



Budgeting for Results

Department of Human Services Division of Substance Use Treatment, Prevention and Recovery

The Substance Use Prevention Service (SUPS) and Chicago
Substance Use Prevention Service (CSUPS)
Program Report





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Introduction

The statute that created Budgeting for Results (BFR) states that in Illinois, “budgets submitted and appropriations made must adhere to a method of budgeting where priorities are justified each year according to merit” (ILCS 20/50-25). The BFR Commission, established by the same statute, has worked since 2011 to create and implement a structure for data-driven program assessment useful to decision makers. The BFR framework utilizes the Illinois benefit-cost model and the State Program Assessment Rating Tool to produce comprehensive assessments of state funded programs.

In 2022, the Evidence-to-Impact Collaborative at Penn State University began supporting an improved version of the Results First benefit-cost model. The model is based on methods from the Washington State Institute for Public Policy (WSIPP) and can be used to analyze programs within multiple policy domains, including: adult crime, juvenile justice, substance use disorders, K-12 and higher education, general prevention, health, and workforce development.

The State Program Assessment Rating Tool (SPART) combines both quantitative (benefit-cost results) and qualitative components in a comprehensive report. It is based on the federal Program Assessment Rating Tool (PART)¹ developed by the President’s Office of Management and Budget and has been modified for Illinois use. The SPART provides a universal rating classification to allow policy makers and the public to more easily compare programs and their performance across results areas.

Methods

BFR begins each assessment by examining an Illinois program’s design and assessing its implementation. Each program is then matched with an existing rigorously studied program or policy. BFR completes a comprehensive review of related program literature to inform the matching process. Each rigorously studied program has an effect size determined by existing national research that summarizes the extent to which a program impacts a desired outcome. The effect size is useful in understanding the impact of a program run with fidelity to established core principles and best practices.

The benefit-cost model uses the effect size combined with the state’s unique population and resource characteristics to project the optimal return on investment (OROI) that can be realized by taxpayers, victims of crime, and others in society when program goals are achieved.

The SPART contains summary program information, historical and current budgetary information, the statutory authority for the program, and performance goals and measures. The SPART tool consists of weighted questions which tally to give a program a numerical score of 1-100. Numerical scores are converted into qualitative assessments of program performance: effective, moderately effective, marginal and not effective.

¹ <https://georgewbush-whitehouse.archives.gov/omb/performance/index.html>

Section 1

Program Overview

Program Overview – SUPS/CSUPS

The Substance Use Prevention Service (SUPS) and Chicago Substance Use Prevention Service (CSUPS) began in 2018, replacing the prior structure and services which the Illinois Department of Human Services Division of Substance Use Prevention and Recovery (DHS/SUPR) had been providing for Alcohol, Tobacco, and Other Drug (ATOD) youth prevention programming.

SUPS/CSUPS funds grants to organizations that provide community and school-based programs that help decrease youth alcohol and marijuana use. The grants support services by Prevention Providers serving youth from 6th grade through high school graduation, their parents, and the community. The system continues to evolve based on the ever-changing needs of communities and shifting youth drug trends.

Prevention Providers are located in communities across the state. Adolescents in Illinois are served prevention programming under SUPS/CSUPS through two main streams, Youth Prevention Education (YPE) and Communication Campaigns. Communication Campaigns consist of information dissemination, awareness activities, and providing materials about resources.

Grantees are required deliver at least one approved Youth Prevention Education (YPE) model program aimed at reducing alcohol use (or marijuana use for CSUPS) from IDHS/SUPR's list of YPE curricula approved for implementation. The grantee provides the YPE to an entire grade level at a school.

IDHS-funded grantees determine which approved evidence based YPE curriculum to provide. The most widely used SUPS/CSUPS YPE model program curriculum is called Too Good for Drugs. Too Good for Drugs is designed to promote students' prosocial skills and positive character traits.² The curriculum consists of 8-15 lessons that can be used in conjunction with other subject areas (such as English, science, and social studies). Additionally, grantees are required to provide Booster sessions of the curriculum with the same students the following year.

Students engage in role-play and cooperative learning activities and are encouraged to apply the skills to different contexts. The program includes optional family and community involvement components. The lessons introduce and develop skills for making healthy choices, building positive friendships, developing self-efficacy, communicating effectively, and resisting peer pressure and influence.³

- Youth Prevention Education is aimed at reducing alcohol and marijuana use.
- Too Good for Drugs is the most common curriculum chosen by IDHS funded grantees.
- The grants support services by Prevention Providers serving youth from 6th grade through high school graduation, their parents, and the community.

² <https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/516>

³ <https://toogoodprograms.org/collections/too-good-for-drugs>

Recent budget appropriations are presented in Table 1.

Table 1: SUPR program Appropriations and Expenditures by Fiscal Year (\$ thousands)

	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Appropriated	\$231,767	\$270,959	\$289,778	\$390,619	\$609,715	\$631,169
Expended	\$138,944	\$170,682	\$182,252	\$220,918	\$288,498	\$352,378

Federal Appropriations include authority that may exceed estimated expenditures to allow for the difference between federal and state fiscal years as well as federal carry over of unused funds.

A majority of SUPR funding for SUD treatment and recovery is based on the American Society of Addiction Medicine (ASAM) criteria which organize treatment and recovery into levels of care. Service providers are reimbursed for treating a client with a determined level of need. However, SUPS/CSUPS are funded as a program separate from ASAM levels of care. The appropriations and expenditures above include all SUPR funding.

Using national literature and program information gathered with SUPR, BFR matched the SUPS/CSUPS Too Good for Drugs program with the WSIPP program Peer Support for Individuals with Substance Use Disorder program.⁴ More information on the evidence base for the SUPS/CSUPS can be found in the SPART section of this report.

The major takeaways from this analysis can be found in Table 2 below along with the program's comprehensive SPART score.

⁴ Further program profile and meta-analysis information available at: <https://www.wsipp.wa.gov/BenefitCost/Program/413>

Table 2: Report Summary

Illinois Department of Human Services, Division of Substance Use Treatment, Prevention and Recovery	SUPS/CSUPS Program⁵
Optimal Benefits	\$571
Real Cost (Net) per participant	\$97.43
Benefits – Costs (Net Present Value)	\$473.57
Benefits/Costs (OROI)	\$5.86
Chance Benefits Will Exceed Costs	93%
SPART Score	88

The optimal return on investment calculated by BFR on the Too Good For Drugs program determined that for every one dollar spent by SUPR, \$5.86 of future benefits from healthcare, crime, labor market, and mortality impacts realized by Illinois taxpayers, program participants, and crime victims. These numbers are displayed in 2023 dollars based on limitations with the current version of the benefit-cost model.

⁵ The optimal benefits are the benefits the program can expect to achieve if run with fidelity to best practices or core principles. Benefits per participant are projected over the program participant. The per participant real costs of the program are the sum of its direct and indirect costs, minus the cost of treatment as usual. The benefits and the costs are discounted to present value. The benefit/cost ratio is the optimal return on investment (OROI) Illinois can expect from implementing the program with fidelity.

Section 2

Benefit-Cost Results

Benefit-Cost Results – Too Good for Drugs (SUPS/CSUPS)

The benefit-cost model uses the effect size determined by the program profile for “Too Good for Drugs.” The Too Good for Drugs program costs were provided by SUPR.

The annual costs and benefits for the Too Good for Drugs program can be seen below in *Figure 1*. For this program all costs are incurred in the first year while benefits accrue over the lifetime of the participant.

The blue bars show total program benefits. The program benefits exceed the program costs.

The return on investment from the benefit-cost analysis calculates the benefits from reduced crime, labor market effects, health care costs, and mortality.

Figure 1 – Total Cash Flow

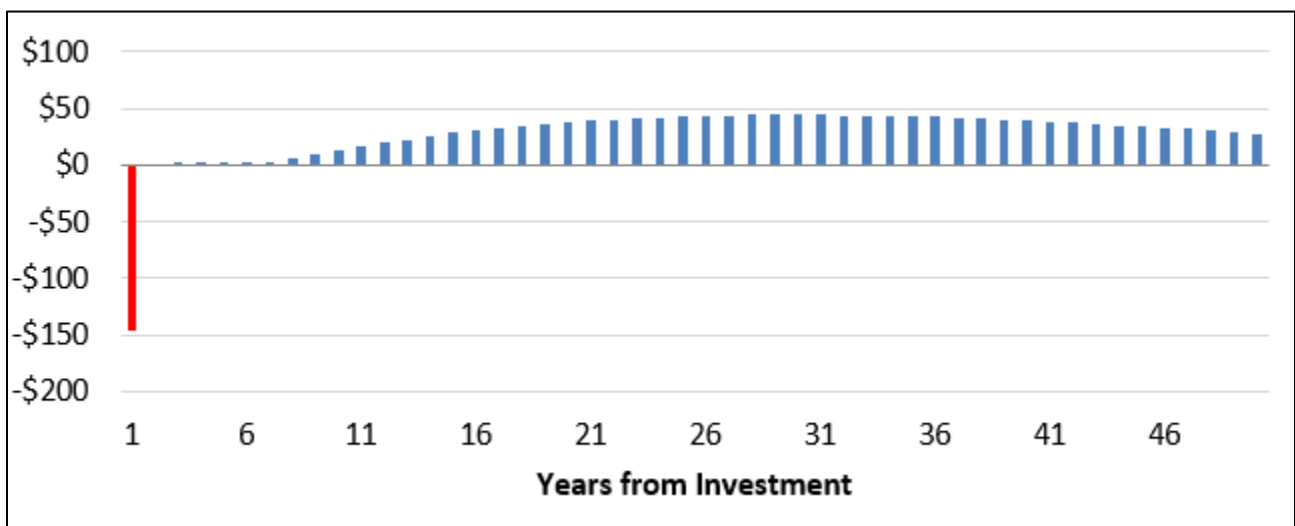
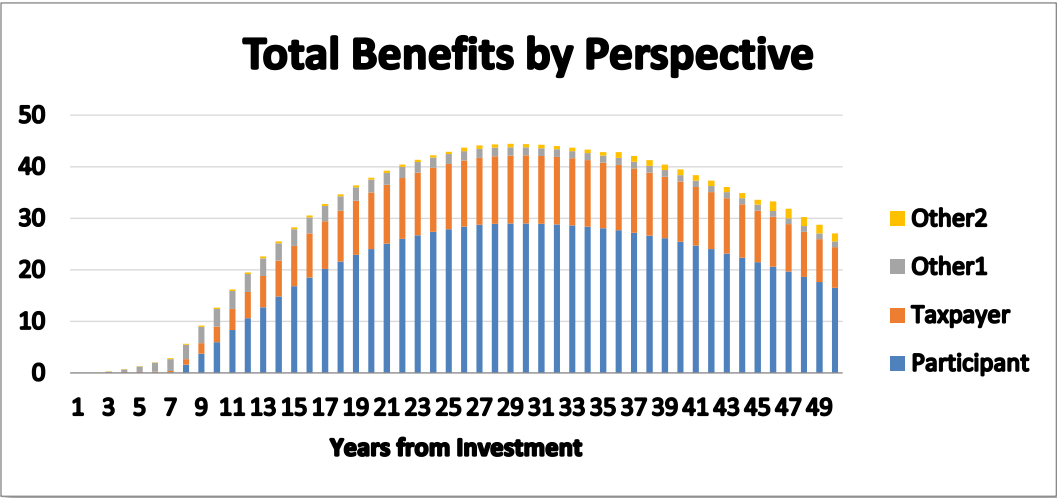


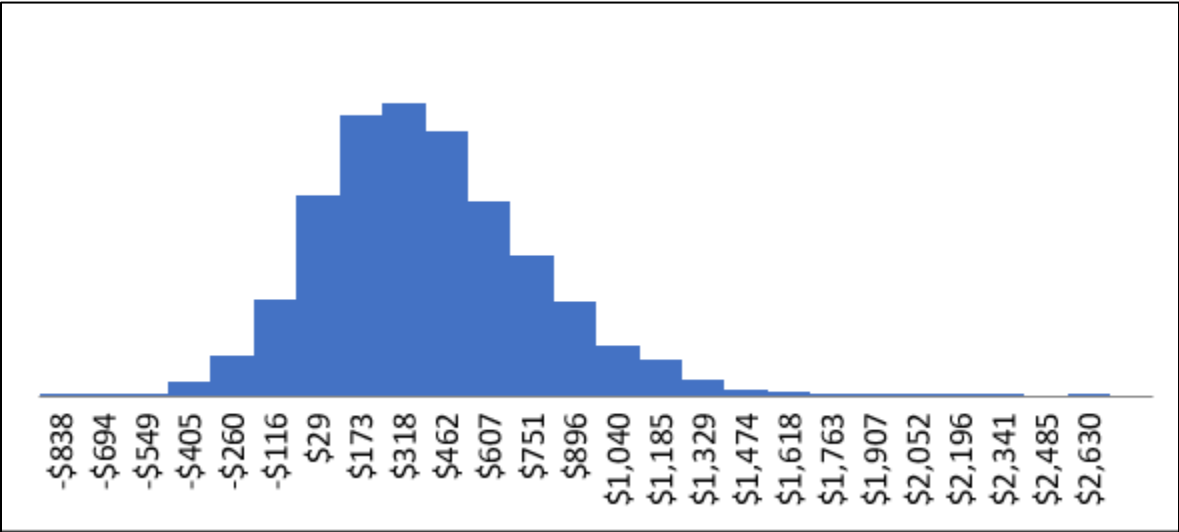
Figure 3 below illustrates how benefits accumulate to different Illinois stakeholders. The majority of the benefits come from labor market gains for program participants. The remaining benefits come from taxpayer costs and other avoided indirect deadweight costs.

Figure 3



All program benefits are predictive, and there is uncertainty when forecasting future outcomes. To help account for the uncertainty, BFR runs each benefit-cost analysis 10,000 times with random variations in the costs and benefits. The histogram in Figure 4 shows the range of OROI resulting from running the simulations. The optimal program benefits exceeded the program costs in 93 percent of the simulations.

Figure 4 – Net Present Value



Section 3

State Program Assessment Rating Tool

State Program Assessment Rating Tool (SPART)
Substance Use Prevention Services and Chicago Substance Use Prevention Services (SUPS/CSUPS)
444 – Department of Human Services

This report was compiled by the Budgeting for Results Unit of the Governor’s Office of Management and Budget with the support of the Department of Human Services (DHS). The SPART is an assessment of the performance of state agency programs. Points are awarded for each element of the program including: Program Design and Benefit-Cost and Performance Management/Measurement. This combined with benefit-cost analysis through Results First establishes an overall rating of the program’s effectiveness, which can be found on the final page of this report.

Part 1: General Information

Is this program mandated by law? Yes X⁶ No
 Identify the origin of the law: State X Federal Other
 Statutory Cite: Substance Use Disorder Act (20 ILCS 301)

Program Continuum Classification: Prevention

Prevention programming is a broad, impactful approach to improving public health. Initiatives that target large populations, such as promoting healthier eating habits and encouraging regular physical activity, can have a cumulative effect that significantly reduces negative outcomes when implemented across communities. Preventive strategies are inclusive and help foster healthier environments for all. Prevention is proactive, rather than reacting to problems once they become severe.

Evaluability

Provide a brief narrative statement on factors that impact the evaluability of this program.

The Illinois Department of Human Services Division of Substance Use Prevention and Recovery (SUPR) does not directly run The Substance Use Prevention Services / Chicago Substance Use Prevention Services program. Organizations are funded to provide substance use prevention among youth in their community areas. There are 43 grants for SUPS and 8 for CSUPS. The total number of SUPS and CSUPS only includes the number of contracts. Some contracts have multiple site plans which each having to meet program deliverables independently. There are 58 total SUPS site plans and 12 CSUPS site plans.

Every two years, schools throughout the state have the opportunity to participate in the Illinois Youth Survey (IYS) for students in 8th, 10th, and 12th grade. Organizations have a geographically defined service area. Within these areas, schools that are regular public schools with at least one grade 8th, 10th, or 12th, are strongly encouraged by their organization to participate in the Illinois Youth Survey (IYS). School participation in the survey is voluntary and not all schools in the service area participate in the IYS.

Key Performance Measure	FY 2022	FY 2023	FY 2024	Reported in IPRS Y/N
Illinois Youth Survey ⁷				N

⁶ The Substance Use Disorder Act ([20 ILCS 301](#)) requires DHS to develop a comprehensive and coordinated strategy which includes ensuring quality prevention, early intervention, treatment, and other recovery support services that are accessible and responsive to the diverse needs of individuals, families, and communities.

⁷ [IYS_2024 Statewide Frequency Report.pdf](#)

Part 2: Program Design and Benefit-Cost**Total Points Available: 55****Total Points Awarded: 55**

Question	Points Available	Evidence Level	Points Awarded
2.1 What is the program evidence level? - Evidence Based 25pts - Theory Informed 15 pts - Unknown Effect 0 pts - Negative Effect -5 pts Describe the evidence base reviewed.	25	Evidence Based	25

Explanation:

The Too Good for Drugs program used within the SUPS/CSUPS matches the Washington State Institute for Public Policy evidence-based program “Too Good for Drugs.”⁸ The What Works Clearinghouse also rated this program as having positive effects on knowledge, attitudes, and values, while noting that character education is an evolving field that is only beginning to establish a research base.⁹

Question	Points Available	Yes/Partial/No	Points Awarded
2.2 Is the program implemented and run with fidelity to the program design? Describe the core components of the program as designed and as implemented in Illinois.	25	Yes	25

Explanation:

Youth Prevention Education (YPE) is designed to mitigate the risk factors and enhance protective factors related to alcohol, tobacco, and other drugs (ATOD) use. DHS/SUPR through SUPS/CSUPS awards grants to Prevention Professionals to deliver YPE programming. IDHS requires that all grantees be trained in the curriculum they implement as well as complete the Foundation of Youth Prevention Education training. These two IDHS required trainings are meant to ensure effective implementation of the YPE program.

The most common YPE program funded through SUPS/CSUPS is Too Good for Drugs. It is provided in a school setting, students in one entire grade level within an Illinois public school receive 8-15 lessons depending on the specific curriculum. Grantees are also required to provide Booster sessions of the curriculum with the same students the following year.

⁸ <https://www.wsipp.wa.gov/BenefitCost/Program/413>

⁹ https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/WWC_Drugs_Violence_091406.pdf

Skills development is at the core of Too Good for Drugs lessons. These lessons cover life skills, with each lesson building on the previous. The curriculum begins with Setting Reachable Goals and Making Responsible Decisions, and includes lessons on Identifying and Managing Emotions and Communicating Effectively. The lessons introduce and develop skills for making healthy choices, building positive friendships, developing self-efficacy, communicating effectively, resisting peer pressure and influence, and supporting academic success.

DHS/SUPR funds a contractor who is responsible for providing training to YPE grant recipients, who are then expected to implement evidence-based programing within their communities, based upon the deliverables listed in the DHS/SUPR grant they receive.

Question	Points Available	Yes/Partial/No	Points Awarded
2.3 To the extent that the program did not receive full points in question 2.2, has the program been adapted responsibly according to competing best practices in the field, or have modifications been made due to under-resourcing or for other reasons?	(15)	N/A	0

Explanation:

Implementation of program activities are not reported. Evaluation standards are assessed during annual YPE/CC evaluations

Question	Points Available	Yes/Partial/No	Points Awarded
2.4 If the program achieved full credit in question 2.2, can we expect the Optimal Return on Investment (OROI) for this program to be equal to or greater than \$1 for each \$1 spent?	5	Yes	5

Explanation:

The Too Good for Drugs program has an Optimal Return on Investment of \$5.86¹⁰ for every dollar spent.

¹⁰ 2011 dollars

Part 3: Performance Management/Measurement**Total Points Available: 45****Total Points Awarded: 33**

Question	Points Available	Yes/Partial/No	Points Awarded
3.1 Does the program regularly collect timely and credible performance measures? Partial points may be awarded for an existing but not yet implemented plan for a performance measure regime.	10	Yes	5

Explanation:

The Illinois Department of Human Services has been funding the Illinois Youth Survey (IYS) biennially since 1990, and University of Illinois Center for Prevention Research & Development has been responsible for the administration and management since 2010.

The IYS is a student self-report survey administered in school settings designed to gather information about a variety of health and social indicators, including substance use patterns and attitudes of Illinois youth.

Data on the effectiveness of specific Too Good for Drugs is not regularly collected.

Question	Points Available	Yes/Partial/No	Points Awarded
3.2 Do the performance measures focus on outcomes?	5	Yes	3

Explanation:

SUPS/ CSUPS organizations provide services aimed at reaching the three goals: (1) reduce the past 30-day alcohol and marijuana rates among 8th-12th graders across the state of Illinois and the city of Chicago, (2) reduce the alcohol and non-medical use of prescription drugs among 8th-12th graders and adults, and (3) increase IYS participation (schools and number of students).

These goals are reported on through IYS which collects and reports data statewide sample and four sub-state sample estimates. The IYS data includes data on SUPS/ CSUPS outcomes.

Data on individual program performance is more difficult and time consuming. There is a need for more integrated fiscal and site monitoring support. With the help of DHS/SUPR leadership a new site monitoring process is currently being piloted.

Question	Points Available	Yes/Partial/No	Points Awarded
3.3 Do the performance measures include data on program implementation and fidelity to core principles?	5	Yes	5

Explanation:

Each SUPS/CSUPS provider is required to implement one of the approved model Youth Prevention Education Evidence-Based programs to its fullest fidelity. There is a model program chart that outlines the number of sessions, length of sessions, grade level, and activities. Providers are evaluated on implementation of YPE curriculums based on these standards. Each provider is required to input related data into the IDHS data system, Prevention Hub. Providers are evaluated at the end of each year and receive a copy of their annual review. For prevention activities achieving either Excellent (100% of standards met) or Satisfactory (80-99% of standards met), no follow-up is required. However, IDHS requires that any missed standards be addressed. If a provider falls below 80% fidelity, they are required to develop a plan to assist in meeting the missed standards.

Prevention activities that achieved either Needs Improvement (50-79% of standards met) or Unsatisfactory (less than 50% of standards met), must adhere to an IDHS/SUPR Directive which includes a 60-day timeline for being in compliance with missed standards. Providers who remain out of compliance after 60 days will risk being placed on a Corrective Action Plan.

Question	Points Available	Yes/Partial/No	Points Awarded
3.4 Are independent and thorough evaluations of the program conducted on a regular basis or as needed to support program improvements and evaluate effectiveness?	5	No	5

Explanation:

In 2022, DHS/SUPR completed a SUPS/CSUPS Outcome Evaluation that compared outcomes between youth in schools receiving Youth Prevention Education and Communication Campaigns with schools not receiving those interventions. The evaluation compared schools across several outcome areas including 30-day use of alcohol, marijuana, e-cigarettes/vaping, and/or prescription drug, and whether youth who live in areas with any substance use prevention activities have different use rates than youth who live in areas with no services.

Important prevention effects were documented. Especially noteworthy are the reductions in past 30-day marijuana use in 9th and 11th grades. Future evaluations of high school effects could be strengthened. The only way to achieve that is to expand the pool of potential control schools to which these schools can be matched, and

make sure that schools receiving SUPS/CSUPS services are participating in IYS.

Question	Points Available	Yes/Partial/No	Points Awarded
3.5 Does the agency use performance information (including that collected from program partners) to adjust program priorities or allocate resources?	5	Partial	5

Explanation: SUPR uses output data to inform staffing and provider needs. The Center for Prevention Research and Development (CPRD) with the University of Illinois sends annual deliverable reports to each provider regarding their status related to program standards and deliverables. Providers may request and/or require the support of CPRD or Prevention First for additional information regarding the standard rating and engage them for suggestions regarding training and technical assistance.

Question	Points Available	Yes/Partial/No	Points Awarded
3.6 How is equity considered in the procurement process of this program?	5	Partial	5

Explanation:

The Bureau of Prevention Services rebid the prevention system in 2017-2018, and the Substance Use Prevention, Treatment, and Recovery Services Block Grant now has a NOFO deviation, meaning that rebid determined which providers are still funded by SUPR.

Over the last three years, the Bureau has been focusing efforts on influencing the prevention system to become more equitable and trauma-informed, including by funding the development of health equity and trauma awareness trainings and resources, reviewing salary data for Prevention Specialists and adjusting a program policy to allow more flexibility for providers to pay a living wage, providing technical assistance to providers to support them as they navigated expanding programming, and fostering a feedback loop with direct service providers to make our decision making process more inclusive.

Illinois is also in the process of reviewing Substance Use Prevention Programs and exploring opportunities to expand services to younger children and youth in community-based settings, as well as reincorporating the Strategic Prevention Framework, which would allow providers to go through a community-based process to identify what issues and SAMHSA Center for Substance Abuse Prevention strategies would best meet their community needs.

Question	Points Available	Yes/Partial/No	Points Awarded
3.7 Are key performance measures for this program reported in the Illinois Performance Reporting System? Partial points may be awarded if key performance measures are not reported in IPRS but are made available to the public through other means.	10	No	5

Explanation: The entire SUPR division is one program in IPRS. The measures reported in IPRS are for all SUD treatment levels combined. SUPR has expressed discomfort with abstinence as the primary outcome measure for SUD treatment and recovery support services, because current best practices favor a more holistic view of recovery.

The Center for Prevention Research and Development (CPRD) with the University of Illinois provides a data hub for all reporting. The CPRD also administers and provides access to the outcome reports from the Illinois Youth Survey.

Concluding Comments

Youth Prevention Education (YPE) is designed to mitigate the risk factors and enhance protective factors related to alcohol, tobacco, and other drugs (ATOD) use. DHS/SUPR through SUPS/CSUPS awards grants to Prevention Professionals to deliver YPE programming. IDHS requires that all grantees be trained in the curriculum they implement as well as complete the Foundation of Youth Prevention Education training. These two IDHS required trainings are meant to ensure effective implementation of the YPE program.

It is challenging for Providers and Trainers to gather data on program implementation and to keep up with evolving state and federal requirements of administering prevention programming. Significant progress has been made in the last year organizing these efforts. The transition over the past few years of this program from the Bureau of Prevention Services Division of Family and Community Services to DHS/SUPR has shown a need for more integrated fiscal and site monitoring support. With the help of DHS/SUPR leadership a new site monitoring process is currently being piloted.

Final Program Score and Rating

Final Score	Program Rating
88	Effective

SPART Ratings

Programs that are **PERFORMING** have ratings of Effective, Moderately Effective, or Adequate.

- **Effective.** This is the highest rating a program can achieve. Programs rated Effective set ambitious goals, achieve results, are well-managed and improve efficiency. Score 75-100
- **Moderately Effective.** In general, a program rated Moderately Effective has set ambitious goals and is well-managed. Moderately Effective programs likely need to improve their efficiency or address other problems in the programs' design or management in order to achieve better results. Score 50-74
- **Marginal.** This rating describes a program that needs to set more ambitious goals, achieve better results, improve accountability or strengthen its management practices. Score 25-49

Programs categorized as **NOT PERFORMING** have ratings of Ineffective or Results Not Demonstrated.

- **Ineffective.** Programs receiving this rating are not using your tax dollars effectively. Ineffective programs have been unable to achieve results due to a lack of clarity regarding the program's purpose or goals, poor management, or some other significant weakness. Score 0-24
- **Results Not Demonstrated.** A rating of Results Not Demonstrated (RND) indicates that a program has not been able to develop acceptable performance goals or collect data to determine whether it is performing.

Please see www.Budget.Illinois.gov for additional information.

Glossary

Best Practices: Policies or activities that have been identified through evidence-based policymaking to be most effective in achieving positive outcomes.

Evidence-Based: Systematic use of multiple, rigorous studies and evaluations which demonstrate the efficacy of the program's theory of change and theory of action.

Illinois Performance Reporting System (IPRS): The state's web-based database for collecting program performance data. The IPRS database allows agencies to report programmatic level data to the Governor's Office of Management and Budget on a regular basis.

Optimal Return on Investment (OROI): A dollar amount that expresses the present value of program benefits net of program costs that can be expected if a program is implemented with fidelity to core principles or best practices.

Outcome Measures: Outcomes describe the intended result of carrying out a program or activity. They define an event or condition that is external to the program or activity and that is of direct importance to the intended beneficiaries and/or the general public. For example, one outcome measure of a program aimed to prevent the acquisition and transmission of HIV infection is the number (reduction) of new HIV infections in the state.

Output Measures: Outputs describe the level of activity that will be provided over a period of time, including a description of the characteristics (e.g., timeliness) established as standards for the activity. Outputs refer to the internal activities of a program (i.e., the products and services delivered). For example, an output could be the percentage of warnings that occur more than 20 minutes before a tornado forms.

Program Continuum Classification: Programs are classified based on the type of service being provided: promotion, prevention, treatment or maintenance. This classification is based on a continuum of intervention developed by the Institute of Medicine (currently known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine):

1. Promotion - Promotion interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, social inclusion and strengthen their ability to cope with adversity.
2. Prevention - Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.
3. Treatment - Interventions targeted to individuals who are identified as currently suffering from a diagnosable disorder that are intended to cure the disorder or reduce the symptoms or effects of the disorder, including the prevention of disability, relapse, and/or comorbidity.
4. Maintenance - The provision of after-care services to the patient, including rehabilitation to assist the patient's compliance with long-term treatment to reduce relapse and recurrence.¹¹

Randomized Controlled Trial (RCT): A study that randomly assigns participants into one or more treatment groups and a control group. This is the most rigorous type of study, because the random assignment allows researchers to isolate the effects of treatment from other participant characteristics that may be correlated with receiving treatment in the absence of random assignment. However, RCTs are not feasible or ethical in every research setting.

¹¹ <https://www.ncbi.nlm.nih.gov/books/NBK32789/>

Results First Clearinghouse Database: One-stop online resource providing policymakers with an easy way to find information on the effectiveness of various interventions as rated by eight nation research clearinghouses which conduct systematic research reviews to identify which policies and interventions work.

Target: A quantifiable metric established by program managers or the funding entity established as a minimum threshold of performance (outcome or output) the program should attain within a specified timeframe. Program results are evaluated against the program target.

Theory Informed: A program where a lesser amount of evidence and/or rigor exists to validate the efficacy of the program's theory of change and theory of action than an evidence-based program.

Theory of Change: The central processes or drives by which a change comes about for individuals, groups and communities

Theory of Action: How programs or other interventions are constructed to activate theories of change.

Citations

<https://www.wsipp.wa.gov/BenefitCost/Program/413>

<https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/516>

<https://toogoodprograms.org/collections/too-good-for-drugs>

The Substance Use Disorder Act ([20 ILCS 301](#))

[IYS 2024 Statewide Frequency Report.pdf](#)

Works Referenced

<https://evidence2impact.psu.edu/>

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