Over a decade ago, we conducted a comprehensive review, at the request of CMHS, to identify programs with empirical evidence of effectiveness in preventing mental disorders in children. Since then, many “lists” have emerged to guide policy makers and practitioners in the adoption of evidence-based practices.

Today there is little evidence that the knowledge of “what works” has resulted in large-scale public health impact.

### Translational Research Perspective

- Advances in our knowledge of epidemiology, etiology, methodology, and prevention practice
- Development and efficacy testing of a wide variety of preventive interventions
- Growing and widely-accepted “lists” of efficacious programs

We now have a number of lists of proven-effective prevention and intervention programs

- Effectiveness demonstrated in rigorous scientific evaluations (randomized controlled trials)
- Large longitudinal studies or multiple replications (results that are generalizable)
- Significant effects on aggression, youth violence, delinquency, substance use, school failure

These evidence-based programs give us great confidence that if implemented well they will be effective at promoting better youth outcomes

Moving prevention science to community-level public health impact

If you build it, they will come!
“If you build it”
...they may never know about it
...they may not understand what it is
...they won't know how to get there
...they won't think it fits
...they'll think they already have it
...they'll see it as competition
...they'll decide they should build their own
...they'll adapt it into something unrecognizable
...they'll only use the pieces of it they like

OK
...they will come, and love it.
Then they’ll want you to make ten more just like it in surrounding communities. Now.

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Why don’t communities see greater success in prevention?

- Chasing money rather than outcomes
- No single guiding philosophy (many separate but disconnected efforts)
- Little accountability
- The lack of good data to drive decision-making and resource allocation
- Reliance on untested (or ineffective) programs
- Poor implementation quality
- Inability to sustain programs

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From Lists to Improved Public Health: Barriers

- Synthesis and translation of research to practice, (and practice to research)
- EBP dissemination, selection, and uptake
- Ensuring sufficient implementation quality and fidelity
- Understanding adaptation and preventing program drift
- Measuring and monitoring implementation and outcomes
- Policy, systems, and infrastructure barriers
- Coordination across multiple programs and developmentally
- Sustainability in the absence of a prevention infrastructure

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The challenges

- Having community-based prevention work be more focused and strategic
- Increase (carefully planned) adoption of EBPs by more communities
- Ensure high quality implementation
- Sustain programs long-term

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Interactive Systems Framework for Dissemination and Implementation

The EPICenter is sponsored by the Prevention Research Center, College of Health and Human Development, Penn State University, which is funded by the Pennsylvania Department of Drug and Alcohol Programs and the Pennsylvania Department of Public Welfare, as a component of the Resource Center for Evidence-Based Prevention and Intervention Programs and Practices.
Creating Fertile Ground for EBPs
Risk-focused Prevention Planning
(the Communities That Care model)

- Form local coalition of key stakeholders
- Collect local data on risk and protective factors
- Use data to identify priorities
- Select and implement evidence-based program that targets those factors
- Re-assess risk and protective factors
- Leads to community synergy and focused resource allocation

SAMHSA's Strategic Prevention Framework Steps

- Profile population needs, resources, and readiness to address needs and gaps
- Develop a Comprehensive Strategic Plan
- Mobilize and/or build capacity to address needs
- Monitor, evaluate, sustain, and improve or replace those that fail
- Implement evidence-based prevention programs and activities
- Sustainability & Cultural Competence

PSU Model of CTC: Version 5.0

Pennsylvania's “Evidence-based” Initiative

- Successor to earlier CTC initiative that promoted community coalitions/risk & resource assessments
- Nearly 200 EBPs funded since 1998 (+~200 through other sources)
- MST, FFT, MTFC, Big Brothers/Sisters, LST, SFP 10-14, PATHS, Olweus Bullying Program, TND, Incredible Years
- Strong emphasis on implementation quality & fidelity, impact assessment, and sustainability planning
Evidence-based Programs Funded Throughout Pennsylvania*

*Programs funded under the EBP initiative 1998-2008

The reality....

• While possible, fidelity is not a naturally occurring phenomenon – adaptation (more accurately program drift) is the default
• Most adaptation is reactive rather than proactive
• Most adaptation weakens rather than strengthens the likelihood of positive outcomes

LEEP-LST Study: Standardized Mean Fidelity Score by Implementer

(Bumbarger & Miller, 2007)

<table>
<thead>
<tr>
<th>Implementer</th>
<th>Mean Fidelity</th>
<th>N</th>
<th>Std. Dev</th>
<th>Minimum</th>
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Improving Implementation Quality

- Good pre-implementation planning
- What gets measured matters
- Improve practitioner knowledge of basic prevention science and theory of change
- Use adaptation discussion as a tool for training on the logic model of an intervention
- Build a sustainable infrastructure for monitoring implementation quality and fidelity
- Build internal capacity and desire for CQI

Practical strategies

- Peer coaching, peer observation
- Schedule regular opportunities for reflective practice and debriefing
- Never let the initial training be the only training
- Data in must ALWAYS require data out – create feedback loops and safe environments for reflection
- Foster internal competition
- Emphasize the importance of a clear understanding of a program’s logic model

Measuring Population-level Impact

- Cross-sectional quasi-experimental study of 98,000 students in 147 communities
- Found youth in CTC communities reported lower rates of risk factors, substance use, and delinquency than youth in similar non-CTC communities
- First evidence of the effectiveness of a large-scale community coalition approach

Community Prevention Planning and Evidence-based Programs are wise investments of taxpayer resources

- Communities with EBPs embedded in the context of community mobilization/readiness strategy have lower levels of delinquency and youth drug use and better academic achievement
- EBPs produce an overall return of 5 to 25 dollars for every dollar invested – a return measured in hundreds of millions

Improvements

- Reduced list of fundable programs based on rigor of evidence, identified needs, and capacity to support dissemination and implementation
- Targeted, proactive technical assistance to sites
- Developed logical and well-informed performance measures, and practical impact assessment tools
- Required certification of implementation quality
- Negotiated sustainable funding through MA/MCOs

### Why don’t communities see greater success in prevention?

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### Some Lessons Learned

- Focus on risk and protective factors rather than narrowly-defined behavioral outcomes
- Community-specific (i.e. local) data to drive decision making and resource allocation
  - Single state epidemiological survey
  - Becomes community needs assessment tied to multiple agency RFPs
- Community needs assessment and mobilization, as well as EBP implementation, requires proactive Technical Assistance

### Some Lessons Learned (cont.)

- Fix community readiness and infrastructure issues before throwing money at problems
- Find a small number of things that work, and do them well
- Multi-year funding is necessary to get to stable effective services
- Tie funding to quality implementation and outcomes (objective criteria de-politicizes the process)
- Build in evaluation for continuous quality improvement – at every level

### It is not enough to be busy. So are the ants. The question is: What are we busy about?

Henry David Thoreau