

Guide to Evidence-Based Program Dashboard

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Introduction to Contributors

State Epidemiology Outcomes Workgroup: The State Epidemiology Outcomes Workgroup (SEOW) seeks to drive data-informed decision making on what the Substance Use Disorder (SUD) problems in Montana are and where resources should be directed. The workgroup sets the foundation for SUD and mental health related programs in Montana to measure outcomes. The SEOW is a required element for most, if not all, SAMHSA funded prevention grants.

Evidence-Based Work Group: The Evidence-Based Work group's purpose is to assist prevention specialists, coalitions and others with identifying research and evidence-based practices that are grounded in prevention science and, if implemented with fidelity and culturally relevant, can achieve measurable outcomes. The work group is currently focused on expanding collaborations with other potential partners in Human Services to further grow and diversify the current Evidence-Based Program list.

Mission Statement

Assist Montana communities in selecting best fit evidence-based programs and strategies for their unique community to address identified needs.

Vision Statement

Improve overall health and wellbeing and increase lifespan longevity of all Montanans by implementing sustainable community programs and practices which are grounded in science; based on proven standards; use valuable resources effectively and efficiently and are responsive to diverse cultural beliefs and practices.

Introduction

The PEW Charitable Trusts report *How States Engage In Evidence-Based Policymaking – A national assessment* states “By focusing limited resources on public services and programs that have been shown to produce positive results, governments can expand their investments in more cost-effective options, consider reducing funding for ineffective programs, and improve the outcomes of services funded by taxpayer dollars”.¹

Evidence-Based Policymaking Activities Include:

¹ <http://www.pewtrusts.org/en/research-and-analysis/reports/2017/01/how-states-engage-in-evidence-based-policymaking>

- A) **Defining levels of evidence can allow state leaders to distinguish proven programs from those that have not been evaluated.**
- B) **Inventorying state programs can help governments to manage available resources strategically.**
- C) **Comparing program costs and benefits would allow policymakers to weigh the costs of public programs against the outcomes and economic returns they deliver.**
- D) **Reporting outcomes and program effectiveness can help policymakers identify which investments are generating positive results and use this information to better prioritize and direct funds.**
- E) **Targeting funding to evidence-based programs, such as through a grant or contract, can help states implement and expand these proven approaches.**
- F) **Requiring action through state law, which includes administrative codes, executive orders, and statutes, can help states sustain support for evidence-based policymaking.**

Defining the Levels of Evidence



The Evidence Based Workgroup of Montana has adopted an operational definition of evidence-based which states that a program's effectiveness must be supported by one or more of the following sources: inclusion in a national registry of evidence-based interventions (e.g., the Partnerships for Success list of Evidence-Based Practices, Policies, and Programs), reviewed by an established evidence-based program evaluator, publication in peer-reviewed literature, and/or local community data indicating successful results from implementation.

Based on the evidence from these sources, each program (or practice or policy) was classified as either Effective, Promising, Innovative, or Not Cleared according to the following definitions:

- **Effective:** Multiple sources provide evidence of statistically significant long-term effects resulting from the program.
- **Promising:** At least one source provides evidence of positive effects from the program, but more thorough research may need to be conducted to confirm those results. Promising is a level of evidence that encompasses "research based" that has been used in cross-references in the past.
- **Innovative:** Program is relatively new or has mixed research results, more thorough research is required to determine the effectiveness of the program.
- **Not Cleared:** The program does not have up-to-date research regarding its effectiveness and/or the research indicates no statistically significant effects.

The established evidence-based program evaluators that are used by the evidence-based workgroup include Blueprints for Healthy Youth Development, the California Evidence-Based Clearinghouse for Child Welfare (CEBC), the Collaborative for Academic, Social, and Emotional Learning (CASEL), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Social Programs that Work, and What Works Clearinghouse (WWC). The figure below depicts how the ratings from certain evaluators correspond to the evidence level given to each program.

Figure 1

Evidence Based Indicator	MT Rating Continuum	Blueprints	CEBC	CASEL	Crime Solutions & OJJDP	Social Programs that Work	WWC
YES	Effective	Model Plus	Well Supported	SElect Program	Effective 	Top Tier	Positive Effects
		Model	Supported				
YES	Promising	Promising	Promising	Promising	Promising 	Near Top Tier	Potentially Positive Effects
NO	Innovative	Research Informed				Suggestive Tier	
NO	Not Cleared	Opinion Informed	Fails to Demonstrate Effects		No Effect		No Discernible Effects

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

Following meeting the criteria for SAMHSA operational definition of “evidence-based” as defined above, communities are also required to align their selection with their “Community Needs” as outlined through Community Fit, Feasibility, and Data Outcome Driven Measures.

Community Fit

Community Fit Criteria:

- Will the proposed strategy yield the listed short- and long-term outcomes?
- Are the proposed activities an appropriate match with the population served?
- Does it address the identified Risk/Protective Factors?

Feasibility (Capacity-Resources for Sustainability)

Feasibility addresses the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term. (Staffing, Time, Resources)

To complete this chart, the best practice suggests completing in partners and other key stakeholders, in addition to the location program will be implemented.

EASE OF SUSTAINABILITY	Criteria	Rank 1-5 1= Low Support 5=High Support or NA(Not applicable=5)
	Prevention Values	
1	Administrative Organizational Support	
2	Reaches Target Domain	
3	Program shows high level of EB - ethical	
4	Program is relevant	
	Processes	
5	MOU's in place-established-secured	
6	Availability of data to support	
7	Ongoing ability to evaluate ongoing need	
8	Continued fidelity of program implementation	
	Financial Supports	
9	Cost of purchase	
10	Cost of specialized training	
11	Cost of Technical Assistance	
12	Cost of technology	
	Human Supports	
13	Assigned Point Person	
14	Time Commitment to Roll-out program	
15	Staff with right skills set	
16	Adequate Number of Staff	
17	Experience with relevant prevention interventions	
18	Experience with target population(s)	
	Total Points	
	High Support 61-90	
	Medium Support 31 - 60	
	Low Support 0 - 30	

Data Outcome Driven Measures

Does the program and/or selected strategy...

- address the prioritized issue?
- focus on identified target population?
- address short- and long-term Outcome Measures (Problem & Risk/Protective Factors)?

Request for Evidence-Based Research Program Identification

Below are links to the current Evidence-Based Program Proposal Form as well as the Evidence-Based Program homepage

[Evidence-Based Work Group Request Form \(mt.gov\)](#)

[Evidence-Based Programs \(mt.gov\)](#)

If a submitted program becomes approved and is added to the program dashboard, it will be required to undergo an evaluation process one year after implementation. This evaluation will determine if the program produces the desired effects within the community and can continue to be supported by Montana DPHHS.

Glossary

Evidence-based prevention strategies – Programs or policies that have been evaluated and demonstrated to be effective in preventing health problems based upon the best-available research evidence, rather than upon personal belief.

Evidence-based practice – 1) Making decisions based on the best available scientific and rigorous program evaluation evidence; 2) Applying program planning and quality improvement frameworks; 3) Engaging the community and stakeholders in assessment and decision making; 4) Adapting evidence-based interventions for specific populations or settings; and 5) Conducting sound evaluation.

Peer-reviewed literature – Articles and reports that have gone through a formal process to assess quality, accuracy, and validity.

*Brownson RC, Baker EA, Leet TL, Gillespie KN, True WR. Evidence-Based Public Health. 2nd edition. New York (NY): Oxford University Press; 2011.

Table Definitions

Domains	(Community, School, Peer-Individual, After-School, College, Outpatient)
Geographic Location	Urban, Suburban, Frontier, Rural, Tribal MT will not use Urban/Suburban classifications MT can use Frontier, Rural and Tribal MT uses three Urban/Rural classifications of populations: Small Metro <= 157,048 Micropolitan <= 114,181 Noncore <= 19,052
Institute of Medicine Focus Audience	Universal, Selective, Indicated, Unspecified
Intended Audience	Infant (0-2 yrs), Early Childhood (3-4), Late Childhood (5-11), Early Adolescence (12-14), Late Adolescence (15-18), Early Adulthood (19-22), Adult (23+)
Risk/Protective Factors	Risk Factors: Characteristics at the biological, psychological, family, community, or cultural level that precedes and are associated with a higher likelihood of negative outcomes. Protective Factors: Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.
Evidence Level	Effective, Promising, Innovative Strong evidence means that the positive outcomes assessed are attributable to the intervention rather than to extraneous events, and that the intervention reliably produces the same pattern of positive outcomes in similar populations and contexts.
Cost	Anticipated costs (Materials, Travel, Training etc.)
Cost Effectiveness	Rate of return on investment, cost of program versus long term cost savings with intervention
Description	Brief description of the program