**RPP Strategy Proposal Process**

*When considering how much detail to include, please keep in mind reviewers may not be familiar with your region.*

*Please cite your work.*

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| *Technical review items* |  |
| Proposed Strategy: | Proposed Strategy |
| Proposed Strategy Cost: | $  |
| Proposed Strategy Timeframe: | mm/yyyy – mm/yyyy |
| Proposed Strategy Persons Responsible: | Name, title, organization |

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| 1.Which RPP goal(s) does this strategy address? (see [RPP Guidance Document](http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_RPP_Guidance_Document.pdf), page 4)**Check all that apply:** |
|[ ]  Goal 1: Increase state, regional and community capacity to prevent underage and binge drinking, prescription drug misuse, and marijuana use by implementing a targeted regional approach. |
|[ ]  Goal 2: Reduce underage and binge drinking among persons aged 12 to 20. |
|[ ]  Goal 3: Reduce prescription drug misuse and abuse among persons aged 12 to 25. |
|[ ]  Goal 4: Reduce marijuana use among persons aged 12 to 25.  |

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| 2. Which [risk and/or protective factor(s)](http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf) does this strategy address? |
| Example: Law and norms favorable toward alcohol and drug use: Statewide surveys of parents and young adults show a decrease in both population groups’ perception of harm of alcohol use and marijuana use, as well as moderate increases of use of both substances over the past 4 years. |

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| 3. Why are you proposing this strategy?  |
| Example: The promising evidence-base of this strategy, the alignment of the strategy’s goals with RPP goals, and a local workforce trained to implement the curriculum makes it a better fit for our community than other family curricula listed on the RPP Menu. |

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| 4. Please provide results of the assessment you have done to determine your region’s needs, current resources, and readiness for the proposed strategy. This includes your responses to the utility and feasibility checks in the resources section below, #1. For an example of a successful proposal response, see the “Example Completed Submission” document. |
| For an example, see the **Example Completed Submission** on the Grantees & Contractors Reporting Forms and Guidance Documents webpage under Regional Prevention Partnerships. |

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| 5a. What is the evidence base for the proposed strategy? |
| SELECT FROM BELOW AND PROVIDE SUPPORTING DOCUMENTS AND INFORMATION. ATTACHMENTS MAY BE ADDED ON THE SUBMISSION FORM: |
|[ ]  A. Included in Federal registries of evidence-based interventions as effective or promising (See resources for links, #2). Please provide links to the website or documents that describe the evidence-base of your requested strategy below:Link(s) to supporting documentation. |
|[ ]  B. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals (See resources for guiding questions, #3). Please provide links to the relevant articles below:Link(s) to supporting documentation. |
|[ ]  C. Supported by sources of information (other than Federal registries or peer-reviewed journals) and the consensus judgment of informed experts (see resources for guidelines, #4). Please explain how your proposal meets each of the guidelines described in Resource #4:Explanation of proposal’s fit to guidelines described in Resource 4. |
| 5b. Are you planning to make any modifications to the strategy for implementation in your region? If yes, please describe. |
|[ ]  YesModification description |
|[ ]  No |

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| 6. How does your region plan to evaluate and sustain the proposed strategy (include an evaluation plan)? What are your plans to sustain or build the resources necessary to implement the strategy with fidelity (staff, stakeholder, physical, etc.)? |
| Example: The curriculum offers an evaluation plan including pre and posttests that wewill use with fidelity. Our region proposes to run the program as a pilot for this year. If theprogram is a good fit we will develop a step-down funding model with the grantee to build their capacity to offer the programming on their own. |

Please allow 10 business days for the review of your information; members of the EBPW may reach out for clarification.

Resources:

1. Utility and Feasibility Checks:

Utility Checks

* Is the intervention appropriate for the population identified in the community needs assessment and community logic model? Has the intervention been implemented successfully with the same or a similar population? Are the population differences likely to compromise the results?
* Is the intervention delivered in a setting similar to the one planned by the community? In what ways is the context different? Are the differences likely to compromise the intervention’s effectiveness?
* Is the intervention culturally appropriate? Did members of the culturally identified group participate in developing it? Were intervention materials adapted to the culturally identified group?
* Are implementation materials (e.g., manuals, procedures) available to guide intervention implementation? Are training and technical assistance available to support implementation? Are monitoring or evaluation tools available to help track implementation quality?

Feasibility Checks

* Is the intervention culturally feasible, given the values of the community?
* Is the intervention politically feasible, given the local power structure and priorities of the implementing organization? Does the intervention match the mission, vision, and culture of the implementing organization?
* Is the intervention administratively feasible, given the policies and procedures of the implementing organization?
* Is the intervention technically feasible, given staff capabilities, time commitments, and program resources?
* Is the intervention financially feasible, given the estimated costs of implementation (including costs for purchase of implementation materials and specialized training or technical assistance)?
1. Federal Registries:
* Evidence-Based Practices Resource Center: <https://www.samhsa.gov/ebp-resource-center>;
* OJJDP Model Programs Guide: <https://www.ojjdp.gov/mpg/>;
* Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs Sponsored by the U.S. Department of Education: <https://www.lions-quest.org/wp-content/uploads/2015/11/exemplary01.pdf>;
* Guide to Clinical Preventive Services Sponsored by the Agency for Healthcare Research and Quality [AHRQ]: <https://www.ahrq.gov/research/findings/evidence-based-reports/index.html>;
* Guide to Community Preventive Services Sponsored by the Centers for Disease Control and Prevention [CDC]: <https://www.thecommunityguide.org/>
1. Key elements addressed in most peer-reviewed journal articles with guiding questions for using peer-reviewed journals:
* A defined conceptual model that includes definitions and measures of intermediate and long-term outcomes. Does the article describe the theory or provide a conceptual model of the intervention and link the theory or model to expectations about the way the program should work? Does the article describe the connection of the theory or the conceptual model to the intervention approach, activities, and expected outcomes in sufficient detail to guide your decision?
* Background on the intervention evaluated. How closely does the problem targeted by the intervention match the identified needs of your community? Does the article adequately describe the proposed mechanism of change of the intervention? Are the structure and content of the intervention described in enough detail? Is the context or setting of the intervention described to an extent that allows you to make an informed decision concerning how well it might work in the communities targeted?
* A well-described study population that includes baseline or “pre–intervention” measurement of the study population and comparison or control groups included in the study. Does the article describe in detail the characteristics of the study population and the comparison or control groups used? How well does the study population match your local target group?
* Overall quality of study design and data collection methods. Does the article describe how the study design rules out competing explanations for the findings? Are issues related to missing data and attrition addressed and satisfactorily resolved? Did the study methodology use a combination of strategies to measure the same outcome using different sources (e.g., child, parent, teacher, archival)?
* Analytical plan and presentation of the findings. Does the article specify how the analytical plan addresses the main questions posed in the study? Do the analyses take into account the key characteristics of the study’s methodology? Does the article report and clearly describe findings and outcomes? Are the findings consistent with the theory or conceptual model and the study’s hypotheses? Are findings reported for all outcomes specified?
* A summary and discussion of the findings. Does the discussion draw inferences and conclusions that are clearly related to the data and findings reported?
1. When selecting interventions based on other sources of supporting information, **all four of the following guidelines should be met\*:**
* Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model;
* Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature;
* Guideline 3: The intervention is supported by documentation 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
* Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts (RPP’s Evidence-Based Programs Workgroup) that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).

*\*Guideline 4 is to be determined after submission of Strategy Proposal to the Evidence Based Practices Workgroup, not before.*