

DHS-Addiction and Mental Health Division
Application for an Evidence-Based Practice Review

1. Applicant Name	
2. Organization	
3. Address	
4. Phone	
5. Email	
6. Signature of Executive Director or CMHP Director (optional)	
7. Practice Title	
8. Author(s)	
9. Author(s) Contact Information	
10. Population by sub-categories: Age, ethnicity, gender	
11. Practice Type (Mental health/substance abuse/prevention)	
12. Proposed Evidence Level (I-VI)	
13. Training/TA (Experts in and out of state and contact information)	
14. Brief Description (Include essential components)	
15. Limitations of Practice (Related to particular populations or diagnoses)	

The practice will be reviewed based on operational criteria from the AMH Operational Definition for Evidence-based Practices. Please describe the practice in terms of each of the following attributes. See the following page for definitions.

16. Transparency:	
17. Research: (List literature references, including abstracts; submit articles if possible)	
18. Standardization: (Include manual or references)	
19. Replication:	
20. Fidelity Tool: (Include tool or references)	
21. Outcomes associated with the practice:	

Operational Criteria Definitions

- *Transparency:* Both the criteria (e.g., how to find evidence, what qualifies as evidence, how to judge quality of evidence) and the process (e.g., who reviews the evidence) of review should be open for observation by public description. For example, results should be published in peer reviewed journal
- *Research:* Accumulated scientific evidence based on randomized controlled trials, quasi-experimental studies, and in some cases less rigorously controlled studies. Research should be published in appropriate peer reviewed journals and available for review
- *Standardization:* An intervention must be standardized so that it can be reliably replicated elsewhere by others. Standardization typically involves a description that clearly defines the essential elements of the practice, as evidenced in a manual or toolkit.
- *Replication:* Replication of research findings means that more than one study and more than one group of researchers has found similar positive effects resulting from the practice.
- *Fidelity Scale:* A fidelity scale is used to verify that an intervention is being implemented in a manner consistent with the treatment model – or the research that produced the practice. The scale has been shown to be reliable and valid
- *Meaningful Outcomes:* Effective interventions must show that they can help consumers to achieve important goals or outcomes related to impairments and/or risk factors.

Operational Matrix for Levels of Evidence:

	Level	Transparency	Research	Standardization	Replication	Fidelity Scale	Meaningful Outcomes
Evidence-Based Practices	I	Yes	>=2 studies in peer reviewed journal. Minimum of one study should be based on a randomized control trial.	Yes	Yes	Yes	Yes
	II	Yes	>=2 studies in peer reviewed journal. Studies should be at least quasi-experimental.	Yes	Yes	In development or no	Yes*
	III	Yes	>=2 studies in peer reviewed journals. Less rigorously controlled studies will be considered.	Yes	Yes	No	Yes*
Non Evidence - Based Practices	IV	Yes	None	No	No	No	Yes
	V	No	None	No	No	No	No
	VI	No	Yes	Yes	Yes	No	No

***Prevention services** that can be described as environmental and/or community-based process strategies are waived from the need to demonstrate client level outcomes, as long as research is available to support the process as an effective way to plan for the implementation of specific prevention strategies in the community.