NREPP in a Changing Behavioral Health and Research Landscape

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SAMHSA

Engage and Discover Webinar

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2:00 – 3:30 p.m. EST
The National Resource Center, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), offers resources and expert support to help prevent youth violence and promote the overall well-being of children, youth, and their families.
Supports efforts serving CHILDREN AND YOUTH from before birth through high school
The National Resource Center
SERVES:

1. Safe Schools/Healthy Students (SS/HS) grantees
2. Project LAUNCH grantees
3. Field at-Large
Presenters:

Dr. Carter Roeber is a social science analyst in the Center for Behavioral Health Statistics and Quality at SAMHSA. Dr. Roeber is the public point of contact for NREPP and task lead on the development of the emerging corner of the NREPP Learning Center.

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
NREPP in a Changing Behavioral Health and Research Landscape

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National Registry for Evidence Based Programs and Practices (NREPP): Background


• Consistent throughout its history:
  – Intent has been for NREPP to help the public learn more about available evidence-based behavioral health programs and practices.
  – Assist with the identification of programs/practices that may best meet behavioral health needs.
Historic NREPP

- Relied on voluntary submissions.
  - No opportunity to include well-studied programs with strong evidence bases if they were not submitted.

- NREPP was developer-centric to encourage participation and growth.
  - Effective strategy for start-up of registry.
  - Developers selected which studies and outcomes to include.
  - Developers could refuse posting.

- Learning Center was minimal.
2014 - 2015 was a transition year.

From November 23, 2015 to January 23, 2016, NREPP had an open submission period.
- 124 submissions and 84 passed initial screening.
- These are under review, along with some “legacy programs.”
- Developers will no longer choose studies or outcomes for review; independent reviews of the literature will be conducted and all outcomes associated examined.
- All reviews will be posted regardless of the ratings.
NREPP Transition (2)

• In addition to submitted programs, we are identifying programs through independent literature reviews. This addresses gaps in the evidence base.
• Reviews include programs with ineffective/negative outcomes.
• Will include programs for whom the research has been deemed inconclusive.
• SAMHSA is using expert and public input to shape its review priorities.
An effectiveness rating for each program outcome has been added to enhance the usability of the site and improve user comprehension of what the ratings mean.

Programs/practices will be rated as:

- Effective
- Promising
- Ineffective
- Inconclusive

The review methods and criteria are transparent.
This new rating addresses concerns that developers/site users may conflate a program’s presence on NREPP as an endorsement of the program regardless of scores.

Since November 2015, NREPP has posted 92 programs using the new criteria.

Inconclusive reviews are being added soon.

NREPP is re-reviewing the “legacy” programs using our new criteria over the next two years.
Balancing Rigor and Flexibility

- NREPP has become successful and visible.
- NREPP has multiple stakeholders with different competing agendas.
- NREPP has addressed concerns about rigor.
- But, EBP registries do not typically address underserved populations.
  - Underserved populations depend on programs that have not been, and likely will not be evaluated using RCTs or QEDs.
  - Should such programs be ignored?
NREPP was asked to acknowledge/incorporate other kinds of research on emerging programs and practices – often critical to addressing the needs of vulnerable populations.

- Emerging programs and practices complement EBPs.

Lines up with growing interest in implementation and sustainability.

- People are asking more about context and program fit.
Balancing Rigor and Flexibility: The Learning Center

- The new Learning Center is in development and aims to:
  - Help NREPP users be better “consumers” of EBPs on and off NREPP.
  - Provide a forum for exploring emerging practices as they relate to disparities and underserved groups.
    - First examples focus on Indian Country
- Already has good resources.
  - Will have a new look and feel.
Why do we need a learning center?

• Aren’t EBPs Straightforward (CME Model, online resource pages, early diffusion of innovation models)?
• There are pressures to adopt EBPs.
  – Funders/policy analysts see EBPs as fast-track to quality.
  – Some developers see marketing opportunities.
  – Communities and practitioners want to demonstrate their commitment to quality.
• But the pressures to adopt EBPs exceed the ability of stakeholders to adopt and implement.
An Enhanced Learning Center

- Complement to the registry.
- More user-friendly tutorials and resources.
- Building it around a public health model.
  - Emphasis will be on socioecological framework and local assessment.
- Challenge is to serve different groups doing different kinds of interventions.
- Instigate a discussion about the limits of EBPs as they relate to underserved communities.
Four Corners

• Implementation
  – Resources and guides to help people select the right program.
  – Explore the fidelity/adaptation dilemma.

• Sustainability
  – How to maintain quality and effectiveness in changing environments.

• Evidence-based Programs
  – Guides and resources for developing EBPs.

• Emerging Practices
  – Case studies exploring practices that target underserved populations.
Conclusion

• As the EBP/EBM movement has matured, policymakers and practitioners are recognizing that we need to go beyond “what works” to what works for whom under what circumstances.

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If you would like more information about the content of this online learning event or about how the National Resource Center for Mental Health Promotion and Youth Violence Prevention can help you with the work you do, please contact 1-866-577-5787 or via email at Healthysafechildren@air.org