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October 3, 2005

Substance Abuse and Mental Health Services Administration
c/o NREPP Notice
1 Choke Cherry Road
Rockville, Maryland 20857

Dear Sir:

This is to respond to the Substance Abuse and Mental Health Services Administration's Request for Comments on the National Registry of Evidence-Based Programs and Practices (NREPP), which appears in the Federal Register, Volume 70, No. 165, dated August 26, 2005.

The Los Angeles County Department of Health Services, Alcohol and Drug Program Administration (ADPA), has prepared the attached comments on the proposed NREPP as it relates to substance abuse programs. The ADPA administers Los Angeles County's alcohol and drug programs through contracts with over 300 community-based agencies that provide a wide array of prevention, intervention, and treatment and recovery services for the County's residents.

If you have any questions or need additional clarification, please contact me at (626) 299-4193.

Very truly yours,

Patrick L. Ogawa, Director
Alcohol and Drug Program Administration

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LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION

COMMENTS ON THE NATIONAL REGISTRY OF
EVIDENCE-BASED PROGRAMS AND PRACTICES (NREPP)
[Federal Register, Volume 70, No. 165, dated August 26, 2005]

The Los Angeles County Department of Health Services, Alcohol and Drug Program Administration (ADPA), supports efforts by the Substance Abuse and Mental Health Administration (SAMHSA) to create a system for connecting research and substance abuse services that applies to treatment, recovery, and prevention services. While we recognize the importance of ensuring quality services and accountability for publicly funded substance abuse programs, the proposed National Registry of Evidence-Based Programs and Practices (NREPP) would make it extremely difficult for most community-based programs to meet the new standards for NREPP designation. This is of particular concern for Los Angeles County's system of care for substance abuse services, which is comprised of a network of small, medium, and large community-based programs providing culturally appropriate, multi-level interventions/approaches that may not be well suited to the evaluation design required under the proposed NREPP, but are essential programmatic elements that are part of successful community-based services standard practices. The NREPP, by focusing solely on quantitative measures and evaluation designs, would likely impede innovation and flexibility by community-based programs to provide alcohol and drug services that effectively address community needs.

The following are our responses to the specific questions posed by SAMHSA:

1. *Is the proposed NREPP system - including the suggested provisions for screening and triage of applications, as well as potential appeals by applicants - likely to accomplish these goals?*

   - To accomplish its goals, SAMHSA must provide extensive outreach to educate both the research and service delivery communities on the NREPP system. Researchers and practitioners, especially those in the addiction and recovery field, are not presently aware of, nor agree on, SAMHSA's proposed plan to expand the existing NREPP for prevention programs to include all SAMHSA domains. Most community-based substance abuse treatment programs are unaware of the proposed NREPP system.

   - SAMHSA must ensure substantial investment of resources for training and technical assistance to assist community-based programs to meet the criteria for acquiring NREPP designation. Most community-based programs do not have the technical tools, staff expertise, or financial resources to prepare applications that would qualify the program for acceptance under the proposed NREPP criteria. For many, data collection capabilities are also problematic.

   - The complexities of the process may discourage some programs with innovative approaches from seeking NREPP status.

   - Emphasis should be placed on the applicability--the required level of implementation and maintenance--of NREPP highly rated programs and interventions. Users would have to test and adjust any new NREPP program or intervention to meet their specific population and other unique needs.

   - Once NREPP status is achieved, does SAMHSA plan to require the program to undergo periodic re-assessment and, if so, what process and frequency will be utilized?

- How will programs with multiple interventions and outcome measures be rated? How would the rating be determined if one meets the criteria and another doesn't. Although lesser points would be awarded when outcomes are unrelated to the intervention expectations, some may have potential for further development and should be recognized.

- The issue of appeals is only discussed under the review process for determining individual-level outcome ratings. Would applications for population-, policy-, and system-level outcome ratings also be subject to a similar appeal process?

2. How might SAMHSA engage interested stakeholders on a periodic basis in helping the agency determine intervention priority areas for review by NREPP?

- Feedback and input on SAMHSA's priority intervention areas should be solicited on at least an annual basis from all stakeholders, including researchers, service providers, and consumers.

- SAMHSA should facilitate the involvement of a broad array of researchers, practitioners, and consumers by convening in-person regional meetings and allowing electronic submission of input by email. These regional meetings should be held in different regions of the country to ensure the inclusiveness of the process for all stakeholders, especially in areas with great diversity.

- SAMHSA should prepare periodic NREPP informational notices to stakeholders on relevant issues, e.g., newsletter, that includes some process for providing feedback and input to SAMHSA. It can also include a link to SAMHSA's website for input concerning the NREPP.

3. How should SAMHSA use statistical significance and measures of effect size in NREPP?

- SAMHSA should establish a range of program categories to promote effective approaches for diverse populations and locations. This would allow for the recognition of innovative approaches for emerging populations and trends that may be too small at this point in time to demonstrate statistically significant results, yet show promise for more extensive studies in a few years. SAMHSA should be careful not to place undue preference only on programs that offer statistically significant results. Studies of innovative approaches and of emerging populations may not have sample sizes large enough to support sophisticated statistical analyses, yet may offer valuable qualitative information on effective approaches.

- Over-emphasizing programs with statistically significant results over those with smaller size, but promising interventions, would stifle local efforts to address the unique needs of small but important subgroups. It would also diminish the flexibility that local programs require to effectively address these needs.

- SAMHSA should consider using alternative approaches for evaluating programs beside those that rely solely on quantitative scientific methods. For example, community-based prevention programs, as well as addiction treatment programs, could be evaluated using qualitative methods such as those used in cultural anthropology.

4 Please comment on SAMHSA's proposal to recognize as effective several categories of interventions.

- SAMHSA's proposal to include several categories of interventions, ranging from high-quality evidence to lower quality evidence, is appropriate; however, the weighted values to be used for rating each category seems confusing.

5. *Please comment on SAMHSA's proposal to incorporate into its website descriptions of interventions information on the extent to which they have been tested with diverse populations and in diverse settings.*

   - SAMHSA should allow the recognition of innovative approaches for emerging populations and trends that may currently be too small to demonstrate statistically significant results, yet show promise.

   - Highlighting the impact of the intervention on specific populations is invaluable for consumers and programs considering services targeted to that population. This will assist NREPP users to determine whether an intervention is appropriate or inappropriate, or lacking, for that population.

6. *Please comment on which approach you believe to be in the best interest of SAMHSA stakeholders - a) have all existing NREPP programs meet the prevailing scientific criteria being proposed, or b) grandfather all existing NREPP programs, with clear communication that they have not been assessed under the new scientific standards.*

   - Existing NREPP programs should be re-reviewed using the proposed criteria so that all programs are rated using the same standards. However, existing programs should be given additional time and assistance in meeting the proposed scientific criteria. Additionally, SAMHSA should indicate that these programs met the earlier NREPP criteria and are undergoing re-review using the new standards.

   - SAMHSA should consider implementing the proposed NREPP as a pilot for the existing NREPP programs only to identify and resolve any unantic ipated implementation and programmatic issues.

7. *What types of guidance, resources, and/or specific technical assistance activities are needed to promote greater adoption of NREPP interventions, and what direct and indirect methods should SAMHSA consider in advancing this goal?*

   - Widespread adoption of NREPP interventions requires acceptance of the review criteria and process by all stakeholders. SAMHSA should implement extensive education, training, and continuing technical assistance for researchers and practitioners on the NREPP system and procedures for acquiring Registry status. These efforts should include extensive information on the SAMHSA website using language that is clear and free of technical jargon; training sessions that are low-cost and offered online and/or regionally on a share-cost basis; and continuing access to technical assistance for practitioners, with in-person onsite, interactive online, and written technical assistance for community based practitioners.

8. *Please comment on how consumer, family, and other nonscientist stakeholders can be involved in NREPP.*

   - Consumers and other stakeholders should be invited to participate in ongoing NREPP workshops. Partnerships can be created with community-based programs to promote outreach to consumers and other interested persons.

9. *What guidance, if any, should SAMHSA provide related to NREPP as a source of evidence-based interventions for use under the agency's substance abuse block grant?*

   - Requiring NREPP designation for programs funded by the SAMHSA block grant should be delayed until widespread training and technical assistance on the processes involved are completed for states, researchers, and community-based providers.

10. *What steps should SAMHSA take to promote consideration of other sources (e.g., clinical expertise, consumer or recipient values) in stakeholders' decisions regarding the selection, delivery and financing of substance abuse prevention and treatment services?*

    - SAMHSA should consider including qualitative criteria and information sources in selecting interventions rather than solely relying on quantitative measures and evaluation designs. Examples of qualitative methods include the use of focus groups, key informant interviews, and observational research. These techniques are often used in scientific anthropological research.

11. *Please comment on SAMHSA's proposal regarding an annual review of suggestions for improving the system.*

    - Continuing quality improvement should be an integral process in the NREPP system. SAMHSA should involve both scientist and nonscientist stakeholders, including community-based practitioners, in the annual system reviews. These stakeholders should be representative of the cultural, racial, and linguistic diversity of the communities served by the programs reviewed.