

Nevada Division of Public and Behavioral Health Substance Abuse Prevention and Treatment Agency Definition of Evidence Based for Substance Abuse Prevention

Revised and Approved by the SAPTA Advisory Board
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Introduction

The Substance Abuse Prevention and Treatment Agency (SAPTA) is committed to implementation of effective substance abuse prevention programs, strategies, policies, and practices by supporting the community coalitions and their partners. As such, the establishment of an Evidence Based Work Group will be formed and supported by SAPTA with participation and collaboration from community partners and coalitions.

Evidence Based Work Group Charge:

The Evidence-Based work group's purpose is to assist SAPTA staff and coalitions with identifying evidence-based programs that are grounded in prevention research and, if implemented with fidelity and are culturally relevant, can achieve measurable outcomes and move the needle on curbing and addressing substance use and abuse.

For the PFS programs, the emphasis will naturally fall on prevention programs and environmental and community strategies.

The EBP will focus its efforts on evidence-based activities which include:

1. 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 or effective in the Nevada environment.
2. Maintaining a list of evidence-based programs including those funded by the state to help SAPTA manage available resources strategically.
3. Comparing program costs and benefits allowing policy makers to weigh the costs of public programs against the outcomes and economic returns they deliver.
4. Reviewing evaluations of provisionally approved/waivered funded programs and their implementation fidelity to help policymakers identify which investments are generating positive results and to use this information to better prioritize and direct funding.

Definition of Evidence Based Programs

The purpose of this document is to provide program policy for one operational definition and structure for the implementation of Evidence Based Practices (EBP) by prevention and other SAPTA funded program providers with oversight by the community coalitions and/or SAPTA. In addition, this document will guide the prioritization and allocation of funding available through this agency. The program policy is to assist prevention providers certified by SAPTA to implement activities that meet one (1) of the three (3) following definitions for Evidence Based prevention practices. Evidence Based practices in prevention are defined by the Substance Abuse and Mental Health Service Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) in their identifying and selecting Evidence Based interventions Guidance Document (Revised January 2009).

Defining Evidence-Based Programs

SAPTA in implementing the evidence-based definition for substance abuse prevention, realizes that it is important to provide a structured definition that will guide SAPTA funded prevention providers when choosing their prevention activities. Below is a review and further explanation of the three (3) definitions that will be used by SAPTA and its funded providers when choosing community-based prevention programs, policies, strategies, and practices.

Evidence Based Programs

- A. Tier 1. Effective Standard. Included in Federal registries of evidence-based interventions. Any program, policy, strategy, or practice that appears on a Federal registry of approved evidence-based prevention interventions. These prevention activities may be chosen from a variety of Federal registries of approved programs and practices that make up the current standards recognized in substance abuse prevention nationally. These include but are not limited to: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Disease Control (CDC), Office of Juvenile Justice Delinquency Prevention (OJJDP), US Department of Education, CSAP's Centers for the Application of Prevention Technologies, and the Office of National Drug Control Policy.

When a provider identifies a program, practice, or strategy, the activity chosen must also coincide with a prioritized substance abuse prevention need that has been identified by SAPTA, or its funders. Programs that meet this definition may address but are not limited

to: risk and protective factors, intervening variables, casual factors, and/or strategies that have been identified by SAPTA. SAPTA recognizes and endorses the use of CSAP's recognized six (6) prevention strategies (information dissemination, prevention education, alternative activities, problem identification and referral, community-based process, and environmental strategies) and the Institute of Medicine's Continuum of Care, and the Strategic Prevention Framework as part of the foundation of evidence-based substance abuse prevention planning and implementation.

- B. Tier 2. Promising Standard. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals: Providers wishing to use a program or intervention not on a Federal registry may choose as an option, a prevention program policy, practice, or strategy that has been published in a peer-reviewed journal and shown to have positive results in substance abuse prevention or a related field. Implementation design and guidelines must be clearly identified. Other related fields include, but are not limited to education, tobacco prevention, public health, HIV/AIDS, mental health, developmental assets, resiliency, etc.

These programs will require completion of an application for waiver to be submitted by the implementing coalition proposing its use for review and approval of the EBP working group along with evaluation follow-up for its continued consideration for funding in the future.

- C. Tier 3. Researched Standard. Documented effectiveness supported by other resources of information and the consensus judgment of informed experts (as specified in guidelines that follow):

If a proposed activity does not meet either of the above definitions, documented effectiveness of the proposed intervention desired may be considered on a case by case basis. In the event that documented effectiveness will be used, the proposed prevention activity must meet each of the guideline definitions below in order to be considered.

- Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model AND
- Guideline 2: The intervention is clearly described and is similar in content and structure to interventions that appear in registries and/or peer-reviewed literature; AND

- Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; AND
- Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed researchers which includes: well qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, prevention practitioners, and key administrative officials and staff (ex: officials from law enforcement and education sectors, or elders within indigenous cultures).

These programs will require completion of an application for waiver to be submitted by the implementing coalition proposing its use for review and approval of the EBP working group along with evaluation follow-up for its applicability for funding in the future.

Implementation Fidelity

Identifying an evidence-based program or strategy in a federal registry is only the first step in the EBP process. The program must also fit the needs of the community, the resources and support for carrying it out, and perhaps most importantly, that an intervention is being implemented in accordance with its published details. Implementation fidelity is particularly important given the potential for inconsistencies in delivering an intervention in real world rather than under experimental conditions. Evidence-based programs and practices therefore must not only meet scientific rigor standards, but also adhere to how the program was implemented in the research cited or the method described in its application. Monitoring the program while it is being administered as the designers intended is critical. Evaluation of the program at its conclusion is also critical to ensure that the program did indeed meet the particular needs of the local community and its targeted population(s).

Thus, once the appropriate EBP has been identified that addresses the issue and target population of concern, the next step is implementing programs consistently and with fidelity to the program as originally designed and tested. Research indicates that one of the most common reasons that EBPs do not get the results anticipated is improperly implementing the practice or program. When programs implemented with fidelity are compared to programs not implemented with fidelity, the difference in effectiveness is profound.

The implementation of a practice or program as intended by the researchers or developers is referred to as implementation fidelity. This is also commonly referred to as treatment integrity,

procedural fidelity, intervention integrity, procedural reliability, or procedural adherence. Generally, to implement a practice or program with fidelity, it is necessary to:

- Understand how to implement the EBP as intended
- Identify if the EBP was tested on a population and environment like the one that is planned
- Gather and organize the resources necessary for implementation including training in the program
- Adhere to the implementation procedures of the practice or program
- Gather information to document each step in the process as to how the program was implemented as well as the outcomes of the program to determine if it worked as expected. Elements of implementation fidelity that should typically be recorded and measured are: adherence to an intervention; amount of exposure or dose; quality of delivery; participant responsiveness or outcomes.

In Summary

SAPTA recognizes that in order for all providers in Nevada to meet these standards they may require technical assistance, resource development, and training. SAPTA will support the efforts of the community coalitions to work with providers so that they can meet the requirements of evidence-based prevention in the selection and implementation of substance abuse prevention activities in Nevada.

The SAPTA funded coalitions will be responsible for providing and maintaining documentation regarding and related to the selection criteria, implementation fidelity and results of all evaluations of the program in local areas and to provide this documentation to SAPTA as requested and with their quarterly and annual reports.