SAMHSA Evidence Based Programs and Child Welfare

NCSACW
Researchers Forum
December 10, 2003

Pathways to Prevention

* Formerly Achieving Outcomes
* Framework
  * Needs Assessment
  * Capacity Building
  * Program Selection
  * Implementation
  * Evaluation
What is the National Dissemination System?

1. Screening and SAMHSA Model Program Identification
2. Promotion
3. Training and Technical Assistance
4. Implementation
5. Outcome

National Registry of Effective Programs (NREP)

National Registry of Effective Programs (NREP)
### SAMHSA Model Programs Selection Process

1. Theory
2. Intervention Fidelity
3. Process Evaluation
4. Design
5. Method of assignment
6. Sample size
7. Attrition
8. Analyses of attrition
9. Methods to correct biases
10. Outcome Measures – substantive relevance
11. Outcome Measures – psychometric properties
12. Missing Data
13. Treatment of missing data
14. Outcome data collection
15. Analysis
16. Other threats to validity
17. Integrity
18. Utility

**Score:**

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<tr>
<th>Score</th>
<th>Promising</th>
<th>Effective or Model</th>
<th>Effective or Model</th>
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### NREP Rating Criteria: Appropriateness Criteria

**A1. Replications** – number of replications of program or cultural, gender, age or local adaptations with similar positive results

**A2. Dissemination capability** – available materials, including training in program implementation, technical assistance, standardized curriculum and evaluation materials, manuals, fidelity instrumentation, videos, recruitment forms, etc.

**A3. Cultural-, gender-, or age-appropriateness**
Program Designations

Scoring:
Effective programs = 5.0 – 4.0
Promising programs = 3.99 – 3.33
Insufficient Current Support = 3.32 – 1.0

Model Programs have received Effective scores and willing and able to go to scale.

Promising, Effective and Model programs listed: (modelprograms.samhsa.gov).

Model programs receive SAMHSA promotion

What is a Model Program?

Evidence-Based Programs
- Conceptually Sound and Internally Consistent
- Program Activities Related to Conceptualization
- Reasonably Well Implemented & Evaluated

Promising
Same Positive Outcomes

Effective
Consistently Positive Outcomes
Strongly Implemented & Evaluated

Model
- Availability for Dissemination
- Technical Assistance Available from Program Developers
How Many Programs Have Been Reviewed?

- 963 submitted
- 891 reviewed
- 51 Promising
- 43 Effective
- 54 Model

NREP Review Process

- Identify programs: Solicit and identify published and unpublished evaluations of program outcomes
- Triage programs
- Assign to independent review teams based on expertise
- Achieve consensus – post-review debriefings
- Assign status – Effective, Promising, Insufficient Current Support
- Notify developer and give feedback
The NREP Review Process

Identification
Identify programs through:
1) Published scientific literature;
2) Final grant reports;
3) Other organizations’ lists of exemplary programs;
4) Submissions from field.

Contact Developers
Send program developer:
1) SAMHSA solicitation letter;
2) NREP rating criteria.

Review Initiation
Determine priority of review (expedited etc).

Developer Initiation
Upon receiving evaluation materials, NREP contacts developer to:
1) Confirm receipt;
2) Verify completeness of materials;
3) Request additional data when available.

Triage
Triage program based on evaluation rigor.

Review
Assign and distribute program to NREP reviewers.

Achieve Consensus
Confirm scores with reviewers as to status of program.

Assign Status
Once review is complete, based on compiled scores, program categorized as:
- Effective (4.0 or >)
- Promising (3.33 to 3.99)
- Insufficient Current Support (3.32 or <)

NREP Topics
- Substance abuse
- Post traumatic stress
- Workplace
- Violence
- Juvenile justice
- HIV/AIDS
- Gambling
- Co-occurring disorders
- Child welfare and substance abuse
- Tobacco use
- Physical exercise
- Cancer screening
- Nutrition
- Sun safety
- Mental health
- Adolescent substance abuse treatment
Reviewer Pool

- 78 active reviewers with terminal degrees in their fields (Ph.D., Dr.P.H., Ed.D., R.N., M.D., J.D.)
- Multidisciplinary (psychology, anthropology, public affairs, social work, education, medicine, psychiatry, public health, epidemiology, biostatistics)
- 44% are women
- 32% are Black, Asian, Latino, Native American, and other minority

What Kinds of Models are Being Disseminated?

A selection of rigorously evaluated programs with strong outcomes for:

- Prevention of alcohol and drug abuse, steroid abuse, school drop out, violence, and other high risk behaviors
- Beginning to look at related conditions, e.g., PTSD, physical activity, gambling, co-occurring disorders
What Kinds of Models are Being Disseminated? (contd.)

- Diverse ethnic populations
- Community, family, school, workplace, child welfare, juvenile justice and faith settings
- Initially, youth aged 2 to 18 (being expanded to other life stages)

Child Welfare and Juvenile Justice Settings

- Foster family care
- Group homes
- Adoptive families
- Homeless shelters
- Public housing
- Residential and alternative schools
- Mental health and family clinics
How are Model Programs Disseminated?

✿ Promotion
✿ Capacity Building
Awareness and Promotion

- Excellence Awards
- Web site
- Toll-free line
- Printed materials
- Direct promotion activities
- National Partnerships

Model Program Information

- Target Population
- Proven Results, Outcomes
- Benefits
- How It Works
- Targeted Protective & Risk Factors
- Costs
- Implementation Essentials: Training & Materials
- Program Background
- Evaluation Design
- Program Developer
- Contact Information
National Partners

- Child Welfare League of America
- National Association of State Alcohol and Drug Abuse Directors/National Prevention Network
- National Council of Juvenile and Family Court Judges
- National Center on Substance Abuse and Child Welfare
- Others in substance abuse prevention and mental health fields, e.g., Community Anti-Drug Coalitions of America, National Mental Health Association, Phoenix House

Some Model Programs to Consider

- Creating Lasting Family Connections
- Parenting Wisely
- Families and Schools Together (FAST)
- Positive Action
- Second Step
- Strengthening Families
Settings Where Model Programs Have Been Used

- Adolescent treatment centers
- Homeless and public housing programs
- Juvenile court programs
- Mental health and family clinics

Risk Factors Model Programs Address

- Individual
  - Anxiety and depression
  - Lack of Self-control
  - Aggressive or disruptive behavior
- Family
  - Ineffective discipline
  - Family conflict
  - Child abuse and neglect
  - Parental and other family substance abuse
Risk Factors Models Programs Address, contd.

* Peer
  - Association with aggressive youth
  - Pro-drug influences

* School
  - Lack of parental support and involvement in school work
  - Tardiness, absence, truancy
  - Academic failure

Other National Dissemination System Activities

* Core Components Analysis
* Prevention Performance Outcome Monitoring System (PPOMS)
Where do we go from here?

- Continue to identify new models
- Increase the number of national partners
- Implement model programs in more communities
- Measure success of implementation effort
- Measure success of outcomes
- Develop guidance on core components and fidelity and adaptation

RESULT: Strengthening of the national infrastructure for substance abuse prevention

SAMHSA Model Programs

- SAMHSA Model Programs Web address: http://modelprograms.samhsa.gov
- SAMHSA Model Programs Toll-free line: 1-877-773-8546
National Registry of Effective Programs

Send program submissions to:
- Steven Schinke
  National Registry of Effective Programs
  Intersystems, 30 Wall Street, 4th Floor
  New York, NY 10005
  Toll-free Phone: 866-43NREPP
  Toll-free Fax: 877-413-1150
  Email: NREPP@intercom.com

Other Resources

- CSAP’s Centers for the Application of Prevention Technologies (CAPT): www.captus.org
- National Clearinghouse for Alcohol and Drug Information (NCADI): www.health.org or 1-800-729-6686
Questions for you!!!

What are your suggestions for how best to showcase relevant Model Programs to the child welfare community?

Do you have programs to submit?

Can you give us key contacts and programs that might be interested in working with us?

What are financing sources for implementing model programs in child welfare?