

Creation, Functioning, and Structure of Evidence-Based Workgroups: Experiences of SPF SIG Grantees

Cohort 3 (2006) of the Strategic Prevention Framework State Incentive Grants (SPF SIG) was the first group of States, Tribes, and Jurisdictions (STJs) required by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) to develop an Evidence-Based Workgroup (EBW) and maintain it throughout the life of the Block Grant. The purpose of these entities is to (1) understand the State's SPF SIG priorities and logic model; (2) operationalize CSAP's 2009 guidance document, entitled *Identifying and Selecting Evidence-Based Interventions*, to identify and select evidence-based interventions; and (3) review and make recommendations on communities' comprehensive plans. While these functions are shared among all EBWs, the processes and elements STJs put into place in order to achieve them often vary considerably. The similarities and differences in these experiences are discussed below in relation to key areas of the creation, functioning, and structure of EBWs.

PLANNING EVIDENCE-BASED WORKGROUPS

STJs have organized and reorganized their EBWs to address needs often unique to their particular circumstances, including pre-existing prevention infrastructure and proposed functions relative to other entities. This diversity is reflected in how EBWs are first conceived and established and how they evolve during and beyond the life of the SPF SIG. Most commonly, as with the Federated States of Micronesia (FSM), Iowa, and many others, STJs formed their EBWs as subcommittees within the SPF Advisory Council. Maryland first convened its EBW in late 2009 as one of three official SPF Advisory Council workgroups, alongside its State Epidemiological Outcomes Workgroup (SEOW) and a Cultural Competency Workgroup.

In other instances, STJs created additional entities to support the work of the EBW or assigned EBW-type responsibilities to pre-existing structures. In addition to forming an EBW, Virginia created a subgroup called the Request for Proposals Workgroup, which developed the Request for Proposals (RFP) and oversees the RFP process (including the selection of local grantees and submission of a recommended list to the broader EBW). Georgia's SEOW functions as an expert review panel for the approval of Community strategic plans—there is no specially designated EBW. The SEOW has been in existence since 2007, despite a brief interlude between 2008 and 2009. Several STJs have had similar moments of reassessment and redefining EBW roles and functions. In Washington, DC, a newly appointed SSA is currently looking to restructure the District's EBW, including membership, purpose, and goals.

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

Independent of SPF SIG Cohort, some STJs do not yet have active EBWs or they have disbanded their EBWs altogether. The Cherokee Nation (Cohort III), Delaware (Cohort IV), Oklahoma (Cohort IV), Ohio (Cohort IV), and North Dakota (Cohort V) all have newly formed EBWs, which may have only convened once or twice for introductory meetings. In Kansas, the EBW was convened in November 2008, but was only active when communities were first selecting their strategies—in 2009 the Workgroup was discontinued, as sub-recipients moved to the implementation phase of the SPF SIG. Oregon's EBW was established in 2005, but was then disbanded officially in 2009 due to the absence of a defined purpose. Nebraska, too, does not currently have an active EBW—the group was disbanded after developing a guidance document for coalitions on selecting evidence-based interventions and once the State moved into the implementation phase of its SPF SIG.

Even what EBWs are called varies widely: Alaska and FSM have Evidence-Based Interventions Workgroups, while Kansas has an Evidence-Based Strategies Workgroup; South Dakota and Virginia have Evidence-Based Practices Workgroups, while Maryland has an Evidence-Based Practices Implementation Workgroup. In some cases, like in Georgia (mentioned above) and New Jersey, the EBW is sub-group of the larger SEOW. SPF SIG Cohort 1 and 2 States, however, may not have a formal EBW, but may have other structures that serve similar functions: New Hampshire's Expert Panel and Kentucky's Strategic Plan Review Group. While these names often reflect subtle or more evident differences in structure and function, we use EBW throughout for clarity.

RECRUITING & TRAINING MEMBERS

The constitution of EBW membership varies in terms of numbers, experience, and expertise. Kansas has a ten-person multidisciplinary panel comprising SPF SIG staff members, Kansas Prevention Network representatives, the 2008 Kansas CSAP Prevention Fellow, and the project's epidemiology and evaluation content specialists. Oklahoma's EBW is made up of nine members who have expertise in prevention programming, evaluation, cultural competence, epidemiology, and Tribal issues. In Vermont, the EBW includes 12 Single State Agency (SSA) staff members, SPF staff members, researchers, evaluators, technical assistance (TA) providers, and community representatives.

The requisite skills and background of EBW members often depends on the STJ's unique circumstances and needs. In Alaska, EBW members are a mix of researchers and practitioners representing several universities, State departments (such as behavioral health, domestic violence and sexual assault, and mental health), Tribes, rural communities, and school districts. Rural community representatives with experience working with Tribes participate in Oklahoma's EBW as well. Maryland's SPF SIG application stipulated explicitly that its EBW comprise "prevention experts who represent diverse populations in terms of geography and race/ethnicity."

In several STJs, membership for EBWs draws extensively from existing networks, including SPF and State prevention staff members. Participants in the EBWs for New Hampshire and Massachusetts include SSA prevention and treatment staff members, as well as local-level evaluators, policy experts, and other external experts. Nebraska's EBW comprises substance abuse

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

prevention experts from the State's six operational behavioral health regions. Though disbanded, Oregon's EBW members represented different fields within the State's Department of Human Services, including mental health and substance abuse prevention and treatment. Importantly, they were all required to know how to read and understand research before being invited to participate. Most commonly, EBW members are knowledgeable of substance abuse prevention and mental health promotion and prevention of disorders and come from both the private and not-for profit sectors. Fields can be as varied as law enforcement and criminal justice services (including juvenile justice), schools and higher education, traffic safety, public health and epidemiology, nursing, faith-based communities, and government. They have experience and expertise in community coalition-building and regional collaboration, cultural competency, needs assessment and program evaluation, strategic planning and program management, community-based prevention programming, academic research, underage drinking, social norms marketing, data collection and analysis, State prevention systems, coordinated school health, and youth development. Importantly, however, several EBWs monitor conflict of interest closely, excluding potential reviewers who may have provided TA to the applicant community.

Training is not always formalized. In some STJs, like Alaska, Kansas, New Hampshire, and Mississippi, EBW members have received significant training through webinars and in-person events on the SPF, local needs assessment, logic model development, application review, sustainability planning, State prevention, and other processes. Little Traverse Bay Band of Odawa Indians (LTBB) includes in its EBW three members who have worked on National Registry of Evidence-based Programs and Practices (NREPP) programming in the past, as well as one who is a certified prevention consultant. They have received numerous trainings, including the CAPT's Substance Abuse Prevention Specialist Training, the National Institute for Drug Abuse's Evidence-Based Treatment and Prevention in Diverse Populations and Settings, SAMHSA's SPF SIG National Grantees Training, Community Anti-Drug Coalitions of America's (CADCA's) The Parent Factor: Partners in Prevention, and many others. In other instances, training has been limited to a brief orientation on roles and responsibilities and on identifying and selecting evidence-based practices using CSAP's guidance document. Oftentimes CAPT Resource Teams have provided these orientations during SPF SIG kick-off meetings. Still other EBWs do not receive any training or orientation.

DETERMINING FOCUS & SCOPE

EBWs are often responsible for several related functions. While most do not have a specific purpose statement, at a minimum EBWs are tasked with reviewing and approving/disapproving strategies proposed by sub-recipient communities based on whether or not they achieve a certain level of evidence. South Dakota's EBW is charged explicitly with contributing to systemic change in the way in which the State builds and strengthens evidence-based substance abuse prevention program capacity and infrastructure at the State and local levels. Specifically, it is responsible for: creating and disseminating an evidence-based practices guidance document; reviewing and approving a list of evidence-based programs, practices, and policies for use by funded coalitions; developing a process by which coalitions can submit for approval interventions not already listed; and creating an

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

evidence-based practices “Best Fit” form for coalitions to use when submitting their proposed strategies for review.

Additionally, the selection of SPF SIG priorities in an STJ's application to CSAP for funding informs the kinds of proposed sub-recipient activities that are considered by its EBW. The vast majority of STJs have as a primary SPF priority alcohol and other drug use and abuse among adolescents and young adults, including the prevention of underage drinking, harm reduction, and related consequences: Alaska, New Jersey, Kansas, South Dakota, Maryland, Nebraska, Georgia, New York, The Cherokee Nation, and many more. Delaware requires that all proposed strategies address past month alcohol misuse among adolescents and young adults but also allows for a secondary priority among applicants. Those communities interested in focusing on an additional substance abuse priority must provide relevant data to support its approval. In Massachusetts, the selection of unintentional opioid overdose as the SPF priority has required a unique approach to reviewing draft SPF sub-recipient plans and logic models and approving proposed strategies (described in more detail below). Keeping to the SPF SIG priorities ensures that selected programs contribute to the outcomes identified in the STJ's application.

The EBWs in many other STJs (Kentucky, Vermont, LTBB, etc.) are also responsible for a number of other functions. In Alaska, the EBW has taken on a significant training and TA role to aid SPF SIG community grantees in selecting the best substance use prevention strategies for their unique community, based on evidence of success, and to assist communities in reaching the outcomes identified as priority for their communities. Specific responsibilities include: assisting in the development and review of the RFP for sub-recipient communities; developing a guidance document for communities to help them understand evidence and locate appropriate interventions; assisting in the review of community applications to receive SPF funds; developing and conducting a training for sub-recipients on evidence-based interventions and how to develop a strategic plan using needs assessment, capacity, and community readiness data to select an appropriate set of evidence-based interventions; reviewing the sub-recipients plan to ensure that interventions are an appropriate fit for their priority area and community and have a sufficient amount of evidence supporting effectiveness; assisting the SSA and National Prevention Network Officer (NPN) locate programs to nominate to the Center for the Application of Prevention Technologies' (CAPT's) Service to Science (STS) Initiative; and partnering with sub-recipient communities to provide guidance on fidelity and adaptation. Virginia's EBW is also responsible for providing support to communities to improve ability to select best programs that target issues and specific intervening variables identified in their data, but the State also prioritizes cost-effectiveness.

In some cases, however, the EBW is responsible for assessing proposed prevention interventions and programs in other State domains and collaborating on other State efforts. In addition to reviewing and approving draft SPF sub-recipient plans and logic models, New York's EBW has responsibility for reviewing other prevention programs supported through other funding sources to determine whether they meet evidence-based criteria and can be included on the State registry of evidence-based programs and practices. Additionally, the group meets semi-annually in support of State efforts to increase the number of evidence-based strategies implemented by prevention providers Statewide (a process that began prior to SPF funding). In Utah currently, the EBW reviews

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

programs from any State-funded community or regional program, not only interventions proposed by SPF SIG sub-recipients, to determine whether the proposed strategies meet the State's criteria for being deemed sufficiently evidence-based. If a submitted program does not meet the criteria but appears promising, the EBW looks for ways to provide TA to them to help improve their evaluation or connect them with other resources to support additional evaluation activities. Iowa's EBW is responsible for developing a guidance document for SPF SIG counties and reviewing their proposed plans, but also serves as a collaboration group for the State's Department of Education's new federal grants.

EVALUATING INTERVENTIONS

Most STJs stay close to the criteria outlined in CSAP's 2009 guidance document to evaluate proposed prevention strategies, including South Dakota, Maryland, New York, New Hampshire, Maine, Kentucky, Virginia, Ohio, Arizona, and others. The standard criteria are as follows: (1) inclusion in Federal registries of evidence-based interventions; (2) reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or (3) documented effectiveness supported by other sources of information and the consensus judgment of informed experts. In order to be deemed sufficiently evidence-based under the third criteria, programs must meet a series of specific sub-criteria. The degree to which EBWs rely on these criteria can depend on their SPF priorities. Given the absence on federal registries of strategies related to its SPF priority (unintentional opioid overdose), Massachusetts relies primarily on Criteria 2 (positive effects on primary substance reported in peer reviewed journals) and Criteria 3 (other evidence of effectiveness as determined by an informed panel of experts) to gauge the evidence-base of proposed strategies.

EBWs in many other STJs supplement CSAP's criteria with their own priorities and processes. Based on its March 2009 Strategy Approval Guide, Nebraska's EBW applies additional criteria, including: evidence of impacting at least one of the three SPF SIG prevention priorities; direct focus on alcohol prevention (not solely on treatment or risk and protective factors); well-documented evidence of effectiveness; and applicability for racial and ethnic minority populations (especially Tribes). Proposed Strategies not meeting these criteria are considered to be insufficient for pre-approval as evidence-based and are required to go through an additional approval process. Though now disbanded, Oregon's EBW had approved only those practices or programs that were (1) manualized, (2) published in two or more peer-reviewed journals by separate research groups or individuals, (3) transparent, and (4) demonstrated positive outcomes. Kansas expanded CSAP's criteria for what constitutes "evidence-based" by issuing its own six guidelines.

Several EBWs, such as The Cherokee Nation's, develop or enhance their own definitions and criteria of what constitutes evidence-based prevention in response to unique characteristics of the populations served under their SPF SIG. Alaska is particularly interested in (and is in the process of defining) "evidence of success" for locally developed programs and cultural practices in indigenous communities, as the State has found that traditional evaluation methodologies may not be appropriate. Still other EBWs require that sub-recipient communities submit supplemental materials in support of their application. Vermont stipulates that in order to be accepted under Criteria 3 in the CSAP guidance document, grantees must submit justification documentation. Utah's EBW requires

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

sub-recipient communities to submit a detailed logic model, a narrative, and research supporting the effectiveness of the proposed interventions.

SUSTAINING POST-SPF SIG

The majority of EBWs do not have clearly articulated plans for sustainability post-SPF SIG. Several are in the process currently of reviewing their roles and funding sources post-SPF SIG and updating materials and processes, including: Massachusetts, Maine, Vermont, and Mississippi. New Hampshire's EBW is proposing that it will continue to evaluate evidence-base for applications submitted for State or federal prevention dollars. The Workgroup plans to expand its scope to include proposals targeting substance abuse recovery in the context of the IOM's continuum of care. Maryland's EBW is revisiting its role and function and is looking for ways to enhance its capacity and direction. With the help of the Northeast RT, the group has been working to refocus its efforts at the community-level, on cultural competency, and through ongoing training, guidance, progress monitoring, and review activities.

Several STJs are looking for ways to expand the roles and responsibilities of their EBWs or to integrate their functions into other agencies and entities—in some cases with a more explicit commitment to continued funding. Alaska is planning to develop a guidance document that will define evidence for cultural practices and other strategies not located on federal registries or peer-reviewed journals. This document will be revised to serve a broader purpose than only the SPF SIG, so that even if the group itself cannot be sustained, the State will have the document to provide to its communities. Mississippi intends to sustain its EBW in the future in an effort to strengthen the State's prevention system to select and implement evidence-based interventions. Washington, DC is moving toward an evidence-based standard for practices in all its departments and the new SSA is looking into creating a model with applicability beyond the SPF. The primary role of the EBW in this context will still be to identify and promote evidence-based prevention strategies and programs. In this way, the EBW will serve as a model for other initiatives in other departments. Delaware's plan is to merge its EBW into the State prevention stakeholder's advisory group, the Delaware Prevention Advisory Committee (DPAC), to continue to work with State-funded community prevention contractors to ensure data-driven decisions regarding evidence-based programs, policies, and practices.

In situations where EBWs were established prior to or independent of the SPF SIG, sustainability is better assured. New York intends for its EBW to continue reviewing programs in other areas and funding streams of the State (non-SPF), as it did prior to the SPF SIG, meeting semi-annually. Utah's EBW, which is separate from the SPF SIG, will not change following the life of the grant. As a requirement of a recent bill passed by Utah's legislature in July 2010 requiring all DUI classes be deemed evidence-based by the Division of Substance Abuse and Mental Health, the State's EBW will remain unchanged. Still other EBWs will continue functions not specific to the SPF SIG, such as training local coalition members on the importance of applying evidence-based programs, policies, and practices (LTBB) or serving as an evaluation board for STS and for all other national substance abuse prevention proposals (Republic of the Marshall Islands).

CONCLUSION & RECOMMENDATIONS

EBWs are first conceived, implemented, and sustained in diverse ways. The first STJs to have been required to establish EBWs in order to receive SPF SIG funding were those in Cohort 3, but the value of these entities is relevant to STJs in all Cohorts. Some kind of review panel is critical in evaluating the efficacy and even cost-effectiveness of subrecipients' proposed interventions and practices and maintaining focus on the STJ's SPF SIG priorities. In some cases, depending on unique cultural dimensions or the selection of a SPF SIG priority substance abuse problem for which effective interventions have been relatively unexplored in the professional literature, the levels of sufficient evidence to justify sub-recipient funding might be adjusted. For the most part, however, EBWs should keep to CSAP's 2009 guidance document *Identifying and Selecting Evidence-Based Interventions*. Some orientation and training is advisable—EBW membership often comprises a diversity of professional backgrounds and skills and, moreover, often changes.

Lastly, sustainability is as much a function of funding commitment as it is the degree to which EBWs are active, integrated, and valued in the prevention infrastructure. Whether an active EBW is to be integrated within this pre-existing prevention infrastructure or introduced as a model for the development of similar entities focused on other behavioral health problems, its core functioning should be the same: to review and approve/disapprove strategies proposed by sub-recipient communities based on whether or not they achieve a certain level of evidence. Numerous other functions can be assigned to these Workgroups as well, from developing the RFP for SPF SIG sub-recipients to providing community level T/TA on strategic planning. STJs must identify the appropriate level of responsibility to assign to EBWs that is neither too narrow nor too broad, so that its role is substantive and vital, but not so comprehensive that effectiveness is diluted.