Community-Based Substance Use Prevention: What Role Should Economic Evaluation play in Evidence-Based Policy and Programming?

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National Prevention Network

Washington State
Health Care Authority

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Welcome and Introductions

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Objectives

- Understand how a collaborative approach can be utilized to support the implementation of an evidence-based policy.

- Gain awareness of the analytic approach utilized to review and select programs that are included in WA State's Prevention Programs and Practices for Youth Marijuana Use Prevention list.

- Describe how data informed approaches may preserve evaluation fidelity while also addressing the cultural standards of program implementation settings.

- Learn how policymakers, researchers, and practitioners can use cost-benefit evaluation data to inform community-level program implementation decisions.

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Evidence-Based Policy

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Evidence-Based Policy

Evidence-based policymaking is the systematic use of findings from program evaluations and outcome analyses ("evidence") to guide government policy and funding decisions.

State Standards of Excellence

Federal Standards of Excellence

Evidence-based Policymaking Resource Center

INVEST IN WHAT WORKS FEDERAL STANDARD OF EXCELLENCE (2018)

CRITERIA	ACF	ACL	CNCS	MCC	SAMHSA[1]	USAID	USED	USHUD	USDOL
TOTAL SCORE (Out of a possible 100)	80	70	76	87	60[2]	86	83	76	83
1. Leadership: Did the agency have a senior staff member(s) with the authority, staff, and budget to evaluate its major programs and inform policy decisions affecting them in FY18?	8	7	8	8	7	8	8	8	10
2. Evaluation and Research: Did the agency have an evaluation policy, evaluation plan, and research/learning agenda(s) and did it publicly release the findings of all completed evaluations in FY18?	9	7	8	9	7	8	9	8	10
3. Resources: Did the agency invest at least 1% of program funds in evaluations in FY18?	7	9	8	10	0[2]	10	6	6	7
4. Performance Management/Continuous Improvement: Did the agency implement a performance management system with clear and prioritized outcome-focused goals and aligned program objectives and measures, and did it frequently collect, analyze, and use data and evidence to improve outcomes, return on investment, and other dimensions of performance in FY18?	8	8	8	8	8	8	8	8	9
5. Data: Did the agency collect, analyze, share, and use high-quality administrative and survey data – consistent with strong privacy protections – to improve (or help other entities improve) federal, state, and local programs in FY18?	9	8	9	9	8	9	9	9	9
6. Common Evidence Standards/What Works Designations: Did the agency use a common evidence framework, guidelines, or standards to inform its research and funding decisions and did it disseminate and promote the use of evidence-based interventions through a user-friendly tool in FY18?	9	7	8	9	6	9	10	7	9
7. Innovation: Did the agency have staff, policies, and processes in place that encouraged innovation to improve the impact of its programs in FY18?	8	8	7	9	8	10	8	8	8
8. Use of Evidence in Five Largest Competitive Grant Programs: Did the agency use evidence of effectiveness when allocating funds from its five largest competitive grant programs in FY18?	7	5	8	9[3]	7	8[4]	10	8	8
9. Use of Evidence in Five Largest Non-Competitive Grant Programs: Did the agency use evidence of effectiveness when allocating funds from its five largest non-competitive grant programs in FY18?	7	5	7	N/A[3]	8	N/A[4]	8	7	7
10. Repurpose for Results: In FY18, did the agency shift funds away from any practice, policy, or program which consistently failed to achieve desired outcomes?	8	6	5	8	1	8	7	7	6

https://2018.results4america.org/

Figure 1

Most States Are Engaging in Evidence-Based Policymaking
Fewer states utilize advanced forms of the six actions

Define levels of evidence — 23 | 17 — 40 Total states

Inventory existing programs — 29 | 21 — 50 Total states

Compare program costs and benefits — 16 | 1 — 17 Total states

Report outcomes in the budget — 13 | 29 — 42 Total states

Target funds to evidence-based programs — 5 | 45 — 50 Total states

Require action through state law — 11 | 23 — 34 Total states

■ Number of states with advanced action in at least one policy area
■ Number of states with only minimum action in at least one policy area

PEW CHARITABLE TRUSTS | MacArthur Foundation

How States Engage in Evidence-based Policymaking

Washington, Utah, Minnesota, Connecticut, and Oregon are leading in evidence-based policymaking.

Map 1

Most States Show Modest Levels of Evidence-Based Policymaking

Leading   Established   Modest   Trailing

How States Engage in Evidence-based Policymaking

THE PEW CHARITABLE TRUSTS | MacArthur Foundation
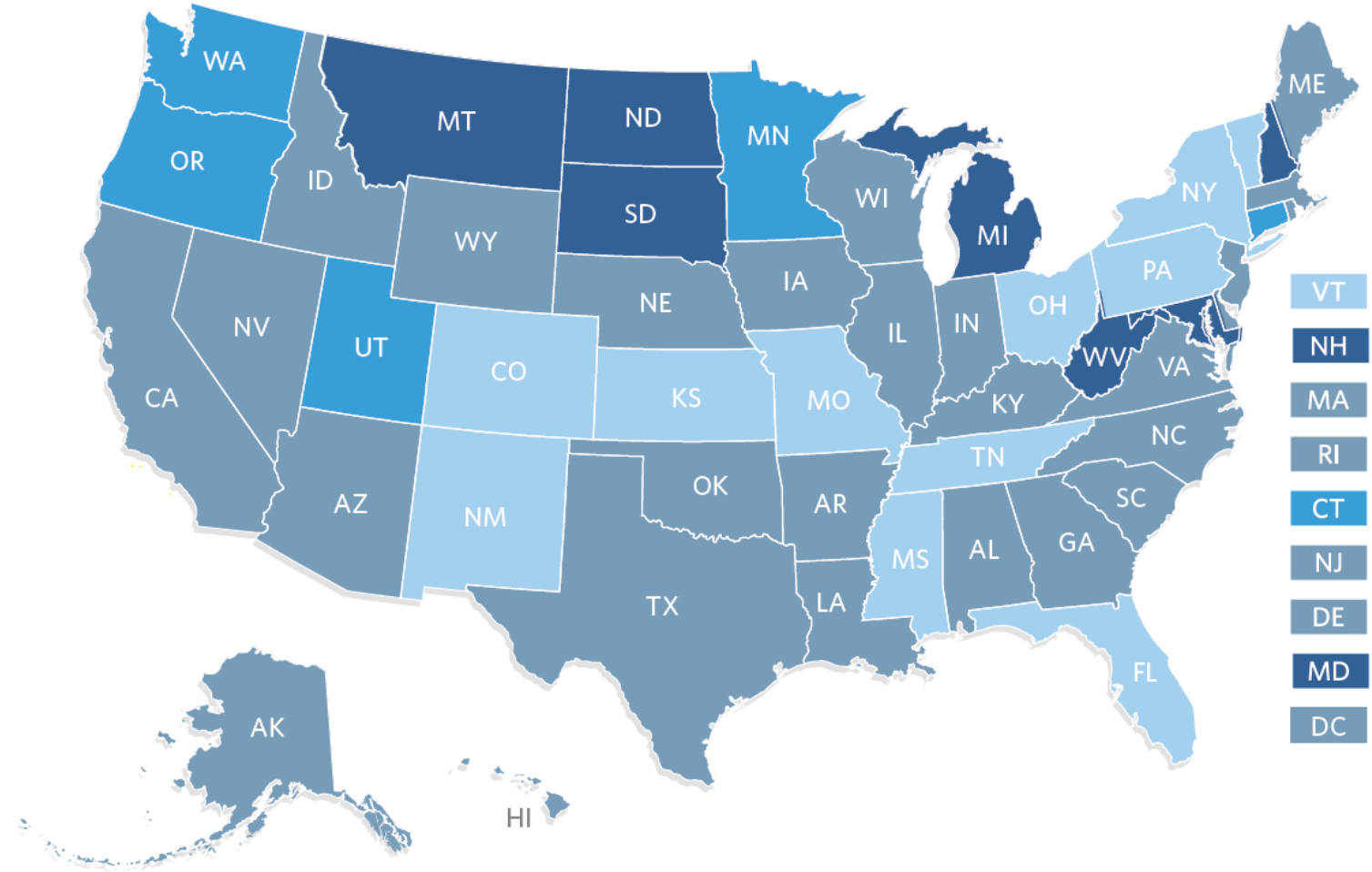
Community Services

WA State Substance Use Disorder Prevention and Mental Health Promotion Services

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SUD Prevention Services

- Community Prevention Services - Community Prevention Wellness Initiative (CPWI) and Community Based Organizations

- Tribal Prevention Services

- LifeSkills Training (Office of Superintendent of Public Instruction)

- Statewide Public Education

- Statewide Coalitions (State Prevention Enhancement Policy Consortium and Washington Healthy Youth)

- Prevention Training and Conferences

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SUD Prevention Services

- 82 Community Coalitions

- 29 Federally Recognized Tribes

- 91 Schools Statewide

- 29 Community-Based Organizations

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Funding Sources

▸ Supported by federal and state funds

  ▶ Substance Abuse Block Grant (SABG)

  ▶ Strategic Prevention Framework Partnerships For Success Grant (SPF-PFS)

  ▶ State Opioid Response Grant (SOR)

  ▶ Dedicated Marijuana Account (DMA)

  ▶ State General Funds (SF-G)

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Overview of CPWI

- CPWI: Community Prevention and Wellness Initiative

- CPWI concentrates prevention resources in 82 high-need communities throughout Washington State.

- Utilizes primary prevention interventions to reduce alcohol and drug use among Washington State youth.

- Creates change in the community through a combination of coalition work, direct services, community-wide strategies and school-based prevention/intervention work.

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Prevention services are focused in communities and Tribes throughout Washington

LEGEND

- ● Community Prevention and Wellness Initiative Communities
- ▲ Tribal prevention and wellness programs
- ▮ Tribal lands
- ▭ COUNTIES
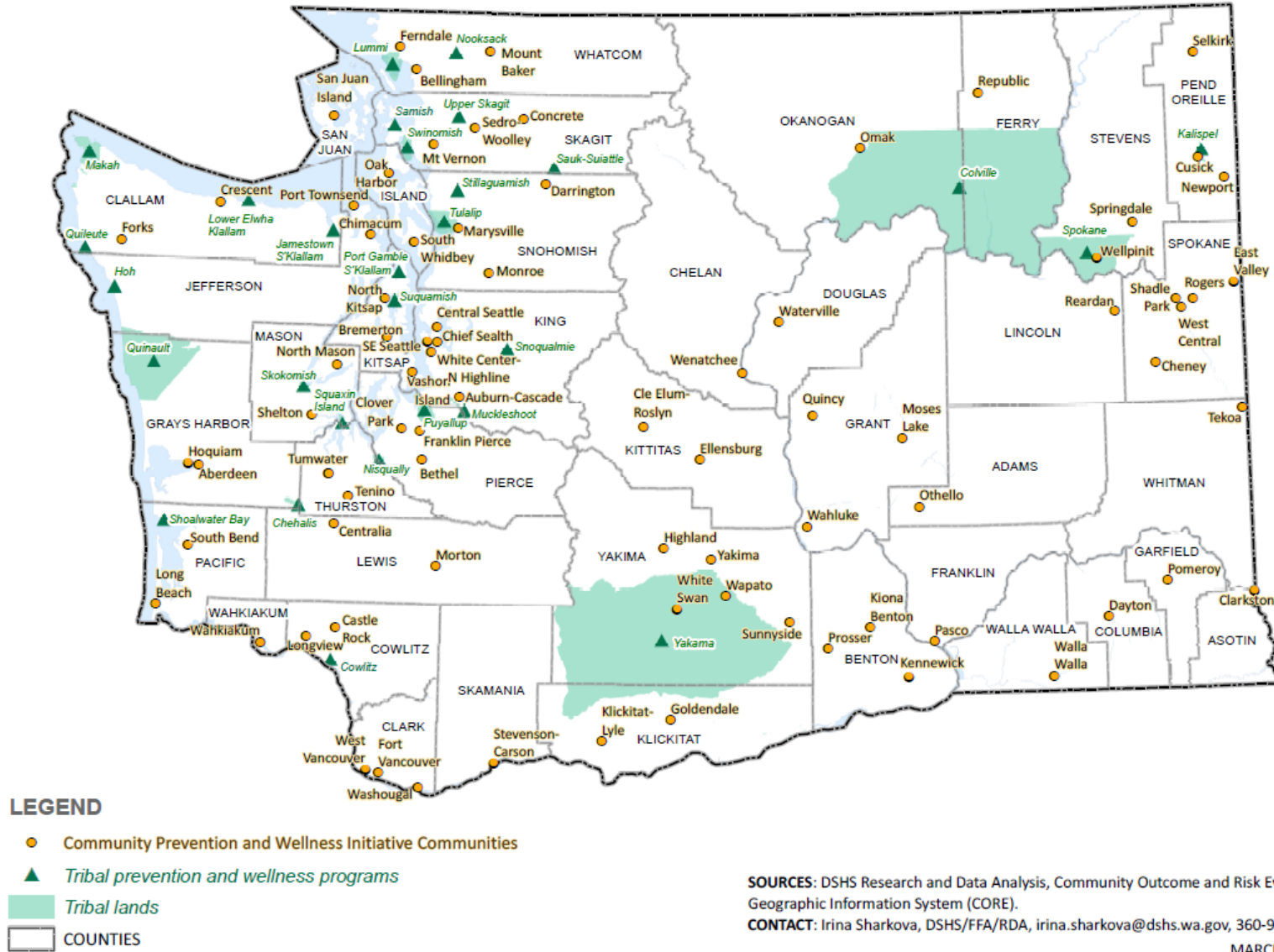
SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE).
CONTACT: Irina Sharkova, DSHS/FFA/RDA, irina.sharkova@dshs.wa.gov, 360-902-0743.

MARCH 5, 2019

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CPWI Framework

DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK

Capacity Building

Sustainability and Cultural Competency

Evaluation

Implementation

Planning

Assessment

Getting Started

Adapted from SAMHSA Strategic Prevention Framework

▶ Comprehensive and targeted approach to prevention.

- ▶ Designed as an adapted and combined structure of the Strategic Prevention Framework (SPF) and the Communities that Care (CTC) system.
- ▶ Grounded in Prevention Science and a data-driven approach is continuously maintained.

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The CPWI Model

▶ CPWI works collaboratively with other state agencies, counties, communities, and schools.

▶ Service implementation incorporates:

- ▶ evidence-based programming
- ▶ environmental strategies
- ▶ public awareness/social media campaigns
- ▶ school-based Student Assistance Professional placement into the community school(s)

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Role of CPWI Communities

- ▶ Facilitate local decision making.
- ▶ Implement proven strategies through a prevention coalition.
- ▶ Use evidence-based capacity building.
- ▶ Implement community-wide and targeted direct services, programs and policies.
- ▶ Partner with school-based student assistance professionals.
- ▶ Evaluate chosen programs, policies and community-level change, and participate in statewide evaluation.

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Implementation and Evaluation Resources

- Coalition Coordinator
- Prevention System Manager
- Evidence-based program lists
- Data books
  - Healthy Youth Survey data
- Community Survey data
- Substance Use Disorder and Mental Health Promotion Online Reporting System (Minerva)

- Statewide evaluation
- Athena Forum website theathenaforum.org
- Training events
  - Prevention Summit
  - Coalition Leadership Institute
  - Facilitator trainings
  - Program developer trainings and support

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Washington Initiative 502 (I-502)

▶ DBHR is directed to implement substance abuse prevention and treatment programs using a disbursement of funding for implementation of I-502. Of the funds appropriated for new programs and new services:

  ▶ 85% must be directed to evidence-based or research-based programs and practices that produce objectively measurable results, and by September 1, 2020, are cost-beneficial.

  ▶ 15% may be directed to proven and tested practices, emerging best practices or promising practices

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EBP Workgroup

- Quarterly Meetings

- Members of the workgroup include:
  - DBHR staff
  - University of Washington's Social Development Research Group
  - Washington State University Human Development Department faculty
  - Washington State Institute for Public Policy
  - Washington's Prevention Research Subcommittee helps guide our work

- Annual plans for reviewing and updating the funded program lists
  - Future: Revise our Excellence in Prevention database to ensure high quality of research and effective programs.

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Youth Marijuana Prevention EBP List Development

▶ Consulted with UW and Western CAPT (SAMHSA/CSAP) to identify the evidence-based programs that had outcomes in marijuana use prevention or reduction in youth ages 12-17 and young adults ages 18-20 (Preliminary list – July 2013).

▶ WSIPP conducted a review of programs.

▶ Developed Path Analysis of the risk factors.

▶ Consulted with UW and WSU on programs with impacts on risk factors most salient to youth marijuana use.

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Path Analysis Model
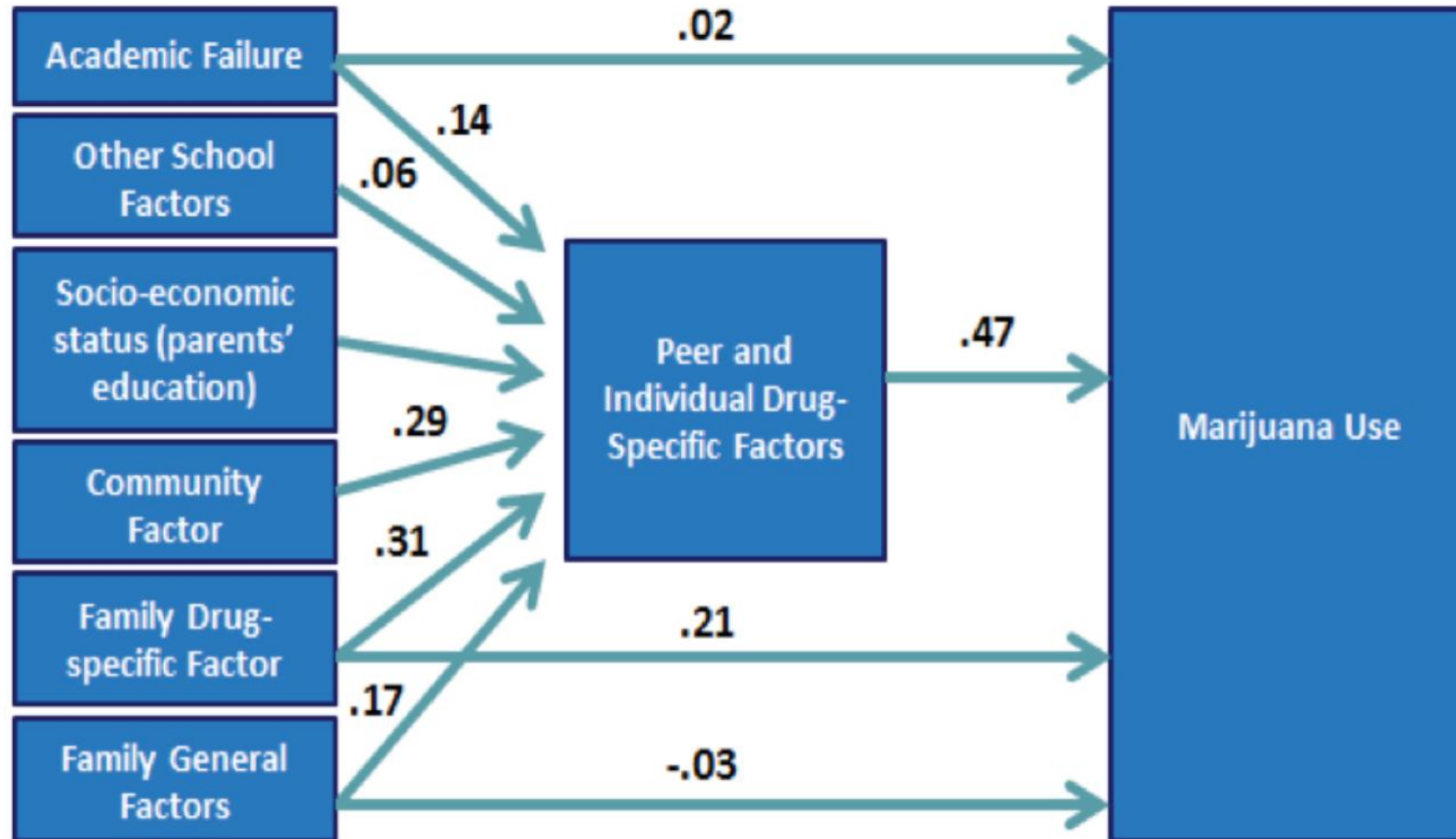
DBHR, WSU, and UW Program Review

▶ WSU and UW reviewed research on programs that effectively target the risk factors most strongly associated with youth marijuana use.

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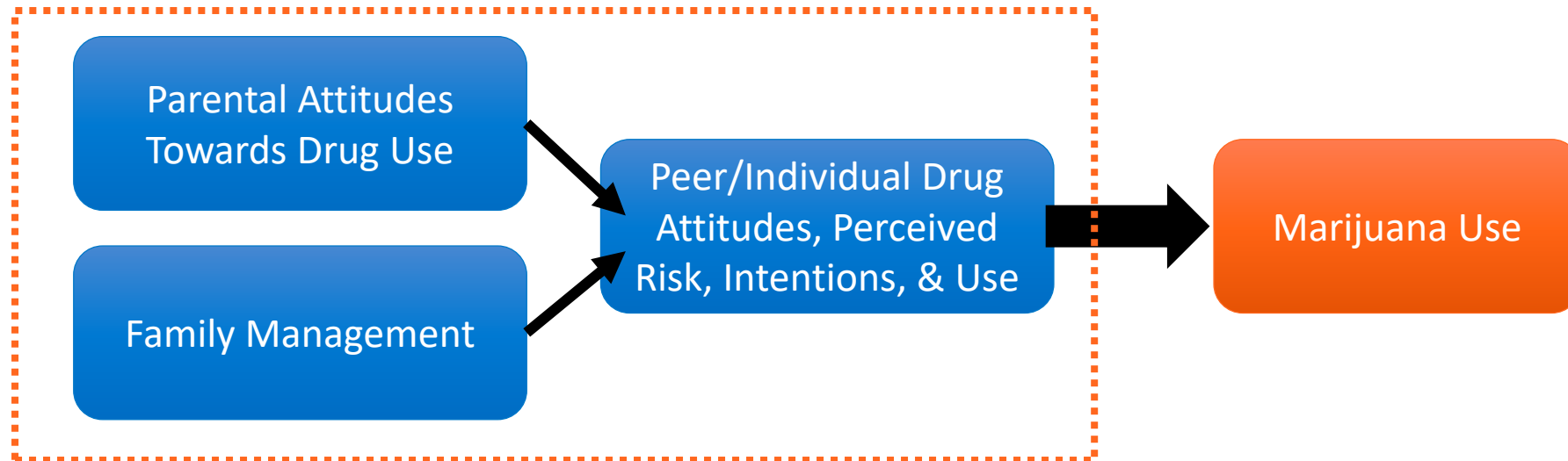
Program List Results

EBP/RBP

19 Evidence-based Programs (EBP) and Research Based Programs (RBP)

Promising Programs

5 Promising Programs (PP)

5 Promising Environmental Strategies

We found more programs!

We identified a total of 29 programs

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Youth Marijuana Prevention EBP List

Prevention Programs and Practices for Youth Marijuana Use Prevention
(for DMA CPWI Enhancement Services)

Note: No less than 85% of DMA funds can be used to support *Evidence-Based* and *Research-Based* Programs and no more than 15% of DMA funds can be used to support *Promising Programs* from the list below.
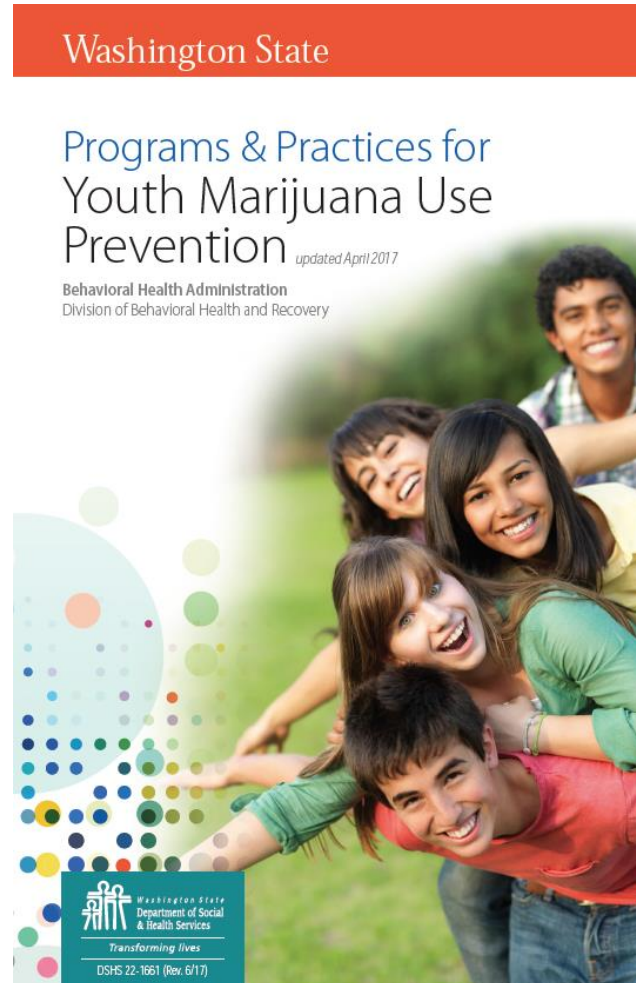
Evidence-Based & Research-Based Programs

- Communities that Care
- **Family Matters – (adapted for marijuana)**
- Good Behavior Game (GBG)*
- Guiding Good Choices*
- Incredible Years*
- LifeSkills Training - Middle School (Botvin Version; Grades 6, 7, and 8)
- Lions Quest Skills for Adolescence*
- Community-based Mentoring* (Big Brothers Big Sisters, Across Ages, Sponsor-a-Scholar, Career Beginnings, the Buddy System, or innovative design- must be approved by Mentoring Works WA)[1]
- Nurse Family Partnership (NFP)*
- Positive Action*
- Project Northland (Class Action may be done as booster)
- Project STAR
- **Project Towards No Drug Abuse**
- **Project Towards No Tobacco Use – (adapted for marijuana)**
- **PROSPER**
- SPORT Prevention Plus Wellness
- Strengthening Families Program: For Parents and Youth 10-14 (Iowa Version) *
- **Strong African American Families**
- **Strong African American Families – Teen**

Promising Programs

- Athletes Training & Learning to Avoid Steroids
- Familias Unidas
- keepin it REAL*
- **Keep Safe**
- Raising Healthy Children (using SSDP model)

Environmental Strategies (Promising)

- **Community Trials Intervention to Reduce High-Risk Drinking (adapted for marijuana)**
- Policy Review and Development
- Purchase Surveys coupled with Reward and Reminder
- Restrictions at Community Events
- Social Norms

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Programs & Practices for
Youth Marijuana Use
Prevention *updated April 2017*

Behavioral Health Administration
Division of Behavioral Health and Recovery

www.theathenaforum.org/prevention-101/excellence-prevention-strategy-list

Washington State
Department of Social
& Health Services
Transforming lives
DSHS 22-1661 (Rev. 6/17)

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Economic Evaluation

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Program Benefit-Cost Examples (2018)

Program Name	2018 Benefit-Cost% | NPV	
Communities that Care	85%	$2,380
Family Matters	73%	$1,258
Good Behavior Game	76%	$10,127
Guiding Good Choices	51%	$117
Incredible Years	59%	$6,502
LifeSkills Training (Middle School)	59%	$700
Strengthening Families Program 10-14	58%	$1,372

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Program Benefit-Cost Examples (2014-2018)

Program Name	2014 Benefit-Cost % | NPV		2016 Benefit-Cost % | NPV		2017 Benefit-Cost % | NPV		2018 Benefit-Cost % |NPV	
Communities that Care	85%	$1,505	80%	$1,853	82%	$2,555	85%	$2,380
Family Matters			74%	$1,585	74%	$1,576	73%	$1,258
Good Behavior Game		$8,732		$10,181	70%	$10,510	76%	$10,127
Guiding Good Choices	64%	$1,297	56%	$1,124	$56%	$1,195	51%	$117
Incredible Years		$249		$847		$1,039	59%	$6,502
LifeSkills Training (Middle School)	93%	$3,363	66%	$1,607	66%	$1,636	59%	$700
Strengthening Families Program 10-14	70%	$3,160	71%	$3,301	76%	$4,547	58%	$1,372

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Program Name	2014 Benefit-Cost % | NPV		2016 Benefit-Cost % | NPV		2017 Benefit-Cost % | NPV		2018 Benefit-Cost % |NPV	
Communities that Care	85%	$1,505	80%	$1,853	82%	$2,555	85%	$2,380
Family Matters			74%	$1,585	74%	$1,576	73%	$1,258
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Guiding Good Choices	64%	$1,297	56%	$1,124	$56%	$1,195	51%	$117
Incredible Years		$249		$847		$1,039	59%	$6,502
LifeSkills Training (Middle School)	93%	$3,363	66%	$1,607	66%	$1,636	59%	$700
Lions Quest Skills for Adolescence	75%	$366	65%	$412	68%	$492	65%	$320
Nurse Family Partnership		$17,332		$6,159	48%	$(2,268)	62%	$7,633
Positive Action			88%	$11,353	87%	$13,558	95%	$32,156
Project Northland	65%	$532	74%	$696	73%	$668	70%	$463
Project Star	84%	$3,418	73%	$1,255	72%	$1,192	67%	$753
Project Towards No Drug Abuse	51%	$110	57%	$361	58%	$457	56%	$358
PROPSER			55%	$301	59%	$469	55%	$305
SPORT Prevention Plus Wellness	73%	$1,300		$1,459	69%	$1,489	70%	$1,216
Strengthening Families Program 10-14	70%	$3,160	71%	$3,301	76%	$4,547	58%	$1,372

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Discussion

▶ Evidence of program effectiveness and local fit (resources and capacity) are important considerations in selecting a program and ensuring implementation. However, there are a limited number of evidence-based substance use prevention programs available. How can we support communities in navigating this process?

▶ What resources are available to communities interested in identifying substance use prevention programs?

   ▶ There are multiple online registries with varying definitions of evidence.

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Discussion

▶ Policy makers are increasingly using economic evaluations to inform policy decisions. What are strengths and limitations associated with using economic evaluations to inform prevention program/policy decisions?

▶ What are the opportunities and challenges around the emergence of new program evaluation data?

> ▶ The research may strengthen or weaken overall evidence of effectiveness. How might this impact local implementation?

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Resources

- Athena Forum: www.theAthenaForum.org

- Washington State Health Care Authority: www.hca.wa.gov/about-hca/behavioral-health-and-recovery-0

- Washington State Institute for Public Policy: www.wsipp.wa.gov/

- PEW Evidence-Based Policymaking Resource Center:

https://www.pewtrusts.org/en/research-and-analysis/articles/2018/12/18/evidence-based-policymaking-resource-center

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Questions?

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Thank You

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