

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

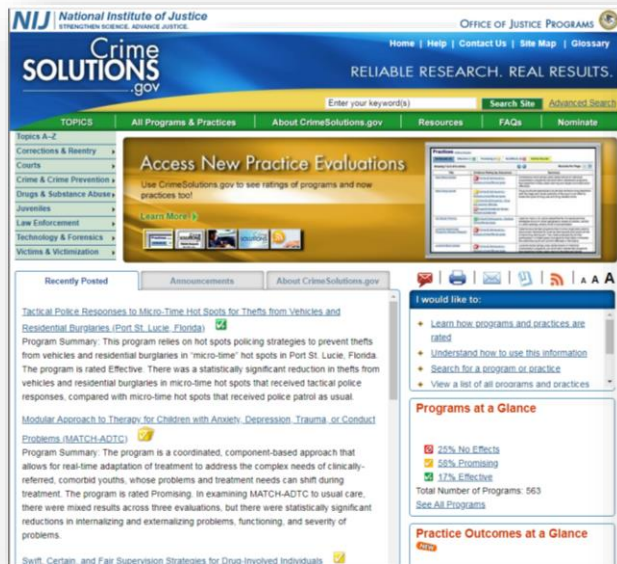
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Presentation for the Committee on a Blueprint for National Prevention Infrastructure
for Behavioral Health Disorders
Jan 25, 2024

Setting the Stage

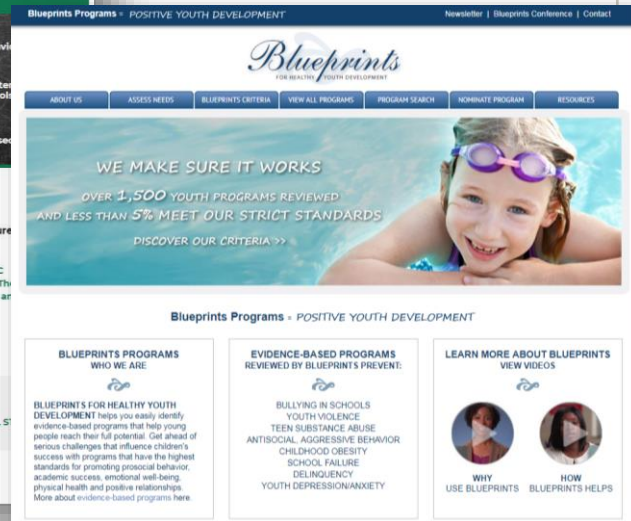
We know what works (mostly)!



<https://crimesolutions.gov/>



<https://ies.ed.gov/ncee/wwc/>



<https://www.blueprintsprograms.org/>

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



- **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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University of Florida



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Colorado State University



Richard Barth
University of Maryland



Catherine Bradshaw
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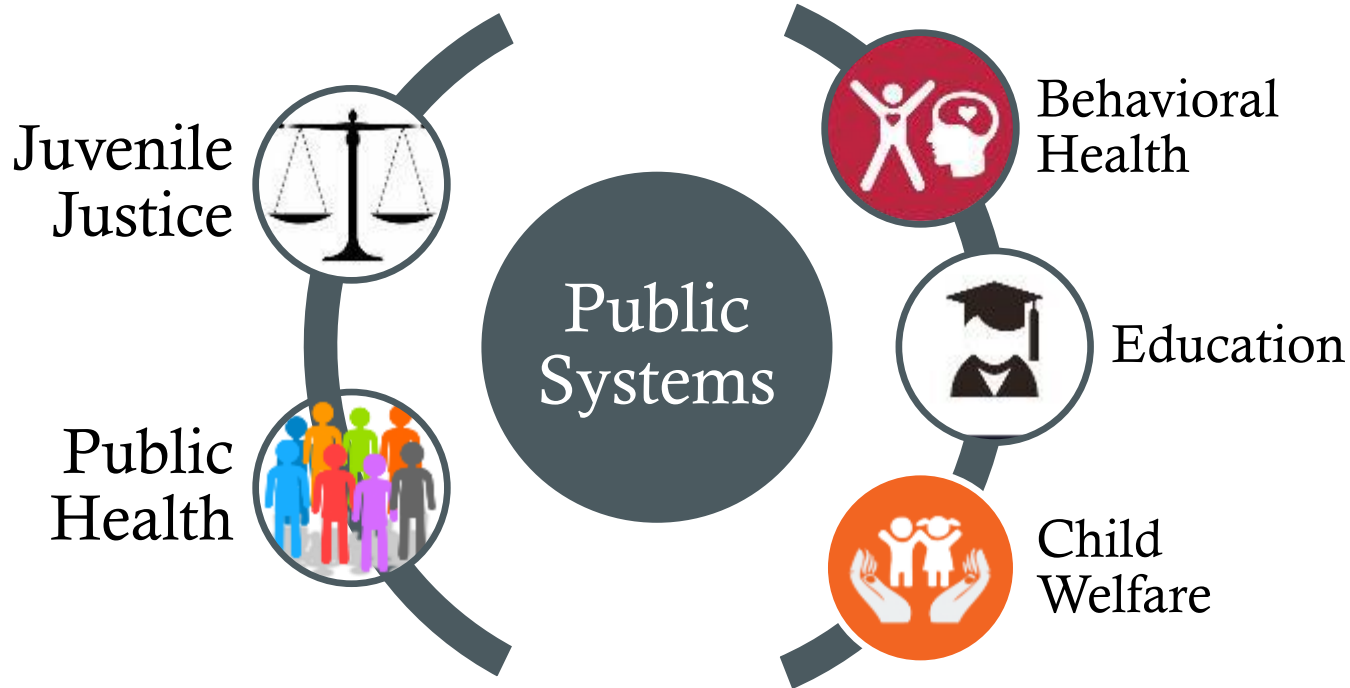
Acknowledgements

- We appreciate the support received from the NIDA (R13DA033149)
- Thank you to Belinda Sims, Deborah Gorman-Smith, Hendricks Brown, and all members of the SPR MAPS IV system-specific workgroups for their valuable contributions to this project



What's the Solution? Scale-up in Public Systems

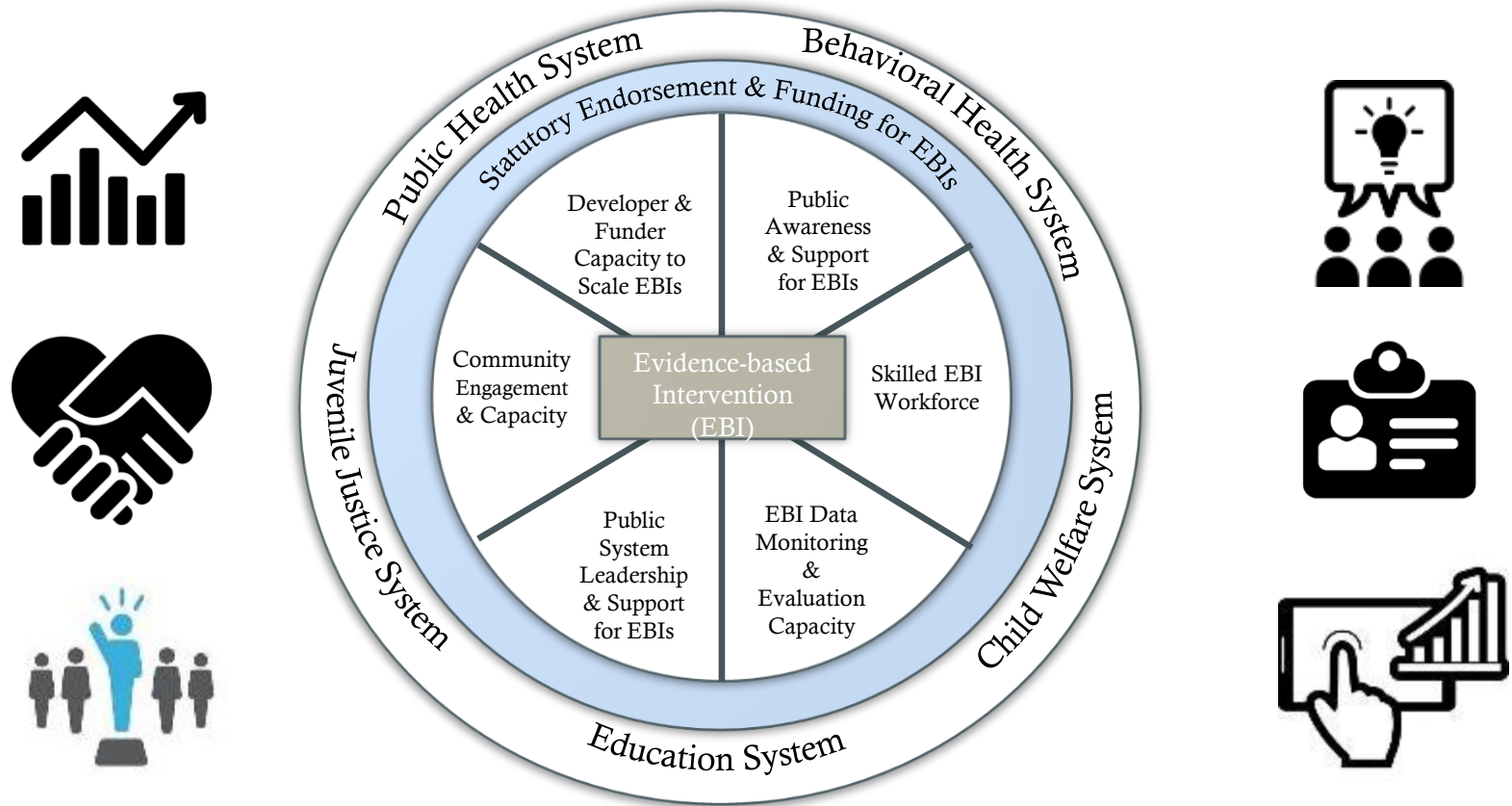
Public systems are well situated, but not consistently utilized or fully resourced, to provide the infrastructure needed for EBI scale-up.



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



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

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

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

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

Developer Capacity to Scale-up EBIs

- **Facilitator**: Some developers have the capacity (via *purveyor organizations*) to provide materials, training, TA, and other supports
- **Barriers**: Few can provide such supports at-scale and many lack the training/incentives to do so
- **Recommendations**:
 - Increase developers' and/or purveyor organizations' capacity to scale-up EBIs
 - Design EBIs for scale-up

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

Summary: Recommendations

Public Policy & Funding

- Codify use of EBIs in statutory language
- Larger, more sustainable EBI funding
- Discretionary grants to promote innovation
- Integrated data monitoring systems for EBI implementation and outcomes at county, state, and federal levels

Research & Evaluation

- Develop & test EBI scale-up frameworks
- EBI case studies to evaluate scale-up factors
- Investigate capacity of scaled-up EBIs to reduce disparities
- Examine how EBI adaptations during scale-up affect outcomes
- Assess efficacy of purveyor and intermediaries to increase EBI scale-up

Community Support & Partnerships

- Promote more active partnerships between scientists, policy makers, practitioners, and community members, within and across systems
- Promote use of community coalitions to increase public support for EBIs
- Create more knowledgeable, supportive, and effective systems leaders and staff through workforce development

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/>