

EXECUTIVE SUMMARY

SFBHN PREVENTION SYSTEM OF CARE FY 2015-16

Overview

In 2015-16, SFBHN funded a comprehensive evaluation of the Prevention System of Care (PSOC) for ten funded prevention providers implementing programs under the Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant Funding for youth substance abuse prevention. Previous outcome evaluation had not been done, and no localized baseline data for prevention was available. BSRI worked closely with SFBHN and providers to develop comprehensive goals for the PSOC that reflected the needs of their target population and included strategies to influence individual behaviors, perceptions, and attitudes, as well as create environmental changes for substance use prevention (e.g. decreased access). Seven goals were developed that focused on increasing perceptions of harm about drugs, increasing knowledge and awareness, decreasing substance use, and increasing healthy behaviors. Additional goals sought to decrease availability of drugs, increase community capacity to implement prevention, and increase policies favoring prevention efforts.

Capacity Building and Rapid Cycle Change

BSRI worked individually with providers to develop provider level goals that fed into PSOC goals, connecting the dots from ground level prevention programming up to community level change strategies and outcomes. Historically, providers lacked a shared vision for prevention and there was no outcome-related data to indicate whether individual or systems level prevention efforts were effective. BSRI collaborated with each of the ten SFBHN providers to build individual provider capacity to collect data and to use process and outcome data in making decisions about programming. Providers collected data for every participant served with Selective and Indicated prevention strategies including demographics; attendance data; pretest, posttest, and satisfaction data; and fidelity of evidence-based programs.

In the first half of FY 2015-16, BSRI used outcome data to inform SFBHN that one evidence-based prevention program was not effective within South Florida target populations. This finding was used to immediately cease implementation of that program and replace it with another to continue serving youth with effective programs without any service disruption.

Process data was also used month to month to increase the validity and accuracy of provider evaluation data through the implementation of ongoing feedback via provider report cards.

Outcomes

Individual and aggregate provider level data showed significant positive results across all SFBHN PSOC goals. Youth participants engaged in prevention evidence-based programs increased their perceptions of harm about drugs and decreased their favorable attitudes towards drugs. The most significant positive outcomes were found for increasing knowledge and awareness about drugs with a nearly 20% increase in posttest scores compared with pretest scores. Youth also increased their healthy behaviors, including assertive communication, self-awareness about having a drug problem, and self-esteem to handle peer pressure. Finally, although fewer than 20% of youth reported any drug use at pre-test, positive outcomes were also found with large decreases in reported drug use at posttest.

Data on the intensity of services revealed that, for youth who reported use or who were at elevated risk for using drugs, indicated interventions delivered in a one-on-one format (more

intensity of services) were effective at decreasing use and increasing healthy behaviors of youth engaged.

Additionally, outcomes also indicated that youth in Middle School have the lowest levels of protective factors and highest levels of risk factors compared with younger and older youth. This data shows the need to target services earlier than Middle School to reduce these negative risk profiles (as data from providers using K-4 target population services show), and to continue services throughout the youth trajectory.

Finally, for older youth (high school age), results across evidence-based programs showed more significant pre-post-test increases for youth engaged in peer-led and interactive interventions versus traditional didactic programs.

Coalitions worked on environmental strategies and successfully decreased the number of outlets selling to minors and which lack appropriate signage in place signaling the need for proper identification to purchase alcohol and tobacco. This was a significant accomplishment, as there is little historical national and local level data indicating whether these strategies are effective.

Conclusions

The evaluation for the PSOC during FY 2015-16 was designed to capture baseline data that is an accurate reflection of youth being served in prevention programming both before and after receiving evidence-based prevention interventions so that providers and funders can show they are “moving the needle” towards successful outcomes in future years. With this baseline data, moving forward, evaluation can focus on concrete changes to youth populations over time with confidence that changes in risk and protective factors are a direct result of prevention programs.

Generating provider buy-in was, and continues to be, a critical factor in building capacity throughout the PSOC to implement high impact, cost effective, and outcome-driven prevention programming, and is a direct result of the collaboration between funder, external evaluators, and individual providers.

Local data, including the data within this report, should be used to drive prevention program selection and target audience based on needs, risk and protective factor profiles, and provider performance with evidence-based programs, as not “all” are effective with South Florida youth. Funders should ensure that the PSOC encompasses a variety of programmatic strategies (education, alternatives, community-based, environmental) to alter both individual perceptions and to change community-level factors that promote or enable youth substance use. Provider level outcome data is now connected to, and directly informs, progress towards systems-level goals to create and measure true community change. Baseline data from FY 2015-16 will allow evaluation to focus on additional factors that influence and complement programmatic outcomes (i.e. facilitation style, fidelity) in the upcoming year.