

NREPP



National Registry of Evidence-based Programs and Practices

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov



SAMHSA 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 and substance use disorders.”



NREPP represents:

- A major agency activity within SAMHSA's Science to Service initiative
- A decision support tool and valuable resource for state and community-based organizations seeking to identify and select interventions to meet their needs
- ***Not a list of approved or accredited programs and practices***



History of NREPP

- In 1996, SAMHSA created the National Registry of Effective Prevention Programs within it's Center for Substance Abuse Prevention (CSAP)
- Between 1997 and 2003, reviewed over 1,100 substance abuse prevention interventions
- Over 150 recognized as either *model*, *effective*, or *promising* programs – info on these are available through www.modelprograms.samhsa.gov
- In 2003, began NREPP expansion to include substance abuse treatment and mental health promotion and treatment interventions, and explore ways to increase utility for multiple audiences.



The New NREPP Review System





Soliciting Feedback on NREPP

- Scientific panels convened in 2003
- Recommended evidence should be rated at the level of *outcomes* targeted by an intervention
- Pilot studies explored the validity and feasibility of an outcome-specific, 16-criteria, evidence rating system
- SAMHSA solicited formal public comments in an August 2005 *Federal Register* notice



Selected Recommendations From the Federal Register Notice

- Make the assessment of *behavioral outcomes* a priority
- Provide more emphasis on the important dimension of readiness for dissemination
- Avoid a system that limits flexibility and innovation; develop a system that is fair to interventions with limited funding



Selected Recommendations From the Federal Register Notice

- Recognize multiple “streams of evidence” (e.g., researcher, practitioner, and consumer) and stakeholder information needs
- Establish policies that seek to prevent the misuse of information contained on NREPP
- Provide a summary rating system that reflects the continuous nature of evidence quality



NREPP Review Process





Overview of Review Process

- Applicant submits intervention materials during annual open submission process
- Program Review Manager determines if minimum requirements are met and assigns priority points
- Interventions meeting minimum requirements in priority areas sent to SAMHSA Centers for review approval
- SAMHSA approved interventions assigned to Review Coordinator who works with the applicant to complete review materials



Overview of Review Process Continued

- Intervention materials and summary packets prepared by Review Coordinators sent to two doctoral-level scientific reviewers to rate Strength of Evidence dimension
- Intervention materials sent to two program implementation and/or consumer/family reviewers to rate Readiness for Dissemination dimension
- Scores and descriptive information – including strengths and weaknesses of intervention - sent to applicants for review and consent to post on NREPP Web site
- Intervention descriptive summaries and review results uploaded to NREPP Web site



NREPP Application Process





Three Minimum Requirements for NREPP Submission

1. Demonstrate one or more positive outcomes in mental health and/or substance abuse behavior among individuals, communities, or populations.
2. Demonstrate intervention results have been published in a peer-reviewed publication or documented in a comprehensive evaluation report.
3. Demonstrate materials such as manuals, process guides, and training guides that are available to the public to implement the intervention.



NREPP Priority Point System

1 priority point -- Research design

Experimental (e.g., randomized control study) or quasi-experimental (e.g., pre/post with comparison group, or interrupted time series) research design

1 priority point -- Priority topic area

Primary outcome(s) of the submitted intervention is (are) in one or more of SAMHSA's Center-specific priority areas.



Center for Substance Abuse Prevention (CSAP) Priority Areas

Priority areas focus on comprehensive community strategies, actions, and interventions that:

1. Prevent and/or reduce substance abuse and its related problems (e.g., underage drinking, inhalant use, cannabis use and abuse, drug-related suicide, alcohol and drug abuse among young adults, misuse of alcohol and prescription drugs among elderly, HIV/substance abuse problems)



CSAP Priority Areas Continued

2. Change policies and practices at community level to reduce risk factors and/or increase protective factors among multiple domains (e.g., workplace, schools, neighborhoods)
3. Address emerging substance abuse problems (e.g., methamphetamine, over-the-counter drugs, fentanyl, other synthetic drugs)

Center for Substance Abuse Treatment (CSAT) Priority Areas

Priority areas focus on interventions to treat adolescents and adults with alcohol and/or drug disorders that are delivered as part of one or more of the following types of services:

1. Screening, brief intervention, and referral
 2. Outreach and engagement
 3. Treatment and rehabilitation
 4. Recovery support
 5. Continuing care, self-care, and/or after-care
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Center for Mental Health Services (CMHS) Priority Areas

1. Foster consumer- and family-provided mental health services.
 2. Divert adults with serious mental illness and/or children and adolescents with serious emotional disturbances from criminal and juvenile justice systems.
 3. Develop alternatives to the use of seclusion and restraint for adults with serious mental illness and/or children and adolescents with serious emotional disturbances.
 4. Prevent suicide in specific age groups (e.g., adolescents, young adults, elders).
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Submission Guidance

SAMHSA has established an initial 4-month period beginning October 1, 2006 for receiving applications for interventions to be considered for inclusion in NREPP. A similar submission period will occur each year

Interventions received after February 1, 2007, will not be considered for review.

When priority points are equal, earlier submissions will receive priority for review.



Contact for Submission Guidance

Individuals and/or organizations interested in submitting an intervention for potential inclusion in NREPP should contact the NREPP contractor MANILA Consulting Group:

Telephone: 571.633.9797, extension 406

E-mail: nrepp@samhsa.hhs.gov



Following Up

More information on NREPP is available through SAMHSA's Web site by clicking on "National Registry of Evidence-based Programs and Practices" on the SAMHSA home page at www.samhsa.gov.

For questions on NREPP or other SAMHSA activities to promote the use of evidence-based services, contact:

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