



Prevention Partnership Evaluation Projects

Florida Department of Children and Families, Substance Abuse Program

Executive Office of the Governor, Office of Drug Control

Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention

University of Miami, Comprehensive Drug Research Center/Treatment Prevention Evaluation Group



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The ABCs of Evaluation

There are many terms in the field of evaluation that we all should have proper definitions for. A little clarification is always a good thing!

Assent

To give approval; to comply with what is being asked by another. This is an extra-legal concept. *Parental consent* may be required for minors to participate in research. In such instances, it is also important that the minors *assent* to their participation, i.e., that they willingly agree to participate.

Baseline Data

Initial information on a program or program components collected prior to receipt of services or participation activities. Baseline (or pre-test) data are often gathered through intake interviews and observations and are used later for comparing measures that determine changes in the participants of a program.

Comparison Group

A group of individuals whose characteristics are similar to those of a program's participants. These individuals may not receive any services, or they may receive a different set of services, activities, or products; in no instance do they receive the same services as those being evaluated. As part of the evaluation process, the experimental group (those receiving program services) and the comparison group are assessed to determine which types of services, activities, or products provided by the program produced the expected changes.

Deviation

A change made to a science-based prevention program without any theoretical or empirical rationale. An example may be a change in timing or dosage made for staff convenience or for administrative reasons. Deviations represent a failure to implement the prevention program with *fidelity* and are conceptually different than theory based *modifications*. Deviations should be avoided, but when they occur they should be discussed with your Field Evaluator.

Evaluation Plan

A written document describing the overall approach or design that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, and why the evaluation is being conducted.

Fidelity

A concept that reflects the replication of a program in a manner that renders it intrinsically the same as the model program. Elements of fidelity (which are measurable) include the clientele, the sequence of activities, the timing and dosage of activities, etc. Fidelity is a crucial goal in replicating a program. However, special circumstances sometimes require systematic departures from fidelity (modification).

Goal

A desired state of affairs that outlines the ultimate purpose of a program. This is the end toward which program efforts are directed. Goals may be stated in broad concepts, as opposed to *objectives*, which should be measurable.

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Hypothesis

Expectation about the nature of things derived from theory. Rarely do substance abuse prevention programs engage in the scientific tradition of testing formal "null" hypotheses. But every prevention program has the hypothesis (implicit or explicit) that it will produce changes in participants that will reduce substance abuse and associated risks.

Indicated Prevention Programs

In Florida, these are known as "Level 2" Prevention programs. The Institute of Medicine describes indicated prevention programs as activities targeted to high-risk individuals. These individuals are identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels that would recommend a treatment program.

Level 1 Prevention Services

In Florida, this term is used to describe what the Institute of Medicine describes as *Universal* or *Selective* prevention programs. Demographic data are provided about the group receiving the program and data about individual participants are not collected. PEI data are reported as group means.

Nonequivalent Comparison Group Design

Evaluation designs that use nonrandomized comparison groups to evaluate program effects. Also referred to as quasi-experimental designs.

Outcome Evaluation

An evaluation used by management to identify the results of a program's effort. It seeks to answer management's question, "What difference did the program make?" It provides management with a statement about the net effects of a program after a specified period of operation. This type of evaluation provides management with knowledge about: (1) the extent to which the problems and needs that gave rise to the program still exist, (2) ways to ameliorate adverse impacts and enhance desirable impacts, and (3) program design adjustments that may be indicated for the future.

Process Evaluation

Process evaluation focuses on how a program was implemented and operates. It identifies the procedures undertaken and the decisions made in developing the program. It describes how the program operates, the services it delivers, and the functions it carries out. Like monitoring evaluation, process evaluation addresses whether the program was implemented and is providing services as intended. However, by additionally documenting the program's development and operation, it allows an assessment of the reasons for successful or unsuccessful performance, and provides information for potential replication.

Replication Program

In Florida, the implementation of a prevention program that has been accepted by DCF as having been proven effective. Implementation of a replication program requires collection of pretest and posttest data from participants and reporting of process data, but does not require the use of a comparison group or a control group.

Selective Prevention Program

One of the two types of programs defined by the Institute of Medicine that is treated as a Level 1 program in Florida. Its prevention activities are targeted to a subgroup of the population whose aggregate risk of developing a disorder is believed to be higher than average.

Universal Prevention Program

One of the two types of programs defined by the Institute of Medicine that is treated as a Level 1 program in Florida. Its prevention activities are targeted to the general public or to a whole population sub group (e.g., middle school students) that has not been identified on the basis of elevated individual or subgroup risk.

Validation Program

In Florida, this refers to a prevention program that has not yet been researched sufficiently to provide scientific evidence of its effectiveness. For public funds to be used for these unproven programs, it is required that they undergo a more rigorous evaluation that may lead to the "validation" of the program. A difficult and expensive part of this greater rigor is the necessity of testing a second group of similar persons who do not receive an intervention. Depending on how this second group is chosen, it is referred to as a comparison group or a control group.

What are the different types of program?

Prevention science for 10 to 17 year olds is deeper and more dynamic than for any other age group. Therefore, the conceptual framework for field support of programs addressing the prevention needs of this age group is also better developed. DCF is striving to work with federal and state research partners to attain this level of sophistication for other age groups.

Replication Programs: The program type with the highest level of pre-existing evidence of effectiveness is often labeled a "model" program. Model programs include criteria for program and participant selection and have a thorough, complete logic model and a detailed manual that outlines all components of the program. When a provider elects to use such a program, they are assured that they are implementing a program that has already been tested in multiple locations and has been shown to be effective in leading to prevention outcomes for a wide variety of program participants and locations. Replication of a model evidence-based program allows the program evaluation to focus only on the fidelity of implementation and on the outcomes for program participants. (Designation as a *Florida Provider Replication Program*, [described below] also permits this mode of evaluation.)

Validation Programs: Existing model/evidence-based programs do not always meet the needs of every provider. Some providers have locally developed prevention programs that address unique populations or meet special needs. Often these programs have not yet compiled sufficient evidence of their effectiveness to merit replication. These developing programs fall into two categories. The higher level of locally developed program in Florida is defined as a **validation** program. These locally developed programs have a well developed manual and have been implemented for at least one year (or for two cohorts, if the duration of the program model is less than 6 months) without major modifications to the model's dosage elements. This level of stability must be certified by the university evaluation team and designation requires verification by the DCF district prevention coordinator. Evaluation of a validation program requires that the provider carefully implement a *comparison group* evaluation design in order to test the effectiveness of its program. The goal of this stage of program development is to gather empirical evidence of the effectiveness of the program. Successful completion of this stage will result in a designation as a *Florida Provider Replication Program*. This designation permits future replication of the program by that provider with the same target population. To be ready for validation, a program must have stabilized its program dosages through Florida's Innovation Program process or must meet the requirements for exemption from the innovation stage. All validation programs must have preliminary evidence of effectiveness, i.e., a tested process and preliminary pre/post results. It is important to remember here that, if the provider and DCF district prevention coordinator and contract manager agree that no model programs meet the need of a priority target population, the district contract can include *billable* program testing activities, such as the collection of data from the comparison group. The program manual will be a part of the contract file and the expectation is that the program will be implemented with fidelity and tested against a qualified comparison group or another equally rigorous evaluation design. Any modifications of a program not developed through the Innovation Process, should be defined and agreed to in consultation with the university evaluation team before executing the contract. Pre/post testing for outcomes is conducted for both the program group and the comparison group for each cohort.

Innovation Programs: Locally developed programs that are not yet sufficiently stabilized to permit validation research are labeled innovations. Before moving to the validation stage, an innovation must develop a logic model with a prevention-science-based rationale, and a detailed program manual that is adequate to guide evaluation. To qualify for the validation stage of program development, the provider must stabilize the program dosage elements and describe them in a form of a program manual. That manual must (1) have dosage elements that are not likely to require modifications in the second contract year and (2) the program must show preliminary evidence of effect in its pre/post outcome tests. A program model can be exempted from the innovation process when the provider offers adequate written documentation to the field evaluators to show that it (1) has an adequate logic model; (2) has a program manual that provides adequate description for a sound process evaluation; (3) has had a non-modified program implementation for at least two cohorts; and (4) has preliminary indications of effectiveness.

In summary, there is a progression of prevention programming based on its level of guidance, from an idea based on practical experience and/or review of prevention science literature to programs that have been rigorously and independently tested multiple times. DCF supports three levels of structure in program selection: **Innovation** program models have the lowest level of evidence, agreement on a logic model between a provider, the universities' evaluation teams, and the district prevention coordinator.

Highlighting Hippodrome: The First Florida Provider Replication Program in Florida

The Hippodrome Teen Theater (www.thehipp.org) has followed the procedures to be the first validated *Florida Provider Replication Program*. Kelly Dugan, Educational Director, attended the Leadership Reception at the Statewide Prevention Conference in Orlando on November 15th at the Caribe Royale Resort. Ms. Dugan was recognized for the lengthy process of validating her program. (Please see the article on Page 3 for more information on validation). The program will be available to other communities; however, new programs will still need the comparison group for the evaluation process. Skip Forsyth, Department of Children and Families Supervisor, presented the certificate to Kelly Dugan.

"An unexamined life is not worth living."

- Socrates

"An unevaluated prevention program...is not worth implementing."

- UM Evaluation Team

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