

DEFINITIONS OF LEVELS OF EVIDENCE-BASED PRACTICES FOR BEHAVIORAL HEALTH SERVICES

The Evidence-based Practices Workgroup of the Governor's Council on Behavioral Health's Prevention Advisory Committee has identified three levels of evidence-based practices, policies or programs (EBPs) available for use by behavioral health care providers. Consultation with the developer or an evaluator or someone with advanced training in research and evaluation should be sought whenever an evidence-based practice is proposed for implementation or adaptation. Each level is defined below.

Level 1 – EVIDENCE-BASED PRACTICES FROM FEDERAL REGISTRIES

Definition: Registries are lists of approved or sanctioned practices, policies or programs generated by an agency, entity or organization with expertise in identifying best practices. Registries contain the following information that allows practitioners/implementers to judge the fit of the practices to their needs by providing descriptions of the following:

- The underlying research and theory of change supporting the EBP
- Consistency between the population targeted by the EBP and the population to which it would be delivered
- The outcome(s) sought and research limitations, and
- Guidelines or resources for implementation and support for fidelity.

The Evidence-based Practices Workgroup adopted the definitions and registries listed in *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*.ⁱ The registries listed in this 2009 document included: OJJDP Model Programs Guide, Exemplary and Promising, Safe, Disciplined and Drug-Free Schools Programs, Guide to Clinical Preventive Services, and Guide to Community Preventive Services.

The following **additional registries** as potential sources of evidence-based practices, policies and programs for behavioral health, beyond those already listed in the above referenced guidance document: Collaborative for Academic, Social and Emotional Learning, Suicide Prevention Research Center, Blueprints, Guide to Clinical Practice, Patient Centered Outcome Research Initiative, Athena Forum, Find Youth.gov and Coalition for Evidence-based Practices.

Level 2 – EVIDENCE-BASED PRACTICES FROM PEER REVIEWED JOURNALS/EMPIRICAL RESEARCH

Definition: Peer reviewed journals are official publications of a professional association. Peer reviewed literature can include a single research article or summaries of a body of research or literature. Peer reviewed journals are usually widely available through research engines

associated with or used by research and academic institutions including but not limited to National Institutes of Health, and ClinicalTrials.gov. Peer reviewed journals typically have the following attributes:

- Criteria that defines the types of articles accepted
- Systematic guidelines on authorship and format
- Named editors or editorial board
- Significant reach to the associated profession

The following elements should be in place for consideration as an evidence-based practice derived from the peer reviewed literature:

1. The practice is informed by research about outcomes related to the target population, shared behavioral health risk or protective factor, or identified behavioral health risk or protective factor.
2. The practice must be informed by a clearly articulated theory of change or conceptual model.
3. The practice must contain sufficient information to identify core components of the practice or intervention.
4. The journal article should describe data collection and evaluation procedures associated with the practice.
5. The journal article describes the outcome evaluation, core components of the practice and any implementation requirements.

(See pages 16-17 SAMSHA/CSAP Identifying and Selecting Evidence-based Interventions).

Level 3 – OTHER EVIDENCE OF EFFECTIVENESS / INNOVATION

Definition: Practices or interventions not currently found in a registry or in the peer reviewed journals that have other evidence of effectiveness or are innovative. These practices may come from a related field, locally developed intervention, or presentations on emerging practices or innovations delivered at national meetings or conferences.

To be considered as being an innovative evidence-based practice or evidence-based practice based on other evidence of effectiveness, the following criteria must be met:

1. The practice is informed by recognized behavioral change theory and best practice.

2. The practice has demonstrated effectiveness within another discipline to address the condition, problem or risk or protective factor for which it was originally designed.
3. The practice addresses the behavioral health condition targeted by changing a shared risk or protective factor, intervening variable, community condition or problem behavior.
4. The practice is developmentally appropriate for the target population with which it would be implemented.
5. The practice is culturally appropriate to the setting in which it would be implemented and was developed in consultation with the target population for whom it was designed.
6. Documentation is available and defines core components of the practice/intervention in a way that would permit replication of it.

(See pages 18-19 SAMSHA / CSAP Identifying and Selecting Evidence-based Interventions).

ⁱ Center for Substance Abuse Prevention. *Identifying and Selecting Evidence Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant*. HHS Pub. No (SMA) 09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.