

## Selecting and Implementing Evidence-Based Prevention Through the Strategic Prevention Framework (SPF) Planning Process

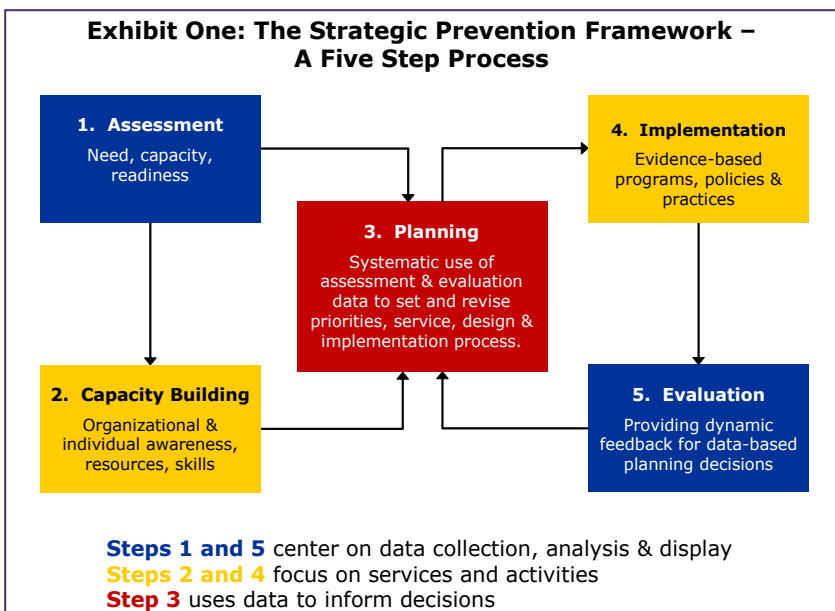
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Planning, as illustrated in Exhibit One below, is at the center of the Strategic Prevention Framework (SPF) process. The diagram's left side (*the focus of the first article in this two-part series on SAMSHA's SPF*) helps communities identify priority problems concerning substance abuse by analyzing their needs assessment and capacity. This second article deals with the right side, how planning and implementation go hand in hand.

It focuses on the selection of policies, programs and practices, and the creation of action plans. Planning the "big picture" is often referred to as "strategic planning." It involves setting priorities, objectives, and its desired outcome. More detailed planning is often referred to as "tactical planning" or "action planning." This discussion is largely about tactical decisions. It begins with the selection of specific and appropriate interventions intended to accomplish the community's objectives. As implementation proceeds, data-based decisions are made to continually improve

its quality. In the community-based SPF process, it is critical to see planning as a continuous decision process that blends strategy and implementation.

This paper aims to: 1) introduce evidence-based practice and its application to community-based interventions; 2) guide the application of criteria and procedures for selecting evidence-based policies, programs and practices appropriate to your community-based prevention plan; and 3) outline the tactical planning steps for developing implementation work plans.



### Sources for Evidence-based Policies, Programs & Practices

Input gathered from SPF steps 1 and 2 allows the planning group to identify what they want to accomplish and why. However, they still need to determine the how by identifying and defining the specific policies, programs and practices that best fit their problems and goals. Historically, the selection of prevention activities has been based on common sense assumptions, convenience, or the existing practices in a community. Unfortunately, many of these well-intentioned activities do not produce or sustain the desired effects. Decades of research and evaluating evidence give the current generation of prevention planners a much stronger basis for selecting the most appropriate and effective interventions. Thus, greater emphasis has been placed on evidence-based interventions, those proven to be effective through research and documented experience.

prevention *Tactics* 8:15 (2007)

**Tactics** (tak'tiks) n. 1. a plan for promoting a desired end. 2. the art of the possible.

Resources for finding evidence-based interventions are increasingly available, and they include the following<sup>1</sup>:

- 1) sponsored lists or registries;
- 2) research articles and reports in peer-reviewed journals; and
- 3) documented effectiveness.

They are discussed below, along with the advantages and disadvantages that need to be considered.

**1) *Sponsored lists or registries*** are typically sponsored by federal agencies. They identify and describe policies, programs or practices that meet specified standards of research rigor in producing desired outcomes.

*Advantages:*

- Interventions have met specified criteria for evidence
- Interventions are sufficiently and clearly articulated and described to support replication

*Disadvantages:*

- Interventions are mostly amenable to standard research design and proof (e.g., direct interventions with individuals are over-represented, environmental and community-based interventions are under-represented)
- Limited in the number of intervention options
- Relatively weak in evidence concerning their local applicability

More and more, federal lists and registries have become a valuable resource for evidence-based practice. However, they should not be considered as the “gold standard”, meaning other sources must be considered.

**2) *Research articles and reports in peer-reviewed journals*** (or other credible scientific publications) also constitute a viable source. Although evidence from this source has been screened for scientific rigor through the peer review process, the criteria may vary and are not as clearly articulated compared to those found in lists and registries. One of the advantages of this source is the wide array of study formats it offers. Multi-site evaluations, meta-analyses, and systematic literature reviews help identify core practices that are proven to be effective across diverse settings.

*Advantages:*

- Uses a variety of research methods that provide valid information beyond what the standard lists

### SAMHSA’s National Registry of Effective Programs and Practices

NREPP (<http://modelprograms.samsha.gov>) is the largest registry for prevention programs and practices. It has been re-designed as a decision support system that facilitates searches for a broad range of interventions that meet particular needs. NREPP allows a variety of evaluation designs to be voluntarily submitted for review. Moreover, SAMSHA provides a variety of assistance and support for promising interventions to develop evidence that will meet NREPP criteria. To make it to the NREPP list, research must meet three threshold criteria, as follows:

1. Must demonstrate one or more positive behavioral health outcomes for individuals, communities, or populations credited to the intervention.
2. Results are documented in a peer-reviewed publication or a comprehensive evaluation report.
3. Adequate guidance documentation (e.g., manuals, training materials, tools) are available to support proper implementation.

recognize as rigorous

- Provides multi-site studies and reviews that focus on specific core practices, skills, or principles of effective prevention rather than whole programs
- Provides a large information resource that allows planners to identify information relevant to their particular context, e.g., cultural group(s), community characteristics

*Disadvantage:*

- Requires greater expertise to interpret its relevance and applicability to the planning process

Thus, challenges for planners include:

- Assessing the strength of evidence (how effective is a particular practice?)
- Teasing the specific design of policies, programs and practices, often generalized in brief research reports and journal articles

**3)** Given the inevitable gap between research findings produced in specific contexts, and the diversity of conditions in real world applications, SAMHSA has recently recognized **documented effectiveness** as a third source of credible evidence-

<sup>1</sup>Much of the information in this section is adapted from *Identifying and Selecting Evidence-Based Interventions*, SAMHSA’s recent *Guidance Document for the Strategic Prevention Framework state Incentive Grant Program* (January, 2007). This document provides valuable background and greater detail concerning many of the points highlighted in this *Prevention Tactic*.

based practice. This approach is primarily justified as particularly important for multi-faceted, community-based interventions that must be appropriate to diverse and specific local conditions. Documented effectiveness as an approach to selecting evidence-based practice is defined by procedure more than by a specific source of credible evidence. Documentation consists of meeting three criteria: a) basing identified intervention in a conceptual perspective (theory), validated by research to be effective, b) documenting interventions in relation to similar interventions that are evidence-based; and c) documenting consensus among informed experts (including community members) that the intervention has an evidence base and meets the needs of the community.

*Advantages:*

- Grounds the selection process in the reality of each community
- Reinforces the critical planning steps of developing a clear conceptual framework for interventions (e.g., developing a logic model)
- Involves community members and stakeholders in a systematic, evidence-based decision process

*Disadvantages:*

- Requires extensive decision making and documentation that create resource demands beyond those that are readily available to the community
- Requires a willingness to systematically engage the realities of the decision process and the complexity of fitting interventions to community capacity
- Places a premium on effective leadership to bring

the process to fruition

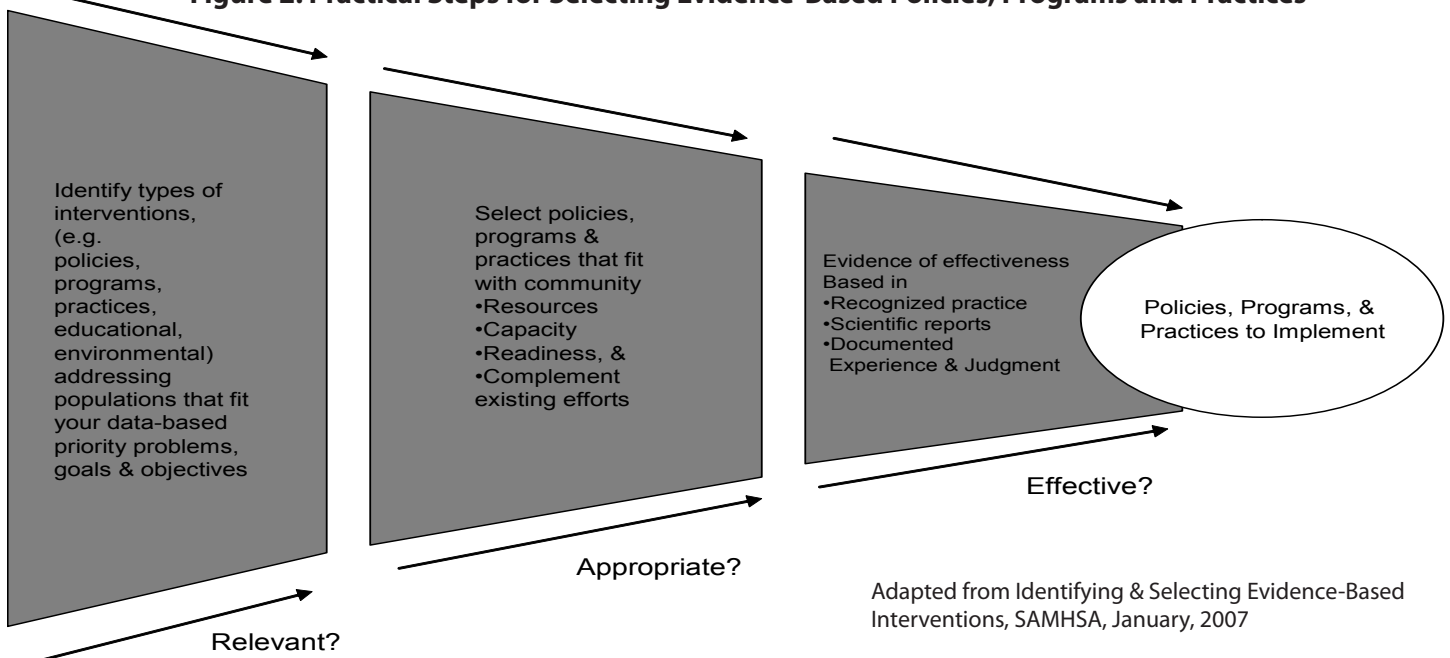
In many ways, documented effectiveness complement lists and literature sources by carefully applying evidence in community planning.

No one source of evidence-based policies, programs and practices provides a gold standard for prevention planners. Simply put, the scope of interventions covered by list and registries are limited and thus, needs to be adapted locally. On the other hand, the strength of evidence culled from research reports and journal articles requires interpretation since they typically do not provide detailed guidance on intervention design and implementation. Documented evidence requires a careful process of conceptual development (e.g., a logic model reflecting a valid theory of change), consideration of existing evidence, and expert consensus. In short, selecting evidence-based practice requires a reasoned procedure, and not simply picking a packaged product off the shelf. The following section outlines practical steps that are necessary in developing evidence-based interventions that meet the community's needs.

**Selecting Evidence-Based Interventions that Fit Your Community and Goals**

Selecting evidence-based policies, programs and practices requires a careful process of matching intervention type and evidence with a community's identified problems, goals, context and capacity. Figure 2 depicts a three-stage process of ensuring that interventions

**Figure 2: Practical Steps for Selecting Evidence-Based Policies, Programs and Practices**



Adapted from Identifying & Selecting Evidence-Based Interventions, SAMHSA, January, 2007

are relevant, appropriate and potentially effective.

**1. What types of interventions are relevant?** The first step in developing evidence-based intervention is establishing a logical link between the problem and the proposed intervention. This step is conceptual, involving broad thinking by planners in matching intervention approaches with the community's goals. It is more strategic than tactical. For example, it aims to address specific consequences, such as alcohol-involved crashes among youth, environmental interventions focusing on enforcement may be relevant. If the intent however, is to reduce the prevalence of underage drinking, this type of environmental approach would be less relevant. Interventions must be appropriate to the participating populations; ensuring cultural relevance is essential. This may require modifying universal, selective or indicated intervention guidelines. Such decisions set the parameters for evidence-based practice based on what is relevant to the identified priority problems and goals.

**2. What types of interventions are appropriate?** A second critical consideration is the community's stage of readiness and capacity. The selected policies, programs and practices must be feasible enough to meet the financial, organizational and human resources available. For example, if the coalition is composed of human services providers and participants who are motivated by working directly with youth, environmental policies focusing on advocacy and political influence may not be viable. Similarly, interventions that exceed financial capacity will not be appropriate. Emphasis on appropriateness within the many available options are important. The planning process will be hollow and impractical without this crucial match between planned activities and community context, willingness and capacity.

**3. What is the evidence of effectiveness?** The final stage in the selection process is to ensure that there is evidence to support the effectiveness of the relevant and appropriate intervention(s) being considered. The degree of evidence should be sufficient to support action. Moreover, intervention support should be available through lists and registries, published science, and a process of assessing documented effectiveness.

In summary, Figure 2 depicts steps that can be used to incorporate proven programs, the research literature, and documented effectiveness into community planning. This is to ensure that these important sources of evidence based policies, programs and practices match.

## **Developing Tactical Plans**

Once the intervention(s) have been selected, the next step in the planning process is tactical, i.e. providing a specific guide to action. The tactical plan, or the work plan, helps make programs coherent and effective. By providing the blueprint and principles, it aims to help the staff understand the following:

- The goals of the program and the problems it will address
- Why these are important in the community
- Why the planned activities were selected as effective ways of ameliorating these problems
- How to implement the planned activities in day to day policy and practice.

The final planning step of developing a day to day action plan should have specific timelines. It should specifically identify who is responsible for a set of defined tasks. This can be an onerous task, but it is absolutely necessary.

It is important to remember that the action plan is **always** a work in progress. It should be reviewed at least annually and adjusted to fit the current environment. Continuous monitoring and evaluation provides important input to the living work plan by constantly updating and strengthening it. Political support might fade or even increase, a new funding source may be discovered, a school might close, a key stakeholder might retire. All these mean one thing. The situation is always fluid and the action plan should be modified accordingly.

### **Elements of a Work Plan**

The following components are examples of what should be included in an action plan.

**Recruitment.** Evidence has shown that the fit between an intervention and the needs of participants is crucial, especially when programs are designed for youth, families or community members at high risk, the methods of outreach and selection for participants are very important. Criteria for selection of participants and how these will be applied need to be carefully planned.

**Staff Recruitment and Training.** Research has also shown that the fit of staff skills and orientations is a key indicator

of success. It should match the intervention theory of change, the participant population and the skills necessary to successfully implement the program. Thus, the method of staff recruitment, particularly the clear presentation of the job requirements and demands, is an important component of the action plan.

Moreover, the staff should be provided with adequate training that are focused and specific to the intervention. Early on, we have identified the importance of coherent programming with a clear purpose and a well-designed action program. Training is the key.

**Logistics.** Any policy, program or practice requires numerous developmental steps to translate plans into action. These may be as simple as efficiently scheduling and planning for a meeting, to finding and developing a program site. An adequate action plan, detailing managerial responsibilities, timelines and deliverables, will identify these activities. This includes:

- Timeline. When will events take place and when will milestones be accomplished? (e.g., the recruitment of a full cohort of program participants)
- Responsibilities. Who will be responsible for the activities?
- Resources. What resources will be required? Where will they come from?
- Location. Where will activities take place?

The planning process is not complete until a procedure for developing the work plan, and updating it on a regular basis is properly put in place.

### **How Planning Fits In a Data-Based Decision System**

Planning is an integral and dynamic part of any ongoing, data-based decision making. It is at the heart of the SPF process. To be comprehensive, it must include both the big picture produced by strategic planning and the detailed implementation guidance produced through tactical plans. The planning function is not a linear component of the SPF process to be completed and put on the shelf. It is a central statement that ties ongoing needs assessment and capacity building with implementation of activities, evaluation and the feedback process.

In summary, the Prevention Planning process presented in this series of two Prevention Tactics has focused on four important elements:

- Reviewing the results of the needs assessment and prioritizing the key problem areas that form the bases for statements of goals and objectives
- Reviewing and identifying potential community resources aligned to the problem areas selected by the planning committee
- Identifying specific approaches, strategies, programs, policy, etc. aimed to abate the problem areas
- Developing an action plan that specifies who will do what and when

Planning is more than just a paper response to funding requirements. It is the constant heartbeat that sustains a breathing community's vision to prevent the harms associated with substance abuse; thus providing a healthy place in the community for all.

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Photo: Wilfredo Pascual



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## prevention **Tactics**

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Edition 8:15

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