

SAMHSA's Service to Science Initiative

Announcement

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces a *Call for Nominations* to its Service to Science Initiative. Service to Science is a national initiative dedicated to enhancing the evaluation capacity of innovative programs and practices that aim to prevent substance abuse and related mental and behavioral health problems or the underlying factors associated with increased risk. Implemented by SAMHSA's Center for the Application of Prevention Technologies (CAPT), Service to Science assists local program developers, implementers, and evaluators in applying more rigorous evaluation methodologies to their work. Ultimately, the initiative supports state prevention efforts by increasing the number of local programs that meet evidence-based standards.

In order to participate in Service to Science, programs must be nominated by their Single State Agency (SSA) or National Prevention Network (NPN) representative and **must focus on substance abuse prevention**. We encourage interested programs to contact their SSA or NPN to seek nominations for participation. For more information, contact the CAPT Service to Science lead in your CAPT Service Area (see "SAMHSA's Service to Science Initiative Contact Information" at the end of this document).

The deadline for nominations is July 26, 2013.

The purpose of Service to Science

Over the last decade, SAMHSA has emphasized the use of evidence-based interventions (EBIs) to prevent substance abuse and address critical mental health needs. This emphasis is central to SAMHSA's Strategic Prevention Framework, a five-step planning model based on epidemiological needs assessment, capacity building, planning, implementation, and evaluation. SAMHSA also recognizes that many innovative programs do not have the ability to demonstrate effectiveness, due to factors including a lack of resources or difficulties conceptualizing and designing evaluation. SAMHSA established the Service to Science initiative in 2005 to build evaluation capacity at the local level. The initiative's long-range purpose is two-fold:

- 1. To increase the number and array of effective prevention interventions from which states and communities can select to address substance abuse and related mental and behavioral health problems or the underlying factors associated with increased risk
- 2. To support innovative local interventions seeking to strengthen their capacity to demonstrate and document evidence of effectiveness

The Service to Science approach

Service to Science offers a combination of face-to-face and electronic technical assistance (TA), tailored to meet the unique evaluation needs and readiness of participating programs. Using an intensive, hands-

on approach, experienced evaluation TA providers work one-on-one and in affinity groups with participants, matching their assistance to evolving program needs.

Benefits of participation

Pending the availability of FY2014 funds, selected programs will participate in FY2014 Service to Science training and TA events and, in so doing, may benefit from:

- Access to evaluation experts as well as to others implementing locally developed and innovative prevention programs
- Enhanced and significantly improved program evaluation capacity
- Improved programmatic approaches informed by evaluation findings
- Greater quality of submissions to national, evidence-based program registries, such as SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

In previous years, participants have accomplished the following:

- National Association of State Alcohol and Drug Abuse Directors Exemplary Award recognition
- Application and acceptance to national evidence-based registries, such as SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)
- Professional presentations of program's successes at national conferences
- Publication of reports and journal articles documenting program achievements
- Additional funding leveraged from federal or other sources

Some areas of TA

Through follow-up TA, programs receive various types of assistance from their assigned evaluation TA providers to meet each program's specific needs. Examples of topic areas for TA include:

- Developing logic models that link program goals and objectives to outcomes
- Designing mixed-method data collection procedures
- Identifying, developing, and adapting appropriate evaluation measures and instruments
- Applying procedures to protect the rights of evaluation participants
- · Conducting qualitative and quantitative data analyses
- Hire and working with an evaluator
- Exploring issues of innovation, adaptation, and fidelity
- Understanding criteria for inclusion in SAMHSA's NREPP

Eligibility

Eligible participants include practitioners or local evaluators who represent innovative substance abuse prevention programs interested in demonstrating their program's effectiveness using more rigorous evaluation methods. To be eligible for Service to Science, programs must be:

 Nominated for participation: Programs must be nominated by their SSA or NPN representative (contact information can be found here: http://captus.samhsa.gov/grantees/national-and-regional). Nominated programs must then complete an application.

- Innovative in design or focus: These include *new* services, programs, practices, or policies that are distinguished by their creativity, originality, and utility. Innovative programs *do not include* existing evidence-based programs or combinations of existing evidence-based programs. However, existing evidence-based programs *significantly adapted* for specific population groups or substance abuse problems with which they were not originally tested also qualify as innovative. Programs must also be first-time recipients of Service to Science services.
- **Responsive to local needs:** These are programs that address local substance abuse prevention and related mental health needs (and gaps in service to address those needs), as identified through the application of SAMHSA's Strategic Prevention Framework.
- **Fills gaps in prevention evidence base:** Nominees should be programs that address substance abuse risk and protective factors and/or problems for which few or no evidence-based prevention interventions have been developed. *Examples include, but are not limited to:*
 - Preventing or reducing adverse childhood experiences and related consequences
 - Addressing parental rejection and homelessness among lesbian, gay, bisexual, transgender, and questioning youth
 - o Incorporating cultural practices and traditions into prevention programming
 - Integrating mental health promotion with substance abuse prevention for high-risk populations (e.g., those who have experienced trauma)
 - Preventing prescription drug abuse and misuse
 - Preventing or reducing high-risk or problem drinking among adults (especially those not attending college)
 - Preventing or reducing marijuana misuse and abuse (in light of recent state laws decriminalizing marijuana use in general and for medical purposes)
- Informed by practical experience: These include programs developed with or informed by input from the target population and/or based on practical experience working with the target population in the setting in which the program is delivered. When organizations apply to Service to Science, they must demonstrate that they are rooted in the community they serve.
- Focused on alleviating behavioral health disparities: These are programs that address, via culturally focused or other responsive strategies, the disparities in access, quality, and outcomes of prevention programming for vulnerable populations that historically have been underserved or inappropriately served by the behavioral health system. Examples may include:
 - Specific racial and ethnic groups (i.e., African Americans, American Indians and Alaska Natives, Native Hawaiian and Pacific Islander youth, and Latina youth)
 - Lesbian, gay, bisexual, transgender, and questioning individuals
 - o Individuals with disabilities
 - Women and girls
 - Transition-age youth
 - o Military service members and their families
 - o Individuals who face economic hardship or live in health care workforce shortage areas
- **Committed to evaluation:** Programs must be willing to dedicate the effort and time required to enhancing the rigor of program evaluation. Programs must have a funding level sufficient to operate for at least one year and be ready and eager to build evaluation capacity. Based on our experience, programs that commit time to the Service to Science process are more likely to achieve progress in building their evaluation capacity. To this end, and *pending availability of FY2014 funds*, selected programs are invited to participate in intensive customized TA after

attending a three-part Evaluation Primer Webinar Series and an on-site consultation. Next, programs may request up to 30 hours of TA from our expert evaluation TA providers between December 2013 and July of 2014.

SAMHSA priorities

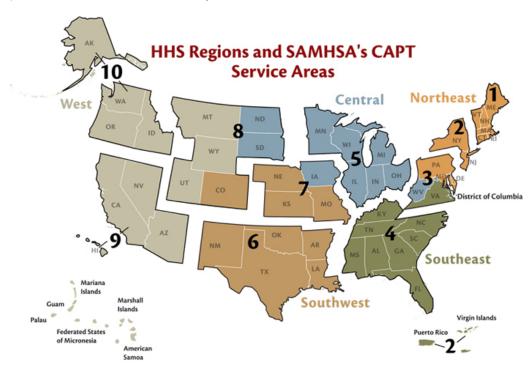
In addition to the above criteria, SAMHSA is interested in programs that address **Goals 1 through 4 of SAMHSA's Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness**:

- 1. With primary prevention as the focus, build *emotional health*, prevent or delay onset of, and mitigate symptoms and complications from *substance abuse* and *mental illness*.
- 2. Prevent or reduce consequences of underage drinking and adult problem drinking.
- 3. Prevent *suicides* and *attempted suicides* among populations at high risk, especially military families; lesbian, gay, bisexual, transgender, and questioning youth, and American Indians and Alaska Natives.
- 4. Reduce prescription drug misuse and abuse.

For more information on SAMHSA's Strategic Initiatives, see: http://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf

SAMHSA's Service to Science Initiative Contact Information

SAMHSA's Service to Science Initiative is implemented by SAMHSA's CAPT. If you have any questions, please do not hesitate to contact your CAPT Service Area's Service to Science lead.



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