The Evolution of Evidenced-Based Prevention in SC

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The Evolution of Change in SC

- SC received the SIG in 2000 and funded 18 coalitions in late 2001-2002 to implement evidencebased programs and environmental strategies for youth ages 12-17.
- As this process was rolled out throughout the state, general prevention was impacted by the "lessons learned" through the SIG process.

SIG "Lessons Learned"

- County prevention programs needed additional help/training with writing measurable goals and objectives.
- County prevention programs needed assistance moving towards implementing evidence-based prevention program, which were outcome-based.
- Challenged counties to think about outcomes by using the "Getting To Outcomes" planning model for prevention management plans

South Carolina Comprehensive Prevention Strategy (CPS)

The CPS document (developed in 2001) contains six strategies for prevention, two of which are directly related to implementing evidence-based programs, policies and practices in the state.

- Strategy 2: Use Evidence-Based Prevention
- Strategy 3: Blend Individual and Environmental Approaches

Definition of Evidence-Based Programs and Strategies

The SC Governor's Comprehensive Strategy for Youth Substance Abuse Prevention defines evidencebased as a process in which experts, using commonly agreed-upon criteria for rating research interventions, come to a consensus that evaluation research findings are credible and can be substantiated.



Found on DAODAS website at <u>www.daodas.state.sc.us</u>

Blend Individual and Environmental Approaches

Individual

Individual problems that place a person at risk

Substance use is seen as a personal choice

Approaches consist of short-term programming

Environmental

Problems are defined at the policy level

Substance use is seen as both an individual and a systems issue

Approaches involve longterm policy changes

2



Environmental Strategies & Individual Programs

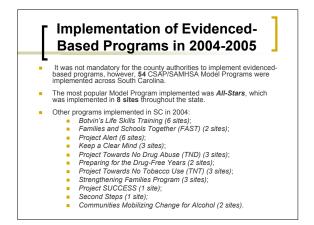
South Carolina Tool-Kit

- Developed in SC in 2001 as resource for original SIG grantees.
- Includes approximately 60 Evidence-Based Programs and dozens of Environmental Strategies for Alcohol and Tobacco.
- Created by sub-committee of the SIG Advisory committeeincluded representatives from other state agencies.
- A joint product of DAODAS and PIRE (SIG evaluators in SC).
 Located on the DAODAS website:
- http://www.daodas.state.sc.us/t oolkit.asp
- Includes the following sections:

 Overview of strategies to reduce underage alcohol use
 - Overview of strategies to reduce underage tobacco using tob
 - Index of selected programs and characteristics
 - In depth information on programs

Timeline of Process

- 2003: Required county needs and resources assessment training.
- 2003-2004: Changed the yearly management planning format to mirror the "Getting To Outcomes" logic model. This brought about more countiles in the state to use evidence-based prevention programs. The use of evidenced-based programs was not required at this time.
- Spring 2004: Developed a notebook with materials to support the management planning process.
- March 2004: DAODAS approved a plan for PIRE to provide statewide technical assistance on prevention evaluation to county agencies.
- May-July 2004: PIRE conducted site visits to each of the 33 county agencies to discuss evaluation needs and to assist in the development of the evaluation plan(s).



Timeline of Process

- July 2005: Increase in the number of counties throughout the state that were using evidenced-based programs and strategies with SAPT block grant dollars.
- July 2005: Required recipients of the Safe and Drug Free Communities funding to implement only evidenced-based programs.

Implementation of Evidenced-Based Programs in 2005-2006

- It was not mandatory for the county authorities to implement evidenced-based programs, however **72** CSAP/SAMHSA Model Programs were implemented across South Carolina.
- The most popular Model Program implemented was *All-Stars*, which was implemented in **15** different counties throughout the state. .
 - Other programs implemented in SC in 2005:

 - rograms implemented in SC in 2005: Borvin's Life Skill's Training (4 sites); Familia TART (1 sill); Familia TART (1 sill); Guiding Good Choices (2 sites); Keep a Clear Mind (3 sites); Leadership and Resiliency (1 site); Parnoting Wisely (3 sites); PATHS (1 site); Project Towards No Drag Abuse (TND) (5 sites); Project Alert (11 sites); Project Alert (11 sites); Strengthening Families Program (1 site); Project SUCCESS(1 site); Project SUCCESS(1 site); Too Good for Drugs (1 site).

Timeline of Process

- October 2005: Release of SC's first Prevention Outcomes Annual Report.
- July 2006- Required prevention providers to implement at least one evidence-based program (level three or higher) or strategy (rated high/very high) selected from the South Carolina Tool Kit. This special condition may not be satisfied by the implementation of evidence-based programming funded by non-SAPT Block Grant funding sources.
- FY 2006 and 2007: Sustained above efforts through current time.

FImplementation of Evidenced-Based Programs in 2006-2007

- The most popular Model Program implemented was *All-Stars*, which was implemented **19** times throughout the state.
- Following All-Stars was the Project ALERT program, which was implemented **10** times and Project Towards No Tobacco Use that was implemented **9** times throughout the state.

 implemented 9 times throughout the state.

 Other programs implemented in SC in 2006:

 Botvin's Life Skills Training (7 sites);

 Families and Schools Together (FAST) (2 sites);

 Guiding Good Choices (2 sites);

 Keep a Clear Mind (3 sites);

 Lee Advership and Resiliency (1 site);

 Paronting Wisely (3 sites);

 Paronting Wisely (3 sites);

 Project Towards ho Drug Abuse (TND) (6 sites);

 Second Step (2 sites);

 Chidren in the Middle (1 site);

 Project Northland (4 sites);

 Class Action (2 sites);

 Class Action (2 sites);

 Responding in Peaceful and Positive Ways (RIPP) (1 site);

 Too Good for Drugs (1 site)

DAODAS Strategic Plan Goals and Objectives Fiscal Years 2006-2008

Strategic Goal 2: Improve the effectiveness of prevention programs.

- **OBJECTIVE 2.3:** Focus the agency's prevention philosophy to adopt and use a blending of evidence-based individual and environmental approaches to prevention.
- **OBJECTIVE 2.4:** Using the distribution of service events by Federal Prevention Category area, ensure that at least **60%** of the overall prevention programming offered by county authorities **are education and environmental strategies**, with the remaining 40% addressing the remaining areas of information dissemination, community-based process, alternatives, and problem identification and referral.

DAODAS Strategic Plan Goals and Objectives Fiscal Years 2006-2008

- OBJECTIVE 2.56: Encourage local providers/county authorities and other prevention entities in the state to use programs and environmental strategies found in the South Carolina Toolkit for Evidence-Based Prevention Programs and Strategies.
 - Process Objective 2.56.1: Each year, the number of evidence-based prevention programs and/or strategies implemented by DAODAS' subgrantees will constitute a larger percentage of the total prevention programming.

From DAODAS FY2006-2007 Accountability Report

- In FY 2003-2004, there were 54 implementations of evidenced-based programs throughout SC.
- In FY 2004-2005 that number increased to 81.
- In FY 2005-2006 the number jumped up to 145.
- In FY 2006-2007 the number has climbed to 152.

Original DAODAS Standard

- Survey
 The selected Core Measures for the pre-post test were:
 - Perceived Risk
 - Favorable Attitudes
 - Decision-Making
 - Perceived Peer Norms
 - Perceived Parental Attitudes
 - 30-day Use of Alcohol, Tobacco, and Marijuana

Measures were selected largely because they apply to a considerable percentage of prevention programs that cut across the spectrum of universal, selected or indicated programs.

Original DAODAS Standard Survey

- The measures were combined with four demographic questions to comprise a 40-item test.
- Reviewed the survey with experienced locals for input throughout the process.
- County prevention programs were required to use the survey starting in July 2004 with all multisession programs (not just evidence-based programs).

Evaluation Reports

- Overall measure results
- Charts/tables
- Interpretation of results
- Analysis by race, gender, implementation group
- Provided to each county by program

Overview of Statewide Prevention Outcomes Report

- Overview
- Pre- and Post-Test Outcomes
 - o Overall
 - o Compared across years
 - By demographic groups
- Pre- and Post-Test Outcomes by Program

http://chweb.pire.org/scdocuments/documents/301Ann ualReport_06.pdf

| Preve | ntion P | rograms | in SC |
|---------------------------------|----------|-----------|----------|
| | | | |
| Measures | FY05 | FY06 | FY07 |
| Perceived Risk | 12.7% ** | 11.2 % ** | 11.3% ** |
| Favorable Attitudes | 4.6% ** | 3.5% ** | 2.5% ** |
| Decision Making | 3.1% ** | 3.2% ** | 3.1% ** |
| Perceived Peer Norms | 3.8% ** | 4.5% ** | 3.1% ** |
| Perceived Parental Attitudes | 1.6% ** | 0.6% ** | 1.1% ** |



Standard Survey Results for Prevention Programs in SC

| Measure | FY 05 | FY 06 | FY 07 |
|-----------------------------|------------|------------|------------|
| 30 day use of alcohol | - 19.8% ** | - 31.1% ** | - 32.1% ** |
| 30 day use of marijuana | - 29.7% ** | - 31.6% ** | - 34.2% ** |
| 30 day use of cigarettes | - 7.1% ** | - 23.5% ** | - 23.7% ** |

Negative Change are desired

** Statistical Significance (p<.05)

County Testimonials

- Help choose/improve programs
- Get additional funding
- See the whole picture/confirm what is known/rethink assumptions
- Add credibility
- Get seat "at the table"
- Prove prevention works!

Comments from Locals

"In terms of the data we get back from you on standard survey/annual outcome we have been extremely successful leveraging that data as a **entry into the school system** bigger than just a few classrooms. It has given us **credibility** and tools that the schools either do not have or do not have so well broken down for them.

"We are now seated at the table of our two biggest school districts in deciding on the who, what, and when in providing evidenced based programming, developing school district policies, and other prevention activities. The data has helped school districts rethink assumptions made about certain schools and what problems or concerns that the students may be facing when it comes to substance abuse issues

Jane Alleva, York

More Comments....

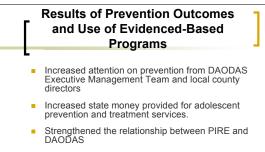
We are also able to use data for each year of implementation to look for trends or changes in the outcomes. Any changes noted in the outcome data, allows the agency to make improvements in curriculum implementation quickly so that the desired outcomes can be reached.

"The use of outcomes data has greatly improved the way and manner in which we **choose the programs that will be implemented**. Getting the survey data is not always easy, but it is worth the struggle in the end."—Pam Rush, Barnwell

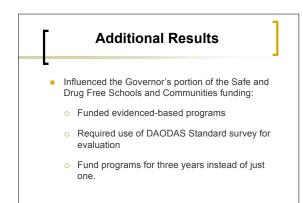
One More Comment....

We were **able to offer the school district an evidenced-based curriculum** to their middle and high school students. (Project Northland). Finally and as a result of data from the pre-post surveys from Project Northland we were **convinced that we needed to push the curricula down to the elementary level.** (Grades 1 - 5). As a result of our efforts and the results of the surveys, the School Board for the School **District committed the necessary resources** to pay for the elementary version of Project Northland. They also paid for the materials needed to continue the Project Northland to students in the middle and high school.

Ron Rickenbaker, Colleton County Director



Improved the local prevention management planning process- use data to make more programmatic changes/decisions.



New DAODAS Standard Survey

. The selected Core Measures for the pre-post test were:

- Perceived Risk (NOMs)
- Favorable Attitudes (NOMs)
- Decision-Making Perceived Peer Norms
- Perceived Parental Attitudes 30-day use of cigarettes, other tobacco products, alcohol, marijuana, other illegal drugs, inhalants, non-medical prescription medication use, and non-medical over-the-counter medication use Age of 1st Use (substances above) Parent Communication
- Perceptions of Workplace Drug-Testing
- Contact with Prevention Messages

10

Contact Information

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