PROSPER: A State System for Delivery of Evidence-Based Programs

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Topics Covered

1. Rationale for Prevention-focused Delivery Systems, especially in Rural Communities

2. Overview of PROSPER System and Evidence-Based Programs on Menu

3. PROSPER Research Findings, Including Relative Reductions in Opioid Misuse

4. PROSPER Network Support and Associated Costs for States Involved

“Rural Communities are approaching a perfect storm.”*

- Opioid and other drug problems continue to escalate, with nearly half of adults directly affected
- As the service needs grow, in 85% of rural counties behavioral health/prevention services are sparse or non-existent

* See Ron Manderscheid, Behavioral Healthcare Executive, April 13, 2018
Instead of Approaching a Perfect Storm, We Build on What is Already There

PROSPER does this by:
1. Forming community partnerships, or teams, led by County Extension that include public school, public health, and other community-based organizations
2. Using evidence-based programs and strategies that are designed for all youth and families
3. Creating an Extension-based system of support for community teams
4. Focusing on quality and sustainability of implementation

How PROSPER Differs from a Program

• It is proven, state-based, science-driven – a training, TA and program delivery system designed to support sustained, high quality implementation of evidence-based programs
• Adopting PROSPER benefits from careful consideration and buy-in across multiple levels within Extension and from partnering schools
• It requires a substantial initial investment, often with external funding, but also has large potential return on the investment
• The returns concern potential community level, public health impacts and infrastructure developed to facilitate expansion within a state

Topic 2: Overview—PROSPER: A State Prevention Delivery System
Who Is Involved At The Community Level?

• PROSPER Community Teams start with between 8-10 members including:
  – County Extension Team Leader (Typically .20 FTE)
  – School-based Co-team Leader
  – Community volunteers
    o Local mental health/public health representatives
    o Local substance abuse agency representative
    o Parents
    o Youth

• Membership expands as teams mature

PROSPER: A State Prevention Delivery System

Prevention Coordinator Team—Technical Assistance System is Key

• Typically, requires .20 FTE per supported team
• Attend team meetings in their assigned community
• Contact Team Leaders nearly every week to discuss PROSPER activities and goals
• Interact with other Prevention Coordinators to share successful strategies and approaches
• Act as liaison between their community team and the State Management Team to problem solve issues before they become severe
State Management Team

- Provides oversight and guidance for the effort across the state
- Coordinates with state agency partners (e.g., Dept. of Public Health) to explore opportunities to share resources
- Works on integration of PROSPER roles into plans of work
- Oversees data collection and ensures information is used to make adjustments when necessary

State Management Team Personnel Typically Required to Support up to 4 Community Teams

- State Coordinator at .25 FTE
- Evaluator at .15 FTE
- Extension program leaders, state specialists, and other faculty at a total of .15 FTE

Why Does PROSPER Use Universal Evidence-Based Programs?

- They address the risk and protective factors that are common to multiple types of substance misuse
- Most are are strengths-based and focus on skill-building to achieve results
- There is evidence of “crossover” effects to outcomes not directly targeted (e.g., academic success)
- They have been shown to help higher-risk youth and families without needing to specifically target them

The Universal Evidence-Based Programs

- Family-focused Programs
  - Guiding Good Choices
  - Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)
- School-based Programs
  - LifeSkills Training (LST)
  - All Stars
  - Lions Quest-Skills for Adolescence
- Training and implementation costs vary by program
Example of Results from Universal Family Program—Lifetime Prescription Drug Misuse during Young Adulthood

Both PDM outcomes at both time points statistically and practically significant.

Example of Results from Universal Family + School Program—Lifetime Prescription Drug Misuse during Young Adulthood: All Youth

Example of Results from Universal Family + School Program—Lifetime Prescription Drug Misuse during Young Adulthood: Higher-risk

Universal Programs Have Economic Benefits

Researchers have estimated that for each dollar invested for a universal family program, there is up to a $9.60 return.

Notes:
- General=Misuse of narcotics or CNS depressants or stimulants.
- **p<.01; ***p<.001; RRRs = 65-93%

Sources:
So, in a Nutshell...

- **Pattern of long-term positive findings** for a number of substances, including prescription drugs, into young adulthood
- Intervention effects are the same or stronger for **higher-risk subgroups** than those for lower-risk subgroups
- Universal programs can be **cost effective/cost efficient**

Putting It All Together—

PROSPER is an Evidence-based System to support the sustained delivery of Evidence-based Programs through Extension’s Infrastructure

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Topic 3: Research Findings—How PROSPER Was Evaluated

- Collaboration with Penn State University
- Design: RCT of 28 school districts (14 IA, 14 PA)
  - Full partnership with community teams
  - Delayed intervention (programs without teams)
- **Participants: Two cohorts of 6th grade children ≈ 5,500 students per cohort**; 2nd cohort has ≈ 1,000 intensive assessment families
- Multimethod, multi-informant measurement (now at 9th wave of data collection–post high school)

Evidence that PROSPER Works to Produce Positive Parenting Outcomes

Parents who use more effective management strategies:

- More consistent discipline
- Less harsh discipline
- More warmth in the parent-child relationship
- More frequent parent-child activities
- Better family cohesion
Evidence that PROSPER Works to Produce Positive Youth Outcomes

- Better at problem solving
- Less likely to hang out with classmates that get into trouble
- More likely to refuse offers of alcohol and other drugs
- Less likely to believe that substance use has positive effects
- More likely to delay initiation of substance use, or to use less frequently
- Less likely to engage in problem behaviors including conduct problems
- Positive effects on peer networks

Outcomes Show Delays in Youth Substance Use

*Significant intervention-control differences at 4½ years past baseline

<table>
<thead>
<tr>
<th>Outcome</th>
<th>ProSPER vs. Control</th>
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<tbody>
<tr>
<td><strong>Lifetime/New User Rates</strong></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
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<tr>
<td>Drunkenness</td>
<td>Greater</td>
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<tr>
<td>Cigarettes</td>
<td>Greater</td>
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<tr>
<td>Marijuana</td>
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<tr>
<td>Meth</td>
<td>Greater</td>
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<tr>
<td>Ecstasy</td>
<td>Greater</td>
</tr>
</tbody>
</table>

**Initiation Indices**

- Gateway
- Illicit

**Past Year Rates**

- Drunkenness
- Marijuana
- Inhalants
- Meth

*Although primary outcomes of interest vary by participant age, positive findings have persisted into young adulthood*

PROSPER: Prescription Drug Misuse during Young Adulthood

- PROSPER vs. Control differences are statistically and practically significant.
- For every 100 young adult misusers in non-PROSPER communities, there would be about 20-26 fewer in PROSPER communities.

PROSPER: Cost Effectiveness of Prescription Drug Misuse

- Each youth engaging in nonmedical prescription opioid use costs society an estimated $8,965/year.
- PROSPER researchers evaluated most effective combinations of family and school programs.
- Cost effectiveness ranged from $613 to $4,923 (cost to prevent one youth from misusing opioids before 12th grade).
- This means there is at least $4,042 in cost savings to society per case.

What Does This Suggest?

- Positive PROSPER findings—real-world implementation systems, using a sustainable community partnership model
- Suggests a key strategy for achieving public health impact, specifically for opioid misuse prevention, through widespread rural community practice
- Important to scale up what we already know works

Here’s Where We Are Going with PROSPER Projects to Address the Opioid Crisis

1. We are developing strategies to make the PROSPER system more streamlined to fit into today’s Extension context of limited budgets and staff
2. We are adding components to enhance opioid-related outcomes in rural communities
3. We are building our capacity to support other states who want to adopt it
4. We are working on proposals to support these efforts and scale up PROSPER in other states

Topic 4: PROSPER Network Support and Related Costs for States

- We developed a PROSPER Network Team housed at Iowa State University
- Members of the Network Team support a national network of PROSPER states
- The Network Team is made up of trainers, technical assistance providers, evaluation specialists, and senior prevention scientists
- We are currently working with 6 states
What Does the Network Team Do to Support States Implementing the PROSPER Delivery System?

The PROSPER Network Team provides comprehensive implementation support, including:
- A complete set of implementation materials
- Tailored, ongoing TA for field and evaluation activities
- Annual reports with implementation data
- Access to web-based applications and resources
- Assistance with sustainability planning and resource generation at the state- and community-levels
- Use of the PROSPER brand
- Guidance in application of best prevention practice

Summary of Implementation Costs

- State Partnership Team
  - State Management Team (Coordinator/Evaluator)
  - Prevention Coordinator Team (1/community)
  - Community Team Leaders (1/community)
- Costs for trainings, meetings, operations
- School and family program implementation
  - Varies by programs selected from menu and number of students and families served
- Contracted PROSPER Network support

States Adopting PROSPER Contract with Iowa State University for Implementation Support Each Year

<table>
<thead>
<tr>
<th>Year 1 Services Provided</th>
<th>Est. Cost</th>
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<tbody>
<tr>
<td>Unit 1 Training</td>
<td>$5,000</td>
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<tr>
<td>Unit 2 Training</td>
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<tr>
<td>Ongoing Coaching Support</td>
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<td>Network Support</td>
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<td>Evaluation Services</td>
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<td>Online Access &amp; TA</td>
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<td>$1,500</td>
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<tr>
<td>Total</td>
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- Year 2 Estimated Costs $26,250
- Year 3 Estimated Costs $22,050

Potential Funding Strategies

- Apply for NIFA grant programs that cover personnel and programming costs
  - Children Youth and Families At Risk (CYFAR)
  - Rural Health and Safety Education (RHSE)
- Change Extension plans of work to include PROSPER role
- Apply for external funding to support programming or use internal funding for program implementation until community teams secure local external resources to foster sustainability
- Stay tuned for potential opportunities from the PROSPER Network to support states ready to adopt PROSPER!
Visit our website for more info…
www.helpingkidsprosper.org