**Guidance 1**

**Evidenced-Based Guidelines**

**Contract Reference:** *Sections A-1.1 and A1-7*

**Frequency:** *Ongoing*

**Due Date:** *N/A*

**Discussion:**

For a program, practice or strategy to be considered evidence-based, it must be supported by research.  Evidence-Based Programs (EBPs) are programs that have demonstrated effectiveness with established generalizability (replicated in different settings and with different populations over time) through research.

There are many registries devoted to identifying evidenced-based programs for substance abuse and mental health prevention and treatment as well as promotion. The best available research evidence is information derived from scientific inquiry that assists in determining whether or not a prevention program, practice or policy is actually achieving its intended outcomes. The more rigorous the evaluation in its research design (i.e. randomized control trials, quasi-experimental designs with matched comparisons groups), the more compelling the research evidence appears.

Understanding the complexity of identifying and selecting EBPs the Substance Abuse and Mental Health Services Administration (SAMSHA), created the EBP Web Guide that features research findings and details about EBPs used to prevent and treat mental and substance use disorders.

The Managing Entities and the Department mutually agree that for a program, practice or strategy to be considered an EBP, it must meet one of the following options:

* Option One

The proposed program or strategy is recognized by a national registry of evidence-based programs and strategies as one that is appropriate for the identified outcome. It is important to note that inclusion within a registry does not reflect a program’s effectiveness. Programs need to be reviewed for the intended target population, demographics, setting, and the research results for each program outcome. Additionally, the rating provided to the program by the registry must be considered prior to selection. Programs deemed not effective or inconclusive should not be selected. The following registries are approved:

National Registry of Evidence-Based Programs and Practices (NREPP)

<http://www.nrepp.samhsa.gov/>

Note: The descriptions of the research include a rating system (scale of 0-4) to rate the level and quality of research associated with the models. It is recommended that programs with a 2.3 rating or higher be selected

Blueprints for Healthy Youth Development

<http://www.blueprintsprograms.com/>

Note: Each Blueprints program has been reviewed and determined to meet a clear set of scientific standards. It is recommended that a minimum the programs identified as promising be selected.

Office of Juvenile Justice and Delinquency Prevention Model Programs Guide

<http://www.ojjdp.gov/mpg/>

Note: The descriptions of the research include a rating system with study classifications across four dimensions for each program. It is recommended that a minimum the programs need to be identified as promising to be selected.

National Institute of Justice

<https://www.crimesolutions.gov/default.aspx>

Note: The descriptions of the research include a rating system with study classifications across four dimensions for each program. It is recommended that a minimum the programs need to be identified as promising to be selected.

Additional registries and resources may be found at <https://www.samhsa.gov/capt/tools-learning-resources/finding-evidence-based-programs>

* Option Two

The proposed program or strategy is reported in peer-reviewed journals or has documented effectiveness which is supported by other sources of information and the consensus judgment of informed experts. When claiming this option, a provider must include:

* + A description of the theory of change and a logic model; and
	+ A discussion of how the content and structure of this proposed program or strategy is similar to programs or strategies that appear in approved registry or in the peer-reviewed literature, or  how it is based on sound scientific principles of community prevention or public health; and
	+ Documentation that the program or strategy was effectively implemented in the past, with results that show a consistent pattern of credible and positive effects, including:
		- the number of times it was implemented,
		- the fidelity with which it was implemented, and
		- the results of any outcome evaluations; and
	+ Documentation of a review by, and consent of, a Panel of Informed Experts indicating that the implementation of this proposed program or strategy is appropriate for the community and likely to have a positive effect on the identified outcome and what evidence their decision was based upon.

Following the selection of an option, sufficient documentation to support the decision must be maintained.