EVIDENCE-BASED WORK GROUP POLICY AND GUIDELINES

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I. Evidence-Based Work Group Policy and Guidelines Overview

The Nevada Evidence-Based Work Group's purpose is to assist coalitions and prevention specialists with identifying research- and evidence-based strategies and programs (EBP) 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 strategies[1] and programs to address identified unique community needs.

The EBP Work Group 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 nationally or consistently effective in Nevada

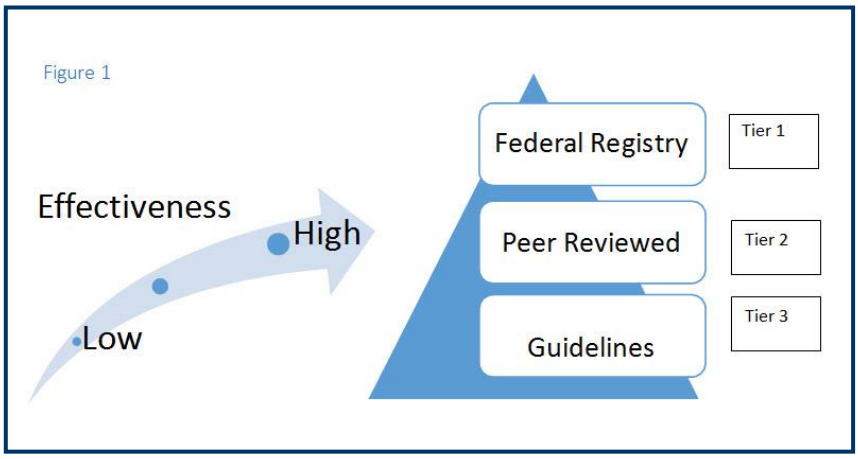
2. Maintaining a list of evidence-based programs including those funded by the state to help SAPTA manage available resources strategically

3. Reviewing outcome evaluations of provisionally approved or funded programs including their implementation fidelity to help policymakers identify which programs are generating positive results and use this information to better prioritize and direct funding

[1] A glossary of terms and definitions can be found at the end of this document

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, which states that a program's effectiveness must be supported at one of three levels or tiers:



Tier 1 level are programs included in the SAMHSA (Attachment 1) or comparable Federal registries of evidence-based interventions. (Sample Attachment 2)

Tier 2 programs are those found in at least one peer-reviewed journal and were judged as effective.

Tier 3 are 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.

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 Science Sub-Committee

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 Science Sub-Committee to SAPTA.

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 and documented outcomes.

Community Fit

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

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

Are data collection and evaluation procedures in place to appropriately document anticipated outcomes?

IV. Evidence-Based Work Group Organization

The EBP work group's mission is to assist community coalitions to select best fit, evidence-based prevention strategies for their communities to address high priority needs. The group will meet at least quarterly and possibly more frequently when requests are made or as other needs dictate. The group will accomplish its work through the use of sub-committees.

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.

Requirements for membership in the EBP Work Group are as follows:

- 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 five years experience in the science of prevention

The EBP work group will be divided into at least two standing committees: the Coalition Subcommittee and the Science Subcommittee. Other 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 Coalition Subcommittee will provide support and mentorship to coalitions in the process of identifying programs that fit the criteria cited in this document. This subcommittee will meet on an as needed basis as determined by its chair to ensure timely responses to requests for support.

The Science Subcommittee will work collaboratively with all stakeholders to review and refine criteria, review applications and work with coalitions on applications and then to make recommendations to SAPTA. This subcommittee will also meet on an as needed basis as determined by its chair to ensure timely (within one month) processing of applications and recommendations.

VI. Process for Evidence-Based Programs Provisional Status or Waiver

Forms to request a program be identified as an EBP or provisionally approved or waivered pending additional evaluation information will be developed, adopted and modified as needed to meet changing needs of the field and the committee.

These applications will be completed by the coalitions in full and submitted to the Science Sub-committee for consideration and feedback. (See Attachment 3 for current draft Evidence-Based Program Provisional Status & Waiver Form.)

The Science Sub-Committee will respond to these requests with their input to coalitions within thirty days.

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.