

Science to Services Initiative

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What is it?

- Science to Services Initiative
 - A systematic effort to accelerate the process of identifying and translating effective or evidence-based mental health and substance abuse treatment and preventive interventions into widespread practice
 - Involves strengthening and expanding collaborations with NIH to reduce the time lag between the development and broad implementation of new treatments and prevention strategies
 - Initiative is cyclical – Science informing Services and Services informing Science

Rationale

- IOM's "Crossing the Quality Chasm"
 - Average of 17 years for knowledge generated from RCT's to be incorporated into practice
 - Recommendation that HHS establish "a comprehensive program aimed at making scientific evidence more useful and accessible to clinicians and patients"
 - Should involve leaders from private sector at all stages to ensure applicability and acceptability to clinicians and patients

Supporting Activities in MH/SA

- National Treatment Plan
 - Building partnerships to translate research into practice
- National Prevention Congress
 - Goals included implementation of effective, research-based programs across all aspects of prevention programming
- Surgeon General's Mental Health Report
 - Courses of action include: continuing to build science base and delivering “state-of-the-art” treatments
- NIMH's Advisory Council Reports
 - Bridging Science and Service (1999)
 - Translating Behavioral Science into Action (2002)

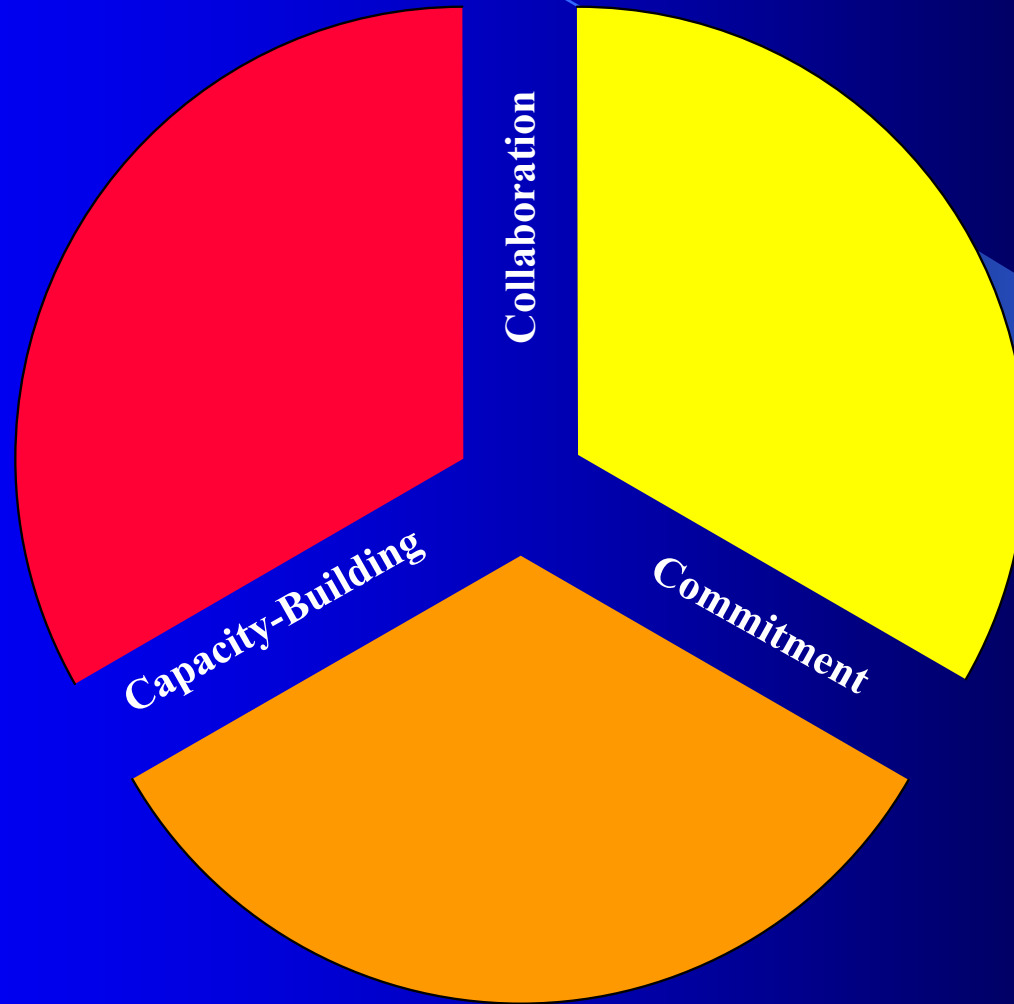
SAMHSA's Commitment

- *Promoting Vision* - A Life in the Community for Everyone
- *Achieving Mission* - Building Resilience and Facilitating Recovery
- *Facilitating Vehicle* – Science to Services Initiative

Science to Services is a Cycle

- Consists of “phases” and “supports”
- Supports strengthen connections between phases
 - *Collaboration* – A willingness to work with each other,
 - *Commitment* - and continue to do so, even when things get tough,
 - *Capacity-Building* - to expand and improve the quality of treatment and prevention services to those in need.

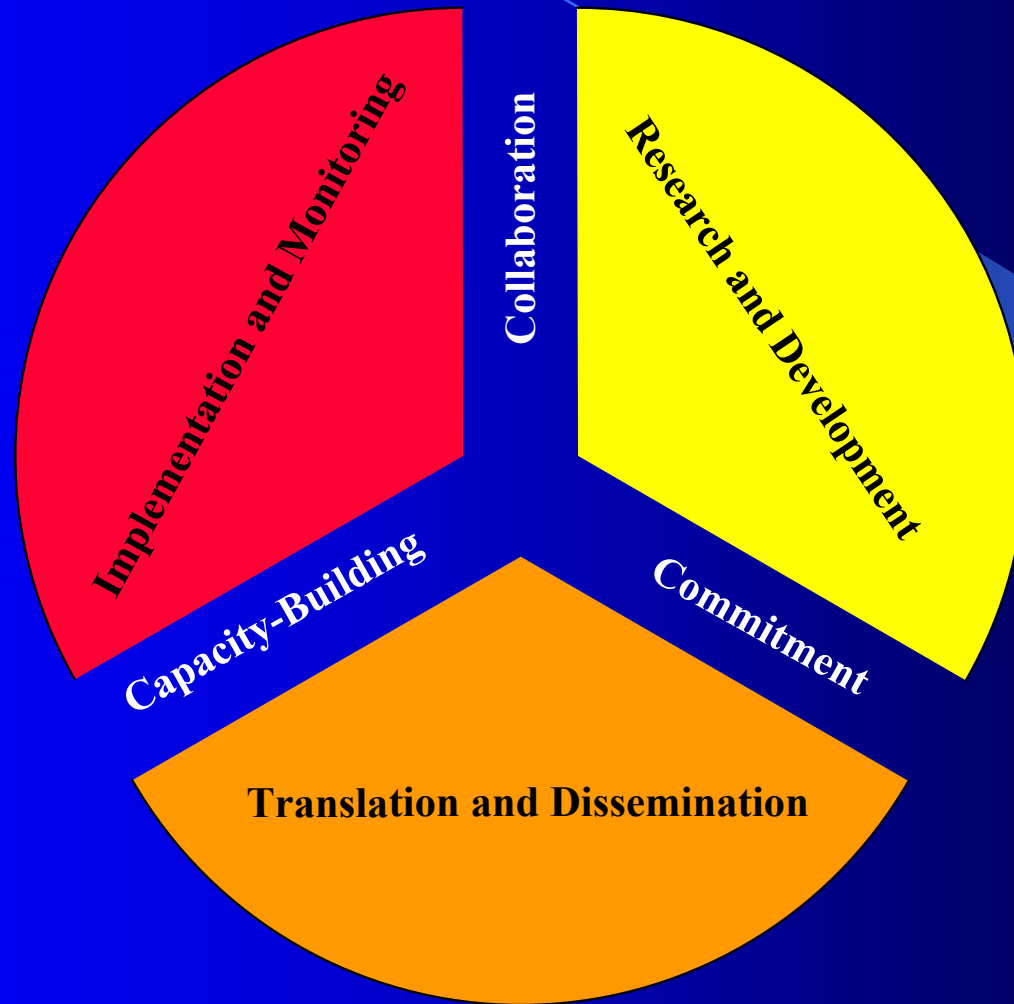
Science to Services Cycle



Phases in the Cycle

- As conceptualized, three phases reflect the movement of scientific knowledge into actual clinical practice
 - Research & Development – NIH lead
 - Translation & Dissemination – shared lead
 - Implementation & Monitoring – SAMHSA lead

Science to Services Cycle



Research & Development

- Identify research gaps
 - NIAAA April 2002 conference “Research Priorities Suggested by Providers”
 - NIMH February 2002 conference (with NASMHPD) “What Do We Know About Implementing Evidence-Based Practices, and Where Can We Go From Here?”
 - NIDA April 2003 meeting “What Do Schools Really Think About Prevention Research”

Research & Development (cont)

- Set research agenda
 - NIDA RFA-DA-03-003 on “Improving Behavioral Health Services and Treatment on Adolescent Drug Abuse” (priority given to research in CSAT-funded projects)
 - NIMH RFA-MH-03-007 on “State Implementation of Evidence-Based Practices – Bridging Science and Service” (funded jointly by NIMH and CMHS)

Research & Development (cont)

- Set research agenda (cont)
 - NIAAA PA-03-088 on “Treatment of Adolescents With Alcohol Use Disorders” (evolved from NIAAA/CSAT RFA on adolescent alcohol treatments in 1998)
 - NIDA PA-03-011 on “Services Research in the National Drug Abuse Clinical Trials Network”
 - NIMH PA-02-131 on “Dissemination and Implementation Research in Mental Health”
 - NIMH/NIDA PA-00-135 on “Effectiveness, Practice, & Implementation in CMHS’ Children’s Service Sites”
 - NIAAA/NIDA/NIMH PA-02-150 on “Services and Intervention Research with Homeless Persons Having Alcohol, Drug Abuse or Mental Disorders”

Research & Development (cont)

- Conduct research
 - Integrating Evidence and Practice of Youth Psychotherapy (NIMH, A. Garland - PI)
 - Patterns and Outcomes of Care for Medicaid Mentally Ill (NIMH, D. Steinwachs - PI)
 - Early Family-Centered Prevention of Drug Use Risk (NIDA, T. Dishion – PI)
 - Emergency Physician Brief Interventions for Alcohol (NIAAA, G. D’Onofrio – PI)
 - Criminal Justice Drug Abuse Treatment Study (CJ-DATS) – jointly funded by NIDA, NIAAA, SAMHSA, CDC, Bureau of Prisons, Office of Justice Programs and Office of Drug Courts

Translation & Dissemination

- Expand registry of effective programs
 - National Registry of Effective Programs (NREP) will become “SAMHSA-wide”
 - Inclusion of priority programs from management matrix (e.g., co-occurring disorders, homelessness, aging, HIV/AIDS)
 - Solicitation of NREP candidates from NIH (e.g. “lists” of evidence-based practices)
 - NREP as cornerstone of other activities - Science Academies, potential links to Service to Science grants to build evidence-base

Translation & Dissemination (cont)

- Develop materials and transfer strategies
 - Treatment Improvement Protocols - TIPs (CSAT)
 - Evidence-Based Practice “Toolkits” (CMHS)
 - Model Program Dissemination Initiative (CSAP)
 - Joint NIMH/CMHS effective practices statements
 - NIAAA/CSAT translation and dissemination of treatment research on adolescent alcohol & drug abuse (follow-up to joint RFA)
 - NIDA Town Meetings and Blending Conferences
 - *NIDA Notes* and *Science and Practice Perspectives*
 - NIMH Constituency Outreach and Education Program
 - NIMH and NIAAA National Screening Days

Translation & Dissemination (cont)

- Promote dissemination systems
 - Addiction Technology Transfer Centers (CSAT with recent NIDA support for dissemination of research from Clinical Trials Network)
 - Centers for Application of Prevention Technology (CAPT)
 - Technical Assistance Centers (CMHS)

Implementation & Monitoring

- Support state/community infrastructure development
 - Infrastructure grants – (e.g., State Incentive Grants or SIGs) increase capacity to implement, sustain, and improve effective services
 - Services grants – (e.g., Targeted Capacity Expansion grants) funding priority for use of evidence-based programs
 - Efforts to promote state and community readiness (e.g., NIMH/CMHS RFA on state implementation of evidence-based practices)

Implementation & Monitoring (cont)

- Promote performance monitoring systems
 - Performance Partnership Grants
 - Prevention Program Outcome Monitoring System (PPOMS – CSAP)
 - Mental Health Statistics Improvement Program and Decision Support 2000+ (CMHS)
- Assess impact of fidelity and adaptation on outcomes
 - Local Best Practice Support grants – promote local implementation of sustainable best practices
 - Service to Science grants – develop new best practices and inform service to science

Engaging other partners in the cycle

- Promote adoption of MH/SA evidence-based interventions within other HHS programs (e.g., Medicaid, Community Health Centers, etc.)
- Encourage use of materials and dissemination systems by other Federal departments (e.g., HUD, Justice, Education, Labor, etc.)
- Collaborate with and support states and communities in advancing model programs
- Enhance involvement of consumers & providers
 - identifying promising programs and service gaps
 - training providers in application of evidence-based programs

In conclusion

“Whether you think that you can, or that you can’t, you are usually right.” Henry Ford

“The future is here. It’s just not widely distributed yet.” William Gibson