

2015

Evidence-Based Practice Selection and Planning Workbook

The Evidence-Based Practice Selection and Planning Workbook provides an overview of the Evidence-Based Practice Workgroup and an approved list of evidence-based practices for Idaho.



Acknowledgements

This workbook is the result of a collaborative effort by the members of the Idaho Strategic Prevention Framework (SPF) Evidence-Based Practices (EBP) Workgroup. The workgroup is made up of the following members and organizations:

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Introduction

What is an Evidence-Based Practice?

In substance abuse prevention, evidence-based practices (EBP) generally refer to approaches that are validated by documented evidence. EBPs stand in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

What is the Purpose of this Document?

The purpose of the Evidence-Based Practice Selection and Planning Workbook is to provide Strategic Prevention Framework (SPF) and Substance Abuse Prevention Block Grant (SABG) grantees with a set of guidelines for choosing the most appropriate and best fitting prevention strategies and programs for their community, see Appendices B and C, respectively. This document includes a list of approved EBPs compiled by the EBP Workgroup (EBPW). Grantees are invited to select EBPs from this listing. In the event that an EBP is not included on the approved list, the grantee may submit an application to the EBPW for approval. That process will be discussed further in Appendix D.

How Does this Document Fit within the SPF Model?

The first two stages of the SPF model are assessment and capacity. During these stages, grantees gather information to determine the community's problems, root causes and local conditions, select priorities, and complete logic models for each problem. To ensure a greater likelihood of success for a community, this document is designed to help grantees select strategies that complement the community's specific needs as addressed in the assessment and capacity phases. Needs, priorities, community readiness, coalition capacity, and existing prevention efforts should all be evaluated before selecting a strategy.



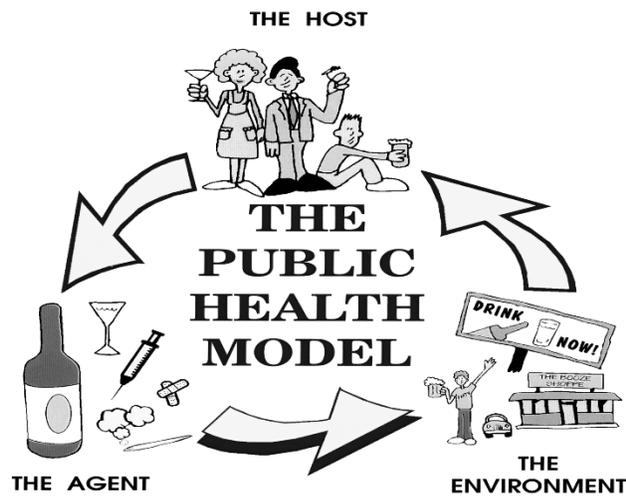
Who should be Involved in the Strategy Selection Process?

Similar to the assessment and capacity phases, the entire coalition should have input when selecting evidence-based prevention strategies. People support what they help create. By involving all coalition members in the selection process, it will provide each member the chance to help develop the coalition's strategic plan for prevention.

Prevention Models

Public Health Model

The Public Health Model demonstrates the relationship that substance abuse can have on the individual. Three components play a role in substance use and abuse:



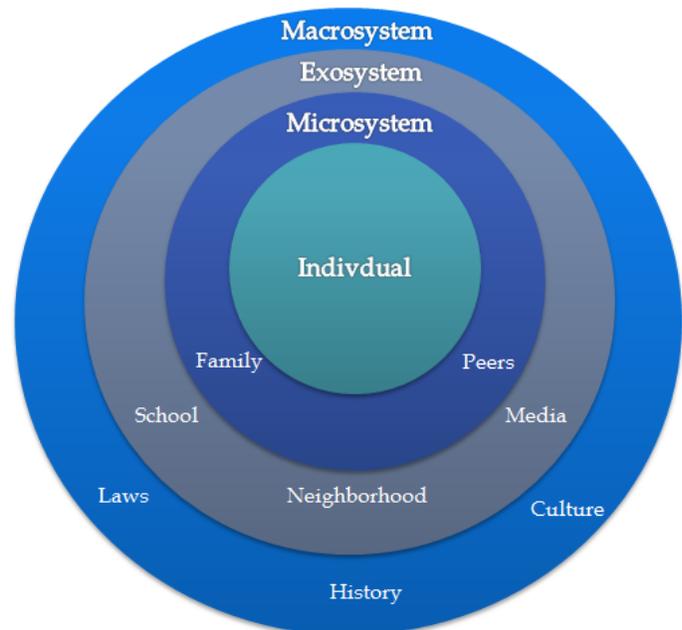
(New Mexico Assessment Training Manual, 2006)

the host, the agent, and the environment. The host is the person affected by substance use, the environment is the situation in which substance use occurs, and the agent is the substance used. It takes all three components of the Public Health Model to develop a substance abuse problem within the community. To combat substance use and abuse, prevention efforts must be targeted at one or more areas of the Public Health Model.

The Public Health Model embraces a comprehensive approach to community change. Manipulating the environment that allows substance use in the community greatly impacts prevention efforts. Prior to the SPF, grantees may have been encouraged to work within four identified prevention domains: individual, family, school, and community. Now, SPF funded coalitions may continue to work within these domains, but will be required to focus on strategies that will bring about environmental change.

Social-Ecological Model

Before choosing a strategy, it is appropriate to determine what will likely stimulate the greatest changes to a community's root causes, local conditions, and prevention priorities. A comprehensive prevention plan should identify a mix of strategies that target local conditions in multiple contexts and levels. The Social-Ecological Model (Bronfenbrenner, 1979) is a multi-faceted public health model grounded in the belief that to achieve sustainable changes in individual behavior, prevention efforts must target the social and ecological environment that individuals interact with.



The social-ecological model consists of four levels that a prevention effort should strive to impact. The four levels consist of:

Individual

The individual level encompasses the knowledge, attitudes, and skills of the individuals within the target population. This level can be influenced by individual-level interventions (such as educational and skill-building programs) as well as environmental interventions such as media and social marketing campaigns. An example of an individual level intervention would be a program for high-risk students to improve self-confidence and skills to resist alcohol and drugs.

Microsystem

The microsystem is comprised of the relationships that impact the individual. This level includes the family, friends, and peers of the individuals within the target population. The microsystem has the ability to shape the behaviors of the individuals in the target population. The microsystem can be influenced by enhancing social supports and social networks, as well as changing group norms and rules. An example of an intervention in the microsystem would be an educational program to teach parents how to better establish clear rules regarding alcohol, tobacco, or other drugs.

Exosystem

The exosystem is comprised of the communities that impact the individual. This level includes the unique environments in which the individuals in the target population spend their time. The media, workplaces, schools, churches, neighborhoods, sports teams, and volunteer groups are considered components of the exosystem. This level can be influenced by changes to rules, regulations, and policies within the different community organizations and structures. An example of a community level intervention would be the adoption of an alcohol free policy by a local company for all work-related functions and events.

Macrosystem

The macrosystem is comprised of the societies that impact the individual. This level includes the larger factions that influence the behaviors of the individuals in the target population. Laws, policies, history, social conditions, economic systems, and culture are considered components of the macrosystem. This level can be influenced by changing state and local laws, policies, and practices, as well as other initiatives designed to change social norms within the target population. An example of a societal level intervention would be implementing a social host ordinance.

Types of Prevention Strategies

Prevention strategies typically fall into two categories: environmental and individual.

Individual Strategies

Individual strategies target the knowledge, attitudes, and skills of individuals. For the purpose of the SPF, individual strategies are also referred to as program-level strategies. Individual strategies focus on the individual in the Public Health Model and are found in the two inner layers of the Social-Ecological model.

Environmental Strategies

Environmental strategies target the broader physical, social, cultural, and institutional forces that contribute to problem behaviors. For the purpose of SPF, environmental strategies are also referred to as community-level strategies. Environmental strategies focus on the environment in Public Health Model and are found in the two outer layers of the Social-Ecological model.

Particular attention should be given to the implementation of evidence-based environmental strategies. According to the Community Anti-Drug Coalitions of America (CADCA), environmental strategies can produce widespread and lasting behavior change by making appropriate (or healthy) behaviors more achievable for the individuals in the target population. Environmental strategies can achieve behavior change through modifications to policies, practices, systems, and norms. Furthermore, these strategies can result in behavior changes that reduce problems for the entire community, including those outside the target population.

Because environmental strategies require substantial commitment from various sectors of the community, long-term relationships should be established with key community stakeholders.

The costs associated with environmental strategies can be considerably lower than those associated with ongoing education, services, and therapeutic efforts applied to individuals.

In summary, it is recommendation that your coalition use a multi-strategy approach in targeting root causes, local conditions, and priorities. As part of this multi-strategy approach, it is particularly important for coalitions to choose one or more environmental strategies to impact the community and society thereby influencing the individuals in the target population. Failure to implement strategies at multiple levels of the Social-Ecological Model greatly decreases the likelihood that a grantee will achieving long-term success in a community.

Root Causes and Local Conditions

Root causes for environmental strategies:

- ❖ Retail Access/ Availability
- ❖ Social Access/ Availability
- ❖ Promotion
- ❖ Social Norms/Community Norms
- ❖ Perceived Risk /Individual Factors
- ❖ Enforcement

Actionable Root Causes

Prior to choosing your prevention strategies, reflect on the root causes in your community. Root causes drive the problem that an evidence-based prevention strategy will directly try to affect. Local conditions should be specific, actionable, and answer the question “Why is this local condition problem in my community?” In some instances, root causes may need further thought and discussion. Here is an example of when this might occur:

Based on the results of a survey, you have identified social availability as one of your root causes. While social availability is important to your community prevention efforts and grounded in solid evidence, it is not actionable without further information. To refine the root cause, one must ask why the problem is occurring in the community. From various focus group interviews, it becomes evident that, parents think that it is OK to provide alcohol to minors for special occasions. Possible local conditions for this example could be: parents don't know that it is illegal or do not understand the law; the law is not enforced (which provokes other questions and relates to other root causes); or parents believe it is safer for kids to drink at home. Interviews, focus groups, town hall meetings, and other data collection efforts during the assessment phase should help answer this question.

Relationship between Root Causes and Local Conditions

Assessment data determines the problems, root causes and local conditions, and should be affected by the prevention strategies. More assessment may be necessary if no data exists.

Local conditions are specific issues in a community that allow root causes to exist. Root causes and local conditions are used to identifying appropriate strategies. Each root cause must have two or more local conditions.

Logic Models

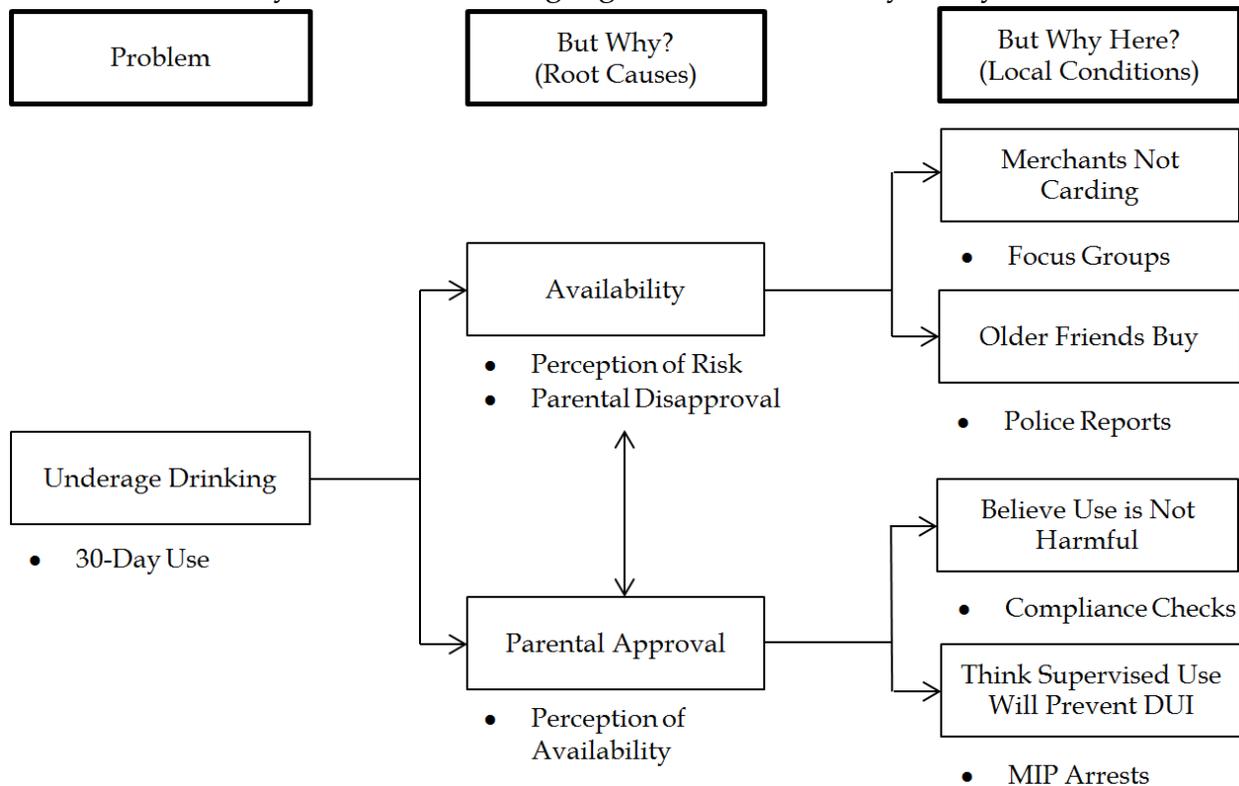
To help grantees visualize how root causes, local conditions, and priorities are related, grantees will first create a logic model. Each community will submit a logic model.

Four components should be included in the logic model:

- ❖ Ultimate outcome/aim
- ❖ Root causes
- ❖ Local conditions
- ❖ Data measures for each

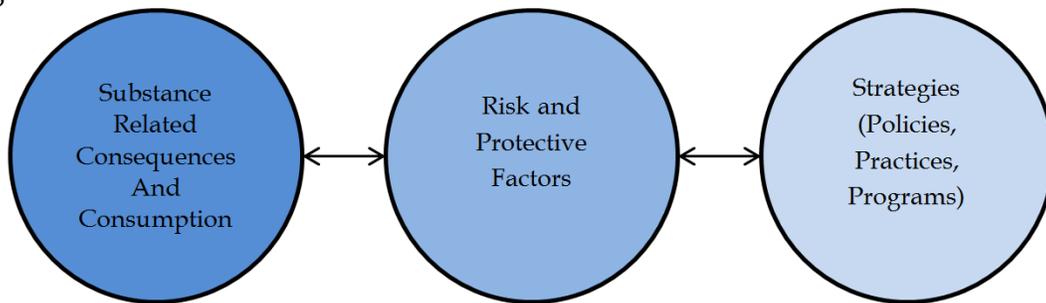
Logic Model Example:

Aim: Reduce 30-day alcohol use among high school students by 5% by 2016.



Strategic Plan

The Strategic Plan is a narrative to describe and justify the approach the coalition is taking on each priority. The strategic plan is an extension of the logic models. Also, it includes dosage and target population information, and summarizes the community's capacity and cultural competence related to the implementation of the selected strategies.

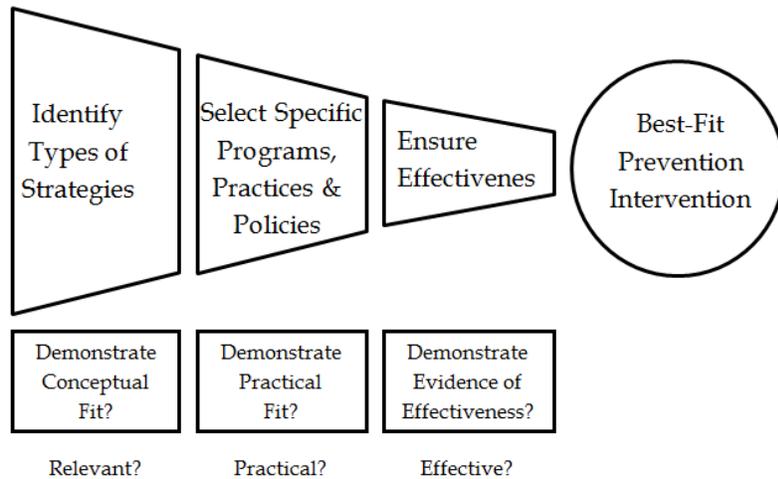


Strategic planning is about *what* and action planning is about *how*. There are found components to a strategic plan:

- ❖ Vision
 - States what the group would like to accomplish
- ❖ Mission
 - Describes the organization's role in making the vision a reality
- ❖ Objectives
 - SMART+C
 - Specific
 - Measureable
 - Achievable
 - Relevant
 - Timed
 - Community-Level
- ❖ Strategies
 - Provides a way to achieve objectives

Selecting Good Fit Prevention EBP

To have a good fit within your community, it is preferable that prevention EBPs meet several criteria. An EBP must have evidence of past success, and it must also fit



conceptually with your targeted intervening variables. EBPs must fit practically within your community and coalition and should be able to be implemented in your community with fidelity (meaning implemented as intended by the author). In addition, a good fitting EBP should be culturally appropriate and sustainable within your community.

Why is Assessing Fit Important?

- ❖ To match that the selected strategies to the needs and characteristics of the target population
- ❖ To ensure that the plan to impact priorities complements, and not conflicts with, the activities and programs of other agencies and organizations
- ❖ To prevent excessive duplication of efforts in the community
- ❖ To ensure the community can support the plan to impact the priorities
- ❖ To ensure that adequate resources exist to implement your plan properly
- ❖ To ensure sufficient capacity in implementing your plan, thereby increasing the likelihood for success
- ❖ To refine how other local efforts (e.g., community coalitions, environmental strategies, prevention programs) can be utilized as resources to increase community buy-in for your plans to impact the identified priority

Six Components of Good Fit

1. Evidence of Effectiveness

All Selected EBPs Must:

- ❖ Have documented evidence of effectiveness and preferably have been rigorously tested and shown to have positive outcomes in peer-reviewed evaluation studies
- ❖ Be effective according to EITHER:
 - Idaho's pre-approved EBP list
 - OR
 - Approved by the Evidence-Based Practice Workgroup. The process for submitting an EBP to be reviewed is listed in Appendices D and E.

2. Conceptual Fit with the Communities Prevention Priorities

A Good Conceptual Fit EBP Should:

- ❖ Address the root causes and local conditions chosen by the coalition
- ❖ Drive positive outcomes for prevention priorities, root causes, and local conditions
- ❖ Show effectiveness within the target population
- ❖ Have logical if-then statements
 - If-then statements help connect EBPs to the substance abuse data that changes in the community. This connection allows for better understanding for whether an EBP fits conceptually into the overall SPF prevention plan. Ultimately, EBPs should positively impact root causes, local conditions, and priorities. Here is an example of when this might occur:

Social availability is a local condition, and the root cause is that parents are providing alcohol to their children. After further exploration, it is evidence that the real issue is that parents do not understand the law. As a result, you want to implement an EBP to help educate parents about the laws related to providing alcohol to minors in your community.

- If we educate parents about the laws, then they will be less likely to provide alcohol to their underage children
- If parents are not providing alcohol to their children, then minors in the community will have reduced social access to alcohol
- If minors have reduced social access to alcohol, then the rates of drinking will decrease

3. Practical Fit with the Communities Readiness and Capacity

An EBP is a Practical Fit for the Community If:

- ❖ The coalition has the necessary staff and funding
- ❖ The coalition has the necessary collaboration (police, leaders, etc.)
- ❖ The community will support this EBP (high level of readiness)

4. Ability to Implement with Fidelity

All Selected EBPs Should be Implemented as Intended and Where Possible Include:

- ❖ A target population that is similar (in demographic and number) to the previously researched population for that EBP
- ❖ All elements of the strategy, rather than picking and choosing some of the elements to implement
- ❖ A similar timeline and method to the previous documented research for that EBP
- ❖ Similar data collection processes as previously documented in the research for that EBP

5. Cultural Fit Within the Community

An EBP has a Cultural Fit If:

- ❖ The strategy has been shown to be effective for the demographic of the target population
- ❖ The strategy is applicable and appropriate for culturally diverse populations in the community
- ❖ The strategy conforms to cultural beliefs and practices of the target population
- ❖ Supportive materials for the strategy are properly translated

6. High Likelihood of Sustainability within the Community

An EBP has a High Likelihood of Sustainability If:

- ❖ Documented evaluation and research studies have demonstrated sustainable outcomes
- ❖ Community leaders and stakeholders believe the strategy is important and are committed to sustaining it
- ❖ The strategy can be sustained with little or no direct cost following implementation

At a minimum, selected strategies must be evidence-based, fit conceptually, and fit practically within the community. In addition, strategies should be implemented with fidelity, culturally appropriate for the target population, and sustainable within the community.

If the strategy does not meet all the components of a good fit, first identify what is missing and second, how to add those missing pieces. To help determine whether a strategy is a good fit for the community, use the proposed Strategy Test Fit Form on page 13.

Strategy Test Fit Form

This form will help your community determine if the proposed strategy meets the good fit criteria. **This form does not need to be submitted to ODP**

What strategy approval category does this strategy fall under?

- On the list of Idaho approved EBPs (Appendices B and C)
- Not on the list of Idaho approved EBPs (see Appendices D and E for the EBPW Manual and EBP application)

Who is the target population for this strategy?

Which of your local condition(s) will this strategy try and impact?

Which of your root cause(s) will this strategy try and impact?

Complete a theoretical if-then proposition for this strategy. (Conceptual Fit)

Demonstrate that your community has the readiness and capacity to effectively implement this strategy. (Practical Fit)

Will this strategy be implemented as intended in your community? (Fidelity)

- Yes, this strategy will be implemented as intended
- No, we will be making some changes to how this strategy is implemented to better address our target population or the readiness/abilities of our community/coalition

Is this strategy culturally appropriate and culturally relevant for your target population? (Cultural Fit)

- Yes, this strategy is culturally appropriate and relevant as intended
- Yes, but we have modified it to make it more culturally appropriate and relevant for our community

What will be needed to sustain this strategy in your community beyond the SPF Project? (Sustainability)

- Additional funding
- Strong support from stakeholders
- Almost nothing, it should be sustainable on its own
- Other, please specify:

Appendix A: Glossary of Terms

| Term | Explanation |
|--|---|
| <p>CADCA Strategies for Community-Level Change</p> | <p>Providing Information – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).</p> <p>Enhancing Skills – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).</p> <p>Providing Support – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).</p> <p>Enhancing Access/Reducing Barriers- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).</p> <p>Changing Consequences (Incentives/Disincentives) – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).</p> <p>Physical Design – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).</p> <p>Modifying/Changing Policies – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).</p> |
| <p>CSAP Prevention Strategy Type</p> | <p>Information dissemination – This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.</p> <p>Education – This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities.</p> <p>Alternatives - This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter.</p> <p>Environmental - This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those that relate to the service and action oriented initiatives.</p> <p>Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.</p> |

| | |
|---|---|
| | <p>Problem Identification and Referral - This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.</p> |
| Evidence-based | <p>The basis for the selected strategy/program being declared evidence-based</p> <p>The National Registry of Evidence Based Programs and Practices (NREPP) is a searchable online registry of more than 320 substance abuse and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation.</p> |
| Implementation Resources | <p>Where you can go to find out more about the strategy/program in question</p> |
| Institute of Medicine Categories | <p>Universal Direct – directly serve a group of participants that has not been identified on the basis of individual risk (e.g. school curriculum, parenting class). This also could include interventions involving interpersonal and ongoing contact (e.g., coalitions).</p> <p>Universal Indirect – Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies). This could also include programs and policies implemented by coalitions.</p> <p>Selective – Selective interventions target those at higher-than-average risk for substance abuse; individuals are identified by the magnitude and nature of risk factors for substance abuse to which they are exposed. Selective prevention measure target subsets of the total population that are considered at risk for substance abuse my virtue of their membership in a particular segment of the population. Selective prevention targets the entire subgroup, regardless of the degree or risk of any individual within the group.</p> <p>Indicated – Indicated interventions target those already using or engaging in other high-risk behaviors to prevention heavy or chronic use. Indicated prevention measures are designed to prevent the onset of substance abuse in individuals who do not meet the medical criteria for addiction, but who are showing early danger signs. The mission of indicated prevention is to identify individuals who are exhibiting problem behaviors and to involve them in special programs.</p> |
| EBP Status | <p>Approved – EBPs that are considered approved are those that have shown to be effective in research or are on a national registry such as the NREPP.</p> <p>Provisional – EBPs that are considered provisions are those that have been submitted to the EBPW for review. This process is outlined in Appendix D.</p> |
| Risk or Protective Factor Domains Addressed | <p>Community - community transitions and mobility, community disorganization, low neighborhood attachment, laws and norms favorable toward drug use, availability of drugs and opportunities and rewards for prosocial involvement.</p> <p>Family - family history of antisocial behavior and conflict, parental attitudes, poor family management, and family attachment</p> <p>School - academic failure, low school commitment, antisocial behavior at school, extracurricular activity participation</p> <p>Individual – favorable attitudes towards antisocial behavior and drugs, age of initiation, perception of peers use of drugs and risk, gang involvement, sensation seeking, religiosity, social skills, and ethics.</p> |
| SPF SIG Priorities | <p>One of the three possible SPF SIG priorities addressed; alcohol, marijuana, prescription drugs</p> |
| Target Population | <p>The demographic in which the strategy/program seeks to address</p> |

Appendix B: Evidence-Based Strategies

| Prevention Strategies | Target Population | Contributing Factors | CSAP Prevention Strategy Type | CADCA Strategy for Community Level Change | Risk or Protective Factor Domains Addressed | Institute of Medicine Categories | EBP Status |
|---|-------------------|--|--|--|---|--------------------------------------|------------|
| Strategies for All Priorities | | | | | | | |
| Increase or change zoning restrictions | All ages | Retail access, Enforcement, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Change Physical Design, Modify/Change Policies | Community | Universal Direct, Universal Indirect | Approved |
| Adopt a noise assembly ordinance | All ages | Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community | Universal indirect | Approved |
| Enhance law enforcement capacity and commitment to address substance abuse laws | All ages | Enforcement, Social norms, Low perceived risk | Community based Process, Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community | Universal indirect | Approved |
| Strengthen the prosecution, adjudication, and sanctioning of substance abuse laws within the court system | All ages | Enforcement, Social norms, Low perceived risk | Community based Process, Environmental Strategies | Change Consequences, Modify/Change Policies | Community | Universal indirect | Approved |
| Adopt a policy for referral of patients who are believed to be substance abuse dependent | All ages | Social norms, Low perceived risk | Community based Process, Problem Identification and Referral | Provide Support, Modify/Change Policies | Individual, Community | Indicated | Approved |
| Establish or strengthen policies related to alcohol and drug use among employees | Employees | Social access, Enforcement, Social norms, Low perceived risk | Environmental Strategies | Modify/Change Policies | Community | Universal direct | Approved |
| Enhance enforcement of worksite policies | Employees | Social access, Enforcement, Social norms, Low perceived risk | Environmental Strategies | Modify/Change Policies | Community | Universal direct | Approved |
| Reprimand supervisors who fail to enforce the policies | Employees | Enforcement, Social norms, Low perceived risk | Environmental Strategies | Change Consequences | Community | Universal direct | Approved |
| Implement education/awareness campaigns within worksites | Employees | Social norms, Low perceived risk | Information Dissemination, Community based Process, Environmental Strategies | Provide Information | Community | Universal direct | Approved |

| | | | | | | | |
|--|--|---|---|---|--------------------------|--|----------|
| Work with local healthcare providers and organizations to adopt a policy requiring that screening and brief motivational interventions are part of standard practice | Patients 18 years of age and older | Social norms, Low perceived risk | Information Dissemination, Community based Process, Problem Identification and Referral | Provide Information, Modify/Change Policies | Individual, Community | Univ. direct, Selective, Indicated | Approved |
| Substance abuse screening and brief intervention | Patients 18 years of age and older | Social norms, Low perceived risk | Problem Identification and Referral | Provide Information | Individual, Community | Univ. direct, Selective, Indicated | Approved |
| Adopt a teen party ordinance | Persons under 21 years of age | Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community | Universal indirect | Approved |
| Implement party patrols | Persons under 21 years of age | Social access, Social norms, Low perceived risk | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community, School | Universal direct | Approved |
| Consistently apply disciplinary action for rules violation (such as the loss of allowance, grounding, loss of vehicle privileges, etc.) | Persons under 21 years of age living at home | Enforcement, Social norms, Low perceived risk | Environmental Strategies | Change Consequences | Family, Community | Universal direct | Approved |
| Educate parents, through community, school, athletic, and other club/group newsletters; through parent meetings associated with youth clubs, groups, and athletics; and/or through other venues, about underage drinking in the community, including access to alcohol and effective measures to reduce it | Persons under 21 years of age living at home | Social access, Social norms, Low perceived risk | Information Dissemination | Provide Information | Family, Community | Universal direct | Approved |
| Establish a network for parents to communicate and be linked with other parents who hold similar beliefs and have home environments that are free from alcohol abuse and easy access to alcohol | Persons under 21 years of age living at home | Social access, Social norms | Community based Process | Provide Support | Family, Community | Universal direct | Approved |
| Reality Tour | Ages 10-17 | Social access, Social norms, Low perceived risk | Information Dissemination, Community based Process, Environmental Strategies | Provide Information | Family, Community | Universal direct | Approved |
| Establish or strengthen school penalties for possession or intoxication on school property or at school-related events | Students | Enforcement, Social norms, Low perceived risk | Environmental Strategies, Problem Identification and Referral | Change Consequences, Modify/Change Policies | School | Universal direct | Approved |

| | | | | | | | |
|--|----------|---|---|---|---------------------------------|--|----------|
| Enforce school penalties for substance possession or intoxication on school property or at school-related events | Students | Enforcement, Social norms, Low perceived risk | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | School | Universal direct | Approved |
| Educate parents, through school newsletters, PTA meeting, or other venues, about substance abuse in the community, including access to substances and effective measures to reduce it. | Students | Social access, Enforcement, Social norms, Low perceived risk | Information Dissemination, Community based Process | Provide Information, Enhance Skills | School, Family | Universal direct | Approved |
| Implement an education/awareness campaign within a school or district. | Students | Social norms, Low perceived risk | Information Dissemination, Community based Process, Environmental Strategies | Provide Information | School, Community | Universal direct | Approved |
| Revise and strengthen penalties for violation of campus substance abuse policies | Students | Social access, Enforcement, Social norms, Low perceived risk | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community | Universal direct | Approved |
| Distribute the campus substance abuse policies and associated punishments to all incoming and returning students and their parents, as well as publicize them on the campus website and in campus venues such as student housing and sports facilities | Students | Social norms, Low perceived risk | Information Dissemination, Community based Process | Provide Information | Family, School, Community | Universal direct | Approved |
| Require that all incoming and returning students participate in a brief motivational intervention related to substance abuse | Students | Social norms, Low perceived risk | Community based Process, Environmental Strategies, Problem Identification and Referral | Provide Information, Modify/Change Policies | School, Community | Universal direct | Approved |
| Reinstate or maintain Friday classes to shorten the elongated weekend | Students | Social norms, Low perceived risk | Environmental Strategies | Modify/Change Policies | School, Community | Universal direct | Approved |
| Encourage staff and faculty to live on campus | Students | Social norms | Community based Process | Provide Information, Provide Support | School, Community | Universal direct | Approved |
| Expand opportunities for students to make social choices that do not include illegal drugs and alcohol | Students | Social norms | Alternatives, Community based Process, Environmental Strategies | Provide Support | School, Community | Universal direct | Approved |
| Enhance enforcement of drug and alcohol laws and policies on campus property and at campus-sponsored events | Students | Retail access, Social access, Enforcement, Social norms, Low perceived risk | Environmental Strategies | Modify/Change Policies | School, Community | Universal indirect, Universal direct | Approved |

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|--|--|---|--|--|-------------------|--------------------------------------|----------|
| Mass media campaigns (e.g., television, radio, billboard, print; including counter-advertising campaigns) | Variable – all ages to specific groups | Retail access (Alcohol), Social access, Social norms, Low perceived risk | Information Dissemination, Community based Process | Provide Information | Community, School | Universal indirect, Universal direct | Approved |
| Media advocacy | Variable – all ages to specific groups | Retail access (Alcohol), Social access, Social norms, Low perceived risk | Information Dissemination, Community based Process, Environmental Strategies | Provide Information | Community, School | Universal indirect, Universal direct | Approved |
| Social norms approaches | Variable – all ages to specific groups | Retail access (Alcohol), Social access, Social norms, Low perceived risk | Information Dissemination, Community based Process, Environmental Strategies | Provide Information | Community | Universal indirect, Universal direct | Approved |
| Strategies for Prescription Drug Use Priority | | | | | | | |
| Prescription Medication Take-back Programs | All ages | Social Access, Low perceived risk | Community based Process, Environmental Strategies | Change Consequences, Change Physical Design | Community | Universal direct | Approved |
| Strategies for Alcohol Health Outcomes Priority | | | | | | | |
| Communities Mobilizing for Change on Alcohol (CMCA) | 13-20 year olds | Retail access, Social access, Enforcement, Social norms | Community based process, Environmental strategy | Enhance Barriers/Reduce Access, Change Policy | Community | Universal direct | Approved |
| Establish rules for adult alcohol use in the home, such as prohibiting alcohol at children’s parties and other events held in the home | Adults | Social access, Social norms | Community based Process, Environmental Strategies | Provide Information, Modify/Change Policies | Family, Community | Universal direct | Approved |
| Community Trials Intervention to Reduce High-Risk Drinking | All ages | Retail access, Social access, Enforcement, Social norms, Low perceived risk | Community based Process, Environmental Strategies | Enhance Skills, Enhance Access/Reduce Barriers, Change Physical Design, Modify/Change Policies | Community | Universal indirect | Approved |
| Implement responsible beverage server and manager training programs (voluntary or mandatory) | All ages | Retail access | Environmental Strategies, Prevention Education | Enhance Access/Reduce Barriers, Modify/Change Policies | Community | Universal indirect | Approved |
| Restrict the availability of alcohol at community events, such as sporting and recreational events | All ages | Retail access, Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community | Universal indirect | Approved |

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|---|-------------------------------------|---|--|--|-----------|---|----------|
| Restrict alcohol on public property | All ages | Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Change Physical Design, Modify/Change Policies | Community | Universal indirect | Approved |
| Restrict alcohol advertising and promotion | All ages | Social norms, Promotion | Environmental Strategies | Change Physical Design, Modify/Change Policies | Community | Universal direct, Universal indirect | Approved |
| Require alcohol warning signs to be posted at liquor establishments | All ages | Social Norms, Low perceived risk | Information Dissemination, Environmental Strategies | Provide Information, Change Physical Design, Modify/Change Policies | Community | Universal indirect | Approved |
| Revoke liquor licenses for outlets that do not comply with state laws and local ordinances | All ages | Enforcement, Social norms, Low perceived risk | Environmental Strategies | Change Consequences, Modify/Change Policies | Community | Universal indirect | Approved |
| Have law enforcement conduct “walk-throughs” at alcohol outlets | All ages | Retail access, Social norms, Low perceived risk | Environmental Strategies | Enhance Access/Reduce Barriers | Community | Universal indirect | Approved |
| Require responsible beverage server practices when alcohol is available at worksite-sponsored events | Employees | Retail access, Social access | Environmental Strategies | Modify/Change Policies | Community | Universal direct | Approved |
| Enact policies to restrict underage access to alcohol in the workplace | Employees | Social access, Enforcement, Social norms, Low perceived risk | Environmental Strategies | Modify/Change Policies | Community | Universal direct | Approved |
| Restrict hours and days of alcohol sale | Persons 21 and older | Retail access | Environmental Strategies | Enhance Access/Reduce Barriers, Modify/Change Policies | Community | Universal indirect | Approved |
| Prohibit drink discounts, specials, happy hours, and other price promotions at establishments that sell alcohol for on premise consumption (only if done in collaboration with enforcement) | Persons 21 and older | Retail access, Social norms, Promotion, Low Price | Environmental Strategies | Enhance Access/Reduce Barriers, Modify/Change Policies | Community | Universal direct | Approved |
| Encourage businesses to adopt policies that decrease personal risk and promote responsible drinking | Persons 21 and older | Retail access, Social norms | Environmental Strategies | Modify/Change Policies | Community | Universal direct | Approved |
| Establish a minimum bar entry age equivalent to the minimum legal drinking age of 21 years old | Persons under 21 years of age | Retail access | Environmental Strategies | Enhance Access/Reduce Barriers, Modify/Change Policies | Community | Universal direct | Approved |
| Establish a minimum-age-of-seller that is equivalent to the minimum legal drinking age of 21 years old | Persons under 21 years of age | Retail access | Environmental Strategies | Enhance Access/Reduce Barriers, Modify/Change Policies | Community | Universal direct | Approved |
| Develop and/or strengthen age identification policies and training for employees of alcohol establishments | Persons under 21 years of age | Retail access | Environmental Strategies | Modify/Change Policies | Community | Universal indirect | Approved |
| Create social host ordinances as a criminal and/or civil penalty | Persons under 21 years of age | Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community | Universal indirect | Approved |

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|---|--|---|--|--|-------------------|--------------------------------------|----------|
| Restrict home delivery of alcohol | Persons under 21 years of age | Retail access | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community | Universal direct | Approved |
| Conduct compliance checks at businesses to monitor the sale of alcohol to minors | Persons under 21 years of age | Retail access, Social norms, Low perceived risk | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences | Community | Universal direct | Approved |
| Encourage businesses to conduct internal compliance checks to monitor the sale of alcohol to minors by their employees | Persons under 21 years of age | Retail access, Social norms | Information Dissemination, Community based Process, Environmental Strategies | Provide Information, Enhance Skills, Enhance Access/Reduce Barriers, Change Consequences | Community | Universal direct | Approved |
| Implement “shoulder tap” enforcement programs to prevent strangers from purchasing alcohol for minors | Persons under 21 years of age | Retail access, Social norms, Low perceived risk | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community | Universal direct | Approved |
| Implement the “cops in shops” enforcement program | Persons under 21 years of age | Retail access, Social norms, Low perceived risk | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | Community | Universal direct | Approved |
| Reduce youth access to alcohol within the home | Persons under 21 years of age living at home | Social access | Information Dissemination, Community based Process | Provide Information, Enhance Access/Reduce Barriers | Family, Community | Universal direct | Approved |
| Prohibit the consumption of alcohol at all school-related events, including adult consumption | Students | Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | School, Family | Universal indirect, Universal direct | Approved |
| Adopt practices to prevent students from bringing alcohol to school or school-related events | Students | Enforcement, Social norms, Low perceived risk | Environmental Strategies | Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies | School | Universal direct | Approved |
| Require ID checks at all campus events where alcohol is available | Students | Retail access, Social access, Enforcement | Environmental Strategies | Enhance Access/Reduce Barriers, Modify/Change Policies | Community | Universal direct | Approved |
| Prohibit the sale of alcohol on campus and at campus facilities, such as football stadiums, concert halls, and campus cafeterias, restaurants, and pubs | Students | Retail access, Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Modify/Change Policies | School, Community | Universal indirect, Universal direct | Approved |
| Prohibit alcohol at all campus-sponsored events both on and off campus | Students | Retail access, Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Modify/Change Policies | School, Community | Universal indirect, Universal direct | Approved |
| Prohibit alcohol kegs on campus and at campus sponsored events | Students | Retail access, Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Modify/Change Policies | School, Community | Universal indirect, Universal direct | Approved |
| Prohibit alcohol within all student housing | Students | Social access, Social norms | Environmental Strategies | Enhance Access/Reduce Barriers, Modify/Change Policies | School, Community | Universal direct | Approved |

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|--|---|---|--|--|----------------------|--|----------|
| Require responsible beverage service training for campus facilities that sell or provide alcohol, such as sports arenas, concert halls, and campus cafeterias, restaurants, and pubs | Students | Retail access, Social access | Prevention Education, Environmental Strategies | Enhance Skills, Enhance Access/Reduce Barriers, Modify/Change Policies | School, Community | Universal indirect, Universal direct | Approved |
| Restrict alcohol advertising and promotion on campus | Students | Social norms, Promotion | Environmental Strategies | Change Physical Design, Modify/Change Policies | School, Community | Universal direct | Approved |
| Alcohol warning signs | Variable – all ages to specific groups | Retail access, Social access, Social norms, Low perceived risk | Information Dissemination, Environmental Strategies | Provide Information, Change Physical Design | Community, School | Universal indirect, Universal direct | Approved |

Appendix C: Evidence-Based Programs

| Prevention Programs | SPF SIG Priorities | Target Population | Contributing Factors | CSAP Prevention Strategy Type | Risk or Protective Factor Domains Addressed | Institute of Medicine Categories | EBP Status |
|---|---|--|---|--|---|--|------------|
| Across Ages | Alcohol Health Outcome | Ages 6-17 | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, Family | Selective | Approved |
| Active Parenting | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Elementary school children and their parents | Social norms, Risk and protective | Prevention Education | Family, School | Universal Direct, Selective, Indicated | Approved |
| AllStars | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Middle school students (11-14 years old) | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, School | Universal direct, Selective | Approved |
| Als Pals | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 3-8 | Social norms, Risk and protective | Prevention Education | Individual | Universal Direct | Approved |
| ATLAS (Athletes Training and Learning To Avoid Steroids) | Alcohol Health Outcome, Other Drug Use | Male high school athletes | Social norms, Low perceived risk | Prevention Education | Individual | Selective | Approved |
| Bicultural Competence Skills Program | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Native American adolescents | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, School | Universal Direct | Approved |
| Big Brothers Big Sisters Mentoring Program | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | 6-18 year olds | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, Family | Selective | Approved |
| Brief Alcohol Screening and Intervention of College Students (BASICS) | Alcohol Health Outcome | High-risk college/university students | Social norms, Low perceived risk | Prevention Education, Problem Identification and Referral | Individual | Selective, Indicated | Approved |
| Brief Strategic Family Therapy | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 6-17 | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, Family | Indicated | Approved |

| | | | | | | | |
|--|---|---|---|---|----------------------------------|---|----------|
| Building Skills | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 6-12 | Social norms, Risk and protective | Prevention Education | Individual | Universal Direct | Approved |
| CHOICES | Alcohol Health Outcome | High-risk college/university students | Social norms, Low perceived risk | Prevention Education, Problem Identification and Referral | Individual | Selective, Indicated | Approved |
| Class Action | Alcohol Health Outcome | Students in grades 11-12 | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, School | Universal Direct | Approved |
| Coping With Work and Family Stress | Alcohol Health Outcome | Employees | Social norms, Low perceived risk, Risk and protective | Prevention Education, Problem Identification and Referral | Individual, Family | Universal Direct, Selective, Indicated | Approved |
| Familias Unidas | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 12-17 | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, Family | Universal Direct, Selective, Indicated | Approved |
| Families and Schools Together | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 6-12 | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, School, Family | Universal Direct, Selective, Indicated | Approved |
| Family Matters | Alcohol Health Outcome | Ages 12-14 | Social Norms, Low perceived risk | Prevention Education | Individual | Universal Direct | Approved |
| Good Behavior Game | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 6-12 | Social Norms, Low perceived risk | Prevention Education | Individual, School | Universal Direct | Approved |
| Guiding Good Choices | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 6-17 | Social norms, Low perceived risk, Risk and protective | Prevention Education | Family, School | Universal Direct | Approved |
| LifeSkills® Training | Alcohol Health Outcome | Upper elementary and middle school (8-14 year olds) | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, School | Universal Direct | Approved |
| Linking the Interests of Families and Teachers | Alcohol Health Outcome | Elementary school children and their parents | Risk and protective | Prevention Education | Individual, Family, School | Universal Direct | Approved |
| Lions Quest Skills for Adolescence | Alcohol Health Outcome, Marijuana Use | Students in grades 6-8 (10-12 year olds) | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, School | Universal Direct | Approved |
| Nurturing Parent Program | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Elementary school children and their parents | Social norms, Risk and protective | Prevention Education | Individual, Family | Selective, Indicated | Approved |

| | | | | | | | |
|--|---|---|---|---|----------------------------------|---|----------|
| Positive Action | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Students in grades K-12 | Social norms, Low perceived risk, Risk and protective | Prevention Education, Problem Identification and Referral | Individual, Family, School | Universal Direct, Selective, Indicated | Approved |
| Project ALERT | Alcohol Health Outcome, Marijuana Use | Middle school students | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual | Universal Direct, Selective | Approved |
| Project Northland | Alcohol Health Outcome | Students in grades 6-8 | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, Family | Universal Direct | Approved |
| Project SUCCESS | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Middle and high school students (12-18 year olds) | Enforcement, Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, School | Universal Direct, Selective, Indicated | Approved |
| Project Towards No Drug Abuse | Alcohol Health Outcome | High school students | Social norms, Low perceived risk, Risk and protective | Prevention Education, Problem Identification and Referral | Individual | Universal Direct, Selective, Indicated | Approved |
| Promoting Alternative Thinking Strengths | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 3-12 | Social norms, Risk and protective | Prevention Education | Individual | Universal Direct | Approved |
| Protecting You/Protecting Me | Alcohol Health Outcome | Students in grades 1-5 and grades 11-12 | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual, Family | Universal Direct | Approved |
| SAFEChildren | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Elementary school children and their parents | Social norms, Risk and protective | Prevention Education | Individual, Family | Selective | Approved |
| Seattle Social Development Project | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Elementary school children | Risk and protective | Prevention Education | Individual, Family, School | Universal Direct | Approved |
| Second Step | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 6-12 | Social norms, Risk and protective | Prevention Education | Individual | Universal Direct | Approved |
| SPORT | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Ages 12-17 | Social Norms, Low perceived risk | Prevention Education | Individual | Universal Direct | Approved |
| STARS for Families | Alcohol Health Outcome | Ages 12-17 | Social Norms, Low perceived risk | Prevention Education | Individual | Universal Direct | Approved |
| Strengthening Families Program | Alcohol Health Outcome | 3-16 year olds | Social norms, Low perceived risk, Risk and protective | Prevention Education, Problem Identification and Referral | Individual, Family | Universal Direct, Selective, Indicated | Approved |

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|--|---|---|---|---|-----------------------|---|-------------|
| Team Awareness | Alcohol Health Outcome | Employees | Social norms, Low perceived risk, Risk and protective | Prevention Education, Problem Identification and Referral | Individual, Family | Universal Direct, Selective, Indicated | Approved |
| Too Good for Drugs | Alcohol Health Outcome, Marijuana Use | Students in grades K-12 | Social norms, Low perceived risk, Risk and protective | Prevention Education | Individual | Universal direct | Approved |
| Wellness Outreach at Work | Alcohol Health Outcome | Employees | Social norms, Low perceived risk | Prevention Education | Individual | Universal Direct | Approved |
| Parent Project - Changing Destructive Adolescent Behavior | Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use | Parents | Risk and protective, | Prevention Education, Problem Identification and Referral | Individual, Family | Selective, Indicated | Provisional |
| eCHECKUP TO GO | Alcohol Health Outcome | High school and college-aged young adults | Social norms, low perceived risk | Prevention Education | Individual | Universal Direct, Selective, Indicated | Provisional |

Appendix D: Evidence-Based Practice Workgroup Members' Manual

Purpose

The purpose of this manual is to provide the Evidence-Based Practices Workgroup (EBP) members adequate protocol to help determine if applicant submitted strategies have the potential to be placed on Idaho list of EBPs. The SPF SIG Program specifically requires implementation of evidence-based programs.

Evidence-based, effective programs and strategies should match the needs of the community. The EBP recognizes that not all successful programs have been critiqued by researchers, and therefore, not cited in research publications. The EBP also recognizes that a program deemed successful in one area or demographic may not be successful in another. For the previous two reasons, applicants have the ability to gather evidence of effectiveness on their specific program. Contact Sharlene Johnson, SPF SIG Project Director, at (208) 854-3048 with questions about this manual.

Overview

It will take a program three years to be approved on the Idaho list of EBPs, assuming that all criteria for program effectiveness are met according to the submitted application (see Appendix E). Providers will need to submit a new application each year, providing all documents submitted from the previous year (or years).

For applicants submitting appropriate EBP requests, the initial three years of consideration will be provisional. For consideration to continue to the full three years, applicants will need to provide evidence that attests to the success of their programs. Whether an applicant meets said criteria is determined by the vote of the EBP after they have reviewed all submitted documents during the quarterly meeting.

Upon receiving applications for any subsequent year of consideration, the EBP will evaluate program effectiveness on these criteria:

1. Included on the National Registry of Evidence-Based Programs and Practices (NREPP); **OR**
2. Reported with positive effects in peer-reviewed journals; **AND**
3. Judged by a consensus among EBP members to be effective based on a combination of theory, research, and practical experience.

If researchers have demonstrated the effectiveness of the program and have published articles in peer-reviewed journals, those also should be submitted by applicants. The number of articles should not exceed 3, and the outcomes of the program should be positive and in line with the goals of the applicant.

Providers using programs that are provisional may receive a lower funding amount from ODP than programs that have been approved.

Panel Members

The SPF SIG Program Director and a representative of the West Center for the Application of Prevention Technology (CAPT) advise the EBP, but they are not voting members. Voting membership is comprised of program and research experts.

Meeting Schedule

The EBP members will meet quarterly, on every third Tuesday of the quarter in the months of January, April, July, October (if an eligible applicant has submitted for EBP review /approval). If no programs have been submitted to the EBP, there will not be a meeting for that quarter. All applications will be reviewed and voted on during the quarterly meetings. Each member of the panel will have one vote. Each application will be considered based on the vote of “yay” or “nay.” Voting will be done by consensus; the majority of members, represented by fifty percent plus one person, must vote “yay” for the program to be considered provisional on the Idaho EBP Strategy and Program Selection Guide for the initial three years. Voting members are considered to be all who attend (in person, telephonically, or via video conference) the quarterly meeting.

Voting Regulations

For the initial year of provisional consideration, if a majority votes “yay,” the program will be approved with preliminary status for one year based on the criteria on the application form, see below in Appendix D. If the majority votes “nay,” the applicant will be notified and provided specific feedback regarding the reason for the decision. In addition to the “nay” or “yay” vote, EBP members will be asked to provide specific feedback so that those points may be communicated to the applicant.

If applicants are asking for consideration after the initial provisional year, members will vote “yay” or “nay” on the basis of whether applicants provided the same information from the provisional year plus evidence that demonstrates the outcomes of the program within that time frame. If the majority of members vote “yay,” the applicant may be considered for an additional year. If the majority votes “nay,” the applicant will be notified and provided specific feedback regarding the reason for the decision. This process will continue until after the third year of provisional consideration.

After the third year of provisional status on the Idaho list of EBPs, EBP members will be asked to vote to determine whether the program will be listed as approved on the Idaho EBP Strategy and Program Selection Guide using the process previously mentioned.

A scoring guide is provided to the EBP members for aid in voting. A score of 0-49 will likely receive a “nay” vote, whereas a score of 80-100 will likely receive a “yay” vote. When an EBP member gives a score of 50-79, it is to the discretion of the EBP member to vote “yay” or “nay;” however, this scoring group should likely not be approved, but instead, applicant should be provided constructive feedback so he or she may resubmit a revised application.

Within one week of the EBP meeting, the SPF SIG Program Director will contact the applicant regarding the EBP’s official decision. Specific feedback gleaned from the members will be provided. If the program was approved, the applicant may begin work on that program. However, if the program was not approved, applicant will not receive resources from ODP to implement the program for that year. Applicants may resubmit a revised application for re-review with new support documentation, if applicable. All applications submitted at least 30 days before the EBP meeting will be reviewed at that respective quarterly meeting.

If a program is submitted by an EBP member, or an EBP member has helped to develop, write, or in some way has a stake in the outcome, the EBP member will not participate in the vote on that submission.

Re-Submission Process

The applicant may resubmit a revised application to the EBP at any time. The revised application will be reviewed at the corresponding quarterly meeting. Modifications to the application should reflect comments provided from the EBP.

EBP Approval Process

All programs that are approved in the first three years will be provisional on the Idaho list of EBPs. If a program is approved after three years of providing data, the status of the program will be changed to “approved” on the Idaho’s list of EBPs. The application (see Appendix E) should provide the EBP members the appropriate benchmarks to determine whether applicants are providing sufficient evidence of effectiveness. If a provider who is not the original applicant is interested in implementing a program that is provisional on the Idaho list of EBPs, that provider may implement the program as long as he or she also submits an application with key outcomes and measurement tools used by the initial applicant.

If a program is in the second year of consideration, and a new provider has started to implement the program, the program will still be considered “approved” on the list of Idaho EBPs after the third year of the initial application, assuming all criteria have been met. If a second provider implements the program that is considered provisional on the Idaho’s list of EBPs, they must measure the same key outcomes using the same measurement tools as the first provider. If the initial provider fails to gather enough credible evidence, another provider may resubmit an application for the same program considering different key outcomes or measurement tools.

Timeframe

Applicants will submit an application and any supplementary materials to the ODP. All applications submitted prior to 30 calendar days before the quarterly meeting will be reviewed at that meeting. If an application is presented less than 30 calendar days before the quarterly meeting, the application will be reviewed during the next quarter. The SPF SIG Director will notify the applicant of the EBP’s decision within one week of the quarterly meeting.

Initial Consideration

Step 1

The Research Analyst at ODP will administratively screen the application for completion before uploading the application to the Dropbox for review by the EBP. If the application does not meet the standards of the administrative screening process, the application will not be passed to the EBP, and the applicant will be notified by the SPF SIG Director Sharlene Johnson. The applicant may choose to resubmit a completed application.

Step 2

If the application satisfies the requirement in Step 1, the EBP will receive all submitted material via Dropbox. The EBP will then review the application and any additional supporting evidence to determine eligibility for consideration. Determination of eligibility will be based upon discussion of the application merits, (see the EBP Applicant Guide for more information) scoring of the application, (see Appendix F) and a subsequent vote during the quarterly, (in person, telephonically, or video conference) EBP meeting. The Chair will ask for a vote of the program, which will be placed in the minutes.

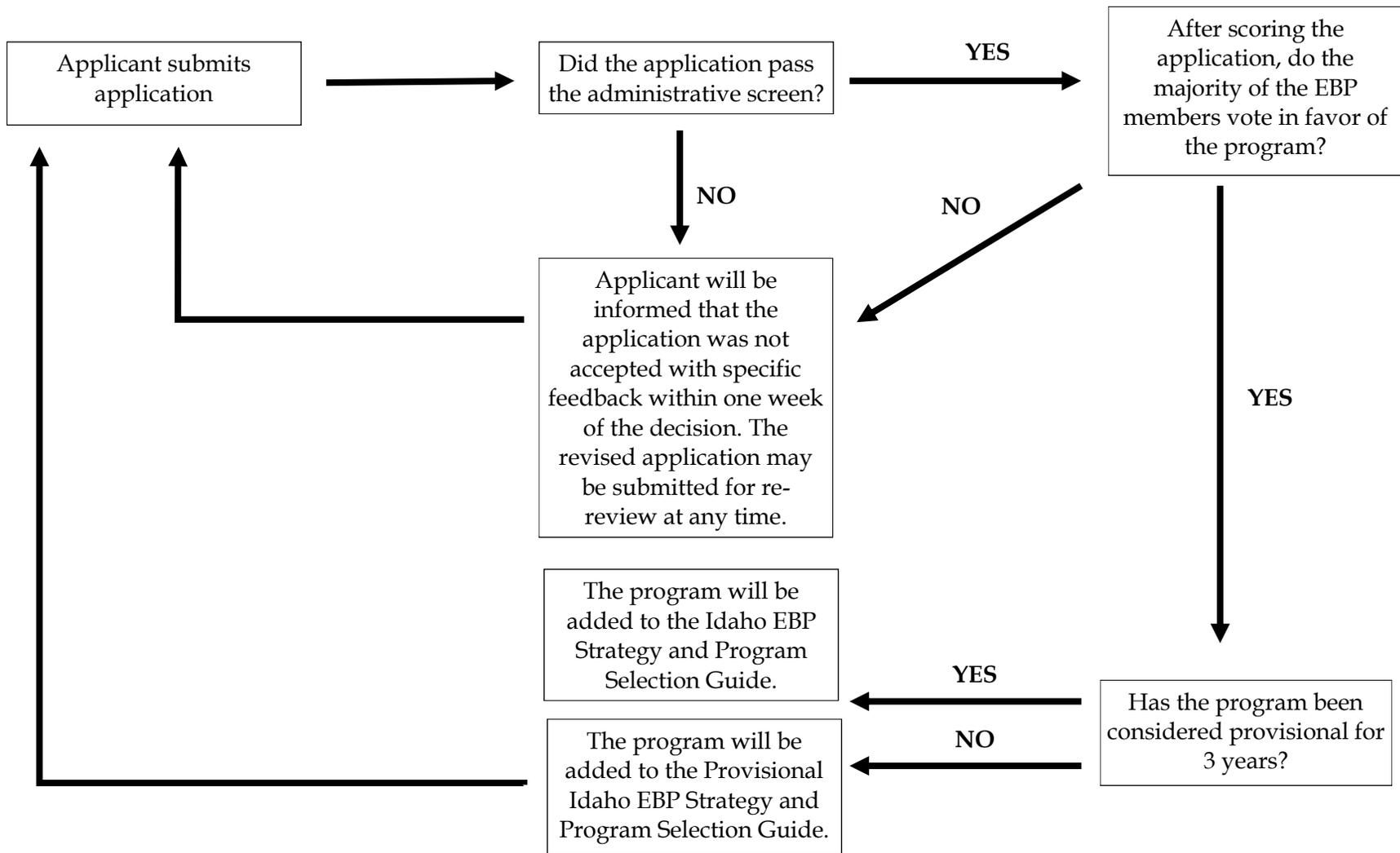
Subsequent Consideration

Applicants seeking subsequent year consideration will do so by submitting an application each year. Determination of eligibility will be based upon discussion of the application merits, scoring of the application, and a subsequent vote during the quarterly, (in person, telephonically, or video conference) EBP meeting. Similar to the initial year, the vote will determine if the applicant has established enough evidence to support the effectiveness of the program. Research design rigor should be enhanced for each consideration year the program is submitted and is at the discretion of the applicant. EBP members may ask the applicant to resubmit a revised application if methods are unsuitable.

If a program or strategy does not appear on the Idaho's list of EBPs but is on National Registry of Evidence-based Programs and Practices (NREPP), an applicant can notify ODP and the program will be added. For the EBP to review a program or strategy not on the Idaho list of EBPs following steps need to be taken by an applicant:

- ❖ Submit an application to ODP, found in Appendix E
- ❖ Provide a maximum of 3 peer-reviewed journal articles that positively support the proposed program

EBP Approval Process



Note: If strategies are not approved, applicants must work with ODP to identify other strategies that can be approved as evidence-based for use in the strategic plan.

Appendix E: Evidence-Based Practice Application

Applicant Description

Agency

Address

City/State /Zip

Phone

Website

Program Director

Address

City/State /Zip

Phone

Email

Proposed Program Summary

Environment (10 points)

Define the boundaries of your service area (i.e., county, school district, city, etc.) (3 points):

Define the location in which the program is offered (2 points):

Explain how the location and service area boundaries coincide with this particular program (5 points):

Significance (25 points)

Please provide evidence of the need for the proposed program in your community (10 points).

Specific Target Population (5 points):

Number of people served by the proposed program (5 points):

Explain how the proposed program will serve the community in a way no other evidence based program would (5 points):

Staff (15 points)

Who will staff the program for program delivery and evaluation? (2 points)

How are program staff members trained? (3 points)

Explain the extent to which staff members are appropriately suited to deliver and evaluate the program (5 points):

Approach (50 points)

How will this program impact use of tobacco, alcohol, and other drugs by program youth (8 points)?

Goals (8 points):

First year:

Second year:

Third year:

Objectives (18 points):

First year:

Second year:

Third year:

Data sources for key outcomes (8 points):

First year:

Second year:

Third year:

Explain why you chose to measure these key outcomes with the data sources for this specific program (8 points):

Additional Supporting Information

The program has been documented as effective: Yes No

Supporting documentation provided: Yes No

Program Summary Worksheet

| | | | | | |
|-----------------|---|---------------|---|----------|----------|
| Inputs | Outputs Activities Participation | | Outcomes - Impacts Short Term Medium Term Long Term | | |
| What we invest: | What we do: | Who we reach: | 1 year: | 2 years: | 3 years: |
| | | | | | |

Evaluation

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Appendix F: Evidence-Based Practice Workgroup Scoring Form

| Environment | |
|---|--|
| Scored Elements: <ol style="list-style-type: none"> 1. Does the applicant specifically outline the boundaries of the area that the program will serve? (3 points possible) 2. Does the applicant provide enough information regarding the location for the program? (2 points possible) 3. Are the service areas appropriate for the proposed program? (5 points possible) | SCORE (0 - 3 points) - _____ (0 - 2 points) - _____ (0 - 5 points) - _____ SCORE: (10 Max.) |
| COMMENTS: | |
| Strengths | Weaknesses |
| Significance | |
| Scored Elements: <ol style="list-style-type: none"> 1. Does the program appropriately respond to an important problem specific to that community? (10 points possible) 2. Is the target population specific enough and clearly defined? (5 points possible) 3. Is the proposed number of participants served appropriate? (5 points possible) 4. The applicant provides enough evidence to show the need for a new program to serve the community (5 points possible) | SCORE (0 - 10) - _____ (0 - 5) - _____ (0 - 5) - _____ (0 - 5) - _____ SCORE: (25 Max.) |

COMMENTS:

| | |
|------------------|-------------------|
| Strengths | Weaknesses |
|------------------|-------------------|

Staff

| | |
|---|--|
| <p>Scored Elements:</p> <ol style="list-style-type: none"> 1. Does the applicant clearly articulate who will be evaluating and delivering the program? (5 points possible) 2. Are staff members trained appropriately for their role in the proposed program? (5 points possible) 3. Overall, are the providers well suited to evaluate and deliver the program? (5 points possible) | <p>SCORE</p> <p>(0 - 5) - _____</p> <p>(0 - 5) - _____</p> <p>(0 - 5) - _____</p> |
| <p>SCORE: (15 Max.)</p> | |

COMMENTS:

| | |
|------------------|-------------------|
| Strengths | Weaknesses |
|------------------|-------------------|

Approach

Scored Elements:

- | | | SCORE |
|----|---|-----------------|
| 1. | Does the applicant clearly describe how the program will impact tobacco, alcohol, and other drug usage? (8 points possible) | (0 - 8) - _____ |
| 2. | Are the goals clearly stated? (8 points possible) | (0 - 8) - _____ |
| 3. | Does the program have specific objectives? (4 points possible) | (0 - 4) - _____ |
| 4. | Does the program have measurable objectives? (4 points possible) | (0 - 4) - _____ |
| 5. | Does the program have attainable objectives? (4 points possible) | (0 - 4) - _____ |
| 6. | Does the program have realistic objectives? (4 points possible) | (0 - 4) - _____ |
| 7. | Does the program have timely objectives? (4 points possible) | (0 - 4) - _____ |
| 8. | Are the data sources reliable, appropriate, and available? (7 points possible) | (0 - 7) - _____ |
| 9. | Does the rational for using data sources make sense? (7 points possible) | (0 - 7) - _____ |

SCORE: (50 Max.)

COMMENTS:

Strengths

Weaknesses

Additional Comments

Appendix G. Resources

EBP Implementation Materials

Strategies

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| Adopt a noise assembly ordinance | http://hrb.imaxan.ie/attached/1835-1770.pdf http://www.ca-cpi.org/TARP/EP-Final.pdf |
| Adopt a policy for referral of patients who are believed to be substance abuse dependent | http://www.samhsa.gov/prevention/sbirt/ http://www.annfamned.org/cgi/reprint/2/5/474 |
| Adopt a teen party ordinance | http://www.udetc.org/documents/UnderageDrinking.pdf http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf http://www.udetc.org/documents/Police%20Service%20Fee%20Muni%20Code.pdf |
| Adopt practices to prevent students from bringing alcohol to school or school-related events | http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ |
| Alcohol warning signs | www.health.org/catalog/posters/ www.centurycouncil.org |
| Communities Mobilizing for Change on Alcohol (CMCA) | http://www.udetc.org/documents/LocalRegulLandUse.pdf http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf |
| Community Trials Intervention to Reduce High-Risk Drinking | http://www.pire.org/communitytrials/ProgramMaterials.htm http://www.udetc.org/documents/LocalRegulLandUse.pdf http://www.marininstitute.org/alcohol_policy/local.htm https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf |
| Conduct compliance checks at businesses to monitor the sale of alcohol to minors | http://www.udetc.org/documents/AlcoholSales.pdf http://www.udetc.org/lawenforcementstrategies.htm#Compliance |
| Consistently apply disciplinary action for rules violation (such as the loss of allowance, grounding, loss of vehicle privileges, etc.) | http://archives.drugabuse.gov/pdf/monographs/monograph177/monograph177.pdf |

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| Create social host ordinances as a criminal and/or civil penalty | http://www.udetc.org/documents/UnderageDrinking.pdf http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf http://www.udetc.org/documents/Police%20Service%20Fee%20Muni%20Code.pdf |
| Develop and/or strengthen age identification policies and training for employees of alcohol establishments | https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.apolnet.ca/resources/education/presentations/barpoliciesLL09.pdf http://www.pire.org/documents/responsible_sales.pdf |
| Distribute the campus substance abuse policies and associated punishments to all incoming and returning students and their parents, as well as publicize them on the campus website and in campus venues such as student housing and sports facilities | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmental-management/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative |
| Educate parents, through community, school, athletic, and other club/group newsletters; through parent meetings associated with youth clubs, groups, and athletics; and/or through other venues, about underage drinking in the community, including access to alcohol and effective measures to reduce it | http://archives.drugabuse.gov/pdf/monographs/monograph177/monograph177.pdf |
| Educate parents, through school newsletters, PTA meeting, or other venues, about substance abuse in the community, including access to substances and effective measures to reduce it. | http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.higheredcenter.org/environmental-management/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative |
| Enact policies to restrict underage access to alcohol in the workplace | http://www.rti.org/pubs/bk-0005-1103-cluff.pdf |
| Encourage businesses to adopt policies that decrease personal risk and promote responsible drinking | http://www.pire.org/documents/responsible_sales.pdf http://www.apolnet.ca/resources/education/presentations/barpoliciesLL09.pdf |
| Encourage businesses to conduct internal compliance checks to monitor the sale of alcohol to minors by their employees | http://www.udetc.org/lawenforcementstrategies.htm#Operations http://www.udetc.org/lawenforcementstrategies.htm#FalseID |
| Encourage staff and faculty to live on campus | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative |

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| Enforce school penalties for substance possession or intoxication on school property or at school-related events | http://www.higheredcenter.org/environmental-management/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative |
| Enhance enforcement of drug and alcohol laws and policies on campus property and at campus-sponsored events | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative http://www.higheredcenter.org/environmental-management/change/policy |
| Enhance enforcement of worksite policies | http://www.rti.org/pubs/bk-0005-1103-cluff.pdf |
| Enhance law enforcement capacity and commitment to address substance abuse laws | http://www.ncjrs.gov/txtfiles/beyond.txt http://profiles.nlm.nih.gov/NN/B/C/Y/C/_/nnbcyc.pdf Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations (1996) |
| Establish a minimum bar entry age equivalent to the minimum legal drinking age of 21 years old | http://hrb.imaxan.ie/attached/1835-1770.pdf http://www.ca-cpi.org/TARP/EP-Final.pdf |
| Establish a minimum-age-of-seller that is equivalent to the minimum legal drinking age of 21 years old | http://hrb.imaxan.ie/attached/1835-1770.pdf http://www.ca-cpi.org/TARP/EP-Final.pdf |
| Establish a network for parents to communicate and be linked with other parents who hold similar beliefs and have home environments that are free from alcohol abuse and easy access to alcohol | http://archives.drugabuse.gov/pdf/monographs/monograph177/monograph177.pdf |
| Establish or strengthen policies related to alcohol and drug use among employees | http://www.rti.org/pubs/bk-0005-1103-cluff.pdf |
| Establish or strengthen school penalties for possession or intoxication on school property or at school-related events | http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ |
| Establish rules for adult alcohol use in the home, such as prohibiting alcohol at children's parties and other events held in the home | http://archives.drugabuse.gov/pdf/monographs/monograph177/monograph177.pdf |
| Expand opportunities for students to make social choices that do not include illegal drugs and alcohol | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative |
| Have law enforcement conduct "walk-throughs" at alcohol outlets | http://www.udetc.org/lawenforcementstrategies.htm#Operations http://www.centurycouncil.org/stop-underage-drinking/initiatives/copsinshops/getinvolved |

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| Implement shoulder tap enforcement programs to prevent strangers from purchasing alcohol for minors | http://www.youthinaction.org/about/shoulderTap/ |
| Implement an education/awareness campaign within a school or district. | http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.higheredcenter.org/environmental-management/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative |
| Implement education/awareness campaigns within worksites | http://www.rti.org/pubs/bk-0005-1103-cluff.pdf |
| Implement party patrols | http://www.udetc.org/lawenforcementstrategies.htm#Party |
| Implement responsible beverage server and manager training programs (voluntary or mandatory) | http://www.ca-cpi.org/TARP/RBS-final.pdf https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ |
| Implement the “cops in shops” enforcement program | http://www.centurycouncil.org/stop-underage-drinking/initiatives/copsinshops/getinvolved |
| Increase or change zoning restrictions | https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf http://www.unomaha.edu/ncenter/documents/aic_citizen_protests.pdf http://www.vyfs.org/images/stories/An_Introduction_and_Overview_for_Environmental_Prevention_Strategies.pdf |
| Mass media campaigns (e.g., television, radio, billboard, print; including counter-advertising campaigns) | http://www.collegedrinkingprevention.gov/media/Journal/182-DeJong.pdf |
| Media advocacy | http://www.pire.org/documents/mediaadvocacy.pdf http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56CC33DEC7F5A49/0/Media_Advocacy_Manual.pdf https://spinproject.rdsecure.org/downloads/SCPTemplate.pdf |
| Prescription Medication Take-back Programs | http://www.deadiversion.usdoj.gov/drug_disposal/takeback/ |
| Prohibit alcohol at all campus-sponsored events both on and off campus | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/alcohol-free http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmental-management/change/policy |
| Prohibit alcohol kegs on campus and at campus sponsored events | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/alcohol-free http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmental-management/change/policy |

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| Prohibit alcohol within all student housing | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/alcohol-free http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmental-management/change/policy |
| Prohibit drink discounts, specials, happy hours, and other price promotions at establishments that sell alcohol for on premise consumption (only if done in collaboration with enforcement) | http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf |
| Prohibit the consumption of alcohol at all school-related events, including adult consumption | http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ |
| Prohibit the sale of alcohol on campus and at campus facilities, such as football stadiums, concert halls, and campus cafeterias, restaurants, and pubs | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/alcohol-free http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmental-management/change/policy |
| Reality Tour | www.realitytour.org |
| Reduce youth access to alcohol within the home | http://pubs.niaaa.nih.gov/publications/arh26-1/5-14.htm |
| Reinstate or maintain Friday classes to shorten the elongated weekend | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative |
| Reprimand supervisors who fail to enforce the policies | http://www.rti.org/pubs/bk-0005-1103-cluff.pdf |
| Require alcohol warning signs to be posted at liquor establishments | www.health.org/catalog/posters/ www.centurycouncil.org |
| Require ID checks at all campus events where alcohol is available | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmentalmanagement/change/availability |
| Require responsible beverage server practices when alcohol is available at worksite-sponsored events | http://www.rti.org/pubs/bk-0005-1103-cluff.pdf |
| Require responsible beverage service training for campus facilities that sell or provide alcohol, such as sports arenas, concert halls, and campus cafeterias, restaurants, and pubs | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/availability |
| Require that all incoming and returning students participate in a brief motivational intervention related to substance abuse | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative |

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| Restrict alcohol advertising and promotion | http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ |
| Restrict alcohol advertising and promotion on campus | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/marketing |
| Restrict alcohol on public property | http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf |
| Restrict home delivery of alcohol | https://www.stopalcoholabuse.gov/media/ReportToCongress/2012/profile_summaries/18_home_delivery.pdf |
| Restrict hours and days of alcohol sale | http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf http://www.sunrisefl.gov/documents/Ordinance_153-08-C.pdf |
| Restrict the availability of alcohol at community events, such as sporting and recreational events | http://www.faceproject.org/Resources/PDF/Alcohol-Sales-Community-Events-CAK.pdf http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ |
| Revise and strengthen penalties for violation of campus substance abuse policies | http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative |
| Revoke liquor licenses for outlets that do not comply with state laws and local ordinances | http://www.acpr.gov.au/pdf/drugs/Licensed%20premises.pdf http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.udetc.org/documents/AlcoholSales.pdf |
| Social norms approaches | http://www.socialnormsresources.org/pdf/Guidebook.pdf http://www.higheredcenter.org/files/product/hws.pdf |
| Strengthen the prosecution, adjudication, and sanctioning of substance abuse laws within the court system | http://www.ncjrs.gov/txtfiles/beyond.txt http://profiles.nlm.nih.gov/NN/B/C/Y/C/_/nnbcyc.pdf Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations (1996) |
| Substance abuse screening and brief intervention | http://www.samhsa.gov/prevention/sbirt/ http://www.annfammed.org/cgi/reprint/2/5/474 |
| Work with local healthcare providers and organizations to adopt a policy requiring that screening and brief motivational interventions are part of standard practice | http://www.samhsa.gov/prevention/sbirt/ http://www.annfammed.org/cgi/reprint/2/5/474 |

Programs

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| Across Ages | http://acrossages.org/ |
| Active Parenting | http://www.activeparenting.com |
| AllStars | http://www.allstarsprevention.com |
| Als Pals | http://www.wingspanworks.com/educational_programs |
| Athletes Training and Learning To Avoid Steroids (ATLAS) | http://www.ohsu.edu/hpsm/atlas.cfm |
| Bicultural Competence Skills Program | http://www.socio.com/srch/summary/ysappa/ysa01.htm |
| Big Brothers Big Sisters Mentoring Program | http://www.bbbs.org/site/c.diJKKYPLJvH/b.1539751/k.BDB6/Home.htm |
| Brief Alcohol Screening and Intervention of College Students (BASICS) | http://depts.washington.edu/abrc/basics.htm |
| Brief Strategic Family Therapy | http://www.bsft.org/ |
| Building Skills | http://www.wnyunited.org/ |
| CHOICES | http://www.changecompanies.net/choices.php |
| Class Action | http://www.hazelden.org/ |
| Coping With Work and Family Stress | http://www.theconsultationcenter.org/WFS%20Sessions.pdf |
| eCHECKUP TO GO | http://www.echeckuptogo.com/usa/ |
| Families and Schools Together | http://familiesandschools.org |
| Family Matters | http://familymatters.sph.unc.edu/index.htm |
| Good Behavior Game | http://www.air.org/goodbehaviorgame |
| Guiding Good Choices | http://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html |
| LifeSkills® Training | http://www.lifeskillstraining.com/ |
| Linking the Interests of Families and Teachers | http://www.oslc.org |
| Lions Quest Skills for Adolescence | http://www.lions-quest.org/index.html |
| Nurturing Parent Program | http://nurturingparenting.com |
| Parent Project - Changing Destructive Adolescent Behavior | http://www.parentproject.com/index.php/about-us/programs-offered/changing-destructive-adolescent-behavior |
| Project ALERT | http://www.projectalert.com |
| Project Northland | http://www.epi.umn.edu/projectnorthland/Schoolba.Html |
| Project SUCCESS | http://www.sascorp.org |
| Project Towards No Drug Abuse | http://tnd.usc.edu |
| Promoting Alternative Thinking Strengths | http://www.channing-bete.com/paths |
| Protecting You/Protecting Me | http://www.pypm.org |

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| SAFE Children | http://www.psych.uic.edu/fcrg/safe.html |
| Seattle Social Development Project | www.depts.washington.edu/ssdp |
| Second Step | http://www.cfchildren.org |
| SPORT | http://www.preventionpluswellness.com |
| STARS for Families | http://nimcoinc.com |
| Strengthening Families Program | http://www.strengtheningfamiliesprogram.org/index.html |
| Team Awareness | www.organizationalwellness.com |
| Too Good for Drugs | http://www.mendezfoundation.org |
| Wellness Outreach at Work | http://www.ilir.umich.edu/wellness/ |

EBP Selection Resources

Center for Substance Abuse Prevention (CSAP) - Data Manual. Retrieved from: <http://dbhdid.ky.gov/pds/ServiceTypeCodes.pdf>

Identifying and Selecting Evidence-based Interventions – A guide developed by CSAP that provides criteria on selecting appropriate strategies that are based on identified intervening variables (risk and protective factors). It also, provides definitions of evidence-based and practical fit. Retrieved from: <http://store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf>

SAMHSA’s National Registry of Evidence-based Programs and Practices- The national registry that contains approved EBPs. Retrieved from: <http://www.nrepp.samhsa.gov/>

Data Resources

Idaho Youth Prevention Survey- A report with information regarding school climate, emotional health, physical health, parental attitudes, and substance use for youth in grades 6, 8, 10, and 12. Retrieved from: http://www.sde.idaho.gov/site/safe_drugfree/docs/IdahoYouthPreventionSurveyReport_2014.pdf

Idaho Youth Prevention Survey Region 1 Fact Sheet- A fact sheet with data from the IYPS specific to Region 1 (Boundary, Bonner, Kootenai, Benewah, and Shoshone Counties) Retrieved from: <http://www.odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%201%20Report.pdf>

Idaho Youth Prevention Survey Region 2 Fact Sheet- A fact sheet with data from the IYPS specific to Region 2 (Latah, Clearwater, Nez Perce, Lewis, and Idaho Counties) Retrieved from:

<http://www.odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%202%20Report.pdf>

Idaho Youth Prevention Survey Region 3 Fact Sheet- A fact sheet with data from the IYPS specific to Region 3 (Adams, Washington, Payette, Gem, Canyon, and Owyhee Counties) Retrieved from:

<http://www.odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%203%20Report.pdf>

Idaho Youth Prevention Survey Region 4 Fact Sheet- A fact sheet with data from the IYPS specific to Region 4 (Valley Boise, Ada, and Elmore Counties) Retrieved from:

<http://www.odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%204%20Report.pdf>

Idaho Youth Prevention Survey Region 5 Fact Sheet- A fact sheet with data from the IYPS specific to Region 5 (Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls, and Cassia Counties) Retrieved from:

<http://www.odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%205%20Report.pdf>

Idaho Youth Prevention Survey Region 6 Fact Sheet- A fact sheet with data from the IYPS specific to Region 6 (Power, Bannock, Caribou, Oneida, Franklin, and Bear Lake Counties) Retrieved from:

<http://www.odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%206%20Report.pdf>

Idaho Youth Prevention Survey Region 7 Fact Sheet- A fact sheet with data from the IYPS specific to Region 7 (Lemhi, Custer, Butte, Clark, Fremont, Jefferson, Madison, Teton, Bingham, and Bonneville Counties) Retrieved from:

<http://www.odp.idaho.gov/pdf/IdahoYouthPreventionSurvey/IYP%20Survey%202014%20Region%207%20Report.pdf>

Behavioral Risk Factor Surveillance System- A report with information regarding the health of adults in Idaho. Retrieved from:

<http://www.healthandwelfare.idaho.gov/Health/VitalRecordsandHealthStatistics/HealthStatistics/BehavioralRiskFactorSurveillanceSystem/tabid/913/Default.aspx>

Idaho Youth Risk Behavior Survey- A report with information regarding risk behaviors in youth in grades 9-12. Variables include academic achievement, unintentional and intentional injury, tobacco use, alcohol and other drug use, sexual behaviors, weight management and dietary behaviors, physical activity, and other health-related measures. Retrieved from:

<https://www.sde.idaho.gov/site/csh/docs/YRBS%202013%20FINAL.pdf>

County Health Rankings- a website that ranks counties in the states on health outcomes, health factors, and additional measures.
Retrieved from: <http://www.countyhealthrankings.org/>

National Survey on Drug Use and Health- A website that contains multiple reports on substance use nationally and within states.
Retrieved from: <http://www.samhsa.gov/data/population-data-nsduh/reports>

References

Sections of this guide were adapted from the following sources:

- ❖ Center for Substance Abuse Prevention (CSAP). Data Manual (2013)
- ❖ Centers for Disease Control and Prevention (CDC). Social-Ecological Model (2007)
- ❖ Community Anti-Drug Coalitions of America (CADCA). Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals (2010)
- ❖ Community Anti-Drug Coalitions of America (CADCA). Defining the Seven Strategies for Community Change (n.d.)
- ❖ Community Anti-Drug Coalitions of America (CADCA). The Coalition Impact: Environmental Prevention Strategies (2009)
- ❖ Iowa Department of Public Health. Iowa Strategic Prevention framework State Incentive Grant: Evidence-Based Practice Selection Workbook (2011)
- ❖ Maine Office of Substance Abuse. Maine's Evidence Based Approval Process (2007)
- ❖ National Institute for Alcohol Abuse and Alcoholism. 3-In-1 Framework for College Drinking Prevention (2007)
- ❖ Nebraska SPF SIG Program. Strategy Approval Guide (2009)
- ❖ North Carolina SPF SIG Program. Creating a Strategic Plan Based on Your Need Assessment Findings: A How-To Guide (2008)
- ❖ South Dakota SPF SIG Program. Evidence-based Prevention Selection Guide (2011)
- ❖ Substance Abuse and Mental Health Services Administration (SAMHSA). Identifying and Selecting Evidence-Based Interventions (2009)
- ❖ US Department of Justice. OJJDP Blueprints for Violence Prevention (2001).
- ❖ Wisconsin SPF SIG Program. Planning Guidance (n.d.)