

DHS-Addictions and Mental Health Division
**Instructions for Submitting AMH Application
for an Evidence-based Practice Review**

The Addictions and Mental Health Division will consider any practice for inclusion on its list of approved evidence-based practices. To have a practice considered for the list the attached application must be filled out completely with all requested information. The office will review the information provided in accordance to criteria outlined in the AMH Operational Definition for Evidence-based Practices. Practices that meet criteria for at least Level III, according to that definition, will be included on the list of approved practices. Practices that do not meet those criteria will be noted as reviewed. The office may request additional information if needed.

Please fill out the attached document electronically. You can access the PDF version of this document at the following website:

<http://www.oregon.gov/DHS/mentalhealth/ebp/main.shtml>

**Submit completed forms to: AMH, Attn: Greta Coe,
500 Summer St NE E86, Salem, OR 97301 or via email to:
greta.l.coe@state.or.us.**

Boxes 1-5: Information about you and your organization.

Box 6: Signature of Executive Director or County Mental Health Program Director to indicate approval of application.

Box 7: Title of the practice

Box 8: Author(s) of the practice

Box 9: Author contact information

Box 10: List the populations that the practice was developed to treat

Box 11: Describe the practice as a mental health, substance abuse, or prevention service. If more than one, indicate which ones.

Box 12: Based on your understanding of the AMH EBP Definition, indicate the level (I-VI) that you would rate the practice.

Box 13: List contact information related to technical assistance and/or training available for the practice.

Box 14: Provide a brief description of the practice including its central components and purpose.

Box 15: Provide any limitation associated with the practice. For example, if the practice is known to only work in certain settings or for particular populations.

Boxes 16-21: Describe the practice according to each of the criteria of the AMH EBP Definition. The definition for each criterion is included with the application form. Direct questions regarding the definition to Shawn Clark at 503-945-9720, shawn.clark@state.or.us or Jon Collins at 503-945-6429.

DHS-Addictions and Mental Health Division