Mary Thorngren: We are recording this session so that we can post it on the healthysafechildren.org website afterwards, so you can go back and listen to it again or if you want to share the link with your colleagues, you'll be able to do that. We've asked you to meet in these phone lines. *6 if you have an issue. That'll be great so that we can hear the presenters and if you have any technical difficulties, again the name of the person is in the participant chat box and you can click on her name and she'll be able to help you.

This webinar is sponsored by the National Resource Center, which is funded by the Substance Abuse and Mental Health Services Administration, SAMHSA. The NRC offers resources and expert support to help prevent youth violence and promote the overall well-being of children, youth and their families. The website for the NRC is healthysafechildren.org and you'll be able to find all of the archived webinars there, all of our resources and tools and materials to help you. The National Resource Center as I mentioned is really focused on supporting children and youth from birth through high school and we do that by providing support to two grantee programs, Safe Schools/Healthy Students grantees and Project LAUNCH grantees and the field at large. Safe Schools/Healthy Students takes comprehensive approach trying on the best practices in education, justice, social services in mental health and behavioral health to help communities take action to prevent youth violence. The grantees really recognize that violence among young people is caused by a multitude of factors and that not one single action can be counted on to prevent it and so it takes a comprehensive approach. There are a lot of resources that explain it in more detail on healthysafechildren.org.

Project LAUNCH which is Linking Actions for Unmet Needs in Children's Health, promotes the wellness of young children age birth to eight by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. I ask people again to mute their lines if they've just joined. It's *6 to mute. So, Project LAUNCH, is grounded in the public health's approach and it really seeks to improve coordination across child-serving system, build infrastructure and increase access to high quality prevention and wellness promotion services for children and

their family. Again on healthysafechildren.org, there's a lot of information about both of these grant programs.

Before I introduce our presenters, we have two other polls and we'd like to know what organizations you represent and so if we could move poll number two over into the screen so people could answer that question, which would be great. [Pause] We have a wide variety of people who are represented today. We have education, mental health and I'm wondering if we can broadcast on these results and we have some public health folks, some government community-based organizations, early childhood. It's really a nice representation of organizations for us to hear about NREPP and the use of evidence-based practices. So then, as we can have polling question number three. Thank you. That really is to give our presenters a sense of who you are as individual and the type of roles that you represent. So again, we have a nice mixture here. We have educators, psychologist, mental health folks, behavioral health administrators, some consultants and social workers. I think you have joined and signed on to the right webinar. So, welcome again.

I'd like to introduce our presenters. So, if we can pull the poll away. We have two people from SAMHSA. Dr. Carter Roeber has been a Social Science Analyst in the Center for Behavioral Health Statistics and Quality since October 2013. He's an Evaluation Desk Officer in the Quality Evaluation and Performance branch which is really the public point of contact for NREPP and he's the task lead on the development of the emerging corner of the NREPP's learning center. Dr. David Dean, better known as Chipper, is a Social Science Analyst also in the Center for Behavioral Health Statistics and Quality of SAMHSA and he's a Developmental Health Psychologist by training and a Behavioral Research Scientist of the Analysis and Services Research branch. He's a director of NREPP and task lead on the NREPP registry. I think we couldn't really have two better people to tell us about NREPP and I think that you'll enjoy hearing from both of them. I'd like to turn it over now to Dr. Roeber and welcome.

Carter Roeber: [Laughter] Okay, great. All right. Well, this is Carter and I want to thank everybody for bearing, for their patience as we work out our technical difficulties. Let me just dive in. So, NREPP in a changing behavior health and research landscape is a new title because one of the things that we're emphasizing – well, you'll see as we go along but I also refer to this as the new and improved NREPP. NREPP has been

around for a while, really since 2004 in one form or another and reached the current form from heading towards common standard form from in fact 2007 to 2014. One thing that's always been consistent about NREPP is it has been there to help the public learn more about evidence-based behavioral health programs and practices and to assist our end users in identifying those programs that might best meet their behavioral health needs. One of the phrases that we always use was, "decision support system."

We've gone through a lot of changes and really, for the year of 2014 to 2015, it was really a fairly dramatic transition period for NREPP. If we look back at how NREPP got its start, one of the most important things to know was that we did not start out having experts independently identify programs. What we did was we ask for voluntary submissions from the community of people who've been developing programs and ask them to submit for review. There were variety of reasons for that but one of the things is that it's a fairly painless strategy for building a registry. That is the only people who are interested in doing it and there are people who have programs. In the process of relying on voluntary submissions, in order to build a registry from scratch, we did what we call developer-centric things to encourage it. For example, when developers submitted programs to us during an open submission period, at that time, this is from the period of 2007 up to 2014, the developers were allowed to select which studies they wanted to include for their program and what outcomes they wanted to include.

There is a certain built-in or rather substantial bias in that situation and as it turned out, there was a default process whereby if developers didn't like the results of their review, they didn't think that we did a correct job or if they thought we did a correct job and they just didn't like their results, they could basically refuse posting by simply not signing off on it. So that was a second bias that is, here we are sending government money to try to have reviews done and yet if we'd agreed or sort of created this for a sort of loophole so the developers didn't have to post. That didn't happen a lot but it did happen.

We had a learning center but it was really very, very static. Basically, it was there to help people figure out how to put more programs on the registry, but there wasn't a lot of other information about what evidence-based programs and practices mean. One of the things that became very clear in our transition year was we took a much broader look at where the field has moved as a whole with regard

to evidence-based programs and practices and realized that it was going to take at least a full year. So if we had a contract that started in June of 2014, we really weren't able to do very much until the latter half of November 2015 when it came to adding new programs and so on because we had to figure out a whole series of ways to redesign how we review programs and redesign how we select the programs. We made a compromise and we'll sort of go through this but one of the compromises was we had an open submission period. We held it from November 23rd 2015 all the way through January 23rd 2016 and we got over 124 submissions of programs and out of that, 84 of those programs passed the initial screening and those programs are now all currently being reviewed.

Some have already been added into NREPP, but we changed the rules. That is, if you submit a program as a developer, you don't get to choose which studies or which outcomes. Once your program has been submitted, not only you're the – you can submit research but our contract also doesn't also independent review to identify all the other research available and you don't just get to pick which outcomes. If there's data available to report an outcome, that outcomes gets reported. So, all of the reviews also will get posted. That is, even if people are unhappy with the review, it's ours. The government resources is going into this process and it's important for us to be able to have an unbiased expert, sort of external, expert review of these programs.

In addition to these submitted programs, we got through open submission. We're now also identifying programs through independent literature reviews and the main thing we're trying to do with this is direct gaps in the evidence-based. One of the things that happens when you have voluntary submissions with certain kind of programs that are very, very important behavioral health, things like a sort of community treatment, first episode psychosis treatment programs, these are programs that have been evaluated extensively but nobody has owned them or go on through the effort of submitting them to NREPP and we recognize that they are important programs that should be on NREPP. So, we're now addressing some of those biases, now on health course, with another example.

One of the things we are also doing is our reviews now include programs that have ineffective or negative outcomes and we include programs for which the research has been in conclusive and we can go into more detail if you put questions about what that means. One of the things that we've had to do in the case of identifying

programs through independent literature reviews is figure out how to prioritize that work. We know that we're going to review all the programs that were submitted. At some point, they're definitely going to go through the process, but we have to decide then from a public or from a priority perspective, what's important for SAMHSA, what's important for the field and so we're using expert, outside experts. We're using public input. We're using SAMHSA leadership in a pretty frankly intensive but complicated process to try to decide on what programs are going to get reviewed over others.

One of the most important things that people see under the new NREPP and it's going to be I think a huge asset for people in using NREPP and that is we now have effectiveness ratings for each program outcome in a program review. When I say for each program outcome, what that means is that if you have a program that's on NREPP, you don't get an overall score. The information is broken down outcome by outcome and each outcome gets rated as either effective and you have the green dot checkmark plot, promising, ineffective or inconclusive. The most important thing to realize if you want to really dig in, if you're some of those, if you're a researcher and you really want to dig into understanding what the review methods are, what the criteria are, what the cutoff points are, that information is all available.

Now, one of the most important things about having effectiveness ratings, one of the things that used to happen, this was a kind of unintentional misinformation that happened was, there was a tendency on the part of a lot of program developers advertise that their presence on NREPP as an evidence-based practice. It meant that automatically, they must be a good program. In the previous way in which we discord programs in NREPP, all we did was talk about the quality of the research. We never actually did any calculations of the effect sizes. So there was a tendency to conflate. If it's on NREPP, it must be good. It's like an old Smucker's jam commercial, I would say, what it reminds me of. But we clearly have taken - have addressed that concern. So now we see a much more balanced information and you'll see programs that might be effective on two to three outcomes and then as you go further down the list, they have a lot of data. You'll find that they're not effective on other programs.

Some program developers are happy about that. Other program developers are not happy about that. That's okay. That's all part of the process. We have programs

that are also considered inconclusive and inconclusive is an interesting issue because inconclusive programs are programs that had made it through our initial screening that there was enough useful information and enough data but once we actually sent it out to our independent reviewers, they came to the conclusion that they could not accurately calculate effect sizes according to the system we put in place. Those programs would receive an inconclusive review. They just finished recently adding the necessary backend software to include inconclusive reviews in research process. So they're going to be available for people. They're going to pop up. Inconclusive reviews have a lot less information than other reviews naturally because they can't provide any information about outcomes or effect sizes.

NREPP has something with 365 programs and we have something at 84 new programs over the last open submission. Those 365 programs that were reviewed under the old system, we're calling legacy program and we're trying to re-review all of those programs. In effect, what happens is they show up as new reviews. So, that is something that we're hoping to happen quickly. It takes quite a bit of time. We're hoping that it's something that could be accomplished over the next two years. Before we dive into balancing rigor and flexibility, this is where we got the actual demonstration of what NREPP website looks like. I'm going to hand it off to Chipper.

Chipper Dean: Great. Thanks, Carter. I think we have a couple of polling questions. It seems like folks are going ahead already and answering, "How familiar are you with NREPP?" It looks like a substantial number is not at all familiar. "How often do you use NREPP?" the second polling question. Then we have an open-ended question. What specifics questions would you like to have answered today? We're not making any promises, now are we, Carter?

Carter Roeber: No.

Chipper Dean: No. We'll do the best we can.

Carter Roeber: We'll do our best. [Laughter] We're hoping that by the end of this, then the "How often do you use NREPP?" will drop at least by half. [Laughter]

Chipper Dean: So we have a couple of questions that have come up about how best it can be used, about the process for programs getting into NREPP, who can use it and when it's most appropriate. Hopefully, we'll be able to answer a lot of these questions.

Carter Roeber: These are great questions and actually, one of the reasons why we asked for these polling questions is it's an opportunity for us as the developers of the – as we're continuing to develop the website, it's an opportunity for us to look and understand better where people are coming from. So, we appreciate it. Thank you.

Chipper Dean: Now, I'm going to switch over. We'll come back to these open-ended questions and see which we still need to answer after I share my screen to show the NREPP website. Okay. Can you switch to – I'm going to stop sharing this screen so we can setup the share screen. [Pause] Okay. So here you'll see the NREPP website posted on SAMHSA's main site and the easiest way to find it is to use the URL at the top, samhsa.gov/nrepp and what you should see is that we have four primary elements currently on the website. About NREPP is where you can find out a little bit more about the entire registry of evidence-based programs and practices. Just below that, the learning center. We'll take you there in just a bit and show you a few things about what is provided there. Find an intervention which allows you access to the registry itself or you can find programs and information on programs and their rating and descriptions of each and then reviews and submissions where you can find out more about the review process.

I believe that one of the questions that was shared earlier was a question about the review process and how programs make it into NREPP. Actually, going to reviews and submissions will allow you to find out more information about the process for getting a program into NREPP. First, I want to take you the learning center and as Carter mentioned, we're doing a lot of work right now on developing the learning center. So this will likely change. For instance, we currently have a developers corner, some information on planning and evaluation, information on implementation and on practice-based evidence. Those will change slightly. We're developing four corners that will cover evidence-based programs and practices and we'll likely replace the developers corner. We'll have another corner on sustainability. Another corner on implementation and we'll continue to have a corner on practice-based evidence.

We want to point out that there are a couple of good resources here already. Obviously, there are those four components of the learning center. There are also some resources that are provided and we'd like to draw your attention to a couple of the resources that we [Crosstalk]. Folks, if you could mute your phone please. That would be helpful. Folks, can you mute your phones please.

Carter Roeber: *6, please.

Chipper Dean: Thank you. We have a couple of components to draw your attention to. We have some original literature reviews right here at the top and a variety of different topic areas. We also have some discussions of key terms behind the terms section where you can find out a lot more about the terminology used here. We should also point out that we're in the process of developing resource agents for a lot of these different topic areas which will provide more information on the different types of programs and practices that are covered in NREPP. Some that are still under development and don't necessarily have program representation in NREPP, but you'll be able to go here and find more information on those kinds of practices.

I'm going to go back so that we can take a look at the registry and do some simple searching to find an intervention. For now, we just want to point a few of the different categories that we have developed with expert consultation. These aren't set in stone but we in our expert consultation have determined that these are the best categorizations to use for now. Note that you can search by different program types. These are the five primary types of programs that are listed in NREPP and that will help promotion and treatment, substance abuse prevention and treating co-occurring disorder programs. Also by age categories, outcome categories for different types of outcomes, programs targeting particular races and ethnicities, other special populations targeted by a program, also by sex and gender, geographic locations, setting type and about whether implementation and dissemination materials are available and different kinds of outcome ratings. For now, we just want to show you the results of search without keywords used of substance abuse prevention programs.

When we do that search, what you should notice is at the top of the screen is that the search has identified 18 newly reviewed programs and 114 legacy programs. The newly reviewed programs will show up at the top of the screen and you'll see the first five in this case of newly reviewed programs showing at the top of the

page and then you'll also notice that there are legacy programs listed at the bottom of the page. In this case, I'd like to go to the Child First Program so that you can take a look at what the different outcome ratings are. As Carter mentioned earlier, there are three kinds of ratings that are currently listed. Those are effective and those are noted by the green icons. Promising, identified by the yellow outcome or icons and the ineffective which are noted by the red icons.

If we click on Child First, we get a program description and these are several sections below that basic program description where you can find out more information about the program. Note that the program snapshot on the right includes the evidence-ratings for multitude of outcomes and some program contact information and some additional information about the program. Here you can also find more information on evaluation findings by outcome and note here where we list program effects across all of the studies used to evaluate that outcome, in this case, the recede of social services. Some key study findings, the measures used and any additional details provided. You'll notice here is where we provide effect sizes for particular outcomes and you can find more information describing all of the terminology that we use in the glossary of the learning center. We showed you that just a little bit earlier. You can go to the Learning Center and actually click on the word "glossary" and you can find definitions for many of the terms that you'd find here. You can also take a look at Study Evaluation Methodology. Any of the studies used in the evaluation process, you can find out more about those studies here. You can find additional references including studies reviewed and then resources for dissemination and implementation.

One of the reasons we wanted to take a look at Substance Abuse Prevention Program and this guided search was just to take the opportunity to point out that it's often more difficult to get effective ratings with prevention programs because the research design is necessarily more complex. If we take a look for instance at a search for substance abuse prevention and then take a look by outcome ratings and click that as effective, you'll notice that we get far fewer programs with the effective outcomes. You may encounter that from time to time with the different types of programs that there are. It's sometimes a little bit more difficult to get those prevention type programs into NREPP. At this time, do we have access to the chat? Do we have any suggestions for another type of search? If you do, we can take a look at…

Carter Roeber: Okay, hold on a second here.

Chipper Dean: Q&A. [Pause]

Carter Roeber: What do the green, red, and yellow represent?

Chipper Dean: Yes.   Those green, yellow, and red icons represent effective, promising, and ineffective outcomes respectively. If we were to take a look at - suicide abuse, that's an excellent suggestion. In fact, we'll limit our age range to adolescents and young adults and search from the term "suicide." We can do some targeted searching and we discover a program called Applied Suicide Intervention Skills Training and we see that one outcome, that Personal Resilience and Sub-Concept is listed here and we can find out more information by clicking on the program and find out more information about the evaluation findings. There's one outcome listed here and we can find out more information about that outcome here. So, this gives you an idea of the capabilities of the search. We are currently developing NREPP including the registry that you see here and the Learning Center and trying to increase the capabilities for folks to allow folks to search on as many dimensions and categories as possible and to very quickly and easily find the information they need about the programs that are listed in the NREPP.

We'd like to take a look at the questions that folks have posted. [Pause] You can also search for programs by race and ethnicity. There's a question about searching specifically for programs for American Indians in Alaska Natives that capability is there. You can also search by age which we just did. Yes, there are also Legacy Suicide Programs. We had a comment in that search that I just did. There are some Legacy programs that are listed as well. The methodological questions, it seems that someone has a question about the methodology behind – I can't see the rest of their questions but perhaps the methodology behind including the program in NREPP. You can find a lot of that information actually by going to the NREPP website and you can find out much more about the methodology by taking a look at the reviews and submissions overview where you can find information on review process, resources for dissemination and implementation, review requirements, et cetera, and particularly things like the program review criteria and an outline of the process here. So, hopefully you can find all of the information you need in the website.

Carter Roeber: That's good. Yes. With regards to that, I just wanted to add one point on that. As we continue to do the re-reviews, we're going to see new programs and as we continue to identify programs through research and if we have a sort of further open submissions or start taking new submissions, NREPP is going to continue to grow and so it's likely that we'll be able to find that the information that you're interested in is going to change and will increase. You'll find more relevance to your particular group.

Looking at Legacy programs now, if you look at a Legacy program profile, it can give you a fair amount of information about what the program is about. You can often find material or figure out where the material comes from. If you need information to contact the [Audio Gap] where you can contact the program developers and so on but what is lacking is information on effect sizes. So, use the information but don't assume that by virtue of it being on NREPP that it's automatically a good program because otherwise, to find out whether or not the program is effective, you can do sort of an independent research, you can do consultation with other colleagues, and so on because there are cases of Legacy programs that are quite well-known. They just haven't been re-reviewed yet.

Chipper Dean: We're putting the slide back up from Carter's screen. [Audio Gap]

Carter Roeber: Okay, folks. We've got a couple more polls that we're doing right now. Would you take care of that, get more information and get more details from the Q&A? [Pause]

Chipper Dean: We have one question about how we would go about searching for programs utilizing youth-led initiative. You should be able to find those by a keyword search if any exists in NREPP.

Carter Roeber: Yes.

Chipper Dean: Unfortunately, with 400-plus programs in NREPP, Carter and I don't have encyclopedic knowledge about them yet.

Carter Roeber: I think people will, [Pause] in all of these cases, [Audio Gap] there are gaps and people can't always drill down and find a level of specificity that they're looking for. So, part of the process of using a registry has to do with figuring that out.

Okay. Looks like our PowerPoint has reloaded and we're just finishing up with the polls.

Chipper Dean: We have folks largely have not participated in the development and evaluation of an evidence-based practice and about half and half have had to select and implement an evidence-based practice for their program and fortunately, it seems that most folks find the effectiveness ratings helpful. It's nice to see that 76% find them very or extremely helpful. [Side Conversation] So, shall we take it back to the slides?

Carter Roeber: Here we go.

Chipper Dean: Excellent.

Carter Roeber: We're back ahead here. [Pause] So, one of the things about NREPP ‐ and I think it is symptomatic of the field as a whole in a sense that really, in the last 10-15 years, there's been a huge, very, very rapid growth in the interest in evidence-based programs and the interest in evidence-based medicine. It has become a very, very big policy issue and NREPP, since it has been around one of those whiles, it has become very well-known and it has become very visible. The challenge that we have and in such a case is, as a federal agency, we are a group with multiple stakeholders that have different competing agendas. So, one of the issues with something like NREPP is on the one end we had been criticized about the lack of rigueur. The fact that we've had some basic bias built into our selection process, we were too friendly to developers so we were criticized for that. They wanted us to increase our rigueur. I think our new review criteria, the inclusion of effect sizes has done that. We've been more systematic in how we reviewed the literature. We can identify literature independently. All research gets published regardless of the outcomes including whether or not it's inconclusive. If people want to, they have the ability to dig down and go through specific studies because we provide the links for those. We don't provide the actual studies themselves, we provide the links. I think everybody feels we've addressed the rigueur concerns quite well, but one of the things that SAMHSA deals with most particularly in its grant programs is all of those populations that very often are outside of mainstream healthcare generally termed as underserved population and the interesting issue is underserved, as I often say, underserved is understudied. That is, we have a lot of underserved populations. Registries and evidence-based programs and practices typically do not

target underserved populations and that's not where I guess from some folks' perspective, that's not where the bang for the buck is and those aren't the groups that get evaluated.

Underserved populations typically then depend on programs that are homegrown, programs that have been developed with a particular population in mind and since it's underserved populations, it's often very small populations and the likelihood that these programs are evaluated using a couple of the minimum criteria, randomized control trial or quasi-experimental design, is very small. It does not happen very often. Then the question is: these are a lot of the SAMHSA grantees what do we do about these programs? That was an issue that we had to raise and address and so we had to figure out a way to make NREPP more flexible. That is, we were specifically asked by SAMHSA leadership to figure out a way to acknowledge or incorporate other kinds of research, other kinds of evidence on what we are calling emerging programs and practices that are often critical to addressing the needs of one or more populations.

When we refer to them as emerging, it's not a length of time question, it's a research question as in there are some of the programs have actually been around for a long time and traditional healing programs were a handful but we're still calling them emerging because the idea is the evidence base for those programs does not meet the minimum criteria for being included on the registry. So, we have to recognize that it is an imperfect term as all of these different terms have their strengths and limitations.

We'd like to think that looking at – and what we hope to do with the learning center not just with our emerging practices corner, but with the learning center as a whole is use emerging programs and practices as a way to help people better understand evidence-based programs. So, emerging programs and practices and the evidence associated with them act as complements to evidence-based programs. The reason why it lines up with the growing interest in implementation and sustainability, what we see more now and in the field as a whole is people asking about – they're not just saying, "Okay. Is it an evidence-based program?" They're saying, "How do I know that evidence-based program is going to fit with my population and what do I have to change if anything in that program to fit my content?"

Those are new kinds of questions that sort of recognize that the field has grown in effect and in some ways grown past the basic idea of the creation of registries. I just wanted to just step away from this slide a second to say that there was a tendency historically at the higher policy level to think about evidence-based programs as a kind of quick fix to questions of quality in the healthcare system. That is, if the understanding is that out there in the field, people are doing all sorts of things that we don't know very much about, some may be good, some may be not good, but that's not driven by science so if we create a registry of programs that have been evaluated scientifically, we can then say to people, "Pick these programs because there will be more certainty that your health service systems will improve." So, that quick fix was one of the primary pushes.

Now there's been a sort of counter-movement to that that's been happening that we are trying to understand and build into our learning center. That's the sort of flexibility piece. For us, the goal is to help people like yourselves not just understand what EVPs are but to understand the entire process of how you would go about understanding what EVPs would work best for your population and your particular situation. In some situations, in some cases particularly with underserved populations, you're not going to find any evidence-based programs on NREPP that fits your group. They're just not going to be there. That being said, what do you do? How do you go ahead and find or where do you get your ideas from? One possibility is to do your own evaluations, your own formal evaluations, and other possibility is to look at programs for which there is emerging evidence or evidence that's been developed in the field and that evidence that we're talking about is practice-based evidence.

I'll give you one example. This is a case study that we'll be working on. There was a group in Alaska that did some very, very solid research on community-based participatory research in an Alaskan community around youth suicide and substance abuse. It was very well-published, very well-received but the research design which was appropriate for the kind of population they were working with basically did not meet our NREPP criteria which are fairly conservative criteria. So, we felt that that information deserves some place in NREPP and so we're developing in our emerging practices section case studies for programs of that type. When I say, first example is focused on an Indian country, we're going to have subsequent iterations as we go on that might focus on other kinds of special populations or ethnic groups that are underserved.

I'd say, if you go to the Learning Center now and just tour around in there and explore, you'll find all sorts of good things around issues of implementation. There's stuff on implementation frameworks, there's stuff on sustainability. There's a lot of resources there but what's missing I think is any way of guiding somebody who doesn't have familiarity. If you're not somebody who's very experienced in working with evidence-based practices and you've never heard of an implementation science before, that resources page is not going to be all that helpful for you.

We understand that and that's one of the things we're really trying to do is really give people a level of guidance and introduction from soup to nuts when it comes to evidence-based practices that is how you select a program, how you implement a program and in that material, you get to ask questions about what did it mean to determine if this is the right fit, how do you adapt to the program versus how do you maintain fidelity? These are all questions that we understand are critical and so we're hoping to provide some basic introductory information that, in the end, will allow you as a consumer to make better informed decisions whether it's – you can be a better consumer of the consultant that you might be working with or the training and technical assistance provider or just on your own.

I jumped ahead when I talked about the idea of adapting a new EVP and having a learning center so I'll jump ahead through this particular slide. [Pause] I wanted to add and what I was just describing was the idea of user-friendly tutorials and resources, I want to add that we are building it around a public health model. I noticed that there are quite a few folks with public health background here. One of the things we're trying to do is address some of the issues or different groups doing different kinds of interventions. There are folks here who have community background, there are clinical people, there are educators and the kinds of work, the day to day work that you do when it comes to selecting an evidence-based program and implementing it are considerably different given that you have different organizational setups, you have different kinds of resources and so on. We're recognizing that and we're trying to build that issue into our learning center. We want to talk about and raise that question of the limits of EVPs as we sort of move outward from mainstream towards that range of underserved communities. To some degree, it's very likely that, given how expensive it is to do randomized control trials or well-designed quasi-experimental designs, there's a lot of

underserved communities that probably, it will never make sense to do formal evaluations of that type unless something happens to really flood the system. So, implementation of the different four corners, implementation is going to be guiding people along in using the latest on implementation science. This issue that is very often raised, the relationship between implementing with fidelity versus adaptation, I think the critical thing we're going to stress is we understand that people have to adapt to programs. What we want is for people to adapt them thoughtfully and adapt them in a way and also evaluate that program so that you can see the effects of the adaptation. It's that encouraging that level of sort of systematic change that allows a program to continue to contribute back to the field on the results of a particular EBP.

Sustainability is going to be critical in the healthcare system. No matter what policy is going on, resources are always scarce particularly in the community-based prevention world. Even if we double or triple the resources available, it'll very quickly become scarce again because we'll understand what we can do as the programs expand.

One of the things we're going to continue to provide is some basic steps for helping people take their programs and turn them into evidence-based programs because there are all sorts of folks out there at the, who are doing homegrown programs, who are doing something similar to taking a program and significantly adapting it to the point where it's no longer recognizable as the original program and yet feel that they've really done a good job. We want to provide some tools to help them learn how to make their efforts worthwhile and evaluate their programs so that they can have it considered as evidence-based.

The case study thesis is going to be for evidence-based, for underserved populations and for emerging practices is going to be probably one of the most challenging things, at least from my perspective, for me, since I actually happen to be responsible for that section. It's going to be challenging because we're not trying to create a second registry. We can't do that. It's not possible, but we also want to address some critical issues and promote awareness of what's going on for certain underserved populations. It's going to be a balancing act and likely somebody's going to be unhappy and that's how it is.

Chipper Dean: Before we conclude, we want to go back to some of the questions that have been asked. We covered multiple aspects of NREPP including the registry of programs. Also, Carter has described the current learning center and some of the changes that we're going to make. I want to acknowledge that when I was going through the tour of the website and the registry in particular, there was a question that I missed. Will legacy programs be evaluated for effectiveness? As you saw earlier, there are new programs that have been reviewed that have under those more rigorous criteria that Carter mentioned earlier. Those legacy programs are - we've gone through a prioritization process based on multiple sources of feedback, both internal defense and external defense that identified programs that should be re-reviewed. We are in the process of re-reviewing all of the legacy programs. That's going to take us a significant amount of time. We're doing that over the next couple of years but we will in fact be reviewing the legacy programs under the new more rigorous criteria and some of them will screen out and not be included in the registry but many of them will screen in and we will provide the more extensive descriptions of their outcomes and their effectiveness for all of those legacy programs as well. We're going back to that open-ended question that we asked earlier.

Carter Roeber: I can take the first one.

Chipper Dean: Carter's going to take the first one.

Carter Roeber: Does a practice have to be shown effective in more than one setting with more than one population to be considered effective? The answer to that quite simply is no. I think our methodology is one of fairly rigorous but in that regard, what we accept is fairly generous, that is if it's one good study, really good study, with one population and it's been published in a peer-reviewed journal or a comprehensive evaluation report, we can include it in the review. If the be effect size is large enough then it would be considered effective. Whether or not there are specific points, I can't go through the entire sort of review view tool in my head to figure out if extra points are given if a program is effective in more than one setting. If there are effect sizes across multiple populations, it's given a bump. Technically, that would be valuable information but I can't speak. My guess is that's not the case. That's not how the effect sizes are being calculated.

Chipper Dean: Might SAMHSA consider adding a specific place to post or encourage return-on-investment or cost effectiveness data about listed programs? That's an excellent suggestion. That's one that we're already working on as a matter of fact. We have a staff at SAMHSA who has expertise on our ROI and cost effectiveness and we are in the process of developing some guidelines for information on cost effectiveness and ROI for listed programs so that we can start including that information in the registry. Hopefully, folks now know how NREPP works. Go ahead, Carter.

Carter Roeber: No. I was going to say, so the next two questions of who should be using NREPP and do you have any concerns about the way information from NREPP is being used or I think related in an interesting way in that we would like to see of course lots of people use NREPP. I mean the more people, the better. Do we have concerns about the way in which the information is being used? Right now what we know anecdotally, we don't have a lot of systematic information and in fact, your feedback and your polls is one of the places we're getting information from that we haven't had before.

What we hear anecdotally is people or in funding opportunity announcements, there is often a sort of some boilerplate language. We know that SAMHSA does this. We know that state agencies do this. It's usually some kind of boilerplate language telling grantees that they will score better in their grant proposals if they pick evidence-based programs.

Honestly, that is sort of the crux of the concern for us because that suggests the sort of old model of, "If you just pick something off NREPP you're going to be okay." What we would like to see is a much more thoughtful process of funders asking grantees to enter into a process of picking the best intervention for their contacts and their population. To the extent that that is not happening, yes, we're concerned about the way information from NREPP is being used. I think adding effect sizes makes it address some of those issues but it doesn't address all of them.

Chipper Dean: There are some great evidence-based interventions that are not on the list. Is this growing? Absolutely, we have programs that have been submitted through that open submission process which are going through the review process now and we are discussing when to open that submission process up again in the future so that additional programs can be identified, so that we can evaluate them for potential

inclusion in NREPP. We also go through a continual internal process particularly when we identify practices. One example was Assertive Community Treatment that Carter mentioned earlier that doesn't have a lot of representation programs in NREPP. We identify some of those internally and search for programs that could be included and we go through the process of reviewing them. So yes, this list is absolutely growing and we will do our best to let folks know when in the future we are going to open up that submission process again.

Carter Roeber: In identifying programs interventions that we think recognized should be on the list, there's evidence for them. We're going through an interesting process. In the case of something like mental health courts, there's a substantial literature out there but to take, to go through that literature and identify how to best present information on mental health courts on NREPP and is still somewhat challenging because we don't present findings on meta-analyses. At this point, almost all of the programs that we do are really individual single programs. We're looking to the future where we can figure out a way to present programs on practices. This actually relates well to the question about NREPP's evidence method compared to evidences in the CDC Community Guides.

Chipper Dean: Note also that somebody's asking about the What Works Clearinghouse as well.

Carter Roeber: Yes, and in both cases. Well, I can tell in the case of the CDC's Community Guide. The CDC's Community Guide has focused very much on general families of programs that were categorized into as a practice, they can call them programs but it's usually, like the example I always use is they - for example, this Community Guide recommends doing violence prevention programs for youth in schools. They have a very strong recommended rating for that and they have a very sort of substantial research behind it, but that doesn't tell an individual school which program they want to use for their particular population. In order to do that, you have to dig down deeply into the Community Guide research and then once you do that you have to sort of go back out and figure out who it is that's actually developed the material, who owns the program, can they do training and so on. With NREPP, it's always been historically a much more immediate evaluation of an individual program that somebody can actually look at and say, "Okay. It's my group. I can implement this so it's worthwhile for them to call up the developer." When we've spoken to the folks at the Community Guide, one of the things they pointed out to us was, "Yes, people complain that we don't have enough programs

evaluated," because our argument to them was, yes, all we have is programs. We don't have practices. All of these different programs have their strengths or these single registries have their strengths and limitations. I think the same could be said for the difference between NREPP and What Works Clearinghouse which, What Works Clearinghouse focuses predominantly on education intervention. NREPP focuses on a much broader range of programs from community-based intervention and it can include individual clinical trainings as well. NREPP is unusual in the breadth of programs that it covers. We're sort of comparable to the Community Guide in that way, except it's all behavioral.

Chipper Dean: There are a couple more questions about cost information including the included for programs that's something that we're talking about adding for programs and then addressing policy change strategies. I think largely that will be covered in the developing learning center.

We want to move on to our final three open-ended questions. I should mention, if we didn't answer your question, we apologize for that and if we're, of course, providing our contact information, we might be able to respond to that outside of the webinar today.

We have another open-ended question. What is the best way for you to start learning about evidence-based practices and emerging practices, for example, videos, webinars, case studies, articles, and any other suggestions that you have? This would be incredibly valuable to us as we develop the learning center and develop materials that are in each of those four corners: evidence-based practices, emerging practices, sustainability, and implementation. If you could take a minute and respond to this question. Everybody loves webinars. [Pause] Well, Carter, it seems like everybody is having such a good time with our webinar that they just want to continue with webinars.

Carter Roeber: All right. We'll be here all week. [Laughter] Just within our own organization, within SAMHSA, we expect to be doing regular webinars with our government project officers on how to use NREPP and how to advise grantees on using NREPP. We will see more webinars. We will be doing more webinars on that level. More broadly, I think one of the possibilities is to - this will be included with AIR but I think SAMHSA is in the process of building a knowledge network that will include a whole variety of webinars and recordings, and we're going to have our place on

that so whatever we do, let's say we have a webinar or we focus on specifically on what's going on with the learning center or we do a webinar around let's say just one section of the learning center and implementation, that all that information will be centrally available.

Chipper Dean: Thanks to everybody who has a response to this question already. We have another question. We're bringing it up. What are your primary concerns with regard to selecting and implementing evidence-based practices, for example, cost, fit to population, staff capacity, et cetera? If you could, please respond to this question. [Pause] Let's see. It looks like cost is – [Laughter] Yes and certainly, cost fits population staff capacity are all things people are concerned about.

Carter Roeber: We ran out of screen room here. That's great. No, I think that the question of cost is - we're going to try to address the issue of cost on a couple of different levels. One is, in the old NREPP, when we actually evaluated the implementation and gave scores to what we call readiness for dissemination, the actual text and manuals and so on associated with an intervention, there used to be some general information on how much a training might cost but we, in the new iteration of NREPP, we're not providing that information on general cost because it fluctuates and it changes depending on how, whoever it is that owns a particular program, changes their training techniques. We'd be having it constantly negotiate and update our information and it just didn't seem feasible.

The cost is one of the greatest challenges that any organization has to face in terms of not just the upfront cost but the opportunity cost associated with buying a training and when you think about the opportunity cost, you have to think about the amount of money you lose when you're, you send your people off to be trained and they're not providing billable services, the risk associated with training and then having people move, move on, staff turnover. We are developing a sort of - and looking into developing primers in our learning center that provides people with the tools and this is part of the selection and implementation part of evidence-based practices to help people think carefully so that you know what kinds of questions to ask as you sit down to negotiate with a program developer.

Ideally, and what we love to see is programs that are the equivalent of open-source, that these programs that we developed with federal funding and the materials out there to be shared by everybody. In this field and in fact, this was

definitely the case when, as NREPP got started, it was seen, The development of a program and putting it on NREPP as a marketing tool, it was seen as a revenue stream by a lot of organizations, a lot of universities and so that cost issue is there. What we hope to do is make end-users savvy purchasers of products.

Chipper Dean: I think one of the takeaways here is that there are folks who are listing lots of very practical issues; the cost, obviously. Cultural appropriateness is another and cultural and linguistic fit is one of the responses here, and also the complexity. I think a lot of the comments here are about implementation and sustainability, probably have a lot to do with complexity and cost.

Carter Roeber: Yes.

Chipper Dean: We appreciate this feedback and we will take it in. Hopefully, it will be helpful in the continuing development of NREPP. I think we have one final open-ended question. [Pause] What are your primary concerns with regard to sustainability of evidence-based programs? Please take a moment and respond to this. [Pause] It seems to me that some of the responses that are coming up are things that we have been thinking about as we develop the sustainability corner of the learning center of NREPP. It seems also that some of the information in the other corners in the learning center would have some information that would be helpful with regard to sustainability. Initial implementation of course is an issue.

Carter Roeber: Right.

Chipper Dean: I think there will be lots of resources in that sustainability corner, in that implementation corner as well of the learning center that will actually help to address some of these concerns.

Carter Roeber: The sort of general themes that I think SAMHSA's actually quite sort of - SAMHSA understands the importance of continuing capacity building in all of the work that it does with its grantees, its capacity building in general with the kind of work that people are doing with it in terms of the services they're providing and then capacity building around the issue of evaluation.

One of the things we hope to do with NREPP is develop more bilateral relations with our training and technical assistance centers across SAMHSA and in any other

sort of agency that has, that continues to focus on those issues so that we all understand and are on the same wavelength, so to speak, when it comes to understanding those basic capacity and sustainability issues. I noticed that fidelity came up a few times. I've always been particularly interested in the issue of adaptation and fidelity and so that those issues are going to be front and center in reimplementation and sustainability corners.

Yes, I think that a lot of what people are pointing out drift over time with fidelity is one example of the fact that as one of the things you look for in a good evidence-based program is whether or not it has quality assurance features built into the program itself so that people can continue to monitor fidelity, so that they can, you can continue to provide the same consistent program over time. If you're going to change that program because the population you're working with is changing and you're thoughtful and systematic about it as opposed to drift. Drift is the thing that most people are fearful of.

One of the interesting things about this issue is there's an assumption that that the only way that a program is going to be effective is if it's implemented with fidelity. The actual definition of fidelity is not as it seems straightforward, follow the manual, stick with it, but in reality, if you sit down with people who are doing trainings, even if they have a full manual and they're doing trainings for a specific setting, you'll find a surprising amount of freewheeling, the program developer making decisions about what's fidelity and what's not fidelity at any particular moment. They are in effect in their training doing small adaptations while still saying that its fidelity and they get to say it's fidelity because it's their program. That is an interesting problem that I think in the implementation science field they're trying to figure out ways to look at that issue more independently. I'm not sure how that's going to be, how that's going to happen as long as we have a close tie between a program and the person who developed it doing the training, that's always going to be an issue.

Chipper Dean: One thing that I'd like to point out is this: as we develop the learning center into a more robust addition to NREPP, we are convening an expert panel that will include experts in all of these areas, the development of evidence-based programs and practices, implementation science, sustainability of programs and emerging practices, and we will be working with that expert panel to put together materials

in the learning center including hopefully videos and webinars and print material and using many other types of material to provide information in all of those areas.

We want to finish up with, as one final opportunity for you to ask any questions. If we could have the Q&A box moved back over. Hopefully, that's relatively simple. [Pause] If we didn't have any questions or if we have any other general questions that folks have. [Pause] Carter, can you see? Let's see. Somebody shared some information about cost effectiveness and the Washington State Institute for public policy. We appreciate that suggestion. Somebody wanted to know, does NREPP require that developers disclose the number of percentage of people of color that were included in their studies justifying that they are effective for those populations?

Carter Roeber: The answer to that yes, we are required to check off information on the populations that are being served in that process so that I would not describe that as being the same as a program that is culturally informed or culturally competent, I think. So, it's something that you would have to delve more closely with the program developer. There's a limit to how precise we can get. Are we able to see the full set of questions?

Chipper Dean: I think that's it.

Carter Roeber: Okay. Well, on behalf of Chipper and myself and all of SAMHSA, you have our contact information there. You can email me. Don't email Chipper. [Laughter] I'm doing him a favor. [Laughter] We look forward to further opportunities to work with you in this and we want to really thank you on behalf of everybody on the NREPP team for the input you provided to us participating in the polls and providing your questions and answering our questions because this information is very helpful for us.

Chipper Dean: We're going to turn it back over to our colleagues at AIR for a final question. [Pause] Well, folks, it looks like we're having some trouble getting those folks unmuted. If you'd like more information on the National Resource Center for Mental Health Promotion and Youth Violence Prevention, visit our website at healthysafechildren.org. They're also available on Facebook and twitter. Be sure to follow them for the latest news and updates from the National Resource Center on Young Child and Youth Mental Health Promotion and Violence Prevention. You can

also contact them at 866-577-5787 or via email at healthysafechildren@air.org. That's all one word: healthysafechildren@air.org. This concludes today's webinar. I guess we're going to thank Dr. Roeber.

Carter Roeber: Thank you. Thank you, Chipper Dean, Dr. Chipper Dean.

Chipper Dean: Thanks, everyone, for attending. Once they end the meeting, a survey will pop up in your browser asking you for feedback on today's event. They'll also email the link to the survey immediately following the webinar. Thanks and have a good day!

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