

To Whom It May Concern:

Re: Application to be Deemed Evidence-Based

From: The Evidence-Based Practices Workgroup, a subcommittee of the Prevention Advisory Council-Workgroup of the Governor's Council on Behavioral Health

Thank you for your interest in having your program evaluated as an evidence-based practice by the Rhode Island Evidence-Based Practices Workgroup (RI EBPW). The goal of the RI EBPW is to provide guidance to the Prevention Advisory Committee of the Governor's Council on Behavioral Healthcare on the use of evidence-based practice in the delivery of behavioral healthcare services within the state.

An evidence-based practice (EBP) is one that is based in research and shows effectiveness under a particular set of circumstances. The term "practice" is synonymous with "program, intervention or strategy" in this context. The type of evidence and the relative strength of the evidence may differ based on the fidelity to the practice, culture, context and population targeted. Even though a proposed practice has been implemented in another setting or with a different population, it should not be assumed to be evidence based in all contexts.

Please fill out the enclosed application and submit your completed application via email to [bhddh.ebpw@bhddh.ri.gov](mailto:bhddh.ebpw@bhddh.ri.gov).

Your submitted application will be reviewed by a staff member for completeness. You may be contacted if formatting revisions or clarifications are necessary. Completed applications will then be reviewed by a panel of three experts. You may expect a decision regarding your application approximately 8-10 weeks after submission. At that time, applicants will be advised of acceptance or any requested revisions.

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Sandra DelSesto,  
Chair, Evidence Based Practices Workgroup

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Corinna Roy, Director of Behavioral Health,  
Department of Behavioral Healthcare,  
Developmental Disabilities and Hospitals

## **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*.<sup>i</sup> 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).

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<sup>i</sup> 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.

## **APPENDIX: RESOURCE DOCUMENTS**

### **Behavioral Change Theories**

[Frieden, T. \(2010\) A Framework for Public Health Action: The Health Impact Pyramid, American Journal of Public Health, vol. 100\(4\), 590-596.](#)

[McLeroy, K., Bibeau, D., Stickler, A., & Glanz, K. \(1988\). An ecological perspective on health promotion programs. Health Education Quarterly, 15, 351-377.](#)

[National Cancer Institute. \(2005\). Theory at a Glance: A Guide for Health Promotion Practice 2nd Edition, p. 45.](#)

### **Risk and Protective Factors for Behavioral Health**

[Risk and Protective Factors for Mental, Emotional and Behavioral Disorders across the Life Cycle from National Research Council and Institute of Medicine. \(2009\).](#)

### **Evidence-Based Programming**

[Practice Guidelines: Core Elements for Responding to Mental Health Crises. \(2009\). HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.](#)

[Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities. Washington, DC: The National Academies Press.](#)

[Risk and Protective Factors for Mental, Emotional and Behavioral Disorders across the Life Cycle from National Research Council and Institute of Medicine. \(2009\).](#)

### **Promising Practices**

[Substance Abuse and Mental Health Services Administration. \(2014\). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol \(TIP\) Series 57. HHS Publication No. \(SMA\) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.](#)

**Applying to Become an Evidence Based Practice for  
Behavioral Health in Rhode Island  
FEEDBACK FORM**

**Introduction**

This application process has been developed by the Governor’s Council on Behavioral Health’s Prevention Advisory Committee’s Evidence Based Practices Workgroup (EBP-W). The EBP-W was convened to: (1) develop guidelines for ascertaining whether a given practice, policy or program meets existing standards for evidence-based practice in behavioral health; and (2) identify a process by which an innovative or locally developed behavioral health practice, policy or program can be designated as an evidence-based practice in RI.

Once an application is received, it will be reviewed for completeness by a staff member of the EBP-W. It will be forwarded to the EBP-W to schedule a review of the application by a panel with expertise in the behavioral health condition targeted by the practice, researchers as well as peers who have experience with implementing practices.

Once the review is completed, the expert panel will provide a recommendation to (1) recognize the practices at either Level 2 – Evidence Based Practices from Peer Reviewed Journals/Research Literature or Level 3 – Evidence Based Practices/Other Evidence of Effectiveness/Innovation, (2) request further information to complete the review, or (3) decline to recognize the practices as evidence based at the current time. Written feedback will be provided from the expert panel to the applicant regardless of the recommendation.

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Name of Program/Practice: [Click here to enter text.](#)

Applicant Name and Contact Information: [Click here to enter text.](#)

Date of Application: [Click here to enter text.](#)

1. Research-Based

PURPOSE: To support the application with research articles (published or unpublished) on the proposed practice/program or why the proposed practice/program would create positive, program-specific behavioral health outcomes.

\*Need a minimum average score of 2

0	1	2	3
<p><i>Did not support the application with research articles (published or unpublished) on the proposed practice/program or why the proposed practice/program would create positive behavioral health outcomes.</i></p> <p><i>When applicable, did not explain why there isn't direct research on the presented program/practice or provide complementary program research.</i></p>	<p><i>Somewhat supports the application with research articles (published or unpublished) on the proposed practice/program or why the proposed practice/program would create positive behavioral health outcomes.</i></p> <p><i>When applicable, somewhat explains why there isn't direct research on the presented program/practice or provides complementary program research.</i></p>	<p><i>Mostly supports the application with at least one research article (published or unpublished) on the proposed practice/program and why the proposed practice/program would create positive behavioral health outcomes.</i></p> <p><i>When applicable, mostly explains why there isn't direct research on the presented program/practice or provides complementary program research.</i></p>	<p><i>Strongly support the application with multiple research articles (published or unpublished) on the proposed practice/program and why the proposed practice/program would create positive behavioral health outcomes.</i></p> <p><i>When applicable, thoroughly explains why there isn't direct research on the presented program/practice or provides complementary program research.</i></p>

SCORE:

COMMENTS:

2. Theory-Based

PURPOSE: To utilize theories to explain how the behavioral change theory is incorporated into the strategies proposed in this application and include a logic model as a visual interpretation to help explain the theory behind the program/practice. Also, to explain how each identified risk/protective factors or intervening variables were selected.

\*Need a minimum average score of 2

0	1	2	3
<i>Did not utilize any theories to explain how the behavioral change would occur as part of this program/practice;</i>	<i>Utilized at least one theory to explain how the behavioral change would occur as part of this program/practice;</i>	<i>Utilized at least one theory to explain how the behavioral change would occur as part of this program/practice;</i>	<i>Utilized at least one theory to explain how the behavioral change would occur as part of this program/practice;</i>
<i>Did not include a logic model as a visual interpretation to explain the theory behind the program/practice and;</i>	<i>Did not include a logic model as a visual interpretation to help explain the theory behind the program/practice and;</i>	<i>Did include a logic model as a visual interpretation to help explain the theory behind the program/practice and;</i>	<i>Did include a logic model as a visual interpretation to help explain the theory behind the program/practice and;</i>
<i>Did not explain how each identified risk/protective factors or intervening variables were selected.</i>	<i>Did not explain how each identified risk/protective factors or intervening variables were selected.</i>	<i>Did not explain how at least one identified risk/protective factors or intervening variables were selected.</i>	<i>Did explain how all identified risk/protective factors or intervening variables were selected.</i>

SCORE:

COMMENTS:



3. Unmet Need/Innovation

PURPOSE: To describe how this program is different from similar evidence-based programs/practices. This could include descriptions of different technology, new learning objectives, new populations, advanced clinical practice, etc.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<i>Does not describe how this program is different from similar evidence-based programs/practices.</i>	<i>Somewhat describes how this program is different from similar evidence-based programs/practices.</i>	<i>Mostly describes how this program is different from similar evidence-based programs/practices.</i>	<i>Thoroughly describes how this program is different from similar evidence-based programs/practices.</i>

SCORE:

COMMENTS:

ADDITIONAL FEEDBACK: