

Evidence-Based Drug Programs



Information Brief

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NREPP Offers Prevention/Treatment Providers Decision Support Tool

Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the release of a new decision support tool that substance abuse treatment and prevention providers can start using at the end of 2006 to select evidence-based substance abuse programs and practices. This new tool—known as the National Registry of Evidence-Based Programs and Practices (NREPP)—evolved from the National Registry of Effective Prevention Programs operated under SAMHSA's Center for Substance Abuse Prevention. The new NREPP will highlight specific outcomes achieved by various interventions. This means that local decision makers seeking to produce specific community outcomes will be able to use NREPP to select interventions that best address their specific local needs.

NREPP Replaces List

Local policy and program decision makers have long been familiar with federal agency program lists they can use to select federally approved programs. The best known of these is SAMHSA's Center for Substance Abuse Prevention's National Registry of Effective Prevention Programs. This registry has offered prevention decision makers over 150 interventions designated as promising, effective, or model programs. These designated programs were culled from over 1,100 programs reviewed by SAMHSA. However, the registry does not include information about

the other 950 interventions not listed on the SAMHSA registry.

Program lists are problematic for many reasons. The most significant problem is that a list can never be comprehensive enough to help local community decision makers address their particular needs. In addition, lists are narrowly focused on programs in certain settings. For example, the majority of approved programs in the SAMHSA registry were school-based programs and therefore did not help local decision makers identify broader community interventions.

NREPP reflects what researchers have long understood: it is unlikely that any single intervention will exactly match all the specific requirements and circumstances facing a particular community. This is why the focus on outcomes achieved by the intervention is so important.

Federal Policy Shift

One need only look at NREPP's name to gauge its significance. The focus on "evidence-based" interventions instead of the earlier standards of "research-based" and "science-based" that led to narrow program lists represents a significant policy accommodation by SAMHSA on behalf of decision makers needing more options to address broader community problems.

Once it is up and running at the end of this year, NREPP will put decisions about how best to address local needs into the hands of local decision makers. This theme of giving local decision

Quick Facts

- NREPP is a voluntary rating and classification system designed to provide the public with reliable information on the scientific basis and practicality of interventions that prevent and/or treat mental and substance use disorders.
- Once NREPP has gone live at the end of 2006, it will serve as a "decision support" tool to help states, territories, community-based organizations and other stakeholders to identify interventions that may meet their needs.
- Outside experts will review the evidence strength and dissemination capability of interventions, and will be assisted by review coordinators who will assess all interventions for thoroughness of documentation, and prepare summaries that will be posted on the NREPP Web site.
- Detailed information on all interventions reviewed, regardless of their rating, will be included on the new NREPP Web site.
- NREPP's purpose is to give local providers access to information for hundreds of programs rather than merely picking from a short list of approved programs.

More information about NREPP may be found on SAMHSA's home page (www.samhsa.gov) by clicking on the "National Registry of Evidence-based Programs and Practices FRN" bullet under Quick Picks.

NREPP Promotes Decision Support

The New NREPP's Decision Support Dimensions and Its Intervention Evaluation Criteria

Strength of Evidence

Reliability
Validity
Intervention Fidelity
Missing Data and Attrition
Potential Confounding Variables
Appropriateness of Analyses

Readiness for Dissemination

Availability of Implementation Materials
Availability of Training & Support Resources
Quality Improvement Materials

makers more flexibility is consistent with SAMHSA's broader effort to build the nation's demand reduction infrastructure. A recent example of SAMHSA's efforts at infrastructure building is its Strategic Prevention Framework program that is enabling communities to assess needs and develop appropriate local responses to those needs. NREPP should become an important tool in helping communities choose outcome-oriented solutions.

The Rating System

In addition to providing detailed descriptive information on an intervention—including implementation history, costs, and relevant populations—all the interventions reviewed by NREPP will receive a numeric rating on two dimensions (strength of evidence and readiness for dissemination), which will be posted on the NREPP Web site. Detailed information on all interventions reviewed by NREPP will be posted, regardless of their scores on these two dimensions. In addition, programs previously listed in SAMHSA's

registry will be invited for inclusion in the new system, pending being rated under the new NREPP guidelines.

An intervention's research design may affect its eligibility for review. The weakest research design NREPP will permit for inclusion is the single group pre-to-post test design. This is followed by: single quasi-experiments; single randomized control trial (RCT); replicated RCT or quasi-experimental design; and meta analyses/expert panel reviews of research evidence. What will not be acceptable for an NREPP review are evaluations based on pilot studies, case studies, or observational studies.

Intervention reviewers will use several criteria to assign a numeric score for an intervention for the two dimensions of strength of evidence and readiness for dissemination. Six criteria define the strength of evidence dimension rating. Three criteria define the readiness for dissemination dimension. The above figure shows the specific criteria used within each dimension.

Each criterion will be numerically rated on an ordinal scale ranging from zero to four by a group of expert reviewers. Once reviewers complete their reviews, SAMHSA will post average scores for all the reviews for each dimension. For example, an intervention may receive a strength of evidence score of 3.7 and a readiness for dissemination score of 2.3. Local decision makers who are interested in reviewing the average scores for each rating criteria within each dimension will be able to do so. This information will be included in a separate detailed report available on the NREPP Web site.

As for which intervention to select, that choice will reside with local decision makers. NREPP is a new tool available to them to help in the intervention selection process. Once NREPP is implemented, it will be up to decision makers to use the array of descriptive and rating information to determine which intervention may best address their needs.

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