

Doing What Works!

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History

- Event....
- Trigger....
- Do Something....
- Brainstorm....
- Choose something....

- But how do you know what to do?

Doing what works...

depends on who you are!

Know Your Agency

- Mission and Vision
- Past history
- Current Position

Know Your Neighborhood

- Who has the same mission?
- What makes you different?
- Should you partner?

Know Your Stakeholders

- Who will you tell?
- How will you tell them?
- Why will they care?
- What will they do with the information?

Know Your Capacity

- S.W.O.T. What are your/their strengths, weaknesses, opportunities & threats?
- Consider your/their: leadership, history, reputation, resources, reputation competitors, position in the community, current trends

Doing what works...

depends on the problem!

Getting Started

- What do you want to do and why?
 - With whom, to whom, when & where?
- What are two reasons why anyone should care?
- How do you know it will work?
- What are five ways to measure your success?
- Why are you the best people to do it?
- How does it connect to your organization/community?
- What will happen when it's over?
- Who cares? (politics)

Problem or Need Statement

- a clear picture or definition of the current health problem;
- a description of the causes of the problem and persons affected by the problem; and,
- a solution to reduce risk for this health problem.

Problem or Need Statement

- Individuals with “A” characteristics and background live in “B” conditions or environments and have “C” problems or needs that are caused by “D.”
- Individuals are blocked from solving these problems because of “E.”

Problem or Need Statement

- This problem is related to other problems “F” and, have “G” short- and long-term impact if not addressed.”
- The impact of the need/problems on the community is “H.”

Problem or Need Statement

- Others have addressed their need/problems by doing “I”; results of the interventions have been “J.”
- The most promising strategy for prevention is “K,” or intervention is “L.”

Problem Statement Tells You...

- What is the problem?
- How significant is the problem?
- Who is effected by the problem?
- Who is going to address the problem?

It does not tell you....

- that a program the most promising strategy;
- whether to focus on prevention or treatment goals, objectives, activities, and outcomes; or,
- which program will solve the problem you identified.

Evidence-Based Practice

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse and Prevention (CSAP)

SCIENCE BASED PROGRAMS
Theory-Driven Practice
Scientific Rigor of Evaluation
Practicality of Their Findings

PROMISING PROGRAMS

EFFECTIVE PROGRAMS

MODEL PROGRAMS

Scoring Procedures and Definitions

www.samhsa.gov/centers/centers.html

- Promising Programs
 - Demonstrate positive outcomes
 - Do not show sufficient rigor or consistency
- Effective Programs
 - Well-implemented and well-evaluated
 - Consistently positive pattern of results
- Model Programs
 - Rigorous standards of research
 - Quality of materials, training, technical assistance for nationwide replication

**National Registry of Effective Programs (NREP)
SCORING PROCEDURE**

Methodological Criteria

Theory/Conceptual Framework*	Methods of Correct Biases
Intervention Fidelity	Outcome Measures (R & V)
Process Evaluation	Outcome Measures Relevance
Design	Missing Data
Method of Assignment	Treatment of Missing Data
Sample Size	Outcome Data Collection
Attrition	Analysis
Analyses of Attrition Effects	

**National Registry of Effective Programs (NREP)
SCORING PROCEDURE**

• **Summative Methodological Rating Criteria**

Integrity: the overall level of confidence in program outcomes based on rigor of evaluation methodology and implementation evidence.

Utility: the overall usefulness of program effects to inform theory and practice, based on match and integration of intervention components with target population, sustainability, efficiency, and direction, magnitude, and quality of outcomes.

**National Registry of Effective Programs (NREP)
SCORING PROCEDURE**

• **Summative Methodological Rating Criteria**

In other words....your problem statement:

- What is the problem?
- How significant is the problem?
- Who is effected by the problem?
- Who is going to address the problem?

**National Registry of Effective Programs
(NREP)
SCORING PROCEDURE**

- **Appropriateness Criteria**
 - Dissemination Capability
 - Cultural Appropriateness
 - Replications
 - Consumer Involvement
 - Summative Appropriateness Criteria

**National Registry of Effective Programs
(NREP)
SCORING PROCEDURE**

- **Other Parameters**
 - Research Design Included
 - If comparison/control (s) included
 - Number of subjects
 - Verification of Submitted Material
 - (operations, impact and success based on site-visit before advancement to "Model" status).

**National Registry of Effective Programs
(NREP)
SCORING PROCEDURE**

- **Other Parameters continued**
 - Population served
 - Description of facility site
 - Thoroughness of client assessment
 - Comprehensiveness of services
 - Continuity of care
 - Documentation
 - Description of intervention elements
 - Level of Integration and specificity of mental health and substance abuse services
 - Availability of psychotropic medication
 - Referral procedures
 - Staff factors: qualifications, training, and supervision

What is the First Step Toward Evidence-Based Practice?

National Registry of Effective Programs (NREP)

SCORING PROCEDURE

Methodological Criteria

Theory/Conceptual Framework*

Intervention Fidelity
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Analyses of Attrition Effects

Methods of Correct Biases
Outcome Measures (R & V)
Outcome Measures Relevance
Missing Data
Treatment of Missing Data
Outcome Data Collection
Analysis

Theory/Conceptual Framework*

- 1-the degree to which the program is based on clear and well-articulated theory or conceptual framework;
- 2-or the degree to which the program specifies a logic model to convey the theory and framework;
- 3- or the degree to which the program specifies a logic model to convey theory or framework; or the degree to which the program presents a framework to address situational context, target population, interventions and outcomes.

Question

- How is the “Theory/Conceptual Framework” both fair and reasonable for us in the field?

Answer

**LOGIC
MODELS!**

Question

- What is your first step when constructing a logic model?

Answer

**PROBLEM
STATEMENT!**

The Problem Statement

- What is the problem?
- How significant is the problem?
- Who is effected by the problem?
- Who is going to address the problem?

The Problem Statement

Youth at highest risk for suicide completion reside in the two northern counties of the state, where completers have higher alcohol and other drug levels in their blood upon death than adolescents who complete suicide in other counties. Adolescents choose alcohol and other drugs over drugs prescribed or mental illness treatment because the stigma of mental illness is greater in these counties than in other counties.

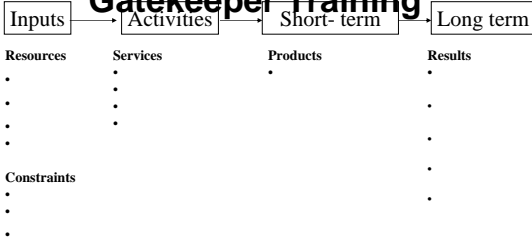
Strategy

Gatekeeper Training

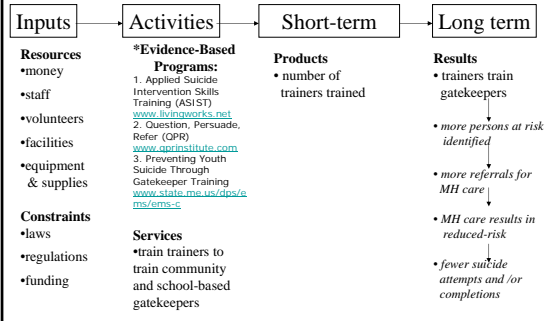
Program Logic Model

- Inputs
 - Resources-human, financial, in-kind
 - Constraints-laws, norms, climate, demographics
- Activities
 - Evidence-based practices
- Outcomes
 - Short-term
 - Mid-term
 - Long-term

Program Logic Model Gatekeeper Training



Program Logic Model Gatekeeper Training



Goals and Objectives

- Goals:
–Long range, systemic

- Objectives:
–Steps to reach goals
–Measurable

Problems with Goals and Objectives

- Don't relate to the strategy
- Aren't clearly linked to the problem statement
- Lack specificity
- Unrealistic
- Can't be measured

Activities or Methods

- Drive the proposal as a road map
- Demonstrate how it will get done
- Include timelines and sequences
- Who, what, when, where, and how
- Explain expenditures of resources

Problems with Activities or Methods

- Aren't clearly linked to problem
- Aren't clearly linked to goals and/or objectives
- Lack coherency or specifics
- Bogged down in detail
- Unrealistic
- Can't be measured

Problems with Activities or Methods

- Don't build on your capacity
- Don't explain how the money and/or staff will be used
- Timeline missing or inadequate
- Not very creative or duplicative
- Partner roles not clearly defined

Evaluation

- Driven by logic model
- Measure Objectives and Activities
- Process vs. Outcome measures
- Measures ~
 - Process:
 - What happened
 - How it happened
 - Outcome:
 - Who it impacted...short-term and long-term

Evaluation

- Data collection
 - Valid
 - Do your process and outcome measures measure what you think they measure?
 - Reliable
 - Are data protected from various sources of error or corruption?
 - If so, it is ok, just report limitations

Evaluation

- Effort
 - How many; how much did you do?
 - e.g., How many adults did you train?
- Effectiveness
 - What are the results?
 - e.g., How much did they learn?
- Efficiency
 - Was it worth it?
 - e.g., How much bang for the buck?

Problems With Evaluation

- No problem statement
- No clear link to goals and objectives
- No clear link to activities
- Measurement not built into objectives
- Measurement not built into activities
- Unrealistic
- No outcome measures = no numbers
- Not clear

Problems without Evaluation

- What is the problem?
 - Is the problem still a problem?
- Who is effected by the problem?
 - Is it the same target population or another target population?
 - Primary vs. Secondary
- Who is addressing the problem?
 - If it works, how and why does it work?
 - If not, why doesn't it work?
 - If not, how and what not to do?
 - Did the program cause another problem?

Doing what works...everyone!!

- 1) Use data to characterize the problem
- 2) Construct Problem Statement
- 3) Construct Logic Model
Plan, Implement, Evaluate
- 4) Report + or - Results

Websites

www.samhsa.gov/centers/centers.html

www.wkkf.org

Categories of Programs

- General (community) education (u)
- Targeted education (u, s, i)
- Skills/resiliency building (u, s, i)
- Postvention (contagion prevention) (s, i)
- Gatekeeper (u, s, i)
- Crisis lines/centers (s, i)
- Screening (u, s, i)
- Means restriction (u, s, i)
- Social marketing (u)
- Behavioral health interventions (i)

• u=universal s=selected i=indicated

Categories of Programs

General Community Education

... a risk which has not materialized within the individual's own experience is unlikely to be regarded seriously.

Rose, Geoffrey, The strategy of preventive medicine. Oxford (Oxford University Press), 1992, here: 22

General Community Education

- **SAFE Teen (Grade 9-12)**
 - Diane M. Ryerson-Peake, 1618 Lakeside Drive, Greeley CO 80631-5434, 970-351-6610, 970-352-3880 fax
- **Mind Matters (Grades 9-12)**
 - Youth Research Center, Faculty of Education, The University of Melbourne, Victoria 3010, Australia, 61-3-8344-9633E-mail: ycrc@edfac.unimelb.edu.au Web site: <http://yarn.edfac.unimelb.edu.au/ycrc/projects/mindmatters.html>
- **Washington State Youth Suicide Prevention Program (WSYSP) (Grades 6-12)**
 - Youth Suicide Prevention Program, Susan Eastgard, Director, 8511 15th Avenue NE, Seattle, WA 98115; (206) 297-5922; Fax (206) 297-0818, E-mail eastgard@mindspring.com Web site www.yspp.org

Screening Programs

- Policy guidelines for screening to assess risk
 1. There should be no screening without adequate resources for advice and long-term care.
 2. Selective screening and care are more cost effective than mass screening.
 3. The purpose is to assess reversible risk - not risk factors
- Rose, Geoffrey, The strategy of preventive medicine. Oxford (Oxford University Press), 1992, here: 34 - 38

Screening Programs

- Signs of Suicide (SOS) High School SP Program
 - Screening for Mental Health, One Washington St., Ste. 304, Wellesley Hills, MA 02481; 781-239-0071
 - E-mail: info@mentalhealthscreening.org
 - Web page: http://www.mentalhealthscreening.org/sos_highschool/index.htm
- Columbia Teen Screen
 - Columbia University Division of Child and Adolescent Psychiatry, 1051 Riverside Dr., NYSPJ Unit 78, NY, NY 10032; 212-543-5943; fax 212-543-5289E-mail: NovaD@child.cpmc.columbia.edu Web site: www.teenscreen.org

Behavioral Health Interventions

- Coping and Support Training (CAST)/Counselors Care (C-Care)
 - Thompson, E.A., Eggert, L.L., Randell, B.P., & Pike, K.C. (2001 May). Evaluation of indicated suicide risk prevention approaches for potential high school dropouts. *American Journal of Public Health*, 91(5): 742-752.
 - Contact Elaine Adams Thompson, Reconnecting Youth Prevention Research Program, Psychosocial and Community Health, Campus Box 357263, University of Washington School of Nursing, Seattle, WA 98195-7263; e-mail: elainet@u.washington.edu

Means Restriction

- Commonly used methods/means are socially/culturally determined
- Approaches
 - Policy
 - Firearms
 - Pharmaceuticals
 - Pesticides
 - Correctional custody
 - Education (community, clinical)
 - Safe storage

Skills/Resiliency Building

- Reconnecting Youth (9-12)
 - Leona L. Eggert, Associate Professor, University of Washington School of Nursing, Seattle, WA 98195. eggert@u.washington.edu
 - National Educational Service, 800/733-6786 or www.nes.org
- Zuni Life-Skills Dev. Curriculum (9-12)
 - Teresa LaFromboise, School of Education, Stanford University, Stanford, CA 94305, Email: lafrom@stanford.edu
 - LaFromboise, T., & Howard-Pitney, B. (1995). The Zuni Life Skills Development Curriculum: Description and Evaluation of a Suicide Prevention Program. *Journal of Counseling Psychology*, 42(4): 479-486.
- Bridges (Building Skills to Reach Suicidal Youth)(9-12)
 - Office of Prevention Services, University of Medicine & Dentistry of New Jersey, Piscataway, NJ 08855-1392; 1-800-762-2989
E-mail: opsr@chmc.umdnj.edu

Skills/Resiliency Building

- Blueprints for Youth/Promoting Alternate Thinking Strategies (PATH) (K-6)
 - Blueprints for Violence Prevention, Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder, 900 28th Street, Suite 107, 439 UCB, Boulder, CO 80309-0439; (303) 492-1032; Fax (303) 443-3297
 - E-mail: Blueprints@colorado.edu
 - Web site: <http://www.colorado.edu/cspv/blueprints>

Postvention

- New Jersey Adolescent Suicide Prevention Project (“*Managing Sudden Trauma in the Schools*”)—available through American Association of Suicidology (www.suicidology.org)
- ***Responding to Crisis at the School: Resource Aid Packet and School-based Crisis Intervention: A Quick Training Aid***
smhp.psych.ucla.edu

Gatekeeper Training

- Applied Suicide Intervention Skills Training (ASIST) www.livingworks.net
- Question, Persuade, Refer (QPR) www.qprinstitute.com
- Preventing Youth Suicide Through Gatekeeper Training www.state.me.us/dps/ems/ems-c

WEBSITES

www.samhsa.gov/centers/centers.html
www.wkkf.org
