

SAMHSA's Service to Science Starter

This guide is for new and potential Service to Science participants, Single State Agency /National Prevention Network representatives, and other stakeholders interested in learning more about SAMHSA's Service to Science Initiative. The guide is organized around a list of questions and answers frequently asked about this initiative. If you have any further questions, please do not hesitate to ask!

General Information

What is SAMHSA's Service to Science Initiative?

Service to Science is a national initiative for locally-developed and innovative prevention programs interested in demonstrating more credible evidence of effectiveness. Established in 2005 by the Substance Abuse and Mental Health Services Administration (SAMHSA), the initiative's long-range purpose is twofold:

- 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; and
- 2) to support innovative local interventions seeking to strengthen their capacity to demonstrate and document evidence of effectiveness.

Service to Science consists of a combination of training events, customized technical assistance, and financial incentives for evaluation capacity enhancement. Each year, Single State Agencies and/or National Prevention Network representatives nominate a new cohort of participating programs. Pending availability of funds, these programs then participate in regional training and technical assistance events (or academies) and receive follow-up technical assistance tailored to meet their individual evaluation needs. Participating programs also have the opportunity to compete for a one-year subcontract of up to \$30,000 to be used to enhance their evaluation capacity (more on this below). The mini-subcontract competition and awards also are dependent on the availability of funds.

Who implements the Service to Science Initiative?

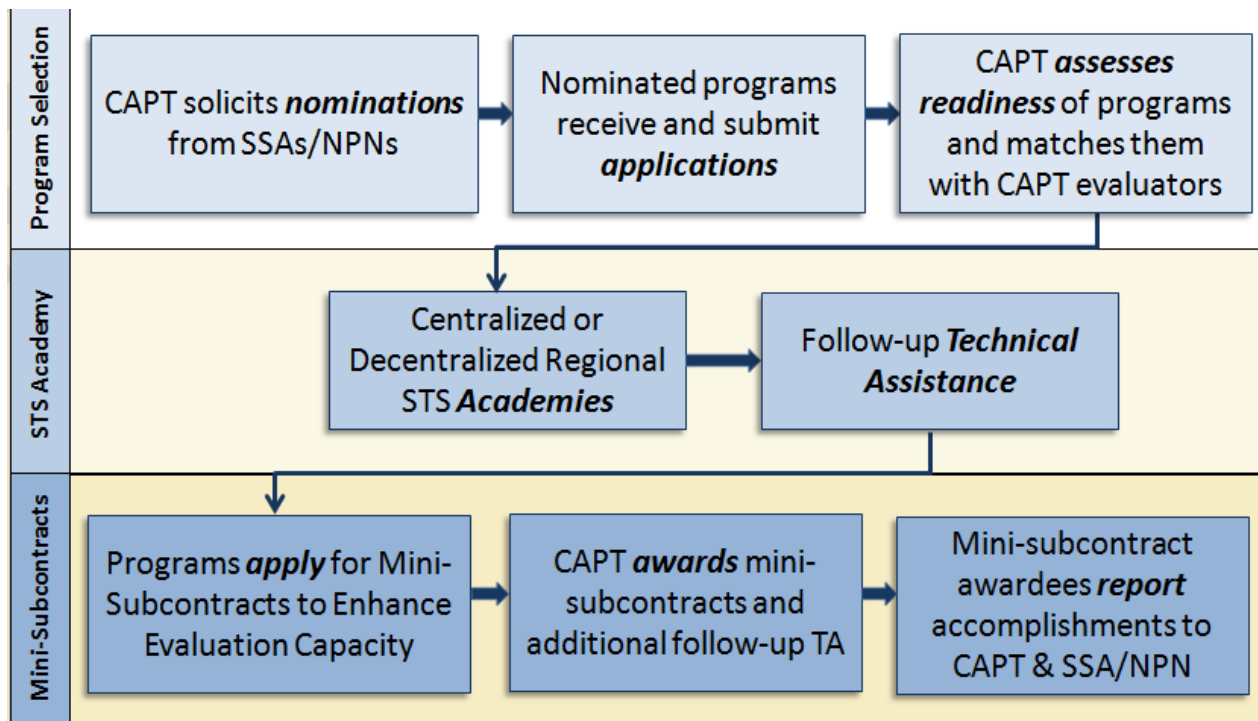
Service to Science is implemented by SAMHSA's Center for the Application of Prevention Technologies (CAPT). SAMHSA's CAPT provides training and technical assistance to states, tribes, jurisdictions, and communities across the United States to prevent and reduce substance abuse and related mental, emotional, and behavioral health problems across the lifespan. Service to Science academies are offered by the CAPT's five resource teams (RTs), located in each of the CAPT's five service areas (see last page for map depicting these areas).

Nomination and Application Process

Who nominates programs for participation in Service to Science?

State Alcohol and Drug Agencies/Single State Agencies (SSAs) or National Prevention Network (NPNs) representatives nominate programs for participation in Service to Science. Each year, SAMHSA asks each state to

nominate up to five programs to participate in the initiative. Programs interested in applying should contact their state's SSA or NPN and ask to be considered for nomination. Programs may contact the appropriate CAPT Service to Science Lead in their service area, whose contact information is provided at the end of this guide.



What kinds of programs are eligible for participation?

Locally-developed programs eligible for Service to Science are innovative, responsive, practice-based, mindful, and committed.

- Innovative:** Innovative interventions represent *new* services, practices, policies or programs 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 (e.g., defined by gender, age, race and/or ethnicity) or to address substance abuse problems with which they were not originally tested do qualify as innovative.
- Responsive:** Responsive programs address local substance abuse prevention and related mental health needs, as well as gaps in service to address those needs, as identified through the application of SAMHSA's Strategic Prevention Framework—a five-step planning model based on epidemiological assessment, capacity building, planning, implementation and evaluation.
- Practice-based:** Practice-based innovations are based on staff work or experience in the field; that is, 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. Indeed, when local organizations apply to Service to Science, they are asked to demonstrate that they are rooted in the community they serve.

- **Mindful:** 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.
- **Committed:** Programs participating in Service to Science are expected to commit considerable time and effort to improving their 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 FY 2013 funds**, selected programs are invited to participate in intensive customized technical assistance (TA) either through a two-day regional centralized academy or a two-day onsite consultation. Next, programs may request up to 30 hours of TA from our expert Evaluation TA Providers between December 2012 and July of 2013.

SAMHSA Priorities

In addition to the above criteria, SAMHSA is interested in programs that address **SAMHSA Strategic Initiative (SSI)**

#1: Prevention of Substance Abuse and Mental Illness, Goals 1 – 4. These goals include the following:

- 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*.
- Prevent or reduce consequences of *underage drinking* and *adult problem drinking*.
- 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.
- Reduce *prescription drug misuse* and *abuse*.

For more information on the SAMHSA Strategic Initiatives, go to: <http://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf>.

SAMHSA is especially interested in **innovative prevention programs targeting populations disproportionately affected by substance abuse, or by substance abuse associated with trauma and mental health problems, and for whom few established prevention interventions have been developed.** These populations include, but are not limited to, specific racial and ethnic groups (i.e., African Americans, American Indian/Alaskan Native, Native Hawaiian and Pacific Islander youth, and Latina youth); lesbian, gay, bisexual, transgender and questioning individuals; people with disabilities; women and girls; transition-age youth; military families; and persons who face economic hardship or live in health care workforce shortage areas.

Programs considered **ineligible** are those that have participated in a previous Service to Science Academy; or lack funding level sufficient to operate for at least one year.

How can programs apply to participate in Service to Science?

Programs nominated for participation will be asked to complete a Service to Science application. The application includes two parts: (1) a short form to collect contact and program information; and (2) a narrative section that asks applicants to provide the following information on which they will be scored (with the exception of their program evaluation plan):

- **Program Rationale:** A description of the general problem(s) the program addresses; factors that contribute to the problem(s) as well as its consequences; how the program addresses contributing factors or consequences identified; gaps in services and programming for the identified problem(s); and the program's anticipated substance abuse, and other relevant, outcomes.

- **Core Program Elements:** The program’s essential approach, strategies, methods, products or practices delivered, as well as when, where, why, and to whom these elements are delivered.
- **Program Innovativeness:** A description of how the program represents a new service, approach, practice, or policy that has not been implemented by others in the field; how it was developed based on work or experience in the field; how it is distinguished from others by its creativity; how it is distinguished from others in terms of its originality; and how it is distinguished from others in terms of its utility or feasibility of implementation. Alternatively, if the program is an adaptation of an existing evidence-based program for a specific population group or substance abuse or related behavioral or mental health problem, how it is new or has not been tried by others in the field; how it was developed based on work or experience in the field; how it is suitable to the target population; and the degree to which it is feasible to implement.
- **Program Management:** A description of how the program is implemented (i.e., organization capacity) and who is responsible for implementation.
- **Program Evaluation Plan:** An overarching description of how evaluation has been conducted in the past or how the organization plans to conduct evaluation. (This section is for information purposes only and will not be scored).
- **Service to Science TA Plan:** A description of how the program plans to use the evaluation technical assistance (TA) available through Service to Science to strengthen its evaluation capacity.

Programs should submit their completed application to SAMHSA’s CAPT. (Guidance on submission is provided in the Service to Science Application.) The CAPT will review all the applications it receives and select participants based on how well their application scores. Approximately one month after submitting their applications, programs will receive notification of their status—accepted or not accepted. Accepted applicants will also receive contact information for the Evaluation TA Provider(s) assigned to work with them, as well as their academy assignment (see information below).

Working with Evaluation Technical Assistance Providers

Who provides the technical assistance?

Each program participating in Service to Science is assigned one or two technical assistance (TA) providers—depending on whether the program is participating in a centralized or decentralized academy (see below). These evaluation experts will work with program representatives throughout the Service to Science process, starting with pre-academy assessment (e.g., application review, pre-academy questions) and through to the end of the follow-up TA period. (If the program is awarded a subcontract, TA providers will provide additional assistance to carry out the activities proposed for the subcontract. See below for more information on the SAMHSA Service to Science subcontracts.) TA providers are matched to programs based on program needs, TA providers’ areas of expertise, geographic considerations, and availability.

Centralized vs. Decentralized Academies

What is the difference between centralized and decentralized academies?

Every year, and pending availability of fiscal year funds, SAMHSA offers one centralized academy in each of the CAPT service areas, as well as a number of decentralized academies, or onsite consultations.

- The **centralized academies** are for programs in the beginning stages of evaluation planning. They bring programs together in a centralized location for a two-day event that offers trainings on evaluation-related topics, and opportunities for customized TA and group sharing. Programs participating in the centralized academy are assigned to one TA Provider who works with the program throughout the Service to Science process.
- The **decentralized academies** are geared toward programs in more advanced stages of evaluation planning. They consist of up to two-day-long, onsite consultations at the program's desired location, attended by two TA providers and as many program representatives as deemed appropriate (typically up to five).

Who decides whether a program should attend a centralized or decentralized academy? When is this decision made?

SAMHSA's CAPT makes this decision when program applications are reviewed. Once a program is accepted to Service to Science, it is immediately assigned to one of the two academy approaches. Programs are notified of academy placement in their acceptance letter.

Centralized Academy

When and where does the academy take place?

For FY2013, the academy will take place sometime between November 2012 and February 2013 **pending availability of FY2013 funds**. The appropriate CAPT Resource Team Service to Science Lead (see page 12) will notify you of where the academy will be located and will arrange for travel and lodging for participating programs.

Who should attend the academy and who pays for these individuals to attend?

SAMHSA's CAPT will pay all travel-related costs for up to three program representatives to attend the academy. It is up to the program to choose which three people to send. We recommend that the program representatives responsible for developing the program, implementing the program, and/or evaluating the program attend the academy. **Single State Agency and/or National Prevention Network representatives who nominated programs for participation in Service to Science are not required to attend the centralized academy in their region; however, we encourage them to do so.**

What happens at the academy?

During the two days of the academy, participants will learn about the Service to Science process, meet with their TA providers, and have opportunities to share with each other their successes and challenges. Specifically, programs will participate in seminars led by evaluation experts that address the following questions: What is Service to Science? How can I show that my program will produce expected outcomes using a logic model? How can I develop and implement a more rigorous evaluation plan informed by this logic model? How will I know that my program is evidence-based? After completing these seminars, program representatives will meet individually with their assigned TA provider, receive customized advice and guidance, and begin developing an action plan to guide follow-up assistance after the academy.

What materials should programs bring to the academy?

TA Providers will bring to the academy all the materials programs submitted as part of their applications. Program representatives should feel free to bring to the academy any additional materials they think would be helpful (they can also send these to their TA Provider prior to the academy). These might include:

- logic model
- description of the program’s evaluation design
- instruments (surveys, interview questions, focus group protocols, etc.)
- evaluation results
- evaluation reports

What kind of help can programs expect to receive at the academy?

At the academy, program representatives will spend six to eight hours with their TA provider. During this time, programs will discuss their evaluation-related needs, begin receiving customized TA related to building evaluation capacity (e.g., revising or developing logics models, identifying measures, designing data collection procedures), and work together to develop an action plan to be carried out over the course of participation in the initiative (that is, through October 2013), and focused on improving the program’s evaluation process.

Decentralized Academies (Onsite Consultations)

When and where do onsite consultations take place?

TA providers and program representatives collaborate to determine the date and location of the onsite consultation. Soon after program acceptance to Service to Science, one of the program’s assigned TA providers will contact the program to schedule the consultation. **Pending availability of FY2013 funds**, consultations should take place between November 2012 and February 2013. Site visits usually last between eight and sixteen hours (over the course of two days)—depending on need and readiness to address evaluation issues.

Who should attend the onsite consultations?

In addition to the two TA Providers, up to six program representatives can attend the onsite consultation. It is up to each program to determine who these program representatives might be. We recommend that they include the person or people who developed the program, the person or people who are responsible for implementing the program, and the person or people who are responsible for evaluating the program. **Single State Agency and/or National Prevention Network representatives who nominated programs for participation in Service to Science are also encouraged to attend the onsite consultations in their states, jurisdictions, or territories; however, they are not required to do so.**

What happens at the onsite consultation?

During the consultation, the program’s TA providers visit the program’s home organization and meet with program representatives and stakeholders. The purpose of the visit is to identify key areas of program need, answer questions about the current status of program evaluation plans, and provide targeted TA to address specific evaluation concerns or issues. Three overarching questions typically guide the discussion:

1. **Is the need for the program apparent and clearly stated?** Do program personnel make a case that the program is needed based on research evidence or existing explanatory theories?

2. **Are program components and mechanisms clearly explained?** Can program personnel explain why the various components of the program were chosen and implemented, and how these components are likely to abate the problem(s) or bolster the asset(s) the program is meant to address? Is the program described in such a way that someone else could obtain the same results?
3. **How do we know the program works?** Can the program explain what would have happened to subjects in the absence of the program? Does the program account for the anticipated change in outcomes of interest or is it possible that some other factors might account for the change? Consider, for example, the reliability and validity of measures, bias introduced through attrition or selection into the program or comparison condition, appropriateness of analytical strategies, and the ability to account for potential confounders.

At the end of the onsite consultation, TA Providers will prepare an action plan that summarizes key highlights from the meeting and identifies follow-up action steps agreed to by all attendees.

How can programs prepare for the onsite consultation?

TA Providers will have all the materials programs submitted as part of their applications. However, program representatives should feel free to bring to the consultation any additional materials they think would be helpful (they can also send these to their TA Provider prior to the meeting). These might include:

- logic model
- description of the program's evaluation design
- instruments (surveys, interview questions, focus group protocols, etc.)
- evaluation results
- evaluation reports

Will the consultation follow a set agenda?

TA Providers will work with program representatives before the onsite consultation to develop an agenda that will guide the meeting discussion. These agendas typically include:

- Introductions
- The purpose of the Service to Science Initiative and the onsite consultation
- Different paths for obtaining evidence-based recognition
- Program implementation
- Program rationale
- Program's evaluation strengths and challenges
- Action steps that emerged from discussion

After the Academy

Will there be any technical assistance available *after* the academies?

After the academies, programs are entitled to up to 30 hours of *follow-up* TA (regardless of whether they participate in a centralized or decentralized academy). During the academies, programs will work with their TA providers to develop an action plan that will guide the follow-up TA they will receive. Follow-up TA is a key element of the Service to Science process and is meant to continue the learning community experience after the academies. Therefore, programs are encouraged to take advantage of the continued TA offered to them.

Programs can access follow-up TA as soon as the academy is over and until **October 31, 2013**.

What do programs need to do to receive follow-up TA?

To receive follow-up TA, programs can contact their assigned TA Providers directly. If program representatives have any questions or concerns about follow-up TA, they also should feel free to contact their Service to Science Lead (see contact information below). In addition, TA providers will contact their assigned programs at fairly regular intervals to assess program progress on or desire to address items in their action plans.

What type of help does Service to Science provide?

Through follow-up TA, programs receive various types of assistance from their TA providers to meet each program's specific needs. Some examples of TA include consultation from TA providers on how to:

- articulate the rationale or theory of change of the program
- design a program evaluation plan
- develop or identify existing measures of outcomes of interest
- analyze data collected for evaluation purposes

What type of help does Service to Science not provide?

Although Service to Science TA providers are prepared to help with program evaluation, they do not actually conduct program evaluations or prepare materials as part of the evaluation process. For example, they do not collect program data, summarize evaluation results, or prepare evaluation reports. They *are able* to review and comment on materials, instruments or reports.

Will the results of STS participants' TA be reported to anyone?

TA providers report on the types of follow-up TA they provide to their assigned programs. This information is shared with the nominating entity (SSA or NPN) to provide them with information about program progress. In addition, CAPT evaluators will contact program participants approximately 15 months after selection into Service to Science and ask about the progress of their evaluation capacity building efforts. However, SAMHSA will **not** ask for participant data collected as part of evaluation efforts.

The Service to Science “Subcontracts”

What are these subcontracts referred to above?

Pending the availability of funds, the mini-subcontracts are funding opportunities offered by the CAPT, on behalf of SAMHSA, to Service to Science participants at the end of the Service to Science process. The purpose of the mini-subcontracts is to provide financial support to Service to Science participants to increase their evaluation capacity.

Who is eligible to apply?

On behalf of SAMHSA, the CAPT will accept proposals submitted in response to a Request for Proposals (RFP) for the 2014 mini-subcontract funding period in 2013 **pending availability of FY2013 funds**. Participants can only apply once, and only during the year they participate in the initiative (e.g., programs participating in the STS Initiative in 2013 will only be able to submit proposals in response to the RFP to be released in 2013). Proposals submitted after the deadline specified in the RFP will not be accepted.

How many subcontracts are available?

Pending availability of funds, SAMHSA's CAPT will award approximately 25 mini-subcontracts to programs participating in the Service to Science academy. Five of these subcontracts will be set aside for Pacific-jurisdiction-nominated programs and another five for programs nominated by SAMHSA's Native American Center for Excellence.

How do I apply for a subcontract?

SAMHSA's CAPT will send a pre-solicitation notice to all Service to Science participants approximately two weeks before the Request for Proposals (RFP) for *Building Evaluation Capacity for Evidence-based Interventions* is released. **That pre-solicitation will, most likely, be sent to you in June 2013. The RFP will be sent to you in July.** Programs will have about 30 days to complete their proposals. All proposals will be reviewed and scored by a panel of experts. Awards will be announced approximately two months after they are submitted.

How much funding do the mini-subcontracts provide?

Pending availability of funds, programs will be able to request up to \$30,000 for a full-year.

What kind of assistance can programs get to develop their proposals?

Service to Science TA providers cannot directly help programs prepare their mini-subcontract proposals. However, program representatives *can* use the assistance received from TA providers to inform the content of their proposals. For example, if TA providers helped a program design an evaluation plan, the program can describe this evaluation plan in its proposal.

What kind of assistance can a program get if it is awarded a subcontract?

Programs awarded mini-subcontracts receive an additional 10 hours of follow-up TA by their TA providers—likely the same TA providers that programs worked with previously during the academy and follow-up TA phases.

How long does the funding last?

Subcontract funding lasts for one year.

If a program doesn't apply this year, can it apply next year?

No, programs are only able to apply during the same year they participate in Service to Science.

What kind of reporting requirements go along with the subcontract?

SAMHSA's CAPT will ask mini-subcontract recipients to submit two reports: one half-way through the funding year and one at the end of the funding year. Mini-subcontract recipients will be asked to report on the progress they are making implementing the evaluation plan they outlined in their proposals. **Mini-subcontract recipients will not be asked to provide data collected as part of their evaluation efforts!**

For more information about the subcontract, contact:

Kim Dash

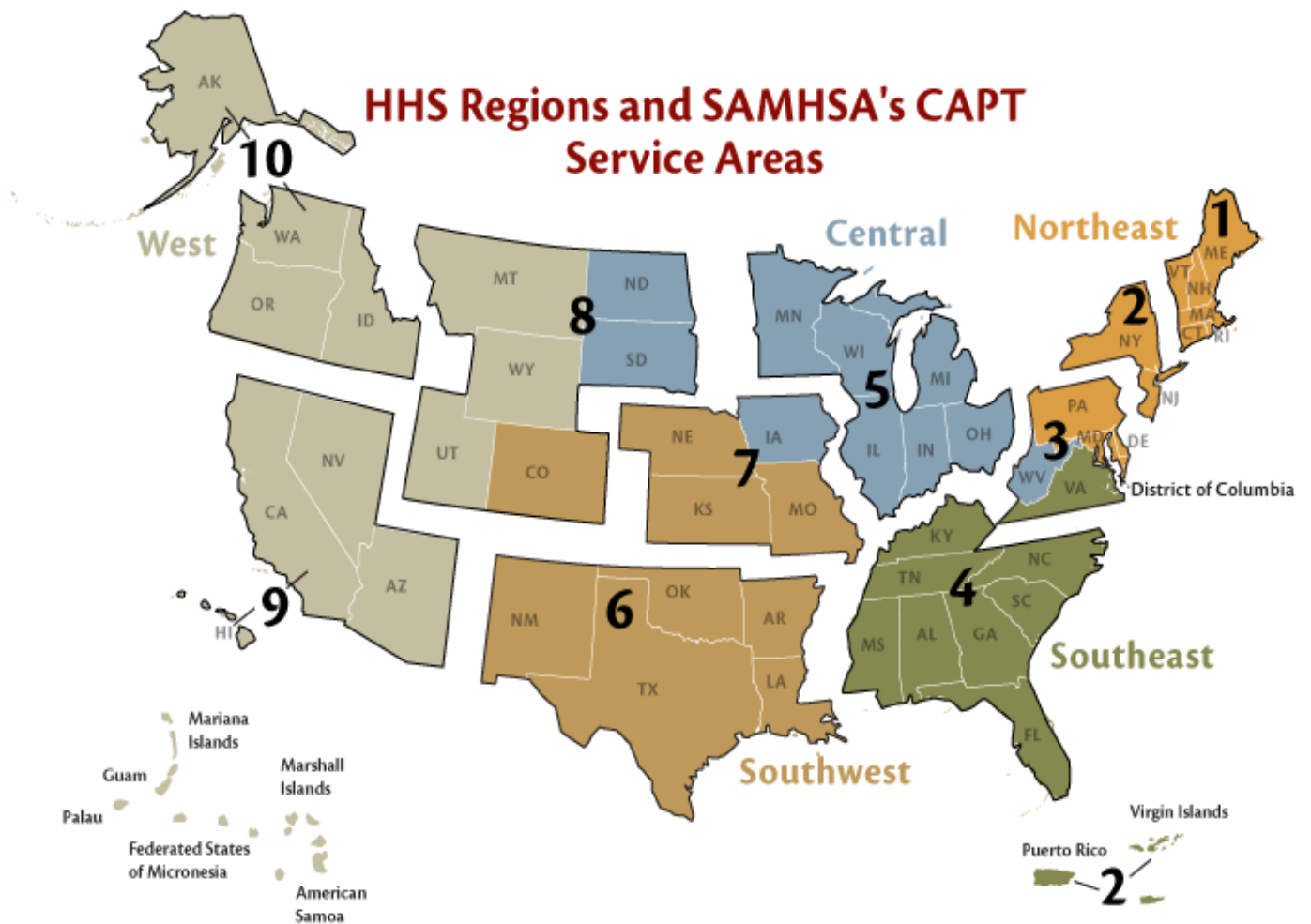
Chief, Service to Science Initiative
SAMHSA's Center for the Application of Prevention Technologies
Phone: 617.618.2425
Email: kdash@edc.org

Matt Biewener

Service to Science Subcontract Administrator
SAMHSA's Center for the Application of Prevention Technologies
Phone: 617-618-2328
Email: mbiewener@edc.org

Contact Information

For information about Service to Science, please contact the Service to Science Lead in your CAPT service area:



U.S. Department of Health and Human Services (HHS) Regions: 1–10

CAPT Service Areas: ■ Northeast ■ Southeast ■ Southwest ■ Central ■ West

Contact Information, continued

National

Kim Dash

Chief, Service to Science Initiative

SAMHSA's Center for the Application of Prevention Technologies

Phone: 617.618.2425

E-mail: kdash@edc.org

Central

Tehout Selameab

Service to Science Lead

SAMHSA's CAPT Central Resource Team

Phone: 763.232.7237

E-mail: tselameab@edc.org

Northeast

Shai Fuxman

Service to Science Lead

SAMHSA's CAPT Northeast Resource Team

Phone: 617.618.2406

E-mail: sfuxman@edc.org

Southeast

Donna Dent

Service to Science Lead

SAMHSA's CAPT Southeast Resource Team

Phone: 678.954.5822

E-mail: ddent@edc.org

Southwest

Kathleen Gary

Service to Science Lead

SAMHSA's CAPT Southwest Resource Team

Phone: 405.826.5648

E-mail: kgary@ou.edu

West

Eric Ohlson

Service to Science Lead

SAMHSA's CAPT West Resource Team

Phone: 775.682.8562

E-mail: eohlson@casat.org