

SAMHSA Older Americans Substance Abuse and Mental Health Technical Assistance Center

National Registry of Evidence-Based Programs and Practices:
Redefining the Application and Review Process

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Goals of Presentation

- Introduce and familiarize audience with SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)
- Describe the review process for potential NREPP programs
- Highlight current NREPP approved older adult programs as well as those that are currently under review



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NREPP's Start

- Began in 1997 within SAMHSA's Center for Substance Abuse Prevention as a system for identifying and promoting substance abuse prevention interventions that:
 - Are effectively designed and implemented
 - Are thoroughly evaluated
 - Produce consistent positive and replicable results
 - Have program staff willing and able to assist in dissemination and training efforts



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What is Science to Service?

Science to Service

A systematic SAMHSA-wide effort to facilitate **implementation** of effective, evidence-based mental health and substance abuse prevention and treatment interventions into routine **clinical and community-based settings**, and to strengthen **feedback** from the field to influence and frame services research programs



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NREPP: 1997 - 2004

- Over 1,100 substance abuse prevention programs were rated and 150 included in the registry
- In 2004, the NREPP system was expanded to include substance abuse treatment and mental health promotion and treatment programs
- Rooted in SAMHSA's Science to Service Initiative



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NREPP Today

- Extensive public feedback to the 2005 Federal Register notices proved vital in establishing the new NREPP system
- Updated and streamlined review procedures and web-based decision support tools
- Program review information designed for multiple audiences (e.g. clinicians, researchers, stakeholders)
- Emphasis on informed decision-making using multiple dimensions



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SAMHSA Priority Areas

- SAMHSA Centers (CSAP, CSAT, CMHS) establish own priority areas and populations, such as older adults
- Priority areas serve to emphasize SAMHSA's overall mission and direction
- Identified priority areas prioritize NREPP program reviews
- Current priority areas among older adult programs include:
 - Medication Misuse
 - Suicide Prevention
 - Reduction of Depressive Symptoms



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Streamlined Review

- Doctoral-level reviewers – typically experts in a given field
- Review coordinator serves as primary liaison between reviewers and programs
- Individual reviews result in outcome-based intervention rating
- Completed reviews distributed to program for comment
- Finalized reviews are posted to the NREPP website



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Web-based Decision Support

- Searchable information on multiple dimensions
- Ability to search keyword or attribute of interest (e.g., depression or randomized control trial)
- Prioritize factors of importance when searching



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Decision Support Dimensions

- Descriptive Dimension
- Quality of Research Dimension Ratings
- Readiness for Dissemination Dimension Ratings



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Descriptive Dimension

- Intervention name and summary
- Outcomes (e.g. reduction of depressive sx)
- Relevant populations and settings
- Costs
- Evaluation design
- Cultural Appropriateness
- Implementation history



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Quality of Research Dimension

- Quantitative reviewer-based ratings (0 to 4 scale)
- Research design
 - Reliability
 - Validity
 - Intervention Fidelity
 - Missing Data and Attrition
 - Potential Confounding Variables
 - Appropriateness of Analyses



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Evidence Hierarchy

**Meta
Analysis/Expert
Panel Reviews of
Research Evidence**

**Replicated RCTs or
Quasi-Experimental Designs**

Single Randomized Control Trial (RCT)

Single Quasi-Experiments

Single Group Pre-to Post-test Designs

Pilot Studies

Case Studies

Observation



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Readiness for Dissemination Dimension

- Quantitative reviewer-based ratings (0 to 4 scale)
 - Availability of implementation materials
 - Availability of training and support resources
 - Quality improvement materials



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Program Ratings

- Based on Quality of Research and Readiness for Dissemination
- Calculated using a five-point scale (0-4)
- Average score for each rating criteria (e.g., reliability)
- Average score on each dimension (across criteria and reviewers)
- Scores for each identified outcome accompany an overall review of all evidence



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Formal NREPP Review

- Program review by subject experts
- Scores generated across two dimensions
- Communication between Review Coordinator and programs
- Consenting programs have their review/ratings posted on NREPP website



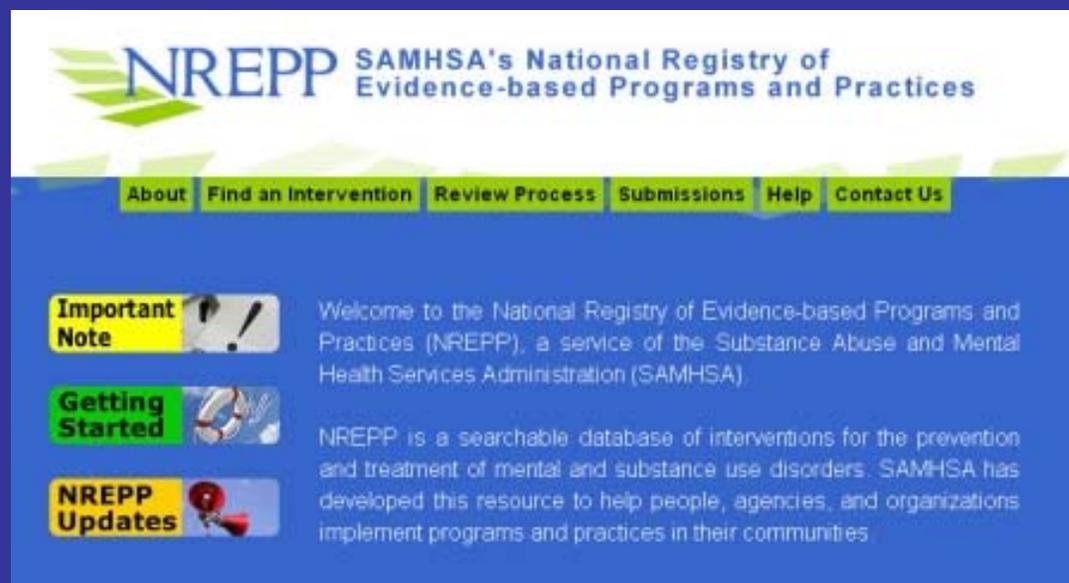
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NREPP Website

- Website slated to go live in the spring of 2007
- Programs currently under review will be posted



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Program Page

- Searchable across a wide variety of keywords
- Program information displayed in an easy-to-follow manner
- Contact information listed for each program
- Full citation section

Home > Find an Intervention > Find Results > Intervention Summary

Intervention Summary: Cognitive Behavioral Therapy for Late-Life Depression

Keywords: Mental health treatment, Older adults/aging, Experimental, 55+ (Older Adult), Black or African American, Hispanic or Latino, White, Female, Male, Suburban, Urban, Mix of public and proprietary

All information below was current as of the date of review. To request more information, or to see if new studies or materials are available, please contact the developer or other representatives listed at the bottom of this page.

[Descriptive Info](#) [Outcomes](#) [Ratings](#) [Demographics](#) [Studies/Materials](#) [Replications](#)
[Contact Info](#)

Descriptive Information

Topic:	Mental health treatment
Populations:	Age: 55+ (Older Adult) Gender: Female, Male Race: Black or African American, Hispanic or Latino, White
Outcomes:	Outcome 1: Symptoms of depression Outcome 2: Diagnosis of depression Outcome 3: Life satisfaction Outcome 4: Coping strategies and involvement in pleasurable activities Outcome 5: Severity of other psychiatric symptoms



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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.
- Interventions received after February 1, 2007 will not be considered for review.
- A similar 4-month submission period will occur each year (likely October to February)



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SAMHSA TAC/NREPP Partnership

- From inception, the TAC has partnered with NREPP to assist in identifying programs for older adults with potential for NREPP submission



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SAMHSA Older Americans TAC I

Overarching goal:

To create sustainable changes in the field of geriatrics around substance abuse and mental health so that these issues are recognized and planned for



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SAMHSA Older Americans TAC II

- Provide technical assistance with respect to the prevention and early intervention of:
 - Substance abuse
 - Medication misuse and abuse
 - Mental health disorders
 - Co-occurring disorders
- Dissemination and implementation of evidence-based practices



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SAMHSA Older Americans TAC III

Key Activities

- Assisted States in **developing plans** around substance abuse and mental health
- Identified **evidence-based programs** for older adults on substance abuse, mental health, and health promotion and health education
- Provided **training and technical assistance** to States, communities, and health and social service providers



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TAC Role in NREPP

- Identified candidate programs through formal/informal means
- Established program's interest in review process
- Collected relevant program materials
- Conducted internal/informal mock review identifying program strengths and gaps
- Recommended formal submission of program for NREPP review or provided additional technical assistance



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TAC Review: Identify Candidate Programs

- SAMHSA Centers (CSAP, CMHS, CSAT) identify priority areas for NREPP review, establishing TAC framework for review
- Review existing scientific literature
- Lists of programs generated by other agencies (AoA, NCOA, etc.)
- General solicitations/knowledge from the field



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Preliminary Review by TAC

- Gather necessary documentation to perform a comprehensive review of the program
 - Conducted mock review similar to formal NREPP review
 - Requested additional supporting documentation as needed
 - Advanced programs with sufficient supporting evidence to formal NREPP review



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Program Information

Program documentation

- Program descriptions
- Implementation materials
- Primary outcomes
- Participant consent forms
- IRB approval forms
- Research reports
- Published and unpublished articles



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Support in Formal Review

- TAC has assisted four programs in formal review process
 - Programs have gathered materials
 - Familiar with what to expect
 - TAC staff facilitated communication between program and NREPP Review Coordinator



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Why should I submit my program for NREPP review?

- Review and receive feedback about your program from subject matter experts
- Increased visibility for your program
- Add to the growing field of older adult treatment/prevention programs and practices with strong evidence base



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Programs Awaiting NREPP Review

- Improving Mood and Promoting Access to Collaborative Treatment for Late Life Depression (**IMPACT**)
 - Slated for review shortly; probable posting by September
- Prevention Of Suicide in Primary Care Elderly: Collaborative Trial (**PROSPECT**)
 - Currently under review; probable posting by May
- Program to Encourage Active Rewarding Lives for Seniors (**PEARLS**)
 - Slated for review shortly; probable posting by September



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IMPACT I

- Intervention consists of collaboration between:
 - Patient
 - PCP
 - Depression Care Manager, and
 - Team Psychiatrist
- Stepped care aiming at 50 percent reduction of depressive symptoms in 10-12 weeks



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IMPACT II

- All care provided on-site at patient's regular PCP
 - HMOs
 - Traditional fee-for-service clinics
 - Independent Provider Association (IPA)
 - Inner-city public health clinics
 - Veterans Administration



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IMPACT III

- 12-month intervention and follow-up after two years

Outcomes:

- Quality of care
- Satisfaction with care
- Depression severity
- Functioning
- Quality of life



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IMPACT Implementation

- Paired with various physical ailments (i.e., diabetes, arthritis)
- Implementation packet includes:
 - Manuals
 - Patient brochures
 - Training Video
- Currently no cost associated with replicating this program



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PROSPECT I

- Randomized controlled trial aimed at determining the extent to which a combined approach of primary care physician (PCP) care and case management affects depression and suicidal ideation of adults age 60+



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PROSPECT II

Setting

- 20 primary care practices located in greater New York City, Philadelphia, and Pittsburgh
- 16,708 patients recruited over a two-year period

Outcomes

- Reduction of suicidal ideation*
- Reduction of depression severity*

*Both assessed at baseline, 4 months, 8 months, and 12 months



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PEARLS I

- Community-integrated program to treat older adults with disabilities who also have minor depression
- Intervention consists of:
 - Social and physical activation
 - Problem-solving treatment
 - Recommendations to the participant's PCP regarding potential antidepressant medication regimens



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PEARLS II

Social and physical activation

- Participants select one activity (from a list of 250 pleasant activities) to be completed prior to the next session
- Participant select activities from a list provided by a therapist with emphasis on group focused peer support

Problem-Solving Treatment (PST)

- Skills-enhancing behavioral depression treatment

Stepped care for treatment refractory cases

- Psychiatrist suggests contacting patient's PCP for increase in medications or implementation of medication regimen



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PEARLS III

Duration

- Assessment at 12 months as compared to baseline

Setting

- Home-based visits and phone calls
- Recruited through community senior service agencies

Outcomes

- Reduction in depressive sx
- Quality of life



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PEARLS Implementation

- Training manual
- Currently no cost associated with replicating this program



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How can I submit my program for NREPP review?

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

Telephone: 571.633.9797, extension 406

E-mail: nrepp@samhsa.hhs.gov



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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:
Kevin D. Hennessy, Ph.D.
Science to Service Coordinator, SAMHSA
Phone: 240-276-2234
E-mail: kevin.hennessy@samhsa.hhs.gov



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Discussion

Questions?



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Contact Information

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

1-888-281-8010

OlderAmericansTAC@westat.com



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