social marketing campaigns are to correct erroneous normative beliefs, to set or clarify social and legal norms, and to establish positive role models.

Media campaigns that concentrate on preventing youths' illicit drug use are based on many theoretical models, such as the health belief model, the theory of reasoned action/theory of planned behavior, the social norms theory, the super-peer theory, and the social leaning theory.

- The health belief model is based on the idea that a lack of knowledge about the harms to an individual's health may lead to drug use. Thus, providing factual information about the dangers of drugs should prevent or reduce abuse by creating negative attitudes toward drug use.
- The theory of reasoned action/theory of planned behavior argues that drug use is a rational decision based on an individual's attitude toward drugs, the social norms perceived by the individual, and the perceived control over that individual's behavior. Media campaigns set about to clarify social norms about drug use.
- Social norms theory argues that behavior is affected by an incorrect perception about how other people think and act about drug use (Perkins and Berkowitz 1986). Media campaigns based on this theoretical model attempt to dispel the misconception that many young people

use drugs. Similar to the social norms theory, the super-peer theory argues that media portrayal of drug use, sex, or violence influences vulnerable teens. Media campaigns based on this theory would also attempt to correct misconceptions and erroneous information.

- Social learning theory argues that an individual's personality is a product of the interaction between the environment, behaviors, and the psychological processes of the individual (Bandura 1977). Media interventions based on this theory would promote positive role models or prosocial behaviors. Evaluation & Compliance Source: <https://crimesolutions.ojp.gov/practicedetails?id=26#ar>

School-based social norming: alcohol consumption

There is mixed evidence about the effects of school-based social norming campaigns on alcohol misuse among university, college, and high school students. Effectiveness varies with the way the intervention is delivered; some types of campaigns have been shown to reduce harmful alcohol consumption, especially in the short-term, and others have no effect, positive or negative, on participants' drinking behavior. Evaluation & Compliance Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-norming-alcohol-consumption>

Funded by SAMHSA, the PTTC Network published an [evaluation chart](#) from findings from a selection of (current and past) media campaigns shown to be effective in preventing one or more of the following: prescription drug misuse, youth marijuana misuse, and underage drinking. Although many of these campaigns may target specific types of substance misuse, practitioners can assemble valuable insights from their evaluations that can be applied holistically (PTTC, 2020, SAMHSA Highlighted Resources).

Supporting Literature

Mass media campaigns against tobacco use

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Mind Matters – 20-21

Summary & Rating

This program was included as an EBP in 2020-21 and as a program that does not need a waiver in 2019-20. There is a need to document the change in programmatic alignment from 2019-20 to 2020-21. Developed by the National Institute on Drug Abuse (NIDA), Mind Matters (formerly referred to as Mind Over Matter) is a series that explores the ways that different drugs affect your brain, body, and life. In this issue, we are going to talk about how drugs affect the brain. Summary & Rating Source: <https://teens.drugabuse.gov/teachers/mind-matters/teachers-guide>

Rating: **Insufficient Evidence**

Clearinghouse: **NIDA**

Policies & Procedures/Operations/Implementation

When used in combination with the printed materials, the background information and lesson plans contained in Mind Matters will help students understand the physical reality of drug use and inspire curiosity about neuroscience. Mind Matters focuses on responses to:

- Drugs and the brain
- Cocaine
- Inhalants
- K2/Spice and Bath Salts

- Marijuana
- Methamphetamine
- Nicotine, Tobacco, and Vaping
- Opioids
- Prescription Stimulants

Some activities to reinforce the topics are suggested are provided at the end of the Teacher's Guide. Facilitators can also develop content on their own. Policy & Procedures, Operations, and Implementation Source: <https://teens.drugabuse.gov/teachers/mind-matters>

Instruments, Surveys, Metrics

Mind Matters includes nine engaging printed materials designed to help students in grades 5 – 8 understand the biological effects of drug misuse on the brain and body, along with identifying how these drug-induced changes affect both behaviors and emotions. Instruments, Surveys, Metrics Source: <https://teens.drugabuse.gov/teachers/mind-matters/teachers-guide>

Evaluation & Compliance

According to the National Institute on Drug Abuse, the Mind Matters series is a valued resource for tens of thousands of teachers. Each booklet is devoted to a specific drug or drug group. Hard copies of the booklets in English can be ordered for free and both English and Spanish booklets are available online as printable PDFs. The accompanying Teacher's Guide, which includes background information and activities to enhance students' learning, is available online in a printable PDF format. Evaluation & Compliance Source: <https://teens.drugabuse.gov/teachers/mind-matters>

Supporting Literature

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Mindful Youth – 19-20

Summary & Rating

While Mindful Youth is listed on the PFS EBPs list as an acknowledged EBP, the program was not found on any of the reviewed clearinghouses or resource centers as previously presented. The EBP rating is self-reported by the organization and there is a need to conduct further review and assessment of this program pursuant to EBP standards. Summary & Rating Source: <https://www.mindfullyouthproject.org/services>

Rating: **Insufficient Evidence**

Clearinghouse: **N/A**

Policies & Procedures/Operations/Implementation

Mindful Youth Project offers personalized curriculums and individualized trainings and consultations for schools, related service providers, and parent groups interested in providing mindfulness approaches for the young people their personal and professional lives. Policy & Procedures, Operations, and Implementation Source: <https://www.mindfullyouthproject.org/services>

Instruments, Surveys, Metrics

Mindful Youth Project attempts to harness this potential by providing developmentally appropriate mindfulness strategies that engage youth through a variety of best practice approaches including:

- Video
- Music and movement
- Art and writing
- Games
- Visual Supports
- Generalization tips

Evaluation & Compliance

According to the Mindful Youth Project website, a growing body of scientific research suggests that various mindfulness practices can significantly impact foundational cognitive and social emotional skills including attention and focus, self-awareness, emotional identification and behavioral regulation, stress reduction and resilience, as well as a range of prosocial behaviors. These skills are not only essential for academic achievement but also for social success and personal wellbeing. Evaluation & Compliance Source: <https://www.mindfultyouthproject.org/about>

Supporting Literature

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Parents Who Host Lose the Most – 19-20 & 20-21

Summary & Rating

The Parents Who Host Lost the Most is listed on the PFS EBPs list and is referenced on several website; however, it is not found in any of the reviewed clearinghouses or resource centers as summarized previously. The organization’s site, <https://preventionactionalliance.org>, documentation of EBP evidence and case studies. Similar to other programs not found on one of the clearinghouses or resource centers, this program needs to be further reviewed and assessed based on EBP standards.

Rating: **Insufficient Evidence**

Clearinghouse: **N/A**

Policies & Procedures/Operations/Implementation

According to the Prevention Action Alliance, Parents Who Host Lose the Most reinforces everyone’s responsibility to promote healthy choices in your community. Its key message reminds parents that it is unsafe, unhealthy, and unacceptable—and, in many communities, illegal—to provide alcohol for underage youth. It decreases young people’s access to alcohol by reducing the number of parents willing to provide alcohol for young people. Over time, it reduces the likelihood teens will drink alcohol and suffer the health effects that come from underage drinking. Policy & Procedures, Operations, and Implementation Source:

<https://preventionactionalliance.org/about/programs/parents-who-host-lose-the-most/>

Instruments, Surveys, Metrics

The campaign includes fact cards, stickers, posters, yard signs, banners, and more items to help you educate your community about the health and safety effects of underage drinking and share

with them the facts that every parent should know about social hosting. You can enhance your campaign with a Parents Who Host membership, which includes access to an implementation guide, social media graphics, press engagement tools, advocacy resources, and more. Instruments, Surveys, Metrics Source: <https://preventionactionalliance.org/about/programs/parents-who-host-lose-the-most/>

Evaluation & Compliance

Since its creation, Parents Who Host Lose the Most has been used by hundreds of organizations in all 50 states as well as Puerto Rico, Japan, Canada, and the U.S. Virgin Islands. Neighborhood coalitions, regional collaboratives, police departments, and entire states have relied on Parents Who Host Lose the Most to address and prevent underage drinking. Now, Parents Who Host Lose the Most has been updated to reflect new technology, tools, and needs for communication in the digital age. Evaluation & Compliance Source: <https://preventionactionalliance.org/about/programs/parents-who-host-lose-the-most/>

Supporting Literature

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Montgomery Township Health Department. (2020). *Parents Who Host, Lose the Most*. Retrieved from <https://health.montgomery.nj.us/parents-who-host-lose-the-most/>

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YouthThink. (2016). *Parents Who Host Lose the Most*. Retrieved from <https://youththink.net/programs/parents-who-host-lose-the-most/>

Positive Action – 19-20 & 20-21

Summary & Rating

The Positive Action (PA) program is designed to improve youth academics, behavior, and character. PA uses an audience-centered, curriculum-based approach to increase positive behaviors and decrease negative ones. Summary & Rating Source: <https://crimesolutions.ojp.gov/programdetails?id=113&ID=113#pd>

Rating: **EBP**

Clearinghouse: **CrimeSolutions**

Policies & Procedures/Operations/Implementation

Target Populations: **0-5 (Early Childhood), 6-12 (Childhood), 13-18 (Adolescent)**

PA offers program materials and follow-up training to orient users to their individual roles and how to meet the goals of the school, district, or organization. PA training focuses on conveying the program vision and objectives, establishing cohesive and shared goals among members for program implementation, and providing tips to achieve the best results from the programs. Different types of training options are available based on an organization's specific needs.

PA program materials include the following:

- Instructor's Kits on each grade level for the PreK–12 Curriculum plus supplemental curricula for elementary bullying prevention and Grade 5 and middle school drug prevention
- Climate Development Kits (elementary and secondary), which include manuals and behavior management tools, assemblies, and schoolwide events
- Counselor's Kit, which includes a manual with lessons, activities, and materials for individuals, small groups, large groups, classrooms, and families

- Conflict Resolution Kit, which helps users resolve conflicts through a Conflict Resolution Plan
- Family Kit, which includes lessons that can be delivered in the home to engage the whole family
- Community Kit, which provides materials to be used by a coalition or a community coordinating committee.

Policy & Procedures, Operations, and Implementation Source:

<https://crimesolutions.ojp.gov/programdetails?id=113&ID=113#pd>

Instruments, Surveys, Metrics

The program addresses diverse problems, such as substance use, violence-related behavior, disruptive behavior, and bullying, as well as social–emotional learning, positive youth development, character, and academics.

The PA program portfolio features interactive, ready-to-use kits that contain 15 to 20 minutes of scripted, user-friendly lessons for schools, families, and communities. The content concentrates on three core elements:

- The program philosophy.
- The thoughts–actions–feelings circle.
- Six content units on self-concept; positive actions for body and mind; social and emotional positive actions for managing oneself responsibly; social and emotional positive actions for getting along with others; social and emotional positive actions for being honest; and social and emotional positive actions for self-improvement.

These unit lessons cover diverse topics such as nutrition, problem-solving, decision-making, study skills, self-control, managing personal resources, social skills, self-honesty, and setting and achieving

goals. Instruments, Surveys, Metrics Source:
<https://crimesolutions.ojp.gov/programdetails?id=113&ID=113#oi>

Evaluation & Compliance

PA is grounded in a broad theory of self-concept. It relies on intrinsic motivation for developing and maintaining positive behavioral patterns and teaches the skills for learning and motivation for achieving success and happiness for everyone. The universal premise—that you feel good about yourself when you do positive actions and there is always a positive way to do everything—is represented by the self-reinforcing “thoughts–actions–feelings” circle: positive thoughts lead to positive actions, positive actions lead to positive feelings about oneself, and positive feelings lead to more positive thoughts. Evaluation & Compliance Source:
<https://crimesolutions.ojp.gov/programdetails?id=113&ID=113#oi>

Supporting Literature

Beets, M. W., Flay, B. R., Vuchinich, S., Snyder, F. J., Acock, A., Li, K.-K., ... Durlak, J. (2009). Use of a Social and Character Development Program to Prevent Substance Use, Violent Behaviors, and Sexual Activity Among Elementary-School Students in Hawaii. *American Journal of Public Health*, 99(8), 1438–1445. <https://doi.org/10.2105/ajph.2008.142919>

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Flay, B. R., & Allred, C. G. (2010). The Positive Action Program: Improving Academics, Behavior, and Character by Teaching Comprehensive Skills for Successful Learning and Living. In *International Handbook on Values Education and Student Well-Being*. essay, Dordrecht, Netherlands: Springer.

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Positive Youth Development – 19-20 & 20-21

Summary & Rating

Based on the literature, the Interagency Working Group on Youth Programs (Working Group), a collaboration of 21 federal departments and agencies that support youth, has created the following definition of positive youth development (PYD): an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Summary & Rating Source: <https://youth.gov/youth-topics/positive-youth-development>

Rating: **Promising**

Clearinghouse: **youth.gov**

Policies & Procedures/Operations/Implementation

The Working Group developed a research agenda focused on PYD. Through a collaborative consensus-building process, representatives from federal agencies identified three research domains

(conceptual issues, data sources and indicators, and program implementation and effectiveness) and key research questions that could benefit from future research.

PYD has its origins in the field of prevention. In the past, prevention efforts typically focused on single problems before they surfaced in youth, such as teen pregnancy, substance abuse, and juvenile delinquency.

Over time, practitioners, policymakers, funders, and researchers determined that promoting positive asset building and considering young people as resources were critical strategies. As a result, the youth development field began examining the role of resiliency — the protective factors in a young person's environment — and how these factors could influence one's ability to overcome adversity. Those factors included, but were not limited to, family support and monitoring; caring adults; positive peer groups; strong sense of self, self-esteem, and future aspirations; and engagement in school and community activities.

Researchers and practitioners began to report that young people who possess a diverse set of protective factors can, in fact, experience more positive outcomes. These findings encouraged the development of interventions and programs that reduce risks and strengthen protective factors. The programs and interventions are strengthened when they involve and engage youth as equal partners, ultimately providing benefits for both the program and the involved youth. Policy & Procedures, Operations, and Implementation Source: <https://youth.gov/youth-topics/positive-youth-development>

PYD can be integrated into any youth development program. First and foremost, all youth-serving organizations should work toward assuring that young people have the chance to engage in positive relationships and interactions that can help them develop into healthy and productive adults. PYD strategies also include providing youth with access to experiences that help them learn

healthy and valued behaviors, expectations, and principles. Policy & Procedures, Operations, and Implementation Source: <https://youth.gov/youth-topics/integrating-positive-youth-development-programs>

Instruments, Surveys, Metrics

Involving youth and encouraging their participation is important in promoting positive youth development. Youth need to be fully engaged in programs as active participants. Their participation should be sustained, and they should be able to translate the skills and experiences gained within the program to their greater communities.

To ensure that youth are actively engaged, programs should regularly assess youth involvement and engagement. This [online assessment](https://youth.gov/youth-topics/positive-youth-development/how-do-you-assess-youth-involvement-and-engagement) tool can assist organizations and community partnerships in determining how they involve youth in programs, whether youth are becoming more engaged in the community, and whether certain strategies help retain youth. Instruments, Surveys, Metrics Source: <https://youth.gov/youth-topics/positive-youth-development/how-do-you-assess-youth-involvement-and-engagement>

Evaluation & Compliance

PYD programs engage young people in intentional, productive, and constructive ways while recognizing and enhancing their strengths. These programs promote positive outcomes by providing opportunities, fostering positive relationships, and giving the support that is needed to develop young people's assets and prevent risky behaviors.

Research indicates that young people who are surrounded by a variety of opportunities for positive encounters engage in less risky behavior and ultimately show evidence of higher rates of successful transitions into adulthood. PYD programs are one venue to ensure that young people have

access to adequate positive opportunities. The available evidence suggests that PYD programs can prevent a variety of risk behaviors among young people and improve social and emotional outcomes.

Although there has been limited evaluation of positive youth development programs, the evidence that is available suggests that the opportunities, skills, and atmosphere offered in a positive youth development program can lead to better health, social, and educational outcomes. Evaluation and Compliance Source: <https://youth.gov/youth-topics/effectiveness-positive-youth-development-programs>

The Working Group recognizes the importance of PYD and works to ensure that current research-based content is included on youth.gov and to identify resources that support federal efforts in promoting positive youth development and youth engagement. The Working Group created a national [Research Agenda on PYD](https://youth.gov/sites/default/files/PYD_Research_Agenda_IWGYD.pdf) ([https://youth.gov/sites/default/files/PYD_Research_Agenda IWGYD.pdf](https://youth.gov/sites/default/files/PYD_Research_Agenda_IWGYD.pdf)), thus giving researchers, practitioners, and policymakers a point of reference for future policies, programs, and research, including evaluations. This Research Agenda on PYD can also be used to stimulate conversations and increase attention to this topic area across agencies. In addition, the research agenda can serve to increase funding support for research and serve as a guide for university scholars and students. Evaluation & Compliance Source: <https://youth.gov/youth-topics/positive-youth-development/pyd-research-agenda>

Supporting Literature

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Prevention Plus Wellness (SPORT, MJ, In Shape) & 19-20 & (SPORT, MJ) – 20-21

Summary & Rating

SPORT Prevention Plus Wellness is a health promotion program that highlights the positive image benefits of an active lifestyle to reduce the use of alcohol, tobacco, and drug use by high school students in addition to improving their overall physical health.

InShape Prevention Plus is a brief prevention program to improve the physical, mental, and spiritual well-being of college students by connecting positive health habits and images with the avoidance of risky alcohol, tobacco, marijuana, and other drug use. Summary & Rating Source: <https://www.blueprintsprograms.org/program-search/?localPageSize=5000&keywords=wellness>

Rating: **Promising**

Clearinghouse: **Results First Clearinghouse Database (Blueprints)**

Policies & Procedures/Operations/Implementation

SPORT Prevention Plus Wellness

Target Populations: **Late Adolescence (15-18)**

SPORT Prevention Plus Wellness, a high school program, consists of an in-person health behavior screen, a one-on-one consultation, a take-home fitness prescription targeting adolescent

health promoting behaviors and alcohol use along with its risk and protective factors, and a flyer reinforcing key content of the consultation mailed to the home. The techniques are based on the Integrative Behavior-Image Model, which asserts that positive personal and social images serve as both key motivators for health development and the glue for unifying health promoting and health risk habits within single interventions. This is accomplished through behavioral couplings which are a conceptual integration of a health promoting behavior (e.g., physical activity) and a health risk behavior (e.g., alcohol use) using personal aspirations. Policies & Procedures, Operations, and Implementation Source: <https://www.blueprintsprograms.org/programs/477999999/sport-prevention-plus-wellness/>

Target Populations: **Early Adulthood (19-22)**

InShape Prevention Plus Wellness is based on the Behavior-Image Model (BIM) which states that positive social images and future self-images can be used to link and simultaneously motivate multiple different health risk habits of college students. InShape emphasizes the positive image benefits of setting goals to increase physical activity and exercise, healthy eating, sleep, and stress management, while avoiding alcohol, cigarette, and illicit drug use to achieve and maintain a fit and active lifestyle. The main program components include a self-administered behavior image survey, a brief talk about fitness and health with a designated Fitness Specialist, and a set of fitness recommendations and goal plan to improve fitness behaviors and future image.

Instruments, Surveys, Metrics

SPORT Prevention Plus Wellness

The brief seven-item Health and Fitness Screen was developed to provide tailored feedback on six health behavior-related areas, and is administered to participants individually during regularly scheduled school hours just prior to implementing the fitness consultation. The screen consists primarily of yes/no response items measuring the following behavioral areas: sport and physical activity, exercise, physical activity norms (e.g., social support from family and friends), breakfast and nutrition, sleep and rest, and alcohol initiation and use.

SPORT fitness consultations are administered using a standardized protocol designed to provide tailored, scripted communications by trained fitness specialists to adolescents one-on-one. Participating students are escorted from regularly scheduled classes to designated, private spaces

where consultations are conducted throughout the school day. These prevention communications promote an active lifestyle, emphasize the conflict between such a lifestyle and consuming alcohol, and portray an image of youth as active and fit, with alcohol use as counterproductive to achieving this image. Fitness specialists consist of various types of health care professionals, such as nurses and certified health specialists. At the conclusion of the personal consultation, a take-home fitness prescription is provided recommending the adolescent set goals in the areas of sleep, nutrition, physical activity, and alcohol. Lastly, a one-page flyer is mailed out to participants one week after the implementation of the fitness consultations, reinforcing prevention messages provided during the consultation.

Although materials developed by the program designer are available in a group and a one-on-one format, as well as a parent-implemented kit, only the one-on-one version is certified by Blueprints as it is the version that was used in the evaluation that met Blueprints quality standards.

Instruments, Surveys, Metrics Source:

<https://www.blueprintsprograms.org/programs/477999999/sport-prevention-plus-wellness/>

InShape Prevention Plus

Fitness Behavior Image Screen - College-aged young adults, ages 18-21, first complete the Fitness Behavior Screen, a nine-item instrument on selected health behaviors addressed in the consultation and goal plan. The items ask participants about their physical activity, exercise, diet, sleep, stress management habits, gender, and their alcohol and cigarette use, as well as their desire to achieve selected images, using primarily yes and no response items. Responses are used to tailor consultation messages to each participant's specific health habits.

Consultation and Goal Plan - After participants complete the Fitness Behavior Screen, they are provided with scripted messages by the fitness specialist using a consultation protocol.

Consultations last approximately 25 minutes. The consultation is based on the Behavior-Image Model, emerging paradigm for planning multiple behavior interventions. The Model uses 'gain' framed messages to illustrate how health promoting behaviors promote salient social and self-images, and 'loss' framed messages to show how health risk behaviors interfere with image outcomes and achievement of health promoting habits. Image-based gain and loss framed messages are thought to activate prototypes and future self-images, thereby coupling, and motivating multiple behavior change within single, brief interventions. The consultation protocol provides tailored content addressing each of the health behaviors in the screen and their relation to salient image achievement. PowerPoint slides are shown at designated points in the consultation to reinforce key images and health behaviors using colorful text and illustrations.

At the conclusion of the consult, the fitness specialist provides participants with a one-page goal plan. The goal plan is also based on the Behavior-Image Model as well as research indicating that the selection of self-concordant goals reflecting one's image or aspirations facilitates behavior change. The plan includes fitness recommendations that reiterate the consultation and couples' salient images' key points to target behaviors. For example, one recommendation is to participate in moderate physical activity for at least 30 minutes on most days of the week if one wants to be a more physically active young adult. Then, participants are asked to select at least one goal from each of four behavior groups to improve in the next week, including: 1) increase physical activity & exercise, 2) decrease alcohol use, 3) decrease cigarette use, or 4) increase other fitness behaviors (e.g., nutrition, stress management, other drug use, and sleep).

Although materials developed by the program designer are available in both a group and a one-on-one format, only the one-on-one version is certified by Blueprints as it is the version that was

used in the evaluation that met Blueprints quality standards. Instruments, Surveys, Metrics Source: <https://www.blueprintsprograms.org/programs/559999999/inshape-prevention-plus-wellness/>

Evaluation & Compliance

SPORT Prevention Plus Wellness

SPORT Prevention Plus Wellness is based on the ***Integrative Behavior-Image Model***, which asserts that positive personal and social images serve as both key motivators for health development and the glue for unifying health promoting and health risk habits. Although the studies did not perform a mediation analysis, researchers found that the program affected risk and protective factors as well as outcome substance use behaviors.

SPORT Prevention Plus Wellness is provided to adolescents by staff from high schools, community groups, and clinics. In-person program instructor/implementer training with program materials is available to a minimum of eight staff at workshops costing \$5,984 plus travel. In-person Training of Trainers (TOT) workshops with program and training materials are available to a minimum of four staff costing \$5,992 plus travel. Webinar training costs \$499 per trainee and includes the cost of program materials; however, this form of training was not used in the evaluations and is not certified by Blueprints.

Program materials including program manual, digital downloads of reproducible materials, and PowerPoint slides are included in the cost of in-person training. Evaluation & Compliance Source: <https://www.blueprintsprograms.org/programs/477999999/sport-prevention-plus-wellness/>

InShape Prevention Plus

InShape Prevention Plus Wellness is based on the Behavior-Image Model which asserts that positive social images and future self-images can be used to link and simultaneously motivate

multiple divergent health risk habits among young adults and adolescents. BIM is also founded on self-regulation theory of health, indicating that programs provide feedback on behaviors and self-images to increase commitment to setting concrete goals for change across multiple health habits.

The results indicate that a brief multiple behavior intervention consisting of a screening survey, one-on-one consult tailored to targeted health behaviors, and behavioral goal plan appears to have decreased marijuana and alcohol consumption and driving after drinking, increased hours of sleep, and improved spiritual and social health-related quality of life, compared to students receiving standard health care information. In addition, effect sizes were typically two to four times larger for brief intervention young adults than control participants on measures found to improve over time for both treatment groups. These effects were found 12 weeks after initiation.

InShape is provided to college students and young adults by staff from colleges, community groups and clinics. In-person program instructor/implementer training with program materials is available to a minimum of eight staff at workshops costing \$5,984 plus travel. In-person Training of Trainers (TOT) workshops with program and training materials are available to a minimum of four staff costing \$5,992 plus travel. Webinar training costs \$499 per trainee and includes the cost of program materials; however, this form of training was not used in evaluations and thus is not Blueprints-certified.

Program materials including program manual, digital downloads of reproducible materials, and PowerPoint slides are included in the cost of in-person training. Evaluation & Compliance Source:

<https://www.blueprintsprograms.org/programs/559999999/inshape-prevention-plus-wellness/>

Supporting Literature

SPORT Prevention Plus Wellness

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Responsible Beverage Server Training or AESL – 19-20 & 20-21

Summary & Rating

Responsible beverage server training (RBST) includes efforts to educate owners, managers, servers, and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth or intoxicated patrons. Summary & Rating Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/responsible-beverage-server-training-rbsrbst>

Rating: **EBP**

Clearinghouse: **Results First Clearinghouse Database (What Works for Health)**

Policies & Procedures/Operations/Implementation

RBST practices include offering customers food with drinks, delaying service to rapid drinkers, refusing service to intoxicated or underage consumers, and discouraging intoxicated customers from driving. RBST is also sometimes called RBS or server training. Policies & Procedures, Operations, and Implementation Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/responsible-beverage-server-training-rbsrbst>

Instruments, Surveys, Metrics

Multi-component RBST that combines server training, community coalition efforts, and enhanced enforcement reduces excessive consumption more than server training alone. Clear role definition, evaluation, and feedback can also help facilitate effective RBST implementation. Instruments, Surveys, Metrics Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/responsible-beverage-server-training-rbsrbst>

Evaluation & Compliance

There is some evidence that responsible beverage server training (RBST) reduces harmful alcohol consumption, especially when implemented as part of a multi-component intervention. However, additional evidence is needed to confirm effects.

RBST appears to improve server policies and practices and reduce the portion of patrons leaving drinking establishments intoxicated. This approach can reduce alcohol sales to minors and may also decrease alcohol-related violence. Evaluation & Compliance Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/responsible-beverage-server-training-rbsrbst>

RBST is in place in many states. As of January 2019, RBST was mandatory in 20 states and Washington, DC and voluntary in many others. Evaluation & Compliance Source:

<https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/beverage-service-training-and-related-practices/26>

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Shoulder Tap Program – 20-21

Summary & Rating

A Shoulder Tap Program is an example of an enhanced enforcement operation where an undercover, underage youth, under the surveillance of law enforcement officers, approaches individuals near an alcohol retail outlet, stating his/her real age, and asks if the individual will purchase alcohol and provide it to him/her. Summary & Rating Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/enhanced-enforcement-of-laws-prohibiting-alcohol-sales-to-minors>.

This program was not identified by name on any of the reviewed clearinghouses or resource centers but was found to align with Compliance Checks as previously noted. Based on a review of this program from the Compliance Checks EBP perspective, this program is found to be a highly effective EBP as noted from the following sources:

<https://www.nabca.org/sites/default/files/assets/files/Report-to-Congress-on-Prevention-Reduction-Underage-Drinking.pdf> & <https://www.abc.ca.gov/enforcement/underage-drinking/shoulder-tap-program/>

Rating: **EBP (not identified as Shoulder Tap Program)**

Clearinghouse: **Results First Clearinghouse (What Works for Health)**
Policies & Procedures/Operations/Implementation

Enhanced enforcement programs initiate or increase the frequency of retailer compliance checks for laws prohibiting the sale of alcohol to minors. Retailer compliance checks are generally conducted by local law enforcement or alcohol beverage control agencies along with other efforts to reduce underage drinking (e.g., mass media campaigns publicizing enforcement activities). Violators receive legal or administrative sanctions). Policies & Procedures, Operations, and Implementation

Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/enhanced-enforcement-of-laws-prohibiting-alcohol-sales-to-minors>

Instruments, Surveys, Metrics

See Above – No additional documentation available.

Evaluation & Compliance

There is strong evidence that enhanced enforcement of laws that prohibit alcohol sales to minors reduces retail sales to minors. Such enforcement also appears to reduce underage alcohol consumption. However, additional evidence is needed to confirm effects.

Enhanced enforcement programs have been shown to reduce sales to minors of various racial and ethnic groups in both bars and liquor stores, in rural and urban communities. Research suggests that compliance checks are most effective when checks are frequent, well-publicized, well-designed, solicit community support, and involve penalties to the licensed establishment, instead of just the server. Evaluation & Compliance Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/enhanced-enforcement-of-laws-prohibiting-alcohol-sales-to-minors>

Supporting Literature

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Prevention and Reduction of Underage Drinking. Retrieved from

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Social Host Liability - 19-20 & 20-21

Summary & Rating

Social host liability laws hold private property owners who provide alcohol or allow its provision to minor or obviously intoxicated individuals on their property liable if someone is killed or injured as a result of the provision of that alcohol. Social host liability varies from state to state and can take the form of criminal or civil actions. Summary & Rating Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/social-host-laws>

Rating: **Insufficient Evidence**

Clearinghouse: **Results First Clearinghouse (What Works for Health)**

Policies & Procedures/Operations/Implementation

Social host liability laws are a suggested strategy to reduce drunk driving, heavy episodic drinking, and underage drinking. Available evidence suggests that these policies may reduce heavy episodic drinking and drunk driving. One study of 18-20 year-olds indicates that such laws are more likely to affect drunk driving than heavy drinking. States with social host civil liability laws appear to have fewer fatal crashes of underage drunk drivers than state without such laws; the number of fatal crashes among underage drunk drivers does not appear to differ significantly in states with social host criminal liability laws and states without such laws. Policies & Procedures, Operations, and Implementation Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/social-host-laws>

Instruments, Surveys, Metrics

Applicable laws, if applicable. Four states (Delaware, Kentucky, North Carolina, and West Virginia) and Washington DC have no law that addresses social host liability. Instruments, Surveys, Metrics Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/social-host-laws>

Evaluation & Compliance

Underage drinking parties may be smaller in communities that have established social host policies than communities that have not. A California-based analysis suggests that when implemented with other interventions, social host liability can reduce heavy drinking among college students at off-campus parties, bars, and restaurants. Additional evidence is needed to confirm effects.

As of 2016, 31 states have criminal penalties for adults who host underage drinking events. Ten states' laws focus specifically on underage parties, 21 states have policies with a broader scope. Thirty-three states have statutes that assign civil liability for injuries or damages caused by minors provided with alcohol. Evaluation & Compliance Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/social-host-laws>

Supporting Literature

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Strategic Prevention Framework (SPF) – 20-21

Summary & Rating

The Strategic Prevention Framework (SPF) was listed on the PFS EBPs list for 2020-21; however, following review it was not identified as an EBP. Additionally, it is listed under as a program that does not need a waiver for 2019-20 as noted in the subsequent section. This program needs to be further reviewed for proper alignment within the EBP frameworks pursuant to EBP standards and program design, implementation, and administration. Prevention professionals use SAMHSA's Strategic Prevention Framework (SPF) as a comprehensive guide to plan, implement, and evaluate prevention practices and programs. Summary & Rating Source: <https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>

Rating: **N/A**

Clearinghouse: **SAMHSA**

Policies & Procedures/Operations/Implementation

SAMHSA developed five steps and two guiding principles within the SPF which offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.

The SPF includes these five steps:

1. Assessment: Identify local prevention needs based on data (e.g., What is the problem?)
2. Capacity: Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)

3. Planning: Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. Implementation: Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. Evaluation: Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- Cultural competence. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- Sustainability. The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Instruments, Surveys, Metrics

The SPF has several defining characteristics that set it apart from other strategic planning processes. Most notably, it is:

- Dynamic and iterative. Assessment is the starting point, but planners will return to this step again and again as their community's substance misuse problems and capacities evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, planners may need to find and mobilize additional capacity to support implementation once a program or practice is underway. For these reasons, the SPF is a circular rather than a linear model.

- Data-driven. The SPF is designed to help planners gather and use data to guide all prevention decisions—from identifying which substance misuse problems to address in their communities, to choosing the most appropriate ways to address these problems, to determining whether communities are making progress.
- Reliant on and encourages a team approach. Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions involved in prevention efforts may change as the initiative evolves, but the need for prevention partners will remain constant.

This toolkit provides an introduction to the SPF’s well-tested and user-friendly planning approach. Organized by each of the steps in the framework, the toolkit provides a snapshot of how each of the components fit together and build on one another. Used in tandem with its companion resource, [Selecting Best-Fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners](#), the toolkit provides an important starting point for engaging in a thoughtful, data-driven process that supports best practices, engages critical stakeholders, and draws on evidence. Adherence to the principles in the framework increases the likelihood that prevention efforts will produce anticipated outcomes, reduce harmful behaviors, and keep communities healthy and safe.

Evaluation & Compliance

SAMHSA’s entire SPF is meant to serve as a framework for implementation and evaluation, step five in particular provides a systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making.

Supporting Literature

Substance Abuse and Mental Health Services Administration. (2018, September). *Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners*. Retrieved

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Retrieved from <https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>

Talk They Hear You – 19-20 & 20-21

Summary & Rating

SAMHSA developed the “Talk. They Hear You.” in 2013, an example of a mass media campaign aiming to empower parents and caregivers to talk with children early about alcohol and other drug use. Summary & Rating Source: <https://www.samhsa.gov/underage-drinking/about>

Rating: **Emerging**

Clearinghouse: **SAMHSA**

Policies & Procedures/Operations/Implementation

Target Populations: **9-12 (Childhood), 13-17 (Adolescent), 18-21 (Young adult)**

“Talk. They Hear You.” originally focused on helping parents with children ages 9–15 to prevent young people from starting to drink. However, research suggests the chances that children will try alcohol or other drugs increases as they get older. Around age 9, children begin thinking alcohol may not be just for adults. By the time they are seniors, almost 70 percent of high school students will have tried alcohol, half will have taken an illegal drug, and more than 20 percent will have used a prescription drug for a nonmedical purpose.

In 2018, “Talk. They Hear You.” expanded its resources to include tools for parents and caregivers of children of all ages under 21 to help them continue having underage drinking and substance use prevention conversations beyond age 15.

The “Talk. They Hear You.” campaign aims to accomplish the following:

1. Increase parents’ awareness of the prevalence and risk of underage drinking and substance use;
2. Equip parents with the knowledge, skills, and confidence to prevent underage drinking and substance use; and
3. Increase parents’ actions to prevent underage drinking and substance use.

Parents have a significant influence in their children’s decision to experiment with alcohol and other drugs. Although it may not seem like it, when parents talk about underage drinking and substance use, their children do hear them. Policy & Procedures, Operations, and Implementation

Source: <https://www.samhsa.gov/underage-drinking/about>

Instruments, Surveys, Metrics

“Talk. They Hear You.” offers products for coalitions, school staff members, public health departments, and other community groups to aid local, regional, and national alcohol and substance use prevention efforts. All materials share the common goal of empowering parents and caregivers to talk with their children early, and often, about alcohol and other drugs.

Below is an inventory of popular campaign products that may be used as-is or customized for use in your community, as outlined in the campaign’s Brand Guide.

- 15-, :30-, and :60-second TV public service announcements (PSAs) (YouTube and Web Files)

- [30- and :60-second TV PSAs \(Broadcast Quality\)](https://psabank.com/portfolio-items/samhsatthy_psn_tv/?portfolioCats=124%2C255%2C209%2C237%2C210) (https://psabank.com/portfolio-items/samhsatthy_psn_tv/?portfolioCats=124%2C255%2C209%2C237%2C210)
- [15-, :30-, and :60-second Radio PSAs and Scripts](https://www.samhsa.gov/underage-drinking/partner-resources/psas#radio) (<https://www.samhsa.gov/underage-drinking/partner-resources/psas#radio>)
- [Print PSAs \(available in the below sizes\)](https://www.samhsa.gov/underage-drinking/partner-resources/psas#print) (<https://www.samhsa.gov/underage-drinking/partner-resources/psas#print>)
 - 3.5 x 2 inches (Wallet Card)
 - 4.75 x 4.75 inches (Square – Social Media)
 - 7 x 4.875 inches (Post Card)
 - 8.5 x 11 inches (Flyer)
- [Customizable Parent Resources \(e.g., brochures, fact sheets, etc.\)](https://www.samhsa.gov/underage-drinking/parent-resources) (<https://www.samhsa.gov/underage-drinking/parent-resources>)
- [5 Conversation Goals Handout](https://www.samhsa.gov/underage-drinking/parent-resources/five-conversation-goals) (<https://www.samhsa.gov/underage-drinking/parent-resources/five-conversation-goals>)
- [Campaign Backgrounder, Talking Points, and Infographics](#)

Instruments, Surveys, Metrics Source: <https://www.samhsa.gov/underage-drinking/about>

Evaluation & Compliance

After you have shared “Talk. They Hear You.” in your community, you will want to conduct evaluation activities and revisit your goals and objectives. You can use the baseline data you gathered and used for the goals- and objective-setting process to determine if you have achieved your desired results.

For example, below are a few questions to consider if you conducted a pre- and post-implementation evaluation to determine the percent change of parents with children ages 11– 13 in [Community] knowledgeable about the prevalence and risk of underage drinking and substance use by [Month Day, Year]:

1. Did 10 percent more parents of children ages 11–13 in [Community] gain more knowledge about the prevalence and risk of underage drinking and substance use?
2. If so, did you meet this objective by the date originally proposed in your plan?

Download the TTHY Event Planning Toolkit and reference SAMHSA’s SPF for more specific planning and evaluation guidance for prevention practitioners. Evaluation & Compliance Source: <https://www.samhsa.gov/sites/default/files/tthy-2020-campaign-guide.pdf>

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<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>

Substance Abuse and Mental Health Services Administration. (2020). *Partners*. Retrieved from <https://www.samhsa.gov/underage-drinking/partners>

Team Awareness – 19-20 & 20-21

Summary & Rating

Team Awareness is a customizable, worksite substance use prevention-training program that aims to promote a healthy work culture. The program addresses stress and behavioral risks associated with substance use issues and counterproductive behaviors among employees, their coworkers, and, indirectly, their families. Summary & Rating Source:

<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Rating: **Promising**

Clearinghouse: **Results First Clearinghouse (NREPP)**

Policies & Procedures/Operations/Implementation

Target Populations: **18-25 (Young adult), 26-55 (Adult), 55+ (Older adult)**

Team Awareness is designed for use in any type of organizational setting or occupational group where employees interact with or depend on one another to get work done. The training may be particularly effective for employees in safety-sensitive occupations (e.g., construction workers, emergency response and law enforcement personnel, machinery or equipment operators, transportation workers) or workplaces where tradition supports coworkers' use of alcohol to handle stress or to socialize.

The program has been tested on a wide variety of white- and blue-collar occupations with same- or mixed-gender compositions within two municipal workforces. Team Awareness has also been adapted for use by 2 small businesses and community-based alcohol and other drug awareness centers. Team Awareness is optimally delivered to employees in two, 4-hour classroom-based sessions spaced 2 weeks apart. An adaptation of the training for supervisors is also provided. Sessions are highly interactive and include group discussions, videos, role playing, quizzes, games, communication exercises, and optional homework assignments. Policy & Procedures, Operations, and Implementation Source: <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Instruments, Surveys, Metrics

Team Awareness training seeks to promote social health and increased communication between workers; improve knowledge about and attitudes toward protective factors in the workplace, such as company policy and Employee Assistance Programs (EAPs); and increase peer referral behaviors. To achieve these objectives, the training focuses on six components:

1. the importance of personal and team capacity for health and prevention;
2. team ownership of policy (embracing policy as a useful tool for enhancing safety and well-being for the whole workgroup);
3. stress and resilience, including stressors, individual coping styles, and other methods for coping;
4. tolerance and how it can become a risk factor for groups;
5. the importance of appropriate help-seeking and help-giving behavior;

6. access to resources for preventive counseling or treatment (e.g., EAPs, local community resources, 12-step programs, wellness programs). Instruments, Surveys, Metrics Source: <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Evaluation & Compliance

Team Awareness, developed to train trainers by Drs. Joel Bennett and Wayne Lehman, is available to interested users. Team Awareness is the first program to be recognized as a workplace-based Model Prevention Program by SAMHSA).

Successful implementation of Team Awareness requires a facilitator who understands the overview manual and each of the manuals for the six Team Awareness modules. Manuals and materials are available for free downloading from [Organizational Wellness & Learning Systems](#) or from the Institute of Behavioral Research at Texas Christian University.

According to SAMHSA, employees who participated in Team Awareness were:

- Significantly less likely to come to work under the influence of illegal drugs or alcohol
- Twice as likely to decrease problem drinking behaviors
- About one third as likely to work with or miss work because of a hangover
- Likely to double their help-seeking behavior
- Significantly more likely to work in groups that encourage coworkers to stop a drinking or drug habit during a six-month follow-up analyses, compared with a control group.

Evaluation & Compliance Source: <https://www.samhsa.gov/sites/default/files/workplace-kit.pdf>

Supporting Literature

Bennett, J. B., Bartholomew, N. G., Reynolds, S., & Lehman, W. E. K. (2002). *Team Awareness: Training for Workplace Substance Abuse Prevention*. Institute of Behavioral Research

Bennett, J. B., Lehman, W. E. K., & Reynolds, G. S. (2000). Team Awareness for Workplace Substance Abuse Prevention: The Empirical and Conceptual Development of a Training Program. *Prevention Science*, 1(3), 157–172. <https://doi.org/10.1023/a:1010025306547>

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The Parent Project – 19-20 & 20-21

Summary & Rating

The Parent Project is listed on the PFS EBP list is acknowledged as The Parent Project's Changing Destructive Adolescent Behavior on the CEBC clearinghouse. The Parent Project's Changing Destructive Adolescent Behavior is a behaviorally based psychoeducational program for parents of acting out adolescents and older children which is presented only by trained Certified Parent Project Facilitators. Summary & Rating Source: <https://www.cebc4cw.org/program/the-parent-project/detailed>

Rating: **Insufficient Evidence**

Clearinghouse: **CEBC**

Policies & Procedures/Operations/Implementation

Target Populations: **For parents and caregivers of children ages 11-17**

The Parent Project requires parents to attend a minimum of twenty hours of activity-based, highly structured classroom instruction, and six hours of support group involvement. Groups operate under the UCLA Self-Help Support Group Model, and may continue to meet indefinitely. Thus, Changing Destructive Adolescent Behavior is not only a parent-training module, but also contains a subsequent ongoing support group component. The program follows the 216-page curriculum, A Parents' Guide to Changing Destructive Adolescent Behavior. This program can serve as a stand-alone intervention for less severe issues, or concurrent with more traditional service delivery systems such as individual/family counseling, psychiatric treatment, inpatient, or residential care.

The Parent Project's provides services to parents/caregivers and addresses the following:

- Children with the following issues: Arguing, violence, dropping out of school, truancy, gang involvement and other poor peer relations, destruction of property, defiance, alcohol, and other drug abuse, sexual acting out, runaway threats and behavior, and suicidal threats and attempts.
- Parental inconsistency and passivity
- Inappropriate consequences, both rewards and consequences (e.g., too long-term, inadequate, overly harsh, etc.)
- Overly permissive, autocratic, and neglectful parenting
- Parental deficits of expression of love & affection
- Deficits in family structure and cohesiveness (e.g., sense of family, family bonding)
- Services Involve Family/Support Structures:

This program involves the family or other support systems in the individual's treatment: Parents and additional caregivers (grandparents, other kinship caregivers, foster parents, and

separated/divorced parents) may attend with parents, or at another Parent Project program offering to ensure consistency of parenting across environments. Policy & Procedures, Operations, and Implementation Source: <https://www.cebc4cw.org/program/the-parent-project/detailed>

Instruments, Surveys, Metrics

The typical resources for implementing the program are:

- A classroom of sufficient size for the number of attendees
- Overhead projector or Elmo
- Computer with LCD projector (preferable but not necessary)
- Projection screen (or blank wall)
- Tables suitable to seat 4 – 6 persons
- Comfortable chairs
- Minimum of one Certified Parent Project Facilitator
- Additional helpers as needed
- One [Parent Project](https://parentproject.com/facilitator-resources/) (<https://parentproject.com/facilitator-resources/>) workbook for each family in attendance.

The Parent Project's includes a homework component with weekly homework assignments as a follow-up to each succeeding week. Instruments, Surveys, Metrics Source: <https://www.cebc4cw.org/program/the-parent-project/detailed>

Evaluation & Compliance

There is no minimum education requirement to train to be a facilitator. Presenters of Parent Project program must have completed the 40-hour Parent Project Facilitator Training and received certification to present The Parent Project and to purchase parent workbooks.

Now in its 12th edition, The Parent Project's Changing Destructive Adolescent Behavior has become the program of choice for parents raising difficult or out-of-control teens. The American Bar Association's Center on Children and the Law, named the Parent Project the largest court mandated juvenile diversion program in the country. With a focus on improving both school attendance and performance, The Parent Project has become a favorite of middle and high school educators as well.

Evaluation & Compliance Source: <https://parentproject.com/research/>

Supporting Literature

Chibnall, S. H., & Abbruzzese, K. (2004). A community approach to reducing risk factors. *The Journal of the Office of Juvenile Justice and Delinquency Prevention*, 10(1), 30-31. Retrieved from http://www.parentproject.com/docs/research/OJJDP%20Journal_SeePages_30-32.pdf

Doumas, D. M., King, M., Stallworth, C., Peterson, P., & Lundquist, A. (2015). Evaluation of a Parent-Based Intervention for At-Risk Adolescents. *Journal of Addictions & Offender Counseling*, 36(2), 66-80. <https://doi.org/10.1002/jaoc.12004>

The Parent Project. (2020). *Parent Project*. Retrieved from <https://parentproject.com/>

Stoltz, H. E., Vargas, L., Clifford, L. M., Gaedt, H. A., Garcia, C. F., & Hunter, S. (2010). Evaluating parent project: A multi-site inquiry. *Family Science Review*, 15(1), 1-12

Too Good for Drugs – 19-20 & 20-21

Summary & Rating

Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. Summary & Rating Source: <https://web.archive.org/web/20180625175540/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=75>

Rating: **EBP**

Clearinghouse: **Results First Clearinghouse (NREPP)**

Policies & Procedures/Operations/Implementation

Target Populations: **6-12 (Childhood), 13-17 (Adolescent)**

TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. TGFD has developmentally appropriate curricula for each grade level through 8th grade, with a separate high school curriculum for students in grades 9 through 12. The K-8 curricula each include 10-weekly, 30- to 60-minute lessons, and the high school curriculum includes 14 weekly, 1-hour lessons plus 12 optional, 1-hour "infusion" lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in subject areas such as English, social studies, and

science/health. Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop.

Too Good for Drugs is a companion program to Too Good for Violence (TGFV), reviewed by NREPP separately. At the high school level, the programs are combined in one volume under the name Too Good for Drugs & Violence High School. Policy & Procedures, Operations, and Implementation Source:

<https://web.archive.org/web/20180625175540/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=75>

Instruments, Surveys, Metrics

Scientific research has shown that social-emotional learning helps reduce risk factors and build protective factors related to various risky or aggressive behaviors. TGFD programs are based on an accepted Theory of Change, employing strategies, and teaching key behavioral skills shown to promote healthy decision making and positive outcomes.

TGFD programs are aligned with health and education standards established by national organizations, such as the Centers for Disease Control and The American School Counselors Association. TGFD programs have also been correlated to various state health education standards. Instruments, Surveys, Metrics Source: <https://mendezfoundation.org/our-work/>

Evaluation & Compliance

One Study of Too Good for Drugs and Violence met What Works Clearinghouse (WWC) evidence standards, and one study met WWC evidence standards with reservations. These studies, which included nearly 700 students attending six high schools in Florida, examined results on

students' knowledge, attitudes, and values. Evaluation & Compliance Source: https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/WWC_Drugs_Violence_091406.pdf

Whereas, according to the Mendez Foundation, through third-party evaluations, Too Good programs have been shown to have positive effects on emotional competency skills, decision-making ability, intentions to use illicit substances, substance use behavior, and intentions to engage in aggressive behavior. Evaluation & Compliance Source: <https://mendezfoundation.org/our-work/>

Supporting Literature

Bacon, T. P. (2001). Evaluation of the Too Good for Drugs and Violence--high school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL

Bacon, T. P. (2002, April). Resiliency of students' protective factors using a school-based drug prevention program. Paper presented at the Annual Conference of the American Educational Research Association, New Orleans, LA

Bacon, T. P. (2004). Technical report: Evaluation of the Too Good for Drugs--middle school prevention program. A report produced for a project funded by the Florida Department of Education, Department of Safe and Drug-Free Schools, Tallahassee, FL

Bacon, T. P. (2004). Technical report: Pilot study of the Too Good for Drugs and Violence after-school activities program. A project funded by the C. E. Mendez Foundation, Inc., Tampa, FL

Hall, B. W., Bacon, T. P., & Ferron, J. M. (2013). Randomized Controlled Evaluation of the Too Good for Drugs Prevention Program: Impact on Adolescents at Different Risk Levels for Drug Use. *Journal of Drug Education*, 43(3), 277-300. <https://doi.org/10.2190/de.43.3.e>

Mendez Foundation. (2020). *Our Work*. An Evidence-Based Program. Retrieved from <https://mendefoundation.org/our-work/>

Patterson, G. A. (2004). Too Good for Drugs: Elementary school fidelity of implementation.

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US Department of Education. (2006, September 14). *WWC Intervention Report Too Good for*

Drugs and Violence. Retrieved from

https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/WWC_Drugs_Violence_091406.pdf

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Non-waiver Events/Programs

Based on the provided program lists for program years 2019-20 and 2020-21, there were six (6) programs or events that were presented as separate categorizations of non-waiver events or programs. However, there are two (2) listed events/programs that were assessed and presented as EBP-style programs, Handle with Care (rated by CEBC as Insufficient Evidence) and Truth about Drugs (rated by NREPP as Promising). Additionally, there were three (3) programs listed on one of the recognized clearinghouses or resource centers that were reviewed during the development of this manual, while the remaining three (3) were not found on any of the reviewed clearinghouses or resource centers.

Even without EBP considerations, these programs include varying levels of documentation and resources related to assessing the need for programming, implementing, and administering selected programming, conducting compliance and quality control, and reporting outcomes through program evaluation. Provided summary information for each of the six (6) events/programs listed below allow for more comprehensive review of proposed programming. For example, comparative

analysis could be conducted to assess the actual implemented, administered, and evaluated program based on the “model” program as outlined and cited under each program subheading.

Fatal Vision – 19-20 & 20-21

Summary & Rating

Fatal Vision was not found on any of the reviewed clearinghouses or resource centers that review and rate EBPs.

Rating: **N/A**

Clearinghouse: **N/A**

Policies & Procedures/Operations/Implementation

Fatal Vision® Goggles (FVG) are intended to educate participants about the consequences of alcohol and marijuana impairment. The goggles are used as a preventative method to change attitudes and reduce drunk driving behavior and marijuana use. Policy & Procedures, Operations, and Implementation Source: <https://www.prevention.org/Resources/ea7b2aa8-96e0-4938-a081-45ba9c590b88/EffectivenessofFatalVisionGogglesinYouthATODPrevention-FINAL.pdf>

Instruments, Surveys, Metrics

The manufacture of FVG, Innocorp, Ltd. sells individual and kits, and also their Fatal Vision Evidence-Based-Program Guide ranging from \$99 to \$5,999.

According to Innocorp, Ltd.’s website, the Fatal Vision Alcohol Impairment Simulation Goggles offer sober people an opportunity to experience what it’s like to navigate basic tasks after drinking. They give participants of alcohol education programs a safe way to learn the important lesson that alcohol greatly impairs a person’s balance, vision, reaction time and judgment.

The drunk simulation goggles are available in five levels that model the impairment associated with a particular blood alcohol concentration (BAC) — from less than .06 to .25+ BAC. Fatal Vision is available with either a clear lens to simulate daytime or shaded lens to simulate nighttime conditions. Purchase two or more different goggles to show how increased BAC results in increased impairment.

Fatal Vision Marijuana Goggles model the effects of recreational marijuana so you can experience the impact of what it is like to be under the influence. Marijuana affects the brain differently than alcohol, and our marijuana goggles reflect that difference.

Rather than distorting the vision so the participant stumbles and loses coordination, the goggles simulate marijuana's true effects — they diminish the participant's capacity to make quick, accurate decisions, and that causes her to miss important external cues that could lead to an accident. The goggles accomplish this by impairing her ability to perceive the color red. This lack of perception means the participant does not have all the necessary information to complete specially designed activities. When you are under the influence of marijuana, you do not, in fact, lose your ability to perceive the color red. Instruments, Surveys, Metrics Source: <https://www.fatalvision.com/product-category/alcohol-drugs/fatal-vision-goggles/#:~:text=The%20evidence%2Dbased%20Fatal%20Vision,drowsy%20or%20distracted%20driving%20firsthand.>

Evaluation & Compliance

According to Inncorp, Ltd. the most effective presentations have at least three components — a video or other form of media, a personal testimonial, and a hands-on experience. The company states their “evidence-based Fatal Vision® Goggles offer that hands-on experience, allowing participants to experience the effects of alcohol, marijuana, a concussion, or drowsy or distracted

driving firsthand.” Evaluation & Compliance Source: <https://www.fatalvision.com/product-category/alcohol-drugs/fatal-vision-goggles/#:~:text=The%20evidence%2Dbased%20Fatal%20Vision,drowsy%20or%20distracted%20driving%20firsthand>

However, a review by Prevention First in 2010, concluded, while FVG has shown some evidence of effectiveness in changing college students' attitudes short term, no evidence exists for the 10-17 age group. Furthermore, Prevention First found there was no evidence of FVG leading to long-term attitude change beyond four weeks and no evidence of drinking and driving behavior change. FVG does not meet the criteria to qualify as an evidence-based practice; however, it does not appear to violate the standards of best practices. FVG may be useful as one component of (or a supplement to) a comprehensive prevention program. It should not be used as a single prevention event that is not part of an ongoing prevention effort. Evaluation & Compliance Source: <https://www.prevention.org/Resources/ea7b2aa8-96e0-4938-a081-45ba9c590b88/EffectivenessofFatalVisionGogglesinYouthATODPrevention-FINAL.pdf>

Supporting Literature

Hawkins, R. P. (2018, January). Evidence-Based Behavioral Models and Fatal Vision Goggles. Retrieved from <https://www.fatalvision.com/wp-content/uploads/2018/01/Evidenced-Based-White-Paper-for-Fatal-Vision-Goggles.pdf>

Ingraham, C. (2019, April 26). These 'marijuana goggles' are supposed to make you feel stoned. The Washington Post. Retrieved from <https://www.washingtonpost.com/news/wonk/wp/2015/09/30/these-green-tinted-marijuana-goggles-are-supposed-to-make-you-feel-stoned/>

Innocorp Ltd. (2020). Fatal Vision Impairment Goggles. Retrieved from <https://www.fatalvision.com/product-category/alcohol-drugs/fatal-vision-goggles/>

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6-7), 449-456. <https://doi.org/10.1037/0003-066x.58.6-7.449>

Prevention First. (2010, August). Effectiveness of Fatal Vision® Goggles in Youth Alcohol, Tobacco and Other Drug (ATOD) Prevention. Retrieved from <https://www.prevention.org/Resources/ea7b2aa8-96e0-4938-a081-45ba9c590b88/EffectivenessofFatalVisionGogglesinYouthATODPrevention-FINAL.pdf>

Focus on Prevention – 19-20

Summary & Rating

Focus on Prevention is provided by SAMHSA which helps communities plan and deliver substance use prevention strategies, particularly around National Prevention Week (NPW). It covers conducting needs assessments, identifying partners, and creating effective strategies for marketing and program evaluation. Toolkits and materials also offer a sample timeline of tasks for participants. Summary & Rating Source: <https://www.samhsa.gov/prevention-week/about>

Rating: **N/A**

Clearinghouse: **SAMHSA**

Policies & Procedures/Operations/Implementation

NPW is an annual health observance dedicated to increasing public awareness of, and action around, mental health and/or substance use disorders.

The three primary goals of NPW are to:

- Involve communities in raising awareness of substance use and mental health issues and in implementing prevention strategies, and showcasing effectiveness of evidence-based prevention programs;
- Foster partnerships and collaborations with federal agencies and national organizations dedicated to improving public health; and
- Promote and disseminate quality substance use prevention and mental health promotion resources and publications.

Instruments, Surveys, Metrics

SAMHSA allows participants to access and download toolkits for templates, tools, and support for participating. Free resources include:

- [NPW Fact Sheet](#)
- [NPW Promotional Video](#)
- [Event Ideas](#)
- [Tips for Planning an Event](#)
- [Planning Checklist](#)

Free webinars provide information and resources to states, ***SAMHSA Center for Substance Abuse Prevention (CSAP)*** grantees, and local community-based organizations to raise awareness and educate communities on prevention topics. Instruments, Surveys, Metrics Source: <https://www.samhsa.gov/prevention-week/toolkit>

Evaluation & Compliance

NPW is held each year during May. Originally, SAMHSA chose this timing because it is near the start of summer, an important time for school, communities, and prevention professionals to re-focus on prevention. Adolescents and full-time college students most often use substances for the first time during June or July, according to SAMHSA's National Survey on Drug Use and Health (NSDUH) [data on adolescents – 2012](#) and NSDUH [data on full-time college students – 2015](#).

As national participation in NPW has increased over the years, this week now serves as a week-long observance created by SAMHSA to celebrate prevention efforts in organizations and communities across the nation, and across all ages. We know communities make prevention happen every day – not just during NPW – and NPW is the perfect time to promote and celebrate a year's worth of prevention efforts, as well as get news, ideas, and resources to strengthen daily, weekly, and monthly prevention activities.

Plus, the timing of National Prevention Week still provides a timely opportunity for schools and organizations to host prevention-themed events and activities before the school year ends, raising awareness about this important issue among students and their families. These are key periods of social transitions, a risk factor for youth substance use, and an opportunity to develop or strengthen the community, school, and family bonds that protect young people from substance use and strengthen community health overall. More information can be found in [The Surgeon General's Report on Alcohol, Drugs, and Health](#). Evaluation & Compliance Source:

<https://www.samhsa.gov/prevention-week/about>

Supporting Literature

Substance Abuse and Mental Health Services Administration. (2020, April 15). National Prevention Week. Retrieved from <https://www.samhsa.gov/prevention-week>

Handle With Care – 19-20 & 20-21

Summary & Rating

The Handle with Care Behavior Management System (HWC) is designed to train professionals on safely managing behaviorally challenged children and adults, including those with disruptive, aggressive, and self-destructive behaviors. The program teaches staff to develop and use their management and relationship skills to reduce tension and create and maintain a calm and safe environment for all. Summary & Rating Source: <https://www.cebc4cw.org/program/handle-with-care-behavior-management-system/>

Rating: **Insufficient Evidence**

Clearinghouse: **CEBC**

Policies & Procedures/Operations/Implementation

HWC is a verbal de-escalation and physical intervention program includes a patented restraint technique that is designed to be effective, safe and require fewer staff to safely manage a crisis than other restraint training programs. HWC complies with all Federal and State laws and is accredited by all major professional regulatory bodies.

The goals of the HWC are:

- Create and maintain safer, more caring environments
- Decrease need for physical restraint through preventative actions
- Minimize injuries to children, adolescents, clients, staff, parents, and family members through the use of prompt, skillful and appropriate intervention (including physical restraint when necessary)
- Create an environment of physical and psychological safety

Instruments, Surveys, Metrics

The essential components of the HWC include:

- Verbal Intervention & De-escalation Training
 - This verbal program is based on two theoretical models.
 - Tension/Tension Reduction Cycle: The T/TRC Model is a “timing” model for when to use Support, Limit Setting and, if necessary, Physical Restraint. It explains and illustrates the dynamics of escalating and de-escalating tension. This enables faculty to recognize and adapt to a wide range of dynamic situations and to adjust their approach in a way that is calibrated and appropriate to the behavior being presented.
 - Solid Object Relationship Model: SORM is a relationship-centered approach that enables staff to develop and utilize their relationship skills to provide children/clients with emotional and environmental support in a manner that conveys trust, security, and safety
 - Training in the use of verbal, nonverbal (e.g., body language) and paraverbal (e.g., tone) de-escalation techniques and role plays
- Physical Skills Training
 - 6 main components
 1. Understanding personal space

2. Self-defense and defense of others
 3. Physical restraint
 4. Escort/Transport
 5. Letting go and debriefing
 6. Specialized interventions
- Personal Defense System: Components
 - Escapes: Grabs, chokes, hair pulls, bites
 - Use of personal space and maintaining safety
 - Blocking: punches, kicks, thrown objects
 - 3rd person saves (when the assault is against another staff or child, or the child/client is engaging in self-harm)
 - Physical Intervention and Restraint Training
 - The Primary Restraint Technique® (“PRT”): The PRT® is designed to be an easy-to-teach, orthopedically sound physical hold that offers unprecedented advantage without pain or injury.
 - Standing Seated and Floor Holds
 - The PRT can be used as a standing hold, a seated hold, or a floor hold
 - The Handle with Care Behavior Management System restraint training and techniques have been evaluated by medical doctors (MDs) and other external professionals in various fields.

- PRT is patented for its safeguards to prevent positional asphyxia. These safeguards are additionally designed to prevent any other type of medical emergency.
- Post-crisis Assessment & Review:
 - Debriefing and incident review: This is a feedback system designed to keep accountability and enable staff to learn from the intervention. It provides staff and supervisors the opportunity to review the incident and see whether any changes need to be made regarding the intervention or behavior plan.
 - Life Space Interview (LSI) is an interactive therapeutic strategy for turning crisis situations into learning opportunities for children and youth.

Staff receives training by a certified HWC trainer from their organization. HWC certifies the trainer in a Train-the-Trainer program. Instruments, Surveys, Metrics Source: <https://www.cebc4cw.org/program/handle-with-care-behavior-management-system/>

Evaluation & Compliance

Although HWC's website cites a 30-50% reduction in the number of restraints and injuries due to their 25 years of research, currently, there are no published, peer-reviewed research studies for HWC. Evaluation & Compliance Source: <https://handlewithcare.com/statistics/>

Supporting Literature

Chapman, B. (2015, January 21). How HWC holding methods create a calm mind state – faster. Retrieved from <https://handlewithcare.com/how-hwc-holding-methods-create-a-calm-mind-state-faster/>

Mind Matters – 19-20

Summary & Rating

As previously noted, this program is listed as a program that does not need a waiver in 2019-20 and as an EBP in 2020-21, which has resulted in a duplicate listing. There is a need to review this program and document the logic for changing its listing status from 2019-20 to 2020-21. Developed by the National Institute on Drug Abuse (NIDA), “Mind Matters” includes nine engaging printed materials designed to help students in grades 5 – 8 understand the biological effects of drug misuse on the brain and body, along with identifying how these drug-induced changes affect both behaviors and emotions. Summary & Rating Source: <https://teens.drugabuse.gov/teachers/mind-matters/teachers-guide>

Rating: **Insufficient Evidence**

Clearinghouse: **NIDA**

Policies & Procedures/Operations/Implementation

When used in combination with the printed materials, the background information and lesson plans contained in Mind Matters will help students understand the physical reality of drug use and inspire curiosity about neuroscience. Mind Matters focuses on responses to:

- Drugs and the brain
- Cocaine
- Inhalants
- K2/Spice and Bath Salts
- Marijuana

- Methamphetamine
- Nicotine, Tobacco, and Vaping
- Opioids
- Prescription Stimulants

Some activities to reinforce the topics are suggested are provided at the end of the Teacher's Guide. Facilitators can also develop content on their own. Policy & Procedures, Operations, and Implementation Source: <https://teens.drugabuse.gov/teachers/mind-matters>

Instruments, Surveys, Metrics

Mind Matters includes nine engaging printed materials designed to help students in grades 5 – 8 understand the biological effects of drug misuse on the brain and body, along with identifying how these drug-induced changes affect both behaviors and emotions. Instruments, Surveys, Metrics Source: <https://teens.drugabuse.gov/teachers/mind-matters/teachers-guide>)

Evaluation & Compliance

According to the National Institute on Drug Abuse, the Mind Matters series is a valued resource for tens of thousands of teachers. Each booklet is devoted to a specific drug or drug group. Hard copies of the booklets in English can be ordered for free and both English and Spanish booklets are available online as printable PDFs. The accompanying Teacher's Guide, which includes background information and activities to enhance students' learning, is available online in a printable PDF format. Evaluation & Compliance Source: <https://teens.drugabuse.gov/teachers/mind-matters>

Supporting Literature

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- National Institute on Drug Abuse. (2020). *Mind Matters the Body's Response to Inhalants*. Retrieved from <https://teens.drugabuse.gov/sites/default/files/nida-mind-matters-inhalants%281%29.pdf>

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Strategic Prevention Framework (SPF) – 19-20

Summary & Rating

Similar to the previously presented program and as noted previously in the report, the SPF Framework was listed as an EBP is 2020-21 and in this does not need a waiver group in 2019-20. As previously discussed, this program is not designed as an EBP and its inclusion in that list for 2020-21 should be reviewed and documented accordingly. Prevention professionals use SAMHSA’s Strategic Prevention Framework (SPF) as a comprehensive guide to plan, implement, and evaluate prevention practices and programs. Summary & Rating Source:

<https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>

Rating: **N/A**

Clearinghouse: **SAMHSA**

Policies & Procedures/Operations/Implementation

SAMHSA developed five steps and two guiding principles within the SPF which offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.

The SPF includes these five steps:

1. Assessment: Identify local prevention needs based on data (e.g., What is the problem?)
2. Capacity: Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)
3. Planning: Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. Implementation: Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. Evaluation: Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- Cultural competence. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- Sustainability. The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Instruments, Surveys, Metrics

The SPF has several defining characteristics that set it apart from other strategic planning processes. Most notably, it is:

- Dynamic and iterative. Assessment is the starting point, but planners will return to this step again and again as their community's substance misuse problems and capacities evolve. Communities may also engage in activities related to multiple steps simultaneously. For

example, planners may need to find and mobilize additional capacity to support implementation once a program or practice is underway. For these reasons, the SPF is a circular rather than a linear model.

- Data-driven. The SPF is designed to help planners gather and use data to guide all prevention decisions—from identifying which substance misuse problems to address in their communities, to choosing the most appropriate ways to address these problems, to determining whether communities are making progress.
- Reliant on and encourages a team approach. Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions involved in prevention efforts may change as the initiative evolves, but the need for prevention partners will remain constant.

This toolkit provides an introduction to the SPF’s well-tested and user-friendly planning approach. Organized by each of the steps in the framework, the toolkit provides a snapshot of how each of the components fit together and build on one another. Used in tandem with its companion resource, [Selecting Best-Fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners](#), the toolkit provides an important starting point for engaging in a thoughtful, data-driven process that supports best practices, engages critical stakeholders, and draws on evidence. Adherence to the principles in the framework increases the likelihood that prevention efforts will produce anticipated outcomes, reduce harmful behaviors, and keep communities healthy and safe.

Evaluation & Compliance

SAMHSA’s entire SPF is meant to serve as a framework for implementation and evaluation, step five in particular provides a systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making.

Supporting Literature

Substance Abuse and Mental Health Services Administration. (2018, September). *Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners*. Retrieved from

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Substance Abuse and Mental Health Services Administration. (2019, June). *Substance Abuse and Mental Health Services Administration: A Guide to SAMHSA's Strategic Prevention Framework*. Retrieved from <https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>

Super Parents Supervise – 19-20 & 20-21

Summary & Rating

Super Parents Supervise is a program developed by Join Together Northern Nevada (JTNN) which teaches parents about new drug paraphernalia, commonly abused drugs, and how to identify both. The program includes the setup of a mock bedroom through which parents look at common items (e.g., hairbrush, soda can, water bottle, etc.) that are really containers used to stash drugs. Parents learn how to speak to their children about drugs and are provided with a take-home manual for future use. Summary & Rating Source: <http://jtnn.org/wp-content/uploads/2019/11/Super-Parents-Supervise-Brochure-2019.pdf>

Rating: **N/A**

Clearinghouse: **N/A**

Policies & Procedures/Operations/Implementation

Super Parents Supervise is an educational opportunity for parents to learn about:

- The various places their teens could be hiding drugs and alcohol.
- How to spot the signs that their teen might be interested in drugs.
- How to talk to their teen about drugs and alcohol and help prevent usage.

Policy & Procedures, Operations, and Implementation Source: <http://jtnn.org/parents/super-parents-supervise/>

Instruments, Surveys, Metrics

Super Parents Supervise is done through an [instructional booklet](#) and a mock teenage bedroom. Walking through the mock bedroom provides parents with hands on experience identifying stash containers and deadly drugs.

Evaluation & Compliance

The Nevada Department of Education and the Nevada Division of Public and Behavioral Health (DPBH), the University of Nevada, Reno (UNR), School of Community Health Sciences administered a Nevada Youth Risk Behavior Survey (YRBS) in 2017. The YRBS was a survey of adolescent health behaviors, designed by the Centers for Disease Control and Prevention (CDC) in cooperation with federal agencies and numerous state and local departments of education and health. Highlights from the findings included, high school students in Washoe County reporting that 60.2% had used alcohol, 27.2% within the last 30 days prior to the survey, 41.9% had used marijuana, and 14.8% had used pain medication without a doctor's prescription. Evaluation & Compliance

Source: <http://jtnn.org/wp-content/uploads/2019/11/Super-Parents-Supervise-Brochure-2019.pdf>

Supporting Literature

Join Together Northern Nevada. (2019, November 2). *Super Parents Supervise - Join Together Northern Nevada*. Retrieved from <http://jtnn.org/parents/super-parents-supervise/>

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Staff. (2015, December 21). *Coalition targets substance abuse*. Northern Nevada Business Weekly. Retrieved from <https://www.nnbw.com/news/coalition-targets-substance-abuse/>

Tall Cop – 19-20 & 20-21

Summary & Rating

Tall Cop Says Stop was created in 1997 by Officer Jermaine Galloway, an Idaho law enforcement. Regarded as one of America’s top experts in various drug and alcohol trends, he has specialized in underage drinking and drug enforcement for more than 15 years. Summary & Rating

Source: <https://www.tallcopsaysstop.com/organizations-served>

Rating: **N/A**

Clearinghouse: **N/A**

Policies & Procedures/Operations/Implementation

Officer Galloway, trains over 60,000 class attendees annually. As the Tall Cop travels across the country, he trains in over 30 states per year (with multiple trainings in many states). Policy & Procedures, Operations, and Implementation Source:

<https://www.tallcopsaysstop.com/organizations-served>

Instruments, Surveys, Metrics

Tall cop "in-person" classroom or conference presentations can start at one hour in length and run up to two full days. Each class below is also available in webinar format. The webinars can be from 1-3 hours, depending on the content, and the organization type. Instruments, Surveys, Metrics Source: <https://www.tallcopsaysstop.com/speaking-engagements-training>

Evaluation & Compliance

Officer Jermaine Galloway, has provided keynote and breakout session presentations at a wide variety of conferences, including the CARE Coalition and Nevada HIDTA. Evaluation & Compliance Source: <https://www.tallcopsaysstop.com/organizations-served>

Supporting Literature

BeTheParents.org. (2016, October 28). *A Tall Cop's Top Takeaways for Parents*. Retrieved from <https://bethereparents.org/news/tall-cop-takeaways-underage-drinking/>

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communicate with your kids. Dubois County Free Press. Retrieved from <https://www.duboiscountyfreepress.com/tall-cop-says-stop-advice-to-parents-be-curious-google-things-communicate-with-your-kids/>

Stratton, E. (2018, December 10). *'Tall Cop Says Stop' awareness talk comes to Astoria.* The Astorian. Retrieved from https://www.dailyastorian.com/news/local/tall-cop-says-stop-awareness-talk-comes-to-astoria/article_4ebc489b-df7c-536a-984f-ae865f972e93.html

Truth About Drugs – 19-20 & 20-21

Summary & Rating

The PFS EBPs list identifies this program as Truth About Drugs, while the accessed clearinghouses and resource centers list the program by its full title, The Narconon Truth About Drugs Video Program. The Narconon Truth About Drugs Video Program aims to positively change youths' attitudes and perceptions of risk in regard to drug use; in part, by correcting false data as well as incorrect impressions presented by the media and other sources. Summary & Rating Source: <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Rating: **Promising**

Clearinghouse: **Results First Clearinghouse (NREPP)**

Policies & Procedures/Operations/Implementation

Target Populations: **6-12 (Childhood), 13-17 (Adolescent)**

The curriculum incorporates a unique combination of prevention strategies for addressing the use of tobacco, alcohol, marijuana, and common "hard drugs." Policy & Procedures, Operations,

and Implementation Source: <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Instruments, Surveys, Metrics

First developed by Friends of Narconon Intl. and Narconon International in 1996, the Narconon Truth About Drugs Video Program started as a stand-alone prevention DVD (or VHS) for schools to use to supplement their ongoing prevention efforts. In 2002, the first edition of the kit was developed. Currently, the program is a multimedia, 8-session curriculum for middle school and high school students. Instruments, Surveys, Metrics Source: <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

The Narconon Truth About Drugs Video Program conveys science-based information from diverse fields such as toxicology, forensic science, nutrition, marketing, and pharmacology, in simple terms, through illustrative examples and stories. The DVDs also feature vignettes of young adults sharing their personal stories of addiction and recovery to illustrate the harms associated with drug use, including the lies they told themselves and others when using and even dealing drugs. According to the program developer, the Truth About Drugs Video Program has been implemented in 1,000 U.S. high schools, 23 middle schools, 8 elementary schools, and one Girls and Boys Club.

The program relies on self-training by providers supported by an Educator's Guide and Teacher's DVD, although schools and groups may arrange for a 2-day, onsite training or one that is periodically offered by Friends of Narconon (FON), usually for up to 20 facilitators. Facilitators deliver the 8-session program in classroom settings to groups of 20-35 youths, within a 6-month period. Instruments, Surveys, Metrics Source: <https://www.drugeducationprogram.com/samhsa-evidence-based-prevention-program/>

Evaluation & Compliance

Truth About Drugs is primarily based on social influence theory, which posits that alcohol and other drug use among young people is strongly influenced by social motives, including both overt and covert pressure from friends and others to conform to what is depicted as the group norm.

Evaluation & Compliance Source: <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Supporting Literature

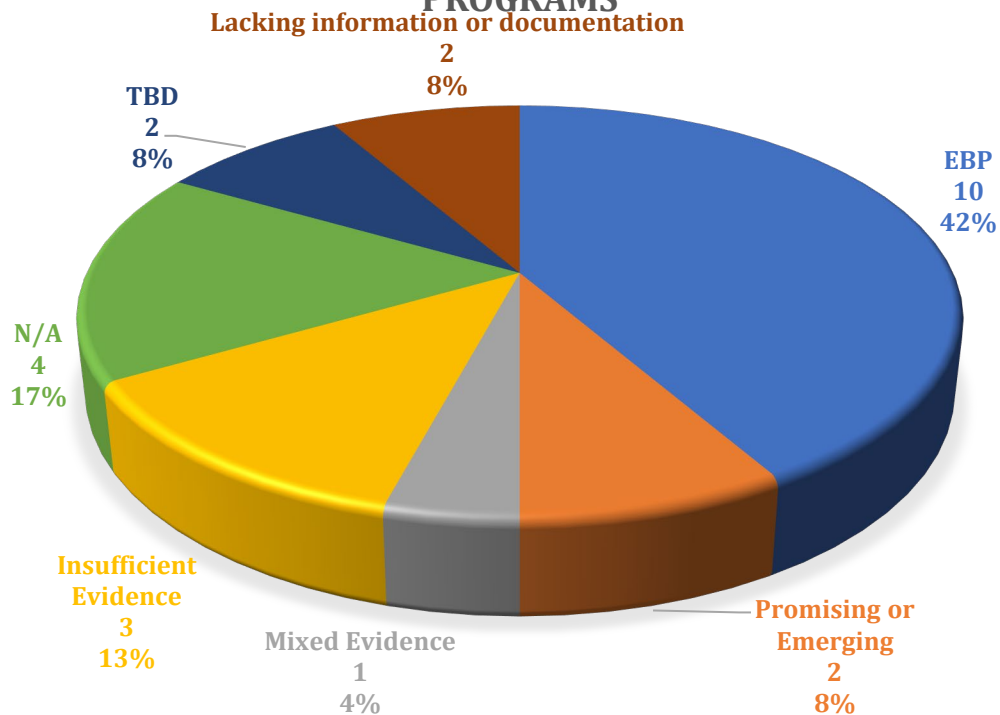
Drug Education Program. (2019, November 13). *The Truth About Drugs Video Program*. Retrieved from <https://www.drugeducationprogram.com/>

Lennox, R. D., & Cecchini, M. A. (2008). The NARCONON™ drug education curriculum for high school students: A non-randomized, controlled prevention trial. *Substance Abuse Treatment, Prevention, and Policy*, 3(1). <https://doi.org/10.1186/1747-597x-3-8>

Nevada Substance Abuse Prevention and Treatment Block Grant EBPs

Similar to the content presented for the PFS EBPs implemented in Nevada, the SABG EBPs will be summarized and presented separately. As this EBPPP Manual is designed to be a “living document” with planned annual updates, the SABG EBPs will be added as a second iteration of the manual and will be published upon completion and approval by BBHWP. Subsequently, this manual will be updated with proposed EBPs for the 2021-22 grant award year. Programmatic summaries of SABG programs will mirror the content areas as presented in the PFS section to increase standardization of prevention programming discussions and decision-making in Nevada. Additionally, the standardized presentation will support more scalable and sustainable programming with increased capacity with regard to evaluation, compliance, and reporting of outcomes pursuant to proposed, implemented, and administered programming. In Nevada from 2019-20 and 2020-21, there were 15 EBP reported programs being deployed as part of the Substance Abuse Prevention and Treatment Block Grant (SABG) and five (5) additional waiver-based programs. Of the five (5) waiver-based programs, there were three (3) coded as N/A and two (2) identified as lacking information or documentation for EBP status review and determination. The EBP ratings from available nationally recognized clearinghouses are presented in graphical form on the next page. From a holistic perspective, there are several EBP or Waiver-based programs that cross-over between PFS and SABG, which has led to some natural duplication of the information. Presentation of programming has focused on target populations pursuant to the Nevada funding award processes and federal regulations.

**FEDERALLY RECOGNIZED CLEARINGHOUSE OR
RESOURCE CENTERS EBP RATINGS FOR NEVADA SABG
PROGRAMS**



2019 – 2020 Substance Abuse Prevention and Treatment Block Grant (SABG) – Evidence-Based Programs

Boys Council

Summary & Rating

The Council for Boys and Young Men (The Council) is a strengths-based group approach to promote boys' and young men's safe and healthy development through pre-teen and adolescent years. The Council is working toward a future where boys and young men develop healthy and diverse masculine identities, allowing them to grow as respectful leaders and connected allies in their communities. The Council meets a male gender-specific need by addressing and challenging harmful masculinity beliefs and norms and supporting boys in developing safe, healthy identities and behaviors. Summary and Rating Source: <https://onecirclefoundation.org/the-council>

Rating: **TBD**⁶

Clearinghouse: **TBD**

Policies & Procedures/Operations/Implementation

Target Populations: **9-18 (Adolescents) males, it also serves adult male facilitators by increasing their skills and capacities as role models, mentors, and supportive adults**

Instruments, Surveys, Metrics

In this structured environment, boys and young men gain the vital opportunity to address masculine definitions and behaviors and build capacities to find their innate value and create good lives -individually and collectively.

Each week, a group of six to ten boys of similar age and development meets with one or two facilitators for 1.5 to 2 hours. These meetings are held for ten weeks or more, depending on the capacity of the setting. The group format includes warm-up activities, a "council" type check-in opportunity, experiential activities that address relevant topics, and a reflection and group dialogue component. The focused activities may include group challenges, games, skits or role-plays, arts, and so on.

Topics include Healthy Competition, Bullying, Emotions, Gender Role Expectations, Self-confidence, Teamwork, Conflict Resolution, Finding and Using Power in Healthy Ways, Respecting Others' Physical Boundaries, Being Allies, Relationships, Education, Leadership, Community Service, Diversity, Media Messages, Personal Values, Integrity, Future Goals, Early Life Challenges and

⁶ One Circle Foundation listed information could not be verified.

Overcoming Adversity, Cycles of Addiction and Decision Making, Nature as a Healing Environment, and more.

To participate, boys commit to attending the meetings and agree to follow co-created community agreements, typically to include show up, no put-downs or interruptions, offer experiences - not advice; keep the focus on yourself and your experience, and keep what's said in the group confidential. Facilitators explain confidentiality and legal and ethical exceptions to confidentiality in order to safeguard the boys' well-being. Boys participate at their own pace. Participants can express a range of ideas and emotions with peers and can expect respect and high regard from one another.

Rather than attempting to "instill values", the model strengthens and elicits boys' inherent capacities for good and diverse pro-social values and behaviors. Instruments, Surveys, Metrics
Source: <https://onecirclefoundation.org/the-council>

Evaluation & Compliance

The Center for Disease Control (CDC) is completing a four-year study on The Council for Boys and Young Men programs to prevent violence. Cornell University's [study](#) is in partnership with the New York State Department of Health who received the grant in collaboration with the [Bronfenbrenner Center for Translational Research](#).

The Council has been evaluated in two studies and additional analyses through Portland State University, by a team of doctorate, masters' level, and undergraduate students and under Eric Mankowski, PhD, Associate Professor, Applied Social & Community Psychology, Department of Psychology.

Portland State University's [2008 Evaluation of Boys Council](#), involved five organizations and 93 total participants in middle schools, diversion programs, and probation. The study found after ten weeks:

- Significant increases in boys' school engagement.
- Self-efficacy related to educational goals and avoiding fights, Ethnic Pride
- Conflict Skills were moving in the expected direction
- Satisfaction Surveys revealed high satisfaction on average of participants in The Council programs.

[The Council for Boys and Young Men: An Assessment of Effectiveness in the Ohio Department of Youth Services](#) in 2009-2010 found no changes compared to experimental and control groups. On careful analysis, however, the study detected significant demographic differences and pre-survey differences between groups such that an accurate comparison of changes was effectively more challenging to demonstrate.

[A Mixed-Method study of the Council for Boys & Young Men](#) examines The Council's impact on Masculinity Beliefs for Diverse Youth in a Correctional Setting. The report showed that while traditional masculinity beliefs, strongly associated with risk behaviors, increased for all youth in the prison setting, those who participated in The Council programs for more weeks showed:

- Significantly lower rates of increase in unhealthy beliefs about being male.

This is important because of the apparent impact of The Council to slow the trend toward the limiting "boy code" – *don't feel, be tough, dominate others, always be in control, never express fear, etc.* – that affects boys' behaviors, relationships, and futures.

The Council's [Evaluation Tool Kit](#) is available at no charge for your program evaluation. The kit includes instructions, forms, public domain scales, and author-permitted scales for The Council program evaluation. The scales are recommended by the Centers for Disease Control (CDC), Center for Substance Abuse Prevention (CSAP), National Center for School Engagement, and scholars interested in measuring boys' attitudes and behaviors, especially related to risk and protective behaviors associated with violence prevention, substance abuse prevention, and interpersonal skills. Evaluation & Compliance Source: <https://onecirclefoundation.org/tc-research>

Supporting Literature

Gray, M. E. (2012). "Man Up": A Longitudinal Evaluation of Adherence to Traditional Masculinity Among Racially/Ethnically Diverse Adolescent Inmates (dissertation).

Gray, M., Braun, M., Galvez, G., Leach, A., Finney, B., Garcia, T., ... Mankowski, E. (2008, September). An Evaluation of Boys Council Final Report. Retrieved from <https://onecirclefoundation.org/media/pdfs/Research-TC-Phase1.pdf>

Kelley, S. (2016, December 1). Researchers evaluate a program for boys to avert sexual violence. Cornell Chronicle. Retrieved from <https://news.cornell.edu/stories/2016/12/researchers-evaluate-program-boys-avert-sexual-violence>

Levant, R. F., Richmond, K., Majors, R. G., Inclan, J. E., Rosello, J. M., Heesacker, M., ... Seilers, A. (2003) A Multicultural Investigation of Masculinity Ideology and Alexithymia. *Psychology of Men & Masculinity*, 4(2), 91-99

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Sabo, D. (1999). *Understanding Men's Health: A Relational and Gender Sensitive Approach*, Harvard Center for Population and Development Studies, working Paper Series, NO. 99.14: Boston, MA

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Caring School Community

Summary & Rating

Caring School Community (CSC), formerly known as the Child Development Project, is an elementary school program that seeks to strengthen students' connectedness to school by creating a classroom and school community that fosters academic motivation, achievement, and character formation and reduces drug abuse, violence, and mental health problems. CSC incorporates elements important in children's social development, including supportive teacher–student relationships and opportunities for students to interact and collaborate in cooperative groups. The program was designed to be delivered by elementary school teachers, to enhance children's prosocial behavior without impeding academic accomplishments, and to promote students' commitment to being fair, empathic, respectful, and responsible. Summary & Rating Source:

<https://crimesolutions.ojp.gov/ratedprograms/303#relatedpractices>

Rating: **Promising**

Clearinghouse: **CrimeSolutions**

Policies & Procedures/Operations/Implementation

Target Populations: **5-12 (Childhood), Children Exposed to Violence**

Instruments, Surveys, Metrics

CSC offers the following four main classroom components to promote developmental discipline, social understanding, cooperation, prosocial values, and helping activities:

1. Class meetings. Teachers learn how to build unity and social skills, while students learn how to set class norms and goals, make decisions, and identify and solve problems that affect classroom climate.
2. Cross-Age Buddies program. Pairs classes of older and younger students for academic and recreational activities to help build caring, cross-age relationships. For each activity, buddy teachers plan together, prepare their own classes, support the buddy pairs during the activity, and reflect on the experience with their students afterward.
3. Homeside activities. Teachers learn how to create a cycle of learning that starts in the classroom, develops at home, and concludes in the classroom, while students obtain short conversational activities (in both English and Spanish versions) to do at home with their caregiver, and then debrief back in their classroom. These are intended to validate the families' perspectives, cultures, and traditions and to promote interpersonal understanding and appreciation.
4. Schoolwide activities. Teachers learn collaborative schoolwide activities and ways to link students, parents, school staff, and the community at large in building a caring school environment. The all-inclusive activities are meant to foster new school traditions and promote cultural understanding.

The goal of the Caring School Community program is to build classroom and school communities in order to support learning, academic success, positive relationships and character formation.

Instruments, Surveys, Metrics Source:

<https://crimesolutions.ojp.gov/ratedprograms/303#ii>

and

<https://cdc.thehcn.net/promiseppractice/index/view?pid=883>

Evaluation & Compliance

The CSC program was first introduced in California elementary schools in the early 1980s as the Child Development Project. Since then, the program has been adopted by about a thousand schools in 34 states. CSC has also been implemented in Australia, Spain, and Switzerland.

The four components of CSC are designed to be introduced over the course of one year, although schools may decide to introduce components more gradually. Teacher Packages and Principal Packages are required materials for school districts and are available in English and Spanish. Professional development opportunities are available with implementation as well. Additional information and free sample curriculum are provided on the [Center for the Collaborative Classroom website](#).

After three years, CSC students, relative to their comparison school counterparts, showed a greater sense of the school as a caring community, more fondness for school, stronger academic motivation, more frequent reading of books outside of school, a higher sense of efficacy, stronger commitment to democratic values, better conflict-resolution skills, more concern for others, more frequent altruistic behavior, and less use of alcohol. Evaluation & Compliance Source:

<https://crimesolutions.ojp.gov/ratedprograms/303#ii>

and

<https://cdc.thehcn.net/promiseppractice/index/view?pid=883>

Supporting Literature

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Curriculum Based Support Group

Summary & Rating

The Curriculum Based Support Group or "CBSG Program" is an evidence-based preventive intervention for selective and indicated populations of children and youth who are at elevated risk for substance use/abuse, delinquency, and violence. The research-based "CBSG Curriculum" delivers a combination of substance abuse prevention, youth development, and coping and social skills education to small numbers of children and youth in highly structured "educational support groups." Groups are led by trained, adult facilitators who provide emotional support and serve as role models and mentors. Interactive, experiential activities, combined with opportunities for group member (peer) bonding, are "cornerstones" of the intervention. Summary & Rating Source: https://www.theathenaforum.org/sites/default/files/curriculum-based_support_group_program_4-21-12.pdf

Rating: **EBP**

Clearinghouse: **Results First Clearinghouse Database (NREPP)**

Target Populations: 4-17 (Childhood); identified as being at elevated risk for early substance use and future delinquency and violence

Based on cognitive-behavioral and competence-enhancement models of prevention, the CBSG Program teaches essential life skills and offers emotional support to help children and youth cope with difficult family situations; resist peer pressure; set and achieve goals; refuse alcohol, tobacco, and other drugs; and reduce anti-social attitudes and rebellious behavior.

The CBSG Program has been successfully implemented throughout the United States in various settings, including schools, after-school programs, recreation centers, homeless shelters, group homes, outreach programs, churches, alternative schools, and juvenile detention centers.

- Participants are grouped by age and developmental level, with group size being limited to 6 to 12 members, depending on age and development.
- The CBSG Program versions for schools and community-based sites and Christian faith-based settings do not allow new members after the second session. The version for shelters, group homes, and transitional settings allow an exception to this rule.
- Typically, there are ten sessions for selective populations and 12 sessions for indicated populations, plus optional pre/post evaluation survey sessions. Session duration is the same period of time as one regular school class period. Sessions are conducted either weekly or bi-weekly depending on the setting.
- All group sessions are held in private, child-appropriate settings.
- Group rules provide for member confidentiality.

Policies & Procedures, Operations, and Implementation Source:
<https://web.archive.org/web/20180625174400/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=185>

Instruments, Surveys, Metrics

Delivered in 10-12 weekly, 1-hour support group sessions, the curriculum addresses topics such as self-concept, anger, and other feelings, dreams and goal setting, healthy choices, friends, peer pressure, life challenges, family chemical dependency, and making a public commitment to staying drug-free and true to life goals. Lesson content and objectives are essentially the same for all participants but are tailored for age and developmental status.

Groups are formed with 6-12 participants no more than two years apart in age and are led by trained adult facilitators and co-facilitators who follow the program facilitator's manual.

Instruments, Survey, Metrics Source:
<https://web.archive.org/web/20180625174400/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=185>

Evaluation & Compliance

Empirical studies show that the CBSG Program reduces anti-social attitudes and rebellious behavior increases anti-drug-use attitudes and intentions, reduces early substance use/experimentation, and increases coping and social skills.

The original CBSG Program was developed in 1982 for use in schools and community-based settings. To accommodate grant and contract requirements, age groupings for schools and community-based settings are available in separate volumes:

- Kids' Connection – CBSG Program for Schools & Community Based Settings – Ages 4-12
- Youth Connection – CBSG Program for Schools & Community Based Settings – Ages 10-17

The CBSG Program curriculum has since been adapted to meet specific needs of certain populations:

- Kids' Connection, Too – CBSG Program for Homeless Shelters, Group Homes, & Transitional Settings – Ages 4-15
- Faith Connection – CBSG Program for Christian Faith-Based Settings – Ages 4-15

To replicate the CBSG Program, you must be trained as a facilitator. Rainbow Days provides CBSG Program Facilitator Training throughout the nation. Evaluation & Compliance Source: <https://rainbowdays.org/our-services/cbsg-program-2/>

Supporting Literature

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Focus on Prevention

Summary & Rating

Focus on Prevention uses SAMHSA's Strategic Prevention Framework (SPF) as a guide to assist communities in planning and implementing prevention strategies, programs, and events. The SPF is a five-step process used to help states and communities reduce risk-taking behaviors, promote resilience, and prevent problem behaviors in individuals and families across the life span. The SPF framework applies to any prevention planning process that addresses substance misuse and mental health issues. Summary & Rating Source: https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120?referer=from_search_result

Rating: **EBP**

Clearinghouse: **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Policies & Procedures/Operations/Implementation

Target Populations: **Children; People with Substance Use or Abuse Problems**

Instruments, Surveys, Metrics

The Focus on Prevention guide contains several sample materials you can customize to fit your community and the prevention issue you're working to address. Materials include a sample pitch letter, sample public service announcements, sample "drop-in" articles, and tips for leveraging social media. The Focus on Prevention publication may be downloaded or ordered at <http://www.store.samhsa.gov> or by calling SAMHSA at 1-877-SAMHSA-7. Instruments, Survey,

Metrics Source: https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120?referer=from_search_result

Evaluation & Compliance

Engaging in substance use prevention means that you are trying to affect how people think, feel, and act concerning alcohol, tobacco, and drugs. Your knowledge of local conditions and your instincts about what to do are vital. Still, your efforts are more likely to succeed if they are informed by theories of behavior change and human motivation. Decades of research and expert thinking have provided insight into how people think about health issues, change their minds, and redirect their actions.

According to the **diffusion of innovations framework**, support for an innovation such as a new substance use behavior spreads as opinion leaders or "trendsetters" talk about it. In this model, individuals embrace innovation according to their readiness to accept and try new ideas.

Prevention strategies may direct messages to opinion leaders and then engage them to reach people who are more resistant to change.

In the **stages of change theory**, five stages, or steps, are used to alter personal behavior patterns and lead to long-term change:

- Precontemplation—being unaware of or refusing to acknowledge risks (e.g., believing that inhalant use is harmless).
- Contemplation—beginning to consider a change and weighing the costs and benefits (e.g., recognizing the downside of binge drinking).
- Preparation—deciding on and planning for a change in behavior (e.g., picking a start date to quit smoking).

- Action—implementing a plan to change and beginning a new behavior (e.g., using refusal skills or changing social patterns).
- Maintenance—reinforcing and making a habit of a new behavior (e.g., obtaining social support from family members and peers).

People can move from one stage to the next when they receive and process relevant information.

According to the **health belief model**, people are motivated to change their behavior only as much as they value—or worry about—the results of their choices (to keep smoking or quit) and expect these results (poor health or good health) to happen. People also must be confident that they can carry out a new action.

Incentives for behavior should build on an audience's motives, needs, values, self-image, and concerns about health. Thus, a prevention strategy may focus on short-term consequences of substance use such as bad breath, loss of friends, and getting in trouble.

Information on reducing the costs of following a course of action and overcoming obstacles is also vital. New behaviors can be boosted by "cues to action"—for example, when individuals know what to do and how to do it, a prevention strategy can include simple reminders.

The **Stanford communication/behavior change model** indicates that changes in behavior occur when mass media messages follow a series of steps:

- Raise awareness of an issue.
- Change what people know, believe, and think about the promoted behavior.
- Teach the skills needed to perform the behavior.
- Build a person's confidence in his or her ability to perform a specific behavior in a particular situation.

- Provide support for sustaining a new behavior.

To apply this model, prevention planners must determine where the target audience stands in the change sequence. This will provide a starting point for a plan to take the audience through the remaining steps.

The **Community organization theory** stresses the active involvement and development of communities to address health and social problems. Key features include understanding the root causes of problems, focusing on specific concerns, engaging in effective problem solving, encouraging active community participation, and gaining the power to produce lasting change.

For example, a community concerned about alcohol related problems may come together to change local laws, regulations, or policies regarding the number and concentration of alcohol outlets or the hours and days when alcohol is sold. Evaluation & Compliance Source: https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120?referer=from_search_result

Supporting Literature

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Girls Circle

Summary & Rating

The Girls Circle program, part of the One Circle Foundation, is the first gender-responsive program in the country to demonstrate effectiveness in reducing delinquency for girls. Girls Circle is listed on the Office of Justice Programs National Criminal Justice Reference Service and was previously available SAMHSA National Registry of Evidence-based Programs. The Girls Circle model is a structured support group for girls and youth who identify with female development from 9-18 years, integrates relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in girls.

Summary & Rating Source: <https://onecirclefoundation.org/about>

Rating: **EBP**

Clearinghouse: **Office of Juvenile Justice and Delinquency Prevention (OJJDP)**

Policies & Procedures/Operations/Implementation

Target Populations: **9-18 (Adolescents) females**

Instruments, Surveys, Metrics

Girls Circles are most often held weekly for 1 1/2 to two hours, in-person or online. Each week as the facilitator, you lead your group of girls through a format that includes each youth taking turns talking and listening to one another respectfully about their concerns and interests. The circle participants express themselves further through creative or focused activities such as role-playing, drama, journaling, media, murals, poetry, drama, movement, drawing, collage, clay, visualization, and imagery, etc. Gender-responsive themes and topics are introduced which relate to the girls' lives, such as being a girl, trusting ourselves, friendships, body image, goals, sexuality, drugs, alcohol, tobacco, competition, social media, and decision-making.

A Girls Circle Evaluation Tool Kit with a gender-relevant measurement tool designed specifically for use with Girls Circle programs is the cornerstone of the evidence-based program. The survey integrates the validated Schwarzer's Self-Efficacy instrument and uses any combination of the Girls Circle Activity Guides. Includes instructions for independent evaluation of your own female adolescent programs, Consent Forms, Information Sheet, and Girls Circle Survey included. Spanish Language Survey and forms also included. The Girls Circle Survey Measures:

- School attachment
- Avoiding Self-Harm
- Positive Body Image
- Avoiding Tobacco and Alcohol
- Communicating Needs to Adults
- Making Healthy Choices regarding Nutrition, Self-Care, and Activities
- Avoiding Sex or Using Protection if choosing sexual activity
- Self-Efficacy⁷

Evaluation & Compliance

A recent study funded by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) and conducted in the Juvenile Probation and Court Services Department in Cook County; Illinois by Development Services Group (DSG) found the Girls Circle model has been proven to reduce recidivism for girls.

Girls on probation who participated in the study were randomly assigned to either the Girls Circle program or a control group that received non-gender-specific traditional services. After 12

⁷ The Self-Efficacy measurement is a Schwarzer's validated, integrated instrument. Instruments, Survey, Metrics Source: <https://onecirclefoundation.org/gc-research> and <https://onecirclefoundation.org/girls-circle>

months post-program completion, recidivism rates were significantly lower for girls who had regularly attended Girls Circle sessions than for girls who received traditional services.

The evaluation also revealed that girls who participated in the Girls Circle program showed significant increases on pre-and post-program surveys in:

- Use of Condoms
- Educational Aspirations
- Educational Expectations

The study supports policy implications, including:

- The use of the Girls Circle model as a means for reducing recidivism
- Relational-Cultural Theory- recognizing girls' connections with others as central to their healthy identities and development
- Motivational Interviewing to facilitate meaningful changes
- Proper implementation and fidelity to the model

Previous studies in 2005, 2007, and 2010 revealed statistically significant improvement for girls in Girls Circle programs:

- An increase in self-efficacy
- A decrease in self-harming behavior
- A decrease in rates of alcohol use
- An increase in attachment to school
- Increases in positive body image Increases in social support

Evaluation & Compliance Source: <https://onecirclefoundation.org/gc-research>

Supporting Literature

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LifeSkills

Summary & Rating

LifeSkills Training (LST) is a classroom-based, drug abuse–prevention program for upper elementary and junior high school students. Students who participated in the program reported a statistically significant decrease in the prevalence of cigarette, alcohol, and polydrug use; and slower growth in the initiation of substance use, compared with control students. However, there were no significant differences between groups on self-reported marijuana use. Summary & Rating Source:

<https://www.crimesolutions.ojp.gov/ratedprograms/186#em>

Rating: **EBP**

Clearinghouse: **CrimeSolutions**

Policies & Procedures/Operations/Implementation

Target Populations: **11-18 (Adolescents), Middle-school substance abuse prevention program**

LST has five key elements:

- a cognitive component
- a self-improvement component
- a decision-making component
- a coping with anxiety component

- a social skills training component.

The LST prevention curriculum specifically:

- Provides students with the necessary skills to resist social pressures to drink alcohol, smoke cigarettes, and use drugs
- Helps students develop greater self-esteem, self-mastery, and self-confidence
- Increases knowledge of the immediate consequences of substance abuse
- Gives students tools to cope effectively with social anxiety
- Enhances cognitive and behavioral competency to prevent and reduce a variety of health risk behaviors

The LST curriculum is centered on the development of drug resistance, personal self-management and increased social skills in the students.

The Drug Resistance Skills components teach students to recognize and challenge common misconceptions about tobacco, alcohol, and other drug use. Using coaching and practice, students learn information and practical drug resistance skills for dealing with peer and media pressure to engage in alcohol, tobacco, and other drug use, and other risk behaviors such as violence and delinquency. The main goal is to decrease normative expectations regarding substance use and to promote the development of drug refusal skills.

The Personal Self-Management Skills components teach students to examine their self-image and its effects on behavior; set goals and keep track of personal progress; identify everyday decisions and how others may influence them; analyze problem situations and consider the consequences of each alternative solution before making decisions; reduce stress and anxiety; and look at personal challenges in a positive light.

The Social Skills components teach students the necessary skills to overcome shyness, communicate effectively and avoid misunderstandings, initiate, and carry out conversations, handle social requests, use both verbal and nonverbal assertiveness skills to make or refuse requests, and recognize that they have choices other than aggression or passivity when faced with tough situations. LST uses developmentally appropriate and collaborative learning strategies taught through lecture, discussion, coaching, and practice to enhance students' self-esteem, self-confidence, ability to make decisions, and ability to resist peer and media pressure.

The middle school program is designed to be taught in a sequence over three years, with the first year's curriculum more intensive (with 15 class meetings) and booster sessions in the following two years' acting as a refresher and review for participants. The elementary school program offers 24 classes to be taught during either third, fourth, fifth, or sixth grade. An LST program for parents is also available. Policy & Procedures, Operations, and Implementation Source: <https://www.crimesolutions.ojp.gov/programdetails?id=186#em>

Instruments, Surveys, Metrics

The LST program is guided by a comprehensive theoretical framework that addresses multiple risk and protective factors, provides developmentally appropriate information relevant to the target age group and the important life transitions they face, includes comprehensive personal and social skills training to build resilience and help students navigate developmental tasks, and uses interactive teaching methods (e.g., facilitated discussion, structured small group activities, role-playing scenarios) to stimulate participation and promote the acquisition of skills.

The specific program activities are based on cognitive-behavioral principles, including role-playing, modeling, immediate feedback, and reinforcement of positive behaviors. Students are encouraged to practice the lessons of the day through homework assignments. The LST approach

aims to reduce substance use (and uptake, particularly) by increasing coping, refusal, social skills, and knowledge in the participants. The prevention of substance use is understood in terms of social influence theory and is treated through enhancing both competence and knowledge to encourage resistance. Instruments, Survey, Metrics Source:

<https://www.crimesolutions.ojp.gov/programdetails?id=186#em>

Evaluation & Compliance

LST' program rating is based on evidence that includes at least one high-quality [randomized controlled trial](#). This program's rating from CrimeSolutions is based on evidence that includes either 1) one study conducted at multiple sites; or 2) two or three studies, each conducted at a different site. Learn about how CrimeSolutions makes a [multisite determination](#).

Customizable training services for LifeSkills Training are available through the National Health Promotion Associates, Inc. (NHPA), a health consulting, research, and development firm. LifeSkills Provider Training Workshops prepare teachers, school counselors, prevention specialists, community youth educators, and other program providers to implement state-of-the-art prevention education activities and teaching strategies found in the LST program. Please see the [LifeSkills Training](#) website for additional information about training sessions: Evaluation & Compliance

Source: <https://www.crimesolutions.ojp.gov/programdetails?id=186#em>

Supporting Literature

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Media Campaign

Summary & Rating

Listed on the block grant's list as Media Campaign, the acknowledged name for the program is the Mass Media Campaigns, as noted in the review of documentation below based on specific targeted campaign discussions and ratings. Mass media campaigns use television, print, digital or social media, radio broadcasts, or other displays to share messages with large audiences. Many mass media campaigns exist to prevent tobacco use, underage and binge drinking, illicit drug use of youth, and alcohol consumption.

Mass media campaigns against tobacco use

Target Populations: **Not specified**

Rating: **EBP**

Clearinghouse: **Results First Clearinghouse Database (What Works for Health)**

Mass media campaigns against underage & binge drinking

Target Populations: **12-18 (Adolescents)**

Rating: **Insufficient Evidence**

Clearinghouse: **Results First Clearinghouse Database (What Works for Health)**

Mass media campaigns to prevent illicit drug use of youth

Target Populations: **10-19 (Adolescents)**

Rating: **No Effects**

Clearinghouse: **CrimeSolutions**

School-based social norming: alcohol consumption

Target Populations: **Not specified**

Rating: **Mixed Evidence**

Clearinghouse: **Results First Clearinghouse Database (What Works for Health)**

Policies & Procedures/Operations/Implementation

Mass media campaigns against tobacco use

Mass media campaigns reduce tobacco use among adults and youth and reduce or delay tobacco use initiation among young people.

Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco and often include graphic portrayals or emotional messages to influence attitudes and beliefs about tobacco use. The term "tobacco" in this strategy refers to commercial tobacco, not ceremonial or traditional tobacco. Policy & Procedures, Operations, and Implementation Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-tobacco-use>

Mass media campaigns against underage & binge drinking

Campaigns may also include efforts to provide adults with the knowledge and skills to take actions that help prevent underage drinking. Policy & Procedures, Operations, and Implementation

Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-underage-binge-drinking>

Mass media campaigns to prevent illicit drug use of youth

Target Populations: **6-12 (Childhood), 13-17 (Adolescent), 18-25 (Young adult)**

These antidrug mass media campaigns concentrate on preventing, reducing, or stopping the illicit drug use of young people (which generally includes individuals 26 and younger), because

initiation of substance use typically begins during adolescence or young adulthood. Policy & Procedures, Operations, and Implementation Source:

<https://crimesolutions.ojp.gov/practicedetails?id=26#ar>

School-based social norming: alcohol consumption

Social norming campaigns provide objective, normative information in order to reduce misperceptions and, ultimately, change behavior. Campaigns can be implemented in a variety of settings and through a variety of means, including mail, online, face-to-face, and mass media approaches. Policy & Procedures, Operations, and Implementation Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-norming-alcohol-consumption>

Instruments, Surveys, Metrics

Mass media campaigns against tobacco use

Mass media campaigns against tobacco use can be implemented on the national, state, and local levels. The Centers for Disease Control and Prevention's (CDC's) Tips From Former Smokers includes stories from real people living with tobacco-related diseases and disabilities; it features tips, tools, and connections to quitlines to support quitting. The Real Cost, from the U.S. Food and Drug Administration (FDA), is a youth-oriented campaign with materials focused on the cosmetic effects of tobacco, the loss of control caused by addiction, and the dangerous mix of toxic chemicals in tobacco products. The Truth campaign uses its website, social media platforms, and text messages to share information on the dangers of tobacco and methods to prevent youth use.

The Massachusetts Tobacco Cessation and Prevention Program (MTCP) is an example of a state-based effort that uses a comprehensive approach to reduce tobacco and nicotine use which

includes social media. The New York City Department of Health launched an anti-smoking campaign in March 2018, which runs on television, subways, social media, daily newspapers, and the Staten Island Ferry. Instruments, Surveys, Metrics Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-tobacco-use>

Mass media campaigns against underage & binge drinking

There are a variety of mass media interventions implemented throughout the country. Some examples include Talk. They Hear You, Parents Who Host, Lose the Most, and Alcohol: True Stories. Instruments, Surveys, Metrics Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-underage-binge-drinking>

Mass media campaigns to prevent illicit drug use of youth

Mass media campaigns have become a common way of delivering preventive health messages to the general population. The goal of these campaigns is to reach a large number of people, including those who may be difficult to access through traditional approaches, to change health-related behaviors and attitudes. Although antidrug mass media campaigns can be seen by almost anyone in the general population who is exposed to the message, the campaigns usually concentrate on preventing, reducing, or stopping the illicit drug use of young people because initiation of substance use typically begins during adolescence or young adulthood.

Media campaigns targeting illicit drug use focus on drug abuse such as methamphetamine, heroin, cocaine, and marijuana. Other types of media campaigns may concentrate on preventing misuse of licit drugs, such as alcohol or tobacco, but studies of those types of campaigns were not included in this review. Instruments, Surveys, Metrics Source:

<https://crimesolutions.ojp.gov/practicedetails?id=26#ar>

School-based social norming: alcohol consumption

Social norming campaigns delivered via web with computer feedback and individual face-to-face interventions can reduce alcohol-related problems and quantity of consumption, and positively affect drinking norms. Effects of these campaigns are strongest in the first three months following participation but can last up to sixteen months, especially for web-based interventions. Mailed and group feedback and social norms marketing campaigns, however, do not appear to change drinking behavior or reduce alcohol-related harms among participants.

Alcohol-related social norming campaigns of all types may be less effective in locations with higher alcohol outlet density. Instruments, Surveys, Metrics Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-norming-alcohol-consumption>

Evaluation & Compliance

Mass media campaigns against tobacco use

There is strong evidence that mass media campaigns reduce the number of tobacco users, increase quit rates, and reduce youth initiation and smoking. Evidence is strongest for high intensity, well-funded television campaigns and campaigns that are part of a comprehensive tobacco control program.

Campaigns with messages that include quitline information increase quitline use. Such campaigns have been shown to increase calls to quitlines in communities with majority black populations. State-sponsored campaigns can increase quitline registrations and the use of internet-based cessation interventions.

Intense campaigns that reach many current and potential tobacco users typically yield stronger effects than less intense campaigns. Research from the Centers for Disease Control and Prevention (CDC) suggests that campaigns must reach 75% to 85% of their target audience and last at least 18 to 24 months to affect behavior. Effects on quit attempts may fade shortly after a campaign ends. Emotional messages such as personal testimonials with compelling narratives, intense images and sounds, or graphic portrayals of negative health consequences appear more effective than other approaches. Studies of the CDC's Tips From Former Smokers, an example of such an approach, suggest such efforts can increase beliefs about the harms of smoking, calls to quitlines, quit attempts, and cessation; greater exposure to such a campaign may contribute to a stronger intent to quit.

Overall, effective youth campaigns generally last more than three years, are based on target audience research, and include school-based lessons, media spots, and multiple media methods (e.g., newspapers, radio, television). Additional evidence is needed about the use of social media and novel forms of technology for tobacco prevention campaigns for youth. Youth appear more responsive to messages about tobacco industry manipulation than adults. Studies of the U.S. Food and Drug Administration's (FDA's) The Real Cost campaign suggest that youth-targeted campaigns can alter population-level perceptions of tobacco-related harms as well as reduce smoking initiation by youth. Campaigns to prevent youth uptake may require less reach than campaigns to promote quitting to yield effects.

Some campaigns appear more likely to yield stronger effects among low-income individuals than higher income individuals. Other campaigns, often those with limited reach, increase quit rates most among high income individuals. However, both messages targeted to disadvantaged populations and those intended for broader audiences have demonstrated effects among disadvantaged populations. Campaign effects may also vary by race and ethnicity.

Mass media campaigns included in comprehensive tobacco control programs appear to reduce smoking prevalence.

Mass media campaigns save more in averted health care costs than they cost to implement; media expenditures for such campaigns have ranged from 25 cents to \$3.35 per capita per year. An evaluation of the FDA's The Real Cost Campaign found a return on investment of \$128 for every dollar spent. Campaigns to increase quitline use are estimated to cost about \$260 per additional call made to the quitline. Evaluation & Compliance Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-tobacco-use>

Mass media campaigns against underage & binge drinking

Mass media campaigns that increase adult awareness of underage drinking and its consequences are a suggested strategy to reduce underage drinking and excessive drinking among youth. Available evidence suggests that national media campaigns effectively disseminate information; in general, campaigns may be more effective when paired with enforcement efforts. However, additional evidence is needed to confirm effects of increased parental knowledge on their behavior regarding alcohol. Evaluation & Compliance Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-underage-binge-drinking>

Mass media campaigns to prevent illicit drug use of youth

Categorized into two media types: information campaigns and social marketing campaigns. Information campaigns focus on providing information about the dangers and risks of illicit substances, or about treatment and counseling services that may be available for drug users. The

main objectives in information campaigns are warning, empowerment, and support. Social marketing campaigns attempt to clarify misconceptions young people may have about the extent and acceptance of drug use among their peers. The main objectives of social marketing campaigns are to correct erroneous normative beliefs, to set or clarify social and legal norms, and to establish positive role models.

Media campaigns that concentrate on preventing youths' illicit drug use are based on many theoretical models, such as the health belief model, the theory of reasoned action/theory of planned behavior, the social norms theory, the super-peer theory, and the social leaning theory.

- The health belief model is based on the idea that a lack of knowledge about the harms to an individual's health may lead to drug use. Thus, providing factual information about the dangers of drugs should prevent or reduce abuse by creating negative attitudes toward drug use.
- The theory of reasoned action/theory of planned behavior argues that drug use is a rational decision based on an individual's attitude toward drugs, the social norms perceived by the individual, and the perceived control over that individual's behavior. Media campaigns set about to clarify social norms about drug use.
- Social norms theory argues that behavior is affected by an incorrect perception about how other people think and act about drug use (Perkins and Berkowitz 1986). Media campaigns based on this theoretical model attempt to dispel the misconception that many young people use drugs. Similar to the social norms theory, the super-peer theory argues that media portrayal of drug use, sex, or violence influences vulnerable teens. Media campaigns based on this theory would also attempt to correct misconceptions and erroneous information.

- Social learning theory argues that an individual's personality is a product of the interaction between the environment, behaviors, and the psychological processes of the individual (Bandura 1977). Media interventions based on this theory would promote positive role models or prosocial behaviors. Evaluation & Compliance Source: <https://crimesolutions.ojp.gov/practicedetails?id=26#ar>

School-based social norming: alcohol consumption

There is mixed evidence about the effects of school-based social norming campaigns on alcohol misuse among university, college, and high school students. Effectiveness varies with how the intervention is delivered; some types of campaigns have been shown to reduce harmful alcohol consumption, especially in the short term, and others do not affect, positive or negative, on participants' drinking behavior. Evaluation & Compliance Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-norming-alcohol-consumption>

Funded by SAMHSA, the PTTC Network published an [evaluation chart](#) from findings from a selection of (current and past) media campaigns shown to effectively prevent one or more of the following: prescription drug misuse, youth marijuana misuse, and underage drinking. Although many of these campaigns may target specific types of substance misuse, practitioners can assemble valuable insights from their evaluations that can be applied holistically (PTTC, 2020, SAMHSA Highlighted Resources).

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OTC Medicine Safety

Summary & Rating

Coalitions address their community's greatest challenges, from combatting drug abuse to preventing underage drinking. Over-the Counter (OTC) Medicine Safety, a program created by the American Association of Poison Control Centers and Scholastic, with support from McNeil Consumer Healthcare, provides an opportunity for coalitions to be proactive. This program raises awareness about the safe use of OTC medicine and offers resources to equip better educators, school nurses, and families with knowledge about OTC medicines and their responsible use. Its goal is to influence behavior before children start self-medicating. Summary & Rating Source:

https://www.scholastic.com/content/dam/teachers/sponsored-content/otc-medicine-safety/McNeil_AAPCC4_56_ProgramOverview.pdf

Rating: **EBP**

Clearinghouse: **Results First Clearinghouse Database (NREPP)**

Policies & Procedures/Operations/Implementation

Target Populations: **Grades 5-8, families, educators/school nurses, and community leaders.**

The OTC Medicine Safety program materials present these medicine safe use messages in a variety of ways. It is a comprehensive program for fifth thru eighth grade educators and parents that

combines assessment quizzes, interactive lesson plans, student printables, and at-home resources. It offers materials for teachers, school nurses, and families/caregivers.

To be disseminated through the schools to parents and caregivers, the program asks, “Did you know that there may be over-the-counter medicine dangers in your home that could harm your children?” In response, OTC Medicine Safety helps families learn why it is important to inspect the home for OTC medicine hazards and assists them in acquiring skills to make the home medicine-safe for the entire family.

- [OTC Medicine Safety for Families](#): Introduces the OTC Medicine Safety program for families newsletter, informational sheets and at-home activities, the medicine safety checklist, and more. scholastic.com/otcmedsafety/parents/index.htm
- [Medicine Safety for Families Newsletter](#): Contains What’s on the Label?—a visual of how to read the medicine bottle plus useful medicine facts—and What’s Your Family’s Medicine Action Plan?—a checklist that will help families “medicine safety-proof” their homes.
- [OTC Medicine Safety Family Resources](#): Helps families better understand OTC medicine safety, dosing, responsible usage, and the Drug Facts label. Contains four resource sheets: Read the Label First, Know Your Dose, Storage and Disposal, and OTC Medicine Misuse.
- [Digital Flipbook—“The Perfect Project”](#): In this original story, Asha and her friends Rebecca and Nicky team up to plan an awesome science fair project. Along the way, they find themselves making surprising choices about science and medicine safety.
- [Hidden Home Hazards](#): Teaches children about the importance of storing and disposing of OTC medicines through a fun, interactive learning activity.

Policy & Procedures, Operations, and Implementation Source:
<https://www.pharmacy.umn.edu/sites/pharmacy.umn.edu/files/otc-medicine-safety-community-all.pdf>

Instruments, Surveys, Metrics

The Community Anti-Drug Coalitions of America (CADCA)'s Online Rx Abuse Prevention [Toolkit](#) contains facts, strategies, and tools to prevent and reduce teen Rx medicine abuse in your community. This newly revised toolkit is based on CADCA's Seven Strategies for Effective Community Change. Incorporating these strategies will help you formulate, modify, and implement your prevention and intervention strategies. Instruments, Surveys, Metrics Source:
<https://www.cadca.org/resources/prevent-rx-abuse>

Evaluation & Compliance

OTC Medicine Safety is an evidence-based education program with proven results to increase children's knowledge about responsible OTC medicine use. Coalition leaders were first introduced to the OTC Medicine Safety program during CADCA's 24th National Leadership Forum in February 2014.

Signed into law on March 27, 2020, Title III, Subtitle F of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, a provision unrelated to the coronavirus pandemic, was an overhaul to the OTC drug monograph system in the United States. A [white paper](#) analyzes the key provisions of the OTC monograph reform, with a particular focus on:

- an outline of the status of currently marketed OTC monograph drugs
- an administrative process by which the U.S. Food and Drug Administration ("FDA") will establish/amend a monograph (as opposed to notice and comment rulemaking), including expedited procedures for imminent public health hazards

- an 18-month exclusivity period for certain administrative orders the creation of a user fee program

Evaluation & Compliance Source: <https://drugfree.org/drug-and-alcohol-news/cadca-2014-national-leadership-forum-convenes-next-week/> and <https://www.fda.gov/drugs/over-counter-otc-nonprescription-drugs/over-counter-otc-drug-review-otc-monograph-reform-cares-act>

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Positive Action

Summary & Rating

The Positive Action (P.A.) program uses a curriculum-based approach to improve youth academics, behavior, and character. Treatment group students reported less substance use, sexual activity, violent behavior, serious violence-related behavior, and bullying behavior than did the control group students. There were no significant differences in measures of disruptive behaviors.

Summary & Rating Source: <https://crimesolutions.ojp.gov/programdetails?id=113&ID=113#pd>

Rating: **EBP**

Clearinghouse: **CrimeSolutions**

Policies & Procedures/Operations/Implementation

Target Populations: **0-5 (Early Childhood), 6-12 (Childhood), 13-18 (Adolescent), and families**

PA offers program materials and follow-up training to orient users to their individual roles and how to meet the goals of the school, district, or organization. P.A. training focuses on conveying the program vision and objectives, establishing cohesive and shared goals among members for program implementation, and providing tips to achieve the best results from the programs. Different types of training options are available based on an organization's specific needs.

P.A. program materials include the following:

- Instructor's Kits on each grade level for the PreK–12 Curriculum plus supplemental curricula for elementary bullying prevention and Grade 5 and middle school drug prevention

- Climate Development Kits (elementary and secondary), which include manuals and behavior management tools, assemblies, and schoolwide events
- Counselor's Kit, which includes a manual with lessons, activities, and materials for individuals, small groups, large groups, classrooms, and families
- Conflict Resolution Kit, which helps users resolve conflicts through a Conflict Resolution Plan
- Family Kit, which includes lessons that can be delivered in the home to engage the whole family
- Community Kit, which provides materials to be used by a coalition or a community coordinating committee.

Policy & Procedures, Operations, and Implementation Source:
<https://crimesolutions.ojp.gov/programdetails?id=113&ID=113#pd>

Instruments, Surveys, Metrics

The program addresses diverse problems, such as substance use, violence-related behavior, disruptive behavior, and bullying, as well as social–emotional learning, positive youth development, character, and academics.

The PA program portfolio features interactive, ready-to-use kits that contain 15 to 20 minutes of scripted, user-friendly lessons for schools, families, and communities. The content concentrates on three core elements:

- The program philosophy
- The thoughts–actions–feelings circle
- Six content units on self-concept; positive actions for body and mind; social and emotional positive actions for managing oneself responsibly; social and emotional positive actions for

getting along with others; social and emotional positive actions for being honest; and social and emotional positive actions for self-improvement.

These unit lessons cover diverse topics such as nutrition, problem-solving, decision-making, study skills, self-control, managing personal resources, social skills, self-honesty, and setting and achieving goals.

Instruments, Surveys, Metrics Source: <https://crimesolutions.ojp.gov/programdetails?id=113&ID=113#oi>

Evaluation & Compliance

Positive Action is grounded in the broader theory of social and emotional learning and development. Broad and long-term effectiveness in improving school performance and other desired student outcomes requires addressing the distal influences on behavior in a holistic way. Positive Action attempts this with a holistic approach to school reorganization, teacher-student relations, parent and community involvement, instructional practices, and development of the self-concept of all parties (students, teachers, parents, and community members).

Located on P.A.'s website is a host of [research outcomes](https://www.positiveaction.net/research-outcomes), ranging from bullying, violence, and violence. Evaluation & Compliance Source: <https://www.positiveaction.net/research-theory>, <https://www.positiveaction.net/research-outcomes> &

<https://crimesolutions.ojp.gov/programdetails?id=113&ID=113#oi>

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Prescription Drug Drop Boxes/Take Back

Summary & Rating

Take-back programs, a popular proper medication disposal strategy, provide avenues to reduce the supply of drugs available for diversion. The logic behind take-back programs goes something like this: If people dispose of their drugs, then they may be less likely to offer them to

friends or family, have drugs ingested by and poison young children or unknowing guests, or have drugs taken from their homes for illicit purposes. Summary & Rating Source: https://preventionsolutions.edc.org/sites/default/files/attachments/Preventing-Prescription-Drug-Misuse-Programs-Strategies_0.pdf

Rating: **EBP**

Clearinghouse: **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Policies & Procedures/Operations/Implementation

Target Populations: **General Public**

Medicine take back options are the best way to dispose of unused or expired prescription safely and nonprescription (for example, over-the-counter) medicines.

Before disposing of prescription medicines, be sure to remove all personal information on pill bottle labels and medicine packaging. All of your medicines dropped off at the take back locations will be destroyed.

There are generally two kinds of take back options:

- [Permanent collection sites](#)
- [Periodic take back events](#)

Policy & Procedures, Operations, and Implementation Source: <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>

Instruments, Surveys, Metrics

The U.S. Drug Enforcement Administration (DEA) periodically hosts [National Prescription Drug Take Back](#) events. During these [Drug Take Back Days](#), temporary drug collection sites are set up in communities nationwide for the safe disposal of prescription drugs.

Local law enforcement agencies may also sponsor medicine take back events in your community. You can also contact your local waste management authorities to learn about events in your area. Instruments, Surveys, and Metrics Source: <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>

Evaluation & Compliance

Prescription Drug Take-Back Programs collect individuals' unwanted or expired prescription drugs voluntarily through the use of drop boxes or take-back events. Evidence does not support the logic provided above in terms of how take-back programs influence individuals' misuse; however, evidence suggests these programs collect thousands of pounds of drugs, with only 10% of the drugs being commonly abused prescription drugs. Practice-based evidence indicates that take-back programs also may be implemented to increase awareness of police and enhance community readiness to implement a more comprehensive prevention strategy.

For safety reasons, there are a few select medicines with specific instructions to immediately flush down the toilet only if a drug take back option is not readily available. For more details, refer to the [FDA's flush list](#). Evaluation & Compliance Sources: <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations> & https://preventionsolutions.edc.org/sites/default/files/attachments/Preventing-Prescription-Drug-Misuse-Programs-Strategies_0.pdf

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Prescription Drug Safe Storage and/or Disposal

Summary & Rating

Proper drug disposal programs accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly. Programs can use in-person drop-offs, mail-in efforts, or permanent secure collection receptacles and can be administered by state or local governments, municipal trash and recycling services, pharmacies, hospitals, clinics, or community organizations partnered with law enforcement. Summary & Rating Source: <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Rating: **Insufficient Evidence**

Clearinghouse: **Results First Clearinghouse Database (What Works for Health)**

Policies & Procedures/Operations/Implementation

Target Populations: **General Public**

A SABG recipient, i.e., state or jurisdiction, in collaboration with the local/state public health department, may propose to use SABG funds to implement elements of an SSP following state and local law and the following requirements:

1. Provide documentation that the state or local jurisdiction has submitted data and supporting documentation to CDC for review and determination of applicability, and approval for an SSP has been granted.

2. Demonstrate how an SSP is consistent with the objectives of the state's Behavioral Health Assessment and Plan and assess the effectiveness of SSP activities in referring individuals to substance use disorder treatment and recovery services and co-occurring mental health services and in reducing HIV risk behaviors.

3. Prepare and submit an amendment to the state's Behavioral Health Assessment and Plan inclusive of a detailed description of the use of SABG funds for SSP activities and receive approval from SAMHSA's Center for Substance Abuse Treatment.

4. Submit data and supporting documentation to CDC for review and determination of applicability.

5. Upon receipt of approval of the state's amendment to its Behavioral Health Assessment and Plan, a state will be required to prepare and submit a report of its activities including, but not limited to, reporting of the number of participants receiving SSP services and the number and types of services directly provided or provided by referrals.

SAMHSA funds can only be used to establish new or expand existing SSPs with prior approval from the state project officer. SSPs are subject to the terms and conditions incorporated or referenced in the FY 2016 and FY 2017 SABG Notices of Award. SAMHSA funds cannot be used to supplant or

replace state or other non-federal funds currently supporting SSP activities within a jurisdiction. In other words, SAMHSA funds cannot be used to fund an existing SSP so that state or other non-federal funding can then be used for other activities or program services. Policies & Procedures, Operations, and Implementation Source: <https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf>

Instruments, Surveys, Metrics

Proper drug disposal programs are a suggested strategy to reduce illicit drug use and unintentional poisoning, reduce pharmaceutical contamination of fresh water, and improve water quality. Available evidence indicates that drug disposal programs increase collection and proper disposal of unused prescription drugs and reduce pharmaceuticals in the environment. However, additional evidence is needed to confirm effects on drug use and water quality.

Ongoing statewide drug disposal programs with permanent collection receptacles may more effectively prevent drug abuse and accidental poisoning than temporary, one-day take-back events. Surveys suggest that community campaigns to raise awareness about drug take-back events increase the use of disposal programs and conversations with children about the dangers of prescription drug abuse. Overall, the FDA suggests disposing of unneeded medicine through organized programs or take-back events; however, the FDA also suggests flushing specific harmful drugs to prevent accidental ingestion or misuse. Instruments, Surveys, and Metrics Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/proper-drug-disposal-programs>

Evaluation & Compliance

A 2014 amendment to the federal Controlled Substances Act allows the US Drug Enforcement Administration (DEA) to register authorized collectors of controlled substances, allowing collection

of pharmaceutical controlled and non-controlled substances, but not illicit drugs. Evaluation & Compliance Source:

<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

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Responsible Beverage Server Training or AESL

Summary & Rating

Target Audience: **Workers in the hospitality industry that serve alcohol**

Responsible beverage server training (RBST) includes efforts to educate owners, managers, servers, and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth or intoxicated patrons. Summary & Rating Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/responsible-beverage-server-training-rbsrbst>

Rating: **EBP**

Clearinghouse: **Results First Clearinghouse Database (What Works for Health)**

Policies & Procedures/Operations/Implementation

RBST practices include offering customers food with drinks, delaying service to rapid drinkers, refusing service to intoxicated or underage consumers, and discouraging intoxicated customers from driving. RBST is also sometimes called RBS or server training.

Policies establish requirements or incentives for retail alcohol outlets to participate in programs to: (1) develop and implement policies and procedures in retail alcohol outlets for preventing alcohol sales and service to minors and intoxicated persons and (2) train licensees, managers, and servers/sellers to implement the policies and procedures effectively. Programs in some States also have the broader objective of encouraging servers to promote responsible drinking by their patrons, with an emphasis on drivers and pregnant women. Server/seller training focuses on serving and selling procedures, signs of intoxication, methods for checking age identification, and intervention techniques. Manager training includes server/seller training, as well as policy and procedures development and staff supervision. Policies & Procedures, Operations, and Implementation Sources: <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/beverage-service-training-and-related-practices/26/about-this-policy#page-content> &

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/responsible-beverage-server-training-rbsrbst>

Instruments, Surveys, Metrics

Multi-component RBST that combines server training, community coalition efforts, and enhanced enforcement reduces excessive consumption more than server training alone. Clear role definition, evaluation, and feedback can also help facilitate effective RBST implementation. Instruments, Surveys, Metrics Source: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/responsible-beverage-server-training-rbsrbst>

Evaluation & Compliance

There is some evidence that responsible beverage server training (RBST) reduces harmful alcohol consumption, primarily when implemented as part of a multi-component intervention. However, additional evidence is needed to confirm the effects.

RBST appears to improve server policies and practices and reduce the portion of patrons leaving drinking establishments intoxicated. This approach can reduce alcohol sales to minors and may also decrease alcohol-related violence. Evaluation & Compliance Source:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/responsible-beverage-server-training-rbsrbst>

RBST is in place in many states. As of January 2019, RBST was mandatory in 20 states and Washington, DC, and voluntary in many others. Evaluation & Compliance Source:

<https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/beverage-service-training-and-related-practices/26>

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Strategic Prevention Framework (SPF) – 19-20

Summary & Rating

As previously mentioned, this program is not designed as an EBP and its inclusion in that list for 19-20 should be reviewed and documented accordingly. Prevention professionals use SAMHSA's Strategic Prevention Framework (SPF) as a comprehensive guide to plan, implement, and evaluate prevention practices and programs. Summary & Rating Source:

<https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>

Rating: **N/A**

Clearinghouse: **SAMHSA**

Policies & Procedures/Operations/Implementation

Target Populations: **General Public, practitioners, researchers, etc.**

SAMHSA developed five steps and two guiding principles within the SPF which offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.

The SPF includes these five steps:

1. **Assessment:** Identify local prevention needs based on data (e.g., What is the problem?)
2. **Capacity:** Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)
3. **Planning:** Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. **Implementation:** Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. **Evaluation:** Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- **Cultural competence.** The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- **Sustainability.** The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Instruments, Surveys, Metrics

The SPF has several defining characteristics that set it apart from other strategic planning processes. Most notably, it is:

- **Dynamic and iterative.** Assessment is the starting point, but planners will return to this step again and again as their community's substance misuse problems and capacities evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, planners may need to find and mobilize additional capacity to support implementation once a program or practice is underway. For these reasons, the SPF is a circular rather than a linear model.
- **Data-driven.** The SPF is designed to help planners gather and use data to guide all prevention decisions—from identifying which substance misuse problems to address in their communities, to choosing the most appropriate ways to address these problems, to determining whether communities are making progress.
- **Reliant on and encourages a team approach.** Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions involved in prevention efforts may change as the initiative evolves, but the need for prevention partners will remain constant.

This toolkit provides an introduction to the SPF's well-tested and user-friendly planning approach. Organized by each of the steps in the framework, the toolkit provides a snapshot of how each of the components fit together and builds on one another. Used in tandem with its companion resource, [Selecting Best-Fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners](#), the toolkit provides an important starting point for engaging in a thoughtful, data-driven process that supports best practices, engages critical stakeholders, and draws on evidence.

Adherence to the principles in the framework increases the likelihood that prevention efforts will produce anticipated outcomes, reduce harmful behaviors, and keep communities healthy and safe.

Evaluation & Compliance

SAMHSA's entire SPF is meant to serve as a framework for implementation and evaluation, step five in particular, provides a systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making.

Supporting Literature

Substance Abuse and Mental Health Services Administration. (2018, September). *Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners*. Retrieved from

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Retrieved from <https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>

Sport Prevention Plus Wellness

Summary & Rating

SPORT Prevention Plus Wellness is a health promotion program that highlights the positive image benefits of an active lifestyle to reduce the use of alcohol, tobacco, and drug use by high school students in addition to improving their overall physical health. Summary & Rating Source:

<https://www.blueprintsprograms.org/program-search/?localPageSize=5000&keywords=wellness>

Rating: **Promising**

Clearinghouse: **Results First Clearinghouse Database (Blueprints and NREPP) and Substance Abuse and Mental Health Services Administration (SAMHSA)**

Policies & Procedures/Operations/Implementation

Target Populations: **Late Adolescence (15-18)**

SPORT Prevention Plus Wellness, a high school program, consists of an in-person health behavior screen, a one-on-one consultation, a take-home fitness prescription targeting adolescent health-promoting behaviors and alcohol use along with its risk and protective factors, and a flyer reinforcing key content of the consultation mailed to the home. The techniques are based on the Integrative Behavior-Image Model, which asserts that positive personal and social images serve as both key motivators for health development and the glue for unifying health-promoting and health risk habits within single interventions. This is accomplished through behavioral couplings, which are a conceptual integration of a health-promoting behavior (e.g., physical activity) and a health risk behavior (e.g., alcohol use) using personal aspirations. Policies & Procedures, Operations, and Implementation Source: <https://www.blueprintsprograms.org/programs/477999999/sport-prevention-plus-wellness/>

Instruments, Surveys, Metrics

The brief seven-item Health and Fitness Screen was developed to provide tailored feedback on six health behavior-related areas and is administered to participants individually during regularly scheduled school hours just before implementing the fitness consultation. The screen consists primarily of yes/no response items measuring the following behavioral areas: sport and physical activity, exercise, physical activity norms (e.g., social support from family and friends), breakfast and nutrition, sleep and rest, and alcohol initiation and use.

SPORT fitness consultations are administered using a standardized protocol designed to provide tailored, scripted communications by trained fitness specialists to adolescents' one-on-one. Participating students are escorted from regularly scheduled classes to designated, private spaces where consultations are conducted throughout the school day. These prevention communications promote an active lifestyle, emphasizing the conflict between such a lifestyle and consuming alcohol, and portray an image of youth as active and fit, with alcohol use as counterproductive to achieving this image. Fitness specialists consist of various types of health care professionals, such as nurses and certified health specialists. After the personal consultation, a take-home fitness prescription is provided, recommending the adolescent set goals in the areas of sleep, nutrition, physical activity, and alcohol. Lastly, a one-page flyer is mailed out to participants one week after implementing the fitness consultations, reinforcing prevention messages provided during the consultation.

Although materials developed by the program designer are available in a group and a one-on-one format and a parent-implemented kit, only the one-on-one version is certified by Blueprints as it is the version used in the evaluation that met Blueprints quality standards. Instruments, Surveys, Metrics Source: <https://www.blueprintsprograms.org/programs/477999999/sport-prevention-plus-wellness/>

Evaluation & Compliance

SPORT Prevention Plus Wellness is based on the [Integrative Behavior-Image Model](#), which asserts that positive personal and social images serve as key motivators for health development and the glue for unifying health-promoting and health risk habits. SPORT Prevention Plus Wellness operates a motivational intervention designed for use by all adolescents, integrates substance abuse prevention with health promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-enhancing habits, including eating well and getting

adequate sleep. Although the studies did not perform a mediation analysis, researchers found that the program affected risk and protective factors and outcome substance use behaviors.

SPORT Prevention Plus Wellness is provided to adolescents by staff from high schools, community groups, and clinics. In-person program instructor/implementer training with program materials is available to a minimum of eight staff at workshops costing \$5,984 plus travel. In-person Training of Trainers (TOT) workshops with program and training materials are available to a minimum of four staff costing \$5,992 plus travel. Webinar training costs \$499 per trainee and includes the cost of program materials; however, this form of training was not used in the evaluations and is not certified by Blueprints.

Program materials, including program manuals, digital downloads of reproducible materials, and PowerPoint slides, are included in the cost of in-person training. Evaluation & Compliance

Source: <https://www.blueprintsprograms.org/programs/477999999/sport-prevention-plus-wellness/>

Supporting Literature

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The Parent Project and The Parent Project Loving Solutions

Summary & Rating

The Parent Project is also acknowledged as The Parent Project's Changing Destructive Adolescent Behavior on the CEBC clearinghouse. Whereas The Parent Project Loving Solutions (Loving Solutions) is a parent-training program designed specifically for parents raising difficult younger children, ages 5-10 years. The Parent Project's Changing Destructive Adolescent Behavior is a behaviorally based psychoeducational program for parents of acting out adolescents and older children which is presented only by trained Certified Parent Project Facilitators. Summary & Rating

Sources: <https://www.cebc4cw.org/program/the-parent-project/detailed> &

<https://parentproject.com/loving-solutions/>

Rating: **Insufficient Evidence**

Clearinghouse: **CEBC**

Policies & Procedures/Operations/Implementation

Target Populations: **5-10 (Childhood), 11-17 (Adolescent), and parents/caregivers**

The Parent Project requires parents to attend a minimum of twenty hours of activity-based, highly structured classroom instruction, and six hours of support group involvement. Groups operate under the UCLA Self-Help Support Group Model and may continue to meet indefinitely. Thus, Changing Destructive Adolescent Behavior is not only a parent-training module, but also contains a subsequent ongoing support group component. The program follows the 216-page curriculum, A Parents' Guide to Changing Destructive Adolescent Behavior. This program can serve as a stand-alone intervention for less severe issues, or concurrent with more traditional service delivery systems such as individual/family counseling, psychiatric treatment, inpatient, or residential care.

The Parent Project's provides services to parents/caregivers and addresses the following:

- Children with the following issues: Arguing, violence, dropping out of school, truancy, gang involvement and other poor peer relations, destruction of property, defiance, alcohol, and other drug abuse, sexual acting out, runaway threats and behavior, and suicidal threats and attempts.
- Parental inconsistency and passivity
- Inappropriate consequences, both rewards and consequences (e.g., too long-term, inadequate, overly harsh, etc.)
- Overly permissive, autocratic, and neglectful parenting
- Parental deficits of expression of love & affection
- Deficits in family structure and cohesiveness (e.g., sense of family, family bonding)
- Services Involve Family/Support Structures:

The Parent Project involves the family or other support systems in the individual's treatment: Parents and additional caregivers (grandparents, other kinship caregivers, foster parents, and separated/divorced parents) may attend with parents, or at another Parent Project program offering to ensure consistency of parenting across environments.

Using a behavioral model, Loving Solutions is structured based on cooperative learning norms with group learning activities in a workbook format to maximize both learning and interest. The "Steps of Success" (S.O.S.) home practice assignments create a solid foundation for change in the home. Policy & Procedures, Operations, and Implementation Sources: <https://www.cebc4cw.org/program/the-parent-project/detailed> & <https://parentproject.com/loving-solutions/>

Instruments, Surveys, Metrics

The typical resources for implementing the Parent Project program are:

- A classroom of sufficient size for the number of attendees
- Overhead projector or Elmo
- Computer with LCD projector (preferable but not necessary)
- Projection screen (or blank wall)
- Tables suitable to seat 4 – 6 persons
- Comfortable chairs
- Minimum of one Certified Parent Project Facilitator
- Additional helpers as needed
- One [Parent Project](https://parentproject.com/facilitator-resources/) (<https://parentproject.com/facilitator-resources/>) workbook for each family in attendance.

The Parent Project's includes a homework component with weekly homework assignments as a follow-up to each succeeding week.

The [Loving Solutions Teacher's Guide](#) is the most comprehensive in the industry. Icon driven, the guide walks facilitators through lectures, PowerPoint visuals and the group learning activities that provide parents with a clear understanding of the subject matter and a smooth process for change. Loving Solutions also addresses the needs of children with Attention Deficit Disorder. The workbook provides a brief but informative introduction and overview of the field, to guide parents through this immense subject. Parents who suspect that their child displays these symptoms, as well

as parents who have a child already diagnosed with ADD/ADHD, will find this information more than helpful.

Instruments, Surveys, Metrics Source: <https://www.cebc4cw.org/program/the-parent-project/detailed>

Evaluation & Compliance

There is no minimum education requirement to train to be a facilitator. Presenters of Parent Project program must have completed the 40-hour Parent Project Facilitator Training and received certification to present The Parent Project and to purchase parent workbooks.

Now in its 12th edition, The Parent Project's Changing Destructive Adolescent Behavior has become the program of choice for parents raising difficult or out-of-control teens. The American Bar Association's Center on Children and the Law, named the Parent Project the largest court mandated juvenile diversion program in the country. With a focus on improving both school attendance and performance, The Parent Project has become a favorite of middle and high school educators as well. There are currently 120 OJJDP Funded, Gang Prevention and Intervention Programs in the US. Because the Parent Project is the only program in the country that offers concrete interventions for all of the risk factors above, forty-seven of these programs use the Parent Project for their parent education component. Evaluation & Compliance Source: <https://parentproject.com/research/>

Supporting Literature

Collins, C.J., (1996, July 22) A Study in the Effectiveness of The Parent Project, a Parent Education Program. University of Idaho, Boise, doctoral dissertation.

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This is Not About Drugs

Summary & Rating

This is Not About Drugs (TINAD) is the first youth-focused educational program addressing the opioid health crisis. It is a universal program addressing youth substance misuse with an emphasis on prescription opioids. The brief intervention complements evidence-based foundational programs such as Botvin Lifeskills and Too Good for Drugs.

Rating: **Undergoing third-party evidence-based study for SAMHSA/NREPP review and accreditation**

Clearinghouse: **Results First Clearinghouse Database (NREPP)**

Policies & Procedures/Operations/Implementation

Target Populations: **Grades 6-12 (Childhood & Adolescent)**

Reaching more than one-hundred thousand students from more than 400+ delivery partners, TINAD reaches students in 22 states. Created by Overdose Lifeline, Inc.⁸, TINAD's learning outcomes include:

- Raise awareness to the risks of misusing prescription opioids
- Explain how misusing prescription opioids can lead to addiction, heroin use, and overdose
- Encourage students to make good choices
- Provide the student with skills to combat peer pressure, gain support and resources for making decisions about their own body and health

Policies & Procedures, Operations, and Implementation Sources:

<https://www.overdoselifeline.org/news/new-study-on-youth-focused-opioid-education-program-offers-results/> & <https://www.bubhugs.org/wp-content/uploads/odl-tinad-flyer-2018.pdf>

Instruments, Surveys, Metrics

TINAD is an in-class program that teaches teens about the risks of nonprescribed opioid and heroin use. The [program](#) includes a guided discussion and a film that identifies twelve young people affected by the opioid crisis, sharing their personal stories for a peer-to-peer learning approach. Participants in TINAD learn about the risks of misusing prescription opioids, that prescription opioids are the same class of drug as heroin, how misusing prescription opioids can lead to addiction or heroin use, that overdose is possible with prescription opioids, and how to recognize the signs of

⁸ "...results indicate that TINAD is able to significantly increase students understanding of the risks associated with prescription pain pills, the similarity between heroin and prescription pain pills as well as their awareness of naloxone." [Carson, D., Quasi-experimental evaluation of TINAD, 2019](#)

an opioid overdose and to call 911. TINAD also encourage students to make good choices and to ask for help and access resources for making decisions about their own body and health.

Overdose Lifeline substance use disorder (SUD) and opioid training and continuing education is available as online self-paced courses, webinars and in-person training, and as trainer programs. These SUD and opioid education programs are intended to help individuals, professionals, and businesses (or organizations) to increase knowledge and competency and to fight the health crisis.

Instruments, Surveys, and Metrics Sources: <https://www.overdoselifeline.org/opioid-training-and-courses/> & <https://www.overdoselifeline.org/opioid-heroin-prevention-education-program/>

Evaluation & Compliance

In collaboration with the Public Policy Institute at Indiana University, a TINAD [educational program study](#) examined the efficacy and results of the program in a sample of the population to which the program is targeted. Results indicate that the youth program significantly increases youth's understanding of the risks associated with prescription pain pills, the similarity between heroin and prescription pain pills, and youth's awareness of the purpose of the overdose reversal drug naloxone. Evaluation & Compliance Source: <https://www.overdoselifeline.org/opioid-heroin-prevention-education-program/>

Supporting Literature

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Too Good for Drugs

Summary & Rating

Too Good for Drugs (TGFD) is a school-based prevention program for both early-childhood and middle school-aged students that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and reducing risk factors and building protective factors that affect students in these age groups.

Summary & Rating Source: <https://crimesolutions.ojp.gov/ratedprograms/351> & <https://web.archive.org/web/20180625175540/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=75>

Rating: **EBP**

Clearinghouse: **Results First Clearinghouse (NREPP) & CrimeSolutions**

Policies & Procedures/Operations/Implementation

Target Populations: **5-10 (Early Childhood), 11-17 (Adolescent)**

TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions,

effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle. TGFV has developmentally appropriate curricula for each grade level through 8th grade, with a separate high school curriculum for students in grades 9 through 12. The K-8 curricula each include 10-weekly, 30- to 60-minute lessons, and the high school curriculum includes 14 weekly, 1-hour lessons plus 12 optional, 1-hour "infusion" lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in subject areas such as English, social studies, and science/health. Ideally, implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10-hour staff development program, which can be implemented either as a series of 1-hour sessions or as a 1- or 2-day workshop.

Too Good for Drugs is a companion program to Too Good for Violence (TGFV), reviewed by NREPP separately. At the high school level, the programs are combined in one volume under the name Too Good for Drugs & Violence High School. Policy & Procedures, Operations, and Implementation Source:

<https://web.archive.org/web/20180625175540/https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=75>

Instruments, Surveys, Metrics

Scientific research has shown that social-emotional learning helps reduce risk factors and build protective factors related to various risky or aggressive behaviors. TGFV programs are based on an accepted Theory of Change, employing strategies, and teaching key behavioral skills shown to promote healthy decision making and positive outcomes.

TGFV programs are aligned with health and education standards established by national organizations, such as the Centers for Disease Control and The American School Counselors

Association. TGFD programs have also been correlated to various state health education standards. Instruments, Surveys, Metrics Source: <https://mendezfoundation.org/our-work/>

Evaluation & Compliance

One Study of Too Good for Drugs and Violence met What Works Clearinghouse (WWC) evidence standards, and one study met WWC evidence standards with reservations. These studies, which included nearly 700 students attending six high schools in Florida, examined results on students' knowledge, attitudes, and values. Evaluation & Compliance Source: https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/WWC_Drugs_Violence_091406.pdf

Whereas, according to the Mendez Foundation, through third-party evaluations, Too Good programs have been shown to have positive effects on emotional competency skills, decision-making ability, intentions to use illicit substances, substance use behavior, and intentions to engage in aggressive behavior. Evaluation & Compliance Source: <https://mendezfoundation.org/our-work/>

Supporting Literature

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2019 – 2020 Substance Abuse Prevention and Treatment Block Grant (SABG) – Strategies

Empowered Health Consciousness

Summary & Rating

Developed initially as a primary prevention program to reduce prescription drug misuse in workers, Empowered Health Consciousness (EHC) provides a broad set of skills for staying mindful in the face of stress, emotional triggers, and addictive tendencies.

Rating: **N/A**

Clearinghouse: **N/A**

Policies & Procedures/Operations/Implementation

Target Populations: **General Public**

The National Wellness Institute’s 5-credit certificate course—based on an evidence-informed program developed by Organizational Wellness and Learning Systems (OWLS), with funding from the U.S. Department of Health (Substance Abuse and Mental Health Services Agency, SAMHSA)—provides information and tools to bring health consciousness to the workplace and beyond. When we are empowered in health consciousness, it improves our health and well-being and reduces unhealthy behaviors. Policies & Procedures, Operations, and Implementation Source: https://cdn.ymaws.com/members.nationalwellness.org/resource/resmgr/train_the_trainer/ehc_facilitator_onesheet.pdf

Instruments, Surveys, Metrics

The EHC course emphasizes protective factors (at individual and social levels) that help to prevent unhealthy behaviors such as avoidance and Rx misuse, discusses misuse problems in the workplace and solutions, and encourages health-conscious alternatives across the Six Dimensions of Wellness (physical, emotional, spiritual, occupational, social, and intellectual).

In many ways, health-consciousness works together with resilience and helps us learn from stress and adversity proactively (learn more about this connection through [National Wellness Institute](#)).

Certificate course participants may use the slide deck, facilitator notes, handouts, case studies, and engaging Jeopardy-style game provided in training in their own workshops, trainings, and client presentations. The tools are also beneficial for coaching individuals who may be at-risk for any unhealthy behavior as well as prescription misuse.

To earn a Certificate as an Empowered Health Consciousness Facilitator and be able to offer the “Empowered Health Consciousness” training to others, participants must successfully complete all elements of the online certificate course and pass an online exam.

Certificate course participants—as well as the individuals they train—will be able to:

- define “health consciousness” (key to preventing at-risk and avoidant behaviors as well as prescription drug misuse)
- identify triggers that put individuals at risk
- identify healthy alternatives that can diminish these risks
- take steps to implement healthy options and use evidence-informed resources
- use the above skills to reduce prescription drug misuse and abuse in their own or client's work setting or community

Each training includes a preview video, two facilitated online sessions, and an online exam. See National Wellness Alternative for the most up-to-date [schedule](#). Instruments, Surveys, and Metrics

Source:

https://cdn.ymaws.com/members.nationalwellness.org/resource/resmgr/train_the_trainer/ehc_facilitator_onesheet.pdf

Evaluation & Compliance

According to the organization Wellness Wisdom, since 1994, EHC and other programs have been studied and received funding from the National Institutes of Health, the US Department of Health & Human Services, and other agencies. These studies, a synthesis of clinical trials, have resulted in curricula that have reached over 250,000 workers in the US and abroad.

Courses are offered through the National Wellness Institute and Organizational Wellness and Learning Systems (OWLS). Evidence & Compliance Source:

https://cdn.ymaws.com/members.nationalwellness.org/resource/resmgr/train_the_trainer/ehc_facilitator_onesheet.pdf

Supporting Literature

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Play by the Rules

Summary & Rating

Play by the Rules (PBR) was created and is directed by the Alabama Center for Law & Civic Education. This award-winning crime prevention model for teaching state and territory-specific law to middle school students, teachers, and parents was first published in 2001 as *Play by the Rules: Alabama Laws for Youth*. The Play by the Rules National Project is a multi-year project to facilitate the expansion of Play by the Rules into other jurisdictions. The Play by the Rules program was awarded a Byrne grant by the U.S. Department of Justice, Office of Justice Programs, for this purpose. Play by the Rules programs has been developed and launched in Connecticut, Guam, Nevada, and Texas.

Rating: **No substantial information for Play by the Rules could be identified.**

Clearinghouse: **N/A**

Policies & Procedures/Operations/Implementation

Play by the Rules is one-time training, conducted in collaboration with juvenile probation, to educate youth on juvenile laws, does not need a waiver.

Target Populations: Grades **6-12 (Childhood & Adolescent)**

Instruments, Surveys, Metrics

The present program is based on a 76-page question and answer, illustrated book, and teacher guide addressing more than 200 laws. The book and teacher guide are periodically updated and distributed to seventh graders and their teachers. The student handbook is designed for middle school students in public, private, and home schools, by incarcerated youth in the juvenile justice system, and by youth in community settings such as scouting or church youth groups. The content is balanced and focuses on the law as it is written and enforced. The curriculum in the teacher's guide provides multiple opportunities to teach both rights and responsibilities.

Young people are introduced to this program by teachers and community resource persons, attorneys, law enforcement officers, judges, trained parent volunteers, and other knowledgeable community leaders. Law-related education emphasizes the need to build stronger relationships between youth and law enforcement. This program is designed to do just that by recommending a resource person for each lesson. Instruments, Surveys, and Metrics Source: <https://www.pbronline.org/what-is-pbr/>

Evaluation & Compliance

No evaluation or research can be found resulting from PBR.

Supporting Literature

Alabama Center for Law & Civic Education. (2009). Play by the Rules Alabama Laws for Youth.

Retrieved from https://www.pbronline.org/wp-content/uploads/2020/04/PBR_7th_Edition_Web.pdf

Service Learning

Summary & Rating

Rating: **No substantial information for Service Learning could be identified.**

Clearinghouse: **N/A**

Policies & Procedures/Operations/Implementation

Service Learning is a strategy where youth engage in experiential learning and volunteerism/service learning in the community, does not need a waiver.

Target Populations: **Grades 6-12 (Childhood & Adolescent)**

Tall Cop

Summary & Rating

Tall Cop Says Stop was created in 1997 by Officer Jermaine Galloway, an Idaho law enforcement. Regarded as one of America's top experts in various drug and alcohol trends, he has specialized in underage drinking and drug enforcement for more than 15 years. Summary & Rating

Source: <https://www.tallcopsaysstop.com/organizations-served>

Rating: **N/A**

Clearinghouse: **N/A**

Policies & Procedures/Operations/Implementation

Officer Galloway, trains over 60,000 class attendees annually. As the Tall Cop travels across the country, he trains in over 30 states per year (with multiple trainings in many states). Policy & Procedures, Operations, and Implementation Source:

<https://www.tallcopsaysstop.com/organizations-served>

Instruments, Surveys, Metrics

Tall cop "in-person" classroom or conference presentations can start at one hour in length and run up to two full days. Each class below is also available in webinar format. The webinars can be from 1-3 hours, depending on the content, and the organization type. Instruments, Surveys, Metrics Source: <https://www.tallcopsaysstop.com/speaking-engagements-training>

Evaluation & Compliance

Officer Jermaine Galloway, has provided keynote and breakout session presentations at a wide variety of conferences, including the CARE Coalition and Nevada HIDTA. Evaluation & Compliance Source: <https://www.tallcopsaysstop.com/organizations-served>

Supporting Literature

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Wilder Collaboration Factors Inventory

Summary & Rating

The Wilder Collaboration Factors Inventory is a free online collaboration assessment measure how your collaboration is doing on research-tested success factors. The inventory takes about 15 minutes to complete. Summary & Rating Source: <https://www.wilder.org/wilder-research/resources-and-tools#collaboration>

Rating: N/A

Clearinghouse: N/A

Policies & Procedures/Operations/Implementation

Target Populations: **Coalition Leaders**

Instruments, Surveys, Metrics

The Wilder Collaboration Factors Inventory [instrument](#) from 2018 provides eleven factors, each with one or two statements to be evaluated individually and as a group. Access to the assessment can be located by accessing the inventory [here](#). Leaders can create a group that has a unique web link for faculty, staff, and collaborative partners to access the survey. This unique link ensures responses from collaboration members are kept together. Another option is to distribute the

survey in an email or printed version for individuals to complete. Instruments, Surveys, and Metrics

Source: <https://wilderresearch.org/tools/cfi-2018/start> &
<https://militaryfamilieslearningnetwork.org/wp-content/uploads/2017/03/Module-5-Wilder-Collaboration-Factors-Inventory.pdf>

Evaluation & Compliance

As individuals from the collaboration take the inventory, they rank the level in which they agree or disagree about each of the statements. If using the website, an average score for each of the 20 factors of a successful collaboration is calculated, based on the group's responses. Responses are also compiled in a final summary report of results. For the printed version, the average for each section is calculated. Typically, scores that are 4.0 or higher reflect strengths within the collaboration, 3.0 to 3.9 could be either strengths or weaknesses, depending on the context, and 2.9 or lower reflect a point of growth within the collaboration. These scores are a starting point to discuss the relationships between partners. When reviewing the results, consider the following:

- What areas does the collaboration excel in?
- What areas need improvement?
- What can be done to improve the collaboration?
- For items that are low, are any particularly problematic?
- Overall, how strong are the scores?

Evaluation and Compliance Source: <https://militaryfamilieslearningnetwork.org/wp-content/uploads/2017/03/Module-5-Wilder-Collaboration-Factors-Inventory.pdf>

Supporting Literature

Amherst H. Wilder Foundation. (2019). Collaborating Across Difference. Retrieved from <https://www.wilder.org/sites/default/files/Talking-Ep7-Collaboration-Transcript.pdf>

Derose, K. P., Beatty, A., & Jackson, C. A. (2004). Evaluation of Community Voices Miami: affecting health policy for the uninsured. RAND.

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Utilizing this Manual

This EBP manual is designed as a “living document,” intended to grow year from year-to-year and serve as a documentation library for EBPPP related instruments, tools, implementation plans, evaluation and monitoring results, and scientific literature with specific emphasis on expanding and improving monitoring and evaluation in Nevada. By incorporating annual updates, the manual will serve as a framework for gaps analyses and needs assessments that could be submitted to federal agencies, including SAMHSA, as part of annual review processes, Request for Proposal (RFP) or Request for Applications (RFAs) as well as continuation funding requests. State-funded coalitions and third-party vendors shall utilize and augment the manual for implementation, administration, evaluation, Quality Assurance/Quality Control (QA/QC), monitoring and compliance, and annual reporting. The documentation now and moving forward shall be based on annual lists of planned and implemented EBPPPs regardless of coalition or subcontractor implementation and administration responsibilities.

In conjunction with the Statewide Epidemiology Organizational Workgroup (SEOW), the Evidence-based Practices Programs and Policies Active Workgroup (EBPPPAW) and Multidisciplinary Prevention Advisory Committee (MPAC) this manual will be deployed as part of the 2021-22 scope of work development process, continuation grant application, and evaluation reviews related to EBPPPs. This manual will also guide the waiver process and assist decision-making related to funding and waiver determinations beginning with 2021-22.

Next Steps & Conclusion

Presently, there is no Nevada-specific manual to support EBPPP assessment, selection, scoping, implementation, administration, evaluation, compliance monitoring, and reporting. The developed EBPPP Manual along with changes to the EBPPP Active Workgroup and collaboration with the SEOW, MPAC, BBHWP, and the SAPP-General Fund, PFS and SABG funded coalitions, and other stakeholders across the state provides the foundation and infrastructure to provide such cradle-to-cradle support. Fundamentally, there is a shift in the funding apparatus from the Federal perspective with increased emphasis on EBPPP implementation and administration with grant fund awards. While EBPPPs undergo extensive scientific assessments to test the validity and reliability of instruments and tools and measure the statistical significance of outcomes, there are unique needs among Nevada coalitions as in other states. This EBPPP Manual seeks to provide the resources to support more comprehensive and standardized deployment of EBPPPs in Nevada with specific focus customized programming based on need.

This report also supports the implementation and administration of EBPPPs as resources and tools are provided via links to EBPPP documentation and standards. Additionally, this support increases the capacity for evaluation, improves compliance monitoring outcomes, and results in reporting that serves both the needs of Nevada and funding requirements as well as adding to the literature base and potentially expanding the scope of EBPPPs from a scientific review perspective. This EBPPP Manual developed by the Strategic Progress Team in collaboration with BBHWP is designed to develop pathways to expanded EBPPP utilization, improve EBPPP-related capacities, develop expectations for monitoring, and establish current and future standard for both the PFS and SABG grant funded programs in Nevada.

In an effort to continuously improve and grow capacity in Nevada, with a goal of increasing the percentage of the highest-rated EBPs implemented as evaluated by national Clearinghouses and Resource Centers standards, this EBPPP Manual is recommended for annual review and revision. This approach will allow for the development of a scientific baseline for each of the currently funded programs and coalitions, while also providing trend analysis data for comparing outcomes in future years. Implementing and using this manual will help to establish structures and accountability to support a sustainable statewide EBP programs system for Nevada and effectively support systems change across both the PFS and SABG grant funded programs.

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About the Authors

The Strategic Progress Project Team is led by Project Manager and Lead Strategist Ms. Cyndy Ortiz Gustafson, MA, the CEO of Strategic Progress, LLC, a Nevada-based, woman-owned small-business with more than 18 years of business operations in Nevada. Strategic Progress, LLC holds three Master Service Agreements with the State of Nevada, for Grant Writing, Evaluation and one with the Department of Health and Human Services for a variety of services. Strategic Progress, LLC is a business and policy strategy firm that specializes in designing, implementing, and evaluating large scale, data driven, policy initiatives and projects for state, county and local governments, universities and colleges, and foundations as well as other coalitions and community organizations.

- Ms. Ortiz Gustafson, MA, a native Nevadan who has worked in public service, public policy, and community development since 1998 founded Strategic Progress, LLC, in January of 2002, and has been leading the company since then, managing large-scale policy and systems-change projects across the state with a team of highly qualified strategists, researchers, evaluators, facilitators and analysts. As CEO of the company, Ms. Ortiz Gustafson specializes in research, program development, data analysis, public finance consulting as well as public policy, public affairs, program evaluation and regional planning consulting to a variety of nonprofit and governmental agencies and programs. Ms. Ortiz Gustafson's work is focused on coordinating and advancing regional public policy.

Anchor partner Innovative Research and Analysis LLC is serving as the Project Lead, Principal Investigator and Strategic Communications Lead for the Strategic Progress Team. Innovative Research and Analysis LLC is a Nevada-based small-business enterprise founded in 2015 and is an anchor partner of Strategic Progress, LLC. Founded on the principle, "Vision Driven, Data Derived" Innovative Research and Analysis LLC works to promote visionary thinking with high quality data

support. Services provided focus on model efficiency, framework development, program evaluation, and technical deliverables such as automation and sustainable systems design based on client needs. Additionally, we provide technical and professional writing support that includes customized graphics, data analysis, research, outcome evaluation and authoring reports. Our goal is to provide clients the opportunity to collect robust and reliable data for reporting, strategizing, and planning that is aligned with their vision.

- Dr. Justin S. Gardner, PhD, is the Founder and CEO of Innovative Research and Analysis LLC and has his PhD in Public Affairs (2016) from the School of Public Policy and Leadership at the University of Nevada, Las Vegas. After nearly a decade of public sector service at the Federal and State level, he founded Innovative Research and Analysis in 2015. Dr. Gardner is a methodologist by trade with extensive experience in program management and process development. His approach to systems projects focuses on model efficiency, framework development, program evaluation, and technical deliverables such as automation and sustainable systems design. He has conducted studies and provided services for clients that include program and project management; database development and primary data collection; primary data collection instrument development, survey administration, and facilitation; research and data analytics; professional report writing, academic publications, and grant writing; policy and program evaluation; process development; and program design.
- Ms. Ashley Gardner, MA, is the Chief Branding Officer (CBO) and co-owner of Innovative Research and Analysis, LLC. She leads the development of branding strategies, communications, video marketing, as well as overseeing content development and publications. She has more than a decade of experience in media and communications

including writing, on-air presentation, videography, production and editing of both print and video content. Ms. Gardner graduated from the University of Mississippi with a degree in Broadcast Journalism and Psychology and went on to earn her Master of Arts degree from the University of North Texas in Radio, Television and Film with an emphasis in Media Industry Studies. She has been recognized around the country for her work in journalism including a letter of commendation from the former Lt. Governor of Mississippi, as a Distinguished Woman in Nevada for her endeavors in statewide legislative reporting, and as a recipient of an Outstanding Graduate Student Award by her department at the University of North Texas.

- Chad Warren served as a Research Associate and Co-Author of this report as a subcontractor of Innovative Research and Analysis LLC. With nearly two decades in the philanthropic, engagement, and advocacy sector, Mr. Warren has served as a senior leader at several higher education institutions, including the University of Nevada, Las Vegas, and The Ohio State University. Currently, he works for a leading consulting firm that supports colleges, universities, and non-profit organizations' fundraising and outreach efforts. Warren is a regular contributor at numerous conferences, including the Association of Fundraising Professionals (AFP), American Marketing Association (AMA), and the Council for the Support for Higher Education (CASE). Mr. Warren received his undergraduate degree from the University of Dayton and an MBA from Saint Leo University. He graduated in May 2021 from UNLV with a Doctorate of Public Policy.





This report was developed as part of a large-scale systems support initiative funded by the Partnership for Success grant and Substance Abuse Block Grant (SABG) through the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness Prevention. Work activities were conducted in collaboration with the Nevada's BBHWP Health Program Manager, Tracy Palmer MSW, Lic. and her PFS and SABG teams to gather relevant information and data as well as define the vision for the future of the Nevada PFS awards.

Appendix A: EBPPPAW Mission and Guidelines

{14-pages excluding appendices}

Evidence-Based Practices, Programs, and Policies Active Workgroup (EBPPPAW): Policy & Guidelines

I. Evidence-Based Practices, Programs, and Policies Active Workgroup Policy and Guidelines Overview

The Nevada Evidence-Based Practices, Programs, and Policies Active Workgroup's (EBPPPAW) purpose is to assist coalitions and prevention specialists with identifying research- and evidence-based strategies and programs with emphasis on evidence-based practices, programs, and policies (EBPPPs) that are grounded in prevention science. These identified programs, if implemented with fidelity and are culturally relevant, can achieve measurable outcomes and move the needle to prevent and address substance use and misuse.

Mission Statement: Assist Nevada communities in selecting best fit evidence-based substance misuse and abuse prevention strategies¹ and programs to address identified unique community needs.

From a historical perspective, this EBPPPAW has roots to 2007, at which time evidence-based practices in prevention were defined by the Substance Abuse and Mental Health Service Administration's (SAMHSA) and a written document was developed and given to all State providers with set requirements:

- Included in a Federal List or registry of Evidence-based Interventions ~OR~
- Reported (with positive effects) in a peer-reviewed journal ~OR~
- Documented effectiveness based on the set guidelines:
 - Validated research, empirical evidence of effectiveness and the intervention is judged by informed experts to be effective.

In 2009; the Definition of Evidence-Based for Substance Abuse Prevention was revised with additional details incorporated into written documentation and provision of additional guidance.

¹ A glossary of terms and definitions can be found at the end of this document

In 2014, the Evidence Based Practices Work Group role was to work with the state management team as an “ad hoc” group.

- Defined who the members should consist of; youth, parents, law enforcement, health care providers, education, treatment providers, government, faith community, recovery community and others.
- Commitment to this work group structure and operation was consistent from 2014 to 2018.

In 2018-2019 additionally changes to requirements and recommendations beginning with the “Conditional” approval of Partnership for Success (PFS) in 2018. In 2019, Section B of the PFS Application required additional clarification on goals and measurable objectives. State updated Section B through reflecting the following changes:

- Coalitions and their partners to be required to implement evidence-based programs, policies, and practices that best address underage drinking and marijuana use/misuse as approved by the EBP workgroup.
- The EBP workgroup (expert panel) will review activities to achieve goals and objectives and shared back to the MPAC to advise coalitions and the bureau on evidence-based strategies if necessary.
- Evidence-Based Work Group Policy and Guidelines Drafted and reviewed by the states SAPTA-Substance Abuse Advisory Committee for feedback, recommendation, and guidance. An extension to the original 2007 developed document of defining EBP.
- Difference in the EBP members list does not include the original community member list and defining the science review team as the Science subcommittee instead of using the “expert panel”.

Beginning in 2021, the EBPPPAW will focus its efforts on evidence-based activities which include:

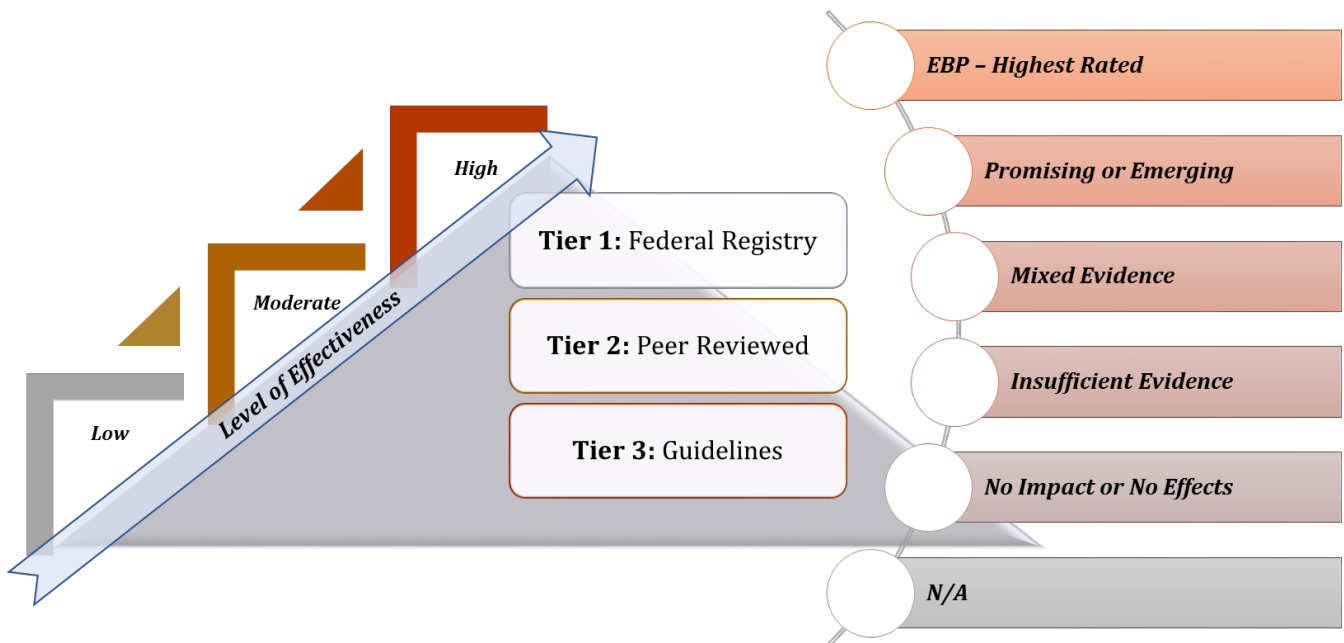
1. Reviewing proposed EBPPPs as part of the PFS, Substance Abuse Prevention and Treatment Block Grant (SABG) and other available administered grant funding awards by the Bureau of Behavioral Health Wellness Prevention (BBHPW).
2. Provide approval status as part of proposal reviews to include expectations for implementation, administration, evaluation, monitoring, and reporting

for EBPPPs, waiver approved EBPPPs, provisional approved projects, and any denied projects with specific notation of needs to achieve an approval status.

3. Defining levels of evidence to allow state leaders to distinguish proven programs from those that have not been evaluated or have not been shown to be consistently effective nationally or consistently effective in Nevada
4. Maintaining a list of evidence-based programs including those funded by the state to help the BBHWP manage available resources strategically
5. Reviewing outcome evaluations as presented by BBHWP or funded subcontractor for all EBPPPs to include EBPPPs, waiver approved EBPPPs, and provisionally approved projects to assess the funded programs based on their implementation fidelity to help policymakers identify which programs are generating positive results and use this information to better prioritize and direct funding.

II. Defining the Levels of Evidence

The EBP Work Group will adopt the Substance Abuse Mental Health Services Administration's (SAMHSA's) operational definition of evidence-based to review all proposed projects for funding awards. Utilizing provided resources to include an EBP decision-making form and EBP Manual members of the EBP Work Group will assess each proposed project to determine the relative tier of the project and provide additional steps for approval, waiver approval, or guidelines for provisional waiver approval. The SAMHSA operationalized definition of evidence-based states that a program's effectiveness must be supported at one of three levels or tiers, while ratings are generally categorized to include some combination of the presented options:



Tier 1 level are programs included in the SAMHSA (Appendix A) or comparable Federal registries of evidence-based interventions. (Appendix B). Inclusion on one of these registries does not necessarily result in Tier 1 status, the effectiveness and rating of the specific intervention is critical to status designation. However, in order to achieve Tier 1 status, the intervention must be listed on one of the Federal registries.

Tier 2 programs are those found in at least one peer-reviewed journal and were judged as effective, which could be defined as either EBP (highest rated) or Promising/Emerging from a rating perspective. Any intervention falling into the Mixed Evidence, Insufficient Evidence, No Impact/No Effect, or N/A categories would not be eligible for Tier 2 status.

Tier 3 include programs whose documentation of effectiveness is based on evidence-based guidelines or are in the process of being developed and evaluated for evidence of effectiveness. These programs may be provisionally approved but will require rigorous evaluation of impact to be continued.

A substantive focus of EBP Working Group support will ensure compliance of proposals, implemented projects, and outcomes of funded projects based on both EBP-specific resources, requirements, processes, and tools as well as SAMHSA Tiers. One of the current limitations of EBP implementation and administration in Nevada is adherence to cited EBP guidelines, utilization of existing tools, materials, and resources; and capacity to measure, evaluate, and assess outcomes independently and pursuant to EBP comparative literature. The EBP Working Group will provide expertise and guidance to SAPTA and funded coalitions or other sub-awardees to support effective and consistent implementation of EBPs across Nevada. The SAMHSA Tiers are further detailed below with notation of specific activities of the EBP Working Group pursuant to the Mission and Guidelines of the working group.

Tier 1. Inclusion in SAMHSA or comparable Federal Registry of EBPs: Effectiveness Standards

Strategies or programs which have demonstrated strong evidence that they achieve desired outcomes are classified as evidence-based with demonstrated favorable long-term effects.

1.1 – Strategy appears on a federal government maintained registry of evidence-based practices

Tier 2. Publication in a peer-reviewed journal: Promising Standards

Programs that have been shown effective through less rigorous evaluation methods are classified as “promising”. This categorization demonstrates likely favorable at least short-term effects.

2.1 - Strategy appears in a peer-reviewed publication with positive effects and where implementation design and guidelines are clearly identified

2.2 - Proposed strategy implementation falls within acceptable deviation from original implementation design as determined by the EBP Program Analyst and the recommendation of the Independent Science Reviewer

Tier 3. Documentation based on guidelines : Researched Standards

Programs that have shown inconsistent results and/or have insufficient methodological rigor and thus where the short-term effects could not be determined, but correlation studies and/or outcome surveys exist. These are classified as, “researched Informed”, and “inconclusive” as this categorization demonstrates effects requiring further rigorous evaluations.

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 (information to judge this includes: 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 or the evidence-based program is based upon a theory of change that is documented in a clearly defined and documented logic model to be reviewed and recommended by the EBP independent Science reviewer recommendation to BBHWP and evaluation team. .

III. Selecting Evidence-Based Strategies and Programs

In addition to meeting the SAMHSA definition of evidence-based, programs should also be aligned to community needs as identified in their most recent Comprehensive Community Prevention Plan (CCPP) in terms of community fit, feasibility, capacity, and documented outcomes. Prevention Coalitions are expected to utilize available reports, documentation, and recommendations from supporting entities including BBHWP, SEOW, MPAC, and this EBPPPAW group. Some example reports for review include the 2019-20 Evaluation Plan, 2019-20 Disparity Impact Statement, current-year EPI Profiles, Nevada YRBS biennium reports, and the CDC YRBSS biennium reports to name a few.

Community Fit

Evidence-based programs have **been rigorously tested in controlled settings, proven effective, and translated into practical models** that are **widely available** to community-based organizations. It is also important that the evaluations themselves have been subjected to critical peer review. Nevada is a two-thirds rural and one-third urban state. Evidence-Based Practice Programs throughout Nevada communities are refined through an assessment based on geographical locations. In addition to addressing the high needs of low socio-economic regions, Prevention Coalitions work closely to support other coalitions as part of the overall statewide strategic plan. Each coalition has designed a Comprehensive Community Prevention Plan (CCPP), outlining the short- and long-term outcomes proposed. Based on the community assessment, activities are aligned to support the high-risk targeted population. This section is responsible for addressing the following questions:

- Will the proposed strategy yield the anticipated short and long term outcomes?
- Are the proposed activities an appropriate match with the targeted population?
- Does it address identified risk/protective factors?

Feasibility and Capacity

Based on funding source and recipients , Nevada awards a certain amount to prevention coalitions to develop, implement and monitor prevention outcomes; positive or negative. The set mission of BBHWP is to secure a feasible key performance measures and to determine if the implementing

entity can achieve key performance measures. This section is responsible for addressing the following questions:

- Is sufficient financial support present? (purchase of materials, specialized training, TA, technology, etc.)
- Is the program cost effective taking into consideration the number of people served or reached or the influential numbers of policy makers, etc., served?
- Is human and community support available to carry out the program with fidelity? (assigned point person, time commitment to administer and carry out the program with fidelity, staff with appropriate skill set, adequate number of staff, past experience working with the targeted population and interventions)

Documented Outcomes

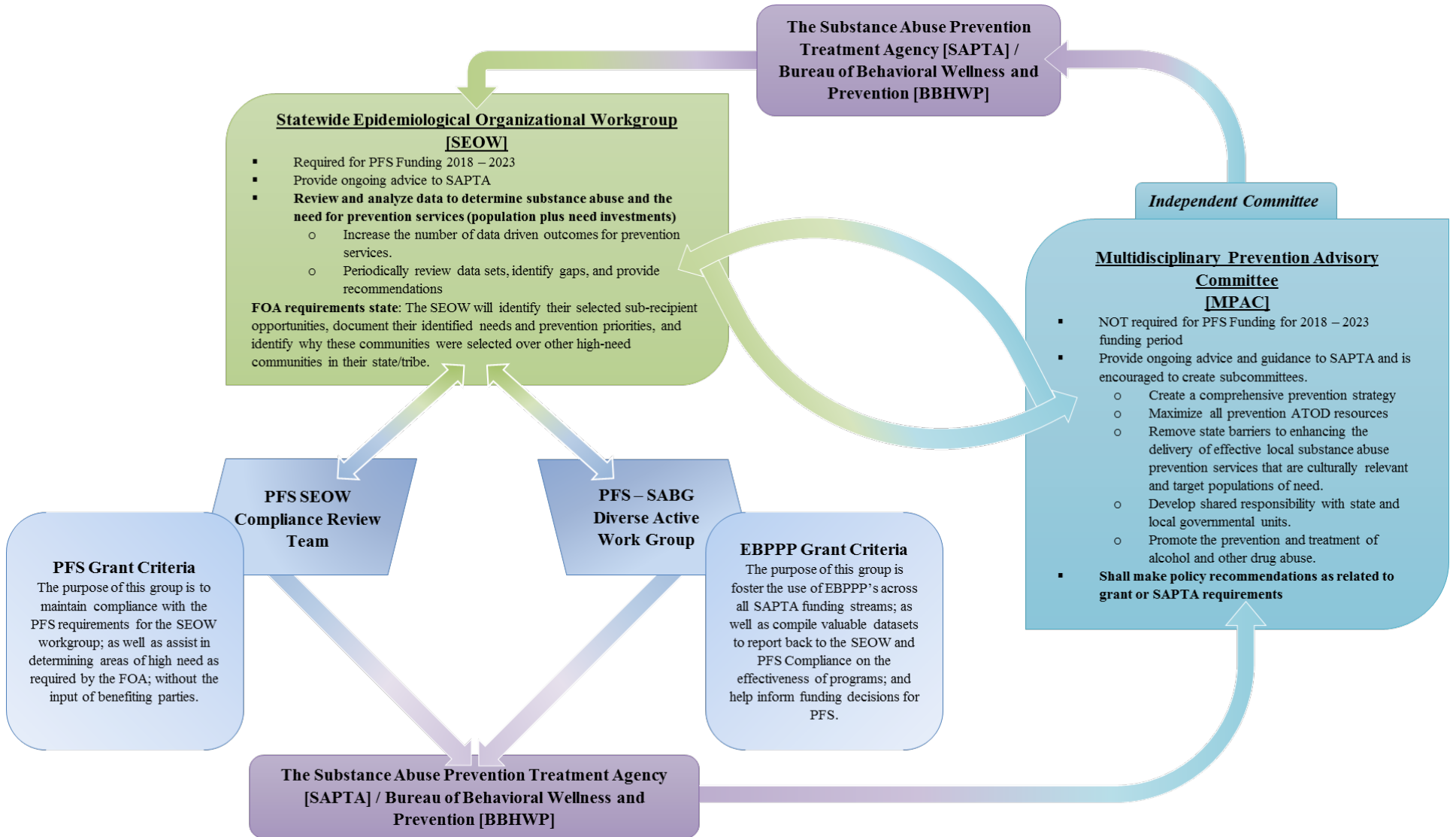
Documentation is a means by which a formalized description of activities, decisions, and work products to include rationale, explanations, and connections to the larger community impact is developed. Fundamentally, this can be accomplished with Who, What, Where, When, Why, and How framed questions. This approach should be deployed to address both successes to identify what went or worked well, who was most impacted, and the relative impacts on the community as well as short-comings such that issues are articulated, gaps can be identified, and potential solutions can be developed. This section is focusing on guiding the reader and/or funder in a written format on the components for each outcome and ensure documentation is developed to validate practice; apply reflection; and communicate types of outcomes, barriers and challenges and next steps. The following question is addressed by this Documented Outcomes section:

- Are data collection and evaluation procedures in place to appropriately document anticipated outcomes?

IV. Evidence-Based Work Group Organization

The EBPPP Active Workgroup's mission is to assist community coalitions to select best fit, evidence-based prevention strategies for their communities to address high priority needs. The non-biased diverse active working group will meet at least quarterly and possibly more frequently when requests are made or as other needs dictate. This group will accomplish its work through the dissemination of fully completed folders to include all relevant documentation, the EBPPP Manual, EBPPP decision-making form, and other relevant resources to assess projects. The reviews of projects will be conducted by a potential subcommittee of members whose agency or organization do not receive funding from any of the available BBHWP funding sources. Results from these assessments will be presented to the EBPPP Active Workgroup on a quarterly basis to provide guidance and directives to support a more sustainable and scalable EBPPP review process in Nevada.

As part of the BBHWP strategic approach to supporting the implementation and administration of evidence-based prevention strategies across Nevada communities, changes in the alignment and structure of the EBPPP Active Workgroup were made as shown in the process map on the following page. The EBPPP Active Workgroup will serve as a supportive wing of the Statewide Epidemiological Organizational Workgroup (SEOW) and report outcomes of evidence-based support activities and work products to BBHWP. Guidance and work products provided by the EBPPP Active Workgroup will then be communicated to the Multidisciplinary Prevention Advisory Committee (MPAC) to help inform future vision, direction, goals, and objectives for substance abuse prevention and treatment. This connection to the MPAC is a critical structural link between various funding streams and program types, which is designed to provide the foundation and frame for scalable and sustainable prevention and treatment strategies that are specific and responsive to Nevada.



V. Evidence-Based Work Group Members

The EBP membership will consist of 8-10 people and will be appointed by the Health Bureau Chief annually at the beginning of each funding cycle and will include a broad representation of coalition members, senior level prevention practitioners, SAPTA staff, and research trained scientists with experience in methodology and conducting and evaluating research. EBPPP Active Workgroup members identified for commencement in 2021 include:

- PFS Program Analyst: Vacant/ Tracy Palmer, HPM II
- PFS Grants Health Program Manager: Tracy Palmer, MSW Lic, HPM II
- Strategic Progress, External Quality Evaluator: Dr. Justin S Gardner
- Prevention Coalition Member: Wendy Nelson, Executive Director Health Community Coalition in Rural region
- BBHWP Vendor: Strategic Progress, LLC Cyndy Gustafson
- Evidence-Based Practice UNR, MSW Intern: Lydia Morse
- LGBTQ+ Community: Reverend Brian Ostaszewski
- Nevada Statewide School Behavioral Health Coordinator: Dana Walhburn
- Community Substance Abuse/ Misuse Representative: Ben Trevino
- Law Enforcement: Michele Freeman, Former Chief, City of Las Vegas Department of Public Safety
- Nevada Minority Health Equity Coalition: Dr. Amanda Haboush-Deloye, Interim Executive Director, Nevada Institute for Children's Research and Policy
- Military Representative: Michael Lawrence, Retired
- Physiologist Substance Abuse/Treatment facility representative: Lori Berg, B.A
- Tribal Community Member: Pending Tribal Council discussion request
- Youth Leader: Tandy Mandi, PACT Coalition

Requirements for membership in the EBPPP Active Workgroup are as follows with limited exclusions where appropriate:

- All members have received training and technical assistance on skills needed which include:
 - Ability to locate and critically evaluate research
 - Ability to develop/approve a logic model with fidelity and rigor

- Have knowledge of national database language and standards
- Knowledge of standards of scientific standards for judging valid and reliable research
- Minimum of one year experience in the science of prevention

Committees may be formed as circumstances dictate, for example, in order to update these guidelines on a regular basis an Administrative Subcommittee may be needed.

The prevention Coalitions will provide support and mentorship to the EBPPPAW group on the process of identifying programs that fit the criteria cited in this document. This request will meet on an as needed basis as determined by the State Program Analyst to ensure timely responses to requests for support.

The Independent Science Reviewer will work as a non-biased entity and work collaboratively with all stakeholders to review and refine criteria, review applications and work with State Program Analyst ,providing recommendations to both the state and the coalitions on their EBP implementation request. The independent science reviewer will be asked to meet with the EBPPPAW bi-annually to meet and discuss processing of applications, trends, and recommendations. Current members of the Independent Science Review (ISR) Team acts as a consultant expert include:

- Dr. Darcy Davis- ISR/Volunteer
- Dr. Veronica Dahir- UNR- ISR/Volunteer
- Alyssa Ohair-CASAT- ISR/Volunteer
- Dr. Justin S Gardner/Strategic Progress²

² Serves on both as an Independent Science Reviewer and co-chair of the EBPPPAW to support sustainable operations and ensure integration of work between the EBPPPAW and Independent Science Review Team

VI. Process for Evidence-Based Practices, Programs, and Policies: Approved vs. Waiver or Provisional Approval

Forms to request a program be identified as an EBP or provisionally approved or waived pending additional evaluation information will be developed, adopted, and modified as needed to meet changing needs of the field and the committee.

These EBP Forms will be completed by the prevention coalitions in full and submitted to the state PFS Program Analyst for consideration and feedback. (See Attachment 3 for current draft Evidence-Based Program Provisional Status & Waiver Form.) It is the responsibility of the PFS Program Analyst to forward all documents to the independent science reviewers for feedback.

The Independent Science Reviewers will respond to these requests with their input to the state within a maximum of thirty days for review.

Glossary

Evidence-based prevention strategies – Programs or policies that have been evaluated and consistently demonstrated to be effective in impacting substance use or abuse with both short term and long term effects based upon the best-available research evidence using rigorous scientific methods.

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 showing positive impacts.

Peer-Reviewed Literature – Articles in scientific journals that have gone through a formal process of review by qualified scientists who have assessed the validity of the methodology and conclusions of the research.

Independent Science Reviewer is a person who has a Doctor degree in a field that aligns with primary prevent programs and/ or a person who has worked in the primary prevention field for five years or more.

Appendix B: SEOW Policies and Procedures

{5-pages}

Substance Abuse Prevention and Treatment Agency (SAPTA) State Epidemiology Workgroup (SEW) BYLAWS

ARTICLE 1 – NAME

- 1.1 The name of this group shall be the Substance Abuse Prevention and Treatment Agency State Epidemiology Workgroup. Hereinafter referred to as the SEW.

ARTICLE 2 – AUTHORITY

- 2.1 The SEW is a freestanding advisory committee to Nevada Division of Public and Behavioral Health, a Division within the Department of Health and Human Services.

ARTICLE 3 – PURPOSE AND FUNCTION

- 3.1 The purpose of the SEW is to provide ongoing advice and guidance to SAPTA staff who will disseminate those recommendations to the Multidisciplinary Prevention Advisory Committee, the SAPTA Advisory Board and other appropriate agencies and groups.
- 3.2 Review and analyze data to determine the impact of substance abuse and the need for prevention services and treatment services:
 - 3.2.1 Increase the number of data-driven outcomes for substance abuse prevention;
 - 3.2.2 Periodically review available datasets, identify gaps, and provide recommendations for accessing or developing those datasets.
- 3.3 The SEW shall not have any policy-making or regulatory authority.

ARTICLE 4 – MEMBERSHIP

- 4.1 Representation
 - 4.1.1 The SEW consists of a minimum of eight (8) representatives.
 - 4.1.2 New members will be nominated by members or SAPTA staff and, upon SAPTA approval, will be forwarded to the Chair and be voted on by a quorum of the SEW for appointment.
- 4.2 Terms
 - 4.2.1 No term limitation

- 4.2.2 A member may lose representation on the SEW if he/she does not meet attendance requirements as indicated in section 4.5.

4.3 Nomination

- 4.3.1 When a member's seat is vacated, the Agency represented by the member shall have the right to nominate a new member to the SEW by making a nomination to SAPTA staff, the Chair, or the Chair-Elect.

In the absence of a nomination from the Agency being represented, that seat may be filled through nomination by SEW members, the Chair, the Chair-Elect, or SAPTA staff.

- 4.3.2 Nominations for Agencies or members not currently represented on the Committee may be submitted in writing to either of the Chairs or SAPTA thirty (30) days prior to the next meeting for consideration and approval.

- 4.3.3 Nominations will be presented to the SEW for a vote to elect the new member according to stipulations outlined in Article 5 of this document.

4.4 Presiding Officers

- 4.4.1 The SEW shall elect the Chair-Elect from its membership, at the first meeting each year, by a majority vote of the Board for a one-year term in that role. The Chair-Elect will transition to the Chair when a new Chair-Elect is elected. The role of Chair will be one-year. The Chair will transition to the Past-Chair and serve in that role for one-year. The full scope of the Chair-Elect, Chair, and Past-Chair will constitute a three-year period of time.

- 4.4.2 If for any reason neither Chair nor the Chair-Elect are not available for a meeting, the Past-Chair will preside over said meeting.

- 4.4.3 When the position of the Chair-Elect or Chair, or Past-Chair is vacant, one of the remaining positions will assume the duties of the vacant position until the SEW votes on a new member to serve in that role or will transition into the other roles so the vacant role will be the Chair-Elect.

- 4.4.4 The Chair-Elect or Past-Chair shall act for and on behalf of the Chair in all cases of his/her absence.

4.5 Attendance Requirements

- 4.5.1 Members, or their proxy representative, of the SEW shall maintain 75% attendance each calendar year. Members who are absent in excess of 25% or who miss three (3)

consecutive meetings may forfeit their seat on the SEW. Nominations shall be sought by the SEW in accordance with nomination procedures set forth in subsection 4.3.

4.6 Grounds and Procedure for removal. Members of the SEW may be removed for either of the following reasons:

4.6.1 Violation of conflict of interest policy.

4.6.2 Not meeting the attendance requirements of 4.5 above.

4.7 Designation of Alternates

4.7.1 A member of the SEW may designate another individual to attend a particular meeting to act as proxy for the member of the SEW. That designation may be by writing, fax, electronic mail, or telephone call directed to the SAPTA staff or the, the Chair. A designated member shall have all rights of the member of the SEW at that meeting. Any written material or assignments necessary for the meeting should be passed on by the member to the proxy. The designated member must still follow attendance requirements under 4.5 whether there is a proxy or not. The proxy provision will only be allowed two times before the original member's SEW membership status is re-evaluated.

4.7.2 Proxy representatives will be notated in the minutes.

ARTICLE 5 – VOTING

5.1 Each member including the Chair-Elect, Chair and Past-Chair shall have one vote. Such a vote may be either in person or by proxy.

5.2 A quorum shall consist of attendance by a simple majority of voting members.

5.3 A concurrence of at least a majority of the members (present) of the SEW shall be required on all voting matters.

ARTICLE 6 – COMPENSATION

6.1 No compensation is expected, and funding is not allocated.

ARTICLE 7 – STAFFING

7.1 SAPTA and the Department of Health and Human Services Central Analytics Unit, for purposes of secretarial, research, and other needs, shall provide staff to the SEW.

ARTICLE 8 – MEETINGS

- 8.1 The SEW shall meet at least quarterly and at the times and places specified by the call of the Chair and/or SAPTA staff.
- 8.2 Agenda items are to be submitted in writing, no later than fourteen (14) days before the meeting, by SAPTA and/or SEW members. The meeting Chair shall have the right to waive this timeframe at his or her discretion if deemed appropriate.
- 8.3 Meetings will generally follow parliamentary procedure as contained in Robert's Rules of Order Revised, insofar as they do not conflict with the NRS and said bylaws.
- 8.4 Meetings shall be conducted in accordance with NRS chapter 241, known as "Nevada's Open Meeting Law."

ARTICLE 9 – SUBCOMMITTEES

- 9.1 The Chair, Chair-Elect, or Past Chair can appoint subcommittees, which may include individuals who are not members of the Committee. (The composition of the subcommittee must be approved by a majority vote of the SEW.)
- 9.2 Terms of subcommittee appointments:
 - 9.2.1 The terms of the members of each subcommittee shall be determined by the SEW Chair, not to exceed twelve months. Any member of a subcommittee may be reappointed.

ARTICLE 10 – AMENDMENTS

- 10.1 Proposed amendments to the bylaws shall be submitted in writing to the Chair or the SAPTA Agency Director fourteen (14) days prior to any regular meeting.
- 10.2 The bylaws may be amended at any regular meeting of the SEW by a two-thirds (2/3) vote of those attending, provided the amendment has been submitted in writing and placed on the agenda.

ARTICLE 11 – CONFLICT OF INTEREST

- 11.1 The Agency will survey it's SEW members annually to collect information regarding their affiliations outside the SEW. Each member is responsible for fully disclosing all current affiliations.

11.2 Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit to that member, or otherwise have the appearance of a conflict of interest. When funding or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his or her intention to abstain from making specific motions or casting a vote, before participating in related discussion. The Chair or a majority of the SEW may also declare a conflict of interest exists for a member and ask that the member be removed from the voting process.

Appendix C: MPAC Bylaws

{7-pages}

Substance Abuse Prevention and Treatment Agency
STATE EPIDEMIOLOGY WORKGROUP (SEW) BYLAWS
DISCLOSURE STATEMENT – STATE FISCAL YEAR 2021

The Substance Abuse Prevention and Treatment Agency (SAPTA), State Epidemiology Workgroup Bylaws include the following statements regarding Conflicts of Interest:

The Agency will survey it’s SEW members annually to collect information regarding their affiliations outside the SEW. Each member is responsible for fully disclosing all current affiliations.

Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. When funding or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his or her intention to abstain from making specific motions or casting a vote, before participating in related discussion. The Chair or a majority of the SEW may also declare a conflict of interest exists for a member and ask that the member be removed from the voting process.

Please list any of the following affiliations in the lines below: 1) Employers; 2) Committees or Commissions; 3) Organizations in which you or any member of your immediate family has a substantial or material interest and, to your knowledge, the Agency has a grant, contract or cooperative agreement with; 4) Any allegiance or financial interest you or any member of your immediate family has that might affect or appear to compete with your duties on the Agency’s State Epidemiology Workgroup.

- 1. _____
- 2. _____
- 3. _____

Name (please print)

Signature

Date

Please complete the form and return to SAPTA at your earliest convenience.

Fax to 775 684-4185, attention Agency Director or mail to 4126 Technology Way 2nd Floor, Carson City, NV 89706. Thank you very much for your adherence to the Bylaws.

Substance Abuse Prevention and Treatment Agency
Multidisciplinary Prevention Advisory Committee (MPAC)

BY-LAWS

Approved September 11, 2015

ARTICLE 1 – NAME

- 1.1 The name of this group shall be the Substance Abuse Prevention and Treatment Agency's (SAPTA) Multidisciplinary Prevention Advisory Committee (MPAC). Hereinafter referred to as the Committee.

ARTICLE 2 – AUTHORITY

- 2.1 The Committee was originally authorized under the State Incentive Grant (SIG) in 2002 and the Strategic Prevention Framework (SPF) SIG.
- 2.2 The Committee was re-authorized under the Strategic Prevention Framework Partnerships for Success Grant in 2013.
- 2.3 The Committee is established as a freestanding advisory committee advising the Division of Public and Behavioral Health/ SAPTA.

ARTICLE 3 – PURPOSE AND FUNCTION

- 3.1 The purpose of the Committee is to provide ongoing advice and guidance to SAPTA and is encouraged to create subcommittees, as listed in section 9.1, to monitor progress and accomplish each of the following steps.
 - 3.1.1 Create a comprehensive statewide prevention strategy;
 - 3.1.2 Maximize all available Alcohol, Tobacco and Other Drugs (ATOD) prevention and resources;
 - 3.1.3 Remove state barriers to enhancing the delivery of effective local substance abuse prevention services that are culturally relevant and target populations of need;
 - 3.1.4 Develop shared responsibility among state and local governmental units;
 - 3.1.5 Promote the prevention and treatment of alcohol and other drug abuse.
- 3.2 The Committee shall make policy recommendations as related to grant or SAPTA requirements.

ARTICLE 4 – MEMBERSHIP

4.1 Representation

- 4.1.1 The Committee consists of a minimum of fifteen (15) representatives across all disciplines, including but not limited to mental health, tobacco control, law enforcement, primary care providers, judicial, education, juvenile justice, LGBTQ, military, and drug enforcement.

4.2 Terms

- 4.2.1 There shall be no term limitation for members.
- 4.2.2 A member agency may lose representation on the Committee if he/she does not meet attendance requirements as listed in section 4.6.

4.3 Nomination

- 4.3.1 When a member's seat is vacated, the agency represented by the member shall have the right to nominate a new member to the committee by making a nomination to the Chair or Vice Chair. In the absence of a nomination from the agency being represented, that seat may be filled through nomination by Committee members, the Chair, the Vice Chair, or SAPTA staff.
- 4.3.2 Nominations for agencies or members not currently represented on the Committee may be made by members, the Chair or Vice Chair, or SAPTA in writing, received by SAPTA by email, or fax, a vote may be taken at the next meeting.
- 4.3.3 The names of the nominees will be placed on the agenda and will be confirmed at the next regular meeting by a vote of the committee. The Chair may appoint a membership committee made up of at least three MPAC members to develop a slate of nominees to be presented to the MPAC for vote.

4.4 Committee Chair and Vice Chair

- 4.4.1 Elections for Chair and Vice Chair will occur in alternating years.
- 4.4.2 The MPAC shall elect the Chair at the first meeting on odd years, by a majority vote of the members in attendance for a two-year term with a maximum two terms.
- 4.4.3 If the Chair position should become vacant for any reason, the Vice Chair shall appoint a nomination committee at the next MPAC regular or at a special meeting for the purpose of nominating a chair. The nomination committee, made up of at least three MPAC members, shall meet at least once between meetings and present a nominee at a subsequent regular meeting. Nominees shall also be accepted from the members at the time of the regular meeting of which there will be a vote. A vote will

be taken by the majority of members. If for any reason neither Chair nor Vice Chair is available for a meeting, the presiding Chair of said meeting may designate a representative to preside over said meeting.

- 4.4.4 The Vice Chair shall be elected at the first meeting on even years by a majority vote of all Committee members.
- 4.4.5 The Vice Chair shall act for and on behalf of the Chair in all cases of his/her absence. If the Vice Chair position should become vacant for any reason, the Committee shall select a new Vice Chair at the next regular meeting that would fulfill the length of the current term.
- 4.4.6 When a Chair or Vice Chair is elected to replace a vacant position and serves in that capacity for two meetings or less prior to the next regular election for that position he/she will be deemed to have been elected to the full term for that position.

4.5 Attendance Requirements

- 4.5.1 Members who miss three (3) consecutive meetings may forfeit their seat on the Committee may forfeit their seat on the MPAC. After three (3) consecutive meetings are missed, the Chair shall send a letter to that member advising him/her that three (3) meetings have been missed and that they may forfeit their seat. The letter shall request a response within 10 working days with the request that the member in question state his/her intentions in relation to membership on the committee. If no response is received within the timeframe, the member shall forfeit his/her seat.

4.6 Grounds and Procedure for removal. Members of the Committee may be removed for either of the following reasons:

- 4.6.1 Violation of conflict of interest.
- 4.6.2 Not meeting the attendance requirements of 4.5 above.

ARTICLE 5 - VOTING

- 5.1 Each member including the Chair and Vice Chair shall have one vote.
- 5.2 A quorum shall consist of attendance by a simple majority of members. Specifically, this means a majority of the number of representatives allowed by the Bylaws in Article 4.1.1 or the number of current members, whichever is larger.
- 5.3 A concurrence of at least a majority of the members of the Committee shall be required on all questions. Any change to the By-Laws requires a 2/3 majority of those voting members present (see section 11.2)

ARTICLE 6 – COMPENSATION

6.1 No compensation is expected and funding is not allocated.

ARTICLE 7 – STAFFING

7.1 SAPTA for purposes of secretarial, research, and other needs shall provide staff to the Committee.

ARTICLES 8 – MEETINGS

8.1 The Committee shall meet at least quarterly and at the times and places specified by the call of the Chair or SAPTA.

8.2 Agenda items may be carried forward from a previous meeting and new agenda items are to be submitted, no later than fourteen (14) days before the meeting, by SAPTA and/or Committee members. The meeting Chair shall have the right to waive this timeframe at their discretion if deemed appropriate. Any waiver by the Chair must be consistent with Nevada's Open Meeting Law.

8.3 Meetings will generally follow parliamentary procedure as contained in Robert's Rules of Order Revised insofar as they do not conflict with the NRS and said bylaws.

8.4 Meetings shall be conducted in accordance with NRS chapter 241, known as "Nevada's Open Meeting Law".

ARTICLE 9 – SUBCOMMITTEES

9.1 The Chair is empowered to appoint subcommittees, which may include individuals who are not members of the Committee.

9.2 Terms of subcommittee appointments:

9.2.1 The terms of the members of each subcommittee shall be determined by the Committee Chair, not to exceed twelve months. Any member of a subcommittee may be reappointed. A subcommittee shall remain active until the work is completed.

ARTICLE 10 – AMENDMENTS

10.1 Proposed amendments to the bylaws shall be submitted in writing to the Chair fourteen (14) days prior to any regular meeting.

10.2 The bylaws may be amended at any regular meeting of the Committee by a two-thirds (2/3) vote of those attending, provided the amendment has been submitted in writing, and placed on the agenda.

ARTICLE 11 – CONFLICT OF INTEREST

- 11.1 The Agency will survey its Committee members annually to collect information regarding their affiliations outside the Agency. Each member is responsible for fully disclosing all current affiliations.
- 11.2 Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. When funding or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his intention to abstain from making specific motions or casting a vote, before participating in related discussion. The Chair or a majority of the Committee may also declare a conflict of interest exists for a member and ask that the member be removed from the voting process.

Substance Abuse Prevention and Treatment Agency
Multidisciplinary Prevention Advisory Committee
DISCLOSURE STATEMENT

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Name (please print)

Signature

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