

Introduction

The New Hampshire Service to Science Program began in 2010 as an initiative under the New Hampshire Bureau of Drug and Alcohol Services to provide a structured process for NH-based grassroots substance misuse prevention programs to establish their efficacy through research and rigorous evaluation. This process was developed to:

- determine the strength of theoretical frameworks used in the development of the intervention
- determine the risk and protective factors and cultural context influencing alcohol and other drug behaviors in New Hampshire that the intervention addresses
- demonstrate effectiveness of the intervention through evaluation of short-term and intermediate outcomes relevant to the intervention's intended purpose
- strengthen, support, and share promising and evidence-based practices to address alcohol and other drug behaviors in New Hampshire

Ongoing technical assistance is provided for programs. An Expert Panel, which is made up of at least four prevention experts, meets throughout the year to review programs and provide feedback.

There are three levels of effectiveness in the New Hampshire Service to Science:

Innovative programs:

- address an identified problem
- are implemented by an established group/organization
- fill a previously unmet need
- are based on sound research/theory
- are implemented in a way that can be replicated
- address and impact risk and protective factors linked to substance misuse
- have considered and/or have shown a desire to expand evaluation efforts

Promising Practices meet criteria for innovative programs and:

- provide an explanation of the need for the program
- provide a description of the theory and/or research-base on which the program/practice rationale is based
- demonstrate that the program design is aligned with the intended outcomes
- demonstrate consistent program delivery/implementation
- develop an evaluation plan
- collect pilot outcomes

Evidence Based meet the criteria for promising practice and:

- are manualized
- have stabilized the # of people served
- measure program fidelity (content, staffing, intensity, method of delivery, location)
- measure key outcomes and have achieved meaningful results (short-term at minimum)
- participant satisfaction is measured and achieved
- results are used for quality assurance
- results are disseminated

This guidance document serves as an outline of the steps involved in New Hampshire Service to Science and provides detailed presentation guidelines. Technical assistance (TA) is available throughout the process through the New Hampshire Center for Excellence at the Community Health Institute/ JSI. It is encouraged to utilize this resource to prepare for presentations to the Expert Panel.

Innovative Program

Throughout the state of New Hampshire, individuals, organizations, and communities have been working to prevent substance misuse. While a number of these efforts are evidence-based programs as designated by a national registry, there are grassroots efforts that have responded to the unique needs in a community and have shown promise. Whether a newly developed program or a program that has been addressing needs in the community for a number of years, an *Innovative Program*:

- is implemented by an established group/organization
- fills a previously unmet need
- is based on sound research/theory
- is implemented in a way that can be replicated
- addresses and impacts risk and protective factors linked to substance misuse
- has considered and/or have shown a desire to expand evaluation efforts

To be recognized as an *Innovative Program*, the first step in Service to Science, the program developer or administrator completes the New Hampshire Innovative Prevention Program application located on the [NH Center for Excellence website](#). This will prompt a TA meeting and/ or site visit to develop a plan for entering in the Service to Science process.

Promising Practice

Only programs previously designated as an *Innovative Program* will be invited to present and submit program materials to the Expert Panel to demonstrate Promising Practice criteria.

Promising Practices meet criteria for Innovative Program and:

- provide an explanation of the need for the program
- provide a description of the theory and/or research-base on which the program/practice rationale is based
- demonstrate that the program design is aligned with the intended outcomes
- demonstrate consistent program delivery/implementation
- develop an evaluation plan
- collect pilot outcomes

Program materials and documentation must be submitted to the Expert Panel two weeks prior to the presentation date. Program developers, coordinators, evaluators (or a combination of all three) should participate in the presentation. Presentations are 45 minutes in length allowing approximately 30 minutes for discussion with the Expert Panel. Following the discussion, the Expert Panel will use the *Promising Practice Criteria Scoring Sheet (see Appendix)* to review each practice. The scoring sheet serves as a rubric for the criteria listed below. Practices that meet 80% of the Promising Practice criteria AND score at least one point in each category will be endorsed by the Expert Panel as a Promising Practice. A program that does not meet these criteria will receive feedback from the Expert Panel and

will have an opportunity to respond to the feedback for reconsideration. Promising Practices will have the option of whether or not to continue participating in the Service to Science process to become evidence-based. Regardless, to maintain the Promising Practice status, programs must document that they continue to meet Promising Practice criteria by providing updated written updates biannually.

The initial Promising Practice presentation and submission to the Expert Panel must include the following:

Criteria	Present	Document
An explanation of the need for the practice.	Describe: <ul style="list-style-type: none"> ● The history and/or context that helps explain the development of the practice ● How data was used to drive the development of the practice ● How critical stakeholders were included in the development of the practice 	Submit a written narrative covering the need for the practice and how the practice was developed including the involvement of stakeholders. Please include all relevant/supportive quantitative and qualitative data and sources.
A description of the theory and/or research-base on which the practice was founded.	Provide an overview/summary of the literature review and logic model.	Attach a literature review* (see template) and the program logic model* (see template). *Although templates are provided, other formats are acceptable.
Practice Design	Describe the population the practice is designed to serve and the content relevant to reducing risk associated with alcohol and other drug misuse or increasing resiliency to prevent alcohol and other drug misuse.	Submit a written narrative including a description of the demographics of the focus population(s), the IOM population category and risk and protective factors associated with the focus population and how the program addresses them.
Program Delivery/Implementation	Describe recruitment strategies, the population served and how the program is implemented. Your description should be structured as though the program will be replicated and should include participant demographics, staffing/training and method of delivery.	Submit written evidence describing how participant recruitment is in line with practice design. Provide documentation demonstrating: <ul style="list-style-type: none"> ● The number and demographics of the people served by the practice over the past year

		<ul style="list-style-type: none"> ● Staffing/training mechanisms ● Method of delivery: <ul style="list-style-type: none"> ○ Dosage ○ Duration ○ Location/setting
Evaluation Design	<p>Describe the evaluation plan for measuring:</p> <ul style="list-style-type: none"> ● Participant satisfaction including measurement instrument development and selection ● Process evaluation plan including measurement instrument development and selection ● If available, describe the plan to measure outcomes including measurement instrument development and selection 	Submit evaluation plan and tools.
Outcomes to date	<p>Describe results to date including:</p> <ul style="list-style-type: none"> ● Participant satisfaction ● Past year process evaluation that demonstrate successful practice implementation ● Pilot outcomes and/or some evidence that outcomes are being achieved ● A description of how any outcomes collected to date are being used for quality assurance 	Submit written evaluation results and/or report(s)

Evidence-Based Program

Only programs designated as Promising Practices will be invited to present and submit program materials to the Expert Panel to demonstrate that the program meets Evidence-Based criteria.

Evidence Based Programs meet Promising Practice criteria and:

- are manualized
- have stabilized the # of people served
- measure program fidelity (content, staffing, intensity, method of delivery, location)
- measure key outcomes and have achieved meaningful results (short-term at minimum)
- participant satisfaction is measured and achieved
- results are used for quality assurance
- results are disseminated

Program materials and documentation must be submitted to the Expert Panel two weeks prior to the presentation date. Program developers, coordinators, evaluators (or a combination of all three) should participate in the presentation. Presentations are 45 minutes in length allowing approximately 30 minutes for discussion with the Expert Panel. The Expert Panel will use the *Evidence-Based Criteria Scoring Sheet (see Appendix)* to review each practice. The scoring sheet serves as a rubric for the criteria listed below. Practices that meet 80% of the Evidence-Based criteria AND score at least one point in each category will be endorsed as Evidence-Based. A program that does not meet these criteria will receive feedback from the Expert Panel and will have an opportunity to respond to the feedback for reconsideration through presentation and/or resubmission of written materials.

This submission to the Expert Panel for Evidence-Based designation must be received two weeks prior to the Expert Panel meeting and include the following:

Criteria	Present	Document/Submit
Manual	Describe: <ul style="list-style-type: none"> ● The practice and its core elements (structure, content, delivery) in detail that will allow others to replicate the program with fidelity ● Relevant organizational requirements and staff training protocols ● Evaluation tools 	Submit the written program manual that describes the program, staffing and evaluation.
Service Delivery Stabilization	Share evidence of stable recruitment, participation and/or reach.	Submit data demonstrating stable recruitment, participation and/or reach. See template in Appendix.
Fidelity	Describe the structure of the fidelity tool and how it has been used to monitor implementation.	Submit fidelity scale/checklist that includes content, staffing, intensity, method of delivery and delivery location. See example in Appendix.

<p>Evaluation Outcomes</p>	<p>Share program evaluation data on</p> <ul style="list-style-type: none"> ● process data ● fidelity ● short-term measures ● intermediate measures ● participant satisfaction. 	<p>Submit a report that includes the following findings:</p> <ul style="list-style-type: none"> ● short-term measures that indicate meaningful results ● Intermediate measures that indicate statistically significant change relative to risk reduction and resiliency promotion ● Program fidelity and process outcomes that are linked to short-term, intermediate and/or long-term outcomes. ● Participant satisfaction
<p>Dissemination of Results</p>	<p>Discuss:</p> <ul style="list-style-type: none"> ● How results have been disseminated internally to staff, administration, participants and others. ● How results have been used for quality assurance. ● How results have been disseminated to external stakeholders. ● Results have been used to increase program visibility and sustainability. 	<p>Submit written documentation describing the dissemination of results internally and externally. Describe how results have been used for quality assurance, program visibility and sustainability.</p>
<p>Planning for Evaluation Sustainability</p>	<p>Discuss:</p> <ul style="list-style-type: none"> ● Which data will be collected annually to measure Fidelity? ● Which data will be collected annually to measure Outcomes? ● Which evaluation tools will be used to collect data annually? ● Which resources are needed to evaluate annually? ● Is there funding required to evaluate annually? ● How will data be used for quality assurance and improvement annually? ● How will program effectiveness be demonstrated in five years? 	

Evidence-Based Program Update and Renewal

After a program has been designated as evidence-based, it is important that program managers maintain an approach to program delivery and evaluation that is consistent with the intent. NH Service to Science recommends that programs collect process, outcome, and fidelity data, as feasible, and use the data for program quality assurance and improvement.

Annually, programs designated as evidence-based are expected to submit a brief summary report describing program implementation and fidelity over the past year. These programs must provide the following to the Service to Science administrators and Expert Panel:

- Service delivery and process measures such as number of iterations, numbers served per iteration, and demographics of those served
- A summary of program fidelity over the past year describing the extent to which the program was implemented as intended, and which (if any) adaptations/modifications/evolutions occurred

NH Service to Science administrators will check in with programs annually (over five years) to determine if there are any TA needs related to program implementation and efficacy.

The evidence-based designation is up for renewal five years after the date of endorsement. To reapply, programs will present to the Expert Panel (30 - 40 minute presentation; 20 minute discussion). The presentation and written submission guidelines follow:

Evidence-Based Program Update and Renewal		
Criteria	Present	Document/Submit
Implementation Overview	<ul style="list-style-type: none"> ● Summary of implementation history since last presentation to the Expert Panel, including: <ul style="list-style-type: none"> ○ number of program iterations ○ number of participants ○ demographics of participants ○ program fidelity 	<ul style="list-style-type: none"> ● Compile annual submissions including a description of any major program adaptations made since becoming evidence-based
Outcomes Overview	<ul style="list-style-type: none"> ● Demonstrate program effectiveness 	<ul style="list-style-type: none"> ● Describe how current outcomes compare to the outcomes demonstrated at the time of evidence-based endorsement
Quality Assurance Overview	<ul style="list-style-type: none"> ● Overview of how process and outcome data have been used for quality assurance ● Findings for quality improvement 	<ul style="list-style-type: none"> ● Describe how results have been used for quality assurance, program visibility and sustainability

Appendix A: Logic Model Template

To establish the theoretical framework of the proposed intervention, please provide a theory of change by filling in the logic model below to demonstrate the inputs, activities, outputs and outcomes of the intervention. In the subsequent section, provide information and citations from research supporting your theory of change.

GOAL: What is the ultimate goal of the intervention? This often parallels the desired impact in the right hand column below and should provide a period of time in which change will be observed.

Implementation of Intervention			Outcomes of Intervention		Impact
Inputs →	Activities →	Outputs →	Immediate →	Intermediate →	
<i>What do you need in order to implement the intervention?</i>	<i>What will be done during implementation?</i>	<i>What will you be able to show/produce after implementation?</i>	<i>What immediate change will be observed?</i>	<i>What intermediate change will be observed?</i>	<i>What long term impact will be realized?</i>
Human Resources Clientele Partners Instruments, curricula, information Advisory teams or boards Community resources or complementary services Funding Data, data collection Training and TA Other inputs	Identify and engage Recruit Train Data collection Other activities	Service delivered # served % of people who remained in program through completion # trained # engaged	# youth have been instructed in ... # families have been introduced to ... # of community orgs or schools... Satisfaction levels	Change observed in participants (knowledge, perception, attitude) Changed observed in services or capacities Other change observed/measured	Behavior Change of participants Behavior Change of larger community Behavior change of community partners
Contextual Factors (e.g. political, economic, cultural, school climate, etc.):					

Appendix B: Literature Review Template

Research Citations: For the purposes of engaging in a process to determine the evidence base on an intervention, literature reviews of prior research are often used by program developers to build a hypothesis of efficacy for an intervention and to establish aspects of design, content, and delivery. For each NIDA core element category, please provide prior research that supports the intervention’s theory of change. For example, if the program is delivered in an after-school setting, you may provide information about research done that establishes after school hours as an effective setting for prevention education. A program delivering content to adolescents relative to communication skills may present research on the impact positive communication skills have had on other adolescent risk behavior. Please provide citations to support your theory of change.

NIDA core element categories:

- Structure: how each program is organized and constructed
- Content: how the information, skills, and strategies are presented
- Delivery: how the program is selected or adapted and implemented, as well as how it is evaluated in a specific community

List Core Element Category (content, structure or delivery) or Focus Population for Intervention	Established Research to Support Core Element	Citation
<p><u>Content Example:</u></p> <p>1. Autonomous Decision-Making</p>	<p><i>Previous research on the relationship between motivational orientations and drinking behavior among college students has suggested that students who are more autonomously oriented consume less alcohol whereas those who are more control oriented consume more alcohol.</i></p>	<p><i>Chawla, N., Neighbors, C., Logan, D., Lewis, M. A., & Fossos, N. (2009). Perceived Approval of Friends and Parents as Mediators of the Relationship Between Self-Determination and Drinking. Journal of Studies on Alcohol & Drugs, 70(1), 92-100.</i></p>
<p><u>Focus Population Example:</u></p> <p>2. Peers</p>	<p><i>This research also focused on the extent to which autonomy vs control orientations are mediated by the perceived approval of friends and parents and showed friend approval as a significant influence but not parent approval.</i></p>	<p>Same as above</p>
<p>1.</p>		
<p>2.</p>		

3.		
4.		
5.		
6.		
7.		
8.		

Appendix C: Promising Practice Criteria Scoring Sheet

Practice name:

Date of review:

I. Need for the practice		
Criteria	Yes/No	Comments
A. The need for the original development of the practice was documented using quantitative and/or qualitative data		
B. How critical stakeholders were included in the development of the practice was discussed		
	Total ___/2	

II. Theory and/or research-base on which the practice was founded		
Criteria	Yes/No	Comments
A. Relevant citations and/or a literature review were provided		
B. The program logic model was presented and described		
	Total ___/2	

III. Practice Design		
Criteria	Yes/No	Comments
A. A thorough description of the population the practice is designed to serve was provided		
B. A description of the content relevant to reducing risk associated with alcohol and other drug misuse or increasing resiliency to prevent alcohol and other drug misuse was presented		
	Total ___/2	

IV. Program Delivery/Implementation

Criteria	Yes/No	Comments
A. Evidence of participant recruitment that is in line with practice design was presented		
B. Number and demographics of the people served by the practice over the past year was documented		
C. A staffing/training mechanism was described		
D. Method of practice delivery was documented including: <ul style="list-style-type: none"> o Dosage o Duration o Location/setting 		
	Total ___/4	

v. Evaluation Design		
A. The evaluation plan for measuring participant satisfaction including measurement instrument development and selection was presented		
B. The process evaluation plan including measurement instrument development and selection was presented		
C. The outcome evaluation plan including measurement instrument development and selection was presented		
	Total ___/3	

I. Outcomes to Date		
A. Participant satisfaction data were presented		
B. Past year process evaluation data that demonstrate successful practice implementation were presented		
C. Pilot outcomes and/or some evidence that outcomes are being achieved were presented		
D. A description of how any outcomes collected to date are being used for quality assurance was discussed		
	Total ___/4	

Total Score: ___/17 = ___%

Promising Practice Endorsement (Y/N):

Summary of Comments:

Appendix D: SAMPLE FIDELITY CHECKLIST

Botvin LifeSkills Training Fidelity Checklist Middle School, Level 1

SELF-IMAGE AND SELF-IMPROVEMENT

Date:

Site (city, state)

Instructor(s):

(Please indicate if instructor is a substitute)

Time LST Started:

Time LST Ended:

If interrupted, how much time was taken from the lesson?

Observer Name:

School:

of students:

Total time of LST lesson:

Minutes.

Did the lesson begin in a prior session? YES ___ NO ___ If YES, draw a line above the first point made in THIS session

Check YES ___ or NO ___ to indicate if each teaching point below was covered when the session was taught.

	YES	NO
Definition of Self-Image		
③ Worksheet 1: How I See Myself		
③ A few words represent a small part of one's total self-image		
③ Self-Image is the beliefs and attitudes we have of ourselves		
③ Facilitate a discussion about the concept of self-image		
Formation of Self-Image and Self-Image and Behavior		
③ Self-image is formed through what others think of us and our past experiences, successes, and failures		
③ We tend to act like the person we believe ourselves to be		
③ Self-image is important because it affects how good you feel about yourself		
③ People who have a positive self-image are more likely to be successful and less likely to smoke, drink, use drugs or engage in other unhealthy activities		
③ Identify that individuals have many self-images		

③ Facilitate discussions about the formation of self-image and its connection to behavior		
Self-Image Improvement		
③ It is possible to change and improve your self-image		
③ One way to improve is to become more aware of our accomplishments		
③ We shouldn't generalize about our self-image based on one or two bad experiences		
③ An important step in improving self-image is to take a realistic look at our strengths and weaknesses		
③ Facilitate discussion about how to improve self-image		

Self Improvement Project		
③ Worksheet 2: Taking Stock		
③ Describe and define the four elements of a goal: Realistic, Meaningful, Manageable, and Measurable		
③ Worksheet 3: Recording My Progress		
③ Organize and conduct in-class practice of goal setting		
③ Review tips for achieving goals		
Session Summary		
③ Summarize the main points of the session		



Appendix E: Example Service Delivery Stabilization Data Collection Sheet

Demographics	Recruitment Goals	Iteration #	Iteration #	Iteration #
Age				
Gender				
Grade				
Race				
IOM category and focus population				

Appendix F: EVIDENCE-BASED CRITERIA SCORING SHEET

Practices must score at least one point in each section to be endorsed as evidence-based. The minimum score for evidence-based endorsement is 80%.

Practice name:

Date of review:

I. Manual		
Criteria	Yes/No	Comments
A. A manual exists describing the practice and its core elements in detail allowing others to replicate the program.		
B. The manual includes relevant organizational requirements and staff training protocols.		
C. The manual includes evaluation tools.		
	Total ___/3	

II. Service Delivery Stabilization		
Criteria	Yes/No	Comments
A. Consistent (minimum of three iterations/three years) recruitment, participation and/or reach is documented.		
	Total ___/1	

III. Fidelity		
Criteria	Yes/No	Comments
A. A fidelity scale/checklist has been developed to assess the integrity of the practice.		
B. The fidelity scale includes content, staffing, intensity, method of delivery and delivery location.		
	Total ___/2	

IV. Evaluation Outcomes		
Criteria	Yes/No	Comments

A. Key outcome measures (short-term and intermediate) are consistent with the logic model.		
B. Short-term measures indicate meaningful results.		
C. Intermediate measures indicate statistically significant change relative to risk reduction and resiliency promotion.		
D. Program fidelity and process outcomes are linked to short-term, intermediate and/or long-term outcomes.		
E. Participant satisfaction has been achieved.		
	Total ___/5	

v. Dissemination of Results		
Criteria	Yes/No	Comments
A. Evaluation results have been compiled.		
B. Results have been disseminated internally to staff, administration, participants and others.		
C. Results have been used for quality assurance.		
D. Results have been disseminated to external stakeholders.		
E. Results have been used to increase program visibility and sustainability.		
	Total ___/5	

Total Score: ___/16 = ___%

13/16 is the minimum to meet evidence-based criteria.

Evidence Based Endorsement (Y/N):

Summary of Comments: