The Evidence-based Prevention & Intervention Support Center: A State-Level Support System for High Quality Implementation & Sustainability of Evidence-based Programs

Brantly Rhoades & Brian Bumbarger
The Pennsylvania State University

Background & Mission

- Significant advances in the science of prevention and the identification of empirically-supported interventions
- Funders and policy makers promoting the use of evidence-based programs (EBPs)
- Few EBPs have been “scaled up” in a way that is likely to achieve population-level public health impact
- Key barriers include implementation quality & fidelity, sustainability, data collection and management, and overall infrastructure for training and technical assistance

The EPISCenter’s mission is to: promote the wide-scale adoption of evidence-based prevention and intervention programs; support their high-quality implementation and long-term sustainability; facilitate learning communities among EBP practitioners; and conduct translational research to advance the field.

Prevention Policy & Practice in PA

- The PA Commission on Crime and Delinquency (PCCD) began a statewide effort in 1994 to support the development of Communities That Care (CTC) prevention coalitions.
- These CTC coalitions created a local infrastructure for organizing prevention work within a county or community – creating fertile ground for the implementation of EBPs.

- Through this effort, communities identified prevention priorities and selected from a menu of EBPs to address those priorities.
- This initiative has led to nearly 200 replications of a variety of EBPs.
- The EPISCenter was created in 2008 to provide support and technical assistance to each of these programs, and use the initiative as a test-bed for translational research.

The EPISCenter provides a link to the PSTS and a bridge between the PDS and the policy and funding macro-system.

EPISCenter’s three key functions: 1) Build general prevention capacity. 2) Build program-specific capacity. 3) Facilitate interaction/communication across systems.

- Recognizes the policy and funding macro-system as a key, active partner in these processes.

The EPISCenter is uniquely positioned to translate prevention research, which informs the technical assistance provided to the Prevention Delivery System and funders/policy-makers, thus constantly improving the state’s initiative.

A Conceptual Model

Using an annual survey of EBP implementers we have explored several areas related to implementation quality and sustainability.

Research Question

What characteristics predict if a program sustains functioning two years or more beyond initial seed funding?  

Rhoades et al. (2018): What characteristics/factors predict if a program sustained functioning two years or more beyond initial seed funding? One way by program type:

Moore et al. (2019): What programmatic changes are essential to successful adaption?

The most commonly cited adaptations were to procedures, dosage, and content.  
The most commonly reported reason for making adaptations: need to reach minority populations.  
Program type differences emerged: big changes for group programs, smaller changes for school-based programs.

The EPISCenter’s conceptual model builds on Wandersman’s Interactive System’s Framework, which outlines the people, organizations, & contexts needed to move science to practice.

Systems in the Interactive System’s Framework:
1) The Prevention Delivery System: responsible for ultimately providing prevention services to consumers
2) The Prevention Support System: provides support to and connects the systems to facilitate and support knowledge transfer among the systems
3) The Prevention Synthesis and Translation System: responsible for developing and synthesizing basic prevention science knowledge into interventions, and conducting and disseminating translational research

Research Question

What characteristics/factors predict if a program sustained functioning two years or more beyond initial seed funding?  

Rhoades et al. (2018): What characteristics/factors predict if a program sustained functioning two years or more beyond initial seed funding? One way by program type:

Moore et al. (2019): What programmatic changes are essential to successful adaption?

The most commonly cited adaptations were to procedures, dosage, and content.  
The most commonly reported reason for making adaptations: need to reach minority populations.  
Program type differences emerged: big changes for group programs, smaller changes for school-based programs.

Capacity Building

Based on the above research, we have implemented strategies to increase capacity to address key barriers to high quality, sustained implementations of EBPs.

Regulatory Requirements: involvement with collaborative board, outcomes reports to key stakeholders, Quality Assurance process  
General Proactive TA: regular one-on-one site consultations, site-specific, implementation plans  
Program-specific Proactive TA: TA providers specialize in specific programs, program-specific networking meetings and resources