



Office of Alcoholism and Substance Abuse Services

How Do We Share What Works?

**Roles for State Evidence-based Program (EBP)
Review Panels, Provider Evaluators and
Practitioners**

**29th Annual NPN Conference
Buffalo, NY**

September 13, 2016

Presenters:

Scott Brady, Prevention Director, NYS OASAS

Tim Smykowski, MA, Systems Director

Western New York United Against Drug and Alcohol Abuse, Inc.

Christine Cavallucci LCSW, Executive Director

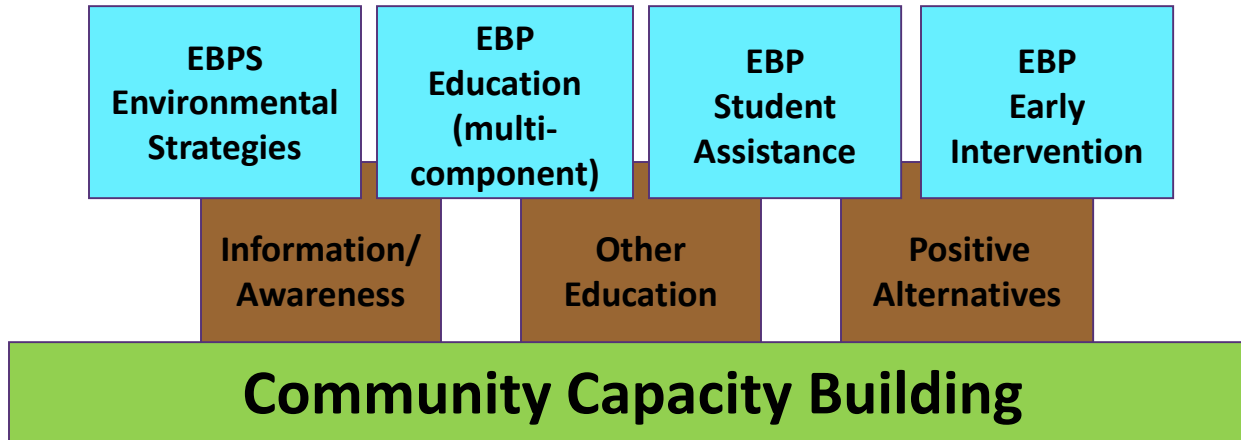
Archdiocese of New York Drug Abuse Prevention Program



Office of Alcoholism and
Substance Abuse Services

NYS OASAS Service Approaches

← Universal - Selective - Indicated →



NYS Staff Allocation by Service Approach 2015-16

Service Approach	% FTE	EBP 70%
EBP Education	54%	
EBPS Environmental	6%	
EBP Student Assistance	6%	
EBP Early Intervention	4%	
Comm. Capacity/Info. Awareness	8%	
Prevention Counseling	10%	
Other Educ./Positive Alternatives	12%	



2015-16 Direct Individual Services

Participants Served: Count and %

	EBP Educ. Programs	Other Educ.	Prevention Counseling – Early Interv.	Positive Alternatives	Total
State Total	210,000	37,000	42,000	25,000	314,000
	67%	12%	13%	8%	100%

Why a State EBP Review Panel?

1. The genuine desire of **everyone** to deliver the most effective services possible.
2. SAMHSA-CSAP requires annual reporting on EBP services delivered.
3. NYS Prevention Policy requires 60% of program effort be EBP - so OASAS must identify what qualifies as an EBP.
4. Increased provider need for assistance in identifying EBPS that are effective, affordable, culturally relevant and feasible.



Formation of NY's EBP Review Panel

- OASAS Approved formation of panel in 2009.
- Asked NY based prevention scientists to volunteer.
- All but one of those asked agreed to serve.
- Met several times between 2010-11 to develop and pilot test the system.
- CAPT NE RET was very helpful connecting us to state peers and helpful resources.
- Maine's SPF-SIG EBP Workgroup Manual was chock full of good ideas.

Organizational Structure

- Panel now consists of 14 Prevention Researchers:
 - Academic (3)
 - Provider (3)
 - State (3),
 - Independent (4)
 - Institute (1)
- In addition, panel includes state provider association rep. as non-voting advisor.
- Panel convenes biannually to rate applications.

NY EBP Review Process

- Providers start the application process and ask the EBP researcher/developer to complete the application.
- A Team of 3 Panel Researchers is selected for each review based on expertise and availability.
- Review Teams findings are presented, discussed and then subject to a full Panel Consensus finding.
- Review Process is conducted using a Sharepoint site and Teleconferencing.

Step 1: Initial State Pre-screen:

- A. Prevention intervention with an IOM pop.?
- B. Is there at least 1 outcome study with results?
- C. Was positive change in outcomes reported:
 - 1. Drug Use / Consequences?
 - 2. 2+ Risk Factors outcomes?
 - 3. 3+ Protective factors for IOM Selective pop.?

Eligible EBP Risk Factor Outcomes

Community	
-Availability of Substances	- Laws, Regs. & Policies that Favor Substance Use
-Community Norms that Favor Substance Use	
Family	Individual and Peer
-Family History of Problem Beh.	-Early Initiation of Subst. Use
-Family Management Problems	-Early Initiation of Problem Beh.
-Family Conflict	-Perceived Risk of Subst. Use
-Parental Attitudes/Norms Favor Substance Use/Problem Beh.	-Favorable Attitudes Towards Substance Use
School	-Friends Who Use
-Low Commitment to School	-Depressive Symptoms

Eligible Protective Factors

Family	-Parenting Skills
	-Family Opportunities for Prosocial Involvement
	-Family Rewards For Prosocial Involvement
	-Family Attachment
School	-School Opportunities for Prosocial Involvement
	-School Rewards For Prosocial Involvement
Individual	-Social-Emotional Competencies and Life Skills:
	➤ Stress management
	➤ Problem solving
	➤ Decision making
	➤ Assertiveness and Refusal skills
	➤ Conflict resolution
	➤ Emotional competence

Step 2: Evidence Pre-Screen

- Study Review Team Leader pre-screens:
 - A. Theoretical Basis – causal logic model?
 - B. Experimental or Quasi-experimental longitudinal design with matched comparison groups.

Step 2: Evidence Pre-Screen (Cont.)

- C. Outcome analyses statistics included?
(sample size, mean, SD)
- D. Sample size large enough for testing
the hypotheses? (effect size, power)
- E. Attrition less than 20%, and/or attrition
analyses mitigates sample loss?

Step 3 - Review Team Rating

- Three (3) member team independently rates each application accepted for review.
- A rating tool to standardize review of quality and strength of evidence includes 7 Quality Criteria.

Scores: - Acceptable
- Not Acceptable
- Need more information

Rating Criteria Used

1. Theory Base – Logic Model and Program Design

2. Measurement Reliability & Validity

3. Implementation Fidelity

4. Quality of Evaluation Design

- Pre-test Group Similarity
- Missing Data-Attrition
- Adequate Statistical Power
- Intent to Treat Analysis
- Unintended Effects

5. Public Health Impact [quantity of program benefits]

6. Sub-Group Analyses [optional]

7. Follow-up Analyses [optional]

Step 4 – Full Panel Convenes

- Full EBP Panel convenes to review team results and determine EBPS status.
- Applicant/Researcher sent final results.
- Providers notified
- Registry updated on OASAS website.
- If accepted, added to Provider data system.

NY EBP Support for Providers

- State Guidelines and Standards for EBP delivery on website.
- State Prevention Liaisons for each Region provide TA on EBP selection and delivery.
- Regional Prevention Resource Centers also support coalitions and providers and broker EBP training.
- Registry of EBP's on state website includes multiple program versions (e.g. grade levels, boosters)

NY EBP Support for Providers

- EBP Review Panel provides TA on new EBPs on adaptation, on new applications, etc.
- Piloting for new Provider EBP support roles: teacher training, evaluation, coaching...
[e.g., GBG, Positive Action]
- OASAS working with Education and Health departments to improve guidance on substance abuse (e.g., opioids), EBP prevention and health care reform issues (DSRIP, etc.).

ADAPP

Archdiocese Drug Abuse Prevention Program

Archdiocese of New York

217 Schools:

- ❑ 67,981 Students
- ❑ 152 K to 8
- ❑ 47 High Schools

In any given year, ADAPP provides services to:

- ❑ 15 to 17 High Schools have at least one day per week with a prevention counselor onsite for the school year.
- ❑ 45 to 50 Elementary Schools have at least one day with a prevention counselor onsite for the school year.
- ❑ 20 to 30 Schools get Time-limited Prevention Education Services

Populations Served Demographics

Schools in Nine counties in southern New York State:

- New York City: Staten Island, Manhattan, Bronx
- Counties: Westchester, Putman, Rockland,
Orange, Dutchess, Ulster

Racial Diversity:

- 45% **White**
- 29% **Hispanic**
- 15 % **African American**
- 5% **Asian**
- 5% **Multi-Racial**
- 1% **Other**

Refuse Remove Reasons: History

Why Develop an EBP?

- In 2009 ADAPP, wanted to design a brief universal classroom program that would address trends in use rates and related risk factors, increase protective factors, and
- Appeal to the diverse student body represented in the schools through the Archdiocese of New York.

Why Develop an EBP?

- Universal classroom-based curricula are between 8 to 14 lessons – too many sessions.
- Few high school EBP's available
- With the increased academic standards and demands of the NYS Education Department, as well as the rigorous academic programs in our schools, prevention counseling staff found it increasingly difficult to implement evidence-based programs in the classroom.
- Use is high and increases from 9th to 12th grade
- Trends locally and nationally point to a decrease in perception of harm, particularly with marijuana use.

RRR

Development of a Curriculum

- Utilized a social work group work model to inform our curriculum
- Engaged a media education company as a partner to create the curriculum.
- Designed the program
 - The original program had 3 lessons
- Pre and Post Survey
 - Sample to be sure it was reliable and valid
- Gathered feedback from youth with process questions
- Submitted findings to OASAS

RRR Round 1: Initial Results

- After initial implementation and two cohorts of pre and post surveys with 400 youth:
 - ❖ Increased the knowledge of the harmful effects of all substances, but most notably steroids and OTC prescription drugs.
 - ❖ Increased confidence in having clear strategies for removing self from situations if offered substances, as well as clear reasons for refusing substances if they are offered.

Support from the EBP Review Panel

- At each round of RRR Development and Application for state EBP status, the review team provided feedback for both program and evaluation design improvement.
- Feedback was provided by: Review team members, CSAP Fellows, OASAS researchers, other provider evaluators.
- To promote innovation and bring “practice knowledge” into the EBP development process, the EBP Review Panel and OASAS allowed us 3 rounds of development, improvement and re-application.

RRR Round 2: Program Enhancements

- A survey of facilitators was used to obtain input on the perceived effectiveness of each program session.
- ✓ Added a video on consequences.
- ✓ Enhanced parent component.
- ✓ Second pre-post survey yielded similar results.

RRR Round 3: Study design

- New Quasi-experimental design:
 - Pre and post data collection with control and experimental schools
 - 18 schools with 880 youth
- Updated measures to capture outcomes we were looking to change.
- Added a Fidelity Checklist for Facilitators.
- Looked at impacting 30 day use
- Also Updated Activities based on feedback

RRR Round Three: Outcome Results

- **Decreased favorable attitudes towards Alcohol, Tobacco and Other Drug (ATOD)**
- **Decreased normative misperception of peer use**
- **Increased refusals skills and assertiveness skills**

RRR Round 4: 2014

- Engaged a researcher from a university and developed a pre-post instrument using reliable survey measures
- Asked only what we wanted to know – intended program outcomes
- Added an additional lesson on heroin. This was done to address concerns around the heroin epidemic locally and nationally.
- RRR now has 5 sessions
- Trained facilitators to deliver the program to achieve outcomes
- Improved the quasi-experimental research design:
 - Health classes were treatment group, all students not enrolled in health class at that time were assigned to the control group.
- 1,521 adolescents participated with control and experimental groups with in each school.

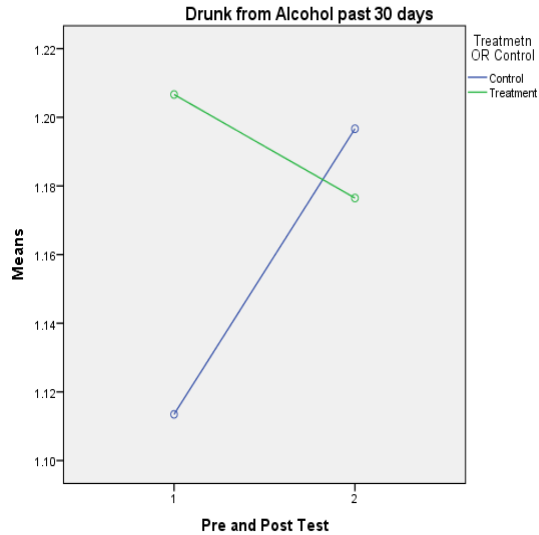
Final RRR Results: Success!

Findings indicated that compared to the control group, RRR significantly reduced:

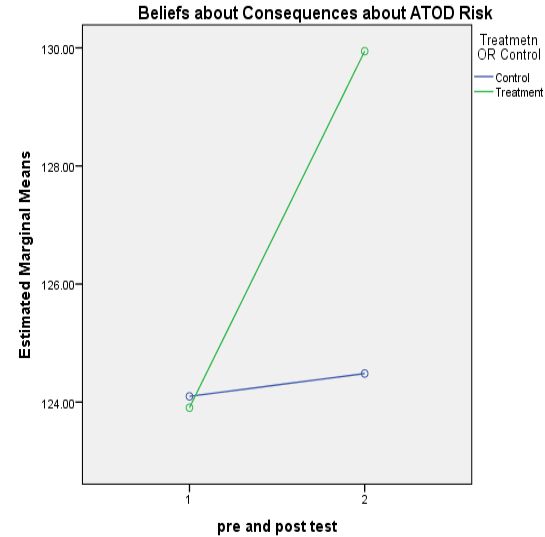
- ✓ getting drunk from alcohol
 - ✓ decreased social norms and acceptance of alcohol and cigarettes
 - ✓ increased perceptions of negative consequences of drug use.
-
- Results supported this school based prevention program for reducing alcohol abuse and improving healthy social norms among high school youth.

30 Day Use and Consequences

Decrease in getting drunk from alcohol

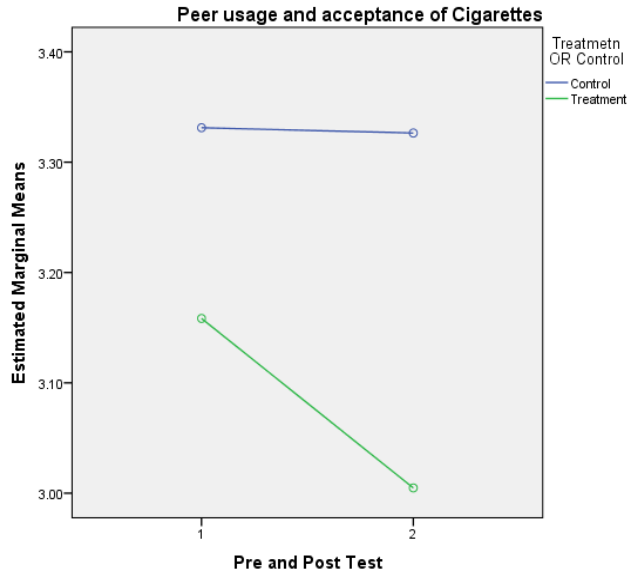


Increased perceptions about negative consequences of ATOD

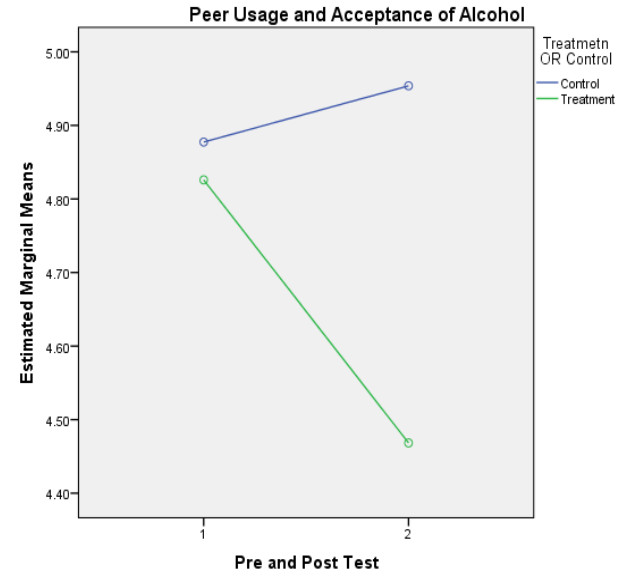


Decreased social norms and acceptance of alcohol and cigarettes

Cigarettes:



Alcohol:



Cultural Competency: Respectful and Responsive

- Videos reflect diversity of students.
- Facilitators training includes the social work group work practice of “Tuning In”.
- Theoretical approach embedded into the program reinforces the use of the peer group and in the dialectical process.
- Used pre/post survey questions to gather feedback on cultural relevance, reactions to videos, activities and engagement.

Lessons Learned

- Understand the SPF
- Evaluation process is key
- Look to impact specific program outcomes
- Evaluate only those outcomes
- Training should include how to get to those outcomes
- Involve stake holders in the development and along the evaluation process

Engaging the School

- Support from the Superintendent
- Building level support from the principal
 - Phone calls
 - Emails
 - Including schools in the process and pointing out the importance of research
- Sharing outcomes at every interval
- Using state data and counselor anecdotal information to stress the importance of the program

Dissemination

- CWK Network

Angela Tagliareni

Director of Sales & Project Management

Cell: (908) 303-1449

angela@cwknetwork.com

<http://rrr.connectwithkids.com/>

- For more info, there is a booth at NPN