



Indiana Evidence Based Practice Guide

Division of Mental Health and Addiction
Bureau of Substance Abuse Prevention and
Mental Health Promotion



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Introduction

The Division of Mental Health and Addiction serves as a single state agency and manages the Substance Abuse Prevention and Treatment Block Grant. Governing SAPT Block Grant Statutes and Regulations require that grantees spend no less than 20% of their block grant allotment on substance abuse primary prevention strategies. These monies are a primary source of substance abuse prevention funding for the State.

The misuse of alcohol, tobacco and other drugs affects the health and well-being of millions of Americans. Individuals who misuse or abuse substances increase their risk of developing serious physical and cognitive health issues and may have trouble maintaining work and family relationships (SAMHSA, 2019a). Substance use and mental disorders are among the top conditions that cause disability in the United States (SAMHSA, 2019b). Preventing substance use disorders is critical to the overall health of individuals and communities in Indiana.

Effective prevention programs help individuals develop the awareness, attitudes and skills needed to make improved choices or change harmful behaviors (SAMHSA, 2019b). Prevention programs should focus on social determinants (risk and protective factors), reflect the community's needs, be culturally applicable, and utilize existing prevention research. What does this mean? This means the provider will collect or obtain data and apply those findings to guide prevention decisions, and collaborate with diverse community partners, to plan and provide culturally applicable, effective and sustainable prevention practices. These programs and practices should be a good fit for the community population and the individuals that will benefit. Using evidence based prevention strategies with proven positive outcomes will help make the most impact with limited funds. DMHA has developed this guide to increase the understanding and consistency in the knowledge and application of programs, services and practices grounded in evidence, to prevent and reduce substance use disorders in Indiana.

Understanding Prevention

Communities should conduct prevention planning within the Strategic Prevention Framework, engage in data-driven decision making based on local prevalence rates and associated risk and protective factor data, account for the community's unique characteristics and systems and draw on proven research.

The Strategic Prevention Framework is a proven strategic planning model that prevention planners should use to understand and more effectively address substance abuse and related mental health problems in communities. The five steps of the SPF process are Assessment; Capacity; Planning; Implementation and Evaluation. Although the first three steps must occur prior to implementation, the process is dynamic and planners often cycle back to earlier steps and engage in multiple steps simultaneously. The principles of Cultural Competence and Sustainability are integrated into each step to guide the overall SPF process. Indiana also supports the use of Communities That Care as a supplement to the SPF; CTC gives communities specific guidelines, benchmarks and activities to follow as they undergo the SPF process.



The assessment step of the SPF will identify the community's social determinants, often referred to as risk and protective factors. Risk factors increase the likelihood that a person will experience a problem. Protective factors decrease the likelihood that a person will experience a problem, or reduce the impact of risk factors. Risk and protective factors exist across six domains (individual, family, peer, school, community, and environment/society) and need addressed throughout the lifespan, particularly at ages associated with increased adoption of substance using behaviors. Effective prevention strategies reduce multiple risk factors, strengthen protective factors in more than one domain, and include early intervention programs to reach children before negative behaviors or attitudes become deep-rooted (SAMHSA, 2017). Tables of risk and protective factors specific to adolescent and young adult substance abuse are included in *Facing Addiction in America, The Surgeon General's Report on Alcohol, Drugs and Health* (HHS, 2016).

Each community has a unique profile of elevated risk factors and/or suppressed protective factors, as well as unique demographic, cultural and geographic makeups. Additionally, each community will have different resources, skills, capacity and established systems with which to work. Prevention programs should be based on community level data and a community logic model. Prevention planners should coordinate with community coalitions, such as the Local Coordinating Council, to fully assess the community and develop a prevention plan that best fits without duplicating existing efforts.

Choosing a prevention strategy already proven to produce positive outcomes in similar situations and communities is a crucial part of addressing the serious issues related to substance use while making the most use of limited resources and funds. There is a large body of scientific research into what works in prevention strategies, and although there may be situations that call for innovation or adaptation, the first choice should be a prevention strategy based on solid research. Evidence-based programs connect a guiding theory to prevention activities that work; prevention planners choose a program that matches the local community's needs and population, develop clear and specific goals and fully implement the program to maintain fidelity (SAMHSA, 2017). We will discuss evidence-based programs in more detail later in this guide.

Understanding Prevention Interventions

Prevention efforts can take varied forms depending on the targeted population, community, level of risk and intended impact. There are three broad levels of prevention interventions: universal, selective, and indicated. Universal interventions are aimed at all members of a given population (national, local, school, or neighborhood), attempt to reduce multiple risk factors and promote various protective factors in order to prevent or delay the use of substances, and tend to have the greatest overall impact on substance misuse due to their focus on the entire population. Selective interventions target subgroups of a population identified to be at higher risk for developing substance misuse problems due to the magnitude or nature of risk factors to which they are exposed; these programs deliver specialized prevention services to address risk and/or protective factors and have the advantage of allowing planners to design interventions specific to their audience. Indicated interventions are focused on individuals in high-risk environments who



already use substances but do not yet have a substance use disorder, and are often more intensive and expensive than other interventions (HHS, 2016).

SAMHSA (2018) recommends that a comprehensive, community-based approach to prevention include strategic coordinated programs at all three levels of intervention, allowing the programs to “support and reinforce one another and produce stronger health-related outcomes for individuals, families, and communities.” When possible, it is ideal to implement a comprehensive approach involving multiple programs and practices across different community settings, addressing various risk and protective factors, as it is likely to have stronger outcomes (SAMHSA, 2018).

SAMHSA has identified six broad prevention strategies that states must use to help shape prevention efforts: information dissemination; prevention education; positive alternatives; problem identification and referral; community-based processes; and environmental strategies (SAMHSA, 2017). Using multiple types of strategies as part of a community’s prevention plan has the greatest potential to reduce and prevent substance use/misuse.

Information Dissemination

Information dissemination strategies use mainly one-way communications to increase knowledge and change attitudes (SAMHSA, 2017). These strategies can increase knowledge of the nature and extent of substance use, abuse and addiction as well as their effects on individuals, families and communities (SAMHSA, 2019c). Information dissemination strategies can also increase a community’s readiness for change, influence people’s perceptions of or motives for substance use and attract community support for programs or policies. They can include information clearinghouses, resource directories, media campaigns, brochures, radio/television public service announcements, speaking engagements, and health fairs. These strategies are most effective when tailored to the targeted audience; the message should appeal to their motives for and perceptions of substance use, employ marketing strategies that resonate and utilize locations or media outlets that the targeted audience is likely to see and hear. Additionally, information dissemination strategies have increased effectiveness when combined with more intensive and interactive prevention programs as part of a larger prevention system.

Prevention Education

Prevention education strategies use structured learning processes to teach crucial life and social skills such as peer resistance, decision-making, problem solving, interpersonal communication, stress management, and judgmental capabilities (SAMHSA, 2019c). Education strategies are more interactive than information dissemination strategies and can include mentoring or curriculum-based classes for youth and parenting/family management classes for adults.

Positive Alternatives



Positive alternatives provide fun, healthy and structured activities that exclude alcohol and illicit drugs to help people enjoy free time away from situations that encourage substance use (SAMHSA, 2017). They can include activities such as sports, leadership activities, mentoring programs, community drop-in centers, and community service activities.

Problem Identification and Referral

Problem identification and referral strategies identify individuals who have engaged in illegal or underage use of tobacco or alcohol, or are first-time users of illicit drugs, with a goal to assess if education can reverse their behavior (SAMHSA, 2019c). These strategies can include teen courts, driving-while-intoxicated education programs, student or employee assistance programs and screening and referral services. SAMHSA (2019c) emphasizes that problem identification and referral strategies do not include any activity intended to determine if a person is in need of treatment due to substance abuse.

Community-Based Processes

Community-based processes, or collaboration strategies, provide organizing, planning, networking and technical assistance to strengthen community resources and increase capacity to deliver effective prevention and treatment services (SAMHSA, 2017). These strategies can help to implement evidence-based approaches in various community systems (i.e. schools, law enforcement, community groups) through community assessments and trainings and the development of strategic prevention plans.

Environmental Strategies

Environmental strategies target the settings and conditions in which people live, work and socialize, and establish methods for changing community standards, codes, policies or attitudes towards alcohol and drug use (SAMHSA, 2017). Environmental strategies require significant commitment from various community systems but have the potential to reduce collective risk and achieve sustainable changes for entire populations (CADCA, 2010). These approaches acknowledge that the conditions of the places in which people live, work and go to school influence the types and amounts of substances that people choose to use. By changing the policies, consequences, accessibility and even structure of a community, prevention planners can help to shape individuals' behaviors (CADCA, 2010).

Policy changes aim to reduce risk factors while increasing protective factors and may occur at a variety of levels (state, local ordinance, schools, workplaces, community of faith, neighborhood associations, etc.). Policies can address issues such as price/taxation of substances, marketing, availability and zoning; they are especially effective when paired with information dissemination strategies.

Consequences, positive or negative, can influence the likelihood of individuals engaging in certain behaviors. For example, increasing public recognition for behavior that reduces risk or strengthens protective factors can encourage individuals to engage in that behavior. Similarly, citations, taxes or the loss of privileges can discourage people from engaging in behaviors that increase risk (CADCA, 2010).



Enhancing a community's access and reducing barriers to basic services and systems such as healthcare, treatment, childcare, transportation and housing can help to mitigate multiple risk factors associated with substance use and misuse. Conversely, a community can utilize strategies to reduce access and enhance barriers to substances; research shows that substance use declines when more resources (i.e. time, money) are required to access those substances (CADCA, 2010).

Environmental strategies can address the physical structure of a community in order to reduce risks or enhance protection. Coalitions may utilize local policy and zoning to address outlet density or work with local law enforcement to identify areas with high rates of drug-related crimes and take measures to discourage those activities (i.e. increase lighting, clean up abandoned properties) (CADCA, 2010).

Please note that SAPT block grant funds are used for primary prevention services (targeted to the general public or specific high-risk populations) or people who are identified as not needing treatment. Agencies may use SAPT block grant funds to advocate for, and educate stakeholders about, effective policies and best practice, but lobbying is not an acceptable use for block grant funds. Additionally, SAPT block grant funds cannot be utilized for enforcement strategies although they may be braided with other funds to support training or other enforcement related support activities.

Understanding Evidence-Based Programs and Practices

Evidence-based programs and practices are specific techniques or intervention models that have undergone rigorous scientific evaluations and been found to produce consistent and credible positive outcomes. EBPPs help prevention planners to maximize their limited resources by focusing on strategies proven to work. Planners can utilize systematic reviews or individual evaluations of prevention programs and practices when identifying a strategy for their community. Systematic reviews are conducted by groups with expertise in and commitment to evidence-based prevention and may be found in searchable online databases and publications from federal agencies, prevention and public health organizations, and peer-reviewed journals (SAMHSA, 2018). Individual evaluations of prevention programs and practices can be found in peer-reviewed journals or evaluation reports at the local level (SAMHSA, 2018).

Even if a study shows a program has positive outcomes, planners must consider the strength of that evidence. The strength of evidence falls along a continuum from strong to weak and is determined by closely examining how the evidence was gathered. Prevention planners should consider criteria such as the research design, validity (internal, external and ecological) and independent replication (SAMHSA, 2018). Planners should also determine how recently the research was conducted, to ensure the program or practice and its supporting evidence is relevant and applicable to current environments. When utilizing federal registries and directories of EBPPs, planners should consider the program's ranking (i.e. exemplary, model, supported, promising, emerging, inconclusive) and examine the methods used to establish that ranking (SAMHSA, 2018).



Evidence-based programs and practices should be continually evaluated for effectiveness and appropriateness in the community and updated as needed. Prevention planners need to incorporate a plan to evaluate the EBPP in their community and use those findings to adjust the implementation process. Prevention planners can also consult with the developer of the EBPP to share findings and discuss updates.

Selecting Evidence-Based Programs, Policies and Practices that Align with Community Needs

It is important to note no single strategy is the definitive answer to preventing substance use in Indiana. Although a program meets the criteria for being evidence based, it may not be the right choice for a particular community.

Communities need to consider the following elements when selecting a program for inclusion in the prevention plan:

- **Conceptual fit.** The program is a good match for the root causes of the problems identified in the community assessment; it addresses the priority substance use-related problems and affects the targeted risk or protective factors (SAMHSA, 2018).
- **Practical fit.** The program can be implemented given the staff, funding, timeframe and capacity resources of the community.
- **Fidelity.** There is adequate time, funding and staffing resources to implement the program in its entirety, rather than only some of the elements, and a method to collect data about the program outcomes.
- **Cultural fit.** The program, policy or practice is culturally appropriate for the selected population and has been tested with populations similar to the one in which it will be implemented.
- **Sustainability.** Program implementers are willing and able to track outcomes to demonstrate its worth to community stakeholders. After training and initial implementation, costs are limited so that future funding will be sufficient to continue the program.
- **Evidence of effectiveness.** There is proof that the program, practice, or policy can do the job that needs done. It is proven to produce positive results, or is based on methods that produce positive results (SAMHSA, 2018).

Prevention programs that satisfy these “goodness of fit” considerations for your community will have the highest likelihood of producing positive prevention outcomes.

Communities need to take special care to ensure that evidence of effectiveness and overall goodness of fit is in alignment with prioritized social determinants. Prevention planners must make sure the evidence and research supporting an EBPP clearly shows it will have positive outcomes for the problems and risk/protective factors identified as priorities during the community assessment process. There should be clear alignment between the community needs assessment, prioritized determinants, program curriculum, and program research.



If prevention planners identify an EBPP that addresses their priority problems but cannot implement it with complete fidelity, they can consider adapting the program. Planners will need to retain the program's core components, or specific elements that are required and responsible for producing positive outcomes, and consult with the original developers and other prevention experts before changing the design or delivery (SAMHSA, 2018).

Guidance for DMHA Requests for Funding

When applying for DMHA prevention funds, the proposal should include information supporting the use of the selected program(s) or strategies. This information may include:

- Goodness of fit to community. Provide supporting narrative to demonstrate:
 - The program addresses the priority problems and determinants identified in the community assessment/SPF process.
 - The program fits into the community's prevention logic model.
 - The program has been effective with a population and culture similar to that of the target community (or include steps planned to adapt the program to local culture).
 - The program will be able to be implemented with fidelity (any departure from the prescribed model should include a description of any anticipated adaptations and rationale, as well as identification of the core fidelity components remaining intact).
- Evidence of effectiveness. The program has been shown to have positive effects on the priority problems and determinants, with populations similar to the target community. Complete the Evidence of Effectiveness Table in Appendix A.
- Support for innovative programs. If proposing the use of an innovative program (or a program without strong evidence), demonstrate it is evidence-informed, based on a solid theory of change, similar in content and structure to established EBPPs, and has been effectively implemented (multiple times) in a manner focused on scientific standards of evidence with a consistent pattern of credible and positive effects. This may include documented evidence of its effectiveness in program or grant reports/evaluations.

As every Request for Funding is different, be sure to include all information required for each new funding request.



APPENDIX A: Evidence of Effectiveness Table

For each intervention/program proposed for DMHA funding, please complete this Evidence of Effectiveness table. You may attach additional pages of supporting evidence.

| (Insert Program Name) | Yes | No | List of Supporting Evidence Provided |
|--|-----|----|--------------------------------------|
| <p>Is the program, policy, or practice included on a federal list, registry or directory of evidence-based interventions? (Include the name of the directory, the evidence, rating given, etc.)</p> <p>See Appendix B for a sample of directories.</p> <p>(Do not use NREPP)</p> | | | |
| <p>Is it reported to have positive outcomes in peer-reviewed journals? (minimum of two journal articles, etc. that are less than seven years old)</p> | | | |
| <p><i>If you answered 'No' to the above questions, please complete the following sections:</i></p> | | | |
| <p>Is the program, policy or practice based in a theory or documented in a logic or conceptual model? Include the model and narrative.</p> | | | |
| <p>Is it similar in content and structure to an intervention that appears in a registry or peer-reviewed literature? Identify the intervention, describe the similarities and explain why this program or practice is being selected (i.e. curriculum materials apply to the targeted population, etc.).</p> | | | |
| <p>Has it been effectively implemented in the past and with a consistent pattern of positive outcomes? (local data may be used)</p> | | | |
| <p>Has it been reviewed and deemed appropriate by a panel of prevention experts? (can include prior approval from Indiana's Evidence-Based Practice Work Group or other group)</p> | | | |



APPENDIX B: Directories of Evidence-Based Programs and Practices

Blueprints for Healthy Youth Development. Searchable database from the Center for the Study and Prevention of Violence at the University of Colorado Boulder offers information about evidence-based positive youth development programs, including those to prevent substance use and misuse and to promote positive relationships and academic achievement. <https://www.blueprintsprograms.org/>

CASEL Program Guides: Effective Social and Emotional Learning Guides. These resources from the Collaborative for Academic, Social and Emotional Learning offer findings from systematic reviews of school-based (preschool through high school) social and emotional learning programs. <https://casel.org/guide/>

Center for Disease Control: Best Practices for Comprehensive Tobacco Control Programs – 2014. This updated edition describes an overall program structure for intervention implementation. Strategies are to be implemented together rather than individually. https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf

Child Trends' What Works. Searchable register of over 700 programs that have had at least one randomized evaluation to assess youth outcomes related to education, life skills, and social/emotional, mental, physical, behavioral, or reproductive health. <https://www.childtrends.org/what-works>

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Appendix B includes a list of evidence-based programs with proven positive effects on substance use factors. <https://store.samhsa.gov/system/files/surgeon-generals-report.pdf>

Institute of Education Sciences' What Works Clearinghouse. A directory of school-based programs with filters to identify programs that address target behaviors and risk/protective factors. <https://ies.ed.gov/ncee/wwc/FWW>

National Institute on Alcohol Abuse and Alcoholism's College Alcohol Intervention Matrix/AIM. Matrix-based tool that evaluates environmental- and individual-level interventions, allowing one to compare and contrast strategies across criteria. <https://www.collegedrinkingprevention.gov/collegeaim/>

Office of Juvenile Justice and Delinquency Prevention: Model Programs Guide. Searchable database contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs with filters to identify substance abuse topics. <https://www.ojjdp.gov/MPG/Topic/Details/95>

Social Programs that Work. Offers findings from a systematic review of interventions in such areas as early childhood, education (K-12), youth development, crime/violence prevention, substance abuse prevention and treatment, and housing/homelessness. <https://evidencebasedprograms.org/>

Youth.gov Program Directory. Features evidence-based programs whose purpose is to prevent and/or reduce delinquency or other problem behaviors in young people. <https://youth.gov/evidence-innovation/program-directory>



APPENDIX C: Resources for Prevention Planners

Publications

Community Anti-Drug Coalitions of America. (2010). *The Coalition Impact: Environmental Prevention Strategies*. Retrieved from

<https://www.cadca.org/sites/default/files/resource/files/environmentalstrategies.pdf>

Community Anti-Drug Coalitions of America. (2010). *The SPF and Environmental Strategies*. Retrieved from: <https://cadca.org/sites/default/files/files/spfandenvironmentalstrategies.pdf>

National Institute on Drug Abuse. (2014). *Lessons from Prevention Research*. Retrieved from

<https://www.drugabuse.gov/publications/drugfacts/lessons-prevention-research>

National Institute on Drug Abuse. (2003). *Preventing Drug Use among Children and Adolescents (In Brief)*. Retrieved from <https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents-in-brief>

National Institute on Drug Abuse. (2016). *Principles of Substance Abuse Prevention for Early Childhood*. Retrieved from <https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood>

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

https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

Substance Abuse and Mental Health Services Administration. (2017). *Focus on Prevention: Strategies and Programs to Prevent Substance Use*. Retrieved from <https://store.samhsa.gov/system/files/sma10-4120.pdf>

U.S. Department of Health and Human Services, Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Retrieved from

<https://store.samhsa.gov/system/files/surgeon-generals-report.pdf>

Data Sources

Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS).

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Indiana Prevention Resource Center. Includes Indiana Youth Survey, Indiana College Substance Use Survey, County Profiles, County Level Epidemiological Indicators. <https://iprc.iu.edu/>

Indiana State Epidemiological Outcomes Workgroup. <https://fsph.iupui.edu/research-centers/centers/health-policy>

Monitoring the Future. <http://www.monitoringthefuture.org/>



SAMHSA National Survey on Drug Use and Health <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

Community/Coalition Resources

Communities That Care: guides communities through an evidence-based, five-stage change process. <https://www.communitiesthatcare.net/>

Community Tool Box: resources to help with assessing community needs and resources, addressing social determinants of health, engaging stakeholders, action planning, building leadership, improving cultural competency, planning an evaluation, and sustaining efforts over time. <https://ctb.ku.edu/en>

Opioid Response Network (ORN): provides training and technical assistance, focusing on applying evidence-based practices in opioid use prevention, treatment and recovery to meet locally identified needs. <https://opioidresponsenetwork.org/ProjectOverview.aspx>

Prevention Technology Transfer Center (PTTC): provides training and technical assistance services to the substance abuse prevention field including professionals/pre-professionals, organizations, and others in the prevention community. <https://pttnetwork.org/centers/great-lakes-pttc/home>

SAMHSA's Evidence-Based Practices Resource Center: provides communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. <https://www.samhsa.gov/ebp-resource-center>



APPENDIX D: References

Community Anti-Drug Coalitions of America (CADCA). (2010). *The Coalition Impact: Environmental Prevention Strategies*. Retrieved from:

<https://www.cadca.org/sites/default/files/resource/files/environmentalstrategies.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). *Focus on Prevention*. HHS Publication No. (SMA) 10–4120. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Revised 2017. Retrieved from

<https://store.samhsa.gov/system/files/sma10-4120.pdf>

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Substance Abuse and Mental Health Services Administration (SAMHSA). (2019a). Alcohol, Tobacco, and Other Drugs. Retrieved from <https://www.samhsa.gov/find-help/atod>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019b). Substance Abuse and Mental Illness Prevention. Retrieved from <https://www.samhsa.gov/find-help/prevention>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019c). Substance Abuse Prevention and Treatment Block Grant. Retrieved from <https://www.samhsa.gov/grants/block-grants/sabg>

U.S. Department of Health and Human Services (HHS). (2016). Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Retrieved from

<https://store.samhsa.gov/system/files/surgeon-generals-report.pdf>