




The Role of Service to Science in Building Evaluation Capacity in Community-Based Programs

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What is Service-to-Science

- Initially developed for prevention programs to build their evaluation capacity.
- Focus on developing an evaluation plan and collecting data to submit to national registries and be labeled "effective."
- National Registry of Effective Prevention Programs and Practices (NREPP)



What are some more acronyms?

- SAMHSA (Substance Abuse and Mental Health Services Administration)
- CSAP (Center for Substance Abuse Prevention)
- National CAPT (Center for the Advancement of Prevention Technologies)

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Service-to-Science Goals

- To help innovative, field-grown prevention interventions that address substance abuse (or related issues) develop, improve, and document evidence of their effectiveness.
- To increase the pool of effective and appropriate interventions.

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Guiding Principles for Service-to-Science

- Meet programs “where they are” along a *continuum* of evidence of effectiveness.
- Participating programs advance in a shared direction towards different final destinations.

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Service-to-Science Activities

- CAPTs solicit prevention program nominations from State prevention officials.
- CAPTs assess the readiness of candidate programs.
- CAPTs conduct regional Service to Science Academies.
- CAPTs provide follow-up technical assistance.

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Service-to-Science Activities

(Continued)

- Service to Science Academy participants – eligible to compete for “mini-subcontracts” to further enhance evaluation capacity .
- CAPTs provide limited technical assistance post “mini-subcontract” award.

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Service-to-Science Activities

(Continued)

- Beginning in 2008, Service to Science has enhanced its outreach activities to:
 1. Pacific Jurisdictions
 2. Native Alaskans
 3. American Indians, with CSAP's Native American Center for Excellence (NACE)

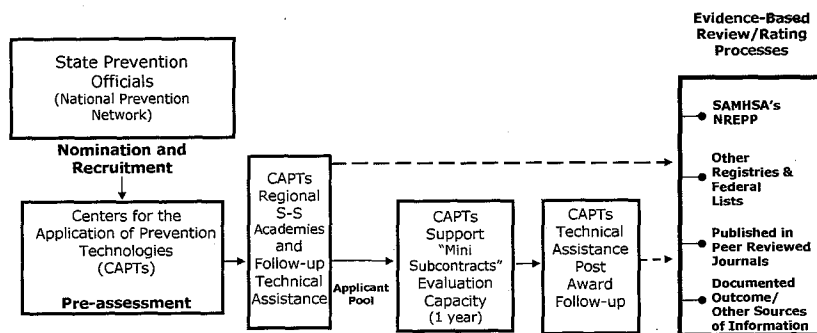
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Defining Features of Service to Science Technical Assistance

- Customized
- Long-term
- Relationship-based
- Flexible

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SAMHSA/CSAP's Service-to-Science Initiative



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**The New NREPP:
National Registry of Evidence-Based Programs
and Practices**

<http://www.nrepp.samhsa.gov>

SAMHSA's Vision for NREPP

“NREPP becomes a leading national resource for contemporary and reliable information on the scientific basis and practicality of interventions to prevent and/or treat mental illness and substance use and abuse.”

Key Features of the New NREPP

- Inclusion of more programs/practices
- Expanding what type of evidence is “acceptable”
- Emphasis on outcomes
- Elimination of arbitrary labels
- Setting review priorities

Overview of the New NREPP

- Review Process
- Criteria for Rating Quality of Research
- Criteria for Rating Readiness for Dissemination
- Decision Support System database

1. Application: Minimum Requirements

1. Demonstrates one or more positive outcomes ($p \leq .05$) in mental health and/or substance use behavior among individuals, communities, or populations.
2. Intervention results have been published in a peer-reviewed publication or documented in a comprehensive evaluation report.
3. Documentation (e.g., manuals, training materials) of the intervention and its proper implementation is available to the public to facilitate dissemination.

2. Pre-Review

- NREPP staff (the Review Coordinator) works with applicant to prepare intervention for review.

3. Review

- The Review Coordinator identifies 2 pairs of outside reviewers.
- One pair reviews material on Quality of Research; one reviews material on Readiness for Dissemination.
- Each reviewer calculates ratings independently using pre-defined NREPP criteria.
- When ratings differ significantly, NREPP staff seek consensus.

4. Reporting

- NREPP staff report the results of the reviews to the applicant.
- Once approved by the applicant and NREPP, the results are posted to the NREPP Web site.

Strength of Evidence

1. Reliability
2. Validity
3. Intervention Fidelity
4. Missing Data and Attrition
5. Potential Confounding Variables
6. Appropriateness of Analyses

Readiness for Dissemination

1. **Availability of Implementation Materials** (e.g., treatment manuals, brochures, information for administrators)
2. **Availability of Training and Support Resources** (e.g., tested training curricula, mechanisms for ongoing supervision and consultation)
3. **Availability of Quality Assurance Procedures** (e.g., protocols for gathering process and/or outcome data, ongoing monitoring of intervention fidelity, supervision/training feedback)

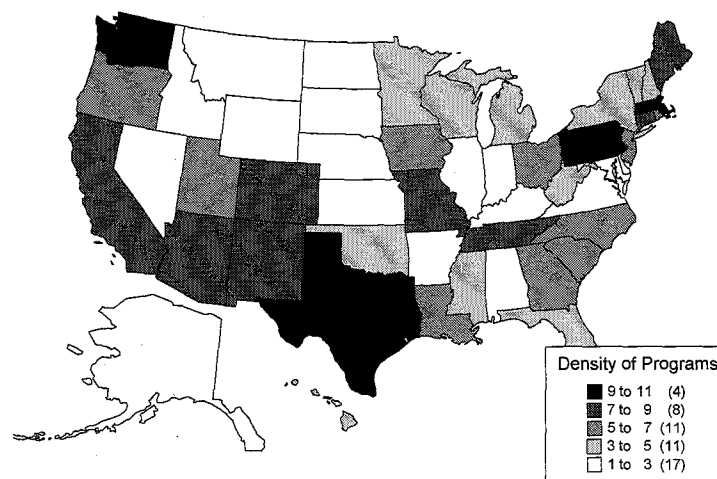
Selected Evaluation Findings

Methods

- Pilot study (2006) interviews and/or online survey with program Directors. Target sample of 79 programs; 58 (73%) responded.
- Six case studies of 2005 STS participants and extended follow-up case studies on 5 that received mini-subcontracts. Six case studies of 2006 participants.
- 2007 online survey targeted 142 programs that had been participants for at least 15 months. 93 responded (a 77% rate after removing 21 programs for which respondents were no longer available).

Participant Program Characteristics

Geographic Distribution (N=230)



Primary Behaviors Targeted for Change

	Percent ^(a)
Alcohol Use/Abuse	80%
Illicit Drug Use/Abuse	60%
Tobacco Use	58%
Violence (including bullying)	37%
HIV/AIDS	8%

(a) Multiple responses allowed. N=93.

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Strategies Used

	Percent ^(a)		Percent
Improve Knowledge / Awareness	90%	Mobilize Community	27%
Improve Skills	85%	Improve Identification and Referral	25%
Healthy Alternatives	79%	Improve Policies	17%
Improve Norms	59%	Improve Laws	12%
Improve Mental / Physical Health	54%	Improve Access to and Quality of Care	11%
Build Collaboration	36%	Improve Enforcement	8%

(a) Multiple responses allowed. N=93.

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Evaluation Design Prior to STS

	Percent (a)
No Formal Evaluation	13%
Posttest Only Single Group	4%
Pretest-Posttest Single Group	42%
Pretest-Posttest with Comparison Group	14%
Pretest-Posttest with Control Group	9%
Pretest-Posttest with Control Group and Replication(s) Evaluated by the Program	5%
Pretest-Posttest with Control Group and Replication(s) Evaluated by Independent	4%
Other / Unsure	9%

(a) Multiple responses allowed. N=93.

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Service To
Science
Outcomes

Value of STS Services

	Percent (a)
Satisfied with CAPT TA (<i>Very Satisfied or Somewhat Satisfied vs. Somewhat Dissatisfied or Very Dissatisfied</i>)	72%
CAPT TA Useful (<i>A Little, Somewhat, or Very Useful vs. Not at All Useful</i>)	91%
Would Recommend STS to Similar Programs (<i>Definitely Yes or Probably Yes vs. Probably No or Definitely No</i>)	91%

(a) N=93.

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Factors That Facilitated Progress

When asked to discuss factors that facilitated progress on their evaluation the largest percentage of clients (79%) identified TA from the CAPTs.

(a) From the 2006 pilot study. N=58.

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5 Most Common TA Issues

	Percent ^(a)
Improving understanding of program rating systems such as NREPP and NASADAD	87%
Improving understanding of evaluation	83%
Developing and/or improving a logic model	76%
Developing and/or implementing a more rigorous evaluation design	72%
Improving organizational commitment to evaluation	68%

(a) Multiple responses allowed. N=93.

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TA Contributed to Program Capacity^(a) in 5 Most Common Issues

	Percent ^(b)
Improving understanding of program rating systems such as NREPP & NASADAD	95%
Improving understanding of evaluation	95%
Developing and/or improving a logic model	92%
Developing and/or implementing a more rigorous evaluation design	95%
Improving organizational commitment to evaluation	84%

(a) Contributed "A Little," "Somewhat," or "A Great Deal" vs. "Did Not Contribute at All." (b) N=93.

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Plan To Seek Recognition from NREPP or NASADAD

	Percent (a)
Have not considered seeking formal recognition	15%
Considered but decided not to seek formal recognition	28%
Plans to seek or are seeking formal recognition	57%

(a) N=91, 2 programs that sought recognition prior to STS assigned to missing

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