

Scaling up Evidence-Based Interventions in US Public Systems to Prevent Behavioral Health Problems

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Implement Programs That Promote Healthy Development
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Setting the Stage

- We now have an array of EBIs that are ready for “scale up” - dissemination and implementation *at the level necessary to produce sustained, population-wide improvements in public health and well-being*
- **But specific strategies and a solid infrastructure that will enable scale-up are lacking**



<https://preventionresearch.org/>

- **SPR** is dedicated to advancing scientific investigation on the:
 - Etiology and prevention of social, physical and mental health, and academic problems
 - **Translation of that information to promote health and well being**
- **In 2016, SPR convened a workgroup (MAPS IV) focused on strategies to scale-up evidence-based interventions (EBIs)**

MAPS IV Task Force Members



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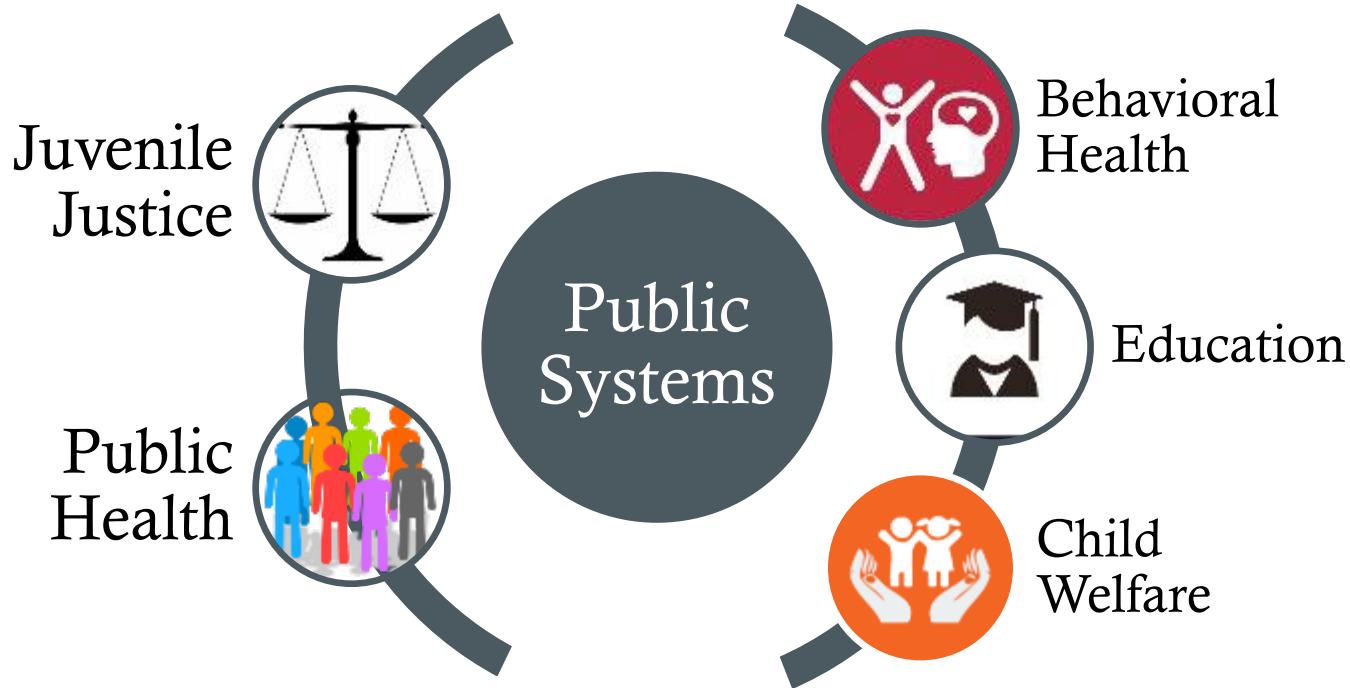
Lauren Supplee
Administration for
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Deborah Klein Walker
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What's the Solution? Scale-up in Public Systems

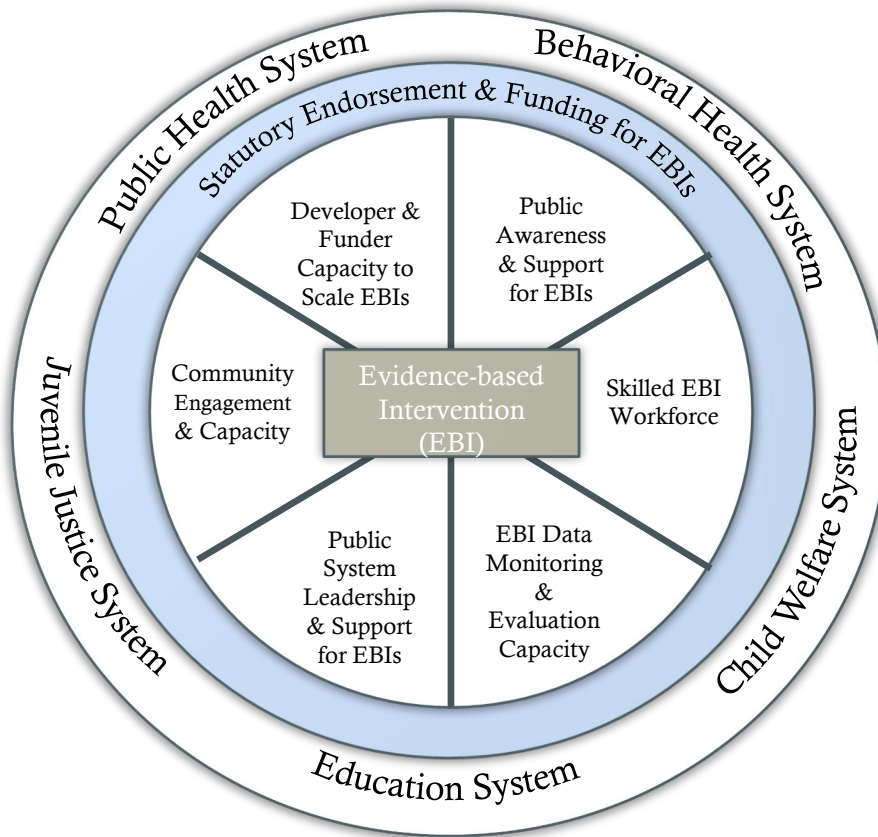
Public systems are well situated, but not consistently utilized or fully resourced, to provide the infrastructure needed for EBI scale-up.



Our Approach

- The Task Force:
 1. Identified the **systems-level** **facilitators** of and **barriers** to scale-up
 2. Provided **recommendations** for overcoming barriers
- Focused on factors and recommendations that are common across these systems

Multiple Factors Affect EBI Scale-up in Public Systems



EBI Knowledge

- **Facilitator**: What Works registries provide information on EBIs
 - *e.g., Blueprints, Crime Solutions, WWC*
- **Barrier**: Registries are not well known and often lack information needed to understand, compare, and select EBIs
- **Recommendation**: Support (state-level) *intermediary organizations* to help systems leaders and staff navigate registries

Leadership Support

- **Facilitator:** Active, supportive leaders at all levels of the system
- **Barriers:** Many leaders lack awareness of and support for EBIs and turnover can be high
- **Recommendation:** Develop and implement leadership academies

Workforce Development

- **Facilitator:** Adequate numbers of well trained and supportive staff
- **Barriers:** Staff often lack training in EBIs and EBI implementation (including cultural competency) and turnover can be high
- **Recommendation:** Provide more pre-service and in-service training in EBIs

Systems for EBI Data Monitoring and Evaluation

- **Facilitator:** Tracking data on EBI implementation and outcomes helps ensure high quality implementation and accountability
- **Barrier:** Lack of systems/experience/resources for collecting and analyzing such data
- **Recommendation:** Provide more financial and human resources for developing integrated, longitudinal data monitoring systems within and across systems

Community Involvement and Capacity

- **Facilitator:** Broad-based community involvement in EBI implementation
 - *e.g., SAMHSA's SPF, ONDCP's DFC*
- **Barrier:** Community coalitions require fiscal and human resources to be effective
- **Recommendation:** Provide local coalitions with more resources

Statutory Support and Funding

- **Facilitator**: Including language in statutes defining EBIs/evidence and **requiring** or **recommending** the use of EBIs
 - *e.g., MIECHV, Head Start Act*
- **Barrier**: definitions are too rigorous/not rigorous enough or too inflexible
- **Recommendation**: Continue this strategy and define EBIs to prioritize evaluation rigor and allow some flexibility

Statutory Support and Funding

- **Facilitator:** Block and categorical grants that require/recommend EBI implementation
- **Barrier:** Grants do not always **require** EBIs
- **Recommendations:**
 - Increase the use of block and categorical grants to support EBIs
 - Provide discretionary grants to promote innovation in EBI development and evaluation

Acknowledgements

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Thank you!

For more information...

- Fagan, A.A. *et al.* 2019. Scaling up Evidence-Based Interventions in US Public Systems to Prevent Behavioral Health Problems: Challenges and Opportunities. *Prevention Science* **20**, 1147–1168 <https://doi.org/10.1007/s11121-019-01048-8>
- **Policy briefs** describing actions to increase EBI scale-up in behavioral health, education, and public health
 - <https://www.preventionresearch.org/advocacy/policy-briefs/>