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Indiana's Evidence Based Practice Guide

**Indiana Division of Mental Health & Addiction
Bureau of Substance Abuse Prevention and Mental Health Promotion
Evidence Based Program Workgroup
February, 2016**

The purpose of this guidance document is to increase uniformity in the knowledge and application of evidence based prevention programs, services, and activities to reduce and prevent substance use disorders in the state of Indiana.

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Introduction

The Division of Mental Health and Addiction (DMHA) serves as the Single State Agency (SSA) and manages the Substance Abuse Prevention and Treatment (SAPT) Block Grant, including the prevention set-aside portion of the grant. These monies are a primary source of substance abuse prevention funding in the state of Indiana.

The science of alcohol, tobacco and other drugs (ATOD) has grown considerably in the past twenty years and with it the knowledge of what “gets to outcomes” has become clearer. It is clear that prevention works and can reduce (or delay until legal age or beyond) the adoption of alcohol, tobacco and other drugs. It is clear a comprehensive prevention strategy that addresses individual risk and protective factors and skills; family attributes and parenting skills; and community determinants all influence both substance using behaviors and mental health of individuals across the lifespan but particularly at ages that are associated with increased adoption of substance using behaviors.

Generally, evidence based refers to approaches to prevention that are validated by documented evidence. Usually, this evidence is obtained through experimental means, but other types of evidence are occasionally used. These proven effective programs, policies and practices are termed “evidence based.” Although innovation will always be needed, the emphasis on applying the body of knowledge is a focus for prevention science and for directing limited financial resources.

As DMHA increases the proportion of evidence based strategies that it requires its funded grantees to use, it has become apparent that there is a need for a shared definition of “evidence based,” a list of approved evidence based programs, and guidance on the selection of these programs. DMHA encourages sites to spend the bulk of any grant funds on evidence based programs rather than creating

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their own programs, but there remain questions about identifying, adopting and adapting programs to meet community needs and priorities.

This guide, which was developed by the Evidence Based Program Workgroup of Indiana, fills this void for DMHA grantees. Additionally, this guide could assist other alcohol, tobacco and drug prevention initiatives in the state who wish to implement programs with the strongest level of evidence, and which best suit the unique needs of their communities.

Definition of “Evidence Based”

The Evidence Based Program Workgroup of Indiana has adopted the Center for Substance Abuse Prevention’s (CSAP’s)/Substance Abuse Mental Health Services Administration’s (SAMHSA’s) operational definition of “evidence based,” which states that a program’s effectiveness must be supported by a) inclusion in a Federal registry of evidence-based interventions, b) publication in a peer-reviewed journal, or c) documentation in other sources, as well as the consensus judgment of informed experts.

The Evidence Based Program Workgroup created the list of Evidence Based Programs (beginning on page 23) using the standard that a program be ranked as a “Model Program” on Blueprints, or score a 2.5 or above on the National Registry of Evidence Based Programs and Practices (NREPP). If a program is not listed in this document, it is possible that the Evidence Based Workgroup will approve it through a waiver process (see Appendix A), if it meets one of the following two criteria:

1. The intervention is reported (with positive effects on the primary targeted outcome) in a peer-reviewed journal;

OR

2. The intervention has documented effectiveness supported by other sources of information and the consensus judgment of informed experts based on the following guidelines (must meet all elements below):

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- The intervention is based on a theory of change that is documented in a clear logic or conceptual model;
- The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature;
- The intervention is supported by documentation/ unpublished evaluation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; **AND**
- The intervention is reviewed and deemed appropriate by the Indiana Evidence Based Workgroup who are in majority agreement of its utility and evidence base for a particular community.

Preventionists who are being guided by this document are reminded that no single strategy can be the sole answer to preventing substance use in Indiana. In addition to the adoption of evidence based strategies, preventionists must consider how a single evidence based program, practice or policy fits into their goals overall; which evidence based programs, practices or policies can be expected to lead to identified outcomes; what capacity the community has to adopt the evidence based program, practice or policy; and the acceptability of the evidence based prevention program, practice or policy.

Selecting Evidence Based Programs, Policies and Practices that Align with Community Needs

Communities are unique in their demographic makeup, their cultural makeup, even their geographic features. The risk/protective and contributing factors related to substance abuse and substance abuse prevention are also unique as are the available resources and skills in a community. All of these factors must be considered when selecting the appropriate evidence based prevention strategy.

Although a program meets the criteria of evidence based, it may not be the right choice for a particular community. For this reason communities are encouraged to engage in community based capacity building, needs assessment and ongoing evaluation. Any

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programs policies or practices which are selected by a community should meet the “goodness of fit” criteria based on their community assessment data. This “goodness of fit” will be considered by the Evidence Based Program Workgroup when evaluating programs which are brought forth by communities for inclusion on the Indiana list of evidence based programs.

In addition to selecting an intervention that is evidence-based, it is important to ensure that the program is a good fit for the community. Consider the following elements when selecting a program that fits well with your community plan:

- **Conceptual fit.** The community’s needs assessment can be used to find the determinant of the problem, and the program selected not only is culturally appropriate for the population but it addresses the determinants of the problem.
- **Practical fit.** Given the staff, funding and capacity resources that the community has, the program can realistically be conducted with fidelity to the model.
- **Fidelity considerations.** The entire program, policy or practice can be implemented rather than only some of the elements. There is adequate time to implement the program elements. There is adequate funding and staffing resources to implement the program in its entirety. There is a method to collect data about the program outcomes
- **Cultural fit.** The evidence based program, policy or practice is culturally appropriate for selected population. It has been tested with populations similar to one in which it will be implemented.
- **Sustainability.** Program implementers are willing to track for outcomes to demonstrate its worth to community stakeholders. After training and initial start up, costs are limited so that future funding can be found to continue implementation.

Evidence-based programs that satisfy these “goodness of fit” considerations for your community will have the highest likelihood of producing positive prevention outcomes.

Selection of Programs, Policies and Practices

Substance abuse problems must be addressed at a local level and are often highly individualized. Although DMHA funded sites will be asked to tie their work back to the [State’s prevention priorities](#), which of the state’s priorities are addressed in each community will be determined based upon the communities’ highest needs and upon the risk and protective factors unique to their community.

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Communities should plan a comprehensive approach with the majority of their funds building on the evidence of effectiveness that has been compiled by multiple generations of prevention practitioners.

The Strategic Prevention Framework (SPF) should be employed for effective prevention planning, with careful attention to risk and protective factors. The SPF process involves five steps including:

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation.

These steps are constantly revolving and are continually shaped by attention to sustainability and cultural competence. New assessment data will inform other planning and implementation efforts. Program evaluation is not the end point, but rather, a point to inform ongoing activities. Evaluation is included in the planning step. Capacity efforts are both shaped by and will shape sustainability efforts. All of these steps influence the others but assessment, capacity and planning steps need to occur prior to implementation.

Programs should be based on community level data and a community logic model. Logic models should begin with problem identification, move through identification of risk and protective factors and finally to selection of programs and policies.

A list of evidence based practices which DMHA funded communities can adopt to address substance abuse issues in their communities begins on page 16. These programs, policies and practices are backed by a body of evidence that suggests that, when implemented with fidelity, they will yield improvements in risk factors and ultimately impact on alcohol, tobacco or other drug use in

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communities and then in the state. As previously stated, there are many considerations that communities will review before adopting any evidence based prevention program or policy.

It is anticipated that this is an evolving list. **The list will be reviewed when the National Registry of Evidence Based Prevention Programs (NREPP) is completed by CSAP in 2016 and every other year thereafter for further refinement, exclusion and inclusion.**

Waiver Process

DMHA funded sites who wish to select a program that is not listed but believe it to be evidence based may petition a review of that program for approval for DMHA SAPT block grant and other discretionary funds for use of this program within their community or review by the Evidence Based Program Workgroup for inclusion in *Indiana's Evidence Based Practice Guide*. Sites may submit data from local, well evaluated programs or research from peer reviewed journals. Ideally, sites will submit multiple sources of evidence for review.

Approval for the requested waiver is not guaranteed. The form for this process is included in Appendix A. Requests for review may take up to three months for review.

Using National Databases

Programs listed in this document are specific to alcohol, tobacco and other drug prevention. Ultimately, it is hoped that other State of Indiana agencies who do prevention work will use *Indiana's Evidence Based Practice Guide*. At that time, programs which are not specific to ATOD will be added.

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When selecting programs from national databases, sites should employ the same standard that the Evidence Based Program Workgroup used. This standard was that that programs rank as “Model Programs” on Blueprints and/or rank 2.5 or above on the National Registry of Evidence based Programs and Practices (NREPP). Program outcomes should relate specifically to drug and alcohol prevention outcomes.

When using a national database for DMHA funded programs, sites should select programs that directly impact on substance abuse prevention or a risk and protective factor that targets substance abuse prevention directly. If it is not delineated as such, DMHA funded sites will need to submit a waiver to the Evidence Based Program Workgroup for approval. Sites should allow up to four weeks for the Evidence Based Program Workgroup to approve their request if they are asking for a program to be added to *Indiana’s Evidence Based Practice Guide*.

Accepted evidence based databases include:

- [Blueprints for Healthy Youth Development](#) (Program outcomes should relate directly to substance abuse related outcomes and program should be ranked as a “Model Program.” If the program has a “Promising Practice” ranking, additional data or documentation should be included.)
- [CDC’s Best Practices for Comprehensive Tobacco Control Programs-2014](#) (This is an updated edition describes an overall program structure for intervention implementation. Strategies are to be implemented together rather than individually.)
- [National Registry of Evidence based Programs and Practices \(NREPP\)](#) (Program outcomes should relate directly to substance abuse related outcomes and be scored 2.5 or above.)
- [National Institute of Drug Abuse Red Book](#) (Model program lists start on page 34. The entire document is a good reference for program design.)
- [National Institute on Alcohol Abuse and Alcoholism’s College Alcohol Intervention Matrix/AIM](#) (Program outcomes were rated with three stars, deemed “higher effectiveness,” were prevention programs, and feasible for implementation in Indiana were included.)

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Domains

CSAP articulates that risk and protective factors and an individual's character interact through six life or activity domains. Within each domain are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention. The six domains are as follows: Individual, Family, Peer, School, Community, and Environment/Society. It stands to reason that careful planning across all domains with a specific outcome guiding the selection of evidence based prevention programs, policies and practices will lead to greater success.

DMHA block grant funds focus on universal prevention strategies. These strategies may direct (which are delivered to an identifiable and usually repeated contract such as a school curriculum or parenting class) or indirect (which are delivered to the entire population and are often include policy change, restricting advertising or implementing strategies to influence positive community social norms.)

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Environmental Strategies

Evidence based prevention practices, policies and programs in the community domain are often termed “environmental strategies.” For purposes of this document, environmental strategies are defined as those that are not “curriculum based.” As these environmental strategies are not prescriptive, fidelity is harder to apply and implementation is based upon application of best practice. Strategies which appear ineffective singularly (i.e. some marketing campaigns) may be very effective when paired with other strategies (i.e. reduced alcohol density). Additionally, some environmental strategies require attention and expertise that is beyond the capacity of prevention providers to do well and their efforts would be best served by selecting another strategy. For all of these reasons, using environmental strategies under the community domain requires skillful and comprehensive needs and capacity assessment and planning. The following is a brief tutorial about three areas of environmental prevention (communication, enforcement and policy) which are often used. This is not an in-depth study and communities adopting these or other environmental strategies should seek additional training and outside expertise as well as expect ongoing evolution of their projects. Additionally, although some strategies are quite effective, they may not be realistic for a community to undertake.

Since it is unlikely that the strategies in this document are comprehensive for either environmental strategies or evidence based curriculum based programs, sites are encouraged to present research, including that gleaned from best practice documents, to the Evidence Based Program Workgroup so that the information can be reviewed for possible inclusion in the Evidence Based Practice Guide.

Communication Strategies

Media and other communications efforts can be used to help change or reinforce community norms concerning tolerance of alcohol, tobacco and other drug use in their communities. There are examples of effective communication strategies in the areas of tobacco control and alcohol sales (especially to minors). In some instances, these communication strategies are used to shape or support the adoption of evidence based policies and practices which have an impact on use. This is sometimes termed media advocacy. Other times they attempt to shape as community beliefs about the harm of a particular substance or the "rightness" or "wrongness" of a particular action prior to the adoption of a particular behavior change.

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For a community to accept, promote, and enforce a particular policy or regulation, there must be some understanding of the problem and a readiness to change based on that understanding. Communication strategies can be particularly effective when paired with other elements of a comprehensive strategy. The preponderance of evidence shows that, although few environmental strategies are effective enough to reach community level outcomes singularly, environmental communication strategies particularly must be paired with other programs, policies and practices. Additionally, the communication strategies need to be quite intensive even when paired with evidence based practices. Sites will want to consider cost, capacity and the place of communication strategies within the context of their overall prevention strategies.

For this reason, prevention programs frequently employ the local media and use public education strategies to influence community norms. Media can also increase public awareness of specific issues and problems related to underage drinking; attract community support for program efforts; reinforce individual-, family-, and community-level programs for young people and/or their parents; and keep the public informed about program progress.

In short, communication campaigns are more effective when they:

- Are combined with more intensive and interactive prevention approaches. Comprehensive planning across domains using data to drive decisions is a must for all strategies especially those that are less prescriptive than curriculum based materials.
- Present messages that appeal to young people's motives for, and perceptions of, drug use. Messages that appeal to or correct young people's perceptions of risk are more likely to be effective than messages that do not. For example, counter-advertising campaigns that disseminate information about the hazards of a product or the industry that promotes it may help reduce alcohol sales and consumption.
- Tailor messages to the audience. Use marketing strategies to target your messages to the targeted population. Adolescents may share few characteristics except for being between the ages of 13 to 18. Knowledge of traits of the targeted audience can help prevention practitioners develop and deliver appropriate messages that resonate with the particular audience(s) they are trying to reach.

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- Place messages where young people (or the targeted group based on needs assessment) are likely to see and hear them. It is tempting to use low cost or free channels to promote your message but if it not the channel used by your target audience, these efforts is all but wasted.
- Avoid use of authority figures and admonishments as well as demonstration of harmful substances. Scare tactics have been shown to have almost no utility. Target audiences, particularly young people, tend to ignore such tactics or believe that they, personally, are not.

Additionally, these efforts should be part of a larger prevention program for increased efficacy and effectiveness at behavior change.

Enforcement

SAPT block grant funds cannot be utilized for enforcement strategies although they may be braided with other funds to support training or other enforcement related support activities.

Policies, regulations and laws can be an important part of a larger prevention strategy but they are only effective if the community is aware of the policies and the policies are enforced consistently. Effective use of enforcement also must be integrated into a larger prevention plan, such as adequate supports in other domains such as reduction of risk factors, ongoing cooperative relationships with law enforcement and the court system, adequate referral, support and treatment services for those penalized. Additionally, enforcement should be only one element of a prevention plan and its use should support a comprehensive and consistent prevention versus punitive effort.

It is recommended that at minimum police officers and others involved with enforcement are engaged in needs and capacity assessment, program planning and implementation and they are involved in community prevention coalition efforts. Additionally, some of the enforcement activities can engage young people and their parents to pair with enforcement officers and/or be referred for supportive prevention activities.

Common enforcement activities are:

- Compliance checks for minimum purchase age
- Enforce driving privilege limits for underage possession
- Sobriety checkpoints
- Increased awareness activities and/or training on policies and laws concerning substance use activity (This kind of activity could utilize SAPT block grant dollars for funding.)
- Party patrols

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- Social host ordinance enforcement

Again, although these efforts are a useful part of any prevention program and enforcement personnel are important coalition partners, block grant dollars cannot be expended on actual enforcement activities even if these activities meet the criteria of evidence based prevention strategies and policies.

Policy

Policies can be developed and enacted at variety level (state, local ordinance, school policies, community of faith, neighborhood associations, etc.) and will have varied impact. The study of the effectiveness is limited to larger places of impact but communities may want to consider policies for which their advocacy is likely to be impactful.

Research indicates that policies tend to be more effective if they:

- Hold adults accountable especially as it relates to underage access to substances.
- Increase prices. The research is strongest in the area of the substances that are legal for certain age groups such as alcohol and tobacco. The usual method of increasing prices is through increased taxes or restricting special pricing.
- Provide deterrents for use or incentives for abstaining from use. For example, driver's license suspension would be considered a deterrent and reduced insurance rates might be an incentive for abstaining.
- Restricting access to substances by decreasing the outlets available (even at community events) or making home delivery more difficult is especially effective for alcohol. This may be true for other substance but research is not as plentiful on substances such as prescription drugs or newly legalized marijuana.
- Prohibit advertising and incentives for use.
- Provide widespread education about policies and enforcement efforts.

Please note that lobbying is not an acceptable use for SAPT block grant funds. Agencies may use block grant funds to advocate for effective policies and best practice.

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NOTE ABOUT STRATEGY SOURCES

Program descriptions and source data from the following databases:

- [Blueprints for Healthy Youth Development](#) (Program outcomes should relate directly to substance abuse related outcomes and program should be ranked as a “Model Program.” If the program has a “Promising Practice” ranking, additional data or documentation should be included.)
- [CDC’s Best Practices for Comprehensive Tobacco Control Programs-2014](#) (This is an updated edition describes an overall program structure for intervention implementation. Strategies are to be implemented together rather than individually.)
- [National Registry of Evidence based Programs and Practices \(NREPP\)](#) (Program outcomes should relate directly to substance abuse related outcomes and be scored 2.5 or above.)
- [National Institute of Drug Abuse Red Book](#) (Model program lists start on page 34. The entire document is a good reference for program design.)
- [National Institute on Alcohol Abuse and Alcoholism’s College Alcohol Intervention Matrix/AIM](#) (Program outcomes were rated with three stars, deemed “higher effectiveness,” were prevention programs, and feasible for implementation in Indiana were included.)

In most instances, verbiage was taken directly from the database.

LIST OF APPROVED ENVIRONMENTAL STRATEGIES

Alcohol Advertising Restrictions	12-21	<p>Alcohol advertising conveys the message that alcohol consumption is widely practiced and socially appropriate in a variety of situations. Overall, advertising and programming that shows positive images of drinkers and drinking leads the viewer to develop favorable attitudes toward alcohol and drinking practices. Therefore, a number of measures have been developed to control alcohol advertising. Restrictions on alcohol advertising include any policies that limit the advertising of alcoholic beverages, particularly advertising that exposes young people to alcohol messages. Restrictions can be in the form of local ordinance or state law, or can be implemented voluntarily by a business, event or organization.</p> <p>**SAPT block grant dollars cannot be used for lobbying activities.</p>
Alcohol Restrictions at Community Events	all ages/ adolescents and transition aged youth	<p>Alcohol sales at community events create a high risk of underage drinking and related problems. States and local jurisdictions have taken various steps to reduce these risks, including: *Restricting the issuance of licenses at youth-oriented and family events; *Prohibiting alcohol sales at specific venues popular with young people; *Designating alcohol-free days or periods within longer events such as community fairs; *Establishing restricted drinking sections at special events where young people are not permitted to enter; *Prohibiting participants from bringing alcohol into the event; and *Requiring responsible beverage service management policies and training.</p> <p>**SAPT block grant dollars cannot be used for lobbying activities.</p>
Alcohol Tax	college/ all	<p>Under this strategy, a state or local government increases the tax on the sale of alcohol, thereby raising the cost of alcohol consumption and the affordability of excessive drinking.</p> <p>**SAPT block grant dollars cannot be used for lobbying activities.</p>
Cigarette Tax	all	<p>Increasing unit price on cigarettes has been shown to deter youth initiation and use of tobacco products.</p> <p>**SAPT block grant dollars cannot be used for lobbying activities.</p>

<p>Enforce Under 21 Drinking Restrictions</p>	<p>college</p>	<p>Under this strategy, campuses and local and state government support and implement strong enforcement of the existing age-21 minimum legal drinking age. (Compliance checks are an approach regulated at the local or state level whereby undercover youth, supervised by law enforcement or licensing authorities, attempt to purchase alcohol. When a violation occurs, a penalty is applied to the server and/or the license holder, depending on local or state law.)</p>
<p>Increase or Change Zoning Restrictions for Alcohol Outlets</p>	<p>all</p>	<p>Convenient access to alcohol is associated with higher rates of alcohol-related problems, and the location of alcohol outlets is directly related to convenient access. The focus of this strategy is to use local zoning laws to alter the availability of alcohol by using zoning restrictions to limit the location of retail alcohol outlets (bars, restaurants and stores). This strategy can be implemented by changing local zoning laws and policies to restrict availability and access, and/or by enhancing the enforcement of existing zoning laws and policies. Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will be effective. **SAPT block grant dollars cannot be used for lobbying activities.</p>
<p>Develop and/or Strengthen Age Identification Policies and Training for Employees of Alcohol/ Tobacco Establishments</p>	<p>12-adult</p>	<p>Server training involves educating owners, managers, servers and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth or to intoxicated patrons. Training can be required by local or state laws or ordinances. The utility of this practice to impact substance abuse prevention outcomes alone is limited. Research on training on tobacco sales to minors is less strong. **SAPT block grant dollars cannot be used for lobbying activities.</p>

<p>Increase or Change Zoning Restrictions for Alcohol Outlets</p>	<p>all</p>	<p>Convenient access to alcohol is associated with higher rates of alcohol-related problems, and the location of alcohol outlets is directly related to convenient access.</p> <p>The focus of this strategy is to use local zoning laws to alter the availability of alcohol by using zoning restrictions to limit the location of retail alcohol outlets (bars, restaurants and stores). This strategy can be implemented by changing local zoning laws and policies to restrict availability and access, and/or by enhancing the enforcement of existing zoning laws and policies. Remember that, as with all strategies that focus on policy change, enforcement should always be considered as a critical, parallel strategy. Effective deterrence increases the perception of certain, swift and severe punishment in the event that laws are broken, and enhances the chance that policy change will be effective.</p> <p>**SAPT block grant dollars cannot be used for lobbying activities.</p>
<p>Parental Notification Policies on College Campuses (Evidence Based on Alcohol Only)</p>	<p>18-21</p>	<p>As part of overall college campus alcohol policies, this involves notification to parents if underage college students are involved in alcohol use. This is generally regarded as ineffective as a stand-alone policy. For implementation with fidelity, it should be part of a larger spectrum.</p> <p>Colleges and universities are finding that parents can be partners in helping students develop into responsible adults, and that notifying parents of problems is often a way to involve them at a crucial point. In addition, the resulting dialogue may yield information that staff can use to respond better to a particular student's needs.</p>
<p>"Party Patrols"</p>	<p>12-21</p>	<p>Community and enforcement agencies can use party patrols in their efforts to prevent underage drinking parties and safely disperse them when they do occur. This training describes the problem of underage drinking in general and youth drinking parties in particular. This training presents: Proactive approaches to underage drinking parties that can help to prevent them before they start and minimize the potential for tragedy and exposure to liability while maximizing opportunities to educate the public on the dangers of underage alcohol use; Information on how to use enforcement campaigns to bring about changes in community norms concerning underage drinking and parties; Information on the operational steps that should be taken to prevent and disperse underage parties.</p> <p>***SAPT block grant dollars cannot be spent on enforcement.</p>

Retain 21 year old age restrictions on alcohol	college	All states, the District of Columbia, and Guam currently prohibit anyone under age 21 from possessing alcoholic beverages; most states also prohibit those under age 21 from purchasing and consuming alcoholic beverages. Under this strategy, campuses and local and state governments support continuation of the age-21 minimum legal drinking age due to its effectiveness in reducing underage drinking consequences.
Restrict Alcohol Advertising on Public Property	all	Alcohol advertising and promotion create an environment that encourages underage and binge drinking. Restrictions on alcohol advertising include any policies that limit advertising of alcoholic beverages; particularly advertising that exposes young people to alcohol messages. Restrictions can be in the form of a local ordinance, or can be implemented voluntarily by a business, event or organization. **SAPT block grant dollars cannot be used for lobbying activities.
Restrict Point of Purchase Advertising or Promotion	all	Evidence is linked to reduction in the consumption of tobacco use. It is generally regarded as effective only as part of a comprehensive tobacco control program. **SAPT block grant dollars cannot be used for lobbying activities.
Restrict Price Promotions or Happy Hours	college-adult	Under this strategy, a campus or local or state government prohibits or restricts drink specials, such as the sale of two alcoholic beverages for the price of one, that encourage customers to drink more than they might otherwise.
Reward & Reminder	all	Reward & Reminder, a population-level intervention targeting whole communities, counties, or States, is designed to promote the community norm of not selling tobacco to minors. By using rapid and public rewards and recognition for clerks and retailers/outlets that do not sell tobacco to minors, Reward & Reminder aims to reduce illegal sales of tobacco, perceived access to tobacco, and tobacco use prevalence rates.

Smoke Free Policies	12-adult	<p>The Community Preventive Services Task Force recommends smoke-free policies to reduce secondhand smoke exposure and tobacco use on the basis of strong evidence of effectiveness. Evidence is considered “strong” based on results from studies that showed effectiveness of smoke-free policies in:</p> <ul style="list-style-type: none"> • Reducing exposure to secondhand smoke • Reducing the prevalence of tobacco use • Increasing the number of tobacco users who quit • Reducing the initiation of tobacco use among young people • Reducing tobacco-related morbidity and mortality, including acute cardiovascular events <p>**SAPT block grant dollars cannot be used for lobbying activities.</p>
Social Host Ordinances	12-21	<p>Social host liability expands the legal responsibility for the consumption of alcohol beyond the person who consumes it to those who furnish it. The intoxicated guest remains liable to anyone injured as a result of his actions, but now shares that liability with the host.</p> <p>**SAPT block grant dollars cannot be used for lobbying activities.</p>
School Policies	6-25	<p>Dependent upon school policy selected this may impact resources, practices, curriculum selection and/or referral and support.</p>
Social Norms Campaigns	12-21	<p>Social norms approaches are strategies that seek to reduce misperceptions of norms about underage drinking, alcohol impaired driving, or binge drinking. Since most young people believe that their peers hold more permissive attitudes about drinking than they actually do, the social norms approach involves communicating actual drinking norms in order to dispel those myths. Indiana utilizes the “Montana model” for implementing such activities.</p>

LIST OF APPROVED EVIDENCE-BASED PROGRAMS

	DOMAIN	AGES	NOTES	SUMMARY
Active Parenting of Teens: Families in Action	Family	middle school youth and parents		Active Parenting of Teens: Families in Action is a school- and community-based intervention for middle school-aged youth designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior; and violence.
AlcoholEdu	Individual/Peer		Alcohol only	AlcoholEdu® for College is a two-part, online program providing personalized feedback along with education around alcohol use. The first part of the program is typically completed in the summer before freshmen arrive on campus, with the second part being completed during the fall. Students must complete knowledge-based quizzes in order to complete the course. Cost of the program is based on first-year enrollment size. This program also may target individuals and all students.
Alcohol Literacy Challenge	Individual	14-21	Alcohol only	Alcohol Literacy Challenge (ALC) is a brief classroom-based program designed to alter alcohol expectancies and reduce the quantity and frequency of alcohol use among high school and college students.

<p>Alcohol Skills Training Program (ASTP)</p>	<p>Individual/ Peer</p>	<p>college</p>		<p>ASTP is a multi component alcohol skills training program for students at risk of developing alcohol use problems. The program provides information about addiction and offers exercises and training to help students identify personal drinking cues, (ASTP) develop alcohol refusal skills, and manage stress. ASTP consists of eight 90-minute sessions; however, programs conducted in as few as two sessions have been evaluated. This is considered a cognitive behavioral approach.</p>
<p>Al's Pals: Kids Making Healthy Choices</p>	<p>Individual</p>	<p>ages 3-8</p>		<p>Al's Pals: Kids Making Healthy Choices is a school-based prevention program that seeks to develop social-emotional skills such as self-control, problem-solving, and healthy decisionmaking in children ages 3-8 in preschool, kindergarten, and first grade.</p>

Big Brothers/ Big Sisters	Individual	ages 6-18		The Big Brothers / Big Sisters Mentoring Program is designed to help participating youth ages 6-18 ("Littles") reach their potential through supported matches with adult volunteer mentors ages 18 and older ("Bigs"). The program focuses on positive youth development, not specific problems, and the Big acts as a role model and provides guidance to the Little through a relationship that is based on trust and caring. The Big and Little agree to meet two to four times per month for at least a year, with get-togethers usually lasting 3 or 4 hours and consisting of mutually enjoyable activities.
Brief Alcohol Screening and Intervention for College Students	Individual	18-25	Alcohol only	Brief Alcohol Screening and Intervention for College Students (BASICS) is a prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems. Indicated/ Selected Programs.
Brief Strategic Family Therapy	Family	ages 6-17 and parents		Brief Strategic Family Therapy (BSFT) is designed to (1) prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers; (2) improve prosocial behaviors such as school attendance and performance; and (3) improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school.

Building Skills	Individual	10 (grade 5)		Building Skills is a 12-lesson curriculum designed to help 5th graders avoid or reduce high-risk behaviors, including substance abuse, by improving their inter- and intrapersonal skills. Curriculum topics include self-esteem, goal setting, decision-making, problem solving, communication skills, choosing friends, stress/anger management, conflict resolution, assertiveness, and substance refusal skills.
Caring School Community	School	ages 5-12		Caring School Community (CSC), formerly called the Child Development Project, is a universal elementary school (K-6) improvement program aimed at promoting positive youth development. The program is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents.
Class Action	Individual	15-16	Alcohol only	Class Action is the second phase of the Project Northland alcohol-use prevention curriculum series. Class Action (for grades 11-12) and Project Northland (for grades 6-8) are designed to delay the onset of alcohol use, reduce use among youths who have already tried alcohol, and limit the number of alcohol-related problems experienced by young drinkers.
Classroom-Centered (CC) and Family-School Partnership (FSP) Intervention	Individual	Grade 1		Classroom-Centered (CC) and Family-School Partnership (FSP) Intervention. The CC and FSP interventions are universal first-grade interventions to reduce later onset of violence and aggressive behavior and to improve academic performance. Program strategies include classroom management and organizational strategies, reading and mathematics curricula, parent-teacher communication, and children's behavior management in the home.

Climate Schools: Alcohol and Cannabis Course	Individual	13-14		The Climate Schools: Alcohol and Cannabis Course is a school-based program for 13- and 14-year-olds that aims to prevent and reduce alcohol and cannabis use as well as related harms. Designed to be implemented within the school health curriculum, Climate Schools is based on a social influence approach to prevention and uses cartoon storylines to engage and maintain student interest and involvement.
Communities Mobilizing for Change on Alcohol (CMCA)	Community	N/A	Planning model	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.
Community Trials Intervention To Reduce High-Risk Drinking	Community	N/A		Community Trials Intervention To Reduce High-Risk Drinking is a multicomponent, 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.

Coping With Work and Family Stress	Individual non school-aged	18 and up		Coping With Work and Family Stress is a workplace preventive intervention designed to teach employees 18 years and older how to deal with stressors at work and at home. The model is derived from Pearlin and Schooler's hierarchy of coping mechanisms as well as Bandura's social learning theory.
Creating Lasting Family Connections Fatherhood Program: Family Reintegration (CLFCFP)	Individual non school-aged	18 and up	Targets fathers and fathers to be	The Creating Lasting Family Connections Fatherhood Program: Family Reintegration (CLFCFP) is designed for fathers, men in father-like roles (e.g., mentors), and men who are planning to be fathers. The program was developed to help individuals who are experiencing or are at risk for family dissonance resulting from the individual's physical and/or emotional separation (e.g., incarceration, substance abuse, military service).
Curriculum Based Support Group	Individual	ages 4-17	Targets those at elevated risk for early substance use and future delinquency and violence	The Curriculum-Based Support Group (CBSG) Program is a support group intervention designed to increase resiliency and reduce risk factors among children and youth ages 4-17 who are identified as being at elevated risk for early substance use and future delinquency and violence (e.g., they are living in adverse family situations, displaying observable gaps in coping and social skills, or displaying early indicators of antisocial attitudes and behaviors).

DARE to be You	Family	0-5 and caregivers Outside of typical SAPT Block Grant target age	Targets high risk families	DARE to be You (DTBY) is a multilevel prevention program that serves high-risk families with children 2 to 5 years old. Program objectives focus on children's developmental attainments and aspects of parenting that contribute to youth resistance to later substance abuse, including parental self-efficacy, effective child rearing, social support, and problem-solving skills. Families engage in parent-child workshops that focus on developing the parents' sense of competence and satisfaction with the parent role, providing knowledge of appropriate child management strategies, improving parents' and children's relationships with their families and peers, and contributing to child developmental advancement.
Early Risers "Skills for Success"	Family	ages 6-12	Targets children at high risk for early development of conduct problems, including substance use.	Early Risers "Skills for Success" is a multi-component, developmentally focused, competency-enhancement program that targets 6- to 12-year-old elementary school students who are at high risk for early development of conduct problems, including substance use. Early Risers is based on the premise that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. The program uses integrated child-, school-, and family-focused interventions, coordinated by a family advocate, to move high-risk children onto a more adaptive developmental pathway.
Familias Unidas Preventive Intervention	Family	ages 12 to 17 and caregivers	Targets Hispanic families	The Familias Unidas Preventive Intervention is a family-based program for Hispanic families with children ages 12-17. It is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning.

eCHECKUP TO GO	Individual	college	Formerly eCHUG	Alcohol eCHECKUP TO GO is a web-based survey that provides students with personalized feedback about their drinking patterns and how their alcohol use might affect their health and personal goals. The program has a special focus on two high-risk groups: first-year students and athletes. eCHECKUP TO GO is a commercial program.
Families and Schools Together (FAST)	Family	0-12 and caregivers		Families and Schools Together (FAST) is a 2-year, multifamily group intervention based on social ecological theory, family systems theory, and family stress theory. FAST is designed to build relationships between and within families, schools, and communities (particularly in low-income areas) to increase all children's well-being, especially as they transition into elementary school. The objectives of the intervention are to:
Family Check-Up (FCU) for Adolescents	Family	parents of 13-17 year olds		The Family Check-Up (FCU) for Adolescents is a strengths-based, family-centered intervention that motivates parents to use parenting practices in support of child competence, mental health, and reducing risks for substance use.
Family Check-Up (FCU) for Children	Family	parents of children under 13		The Family Check-Up (FCU) for Adolescents is a strengths-based, family-centered intervention that motivates parents to use parenting practices in support of child competence, mental health, and reducing risks for substance use.
Family Matters	Family	ages 12-14	Alcohol and tobacco only	Family Matters is a family-directed program to prevent adolescents 12 to 14 years of age from using tobacco and alcohol. The intervention is designed to influence population-level prevalence and can be implemented with large numbers of geographically dispersed families.

Family Spirit	Family	teen mothers	Targets Native American teen mothers	Family Spirit is a culturally tailored home-visiting intervention for American Indian teenage mothers--who generally experience high rates of substance use, school dropout, and residential instability--from pregnancy through 36 months postpartum.
Footprints for Life	Individual	grades 2-3		Footprints for Life is a universal intervention that is designed to help 2nd- and 3rd-grade students build a strong foundation of life skills rooted in key social competencies.
Good Behavior Game	Individual	ages 6-12		Good Behavior Game (GBG) is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior.
Guiding Good Choices	Family	ages 9-14		Guiding Good Choices (GGC) is a drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence.

Hero Project	Individual	ages 11-18	Inappropriate for most Indiana communities.	The Hero Project (THP) is a high-risk behavior prevention program for Native and Non-Native youths ages 11–18, which is based on the traditional stories of heroes and heroines from around the world. Through mental and physical adventure-based rites of passage, and activities such as hiking, rock climbing, camping, fishing, archery, white water rafting, cultural activities, and teachings, students awaken to the adventure of self-discovery. By placing their feet in ancient footsteps they awaken to their heroes within.
Hip-Hop 2 Prevent Substance Abuse and HIV (H2P)	Individual	ages 12-16	HIV focus	Hip-Hop 2 Prevent Substance Abuse and HIV (H2P) is designed to improve knowledge and skills related to drugs and HIV/AIDS among youth ages 12-16 with the aim of preventing or reducing their substance use and risky sexual activity.

LifeSkills Training (LST)	Individual	13-17	Alcohol, tobacco & marijuana only	LifeSkills Training (LST) is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12); the research studies and outcomes reviewed for this summary involved middle school students.
Lions-Quest Skills for Adolescence (SFA)	Individual	middle school		Lions-Quest Skills for Adolescence (SFA). SFA is a commercially available, universal, life skills education program for middle school students in use in schools nationwide. The focus is on teaching skills for building self-esteem and personal responsibility, communication, decision-making, resisting social influences and asserting rights, and increasing drug use knowledge and consequences.

Media Detective	Individual	grades 3-5	Alcohol and tobacco only	Media Detective is a media literacy education program for 3rd- to 5th-grade students. The goal of the program is to prevent or delay the onset of underage alcohol and tobacco use by enhancing the critical thinking skills of students so they become adept in deconstructing media messages, particularly those related to alcohol and tobacco products, and by encouraging healthy beliefs and attitudes about abstaining from alcohol and tobacco use.
Media Ready	Individual	grades 6-8	Alcohol and tobacco only	Media Ready is a media literacy education program for 6th- to 8th-grade students. The goal of the program is to prevent or delay the onset of underage alcohol and tobacco use by encouraging healthy beliefs and attitudes about abstaining from alcohol and tobacco use and by enhancing the ability to apply critical thinking skills in interpreting media messages, particularly those related to alcohol and tobacco products.
Michigan Model	Individual	ages 5-19		The Michigan Model for Health is a comprehensive and sequential health education curriculum that aims to give students aged 5-19 years (grades K-12) the knowledge and skills needed to practice and maintain healthy behaviors and lifestyles. The intervention provides age-appropriate lessons that address issues commonly faced by students, including use of alcohol, tobacco, and other drugs; prevention of HIV/AIDS; proper nutrition; physical activity; and other wellness and safety concerns. These 20- to 45-minute lessons are designed to be implemented by the classroom teacher, and they include extension ideas for core subjects such as language arts and social studies, as well as ways to use the intervention outside of the classroom. The intervention also provides information for parents regarding the content that students are learning in the classroom and suggestions for related activities that can be done at home.

ModerateDrinking.Com	Individual non school-aged	adults	Targets nondependent, heavy-drinking adults; alcohol only Not traditional targets of SAPT block grants	ModerateDrinking.com and Moderation Management are complementary online interventions designed for nondependent, heavy-drinking adults who want to reduce the number of days on which they drink, their peak alcohol use on days they drink, and their alcohol-related problems. ModerateDrinking.com (MD) is a Web-based behavioral self-control skills training program, and Moderation Management (MM) is an online support group network.
New Beginnings	Family	6-12 (Childhood) 13-17 (Adolescent)	10 weekly group sessions and two individual sessions.	The New Beginnings Program (NBP) is designed for divorced parents who have children between the ages of 3 and 17. The goal of NBP is to promote resilience of children following parental divorce. The parents learn skills to improve parent-child relationship quality and effectiveness of discipline, reduce exposure to inter-parental conflict, and decrease barriers to nonresidential parent-child contact. Each session includes a short lecture, skill demonstration, and skill practice. Participants are assigned homework after each session; difficulties and successes in implementing the skills at home are discussed in subsequent sessions. Each group is co-led by two master's-level clinicians. The two individual sessions are timed to occur after the third and sixth group sessions.

<p>Normative re-education: Electronic/mailed personalized normative feedback (PNF)</p>	<p>Individual</p>	<p>College students</p>	<p>Taken from College AIM</p>	<p>PNF programs provide all students with personalized information about their alcohol use in comparison with actual use by their peers. This information is represented graphically (with charts and text, showing personal behavior juxtaposed with normative information). Delivery of PNF interventions is done without the involvement of a facilitator, and students are allowed to consider this information on their own. • Staffing expertise needed: Coordinator• Target population: Individuals, specific groups, or all students• Primary modality: Online/offsite• Duration of effects: Short-term effects (up to 5 months); long-term (≥ 6 months) effects not assessed</p>
<p>PALS: Prevention through Alternative Learning Styles</p>	<p>Individual</p>	<p>middle school</p>		<p>PALS: Prevention through Alternative Learning Styles is an alcohol, tobacco, and other drugs (ATOD) prevention program primarily for middle school students. Goals of PALS include (1) lowering students' intentions to use ATOD, (2) increasing students' use of refusal skills, and (3) enhancing students' knowledge of the effects of ATOD, peer pressure and healthy decision making, and different learning styles.</p>
<p>Personalized Feedback Intervention</p>	<p>Individual</p>	<p>college</p>	<p>Taken from College AIM</p>	<p>PFI programs use a web-based assessment to generate graphic personalized feedback about students' alcohol use, risks, expectancies, perceptions of social norms, and drinking motives. Feedback is delivered electronically or by mail and is not discussed with a trained facilitator.</p>

Positive Action	Individual	ages 5-14		Positive Action is a school-based social emotional learning program for students in elementary and middle schools that increases positive behavior, reduces negative behavior, and improves social and emotional learning and school climate. The classroom-based curriculum teaches understanding and management of self and how to interact with others through positive behavior, with school climate programs used to reinforce the classroom concepts school-wide.
Prime for Life	Individual non school-aged	adults	Targets court-referred impaired driving offenders Not traditional targets of SAPT block grants	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.
Project ALERT	Individual	13-17	Alcohol, tobacco & Marijuana only	Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers.
Project MAGIC (Making A Group and Individual Commitment)	Individual	ages 12-18	Targets first time offenders (alternative to juvenile detention)	Project MAGIC (Making A Group and Individual Commitment) is an alternative to juvenile detention for first-time offenders between the ages of 12 and 18. The program's goals include helping youths achieve academic success; modifying attitudes about alcohol, tobacco, and other drugs; and enhancing life skills development and internal locus of control.

Project Northland	Individual	ages 6-12	Alcohol only	<p>Project Northland is a multilevel intervention involving students, peers, parents, and community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers. Administered to adolescents in grades 6-8 on a weekly basis, the program has a specific theme within each grade level that is incorporated into the parent, peer, and community components. The 6th-grade home-based program targets communication about adolescent alcohol use utilizing student-parent homework assignments, in-class group discussions, and a communitywide task force. The 7th-grade peer- and teacher-led curriculum focuses on resistance skills and normative expectations regarding teen alcohol use, and is implemented through discussions, games, problem-solving tasks, and role-plays. During the first half of the 8th-grade Powerlines peer-led program, students learn about community dynamics related to alcohol use prevention through small group and classroom interactive activities. During the second half, they work on community-based projects and hold a mock town meeting to make community policy recommendations to prevent teen alcohol use.</p>
Project STAR	Individual	middle school		<p>Project STAR. Project STAR is a comprehensive drug abuse prevention community program to be used by schools, parents, community organizations, the media, and health policymakers. The middle school portion focuses on social influence and is included in classroom instruction by trained teachers over a 2-year timetable. The parent program helps parents work with children on homework, learn family communication skills, and get involved in community action.</p>

Project SUCCESS	Individual	ages 12-18		Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse.
Project Towards No Drug Abuse	Individual	13-17	Drugs only	Project Towards No Drug Abuse (Project TND) is a drug use prevention program for high school youth. The current version of the curriculum is designed to help students develop self-control and communication skills, acquire resources that help them resist drug use, improve decision-making strategies, and develop the motivation to not use drugs.
Project Towards No Tobacco Use	Individual	ages 6-17	Tobacco only	Project Towards No Tobacco Use (Project TNT) is a classroom-based curriculum that aims to prevent and reduce tobacco use, primarily among 6th- to 8th-grade students. The intervention was developed for a universal audience and has served students with a wide variety of risk factors.
Promoting Alternative THinking Strategies (PATHS) and PATHS Preschool	Individual	preschool- elementary school		Promoting Alternative THinking Strategies (PATHS) and PATHS Preschool are school-based preventive interventions for children in elementary school or preschool. The interventions are designed to enhance areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems.
Protecting You/Protecting Me (PY/PM)	Individual	grades 1-5 and 11-12	Alcohol only	Protecting You/Protecting Me (PY/PM) is a 5-year classroom-based alcohol use prevention and vehicle safety program for elementary school students in grades 1-5 (ages 6-11) and high school students in grades 11 and 12.

Reconnecting Youth	Individual	13-17		Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) is a school-based prevention program for students ages 14-19 years that teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress.
Ripple Effects Whole Spectrum Intervention System (Ripple Effects)	Individual	ages 6-17		Ripple Effects Whole Spectrum Intervention System (Ripple Effects) is an interactive, software-based adaptive intervention for students that are designed to enhance social-emotional competencies and ultimately improve outcomes related to school achievement and failure, delinquency, substance abuse, and mental health.
Rock In Prevention, Rock PLUS	Individual	grades 3-6	Alcohol, tobacco, marijuana, and inhalants	Rock In Prevention, Rock PLUS, is a 12-week classroom curriculum designed for grades 3-6 that uses music and the arts as interactive teaching tools to influence behaviors and attitudes related to the use of four targeted substances: alcohol, tobacco, marijuana, and inhalants.
SAFEChildren	Family	first grade children and their families	Targets families living in inner city neighborhoods	Schools And Families Educating Children (SAFEChildren) is a family-focused preventive intervention designed to increase academic achievement and decrease risk for later drug abuse and associated problems such as aggression, school failure, and low social competence.
Second Step	Individual	grades k-5		Second Step is a classroom-based social-skills program for grades k-5 that teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence.

Skills, Opportunity, And Recognition (SOAR)	Individual	grades 1-6		Skills, Opportunity, And Recognition (SOAR) (Formerly, Seattle Social Development Program). This universal school-based intervention for grades one through six seeks to reduce childhood risks for delinquency and drug abuse by enhancing protective factors. The multi-component intervention combines training for teachers, parents, and children during the elementary grades to promote children’s bonding to school, positive school behavior, and academic achievement.
Start Taking Alcohol Risks Seriously (STARS) for Families	Individual	13-17	Alcohol only	Start Taking Alcohol Risks Seriously (STARS) for Families is a health promotion program that aims to prevent or reduce alcohol use among middle school youth ages 11 to 14 years. The program is founded on the Multi-Component Motivational Stages (McMOS) prevention model, which is based on the stages of behavioral change found within the Transtheoretical Model of Change. The McMOS model posits a continuum of five stages in the initiation of alcohol use: precontemplation (has not tried alcohol in the past year), contemplation (is thinking about trying alcohol soon), preparation (is planning to start drinking soon), action (started drinking in the past 6 months), and maintenance (has been drinking for longer than 6 months). STARS for Families intervention materials are tailored to the individual's stage of alcohol use initiation.
Stay on Track	Individual	Grades 6-8	3-year program	Stay on Track is a school-based substance abuse prevention curriculum conducted over a 3-year period with students in grades 6 through 8. The intervention is designed to help students assess the risks associated with substance abuse; enhance decision-making, goal-setting, communication, and resistance strategies; improve antidrug normative beliefs and attitudes; and reduce substance use.

<p>Storytelling for Empowerment</p>	<p>Individual</p>	<p>adolescents</p>	<p>Latina/Latino</p>	<p>Storytelling for Empowerment is a school-based, bilingual (English and Spanish) intervention for teenagers at risk for substance abuse, HIV, and other problems due to living in impoverished communities with high availability of drugs and limited health care services. The program primarily targets Latino/Latina youth and uses cognitive decision-making, positive cultural identity (cultural empowerment), and resiliency models of prevention as its conceptual underpinnings. Storytelling for Empowerment aims to decrease alcohol, tobacco, and other drug (ATOD) use by identifying and reducing factors in the individual, family, school, peer group, neighborhood/community, and society/media that place youth at high risk for ATOD use, while enhancing factors that may strengthen youth resiliency and protect against ATOD use. The core components of the intervention include the Storytelling PowerBook and the Facilitator's Guide.</p>
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<p>Strengthening Families Program</p>	<p>Family</p>	<p>ages 6-17 and parents</p>		<p>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.</p>
<p>Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)</p>	<p>Family</p>	<p>ages 10-14 and parents</p>		<p>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.</p>

Strong African American Families (SAAF)	Family	ages 10-14 and primary caregivers		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.
Students Taking A Right Stand (STARS) Nashville Student Assistance Program (SAP)	Individual	k-12		The Students Taking A Right Stand (STARS) Nashville Student Assistance Program (SAP) is based on an employee assistance model and provides comprehensive school-based prevention services for students in kindergarten through 12th grade.
Team Awareness	Individual non school-aged	18 and up		Team Awareness is a customizable worksite prevention training program that addresses behavioral risks associated with substance abuse among employees, their coworkers, and, indirectly, their families.
Team Resilience	Individual non school-aged	18-25	Targets young adults who work in restaurant setting	Team Resilience is a training intervention for young adults who work in a restaurant. The intervention aims to enhance participants' individual resiliency and increase their healthy behaviors (e.g., reduce alcohol use, lower personal stress), thereby contributing to a positive work environment. It also helps participants to set goals, address tobacco and alcohol use, manage stress, and improve communication skills, and it provides information on how to access support (e.g., an employee assistance program [EAP], community resources). By incorporating group interaction and peer-to-peer communication, Team Resilience is designed to disseminate the skills learned by participants into the work environment, providing a benefit to employees who are not directly exposed to the intervention.

Too Good for Drugs (TGFD)	Individual	k-12		Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers
Training for Intervention ProcedureS (TIPS) for the University	Individual non school-aged	18-25 in college	Alcohol only	Training for Intervention ProcedureS (TIPS) for the University is a training designed to help college students receiving the training make safe, sound decisions regarding their own high-risk drinking behavior (e.g., underage drinking, drinking to intoxication, drunk driving) and enable them to intervene to prevent this high-risk behavior among their peers and friends.
Unique You (formerly known as "I'm Special")	Individual	grade 3-4		Unique YOU® (formerly known as "I'm Special") is a substance abuse prevention program for 3rd and 4th graders. The primary goal of the program is to develop and nurture each child's sense of uniqueness and self-worth. It further enhances the protective and resiliency factors of children by teaching them appropriate ways for dealing with feelings; steps for making decisions; and skills for healthy living, effective group interactions, and resisting drugs, as provided through the program's "no use" message.
Wellness Initiative for Senior Education (WISE)	Individual non school-aged	55+		The Wellness Initiative for Senior Education (WISE) is a curriculum-based health promotion program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process.
Wellness Outreach at Work	Individual non school-aged	18+	Alcohol and tobacco only	Wellness Outreach at Work provides comprehensive risk reduction services to workplace employees, offering cardiovascular and cancer risk screening and personalized follow-up health coaching that addresses alcohol and tobacco use.

February 23, 2016

Appendix A: Waiver Process & Form

The waiver process is used when proposing a program not found on the list included in this document. Complete the waiver form below and submit to Prevention@fssa.IN.gov, with the subject line: “Request for EBP Workgroup Waiver.” Allow up to three months for review and conclusions. This waiver format was developed with support from the Indiana Prevention Resource Center.

- If the program is on a national registry as a “Model” or highly-rated (2.5 or above) substance abuse prevention strategy, sites need only answer “Yes” to Question #1, and provide a link to documentation.
- If the answer to #1 is “No,” but the program shows positive ATOD reduction outcomes in a peer-reviewed journal, sites need only answer “Yes” to Question #2, and provide a link to the journal article. Ideally, multiple articles (or links) will be submitted. The following website may be helpful in finding such articles, <http://scholar.google.com/>.
- If a site answers “No” to both #1 and #2, it must be able to answer “Yes” to all four of the remaining questions (#3 - #6) in order to be considered for a waiver:
 - The implementation must be grounded in a strong conceptual model. A logic model and narrative should be submitted to express this tenant.
 - The implementation must be similar to other evidence based programs, policies or practices that are listed on a federal registry. This similarity should be documented and an explanation of why the evidence based program is not being selected should be included (i.e. it was implemented and studied with Latino rural youth and this program will be implemented with urban youth who are primarily Caucasian.)
 - The implementation is well supported by evaluation done at the local level. If sites are unable to produce their own or a similar community’s data, they would be well served to step back and evaluate the program for future submission.
 - Evidence of support by a panel prevention experts should be submitted. If no such evidence is available, the site may answer “Yes,” and request that the EBP Workgroup serve in this function as part of the approval process.

Evidence Based Programs Workgroup Waiver Form

PROGRAM NAME:	Yes	No	Supporting Evidence
1. Is the program, policy, or practice listed as a “Model Program” or high-ranking (2.5 or above) substance abuse prevention program on a national list or registry of evidence based interventions?			
2. Is the program, policy, or practice reported (with positive effects) in peer-reviewed journals?			
If #1 and #2 are answered “No,” <u>all</u> of the following criteria MUST be met:			
3. Is the program, policy, or practice based in solid theory documented in a logic or conceptual model?			
4. Is the program, policy, or practice similar in content and structure to interventions that appear in registries or peer-reviewed literature?			
5. Has the program, policy, or practice been effectively implemented in the past with a consistent pattern of credible and positive effects? (Strong local data may be used in this section.)			
6. Has the program, policy, or practice been reviewed and deemed appropriate by a panel of informed prevention experts?			

NAME/TITLE:
ORGANIZATION:
DATE:

February 23, 2016

Appendix B: Links to National Registries

National Registries

- [Blueprints for Healthy Youth Development](#)
- [CDC's Best Practices for Comprehensive Tobacco Control Programs-2014](#)
- [National Registry of Evidence based Programs and Practices \(NREPP\)](#)
- [National Institute of Drug Abuse Red Book](#)
- [National Institute on Alcohol Abuse and Alcoholism's College Alcohol Intervention Matrix/AIM](#)

February 23, 2016

Appendix C: List of Indiana's Evidence Based Work Group Members

Meribeth Adams-Wolf, Our Place

Jeanie Alter, Indiana Prevention Resource Center

Nancy Beals, Drug Free Marion County

David Bozell, Division of Mental Health and Addiction

Sonya Carrico, Indiana Criminal Justice Institute

Anita Gaillard, Tobacco Prevention and Cessation, Indiana State Department of Health

Julie Gries, Division of Mental Health and Addiction

Jerri Lerch, Allen County Drug and Alcohol Consortium

Katharine Sadler, Indiana Prevention Resource Center