

What is an Evidence-Based Intervention (EBI)?

An Evidence-Based Intervention is a prevention service (**program, policy, or practice**) that has been proven to positively change the problem being targeted. In general, there needs to be evidence that the intervention has been effective at achieving outcomes through some form of evaluation.

This is done by collecting evidence through an evaluation process when a specific intervention is implemented in a community. The evaluation process monitors outcomes to determine whether the intervention positively impacted the target problem and/or contributing condition. The type of evidence collected during an evaluation process will vary for different types of interventions.

Source: MDCH-BSAAS Evidence-Based Workgroup. *Guidance Document: Selecting, Planning, and Implementing Evidence-Based Interventions for the Prevention of Substance Use Disorders*. (January 2012)

Evidence-Based interventions are defined in the Strategic Prevention Framework (SPF) by inclusion in one or more of the three categories below:

1. Included in Federal registries of evidence-based interventions;
2. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or
3. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as specified in the Guidelines that follow).

Each of the three categories helps identify interventions appropriate to targeted needs and each has its own advantages and challenges. Prevention planners and practitioners must be prepared to consider the relative adequacy of evidence when deciding to select a particular prevention intervention to include in their comprehensive community plan.

Source: CSAP/SAMHSA. *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. HHS Pub. No. (SMA) 09-4205 (2009)

Where can I find information that supports whether a substance abuse and/or mental health intervention is evidence-based?

The National Registry of Evidence-based Programs and Practices (NREPP)

www.nrepp.samhsa.gov

The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying scientifically based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field.

There will always be some interventions that are not submitted to NREPP, and not all that are submitted are reviewed. In addition, new intervention summaries are continually being added, so the registry is always growing.

NREPP publishes an Intervention Summary for every intervention it reviews. Each intervention summary includes:

- General information about the intervention
- A description of the research outcomes reviewed
- Quality of Research and Readiness for Dissemination ratings
- A list of studies and materials reviewed
- Costs of the intervention and contact information of the developer

Using NREPP can be a first step to informed decision-making. The information in NREPP Intervention Summaries is provided to help determine whether a particular intervention may meet your needs. Direct conversations with intervention developers and others listed as contacts are advised before making any decisions regarding selection or implementation of an intervention.

NREPP rates the quality of the research supporting intervention outcomes and the quality and availability of training and implementation materials. NREPP ratings **do not** reflect an intervention's effectiveness. **Users should carefully read the Key Findings sections in the Intervention Summary** to understand the research results for each outcome.

Each Intervention Summary (IS) includes the cost of the intervention and the contact information for the program/intervention developer. Each IS (under developer contact information) includes a guiding document "Questions to Ask as You Explore the Possible Use of an Intervention."

NREPP does not provide an exhaustive list of interventions or endorsements of specific interventions. Use of NREPP as an exhaustive list of interventions is not appropriate, since NREPP has not reviewed all interventions. Review of interventions and their posting on the NREPP website do not constitute an endorsement, promotion, or approval of these interventions by NREPP or SAMHSA.

This document does not provide an exhaustive list of interventions. Inclusion in this document does not constitute endorsement, promotion, or approval of these interventions by the Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services, or Prevention Network.

Overview of 14 Evidence-Based Interventions

Source: NREPP, <http://www.nrepp.samhsa.gov>

Active Parenting of Teens: Families in Action

- Areas of interest: Mental Health Promotion; Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Universal, Selective, Indicated.
- This is an Individual/Family Level Intervention.

Active Parenting of Teens: Families in Action is a school and community-based intervention for children ages 6-12, adolescents ages 13-17, and parent or caregiver. It is designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior; and violence. Family, school, and peer bonding are important objectives. The program includes a parent and

teen component. The parent component uses the curriculum from *Active Parenting of Teens*. This curriculum is based on a parenting theory (by Alfred Adler), which advocates mutual respect among family members, parental guidance, and use of an authoritative (or democratic) style of parental leadership that facilitates behavioral correction. A teen component was developed to complement the parent component.

Active Parenting of Teens: Families in Action uses a family systems approach in which families attend sessions and learn skills. Each of the sessions includes time during which parents and youth meet in separate groups and time during which all family members meet together. Modules address parent-child communication, positive behavior management, interpersonal relationships for adolescents, ways for families to have fun together, enhancement of the adolescent's self-esteem, and factors that promote school success. Youth are taught about the negative social and physical effects of substance use, they learn general life skills and social resistance skills, and they are provided opportunities to practice these skills. Parents are taught skills to help reinforce their teen's skills training. During the portion of each session involving the youth and parents together, they participate in a family enrichment activity and receive a homework assignment to complete before the next session.

The program is offered in six weekly 2-hour sessions. Typical groups consist of 5 to 12 families. Sessions use videos, group discussions, and role-plays, plus high-energy activities for the teens. Two leaders are needed; one for the parent portion and one for the teen portion, with one of the two leaders also leading the parents and teens combined.

Communities Mobilizing for Change on Alcohol (CMCA)

- Area of interest: Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Universal.
- This is a Community Level (or Environmental) Intervention.

Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing program designed to reduce teens' (13 to 20 years of age) access to alcohol by changing community policies and practices. CMCA seeks both to limit youths' access to alcohol and to communicate a clear message to the community that underage drinking is inappropriate and unacceptable. It employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The goals of these organizing efforts are to eliminate illegal alcohol sales to minors, obstruct the provision of alcohol to youth, and ultimately reduce alcohol use by teens. The program involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol.

CMCA is based on established research that has demonstrated the importance of the social and policy environment in facilitating or impeding drinking among youth. CMCA community-organizing methods draw on a range of traditions in organizing efforts to deal with the social and health consequences of alcohol consumption.

***Communities That Care (CTC)**

- Area of interest: Substance Abuse Prevention; Prevention of Violence and other Youth Problem Behaviors.
- Institute of Medicine (IOM) Prevention Categories: Universal
- This is a Community Level (or Environmental) Intervention

Communities That Care (CTC) is a coalition-based community prevention operating system that uses a public health approach to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout, and substance abuse.

Ultimately, the beneficiaries of CTC are children of any age in the community. CTC helps decision-makers in the community select and implement tested, effective prevention policies and programs to address the most pressing risks facing their youth. CTC guides the community coalition through an assessment and prioritization process that identifies the risk and protective factors most in need of attention, and links those priorities to prevention programs that are proven to work in addressing them.

CTC activities are planned and carried out by the CTC Community Board, a prevention coalition of community stakeholders who work together to promote positive youth outcomes. Board members participate in a series of six CTC training workshops in which they build their coalition and learn the skills needed to install the CTC system.

The CTC planning system guides users through a five-step process that parallels those required by the Strategic Prevention Framework.

1. Get Started—assessing community readiness to undertake collaborative prevention efforts.
2. Get Organized—getting a commitment to the CTC process from community leaders and forming a diverse and representative prevention coalition.
3. Develop a Profile—using epidemiologic data to assess prevention needs.
4. Create a Plan—choosing tested and effective prevention policies, practices, and programs based on assessment data.
5. Implement and Evaluate—implementing the new strategies with fidelity, in a manner congruent with the programs' theory, content, and methods of delivery, and evaluating progress over time.

Results from a 7-state experimental trial involving 24 communities show that within 4 years of adopting the CTC system, community coalitions can reduce the incidence of delinquent behaviors and of alcohol, tobacco, and smokeless tobacco use as well as the prevalence of alcohol use, binge drinking, smokeless tobacco use, and delinquent behavior among young people community wide by the spring of grade 8.

Free, digital CTC tools are available on SAMHSA's Web site and make it easier for communities to follow the five-step process.

<http://store.samhsa.gov/product/Communities-That-Care-Curriculum/PEP12-CTCPPT>

***Communities That Care (CTC) is not listed on the NREPP website.** Outcome data can be found at http://www.sdr.org/CTCInterventions_Outcomes.asp. Additional information can be requested from the Social Development Research Group, 9725 Third Ave NE, Suite #401, Seattle WA 98115, 206.685.1997, sdrg@uw.edu.

Community Trials Intervention To Reduce High-Risk Drinking

- Area of interest: Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Universal, Selective.
- This is a Community Level (or Environmental) Intervention.

Community Trials Intervention To Reduce High-Risk Drinking is a multi-component, community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing

responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components. The program aims to help communities reduce alcohol-related accidents and incidents of violence and the injuries that result from them. The program typically is implemented over several years, gradually phasing in various environmental strategies; however, the period of implementation may vary depending on local conditions and goals.

Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)

- Areas of interest: Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Universal, Selective, Indicated.
- This is an Individual/Family Level Intervention.

Creating Lasting Family Connections (CLFC), the currently available version of Creating Lasting Connections (CLC), is a family-focused program that aims to build the resiliency of youth aged 9 to 17 years and reduce the frequency of their alcohol and other drug (AOD) use. CLFC is designed to be implemented through a community system, such as churches, schools, recreation centers, and court-referred settings. The six modules of the CLFC curriculum, administered to parents/guardians and youth in 18-20 weekly training sessions, focus on imparting knowledge and understanding about the use of alcohol and other drugs, including tobacco; improving communication and conflict resolution skills; building coping mechanisms to resist negative social influences; encouraging the use of community services when personal or family problems arise; engendering self-knowledge, personal responsibility, and respect for others; and delaying the onset and reducing the frequency of AOD use among participating youth. The program supports problem identification and referrals to other community services for participants when necessary. Manuals for trainers, notebooks for participants, and other materials are available, but the program is intended to be modified with each implementation to reflect the needs of the participants and the skill level of the trainers.

Families and Schools Together (FAST)

- Areas of interest: Mental Health Promotion; Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Universal, Selective, Indicated.
- This is an Individual/Family Level Intervention.

Families and Schools Together (FAST) is a multifamily group intervention designed to build relationships between families, schools, and communities to increase well-being among elementary school children. The program's objectives are to enhance family functioning, prevent school failure, prevent substance misuse by the children and other family members, and reduce the stress that children and parents experience in daily situations. Participants in the multifamily group work together to enhance protective factors for children, including parent-child bonding, parent involvement in schools, parent networks, family communication, parental authority, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans.

FAST includes three components: outreach to parents, eight weekly multifamily group sessions, and ongoing monthly group reunions for up to 24 months to support parents as the primary prevention agents for their children. Collaborative teams of parents/caregivers, professionals (e.g., substance abuse or mental health professionals), and school personnel facilitate the groups, which meet at the school at

the end of the school day. With each cycle of FAST implementation, 30 to 50 students in one grade level and their families can participate.

Incredible Years

- Areas of interest: Mental Health Promotion; Mental Health Treatment.
- Institute of Medicine (IOM) Prevention Categories: Selective, Indicated.
- This is an Individual/Family Level Intervention.

Incredible Years is a set of comprehensive, multifaceted, and developmentally-based curricula targeting 2- to 12-year-old children and their parents and teachers. The parent, child, and teacher training interventions that compose Incredible Years are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems. The three program components are designed to work jointly to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children. The parent training intervention focuses on strengthening parenting competencies and fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. *The Dinosaur* child training curriculum aims to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom. The teacher training intervention focuses on strengthening teachers' classroom management strategies, promoting children's pro social behavior and school readiness, and reducing children's classroom aggression and noncooperation with peers and teachers. The intervention also helps teachers work with parents to support their school involvement and promote consistency between home and school. In all three training interventions, trained facilitators use videotaped scenes to structure the content and stimulate group discussions and problem solving.

Nurse-Family Partnership

- Areas of interest: Mental Health Promotion; Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Selective.
- This is an Individual/Family Level Intervention.

Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children. NFP was founded on concepts of human ecology, self-efficacy, and human attachment. Its program activities are designed to link families with needed health and human services, promote good decision-making about personal development, assist families in making healthy choices during pregnancy and providing proper care to their children, and help women build supportive relationships with families and friends. Nurses follow a detailed, visit-by-visit guide that provides information on tracking dietary intake; reducing cigarette, alcohol, and illegal drug use; identifying symptoms of pregnancy complications and signs of children's illnesses; communicating with health care professionals; promoting parent-child interactions; creating safe households; and considering educational and career options. Program objectives include decreased substance use, improved maternal economic self-sufficiency, fewer subsequent unintended pregnancies, reduced child abuse and neglect, and improved school readiness of the children. Individual programs serve a minimum of 100-200 families and are supported by 4-8 trained registered nurse home visitors (each carrying a caseload of 25 families), a nurse supervisor, and administrative support. Nurse home visits begin early in pregnancy and continue until the child's second birthday.

Nurturing Parenting Programs

- Areas of interest: Mental Health Promotion; Mental Health Treatment; Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Selective, Indicated.
- This is an Individual/Family Level Intervention.

The Nurturing Parenting Programs are family-based programs for the prevention and treatment of child abuse and neglect. The programs were developed to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect. The goals of NPP are to: increase parents' sense of self-worth, personal empowerment, empathy, bonding, and attachment; increase the use of alternative strategies to harsh and abusive disciplinary practices; increase parents' knowledge of age-appropriate developmental expectations; and reduce abuse and neglect rates. NPP instruction is based on psycho-educational and cognitive-behavioral approaches to learning and focuses on "re-parenting," or helping parents learn new patterns of parenting to replace their existing, learned, abusive patterns. Participating families attend sessions either at home or in a group format with other families. Group sessions combine concurrent separate experiences for parents and children with shared "family nurturing time." In home-based sessions, parents and children meet separately and jointly during a 90-minute lesson once per week for 15 weeks.

NPP can be implemented by professionals or paraprofessionals in fields such as social work, education, recreation, and psychology who have undergone NPP facilitator training and have related experience. Multiple NPPs have been developed for various age groups and family circumstances (see the Adaptations section below for more information).

Parenting Wisely

- Areas of interest: Mental Health Promotion; Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Universal, Selective, Indicated.
- This is an Individual/Family Level Intervention.

Parenting Wisely is a set of interactive, computer-based training programs for parents of children ages 3-18 years. Based on social learning, cognitive behavioral, and family systems theories, the programs aim to increase parental communication and disciplinary skills. The original Parenting Wisely program, American Teens, is designed for parents whose preteens and teens are at risk for or are exhibiting behavior problems such as substance abuse, delinquency, and school dropout. Parents use this self-instructional program on an agency's personal computer or laptop, either on site or at home, using the CD-ROM or online format. During each of nine sessions, users view a video enactment of a typical family struggle and then choose from a list of solutions representing different levels of effectiveness, each of which is portrayed and critiqued through interactive questions and answers. Each session ends with a quiz. All nine sessions can be completed in 2 to 3 hours. Parents also receive workbooks containing program content and exercises to promote skill building and practice.

Adaptations of the original Parenting Wisely program have been created for various groups of youth. One of these adaptations, Young Children, targets children ages 3-9 years. Although the studies reviewed in this summary primarily evaluated the original version of *Parenting Wisely*, the *Young Children* version was also evaluated, as were adaptations created to be implemented with groups of parents.

PRIME For Life

- Areas of interest: Substance Abuse Prevention.

- Institute of Medicine (IOM) Prevention Categories: Universal, Selective, Indicated.
- This is an Individual/Family Level Intervention.

PRIME For Life (PFL) is a motivational intervention used in group settings to prevent alcohol and drug problems or provide early intervention. PFL has been used primarily among court-referred impaired driving offenders, as in the two studies reviewed for this summary. It also has been adapted for use with military personnel, college students, middle and high school students, and parents. Different versions of the program, ranging from 4.5 to 20 hours in duration, and optional activities are available to guide use with various populations.

Based on the Lifestyle Risk Reduction Model, the Transtheoretical Model, and persuasion theory, PFL emphasizes changing participants' perceptions of the risks of drug and alcohol use and related attitudes and beliefs. Risk perception is altered through the carefully timed presentation of both logical reasoning and emotional experience. Instructors use empathy and collaboration (methods consistent with motivational interviewing) to increase participants' motivation to change behavior to protect what they value most in life. Participants are guided in self-assessing their level of progression toward or into dependence or addiction. PFL also assists participants in developing a detailed plan for successfully following through with behavior change. Multimedia presentations and extensive guided discussion help motivate participants to reduce their substance use or maintain low-risk choices. Individual and group activities are completed using participant workbooks.

Strengthening Families Program (SFP)

- Areas of interest: Mental Health Promotion; Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Universal, Selective, Indicated.
- This is an Individual/Family Level Intervention.

The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. SFP comprises three life-skills courses delivered in 14 weekly, 2-hour sessions. The Parenting Skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children's Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. In the Family Life Skills sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together. Participation in ongoing family support groups and booster sessions is encouraged to increase generalization and the use of skills learned.

Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)

- Areas of interest: Mental Health Promotion; Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Universal.
- This is an Individual/Family Level Intervention.

The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds. It is theoretically based on several etiological and intervention models including the biopsychosocial vulnerability, resiliency, and family process models. The program includes seven 2-hour sessions and four optional booster sessions in which parents and youth meet separately for instruction

during the first hour and together for family activities during the second hour. The sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences to use substances. Sessions, which are typically held once a week, can be taught effectively by a wide variety of staff.

Strong African American Families (SAAF)

- Areas of interest: Mental Health Promotion; Substance Abuse Prevention.
- Institute of Medicine (IOM) Prevention Categories: Universal.
- This is an Individual/Family Level Intervention.

Strong African American Families (SAAF) is a culturally tailored, family-centered intervention for 10- to 14-year-old African American youths and their primary caregivers. The goal of SAAF is to prevent substance use and behavior problems among youth by strengthening positive family interactions, preparing youths for their teen years, and enhancing primary caregivers' efforts to help youths reach positive goals.

Facilitators administer SAAF through seven 2-hour sessions using separate skill-building curricula for youths and primary caregivers. Sessions can be implemented at any time during the week, including weekends. During the first hour of each session, youths and primary caregivers meet separately with facilitators. Topics addressed in the youth sessions include the importance of following house rules; adaptive ways of responding to racism; the formation of goals for the future and plans to attain them; and skills for resisting early sexual involvement, substance use, and other risk behaviors. The primary caregiver sessions address ways in which the caregivers can monitor their children's behavior; encourage adaptive strategies for their children to respond to racism; and develop adaptive communication skills for discussing sex, substance use, and other risk behaviors. During the second hour of each session, youths and primary caregivers meet as a family with the facilitator and build on what was learned in the separate sessions. In the family sessions, facilitators work with families to build family-based strengths for supporting the youths' goals, enhancing racial pride, and improving communication and support.

Other NREPP Resources

NREPP's Learning Center includes learning modules, research documents, and other resources on topics of interest to NREPP users. www.nrepp.samhsa.gov

Learning Modules (free, self-paced, step-by-step courses):

- **A Road Map for Implementing Evidence-Based Programs**
This course provides guidance to facilitate selection and implementation of one of the many evidence-based programs related to prevention and treatment that are publicly available today. You will learn how to (1) select the program that best matches your organization's needs and (2) carry out the steps necessary to implement the program you choose.
- **Non-Researcher's Guide to Evidence-Based Program Evaluation**

This course provides a basic overview of program evaluation, including the goals of evaluation, types of evaluation, and common study designs. It provides general guidance on how to successfully plan, conduct, and manage an evaluation. The course also covers how to address research quality and disseminate your findings so that the results of your evaluation will have maximum impact.

- **Preparing an Intervention for NREPP Submission and Potential Review**

This course will assist developers of mental health or substance abuse programs, including principal investigators of research studies, who are working toward submitting interventions for review and potential inclusion on NREPP.

Systematic Review Library:

The NREPP library provides users with available research evidence published in systematic reviews on topics related to mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.

- Cognitive Behavioral Therapy for Depression and Anxiety Disorders
- Early Childhood Programs
- Eating Disorders
- Motivational Interviewing
- Parenting Programs
- Posttraumatic Stress Disorder
- School-based Violence Prevention Programs to Reduce Bullying and Aggressive Behaviors
- Suicide Prevention Programs

Resources and Tools:

- Substance Use Screening and Assessment Tools; Mental Health Screening Tools, etc.
- Questions To Ask as You Explore the Possible Use of an Intervention.

NREPP Glossary:

Definitions from numerous sources and tailored specifically for content on the NREPP web site.

Other Resources for Evidence-Based Interventions

Guidance Document: Selecting, Planning, and Implementing Evidence-Based Intervention for the Prevention of Substance Use Disorders. Created by the Michigan Department of Community Health-Bureau of Substance Abuse and Addiction Services (MDCH-BSAAS), Evidence-Based Workgroup, January 2012. http://www.michigan.gov/mdch/0,4612,7-132-2941_4871_29888--,00.html
Scroll down webpage to 'Prevention Resources' for a downloadable copy of this document.

An Electronic Tool-Kit for Developing Prevention Prepared Communities in a Recovery Oriented System of Care. (MDCH-BSAAS, State Prevention Enhancement.) Includes: Full Tool-Kit for Printing; Developing Prevention Prepared Communities (An Introductory Presentation); Directions for Completing the Local Community Readiness Assessment for ROSC and Prevention Prepared Communities; Local Community Readiness Assessment for ROSC and Prevention Prepared Communities; In What Ways are We a Prevention Prepared Community? Worksheet; Assess Your Group's Community Linkages.

http://www.michigan.gov/mdch/0,4612,7-132-2941_4871_29888_48562-165334--,00.html

A Paradigm Shift in Selecting Evidence-Based Approaches for Substance Abuse Prevention, by David Sherman, M.Ed. 2010. Interesting article on defining “evidence-based” and the evolution of evidence-based prevention approaches. <http://www.cars-rp.org/publications/preventionontactics.php>

Identifying and Selecting Evidence-Based Interventions. Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program. HHS Pub. No. (SMA)09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2009. <http://store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf>

The Guide to Community Preventive Services is a free resource to help choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions: Which program and policy interventions have been proven effective? Are there effective interventions that are right for my community? What might effective interventions cost; what is the likely return on investment? http://www.thecommunityguide.org/uses/program_planning.html

Promising Prevention Interventions

Promising Practices Network (PPN)

http://www.promisingpractices.net/resources_substanceabuse.asp

The Promising Practices Network (PPN) website is a resource that offers credible, research-based information on what works to improve the lives of children and families. PPN is sometimes referred to as a "best practices" site. In addition to providing summaries of effective programs, PPN also features *Issue Briefs* that summarize the current research on various topics and *Expert Perspectives*, where child policy experts answer questions on a variety of topics. PPN links to additional research information in all areas related to child well-being, including their physical and mental health, academic success, and economic security. To promote successful implementation of best practices and model programs, PPN screens and posts evidence-based information on effective service delivery. Each listed intervention includes contact information on the program developer. PPN also provides a process for reviewing information for inclusion on the site and how to submit a program for consideration.