



Evaluation FastFacts

from the Evaluation Center@HSRI



This is one in a series of briefings on new and current mental health services evaluations, resources, and methods. We hope FastFacts will be a quick and easy way for you to learn important information in the field of evaluation. If you have any ideas on how FastFacts could be more useful to you, please contact Dow Wieman, Ph.D. at 617-876-0426 x2503 or dwieman@hsri.org.

The National Registry of Effective Programs and Practice (NREPP): Recent Developments and Future Direction

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The mental health and substance abuse treatments systems are transforming to address the need for consumer-driven and recovery-oriented care, and to ensure that the safest and most beneficial services are provided. The Substance Abuse and Mental Health Service Administration (SAMHSA), The Institute of Medicine (IOM), and agencies throughout the health care system have recognized that the widespread implementation of evidence-based practices (EBPs) is a key ingredient in this transformation. EBPs are interventions that are consistently supported by research that demonstrates efficacy and effectiveness for producing specified outcomes for specified populations, and high levels of safety and appropriateness. By implementing EBPs, service providers can often target the outcomes that consumers, families, and other stakeholders have indicated as their highest priorities, and improve the overall quality of care.

Despite the development and pro-

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is a technical assistance center funded by the federal Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and operated by the Human Services Research Institute (HSRI). The mission of the Center is to provide evaluation technical assistance to state and non-profit and private entities including, but not limited to, consumers, families and provider groups. The Center presently has six programs designed to fulfill this mission—

- Conferences & Training
- Consultation Program
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motion of these practices in the field, research indicates that “the large majority of U.S. citizens with severe and disabling mental disorders do not receive care consistent with evidence-based recommendations.”

This incongruity is attributable in part to barriers in two key areas of EBP implementation:

- The development of evidence for interventions, targeting many consumer outcomes, through rigorous scientific research (moving services to science), and
- Increasing service provider access to EBPs through broad and comprehensive dissemination efforts (moving science to services).

Traditionally, the rigorous scientific research necessary to construct a sufficient evidence base for a healthcare intervention has taken place outside of the community-based services environment. As mental health and substance abuse services become more consumer-driven, it is important for interventions to be developed in the community-based services environment, in order for them to be able to address the recovery-based outcomes that consumers and other stakeholders have identified. Thus, potentially beneficial community-based interventions are often developed without the scientific evaluation needed to become evidence-based.

Additionally, when service providers who are interested in implementing EBPs have searched for appropriate interventions, they have at times experienced difficulty in identifying which interventions are actually effective for producing their desired outcomes. This is due in part to the wide variation in the standards of evidence used in research. Though evidence-based medicine has been developed in part to encourage standardized practices,

various evidence hierarchies have been “differentially permissive or restrictive with respect to what counts as best evidence,” and as a result “inconsistent nomenclature has introduced a wide range of possibility for ‘evidence-based’ practices.”²

To confront these vital issues and promote the development of quality mental health and substance abuse services, SAMHSA has developed the National Registry of Effective Programs and Practices (NREPP). The goals of NREPP are:

- To identify potentially effective programs and review the evidence for substance abuse and mental health interventions from throughout the field, determining if they are effective (EBPs) or whether more research is needed,
- To provide program developers and researchers with helpful information about the evidence supporting their interventions, and next steps toward becoming evidence-based, and
- To widely disseminate the implementation-ready EBPs (known as Model Programs), and other interventions which have shown extensive evidence of effectiveness, making the reviews and evidentiary criteria as transparent to service providers as possible.

NREPP began in SAMHSA’s Center for Substance Abuse Prevention (CSAP), where programs were reviewed by three experts in the field, using criteria specific to substance abuse prevention but indicative of the scientific rigor needed to demonstrate the effectiveness of any intervention. NREPP has been successful in achieving its goals of advancing the development and implementation of EBPs and, as part of its Science to Services Initiative, SAMHSA has undertaken an extensive effort to expand and revise NREPP. NREPP will now review and include substance abuse treatment programs and

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mental health treatment and promotion programs, and dissemination efforts will be more comprehensive and accessible to service providers.

The Evaluation Center@HSRI (TEC) considers developing and implementing EBPs to be an important aspect of a comprehensive mental health care system, and has worked closely with SAMHSA on revising and expanding NREPP and supporting the Science to Services Initiative. This process has included a redefinition of the review criteria informed by meetings with stakeholders in each field, extensive reviews of the evidence rating processes of other organizations in the health care system, and the experiences program developers and reviewers have had with NREPP in its initial form. Additionally TEC has supported SAMHSA in its efforts to construct a new web-based dissemination application for programs reviewed with the revised criteria. This system will allow service providers to search the effective programs by outcomes produced and appropriate populations.

TEC is also an excellent resource for programs interested in being reviewed by NREPP, as well as programs who would like to improve their supporting evidence and need technical assistance with their evaluations. TEC has developed a self-assessment form for programs interested in applying to NREPP, which allows program developers and researchers to see what kind of criteria their program will be reviewed with. By filling out the self-assessment, a potential applicant can get an indication of whether their program will be reviewed as effective by NREPP, and identify areas where the evaluation of their program could be improved to provide more supporting evidence of their program's effectiveness. For community-based programs without a significant research foundation, this process can be invaluable for identifying effective evaluation

techniques for establishing an evidence base.

Programs who receive reviews from NREPP and would like to improve their evidence base can also take advantage of the technical assistance provided by TEC. Individual no-cost consultations on how to improve program evaluations are available to all program developers and researchers, as is access to instruments and toolkits related to developing EBPs. By supporting TEC and other resources aligned with NREPP, SAMHSA has provided an excellent foundation for the continued growth of EBPs and a comprehensive mental health and substance abuse treatment system.

To apply to SAMHSA's NREPP, contact:

Steven Schinke

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866-43NREPP

For more information on NREPP or for technical assistance related to NREPP and program evaluation, contact TEC at:

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References

- ¹Cook, Judith A.; Toprac, Marcia; Shore, Samuel E. (2004). Combining evidence-based practice with stakeholder consensus to enhance psychosocial rehabilitation services in the Texas Benefit Design Initiative. *Psychiatric Rehabilitation Journal*; Spring; 27, 4.
- ²Upshur, Ross E.G. (2003). Are all evidence-based practices alike? Problems in the ranking of evidence. *Journal of the Canadian Medical Association*

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