

Children and Youth Evidence-Based Treatment and Recovery Practices and Programs Workgroup and Clearinghouse

Office of Children, Youth, and Families
Community Access, Inc.

SEOW Meeting – November 18, 2021



WEST VIRGINIA
Department of
Health & Human Resources

BUREAU FOR
BEHAVIORAL HEALTH

Overview

- Provide an overview of the experience of the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health's (BBH) Office of Children, Youth, and Families (Children's Office) in developing an evidence-based practice (EBP) workgroup for prevention practices.
- Discuss ways to research and select EBPs.
- Present the Children's Office plan to form an EBP workgroup and clearinghouse for treatment and recovery services for children, youth, and their families with the assistance of Community Access, Inc.

Children's Office EBP Workgroup Experience

The Partnership for Success (PFS) EBP Workgroup was formed in 2019 in response to the need to identify selective and indicated level evidence-based programs to address underage drinking, marijuana use, and intravenous substance use.

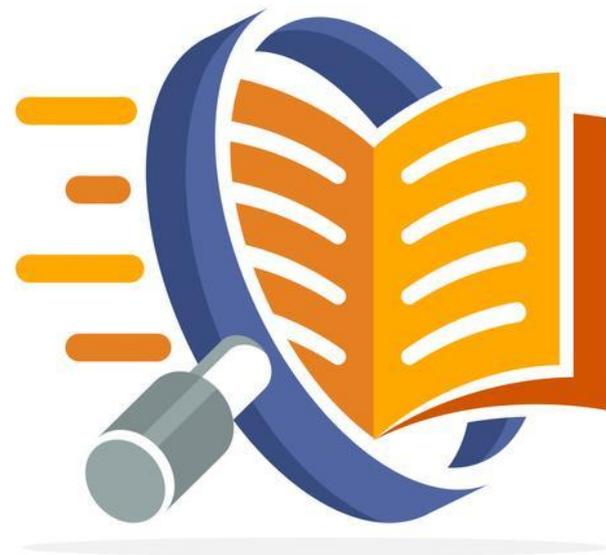
The PFS EBP Workgroup meets monthly with curricula review completed between meetings. Curricula are submitted for review via a website submission link housed on the Help and Hope WV website, as well as by direct request.

The team utilizes multiple sources of evidence in each review including, but not limited to, at least 14 identified EBP lists, registries, and guides, cost-benefit analysis data, developer provided information, and research studies.

The work of this workgroup has increased capacity and implementation of prevention EBPs in West Virginia.

- Consistent service provision with similar anticipated outcomes statewide.
- Sharing training and resources on selected EBPs can save funding and increase provider capacity.
- Improved measurement of program effectiveness statewide.
- Information on quality and proven programs available for cohorts, public, and policymakers.

- Evidence-Based Practice vs. Evidence-Based Programs
- Data vs. Evidence
- Definitions
- Existing Registries
- Rating Systems

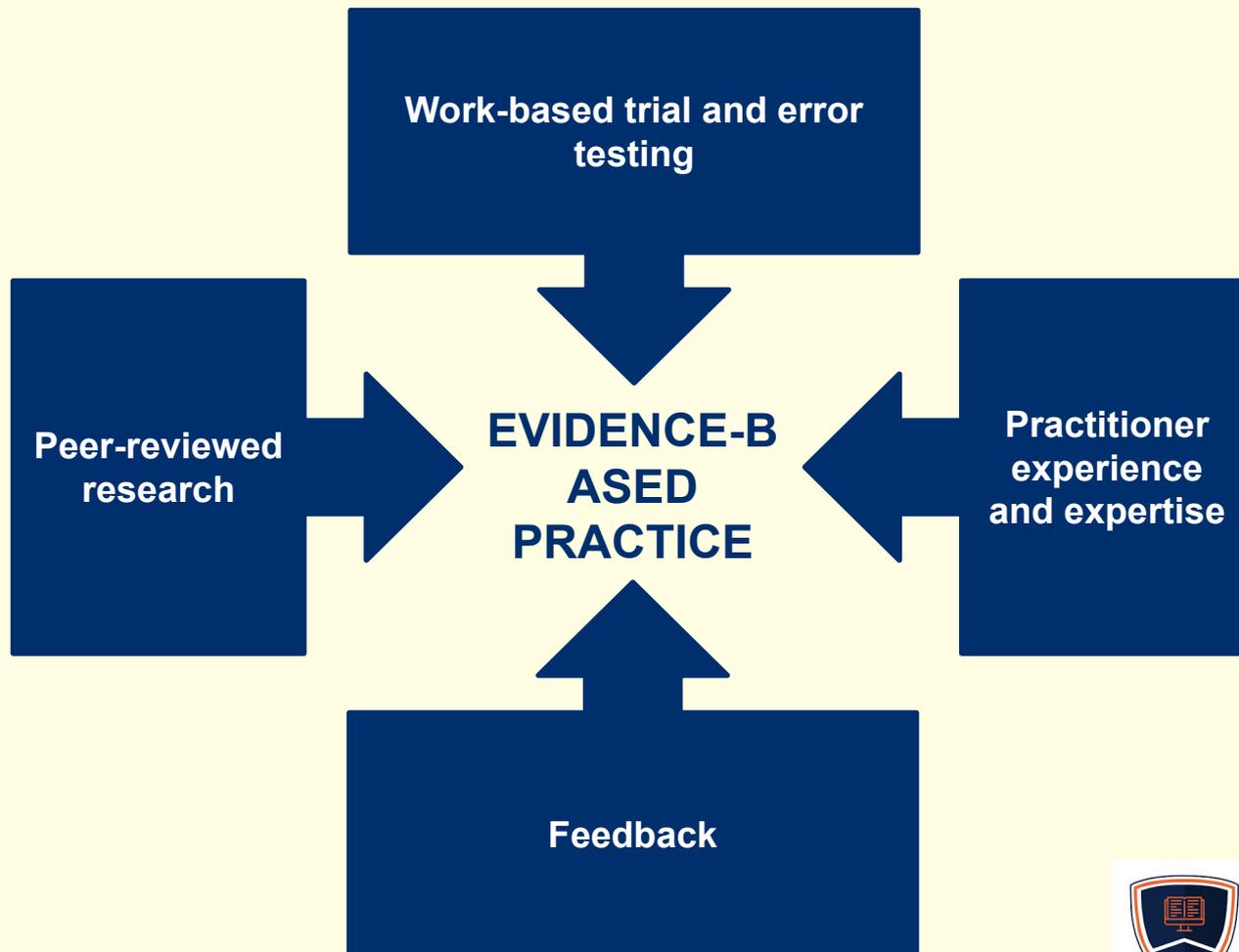


Evidence-Based Practice

Evidence-based practice involves making decisions on the best available scientific evidence and data; applying program and planning frameworks; engaging the community in decision-making and implementation; conducting sound evaluation; and disseminating what is learned.

[Oxford Review- Evidence Based Practice](#)

Evidence-Based Practice



Evidence-Based Programs

Evidence-based programs are programs that have been rigorously tested in controlled settings, proven effective, and translated into practical models that are widely available to community-based organizations. It is also important that the evaluations themselves have been subjected to critical peer review.

Evidence-Based Programs 101

What are Evidence-Based Programs?

Evidence-based programs are programs that have been **rigorously tested in controlled settings, proven effective, and translated into practical models** that are widely available to community-based organizations. It is also important that the evaluations themselves have been **subjected to critical peer review**. That is, experts in the field – not just the people who developed and evaluated the program – have examined the evaluation’s methods and agreed with its conclusions about the program’s effects. Ultimately, when you implement an evidence-based program, you can be confident you’re delivering a program that works and is highly likely to improve the health of your constituents.

Advantages of Evidence-Based Programs

Implementing an evidence-based program is widely considered a “best practice” strategy for community health promotion. Evidence-based programs can add value in many ways.

- Positively impacting the health of the program participants is more likely with an evidence-based program.
- Funders increasingly demand that programming be based on solid evidence.
- Agency leaders want to concentrate limited resources on proven programs.
- Program managers can concentrate their efforts on program delivery rather than program development. Allowing them more time to reach a larger population and have a great impact.
- Older adults are savvy and want to invest their time and money in programs that have been proven to work.
- The demonstrated outcomes of evidence-based programs are attractive to community members and potential partners, facilitating community buy-in and the formation of partnerships, especially with healthcare/clinical partners.

Important Distinction: Research-based ≠ Evidence-based

A common misconception is that programs that have been based on research can then be considered evidence-based. However, many research-based programs do not actually fit the definition of an evidence-based program as stated at the beginning of this document. Just because a program contains research-based content, or was guided by research, doesn’t mean that the program itself has been proven effective. Unless the program has been tested and shown to be effective, it is incorrect to call it “evidence-based.”

Sources:

www.evidencetoprograms.com
www.human.cornell.edu/outreach/upload/Evidence-based-Programs-Overview.pdf
www.ncoa.org/improve-health/center-for-healthy-aging/about-evidence-based-programs.html
www.ncoa.org/improve-health/center-for-healthy-aging/content-library/HelpOlderAdults_JAHF.pdf

Data vs. Evidence

DATA

Facts and statistics collected together for analysis.

EVIDENCE

The available body of facts or information indicating whether a belief or hypothesis is true or valid.

<https://oxford-review.com/data-v-evidence/>

Definitions

TRAUMA	Trauma results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being. During a traumatic event, a person responds with intense fear, helplessness or horror.
PROMOTION	These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health.
PREVENTION	Strategies delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol abuse, prescription drug misuse and abuse and illicit drug use.
UNIVERSAL	Universal prevention interventions target the general population.
SELECTIVE	Selective prevention interventions target individuals at higher-than-average risk for substance misuse.
INDICATED	Indicated prevention interventions target individuals who are already using or engaged in other high-risk behaviors in order to prevent heavy or chronic use.
TREATMENT	These services are for people diagnosed with a substance use disorder or other behavioral health disorder.
RECOVERY/ MAINTENANCE	These services support individuals' compliance with long-term treatment and aftercare.

Definitions

SERIOUS EMOTIONAL DISTURBANCES (SED)

Persons who are under the age of 18, who have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within Diagnostic Statistical Manual-V (DSM-V), that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school or community activities.

SERIOUS MENTAL ILLNESS (SMI)

A mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

CO-OCCURRING DISORDERS

Co-occurring disorders happen when an individual struggles with both a substance use disorder and a mental illness.

VIRTUAL

Experiences that take place via a phone, an app or a video chat.

SCHOOL-BASED

Programs that take place partly or exclusively at school.

COMMUNITY-BAS ED

A community-based program takes place in the context of community. These programs bring various concepts to community settings.

CONGREGATE CARE FACILITY

Congregate care is a placement setting that consists of 24-hour supervision for children in highly structured settings such as group homes, residential treatment facilities, or maternity homes.

Definitions

COURT-INVOLVED	Youth who come in contact with the juvenile justice system for committing a status offense or a delinquent act.
PERSONS EXPERIENCING HOMELESSNESS	The U.S. Department of Housing and Urban Development defines homelessness as living in a shelter or other temporary homeless – serving program or as sleeping in a place not intended for human habitation, such as the street a transportation hub, or a car.
PREGNANT AND PARENTING WOMEN	Pregnant and parenting women are defined as women who are in the period from conception to birth and women who are actively parenting children.
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex, and all others.
COST/BENEFIT ANALYSIS	A cost/benefit analysis is a process that involves weighing the outcomes of a program versus the costs. The benefit of a cost/benefit analysis is that agencies are able to determine whether the costs of a program outweigh the benefits or vice versa.
MODEL/PRACTICE	A way of doing something that can be replicated.

Registries Reviewed

1. Social Programs That Work ([Social Programs That Work](#))
2. EBP Substance Use Database ([EBP Program Catalog](#))
3. SAMHSA Evidence Based Practices Resource Center ([SAMHSA](#))
4. What Works Clearinghouse ([WWC](#))
5. Suicide Prevention Resource Center ([Resources and Programs](#))
6. Title IV-E Prevention Services Clearinghouse ([Title IV-E Clearinghouse](#))
7. Evidence-Based Behavioral Practice ([EBBP](#))
8. Promising Practices Network on Children, Families, and Communities ([rand.org](#))
9. Excellence in Prevention Strategies List (Athena Forum) ([The Athena Forum](#))
10. youth.GOV ([youth.gov](#))
11. West Virginia Department of Education ([WVDE](#))
12. WVDE County Resource Maps for Student Support and Well-Being ([Programs by County Map](#))

Clearinghouse Website

- Search Filters
- Sample Data – Program Overview
- Glossary and Resources

Search Filters

TOPIC AREAS

- Mental Health
- Prevention
- Treatment
- Recovery/Maintenance
- Trauma
- Behavioral Health
- Substance Use
- Intellectual disabilities
- Physical Health
- Suicide Prevention

AGE

- Early Childhood (0-3)
- Childhood (4-12)
- Teen/Adolescent (13-18)
- Young Adult (19-24)
- Adults (25+)

SETTING

- Virtual
- School-based
- Community-based
- Congregate Care Facility

POPULATION OF FOCUS

- Military Families
- LGBTQI+
- Court-involved
- Persons Experiencing Homelessness
- Pregnant and Parenting Women

WV RATING

- Well-Supported by Research
- Supported by Research
- Promising
- Not Supported by Research
- Not Yet Assessed

Sample Program Overview

Strengthening Families	
Program Overview	<p>The Strengthening Families Program (SFP) is an evidence-based family skills training program for high-risk and general population families that is recognized both nationally and internationally.</p> <p>Program Overview Source</p>
Audience	<p>Program has been implemented in schools, drug treatment centers, family and youth service agencies, child protection and foster care agencies, community mental health centers, housing projects, homeless shelters, churches, and drug courts, family courts, juvenile courts, and prisons for kids aging from 3-17.</p>
Manuals, Training, and Program Costs	<p>SFP facilitator training is available for all SFP ages and versions. While it is not mandated to purchase and use SFP material, it is recommended to obtain the best possible outcomes. See link for more information.</p> <p>Strengthening Families Training Info</p>
Geographic Location - Rural or Urban setting	<p>Rural and urban</p>
Relevant Published, Peer-Reviewed Research	<p>Yes, see link. - Strengthening Families Research</p>
Website Address	<p>www.strengtheningfamiliesprogram.org</p>

Sample Program Search Filters

Strengthening Families	
Topic Areas	Behavioral Health Prevention Substance Use
Setting	School-based Community-based Congregate Care Facility
Age	Early Childhood (0-3) Childhood (4-12) Teen/Adolescent (13-18)
Population of Focus	Court-involved Persons Experiencing Homelessness
WV Rating	Not yet assessed
Keywords	Drug court Foster care

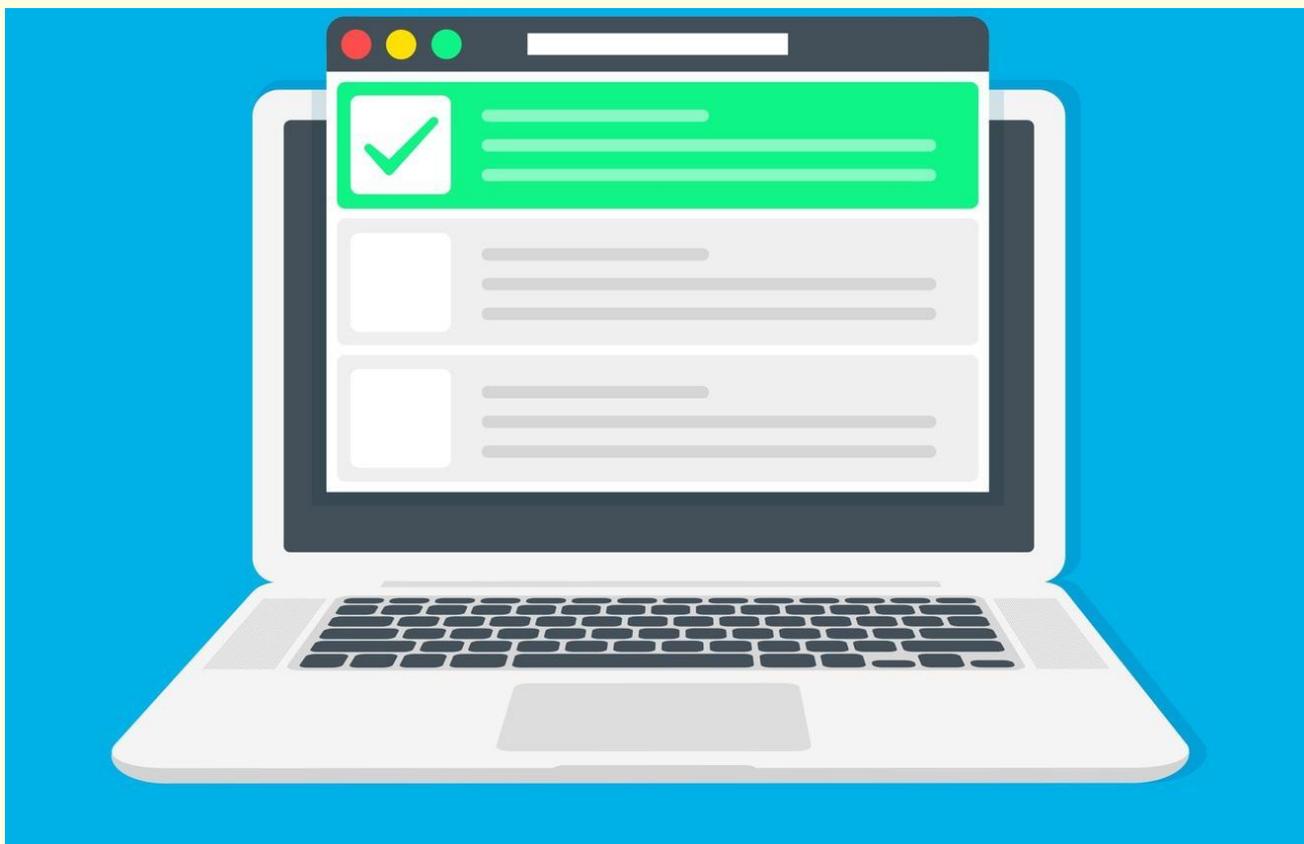
Establishing a WV Rating System

SAMPLE WV Rating System

Well-Supported by Research	Evidence from a systematic review or meta-analysis of relevant RCTs (randomized controlled trial) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results.
Supported by Research	Evidence obtained from at least one rigorous RCT that was carried out in a usual care or practice setting has found the program to be superior to an appropriate comparison program outcomes specified in the criteria for that particular topic area.
Promising	Evidence obtained from well-designed controlled trials without randomization (i.e. quasi-experimental).
Not Supported by Research	Evidence does not show benefits of the program.
Unknown/ Not Yet Assessed	Program evidence is unknown or has not yet been assessed.

Clearinghouse Website

Demo Sample Website, Data, Search Filters



Advisory Committee and Reviewers

- Roles, functions, and expectations
- Focus on treatment and recovery
- Meeting commitments and frequencies
- Developing processes and procedures for program submission and program review



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